

Analysis of Inpatient Nutrition Service Management at Rumah Sakit Islam Karawang

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Abstract: Hospital nutrition services are an important component of healthcare systems because they contribute directly to patients' nutritional fulfillment, recovery processes, patient safety, and healthcare quality improvement. Inadequate nutrition management may increase the risk of malnutrition, prolong hospitalization, and reduce the effectiveness of medical treatment. Therefore, this study aimed to analyze the implementation of inpatient nutrition service management at Rumah Sakit Islam Karawang, particularly regarding nutrition planning, food processing, and meal distribution systems. This research employed a descriptive qualitative design to obtain a comprehensive understanding of inpatient nutrition service implementation within the hospital setting. Data were collected through observations, documentation, and literature review, while data analysis was conducted using descriptive qualitative analysis involving data reduction, presentation, interpretation, and conclusion drawing. The findings revealed that inpatient nutrition service management at Rumah Sakit Islam Karawang has been implemented systematically through integrated menu planning systems, individualized dietary determination based on patients' clinical conditions, standardized food processing procedures, and scheduled meal distribution practices. The hospital applies a seven-day menu cycle system and maintains hygiene, sanitation, and food safety standards during food preparation and distribution activities. In addition, timely meal distribution and dietary accuracy support patient nutritional fulfillment and contribute to healthcare service quality improvement. This study implies that effective nutrition service management systems can strengthen patient-centered healthcare services, improve patient satisfaction, support recovery processes, and enhance hospital operational quality. The originality of this study lies in its comprehensive analysis of inpatient nutrition service management by integrating nutrition planning, food processing, and meal distribution systems within a single hospital context, whereas previous studies generally focused only on specific aspects such as dietary accuracy, food distribution, or patient satisfaction. Therefore, this study provides additional empirical insights into hospital nutrition service management and contributes to the development of healthcare quality improvement strategies in hospital settings.

Keywords: hospital nutrition service; inpatient nutrition management; food processing; meal distribution; healthcare quality.

INTRODUCTION

Hospital nutrition services are an essential component of healthcare systems because they are directly associated with fulfilling patients' nutritional needs, supporting recovery processes, preventing malnutrition, ensuring patient safety, and improving the quality of inpatient healthcare services. Inpatients generally experience changes in clinical condition, body metabolism, appetite, and nutritional requirements due to illness and medical treatment. Inadequate nutritional management may lead to worsening nutritional status, increased risk of complications, prolonged hospitalization, and higher healthcare costs (Agarwal et al., 2013; Allard et al., 2016; Lim et al., 2012). In modern healthcare systems, nutrition services are no longer viewed solely as food provision but also as an integral part of medical therapy that contributes to treatment success. Therefore, hospitals are required to provide nutrition services that are well-planned, safe, timely, and appropriate to patients' clinical dietary needs. In Indonesia, hospital nutrition services are regulated under the Regulation of the Minister of Health of the Republic of Indonesia Number 78 of 2013 concerning Hospital Nutrition Service Guidelines, which emphasizes standardized nutrition management systems oriented toward patient safety (Kementerian Kesehatan Republik Indonesia, 2013).

Previous studies have demonstrated that patients' nutritional status is closely related to clinical outcomes among hospitalized patients. Agarwal et al. (2013) explained that malnutrition and poor food intake during hospitalization are associated with increased mortality, readmission rates, and longer hospital stays. Similarly, Lim et al. (2012) found that malnourished patients experienced higher hospitalization costs than patients with good nutritional status. Allard et al. (2016) further reported that nutritional decline during hospitalization contributes to prolonged length of stay. Cass et al. (2022) emphasized that hospital-acquired malnutrition remains a major issue in healthcare settings and may be influenced by the quality of nutrition services provided to patients. In addition, Fadjat Ramadhan (2024) highlighted that appropriate nutritional intake not only supports recovery processes but also contributes to chronic disease prevention and immune system improvement. However, most previous studies have primarily focused on the relationship between nutritional status and clinical outcomes without comprehensively examining the implementation of inpatient nutrition service management systems.

Another group of studies has focused on hospital foodservice quality, patient satisfaction, and food distribution accuracy. (Aminuddin et al., 2018) found that patient

satisfaction with hospital foodservice was associated with plate waste among hospitalized patients. (Hadjimbei et al., 2025) also explained that the quality of hospital foodservice and patient food acceptance affect patient satisfaction, healthcare costs, and overall service quality. In the Indonesian context, (Andhini and Ruhana, 2024) identified indicators such as meal distribution timeliness, dietary accuracy, and food waste as important aspects in evaluating hospital nutrition service quality. (Salisya Silvi Nur Nadhifah and Rahma, 2025) further emphasized that meal distribution punctuality and dietary appropriateness are strongly related to the effectiveness of inpatient nutrition services. Similarly, (Syifa Suciana Putri et al., 2024) reported a significant relationship between nutrition service quality and patient satisfaction. Moreover, (Nurfaidah, 2025) highlighted the importance of accurate and timely meal distribution systems in supporting patients' nutritional fulfillment during hospitalization. Nevertheless, these studies mainly concentrated on food distribution or patient satisfaction separately and did not integrate all aspects of nutrition service management comprehensively.

Other studies have discussed hospital nutrition service management systems, including menu planning, food procurement, food processing, and meal distribution to patients. (Boffil Cholilullah et al., 2021) explained that inpatient nutrition management involves the organization of human resources, facilities, food processing systems, and service evaluation in an integrated manner. (Darise et al., 2024) also emphasized the importance of systematic foodservice management in supporting inpatient healthcare services. (Bdhesa et al., n.d.) demonstrated that nutrition installation units play a significant role in healthcare delivery through safe and appropriate dietary management for patients. (Laras Wahyu Triananda, 2025) further explained that the implementation of Hospital Nutrition Service Guidelines is essential for ensuring standardized and high-quality nutrition services. In addition, (Sadiah et al., n.d.) highlighted that hospital food processing systems must apply hygiene, sanitation, and food safety principles to maintain food quality for patients. However, previous studies still show limitations in providing comprehensive empirical descriptions of inpatient nutrition service management implementation, particularly those integrating planning, food processing, and meal distribution within a single hospital context.

Based on these research gaps, this study aims to analyze the implementation of inpatient nutrition service management at Rumah Sakit Islam Karawang. Specifically, this study examines nutrition service planning systems, menu and dietary planning, food

processing, and meal distribution for inpatients. This study is expected to provide empirical insights into hospital nutrition service practices and serve as evaluation material for improving nutrition service quality to become more effective, safe, standardized, and patient-oriented.

The main argument of this study is that well-planned, coordinated, and standardized inpatient nutrition service management contributes significantly to improving hospital service quality. Appropriate menu planning and food procurement systems help ensure food availability according to patients' nutritional needs. Food processing systems that apply hygiene and sanitation principles maintain food quality and safety. Furthermore, timely, accurate, and diet-appropriate meal distribution supports adequate nutritional intake during hospitalization. Therefore, the better the implementation of inpatient nutrition service management, the greater its contribution to improving patient satisfaction, accelerating recovery, preventing malnutrition risks, and enhancing overall healthcare service quality.

RESEARCH METHOD

This study focused on the management of inpatient nutrition services at Rumah Sakit Islam Karawang. The unit of analysis in this research was the implementation of nutrition service management systems for hospitalized patients, including nutrition planning, menu and dietary planning, food processing, and meal distribution systems. The study specifically examined how nutrition service management was implemented within the hospital nutrition installation unit as part of healthcare services provided to inpatients. In addition, the study also observed the roles of nutrition personnel, food processing staff, and food distribution officers involved in supporting inpatient nutrition services.

This research employed a qualitative descriptive design because the study aimed to obtain an in-depth understanding of the implementation of inpatient nutrition service management within its real healthcare context. A qualitative approach was considered appropriate because it allows researchers to explore organizational processes, service implementation, work systems, and coordination mechanisms in nutrition service management comprehensively. Furthermore, this approach enabled the researchers to describe factual conditions regarding nutrition planning, food processing, and meal distribution practices carried out in the hospital. The descriptive qualitative design was also

selected because the study emphasized the exploration and interpretation of phenomena rather than statistical measurement or hypothesis testing.

The sources of data in this study consisted of primary and secondary data. Primary data were obtained directly from observations and information collected from nutrition service activities at Rumah Sakit Islam Karawang. Secondary data were obtained from hospital documents, nutrition service guidelines, meal distribution schedules, dietary planning documents, literature references, scientific journals, and regulations related to hospital nutrition service management. In addition, supporting information was collected from previous studies discussing hospital nutrition service systems, foodservice quality, food distribution management, and patient nutrition services.

Data collection was conducted through several techniques, namely observation, documentation, and literature review. Observations were carried out directly within the hospital nutrition installation to examine the implementation of menu planning, food preparation, food processing, and meal distribution for inpatients. Documentation techniques were used to collect supporting information related to nutrition service activities, hospital profiles, meal schedules, and nutrition management procedures. Meanwhile, literature review techniques were conducted by examining scientific articles, books, hospital nutrition service guidelines, and healthcare regulations relevant to the research topic. The researchers also utilized observation notes and documentation sheets as research instruments to ensure systematic data collection.

The collected data were analyzed using descriptive qualitative analysis techniques. Data analysis was conducted through several stages, including data reduction, data presentation, interpretation, and conclusion drawing. During the data reduction stage, the researchers selected and categorized relevant information related to inpatient nutrition service management. The data were then systematically presented according to the main themes of the study, namely nutrition planning, food processing, and meal distribution systems. Furthermore, the researchers interpreted the findings by comparing empirical conditions with previous studies and hospital nutrition service standards. Finally, conclusions were drawn to provide a comprehensive understanding of the implementation of inpatient nutrition service management at Rumah Sakit Islam Karawang.

RESULT

Profile of the Institution

Rumah Sakit Islam Al Muchtar Karawang is a general hospital that provides comprehensive healthcare services, including general and specialist medical services. The hospital is supported by various medical and non-medical facilities operating continuously to ensure optimal healthcare services for the community. The hospital is located on Jl. Pangkal Perjuangan Km. 2 (By Pass), Karawang, West Java, Indonesia, and has been operating since September 14, 1999. Based on its classification, the hospital is categorized as a Type C hospital with inpatient, outpatient, emergency, pharmacy, radiology, laboratory, rehabilitation, and nutrition services. The hospital also provides inpatient facilities consisting of Class I, Class II, Class III, and VIP wards with a total capacity of 104 beds.

As part of healthcare support services, the Nutrition Installation Unit plays an important role in providing inpatient nutrition services. Nutrition services at Rumah Sakit Islam Al Muchtar Karawang are organized systematically to support patients' nutritional needs during hospitalization. The nutrition service system includes menu planning, dietary planning, food procurement, food processing, and meal distribution according to patients' medical conditions and nutritional requirements.

Nutrition Service Planning System

The findings of this study indicate that the inpatient nutrition service planning system at Rumah Sakit Islam Karawang has been implemented systematically and follows hospital nutrition service standards. The planning process begins with menu cycle preparation, dietary determination, and food material planning based on the number of inpatients and the types of diets required. The hospital applies a seven-day menu cycle system to maintain menu variation and prevent patient boredom during hospitalization. This menu cycle system also helps ensure balanced nutritional intake according to hospital nutrition standards.

In addition, dietary planning is conducted according to patients' diagnoses, clinical conditions, and nutritional needs. Coordination between physicians and nutritionists is carried out to determine the appropriate therapeutic diets for patients. The planning of food ingredients is also organized carefully to ensure food availability and operational efficiency within the nutrition installation unit.

The findings are consistent with (Boffil Cholilullah et al., 2021), who stated that nutrition service management involves integrated planning systems, including dietary planning, food procurement, and menu management. Similarly, (Darise et al., 2024) emphasized that effective foodservice management systems contribute to the success of inpatient nutrition services and support healthcare quality improvement.

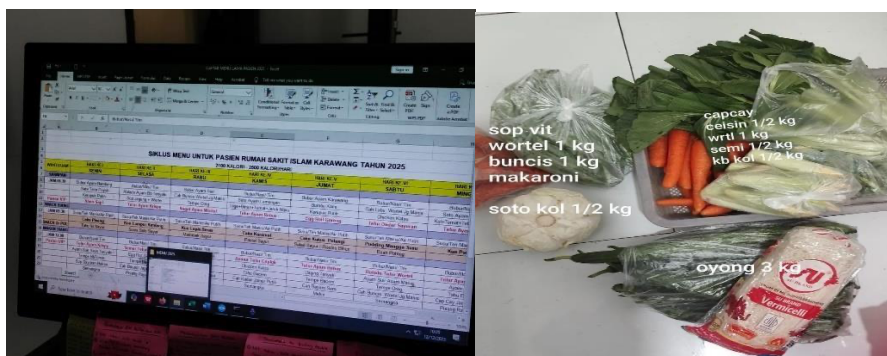


Figure 1. Menu Planning Process for Inpatients

The figure above illustrates the menu planning activities conducted within the nutrition installation unit. The menu planning process is designed to ensure that patients receive balanced nutritional intake according to their medical conditions and therapeutic dietary requirements.

Food Processing System

The results of this study show that food processing activities at Rumah Sakit Islam Karawang have been conducted according to food hygiene, sanitation, and safety standards. The process begins with the inspection and receipt of food ingredients, followed by storage based on food characteristics such as dry, fresh, and frozen ingredients. The hospital also implements food preparation procedures involving washing, cutting, and ingredient preparation according to menu requirements and dietary specifications.

Food processing activities are supported by trained food handlers and nutrition staff who understand hospital dietary standards and food safety principles. In addition, supervision is conducted regularly to maintain food quality and minimize contamination risks during food preparation and cooking activities.

These findings support the study by Sadiah et al. (n.d.), which highlighted that hospital food processing systems must apply hygiene and sanitation principles to maintain food quality and patient safety. Furthermore, Bdhesa et al. (n.d.) explained that hospital nutrition

installations play an essential role in ensuring safe and appropriate dietary services for inpatients.



Figure 2. (a) Food Ingredient Washing Process, (b) Food Preparation and Separation Process

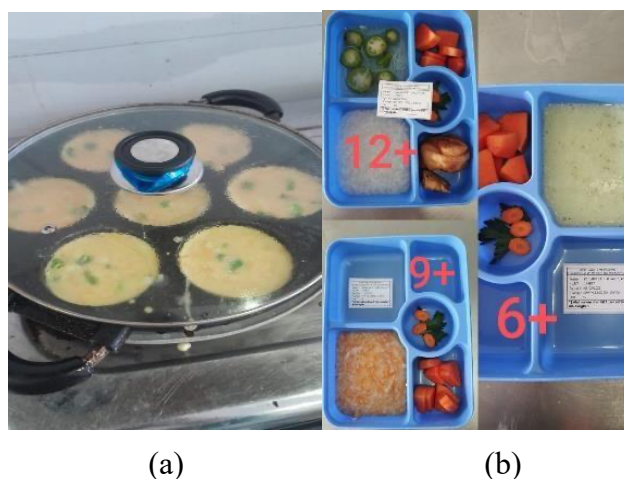


Figure 3. (a) Patient Meal Cooking Process, (b) Prepared Meals According to Patient Diets

The figures above demonstrate the stages of food processing activities in the nutrition installation unit, including washing, preparation, cooking, and meal preparation according to patients' dietary needs. These processes are implemented systematically to maintain food quality, hygiene, and nutritional standards.

Meal Distribution System

The findings also reveal that meal distribution activities at Rumah Sakit Islam Karawang are conducted according to predetermined schedules and dietary standards.

Meals are distributed three times daily, namely breakfast at 06:00 AM, lunch at 11:30 AM, and dinner at 04:00 PM. Timely meal distribution is considered essential to ensure that patients receive meals according to therapeutic schedules and nutritional requirements.

Each patient meal is labeled according to the prescribed diet to minimize dietary errors during distribution. In addition, food distribution officers ensure that food quality, cleanliness, temperature, and presentation are maintained before meals reach patients in inpatient wards.

These findings are in line with (Nurfaidah, 2025), who emphasized that proper meal distribution systems are crucial in supporting patient nutrition fulfillment and healthcare quality. Similarly, (Andhini and Ruhana, 2024) stated that meal distribution timeliness and dietary accuracy are important indicators in evaluating hospital nutrition service quality.



Figure 4. (a) Soft Diet Meal for Patients, (b) High Protein Diet Meal for Patients

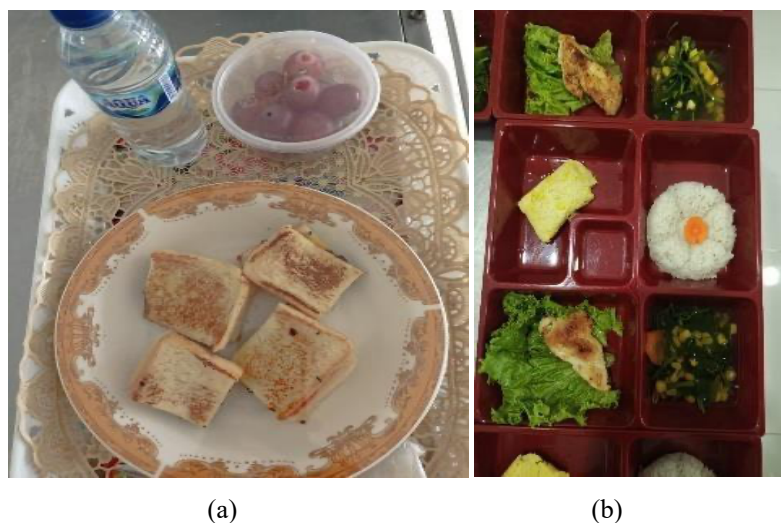


Figure 5. (a) Patient Snack Distribution, (b) Regular Diet Meal for Patients

The figures above illustrate several examples of meals distributed to patients according to therapeutic dietary requirements. The hospital provides various meal types based on patients' medical conditions, including soft diets, high-protein diets, snacks, and regular meals. This demonstrates that the meal distribution system has been adjusted to support patients' nutritional needs during hospitalization.

Overall, the results of this study indicate that inpatient nutrition service management at Rumah Sakit Islam Karawang has been implemented systematically through integrated planning systems, standardized food processing procedures, and timely meal distribution practices. These findings suggest that effective nutrition service management contributes to maintaining food quality, supporting patient recovery, improving patient satisfaction, and enhancing overall hospital healthcare quality.

DISCUSSION

The findings of this study demonstrate that inpatient nutrition service management at Rumah Sakit Islam Karawang has been implemented systematically through integrated planning systems, standardized food processing procedures, and scheduled meal distribution activities. The study found that the hospital has applied a structured seven-day menu cycle, individualized dietary planning based on patients' medical conditions, organized food procurement systems, and timely meal distribution practices. In addition, food processing activities were conducted according to hygiene, sanitation, and food safety standards. These findings indicate that nutrition services at the hospital are not merely focused on food provision but also function as an essential component of comprehensive healthcare services supporting patient recovery and nutritional fulfillment during hospitalization.

The implementation of systematic nutrition service management found in this study may occur because the hospital has established coordination mechanisms among nutritionists, physicians, food handlers, and meal distribution staff. Effective coordination allows dietary planning to be adjusted according to patients' diagnoses, therapeutic needs, and nutritional conditions. Furthermore, the use of menu cycle systems and food planning mechanisms contributes to operational efficiency and helps maintain food availability for inpatients. The implementation of hygiene and sanitation procedures during food processing also reflects institutional awareness regarding food safety and healthcare quality. In addition, timely meal distribution supports patients' metabolic needs and

therapeutic schedules, which may contribute to better nutritional intake and improved patient recovery processes. Therefore, the effectiveness of inpatient nutrition service management appears to be closely related to organizational coordination, standard operating procedures, and the competency of nutrition service personnel within the hospital.

The findings of this study are consistent with several previous studies discussing hospital nutrition service management systems. (Boffil Cholilullah et al., 2021) explained that inpatient nutrition management requires integrated planning, organization, food processing, and evaluation systems to ensure service quality. Similarly, (Darise et al., 2024) emphasized that organized foodservice management systems contribute significantly to improving inpatient healthcare services. This study also supports the findings of (Andhini and Ruhana, 2024), who identified meal distribution timeliness and dietary accuracy as important indicators of hospital nutrition service quality. Moreover, the findings are in line with (Nurfaidah, 2025), who highlighted that effective food distribution systems support patient nutritional fulfillment during hospitalization. However, unlike several previous studies that focused only on specific aspects such as food distribution, dietary accuracy, or patient satisfaction, this study provides a more comprehensive description of inpatient nutrition service management by integrating planning systems, food processing procedures, and meal distribution practices within one hospital setting. Therefore, the novelty of this study lies in its holistic analysis of inpatient nutrition service implementation in the context of hospital healthcare management.

The findings of this study imply that nutrition services have strategic importance not only in fulfilling patients' nutritional requirements but also in supporting healthcare quality improvement and patient safety. From a healthcare management perspective, effective nutrition service systems may contribute to reducing malnutrition risks, improving patient satisfaction, maintaining food quality, and supporting therapeutic outcomes during hospitalization. In addition, the implementation of standardized nutrition service systems reflects the hospital's commitment to patient-centered healthcare services. Socially, these findings indicate that hospital nutrition services should be recognized as a critical healthcare component rather than merely a supporting facility. The study also strengthens the understanding that nutritional management is interconnected with healthcare quality, operational efficiency, and clinical outcomes within hospital systems.

Despite the positive findings, this study also identified several aspects that require further improvement. One positive implication of the current nutrition service system is the existence of organized meal planning and standardized food processing procedures that support service quality and patient nutritional fulfillment. However, several limitations remain, particularly regarding the need for continuous monitoring, menu evaluation, and patient nutrition education programs. If meal planning systems are not continuously evaluated, there is a risk of reduced patient satisfaction due to menu monotony or dietary incompatibility. In addition, inadequate nutrition education may reduce patient compliance with prescribed therapeutic diets during hospitalization. Therefore, although the current system has functioned effectively, continuous quality improvement remains necessary to maintain service sustainability and healthcare quality standards.

Based on these findings, several practical implications and policy recommendations can be proposed. First, hospitals should strengthen periodic evaluations of menu cycles, dietary planning systems, and patient satisfaction assessments to improve the quality of inpatient nutrition services continuously. Second, hospitals should enhance nutrition education programs for patients and families to increase dietary compliance and nutritional awareness during hospitalization. Third, continuous supervision of food hygiene, sanitation, and food safety procedures should be maintained to ensure patient safety and food quality standards. Finally, hospital management should support ongoing training and competency development programs for nutrition personnel, food handlers, and meal distribution officers to improve service effectiveness and healthcare quality. Through these efforts, inpatient nutrition service management can contribute more significantly to patient recovery, hospital service quality improvement, and overall healthcare system performance.

CONCLUSION

This study concludes that inpatient nutrition service management at Rumah Sakit Islam Karawang has been implemented systematically through integrated nutrition planning systems, standardized food processing procedures, and structured meal distribution practices. The findings indicate that the hospital has applied a seven-day menu cycle system, individualized dietary planning based on patients' clinical conditions, organized food procurement systems, and timely meal distribution schedules. In addition, food processing activities have been carried out according to hygiene, sanitation, and food safety

standards to maintain meal quality and patient safety. These findings demonstrate that nutrition services play an important role not only in fulfilling patients' nutritional requirements but also in supporting recovery processes, maintaining healthcare quality, and improving patient satisfaction during hospitalization.

This study contributes to the scientific understanding of hospital nutrition service management by providing a comprehensive empirical description of inpatient nutrition services within a hospital setting. Unlike several previous studies that focused separately on dietary accuracy, food distribution systems, or patient satisfaction, this study integrates multiple aspects of nutrition service management, including planning systems, food processing, and meal distribution practices. Therefore, this research contributes to the development of hospital nutrition management literature by emphasizing the importance of integrated nutrition service systems in improving healthcare quality and patient-centered services. Furthermore, the study highlights the strategic role of nutrition installations in supporting hospital operational effectiveness and patient safety standards.

However, this study has several limitations. First, the study was conducted only at one hospital, which may limit the generalizability of the findings to other healthcare institutions with different organizational systems and service capacities. Second, this study primarily used descriptive qualitative approaches and did not quantitatively measure patient satisfaction levels, nutritional outcomes, or healthcare performance indicators related to nutrition services. Third, the study focused mainly on the implementation process of nutrition service management without examining long-term impacts on patients' clinical outcomes. Therefore, future studies are recommended to involve broader hospital settings, apply mixed-method or quantitative approaches, and include measurable indicators such as patient satisfaction, food waste percentages, nutritional status changes, and healthcare quality outcomes to provide more comprehensive analyses of inpatient nutrition service management systems.

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