

iscte

INSTITUTO
UNIVERSITÁRIO
DE LISBOA

The role of Hospital Hospitality Management in implementing hospitality practices in hospitals – a study about a Portuguese private health care group

Sara Sofia Carvalho Matias

Master's in Hospitality and Tourism Management

Supervisor:

Alzira da Conceição Silva Duarte, Assistant Professor,
ISCTE Business School – Department of Human Resources
and Organisational Behaviour

November 2022



BUSINESS
SCHOOL

Department of Marketing, Strategy and Operations

The role of Hospital Hospitality Management in implementing hospitality practices in hospitals – a study about a Portuguese private health care group

Sara Sofia Carvalho Matias

Master's in Hospitality and Tourism Management

Supervisor:

Alzira da Conceição Silva Duarte, Assistant Professor,
ISCTE Business School – Department of Human Resources
and Organisational Behaviour

November 2022

*“(...) the difference between hospitals and hospitality is “ity”
but that “ity” can make a significant difference
in the recovery of hospital patients.”*

Pizam, 2007



Science and Charity by Pablo Picasso (1897)

Acknowledgements

To my supervisor, Professor Alzira, for all her support during this academic journey that allowed the completion of this dissertation.

To the hospitality professionals, who generously agreed to participate in this study and shared with me their knowledge about hospitality in healthcare.

To my parents and grandma, for holding me every step of the way.

And to Diogo, for his light and warm presence in my life.

Abstract

Hospital and hospitality are two words with the same etymological root and, during Classical Antiquity, hotels and hospitals shared the same physical space. With evolution, they became two distinct institutions, but there is still something that brings them together – both provide a service for people who, for different reasons, have to stay away from home for a certain period of time. During the 1970s, some private hospitals felt the need to improve the quality of service provided by their non-clinical areas, and, thus, the creation of Hospital Hospitality Management departments emerged, responsible for implementing hospitality practices in hospitals by adapting conventional hotel services to the hospital reality. The present dissertation focuses on a Portuguese private health group, and its main goal is to understand the role of this Hospital Hospitality department in the implementation of hospitality practices in the respective hospitals. In order to analyse this issue, a qualitative study was carried out through the conduction of three interviews with hospital hospitality managers. The results obtained show the importance of the investment in these services, since they allow the hospital service to become more human, focused on the customers' individual needs, and also through the creation of more welcoming spaces capable of mitigating the cold environment of the hospitals, which translates both in the satisfaction of their customers and in the professionals from the group.

Keywords: Hospital Hospitality Management, Hospitality Management, Hospitality, Hospitality in Hospitals, Hospital Architecture.

JEL Classification Codes: I10, Z32

Resumo

Hospital e hospitalidade são duas palavras com a mesma raiz etimológica e, durante a Antiguidade Clássica, hotéis e hospitais partilhavam do mesmo espaço físico. Com a evolução, passaram a ser duas instituições distintas, mas continua a existir algo que as aproxima – ambas prestam um serviço dirigido às pessoas que, por motivos diferentes, têm de permanecer afastadas de casa durante um certo período. Durante os anos 70, alguns hospitais privados sentiram a necessidade de melhorar a qualidade do serviço prestado pelas suas áreas não-clínicas, e, deste modo, surgiu a criação de departamentos de Gestão Hoteleira Hospitalar, responsáveis pela implementação de práticas de hospitalidade nos hospitais através da adaptação de serviços da hotelaria convencional à realidade hospitalar. A presente dissertação incide sobre um grupo português de saúde privada, e o seu principal objetivo é perceber o papel deste departamento de Hotelaria Hospitalar na implementação de práticas de hospitalidade nos respetivos hospitais. Para analisar esta questão, optou-se pela elaboração de um estudo qualitativo através da realização de três entrevistas com gestores de hotelaria hospitalar. Os resultados obtidos demonstram a importância do investimento nestes serviços, uma vez que permitem tornar o serviço dos hospitais mais humano, focado nas necessidades individuais dos clientes, e, também, através da criação de espaços mais acolhedores capazes de atenuar o ambiente frio dos hospitais, que se traduz, tanto na satisfação dos seus clientes como na dos profissionais do grupo.

Palavras-chave: Gestão Hoteleira Hospitalar, Gestão Hoteleira, Hospitalidade, Hospitalidade nos Hospitais, Arquitetura Hospitalar.

Códigos de Classificação JEL: I10, Z32

Table of Contents

Acknowledgements	i
Abstract	iii
Resumo	v
Table of Contents	vii
List of Tables	ix
CHAPTER 1. Introduction.....	1
CHAPTER 2. Literature Review	3
2.1 Hospitality Concept	3
2.2 Hospitality: An industry of services and experiences.....	4
2.3 Hospitality in Hospitals.....	6
2.3.1 The role of Hospital Hospitality Management	8
2.3.2 Dimensions of hospitality in hospitals.....	9
2.4 Research Summary	12
CHAPTER 3. Methodology	15
3.1 Research Context	15
3.2 Research Design.....	15
3.2.1 Data Collection	16
3.2.2 Data Treatment	18
CHAPTER 4. Results and Discussion	21
4.1 Concept	22
4.1.1 Definition.....	22
4.1.2 Importance	24
4.1.3 Management models.....	26
4.2 People.....	29
4.2.1 Interactions between customers and Hospital Hospitality professionals.....	29
4.3 Processes	30
4.3.1 Reception, admission and customer service	30
4.3.2 Nutrition and dietetics	32
4.3.3 Housekeeping, laundry services and linen room	35
4.4 Physical environment.....	37
4.4.1 Architecture and design of infrastructures.....	37
4.4.2 Complementary services.....	39
4.5 Marketing.....	41
4.5.1 Communication and image	41
CHAPTER 5. Conclusions.....	45

References	47
Appendix	49

List of Tables

Table 3.1 Interviews' script	16
Table 3.2 Interviewees' profile.....	18
Table 4.1 Summary table with the main results of the study	21

Introduction

Hospitality is more often associated with the tourism industry since hotels are leaders in hosting people, which is reflected in a more generic way by offering food and accommodation within a safe atmosphere. Nonetheless, compared to other sectors there is another one distinguished by taking care of people, the healthcare sector that emphasises the importance of the human dimension in hospital units. Regarding this, a conclusion was drawn by Pizam (2007, p.500), ‘the difference between hospitals and hospitality is “ity”, but that “ity” can make a significant difference in the recovery of hospital patients’.

The research on hospitality in hospitals is still limited, but it has been discussed in several studies through different approaches. Some researchers reinforce the definition of hospitality as an organisational culture that should be implemented inside organisations to improve service quality (Pizam, 2020; Severt, Aiello, Elswick, & Cyr, 2008). In another approach, the authors investigated patients’ perception of hospitality regarding their experiences in a hospital setting (Kelly, Losekoot, & Wright-St Clair, 2016). In addition, Lopes (2019) highlights the importance of verbal interactions between healthcare professionals and patients. However, only a few studies attempted to explain the intersection between hospitality and healthcare, not only in terms of infrastructures’ design and logistics (e.g. hotel-style room service in hospitals), but also the contribution of hotel professionals in teaching hospitality practices (Sheehan-Smith, 2006; Hollis & Verma, 2015).

Following this recognition of the importance of investing in hospitality services in hospitals, and also the relevance of hiring hospitality professionals for the health sector, this study aims to help close the existing gap in the literature, so, it targeted people with an academic background in hospitality management and that were currently working in healthcare in Hospital Hospitality Management departments. Furthermore, the present research aims to understand the role of Hospital Hospitality Management departments of a Portuguese private health care group in implementing hospitality practices in hospitals. Thus, a study of a qualitative nature was constructed through the collection of data via semi-structured interviews with hospital hospitality managers from the selected health care group.

Regarding the structure of the study, the author sought to aggregate a full range of the various dimensions and sub-dimensions of hospitality in hospitals (tangible and intangible), which have been previously suggested by other authors, in order to obtain a broader analysis

on the topic. The selected dimensions and sub-dimensions that guided the study are the following: Concept (Definition; Importance; Management models); People (Interactions between customers and Hospital Hospitality professionals); Processes (Reception, admission and customer service; Nutrition and dietetics; Housekeeping, laundry services and linen room); Physical environment (Architecture and design of infrastructures; Complementary services); and Marketing (Communication and image). Moreover, aligned with the previous dimensions, with the purpose of making a characterization of the hospitality practices by the private health group, denominated group X, the research questions of the study were raised:

1. Concept: (RQ1a) What is the meaning of hospitality in the healthcare sector?; (RQ1b) How important is hospitality in hospitals and how is it perceived?; (RQ1c) How is Hospital Hospitality Management organised in the health group X?
2. People: (RQ2a) How are the users of health services designated within the group X and what is the role of Hospital Hospitality Management in relation to interactions with customers?
3. Processes: (RQ3a) How is the reception, admission and customer service of the health group X managed?; (RQ3b) How is the nutrition and dietetics area of the health group X managed?; (RQ3c) How is the housekeeping of the health group X managed?
4. Physical environment: (RQ4a) Why is it important the investment in hospitals' architecture and design of infrastructures?; (RQ4b) Why is it important for hospitals to invest in complementary services?
5. Marketing: (RQ5a) What is the role of Marketing in healthcare and how is it related with the hospitality issue?

This dissertation is divided into five main chapters. The first is the Introduction, that presents the topic, and its respective research aim and research questions. Then, the second chapter, the Literature Review, explores the evolution of the study's main concepts, the main authors writing about the problematic and creating a strong theoretical basis that include various approaches regarding the same topic. The third chapter, Methodology, includes the definition of the research context, research design, and the respective methods for data collection and treatment. The Results and Discussion chapter presents the analysis of the study's findings along with the discussion confronting the main results with the extant literature and presenting answers to the research questions. Lastly, the fifth chapter, Conclusions, is organised into major findings, theoretical contributions, and limitations and future research.

Literature Review

2.1 Hospitality Concept

The hospitality concept derives from the Latin term “*hostis*” which was used to define, simultaneously, the host, the guest, and the stranger (Kunwar, 2017). The author reflects about the way a guest could be seen as a stranger, and even an enemy, once it was linked with the unknown, and the host was completely unaware of the guests intentions. However, this ambiguity verified in the etymological root of the words “host” and “guest” disappeared over time, so, the Medieval term “*hostis*” evolved to “*hospes*”, referring to the friendly relationship between hosts and guests (Kunwar, 2017).

The recognition of both hosts and guests as the main players in the practice of hospitality has been clarified by several authors, but it is important to understand how these exchanges between those who receive and those being received started. In this regard, Derrida (2000, p.77) develops a complex analysis about the rights and duties of both guests and hosts, and points out the importance of Ethics when receiving someone by offering an “unconditional welcome”, so, the host should be able to offer home “before any determination, before any anticipation, before any identification, whether or not it has to do with a foreigner, an immigrant, an invited guest, or an unexpected visitor”.

Furthermore, the philosopher approaches the matter of hospitality raising the following question – “must we ask the foreigner to understand us, to speak our language, in all the senses of this term, in all its possible extensions, before being able and so as to be able to welcome him into our country?” – and he makes a reflection about the importance of understanding the foreigners language, not only by being able to communicate with them in their native language, but also to welcome them in the language of empathy and respect (Derrida, 2000, p.15).

The hospitality concept evolved over time and the strong culture of hosting people since the ancient times when hosts started giving shelter to foreigners in their own homes to ensure their safety during the night allowed the first migratory movements and travels across borders. In this regard, King (1995) highlights the development of commercial hospitality with the emergence of proper places destined to offer accommodation, food, drinks and entertainment, and also guarantee safety and comfort for those staying away from home.

2.2 Hospitality: An industry of services and experiences

Intrinsically linked with the meaning of the concept previously presented, the hospitality industry, according to Hemmington (2007, p.747), stands out from other sectors for focusing on the “host–guest relationship, generosity, theatre and performance, ‘lots of little surprises’, and the security of strangers”. The organisations operating in this field are diverse, although the core segments are lodging (i.e. hotels), food services, travel and tourism, events and entertainment (Lee & Yuan, 2018).

The hospitality industry offers both tangible goods (accommodation, food, drink) and intangible services that depend on a human exchange between hosts and guests (Brotherton, 1999; Kunwar, 2017). Apart from that, it is more than a service industry and consumers have become increasingly aware of the whole experience offered, so they are more demanding in terms of service quality (Rao & Sahu, 2013). In this regard, Hemmington (2007) defends that experiences occur whenever a guest is engaged in a personal and memorable way. The major difficulty is how to measure service quality based on customers’ experience since it is an abstract concept that can be analysed considering four main characteristics of services, according to Parasuraman, Zeithaml, and Berry (1988), namely: intangibility (services cannot be tested, touched or possessed); variability (depending on service provider); inseparability (produced and consumed simultaneously); and perishability (cannot be stored).

The impact of service quality on customer satisfaction in hospitality and tourism is mainly related to dimensions, such as accessibility (destination and transportation), accommodation, environment and venue quality, including interactions with hotel staff and other service providers, and this dimensions altogether will dictate their intent to return and recommend (Haghkhal, Ebrahimpour, Hamid, & Rasid, 2011).

Manthiou, Kang, Sumarjan, and Tang (2015), emphasise the importance of sensory experiences in hospitality through aspects as the hotel surroundings, the room view, the music, lighting and scent felt in the lobby, the flowers or chocolates in guests’ room, and these combined contribute to achieve brand loyalty and to create differentiation between the competitors.

Therefore, some researchers are conducting a discussion about the authenticity of hospitality, finding it hard to dissociate the generosity shared with the guests and the business itself in order to better understand the concept. On the one hand, Kunwar (2017, p.107) state that hospitality can be studied as a social phenomenon covering host-guest relationships and “the act of being hospitable”, and from a commercial perspective it can be analysed as a sub-sector of the service industry. On the other hand, Lashley and Morrison (2000, p.5) claim that

hospitality has three different domains in its roots (social, private, and commercial): the social domain concerning the social context and the “acts of hospitableness” during the production and consumption of food, drink and accommodation; the private domain giving special attention to host and guest relationships; and the commercial domain focusing on hospitality as an economic activity.

Regarding this last domain that is more business-oriented, it is important to understand a key part of the operation – the professionals. Hotel professionals and other service providers are a valuable asset in service provision, and the industry itself stands out from other businesses due to the excellence of service, since these employees are responsible for the tasks they are assigned to, and even give “attention to detail and the little extras” that contribute to a more personalized guest experience (Manthiou *et al.*, 2015, p.112). Thus, Hemmington (2007, p.753) highlighted the difference between service and servile, claiming that “staff are performers and hosts, not servants”, since they play an active role using their own creativity to surprise and delight guests that have become more demanding over time.

According to Sumaneeva, Eluwole, and Avci (2018), a key aspect for organisations to achieve strong relationships with guests is by investing in proper training to hotel employees, especially cross-sectional training, to raise employee’s awareness and knowledge about other hotel departments, which will improve their job performance, and consequently contribute to customer satisfaction. Apart from training, Lee (2018) defends that employees need proactivity, organisational learning culture, and psychological empowerment to achieve commitment to service quality.

Hence, there is a growing need to train high-skilled professionals to perform a service of excellence. The investment in higher education is a starting point to deliver complete hospitality management programmes that should be multi-disciplinary, including both courses in management and social sciences in the curriculum (Lashley & Morrison, 2000). Furthermore, Pizam (2020) makes a comparison between hospitality graduates and other areas of management and points out that what makes them different are not their business knowledge but what they have learnt about guest service management (attitudes, norms, and behaviours). In this regard, some researchers underline that hospitality management graduates and professionals from the field could give a valuable contribution to other sectors, such as retail, healthcare, and senior care (DeMicco & La Forgia, 2020; Pizam, 2020).

2.3 Hospitality in Hospitals

The role of hospitality in the health sector has been studied by several researchers, however, it is a quite recent topic in the literature. In order to understand the emergence of this matter and its connection with healthcare, it is important to review a few questions, such as: the evolution of hospital's institution over time, its mission, and architectural changes.

During the period of Classical Antiquity, the shelters destined to give home for both pilgrims and diseased were the same, in other terms, hospitals and hotels have its foundation in the same infrastructure, which were defined in Latin as "hospitalis" or "hospitium" (Boeger, 2005). Subsequently, in the Middle Ages, medieval hospitals were used as institutions of social support to give assistance to the poor, by that time not to cure the patient, since hospitals were not medical institutions yet, so, the hospital was not seen as a mean to be cured but as an end, where religious people were on charge to give spiritual help and final care (Foucault, 2007).

Afterwards, it was only in the eighteenth century that the doctor became the central figure in hospitals, which contributed to drastically change hospital organisation, since doctors were then able to implement necessary changes to this new purpose of hospitals: the patient's cure. Regarding this, Foucault (2007, p.149) defended that the "architecture of the hospital must be the agent and instrument of cure", emphasising the importance of hospital's architecture as a support tool for medical care, so, the author mentioned the following aspects as the most significant changes in hospital's space organisation that marked the transition to the Modern hospital, such as: the location, individual rooms to avoid contamination and to facilitate the treatment, temperature control, functional spaces with light and fresh air, and an adequate food regime.

Since the 1970s, health care has faced more competition in the market due to the emergence of more private hospitals that offered a higher service, and it conducted to a change in terminology "once patients became consumers, it was inevitable that they would also be seen as customers, or guests" (DeMicco & La Forgia, 2020, p.1073). Accordingly, Pizam (2007) emphasises the difference between the terms "patient" and "customer", explaining the first one is related to a person with a passive role that has no control over his/ her life, while the second is a person who paid for a good or service and has power of choice about his/ her life.

On the contrary, Young and Chen (2020) identify a conflict in looking for patients as consumers and healthcare as a business, since patients have more difficulty in evaluating what they cannot observe, such as their medical needs and health outcomes. The authors fear that if patient satisfaction becomes the central objective of healthcare, and it is used as a metric like it is in management, hospitals can lower the investment regarding the quality of medical care to

invest in hotel features that are easily perceived by patients. However, hospitality-style services emerged in hospitals as a complement to medical care by introducing techniques and procedures commonly used in hotels with the purpose of giving “social, physical, psychological and emotional support to patients, families and hospital staff” (Godoi, 2012, p.191). In addition, DeMicco and La Forgia (2020) state that 75% of services provided to patients after medical procedures are hospitality services, namely dining, housekeeping, and front desk services.

The presence of hospitality in healthcare facilities can be noticed from both tangible and intangible dimensions. Nonetheless, the tangible aspects are known to be the biggest challenge to this sector, since it is constantly facing problems in operating costs. According to Hollis and Verma (2015), many hospitals have old facilities which could be surpassed without high costs associated, suggesting that cleanliness, proper lighting, and the quality of food service would make the difference aligned with a strong organisational culture. Additionally, Pizam (2020) develops the matter of hospitality organisational culture in a health care environment, defending that all the stakeholders need to be involved so the customer experience is improved, and the healing process becomes less painful to the patient. The importance of recruiting highly qualified professionals is crucial, as well as the need to give them training on how to be more hospitable, implementing simple behaviours such as showing a smile, giving a kind word, or treating people by their names (Pizam, 2007). Likewise, Lee (2004, p.16) claims that the organisational culture should be part of hospitals’ strategy attracting professionals to work for a particular organisation feeling they are “joining a culture, not getting a job”, and this altogether will make the difference in their job performance and personal motivation.

The hospital environment is most of the time considered cold and hostile, and people are in a vulnerable condition, so the human dimension and true presence are essential to enhance the quality of care, and it contributes positively to patients’ recovery (Kelly *et al.*, 2016). However, Schrewe and Ruitenberg (2020) state that the anxiety felt when being sick and away from home and family in unwelcoming conditions from hospital facilities make the physicians task more difficult in welcoming patients and making them feel more comfortable.

Several authors (e.g. Severt *et al.*, 2008; Hollis & Verma, 2015; Pizam, 2020) agree that hospitality in hospitals can only be efficient if the tangible and intangible dimensions are combined and put into practice. Thus, to implement hotel services in hospitals it requires a minimum investment of financial resources, so it is more common to associate these hospitality services to private hospitals, once public hospitals face severe financial constraints (Godoi, 2012). However, the author clarifies the difference between hospitality and humanization, that can sometimes be mistaken – hospitality implies the introduction of “techniques, procedures

and hotel services in hospitals”, while humanization depends exclusively in “the action to humanize care, making it sensitive to the needs and desires of patients and families” (Godoi, 2012, p.191). After the distinction between these two terms, it is important to understand who is responsible for the implementation of hospitality in hospitals and how these services are managed.

2.3.1 The role of Hospital Hospitality Management

The application of hospitality-style approaches in hospitals have increased, mainly by the acknowledgement of similarities between the logistics of hotels and hospitals’ non-clinical departments, namely the reception and front desk, rooms, food service, and housekeeping (Hollis & Verma, 2015). Thus, Joshi (2019) identifies similarities and differences between the two sectors, hospitality and healthcare, being both people-oriented, giving value to service quality and customer satisfaction, however, the physical and psychological conditions in which people find themselves are completely different, so, hospitality strategies need to be adapted to each of them according to its particularities.

Moreover, some hospitals found the need to create a specific department responsible for the implementation of hospitality services, named – Hospital Hospitality Management. Boeger (2005) defines Hospital Hospitality Management as the set of support services offered to internal and external clients that grant their comfort, safety and well-being. Accordingly, Lopes, Vidal, and Brochado (2017, p.336) state that “Hospital hospitality based on the hotel business has brought the concept of humanization 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”.

In this regard, the main areas of action of Hospital Hospitality departments are the following: reception and customer service, housekeeping, nutrition and dietetics, and security management (Boeger, 2005). Nonetheless, Godoi (2012) suggests that the variety of hospitality services offered by hospitals need to be adjusted to each particular case, but he points out the wide range of services that have already been implemented in several countries, among which stand out: reception, admission and reservation department; housekeeping; lounge or waiting room; luggage locker room; laundry service; gift shop; pharmacy; bar or restaurant; room features; library; online visits; events department; cultural activities; playroom for children.

In addition, some health care organisations invested in guest service departments focusing on the patient experience by implementing hospitality features like hotel-style amenities, private rooms, and concierge services (Severt *et al.*, 2008). Furthermore, Hollis and Verma

(2015) state that hospitals are adopting catering-style approaches inspired in the hotel industry since small changes in food service can make the difference, like hot meals served hot, a change in menus with more appealing and nutritious options, and even by offering the possibility of letting patients choose what they want to eat according to a menu and respecting their food restrictions. Also, the idea of providing food to patients through hotel-style room service is proved to increase patient satisfaction, and it contributes to overcome the stigma associated with hospital food (Sheehan-Smith, 2006).

Apart from the adoption of hotel-style services by hospitals, the healthcare sector can also benefit in other ways with the knowledge exchange from the hotel industry. The role of Hospital Hospitality Management is crucial in hospital architecture to create a more welcoming atmosphere by adapting techniques and procedures from the conventional hotel industry to the hospital reality. On the one hand, Boeger (2005) develops this matter of hospital architecture and highlights the importance of investing in several aspects that can make the difference in the long term both in patient and staff satisfaction, such as: the hospital location, harmony of colours and shapes, the use of natural light, the room view, waiting rooms well ventilated and isolated, and also the choice of furniture and wall decoration. On the other hand, the author goes further in highlighting the logistical aspects that differ from the hotel industry but that are vital in a hospital setting in terms of architectural plan, namely: a complex waste management that requires the creation of proper input and output circuits to hazardous and non-hazardous waste in order to control infections; the width of the doors and corridors must allow the passage of stretchers and wheelchairs; the furniture must have a rounded design without sharp edges to give support if needed and avoid accidents; the room's toilet must be functional to facilitate cleaning and disinfection, and also be adapted to support people with reduced mobility; the choice of white as the predominant colour in hospitals is used to better control the cleanliness of areas and to create the feeling of a lighter space; lastly, the selection of colours can be used as an auxiliary communication tool to guide visitors through the hospital by identifying specific areas with a particular colour (Boeger, 2005).

2.3.2 Dimensions of hospitality in hospitals

The existing literature on hospitality in hospitals focuses on different perspectives regarding the topic. The present section aims to present the several studies that have been developed about the various dimensions of hospitality in hospitals (tangible and intangible), as well as the origin of the research.

In the context of hospitality as part of the organisational culture, Severt *et al.* (2008) studied the implementation of a hospitality centric philosophy (HCP) and hospitality centric programmes (HCPr) in a hospital setting similar to the experience offered by guest services in hotels to analyse the improvement of service quality from the point of view of hospital managers. This study concerns a private hospital in the USA and its purpose was to understand if that hospital had an HCP by interviewing a top administrator and a hospital manager, and, also, by attending meetings regarding the topic of hospitality. Finally, the authors concluded that that particular hospital had a philosophy of hospitality, and it was reflected in “physical environment, organizational goals, internal and external structures including boards, councils, and titles” (Severt *et al.*, 2008, p. 647).

DeMicco and La Forgia (2020) focused on H2H or “Hospitality Bridging Healthcare”, which are models that consist in merging hospital operations and hotel services with the main purpose of improving service quality, and this models can be presented in three different ways: hospitals and hotels working together and developing partnerships to facilitate operations; independent infrastructures developed to offer support to patients that are receiving medical treatment, but require hotel services; or, both entities, hospital and hotel, are merged into one organisation. The authors mention that most of these models have been put into practice in its majority in the USA and Switzerland.

Regarding the dimension of hospitality in the design of hospital infrastructures, Sues, Mody, and Guarracino (2017, p.4), tested the efficacy of hospital rooms design in the improvement of patients’ well-being in a particular hospital in the USA, so they inquired patients about the impact of the following hotel-like attributes during a hospitalization period: “spa services” (amenities, towels, bathrobe); “food and beverage services”; “wall décor”; “luxury bed linens”; “interior design” (furniture); “technology” (HR flat-screen TV); “hospitality services” (concierge); “aroma/ fragrance”; “mood lighting”.

Pizam (2020, p.433) studied how to measure whether hospitals practice a culture of hospitality, and, in this regard, the author identified five dimensions of hospitality organisational culture in hospital settings, which are the following:

1. “Patient-clinicians interactions” – “compassion, empathy, kindness, respect, attentiveness, courtesy, patience, accessibility, tolerance, flexibility, and multicultural sensitivity”;
2. “Patient-support staff interactions” – “traits of respect, attentiveness, courtesy, patience, competence, responsiveness, reliability, and efficiency”;

3. “Workplace climate” – “the organization’s leadership must exhibit the following characteristics/ traits in its relations with employees: honesty, fairness, trust, genuineness, respect, appreciation, recognition, responsibility, engagement, and growth”;
4. “External stakeholders relations” – “all those individuals and entities that are outside the organization but have a vital interest (stake) in its activities (...) suppliers and vendors, owners, investors, creditors, governments, and communities”;
5. “Facility atmospherics” – “architecture, décor, furniture, lighting, colors, sounds, and odors”.

Although the previous studies were all conducted by researchers from the USA, there are two papers developed in Portugal by national authors. The first one is a PhD thesis that approaches the importance of verbal interactions in hospitals by the observation of patients, and by interviewing healthcare professionals about their role on the way they interact with patients, how they interpret and experience hospitality, and how is it important to improve service quality. This way, Lopes (2019, p.77) obtained the perception of health professionals of a Portuguese private hospital about the similarities and differences between hospitals and hotels, according to the following dimensions – “tangible dimensions”; “intangible dimensions”; “space attachment”; and “organisational system”:

- “Tangible dimensions” – the respondents identified as the main similarity between hospitals and hotels the operations of non-clinical departments (e.g. food services), while the main difference is stated to be the limitations of each patient (e.g. restricted diet);
- “Intangible dimensions” – both hospitals and hotels are similar with their preoccupation with service quality, but the state in which their clients find themselves in terms of physical and psychological conditions changes the scenario when it comes to manage expectations;
- “Space attachment” – the non-clinical areas of hospitals are similar to hotels’ facilities, however, the clinical areas need to be adapted to hospital services in order to provide specialized medical care;
- “Organizational system” – the respondents pointed out similarities in terms of hospitals’ management strategies being focused on the hospitality industry (e.g. the adoption of hotel services), while the main difference resides, once again, in the limits imposed by hospitals since their core business is medical care.

Almeida and Quintela (2018) reflected about the development of departments of Hospital Hospitality Management, which emerged quite recently in health care units inspired by the hotel business, but their mission in implementing hospitality in hospitals is still not consolidated due to several factors, such as: the insufficient academic research on this topic which make it less valued among the organisations, the lack of decision power from these departments in managing service quality standards, and its main tasks being operational and considered as an auxiliar service.

In this regard, Almeida and Quintela (2018, p.39) suggest a restructuring in Hospital Hospitality departments with the purpose of improving hospitality practices and services focusing on three main dimensions, naming it as the “3 P’s” (Processes, Physical environment, and People):

1. “Processes” – refers to the set of procedures since the patient enters the hospital to the moment he checks-out, and it includes: the reception and customer care, accommodation and food service, housekeeping, cleaning services, security, and waste management;
2. “Physical environment” – concerning hospital architecture, infrastructures, decoration, and equipment;
3. “People” – all the staff members that contact directly with patients (clinical and non-clinical).

Apart from that, Almeida and Quintela (2018) claim that the context of Marketing in healthcare could be explored as an auxiliar tool to hospitality in hospitals, since it helps improve the communication with patients, and it also plays an important role in providing useful information about disease prevention campaigns, for example, so the authors suggest this topic could be developed in future research from the perspective of hospitality.

2.4 Research Summary

The Literature Review previously presented addressed relevant issues that contributed to formulate the research questions of the present study. Firstly, the author adopted the selection of hospitality main dimensions suggested by Almeida and Quintela (2018) – the 3 P’s (People, Processes, and Physical environment) – and also the exploration of Marketing as an auxiliar tool to hospitality in healthcare, as it is suggested by the same authors. Therefore, in order to facilitate the organisation of the study the author defined the main dimensions, and the research

questions were organised inside the following categories: 1. Concept; 2. People; 3. Processes; 4. Physical environment; 5. Marketing.

In the first stage, as it is suggested by Boeger (2005), it is crucial to understand the meaning of hospitality (RQ1a), the importance of investing in hospitality services in hospitals as a synonymous of comfort and quality of care (RQ1b), and the need to implement more Hospital Hospitality Management departments and define its' areas of action (RQ1c):

1. Concept:

- RQ1a: What is the meaning of hospitality in the healthcare sector?
- RQ1b: How important is hospitality in hospitals and how is it perceived?
- RQ1c: How is Hospital Hospitality Management organised in the health group X?

Concerning the second dimension of the study – People – DeMicco and La Forgia (2020) highlighted the change in terminology from the term “patient” to “customer” in healthcare and reinforced the significance behind this alteration. In addition, Lopes (2019) discusses the importance of humanizing care to strengthen the interactions between patients and hospital staff, and suggests that more investment in training is needed as well as the recruitment of hospitality professionals for hospitals in order to help create a strong organisational culture (RQ2a):

2. People:

- RQ2a: How are the users of health services designated within the group X and what is the role of Hospital Hospitality Management in relation to interactions with customers?

Moreover, Boeger (2005) approaches the role of Hospital Hospitality Management and reinforces the importance of restructuring these departments that differ from hospital to hospital according to their needs, however, the author defends that every department should share the same basic structure concerning the following main areas (RQ3a, RQ3b, RQ3c) – reception and customer service, housekeeping, nutrition and dietetics, and security management:

3. Processes:

- RQ3a: How is the reception, admission and customer service of the health group X managed?
- RQ3b: How is the nutrition and dietetics area of the health group X managed?
- RQ3c: How is the housekeeping of the health group X managed?

Regarding hospital architecture and organisation of space, Foucault (2007) was one of the first authors introducing this topic referring to it as an essential tool to medical care that started being valued since the transition to the Modern hospital, and it is a matter that the author argued

is worth being studied (RQ4a). Consequently, the offer of complementary services is also related to hospital space organisation and Godoi (2012) reinforces the importance of these services not only for the use of patients and their families, but also to serve hospital professionals, so, the range of services offered should be planned in advance in order to meet customers' needs (RQ4b):

4. Physical environment:

- RQ4a: Why is it important the investment in hospitals' architecture and design of infrastructures?
- RQ4b: Why is it important for hospitals to invest in complementary services?

Lastly, concerning the final dimension of the present study – Marketing – the authors Almeida and Quintela (2018) suggest the investigation of Marketing in healthcare, which would benefit from being linked to the matter of hospitality in order to develop a differentiated product inside organisations (RQ5a):

5. Marketing:

- RQ5a: What is the role of Marketing in healthcare and how is it related with the hospitality issue?

Methodology

3.1 Research Context

The healthcare sector in Portugal has registered a positive evolution in the last decades, although it is constantly facing challenges due to the country's ageing population, reduced operating costs and human resources management. The Portuguese State covers a National Health Service that provides public health care to the population. Moreover, there is also a significant number of private hospitals that have agreements with health insurance companies. The last ones mentioned share a biggest concern with guest services management, giving value to long lasting relationships with their customers. Considering that, an important aspect to enhance customer satisfaction in the healthcare sector is hospitality, through physical aspects and interpersonal relations.

The application of hospitality practices in hospitals is still lacking in Portugal, and the research regarding this topic is little explored within the literature. The present study aims to understand and characterize the current role of Hospital Hospitality Management departments of a Portuguese private health care group¹.

3.2 Research Design

The research method selected for the present investigation is a case study, since it concerns a Portuguese private health care group. According to Yin (2009), case studies are considered the most adequate strategy if the investigator uses “how” or “why” questions when there is little control over events, and the study is focused on a contemporary phenomenon. Therefore, the author followed the suggestion to formulate some of the research questions using “how” (RQ1b, RQ1c, RQ2a, RQ3a, RQ3b and RQ3c), and “why” structures (RQ4a and RQ4b).

Furthermore, the present study intends to do a qualitative analysis by conducting semi-structured interviews with Hospital Hospitality managers from the selected group. However, this source of evidence presents some strengths – by focusing directly on the case study topic and providing perceived causal inferences – and weaknesses – by showing bias due to poorly constructed questions, and if the interviewee is not honest and only answers what the interviewer wants to hear (Yin, 2009).

¹ The selected health care group agreed to collaborate in the present research but did not authorize the disclosure of the entity.

3.2.1 Data Collection

The present case study focuses on the Portuguese private health care group X, which will have this denomination across the whole study due to confidentiality reasons, since the participants did not give authorization to disclose the name of the organisation. Thus, the target population are Hospital Hospitality managers from different hospitals of the selected group.

In the first stage, in order to facilitate the elaboration of the interview guides, it was developed primarily a table in Excel containing the proposed dimensions and sub-dimensions of hospitality in hospitals that were aligned with the research questions. This study intends to propose, in the first place, a broader analysis on the dimensions and sub-dimensions of hospitality in hospitals, following the primary division from the 3 P's (People, Processes, and Physical Environment) presented previously by Almeida and Quintela (2018), and aggregating other sub-dimensions justified by diverse authors in previous studies. Lastly, the interviews' script was developed containing relevant questions aligned with the suggested dimensions and sub-dimensions of hospitality in hospitals, as it is presented in Table 3.1.

Table 3.1 Interviews' script

Dimensions	Sub-dimensions	Questions
Concept (Boeger, 2005)	Definition (Boeger, 2005; Godoi, 2012; Kunwar, 2017)	1- What does hospitality mean to you and how do you define it? 2- What distinguishes hospitality in healthcare from other domains, namely, the hotel industry? 3- How do you believe hospitality is present in health care services?
	Importance (Lee, 2004; Boeger, 2005; Godoi, 2012; Kelly <i>et al.</i> , 2016)	4- From your perspective, how important is hospitality in hospitals? 5- Do you consider that hospitality practices have any influence on the patient's recovery process?
	Management models (Boeger, 2005; DeMicco & La Forgia, 2020)	6- What are the main functions of Hospital Hospitality Management? 7- What is the relevance of hiring staff with an academic background in Hotel Management? (Is there such concern? If so, why?)
People (Almeida & Quintela, 2018)	Interactions between customers and Hospital Hospitality professionals (Pizam, 2007; Lopes, 2019; DeMicco & La Forgia, 2020; Pizam, 2020)	8- What is the terminology used in the hospital to define the users of health services: patient, user or client/customer? 9- Does the hospital offer any training for the teams in order to improve the communication process?

Processes (Almeida & Quintela, 2018)	Reception, admission and customer service (Boeger, 2005; Hollis & Verma, 2015)	10- Is the reception, admission and customer service of hospitals also managed by Hospital Hospitality like it is in hotels? 11- Does the hospital carry out satisfaction questionnaires? (If yes, in what context and how often? Who is it addressed to and what is the format?) 12- Does the hospital maintain contact with the patient after their period of hospitalization? (If yes, in what way and what is the main purpose?)
	Nutrition and dietetics (Boeger, 2005; Sheehan-Smith, 2008; Hollis & Verma, 2015)	13- How does the in-room meal delivery service work? Who is responsible for this process? 14- What are the main concerns in the construction of menus and choice of meals provided? 15- Bearing in mind the restrictions of each patient, are they given the possibility to choose a meal?
	Housekeeping, laundry services and linen room (Boeger, 2005; Godoi, 2012)	16- How important is it to offer a housekeeping and cleaning service of higher quality? 17- Who provides cleaning services? And what about the laundry? Is it an external company or in charge of the hospital? 18- Regarding the uniforms, how important is it for a hospital to invest in a high-quality uniform suitable for each of the functions?
Physical environment (Almeida & Quintela, 2018)	Architecture and design of infrastructures (Boeger, 2005; Foucault, 2007; Godoi, 2012; Lopes <i>et al.</i> , 2017)	19- What aspects were considered in the project of the hospital in terms of architecture and design chosen? (model, style, etc.). Please describe them. 20- Regarding the design of spaces for staff use, do you consider the investment in this part important?
	Complementary services (Boeger, 2005; Severt <i>et al.</i> , 2008; Godoi, 2012)	21- What are the complementary services offered by the hospital? How important is it to invest in these services? 22- Do you consider that the existence of these services contributes to providing a better experience to patients and their families? If yes, in what way? 23- What is the offer of hotel-like amenities to hospitalized patients (e.g. bath and personal hygiene kits)?
Marketing (Almeida & Quintela, 2018)	Communication and image (Godoi, 2012)	24- What is the main purpose of a hospital's marketing strategy? 25- What is the importance of the hospital's image?

Note. Source: Author.

In the second stage, the author searched for potential participants using the platform LinkedIn that needed to meet two requirements: having an academic background in hospitality or tourism, and that were currently working in Hospital Hospitality departments of the health care group X. Afterwards, the author contacted several people to understand their availability to participate in an interview, but only obtained three affirmative answers. The interviews took place between 25th March and 6th June of 2022, with a duration of 30 to 40 minutes each, and all the interviews were recorded with the consent of the three participants, which will be named as: I01, I02 and I03. Moreover, two of the interviews were conducted online using the platform

Google Meet, and one of them took place in a hospital, which allowed the collection of data through participant observation. The interviewees' profile is described in Table 3.2.

Table 3.2 Interviewees' profile

ID	Current position	Experience (years)	Academic background
I01	Hospital Hospitality Manager of several hospitals and clinics of the group X	7	Hotel Management
I02	Technical coordinator of Hospital Hospitality Management	5	Hotel Management
I03	Technical coordinator of Hospital Hospitality Management	4	Tourism Management

Note. Source: Author.

3.2.2 Data Treatment

The conduction of interviews was suspended due to the lack of answers and redundancy of information gathered in the interviews performed that helped enrich the study. Therefore, the author proceeded with the integral transcription of all the data recorded from the interviews to a Word spreadsheet, and this process was done manually.

After the transcription of interviews was concluded, it followed a content analysis with the purpose of examining the content from the interviews during the conversations with the interviewees, so it was possible to draw conclusions about the research topic. In this regard, the content analysis technique is an instrument used to analyse communications, and it helps understand what is behind every word (intention and meaning), so this process is organised in three stages: pre-analysis; exploring the material; and treatment of the results, inferences, and interpretation (Bardin, 1977). Consequently, to facilitate the content analysis Vala (1986) suggests that the author could prepare a system of response categories *a priori* – before doing the interviews so it helps the interviewer not miss information, – and *a posteriori* – after the interviews, so the researcher is able to validate the categories defined previously by verifying its alignment with the existing literature (see Appendix A).

The process of content analysis followed by the author was based in the models previously described from the referred authors (Bardin, 1977; Vala, 1986). The present content analysis

was done manually in an Excel table (see Appendix A) by grouping a system of response categories to each question of the interview, and this process was repeated to each interviewee, separating the information in different columns. In order to justify each category of response, it was included in that Excel table all the corresponding excerpts per question of each interviewee, and in a separate Word document all the excerpts were underlined using a system of different colours that facilitate the identification of each part, which was useful for the following section – the presentation and discussion of results.

Results and Discussion

The present chapter is dedicated to the analysis and discussion of results gathered in the interviews conducted with the three Hospital Hospitality managers from the health group X. The participants started by sharing their perception of hospitality and how they define the concept, the importance of its' presence in hospitals, and how Hospital Hospitality Management departments are organised within the respective brand. Then, they were inquired about the way they interact with clients in their work routine, and it was discussed the meaning behind the terminology used. Regarding hospitality's main departments – reception and admission, nutrition and dietetics, and housekeeping – the respondents explained how these processes are managed in the group. On the subject of hospital's physical environment, they gave their input about the importance of architecture and complementary services in health care institutions. Finally, they discussed the role of Marketing in healthcare and how it is linked with the matter of hospitality.

This chapter is divided into sections according to the study's sub-dimensions in order to provide answers to the corresponding research questions. Considering the obtained responses, it is possible to affirm there is convergence among all respondents regarding the main dimensions and sub-dimensions of the study as it is illustrated in Table 4.1.

Table 4.1 Summary table with the main results of the study

Dimensions	Sub-dimensions	Main findings
Concept	Definition	Expertise in hosting; Welcome in a pleasant way; Attention to detail; Offer comfort and care.
	Importance	Ensure a better quality of service; Anticipation of needs; Improve customer experience; Humanization of care.
	Management models	Hospital Hospitality Management is responsible for all the non-clinical areas of the group's hospitals; These departments are mainly constituted by professionals with an academic background in hospitality.
People	Interactions between customers and Hospital Hospitality professionals	The terminology used to define health care users is "customers" – it implies a choice; Hospital Hospitality Management does not have direct contact with the customer, contrary to what happens in conventional hospitality.

Processes	Reception, admission and customer service	Managed by the direction of Front-Office – strongly linked to clinical areas; Customer service is highly valued, so the group frequently conducts satisfaction surveys.
	Nutrition and dietetics	It is managed by Hospital Hospitality Management; The main operation is inpatient meal management; The clients always choose their meals according to an adapted menu; Food delivery in room-service regime.
	Housekeeping, laundry services and linen room	Integrated into Hospital Hospitality Management; Cleaning services are crucial in hospitals to help prevent and control infections; Insourcing is valued for cleaning teams; The investment in uniforms is extremely important for comfort and brand image purposes.
Physical environment	Architecture and design of infrastructures	Hospital architecture is essential to clients, visits, and staff's well-being; Every space is planned in detail to offer the maximum level of comfort similar to a hotel-like environment.
	Complementary services	It aims to meet customers' needs preventing them to travel outside the hospital to obtain certain services; Similar to the services offered in hotels; Improve customer experience.
Marketing	Communication and image	Marketing is responsible for getting to know hospital customers, monitoring customer satisfaction, and promoting the services offered; Marketing works together with Hospital Hospitality Management to make some decisions regarding the use of colours, signage and furniture.

Note. Source: Author.

From the overview presented, follows the analysis and discussion of results.

4.1 Concept

4.1.1 Definition

The interviews began by introducing the topic of hospitality with the participants sharing their views about the concept. In general, all the respondents associate hospitality with the act of welcoming people in a pleasant way, providing them comfort and paying special attention to detail in order to improve customers' experiences, which can be illustrated with the following excerpts²: "The word 'hospitality' clearly comes from receiving a stranger and treating them in a pleasant way and providing care to that person" (I01); "Hospitality, for me, is all the comfort and well-being that we can provide to our customers" (I02); "[...] it involves a lot of anticipating needs, always being on top of the event, trying to take things that happen on a daily basis and transforming them into improvements" (I03). These responses substantiate the theory

² Although the interviews were conducted in Portuguese, for the sake of reading consistency, the author opted to translate the excerpts into the language of the study.

of Kunwar (2017) that refers to hospitality as the expertise of hosting people in a kind manner, which enhances the establishment of long-lasting relationships between hosts and guests.

Furthermore, the respondents identify the presence of hospitality both in hotels and hospitals since they are both people-oriented, and despite the different circumstances in which people find themselves in these two sectors, in terms of hospitality, the way people should be taken care of is quite similar:

“If we go to the heart of the word ‘*hospes*’, which comes from hospitality, strictly speaking, it means taking care of others – there is no big difference – because in a hospital we are taking care of people according to the care they need (and they may be sick or not), in a hotel, in conventional hospitality, we are also taking care of people, but according to their needs, who will not be sick from the start. Therefore, there is not that big a difference in the way people should be treated.” (I01)

Nonetheless, a few differences were underlined between the services provided in conventional hospitality and the hotel services implemented and adapted by hospitals. While hotels are known to have a lot of interactions with guests, in hospitals, hospitality teams do not have direct contact with their clients, since these are more frequent with health care professionals. In this regard, one respondent defines hospitality services in hospitals as ‘silent services’: “In the hospital environment, the less people identify the presence or our absence in the units, the greater we are performing our job. Many of the areas we have, for example, pest control – the absence of a pest means that our work is being well developed. [...] Hospitality in hospitals is often not visible to the eye, although it is often subject of much perception” (I02).

Additionally, another respondent states that hospitality services in hospitals are considered support services that are constrained due to the limitations of the sector once hospitals’ main mission is to provide health care services – “We do not have room for details here. [...] For me, what I miss most about conventional hospitality is, in fact, the attention to detail, because, here, there are things that are not even allowed since we are in a hospital, and there is no time for such thing” (I03). These statements are aligned with the findings previously presented by Boeger (2005), that draws attention to the fact that hospital administrators should stop looking for hospitality in hospitals as a synonym of unnecessary luxury but as a sign of comfort and service quality.

Despite the differences identified between hospitals and hotels, the respondents recognize the presence of hospitality in healthcare through aspects, such as: proximity with customers,

attention to detail, and the comfort provided – “There are many ways to provide comfort that people are aware of, but many services that we provide often end up not being evaluated, because when people look for it, in this case, I am referring to private hospitals, they are already expecting a certain level of comfort, so they are not supposed to be aware of its absence” (I02). The findings are in line with the inferences drawn by Godoi (2012) that explains how hospitality in healthcare is often associated to private hospitals since it involves financial investment to introduce hotel-like services that aim to give support to clients, families and hospital staff.

In sum, in response to RQ1a about the meaning of hospitality in healthcare, it is proved that the hospitality concept is associated with welcoming customers in a pleasant way, providing comfort and giving attention to detail, and it is intrinsically linked with the implementation of hotel services in hospitals.

4.1.2 Importance

After discussing the meaning of hospitality in hospitals, it will be analysed the importance that participants attribute to hospitality and how it is perceived in the health care group X.

The responses given suggest, in the first place, the presence of hospitality is valued among the interviewees, and it contributes to humanize care by offering services that are people-centred tailored to the needs of each individual. Accordingly, Lee (2004) claims that patients value the way they are treated as a person since it is easily perceived by them than the efficacy of the medical treatment they are receiving, although hospitals’ main focus is on diseases, the human dimension should not be forgotten or devalued – as it was mentioned by one respondent:

“In the clinical setting, if we are treating the disease and only focused on that, we are not centred on the person, and if we are not concentrated on the person, there is not such an effective and efficient recovery, and therefore, of course, all the necessary surroundings are linked, and hospitality is one of them.” (I01)

Moreover, the respondents affirm that hospitality plays an important role in patients’ recovery by creating an improved customer experience focused on people’s needs, which is in consistence with the findings of Kelly *et al.* (2016) that highlights the importance of hospitality in the recovery of patients granting their safety and well-being during their hospital stay. The following excerpts are illustrative of that concern:

“Take everything that happens and always improve our clients’ experience, when they arrive at the hospital, and throughout their journey... Because I think that in a hospital people are always more sensitive, so it is more complicated, but [hospitality] goes through this a lot – for anticipating needs, always being very attentive.” (I03)

“[...] the meal served, the care taken when cleaning the room – all the tasks originally from conventional hospitality – if we put the same level of importance at a hospital level, it certainly is a very important fact for the recovery and comfort of clients who are hospitalized.” (I01)

Another advantage of hospitality in hospitals was pointed out by the respondents as the ability to create a welcome environment, similar to the ambiance of a hotel, which has a positive impact in patients’ well-being:

“[...] it is completely different to be in a private room, with all the infrastructure similar to a hotel, of course, you always have all the clinical infrastructure too, but the more ‘hotel environment’ part, so to speak, also has a different impact than if it is a pure and tough hospital environment as we were used to a few years ago, which were almost dormitories, and, of course, it has an influence.” (I01)

“[...] it is these little details that make the difference, because, when a person comes to a hospital, already comes with a more negative charge, and, seemingly not, being in a dark place or in a light place, I think it is totally different.” (I03)

These statements substantiate the findings of Godoi (2012) about hospitality’s ability to change the perception of hospitals as cold, sad and heavy places by creating a new image for health care infrastructures capable of bringing more confidence to patients and their families.

Subsequently, one of the respondents underlined the importance of offering hospitality services to enhance service quality and achieve customer loyalty, since people recognize and value these services: “[...] the comfort of the waiting room [...] the care with the gardening and the very image we give to the outside, people feel pleased. All of this, I think it has a great impact on the ‘loyalty’ of the customer to come back to our facilities” (I02). As it is described by Godoi (2012), the hospitals who invest in hospitality services can easily gain customers’ trust and loyalty since people associate these services with a higher service quality.

In sum, answering to RQ1b about the importance of hospitality in hospitals, it was found that it is considered extremely important since it contributes to humanize care by granting customers' safety and well-being, and improving customer experience, which has a positive impact in service quality, and, consequently, in customer loyalty.

4.1.3 Management models

After recognizing the importance of the application of hospitality services in hospitals, the participants continued the interview by explaining the role of Hospital Hospitality Management departments and the main functions performed by them inside the health care group X.

Firstly, all the respondents started by saying that Hospital Hospitality Management is responsible for the overall management of the entire non-clinical part of the hospitals, and it is considered a support area to hospital administration as the following excerpts illustrate: “So, imagine a hotel – okay, that’s what we run – put doctors and nurses there – that’s what we don’t run.” (I01); “We have many areas, which is basically everything that are non-clinical areas inside the hospital, and we are the ones in charge of that.” (I03); “Hospitality Management, as I said, is a support area for hospital management, which provides, above all, comfort, well-being and safety.” (I02). In line with these statements, Boeger (2005) points out the importance of the implementation of these departments in hospitals since they aggregate all the support services, which contributes to obtain better results in an increasingly competitive market.

Afterwards, the interviewees specified the main areas of action of Hospital Hospitality departments within the group X that constitute a varied set of services among the following: nutrition and dietetics – including inpatient meal management, cafeterias, restaurants, canteens and vending machines, – housekeeping and cleaning services, security management, gardening, hospital waste management, pest control, signage, and managing the furniture of all common areas. In addition, in some hospital units, these departments also have in charge the arrangement of customer transportation, parking areas, and the organisation of some events, namely health screenings and medical congresses. In this regard, the following excerpts demonstrate the main areas covered by these departments:

“[...] the main functions are cleaning, food, security, all the gardening, pest control, all the waste management [...] In some units, in our case, we also have the comfort of access to the hospital, whether because of parking lots or the transportation that exists around it. In terms of nutrition and dietetics, we are not only talking about the inpatient part, but we are also talking about all the outlets that exist, from cafeterias, restaurants, vending machines,

all of this included. Events, too, that exist in hospitals, from screenings to medical congresses that exist. So, it ends up being very much the normal tasks of a conventional hotel, but without the clinical part.” (I01)

“[...] the food area, which is a big area, and the cleaning and linen areas. [...] the control and monitoring of the safety of the units, pest control, hospital waste management, the transportation that is offered to our customers to the units, gardening, signage, the furnishing of common areas – these are some of the areas.” (I02)

“[...] We have all the signage of the hospital, interior and exterior. [...] In addition, we have all the non-clinical furniture, that is to say, the waiting rooms, inside the inpatient room, everything that is not clinical, for example the bed, is also our responsibility. [...] Within surveillance, we have the lost and found, the lockers, the management of the general changing rooms; we also have cleaning – in each unit there is a cleaning supervisor, who is basically a housekeeper, if we want to compare it to conventional hotels.” (I03)

These responses are aligned with Boeger (2005) that proposes the main structure of Hospital Hospitality departments should cover four main areas, such as reception and admission, nutrition and dietetics, housekeeping and property security. In particular, the health care group X covers three of the previously mentioned areas, as it will be discussed in the following sections.

Regarding the organisational structure, the group X presents a well-defined structure following the division in three clusters that aggregate all the group hospitals throughout the country, and then, Hospital Hospitality departments are organised the following way, as one of the respondents explains: “[...] we have an administrator of Hospitality Management and Maintenance – it’s all within the same directorate – then, below the administrator, [...] we are divided by three clusters. [...] Within Hospitality Management, we have a manager for each cluster [...] Then we have the linen room, which is a manager for all the linen room from North to South, with all the units, and then she has the team spread over each unit, and with the cleaning it’s the same, we have a manager that has all the cleaning, and the supervisors in each unit. On top of that, we have maintenance, which also has a manager, and then they are divided a little bit differently from hospitality. We are divided into large, medium and small hospitals, and then we still have the clinics. In each hospital, we have senior hospitality management technicians” (I03).

Lastly, when being asked about recruiting personnel with an academic background in Hospitality Management to their departments, the respondents affirmed it was something highly valued and a preferential factor when selecting new candidates since the knowledge they acquired make them more sensitive to important details when performing the tasks they will be assigned to and it can positively contribute to improve the service provided, which is reflected in the following responses:

“Our team, the vast majority, has a degree in hotel management. Why? Because in the hotel foundation we pay attention to this type of detail that we were talking about in hospitality, which is not only the service component, customer service and interaction with the client, but also all the surrounding details, whether it is the environment where we are, or how to serve food, for example. So, it is these details that also make a difference in customer service.” (I01)

“I think it’s always an asset, if only because, I believe, there will always be room for an evolution of hospitality in hospitals. I want to believe that we can move towards that. [...] We are responsible for the waiting rooms, and the attention we pay to detail, the desire to make it look good, for example, different light bulbs... the fact that a room has n different light bulbs, I probably wouldn’t have the sensitivity to realize that it doesn’t look good if I wasn’t in the hotel business. And I think that it is this sharp eye that makes the difference, without a doubt.” (I03)

DeMicco and La Forgia (2020) support the responses given about the importance of recruiting hospitality professionals to improve service excellence in hospitals, and the authors believe that the acknowledgement of the importance of hospitality in health care facilities will lead to more career opportunities in the future to hospitality graduates.

In sum, in response to RQ1c about the organisation of Hospital Hospitality Management within the group X, the department is responsible for the overall management of non-clinical areas, and it is considered a support area to hospital administration. Regarding its organisation, the department presents a well-defined structure considering its main areas of action: nutrition and dietetics, housekeeping and cleaning services, security management, gardening, hospital waste management, pest control and signage. Also, the team is composed by a top administrator of Hospital Hospitality Management and Maintenance, a general manager in each cluster, a Housekeeping manager, a linen room manager, a maintenance manager, and then, their

supervisors in each unit and also senior hospitality technicians, one in each hospital of the group. Moreover, a great part of this team has an academic background in hotel management and previous work experience in the area.

4.2 People

4.2.1 Interactions between customers and Hospital Hospitality professionals

This section aims to present the findings gathered about the terminology used by the group X to define the users of health care services – “patient”, “user” or “customer” – and whether Hospital Hospitality professionals interact with them.

Thus, the respondents answered promptly when it comes to the terminology used by the group to define the users of health care services – “customers” – and explained the differences between referring to people in this way or another: “First of all, not everyone who comes to a hospital is sick, I think that’s obvious, because we do routine consultations, etc. For me, sick is a temporary state.” (I03); “For us, they are clients [...] and, at the private sector level, there is a choice on the part of the person regarding the hospital where they want to be treated. Now, if we are talking about the public sector, it is quite common to talk about users, but this has to do with the conception of the system itself, that is, the public system belongs to all Portuguese, and, therefore, we are all users. The word “user” also doesn’t mean that we are sick or not, it means that we are using a service that is public.” (I01); “[...] who comes to us, comes to us by choice, and for this reason, to us, it is a client [...] we have a higher level of demand because they are customers” (I02). Accordingly, Pizam (2007) clarifies the difference between “patient” and “customer”, since the first one plays a passive role when receiving medical treatment while the second has the power of choice of where he wants to be treated. Also, the emergence of patients as consumers brought about a greater appreciation of hospitality services in private hospitals which led to a higher investment in this matter in order to achieve customer satisfaction and loyalty (DeMicco & La Forgia, 2020).

Contrary to what happens in conventional hospitality, where the contact with the customer is constant, it does not happen the same way around in Hospital Hospitality inside the health group X, once the teams does not have direct contact with customers – as one respondent states: “However, to us, Hospitality, in that detail to the customer, and in that approach to the customer, we end up not having as much impact. [...] Healthcare professionals end up having more proximity with the final client than us, which we have very little. Of course, it happens, we are

passing by the hospital, people see us and approach us, because we have the card, and they want to know some information, but we have very little contact with the clients.” (I03).

Apart from that, the respondents recognize the importance of training to improve the communication process between customers and staff (clinical and non-clinical): “[...] there are all the trainings directed specifically to each professional category that works in a hospital, exactly because the interactions are also at different levels, and, therefore, it is also necessary to be directed to each professional typology” (I01); “All of us, when we join the company, attend a compulsory course for new employees, and in that sense, the company’s strategies are covered and we are made aware of that, yes.” (I02). In addition, Lopes (2019) substantiates the responses given claiming the investment in training is crucial to reinforce the need to humanize care, and Pizam (2020) adds that hospitality should be part of the organisational culture and all the staff (clinical and non-clinical) should be involved in the healing process by helping improve the customer experience.

In sum, answering to RQ2a the terminology used by the group X to designate health services’ users is “customers” and this has to do with the fact that they have an active role in choosing the hospitals where they want to receive medical treatment. However, Hospital Hospitality Management does not have direct contact with customers since they are in charge of more logistical operations, and this is one of the biggest differences comparing to conventional hospitality.

4.3 Processes

The present section includes the departments in common between hotels and hospitals, which covers the main operations of both sectors, namely – Reception, admission and customer service; Nutrition and dietetics; Housekeeping, laundry services and linen room – and it seeks to analyse how these departments are managed in the health care group X.

4.3.1 Reception, admission and customer service

As it was previously mentioned, Hospital Hospitality Management does not have direct contact with customers. Subsequently, the reception, admission and customer service of the group X is not managed or integrated in hospitality services, and, in its turn, it is referred by the respondents as a department strongly linked to clinical areas and it is administered by the direction of Front-Office:

“All the front-office and back-office, let’s call it that, in our case is more clinical, for example, why isn’t it managed by hospitality? Because we’re not talking about booking a room, check-in and check-out, or booking meals or events, we’re talking about making appointments for clinical acts, whether it’s a consultation or an exam or an operation, and, therefore, this is all very clinical.” (I01)

“The customer service management is a very extensive area, and it has both the reception, which deals with the arrival of the client, and all the back-office work, which deals with appointments and scheduling, the management of the physicians’ agendas, then we have the invoicing part, so it is a non-clinical area, but it ends up having a lot of connection with the clinician.” (I03)

Additionally, Boeger (2005) mentions that this front-office area does not necessarily have to be integrated into Hospital Hospitality departments, although the behaviour of employees when communicating with customers should be a “hotel-like behaviour” when providing personalized service, so it is an advantage for this area to be integrated into hospitality.

Apart from that, the participants mention that satisfaction surveys are valued to monitor customer satisfaction and improve service quality, and they mention that the group X realizes various types of surveys to analyse different service components including hospitality services. The following responses show the importance given to satisfaction surveys and the context in which they are presented to customers:

“This is handled by our marketing department. There are several types of surveys directed to each type of service that the client has enjoyed in the hospital or clinic, and it is typically done, and increasingly so, in an online format, but it has been done via phone call, it has been done in person, so it depends a lot on the moment and the answers that are needed, and the sampling that is needed, so it focuses a lot on the client’s experience according to the service that was enjoyed. In this sense, it follows a little bit of everything, including hospitality areas, such as comfort, facilities, cleaning, and food.” (I01)

“As a general rule, we do it in the context of hospitalization before the client is discharged from the hospital. Besides this, we currently have some satisfaction surveys in progress in the cafeteria, but these are to monitor some of our data, the service of our providers so that

we can quantify these numbers. However, on a more regular basis, these questionnaires are given to our clients who were in an inpatient setting before they left the hospital.” (I02)

Accordingly, Lee (2004) highlights the importance of conducting satisfaction surveys frequently (more than once a year) and the most advisable time to do it is in the moment of discharge from hospital when the customers are more available to share their feedback regarding their overall experience. Also, the same author emphasises that the main purpose of doing satisfaction surveys should be to improve the service provided and not only to expect positive results and to cause great impression by comparing the business with its competitors.

Furthermore, one respondent refers the relationship between the hospital and its customers does not end when they are released from hospital, especially with those who go home and still need medical support, the hospitals from the group X offer all the assistance needed to monitor and help their customers during their recovery period already at home: “If we are talking about hospitalized clients or clients who have had some kind of surgery, there is always the post-discharge contact, which is done by the clinical part, but there is always that follow-up. [...] In other words, we are talking about situations in which it is necessary to have a continuous service, even in some cases, people can be discharged, because nowadays it is not necessary to stay in a hospital to treat many things that in the past required hospitalization, therefore, we also have home care services that support the person at home, which allows them to be discharged from the hospital” (I01). Hence, Lee (2004) substantiates this issue of extending care to clients’ homes through discharge phone calls made by nurses to answer any question or concern the clients might have about the treatment, which gives them some peace of mind during this process, and, these procedures, will lead to customer satisfaction and loyalty to these hospitals.

In sum, responding to RQ3a about how the reception, admission and customer service of the group X is managed, it is stated that these are strongly linked to clinical areas and it is administrated by the Front-Office department, and, in its turn, it is not integrated into Hospital Hospitality. Therefore, the customer service provided by the present group is highly valued and it has a crucial role during all the customer journey in the hospital, so, customer satisfaction is frequently monitored by the conduction of satisfaction surveys to ensure service quality.

4.3.2 Nutrition and dietetics

The management of this area of Nutrition and dietetics of the health group X is in charge of Hospital Hospitality Management and, as mentioned previously, this area includes: inpatient

meal management, cafeterias, restaurants, canteens and vending machines. However, this section will cover inpatient meal management, which is the major activity of this area, and the others will be included in 4.4.2 Complementary services.

The food that is usually provided by hospitals is often associated with something tasteless and of poor quality, hence the popularization of the term “hospital food” – as one respondent states: “[...] in terms of the food that is served in a hospital – often there is that myth that hospital food is bad, and there is even the classification of “hospital food” in our minds – so clearly it is the meal that is served, the care that is taken [...] it is very important for the recovery and comfort of the clients who are hospitalized” (I01). In addition, Sheehan-Smith (2008) points out that food service is very important in hospitals to improve customer satisfaction, and it is crucial to overcome the stigma associated with hospital food by investing in hotel-style approaches that offer more appealing options.

Furthermore, the interview continued with an explanation of how inpatient meal management works, which is managed in its entirety by the internal teams of group X. The interviewees started by saying that, for each patient, a specific diet is prescribed by the doctor, and, according to that, the client can choose his meals through a menu that is aligned with his dietary restrictions, and the same happens for his companion if he has one – as the following excerpts illustrate:

“[...] the whole process starts with a clinical act, for example, from the moment the client is hospitalized and has some specific dietary need, and then the medical prescription of a diet begins. There are several different types of diets: the most similar to a normal meal in a normal restaurant is called a general diet; then there are other types of diets – light diet, which may have less fat, less salt, etc. – so there is a huge range of diets, which is prescribed by the doctor. From the moment it is prescribed by the doctor, our team is able to make a choice with the client about what he or she wants to eat within the possibilities that this diet offers, and, from then on, a choice is made just as if it were a restaurant or a hotel room-service.” (I01)

“For each diet there is a menu, which is worked out together with our nutritionist. And yes, there are several types of diets – the liquid diet, the paste diet, etc. – and for each type of diet a menu is generated. According to the restrictions for each one, the client chooses from that menu, as well as his or her companion (if any).” (I02)

In this regard, Hollis and Verma (2015) draw the attention to food service in hospitals as a critical factor for a better patient recovery, and mention that the use of menus and the possibility of choosing their own meals using a room-service approach is proved to increase patient satisfaction, and, also, reduce food waste in hospitals.

Similarly to what happens in hotels, the meals that will be delivered in room-service regime are prepared and placed in appropriate cars to maintain the ideal temperature of each food, and transported to the rooms, however, the interviewees explain that there are differences between this service that is provided in conventional hotels and this one in hospitals, since the latter is a “large-scale room-service”:

“[...] the client chooses, the kitchen prepares, and it is served in the room almost as if it were a kind of room-service, but slightly different, because here the meals are all served in the rooms, so we are talking about a large-scale room-service, which is not just a table that goes into the room, that would be impractical to happen for logistical and even space reasons, and, because the clients, many of them, have some mobility problems when they are hospitalized, and, therefore, the distribution is done in our own cars, which guarantee all the temperature conditions, whether cold or hot, to always keep the dishes at the adequate temperature, and within all the food safety conditions that are necessary.” (I01)

“In the inpatient unit, the meals are all produced in a centralized unit [...] from there, an order is generated based on forecasts to that “mother unit” and the meals arrive to the other hospitals. Then, each hospital has a cook and chill system, where the meals are heated. [...] Our cafeteria staff places the heated meals inside the car for each of the rooms, and the food is distributed by our food assistants (ours, who belong to our company).” (I02)

The offer of a well-planned room-service in hospitals is crucial since most of the patients are not able to leave the rooms to have their meals, and the main purpose of Nutrition and dietetics is to think in viable solutions that combine a quality gastronomy with the restrictions of each diet using more effective cooking techniques that result in an improved dining experience (Boeger, 2005).

In sum, in answer to RQ3b, the area of nutrition and dietetics of the group X is managed by Hospital Hospitality department and its main operation is inpatient meal management, which requires a strong synergy between the medical team and the nutritionist to create menus respecting the restrictions of each diet, so it is possible to give clients a choice according to

their food preferences. Additionally, the distribution of meals in rooms is done using a room-service format, similar to what happens in conventional hospitality, and there is a noticeable concern on the part of the group with the quality of the meals offered, since they recognize that food is essential to improve the customer experience and help in their recovery process.

4.3.3 Housekeeping, laundry services and linen room

During this part of the interview, the participants refer that all Housekeeping management inside the group X is developed by teams that are part of the Hospital Hospitality department, and they explained the importance of cleaning services in hospitals highlighting its relevance in preventing hospital infections:

“I would say that it is of the utmost importance everywhere, whether it is a so-called conventional hotel or a hospital. Now, it is obvious that this concern has always existed in a hospital, which did not exist in conventional hotels until covid-19 appeared, but this concern already existed in a hospital, because, in fact, cleaning, whether of the rooms or of the entire infrastructure of hospitals and clinics, is the basis for the control and prevention of hospital infections. And, therefore, we have always used very strict and consensual cleaning techniques. [...] Then, the procedure itself, also much more detailed to ensure that every inch of the equipment, furniture, walls, floor and ceiling are always clean, and this has its own techniques [...] which separates the cloths and mops that are used for cleaning by colour categories.” (I01)

“Cleaning is one of the most important areas within a hospital. It is with the service provided by cleaning that we can guarantee an effective infection control, therefore, in my perspective, cleaning is one of the most important areas at the hospital level.” (I02)

The responses given are aligned with the theory of Boeger (2005) that states that in a hospital the housekeeping area is usually responsible for cleaning rooms and common areas, laundry, linen, and uniform management, and these services should be centralized and integrated into the hospitality department, since the cleaning techniques are very thorough in order to avoid hospital infections.

Also, the health group X opted for the insourcing of all their housekeeping team, which has operated to date with a mix regime (insourcing and outsourcing), and the respondents explain that there has been a significant improvement allied to this transition as the group now has

greater control and monitoring of the cleaning services provided: “[...] our housekeeping team was internalized in 2018 in the branded healthcare units, until then we had external companies, and now the entire cleaning team is internal. [...] The follow-up, the monitoring, it’s all much more controlled, and we are quite happy with that change. And we have data as well since we have always done internal audits to monitor.” (I02); “[...] I think it is always beneficial for the team to be ours because, in terms of synergies, it is always more effective” (I03). These responses are in consistence with the findings of Boeger (2005) that refers that the choice of the regime associated with the cleaning team (insourcing or outsourcing) should be thought through carefully, since cleaning in a hospital is synonymous with patient safety, and with an in-house team, the hospital is able to have greater control of operations, which allows it to ensure the effectiveness of the service and communicate more easily with the teams.

Regarding laundry services, group X has a contract with an outsourcing company that is responsible for these services: “At the moment, we use an external laundry” (I03); “The laundry is not ours, it’s external” (I02). However, the linen room of the group has recently joined the Hospital Hospitality department with an in-house team: “The linen room joined hospitality recently [...] Although it is one of our areas, it is not managed directly by us, the technical coordinators of hospitality, because there are other technicians allied to this area, but it is also part of our department” (I02). Allied to the work developed by the linen room, one respondent approaches the topic of uniforms selection in hospitals and highlights the importance of choosing quality fabrics to ensure practicality and safety at work, and points out the marketing component that is also present in the uniforms and that is part of the brand image – as the following excerpt illustrates:

“This is extremely important on several levels, the very comfort of the employees for the tasks that each employee performs. [...] On the other hand, there is a very important factor here that is the type of fabric that is used, because, again, at the hospital level, we have to ensure that all these uniforms are able to be disinfected [...] so they have to be resistant fabrics. [...] In terms of uniforms, there are all these practical and functional components, and then there is also another one, which is the communication with the clients [...] if I need help from a receptionist, I can tell by the uniform whether he is a receptionist [...] there is also this component of identification and comfort for the clients to be able to communicate and understand who they are just by seeing the uniform.” (I01)

Accordingly, Godoi (2012) states that the investment in uniforms is essential to ensure a good presentation of employees and should give a clear identification of each of the functions within the hospital, and this investment will translate into positive effects both for the service provided and for the well-being of employees.

In sum, responding to RQ3c, the housekeeping and linen services of group X are integrated into Hospital Hospitality Management with their respective teams that are insourcing, which is highly valued by the group since cleanliness in hospitals is crucial, and the work developed by internal teams allow them to achieve better results in the quality of the service provided and a greater investment in training since they have very strict cleaning rules to prevent hospital infections and ensure customer safety.

4.4 Physical environment

4.4.1 Architecture and design of infrastructures

The hospital's physical environment and its surroundings are described by the respondents as essential aspects to customers' well-being and comfort, and the health group X seeks to offer a hotel-like environment but adapted to the hospital reality taking into account customers limitations and offering viable solutions that are able to make their stay less painful, as it is described: "Architecture is essential to well-being [...] these kinds of details are also taken into account, more and more, in hospitals and in the supply that is given, for the comfort not only of the patient, but as I was saying before, of their companion [...] people in a hospital have a more reduced and fragile mobility [...] Now, of course, we want to offer a very hotel-like aspect, of comfort" (I01).

Some of the aspects referred by the respondents as crucial in hospitals' architecture and design are: large spaces (rooms, waiting rooms, corridors), natural light, light colours, room features that facilitate accessibility (lighting control, bedside plug, adapted toilet, flat floor, cornerless furniture), or a high-quality TV in the room – as the following excerpts illustrate:

"[...] there are certain concerns, for example at the room level – if a person is in bed, to turn on the light, there is no need to get out of bed and press a switch, just stretch your hand and you are able to control all the lights in the room [...] an outlet at the foot of the bed to charge your cell phone [...] in the case of bathrooms, it must have all the handles for the person to lean on, sometimes a stool also to sit on when bathing; the floor must be smooth [...] The type of furniture that you use, for example, not having sharp corners, because if

the person knocks they can get hurt [...] having one's own television, of one's own size, in the room, so that the person can watch comfortably – all of this is taken into account.” (I01)

“For one thing, the size, I think, are very important aspects, and we who follow some openings, the size not only of the spaces, but also of the circulation corridors and all that make a significant difference.” (I02)

“Some features that make all the difference in our spaces are: sunlight, the width of the corridors... I think it has a lot to do with that, with the space that you have to circulate, the waiting room space, the space that you have in the rooms, the light, because I think it's definitely very different to be in a place with natural light or in a place with only artificial light I think these aspects are the most important – space and light.” (I03)

Regarding this, the previous literature review reflects about the powerful role of hospitals architecture in patients' recovery by offering a welcoming and comfortable environment, which helps attenuate the cold image that is common in hospitals (Boeger, 2005; Foucault, 2007). Moreover, Godoi (2012) argues that offering some features in hospital rooms allows the customer to be more autonomous and thus increase his comfort (e.g. automatic bed, sockets near the bed, quality TV where the customer can choose what to watch).

In addition, one of the respondents underlined the importance in the choice of colours for hospital spaces and points out the group X seeks to ensure that the design of its spaces is transversal to all hospitals of the brand, and not only the colours used in specific areas, but also all the signage and furniture used, so that their customers feel more comfortable and can move more easily within the different hospital spaces: “In terms of design, our group developed a model that [...] we try to make it transversal – all furniture, signage, wall colours and drains – to all our units. The idea here is that one hospital is similar to all our hospitals, and that the customer does not have a shock when he enters a health unit and then goes to another, for example [...] this way, we try to make it consensual from one hospital to another” (I02). Thus, Boeger (2005) substantiates these findings and states that the colours chosen for the different spaces in the hospital can function as a communication aid to facilitate the movement of clients within the building by assigning specific colours to certain areas of the hospital.

Finally, the respondents state that the investment in hospital spaces for staff use is extremely important for promoting employee's well-being and increase job satisfaction – as it is described in the following excerpts:

“It is totally different to take a break in a well thought out and pleasant place than to be in a closed room, without any conditions. We, for example [...] our cafeteria had no direct light, it was very dark, very small, I mean... And we, in fact, here, we came to a floor full of light everywhere, with a window from one side to the other, and it has a lot of space, it’s very wide. Then, I think that, for example, the old hospitals were very heavy with very dark wood, here it’s all white, so that also gives us a lightness. [...] And here, we have smoking areas next to gardens, large areas with views, we have a great dining area, we also have a library with computers with very good conditions, so, it makes all the difference.” (I03)

“Of course, it is essential. To be able to provide quality service, or to be able to take care of others, we have to know how to take care of ourselves first, and we have to be well with ourselves, and so, at that level, it’s important to be well taken care of so that we can take care of others.” (I01)

In this respect, some studies have confirmed that hospitals that look physically similar to hotels and invest in good infrastructures for staff are proven to increase job satisfaction and, consequently, employee retention (Godoi, 2012; Lopes *et al.*, 2017).

In sum, in answer to RQ4a the investment in hospitals’ architecture is considered essential to customers well-being and comfort through the implementation of a more hotel-like environment but adapted to the hospital reality ensuring safety, functionality and a greater autonomy of the hospitalized client. Likewise, the creation of a more appealing hospital environment also impacts hospital staff contributing to their well-being and increasing job satisfaction.

4.4.2 Complementary services

During the interview session, the participants began by listing the wide range of complementary services available at group X hospitals, ranging from restaurants to convenience stores. The choice of these services is planned to meet the needs of their clients and must respect health issues (e.g. healthier food options and the sale of tobacco is prohibited), as they explain:

“We have the example of one of our hospitals that has an electronics store, a restaurant area [...] Within this type of services we also have cafeterias. There used to be stationery stores, but then we have an issue here which is the sale of tobacco by them, and we wondered to

what extent this makes sense in a hospital. As soon as I'm remembering, we have health insurers as well." (I02)

"With that in mind, we have already talked about the whole food part, but there are also other types of services, namely, stores, stationery stores, which sometimes are not so visible; non-food vending machines (electronic products); we also have, upon request by the customer, hairdressing services. [...] Basically, it is the same universe that a hotel offers." (I01)

"At the time, it was projected that we would have store space, we opened a tender, we wanted it to be a stationery store, a convenience store, that would have quick things [...] and signed a contract with an electronics store, and, of course, we were very interested, because it is totally different from having this offer here, it is a great service." (I03)

This way, Godoi (2012) states that the offer of these services in hospitals were significantly improved with the introduction of hospitality services that allowed the identification of new needs considering the complementary services available in some hotels that could also be adapted to the hospital environment (e.g. gift shops, restaurants or beauty centres).

Moreover, the respondents underline the importance of investing in these services in order to attend customers' needs, both internal and external – patients, visitors and staff – and improve their overall experience by offering useful products and services that allow them to avoid having to travel outside the hospital to purchase:

"Yes, without a doubt. Of course, it has an impact. And the proof is that there is demand, both from the client and their relatives." (I02)

"The importance of investing has a lot to do with what we were talking about earlier, which is meeting the needs of our customers, and, here, when we are talking about customers, whether external or internal, in this case, all the professionals who work at the hospital, they are all customers of these services. So, the first need is to respond to people's needs." (I01)

Thus, Boeger (2005) is in line with the responses given and points out that the range of these services must meet the needs identified by clients and their families, and the variety of services must not be incompatible with the hospital area.

Lastly, the respondents mention the offer of amenities and personalized services available to their customers that is common to see in conventional hospitality, and in the hospitals of group X there is already this concern – as it is described in the following excerpts:

“[...] the conditions that have to exist have to be perfectly natural and normal, like the ones we have in a hotel, or even in our homes, which is to have adequate and good shampoos, soaps, and sometimes, depending on the situation, there are other types of amenities that are given – slippers, or, for example, in the case of pregnant women, a kit with several products for the baby is also given, from creams, bath products, etc. Basically, they are the same amenities that are given in a hotel.” (I01)

“A person who spends the whole day here, wants to get a newspaper, they can get one, or, if they are in their room, they can ask for a newspaper – these are small things that make a difference. Now, for example, on Children’s Day, they called to ask if they could come to the pediatric area and hand out some plasticine kits. So, I think it’s these little things that make the difference.” (I03)

Accordingly, Severt *et al.* (2008) defend the implementation of more hotel-like services in hospitals to improve customer experience (e.g. amenities and concierge services), especially the offer of guest services to attend personal requests.

In sum, responding to RQ4b about the importance of investing in complementary services in hospitals, it is mainly to attend the needs of all their clients (patients, visits and staff) making their service offering more complete and preventing them from having to travel outside the hospital to get these services. This way, group X seeks to offer more personalized services similar to hotels that results in a better customer experience.

4.5 Marketing

4.5.1 Communication and image

Regarding the main purpose of a hospital’s marketing strategy, the interviewees highlighted the following aspects: getting to know the customers, accompanying them throughout their

journey, assessing customer satisfaction, publicizing the services offered, innovating and offering differentiated services:

“[...] the main purpose, and, as in any company, I would say, it has all the same responsibilities, first of all, it is to know our customers and be able to share with the other departments who and how our customers are, what their needs are, so that then all the departments can respond to the level of service they offer to this type of customer. [...] On the other hand, it is also about accompanying the customer on his or her journey, how the customer feels from the moment he or she contacts us for the first time, until the moment he or she has enjoyed the entire service – and, hence, the importance of processing and conducting surveys.” (I01)

“The main strategy is to communicate the differentiating services, especially in a certain area or location, and attract new clients. Very recently, [...] we had a panel that referred to covid tests, which are now very common, but here [...] for example, we were the first health unit to offer covid tests every day of the week [...] because effectively there was no one else, and therefore this was also a marketing strategy.” (I02)

“I think it’s to always pay attention to health care, but not to neglect this attention to the client. It can’t just be the hospital, there are all the services, and the customer is more and more demanding, and, therefore, it’s necessary to be more and more attentive. It is also about anticipating needs, and I think that marketing is very much about this. The communication with the client, the campaigns that we do.” (I03)

Additionally, one of the respondents states that, in the healthcare industry, marketing must have a strong informative character, and communication with clients must be clear and convey confidence to those who seek a particular hospital: “[...] it is also to communicate with our customers what we offer, because not everyone knows what services are offered. And, in the health business, this is also very important, because suddenly a person gets sick, it’s the first time they have that disease, and they feel completely lost [...] a person goes to a hospital either because they have a disease, not always, or because they are going to prevent something, or they want to know something concrete about how they are, and that’s why the communication with the customer is necessary, and it is very prepared and directed by marketing” (I01).

Apart from that, in health group X, the Marketing department works together with Hospital Hospitality Management to make some decisions, for example, on the issue of signage and the choice of furniture – Hospital Hospitality has more technical knowledge and identifies the needs in practice, and Marketing executes the design – both teams work in synergy to achieve a common goal – as the following statements illustrate: “[...] the signage, for example, that marketing accompanies with us, the furniture as well, because these are areas that make all the difference in the image of our hospitals.” (I03); “In terms of design, it is not an area that is managed by us, however, we give our inputs, namely, in this new manual of signage, but it is Marketing that defines the colours and all that to be applied in the units” (I02).

At last, the responses given about the role of marketing in healthcare are supported by the theory previously presented. Godoi (2012) says that hospitals’ marketing should promote health (by encouraging routine screenings, etc.) and should not only focus on treating diseases, but also on preventing them. Moreover, Almeida and Quintela (2018) argue that Marketing should work together with Hospital Hospitality to improve the customer experience, since both promote well-being and improve service quality.

In sum, in response to RQ5a, the role of Marketing in healthcare consists in getting to know the customers, accompanying them during all their hospital journey, monitoring customer satisfaction, and, also, the Marketing department has a very informative role through clear and enlightening communication of the services offered. Moreover, Marketing is intrinsically linked with the hospitality matter by working together with Hospital Hospitality Management, as well as with other hospital teams, to communicate with them so they can achieve a common goal – the continuous improvement of overall customer experience.

Conclusions

This study reveals the work developed by Hospital Hospitality Management in the selected Portuguese private health care group. Through the analysis of the interviews conducted with Hospital Hospitality managers, it was possible to extract that the respective department is responsible for all non-clinical areas of the group's hospitals, and the team is mostly composed of professionals with an academic background in hospitality and hotel management.

On the one hand, the present investigation made it possible to compare the common practices of conventional hospitality with Hospital Hospitality, and unveiled the main differences between the two, since in hospitals these departments have a different range of functions that involve knowledge in areas that are not directly related to hospitality (e.g. waste management or signage), and it is a more "silent service" due to the fact that these teams do not have direct contact with customers. On the other hand, some similarities were also identified in the hospitality services provided, and that allows to address some of the most common complaints in hospitals, namely: food quality ("hospital food"), cleaning (prevent infections), signage (facilitate the circulation of people inside the hospitals), and architecture and design (create a more welcoming environment). Furthermore, the implementation of hospitality practices in hospitals focuses on creating services tailored to customers' needs improving their overall experience through the promotion of comfort, safety and well-being.

In addition to the group's concern and investment in this issue of hospitality by the Hospital Hospitality department, the same extends to its organisational culture which is visible through the investment in training to hospital teams, monitoring customer satisfaction to improve the quality of service provided, and, also, the care to accompany customers throughout their hospital journey (before their arrival at the hospital through the work developed by marketing; and, after their discharge from the hospital with medical follow-up and home support services), so, there is a synergy between the teams and a growing effort to offer a differentiated service where hospitality is included.

The present dissertation helps fill in a gap in literature regarding the role of Hospital Hospitality Management departments and the application of hospitality services in hospitals. Firstly, it presents a broader analysis on hospitality dimensions in hospitals by challenging and aggregating dimensions previously proposed by several researchers (Boeger, 2005; Godoi, 2012; Almeida & Quintela, 2018). Secondly, it reflects the reality of a Portuguese private health

care group, and there is no other national study about the work developed by Hospital Hospitality departments and the importance of hospitality practices in hospitals, which made it possible to extend existing theory about what is being done in other countries, as it was presented by other authors (Severt *et al.*, 2008; Suess *et al.*, 2017; DeMicco & La Forgia, 2020). Moreover, this study has contributed to the scarce literature on this topic by offering a new approach that reflects the perspective of hospitality professionals working in healthcare in Hospital Hospitality departments.

The main limitations for the development of this research are linked to the lack of response from the professionals contacted to participate in interviews, which conditioned the study both in the sample size and in the target population, because several Hospital Hospitality professionals from different private health groups were contacted, and it was only obtained response from three professionals of the same group – which resulted in a small sample and a limited target population. However, these constraints made it possible to better explore the work developed by the health care group selected and to conduct more thorough and longer interviews with the participants.

The limitations that were imposed on the present study helped identify opportunities for future research. In this sense, more research is needed in the field of hospitality in healthcare and a comparative study between the Portuguese private and public sectors regarding hospitality services would be valuable to analyse the main differences. Expanding this research to a different Portuguese private health care group or comparing the work developed by Hospital Hospitality Management in different countries. Furthermore, it could also be explored the presence of hospitality in other services that are focused in taking care of people, namely in senior care.

Notwithstanding the theoretical contributions previously presented, with this work the author intended to contribute, in the first place, to private and public healthcare organisations that can look for the present research in a logic of comparison and with the aim of improving the service provided. And, finally, to raise awareness about the role of Hospital Hospitality departments whose work is little divulged, and to show that this is also a professional opportunity for recent graduates in hotel management, which, despite being little addressed, it is an area that needs more investment and where there is potential for growth.

References

- Almeida, A. L., & Quintela, J. (2018). A Hospitalidade na Saúde: Desafios e Iniciativas. *Hotelaria & Saúde, 14*, 35–41. <http://repositorio.uportu.pt:8080/handle/11328/2761>
- Boeger, M. A. (2005). *Gestão em Hotelaria Hospitalar* (2nd ed.). São Paulo: Atlas.
- Bardin, L. (1977). *Análise de Conteúdo*. Lisboa: Edições 70.
- Brotherton, B. (1999). Towards a definitive view of the nature of hospitality and hospitality management. *International Journal of Hospitality Management, 11*(4), 163-173. <https://doi.org/10.1108/09596119910263568>
- DeMicco, F. J., & La Forgia, J. (2020). Hospitality Bridging Healthcare: Career Opportunities for The Future Hotel School Graduate. *Journal of Hospitality & Tourism Research, 44*(7), 1072-1079. <https://doi.org/10.1177/1096348020940783>
- Derrida, J. (2000). *Of Hospitality / Anne Dufourmantelle invites Jacques Derrida to respond* (R. Bowlby, Trans.). Stanford University Press.
- Godoi, A. F. (2012). *Hospitality and Humanization at Hospitals: how to make your hospital more human and looks like a hotel*. CreateSpace Independent Publishing Platform.
- Foucault, M. (2007). Chapter 15 - The Incorporation of the Hospital into Modern Technology [E-book]. In J. W. Crampton & S. Elden (Eds.), *Space, Knowledge and Power: Foucault and Geography* (pp. 141–151). Ashgate Publishing Limited.
- Haghkhal, A., Ebrahimpour, A., Hamid, A., & Rasid, S. Z. (2011). The Impact of Service Quality on Tourism Industry. In *2nd International Conference On Business and Economic Research (2nd Icer 2011) Proceeding*.
- Hemington, N. (2007). From service to experience: Understanding and defining the hospitality business. *The Service Industries Journal, 27*(6), 747-755. <https://doi.org/10.1080/02642060701453221>
- Hollis, B., & Verma, R. (2015). The intersection of hospitality and healthcare: Exploring common areas of service quality, human resources, and marketing [Electronic article]. *Cornell Hospitality Roundtable Proceedings, 4*(2), 6-15.
- Joshi, B. S. (2019). Leadership Style Paradigm Shift in Hospital Industry: Need of the Day, in Comparison with Hospitality Industry. *Journal of Health Management, 21*(1), 141–153. <https://doi.org/10.1177/0972063418822195>
- Kelly, R., Losekoot, E., & Wright-St Clair, V. (2016). Hospitality in hospitals: The importance of caring about the patient. *Hospitality & Society, 6*(2), 113–129. https://doi.org/10.1386/hosp.6.2.113_1
- King, C. A. (1995). What is hospitality? *International Journal of Hospitality Management, 14*(3–4), 219–234. [https://doi.org/10.1016/0278-4319\(95\)00045-3](https://doi.org/10.1016/0278-4319(95)00045-3)
- Kunwar, R. R. (2017). What is hospitality?. *The Gaze: Journal of Tourism and Hospitality, 8*, 55-115. <http://dx.doi.org/10.3126/gaze.v8i0.17832>
- Lashley, C., & Morrison, A. (2000). *In Search of Hospitality (Hospitality, Leisure and Tourism)* (1st ed.) [E-book]. Routledge. [https://books.google.pt/books?hl=pt-PT&lr=&id=yf5i6K8_ZhAC&oi=fnd&pg=PA1982&dq=Lashley,+C.+%26+Morrison,+A.+\(2000\),+In+Search+of+Hospitality%3B+Theoretical+perspectives+and+debates&ots=fUdh52mSjo&sig=zbIvltHZ3F5LUHHugPjx6CCyuw&redir_esc=y#v=onepage&q&f=false](https://books.google.pt/books?hl=pt-PT&lr=&id=yf5i6K8_ZhAC&oi=fnd&pg=PA1982&dq=Lashley,+C.+%26+Morrison,+A.+(2000),+In+Search+of+Hospitality%3B+Theoretical+perspectives+and+debates&ots=fUdh52mSjo&sig=zbIvltHZ3F5LUHHugPjx6CCyuw&redir_esc=y#v=onepage&q&f=false)
- Lee, F. (2004). *If Disney Ran Your Hospital: 9 1/2 Things You Would Do Differently*. Second River Healthcare.
- Lee, K. J. (2018). Antecedents and Consequence of Frontline Employees' Commitment to Service Quality in Hotels: Proactivity, Organizational Learning Culture, Empowerment,

- and Job Efficacy. *Global Business & Finance Review*, 23(4), 23–35. <https://doi.org/10.17549/gbfr.2018.23.4.23>
- Lee, K. W. & Yuan, J. J. (2018). Hospitality and tourism industry segments: Toward a new taxonomy. *e-Review of Tourism Research*, 14(1-2), 1-20. Retrieved from <https://journals.tdl.org/ertr/index.php/ertr/article/view/86/8>
- Lopes, A. (2019). *Hospitality as a tool for service improvement: a hospital case study [Tese de doutoramento]*, Iscte - Instituto Universitário de Lisboa]. Repositório Iscte. <http://hdl.handle.net/10071/19752>
- Lopes, S., Vidal, F., & Brochado, A. (2017). Is there room in hospitals for hospitality?. In Ali Ozturen, Dogan Gursoy, Hasan Kilic (Ed.), 7th Advances in Hospitality and Tourism Marketing and Management (AHTMM). (pp. 332-345). Famagusta: Eastern Mediterranean University.
- Manthiou, A., Kang, J., Sumarjan, N., & Tang, L. R. (2015). The Incorporation of Consumer Experience into the Branding Process: An Investigation of Name-Brand Hotels. *International Journal of Tourism Research*, 18(2), 105–115. <https://doi.org/10.1002/jtr.2037>
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 12-37.
- Pizam, A. (2007). The “ity” factor. *International Journal of Hospitality Management*, 26(3), 499–501. <https://doi.org/10.1016/j.ijhm.2007.02.001>
- Pizam, A. (2020). Hospitality as an Organizational Culture. *Journal of Hospitality & Tourism Research*, 4(3), 431–438. <https://doi.org/10.1177/1096348020901806>
- Rao, P., & Sahu, P. (2013). Impact of Service Quality on Customer Satisfaction in Hotel Industry. *IOSR Journal of Humanities and Social Science*, 18(5), 39-44.
- Schrewe, B., & Ruitenbergh, C. W. (2020). Offering welcome in the kingdom of the sick: A physician guide to hospitality. *Journal of Evaluation in Clinical Practice*, 1–7. <https://doi.org/10.1111/jep.13410>
- Severt, D., Aiello, T., Elswick, S., & Cyr, C. (2008). Hospitality in hospitals? *International Journal of Contemporary Hospitality Management*, 20(6), 664–678. <https://doi.org/10.1108/09596110810892227>
- Sheehan-Smith, L. (2006). Key Facilitators and Best Practices of Hotel-Style Room Service in Hospitals. *Journal of the American Dietetic Association*, 106(4), 581–586. <https://doi.org/10.1016/j.jada.2006.01.002>
- Suess, C., Mody, M., & Guarracino, G. (2017). Hospitality Healthscapes: The New Standard for Making Hospitals More Hospitable. *Boston Hospitality Review*, 5(2), 1–10. https://www.bu.edu/bhr/files/2017/06/Hospitality-Healthscapes-The-New-Standard-for-Making-Hospitals-More-Hospitable_Suess-Mody-Guarracino.pdf
- Sumaneeva, K. A., Eluwole, K. K., & Avci, T. (2018). Cross-Functional Training of Front-Line Hotel Employees, In-Role and Extra-Role Job Performance, Customer Satisfaction, and Customer Loyalty: A conceptual Model Proposal. *Journal of Environmental Management and Tourism*, 9(6), 1183–1189. [https://doi.org/10.14505/jemt.v9.6\(30\).07](https://doi.org/10.14505/jemt.v9.6(30).07)
- Vala, J. (1986). A análise de conteúdo. In A. S. Silva and J. M. Pinto (orgs). *Metodologia das ciências sociais*. (pp. 101-128). Porto: Edições Afrontamento.
- Yin, R. K. (2009). *Case Study Research: Design and Methods* (4th ed.). SAGE Publications.
- Young, C., & Chen, X. (2020). Patients as Consumers in the Market for Medicine: The Halo Effect of Hospitality. *Social Forces*, 99(2), 504–531. <https://doi.org/10.1093/sf/soaa007>

Appendix A

O papel da Gestão Hoteleira Hospitalar na implementação de práticas de hospitalidade no grupo de saúde X						
Questões de Investigação	Dimensões: Hospitalidade nos hospitais	Sub-dimensões	Questões Entrevista: Técnicos	Análise de Conteúdo		
				I01	I02	I03
<p>1. Conceito 1a. Qual é o significado de hospitalidade no setor da saúde?</p>	<p>Conceito (Boeger, 2005)</p>	<p>Significado (Boeger, 2005; Godoi, 2012; Kunwar, 2017)</p>	<p>1- O que entende por hospitalidade e o que é para si esse conceito? 2- O que distingue hospitalidade nos serviços de saúde face a outros domínios, nomeadamente, a indústria hoteleira? 3- De que forma crê que a hospitalidade está presente nos serviços de saúde?</p>	<p>Q1: Saber receber um desconhecido; Acolher de forma agradável; Prestar cuidados; origina da palavra "hospes". I01_Q1_17 Q2: Não há grande diferença; Hotéis e hospitais devem adequar cuidados às necessidades da cada cliente. I01_Q2_114 Q3: Cuidado ao utente; Relação com o cliente; Atenção ao detalhe. I01_Q3_125</p>	<p>Q1: Conforto; Bem-estar. I02_Q1_18 Q2: O papel da hotelaria hospitalar difere da hotelaria convencional no sentido que que a sua presença não é notada - serviço silencioso - não há interação direta com o cliente. I02_Q2+Q3_114 Q3: Através do conforto proporcionado; Corresponder ao nível de serviço esperado pelos clientes. I02_Q3_127</p>	<p>Q1: Antecipar necessidades; Atenção ao detalhe; Melhorar a experiência do cliente. I03_Q1_18 Q2: Detalhes; Nos hospitais não há tanta margem para estar atento a certos detalhes como nos hotéis; A hotelaria hospitalar não é responsável pelo atendimento ao cliente, logo, há essa grande diferença comparativamente com a hotelaria convencional; Num hospital, a GH é responsável por áreas mais técnicas e que são necessárias à logística de um hospital (ex.: gestão de resíduos). I03_Q2_118 Q3: Na proximidade com o cliente e na atenção ao detalhe; No caso da GH, essa atenção acaba por estar mais presente na parte da alimentação, uma vez que é algo que está diretamente ligado ao cliente. I03_Q3_134</p>

O papel da Gestão Hoteleira Hospitalar na implementação de práticas de hospitalidade no grupo de saúde X

Questões de Investigação	Dimensões: Hospitalidade nos hospitais	Sub-dimensões	Questões Entrevista: Técnicos	Análise de Conteúdo		
				I01	I02	I03
<p>1b. Qual a importância que a hospitalidade tem nos hospitais e como é percebida?</p>		<p>Importância (Lee, 2004; Boeger, 2005; Godoi, 2012; Kelly <i>et al.</i>, 2016)</p>	<p>4- Para si, qual é a importância da hospitalidade nos hospitais? 5- Considera que as práticas de hospitalidade têm alguma influência no processo de recuperação do doente? Se sim, qual?</p>	<p>Q4: Foco principal: pessoas; Assegurar uma melhor qualidade de serviço; Oferta de serviços similares aos dos hotéis. I01_Q4+Q5_133 Q5: Muito relevante; Componente humana; Alimentação: refeições de qualidade; Limpeza do quarto; Design e tipologia do quarto (privativo); Maior conforto. I01_Q4+Q5_138</p>	<p>Q4: Satisfação do cliente; Prestar um serviço de qualidade; Fidelização do cliente. I02_Q4+Q5_144 Q5: Sim; Ao proporcionar o máximo conforto ao cliente nos diversos espaços do hospital (salas de espera, cuidado dos espaços, oferta de transporte gratuito até às unidades, etc.). I02_Q4+Q5_139</p>	<p>Q4: Muito importante; Hospitalidade contribui para melhorar a experiência do cliente em toda a sua passagem pelo hospital. I03_Q1_110 Q5: Sim; Criar um ambiente acolhedor e funcional pensado nas necessidades de cada cliente. (I73; I183)</p>
<p>1c. Como se organiza a Gestão Hoteleira Hospitalar no grupo de saúde X?</p>		<p>Modelos de gestão (Boeger, 2005; DeMicco & La Forgia, 2020)</p>	<p>6- Quais são as principais funções da gestão hoteleira num hospital? 7- Qual a pertinência de contratar pessoal formado em gestão hoteleira para o departamento? (Existe essa preocupação? Se sim, porquê?)</p>	<p>Q6: Gestão global da parte não-clínica do hospital; Alimentação, limpeza, segurança, jardinagem, controlo de pragas, gestão de resíduos; Em algumas unidades: transporte para clientes, parques de estacionamento; Cafetarias, restaurantes, máquinas de vending; Eventos: rastreios e congressos médicos. I01_Q6_156 Q7: Muito pertinente; Grande parte da equipa tem formação em GH; Atenção ao detalhe; Atendimento personalizado ao cliente;</p>	<p>Q6: A GH é uma área de apoio à gestão do hospital; Papel: proporcionar bem-estar, conforto e segurança; Áreas: Alimentação, limpeza e roupa, controlo e monitorização da segurança, controlo de pragas, gestão de resíduos hospitalares, jardinagem, transporte para clientes, sinalética, mobiliário das áreas comuns; Alimentação inclui: gestão de refeições para o internamento, cafetarias, refeitórios e máquinas de vending. I02_Q6_150 Q7: Fator preferencial;</p>	<p>Q6: A GH engloba todas as áreas assistenciais do hospital; Áreas: Alimentação, limpeza, vigilância (inclui perdidos e achados, cacifos, gestão de vestuários gerais), gestão de resíduos hospitalares, controlo de pragas, jardinagem; Oferta de um serviço de transporte para colaboradores (num hospital); Toda a sinalética do hospital, a gestão de todo o mobiliário não-clínico (salas de espera, quarto). I03_Q6_144 Q7: É uma mais-valia; Esse conhecimento é um grande contributo para a melhoria do serviço prestado; Atenção ao</p>

O papel da Gestão Hoteleira Hospitalar na implementação de práticas de hospitalidade no grupo de saúde X

Questões de Investigação	Dimensões: Hospitalidade nos hospitais	Sub-dimensões	Questões Entrevista: Técnicos	Análise de Conteúdo		
				I01	I02	I03
				Know-how para criar um ambiente envolvente e oferecer uma alimentação de qualidade. I01_Q7_171	Muito pertinente; É alguém que tem uma melhor perspetiva do que é hospitalidade. I02_Q7_158	detalhe; Sensibilidade para notar pequenos pormenores que fazem diferença (deu exemplos) I03_Q7_165
2. Pessoas 2a. Como se designam os utilizadores dos serviços de saúde e qual o papel da Gestão Hoteleira relativamente às interações com clientes?	Pessoas (Almeida & Quintela, 2018)	Interações entre clientes e profissionais de Gestão Hoteleira Hospitalar (Pizam, 2007; Lopes, 2019; DeMicco & La Forgia, 2020; Pizam, 2020)	8- Qual a terminologia utilizada no hospital para definir os utilizadores dos serviços de saúde: paciente, utente ou cliente? 9- O hospital oferece formação/treino para as equipas com vista a melhorar o processo de comunicação?	Q8: Cliente; Adequação do serviço às necessidades de cada um; No setor privado a pessoa escolhe o hospital onde quer ser tratada; No setor público é comum falar-se em utentes, uma vez que todos são utilizadores de um serviço que é público. I01_Q8_181 Q9: Existem formações específicas para cada categoria de profissional. I01_Q9_196	Q8: Cliente; São as pessoas que escolhem ser tratadas num hospital específico; Nível de exigência superior. I02_Q8_174 Q9: Existe uma formação inicial obrigatória para todos os novos colaboradores do grupo. I02_Q9_183	Q8: São sempre clientes, uma vez que estão a usufruir de um serviço; Entrevistada considera que "doente" é um estado passageiro, e que "utente" tem um carácter mais prolongado (ex.: lar). I03_Q8_185 Q9: Não soube responder se existem formações nesse sentido. I03_Q9_197

O papel da Gestão Hoteleira Hospitalar na implementação de práticas de hospitalidade no grupo de saúde X						
Questões de Investigação	Dimensões: Hospitalidade nos hospitais	Sub-dimensões	Questões Entrevista: Técnicos	Análise de Conteúdo		
				I01	I02	I03
<p>3. Processos 3a. Como é gerida a área de receção e atendimento do grupo de saúde X?</p>	<p>Processos (Almeida & Quintela, 2018)</p>	<p>Receção e atendimento (Boeger, 2005; Hollis & Verma, 2015)</p>	<p>10- A parte da receção e do atendimento num hospital também é gerida pela hotelaria hospitalar? 11- O hospital realiza questionários de satisfação? Se sim, em que contexto e com que frequência o faz? A quem se dirige e qual o formato? 12- O hospital mantém o contacto com o utente após a sua permanência no hospital? Se sim, de que forma e qual o principal propósito?</p>	<p>Q10: Não; Front-office e back-office são áreas clínicas. I01_Q10_I102 Q11: Sim, e há vários tipos de questionários; Atualmente: formato online; No passado: via chamada telefónica ou presencialmente; Questionários também avaliam aspetos de gestão hotelaria: conforto, instalações, alimentação, limpeza. I01_Q11_I109 Q12: Sim; No caso de uma cirurgia, existe um follow-up por parte do médico; Oferta de serviços domiciliários que permitem uma alta hospitalar mais rápida. I01_Q12_I120</p>	<p>Q10: Não; Direção de front-office - associada a áreas clínicas. I02_Q10_I89 Q11: Sim; A maioria dos questionários é feita em contexto de internamento, antes do cliente ter alta hospitalar; São avaliadas várias componentes do serviço (clínicas e não-clínicas); Inquéritos de satisfação desenvolvidos pelo departamento de GH - têm um a decorrer na cafeteria para analisar a qualidade do serviço prestado. I02_Q11_I94 Q12: Não respondeu.</p>	<p>Q10: Não; É gerida pela direção de cliente, que engloba - receção, atendimento e chegada do cliente, back-office (marcações e agendamento, gestão das agendas dos médicos), faturação; É uma área não-clínica, mas com forte ligação a essa parte. I03_Q10_I100 Q11: Não soube responder; Referiu apenas os questionários realizados anualmente pelo departamento de GH acerca da alimentação, e este é realizado no momento da entrega de uma refeição. I03_Q11_I110 Q12: Não respondeu.</p>

O papel da Gestão Hoteleira Hospitalar na implementação de práticas de hospitalidade no grupo de saúde X

Questões de Investigação	Dimensões: Hospitalidade nos hospitais	Sub-dimensões	Questões Entrevista: Técnicos	Análise de Conteúdo		
				I01	I02	I03
<p>3b. Como é gerida a área de nutrição e dietética do grupo de saúde X?</p>		<p align="center">Nutrição e dietética (Boeger, 2005; Sheehan- Smith, 2008; Hollis & Verma, 2015)</p>	<p>13- Como funciona o serviço de entrega de refeições nos quartos? Quem é responsável por este processo? 14- Quais as principais preocupações na construção dos menus e escolha das refeições fornecidas? 15- Tendo em conta as restrições de cada utente, é-lhes dada a possibilidade de escolher alguma refeição?</p>	<p>Q13: A dieta é prescrita por um médico; Mediante cada dieta, a equipa de GH apresenta as várias opções junto do cliente, e este escolhe a que mais lhe agrada; A distribuição das refeições nos quartos é feita em carros próprios (frios/quentes); O serviço é semelhante ao room-service de um hotel, mas em grande escala. I01_Q13+Q14+Q15_1132; 1147 Q14: Existem vários tipos de dietas - dieta geral, dieta ligeira, etc. - e, dentro de cada uma delas existem várias opções. I01_Q13+Q14+Q15_1136 Q15: Sim, existe sempre uma escolha por parte do cliente tendo em conta as suas restrições. I01_Q13+Q14+Q15_1138</p>	<p>Q13: Confeção das refeições fica a cargo de uma unidade do grupo, que depois as canaliza para as restantes unidades; Refeições são aquecidas e colocadas em carros para serem distribuídas nos quartos pelos assistentes de alimentação. I02_Q13_1104 Q14: Nutricionista é responsável pela construção de menus para cada tipo de dieta - ex.: dieta líquida, pastosa, etc. I02_Q14+Q15_1119 Q15: Sim, de acordo com as suas restrições, o cliente escolhe as suas refeições através de um menu alinhado com a sua dieta, tal como o seu acompanhante. I02_Q14+Q15_1121</p>	<p>Q13+Q14+Q15: Entrevistada disse que não sabia responder a estas questões uma vez que não se insere diretamente na área da Alimentação. I03_Q13+Q14+Q15_1119</p>

O papel da Gestão Hoteleira Hospitalar na implementação de práticas de hospitalidade no grupo de saúde X

Questões de Investigação	Dimensões: Hospitalidade nos hospitais	Sub-dimensões	Questões Entrevista: Técnicos	Análise de Conteúdo		
				I01	I02	I03
<p>3c. Como é gerida a área de limpeza, lavandaria e rouparia do grupo de saúde X?</p>		<p align="center">Serviços de limpeza, lavandaria e rouparia (Boeger, 2005; Godoi, 2012)</p>	<p>16- Qual a importância de oferecer um serviço de limpeza de qualidade? 17- Quem presta o serviço? Empresa externa ou a cargo do hospital? 18- Relativamente ao fardamento, qual é a importância de um hospital ter um fardamento de qualidade e adequado a cada uma das funções?</p>	<p>Q16: Máxima importância; A limpeza é fundamental num hospital para controlar e prevenir infeções; O grupo utiliza técnicas de limpeza bastante rígidas; Procedimento detalhado (técnica "Swep"). I01_Q16_1154 Q17: Regime misto - outsourcing e insourcing. I01_Q17_1177 Q18: Extremamente importante; Tecidos devem ser de qualidade devido ao processo exigente de lavagem e desinfeção das fardas; Adequação das fardas a cada uma das funções, que devem assegurar a segurança dos profissionais e clientes; A farda funciona, também, como um elemento de comunicação com o cliente, que permite mais facilmente identificar a função de cada colaborador. I01_Q18_1180</p>	<p>Q16: A limpeza é uma das áreas mais importantes no meio hospitalar; Permite o controlo de infeções. I02_Q16+Q17_1126 Q17: Equipa de limpeza interna; Em algumas unidades da marca, toda a equipa de limpeza é interna desde 2018; Verificou-se uma melhoria do serviço desde que a equipa passou a ser gerida na sua totalidade pelo grupo; Permite um melhor controlo e monitorização. I02_Q16+Q17_1128 Q18: Entrevistada diz não ter grande conhecimento acerca da questão; Rouparia juntou-se à gestão hoteleira recentemente, mas tem técnicos aliados a essa área; Lavandaria é um serviço externo. I02_Q18_1142</p>	<p>Q16: Não respondeu; Disse apenas que eram equipas distintas dentro de GH, na qual não se insere. I03_Q16_1124 Q17: Toda a equipa de limpeza é interna; Esta alteração efetuou-se há três anos e foi benéfico na prestação de um serviço mais eficaz; Lavandaria é externa. I03_Q17_1149 Q18: Muito importante; A farda está relacionada com a imagem da marca. I03_Q18_1159</p>

O papel da Gestão Hoteleira Hospitalar na implementação de práticas de hospitalidade no grupo de saúde X

Questões de Investigação	Dimensões: Hospitalidade nos hospitais	Sub-dimensões	Questões Entrevista: Técnicos	Análise de Conteúdo		
				I01	I02	I03
<p>4. Ambiente Físico 4a. Qual a importância do investimento na arquitetura e design dos hospitais?</p>	<p>Ambiente físico (Almeida & Quintela, 2018)</p>	<p>Arquitetura e design das infraestruturas (Boeger, 2005; Foucault, 2007; Godoi, 2012; Lopes <i>et al.</i>, 2017)</p>	<p>19- Que aspetos foram tidos em conta no projeto deste hospital a nível da arquitetura e design escolhidos? (modelo, estilo, inspiração, etc.) Descreva-os. 20- Relativamente ao design dos espaços para uso do pessoal, considera importante o investimento nessa parte?</p>	<p>Q19: A arquitetura é essencial ao bem-estar, tanto do cliente como do acompanhante; Quarto: controlo de luzes a partir da cama, tomada junto à cama, TV de qualidade, casas de banho adaptadas para mobilidade reduzida, chão liso, mobiliário sem esquinas; Oferta de um ambiente semelhante a um hotel, com o mesmo nível de conforto e atenção ao detalhe, mas adaptado à realidade hospitalar. I01_Q19_I208 Q20: Sim, é essencial; Para prestar um serviço de qualidade, é necessário que os profissionais também tenham espaços adequados e que se sintam bem. I01_Q20_I239</p>	<p>Q19: Dimensão dos espaços e dos corredores de circulação; O objetivo do grupo é que o design dos espaços seja transversal aos vários hospitais da marca - mobiliário, sinalética, cores de paredes; A parte de design é gerida pelo departamento de Marketing, em conjunto com uma equipa externa. I02_Q19_I149 Q20: Sim, o espaço para uso dos colaboradores é sempre previsto no projeto de cada hospital; O grupo está a apostar em open spaces para as suas equipas trabalharem. I02_Q20_I164</p>	<p>Q19: Luz solar, largura dos corredores, dimensão dos espaços (salas de espera, quartos); Destacou: luz e espaço. I03_Q19_I168 Q20: Sim, sem dúvida; Estes espaços são pensados para serem zonas agradáveis para os colaboradores; Refeitório e copa são espaços amplos, com janelas grandes e luz natural direta; Escolha de cores claras, nomeadamente, branco, ao contrário do que acontecia em hospitais antigos; Zonas amplas, com uma boa vista, espaço ao ar livre, biblioteca com computadores. I03_Q20_I176</p>

O papel da Gestão Hoteleira Hospitalar na implementação de práticas de hospitalidade no grupo de saúde X

Questões de Investigação	Dimensões: Hospitalidade nos hospitais	Sub-dimensões	Questões Entrevista: Técnicos	Análise de Conteúdo		
				I01	I02	I03
<p>4b. Qual a importância dos serviços complementares oferecidos pelos hospitais?</p>		<p align="center">Serviços complementares (Boeger, 2005; Severt <i>et al.</i>, 2008; Godoi, 2012)</p>	<p>21- Quais os serviços complementares oferecidos pelo hospital? Qual a importância de investir nestes serviços? 22- Considera que a existência destes serviços contribui para proporcionar uma melhor experiência aos utentes e às respetivas famílias? Se sim, de que maneira? 23- Qual é a oferta de amenities para clientes em internamento (ex.: kits de higiene pessoal)?</p>	<p>Q21: Serviços - cafetarias, lojas, papelarias, máquinas de vending de produtos eletrónicos, serviço de cabeleireiro mediante solicitação do cliente; Importância - responder às necessidades dos clientes (externos e internos). I01_Q21+Q22_1246 Q22: Sim, uma vez que a escolha destes serviços procura dar resposta às necessidades das pessoas. I01_Q21+Q22_1249 Q23: Semelhante à oferta tradicional de amenities que existe nos hotéis - sabonetes e champôs adequados, chinelos; no caso das grávidas, é oferecido um kit para o bebé e para a mãe com cremes, produtos de banho, etc. I01_Q23_1259</p>	<p>Q21: Serviços - cafetarias, restauração, papelarias, loja de produtos eletrónicos, seguros de saúde; Importância - satisfazer as necessidades dos clientes. I02_Q21_1179 Q22: Sim, e existe muita procura por parte dos clientes e dos seus familiares. I02_Q22_1187 Q23: Não respondeu.</p>	<p>Q21: Serviços - loja de produtos eletrónicos, papelaria, loja de conveniência. I03_Q21_1193 Q22: Sem dúvida, tanto é utilizado por clientes e respetivas famílias, como pelos colaboradores. I03_Q22_1208 Q23: Não respondeu.</p>

O papel da Gestão Hoteleira Hospitalar na implementação de práticas de hospitalidade no grupo de saúde X						
Questões de Investigação	Dimensões: Hospitalidade nos hospitais	Sub-dimensões	Questões Entrevista: Técnicos	Análise de Conteúdo		
				I01	I02	I03
<p>5. Marketing 5a. Qual o papel do Marketing no grupo de saúde X e qual a sua relação com a questão da hospitalidade?</p>	<p>Marketing (Almeida & Quintela, 2018)</p>	<p>Comunicação e imagem (Godoi, 2012)</p>	<p>24- Qual a principal finalidade da estratégia de marketing de um hospital? 25- Qual a importância da imagem do hospital para o exterior?</p>	<p>Q24: O departamento de Marketing é à parte da gestão hoteleira; Principal finalidade: conhecer os clientes e as suas necessidades, acompanhar o cliente ao longo da sua jornada no hospital, avaliar a satisfação do cliente, divulgação dos serviços oferecidos pelos hospitais do grupo. I01_Q24_I272 Q25: No ramo da saúde, é importante que o marketing tenha um forte cariz informativo, e a comunicação com o cliente deve ser clara e conferir segurança àqueles que procuram o hospital. I01_Q25_I284</p>	<p>Q24: Principal estratégia: comunicar os serviços oferecidos e atrair novos clientes; Divulgar os serviços diferenciadores em cada localização. I02_Q24+Q25_I199 Q25: Capacidade de se adaptar e apresentar soluções inovadoras e que respondam às necessidades dos clientes; Divulgação através de plataformas online, mas também através de placards junto à estrada - deu exemplos. I02_Q24+Q25_I201</p>	<p>Q24: Principal estratégia: estar atento às necessidades do cliente, antecipar necessidades, comunicação com o cliente; O departamento de Marketing é, também, responsável pela criação dos ambientes/design dos espaços do grupo. I03_Q24+Q25_I213 Q25: Todas as equipas do hospital devem trabalhar em conjunto para atingir um objetivo comum; GH e Marketing trabalham em conjunto na escolha de mobiliário e na definição da sinalética adotada pelo hospital. I03_Q24+Q25_I216</p>

