



**HOTELSCHOOL
THE HAGUE**
Hospitality Business School

Launching Your Career: Company Project Report

Prepared for: Ms. de Jong
Block : 2020-D
Amsterdam / The Hague: Amsterdam
Date submitted: 31st May 2021
Word count: 11,812



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Preface

The final year of Hotelschool The Hague entails two deliverables and a management placement. This project is the first deliverable; a research proposal for an external client that can be executed in the final thesis during internship. Once approved by assessors, the proposal is executed as the company project report, where the research cycle is completed and knowledge disseminated. The goal of the execution is for students to seek out a commissioner and collaborate on a business dilemma with a hospitality angle.

I want to personally extend my gratitude to Sr. Joan Carulla and Sra. Maria Gonzalez for commissioning this research project and all the organizational support they have arranged for me to conduct my research, despite restrictive COVID-19 protocols. Additionally, the consistent guidance and feedback of my Lycar coach, Ms. Marjan de Jong continued to motivate me and ensure the quality of this report to be of the highest standard possible. Further mentions go to all the Lycar lecturers hosting online classes and workshops, giving the students frequent assistance.

The execution of the report was concluded while working at Postillion Hotel Amsterdam for an internship and I would like to thank Sandra Huiberts for allowing me to carry out certain parts of the project at the hotel and attending the final defence.

This project was interesting to research and it was a satisfying conclusion to my studies at HTH; an amalgamation of all research techniques and project writing skills that have been practiced throughout the four academic years.

Thank you in advance for your time.

Kind regards,

Victor Firu

Executive Summary

The research client San Joan de Déu (SJD), a Spanish healthcare group with two hospitals in Mallorca catering to the general public, commissioned a research proposal to determine ways of sustaining a circular business model with high patient satisfaction and loyalty. Service quality became the main topic for this project, as revenue optimization was not a main interest to the client.

Design based research (DBR) cycle structured the main chapters of the report, starting with problem definition. This chapter explored reasons for research, which stemmed from organizational data in the form of digital satisfaction surveys outlining waiting times, food service and some staff behaviour as frequent complaints. Preliminary research determined a shift in the healthcare industry towards greater focus on personalized services and emphasizing hospitality. Thus, the main research question (MRQ) was formulated:

How can service quality at SJD be improved to sustain high patient loyalty through improved satisfaction, while reducing complaints?

To answer the MRQ, additional research in step two of the DBR cycle highlighted the impact of staff behaviour, ambiance and food quality on patient satisfaction. To help structure the study further, the hierarchical model was utilized, which interprets service quality as the culmination of three key components: interaction quality, physical environment and outcome quality. This model was further substantiated with the Nordic model, which help categorize interaction quality into functional and technical quality. In-depth research led to four research questions that would answer the MRQ:

- 1. How can staff behaviour, attitude and expertise improve to enhance interaction quality?**
- 2. How can ambiance be optimized to reduce stress and feel more welcoming?**
- 3. What causes inadequate waiting times for outbound patients?**
- 4. What aspects of food quality (service delivery, variety and presentation) are lacking?**

Interviews with professionals in both hospitals were executed, focusing on key aspects outlined in the hierarchical models and literature review, with the results showing interaction quality as quite high and needing no substantial improvement at this time. However, physical environment can be improved in ambiance to comfort patients more effectively; hospitalized units feel understaffed, often feeling workload pressure; and food quality lacking presentation and variety.

The third chapter, solution design, focused on addressing these three key issues through theoretical interventions:

Music in waiting rooms – most economically viable option, with the possibility to implement it in a short period of time and have a small effect on perceived waiting times and ambiance when patients are in the waiting rooms.

Empowering employees – an effective implementation, with proper training and induction processes, may be costly and difficult to implement in current COVID-19

circumstances; however SJD would be able to reduce payroll costs, increase interaction with patients and alleviate staff workload.

Improving dining experience – potentially the most impactful intervention, as it would enhance the food quality through new menus, preparation techniques or service methods. This can be difficult to implement if supplier arrangements are not flexible, incurring higher costs.

The intervention phase was conducted while on internship in Amsterdam at Positllion Hotel, however the DBR cycle would be concluded for SJD.

Music in waiting rooms was selected for an in depth implementation plan that included three stakeholders within the hospital: management to procure and install speakers, reception to operate the music from a tablet connected to the speakers and the CSD monitoring changes in atmosphere and patient moods. Main resistance would be owners and higher managements' budget concerns, and the Triple C model was used as basis for the implementation and maintenance of the intervention. This model is specifically designed for interventions within the healthcare industry and can aid SJD in establishing a robust foundation for this implementation.

In the final DBR stage, the success of the intervention will be evaluated through pre- and post-test assessments with a qualitative approach. Existing interviews of how doctors perceive their interactions with patients can be used as the baseline, as patients tend to experience negative emotions due to the waiting. Calmer patients would be the ideal outcome and smoother consultations could result from this. The intervention can also be measures quantitatively through SJDs online surveys and scores before and after the implementation to be compared.

In the dissemination chapter, the findings from the research done for SJD was executed in a small-scale DBR cycle at Postillion hotel, where FO staff were interviewed of the different music genres played during their shifts. The goal of this extension was to adapt the findings in the main DBR cycle for better application in a hotel environment, thus making it more relevant for the internship company. Faster tempo music was generally more enjoyable during quiet times, especially music featuring popular lyrics. However, slow-tempo music was less distracting during busy times. Managers on duty can adapt the playlists accordingly, to maximize the perceived time by staff and improve ambiance for guests.

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List of abbreviations

Abbreviation	Meaning
SJD	San Joan de Déu
HTH	Hotelschool The Hague
MRQ	Main Research Question
RQ	Research Question
HCP	Hospitality centric philosophy
CRM	Customer relationship management
SQ	Service quality
FQ	Food quality
TQ	Technical quality
FQ	Functional quality
TQM	Total quality management
CSD	Customer Support Department
SRQ	Sub Research Question
GM	General Manager
ARR	After Action Report
FO	Front Office



1. Introduction

The research commissioner for this project is San Joan de Déu (SJD) Palma Hospital, one of two branching hospitals in Mallorca, Spain. Privately owned and managed, the hospital appeals to the general public with 180 beds, ICUs, ambulance service and several specialisations such as rehabilitation and neurorehabilitation (SJD Palma,2020).

Mission

Serve patients and families according to the style of San Juan de Déu, with humanizing and person-centred care.

Vision

To be a reference hospital within the Balearic health network with a comprehensive care model in processes that improve functionality and promote people's autonomy.

Values

Hospitality, quality, respect, responsibility and spirituality.

High commitment to hospitality is what SJD strives to achieve and to be recognised for, which is why all staff members are trained to adhere to best practices and are actively trained to meet patient satisfaction standards. The hospital has gone through great lengths to provide as warm and caring service to their patients as possible, introducing a dedicated customer support department (CSD), pastor and psychiatrist services and even updating technology in the waiting rooms to effectively communicate waiting times with patients.

1.1 Stakeholders

Staff, patients and owners are all primary stakeholders that have a mutual interest for the hospital to offer their services and expertise while promoting their main values of warmth, respect, spirituality and responsibility. The main stakeholder groups involved in this project (management/CSD, staff and patients) differ in their interests' objectives.

Management wishes to continue improving the brand image and perception of SJD as a leading example in Spanish healthcare hospitality, which is why they installed a dedicated CSD to monitor complaints, reviews and benchmarking. Their main goal is to improve operations as best they can to ensure a sustainable business model, where patients are satisfied with the medical procedures but also the human touch to their patient journey. Identifying issues that can be solved with minimal financial gain or investment is their priority for this project. Staff care about the reputation of their employer, as SJD is nationally renowned for their prestige and they wish to contribute to the development of the company in the service quality provided, especially if it can make their jobs easier. Patients are becoming more interested in personalized service that caters to their emotional distresses. Any improvements to their patient journeys would improve their perception and trust in the hospital, resulting in positive word-of-mouth reviews. The external stakeholders are the multiple outsourcing companies used for parking, catering, housekeeping and feedback management. In addition, SJD is in working relations with the Professional Institute for Health Studies (IPS) (Gonzalez Rodriguez,2020).

1.2 Goal of research

As the mission of the client states, customer-oriented service is their main focus. The purpose of this report is to assess what aspects of service quality (SQ) at SJD can be improved, leading to higher patient satisfaction and repeat visits, which constitute a sustainable business model. This can be measured through higher ratings and decreased patient complaints. Revenue optimisation or cost reduction is not prioritized over the quality of the patient journey, as the main objective is to enhance the hospitality aspect of the services provided and thus creating a more sustainable business model through repeat visits, and thus maintain a competitive advantage through exceptional service (Gonzalez Rodriguez, 2020).

2. Problem Definition

2.1 Reason for research

Interviews with customer attention executive, Ms. Gonzalez Rodriguez, revealed general patient satisfaction with the SQ of SJD. This is measured by digital questionnaires facilitated by tablets that located at each floor and is filled optionally. Ratings (1-10) of 8 and above are considered as high satisfaction, and anything below a 6 is considered an issue that is reviewed on a monthly basis. Currently, the main deficiencies in the patient journey is quality of the food served at the cafeteria and consultations being too fast and abrupt.

Recent satisfaction surveys on outbound patients were concluded on 30/12/2020, with 249 respondents (56% women, 44% men), the majority being between the ages of 46-55. Overall satisfaction rating remains at an above sector level of 75, according to Net Promoter Score (NPS) standards; however most common dissatisfaction is waiting times (50%) and staff care towards patients (17%).

Hospitalized patients (49 respondents) on the other hand, reported staff attention and food quality (FQ) as equal points of contention, even scoring below average ratings (2/5 stars) on service towards visitors and psychological department. The aim going forwards is to decrease the 16% rate of dissatisfaction by addressing main issues regarding service.

Hospitals are shifting their focus to developing interpersonal relationships with their patients to increase retention. Medical equipment and treatments have contributed to satisfying general services in the industry, resulting in patients expressing other needs such as attentive staff, open communication and information at these health centers (Rapport,2019). Patients are finding greater value in establishments with a hospitality centric philosophy (HCP); being capable to introduce better service. HCP centers offer better perceived quality through the formulation of hospitality focused initiatives that compliment performance goals (Severt Denver et al.,2008).

Anabila(2019) finds that private hospitals that employ SQ practices improve satisfaction ratings of their patients and are more receptive to marketing material promoted by the venue. The main advantage of strategizing service is the inimitability, which means that competitors are unable to copy the initiatives of the hospital and therefore creates customer loyalty (Anabila,2019). Generally, private sector hospitals are more capable of delivering high SQ through total quality management (TQM) practices, because their budgets allow them to do so. However the public sector can accommodate the patients' needs for improved SQ and therefore improve loyalty and satisfaction, by constant monitoring of client feedback before incorporating SQ changes (Shabbir et al.,2016).

Hospitals are able to increase patient perception through environmental stimulation. Much like hotels, patients want to experience a comfortable and engaging environment, which can influence their mood. The more welcoming, clean, tidy and natural the look of the hospital, the more comfortable the patient will feel, leading to a greater inclination to trust the establishment they are in. This can be achieved in the pre-treatment stage of the patient journey through effective marketing efforts and easy admission procedures. Furthermore, patients with more severe conditions are likely to pay 13% higher out-of-pocket expenses to be treated in hospitals with hotel-like features (Suess and Mody,2017).

To gain further insights into the patient journey, and therefore determine root causes for any deficiencies in the service quality, a preliminary survey was designed for outbound patients. The goal of the survey was to assess the overall satisfaction of the external patients based on a quantitative research approach. This approach introduces greater variety of research methods to the project, in addition to being more appropriate for measuring the actual sentiments of the patients through quantifiable scores (Lowhorn, 2007; Barnham, 2015; Lakshman et al., 2000; Rahman, 2016).

As an end goal, the surveys would have provided the research with a balanced view from the patients' perspectives, with more nuanced insights on the service quality, based on issues established during the stakeholder interview, organizational data and some scientific literature. The main themes featured in the survey would later be explained in the Brady & Cronin (2001) model (physical environment, interaction quality and outcome quality), with the additional focus on the food service quality. Ultimately, the survey findings would indicate whether SJD would need to focus on improving operations from a patients perspective, therefore strengthening the research design.

The Hierarchical model by Brady & Cronin (2001) was used as the basis for the survey questions because of the parallels it draws to the findings in the literature review and thus ability to answer the research questions more accurately. This model is based on the SERVQUAL, which is used by many companies to assess the service quality in their operations, however the hierarchical model expands its categories to include service outcomes in their assessment as well. These improvements have led to a model that is reliable in a multitude of service applications (Leisen Pollack, 2009; Munthiu et al., 2014; Ramezani Ghotbabadi et al., 2012).

(Chapter 3: Brady & Cronin model)

Chahal and Kumari (2012) conducted a study on the most important aspects of service quality using the Brady & Cronin (2001) model. The survey questions are based on criteria were most valued by patients, for example friendliness, expertise, communication and honesty when assessing interaction quality. This choice ensures that survey questions are as closely aligned with the literature review and methodology as possible, while also adhering to the needs of the client.

31 outbound patient surveys distributed in person at the main waiting rooms at SJD Palma during the mornings. Anonymity guaranteed by not taking names or signatures. Results were translated from Spanish.

To summarize the findings of the survey conducted: the majority of participants are satisfied with the main aspects of SQ (interaction quality, physical environment and outcome quality). Patients seem quite satisfied with the attention given to them both by doctors, nurses and admin staff. The likelihood of retaining these patients as repeat customers is high, as the majority would choose SJD over other hospitals, have higher service ratings and are likely to recommend it to others. Participants expressed their gratitude for the staff's attentive care and the way they are treated. Conclusively, SJD is not lacking in any of the major areas that will be further explored in this research which constitute of high service quality.

The primary data collected from the surveys aided the quality of the project by determining no significant deficiencies in SQ from the patients perspective; thus, focusing the research on the staff perspective instead. The key advantage of this research design choice is gaining valuable insights into a different stakeholder group which the company may otherwise overlook when seeking improvements to customer satisfaction.

Survey findings determined the main focus of this research project should be aimed at the main internal stakeholders, namely doctors, nurses and auxiliaries. The decision was made after consulting with research experts and HTH coaches that recommended the research to adopt a qualitative approach, focusing on staff, as it would produce more interesting insights and give additional context. Previously mentioned themes of service quality and food service will continue to star as the main research topics to explore, as they are closely related to the client's dilemma and appeared in the organizational data surveys as prominent issues.

The research proposal is aimed at identifying SJD's capability to further improve its SQ and the perception as a hospitality-centric establishment.

Gender:	Female: 17 (55%) Male: 14 (45%)
Ages:	55-64: 12 (39%) 45-54: 8 (26%) 35-44: 6 (19%) 65+: 6 (19%) 25-34: 1 (3%)
Frequency of visits:	Seasonal: 13 (41%) Annually: 9 (29%) Weekly: 4 (13%) Daily: 1 (3%) Never: 1 (3%)
Lighting condition ratings:	5: 22 (71%) 4: 6 (19%) 3: 1 (3%)
Hygiene rating:	5: 23 (74%) 4: 7 (23%)
Waiting rooms are:	good, relaxing and welcoming
Waiting times satisfaction:	2: 1 (3%) 3: 9 (29%) 4: 8 (26%) 5: 12 (39%)
Consultation times are:	Adequate: 28 (90%) Too short: 2 (6%) Too long: 1 (3%)
Likely to recommend:	3: 1 (3%) 4: 9 (29%) 5: 19 (61%)
Choosing SJD over others:	3: 3 (9%) 4: 9 (29%) 5: 18 (58%)
Rating hospitality:	4: 7 (23%) 5: 18 (58%)
Using cafeteria:	3 times: 5 (16%) 4-6 times: 2 (6%) 10 times: 1 (3%) never: 23 (74%)

Survey findings (31 outbound patients):

- Generally very high satisfaction (4-5/5) in all areas: interaction quality, physical environment and outcome quality.
- Waiting times are perceived as adequate.
- Main target market are between 55-64, visiting on a monthly basis.
- Almost no one uses cafeteria.

(appendix 10.4: Survey design)

2.2 Main Research Question:

How can service quality at SJD be improved to sustain high patient loyalty through improved satisfaction, while reducing complaints?

Using deductive research matches the needs of the research project, by avoiding risk of inconclusive findings and adhering to deadlines. SQ is examined using models and theory to answer RQs pertaining to the MRQ, thus answering SJD's research topic. This approach is the most appropriate for gaining a deeper understanding behind SQ in a hospital setting (Soiferman,2010;Dudovskiy,n.d.;Burney and Saleem,2008).

Concepts:

- Service in hospitals
- Impact of patient satisfaction
- Service Quality perception
- Hierarchical- and Nordic model
- Patient-doctor relationship
- Hospital layout
- Food quality

3. Problem Analysis

3.1 Literature review

Service in hospitals

Kindstrom(2010), suggests the need for hospitals to adapt a dynamic service culture that always puts the patient needs before the needs of the firm, as it leads to long-term prosperity, as long as the implementation of such needs do not exceed budgetary or organizational constraints.

Neglecting hospitality in healthcare centers leaves patients feeling abandoned or dehumanized, which negatively effects their condition and SQ perception. It is therefore important to provide a comforting environment with a hospitality focus (Kelly et al.,2016).

One option is using décor and styling that create a welcoming feeling, like in hotels. By implementing signage, artwork, design elements, entertainment and navigational tools; patients will ultimately perceive their experience in a more positive light because it soothes the stress of their condition (Ziqi Wu et al.,2013).

Shukla et al.(2019) argue that service orientation is the most important predictor to patient satisfaction in the future. Effectively, this solution focuses on maintaining cleanliness and a professional attitude from staff when handling confronting information, including the introduction of higher emotional and personal support. In order to improve diets, hospitals need to ensure top quality amenities and supplies to be offered to their patients and visitors. Furthermore, administrative procedures and infrastructure should be set up to offer fast registration, discharge, payment support and concierge that makes the patient's physical journey in the establishment as easy as possible, avoiding stress.

The ultimate achievement of hospitality in healthcare is the improved perception of the SQ, which leads to more loyalty from the patients. The key areas of focus are fast procedures, attentive and caring staff, comforting environment and a good selection of healthy amenities for patients and visitors. All of the above contribute to the behavior and attitude of the patient towards their journey at a respective hospital and will most likely lead to repeat business and word-of-mouth appreciation (Fatima et al.,2018).

Impact of patient satisfaction

The implication of branding and high SQ is an increase in sustainable business through more loyal patients, which can be further propagated through implementing customer relationship management (CRM) that improves individual service needs of the patients (Kesuma et al., 2013). For hospitals to maximize patient loyalty they must offer high environmental quality, a variety of payment options and good soft-skills from staff when interacting (Arab et al., 2012).

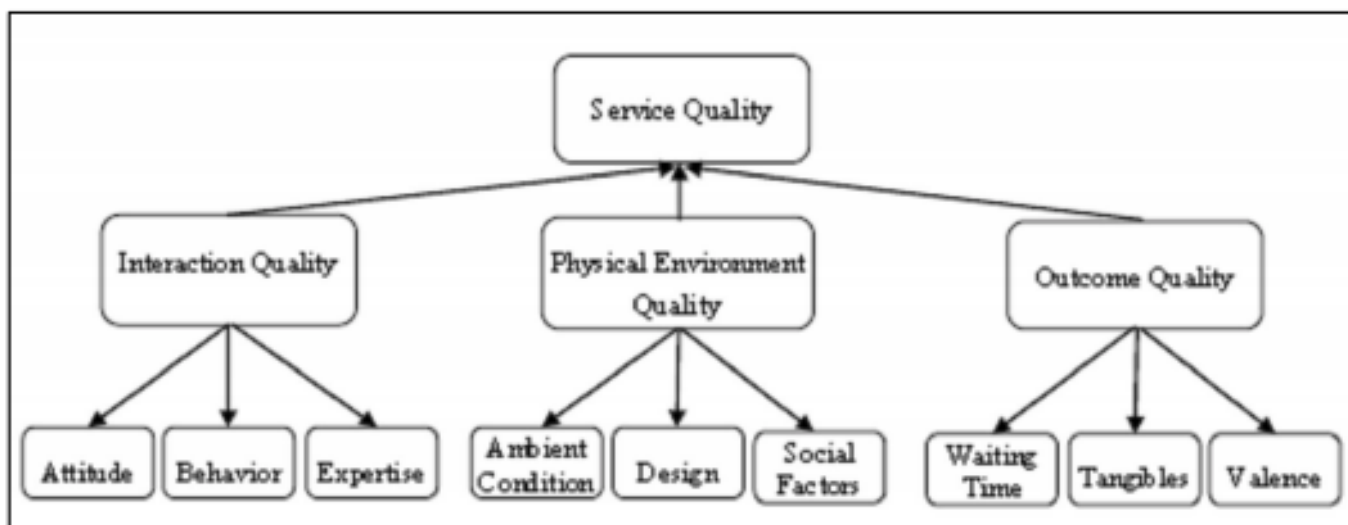
Hospitals aiming to increase patient satisfaction can benefit from the health tourism market down the line, which places importance on the quality output of services offered outside the medical ones, such as recreation and amusement activities (Marković et al., 2014). Patients that are used to hospital experiences with low SQ are more likely to seek out establishments where staff is polite and provide timely responses in a courteous manor, even preferring to increase expenses by opting for a private hospital instead (Akdere et al., 2018).

Service quality

The prime objective of hospitality practices in any industry is the SQ perception. Wu(2011) found that high SQ perception is linked to higher patient satisfaction, which almost certainly leads to repeat visit intentions to go up. Furthermore, hospitals can benefit from improved brand image when SQ is perceived as high, which acts as an antecedent for patients choosing their preferred healthcare center. Brand image can also be aided through marketing like advertising that leads to a strong image for the hospital as being a reliable institution (Wu,2011). A result of strong brand image through SQ perception is the creation of mutual trust between patients and institutions, which result in more commitment and cooperation (Rahmani et al.,2017).

Patient interactions are further referenced by Alghamdi(2014) as crucial, even recommending that hospitals should introduce more training on developing interpersonal skills of their staff members when dealing with patients, much like in hospitality venues. Delivering high patient satisfaction and SQ needs to be prioritized by hospital managers to maximize revenue in the most cost-effective way possible (Alghamdi,2014; Akter et al.,2008).

Brady & Cronin (2001) Hierarchical model

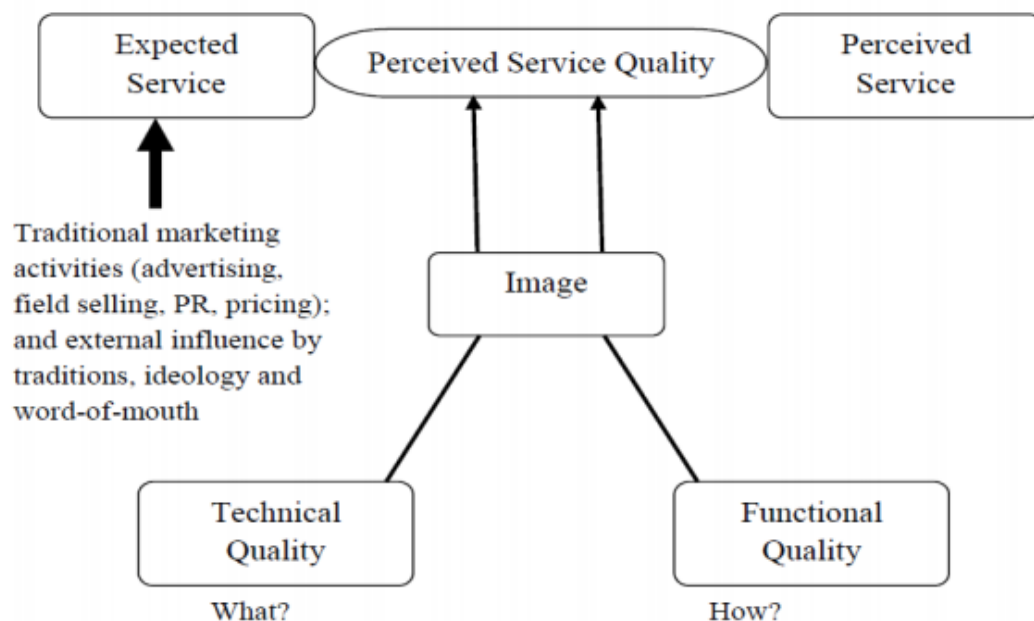


The hierarchical model is an excellent basis for measuring SQ in a multitude of business contexts (Polyakova and Mirza,2015). Mansor et al.(2012), and García and Caro(2010) both used this model on distinct industrial contexts, with both concluding strong relationships between the three criteria for SQ and stakeholder satisfaction; thus enabling both researches to link high satisfaction through the model to better performance of the respective institutions. Chahal and Kumari,(2012) applied the model in the hospital industry and concluded similar findings, thus will be used as a guideline for the research questions.

Traditional service models like SERVQUAL or SERVPERF had limitations when applied to retail markets or even different service industries, such as hospitals. Brady & Cronin took inspiration from those models and condensed them into criteria that are applicable into industries that depend on other factors leaning outside of pure service for excellent performance; for example the physical environment of stores and hospitals (Ghotbabadi et al., 2015). This model is regarded as a “modern” service model that is continually studied and applied, often preferred to older models because of its versatility, which is why it will be used as the basis for designing the research approach and questions to determine SJD’s SQ standards.

Furthermore, focusing on three main criteria will aid the structure of the research and make it simpler to study the issues given the timeframe of the project. It should also be noted that this model is the most appropriate given the initial findings at SJD regarding SQ, as staff behaviour towards patients, waiting times and other procedures were the most prevalent complaints when looking at improving business performance.

Gronroos' Nordic model



Quality gaps are most often caused in the hospital sector due to two distinct kinds of perceived quality during a patient's journey. The reason for the discrepancy between the two is because they are prioritised by two different stakeholders. Technical quality (TQ) prioritised by doctor's, which is the actual medical service performed, and therefore more emphasis is placed on the procedure itself (the "what"). Functional quality (FQ) is the perceived ("how") of the service provided, which can only be visible to the patients, since their understanding of the actual medical treatment is limited. This causes patients to only be able to evaluate the service quality based on the emotional experience that can be affected by how the staff treated them during their visit (Fiala, 2012). Understanding the difference of service perception can help identify any gaps in the service model, which would make SJD more capable at developing procedures on how to provide a more personalized experience for patients (Azhagan and Jeyaba, 2019).

Ali et al.(2017) determined that TQ can be assessed through valence, waiting times and sociability, which coincide with factors included in the hierarchical model. The Nordic model will complement Brady&Cronin's by assessing the FQ, which are less tangible aspects of the service provided and thus can be measured using a qualitative approach (Munthiu et al.,2014).

This model was used to further elaborate some of the topics to be discussed when conducting primary research on stakeholders. Should interaction quality from the Brady & Cronin model surface as the main issue regarding SQ, the issue can be investigated by assessing aspects of the FQ provided. Examples of this may include attitude, helpfulness, kindness etc. The main use of this model in this research is to reinforce the three key topics in the Brady & Cronin model but also as a backup in case interaction quality requires further research into becoming an intervention.

Patient-doctor relationship

Interpersonal relationships between doctors and patients can develop overtime longitudinally, establishing a long-term connection between the two parties. Longitudinal relationships occur slowly as the patient interacts with a specific doctor instead of being admitted by others. Trust is established over time - patients can open up to the doctor's recommendations more easily and give more detailed explanations of their conditions, as they feel more comfortable, which can aid the doctor's analysis. Doctors can benefit from longitudinal relationships through awareness specific patient conditions, thus tracking progress more accurately. Achieving longitudinal relationships does increase patient loyalty, however it is mainly limited by the physician's availability (Merriel et al.,2015; Ridd et al.,2009).

The first step to a longitudinal relationship is clear communication, through open notes. Open doctor notes, for some patients, may result difficult to accept, Bell et al.(2017) found this type of openness can not only make consultations more effective but in most cases help develop more trust towards the doctor. Building trust can in most cases alleviate the stress and vulnerability that the patient is experiencing, which can reduce tension during consultations (Skountridaki,2019).

Training programmes can aid patient care by increasing nurse empathy (Herbek and Yammarino,1990). Similarly, Boissy et al.(2016) found soft skill trainings can improve doctor's self-efficacy and reduce emotional burnout when dealing with patients, which does enhance satisfaction scores for hospitals. These trainings can be further complemented by spiritual care, which van de Geer et al.(2017) discovered to have a significant effect on patients' sleep quality.

Hospital layout

The spatial layout and interior of a hospital is an important variable to patient satisfaction, with cleanliness and noise greatly influencing the experience (MacAllister et al.,2016). Creating a more stimulating a natural environment can create a biased response from patients, as (Tièche et al.,2016) found that patients will rate the overall experience higher when placed in a consultation room with a nature view. Introducing as many nature elements into waiting rooms or doctor's offices as possible can allow hospitals to create a positive quality perception, which can be achieved through natural light sources and open views to nature.

Monitors and paintings can simulate the same sensation when displaying nature and calming the patient, as these images have found to reduce perceived waiting time and stress (Tièche et al.,2016;HCD Mag,2014). Further elements of interior design such as space planning, furniture, color and lighting should be taken into consideration when designing or renovating hospital areas, as they significantly improve patient satisfaction (Aljunid et al.,2020).

Noise pollution should be minimized as much as possible, as quiet areas can reduce patient stress and aid rapid recovery due to better rest (Agency for Healthcare and Research and Quality,2007;HCD Mag,2014).

Larger hospitals score lower on patient satisfaction because of deteriorated patient-doctor interaction, slower response times, worse cleanliness and receiving correct discharge information on time, which means the patient experiences is a lot more reliant on nurses attending needs. Consequently this constitutes increased satisfaction with nurse-services (Mcfarland et al.,2017), suggesting that they should be empowered to attend the patients as much as possible during their journey. MacAllister et al.,(2019)

indicates that patient rooms located 11-21m away from nurse-stations score higher on satisfaction scores because of faster service; and ensuring the bed is positioned as far away from the corridor as possible, with entry points for physicians to the right-hand side of the bed for optimal satisfaction.

Outcome quality

Sharma and Chowhan(2013) determined that consumers often base their satisfaction on the intrinsic dimension of a product (physical attributes and tangible quality), however with more education and maturity, extrinsic values, such as brand recognition, price and convenience become more important. This finding draws parallels to the Hierarchical model when assessing outcome quality, which would be the equivalent of administrative processes and convenient scheduling. Furthermore, waiting times play a crucial role in patient satisfaction (ibid). Waiting times in hospitals are often caused by four issues: lack of professional staff, outdated administration systems, complicated registration processes and patient tardiness or attitude (Mohebbifar et al.,2014). Health centres are looking to mitigate waiting through more efficient workflow management and better scheduling (Oche and Adamu,2013;Viberg et al.,2013;Xie and Or,2017).

Food quality

Patient satisfaction is highly dependent on the Food Quality (FQ) served to them (Ross and Venkatesh,2015). It is becoming one of the main concerns not only for patients but also healthcare institutions, with strong correlations between FQ and patient satisfaction displayed by Abdelhafez et al.(2012). Hospitals are placing greater importance on the quality of the food served to their patients for several reasons. The main concern is patient recovery and quality of life, as (Jeong and Seo,2014) found that older patients' quality of life at hospitals improved when higher quality food was offered.

Additionally, improving FQ can reduce food wastage; the more food that is consumed by patients, the less the hospitals have to throw away due to unappetizing meals or inappropriate meals served. Hospitals can reduce waste by developing menu options that can better suit patients' preferences and requests (Aminuddin et al., 2018). Patients are likely to also judge the FQ based on the presentation and how it is delivered to them, which is why Dall'Oglio et al.(2015) suggest for room service and personal catering to be offered as much as possible.

McCray et al.(2018) argue that hospitals should adopt different food delivery methods for their patients, which can improve nutritional intake, reduce costs and the quality of the food itself. Such methods could include a-la-carte menus, ensuring the food is prepared and served fresh or integrated menus that allow for greater degree of options that can be ordered at any times by phone, for example. Patient interactions with staff can be increased this way instead of ordering off a paper, which affects satisfaction with service.

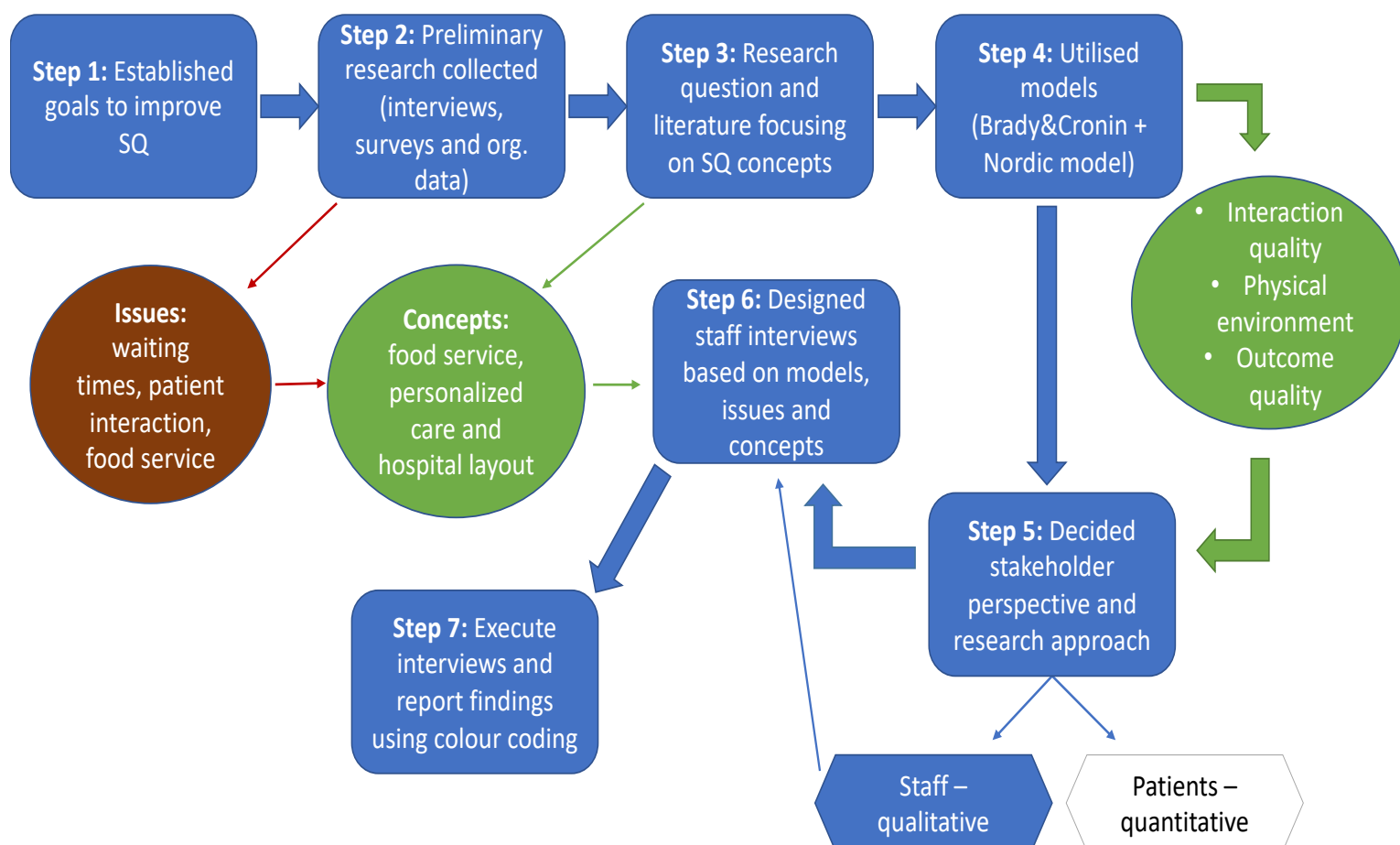
FQ improvements can be tackled by increasing the variety of items on the menu and timely delivery with a better presentation. Higher FQ and consumption will help patients recover faster and improve their life quality at the hospital (Messina and Vencia,2012).

3.2 Research Questions:

1. How can staff behaviour, attitude and expertise improve to enhance interaction quality?
2. How can ambience be optimized to reduce stress and feel more welcoming?
3. What causes inadequate waiting times for patients?
4. What aspects of food quality (service delivery, variety and presentation) are lacking?

Physical environment will be assessed through ambience, as design and social factors cannot be properly appraised due to COVID regulations. Waiting times is the focus of outcome quality, since it frequently appeared as a complaint in organizational data; greater value is added by investigating actual and perceived waiting times.

3.3 Conceptual framework



4. Methodology

4.1 Population

Qualitative interviews were designed for SJD's staff (doctors, nurses and auxiliaries). Their inputs were the most valuable to study, having first-hand experiences with SQ aspects of SJD.

4.2 Sampling Method

Convenience sampling was used to maximize respondents (Taherdoost,2016).

4.3 Data Collection

Understanding how to improve doctor-patient relationships require qualitative data from the doctor's perspective. Semi structured interview questions were designed to explore doctor's experiences with consultation times, patient relationships and general hospitality within the company. Conducting one-to-one interviews allows for greater flexibility in answering questions and can yield more in-depth knowledge regarding the research subject (Frances et al.,2009;Valenzuela and Shrivastava,n.d.;Jamshed,2014).

The interview featured three main topics that are based on the Brady & Cronin's(2001) hierarchical model for SQ: interaction quality, physical environment quality and outcome quality from the doctor's perspective. More specific questions about consultation times, hospitality trainings were included to adapt the study to the SRQs.

Gronroos' Nordic model was used to supplement the study by further reinforcing the topics discussed in the interviews and provide more context for the sort of quality that should be focused on in the solution design.

4.4 Data analysis

Colour coding categorized the three aspects of SQ, featured in the interview questions, into seven topics; each answering one or more RQ. This highlights main findings, without prioritising one set of results over another and answering RQs from multiple perspectives (Bianco et al.,2014;Saldana,2008;Dzelzkaleja,2018).

(appendix 10.2: color-coding table)

4.5 Limitations

- Sampling error: representative sample of population for surveys not obtained due to COVID restrictions and scheduling, thus results were used to seek indicative deficiencies in SQ from outbounds' perspectives.
- Confirmation bias: interview questions would elaborate on questions by seeking examples that explored assumptions as answers.
- No night-shift staff or late-shift staff were interviewed.

4.6 Results

10 interviews performed with professional staff from Inca and Palma hospital staff; knowledge saturation and patterns were reached:

RQ1:

- Staff adopt various techniques to calm patients and engage with them on more personal levels to increase trust. Hospitality is described as making the patient feel at home or like a family member, especially for inbound patients on their first-time visit.
- Organizational training provided is sufficient. Palma staff noted a need for more practical trainings for both functional and technical quality from field experts.

RQ2:

- Physical environment is modern and welcoming. Staff agree that natural lighting is sufficient and cleanliness is good.
- Patients are often scared and stressed when entering the hospital and waiting for their appointments.

RQ3:

- Majority of interviewees feel understaffed in the hospitalized units, increasing pressure.
- Doctors attend 20 (average) patients/day, 15-30min each.
- Consultations are sometimes rushed due to additional walk-ins, emergencies or difficult medical problems.

RQ4:

- Food service is lacking variety and presentation, ranging from bland to unappetizing, and sometimes arriving cold.

(appendix 10.5: interviews)

5. Solution design

How can service quality at SJD be improved to sustain high patient loyalty through improved satisfaction, while reducing complaints?

Results showed that staff possess the right attitude and expertise to deal with patients emotionally, therefore RQ1 requiring no solution. Patients tend to experience negative emotions like nervousness and stress having to wait for their appointments, which suggests the need for ambiance improvement that can reduce perceived waiting times, since actual waiting times are optimized through technology and unforeseen emergencies or longer consultations cannot be avoided, which delay other appointments. Understaffing increases workload on staff, thus needing to alleviate pressure while maintaining frequent interaction with patients. Food quality is lacking variety and presentation, requiring an ingredient overhaul and preparation methods employed.

5.1 Music in waiting rooms

Perceived waiting time is the subject of many service studies in the healthcare industry. There are several papers that demonstrated a correlation between perceived waiting time by patients in waiting rooms and their satisfaction, such as Lee et al. (2020) suggesting staff to engage with patients in the waiting rooms and maintaining updates regarding their wait. Janzek-Hawlat (2015) discovered that patients tend to overestimate perceived waiting time to actual waiting time, showing that people need distractions or some form of sensory stimulation while waiting for their appointments; failing to do so can therefore impact SQ negatively. This is justified by Spechbach et al. (2019), as 67% of outbounds would rather wait outside the designated waiting rooms due to boredom but also feeling forgotten. Hospitals can reduce negative emotions felt while waiting by improving the amenities offered in the rooms, such as beverages, WIFI or comfortable seating (Magro and Aquilina, 2016). SJD disposes of all these amenities, which suggests the need for improving the overall ambiance in order to reduce boredom and perceived waiting.

Areni and Grantham(n.d.) outline several ways of reducing perceived waiting time: entertainment (music), social interaction and activities. These measures make waiting more bearable and SJD has the capacity to introduce the majority of them. Music in waiting rooms can not only enhance the ambient condition of the physical environment but also the waiting times, which according to organizational data is amongst the most frequent complaint. Playing music that is familiar to patients engages them more than non-familiar ones, which instead increases time (McDonnell, 2007). Surveys have indicated that perceived waiting time is adequate, however this is an aspect that SJD can address to elevate the patient experience. Timely updates on consultation times can also alleviate waiting times, as patients will perceive time passing faster. This can be achieved by adding ETAs to the screens in the waiting rooms or send updates via mobile phone apps, thus giving more freedom to patients to seek out other things to do while they wait for their appointment (Areni and Grantham, n.d.; Sun et al., 2017).

Incorporating music reduces perceived waiting time, similar to restaurants playing certain music genres to increase customer latency or decreasing perceived waiting (Chien and Lin,2014;Fang,2015). Slow-tempo music benefits relaxation and enforces positive responses from patients (Oakes,2003). Emotional states are improved: Preti and Welch(2012) identified positive effects on staff, as music calmed patients. SJD should consider this option especially for reducing anxiety in patients (Fenko and Looock,2014), which many staff have reported during interviews. Outbound patients rated waiting times up to 30min as "short" and above 60min as "adequate" when listening to music (ibid).

5.2 Empowering volunteers

Hospitals incur lower costs when employing student volunteers, who generally get paid less, but patient satisfaction also increases as a result (Hotchkiss et al.,2009). Volunteers contribute up to 70,000 hours worked in hospitals of 500+ beds; management can therefore save on average \$1million per year by relying on volunteers for non-medical or nursing tasks, which reduce staff workload (Handy and Srinivasan,2004). Handy and Srinivasan (2005) found 25/28 surveyed hospitals need volunteers for achieving their mission of providing excellent care. SJD could leverage volunteers for tasks not involving medical assistance, such as catering or emotional support; volunteers could benefit from comprehensive training, receive certain medical privileges and free meals as compensation, depending on legislature (Hotchkiss et al., 2009; Johnson Memorial Health, 2021; Jones, 2004; Schoenfelder et al., 2020).

Investment in training and incorporating volunteers in the hospital will yield the benefit of higher patient satisfaction due to more interaction during visits. Patients often enjoy greater contact with volunteers, especially when acting as emotional support for their families too. Hiring volunteers will attract others to join, especially when there is enough intrinsic motivation tied to the job; furthermore, about 40% of student volunteers donate money, blood and services to health foundations, which benefit the overall community, consequently benefiting the image of the hospital employing the volunteers. (Handy and Srinivasan,2004; NationalHealthExecutive, 2019).

5.3 Improving dining experience

Changing supplier recipes featuring plant-based items, with nutritionists assessing individual dietary needs, thus encouraging healthier meal options (Murphy,2017; HealthLeaders,2020). According to VSTech.com(2013), SJD could improve presentation in 5 ways: matching plate-ware for uniformity and placing the utensils on the right side of the tray; the food occupying two-thirds - adding more will seem less appetizing; using molds to shape pureed food into appealing shapes; adding colorful garnishes like carrots and peas; featuring multiple textures (crunchy, soft, firm etc.). Greater staff interaction with patients can enhance dining experiences, through engaging and receiving meal feedback, helping nurses to suggest changes to the kitchen. Important, since they are responsible for recording daily intake and adjusting meals (Roberts et al.,2019;Johns et al.,2010;Theurer,2011).

To tackle the food quality issue, SJD can adopt a multitude of options to improve the overall SQ with regards to menus. The following interventions could yield the most substantial positive results if combined, however they can also be chosen individually to better suit the financial feasibility.

Improving aspects of food quality such as taste, presentation and delivery play a key role in patient health because more food is being ingested. Navarro et al.(2016) determined a readmission rate decrease from 31% to 13.5% of patients being served tastier menus, which were being ingested at higher rates than the control group. Lack of appetite in patients is caused by a lack of diversity in the meal plan, low-quality ingredients and untimely distribution of food (Messina et al.,2013), with further backing from Kim et al.(2010), suggesting clean plates, meal portions and service to be equally important.

Theurer(2011) suggests implementing a room-service solution, focusing on service and choice. Staff are trained to receive food requests via phone and deliver it within 30-45min. Individual orders can be delivered on carts containing hot and cold trays, which require assembly by the room-service staff, rather than the kitchen, in order to arrive

warm. Room-service is effective at increasing patient satisfaction with the food quality in all aspects (variety, presentation, temperature, service, decreased waste cost etc.). However, it is the most expensive, as not only will the food menu need to be expanded to accommodate multiple meals a day, but SJD would also incur higher training costs.

Alternatively, SJD could adopt a concept like 'FoodforCare', developed by Radboud university medical center, which opts for a 6-meal daily routine with reduced portions, with a greater emphasis on taste and presentation. Each serving gives the patient a choice of 3 dishes recommended based on their previous intake and diet, and thus nurses are able to improve the healthy food intake of the patients (Dijxhoorn, 2019). One way of implementing this intervention would be to serve breakfast 30-60min earlier to reduce interruptions during meal serving times during the day, as Roberts et al. (2019) discovered a 9-12% increase in food consumption when meal times were not interrupted by medical check-ups or other routines in the patients' daily plan.

Daily servings can be expanded to feature an a-la-carte style menu with multiple options. Patients should be able to pre-select the portion size, to avoid food waste and staff would be trained on meeting patient diets while balancing meal portions (Theurer, 2011). Further enhancements may include descriptive menus that increase appetite, without adding costs (Ottrey and Porter, 2016).

	SUITABILITY	ACCEPTABILITY	FEASIBILITY	STAKEHOLDERS	EVALUATION
MUSIC IN WAITING ROOMS	Medium: Music has practical benefits for patients and staff. Impact to overall satisfaction might be lower because of larger issues.	High: Adding speakers with a varied playlist, played at acceptable volumes – can be quickly implemented.	High: Most economically viable option – main costs include speakers and installation	<u>Management:</u> organize purchase of speakers and appropriate distribution in the waiting rooms	Before- and after assessments on patient emotions. KPIs: patient satisfaction and complaint rates
EMPOWERING VOLUNTEERS	High: Patient experience could greatly benefit through increased interaction, consequently reducing waiting times and workload.	Low: COVID-19 restrictions make it difficult to hire more staff due to reduced capacity. Solution may be inappropriate for SJDs size.	Medium: More trainings organized, incurring greater costs. Current limitations on operational capacity may limit financial benefits.	<u>Management:</u> Hiring more volunteers and developing more elaborate training and benefits. <u>Staff:</u> cooperating and delegating tasks to volunteers.	Before- and after assessments on patient satisfaction and staff satisfaction KPIs: patient satisfaction and cost reduction
IMPROVING DINING EXPERIENCE	Very High: Addressing major complaints with Food quality, while improving food intake and service.	Medium: Depending on the supplier arrangement, changing ingredients and presentation could be difficult.	Low: Likely to incur higher costs to implement menu changes and training staff.	<u>Management:</u> Revising supplier arrangements or seeking alternatives and introducing new measures to staff.	Before- and after assessments on patient intake KPIs: patient satisfaction

(Eelants, n.d.;Oxford College of Marketing,2018)

5.4 SAF model

Suitability, Acceptability and Feasibility framework is used by businesses to evaluate strategic options (Eelants, n.d.; Oxford College of Marketing, 2018). Normally, an SAF matrix would be drawn up with multiple criteria to grade for each solution, however a simplified ranking system (low to very high) was utilized to create an easier overview for the research proposal.

Suitability is the most important out of the three, as it determines the overall effectiveness of the strategic option. In the context of this study being solutions, to tackle trends discovered in the external or internal environment. The solutions proposed were assessed on suitability based on the issue they address found in the results and linking back to the literature review.

Acceptability overviews financial risks and returns associated with the strategic options. Because the goal of the study did not involve financial returns, other aspects of acceptability were considered, such as organizational feasibility and acceptable implementation.

Feasibility interprets the economic viability of the option, whether high- or low investment is needed and over a certain period of time. This was important to consider, given SJDs budgetary constraints for certain options.

Stakeholder involvement and evaluation methods were implemented into the table to better outline the viability of each option, past the SAF model if SJD were to choose one or more options to implement.

Using the SAF model to assess each of the solutions proposed in this research will benefit the overall solution design and later stages of the DBR cycle, as selecting the correct intervention will become easier. This is especially important during COVID times, as companies are more reluctant to make expensive investments with below average returns, hence why assessing the suitability and feasibility were important aspects to take into consideration. Rounding off solution design with a ranking of the proposed options is filtering out the most appealing option, which will be explained in further detail in the intervention chapter. To help evaluate the final intervention, stakeholder involvements and evaluation methods have been taken into consideration when ranking the solutions, thus providing more detail and foresight.

6. Intervention

6.1 What

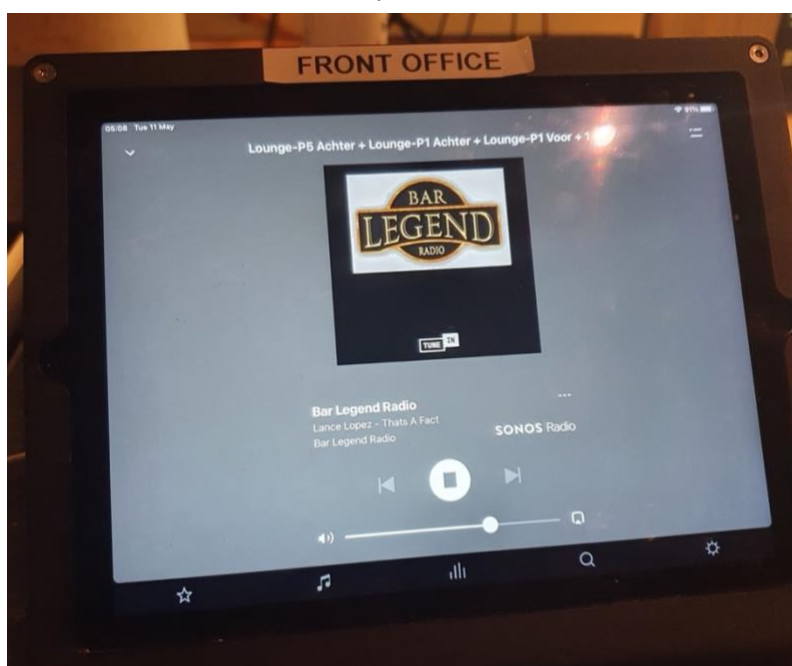
Solution 1: Music in waiting rooms is selected intervention to be further explored and evaluated in this project. It is primarily chosen due to its convenience and low financial impact on the hospital. While, the research cannot be carried out at SJD itself and the placement company is not able to continue this project due to COVID limitations, studying the effects of music as an ambient measure for stimulating emotions in people can be carried out in the hotel lobby.

Instead of focusing on the impact of music on perceived waiting times of patients or customers, the research can instead shift on front office employees. As the hotel lobby is next to the reception, and front office staff have access to the music controls, the intervention will be tested to assess employee's perception of time when subjected to different music types (slow and fast tempo) using qualitative interviews.

The goal of this intervention plan is to assess whether music is a potent ambient variable that could theoretically be implemented by SJD, as the actual implementation is simple. The implementation plan will be purely theoretical, as the hotel disposes of the necessary equipment, already installed in the lobby for ambiance that was previously studied in this project. Different options will be considered, catering to different budgets and setups required, therefore maximizing options for the client.

The first step for SJD is to purchase and install the speakers and decide on the set up depending on their budget. Postillion Amsterdam uses Sonos speakers that are connected via WIFI and can be controlled through an app. The advantage of this setup is the app's ability to access a multitude of different music selections from other apps such as Spotify, therefore giving the user far greater variety of music. Furthermore, the app can create custom daily playlists based on user preference, which can improve the overall selection that SJD would have for playing in the waiting rooms. The biggest challenge is connecting the speakers to a WIFI and using a tablet as a control deck for the music being played, which may be more costly than traditional speaker setups. However, this option would be the most convenient because of the reception staff

present in the waiting rooms that would control the music, daily playlists and ease of use.



(speaker and tablet setup example used by Postillion Hotel)

6.2 Who

There are three main stakeholder groups that must be involved to setup and run this intervention: management, reception staff and customer relations representatives. They each will play a role in the implementation, operating and evaluating of the proposed solution for SJD.

Firstly, management must approve the installation and assume the financial responsibility for installing the music system in the waiting rooms, furthermore they will be responsible for arranging the technical department prepare the speakers, and setup the app to be running. Assuming this stakeholder group has approved of the solution, the immediate execution of the installation should not take more than a month to order, install and run music in the waiting rooms. Technical engineers could be utilized as a support group in this instance to advise on the best speaker combinations, prices, manual labor costs etc.

Secondly, reception staff that is stationed in the waiting rooms will be tasked with operating the music based on given instructions i.e. volume, music genre, variety of playlists etc. They should however be given the freedom to change the music based on atmosphere or seasonality, for example Christmas music or traditional Spanish music during independence day etc. Giving staff autonomy over the music selection can also lead to more positive interaction with patients, especially if they are able to request songs to be queued next, further increasing interaction quality.

Finally, customer relations should be monitoring the effects of this intervention by frequenting the waiting rooms and perhaps ask for opinions or short interviews with the patients but also the staff. Rally of feedback can help improve the playlists or change them completely based on what the general consensus on the music is; an alternative that could be offered is playing ambient sounds instead to create a more calming atmosphere. This information can be collected by volunteers and nurses also, that are in contact with patients more frequently than doctors or even the CSD and have more trust with them.

6.3 When

The solution should be implemented during quiet times at the hospital, COVID restrictions may offer the opportune moment to do so given low activity. Assuming that management can arrange for the speakers to be delivered and installed on the same day or week, the entire process should be completed in a few days. Successful implementation should allow reception staff to control music as soon as the speakers are in place and the app is running on an external device, such as a tablet. The effectiveness of the solution can therefore be monitored by customer relations much sooner to evaluate its success. Given the relatively small size of the waiting rooms, the speakers will not have to be spread out too much, meaning that less real estate will be out of order during the installation. However, one should consider the logistical implications of ordering equipment in Mallorca, as it is more difficult to arrange shipping and installation than on the Spanish mainland, which may delay the operation.

6.4 Resistance

Budgetary constraints on SJD by the owners and higher management may pose the greatest resistance for this intervention, as both hospitals are working with limited occupancy. Even though this intervention is the least financially burdensome, current restrictions would encourage management to halt the progression of installing speakers after becoming more financially stable after the COVID crisis. There is unfortunately no reasonable solution to this resistance other than waiting for the situation to stabilize and present management with results from test runs or case studies of other hospitals or hospitality establishments that use music to improve atmosphere and perceived waiting times.

6.5 Communication

Scheduling the installation of the speakers should be communicated by management via appropriate channels, such as emails or internal memos, once the speakers have been ordered and the technical department has been notified about the arrival date. Since the overall impact of this intervention on the overall operations of SJD is moderate, less stakeholder groups will have to be informed about the speaker system. What is important is for the customer relations team to inform reception about the goals of this intervention and what specific results they would like to achieve, for example sampling different music genres or ambient sounds to see what will improve the patient experience more: fast tempo music for shorter perceived waiting times or slow tempo music to relax.

6.6 Securing

To ensure the success of this intervention would require management and customer relations to devise an evaluation plan based on KPIs that SJD would like to improve. Khalil and Kynoch (2021) suggested 'triple C' model details the main arrangements needed for healthcare centers to launch and maintain an intervention effectively.

Firstly, the CSD should map out the goals of this intervention through KPIs and decide which other stakeholders should be involved for suggesting further enhancements. It is important for them to make data collection and displaying as simple as possible, which can be done using their current digital surveys.

The collaboration stage highlights the relationships stakeholders must form throughout the intervention, for example CSD needs to give clear instructions to reception staff as to what music should be played, which is especially important for assessing the success of the music on patient's moods. Similarly, they should ask medical staff to pay attention to patient's demeanor with regards to the music being played while they are waiting. Finally, the consolidation stage is where the CSD would optimize the outcomes of the intervention through suggested improvements. One key component of this would be to know how many patients will be affected, as there are multiple waiting rooms throughout the hospital, but also being able to monitor and log patient moods throughout their patient journey.

Sustaining the intervention is the main goal of this model, and can be used by SJD to continuously improve the implementation of music in waiting rooms through other additions to the ambiance, for example. While this model is mainly intended for medical interventions that are complex and more difficult to implement, SJD can use this as a guideline for future developments related to this project or other studies in the future.

7. Evaluation

To properly assess the music implementation in waiting rooms, a series of questions have been devised that should offer a clear and detailed overview of the success and effectiveness of the intervention. The ultimate goal of the intervention is to increase SQ at SJD by enhancing the ambiance of the physical environment, in this case being waiting rooms for outpatients. Providing audio stimulation can reduce stress and negative emotions experienced when awaiting a doctor's appointment and should consequently reduce complaints regarding waiting times that can be seen in the NPS.

Performance measurement

The qualitative nature of this intervention requires assessments that can effectively encapsulate the emotional state and feelings of the patients to determine the project's impact. First-hand experience conducting primary research for this project at SJD would recommend interviews and surveys to be the most appropriate to use. The patients are more than happy to answer questions and interact with staff members because it is a great distraction from the tedious waiting that is often experienced. Furthermore, patients feel more comforted when being talked to and reassured that their wellbeing is always being looked out for through hospitality related projects.

The proposed intervention can be assessed in from both a qualitative and quantitative perspective, depending on how thorough SJD wishes to assess the results or continue researching this topic. Perhaps the most sensible set of data is to be collected qualitatively, for a coherent assessment and completion of the DBR cycle, since primary research collected in this project was done so.

7.1 Qualitative assessment

Post-test

Asking the target stakeholders of this intervention their direct opinions of the effects of the music on their patient experience will yield the most direct results with regards to perception of time while waiting. As an added benefit, playlists and genres can be fine-tuned to better accommodate the patients tastes. This would therefore constitute a post-test assessment, as the current state of patient's perception of the waiting times and their moods have been represented in the preliminary research from organizational data and primary research through surveys.

SJD could devise a simple interview template for CSD, volunteers or nurses to inquire about the impact that music has on the patients moods. These interviews should mainly focus on the patients' perception of time, as this is the quintessential aim of music as an environmental stimuli, as discussed in the solution design.

Pre- and Post-test

Alternatively, for a nuanced and balanced assessment, SJD should follow-up on patients' emotional states and moods from the staffs' perspectives. Doing this will yield results that can be compared with the first set of interviews conducted in the results chapter, which showed that staff often encounter nervous patients. The benefit of this method is utilizing the same set of questions that can be directly compared to each other before and after the intervention has been implemented and assess whether music did impact patient moods. Staff interviews provided the most valuable data for this project from a qualitative research perspective, therefore their personal experiences with patients moods after the use of music, can determine the intervention's performance.

An After Action Report (AAR) was considered as evaluation method by planning workshops for staff to give feedback regarding the intervention and their perception on

its effects on patients. The advantage of doing this is gaining lots insights from multiple people in one session, as well as gaining suggestions on how to improve it possibly. However, considering the busy schedules of doctors, COVID restrictions and general logistics of organizing such gatherings, AAR would not be appropriate. Furthermore, this intervention should impact SQ in the long-term, whereas AARs are usually used for one-time interventions or events (Salem-Schatz, 2010).

7.2 Baseline and quantitative data

The baseline KPIs used to evaluate this intervention will be the NPS score of 75 achieved in the organizational data presented in the first chapter. SJD can reliably assess satisfaction of both inbound and outbound patients using their own digital surveys and can specifically focus on waiting times, which had a 50% dissatisfaction rate.

As previously discussed, waiting times constitute of actual time and the perception of time passing. Preliminary interviews with patients and CSD determined that technology and effective scheduling are used to optimize actual waiting times already, therefore not requiring an implementation; rather needing to improve the perceived waiting time through music as a stimuli and distraction. Looking at overall patient satisfaction may be too broad to determine the success of the implementation, given that SJD was working on improving other aspects of its SQ.

Focusing on complaint rates regarding waiting and satisfaction scores of the waiting rooms will provide a more accurate representation through a post-test examination. SJD will use the same survey format that were presented in the preliminary research, thus allowing for direct comparison and no need of additional testing resources. Because of the long-term design of this intervention, the evaluation should be conducted every six months or so to monitor progress. This gives the CSD enough time to collect as much survey data as possible while continuously checking what works in terms of music genre, volume and impact on patient moods.

Testing the intervention reliably with a control group could be possible, however difficult to execute given the resources needed and the variables involved. Theoretically, SJD could assess 10-20 random patients of different ages, medical issues and frequency of visits. They would wait for their consultation without any music and normal lighting conditions; their satisfaction and perception of the waiting time would be measured through a survey and they could be the control group.

Group A would be subjected to slow tempo music, at lower volume and dimmer lighting conditions, while group B will listen to faster tempo music, higher volume and brighter lighting. Both modifier groups will have the same amount of patients as the control group. The goal is to determine which genre of music and overall ambiance will have the greatest effect on patient moods before their consultation by comparing the control group to the modifier groups.

7.3 Success criteria and evaluation overview

SJD can evaluate the success of music in waiting rooms by setting goals that align with the MRQ: **How can service quality at SJD be improved to sustain high patient loyalty through improved satisfaction, while reducing complaints?**

As mentioned before, the intervention can be measured quantitatively using their current metric: NPS and complaint/dissatisfaction rates. These will therefore be our main success criteria, that should be the main focus of the CSD when measuring the intervention's performance. Monitoring this data should give SJD the clearest indication that the implementation was successful and indicate a positive change in patient perception of the hospital in terms of SQ. Lower dissatisfaction rates on waiting times would therefore show an improvement granted by the intervention

Furthermore, staff should be interviewed after the implementation to give their perspective on how patients are feeling before their appointments with regards to the music. The aim is for doctors to experience more relaxed, tranquil patients with reduced anxiety and fear, which will make interactions easier. The success criteria in this aspect would be improved doctor-patient interaction noted by staff, when assessing the intervention qualitatively.

Evaluation	Approach	Duration & evaluation interval	Success criteria	Baseline	Preferred outcome
Staff Interviews, conducted by CSD or volunteers	Qualitative (pre- and post-test)	5-10min, conducted every 6 months after implementation	Doctor's perception of patient demeanour when interacting during the appointment.	Patients are often scared and stressed when entering the hospital and waiting for their appointments.	Calmer and less agitated patients with more positive interactions sensed by doctors.
Patient surveys conducted digitally at SJD	Quantitative (post-test)	7min, conducted as per usual intervals according to SJD	Increased overall satisfaction of the physical environment at SJD, assessed in surveys and lower complaint rates about waiting times.	<ul style="list-style-type: none"> NPS: 75 Complaint rate of waiting times: 50% 	<ul style="list-style-type: none"> NPS: 80+ Complaint rate of waiting times: 40-35%

When commencing the research project, SJD did not set any specific metric goals they would like to achieve with this intervention. The preferred outcomes detailed in the table above are an estimation of a realistic best-case scenario, given larger issues with SQ that were discovered in the results chapter. It is important to note that quantitative data used for the baseline derived from surveys concluding during COVID restrictions applied in the hospital, which limited processes and general satisfaction of both patients and staff and therefore any improvements in the SQ could be attributed to progressively alleviated measures and not the intervention itself. Nevertheless, music in waiting rooms should aid SJDs ambiance and physical environment, which is assessed in their patient surveys and can therefore be measured.

7.4 Conclusion

SJD shows commitment to their values and mission to provide a hospitable service to their patients, treating them with respect and empathy. Ultimately, the company is in line with a major trend in healthcare, which is greater focus on personal service and a stronger focus on hospitality in general. Clinics in general can benefit from this research by choosing to improve SQ through human resources and non-tangibles, like ambiance, before investing in more expensive assets or ventures.

The literature study in this report showcased the importance of hospitals introducing more initiatives to promote the soft-skills of their staff and create a pleasant environment for their patients, as doing so will often lead to greater satisfaction and loyalty. Furthermore, investing in soft-skill training is often more financially attractive than technology and equipment, which remains one of the highest demands pertaining to more personalized services. SJD's objective was to improve patient satisfaction in order to maintain their lead as a premier hospitality healthcare provider in the Balears, while decreasing some of their major complaints from customers. To help pinpoint SJD's poorer performance, preliminary research consisting of organizational data, patient surveys and interviews with CSD indicated waiting times, staff care towards patients and food quality in hospitalization showed need for improvement. These findings are substantiated by the Brady & Cronin model, which condense SQ into three key topics (interaction quality, physical environment and outcome quality).

Choosing to focus on Physical environment, in this case improving ambiance in the in waiting rooms through music is the most actionable intervention out of those proposed in the solution design, boasting the lowest financial investment with the potential for improved patient experiences. Waiting times are directly linked to outcome quality, which can therefore be improved from a perception point of view, rather than trying to optimize processes, which SJD has already done through technology.

While this intervention is not the most impactful in SJDs portfolio of SQ issues, such as food quality, which is far more pressing, it is nevertheless an important next step for the company to take to optimize their patient journey and therefore satisfaction. The solution can be easily implemented, stakeholder involvement is rather small, and the evaluation tools are already in place for the company to produce a pre- and post-test assessment over a longer period of time. Music has physiological effects that benefit patient moods when awaiting their appointment, making them more relaxed and subsequently easier for staff to interact with them. The practical implications of this intervention can therefore be applied to any service venue where waiting is required such as, hotel lobbies, airport terminals, restaurants, clinics etc.

To answer the MRQ (**How can service quality at SJD be improved to sustain high patient loyalty through improved satisfaction, while reducing complaints**), SJD can implement music in their outbound waiting rooms to enhance the ambiance and perception of time, consequently alleviating stress and increasing overall satisfaction of their patient experience, thus improving SQ.

8. Dissemination

Conclusions of the research project executed for SJD opened a discussion regarding perceived waiting times. Literature and first-hand research at the hospital introduced the concept of using music to reduce negative emotions experienced by outbound patients, which would have a greater effect on their satisfaction with the SQ. Perceived waiting times are important to any hospitality or service-based venue that produces physical waiting lines by their customers, such as restaurants for example. Similar to this study, Choi and Sheel, (2012); and Lahap et al., (2018) concluded a strong correlation between low waiting times due to perception of time itself through ambiance and customer satisfaction in restaurants. The findings in this report add value to the hospitality industry in general on a topic that is still being researched, namely effects of physical environment on SQ and ways to improve perception. Businesses in the service sector can benefit from this research by evaluating their SQ through a broader lens offered by the Brady & Cronin model; more specifically improving ambiance through music and what effects it procures.

8.1 Value to the industry

As previously discussed, Fenko and Looch (2014) found music to be an excellent distraction for patients in waiting rooms, as their perception of time increased and were less irritated by actual waiting. What stakeholders may find interesting is knowing what effects different music genres have on listeners. While researching music as a solution for improving ambiance in the research proposal, the studies found by Preti and Welch (2012); and Oakes (2003) regarding effects that music had on guests waiting for their restaurant meals. More specifically, how music genres in terms of tempo and volume should be adapted to suit the different circumstances I.e., sitting down in a dimly lit restaurant for dinner or standing in a fast-food restaurant for lunch. Depending on the venue itself, the type of food served and the company image, different music genres would be played. A good example of this is KFC always playing R&B and pop because the fast tempo makes it seem that time passes by faster, which is good given their fast-food business model.

8.2 Additional findings

The research project at this point was extended and carried out at Postillion Amsterdam, the internship company, to gain some additional insights into the topic of music affecting moods while waiting. The inspiration for this research extension came from the aforementioned research papers that delved into the different effects of certain music genres on time perception. To carry out this experiment, the researcher played a variety of playlists during several 8-hour shifts, including morning (7-15h), late (15-23h) and night shifts (23-7h). The test subjects were Front Office (FO) staff that rotated per shift and the experiment was carried out in a 4 week period. A qualitative interview comprising of 8 questions was devised to assess the person's mood during the shift with music playing in the back ground, with the main focus being tempo and volume. Additional variables such as how busy the shift on that day was also noted, in addition to gender and age. This was done to outline any potential contributors to an alteration of the perception of time.

Benefactors of this additional findings are hospitality venues that want to optimize their ambiance and create a certain mood or perception of time in their public areas for their guests but also employees, as they are the ones to be subjected to the music for the most time during the day. Thereby, reducing boredom or increasing perception of time can yield better customer satisfaction through improved outcome quality and ambiance. This research also acted as a perfect opportunity to gain an insight into the intervention

fully realised, as Postillion's audio setup was used as inspiration for the implementation chapter.

Goal

This chapter expands on the research concluded in the DBR cycle and is meant to indicate some options for hoteliers to play in their venues, should they choose to implement this intervention or already dispose of a music set-up and wish to improve ambiance and staff morale. The main questions to be answered are: what types of music evoke the most positive emotions and perception of time?

Interviews

The majority of the staff interviewed was female, with the age range 23-40 and a total of six interviews. Notable variables included some shifts being busier than others, which affected the perception of time arguably more than music itself. Generally, volume was played between 40-60% and while the playlists tended to be random per interview, the tempo was mainly slow to medium.

(appendix 10.6: dissemination interviews)

Results

When compiling the answers, the overwhelming majority seem to prefer faster tempo music played at higher volumes. Some genres like reggaeton and pop/rock oldies appeared to evoke more positive responses from staff. Interestingly, playlists that had a lot of popular lyrical songs, regardless of age, provided the most enjoyment in staff. It was also observed that staff would either sing along or even dance a bit on occasion when these songs were played and the mood seemed a lot more energetic, even while handling tasks.

Some pointed out that faster paced, popular songs increased their perception of time passing by, however this can also be attributed to shifts tending to be busier during those tests. Playing slower hotel lobby music, which is arguably the most common type of music played and the safest choice of playlist, was less enjoyable for staff overall. In these instances, the hotel music was not their preferred music type, often being described as too slow or boring, which inevitably made the passage of time far slower. Hotel playlists consisted of acoustic music or slow house renditions of popular songs that were more relaxing in nature but not what staff would ever listen to. However, hotel playlists would make it easier for supervisors to focus on work because they would not have to monitor the songs being played for inappropriate ones.

Limitations

Interviews could only be carried out after shifts, which were conducted while the hotel was operating with limited staff, therefore there are some people that have been interviewed twice and not everyone from the team took part in the experiment because of it. The time constraint of this research also did not allow for more thorough preliminary research or establishing a control group, which could have improved the value and validity of the findings. While obtaining staff perspectives was important to see how music affects people when subjected to long periods of it, no guests were interviewed due to COVID measures, which could have yielded additional insights. The playlists chosen were also limited and no ambient music tracks were used, which would have expanded the scope of the research. It should be noted that research carried out for this chapter was to add further insights for the dissemination as indication for music variety.

Practical implications for stakeholders

This short experiment served as an indicator for hoteliers to know what genre of music they can play in their business in case they wish to improve the work ambiance for the staff and guests. Choosing playlists with a variety of genres with faster tempos and

popular lyrics can increase audio stimulation and will likely engage listeners more, which therefore reduces boredom and increases perception of time passing. To disseminate these findings, a short presentation will be held during a monthly manager meeting at Postillion Hotel, displaying the qualitative data collected during the research assignment, in addition to the findings in this chapter.

(appendix 10.3: dissemination presentation)

The main audience for this dissemination are managers on duty that are responsible for the correct ambiance in the hotel lobby. The shift checklist includes inspecting the public areas and lobby for the correct placement of chairs, music, tidiness and functioning amenities; essentially the physical environment of the hotel is to be monitored and corrected where needed. They are indeed responsible for ensuring that the music being played is at an appropriate volume and in-line with the brand image. Understanding the effects of different music during shifts can therefore be used to either lift the moods of the staff if there are less guests present during slower periods or create a calm environment for a hectic shift. This stakeholder group was chosen for dissemination, as their departmental goal is to improve SQ perception of the hotel with interventions that are not financially burdening, and therefore could benefit from research that can be used as guidelines, seeing as they already dispose of the music set-up.

9. Academic reflection

Having completed the DBR cycle for SJD was straightforward – write a theoretical implementation plan with stakeholders and evaluations. The intervention itself was inherently simple to implement, was the most appealing out of the other solutions proposed. The topic of music in hospital waiting rooms is less frequently researched as I thought; if time permitted, I would have looked into psychological effects of music more deeply.

Nevertheless, since SJD was not a part of the project as of the intervention stage, Postillion Amsterdam became a new stakeholder. Since they disposed of a fully operational music system that could be manually controlled, I took the opportunity to test the findings in the DBR cycle regarding music's effects. This introduced a small scale DBR cycle for the final chapter, however the research cycle is always continuous and Postillion granted the opportunity to put all the research done into practice. Given COVID restrictions, the tests were limited but produced useful insights nonetheless.

A revision of this project under normal circumstances would feature a deeper look into staff perspectives on the patient journey, with a bigger focus on operations and procedures, as this would provide yet another perspective for business improvement. I would base the solution design on best practices in the industries and look into more elaborate implementation alternatives for the selected intervention. The stakeholder involvement in this thesis could be strengthened if the initial client company would agree to execute the intervention, although the solution has been adapted for the internship company.

Hospitality and service quality continue to show viable uses in other industries, which can often solve satisfaction ratings with simpler solutions; any company should look into the service they deliver for possible improvements before considering more elaborate plans.

10. Appendices

10.1 Healthcare industry needs

The healthcare industry has become very competitive in the past few decades, largely due to modern healthcare reforms that create demand for higher quality services in developed countries (Gaynor and Town, 2011). Consequently, regulators are imposing increasingly tighter budget restraints that limit the capability for healthcare centres to provide more personalized service experiences and treatments that are expected by patients (Thomson et al., 2009). Competitive advantage for hospitals used to derive from tangible assets such as equipment, location of facilities, etc. Although these continue to provide critical points of attractiveness for potential new patients (Wu et al., 2007), hospitals are seeking more cost-efficient alternatives to raise customer retention.

Hospitality concepts can innovate healthcare business models, by seeking out new revenue streams. The most efficient way of doing so is through leveraging existing services and creating an environment that empowers the patient. This leads to a more competitive business-oriented approach to medical centres that can generate revenue more sustainably through better services to their patients, rather than only medical expertise (Quinan and Costa Filho, 2020).

10.2 Color coding table

	Color	Key topic	Link to RQs	Discussion points
1	Green & Yellow	Managing schedules and consultations	RQ1, RQ3	<ul style="list-style-type: none"> • Average consultation time • Average patients per day • Accountability for completing consultations • Causes for rushed appointments
2	Turquoise	Initial patient emotions	RQ1, RQ2, RQ3	<ul style="list-style-type: none"> • Experience of negative emotions by patients • Staff notice and adapt to certain situations
3	Pink	Doctor-patient interaction	RQ1	<ul style="list-style-type: none"> • Effects of long-term relationships on doctor-patient interactions • Side effects of attachment • Active listening skills employed by the staff • Post-hospitalization correspondence
4	Blue	Physical environment	RQ2	<ul style="list-style-type: none"> • General opinions about layout • Differences between Palma and Inca hospitals
5	Red	Organisational support and trainings for staff	RQ1, RQ3	<ul style="list-style-type: none"> • Efficacy of trainings • Key attributes for service delivery • Further developmental needs
6	Grey	Food service	RQ4	<ul style="list-style-type: none"> • Assessment of food variety, presentation and distribution
7	Purple	Points of improvement	RQ1, RQ2, RQ3, RQ4	<ul style="list-style-type: none"> • Understaffing • Food presentation

Managing schedules and consultations

Patients are responsible for attending their consultations, therefore presenting no consequences for their doctors if they do not show up. On avg. seeing 20 patients per day, taking between 15-30min each at the Inca hospital, while nurses and doctors at Palma see between 8-10 because the hospital is smaller. Palma nurses also noted that during the current COVID crisis, it is more manageable for them to attend every hospitalized patient because there are less people overall. Inbound patients have to be attended frequently on a daily bases and doctors are legally obliged to assist with an emergency consultation or intervention even outside of their daily schedule.

Consultations are sometimes rushed due to walk-ins or specific cases needing more attention. Nurses experience rushing due to scheduling and in case of emergencies or if some patients needed extra care for their problem. Doctors can cover their colleagues' patients if they are on holiday. Appointments need to be kept to avoid additional workload on colleagues and the following days.

Initial patient emotions

Majority of patients feel anxious, scared, worried, impatient or skittish when entering the hospital. Depending on the departments they are visiting, they can also be more relaxed and impressed by the hospital. Palma staff are wary of patients' emotional states and actively try to calm them and note that severe cases like cerebral patients can be more stressed than others. Patient feelings also depends on the family support i.e. if they are being accompanied.

Doctor-patient interaction

Staff showcase empathy through clear and open communication regarding the medical procedures, often adopting a calming tone of voice. Hospitality is a concept of welcoming others with warmth and care. Each patient is treated on an individual level. Patients that develop a long-term relationship with their doctors are more inclined to detail specifics about their medical issues but also other problems in their personal lives that is linked to the illness.

Developing personal ties between inbound patients and staff improves morale, but nurses and doctors note the negative side effect of this being increased difficulty for the patient to readjust to life outside of hospital.

Active listening skills and high social awareness is adopted to create trust with the patient, such as a comforting tone, nodding, and giving detailed explanations. While consultations are done in person and on the phone, no contact is kept afterwards. Heavy emphasis is placed on the first encounter with inbound patients, and making sure they get a good impression by being introduced to all the staff like they would at a family gathering.

Some of the Palma staff mentioned their lack of post-hospital contact with patients is due to time constrictions and desire to separate personal life from work related relationships. However, released patients often visit the inbound department to express gratitude and bring gifts when they come for a check-up.

Physical environment

The physical environment receives very positive feedback, being described mainly as modern, welcoming and relaxing. Palma staff, however mentioned that the temperature control is inconsistent within the hospital, which result in some areas being colder than others. In addition, some patient rooms are smaller, which makes it more difficult to move within them. The Palma hospital is located near the beach, which staff point out to be great for the patients because of the scenery and fresh air terraces they have available.

Organisational support and trainings for staff

Staff receives formal training from the hospital to deal with patients on an interpersonal level, which is found to be sufficient. Most state that experience and attitude is also an important factor when dealing with all sorts of different individuals. The majority of Palma nurses and some doctors would like to see additional trainings on practical issues such as feeding and handling patients; furthermore the trainings should be developed in conjunction with industry specialists that have more practical experience. Interestingly, nurses seem to feel more empowered and a greater emphasis is placed on attending patients' needs as much as possible. The courses go over technical skills for the medical duties but also functional adequacies like conflict handling and dealing with visitors.

Food service

Menu variety is overall varied, according to staff. The doctors indicate the dietary restrictions in terms of food content but also the consistency based on individual needs, while the nurses are able to swap certain items based on preferences (e.g. Tea for coffee). Variety suffers when special diets are needed, often lacking fruit and featuring

repetitive meals. All meals should be served following hygiene norms and safety measures taken at all times. The nurses are mainly in charge of monitoring food intake (breakfast, midday snack, lunch and dinner); daily intake is recorded on patient's individual files. Palma staff mentioned that in addition to food arriving cold sometimes, there are times where safety measures were not properly met. Aside from the food itself, presentation is lacking in the trays and silverware provided to the patients, further deteriorating the experience.

Points of improvement

Main points of improvement include better overall food presentation and variety in specialized diets; in addition to hiring more assistant staff for the hospitalized patients to reduce workload and stress – noted by nurses and doctors alike.

10.3 Dissemination presentation & proof

Service Quality through music

By Victor Firu
in collaboration with SJD and Postillion Amsterdam

POSTILLION
HOTELS

Research Client - SJD

- Privately owned and managed, with 180 beds, ICUs, ambulance service and several specialisations
- **Mission:** Serve patients and families according to the style of San Juan de Dios, with humanizing and person-centred care.
- **Research goal:** reduce outbound waiting time complaints (50%) to boost positive patient experiences.



Findings

- Patients often feel nervous, scared or bored when waiting for their appointments.
- Distressed patients take more time to calm and are more sensitive to negative emotions.
- Actual waiting times are 15-20min, which is short for outbound standards.
- Waiting rooms are modern, clean and well lit but lack ambiance.



Assumption: Perceived waiting times are longer than actual waiting times

1. Patients tend to frequently overestimate perceived waiting times when they are bored.
2. 67% of outbounds would rather be outside waiting rooms, which can sometimes lead to delays.
3. Ambiance can reduce boredom through environmental stimulation like music, which can positively affect patients' moods.

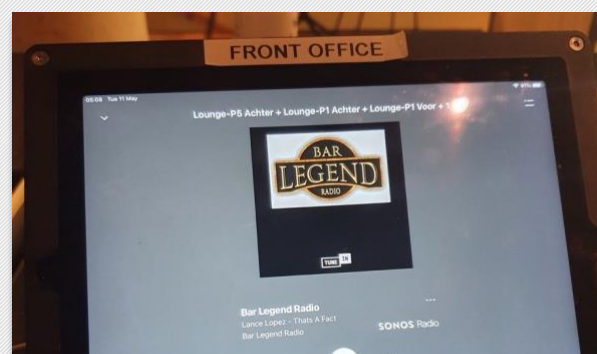
1. Janzek-Hawlat, S., 2015 Impact of waiting times in health care - by the example of outpatient clinics and general practitioners
 2. Spechbach, H. et al., 2019 Patients' time perception in the waiting room of an ambulatory emergency unit: a cross-sectional study. BMC Emergency Medicine, 19, Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6676522/> (Accessed 21 May 2021).
 3. Areni, C. and Grantham, N., (Waiting) Time Flies When the Tune Flows: Music Influences Affective Responses to Waiting by Changing the Subjective Experience of Passing Time, p. 8.
 McDonnell, J., 2007 Music, scent and time preferences for waiting lines Estelami, H., (ed.). International Journal of Bank Marketing, 25(4), pp. 223-237.

Intervention: music in waiting rooms

- Installing a speaker system that can play music from a dedicated tablet through apps like Sonos or Spotify.
- Playing music at acceptable volumes.
- Adding a variety of genres to playlists.

Benefits:

- Low financial investment and down-time to procure.
- Can be assessed through existing surveys regarding waiting rooms.
- Positive effects on staff and patients.



Implications for Postillion Hotel: testing effects of genres on staff

- Staff tend to prefer listening to fast-paced music with popular lyrics during quieter shifts to pass the time.
- Slow-tempo music works better during busier moments, as it is less distracting.
- Variety is very important in both instances.
- Managers on duty can change music playlists to change the ambiance of the lobby when it is busy or quiet and helping front office staff to focus better or lift their moods.

Thank you.



LYCAR Dissemination > Inbox x



Victor Miguel <victormiguel101@gmail.com>
to kim.glazer ▾

Fri, 28 May, 18:01 (19 hours ago) ☆ ↩ ⋮

Hi Kim,

Hereby I would like to announce the completion of my research project and invite you for a presentation of the main findings.

Since Postillion is a stakeholder in the research, I would like to give a short presentation during our upcoming MOD meeting at the end of June.

Please confirm.

Kind regards,

Victor



Kim Glazer - Postillion Hotels
to me ▾

Fri, 28 May, 18:22 (19 hours ago) ☆ ↩ ⋮

Hi Victor,

Yes, we can have the presentation during our MOD meeting at June 30th.
Looking forward to it.

Kind Regards,
Kim

Kim Glazer
Front Office Supervisor

Postillion Hotel & Convention Centre Amsterdam
Paul van Vlissingenstraat 9-11
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The Netherlands

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10.4 Survey design

1. Gender

- a. Male
- b. Female

2. Age

- a. Under 18
- b. 18-24
- c. 25-34
- d. 35-44
- e. 45-54
- f. 55-65
- g. More than 65

3. How often do you visit the hospital?

- a. Daily
- b. Weekly
- c. Monthly
- d. Seasonal
- e. Annually
- f. Never
- g.

Interaction quality

4. Please rate the categories below, circling the rating (1 is the lowest and 5 is the highest)

	Doctors	Nurses	Assistant staff
a. Friendliness:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
b. Communication:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
c. Honesty:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
d. Care:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
e. Expertise:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Physical environment quality

5. How would you rate the lighting conditions in waiting rooms 1 through 5 (1 is the lowest and 5 is the highest)?

1 2 3 4 5

6. Rate your satisfaction with the hygienic quality of the hospital from 1 to 5 (1 is the lowest and 5 is the highest)

1 2 3 4 5

7. How would you describe the environment in the waiting rooms?

.....

Outcome quality

8. Satisfaction with waiting room times for appointments on a scale of 1 to 5? (1 is the lowest and 5 is the highest)

1 2 3 4 5

9. Which term best describes consultation times?

- a) Too short
- b) Adequate
- c) Too long

10. What is the likelihood that you will recommend the hospital to other people? (1 is the least likely and 5 is the most likely)

1 2 3 4 5

11. How likely would you choose SJD over other hospitals? (1 is the least likely and 5 is the most likely)

1 2 3 4 5

12. How would you rate the hospitality at SJD? (1 is the lowest and 5 is the highest)

1 2 3 4 5

Food quality

13. How many times did you eat in the hospital cafeteria?

- a. Never
- b. 1-3
- c. 4-6
- d. 7-9
- e. More than 10

14. How would you rate the menu selection from 1 to 5? (1 is the lowest and 5 is the highest)

1 2 3 4 5

15. How would you rate the food presentation from 1 to 5? (1 is the lowest and 5 is the highest)

1 2 3 4 5

16. How could the menu be improved?

.....

10.5 Staff interviews

Total of 10 interviews with medical professionals (doctors, nurses and auxiliary nurses), from both hospitals (Palma and Inca). Anonymity guaranteed by not taking names or signatures and no recordings of the interviews being made. Answers were translated from Spanish.

Palma Aux nurse 1

DOCTORS

Interaction quality

- **How many patients do you attend a day?**

During the day: 8-10. Evening shifts have me attend between 12 and 13.

- **Are you expected to complete all consultations? Are there any consequences?**

Yes, and I can ask for help from my colleagues if I need the assistance with more patients.

- **Do you feel that you have enough time to attend each patient equally? How long is the average consultations?**

Currently in the COVID crisis, yes. My consultations depend on the type of medical issue – fractured pelvis for example can take 15-20min but others may take longer.

- **Were there times when you had to rush consultations? If so, why?**

Yes and that's because we do not have enough personnel – more assistant staff is needed.

DOCTORS + STAFF

- **What emotions do your patients display when they enter the office?**

Scared.

- **How do you ease them?**

Being very energetic and positive. A big bright smile, using the patients first name and being enthusiastic.

- **How would you describe hospitality?**

Strong welcome and making patients feel at home.

- **Is the training you are given on interpersonal relationships enough to deal with patients appropriately?**

Yes, but attitude is more important.

- **Do you have any long-term patients? If so how does the relationship differ from other patients?**

Yes, and consultations are better because the personal connection is stronger, so you understand and know their needs more than you would with normal patients.

- **How do you create trust with a patient?**

Taking interest in them as a person. Talking about their personal life and trying to relate to them as much as possible.

- **Do you maintain any post-consultation contact with the patients? If so, how?**

No. I try to limit because I also need my own space for my personal life.

Physical environment quality

- **How would you describe the hospital's physical environment? (is it comfortable, relaxing, welcoming etc..)**

Welcoming. It can get a bit stressful for the patients, especially because some rooms in the hospital are smaller than others and they can be quite empty feeling. But everything is clean, although there is a problem with the temperature control system.

- **Aside from doctors, how are the other staff at the hospital empowered to engage with patients? (trainings, guidelines, proactivity etc.)**

Auxiliary nurses have the most contact with patients, so we are given the right guidelines and ability to take initiatives.

Outcome quality (food service)

- **How would you describe the meal selection for patients in the hospital?**

Bad – very lacking in variety and presentation.

- **How far is the doctor involved with the meals and diets served to the hospital patients?**

They give the guidelines for the dietary requirements and evaluate the intake.

- **Is the food menu varied enough to cater to the dietary requirements of the patients?**

No. It is very repetitive

- **How do you think the food should be prepared and delivered to the patients?**

Good presentation and smell should be featured in every dish.

- **How is the patients' food intake monitored and adjusted?**

Auxiliary nurses check the intake and take notes.

Final question: What do you think is the best way to improve the service quality at SJD?

Food service in terms of the variety of menus offered.

Palma Aux nurse 2

DOCTORS

Interaction quality

- **How many patients do you attend a day?**

About 8-10, sometimes 12.

- **Are you expected to complete all consultations? Are there any consequences?**

Yes. Sometimes we get overloaded with work, in which case we ask others for assistance.

- **Do you feel that you have enough time to attend each patient equally? How long is the average consultations?**

These days, yes. Attending patients takes between 15-20min

- **Were there times when you had to rush consultations? If so, why?**

Yes, usually due to scheduling and how many patients still had to be attended.

DOCTORS + STAFF

- **What emotions do your patients display when they enter the office?**

Normally calm.

- **How do you ease them?**

Talking gently with them and getting to know them better from a personal perspective.

- **How would you describe hospitality?**

Creating a sense of family for the patients, treating them as lovingly as possible like they are your relatives. Very much love and affection is put into our service.

- **Is the training you are given on interpersonal relationships enough to deal with patients appropriately?**

I think so, but practical experience is more important. I would say that we generally should get more courses on more practical procedures, like how to feed patients that need special care, standing them up properly but also other practical procedures.

- **Do you have any long-term patients? If so how does the relationship differ from other patients?**

Yes and we treat them the same as our short-term patients.

- **How do you create trust with a patient?**

Being bright and lively. Adopting a positive attitude.

- **Do you maintain any post-consultation contact with the patients? If so, how?**

No because we don't have time.

Physical environment quality

- **How would you describe the hospital's physical environment? (is it comfortable, relaxing, welcoming etc..)**

Very nice. The hospital is very welcoming and it makes the patients feel at home I think.

- **Aside from doctors, how are the other staff at the hospital empowered to engage with patients? (trainings, guidelines, proactivity etc.)**

We are always encouraged to stay with the patients as much as we can, but also attend everyone's needs and we try to do so as often as possible.

Outcome quality (food service)

- **How would you describe the meal selection for patients in the hospital?**

Not very good. There is barely any variety. Patients can already predict what will be served on Monday through Friday: burgers, fish, stew and so on.

- **How far is the doctor involved with the meals and diets served to the hospital patients?**

I would not be able to say.

- **Is the food menu varied enough to cater to the dietary requirements of the patients?**

That I am also not sure about.

- **How do you think the food should be prepared and delivered to the patients?**

Well, the kitchen is in charge of that, we just bring it to them but I would say that the food contents need to change and be improved.

- **How is the patients' food intake monitored and adjusted?**

We are responsible for the daily intake of the patients and inputting the data into our computers.

Final question: What do you think is the best way to improve the service quality at SJD?

Nothing aside from the food variety for the patients.

Palma Nurse 1

DOCTORS

Interaction quality

- **How many patients do you attend a day?**

We have about 39 inbound patients that suffer from neurological problems; we attend all of them daily. Our multidisciplinary team consists of 5 doctors, 13 nurses, and 16 auxiliary nurses. All nurses and auxiliaries assist 12-14 patients per day.

- **Are you expected to complete all consultations? Are there any consequences?**

There are no consequences but we have to attend all our patients. We frequently check on all hospitalized patients throughout our shifts (morning, evening and night).

- **Do you feel that you have enough time to attend each patient equally? How long is the average consultations?**

This depends on what the patients' needs are, if they have a lot of family support and relatives visiting them, they usually require less care. Some prefer to be left alone more often but daily interactions or interventions can take up to 30min per patient mainly to ensure proper hygiene standards are met when interacting with the patient at hand.

- **Were there times when you had to rush consultations? If so, why?**

We sometimes have to run around the floor because of urgencies or unforeseen circumstances regarding some patients, but we usually have enough time to attend everyone.

DOCTORS + STAFF

- **What emotions do your patients display when they enter the office?**

Sometimes they can be quite uncertain and scared, in which case we pay attention to their needs more carefully and actively try to calm them and reduce fears.

- **How do you ease them?**

We inform them about what the unit offers them in terms of medical services, staff availability and we let them meet all the personnel. We are keen on evaluating the patients emotions at all times.

- **How would you describe hospitality?**

Our primary value is assisting the patient during their journey in the hospital constantly. This is especially important during their first visit because it can be quite overwhelming for them, so we ensure that they feel part of our family.

- **Is the training you are given on interpersonal relationships enough to deal with patients appropriately?**

We have courses that we complete once per year, where we refresh on our technical skills as professionals but also modules on dealing with patients, their visitors and how to handle conflicts.

Do you have any long-term patients? If so how does the relationship differ from other patients?

Yes and we develop personal ties to them. Obviously this is great for the patients to connect with the staff and create a greater degree of familiarity. However the negative effect of this can be higher dependency and attachment to the hospital service. This can cause them some adjustment issues when they return home.

- **How do you create trust with a patient?**

Attending to each and every one of their needs on a daily basis and developing consistency to do so every day. Being available like this to them, especially with an attentive attitude creates strong trust in our staff.

- **Do you maintain any post-consultation contact with the patients?
If so, how?**

Sometimes, yes. The most common time when this happens is when the patients return after their hospitalization period for check-ups, they take the opportunity to pass by our department to say hello to us and bring us gifts, which is so nice.

Physical environment quality

- **How would you describe the hospital's physical environment? (is it comfortable, relaxing, welcoming etc..)**

So modern and pleasant. With our amazing location near the beach, we offer our patients a lot of areas where they can grab some fresh air and admire the views from our higher floors.

- **Aside from doctors, how are the other staff at the hospital empowered to engage with patients? (trainings, guidelines, proactivity etc.)**

Our unit is a multidisciplinary team, however the nurses are definitely the most important in terms of contact with patients. They are dedicated to the attention of the patients and we try to give them all the tools and freedom to check on all our patients.

Outcome quality (food service)

How would you describe the meal selection for patients in the hospital?

This is a definite weak point. The more restrictions we have to put on a menu because of dietary needs, the less appetizing it becomes. The external catering company is very limited with their options and I think this may be due to lower supply for the special food contents we need.

- **How far is the doctor involved with the meals and diets served to the hospital patients?**

Prescriptions and indications for the diet needs.

- **Is the food menu varied enough to cater to the dietary requirements of the patients?**

There is a dietician in the kitchen at all times to make sure that each meal is uniquely prepared for the individual patient requirements.

- **How do you think the food should be prepared and delivered to the patients?**

Making sure the food temperature is adequate, the meal is served cleanly and is attractive.

- **How is the patients' food intake monitored and adjusted?**

Nurses enter the measurements of food eaten into the patient's personal profile.

Final question: What do you think is the best way to improve the service quality at SJD?

Information distribution to family members but also to the appropriate doctor should be more easily available and accurately delivered. Furthermore, the food lacks presentation

Palma Doctor 1

DOCTORS

Interaction quality

- **How many patients do you attend a day?**

I attend about 15-16 hospitalized patients but also some outbound patients.

- **Are you expected to complete all consultations? Are there any consequences?**

Yes, it is my legal obligation to attend if its urgent. Usually, I'll finish all the patients I have scheduled for the day (9-12am). Of course I can finish sometimes later by 20 or so minutes.

- **Do you feel that you have enough time to attend each patient equally? How long is the average consultations?**

Yes, depending on the patients illness: neurological issues can take 30min sometimes.

- **Were there times when you had to rush consultations? If so, why?**

Possibly, if a colleague is on holiday for example, I would cover their patients.

DOCTORS + STAFF

- **What emotions do your patients display when they enter the office?**

It varies. They are sometimes scared, but depending on the type of issue they face. Cerebral problems tend to be more scared than others.

- **How do you ease them?**

Depending on the situation. I think it is important to explain procedures in the most simple terms possible to make them understand.

- **How would you describe hospitality?**

Making patients feel safe and protected in our care.

- **Is the training you are given on interpersonal relationships enough to deal with patients appropriately?**

I would say that experience is very important but also the level of education of the staff. The courses are a bit too theoretical, often hosted by non-experts in the medical field; so it is hard for them to imagine how actual interactions with patients transpire.

- **Do you have any long-term patients? If so how does the relationship differ from other patients?**

Yes, the inbound patients. Frequent patients find it a lot harder to re-adapt to their lives outside of the hospital.

- **How do you create trust with a patient?**

Being respectful, empathetic and explain procedures as calmly and rationally as possible.

- **Do you maintain any post-consultation contact with the patients? If so, how?**

No.

Physical environment quality

- **How would you describe the hospital's physical environment? (is it comfortable, relaxing, welcoming etc..)**

Adequate, clean, well lit, but not very good temperature control – it can get quite chilly sometimes in certain waiting rooms.

- **Aside from doctors, how are the other staff at the hospital empowered to engage with patients? (trainings, guidelines, proactivity etc.)**

No idea.

Outcome quality (food service)

- **How would you describe the meal selection for patients in the hospital?**

Very improvable. The food quality (condiments), menu variety but also food safety. There were some instances where the food was incorrectly prepared for a patient, so we need to be more careful there.

- **How far is the doctor involved with the meals and diets served to the hospital patients?**

Other than indicating dietary needs, not much.

- **Is the food menu varied enough to cater to the dietary requirements of the patients?**

It is relative to the individual patient, but generally speaking no.

- **How do you think the food should be prepared and delivered to the patients?**

Presentation – food should arrive warm but also more attractive.

- **How is the patients' food intake monitored and adjusted?**

Through the supervision of the nurses.

Final question: What do you think is the best way to improve the service quality at SJD?

We need more staff in the rehabilitation department and also on the floor of the hospitalized patients, as we have 34 to 38 inbound. Temperature control throughout the hospital should be more consistent.

Palma Doctor 2

DOCTORS

Interaction quality

- **How many patients do you attend a day?**

On average, 12 inbound and maybe 4 or so consultations.

- **Are you expected to complete all consultations? Are there any consequences?**

Yes, I have to see all patients. Failing to do so means that it will impact the schedule of other colleagues or tomorrow's timetable will be more difficult.

- **Do you feel that you have enough time to attend each patient equally? How long is the average consultations?**

Yes, each appointment takes 20min.

- **Were there times when you had to rush consultations? If so, why?**

Yeah, when I need to distribute my times according to the amount of patients I have to attend a day – sometimes I may need to rush those that need less attention.

DOCTORS + STAFF

- **What emotions do your patients display when they enter the office?**

That depends, usually patients feel very nervous and sometimes sad. It varies based on their family support and where they are coming from (location).

- **How do you ease them?**

I explain to them all the procedures and their symptoms as simply as possible.

- **How would you describe hospitality?**

Treating patients with a lot of personal care and showing a lot of empathy.

- **Is the training you are given on interpersonal relationships enough to deal with patients appropriately?**

Yes, the courses we receive seem to be quite sufficient.

- **Do you have any long-term patients? If so how does the relationship differ from other patients?**

Yes, there is more confidence with long-term patients, as I am better aware of their situation. New patients tend to have quicker appointments but we try to give everyone the same time and attention.

- **How do you create trust with a patient?**

Honesty, getting to know them better and listening as much as possible to them.

- **Do you maintain any post-consultation contact with the patients? If so, how?**

No. These days (COVID), family members visit less, so we keep in contact with them over the phone regarding the patient's status.

Physical environment quality

- **How would you describe the hospital's physical environment? (is it comfortable, relaxing, welcoming etc..)**

Adequate, however certain rooms are smaller than others, which makes it harder to move the patients through them comfortably. Additionally, the air conditioning unit is malfunctioning sometimes in some areas.

- **Aside from doctors, how are the other staff at the hospital empowered to engage with patients? (trainings, guidelines, proactivity etc.)**

We try to help each other in groups on how to deal with patients.

Outcome quality (food service)

- **How would you describe the meal selection for patients in the hospital?**

Regular

- **How far is the doctor involved with the meals and diets served to the hospital patients?**

We give the indication of dietary requirements, but the food is not very nice.

- **Is the food menu varied enough to cater to the dietary requirements of the patients?**

No, the quality in terms of proteins and vitamins is missing and the variety of meals is very limited. Additionally, certain garnishes and sauces tend to be very greasy.

- **How do you think the food should be prepared and delivered to the patients?**

I think what is most important is food temperature, hygiene standards to be met and a good presentation. Especially the trays which are very ugly and ruin the overall presentation of the food and is unappealing.

- **How is the patients' food intake monitored and adjusted?**

Nurses ensure the food intake per patient is recorded, as well as nutrition being correct per daily intake.

Final question: What do you think is the best way to improve the service quality at SJD?

More personnel is needed in the hospitalized departments because we have a very packed schedule, and it can become frustrating if we have to help out multiple patients because it is not always equally distributed.

INCA Auxiliary Nurse 1

DOCTORS

Interaction quality

- **How many patients do you attend a day?**

About 20, but when I have a double shift 60.

- **Are you expected to complete all consultations? Are there any consequences?**

Yes. No consequences because sometimes patients miss their appointments.

- **Do you feel that you have enough time to attend each patient equally? How long is the average consultations?**

Yes. The type of specialized consultation between 8 and 30 min.

- **Were there times when you had to rush consultations? If so, why?**

Yes, consultations that extend themselves due to complicated cases or extra patients that enter my schedule without a previous appointment.

DOCTORS + STAFF

- **What emotions do your patients display when they enter the office?**

The majority, very relaxed. It depends on the specialization, for example patients waiting for anaesthetics are more skittish.

- **How do you ease them?**

I talk to them very calmly and explain the procedures very diligently.

- **How would you describe hospitality?**

Friendly personnel, dedicated to their purpose and making the guests feel at home.

- **Is the training you are given on interpersonal relationships enough to deal with patients appropriately?**

Yes. Every year we have 3 obligatory courses.

- **Do you have any long-term patients? If so how does the relationship differ from other patients?**

Yes. The treatments take longer, in addition to the consultation. Sometimes if they have complications they are more disillusioned, so they need more counselling.

- **How do you create trust with a patient?**

We adopt a very comforting tone of voice, so the patients feel closer to the personnel and more willing to share.

- **Do you maintain any post-consultation contact with the patients? If so, how?**

No.

Physical environment quality

- **How would you describe the hospital's physical environment? (is it comfortable, relaxing, welcoming etc..)**

Welcoming, modern and comforting.

- **Aside from doctors, how are the other staff at the hospital empowered to engage with patients? (trainings, guidelines, proactivity etc.)**

We receive guidelines during the training stages of the job at the beginning of starting out. It's because it is in the job description to interact with patients as much as possible.

Outcome quality (food service)

- **How would you describe the meal selection for patients in the hospital?**

Good, but it is not very appealing.

- **How far is the doctor involved with the meals and diets served to the hospital patients?**

We indicate the limitations on diets, like what specific restrictions the patient needs on their intake.

- **Is the food menu varied enough to cater to the dietary requirements of the patients?**

Yes.

- **How do you think the food should be prepared and delivered to the patients?**

The kitchen prepares the food and the nurses distribute it to the patients, of course paying attention to their intake needs. There needs to be a lot of cleanliness and food safety to be considered.

- **How is the patients' food intake monitored and adjusted?**

We write down in the computer what proportions were consumed by the patients – there are 4 meal times (breakfast, snack, lunch and dinner).

Final question: What do you think is the best way to improve the service quality at SJD?

We need more nurses to attend the inbound patients

INCA Nurse 1

DOCTORS

Interaction quality

- **How many patients do you attend a day?**

Between 9-20.

- **Are you expected to complete all consultations? Are there any consequences?**

Yes, with no consequences for us because if the patient does not show up, it's their responsibility.

- **Do you feel that you have enough time to attend each patient equally? How long is the average consultations?**

No, only 10min per patient.

- **Were there times when you had to rush consultations? If so, why?**

Yes, I clean wounds of patients after their treatments, and if there are complications with their wounds, like bleeding or puss, it takes a bit longer to solve. It is also possible for walk-ins, which adds more pressure on me time wise.

DOCTORS + STAFF

- **What emotions do your patients display when they enter the office?**

They are very relaxed.

- **How do you ease them?**

Good communication with high sincerity.

- **How would you describe hospitality?**

The welcoming of each patient and treating their cases as an individual.

- **Is the training you are given on interpersonal relationships enough to deal with patients appropriately?**

No. I think you need more time to experience how to treat people in very stressful circumstances.

- **Do you have any long-term patients? If so how does the relationship differ from other patients?**

None.

- **How do you create trust with a patient?**

Visual contact with the patient, which can aid the good communication that is needed to create trust.

- **Do you maintain any post-consultation contact with the patients? If so, how?**

No.

Physical environment quality

- **How would you describe the hospital's physical environment? (is it comfortable, relaxing, welcoming etc..)**

Marvelous.

- **Aside from doctors, how are the other staff at the hospital empowered to engage with patients? (trainings, guidelines, proactivity etc.)**

Through our training but also empowering us with confidence to attend the patient's needs to the best extent.

Outcome quality (food service)

- **How would you describe the meal selection for patients in the hospital?**

Good.

- **How far is the doctor involved with the meals and diets served to the hospital patients?**

I do check in the patient has any preferences (swapping coffee for tea, for example). But also ensuring the consistency is correct for the patient.

- **Is the food menu varied enough to cater to the dietary requirements of the patients?**

No. Way too much repetition in nectar diet (special consistency for patients suffering dysphagia) and lackluster presentation.

- **How do you think the food should be prepared and delivered to the patients?**

Beautifully presented and presented very cleanly. The food is not very appetizing looking.

- **How is the patients' food intake monitored and adjusted?**

Control through nursing personnel.

Final question: What do you think is the best way to improve the service quality at SJD?

Food presentation.

INCA DOCTOR 1

DOCTORS

Interaction quality

- **How many patients do you attend a day?**

Between 20 and 23

- **Are you expected to complete all consultations? Are there any consequences?**

Yes, we complete all unless the patient doesn't show up – no real consequences

- **Do you feel that you have enough time to attend each patient equally? How long is the average consultations?**

Yes, between 15 and 30 mins.

- **Were there times when you had to rush consultations? If so, why?**

Yes, usually when its previous patients with a more extensive medical history or a complex issue

DOCTORS + STAFF

- **What emotions do your patients display when they enter the office?**

Anxious

- **How do you ease them?**

We tell them to calm down, informing them about the procedures thoroughly, and to be confident that all staff are well trained in them. They usually calm down after.

- **How would you describe hospitality?**

Making the patients feel at home, offering the best care with the values of the hospital and treating them like family.

- **Is the training you are given on interpersonal relationships enough to deal with patients appropriately?**

We receive a 3 day course that teaches us the basics on how to deal with patients, but actual experience is more important.

- **Do you have any long-term patients? If so how does the relationship differ from other patients?**

The majority of my patients, like 80%, are long-term. We try to treat all patients with the same care but long-term patients are more trusting and have more compliance and are mentally more healthy and prepared.

- **How do you create trust with a patient?**

Attending them with great care, knowing how to explain the issues in good detail and relevant. Also, being empathetic towards outside issues aside from medical problems.

- **Do you maintain any post-consultation contact with the patients? If so, how?**

No- we only keep contact during consultations, but none afterwards.

Physical environment quality

- **How would you describe the hospital's physical environment? (is it comfortable, relaxing, welcoming etc..)**

Very modern, spacious and comfortable with neutral colours and well illuminated.

- **Aside from doctors, how are the other staff at the hospital empowered to engage with patients? (trainings, guidelines, proactivity etc.)**

Yes, nurses and the others have all the resources necessary to attend patients.

Outcome quality (food service)

- **How would you describe the meal selection for patients in the hospital?**

Regular, but missing fruit and fresh vegetables.

- **How far is the doctor involved with the meals and diets served to the hospital patients?**

We are partially involved. The nutritionists create menus for the patients, the doctors just write a dietary prescription.

- **Is the food menu varied enough to cater to the dietary requirements of the patients?**

More fruit and vegetables are needed because I don't think the food is very delicious.

- **How do you think the food should be prepared and delivered to the patients?**

There is a standard menu for all patients, however it is usually dependent on the stricter needs of really sick patients who need specialized meals. We need to offer them more fruit but due to fixed budgets. It's difficult to offer them more.

- **How is the patients' food intake monitored and adjusted?**

Auxiliary nurses help feed the disabled usually, other patients are being checked and comments are made on their daily intake lists. We also control their diets from outside foods, such as families bringing them something during visitation, which we are having some trouble with.

Final question: What do you think is the best way to improve the service quality at SJD?

We are understaffed in nurses and helpers.

INCA DOCTOR 2

DOCTORS

Interaction quality

- **How many patients do you attend a day?**

18-23

- **Are you expected to complete all consultations? Are there any consequences?**

Yes, we do have enough time to complete them all but there are no consequences if we do not.

- **Do you feel that you have enough time to attend each patient equally? How long is the average consultations?**

About 15min.

- **Were there times when you had to rush consultations? If so, why?**

No.

DOCTORS + STAFF

- **What emotions do your patients display when they enter the office?**

They are usually impressed by the hospital but also worried.

- **How do you ease them?**

Explaining their symptoms and medical procedures with a lot of patience.

- **How would you describe hospitality?**

Cordial sensation, transparency and affectionate care.

- **Is the training you are given on interpersonal relationships enough to deal with patients appropriately?**

Yes.

- **Do you have any long-term patients? If so how does the relationship differ from other patients?**

Yes I do but it usually does not affect the consultation at all.

- **How do you create trust with a patient?**

We always try to be as transparent and clear to the patient as possible.

- **Do you maintain any post-consultation contact with the patients? If so, how?**

No, we have also phone consultations, but we do not interact with patients outside of official appointments.

Physical environment quality

- **How would you describe the hospital's physical environment? (is it comfortable, relaxing, welcoming etc..)**

Excellent, more modern than most hospitals.

- **Aside from doctors, how are the other staff at the hospital empowered to engage with patients? (trainings, guidelines, proactivity etc.)**

Usually, the management gives guidelines and **trainings** on how to interact with patients.

Outcome quality (food service)

- **How would you describe the meal selection for patients in the hospital?**

Good variety overall.

- **How far is the doctor involved with the meals and diets served to the hospital patients?**

We mainly recommend the diets, for example based on calorie intake or even consistency due to penalizations.

- **Is the food menu varied enough to cater to the dietary requirements of the patients?**

For the most part, yes.

- **How do you think the food should be prepared and delivered to the patients?**

The food should be well cooked, presented cleanly, respecting hygiene norms and a good presentation.

- **How is the patients' food intake monitored and adjusted?**

Nurses are the ones to check on the intake of patients. They note down all the food consumed by the patients in personal files.

Final question: What do you think is the best way to improve the service quality at SJD?

Nothing.

INCA DOCTOR 3

DOCTORS

Interaction quality

- **How many patients do you attend a day?**

Roughly between 18 and 35.

- **Are you expected to complete all consultations? Are there any consequences?**

We are expected to see every scheduled patient. There are no consequences, however I am expected to visit all my hospitalized patients daily, while the outbound consultations depend on whether the patients show up – sometimes without giving prior notice.

- **Do you feel that you have enough time to attend each patient equally? How long is the average consultations?**

Yes, I usually take 15-30min. Some may take longer if the patients have neurological issues, the less severe the illness, the less the time needed.

- **Were there times when you had to rush consultations? If so, why?**

Yes, due to patients that show up without an appointment. They can ask at the reception if I have time to see them, and if I do, I schedule them in.

DOCTORS + STAFF

- **What emotions do your patients display when they enter the office?**

The hospitalized patients are very scared. The outbounds are acting more impatient and a bit worried.

- **How do you ease them?**

I speak in a gentle tone, I calmly ask them about their situation and their illness, but also the medical history.

- **How would you describe hospitality?**

Capacity to welcome and accommodate others.

- **Is the training you are given on interpersonal relationships enough to deal with patients appropriately?**

Yes.

- **Do you have any long-term patients? If so how does the relationship differ from other patients?**

Yes. There is more confidence and more time is dedicated on their issue.

- **How do you create trust with a patient?**

Actively listening to their needs.

- **Do you maintain any post-consultation contact with the patients? If so, how?**

No.

Physical environment quality

- **How would you describe the hospital's physical environment? (is it comfortable, relaxing, welcoming etc..)**

Comfortable, welcoming, relaxing and modern.

- **Aside from doctors, how are the other staff at the hospital empowered to engage with patients? (trainings, guidelines, proactivity etc.)**

Training courses.

Outcome quality (food service)

- **How would you describe the meal selection for patients in the hospital?**

Depending on the medical prescription, varied and balanced.

- **How far is the doctor involved with the meals and diets served to the hospital patients?**

We indicate which restrictions to on the food contents and consistency.

Is the food menu varied enough to cater to the dietary requirements of the patients?

Yes.

- **How do you think the food should be prepared and delivered to the patients?**

Visually stimulating, individually served with hygienic measures taken.

- **How is the patients' food intake monitored and adjusted?**

Through the supervision of the nurse department, sometimes we have to feed the patients too and we record the ingestion of every patient on our database.

Final question: What do you think is the best way to improve the service quality at SJD?

We need more personnel in the gym and on the inbound patient floor.

10.6 Dissemination interviews with Postillion staff

6 interviews conducted with FO staff on effect of music during shift, anonymity guaranteed.

Summary:

1. How was your shift? (busy, hectic, boring, relaxing, long, short etc)

Busy hectic, busy varied, went by nice, busy short, boring slow, very quiet

2. How would you describe the music that was played during this shift?

Too strong, too slow, good vibes, not favorite but appropriate, very nice, Nice for dancing and working (medium fast)

3. How did the music affect your mood?

Alright after I changed it I like rhythm, irritating too slow, irritating in general, positive effect, more lively than normal, quite alright to stay awake

4. Was the music played at an acceptable volume?

Yes maybe a bit quieter, louder, yes, a bit loud, yes I like it louder, I turned volume up when song came on I knew+

5. Do you feel like the music made time pass by faster?

Was busy and difficult to say but nice to have in background, no need songs with known lyrics, yes (oldies), always, needed to stay in rhythm, I need energetic music

6. Would you listen to this type of music again for ambiance?

No its for guests, no, yes (oldies), not my kind,, I like any kind when relaxing, its nice to listen to at work

7. Would you prefer a faster or slower tempo music?

I don't mind a bit faster, faster, when working faster, excited and happy music, I prefer more party music, I prefer this Spanish music

8. What sort of music do you listen to when you are waiting for something?

Any kind, R&B hip hop dance, R&B hip hop dance, Brazilian music nice drums, any kind, this is nice

Morning shift 1

538 Dance Department Radio– medium/fast tempo, 50-60% volume

Sonos Hit List – slow/medium, 30-40%

39 arrivals and 18 check-outs, busy shift with some emails and side tasks to work on. The restaurant is open, so there are less F&B tasks for us to do but still rather busy.

Music was changed after 1h because it was not appropriate for Saturday morning.

Female, 26

1. How was your shift? (busy, hectic, boring, relaxing, long, short etc)

It was quite busy, it got especially hectic during check out times. It was good that we were able to finish most admin work before 11am.

2. How would you describe the music that was played during this shift?

It was a bit too strong in the morning to be listening to dance music so I changed it to something more relaxing and make it calmer for our guests before they arrive for breakfast.

3. How did the music affect your mood?

Quite alright after I changed it, I was able to keep my mind distracted from the boredom sometimes when it was not busy, and I like working with a rhythm.

4. Was the music played at an acceptable volume?

Yes, I typically prefer the volume to be slightly lower when it is this busy because hearing the phone ring and guests talk become easier.

5. Do you feel like the music made time pass by faster?

Yeah, difficult to say. I was busy the whole shift, which always makes time pass by quickly. When its quieter, listening to music is indeed a nice way to pass time then to not have it at all.

6. Would you listen to this type of music again for ambiance?

Not really, it is more for the guests and to create a relaxing environment when they are in the lobby.

7. Would you prefer a faster or slower tempo music?

For myself i dont mind a bit faster tempo but in the hotel i prefer some lighter tunes that do not become too distracting.

8. What sort of music do you listen to when you are waiting for something?

Any kind.

Late shift 1

Happy tunes playlist (modern pop/dance music) – slow/medium tempo, 40-50% volume

15 arrivals, quite busy with other tasks, special VIP packages and working on separate projects.

Female, 23 years

1. How was your shift? (busy, hectic, boring, relaxing, long, short etc)

Im always busy, it was interesting because I had a variety of things to do.

2. How would you describe the music that was played during this shift?

Too slow, some songs were nice – the faster paced songs. Today was a lot of instrumental music: I prefer pop and faster beats.

3. How did the music affect your mood?

Irritating, honestly. It was just too slow, I like faster tunes.

4. Was the music played at an acceptable volume?

Would like it a bit louder

5. Do you feel like the music made time pass by faster?

No. If it was songs that I know the lyrics to then it would be nicer

6. Would you listen to this type of music again for ambiance?

No.

7. Would you prefer a faster or slower tempo music?

Faster.

8. What sort of music do you listen to when you are waiting for something?

R&b, hip hop, pop, dance and any music that is nice to dance and sing to pass the time

Late shift 2

Oldies: 60s, 70s, 80s playlist (pop/rock) – slow/medium tempo, 50-60% volume

2 arrivals, very quiet day with some extra tasks.

Female, 23 years

1. How was your shift? (busy, hectic, boring, relaxing, long, short etc)

Perfect. It was good, because it went by very nice.

2. How would you describe the music that was played during this shift?

Really old but nice. Good vibes overall. The volume was also very nice for it

3. How did the music affect your mood?

When I was irritated while doing some extra tasks, a Madonna song came on that really lifted my mood and it was very nice feel-good music.

4. Was the music played at an acceptable volume?

Yes. The volume was very nice actually for this sort of music I think.

5. Do you feel like the music made time pass by faster?

Yes. This time it really felt like time flew by

6. Would you listen to this type of music again for ambiance?

Yes.

7. Would you prefer a faster or slower tempo music?

When I'm working I prefer even faster.

8. What sort of music do you listen to when you are waiting for something?

R&B and hip-hop.

Late shift 3

Disco: 70s, 80s, 90s playlist (pop/dance) – slow/medium tempo, 40-50% volume

Lounge Eventbar (pop/house/dance) - slow/medium tempo, 40-50%

3 arrivals, quiet local holiday with some special requests for arrivals and some phone calls.

Female, 34 years

1. How was your shift? (busy, hectic, boring, relaxing, long, short etc)

IT SEEMED BUSY BUT SHORT.

2. How would you describe the music that was played during this shift?

I WOULD SAY POPULAR AND TYPICAL, I LIKED IT. NOT MY FAVOURITE KIND OF MUSIC BUT BECAUSE IT IS APPROPRIATE, I DO NOT NEED TO WORRY ABOUT IT. BECAUSE ITS HOLIDAY, WE DO NOT NEED TO WORRY ABOUT MANAGEMENT COMPLAINING THAT THE MUSIC IS TOO LOUD OR WHATEVER.

3. How did the music affect your mood?

IT NORMALLY HAS A BIG IMPACT IN MY GENERAL FEELING, BUT IT IS HARD FOR ME NOT TO LIKE SOMETHING. IT WAS A POSITIVE EFFECT

4. Was the music played at an acceptable volume?

IT WAS A BIT LOUDER AT THE END AND I DID NOTICE IT, WHICH WAS NOT MY FAVOURITE BUT NOT LOUD ENOUGH FOR ME TO TURN IT DOWN.

5. Do you feel like the music made time pass by faster?

ALWAYS

6. Would you listen to this type of music again for ambiance?

NOT MY KIND OF MUSIC

7. Would you prefer a faster or slower tempo music?

I like singalong music because you are more excited and happy. Sets the mood.

8. What sort of music do you listen to when you are waiting for something?

Brazilian music, nice drums and percussion field music

Night shift 1

Natasha playlist (jazz/blues) – slow/medium tempo, 40-50% volume

0 arrivals, quiet night with some walk ins and checking rooms.
Male, 40 years

1. How was your shift? (busy, hectic, boring, relaxing, long, short etc)

Yeah, it was a quiet shift, very boring because it is the beginning of the week. I was feeling a bit tired though.

2. How would you describe the music that was played during this shift?

Very nice of course, I really like blues.

3. How did the music affect your mood?

Things were more lively than normal hotel music and it is a nice change, especially this group which I really enjoy.

4. Was the music played at an acceptable volume?

Yes, it is good that we can turn the volume higher during the night.

5. Do you feel like the music made time pass by faster?

Always, having night shifts without music would put me to sleep and it also creates a nice rhythm

6. Would you listen to this type of music again for ambiance?

Of course, I listen to all kinds of music and this genre is very nice to listen to when relaxing

7. Would you prefer a faster or slower tempo music?

No this is nice: I mean of course if I was with friends or at a party I would prefer something more bass heavy or party-like but for work this is very nice.

8. What sort of music do you listen to when you are waiting for something?

Any kind, honestly. If I am listening to something, I do not mind waiting so much.

Night shift 2

Reggaeton Hits 2021 – medium/fast tempo, 50-60% volume
0 arrivals, quiet night with some walk ins and checking rooms.
Male, 40 years

1. How was your shift? (busy, hectic, boring, relaxing, long, short etc)

Like last time, very quiet. But this is normal during the week, so I am not surprised.

2. How would you describe the music that was played during this shift?

Reminds me of clubs I used to go to. Yeah, I like this kind of music; it is very nice for dancing, and I don't mind listening to it at work.

3. How did the music affect your mood?

Quite alright, I would say this is the basic kind of music I would listen to stay awake at work but also enjoying it because it is fun music.

4. Was the music played at an acceptable volume?

I did not notice it that much to be honest, only when there was a song I recognised, and I knew the lyrics did I turn the volume up a bit more.

5. Do you feel like the music made time pass by faster?

Like I said,

I need some more energetic music to stay awake during the night and maintain a certain rhythm because otherwise it gets very boring, which makes me fall asleep and that would cause me to forget the tasks.

6. Would you listen to this type of music again for ambiance?

I never mind this genre, even if it is in the background.

I will sometimes listen to this genre, even if it is in the background.

For work, it is nice to listen to if there is no other option.

7. Would you prefer a faster or slower tempo music?

This is quite alright, actually. I think for dancing I would want something a bit slower but spanish music is very enjoyable as is.

8. *What sort of music do you listen to when you are waiting for something?*

This would be nice, I think.

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Pages	33
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Characters (no spaces)	66,724
Characters (with spaces)	78,360
Paragraphs	335
Lines	1,531

☒ Include footnotes and endnotes

Close

9. Academic reflection

10. Appendices

10.1 Healthcare industry needs

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