IS THERE ROOM IN HOSPITALS FOR HOSPITALITY

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ABSTRACT

This paper discusses the concept of hospitality in hospitals. Hospitals and hotels are excellent environments in which to study hospitality given the frequency and importance of interactions between service providers and clients. The research results reported are based on data gathered in in-depth interviews conducted with hospital managers, doctors, nurses and patients. In this way, deeper insights were gained into areas of convergence between the tourism and health sectors. A content analysis of the interviews revealed the main dimensions of hospitality in the context of hospitals and healthcare.

Key Words: hospitality, hospitals, service provision, in-depth interviews, content analysis.

INTRODUCTION

Although the concept of hospitality has been extensively studied in the context of the hospitality and tourism sectors, studies on hospitality in the health industry are still rare. Therefore, this research focused on the importance of hospitality in hospitals by seeking to understand the experiences of hospital professionals and patients.

As a term, hospitality usually includes a vast spectrum of items, including accommodation, nourishment, leisure, protocols, travel and attraction. This concept can also be used to explain the form in which individuals behave to other people (Crick & Spencer, 2011). A broad concept is needed

in order to cover analyses of hospitality activities in their social, private and commercial aspects. The social side of hospitality includes the broader social contexts, in which it occurs, as well as the social forces producing and consuming lodging, drinking and eating facilities. The private sphere, in contrast, is focused on the effects of host-guest relationships and the items connected to these. The commercial domain regards hospitality services as an economic activity and comprises both private and public sphere activities (Lashley, 2000).

Establishing a relationship or endorsing an existing one is the essence of hospitality. Actions related to hospitality are present during host-guest interchanges of services and goods (Lashley, 2000; Selwyn, 2000). Hospitality is based on the satisfaction of clients' demands, which is achieved via host-guest interactions. These relationships are defined by hospitableness that, although initiated by hosts with guests, can later become reciprocal. Hospitality comprises a welcoming attitude and atmosphere that provide more than just outstanding service and memorable experiences (Severt, Aiello, Elswick, & Cyr, 2008).

Hospitality has mainly been researched based on businesses within the tourism and hospitality fields, such as restaurants and hotels (Suess & Mody, 2017), but much can also be obtained from studying hospitality in different contexts not associated with these facilities. For instance, the philosophy of hospitality is crucial for any business in which exchanges occur between employees, consumers or providers. Hospitality, thus, has been recognised as relevant in healthcare services (Bunkers, 2003; Gilje, 2004; Kelly, Losekoot & Wright-StClair, 2016).

Several studies of patients' hospital experiences have paid attention to customer service in regard to service provision systems, measuring quality across a variety of structures and procedures. Given hospitality's relevance to the proper management of day-to-day hospital functions, researchers have also verified that different aspects play a part in determining patients' expectations, namely, hospital amenities and interpersonal relationships (Kelly et al.,2016).

LITERATURE REVIEW

Hospitality in Tourism

Although tourism can be defined in several ways, most researchers agree that tourism is, to some extent, fragmented since it is composed of several spheres including, among others, transport, lodging, attractions, facilities, catering and entertainment, as well as eating and drinking

establishments. As a result, tourism is a blend of services and products that different subsectors offer to tourists. Those supplying this offer rely on connections between different areas and their shared interactions. A firm connection exists between tourism and hospitality because an important focus of both is supplying services and goods (Reisinger, 2013). To determine whether tourism is successful, researchers look at the capacity of particular destinations to improve the comfort of its residents. The best destinations, according to this definition, are the ones that improve all stakeholders' general well-being through hospitality (Richie, Crouch, & Hudson, 2001).

The existing research on both hospitality and tourism shares several essential questions and concepts concerning the ways in which hosts and guests relate to each other. This is a power relationship because of the dynamics of these interactions. Furthermore, the concepts of both hospitality and tourism have been applied to represent symbolically much wider social and cultural experiences and practices (Bell, 2009). However, as mentioned previously, the most fundamental element of any understanding and knowledge regarding hospitality within tourism research is the apparently simple but intricate interrelationships between guests and hosts (Bell, 2009; Molz & Gibson, 2007).

Customer satisfaction and good quality service have often been much sought after results in competing facilities within the hospitality industry, especially in hotels (Paryani, Masoudi, & Cudney, 2010). Hotel guests' contentment is mainly based on the quality of services and products offered by hotels. Mutual long-term guest-host relationships are essential given the mainly positive connection between guests' general level of satisfaction and their likelihood to return to particular hotels (Ariffin, Maghzi, & Aziz, 2011). Therefore, hotel organisations must accurately understand what guests actually want to obtain from their service experiences (Crick & Spencer, 2011). Taking into account that both the healthcare sector and hotel industry have the objective of achieving higher customer satisfaction, the latter industry's practices and improvements have been quite naturally assimilated into healthcare systems (Wu, Robson, & Hollis, 2013).

Hospitality in Hospitals

Many hospital activities revolve around clinical results, as well as bettering these processes. Patients, however, perceive the quality of service provided according to their own subjective perspective, which cannot be analysed in the same way as objective clinical data because patients view their experiences in hospitals as a whole and not as separate services (Kelly et al., 2016).

Hospitality, Brotherton (1999) asserts, can be classified according to characteristics into three types: exchanges between hosts and guests, interactions between providers and receivers and mixtures of different factors based on how hosts provide for the security and psychological and physiological comfort of guests. However, the unique experiences of hospital 'guests' should not be ignored because these experiences can be related to clients' emotions, which can be intensified due to illness, fear and other factors.

Hospitality in hospitals is a factor contributing to the satisfaction of human needs - in this case, socialisation. However, most times, hospitalised clients find themselves in a situation of major physical and emotional instability and, therefore, need assistance and understanding from healthcare professionals (Oliveira, Gomes, Racaneli, Velasquez, & Lopes, 2013). The importance of hospitality is magnified in the context of hospitals because it is related to treating and caring for sick guests. Severt et al. (2008) report that 'hospital[s] aim . . . to offer hospitality to patients on a par with the hospitality experience offered to hotel guests'. According to Pizam (2007, p. 500), 'the difference between hospitals and hospitality is "ity", but that "ity" can make a significant difference in the recovery and stay of hospital patients. '

Hospital service quality research has defined three essential aspects - technical care, relationships between individuals and quality of hospital facilities and atmosphere - out of which the non-medical aspects are crucial to matching patients' general expectations. Enhancing the provision of support services appears to endorse patients' safety, care, health recovery and sense of general comfort. The hospital atmosphere itself is also regarded as a crucial to the experiences of patients, so some hospitals have adopted the service design used by the hospitality sector to attract and support patients (Kelly et al., 2016).

The hotel industry's influence on health service provision begins with the transplanting of hotel facilities into hospitals, as well as supplying services similar to those provided in hotels. The design of some hospitals has been based on hotels in order to match the expectations of patients and families and monetary and regulatory requirements. Researchers have found proof of the growing importance of physical surroundings, which enhance healing and determine consumer decisions (Suess & Mody, 2017; Wu et al., 2013). This new guest-service approach embodies the idea that, when 'hospitality meets healthcare', this affects not only the image projected by spaces and facilities but also the efficacy of processes and relationships between staff (Suess & Mody, 2017).

Hospitals that have an atmosphere more closely related to hotels appear to retain their staff longer and have higher levels of staff satisfaction than the levels reported for those working in less appealing hospitals. Essential aspects of the hospitality industry such as good quality food, dedicated employees and an enjoyable atmosphere have an important role in creating hospital demand. Patients appreciate hotel-like characteristics, such as private and family- friendly rooms, views and meals brought in like room service, in the same way that these patients place importance on hospitals' good name and status when making their choice of healthcare facilities (Wu et al., 2013).

Hospital hospitality based on the hotel business has brought the concept of humanisation to the healthcare sector, resulting in a new image of hospitals as facilities that provide patients with comfort and safety and create a feeling of exclusivity. The concept of humanisation has been used in the hospital hospitality, so patients are approached as a healthcare customers who have special needs. Thus, healthcare institutions are implementing the concept of service provision seeking to humanise services (Oliveira et al., 2013).

The practice of hospital hospitality also requires resources to be used to satisfy patients' needs and provides healthcare institutions with strategies that amplify service options in order to appeal to more potential customers (Oliveira et al., 2013). Since hospital administrators are currently becoming aware that patients are usually involved in the choice of their inpatient care hospital, these managers are starting to treat patients as consumers. The quality of healthcare services relies on the combined effects of human components, processes and technology, as well as hospital staff's professional skills and quality and hospitality management (Paraschivescu, Cotarlet, & Puiu, 2011). Hospitals and hotels have in common the task of projecting purposeful and profitable facilities that support these organizations' mission. However, when determining where to assign resources in regard to hospitality-oriented goals, hospitals cannot forget that their main objective is to provide high-level clinical services (Wu et al., 2013).

Although several studies have already addressed topics connected to hospitals and customer service, there is still a void in the literature regarding the impact of hospitality in inpatient care (Kelly et al., 2016; Severt el al., 2008). Based on the above literature review, the following research questions were defined:

- Is hospitality compatible with healthcare service provision in hospitals?

- How can hospitality improve the quality of these services?

METHODOLOGY

Research Context

The data were collected in three hospitals located in a European capital. Hospital A is private, and it has 127 beds, 47 medical consultation offices, 7 surgery blocks, 3 delivery blocks and an intensive care unit. Hospital B is private, and it has 145 beds distributed throughout individual rooms and nurseries, a surgery block with 9 rooms, an intensive care unit and 70 medical consultation offices. Hospital C is public, and it has 13 medical specialties and 7 functional areas.

Data Collection

The data collection was divided into two phases: field observations and interviews. Before starting, we requested authorisation from the various hospital management entities of the city in question. As health sector research involves ethical and privacy issues, authorisation to observe healthcare provision was difficult to get, and this was denied by several hospitals. We started with in-person observations of the surgery inpatient service of Hospital A, the outpatient orthopaedic consultations of Hospital B and the outpatient surgery consultations of Hospital C.

In the data collection, the first step was to conduct intensive observations of social interactions in these hospitals using an ethnographic fieldwork method with descriptive and explanatory power. By using this method, it was possible not only to observe the interactions between healthcare professionals and patients 'closely and from the inside' (Magnani, 2002) but also to capture other elements and practices that opened up new perspectives on hospitality in the context of hospital dynamics. This method also facilitated the construction of a framework for analysis based on field observations and data collection, following a grounded theory approach that included the perspectives of the subjects studied (Strauss & Corbin, 1994).

The second step was to prepare the interviews. The observations made over several months in these hospitals provided an understanding of which people needed to be interviewed and which questions would be the most pertinent. This meant that the interview guide was created based on the data

collected through observations and subjective assessments of everything observed in the hospitals.

The resulting blend of both observations and interviews permitted an enhanced analysis of hospital discourses and attitudes, and this guaranteed that interviews were carried out only after the research team obtained a clear understanding of the setting of hospitality-related actions through regular observations. While this choice brought more clarification than innovation to qualitative research in health, this approach undeniably facilitated a more precise empirical analysis in regard to individual reflexivity, which was connected to a epistemological relativism backed by critical realism. Actions were thus understood in specific settings and connected with the discourses of interviewees concerning their actions. This choice also meant that the way that interviews developed could be adjusted in line with the information collected in observations, which made it easier to connect real situations and discourses through interviewees' mental reconstructions of previous events (Correia, 2016).

Interview Guide

As this research focused on hospitality, interviews were needed in order to gather objective evidence for analysis. In this way, deeper insights were gained into any convergence between the tourism and health sectors. The interviews also contributed to an understanding of how the hospitals' structure and organisation function and how these contribute to the implementation of the concept of hospitality.

The interview guides were created to establish the order of questions and the group of individuals to be interviewed. The interviews lasted between 20 and 80 minutes each and took place in different sections of the hospital and always privately. The interviews were confidential, and interviewees agreed that they be recorded after being informed that a full transcript of the audio records would be created. The guide was divided in groups by interview location and subgroups by the individuals interviewed and topics covered.

The interviews were, therefore, divided into the following groups:

- Private Hospital A inpatient services
- Private Hospital B outpatient services
- Public Hospital C outpatient services
- Within each of these, the following subgroups were created:
- Administration

- Clinical staff (i.e. doctors or nurses)
- General services
- Clients (i.e. patients)

For each subgroup, appropriate topics were selected for questions, including:

Interviewees' career path in order to relate the answers given with the roles and duration of service of those interviewed in the hospitals

Definition of hospitality from a strategic point of view and service provision in order to understand interviewees' opinions of the concept of hospitality and its importance in hospitals, as well as to understand in which way the technical aspects of medical care are compatible with the implementation of hospitality Importance of hospitality for hospitals and for their clients to assess the relationship between hospitality and levels of satisfaction among hospital professionals and users

Relationship between hospitality in hospitals and hotels in order to understand interviewees' opinion regarding the concept of hospitality that exists in hotels and the ways this can be implemented in hospitals

Participants

Interviewees were selected based on the importance of different hospital sections and services in the implementation of hospitality. The objective was to gather the opinions not only of the administration (i.e. directors of clinical operations and directors of nursing) but also of other healthcare professionals (i.e. doctors and nurses), patients and individuals connected to the health sector in more indirect ways, such as the president of a hospital hospitality association, the director of a hospital hospitality magazine and the public relations manager of Hospital A.

Table 1

Interviewees' career paths

Position held	Function	Duration of service (years)
Clinical director	Gastroenterologist and director of clinical operations	8

General surgery physician	General surgery specialist	8
Director of nursing	Nurse	8
Nurse responsible for inpatient surgical services	Nurse	8
Nurse coordinating inpatient surgical services	Nurse	8
Orthopaedist	Orthopaedic assistant working mainly on knees and	14
Public relations manager of a hospital	Manager of client and family support services	2
Patient	Hotel industry manager	0.02
Director of a hospital hospitality magazine	Hospital manager	4
President of a hospital hospitality association	Hospital manager specialising in hotel	6

To satisfy the requirements for the construction of a theoretical sample defined by its own analysis and not selected previously and randomly, an appropriate procedure is to analyse the interviews while these are conducted. This analysis finishes when the categories found begin to stabilise and new cases do not offer anything new to the researcher (Strauss & Corbin, 1990).

Data Treatment

All interviews were put into Excel sheets to be analysed using a Leximancer programme. This software allows researchers to process observation data in the form of diagrams, showing visually the diverse ways in which ideas and themes interrelate. Leximancer has been used to do qualitative data analysis in academic research in, among others, business, public sector, social, cultural and education studies (Crofts & Bisman, 2010). This software was used in the present study to translate interview data from natural language into semantic patterns (Robinson, Kralj, Solnet, Goh & Callan,

2016).

In addition, Leximancer identifies and creates themes that might have been otherwise forgotten or overlooked. Thanks to these software generated themes, investigators can engage directly with their data and, thereby, continue exploring and interpreting the defined texts (Crofts & Bisman, 2010). Leximancer has been known to have benefits that other techniques for qualitative content analysis to not offer, which allow researchers to derive a list of codes and rules for connecting these themes to the data (Tkaczynski, Rundle-Thiele, & Cretchley, 2015).

Concepts in Leximancer are groups of words that usually appear together throughout texts. These are assigned a certain weight depending on how often they appear in sentences that encompass the concepts, in comparison to how commonly they appear anywhere else. The meaning of these concepts is naturally derived from the surrounding text. Concept seed words consist of the first item that conveys the concepts' meaning when each concept's definition has one or more seeds. After Leximancer completes this learning process and generates a list of concepts present in the text and their interconnections, the data are offered through a concept map (Leximancer, 2016).

Concept maps are split into two parts: a visualisation of concepts and the connections among each and report tabs to help read the concept map. When the map is created, the concepts are grouped into high-level themes. Concepts appearing together - commonly in same section of text - relate to each other strongly and, therefore, have a tendency to group together on the map. These themes aid interpretation by bunching into groups of concepts, and they are displayed as colourful spheres on the map (Leximancer, 2016). In the present study, the analysis of interviews was biphasic, which meant that, first, quantitative analysis was done using Leximancer and, second, qualitative analysis was conducted comparing the results obtained with Leximancer with narratives in the interview transcripts.

RESULTS

This section presents the preliminary results of the content analysis regarding the research questions, namely, the definition of hospital hospitality from a strategic point of view in terms of service provision. The main themes obtained from the Leximancer analysis of the concept of hospital hospitality are 'hospitality', 'hospital', 'patient', 'health', 'client', 'doctor', 'nurse', 'relationship' and 'traineeship'.

Through the observation and interview analyses, hospitality was defined as the way individuals receive and know how to treat people and, thus, as a form of encouraging well-being through hospitality mechanisms. Hospitality influences the supply of quality services, resulting in clients' satisfaction and well-being and contributing to hospital users' trust and loyalty. Medical competence, nurses' empathy and patients' comfort are the most important factors for a positive hospital experience. The nurses are the personification of hospitality. However, a lack of communication and information leading to potential medical malpractices is the biggest obstacle to quality experiences.

Concerning the existence of differences between the themes of patient and client, the results depend on the interviewee. The administration considers hospital users to be clients while healthcare professionals regard users as ill people who need treatment (i.e. patients). Even though users perceive differences in the quality of treatment and infrastructure between public and private hospitals, healthcare professionals state that medical procedures are the same in both sectors.

The organisation of services within hospitals should be based on how hotels implement hospitality. However, the interviewees made a clear distinction between hotels and hospitals. They conceded it was possible to think of a hospital as a hotel in regard to the type of facilities (i.e. reception and rooms), meals and ways staff act as hosts and communicate with users. Despite these similarities, interviewees felt it was not possible to disassociate these aspects from the idea that, in hospitals, users are a different type of guest conditioned by pathologies. Patients want to stay the shortest time possible, contrarily to hotel guests, who want to stay as long as they can and take advantage of all facilities.

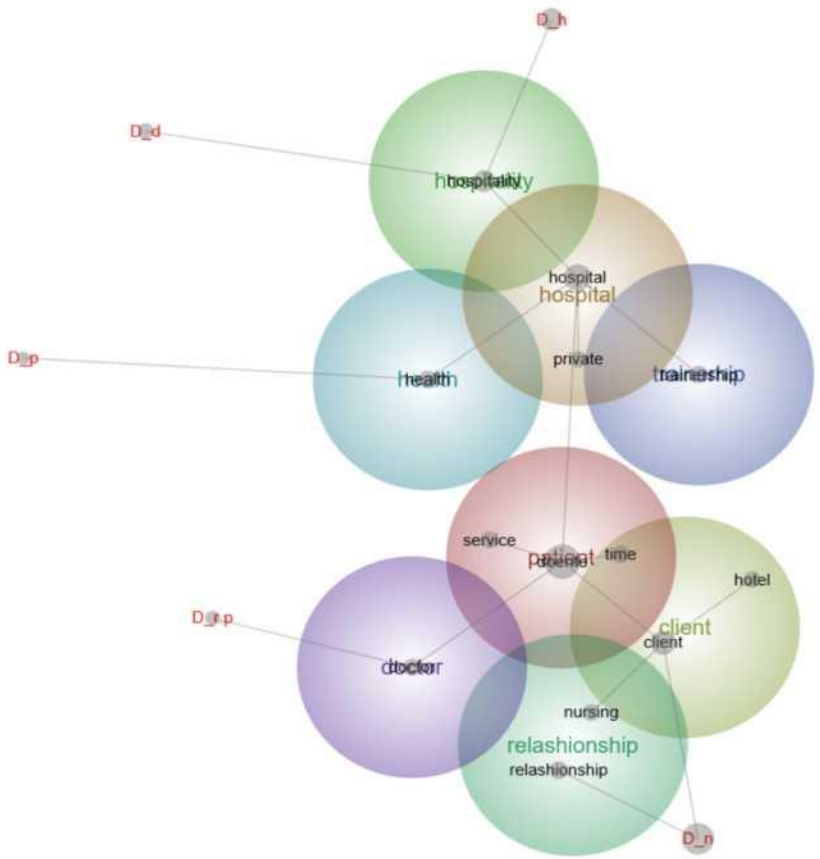

Figure 1

Concept map of hospital hospitality

CONCLUSION

The objective of this study was to identify the nature of hospitality in hospital settings. This research on hospitality in healthcare provision revealed that there is clearly room in hospitals for service delivery using hospitality mechanisms. In this context, hospitality is seen as more than good service and an essential part of hospitals' service provision.

For this study, a combination of professionals and patients in three hospitals were interviewed regarding their perceptions of hospitality and its importance in healthcare service provision. Although some conclusions can be drawn based on the results of this study, data from more hospitals and patients would help to provide a fully standardised answer.

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