

Achieving Excellence through Professionalism, Management and Hospitality in a Hospital

Andrei Octavian PARASCHIVESCU
George Bacovia University in Bacau, ROMANIA
andrei.paraschivescu@ugb.ro

Adrian COTĂRLEȚ
Municipal Hospital Emergency in Moinești, ROMANIA

Tatiana PUIU
George Bacovia University in Bacau, ROMANIA

Abstract: *The paper refers to features of health services and patient care to achieve excellence in the areas of impact, the size and influence on customers, hospitality management hospital patients. This study investigated excellence and hospitality services in a medical emergency. There are presented the implications for healthcare organizations seeking to implement best practices for hospitality and health care management to improve patient care. In addition, the novelty outside the hospitality industry study offers ideas for improving the management and hospitality excellence in hospital type organization.*

Keywords: *management, excellence, hospitality, hospital, patient care*

Introduction

In literature there are few studies that reflect the importance of hospitality in inpatient care system. Our study explores how hospitality extend past medical services excellence to create a comfortable and welcoming environment to, combat anxiety and stress to the patient.

Given the novelty of this study, which crosses traditional boundaries outside of traditional hospitality and enters the "industry" of health care, have been established two research objectives:

- Analysis of perceptions of the link between service excellence and hospitality.
- Identify external and / or internal barriers to service excellence and hospitality from the perspective of total quality management.

There were analyzed on the one hand, perceptions of doctors and nurses head to the hospital emergency departments Moinești regarding the service of excellence and hospitality, and patients or their relatives' perceptions of hospitality. Through this study we sought to examine the extent to which service excellence and hospitality have become / are becoming an important objective in a hospital. This was achieved through a survey of perceptions about service excellence and hospitality, using document review, observations, and questionnaire and interviews data collection. The study was conducted between January and June 2011.

Peculiarities regarding the medical services quality

Quality patient care is usually intangible: the patient becomes the consumer of services in times of crisis, the doctor does not pursue economic interests to streamline hospital and hospital choice is often based on the patient's home. The patient has no ability to receive the good or bad service and medical service does not pay directly but through Health Insurance Company. Patients and carers appreciate that his health is more important than anything else. He is often angry, scared and unsure of a decision. By virtue of local customs, family and patients are treated more attention during hospitalization.

Quality of health services depends on the synergy of human components, process and technology. The latter are influenced by patients' increased confidence in the system a sophisticated information

technology plays an important role. Quality is improving if included equipment faster and more accurate diagnosis.

Quality of the patient's health care is based on total quality management (TQM), and professionalism, and hospitality management. The complexity of medical care requires good management, self-assessed, evaluated, certified and put classified. The most difficult obstacle to the implementation of TQM is past cultural nature.

Hospitality

External forces such as new evaluation criteria, increased competition, increased knowledge and patients' needs, led to the fact that more hospitals reassess their service practices in order to ensure that patients receive appropriate care, comfort and without stress [1, 2]. Medical service excellence, focused on consistency and flexibility to properly execute medical care, to exceed customer expectations, all these would not be sufficient without great care [3]. Hospital manager must be aware of the importance of the concept of "hospitality" and how to improve service strategies will improve patient care, satisfaction and facilitate overall operations.

Hospitality refers to the quality or disposition of receiving and treating patients and visitors in a warm, friendly and generous [4], by including a comfortable environment for patients as a welcoming feeling [3]. Unfortunately, without adequate efforts to integrate hospitality into healthcare, the term seems to be almost alien in a modern health system focused on policy, competitiveness, and financial figures. Hospital's reputation must be established and maintained through superior service to the patient orientation.

Ironically, the term "hospital" and "hospitality" are derived from the root word "Hospice", referring to the idea of providing a place to rest and shelter for sick and weary traveller a long way. In modern times, many people would not consider healthcare and hospitality industry as being directly related, but orientation growth health hospitality provides recognition of word origins. Developing services for patients is not only strategic integration of the concepts of excellence with the best practices for patient care, hoping to finally get comfortable and relaxing experience for patients [5].

According to Pizam [6] "the difference between hospitals and hospitality is *ity*, but that *ity* can make a significant difference in the recovery of hospital patients" Act to be hospitable, increasing social interaction with patients carefully, improved customer service and organizational culture to support accountability for hospital employees, there are some conditions to have a patient with a good mental and physical condition [6].

In one sense, hospitality is defined as "receiving and hosting customers, visitors and foreigners with cordiality and good reputation" (Oxford English Dictionary). Baker & Bradley [7] stated in their definition of "providing accommodation and / or food services to persons who are away from home".

The new approach to total quality management concept proposes three components of hospitality: customer approach, healing environment and services (Figure 1).

Realization of the hospitality concept requires selection and combining of one or more of the elements of the healing environment, the services and the customer approach into an entity (Table1).

With the addition of hospitality services in general hospital environment can be made several advantages. Many patients can interact with a hospital several times in their lives. Because of high emotional value associated with meeting with the hospital are not pleasant memories of this experience. These memories are stories that are then shared in a positive or negative light to other potential patients. If emotions can not be eliminated or prevented, with a strong component of hospitality inspired by various information and offers available from the entry into hospital, is more likely to have patients and carers satisfied. However, in a medical environment, health outcome and the outcome can be positive or negative experience. Both can be improved by providing

professionalism and hospitality [8, 9, 5]. Dimensions of hospitality in the hospital environment were also mentioned by Lashley [3] (Figure 2).

Patten [10] recognized the infiltration of the concept of hospitality in within healthcare services as an ideal that should be embraced by caregivers of people hospitalized. The study postulated three types of hospitality, which are applicable in different situations and in hospital:

- *Public hospitality* specific hotels, airlines, restaurants, etc., which in the health care can be translated through everyday interactions.
- *Personal hospitality* is in response to personal invitations. In the hospital, personal hospitality is evident when people are hospitalized for a longer period of time, or emergency room if the interactions are short, but intense and emotional.
- *Therapeutic hospitality* indicate a service specifically aimed at people who need help, understanding, with the idea to include an element of moral / ethical. Therapeutic hospitality is used to connect faster and better healing processes and people to care, in order to reduce feelings of separation and loneliness. This is particularly important in a health care professional can often lead to feelings of frustration, anxiety, fear and loneliness.

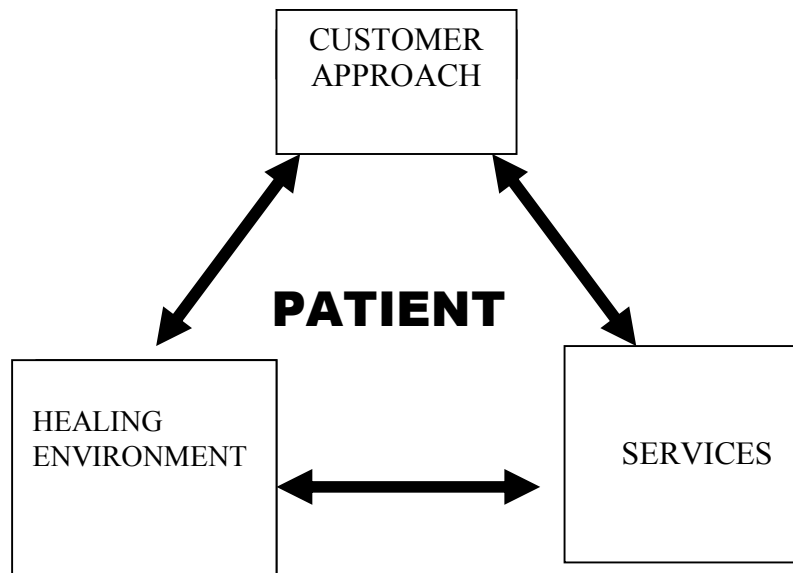


Figure 1 Components in hospitality concept

Table 1

Details of the hospitality concept

Heading environment	Services	Patient approach
Nature	wellness	Inquire
Daylight (Autonomy)	fitness	autonomy and freedom of choice
Fresh air	entertainment	Privacy
Noise	meals	self-reliance
Safety	shop	number of employees ne pat the bed
Social contact	restaurant	contact with fellow-sufferers
Territory	cleaning	registration and discharge
Fragrance	TV	personal attention
Seating arrangements	ICT	Care

Logger <http://pc.pamu.ee>

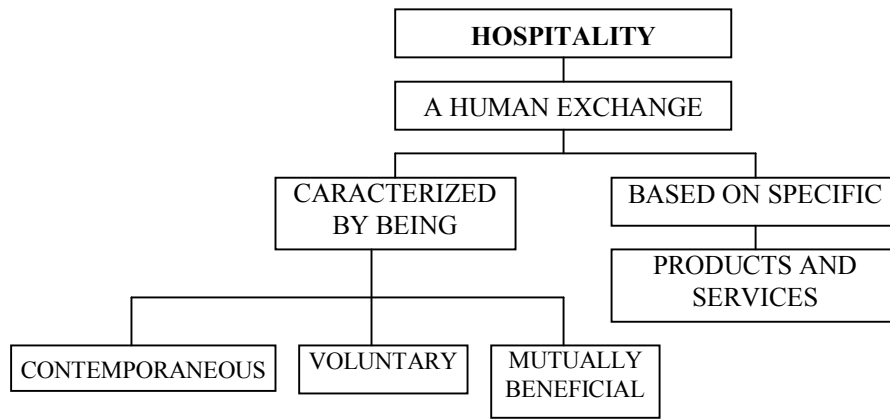


Figura 2 The dimensions of hospitality

(Lasley, 2005)

Patten [10] suggested that nurses embrace a mission of hospitality management to improve patient satisfaction therapeutic and speed healing.

Analysis of these definitions of public hospitality, personal, and acted as a basis for therapeutic Severt et. al [11] whose study proposes hospitality centred programs (HCP) in the hospital. Centred hospitality can be defined as programs designed for the hospital services that are used to create a comfortable experience and satisfaction for patients. These programs include maintenance and restoration techniques, specific facilities for guests, spiritual care and implementation of technical systems of education of patients.

Given their importance, we must understand how customer expectations are formed on patients in hospital hospitality. These expectations are based on:

- *Personal needs*: any person admitted has a set of personal needs and is expected to meet. They differ from service to service and from patient to patient;
- *Previous experience*;
- *Communication* by word of mouth (word of mouth) expectations can be shaped by communications from various sources, the service provider itself;
- *Explicit communication services*: leaflets, posters etc.
- *The default communication services* with respect to the physical appearance of the building, accommodation, intervention and treatment facilities, equipment and staff availability, etc.

A good knowledge of customer needs and expectations of patient satisfaction in general management is essential. To reach this knowledge, organizations can measure satisfaction hospital type to end service delivery process, which is not enough, being only one aspect of interaction with the person hospitalized. At this stage you can learn something for the next stage. Integrate the principles and requirements of hospitality in hospitals require harmonization between human component represented by medical personnel and traditional accommodation conditions. Reynolds and Leeman [12] compared the way of hospitality based on outsourced services in a health care organization with its own services, the latter being the ideal of hospitality management to support high quality patient care in terms of satisfaction and healing.

There are views against the inclusion of hospitality in the core business of healthcare organizations. King [13] considers the hospital as "non-hospitality". Traditionally, healthcare organizations are not regarded as typical hospitality organizations, and some authors suggest that hospitals can use the "hospitality" as a metaphor to describe the fact that by treating patients as guests to create a closer relationship between the caregiver and assisted. The difference between a patient and a guest is not mutual, a patient can be a guest but a guest is not always a patient. Therefore, the metaphor that a patient is treated as a guest should take into account the sensitivity that is expected of nursing service requested. Traditionally, healthcare organizations are not regarded as typical hospitality organizations,

even if it is needed [14]. This concept exists in health care facilities which provide accommodation and food from Romania.

The results of our investigations show that:

- medical staff is in full agreement with the advantages of applying the principles of hospitality at the reception, accommodation and feeding patients:
- chief believes that nurses are already implemented some of these principles in hospital emergency Moinești;
- most patients interviewed on the role of hospitality in the process of healing / health improvement felt that outside medical services themselves need the care of special conditions.

Excellency

*Hospital medical services excellence can be defined as **professionalism (P)**, **management (M)** and **hospitality (H)** in order to overpass client's expectations (Figure 3).*

For an organization, excellence in services refers to the consistency and flexibility of delivery of services to exceed customer expectations. Excellence is possible by empowering employees [15]. Berry [16] identified seven characteristics associated employees of organizations concerned with achieving excellence: innovation, joy, respect, teamwork, social profit, integrity, and responsibility. If hospitals are the result of these characteristics of an organizational culture of quality and excellence. According to Frey et al. [17] Bates, Bates, and Johnston [18], strategies for service excellence should also encourage the creation of a working environment based on innovative methods, proactive, responsible, based on mutual respect and communication between all levels of employees.

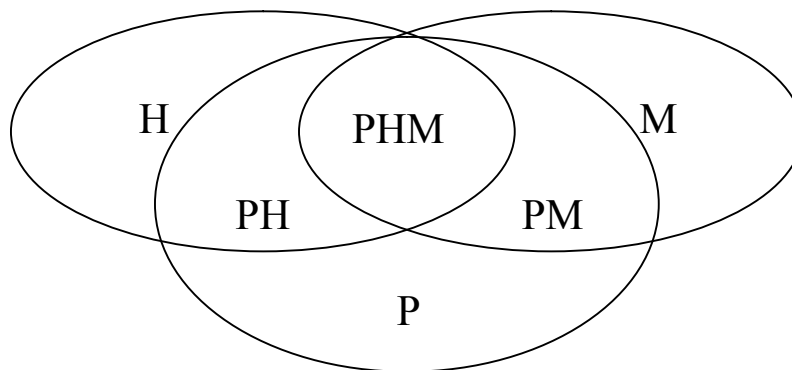


Figura 3 Hospitality (H), Management (M) and Professionalism (P)

Excellent service "industry" health can be defined as the standard achieved when employees feel properly evaluated, doctors feel that their patients are treated with great care, and patients appreciate the quality of services they receive [5].

Berry and Bendapudi [14] made an appeal to academic researchers to study the social, psychological, moral, economic and health services research. He was raised how health care differs from other services and thus requires further research in order to properly diagnose how service excellence can be rightly done in these situations. Six areas of impact were recognized as subjects of research to improve quality management that applies to health care:

- Customers have a combination of disease, pain, fear, and lack of control. For this reason, health care providers are in a unique situation that requires special attention to patient needs, which are more sensitive, demanding, dependent and emotional than the typical consumer. What can be done to improve care of patients feeling "control" over their care?
- Customers may be reluctant to be co-producers, because healthcare is a service they need, but do not necessarily want. How can increase the motivation of clinicians to facilitate the reaction of reluctance to co-producers?

- In the hospital, lost customers privacy and are forced to give up personal information and emotional. They discuss with their doctors provide some information to other people, and create a personal relationship underway with their healthcare provider. How do researchers identify ways to improve patients' interactions with their physicians?

- Customers need service for "whole person". Specifically, consumers need personal care services based on their applicable medical condition, regardless of age, preferences, family history and financial condition. What can be improved so that clinicians are better prepared to respond to physical and psychological needs so different?

- Health services provided are subject to risk customers (medical errors in the execution of care in hospital acquired infections, diagnostic or treatment errors, prescription errors). These errors are accidents involving human error and therefore it is important to understand which is the physical and psychological patient into hospital. How to prevent fear related risk patients?

- Clinicians are sick emotionally and physically attached. They work long shifts with little breaks, they have to stand up most hours of day / night working. They experience a variety of stress and emotional situations that require focus and concentration power to ensure adequate patient care. How to improve clinician-patient information exchange in these conditions?

Studer [5] identified five pillars of excellence (people, services, quality, finance and continuous improvement) and nine basic principles for operational services and excellence in healthcare that can help leaders focus on actions that will have the greatest benefit for the organization. The nine principles are:

- commit to excellence;
- measure the important things;
- building the culture of the organization;
- creation and development of leaders;
- focus on employee satisfaction;
- construction of individual responsibility;
- alignment with the goals and behaviours of European values;
- communication at all levels;
- recognition and reward success.

The proposed action plan for excellence in healthcare have to be very focused on creating a positive organizational culture that encourages involvement and self-motivating employees at all levels to put passion into their work. Several authors [19, 20] mentioned in their studies the importance and complexity of empowerment and accountability in the organization's environment to promote excellence. In health services, empowerment involves a dynamic interaction with the patient, family and others who have the same problem, partnership and consultation with the patient care team. In addition, we need to understand the complexity of interdisciplinary health of patients.

Strategic management of quality culture based on quality, hospitality and excellence in hospitals

Building a culture that encourages employee empowerment and satisfaction will have a greater chance to achieve levels of excellence in service [5]. Numerous studies have emphasized the importance of establishing and maintaining employee satisfaction within an organization as a precursor to ensure customer satisfaction [8, 9]. Attitude must be cultivated to be hospitable to all staff dealing with the reception and care of patients throughout the hospital.

Dagger et al [8] show that patients perceive the quality of healthcare in a series of four dimensions. The first dimension, *interpersonal quality*, describes the attitude, how, and behaviors of participating in the health and care services. It also refers to interactive communication component. The second dimension, *technical quality*, describes the experience of care and perception of the degree of novelty of installations, facilities, utilities, etc. A third dimension, *environment quality*, describe the atmosphere (intangible, smell, sound, comfort) and the physical (aspect room facilities, cleaning) parts. Final size, *quality administrative* opportunities refers to services, coordination with other departments, and support perceived by patients receiving non-clinical and clinical programs and facilities during hospitalization.

Lashley [15], a researcher of hospitality, service excellence defined as consistency and flexibility of delivery of services to exceed customer expectations. Referring to healthcare, Studer [5] defines the standards achieved service excellence when employees feel leading physicians feel their patients are treated with great care, and patients feel they receive quality services as excellent. In healthcare research, it seems that is not mentioned any distinction between the two terms in the current research purpose, the hospitality was defined as a philosophy that goes beyond excellent services to create a comfortable environment for patients with anxiety.

Hospital manager must know how to answer the question: "Is it the quality required of the organization by law or by the client / patient?" Among the basic principles of quality management and improvement is found, or this action is very poor quality decrease, the target to "zero defects". Logic leads us to say that to apply this principle is necessary to change management! Hence the conclusion: management can be changed at no cost - the service does not conform! This is where strategic quality management [21].

Strategic Management of Quality (MSC) is the new culture at the highest levels of the organization [22]. To enter MSC initiative and change needs top managers and personal involvement. Add to this the individual culture and culture of the organization as a whole.

After Trompenaars [23], each culture differs from another by the specific solutions they adopt various problems related to three categories: quality of relationships between employees, past issues of quality and quality in relation to environmental issues. A huge role in this growing propensity to quality is education and management.

Quality culture starts from management culture! [24]. For the top management of a hospital the component "quality culture in the organization" must be a constant concern on the way to excellence. Any management system must assess from time to time existing culture in the organization. For staff it is difficult health units. He must take into account cultural differences between partners (employees, patients, stakeholders). Culture of quality and excellence in the organizations had / has to go further (Figure 4):

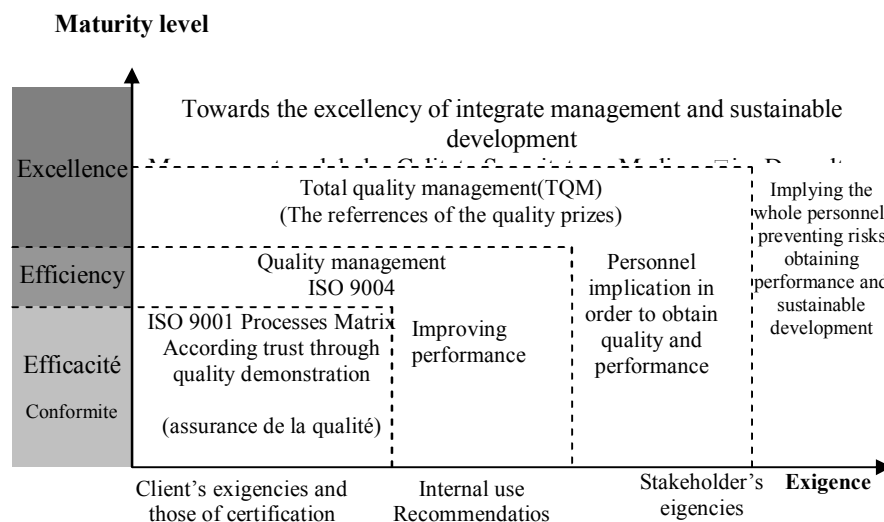


Figure 4. *The possible evolution of the quality management towards a global one integrating Quality, Security, Environment and Sustainable development*

- Compliance with standards (guarantee, quality assurance);
- Effectiveness (to do good, quality management, ISO 9001 requirements);
- Efficiency (doing better, TQM, self-evaluation requirements of ISO 9004);
- Excellence (doing better than others, TQM, Models of Excellence).

The components of total quality values are based on concepts such as trust, responsibility, integrity. This system of values that lead to peak performance and excellence include: professionalism, involvement, empowerment (empowerment), self-improvement, creativity, innovation and opportunity. These different sets of values are not mutually exclusive, but complement each other in a friendly work environment, which involves authorizing and attaches importance to staff. Quality and excellence is not possible without education. Culture of quality, excellence education is lifelong learning, in fact one of the main topics of debate at European and international level.

In our previous studies on the management of quality and excellence we concluded that we must conduct a two-speed SMC: one in relation to the standard quality (quality management) and one for continuous improvement (excellent management). Strategy of continuous improvement means that excellence is built over time and especially since culture is based on quality. Investing in knowledge helps the harmonization strategy - culture, generating positive synergies and excellence. Excellence is a continuous competition, not a destination. We believe that a critical approach, analytical way supports excellence and continuous improvement as continuous quality improvement leading to excellence, with respect to hospital services. Evaluation / self underlying performance excellence models, enabling organizations to identify strengths, opportunities for improvement, and systematic monitoring of the SMC.

Conclusions

What it means to be hospitable, how much it means to hospitality and that hospitality therapeutic patient can be elevated to excellence, these are some of the problems faced by any hospital. The literature supports our research on the relevance and importance of excellence in healthcare and hospitality, in an effort to improve patient care and their health. The differences identified in current literature relating to excellence in service and hospitality can not be fully justified if we consider health care consumer rights, raise awareness of consumerism to the healthcare industry. Consumers of healthcare are unique because they are more sensitive, demanding, dependent emotionally away from home and family. For this reason, they appreciate the service excellence and how to do hospitality efforts by administrators and employees of the hospital. Before the practice of hospitality to be recognized and realized in the organization, this difference should be understood. The importance of hospitality should be clearly understood and embraced throughout the organization, rather than just mentioning it as a mere "fad" or "buzzword" buzzword to redefine excellence in service.

We can conclude:

- There is a strong commitment of doctors, nurses and staff for excellence and hospitality services throughout the organization;
- The terms "service excellence" and "hospitality", when used, were discussed as interchangeable as if the two theories would be equivalent;
- Patients experience external barriers were identified as: improved technology, increased consumerism, quality regulations, labour shortages. Internal barriers and patient experience include the need for communication and inconsistency.
- Organizations have increased efforts to achieve excellence through professionalism, and hospitality management. Managing and measuring customer satisfaction, patients should be a primary objective of the overall management of a hospital unit type.

The hospital management excellence is seen as a successful combination of resources, professionalism, hospitality, organization and efficiency of management methods.

References

- [1] Chen, C. & Huang, J. (2007). *How organizational climate and structure affect knowledge management—the social interaction perspective*. International Journal of Information Management, 27(2), 104-118
- [2] Rahmqvist, M., Bara, A.C., (2010) *Patient characteristics and quality dimension related to patient satisfaction*, International Journal for Quality in Health Care, 22 (2,) 86-92
- [3] Lashley, C. , Morrison, A., (2000) *In Search of Hospitality: Towards a theoretical Framework*. International Journal of Hospitality Management, 19(1), 3-15
- [4] Brotherton, B. (1999). *Towards a definitive view of the nature of hospitality and hospitality management*. International Journal of Contemporary Hospitality Management, 11(4), 165-173

- [5] Studer, Q. (2003). *Hardwiring excellence: purpose, worthwhile, & making a difference*. (1st ed.) Florida: Fire Starter
- [6] Pizam, A. (2007). *The "ity" factor*. International Journal of Hospitality Management, 26(3), 499-501
- [7] Backer, S., et al., (2007), *Principiile operatiilor de la receptia hotelului*, Editura CH Beck, Bucuresti
- [8] Dagger, T. S., Sweeney, J.C., & Johnson, L.W. (2007). *A hierarchical model of health service quality: scale development and investigation of an integrated model*. Journal of Service Research, 10(2), 123-142
- [9] Johnson, K. (2004). *Two hospital's performance*. Quality Progress, 37(9), 46-55
- [10] Patten, C., (1994), *Understanding Hospitality*, Nursing Management, Vol 25, No.3
- [11] Severt, D. Aiello, T., Elswick, S. & Cyr, C., (2008). *Hospitality in Hospitals*, International Journal of Contemporary Hospitality Management, 20(6), 23-31
- [12] Reynolds, D. & Leeman, D. (2007), *Does Combining Health Care Hospitality Services Increase Efficiency?* Journal of Hospitality & Tourism Research, 31(2),182- 193
- [13] King, C.A. (1995). *Viewpoint-What is hospitality?* International Journal of Hospitality Management, 14(3/4), 219-234
- [14] Berry, L. & Bendapudi, N. (2007), *Health care: A fertile field for service research*. Journal of Service Research, 10(2), 111-122
- [15] Lashley, C., (2007), *Discovering hospitality: observations from recent research*, International Journal of Culture, Tourism and Hospitality Research, 1 (3), 214-226
- [16] Berry, L. & Bendapudi, N. (2007), *Health care: A fertile field for service research*. Journal of Service Research, 10(2)
- [17] Frey, K.A., Leighton, J.A., & Cecala, K.K. (2005). *Building a culture of service excellence*. The Physician Executive, 31(6), 40-44
- [18] Bates, K., Bates, H., & Johnston, R. (2003). *Linking service to profit: the business case for service excellence*. International Journal of Service Industry Management, 14 (2), 173-183
- [19] Kernaghan, K., (1992), *Empowerment and public administration: revolutionary advance or passing fancy?*, Canadian Public Administration, Vol 35, 194-214
- [20] Hoyle, D., *ISO 9000. (2009), Quality Systems Handbook*, Elsevier, BH, Oxford
- [21] Paraschivescu, A.O., (2009), *Managementul excelenței*, Editura Știința, Chișinău
- [22] Froman, B. , (2010), *Du manuel qualité au manuel de management*, AFNOR, Paris
- [23] Trompenaars, F., Hampden-Turner, C., (2008), *L'entreprise multiculturelle*, Ed. MAXIMA, Paris
- [24] Gillet-Goinard, F., Seno, B., (2011), *Le grand livre du Responsable Qualité*, Éditions d'Organisation, Groupe Eyrolles, Paris

Supplementary recommended readings

- Aiello, T., et al., (2010), *A fundamental exploration of administrative views of hospital hospitality and service excellence*, in Joseph S. Chen (ed.) 6 (Advances in Hospitality and Leisure, Volume 6), Emerald Group Publishing Limited, pp.185-211
- Logger, D., *How to improve hospitality in healthcare*, <http://pc.parru.ee/>
- Paraschivescu, A.O., (2008), *Managementul calității*, ediția a II-a, Editura Tehnopress, Iași

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