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Challenges for hospitality management: the case of dementia patients and caregivers as customers

G. Blanas*
TEI of Thessaly, Greece
S. Kilindri
TRC of Thessaly, Greece
E. Chrysikou
UCL, UK

blanas@teithessaly.gr

Abstract

The rapidly increasing numbers of people suffering from dementia along with the significant changes in the relevant care business models open new opportunities for the hospitality industry. It is understood that dementia patients and their families and caregivers should not be isolated and they deserve to live a better life in better caring environments that will cater for their needs. The freedom to be able to travel and enjoy life is very important for all people and is top priority for dementia patients and caregivers. The current paper looks into some new challenges for the tourism and hospitality market because of the advanced requirements and processes needed for the dementia friendly business model to succeed.The research methodology is qualitative based on the selection and evaluation of secondary metadata content from webpages, open in depth interviews with caregivers along with focus group discussions of selected themes. Innovative solutions to the most important hospitality management challenges, ie customer relationship and channels in the business model canvas as described by Osterwalder&Pigneux (2009) are presented and documented along with conclusions for further research on the quality management improvements necessary for the successful adoption and operation of the expanded business model.

***Keywords**: Hospitality management, Dementia patients, Dementia Caregivers*

1. Dementia patients and their caregivers

People do not have the knowledge and normally do not recognise the dementia problem early and when they do they tend not to talk about it and keep it within the family (Batsch&Mittelman, 2012). The dementia stigma results in late diagnosis and little understanding of how to deal with it (Fountouki*et al,* 2012) and has an impact on the deterioration of the disease.
There is no certified system to recognise and identify systematically the dementia patients yet with the UK being the country with by far applying the best practices at this moment. These numbers are approximate calculations using statistical techniques. According to the World Alzheimer Report 2015[23] the number of patients aged over 60 years as a percentage varies between 4.6% and 8.7% where the smaller number correspond to the more advanced European Countries and the higher ones to North Africa and Middle East. According to the same report the numbers are expected to double every 20 years based on extrapolations on existing data. Kathimerini[24] cited an approximation of about 200000 patients in 2013 and a double figure for the corresponding number of caregivers, that is the persons taking care of the patients, approaching 400000. From the Greek Statistics Bureau ELSTAT[25] figures we can easily conclude that the aging factor is approximately 3% per year which leads us to the conclusion that the increase of patients over the age of 60 is expected to be at least 3%. There is also an unknown number of younger people suffering from Dementia. For example in UK on a total of approximately 850.000 patients over 40.000 or approximately 5% is younger sufferers[26].

2. Dementia Challenges for Everyday Life

Research work on the changes in everyday life for patients and caregivers indicates that identity remains in dementia patients (Mazaheri*et al*,2013). Beard & Fox (2008) have reached the conclusion that dementia patients employ the label of dementia both as a resource and as a phenomenon that needs to be incorporated into their self identity. Beard, Knauss& Moyer (2009) conclude that persons with dementia do not experience an inherent 'loss of self' but rather consciously strive to incorporate a 'manageable disability' into their existing identities.
Little is known about the role leisure plays in identity work in the dementia context. Wolverson, Clarke & Moniz-Cook (2010) offered insight into the existence, nature, and relevance of hope in the lives of people with early-stage dementia that gives them the ability to adapt to memory loss and adopt their current state of illness as part of their living framework. Genoe& Dupuis (2011) in their interpretive phenomenological study found that while participants experienced many threatening assaults on identity, leisure served as an important space to uphold identity and remain engaged in life.

[23] http://www.alz.co.uk/research/WorldAlzheimerReport2015.pdf
[24] http://www.kathimerini.gr/60551/article/epikairothta/ellada/sthn-ellada-oi-pasxontes-ths-nosoy-altsxaimer-einai-200000
[25] http://www.statistics.gr/documents/20181/1515741/GreeceInFigures_2015Q4_GR.pdf/272fcb8e-a97f-4c31-af93-fc29113319ab
[26] https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=164

The patients depend more and more on one or more caregivers as their memory deteriorates in time and they are restricted by their caregivers to those activities that are safe for them. The deterioration takes place in several stages. The dependence results in increasingly significant burden for the caregivers that depends on a number of determinants (Vaingankar*et al*, 2015) and results in a severe restriction of the available degrees of freedom in their lives.

3. Dementia Challenges for the Hotel Business

The dementia challenge has been recognised as one of the future trends for the hotel business in the Dementia Project by Okada, Igarashi, Nomura &Tokuda (2013) who refer to the need for travel and stay in hotels as a significant factor for wellbeing. They state that while travel makes up less than 5% of our lives, this 5% uplifts and improves the satisfaction for the remaining 95% of our lives. They suggest that since hotels are also in the banquet and party business, they should establish themselves as social intervention hubs for the development of social networks among people. They also suggest that rather than treating people with dementia as simply service recipients, they could be treated as potential service providers.
According to Blazey (1992), travel habits do not change after retirement and differences in travel activity occur because of work force involvement and aging. According to Shoemaker (1989) senior market is not one large homogenous group but many submarkets, each with its own needs. Dementia patients may go for vacations either alone during the early stage of the disease or with their caregivers at a later stage. Genoe& Dupuis (2011) found that leisure served as an important space to uphold identity and remain engaged in life for dementia patients whose identity was threatened by several social circumstances. Zimmer, Brayley& Searle (1995) in their study of the differences between older adults who travel and those who do not, and their selection of destination choices considered the role of continuity theory as one possible explanation of the outcomes. Tourism destinations could play a significant role for a large percentage of dementia patients and caregivers who have visited them in their younger age in reviving enjoyment and hope emotions, on top of other reasons related to tourism and hospitality. The tourism industry should be able to strategically position itself in this growing market and operationalize working solutions immediately. The need for dementia capable and friendly hotels seem to have become an immediate market opening that is not recognised and identified by the wider hotel management sector yet.

The availability of suitable hospitality solutions in the hotel industry that provides opportunities to increase freedom of traveling for dementia patients and their caregivers have started to appear in UK, the country that is leading by far the developments in this area.

4. Current dementia related hotel management international developments

We used secondary data for our research. In order to access the current international market developments we searched on google using the keywords “Dementia Hotel”. The search was initiated on 15/3/16 and gave 181 results after restricting the results of the advanced search in the title of the page. The detailed content analysis after the exclusion of irrelevant results or repetitions resulted in the following table 1 that depicts the webpages of 20 dementia friendly and capable hotels, mainly British. Some of them even have caregiver capability provisions for arising temporary needs.
On top of the above, 98 British hotels listed in the http://www.disabledgo.com/ webpage are considered Disabled Friendly that is considered as equivalent to Dementia Capable that is a very important step for advancing to Dementia Friendly level.
Apart from the dementia friendly hotels, the remaining webpages that resulted from the search are referring mainly to British hotels that provide dementia friendly activities like parties and other social functions, or advertise best practices in relevant events or advertise dementia awareness exhibited by hotel staff.

Table 1: Dementia Friendly Hotels

#	Webpage
1	http://www.tlh.co.uk chain of 5 hotels
2	http://www.oakridgehotels.co.uk with 2 hotels
3	http://www.newcontinental.co.uk
4	http://www.amys-care.co.uk/
5	http://www.themede.org/
6	http://www.dementiaadventure.co.uk providing links to 9 hotels
7	http://alonahotel.co.uk/

In United States the hotel chain oyster (http://www.oyster.com) owns 11 hotels in Miami, 9 hotels in NY and 9 hotels in LA that are Disabled Friendly.
From the above analysis we can conclude that UK is the world leader country in the transition of significant number of hotels becoming dementia friendly while it leads the way in the development of the disabled friendly hotel market. The British Alzheimer's Society is the leader organization that provides education and training at various levels of awareness, understanding and capability to caregivers, people in services like hotel management, and interested citizens, one of the immediate goals being to educate one million British citizens to become at Dementia aware.
In the following paragraph we identify the transformation policies and processes as described in the documentation of the relevant webpages:

The hotel chain http://www.tlh.co.uk is a champion in being transformed to a Dementia Friendly Hotel and has received the dementia friends signage [27]. The front office and operation hotel managers have followed a practical seminar having the following aims[28]:

- *To recognise a person living with dementia*
- *To acknowledge that there is more than one type of dementia*
- *To identify ways of delivering service to the needs of a person living with dementia*

The training was offered by an external trainer and included various exercises and discussions for the understanding and the break down of pre-conceptions in relation to dementia. The training was well received and resulted in several staff to become 'Dementia Friends', and they pledged to help spread the word by 'talking to others' about Dementia. The hotel manager proceeded to an advanced training at a second level as Dementia Champion in order to train in house the remaining staff of the TLH hotel chain.

In the case of the Ashbourne Hotel of North Killingholme, the front office manager invited the local Alzheimer branch to educate the hotel personnel and stimulate their awareness after the success of a similar initiative of the Freshney Place shopping mall[29]. The knowledge developed from this cooperation has led to the following best practices[30]:

- *" ... having some our signage changed not to be confusing to sufferers of dementia.*
- *" ... changing the colour of some of our towels to a turquoise colour, because white towels in a white bedroom are sometimes not easily seen by someone with dementia."*
- *"Hotels can be confusing for all of us when there are no instructions on how to work the shower or the television and sometimes it is just assumed that guests understand how to use them."*
- *"Just little things like putting up signage with the name of the hotel and installing special clocks which also tell the date as well as the time can make a big difference for someone with dementia.»*

One important concept in customer satisfaction common to hotels and hospitals is servicescape as seen from the Gestalt approach (Lin, 2004) and is related to the hotel evaluation based on emotions and feelings. The research has shown that personnel who possess high level of openness to experience, conscientiousness, extraversion and agreeableness will demonstrate high level of customer-oriented behaviour whereas individuals who possess high level of neuroticism will demonstrate no or low level of customer-oriented behaviour (Johari &Hee, 2013). According to Yuki Hayashi of http://alzlive.com, the Dementia Capability of a hotel can be defined using the following 5 crireria[31]:

1. *Generous Room Dimensions*
2. *Two beds, one room*
3. *A disabled-access room*
4. *Service-savvy staff*
5. *In-room appliances*

Out of the above criteria the 4th relates to hospitality human resource management and development. All the other criteria are related to technical design and economic investments. The 4th criterion is dynamic and is related to service provision by staff coming to contact with the customers, especially the front office personnel.

6. Research for the Hellenic Hospitality Market and Needs

We have seen that our google search for dementia friendly hotels showed that the market is now developing mainly in UK and the rest of the world is considerably delayed. We also searched for possible dementia seminars addressed to hotel managers and staff taking place in Greece and we were not able to locate any. According to Dr Tsolaki, chairwoman of the Greek Alzheimer Association and member of the EU expert advisory panel[32], over 600 doctors and nurses and over 1000 caregivers have received training and the program has received considerable attention in the press[33]. There has been no account of training specifically to hotel staff yet. On the other hand the Greek hotel market seems to be sufficiently equipped to serve the disabled market.

Our search on scholar google has also shown no results regarding relevant published research for the Greek tourism and hospitality market. In order to have an initial understanding of the internal market needs we interviewed twelve caregivers (ten females and two males, ten with patients in the first stage and two in the second, ten family caregivers and two non-family) in relation to their understanding on what are the important things that they think they are missing in their new living reality (Blanas&Kilindri, 2016). We followed with group discussions on the identified key reflections during a dementia training program provided by the Entrepreneurship Living Lab of the Technological Education Institution of Thessaly, Greece[34] in cooperation with the Hellenic Alzheimer's Society[35] during April 2016.

[27] https://www.dementiafriends.org.uk/
[28] http://www.tlh.co.uk/blog/dementia-training-raises-awareness-amongst-hotel-staff/
[29] http://www.freshneyplace.co.uk/
[30] http://www.grimsbytelegraph.co.uk/Grimsby-area-hotel-dementia-friendly/story-25984685-detail/story.html
[31] http://alzlive.com/spirit/travel/5-criteria-for-an-alzheimers-friendly-hotel-room/
[32] http://www.alzheimer-europe.org/Alzheimer-Europe/Who-we-are/Expert-Advisory-Panel/Members/Magda-Tsolaki
[33] http://www.protothema.gr/ugeia/article/563798/ekpaideusi-frodiston-asthenon-me-altshaimer-apo-to-idruma-stauros-niarhos/
[34] http://www.teithessaly.gr/index_en.php

The main outcomes in relation to the hospitality issues under consideration are the following (Blanas&Kilindri, 2016):

1. *Not being able to continue to travel for either for work or leisure is one of the most significant restrictions imposed to patients and caregivers and this restriction becomes a significant burden for their lives*
2. *Patients do not want and suffer loneliness and rejection if "hospitalised" in hospital like facilities*
3. *Patients on the contrary have no problem to go for a vacation, they are happy to visit a hotel and would enjoy their stay as tourists rather than as patients.*
4. *Caregivers would like such facilities to exist on demand in order to be able to "regain a lost degree of their freedom to travel."*
5. *Patients would prefer to be with their caregivers or members of their extended family or friends when staying in a hotel.*
6. *Caregivers would like to be able to go for vacations with their patients to suitable hotels that provide dementia capabilities if they were any. Preference would be given to hotels with special health care facilities.*
7. *The most important problem that most of the caregivers face is their reduced income because of the care provision.*

The outcome of the above qualitative research has shown that the vacation concept is more than desirable but cannot be easily fulfilled due to a number of significant restrictions, ie:

For all cases:

- non-availability of suitable hotels
- financial difficulties

Additionally for the case of patients with severe dementia:

- difficulty of patient acclimatization to change of environment
- not willing to be left alone - must be accompanied by their caregivers

Taking under consideration that the number of patients in Greece is about 200.000 and the caregiver population is about double this number, it is profound that there is an untapped niche market for dementia patients and caregivers. This market could serve as alternative provision of hospitality health providers for patients in the early stages provided that they offer not only dementia capable and friendly environment but also health provisions not offered during their stay at home. While this market can be served either by hotels that provide dementia capability or from care units that provide hotel like services, it seems that the dementia friendly hotel is preferable to patients except in cases where injuries or other severe health problems arise.

7. Customer Relationships and Channels in a Dementia Friendly Hotel

In this section we discuss the case of a hotel that has already the infrastructure capability to serve the health market and especially the market of people with special needs and fulfils the criteria 1,2,3,5. For those hotels the most important extra requirement is to fulfil the number 4 criterion related to dementia friendly service-savvy staff. Our analysis is based on the Osterwalder&Pigneux (2009) business model generation canvas. In the following paragraphs we will describe the innovations required in the business model of a dementia capable hotel to become a dementia friendly hotel by concentrating on the customer relationship and channelling requirements.

Customer Relationships have to take under consideration the customer characteristics whether a dementia patient or a caregiver. These characteristics are different at various levels or stages of the illness but also change dynamically and depend on a number of environmental factors. The front office and support staff must take special training in order to be able to face the challenges of answering the same questions and giving the same instructions as many times as required and be able to sense the need and provide navigation support and protection from disorientation while keeping track of things that need to be done for each patient - customer either from the hotel service (eg reminder of pills or dates or eating times) or being able to locate the corresponding caregivers for different patients in time.

We must understand that patients in the early stages are still undetected by their family or friends follow a "normal" life, travel, visit hotels etc. They are aware of their problem but they do not want to accept it and they try to test themselves by doing the same tasks. These customers will acknowledge whatever help is being given to them and will select and stick to our establishment knowingly that we can provide a service that takes care of their inability to remember.

We propose that if such a trust and service develops then it is most likely that the customer will be able to function for a long period without the help of a caregiver in our hotel. It will most likely continue to be a friendly place to visit and have good time at a later stage with their caregiver and thus facilitate their caregiver to have a lesser burden on their shoulders. Since such research based evidence from dementia friendly hotels does not exist in the literature we tried to describe similar experiences from other "visiting environments" as they came out from interviews with caregivers.

Out of the interviews we "discovered" the following patterns of behaviour when patients and caregivers visit different environments:

- *All caregivers experienced that friendly environments attract their patients to visit them and stay with friends and relatives where they consider that they are welcome. Sleeping in is welcome in the early stages and is not a problem in the later stages if accompanied by the caregiver.*

[35] www.alzheimer-hellas.gr

- *All caregivers experienced that their patient would not face a problem staying with their caregiver in an alien environment at night if other people with friendly social links stay as well.*
- *All caregivers experienced that environments (hotels, houses) where the patient had good time repeatedly in the past normally do not result in problematic behaviour and/or disorientation during long visits.*

The above results from the interviews are in line with the continuity theory as considered by Zimmer, Brayley& Searle (1995).

In order to see what happens in similar environments other than hotels and houses, we included in our interviews the case of hospitality in health care establishments and nursing homes that is the closest to the hotel experience. The most important conclusions are the following:

- *All of the caregivers answered that their patient does not want to live in a nursing home or a health care clinic.*
- *All of the caregivers answered that their patients fear to even visit a health care clinic because they link it with other cases where friends and relatives spent their late lives there before they died.*
- *One family caregiver had her patient in a public nursing home for two months. Her mother's illness deteriorated very fast and she has negative feelings for herself since.*
- *One family caregiver had her patient in a small health clinic for several months after her illness had worsened and she would not be able to cope with it. The clinic employs a couple of staff trained in dementia care and incorporates methods for self-help and help from others in a supporting social environment for the patients living in groups in controlled apartments. The outcome was a significant improvement in the lives of both the patient and the caregiver who after she was trained in dementia care is now again willing to become the principal caregiver having assistance from the health clinic when needed.*

In line with the continuity theory as considered by Zimmer, Brayley& Searle (1995), while we do not have direct evidence from patients who have spent part of their lives in dementia friendly hotels, if we combine the conclusions from the interviews with the caregivers we can safely propose that patients, hotels and health clinics should develop a mutually beneficial strategy where:

- *Patients in the early stages of dementia when only themselves know what is happening to them select and enjoy the services of hotels of his/her choice by organising social activities with family members and friends, like eating out and dancing and have enjoyable nights by sleeping in with their beloved.*
- *Hotels organise social functions and develop specially designed rooms for people with disabilities and train staff to recognise and provide services to people with dementia problems.*
- *Patients in the early stages of dementia visit health clinics in order to get acclimatized to the environments and see how and whether they could live there for short periods giving their family caregivers the option to continue to have free time when needed.*
- *Health clinics organise social functions and provide short visits and health treatments in order to include patients who fear their environments.*
- *All the above strategies have an underpinning common requirement: Training of everybody involved, including the citizen as possible future patient, in the understanding of dementia and its care.*

8. Conclusions, Weaknesses and Points for Further Research

Taking under consideration that tourism in Greece has a significant continuous influx from UK, the need for dementia hotels will have significant scope and can be easily linked to the dementia hotel developments in UK that pioneers this trend. It is a matter of time before other European countries follow suite in de-stigmatising dementia and opening opportunities for similar tourism evolution.

The Dementia capable and friendly hotel business model could be a preferred strategic choice for some hotels operated in health tourism already because they are dementia capable and they need to train the staff to become dementia friendly. There is also scope for hotels that operate in areas with smaller season duration that can be easily transformed to dementia capable and are willing to train personnel to become dementia friendly.

One can easily see that the population of most developed countries is aging fast and there will not be enough caregivers to cater for the needs of the elderly and especially those with special needs, especially for dementia patients. The dementia "problem" is moving fast from the third place after heart and cancer problems to the first from the economic and resource point of view. Unless we innovate in using cleverly our tourism resources we will not be able to help ourselves or help others and face the growing problem of dementia successfully.

The findings of this paper need to be further tested out using large scale quantitative research in both the internal and the external market, in both patients, families, caregivers, doctors and nurses, hotel managers and investors, health clinic managers and investors, health insurance companies, public health officials, municipalities providing care for the elderly and other related institutions and persons involved.

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