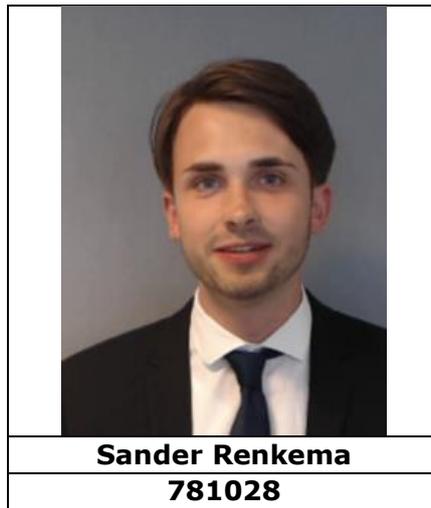


LYCar – Company Project

“Hospitality meets Healthcare”



Prepared by: Sander Renkema

Student number: 781028

Date submitted: 08 February 2023

Block: 2223B

Prepared for: Mr. Chia, Mr. Heijblom, and the external assessor

Campus: The Hague

Word Count:

Preface

This report was commissioned by Pieter Van Weijen, the founder of Inn4Cure, and is the second and final report of my LYCar following the successful delivery of the proposal last block.

Inn4Cure, an innovative healthcare company, reached out to the research centre of Hotelschool The Hague to ask help for his soon-to-be introduced 'in between hospital and home service' that he plans on launching in Van der Valk Hoorn. Therefore, the purpose of this report was to gain insight into how hotels, specifically Van der Valk Hoorn, could be involved in the various difficulties the healthcare sector is facing.

The last few months have been rather difficult and challenging, but also broadened my understanding of a field in which I had no prior experience. I would especially like to thank Mr Heijblom for his openness and assistance over the past couple of weeks, who has been supportive in these encountered challenges along the way. Through this preface, I would also like to express my gratitude to Ms Sietsma and her "Back-on-Track" lectures, which helped me stay focused on my journey to graduation.

Lastly, I trust that this report provides the reader a better understanding of the complicated topic.

Executive Summary

This proposal is based on the five principles of the Design Based Research Cycle.

The Dutch healthcare is currently under significant pressure. While the industry is facing a severe staff shortage and a decrease in hospital beds, the cost of healthcare has soared over the last two decades. Meanwhile, the population of the Netherlands is getting older and as the aging population demand more care, it is putting the already struggling sector under further pressure. A serious consequence of this pressure is the increase in patients that get discharged too early to recover, a step that often decreases the health of the already fragile group.

NuevoCare, a clinic in North Holland, also faces the challenge of having no overnight beds for patients that are unable to go home and recover. This is not considered as a problem for healthy people, although the clinic sees an increased demand of people that are not ready to be discharged. This group is considered to be *persons with disabilities*, a diverse group of 2 million people in the Netherlands. In order to provide an alternative for this group, the commissioner is planning on creating an 'in between hospital and home service' in Van der Valk Hotel Hoorn, a hotel that is in proximity of the clinic. Van der Valk Hoorn is willing to provide its two accessible rooms to this service, but the commissioner wants to research what adjustments the hotel needs to make to cater this new service. Therefore, the goal of the research was to gain insight into the consequences of the current discharge process for elderly patients and to use this knowledge to create the perfect hotel room/environment for this target group. As a result, the main research question was formulated as followed.

"What adjustments must Van Der Valk Hoorn implement in order to create a safe and hospitable environment for accommodating (elderly) recovering patients?"

To gain a better understanding of the industry and the current issues of the target group, an extensive literature review was conducted. This literature review showed that this group often has a difficult experience within hotels. An important contributor to his negative experience is caused by unskilled staff that do not know how to cater appropriate service to this group and its different needs. Besides physical, ambient, and environmental changes that were determined in the literature, the factor that contributed the most to a safe environment was the level of service provided by employees. Furthermore, the literature showed that the financial perspective is likely to become a challenge, as initiatives in healthcare often provides the financial need of health insurers. These insurance companies are far from transparent and clear in their financial policies.

Based on the outcomes of the literature review, five sub-research questions were determined, focusing on the needs and wants of the target group, the service, physical changes, and non-medical essentials, as well as the (financial benefits) for Van der Valk. Although the research encountered a limited access to actual stakeholders, semi- and unstructured interviews were still successful with the help of other stakeholders with similar characteristics. This also included an interview with the founder of Van der Valk Care, an initiative that also implemented a similar program as this project, as well as a strategic alliance expert that focuses on recovery and rehabilitation. Through analysing this qualitative data via a coding method, the researcher concluded that in its core, a hotel is already a much better environment than for example a hospital, and therefore physical changes to the property are not considered to only challenge. The other challenge that this service will bring along is regarding the demanding nature of this group, its different needs and wants, and enough (skilled) staff that can cope with this different hotel guests.

Having determined that the Van der Valk Hotel Hoorn had already established a secure physical space for persons with disabilities, the researcher opted to focus on enhancing the staff's capacity to serve this target audience. Not only is staff training a more economical solution than additional physical construction, it is also backed by the fact that persons with disabilities often identify staff as the biggest difficulty in the hotel, despite placing a higher emphasis on service than the average hotel guest. In addition, given the uncertainty of the actual demand for the project, it is not recommended to expand the project beyond the two existing accessible hotel rooms. If the project is deemed successful and wants to expand beyond the two accessibility rooms, however, physical construction of the hotel is necessary, as regular hotel rooms do not meet accessibility standards.

Furthermore, the researcher chose to disseminate the results through sharing an infographic and Standard Operating Procedures for dealing with guests with disabilities, because they both provide an effective way to visually and clearly present the information in a concise manner. An infographic was used to help stakeholders understand the results of the research without reading the whole report, while SOPs offered a step-by-step guide on how to put the research data into practice. Combining the two enabled effective communication to explain the research results to stakeholders.

Lastly, further research is recommended to explore the possibility of attracting more guests than just those from healthcare clinics, as there are more than two million persons with disabilities in the Netherlands alone. This would allow the hotel to benefit from a large and growing consumer market and create more a competitive advantage through offering accessible and inclusive products and services. Furthermore, the second implication for further research is to explore the possibilities to cooperate with healthcare providers to make the project more financially attractive.

Abbreviations

Sub Research Questions = SRQ

Key Performance Indicators = KPIs

Standard Operating Procedure = SOP

Table of Contents

Preface	3
Executive Summary	5
Abbreviations	7
1. Introduction	11
1.1. Introduction to Assignment	11
1.2. Background Information	11
1.3 Scope of the Project	13
2. Problem Definition	15
2.1. Reason of Research	15
2.2. Goal of Client and Researcher	15
2.3. Main Research Question	15
3. Analysis and Diagnoses	17
3.1. Literature Review	17
3.2. Sub Research Questions	19
3.3. Methodology	20
3.3.1. Data Collection Method	20
3.3.2. Sampling	20
3.3.3. Method of analysis	20
3.3.4. Limitations	21
4. Findings	23
4.1. Results Sub Research Questions	23
4.2. Conclusion	25
5. Solution Design	27
5.1. Accessibility Analysis Van der Valk Hoorn	27
5.2. Selected Solution: Disability Awareness Training	28
5.3. Financial Perspective	29
6. Implementation Plan	31
6.1. Analyse	32
6.2. Design	33
6.3. Development	35
6.4. Implementation	36
6.5. Timeline	37
7. Evaluation	38
7.1. Evaluation Impact Employees	38
7.2. Evaluation Impact Guests	39
7.3. Evaluation Demand and Financial Benefits	40

7.4. Evaluation in ADDIE	41
8. Dissemination	43
8.1. Act of Dissemination 1: Infographic.....	43
8.2. Act of Dissemination 2: Standard Operating Procedures	43
8.3. (Stakeholder) Dissemination	44
9. Academic Reflection and Future Research	45
9.1. Research Topic and Literature	45
9.2. Problem Analysis	45
9.3. Research Design and Methodology	45
9.4. Implications for Further Research	46
Appendices.....	47
Appendix 1: Methodology Table	47
Appendix 2: Colour Coded Sub-Research Questions	48
Appendix 3: Interview with Specialist Strategic Alliances.....	49
Appendix 4: Interview with the Founder of Van der Valk Care	53
Appendix 5: Interview Patient 1 & 2	61
Appendix 6: Interview Head of Service Department Care Hotel	65
Appendix 7: Data collection overview	69
Appendix 8: Overview Physical Changes	79
Appendix 9: Accessibility Van der Valk Hoorn	80
Appendix 10: Gaps and Desired Outcome Awareness and Understanding	81
Appendix 11: Gaps and Desired Outcome Communication and Procedures	82
Appendix 12: Dissemination – Infographic	83
Appendix 13: Dissemination – Standard Operating Procedure	85
Appendix 14: Proof of Dissemination	88
Appendix 15: Feedback LYCar Proposal	91
Appendix 16: Communication Commissioner Proposal	99
Appendix 17: Proof of Data Upload	101
Proof of word count.....	104
Reference list.....	105

1. Introduction

1.1. Introduction to Assignment

This LYCar assignment is performed for the commissioner Pieter van Weijen. He is the founder of Inn4cure, a company that focuses on connecting smart technology with professional healthcare (inn4cure, 2022) (2022). Currently, Inn4cure is in the process of creating a new product in collaboration with Van der Valk Hoorn and NuevoCare (a clinic in North Holland). This product will be a 'between hospital and home' service in Van der Valk Hotel Hoorn. NuevoCare's recovering patients, who cannot count on sufficient support in the home situation, can still experience a safe environment with the help of a hotel. The idea is to 'lease' the two under-utilised accessible rooms at Van der Valk Hoorn to these patients.

1.2. Background Information

The first stage revolves around why healthcare institutions want to send its patients to a hotel, rather than keeping them in an institution where the patient has access to all the medical care. However, data quickly proofed that the Dutch Healthcare is under serious threats.

As seen in figure 1, the Netherlands experienced a stable growth in its population over the past decades. Compared to 1985, the population grew by 19,6% and is expected to reach 21.5 million in 2050 (CBS, 2021). This growth is mostly contributed by the Dutch population getting older. According to the Central Bureau of Statistics, the number of people over 80 will increase by two to three times in 2050, increasing the demand for healthcare workers (2021).

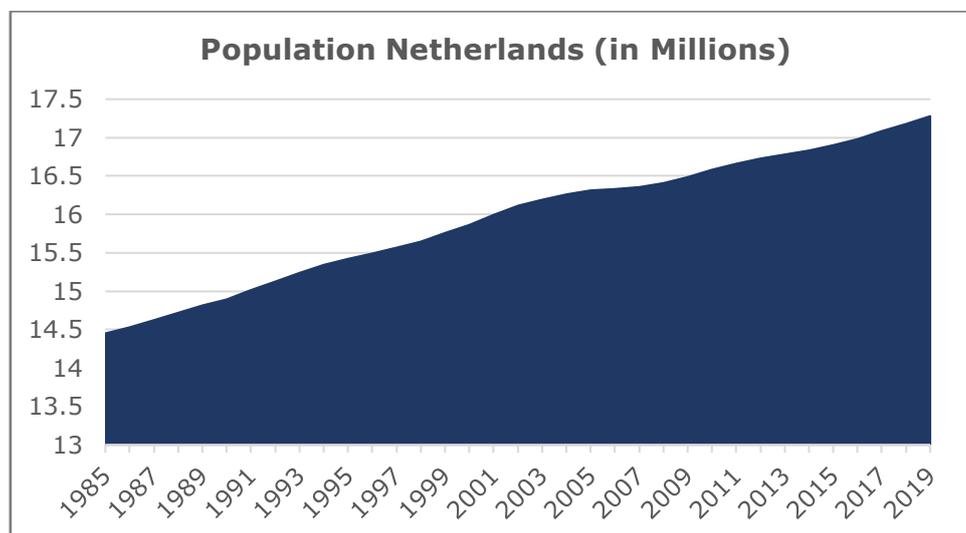


Figure 1 (CBS, 2022b)

Whereas the Netherlands experienced a growth in its population, this was not the case for the available hospital beds. Figure 2 shows that the Dutch healthcare became more efficient, as the number of patient days (number of beds occupied for one day) decreased by -57,4% in 2020 compared to 1985. According to the Dutch Association of Hospitals, the reason why patient days are decreasing is mainly due to technological advancements that reduce the impact of surgery on patients (van den Elsen, 2012).

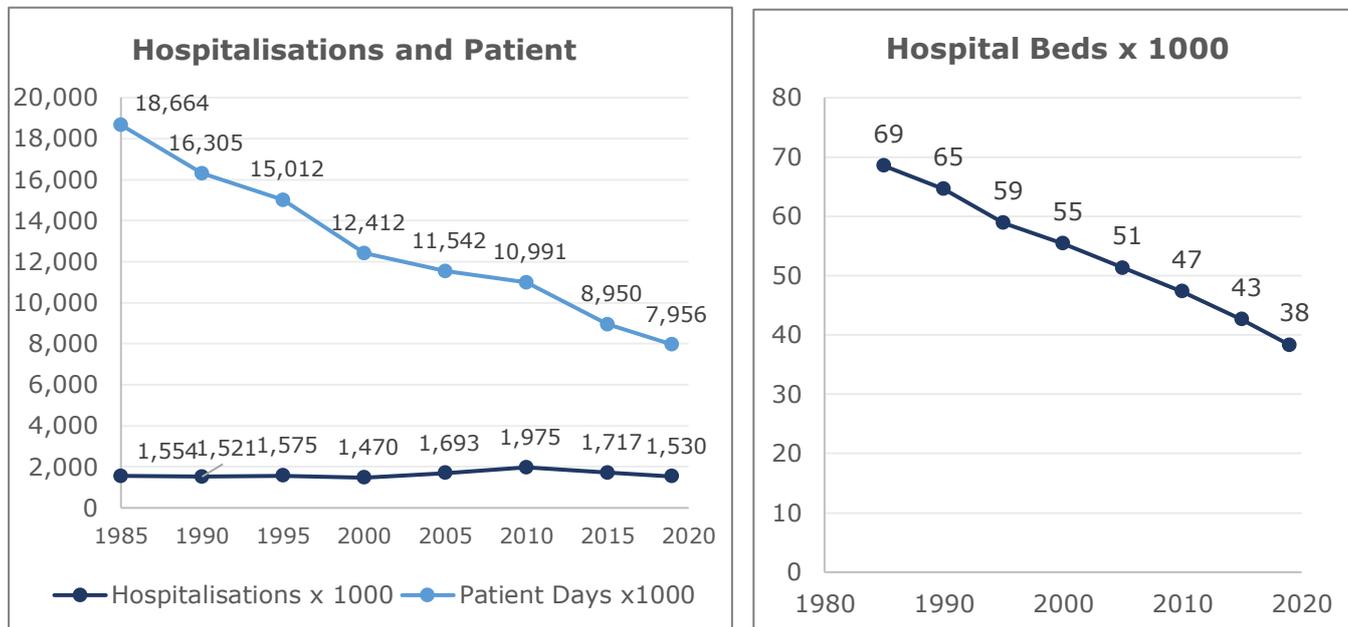


Figure 2 and 3 (CBS, 2022a)

However, this decrease in patient days does not correlate with the number of hospitalisations. Relatively speaking, people go to the hospital less often compared to 1985, but due to the population growth, hospitalisations remained the same. This results in a remaining need for hospital beds, especially with the growth in population.

Looking at figure 3, hospital beds have declined rapidly in recent decades, with only 38.000 beds in 2019 (difference of -44,1% to 1985). Despite this decrease in beds, the Dutch Healthcare was ranked second best in Europe according to the Euro Health Consumer Index (Björnberg and Phang, 2018).

Though, this efficiency is exposed to a major threat. During the COVID-19 pandemic, the healthcare was under serious threat as it faced a shortage of beds during the pandemic (Wallenburg et al., 2022). According to the Dutch Ministry of Health, the pandemic led to significant delays in regular, non-life-threatening surgeries, with 305.000 fewer surgeries than expected in 2021 (Ministry of Health, Welfare and Sport, 2022). These effects are expected to cause further pressure in the coming years (ibid).

The shortage of beds are not the only problem, as the sector also faces challenges in its recruitment. While healthcare employers already faced problems with this before the pandemic, the shortage is now expected to reach an all-time high of 135.000 employees in 2031 (Ministry of Health, Welfare and Sport, 2022). To put this number in perspective, in 2022 the shortage reached 48.600 (ibid).

The innovation in the Dutch healthcare has also a negative trend in costs. As seen in figure 4, the total healthcare spending nearly doubled from 2005 while its GDP share rose from 11,9% to 14,5% in 2021.

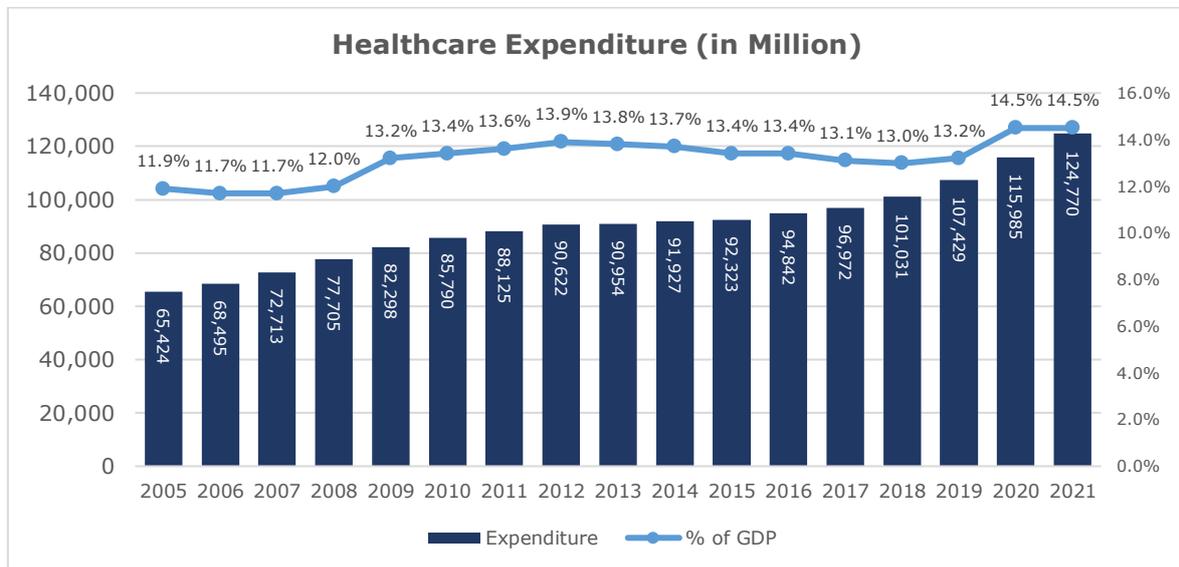


Figure 4 (CBS, 2022)

Given the aging population, rise in costs, staff- and bed shortages, and the aftermath of the COVID-19 pandemic, the industry needs to seek alternatives into providing a safe and comfortable way of care to all the patients in need for it.

Connecting it to the case study, it is also seen that NuevoCare, a clinic where non-threatening surgeries/interventions are performed, is unable to provide overnight beds for its patients. While this might not be a problem for healthy adults, it is seen that vulnerable people (such as the elderly) are often discharged 'quicker and sicker' (Lilleheie et al., 2019). Medical interventions for this group are often followed by feelings of stress, anxiety and uncertainty about the future (Hestevik et al., 2019), making the discharge a critical step in patient care, as early dischargement often leads to unnecessary readmission (Knutsen Glette et al., 2019).

1.3 Scope of the Project

The scope of this project is considered as Dutch healthcare institutions, patients, and hotels. Given the nature of the research, it is narrowed as *hotels experienced in providing additional care, (elderly) persons with disabilities, and experts in the recovery field.*

2. Problem Definition

2.1. Reason of Research

The described challenges within the healthcare sector such as the lack of beds and staff, increased spending, along with the rapid aging of the population and longstanding COVID-19 backlogs is creating pressure on the already struggling industry. Since these consequences are likely to affect the postoperative recovery process of the elderly population, it is important to explore alternative options to provide appropriate care to this target group.

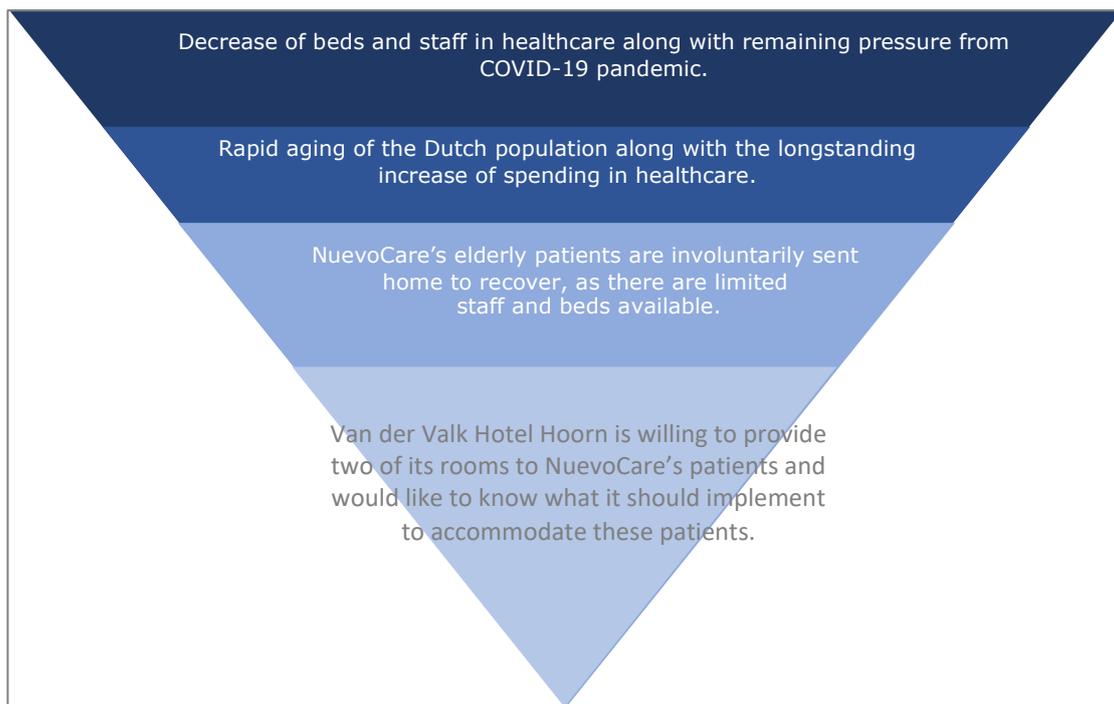


Figure 5: Reason of Research Funnel

2.2. Goal of Client and Researcher

Goal of client: To set up two accessible rooms at Van der Valk Hoorn that can be used to accommodate discharged patients with disabilities from NuevoCare, while the rooms/services are still available for regular hotel guests. Ultimately, the goal is to have a plan that is easy to expand and roll out in future hotels if it proves successful.

Goal of Researcher: To gain insight into the consequences of the current discharge process for the target clientele, and to use this knowledge to create the perfect hotel room/environment for this target group.

2.3. Main Research Question

"What adjustments must Van Der Valk Hoorn implement in order to create a safe and hospitable environment for accommodating (elderly) persons with disabilities?"

3. Analysis and Diagnoses

3.1. Literature Review

The project took place in the expansive and broad healthcare industry. Therefore, a literature review was performed to gain information and understanding of the industry and its relation to hospitality.

1. Current experience of persons with disabilities in a hotel environment

Over the past years, the market for persons with disabilities increased in importance (Hussien and Jones, 2016). In 2019, the EU parliament passed an act that legally requires companies to invest in improving accessibility in its products and services (EU, 2019). Within Netherlands, the most recent Building Code also requires new buildings to be accessible for persons with disabilities, including hotels (Rijksoverheid, 2012). Accessibility can also be financially benefitting hotel, as the target group is generally considered as a loyal customer that returns to destinations that provide good accessibility (Yfantidou et al., 2017).

Despite growing interest and newly implemented laws and regulations regarding this manner, there can still be a gap between what hotels provide and what persons with disabilities need (Hussien and Jones, 2016). Especially people with physical disabilities are generally the most disadvantaged group hotels (ibid).

In Netherlands, it is seen that more than two million people are classified as persons with disabilities (Health, Welfare, and Sport, 2022). As this group experiences a wide range of different disabilities, creating a universal hotel environment is the biggest challenge for hotel owners (Pehlivanoğlu, 2019). Therefore, a suitable hotel environment is a prerequisite in any destination (Hussien and Jones, 2016). According to Pegg and Stumbo, there are seven criteria that persons with disabilities perceive as essential in a hotel room: easy to push on floor surfaces, extending drape pulls, widening hallways, changing door directions to swing open, placement of light switches, and reducing the amount of furniture in the room (Darcy and Pegg, 2011). Moreover, Poria et al. clarifies that a hotel should not only focus on the changes within the rooms, but also within public spaces (2011). Besides implementing physical changes, communication, and marketing in reaching out to persons with disabilities is also important (ibid).

This concludes that current laws and regulations are not assuring an accessible stay for persons with disabilities, and therefore a hotel might need to take additional steps in creating a more accessible environment, both physical changes and changes in its communication.

2. Importance of service provided to elderly- and disabled people

Having an accessible premise is the starting point for providing accessibility for persons with disabilities in hotels, but if the staff are not trained to give appropriate service, they still fail to adequately address the guests' needs (Darcy and Pegg, 2011). This is a challenge within hotels as persons with disabilities highly prioritizes the service and treatment by staff within their hotel experience.

Despite persons with disabilities prioritizing staff more than regular guests (Poria et al., 2011), they often still refer to staff being the biggest challenge during their stay (Kim et al., 2012). This group often feels that their disability is stereotyped by employees, resulting in fear when being assisted, or feeling misunderstood of their needs (ibid). Darcy and Pegg adds that there are a series in constraints and omissions in service provision for persons with disabilities compared to regular guests that are not only related to the building environment, but also in the communication (2011). Despite this, there is a clear desire by hotel managers in recognizing that providing a high-quality experience for persons with disabilities requires a good understanding of their needs and understanding (ibid).

Since most of the above problems are the result of inappropriate service by employees, trainings should be introduced to increase the service quality to this group (Dhar, 2015). According to Stassel, staff training could improve the perceived service quality and accessibility by persons with disabilities (2021). The focus in staff training should be to understand the types of disabilities, and how to appropriately adjust their communication (ibid). Swanepoel et al. mentions disability awareness training as a solution, stating that future trainings need to focus on improving the communication skills of hotel staff (2020). If executed well, staff training increases employees' knowledge and accessibility (Lundälv et al., 2020), while also boosting the hotels' competitiveness (Swanepoel et al., 2020).

In conclusion, untrained staff is often causing a gap between the desired and the current perception of the service, and hotel must invest in training to appropriately provide service of persons with disabilities.

3. Importance of ambient factors in a recovery environment

Wesselius et al. discovered that a lack of sleep in hospitals is an important contributor to the recovery environment, as patients that are spending the night in a hospital sleep on average 83 minutes less than at home (Wesselius et al., 2018). This lack of sleep is contributed by severe environmental distractions with main disruptors being hospital staff, other patients, uncomfortable bedding, or disturbances from the lighting of hospital equipment are holding back the patient from a good night of sleep (ibid). It is therefore fair to say that hospitals are not a great environment for recovering.

Hesselink et al. agrees that hospitals are far from an ideal location to recover (2020). This is caused by ambient factors, such as the lack of a guest' sense of control, lack of positive distractions, and not having an interpersonal environment. These environmental factors. (ibid). Changes, such as a private room, easy access to a more extensive F&B, room decorations, connection to outdoor patios and nature, etc., are important in creating a healing environment (ibid).

Sakallaris et al. agrees that environmental factors influences the recovery of the patient, mentioning that ambient qualities such as light quality, sound, air quality and temperature can also cause or mitigate stress (2015). Furthermore, nature is a key component for an enhanced healing environment, as integrating nature through (views) to gardens has been shown to reduce stress and improve cohesion (ibid).

In conclusion, when designing the perfect recovery environment for a hotel, prioritizing environmental and ambient factors is a must, as this improves both physical and mental health. However, many of the above-mentioned features are already implemented in a hotel and is thus in potential already a better recovery environment than a hospital.

4. Financial analysis healthcare institute and hotel room

As the Netherlands have one of the most expensive healthcare systems in Europe (10,17% of the GDP in 2019) (Eurostat, 2021), it is important to see how this reflects to the costs of an overnight stay in a hospital.

As healthcare institutes are not public companies, they do not have to disclose their financial statements (Tuzgöl-Broekhoven et al., 2015). Furthermore, Douven adds that hospital prices are often driven by market-driven factors that are making the pricing within hospitals complicated and untransparent (2020). Since financial contracts of healthcare institutes are considered private, it is difficult to analyse the pricing of hospital products (ibid).

Tuzgöl-Broekhoven et al. adds that this severe lack of transparency regarding costs also has a negative effect in the patient perspective (2015). This lack of transparency often leads to a vague insight of costs for the patient that is often resulting in too high bills and a lower trust in the healthcare systems of the patient (ibid).

Not only is the lack of (financial) transparency in hospitals considered a problem for patients, but it also leads to a rather inaccurate costs-benefit analysis for the project when it comes to calculating the costs of an overnight stay in a hospital. However, Winkel and de Kousemaeker roughly estimates that the costs of occupying a hospital bed per day is around €800 euros (2017), while Broodman argues that the cost price of a regular hospital bed per day is around €500 (2020). However, it is important to note that these estimates have not been worked out in detail, limiting the validity of the sources.

Unlike healthcare institutions, the costs of a hotel room are easier to calculate. According to Rushmore and O'Neill, a room rate is calculated on the basis of direct costs and indirect cost (2015). Direct costs for a hotel room includes costs such as labour, while indirect costs can include factors such as the cost of a central reservation system or training costs (ibid).

This therefore concludes that the factors determining the cost of a hotel room are more straightforward than a hospital night. Not only is a night in a hotel easier to calculate, it also is significantly cheaper than a night in a hospital (Chadha et al., 2022).

3.2. Sub Research Questions

SRQ 1: What are the patients' needs and wants for recovering in a hotel over a hospital or home?

SRQ2: What are non-medical essentials Van der Valk needs in order to create a safe recovery environment?

SRQ 3: How can hospitality service play a role in creating a safe and hospitable environment for the target clientele?

SRQ 4: What physical changes within the hotel environment does Van der Valk need to make in order to accommodate the target clientele?

SRQ 5: What are the (financial) benefits for Van der Valk?

3.3. Methodology

To answer the research questions in a structured way, a methodology table was created (Appendix 1). This table provides an overview on how the different types of collected data are linked to each specific sub-research question. The researcher also opted for an approach where each stakeholder has value in answering all five SRQs, as each respondent's different expertise leads to a complete understanding of the complex issues.

3.3.1. Data Collection Method

As this research revolves around a specific and small population, the data was obtained through a qualitative approach. The reasoning behind this approach is that this research needs to focus on obtaining expertise, meaning, and perspective of the participants, values that are hard to quantify with a quantitative approach (Hammarberg et al., 2016).

Semi-structured interviews were conducted with most of the participants. This in-depth dialogues were effectively allowing the researcher to collect open-ended data to explore participants opinion and thoughts about the topic while still both maintaining guidance (via a set interview structure) and flexibility (through follow-up questions and comments) (DeJonckheere and Vaughn, 2019).

In addition, one interview was conducted through an unstructured interview. This allowed the researcher to focus on discovering unfamiliar information and highlighting the input of the expert rather than the interviewer (Dana et al., 2013).

3.3.2. Sampling

The population of this research is considered as *persons with disabilities, experts in the industry, and Hotels that are experienced with care*. As the qualitative approach requires specific data from a quite specific group that has a limited access, purposive sampling was used to sample the population (Palinkas et al., 2015).

3.3.3. Method of analysis

As qualitative data is known for its more complex data interpretation, and therefore requires a structured method of analysing (Rahman, 2016). Therefore, an open coding method was used to categorise the data by breaking up the data into smaller parts that are further analysed (Vollstedt and Rezat, 2019). A top-down deductive colour coding method was used to categorise the data, while the pre-determined structure helped to provide a clear vision to obtain sufficient data (Ho, 2022). The overview can be found in Appendix 2.

3.3.4. Limitations

The first and most important limitation in this research is the sample size. Due to a lack of access to main respondents involved (Van der Valk Hoorn, employees, and patients of NuevoCare Clinic), different respondents participated in the data collection. Although these respondents have similar characteristics, **response bias** likely occurred, which could lead to the answers deviation from their true value (Lavrakas, 2022).

Although the (un)structured interviews allowed the researcher to gain more information than a survey, the time-consuming method only allowed to collect data from a limited number of respondents. This **sample size bias** was a result of limited access to this specific groups, and may present an inaccurate representation for the population (Faber and Fonseca, 2014).

The third limitation is regarding the use of (semi)-structured interviews. Since this method relies on the interview skills of the researcher, **research bias** could have occurred, meaning that poorly constructed questions could affect the accuracy of the interview (Young et al., 2018).

4. Findings

This chapter presents the findings from the interviews and literature review conducted for this project. The data collected in the interviews was analysed and interpreted by using the coding method described in the methodology section (Chapter 3.3.3). The full data collection overview can be found in Appendix 7.

4.1. Results Sub Research Questions

SRQ 1: What are the patients' needs and wants for recovering in a hotel over a hospital or home?

It is important to note that there is no set of standard needs and wants for this group, given its diverse nature. While it is fair to say that the vast majority is 60 years plus, they do all have different problems and needs. This is also confirmed by the expert, which also adds that most of the patients (around 80%) are suffering from chronic illness.

However, based on the interviews with the respondents, there are some universal needs and wants. Patients appreciate having a sense of privacy and independence (by having a private room for example), but on the other hand also have a significant social need, which can be for example achieved through a living room concept within the hotel. Also, patients do not want to be seen as an actual patient, but as a regular guest. Despite wanting to be seen as a regular guest, this group still can be demanding during their stay.

However, patients also have the need for a certain structure and clarity during their stay. In the end, this degree of structure, clarity, and independence, is believed to contribute to a healthy recovery of the guest.

Lastly, it is good to mention that there are patients in this target group that require (daily) (medical) help, like a physiotherapist. It needs to be clear that this medical help cannot be accommodated by hotels.

SRQ 2: What are non-medical elements Van der Valk needs in order to create a recovery environment safer than home?

Creating a safe environment is the central point of focus when creating the product/service. However, there is not just one element that makes an environment safe, and for the patients it is hard to define what contributes to a safe environment, as safety is more likely to be perceived as a feeling.

What does contribute to safety, however, is creating an environment where it is easy to go outside, as this is a significant contributor in their (mental) health. Since patients almost always prefer staying at home, creating an environment and ambiance that is not too different than home can be important. This includes being able to facilitate, for example a physiotherapist in the hotel, as some patients are still in need of help that can't be performed by hotel (staff).

The expert believes that a modern hotel is a better environment than a hospital, as hotels are designed to provide care through hospitality, comfortness and friendliness, which can help the patient to recover more quickly. However, the facility must easily facilitate informal care, such as a daily family visit, as well as outlining clear responsibilities of the patient during his stay.

Lastly, a safe environment is also an environment that encourages and stimulates patients to do things on their own rather than having it done for them. Communicating clear expectations before the stay is essential. However, there must always be a way for patients to reach out for help, by for example a digital alarm system.

SRQ 3: What role can hospitality service play in order to create a safe and hospitable environment for the target clientele?

Providing medical services to patients is challenging due to the diversity of patients and the demanding nature of the patient. Although hotel services cannot replace medical services, it is still responsible for creating a safe and accessible environment. This is highlighted by an expert, who especially stresses the importance of having enough staff.

In its core, dealing with these patients and regular guests are not too different, as for both groups their stay mainly consists of sleeping (the hotel room) and eating (the F&B facilities). The biggest difference is that it is difficult to standardize procedures for this specific group of patients, so therefore staff needs to be flexible to provide different types of service to each individual guest. Challenges that can arise from this is again to deal with the demanding nature and providing additional services when needed (by for example taking luggage out of the car and to the room).

It is important to provide clear instructions and expectations to patients from the moment they enter. This can be achieved through thorough check-in procedures, including a tour of the facility. It is also important to be aware that not all employees are capable of assisting persons with disabilities, so it should be made clear who is responsible for dealing with any issues or requests. There should be someone available both inside and outside of the work area, such as a family member or the patient's general practitioner.

Finally, training is essential to ensure that an organization is ready to interact with this particular group. This can be awareness training, behavioural training, or even e-learning courses. Since this is such a complicated and diverse group, not having prepared staff can have more significant consequences than with other, regular guests.

SRQ 4: What physical changes within the hotel environment does Van der Valk need to make in order to accommodate the target clientele

It depends on the current state of Van der Valk Hoorn, but no major physical changes are expected to be implemented. However, in order to create a safe environment, it is essential to install safety rails, have a room with a spacious bathroom and a shower chair, as well as an adjustable high-low bed. Additionally, the introduction of convenient technological innovations, such as a tablet to control the curtains, could significantly improve the environment, or even be used to open the heavy doors of the rooms. Furthermore, the rooms should have a relatively easy way for patients to go outside.

When making any physical changes, it should be remembered that these alterations can be easily reversed, so that they do not interfere with the experience of regular visitors.

Please refer to Appendix 8 for an overview of the required physical changes.

SRQ 5: What are the financial benefits for Van der Valk?

As of right now, there is no evidence that by implementing this product the hotel can expect a significant increase in their Average Daily Rate or Occupancy. Given the fact that right now there are only two accessible rooms available, no significant benefits are likely to be seen after the implementation of the product. Furthermore, The greatest challenge lies in convincing healthcare providers to pay for their patients, as it is an unpredictable and complicated process.

Nevertheless, the product can act as a pilot for Van der Valk as a whole. If it is successful in using the available rooms and attracting a new customer base, the concept could be expanded, allowing it to benefit from economies of scale.

4.2. Conclusion

In terms of the physical environment, a hotel (in combination with hospitality service) in its core is already an excellent environment for patients to recover. If the facilities comply with the most recent Building Code, there does not need to be significant physical changes in and outside the hotel room. However, before implementing the product, the hotel should be checked to ensure that it meets the standards mentioned in the interviews. This check should also include environmental features inside and outside the room as this can have a major impact on the patient's recovery. An example of this is having sufficient outdoor facilities as well as implementing innovative technological features.

However, there are an extent of challenges that are arising when accommodating persons with disabilities in terms of service. The first and utmost is that hospitality service is a supplement to medical care and could never act as a replacement. Therefore, there is a limit to what the hotel can accommodate as patients in need of (extensive) physical help are not an option. If the patient needs, for example, a limited daily/weekly treatment by physiotherapy, a hotel needs to ensure that its facilities and public rooms can be conveniently used. Nevertheless, the hotel needs to be clear in its communication to the patient about its abilities and shortcomings in providing service. Also communicating set expectations and instructions is vital, where it needs to be clear that the guests is independent enough.

Patients that can be accommodated are still a significantly diverse group of people with different needs and wants. Therefore, awareness and professionalism by the staff is a requirement which can be obtained by training. Clear responsibilities and expectations for both staff and patient could also contribute to avoiding misunderstandings.

To conclude, physical changes are unlikely to be the challenge. Instead, the focus should be on environmental elements and staff providing appropriate services. As of now, the project is unlikely to have significant financial benefit if it only utilizes the two existing accessibility rooms as a replacement for healthcare. The solution should therefore be cost-effective while still focusing on the potential social benefits which could eventually lead to financial gains.

5. Solution Design

Given the research question (*"What adjustments must Van Der Valk Hoorn implement in order to create a safe and hospitable environment for accommodating (elderly) persons with disabilities?"*), the range of solutions in this case are limited to two potential solutions. The first is to invest in increasing accessibility through structural renovation/refurbishment, while the second one is to invest in increasing the knowledge and skills by employees dealing with persons with disabilities. As stated in the literature, these two elements form the basis of a safe stay for persons with disabilities in hotels.

5.1. Accessibility Analysis Van der Valk Hoorn

In addition to what was mentioned in the introduction, an accessibility analysis (as seen in Appendix 9) was conducted to determine if the two available accessible rooms need any constructional renovation.

It is evident that the hotel rooms and facilities are suitable to provide a secure environment for the intended guests. The hotel, which was built in 2014, is in excellent condition and is compliant with accessibility regulations. The accessible rooms are spacious and offer a variety of adjustments to enhance accessibility during their stay. Additionally, the room has great ambience, with a view, a modern wooden look and art and decorations.

Given the accessibility of her bathroom and bedroom, no major renovation is necessary to accommodate persons with disabilities. However, in addition to the existing accessibility features, minor changes can still be made to improve the experience. As mentioned in Chapter 3.4, recommendations for a relatively easy increase in in-room accessibility features include a bed rail, an in-room folding table for shared dining, and an alarm system that extends beyond the bathroom.

If the concept is successful and the client decides to expand by converting regular hotel rooms into accessible rooms, the project will encounter additional challenges and expenses. For instance, as illustrated in Appendix 9, the current standard hotel room has bathrooms which require physical changes due to the inconvenient and inaccessible positioning and height of the shower, toilet seat, and sink.

Given the excellent condition of the accessible rooms, the low potential financial gains, and the uncertain demand of the project, the researcher recommends focusing solely on the two existing accessible bedrooms. They should then monitor the success of the concept through Occupancy, ADR, and guest feedback. If the concept is proven to be successful, with steady demand and financial gain, physical construction can then be explored in order to expand the project.

5.2. Selected Solution: Disability Awareness Training

Given the costs of a physical renovation and the low financial benefit of the project, the researcher suggests that it is more appropriate to focus on improving the service instead for now.

The literature review shows that persons with disabilities prioritize quality of service more than regular guests, but also see staff as the greatest challenge during their hotel stay (Poria et al., 2011). Moreover, the medical specialist highlighted the importance of having skilled staff within the hotel, along with clear procedures (Appendix 3). For example, if employees lack knowledge, they can be overly helpful and over-concerned, which is seen as an invasion of privacy and an annoyance (Poria et al., 2011). persons with disabilities can also experience prejudices from staff when it comes to communication, which leads to misunderstandings and a decreased feeling of safety (ibid).

Therefore, the researcher concludes that staff must be trained to properly serve persons with disabilities, as training of staff has been shown to increase their skills, knowledge, and talents (Ahammad and Steene, 2013). A trained workforce for persons with disabilities is essential, as it can help create a competitive advantage given the increased demand due to the aging population and the growing number of persons with disabilities (Darcy and Pegg, 2011).

Most hotels recognize the importance of training, but very few of these programs include creating an accessible environment for all (Anand, 2013; Darcy and Pegg, 2011). To address this, we are implementing a disability awareness training program. This training will be a key factor in promoting inclusion for persons with disabilities, by eliminating the knowledge gap, insecurities, and stereotypes that can affect the service provided by employees (Australian Department of Education, 2022).

More specifically, within the hospitality industry, disability awareness training is essential to ensure that staff are equipped to provide excellent customer service to persons with disabilities and understand the different types of disabilities (Swanepoel et al., 2020). Swanepoel et al. conclude that the focus of the training should be on improving the skills and awareness of (frontline) staff (ibid).

To conclude, disability awareness training is an important way for hotels to become more inclusive and respectful of guests with disabilities. By providing training to employees, hotels can ensure that all guests, regardless of their abilities, receive the same level of customer service. Additionally, disability awareness training can help to foster a more positive and understanding attitude among staff members, leading to greater acceptance and inclusion of guests with disabilities.

In contrast, accessible construction is expensive and time consuming, and is not necessary for Van der Valk right now given its excellent physical accessibility. Furthermore, accessible construction investments also does not address the attitude and behaviour of staff members, which are essential for creating a safe environment. Disability awareness training is therefore a cost-effective way for a hotel to create a more inclusive and respectful environment for guests with disabilities.

5.3. Financial Perspective

The costs of the training depends on various factors, such as the population, current employee's skill level, type of training and productivity loss incurred (Markovic, 2022). Therefore, it is challenging to come up with an accurate estimation of the total training costs. According to CBRE, a hotel on average spent around 193 euro per available room in 2019 (Mandelbaum, 2022). Based on this, the researcher estimates that this training will increase the training costs per available room by approximately 15%, or €29.0. As the hotel has 155 rooms, this would mean the total cost of the training would be approximately €4,487.3.

It is estimated that the use of two accessible rooms will lead to an occupancy rate of 30% in the first year, or 219 additional rooms sold. Assuming a full-board ADR of 130.5 euro, the total revenue generated from the accessibility rooms is expected to be 28,580 euro in the first year. With a Cost of Sales (COS), taxes, and fees rate of 35%, the total net income in the first year is anticipated to be €18,576. Subtracting the cost of training from this results in a profit of €14,089 in the first year.

Although the financial benefits are limited, the project has a wider usage than just the two accessibility rooms. The training also has a wider social benefit, as the employees will also be able to use these newly gained skills in providing the best service to all guests. Having employees within the hospitality industry who can serve guests with less severe disabilities and still use a regular room can provide a competitive advantage given the increased demand due to the aging population and the increasing number of persons with disabilities (Darcy and Pegg, 2011).

To conclude, having employees that have sufficient disability awareness is essential in the hotel, as it helps to ensure that hotels are able to provide a safe and comfortable environment for all guests. It helps to ensure that hotel staff are aware of the needs of guests with disabilities. Disability awareness also helps to ensure that hotel staff are able to provide the best possible customer service to all guests, regardless of their disability.

In addition, disability awareness can help to create a more inclusive environment in hotels, which can help to attract more guests with disabilities and thus help to increase the hotel's customer base and improve its reputation.

6. Implementation Plan

The ADDIE model is used to facilitate the implementation of staff training. This five-step model helps ensure that training is delivered effectively and provides learners with the necessary knowledge and learning (Branch, 2009). It can also be used to plan and create the training for any audience and can be adapted to the needs of the audience or the situation (ibid). It is beneficial for both face-to-face and online training, and trainers can use it to ensure they are providing effective training that meets the needs of learners (ibid). In this project, the ADDIE model is a planning tool that takes into account all of the steps required for creating the training and achieving the desired solution.

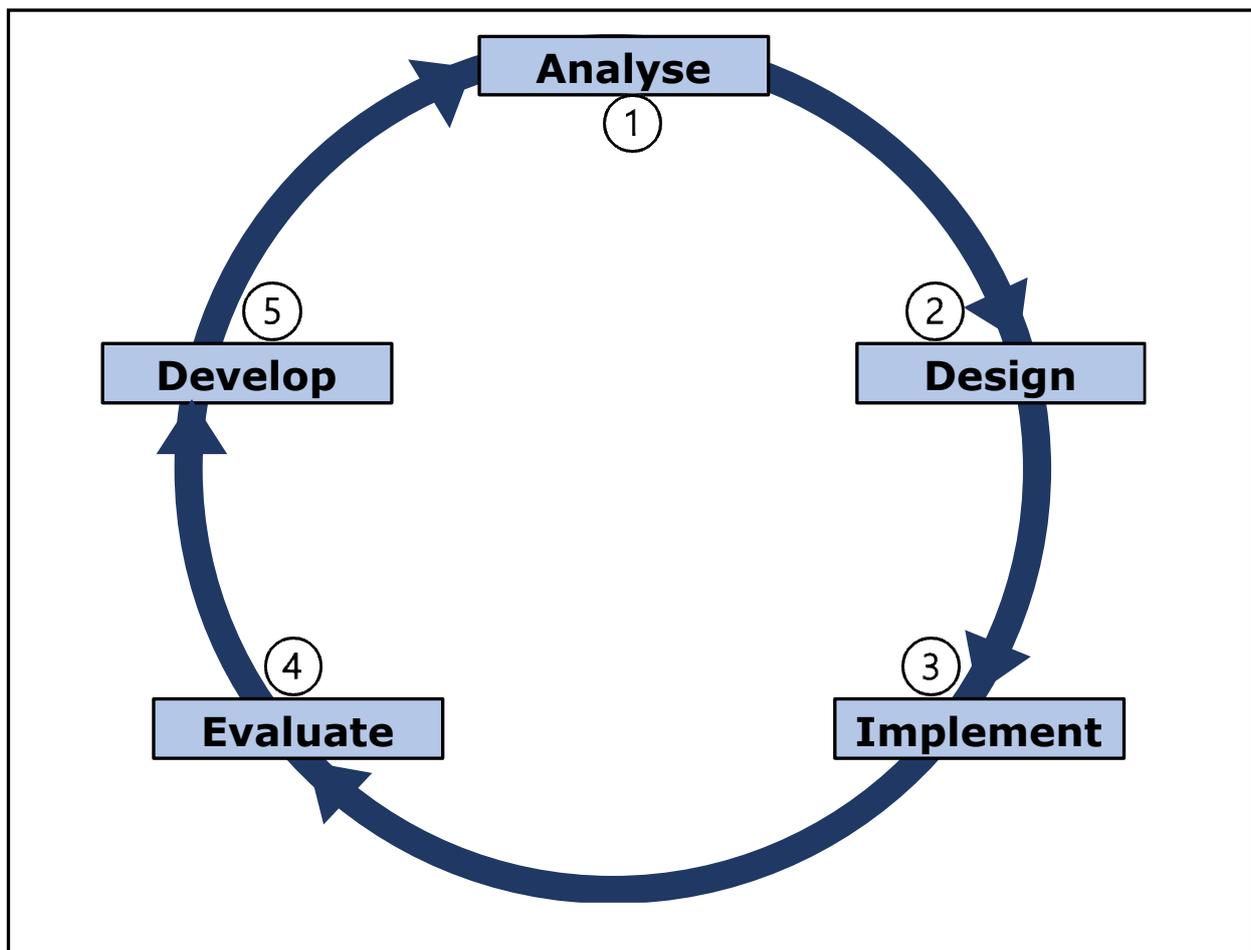


Figure 6: ADDIE Model (Branch, 2009)

6.1. Analyse

The analysis phase is the first step in developing a solution that addresses the requirements and needs of the target audience. This is the longest phase in the ADDIE model and often requires significant time and effort to complete successfully (Branch, 2009).

Analyse	Goal: Setting the goals and determining the scope			
Procedure	Parties Involved	Why	How & What	When
1. Validate performance gap	Researcher, persons with disabilities, Healthcare Expert	To clearly state the performance gap that the solution is focusing on.	Based on the literature review and research the performance gap is defined as a lack of knowledge and awareness from employees in understanding and communication with persons with disabilities . Please refer to Appendix 10 and 11 for an overview of the specific gaps that are attributing the to the performance gap	Week 1
2. Determine instructional goals and desired outcome	Researcher	Instructional goals are created to bridge the identified performance gap.	As seen in Appendices 10 and 11, the desired outcomes of each gap that was determined in Step 1 have been identified. Therefore, the researcher suggests that the goal of the training should be as follows: <i>"To educate the employees in understanding the different disabilities and their needs in order to communicate and provide service appropriately from the moment the guest makes the booking to the moment the guest leaves."</i>	Week 1
3. Confirm indented audience	Researcher, Van der Valk (Management)	To carefully select an audience that is both motivated participate and potentially capable.	The selected must be selected based on their experience levels, attitude, and potential skills. As seen in the solution design, front-line staff is in this case selected as the audience. This means that Van der Valk must select participants within the Front-Office, F&B, and Housekeeping. It is also essential to involve department managers in the training, as they are responsible for monitoring the employees' performance on a regular basis and therefore require the same learning goals.	Week 2
4. Identify required resources	Researcher, Van der Valk (HR)	To determine the resources and materials that are needed to create the training.	According to Branch (2009), there are four types of resources that should be audited before starting with step 2: 1. Content Resources: the training course, books, and articles about topic 2. Technology Resources: Flip charts, presentation software, display 3. Instructional Facilities: 1 Training room that holds the selected audience, 4. Human Resources: external trainer specialised on disabilities	Week 2

6.2. Design

This step in the ADDIE Model maps out the process in how employees will achieve the set learning objectives and should follow a systematic approach (Kurt, 2017).

Design		Goal: Create an outline for the training course		
Procedure	Parties Involved	Why	How & What	When
5. Conduct a task inventory	Van der Valk management, Clinic, Commissioner	The inventory of tasks is important because it outlines the expected performance and identifies the primary learning tasks necessary to achieve the established goals.	Management, together with a healthcare (rehabilitation) expert are going to list knowledge, skill and procedural tasks that are essential to reach the goal of preparing staff.	Week 2
6. Compose performance objectives	Van der Valk management, Clinic, Commissioner	Performance objectives are goals used to measure the success and results of the training that has been implemented, enabling the organisation to determine whether the solution has improved the skills of the employees (Pozo et al., 2017).	In a meeting, a discussion will be held to discuss and agree on the 1. performance (what the employee needs to do), 2. Condition (the circumstances under which the performance is expected to occur, and 3. Criteria (the quality that is considered as acceptable).	Week 3

Table continues on the next page.

Procedure	Parties Involved	Why	How & What	When
7. Determine subject matter and content	Van der Valk management, Clinic, Commissioner	The subject matter and content are essential in helping employees to develop their skills (Georgieva, 2019).	<p>At another meeting, a decision is made to either determine the subject content internally or to seek help from an external expert on the subject matter. The instructional goals and desired outcomes that were established during the development stage are discussed to determine what the employees need to learn and develop their skills.</p> <p>After assessing the desired outcome and the gaps present, due to the complexity of the training, it is recommended that the content should include a presentation about understanding different disabilities and adjusting the employees' communication style accordingly.</p> <p>Furthermore, the researcher recommends that a representative from a disabled community should be invited to the hotel to participate in the training (W Stonesifer and Kim, 2011). In the Netherlands, the non-profit organisation HandicapNL has many ambassadors or partners (HandicapNL, 2022).</p>	Week 3
8. Determine training delivery method	Management, HR,	A suitable delivery method of the training is needed to train the employees in an effective way	<p>Given the unique characteristics of this project, a method of delivering training must be discussed and agreed upon in a physical meeting. Possible training methods include game-based training, e-learning, role modelling, and role-playing, etc.</p> <p>The training should not only consist of a presentation about the content discussed in Step 7; the researcher also suggests following the same disability awareness program used by Embassy Suites by Hilton. This program includes a workshop where employees learn to interact with guests with disabilities in a natural way, and use role play simulations such as wheelchairs, walkers, ankle weights and blindfolds to gain an understanding of the disabilities (W Stonesifer and Kim, 2011). It has been suggested that interactive learning is the most effective way to learn and acquire skills. (Sahronih et al., 2019).</p> <p>Furthermore, workshops require participants to take a hands-on approach, allowing them to immediately implement the skills they are learning, making them an effective way of increasing their skills (Fatumo et al., 2014).</p>	Week 3

6.3. Development

In this step, the actual training will be developed based on the content and knowledge agreed upon in the earlier stages (Bouchrika, 2022).

Development		Goal: Complete the training and test the training		
Procedure	Parties Involved	Why	How & What	When
9. Visualise the training	Researcher, Van der Valk (HR & Management), Commissioner	This step is there to combine all the discussed content/details and visualise them.	The training will be visualised by the researcher through an infographic (Chapter 8.1). However, the most important part of the visualisation, the presentation, will be created by management, HR, and the commissioner. Additionally, feedback from interviews with persons with disabilities will be incorporated into the training as well.	Week 4-6
10. Check and test the training on errors, mistakes, etc.	All stakeholders	This step is to ensure a successful and error-free training session.	the development of the training is considered complete, all parties will receive it by email and conduct a thorough review to identify any errors or mistakes.	Week 6-8

6.4. Implementation

This step is about the actual introduction of the training to the employees and where the employees will start learning and increasing their skills (Treser, 2015).

Implementation		Goal: Giving the training course in an effective manner		
Procedure	Parties Involved	Why	How & What	When
11. Prepare the employee and trainer	Researcher, Management	This step in the ADDIE model helps to prepare the employee to interact with the learning resources in the most effective way and to implement strategies that will stimulate ideas from the employee.	A learning plan will be proposed and sent to the employees, which will include the schedule and preparation materials such as the infographic that provides the background information on why the training is important.	Week 8-10
12. Start giving the training	Management, HR, Employees	This is the step where the actual training is given, and all the prior steps are coalescing.	The training will be held in one of the on-site meeting rooms, which will reduce the cost. The training will be conducted according to the agreed details, covering the Analyse, Design, and Development steps.	Week 10

6.5. Timeline

As shown in the timeline below, the training will be created and implemented within 10 weeks, with emphasis placed on the first two weeks, as most of the steps will be conducted during this time and is therefore essential for the successful implementation of the training.

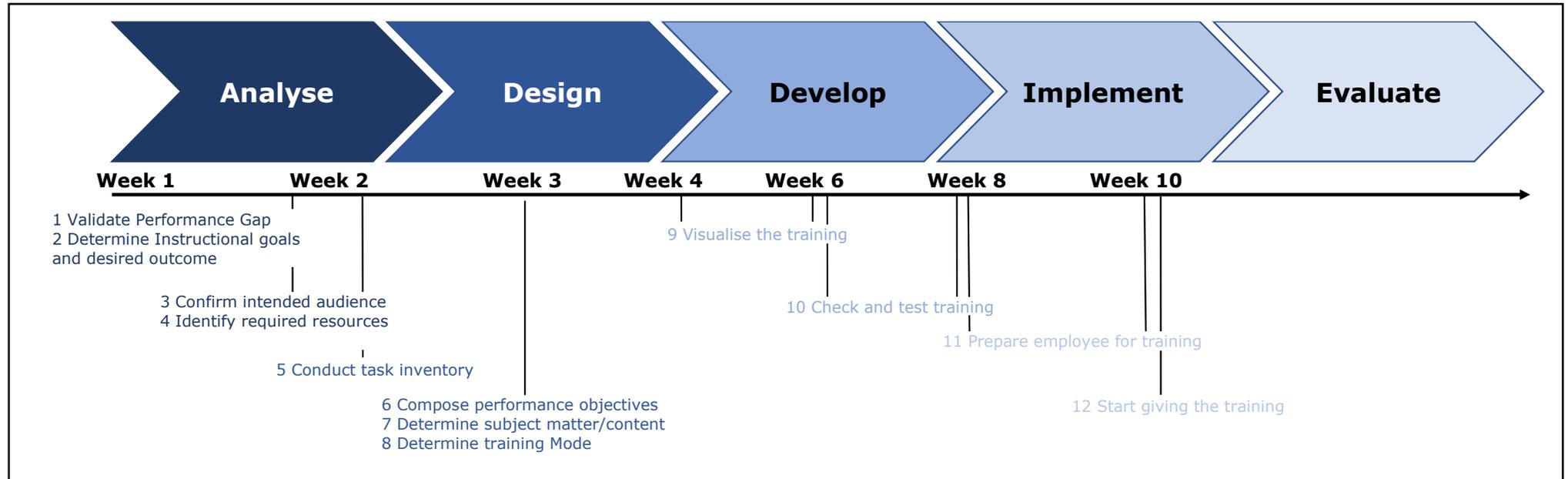


Figure 7: Timeline for Implementing Training

7. Evaluation

The last step in the ADDIE model is evaluation. The purpose of evaluation is determining whether the employees have acquired the desired skills and knowledge as a result of the implemented training (Mehale et al., 2021). Furthermore, it also has an importance in measuring the quality of the training programme when it comes to effectiveness in its design and delivery (ibid). In this case, it is therefore important to measure the impact of the training on the employee's performance and guests experience in order to evaluate the effectiveness of the training. Furthermore, the financial performance also has to be evaluated to see whether there is a sufficient demand to expand in the future.

Key Performance Indicators (KPIs) are playing an important role in the evaluation, as KPIs are a measurement factor used to determine the training performance (Vasanthi and Shakiladevi, 2020). Training is not a single process, but a continuous factor contributing to a competitive environment (Yimam, 2022). Therefore, it is expected and recommended to endorse continuous evaluation, where gaps are quickly identified and acted upon.

7.1. Evaluation Impact Employees

KPI: Awareness (as a result of communication and understanding)

Moment 1: Two weeks before training

Moment 2: 10 weeks after first persons with disabilities guest

Evaluation: 12 weeks after first persons with disabilities Guest, then every 12 weeks after that.

Questions:

- Before: (1) I feel confident when serving persons with capabilities, (2) I understand the different disabilities and how to act upon them (3) I know how to adjust my communication to the different guest' disability.
- After: (1) I feel confident when serving persons with capabilities, (2) I understand the different disabilities and how to act upon them (3) I know how to adjust my communication to the different guest' disability.

Before the training, a questionnaire will be sent out to the employees planning to attend. This questionnaire will ask about their communication and understanding skills when dealing with persons with disabilities. The questions are answered through a 5-point Likert skill where (1) is strongly disagree and (5) is strongly agree. This is followed by inserting the results in SPSS as followed:

Steps Paired Samples T-Test:

1. The Hypothesis

- H0: There is no difference between the level of disability awareness before and after the training of the employees.
- H1: There is a difference between the level of disability awareness before and after the training of the employees.

2. The significance level = 0.05 (Confidence interval level 95%)

3. Sig (2-tailed) P-Value

- Higher than 0.05 -> accept H0, reject H1
- Lower than 0.05 -> reject H0, accept H1

4. Conclusion:

- if P-value is higher than 0.05 -> with 95% certainty it is concluded that the training had no to limited effect on the level of disability awareness of employee
- if P-value is lower than 0.05 -> with 95% certainty it is concluded that the training has effect on the level of disability awareness of employee

7.2. Evaluation Impact Guests

KPIs: Hotel experience (with regards to safety, comfort, satisfaction)

A questionnaire will be created concerning the guests' hotel experience. The questionnaire that is sent out before the guests' stay will focus on their past hotel experience, while the questionnaire afterward will ask the same questions but in relation to their stay at Van der Valk Hotel. The questions asked will mainly evaluate the service provided by the employees and will be asked using a 5-point Likert scale.

Moment 1: two weeks before arrival guest.

Moment 2: one week after guest' stay.

Evaluation: 12 weeks after first persons with disabilities Guest, then every 12 weeks after that.

Example Questions:

- Before: (1) I feel safe during my stay in a hotel, (2) I feel understood by hotel staff, (3) The staff provides me the right service based on my capabilities.
- After: (1) I felt safe during my stay in Van der Valk, (2) I felt understood by hotel staff in Van der Valk, (3) The Van der Valk staff have provided me the right service based on my capabilities.

Steps Paired Samples T-Test:

1. The Hypothesis

- H0: There is no difference between the hotel experience of persons with disabilities before and after the training of the employees.
- H1: There is a difference between the hotel experience of persons with disabilities before and after the training of the employees.

2. The significance level = 0.05 (Confidence interval level 95%)

3. Sig (2-tailed) P-Value

- Higher than 0.05 -> accept H0, reject H1
- Lower than 0.05 -> reject H0, accept H1

4. Conclusion: If there is a (positive) difference, it can be concluded that the training was effective on the perception of the guest. If not, the training need to be re-evaluated and corrected based on the result of the questionnaire.

7.3. Evaluation Demand and Financial Benefits

KPIs: Occupancy rate (rooms sold), ADR, RevPAR, Spending per person

In order to monitor the success of the project, the financial performance also has to be evaluated. To do this, an Excel document is created to collect the ADR and occupancy rate continuously. As with the previous two evaluations, we will review the KPI results every 12 weeks. An example of this is provided below.

KPI	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Total
Rooms sold													
Change %													
Occupancy													
Change %													
Spending per person													
Change %													

Figure 8: Financial Evolution

7.4. Evaluation in ADDIE

Evaluation is also the last step in the ADDIE model. Based on the evaluation initiatives that are mentioned above, the overview looks as followed:

Implementation				
Goal: to assess the quality of the training and its impacts				
Procedure	Parties Involved	Why	How & What	When
13. Determine evaluation criteria	Researcher, Management	The criteria are essential in determining whether the quality of the learning resources meets the standards that were agreed upon in the design phase. (Branch, 2009)	The evaluation tools are determined through KPIs. Management can evaluate whether more KPIs are needed and continuously analyse the KPIs every 12 weeks.	Week 10/ Every 12 weeks after
14. Select evaluation tools	Researcher, Management	To select appropriate tools, as each measurement tool has its own attributes and different purpose (Branch, 2009).	The measurement tool that is recommended by the researcher is a short questionnaire that is described in 6.1 and 6.2. Management will however review and develop the determined measurement tools at the beginning of the training.	Week 10/ Every 12 weeks after
15. Conduct evaluation Employees	Van der Valk Management, HR	The employees are the driving force behind the project, so their performance and feedback should be carefully evaluated.	<i>Please see Chapter 7.1 for full explanation</i>	6.1
16. Conduct evaluation Guests	Van der Valk Management, HR	The project aims to create a safe and comfortable environment to satisfy the guests, thus feedback from the guests should be continuously collected, analysed, and acted upon.	<i>Please see Chapter 7.2 for full explanation</i>	6.2
17. Conduct evaluation Demand and Financial Benefits	Van der Valk Management, HR	Although the financial aspect is not the primary focus for now, it still should be closely monitored and assessed. If the management determines that there is enough demand for the project, it can analyse and invest in expanding the project.	<i>Please see Chapter 7.3 for full explanation</i>	6.3

8. Dissemination

8.1. Act of Dissemination 1: Infographic

The researcher wanted to give a presentation to the commissioner in order to explain the findings of their research in detail. However, due to the absence of the commissioner, the researcher had to present the findings in the form of an infographic instead. An infographic was chosen given its engaging nature, increasing the attention and leading to increased comprehension (Murray et al., 2017; Zadro et al., 2022).

The infographic (Appendix 12) shows the background information, the advantages of the project, and why disability awareness is the chosen solution, along with reasons and explanations. It can be used to prepare and motivate employees for the upcoming training and make them understand the purpose of it. The commissioner and Van der Valk Hoorn both benefit from having a clear and concise understanding of the research results without needing to read the entire report.

However, the researcher is aware of the limitations of using an infographic. For example, the infographic often fails to provide enough information for readers to understand the findings and results of the entire report (Ferreira et al., 2022).

8.2. Act of Dissemination 2: Standard Operating Procedures

As mentioned throughout the literature review and in my own research, it is considered impossible to standardize all procedures for serving persons with disabilities, as this group is too diverse and has different needs.

However, both primary and secondary data highlight the importance of the pre-arrival stage of the guest's stay. As seen in the qualitative data taken from the founder Van der Valk Care, head of hospitality in a healthcare as well as the specialist, these procedures are a vital process for a successful stay. The hotel check-in procedure is important for persons with disabilities because it allows the hotel staff to ensure that the guest's needs are met and that they have a comfortable stay. It also allows the staff to provide any necessary assistance or services that the guest may need, which contributes to a safe and stress-free stay for the guest. Additionally, it allows the staff to provide the guest with any information they may need regarding their disability, such as accessible routes, accessible amenities, and other helpful information (Kim et al., 2012) (Appendices 3, 4, 6).

Moreover, SOPs are seen as a well-fitting addition to the implemented training, as SOPs are not only a tool for employees to ensure quality and safe services, but also a tool for them to ensure they are utilizing the knowledge they gained from the training (Rahmawati, 2019). SOPs provide a step-by-step guide to completing tasks, which can help to ensure that each employee is trained in the same way and that tasks are completed correctly. SOPs also help to reduce errors and improve efficiency, as they provide a clear set of instructions that can be easily followed (Salmen et al., 2022).

The created SOP that is seen in Appendix 13, is based on the Hollmann et al. (2020) article on creating SOPs. The steps that are explained in the three different SOP are taken from the researcher's interviews, as well as two important articles from Hussien and Jones (2016) and W Stonesifer and Kim (2011) that are both explaining why the pre-arrival and check-in phase is important in working with persons with disabilities.

This Standard Operating Procedure adds value to the organization by transforming the literature review conducted by the researcher into practical application, allowing for a better understanding of the literature.

Just like training, SOPs also need to be validated and reviewed periodically in order to improve the document and reflect any changes that are necessary (Hollmann et al., 2020). Therefore, the SOPs need to be checked by the manager every 12 weeks, according to the evaluation that is mentioned in Chapter 7.

8.3. (Stakeholder) Dissemination

Despite the lack of influence by the commissioner and the organisation, as part of dissemination, the solution design chapter, infographic, and the SOPs has been sent out by email to the commissioner. He gave brief feedback and confirmation on the proposal, but he did not manage to do the same for my final report and deliverables.

Nevertheless, as seen in appendix 14, the researcher still wished to present its findings and deliverables, and therefore sought the opinion and expertise of Ms Sietsma, who has also been involved closely over the past months. This happened through a Teams video call.

Furthermore, as compensation, the researcher also decided to share an infographic with the hospitality industry through LinkedIn, in order to raise awareness and get hospitality colleagues thinking about the topic and its importance.

The proof of dissemination can be found in Appendix 14.

9. Academic Reflection and Future Research

9.1. Research Topic and Literature

The topic of this research was challenging at the start, given the fact that it also focused on a completely different industry than hospitality. Researching a completely different industry required a lot of effort and careful reading in order to obtain the relevant data that is needed. Furthermore, due to the size and expansiveness in the healthcare systems around the world, it was challenging to select the appropriate data. Nevertheless, the researcher was able to collect accurate and reliable data and therefore gained a better understanding of the topic. Despite the difficulty of the topic, the relevance to hospitality and the importance of this topic made the researcher's experience of working on this topic a positive one.

9.2. Problem Analysis

While the research journey began broadly, the researcher was able to sufficiently narrow it down, making a reasonable analysis that met the client's goal. Despite efforts to research the governance needs, more research could have been done to gain a better understanding of the financial requirements of the issue.

9.3. Research Design and Methodology

As part of the prerequisites, the report was guided by the Design Based Research Cycle. Given the complex nature of this research in the healthcare, this model created a structured approach in the research. Additionally, the researcher incorporated the ADDIE model into the implementation plan of this report. The ADDIE model was utilized as a tool to design and plan an effective training solution. Since both models prioritize optimizing the organization effectively and efficiently, the researcher did not encounter any difficulties in employing them both.

It can be said that of all the aspects of the project, the methodology was the most difficult to carry out. The initial plan was to collect both qualitative and quantitative data in order to gain the most accurate view of the topic. However, a lack of access within the population and the absence of the commissioner who had promised to bring the researcher into contact with relevant parties resulted in major difficulties in this process. Please find the additional biases in Chapter 3.3.4.

Despite the difficulty in finding relevant participants, the researcher was still able to do so, and they provided valuable qualitative data. This, combined with extra work on the literature review, helped to minimize the negative effects. Furthermore, the report made the commissioner and the hotel manager aware of the importance of training hotel staff to accommodate persons with disabilities, and that it is more than just increasing the physical accessibility of the hotel through construction. The design of the solution also provided a foundation for implementing accessibility awareness training in order to create a safe environment for this particular group. Moreover, the solution design and implementation plan will help the stakeholders to continuously improve the processes, as the researcher recommended a continuous evaluation that is described in Chapter 7.

9.4. Implications for Further Research

For future research, the researcher recommends researching the needs and wants of Dutch healthcare providers in order to make the project more financially attractive. This was especially challenging due to the complexity of the organizations' structures, thus requiring more effort to comprehend.

Furthermore, the researcher recommends researching options for increasing the occupancy of this project. As mentioned in the literature review (3.1), there are more than 2 million persons with disabilities in the Netherlands, and this number is projected to increase. It would be beneficial for the hotel to understand how to reach out to and attract this group in order to increase occupancy and financial returns. As mentioned throughout the report, if it is marketed correctly, having an accessible hotel can be seen as a competitive advantage.

Appendices

Appendix 1: Methodology Table

Research Question	Data Collection	Respondents	Details Respondents	Interview
SRQ 1: <i>What are the patients' needs and wants for recovering in a hotel over a hospital or home?</i>	Primary Data: Semi-Structured Interviews & Unstructured Interview Secondary Data: Literature review part 1	Patients Expert in the Field, Founder Van der Valk Care, Head of service in Care Hotel	Patients: the input of patients from a modern Care Hotel is used for interviews, as the patients of the subjected clinic were unavailable. Nevertheless, these respondents show many different characteristics, as they are now also experiencing a stay in an adjusted hotel.	Appendix 5
SRQ 2: <i>What are non-medical essentials Van der Valk needs in order to create a safe recovery environment?</i>	Primary Data: Semi-Structured Interviews & Unstructured Interview Secondary Data: Literature Review part 3	Patients Expert in the Field, Founder Van der Valk Care, Head of service in Care Hotel	Expert in the field: An unstructured interview was held with an expert that has both practical experience as a physiotherapist and strategical overview experience as his current job (Specialist Strategic Alliances). In an unstructured interview, his insights and experiences with this target group,	Appendix 3
SRQ 3: <i>What role can hospitality service play in order to create a safe and hospitable environment for the target clientele?</i>	Primary Data: Primary Data: Semi-Structured Interviews & Unstructured Interview Secondary Data: Literature Review part 2	Patients Expert in the Field, Founder Van der Valk Care, Head of service in Care Hotel	Head of service in Care Hotel: An semi-structured interview was held with the supervisor of the service department within the Care Hotel. As she originated from hospitality, and has been active for 8 years in dealing with PwD while combining hospitality, this interview was intended on gaining	Appendix 6
SRQ 4: <i>What physical changes within the hotel environment does Van der Valk need to make in order to accommodate the target clientele</i>	Primary Data: Semi-Structured Interviews & Unstructured Interview Secondary Data: N.A.	Patients Expert in the Field, Founder Van der Valk Care, Head of service in Care Hotel	Founder Van der Valk Care: Van der Valk Care is one of the first initiatives that focuses on making a regular hotel a suitable place for PwD. Therefore, a semi-structured interview was held with the founder to gain an insight on challenges and experiences from the project.	Appendix 4
SRQ 5: <i>What are the (financial) benefits for Van der Valk?</i>	Primary Data: Secondary Data: Literature Review part 4	Patients Expert in the Field, Founder Van der Valk Care, Head of service in Care Hotel		

Appendix 2: Colour Coded Sub-Research Questions

Sub Research Question	Colour
SRQ 1: What are the patients' needs and wants for recovering in a hotel over a hospital or home?	Green
SRQ2: What are non-medical essentials Van der Valk needs in order to create a safe recovery environment?	Yellow
SRQ 3: What role can hospitality service play in order to create a safe and hospitable environment for the target clientele?	Blue
SRQ 4: What physical changes within the hotel environment does Van der Valk need to make in order to accommodate the target clientele	Red
SRQ 5: What are the (financial) benefits for the stakeholders involved?	Purple

Appendix 3: Interview with Specialist Strategic Alliances

Interviewer Well, thank you very much for taking the time to conduct an interview with me! As I have told you about the project in the mail and just before the start of this interview, is it clear to you?

Interviewee Yes, it is.

Interviewer Right! First of all, can you tell me a little bit more about yourself and your experience in the healthcare industry?

Interviewee Of course! I work in the Gelderse Vallei Hospital as a manager strategic alliance. Basically, my job consists of connecting different healthcare initiatives that are contributing to innovation in the industry, both digitally and physical care. Think about cooperation between nursing homes, hospitals (first-line care), and so on.

Interviewer Right, so I assume you are aware of the current challenges and problems in the industry that also led to this project?

Interviewee Indeed, what you said, there are fewer healthcare workers. There is more care demand, and how can we solve that? So, there is all right, so more of a yes that you have a clear overview of what is happening from a yes. And yes, especially strategically you say, I think it might come in handy.

Interviewer I agree. Are you also familiar with the rehabilitation and recovery part of the healthcare? Mostly the recovery of the patients after a medical intervention or surgery.

Interviewee well, I originated from the physiotherapy, and has been working as a physio up until 8 years ago, so it's safe to say that's a yes. I have always been involved in that sector, and also gained responsibilities when it comes to nutrition, exercise and sport, which is all included in rehabilitation care.

Interviewer And what are challenges you see in the industry, especially taking the aging population in mind?

Interviewee What I see as challenges is actually twofold. First of all, we need to get people better prepared into surgery, so that there is less care needed afterwards. But also, if there is actually more care necessary afterwards, than we need to think about how we can provide that care in a smart and efficient way. Is that possible at home, or do we need to that in an institution or even in a hotel, what you are investigating.

If you take the standard recovery periods, then only a very short intervention/treatment is needed, which is not a very intensive one. If it deviates, then it is needed. So, we actually have to do some kind of risk assessment and that's already being done. Which people really need the care that is offered? If you're talking about telemonitoring, there are already thoughts about letting people just go home and see if you can monitor them with image and sound. Let them do exercises under the guidance of a digital coach or whatever, that is already being done, but still sparsely and the major bottleneck in this is the funding structure. Who actually pays for that? It is the cost of the initial investment, in the tools, and educating people, but in addition it is also the structural funding for those who offer it.

Interviewer I see. Financing is generally a tricky part in the industry, because for outsiders it is often not clear who finances what, while health insurers also aren't the most transparent organizations financially related.

Interviewee Well, yes, but there aren't really paid titles for it either, are there? So that, that's what it's all about, isn't it? So, for example, as a hospital are working on a new hip of a patient and make sure they end up in the right place. But we often see that those places are not available. And that's because well, whether there is not enough staff or whether there is the payment title are not sufficient, so one of the two yes and so-and-so pays titles. Yes, it is simply not always issued by the health insurers, because they also have a statement. And that's also making sure the money isn't spent 3 times, isn't it? So, there's just tension there.

Interviewer That is clear to me. You mentioned earlier the initiative of image and sound technology to remotely provide care to the patient, were you involved in this?

Interviewee No, that was just after my time as a physio. What we do as a hospital ourselves, I do know, is think about the tele monitoring, both at home as in the hospital itself. We do that for chronic problems, so cardiovascular disease, COPD, et cetera. What are the problems there, is the affordability of the applications so far, eh? The cost is very, very high for relatively small groups. So, you don't have it yet. It's the tipping point, eh, of the power, the power of numbers that you have the power to negotiate with the providers of the software. And that's a second. Second problem is that. You are talking about 24-hour care, and you need a monitoring location? But it is too small to organize that yourself as a hospital. It has not yet been defined which regions should already do this. Those business region centre want it, so we're right in the middle of that.

Interviewer right, I understand that. The idea of telemonitoring is still quite new, and while it is a great concept that in potential reduces pressure on the healthcare industry as it focuses on intervention. However, do you see a potential market for it in the future, as the reduction of physical care is a big change?

Interviewee Well yes, but it's not all about the focus on physical care, it's all about making sure the available hands that are being used in the right way. As an example, nursing homes are now also investigating, which I think that also fits the question of your client. Nursing homes are now also looking at, how can we use image and sound to ensure that the regular check-up rounds in nursing homes are becoming not needed anymore. That you no longer make the standard rounds through the department and that you therefore must open all doors. If you can arrange it with image and sound that you only go there, when necessary, you save a lot of capacity whilst providing the people the right care they need at that moment.

Because a lot of questions that are there are don't have to be solved by healthcare staff at all, as others can do that too, right? You get a much better, much more efficient use of the available capacity.

Interviewer what you say is interesting. As my main focus lays not on the medical field, but more about how hospitality (and hotels in particularly) can help in providing the much-needed care, it is interesting that you say that a lot of questions does not necessarily have to be answered by healthcare staff themselves. Can you be more specific in how a hotel and hospitality could help these patients?

Interviewee I think that is easily possible. The only thing is that you do need the environment. You have to set it up in such a way that it is safe, but okay, that is one of the preconditions. Plus, you have to ensure through monitoring that you strive for the effectiveness of the deployment of healthcare staff. What there is seems fine to me. I think that the hospitality within hotels is many times better than within healthcare. However, you need to ask whether it is affordable? This regard is not in my portfolio.

Interviewer Right, but in general it is safe to say that hotels are cheaper to operate than hospitals. You also mentioned that hotels are a better environment than a hospital. Why do you believe that?

Interviewee It's quite obvious right? A hotel is fully designed with the focus on hospitality, customer-friendliness and taking care of people. Meanwhile hospitals aren't just a right environment, right? You won't recover fast while being there

Interviewer You're right, based on Dutch research it is concluded that on average a patient sleeps a couple of hours less in a hospital.

Interviewee Exactly.

Interviewer Earlier you mentioned that a hotel could easily accommodate this patient, with the most important condition that it has to be a safe environment. How do you believe a safe environment is created in a hotel?

Interviewee Well, staff is incredibly important really. You need to have enough staff, especially skilled staff. Furthermore, clear procedures need to be put into place in case something is going wrong, both medically and non-medically.

Interviewer And physically wise? In terms of accessibility or digitalization?

Interviewee Well, van der Valk, they already have care hotels, right? You know that. You've probably researched too. Yes, they have probably also thought about how you could improve accessibility by using digitalization. Yes, I would also listen to those who have them in the corona time. They knocked on the door of different hospitals too, didn't they? from different hospitals. So, the concept is of course not new. And of course, you can simply set up that care. There are those medical service centres it's called by the way, I don't know if you know them you, but it's called Naast and are located in Doetinchem. They have furnished and designed medical service centres for years, so maybe you can see if they can be of interest.

Interviewer Clear. However, I am focusing more on the non-medical and hospitality side since healthcare is not my expertise. In your time active in the physiotherapy, you have obviously helped quite a few people that are falling under the target customer group. Based on your experience, what do you feel are needs and wants of this group if they decide to stay in a hotel?

Interviewee That is a good question. Look, it depends on your specific target audience and their characteristics. You have certain characteristic features that belong to certain target groups. you know that too. When you look at the chronically ill patients, like diabetes, COPD, et cetera, these are, pareto rule, 80% more patients that you are in the lower social economic status. They have different needs than the people who have a hip or knee replaced at an accelerated age. These are younger and have the need to go cycling, go for a walk, etcetera, don't they?

So, the degree of independence, and to reach that independence as quickly as possible is very important for that target group. for those chronically ill, however, self-reliance is also important, but also good information instruction clarity, having a one point of contact. Well, all the things that go with that.

If you look at what is important in a hotel, I think accessibility is also that there is always someone available. To eat, drink, and obviously good coffee. Yes, super important. And use of informal care and thus also allow or actively involve help for informal care. Also, that instead of not going into her house, that it can be in hotel

Interviewer Informal care?

Interviewee I mean more the caregivers around the patient himself. Okay yes, huh? So, like directly relatives actually. That you involve them well in everything. Okay, clear sense of security, but that seems to be the first thing you start with.

Interviewer Agree, creating a safe and secure environment is one of my sub questions actually.

Before rounding off, I would like to ask a bit more about the 80% that are chronically ill. What are the most common obstacles for them to recover at home?

Interviewee Well, the current care structure revolving the chronically ill is quite well organized now, isn't it? Especially the GP who does a lot of things in there. However, it's a lot about behaviour with this patient, isn't it? Are you able to adjust your behaviour in such a way that you can cope well with your illness and that is where the most effort is put in.

Interviewer Okay so more regarding lifestyle, food, exercise, etc.,

Interviewee Yes, basically choices in life.

Interviewer Clear! Could a hotel possibly play a role in this manner? Besides offering healthy alternatives during their stay?

Interviewee Well, no, I don't think it's a responsibility that are falling outside the hotel industry no, I don't think so.

Interviewer Clear! That's it from my side, do you have any other remarks?

Interviewee No, from my side its clear as well! Good luck and have a nice day!

Appendix 4: Interview with the Founder of Van der Valk Care

Interviewer I am performing research in collaboration with Pieter Van Weijen, and he asked me to perform a thorough research to create a perfect hotel room for recovering patients of a ZKN clinic in North Holland. If proven successful, then the product can expand further within Van der Valk. My first question is if you can introduce yourself and your role within Van der Valk Care?

Interviewee Yes, I can. I started in 2015 with Van der Valk Vital (which was later rebranded to van der Valk Care) was basically operating as a rental company in which we rented out hotel spaces. However, these were hotel rooms that were converted to consulting rooms, as the bathroom and most of the furniture was taken out. We rented 20 hotel rooms to physiotherapist occupational therapist, a psychologist, a dietician, anything that involves has to do with vitality and was acting as a sort of circle around the large fitness area that has 2500 members that are wanting to lose weight, or to recover from several injuries.

Interviewer: I understand. What was the reason behind the introduction of Van der Valk Vitaal?

Interviewee The main reason was to boost the occupancy, really. Our hotel was getting too big after the renovation as the occupancy was too low. This was basically introduced to attract a new target group.

However, now we have 21 rooms that are adjusted for Van der Valk Care/Vitaal, including a swimming pool that is mainly operating as an independent 'unit' within the hotel. A couple of years ago I thought about expanding the service that include nursing and accommodating patients from hospitals that are unable to go home (too good for the hospital, too bad for going home).

Interviewer: And how did this nursing element play out?

Interviewee: Well... that was a bit of a thing, because in the Netherlands patients don't want to pay for health care services, as they believe they are insured for it, which is often the case. So, the service for private individuals (particulieren) we could not implement as it was simply too expensive.

However, the healthcare provider (insurance) actually thought along, as they thought it was a good idea, however they just don't understand anything about pricing, meanwhile a patient pays as much as € 750 for a hospital bed and they paid € 130 for a hotel bed so including full board, a bed, and 24-hour nursing. So, 24 hours of care already costs € 500 per night so you have to hire that. There are enough people available who can because that shortage is admittedly in hospitals and in nursing homes, but the private market is sufficient to purchase nursing, making it not much of a problem. Only yes, if you implement this nursing service then that price increases and you will not be able to sell your room for € 135 course.

Interviewer: So, the 24-hour nursing wasn't viable at all?

Interviewee: So, at first, I have lost quite a lot on that. However, that was not the case if you had a maximum occupancy (maximum as in all 12 rooms within Van der Valk Care), then it was viable since you could split the nursing costs across each room. However, this was not the case if it wasn't fully occupied and then the turnover disappeared in the drainage.

Concluding, the health insurers were not wanting participating in that which led to stopping the 24-hour nursing and reducing it to two-hour care, where the guest/patient only paid for the two-hour nursing including simple and no complex personal hygiene tasks. Yes, I had the occasional case. I didn't either really a lot of effort. I don't really have the marketing intensively done on it. Cause It was quite a hassle, you know, People have very many questions. You know about all kinds of things that we can't offer then, because it is lightly complex, while the mania of that patients is enormous. so, I got it to really just scaled down a bit and thought of well, I don't really want to work so intensively on that anymore and other than that, our hotel occupancy from the hotel just ran full, you know? We had a lot of Leisure guests who just went on those Care rooms ended up as the total number ran.

Interviewer: So, they were also backwards adjustable to accommodate regular guests, even though they were adjusted?

Interviewee Yes, so it works a bit like a harmonica that you could scale up and down regularly.

Now, we accommodate COAs (refugees) in the designated care rooms and they are generating €130 per room per night per person while you don't have to do too much. However, coming back to the basic principle, it is safe to say that it did catch the market (that is why Pieter is also excited for this product), only the financial flow behind it does not work in this country.

Interviewer: I understand this issue indeed, as the financial side of the industry was the biggest problem in my research, as there is little financial transparency from both health insurance and medical institutions, making it hard to perform an extensive cost analysis. This makes it also for the patient hard to convince as he has little idea about what is actually going on in his healthcare expenditure besides paying his 'own risks'.

Interviewee No, that's right, look and hospitals. We also become a rival for the hospital, for example in Tiel Rivierenland, is a regional hospital and we are therefore really seen as a competitor. And we are because we provide better care. It's one on one care in a hotel environment, so People are anonymous, you know, they become, and you have much better food and everything the service nicer, the ambiances much better and it is also proven that the People In the recover faster. So yes, it is. We are also a real competitor. That's how we see that too and a hospital therefore lives on a very low margin. With us in Tiel it is 1.5% or if so, if we are still there start taking their patients, yes, then there is not much left for them.

Regarding the price on a hospital bed, we concluded that it is in between €700 and €950 per night, which of course depends on the hospital itself as the academical ones are a little more expensive.

Interviewer: My calculations are in that range as well, thus making the stay in a hotel more comfortable and far cheaper than a hospital.

Interviewee Agree, so in theory It should work perfectly. From experience, we also saw that when we were fully occupied during the flu wave in 2019, we really saw that the 12 rooms were really forming a bond within the hotel, which was something that we did not expect. I had really thought that they were inviting their family to go there for the family brunch on Sunday. But no, that's not what happened at all. Instead, those People stayed with each other, so they are going to eat together to bite lunch and dinner, they're all going to do that with each other, so the whole mixing in between the normal hotel guest was not there.

Interviewer well, that is quite surprising indeed. About the target group actually, I am getting a sense that they are mostly the elderly, less vital people. Is that correct?

Interviewee Yes, you're right indeed.

Interviewer Is that then exactly your definition of the target group?

Interviewee Yes, so those were indeed people that came from the hospital and have not yet been able to go home. So indeed, two arms broken. New hip, new knee. Look, we each cannot have a much more complex care than that. We have had someone once, he had a spinal cord injury, but that had to go back to the hospital after the 3rd day as it was too complex for Van der Valk Care. Moreover, I would really define the target group as 60 plus, that also really loves the experience of staying in a hotel yet are not experienced in staying in hotels. Making it not a regular hotel guests, such as a business guests, making it a guest of a 'lower level'. This type of guest is mostly what when the stay of the guest is fully insured, if the guest has to pay it themselves the threshold is a bit higher.

However, it is good to mention that we have never really invested into a proper targeting. Despite this, we still want to invest into utilizing our disabled rooms across all van der Valk hotels, since these rooms are by far the least utilized room category. As we are unable to cater these rooms to regular hotel guests as they are just not attractive enough. Therefore, we want to connect all accessibility rooms of the hotels in one network in the future, so that we can market them as 'care rooms' to more utilize them.

Interviewer What are the challenges into making this project a success?

Interviewee Well, I've got two students of the Hotelschool in Leeuwarden working on that, actually haha. However, the biggest challenge is just simple providing the necessary care to these patients/rooms. You can see the care as some kind of relocated home care, but then you need a health insurer that pays. These insurers are willing to cover it, since the product is basically remaining the same yet in a different location, but it is still not implemented yet. We also spoke to a local company that provides home nursery, and we do see a possibility in there as well, despite challenges with peak hours in demand.

Interviewer I see. However, my particular case is to research whether remote care can replace the need for physical care in the hotel rooms, taking away the issue of physical nursing. This means that a work agency will take care of monitoring the health of the patient on a distance. This is therefore taking away the more serious patients that need more care, but instead focuses on patients that are unable to go home due to major non-medical related issues. To accommodate this type of guests, you of course need a safe environment. What have you done in Tiel to create a physical safe environment?

Interviewee: well, the non-medical side is more complex then, as you will focus on a different target group. we expect a certain amount of independence of the guest as we don't want them loitering around.

Interviewer well, let me say it differently, I mean guests the guests are still dependent, they just cannot go home as they have troubles in their house regarding cooking, doing groceries, or have just a very inaccessible house.

Interviewee: That is indeed the type of patient that we are focusing on. Because for example if you live on the third floor without a lift and you just received a new knee, it is better to recover for that in a hotel. However, we do not want so-called 'residents' as we did not have good experiences with them as they are quickly becoming too demanding. So, the focus is on patients that are staying no longer than 2 weeks. This type of demanding guests is more suitable for other hotel chains, as we are a business hotel with a high throughput.

However, when it comes to creating a safe environment, we have made several adjustments in the rooms such as safety rails next to the toilet that you can assemble and disassemble easily so you don't need to see it if you're a regular guest. We have made the shower accessible for wheelchair access. We also have a separate shower chair. We don't have such thing on the wall that folds out, you know, we have just loose thing. We can also put a 'parrot' handle beside the bed, although this is a little more difficult since our fantastic, implemented high-low beds that are so low to the ground that the parrot does not go under it, and you have to replace it with a less comfortable hospital bed.

Furthermore, I am very enthusiastic about automatic closing and opening curtains. So, People who are infirm they can easily close and open it with their tablet. As this is not only luxury of course, also practical since people with a wheelchair or with a walker can experience troubles with it.

Furthermore, we have a table where you can eat at, so room service can easily be brought to the rooms and then you can you sit opposite each other. So basically, a foldable table/desk like a sliding plateau which enables to eat together within the room.

Interviewer Well, great that these features enhance accessibility within the stay of the guest. Are there however negative features within the room?

Interviewee well, yes actually. The doors are quite the problem. They are quite heavy and have a mechanism that make the doors close automatically. It's needed for safety regulations, though, so there is not much we can do about that. But it's quite the hassle.

Interviewer In a situation like this, where a guest is unable to for example open their doors, how do they communicate with the staff?

Interviewee Well, we used to have some kind of watch or telephone that made a call to the staff, but we phased that out since it was often just too slow. Now we have a Ring bell, you know, the WIFI bell with the camera. It's still a little bit dull if you ask me, though haha.

Interviewer and who is responsible for answering the call?

Interviewee well, if the nurse is on site, it is her. However, that is only two hours a day, so if they are not there it's the reception staff.

Interviewer Clear! Are there significant physical changes outside the hotel room? Like did you place the unit of van der Valk care close to the entrance for example?

Interviewee No, not really. The hotel in general is quite modern and well-integrated when it comes to accessibility. Of course, we have the accessibility parking spots that they can make use of. However, our service for this guest includes assisting the guest with taking the luggage from the car etc., so that is how hospitality service is helping the guest as well.

Interviewer alright, that sounds clear. Another question is regarding making the guest feel at home. Based on research, I see that even though it's not the best option, patients often chose to recover at home as he/she feels the most comfortable at home. What are you doing to convince this type of patient into staying at a Van der Valk Care hotel?

Interviewee well, we are not really marketing the product unfortunately. We are working on that, but that is in progress. In my opinion, a stay at van der Valk is essentially not too different from home I would say, when it comes to recovering at least. For example, a physiotherapist can still come here to treat the patient, like for example exercising with

walking up and down the stairs, or even making use of our pool. This can also be the case in your case, in Hoorn, as they also have one. It is however quite basic, as we do not have extensive facilities regarding the medical treatment of the guest.

Interviewer That makes sense, as you are still a hotel and not a clinic in the end. Another question, I really like how a hotel can customize the hospitality service according to each guest, which is often not the case in a regular hospital. From your experience with this group, have you properly sensed their needs and wants?

Interviewee Well, we recognized that not having a public room (living room) (zamelijke kamer) for the guest is definitely a shortcoming. I really think that is a bummer, but I initially thought that these guests were going to make more use of the main restaurant to hang around and drink coffee, wine, or eat a snack during the day.

However, even though they are independent enough to for example sleep in, these people still want to have some kind of structure, and I think having a living room concept could actually work, like they have in Zorghotels for example. But we do not offer it, even though there is a significant need for it by the group.

Interviewer how did you recognize this behaviour and want of the target group.

Interviewee well, also from personal experience with my own mother and in the hotel itself. Without a living room, the patients are always at the hotel within their mind that they are going to leave soon. I think that is a shortcoming for guests that are staying a little bit longer.

Interviewer Right. About the length of stay, what kind of pattern do you see?

Interviewee Well, we try to focus on guests that are 3-4 days in the hotel. There are exceptions of about 2 weeks though. By the way, we also recognized that these guests really like to stay anonymous within the hotel, as they like to be considered as a regular hotel guest by the other guests. We once had a terminally ill guest, that was in his last stage of his life, who really enjoyed the leisure aspect with his wife at the time. You know, going out to the city during the day, having a nice dinner, going to the barber, all sorts of activities that you will not see in a hospital and that helps you to increase their state of mind.

Interviewer So it is important to let the disability 'disappear' to the background during the guests stay? Do you feel from your experience that this is enhancing their recovery process?

Interviewee Well, yes actually. But we also need to do this. We have a high throughput of both personnel and staff. therefore, you cannot simply adjust your team to each specific guest, as they often experience this type of guest as burdensome mostly. At the beginning I always had to stay on top of the personnel to make sure they provided the right service/care for this sort of guests, and that was quite difficult to be fair

Interviewer Right, interesting. So, I see it can be tough to make sure the personnel is providing the right care, especially with a high throughput or for example the shortage of hospitality staff. Regarding the service by personnel, do you differentiate within F&B and reception the regular hotel guest and the Care guest?

Interviewee Well, ideally you don't want to. However, the patient is demanding it from the staff. And rightfully so, because they are often 24 hours within the hotel while the other guests aren't. But I think it is very difficult to combine, as the staff is not there to entertain the patients. But to be fair, I haven't found a solution for this. This is by the way

an issue for patients that are staying longer, for patients that are only here for 3-4 we do not really see the issue.

Interviewer in terms of service, do you provide extra service that you would not provide to regular guests?

Interviewee: Yes, to an extent. Whether it is taking the luggage out the car or offering more room service options to the guest.

Interviewer: Are those two services the only ones?

Interviewee No, not really. Look, regarding the recovery process, we think it is important to at least offer the option of physiotherapist. Also, because it is quite easy to implement, and they can make use of the already existing facilities.

Interviewer Do this type of guest need the extra service and attention? Like do you recognize that they have difficulty walking or easily overwhelmed in the hotel environment?

Interviewee They can have difficulty walking, but most of the time it is fine, as there is no time pressure for the guests, so it doesn't really matter if they walk slowly or accidentally take a bypass. But listen, it's just a different target audience for us. For the short staying guests, we are perfectly suitable, but for longer stays guests tend to feel a bit lonely making us not so suitable.

Interviewer Right, but service remains a vital part in a good experience of this patient/guests. Earlier you mentioned that sometimes staff can feel a bit bothered or experience it as difficult to work with this target group, how do you see that?

Interviewee Some of them, yes. However, we always see at least one employee feeling responsible/involved in taking care of the patient socially, whether it is a lady from housekeeping, a waiter in the restaurant, or etc. Most of them are women, haha. I think it is always in our nature to feel responsible in caring for someone, especially in hospitality industry.

Interviewer Right! Right now, have you implemented personnel training in order to provide the right service to this target group? Or are you planning on introducing?

Interviewee: Yes! We are actually doing it already. Furthermore, we also have good relationships with MBO schools close by, who often provide us sometimes with level 2 care or hospitality students. We make sure they get trained, together with a teacher from that school, mostly to guide them into the right direction. So, it's safe to say that we are familiar with the concept of training and learning.

Interviewer Right! And this sort of training, what does it focus on?

Interviewee its quite straight forward. Not the nursing itself obviously, but the objective is to provide assistance and help. Just simple trainings like helping people get up the stairs, or assisting the guest with guiding around the property, serving, really just hospitality. We also have E-Learnings for this.

Interviewer Great to know! In terms of providing service to this type of guests, are there things that you would improve or expand?

Interviewee Well, let me think. I would like to improve the check in procedures for this type of guests. It's quite okay now, but we see that once the front office knows that this patient arrives, they often get nervous because they have to prepare extra things for them

that the regular guest does not need. Like arranging vouchers, luggage, etc. If you check in 200 regular rooms, it's more like a standardized procedure that almost happens automatically but checking in a Care room they often experience as difficult, which I think is a pain point.

So maybe introducing definite check in times for this guest outside the rush hours, should work, or having a separate, much larger desk to accommodate to the many people that arrives in wheelchairs. So yes, the check in I would say. I am not saying that we can implement and professionalize this procedure, but at least we can be creative into finding alternatives. But in the end, we aim to professionalize the product.

Interviewer And what holds you back into making this product more professional, or standardized?

Interviewee Well, this type of guests can often be very demanding, as they need care. And often the staff doesn't have the time to fulfil that demand.

Interviewer Haha, I recognize that. From my experience, when they are in a restaurant, some people really expect the staff to talk hours long, despite them being very busy.

Interviewee yes, yes, but look. If you perform a proper briefing beforehand, where you tell them what they can expect in terms of rooms and service, you know, I think that you should exceed an expectation. So, if you already tell them that they are going to encounter the 'wow' effect, or they are for sure getting satisfied during their stay, they always end up getting disappointed.

So, we clearly need to provide them with a very basic but brief/clear instruction, they will actually end up with the 'wow' effect

Interviewer Interesting, and very good to know indeed. Especially because this is a group with different expectations. So, a basic but brief instruction is a must.

Interviewee Yes, indeed.

Interviewer We have talked a lot now about service improvements, are there, besides the mentioned door problem, also physical changes you want to implement in the future?

Interviewee well, besides the doors, I don't really know. And the doors it's difficult to change as you need to comply with regulations for the fire safety. Sometimes we still keep the door open for the guest if he really wants to, besides this we haven't found a solution.

Interviewer alright, and in terms of facilities, like restaurants or bars?

Interviewee No, not really. We haven't really changed the facilities, as it was already possible.

Interviewer That's clear! Just the last set of questions. You mentioned that the concept was found as a solution to utilize the accessibility rooms. What sort of financial benefits have you discovered now?

Interviewee well, I need to await research that is done by two students of the other Hotelschool in Leeuwarden.

Interviewer And in terms cost of sale and ADR of these accessibility rooms, have you seen any differences?

Interviewee But well, in terms of cost of sale and ADR, no, not really. It is more likely to decrease than increase, though. It for sure has not increased, haha

Interviewer That's it! Thank you very much for your time and input, it really has been helpful.

Appendix 5: Interview Patient 1 & 2

This interview was held with two patients of a Care Hotel, an institution that has similar characteristics of a regular hotel.

Interviewer Well, thank you very much for your time. As I explained you the concept of the project, is that all clear?

Interviewee 1 It is.

Interviewee 2 For me as well.

Interviewer Great! If you would like to, can you please tell me your age and why you are here?

Interviewee 1 Of course! I am 69 and had a minor incident during my ski holiday. However, when I got treated, I found out that besides a minor broken leg I got an infection, which led to me being here.

Interviewee 2 I am 56 years old and in September I had an incident when I fell of my bike, which led to me breaking my knee that I now need to rest for a while.

Interviewer Both are unfortunate situations.... Did you get treated both in a hospital?

Interviewee 1 Yes, I got treated in 3 different hospitals actually.

Interviewee 2 For me as well, but I only went to the hospital in Leiderdorp.

Interviewer I see, and what is now holding you back from rehabilitating in your home?

Interviewee 1 My husband passed away, so there is no one to help me at home unfortunately. Besides this, I need a lot of exercise related because of the physiotherapist, exercise that I cannot do at home. Furthermore, in this place they look well after me in terms of care, food, and other basic things.

Interviewee 2 For me it is hard as well to take care of myself since I am not allowed to use my arm. Even though my husband is at home, he obviously also needs to go to work and therefore cannot be fully there for me.

Interviewer Right, both tough situations. How was your experience in the hospitals, and the transition to this (care) hotel?

Interviewee 1 For me the hospital was a very unrelaxing and tense place to be in, especially because I was so exhausted after surgery. So, it is nice now to have a proper room and bed at least. And well, yeah, it is good to have the people around you, because I definitely need that.

Interviewee 2 For me the same, however my experience in the hospital wasn't too negative. But at some point, at the hospital you come to realise that they can't be of use to you anymore, so you have to try something different, that is why I am here.

Interviewer And what are your experiences in here in this place?

Interviewee 1 Well, it's nice because everything that I need is available. However, it's not like home obviously, and I rather be there if I could. But it's too dangerous for me unfortunately.

Interviewer Are there too many obstacles at home then?

Interviewee 1 Yes, and also the fact that I require physiotherapy.

Interviewer Can I ask you how many hours you spend on physiotherapy?

Interviewee 1 Yes, it's only half an hour a day, four times a week

Interviewee 2 For me as well

Interviewer And outside that half an hour of physio, do you need help with other tasks?

Interviewee 1 No, now I can do everything myself.

Interviewee 2 I do need help, for example with showering, since I cannot use my arm intensively, so that's the difference. Not being able to bend your arm is limiting you obviously. I tried a day at home last week, but it is fair to say that this wasn't a success. My house isn't accessible at all, so an easy task like going to the bathroom was already difficult.

Interviewer I can imagine. What are aspects within this place that you like, besides the medical attention?

Interviewee 2 It is nice that there are nice that there are three moments a day when you can have breakfast, lunch, and dinner. The social aspect is also nice, as I like to talk to other patients which makes me feel less lonely. And it is nice to know that there is always someone available.

Interviewee 1 That's it indeed (referring to the latter). For me however I like that I have an extent of privacy, since I don't really feel like being social every day, since I am really exhausted. It is not that I don't like to talk to other people, though, haha. Sometimes it is still nice to meet other people.

Interviewer So a healthy balance where you can both be social and retract if you feel like is important in your stay.

Interviewee 1 Indeed. You know, I am 69, and sometimes it is nice to meet other people of my age. That happens automatically really. However, it is really intense to hear each other's stories, as some people really went through a lot. For me, I am a little done with that, as it is quite depressing really.

Interviewer So besides this, what don't you like about being here?

Interviewee 2 Well, sometimes you really have to wait long for someone to come. But I guess that is normal with the current situation. Besides this, I don't have negative experiences here.

I actually like to meet other people, haha. It's an element that I really like and need during my time here. When I feel like it, I just grab a cup of tea and the conversation automatically starts, and I really like that.

Interviewer And do you feel safe here?

Interviewee 1 & 2 Absolutely.

Interviewer And besides the physio you mentioned, why exactly do you feel safe?

Interviewee 1 Well, that's a difficult one. I don't really know actually.

Interviewee 2 Me neither, it's hard to say. I guess it's just a feeling that you either have or don't. and I do have that feeling and appreciate that it's there.

Interviewee 1 I agree

Interviewee 2 Well, one thing actually what doesn't make me feel safe. It's the fact we are so high, haha. We are not the most mobile people, so in case of something bad we aren't allowed to quickly go outside. We discussed that today actually haha. In general, not being able to have a space outside is frustrating, because you want to easily go outside for fresh air.

Interviewee 1 Yes, making use of a lift in general are making me feel quite restricted to be fair. Before arriving, I thought I was more going to a traditional institution, you know, an older building surrounded by a garden. Although this is nice and modern, I was a little disappointed.

Interviewer So, for a next time you would really like to have a proper garden/outside area?

Interviewee 1 Yes, indeed.

Interviewee 2 I fully agree as well, the threshold needs to be low to go outside.

Interviewer Right! So, coming back to a regular hotel, I feel like for you (interviewee 2) it isn't too much of a viable option since you are more dependent on physical care. But for you (interviewee 1), what adjustments do you need in order to have a safe and comfortable stay?

Interviewee 1 Quite obvious I would say that a lot of support tools are the most necessary. Like tools to easily go in and out of bed, a wide and even bathroom, stuff like that really. And also, most importantly I will need a button to press if I need help.

Interviewer Right! From your experience, what help do you tend to need during your stay?

Interviewee 1 Well, hard to say really. But they are more nursing related task really.

Interviewer I see. Are you in the future willing to stay in a (adjusted) 4-star hotel room?

Interviewee 1 Depends if it gets paid by the health insurer. I simply cannot pay it by myself. There is also a hotel like this in Noordwijk, but that's like 200 something a day. That's not affordable for me.

Interviewer So if it gets insured, then you are willing to?

Interviewee 1 Yes, the only thing is that there is no option for physiotherapy there and that is quite essential in the end.

Interviewee 2 I agree, if that's adjusted, I am willing too.

Interviewee 1 I now remember also that my husband needed to undergo surgery and wanted to do that at a clinic without overnight beds, which wasn't an option given his age, even though he didn't have too many health issues. He ended up going to the hospital which took far longer.

Interviewer Well, I see. So, if it is done well, I think there is a demand for it. Thank you very much for your input, and the time to conduct an interview with me. I hope and wish you a speedy recovery and you both be home quickly!

Interviewee 1 That is it? Thank you too!

Interviewee 2 I hope it's useful for your project!

Interviewer It certainly is. Thank you again!

Appendix 6: Interview Head of Service Department Care Hotel

Interviewer First of all, thank you very much for taking the time to sit down with me for a couple of minutes.

Interviewee No problem.

Interviewer The first question is plain and simple. Please tell me a little bit about yourself.

Interviewee So, I have worked in the hospitality industry for a while, until the moment I started here in 2014. Since then, I have been part of the changes and involved in developments that have been taken place ever since. When we started in 2014, we were very focused on being a Zorg Hotel, but we saw that that concept led to the patients being too laidback in not focused. Now we focus to deliver an active rehabilitation environment the patient, and I am involved in how hospitality can contribute to creating one.

Interviewer Clear, so this is your first job in the healthcare?

Interviewee Correct! It's quite a unique concept that is relatively new, to see the hospitality as part of the healthcare

Interviewer: So, hospitality within this company is important I see. Generally speaking, how is hospitality involved in the patient journey? Let's say from the moment the patient walks in till the moment he leaves the property.

Interviewee: We very much highlight the 'check-in' procedure and want the patient to have a positive first impression. This means that when the patient walks in, someone from reception is responsible to greet and welcome the guest, which is followed by an extensive tour of the property and the hotel room. Then, when the patient is shown the room, we properly provide the patient with a detailed overview of what he can expect during his stay, but also what we expect from him/her.

Interviewer Why is it important to have such a clear and welcoming arrival?

Interviewee Because they are here for an obvious but important reason: to rehabilitate. And in order to do so, we need to provide some kind of structure which starts already from the moment he walks in.

Interviewer Why do you see structure as an important element during the patient his stay in the hotel?

Interviewee We often see that patients are unsure of the reason behind their stay, simply because they always get redirected from the hospital or a clinic. Therefore, you need to make sure they understand that they're here to rehabilitate and rehabilitate only, meaning we do expect them to participate in that.

Interviewer What are the tools that you as an organisation uses to improve the structure of the patients?

Interviewee The organised arrival by the reception is one, but we now also created a movie they get to see in their room. In this film we again make sure that they know what to expect. This is for example the importance of food and nutrition in the process of rehabilitation, when they can eat or drink.

Interviewer: Clear answer, thank you for that! What do you think contributes to this hotel being a better environment than a regular hospital or clinic?

Interviewee well, we always have someone available when a patient needs help, whether it is a dietician, physiologist, nurse, volunteer, or someone in the restaurant. **But most importantly, they have their own private room, which all of them really appreciate really.**

Interviewer: Yes? Is privacy an important factor in the guests his stay?

Interviewee **Yes, from someone that gets redirected from the hospital to have their own private room with private bathroom is a pleasant surprise.**

Interviewer I can imagine. As I focus more on patients that have an extent of independence, and are only going to be in the hotel for a couple of nights, how do you, as the person in charge for hospitality, contribute to a more fluent rehabilitation process of the patient?

Interviewee Well, as hospitality we are not the main responsible for this, but as our motto 'rehabilitation in everything' already mentions, we are still important in contributing to this. It sounds kind of weird since we are speaking of hospitality, but we are aiming to let them do it themselves. If we 'nudge' them into doing something that they initially ask you to do it as they believe they can't do it themselves, you reward them as they figure out, they can actually do it themselves.

Interviewer Interesting approach, really. So, if I understand correctly, you sort of 'push' them to not take the easy route by asking you. Does this approach often work?

Interviewee Ha ha, eventually. Sometimes they really need to be convinced, but in the 8 years we have been opened we have learned a lot from experience how to do this successfully. Making them believe in themselves or giving them confidence is often the way to a faster return to home. We are often just there to really help when it is actually needed.

Interviewer Right I see. You are obviously not an expert in the healthcare sector but has been active in the company for a while and have a lot of experience in the combination of healthcare and hospitality. I know every patient is different, both in terms of personal situation and disability, but what do you often see as the reason why they are not recovering at home?

Interviewee The first reason is simply because the doctor doesn't find it responsible. For example, if someone lives 4 high while his hip has been replaced, well yeah it speaks for itself. But this is mainly determined by the medical specialist, not me.

Actually, we mostly receive patients that are considered as ELV Hoog (Primary Care High), while I think yours is more going to be ELV Laag (Primary Care Low), meaning they are more independent of physical care.

Interviewer Alright, makes sense. Within the rooms and property in general, what are adjustments that differentiate your hotel rooms from regular hotel rooms?

Interviewee Well, looking at the core there isn't much of a difference. The rooms are very much looking like a normal hotel room. However, they do have of course an adjusted bed with automatic control system, which is vital for the guest, they also have toilet-chair, adjustments in the bathroom to make it accessible, mainly that. Oh, they also have an alarm system, which is contributing to them feeling safe. If they press the alarm, a red light will blink outside the room, indicating that someone needs to check for help.

Interviewer And ambiance wise?

Interviewee The ambiance within the room is basically a hotel room, which they like because it does not remind them of a hospital environment.

Interviewer from your experience, what do you feel the patient likes about staying in a this (care) hotel?

Interviewee well, they really like the privacy they get. If they don't want to be social, they can retract themselves in the room. If they do feel like being social, they can come and drink a cup of coffee in the restaurant. Furthermore, they like to be treated as regular guests, rather than being considered as a patient. In general, they are very satisfied and relaxed.

Interviewer what are the things that they don't like in the hotel?

Interviewee We don't have a garden or patio where guests can go outside. We often get the feedback from guests that they want to go outside, but it's too much of a hassle since we are somewhere on the 5th and 6th floor.

Interviewer what are the things I need to take into consideration if I want to design the room, using the expertise of the Care hotel?

Interviewee I would implement automated doors, and besides that, the obvious. Like even floors without bumps or stairs, so people in wheelchair can easily move around. And they need to be able to easily go outside on their own.

Interviewer Alright! Going back to the service element, do you have anything to add how you are creating a safe environment for the patients?

Interviewee Well, make them feel welcome really. Use their personal name and be polite in the style you treat them. But you need to be flexible in your style of communicating, as you deal with so many different types of people.

Interviewer What are the issues deriving from this for example?

Interviewee All sorts of problems. Cognitive, aging of people and the mental and physical issues it brings along.

Interviewer Does that make this group demanding? And if so, how do you act appropriately?

Interviewee Yes, they can be. We try to motivate always motivate them and made them believe in themselves. For example, we always get the update from the physiotherapist on the progression of the patient, so we know what they are capable of. We adjust our service according to this progression, even though this can come across harsh to the patient.

Interviewer so in the end, they are often more independent that they are think, if you treat them appropriately.

Interviewee Yes, indeed.

Interviewer right! Do you have any further tips if for example a regular hotel would take care of this patient?

Interviewee Everything I have mentioned is important. But well, it is difficult to say, as you are dealing with such a diverse group with different needs, wants, and expectation. But you just need to make sure that you communicate well what facilities the guest needs, like a 'bed parrot' or a bed rack, etc.

Interviewer I understand. Besides the fact that you deal with a lot of diverse people, you still need to have a base knowledge in how to deal with them. how do you ensure hospitality personnel is capable of doing so?

Interviewee Good question, it is really tough obviously, as you deal with so many different people. But we still try to find a balance between standardizing and personalising, as you can't just take into account each different individual.

Interviewer Does staff training also contributes to this challenge?

Interviewee Yes! We have a lot of different trainings on different topics. We have trainings that are focusing on different behavioural aspects. For example, how do you cope with different disabilities, or if a guest is acting aggressive, or has dementia characteristics. We have plenty of trainings available for the staff.

Interviewer that was it from my side! Thank you very much for your time and input. Do you have any remarks or comments you still want to say?

Interviewee No! No problem, I hope this helps.

Appendix 7: Data collection overview

SRQ 1: What are the patients' needs and wants for recovering in a hotel over a hospital or home?

Patients from a Care hotel

"My husband passed away, so there is no one to help me at home unfortunately. Besides this, I need a lot of exercise related because of the physiotherapist, exercise that I cannot do at home."

"So, it is nice now to have a proper room and bed at least. And well, yeah, it is good to have the people around you, because I definitely need that."

"Well, it's nice because everything that I need is available. However, it's not like home obviously, and I rather be there if I could. But it's too dangerous for me unfortunately."

When asked if besides physio a guest need other help besides physiotherapy – *"No, now I can do everything myself."*

"I do need help, for example with showering, since I cannot use my arm intensively, so that's the difference. Not being able to bend your arm is limiting you obviously."

"The social aspect is also nice, as I like to talk to other patients which makes me feel less lonely. And it is nice to know that there is always someone available."

"For me however I like that I have an extent of privacy, since I don't really feel like being social every day, since I am really exhausted. It is not that I don't like to talk to other people, though, haha. Sometimes it is still nice to meet other people."

"Yes, the only thing is that there is no option for physiotherapy there and that is quite essential in the end."

Founder Van der Valk Care

"I had really thought that they were inviting their family to go there for the family brunch on Sunday. But no, that's not what happened at all. Instead, those People stayed with each other, so they are going to eat together to bite lunch and dinner, they're all going to do that with each other, so the whole mixing in between the normal hotel guest was not there."

"Yes, you're right indeed (when asked if the target group is mostly elderly, less vital people). I would really define the target group as 60 plus, that also really loves the experience of staying in a hotel yet are not experienced in staying in hotels. Making it not a regular hotel guests, such as a business guests, making it a guest of a 'lower level'. This type of guest is mostly what when the stay of the guest is fully insured"

"However, it is good to mention that we have never really invested into a proper targeting."

"However, even though they are independent enough to for example sleep in, these people still want to have some kind of structure, and I think having a living room concept could actually work, like they have in Zorghotels for example. But we do not offer it, even though there is a significant need for it by the group."

"By the way, we also recognized that these guests really like to stay anonymous within the hotel, as they like to be considered as a regular hotel guest by the other guest..... it helps to increase their state of mind"

When asked if the patient need extra service and attention – "They can have difficulty walking, but most of the time it is fine, as there is no time pressure for the guests, so it doesn't really matter if they walk slowly or accidentally take a bypass. But listen, it's just a different target audience for us. For the short staying guests, we are perfect"

When asked what holds back the product from being more professional and standardized – "Well, this type of guests can often be very demanding, as they need care. And often the staff doesn't have the time to fulfil that demand."

"If you perform a proper briefing beforehand, where you tell them what they can expect in terms of rooms and service, you know, I think that you should exceed an expectation"

Strategic Alliance Healthcare Expert

"Look, it depends on your specific target audience and their characteristics. You have certain characteristic features that belong to certain target groups. you know that too. When you look at the chronically ill patients, like diabetes, COPD, et cetera, these are, pareto rule, 80% more patients that you are in the lower social economic status. They have different needs than the people who have a hip or knee replaced at an accelerated age. These are younger and have the need to go cycling, go for a walk, etcetera, don't they?"

"So, the degree of independence, and to reach that independence as quickly as possible is very important for that target group. for those chronically ill, however, self-reliance is also important, but also good information instruction clarity, having a one point of contact. Well, all the things that go with that."

Head of service in Care Hotel

"We often see that patients are unsure of the reason behind their stay, simply because they always get redirected from the hospital or a clinic. Therefore, you need to make sure they understand that they're here to rehabilitate and rehabilitate only, meaning we do expect them to participate in that."

"From someone that gets redirected from the hospital to have their own private room with private bathroom is a pleasant surprise."

"Actually, we mostly receive patients that are considered as ELV Hoog (Primary Care High), while I think yours is more going to be ELV Laag (Primary Care Low), meaning they are more independent of physical care"

"Well, they really like the privacy they get. If they don't want to be social, they can retract themselves in the room. If they do feel like being social, they can come and drink a cup of coffee in the restaurant. Furthermore, they like to be treated as regular guests, rather than being considered as a patient. In general, they are very satisfied and relaxed."

"We don't have a garden or patio where guests can go outside. We often get the feedback from guests that they want to go outside, but it's too much of a hassle since we are somewhere on the 5th and 6th floor."

SRQ2: What are non-medical essentials Van der Valk needs in order to create a safe recovery environment?

Patients from a Care hotel

When asked what exactly makes it a safe environment – *"Well, that's a difficult one. I don't really know actually"* And – *"Me neither, it's hard to say. I guess it's just a feeling that you either have or don't". and I do have that feeling and appreciate that it's there."*

"In general, not being able to have a space outside is frustrating, because you want to easily go outside for fresh air." and *"yes, indeed"* when asked if they want a garden/outside the next time

"I fully agree as well, the threshold needs to be low to go outside"

Founder Van der Valk Care

"Well, we used to have some kind of watch or telephone that made a call to the staff, but we phased that out since it was often just too slow. Now we have a Ring bell, you know, the WIFI bell with the camera. It's still a little bit dull if you ask me, though haha"

"That is indeed the type of patient that we are focusing on. Because for example, if you live on the third floor without a lift and you just received a new knee, it is better to recover for that in a hotel."

"However, we do not want so-called 'residents' as we did not have good experiences with them as they are quickly becoming too demanding. So, the focus is on patients that are staying no longer than 2 weeks. This type of demanding guests is more suitable for other hotel chains, as we are a business hotel with a high throughput."

"We expect a certain amount of independence of the guest as we don't want them loitering around."

"In my opinion, a stay at van der Valk is essentially not too different from home I would say, when it comes to recovering at least. For example, a physiotherapist can still come here to treat the patient, like for example exercising with walking up and down the stairs, or even making use of our pool. This can also be the case in your case, in Hoorn, as they also have one. It is however quite basic, as we do not have extensive facilities regarding the medical treatment of the guest."

Strategic Alliance Healthcare Expert

When asked if it is possible if hotels play a part in accommodating this target clientele – *"I think that is easily possible. The only thing is that you do need the environment. You have to set it up in such a way that it is safe, but okay, that is one of the preconditions"*

"I think that the hospitality within hotels is many times better than within healthcare."

When asked what makes a hotel a better environment than a hospital – *"It's quite obvious right? A hotel is fully designed with the focus on hospitality, customer-friendliness and taking care of people. Meanwhile hospitals aren't just a right environment, right? You won't recover fast while being there"*

"If you look at what is important in a hotel, I think accessibility is, so always someone available. To eat, drink, and obviously good coffee. Yes, super important. And use of

informal care and thus also allow or actively involve help for informal care. Also, that instead of not going into her house, that it can be in hotel"

"I mean more the caregivers around the patient himself. Okay yes, huh? So, like directly relatives actually. That you involve them well in everything. Okay, clear sense of security, but that seems to be the first thing you start with."

Head of service in Care Hotel

About improving a structured environment for the patient – "The organised arrival by the reception is one, but we now also created a movie they get to see in their room. In this movie we again make sure that they know what to expect. This is for example the importance of food and nutrition in the process of rehabilitation, when they can eat or drink."

When asked about if the 'hands off' approach works to this people - "Ha ha, eventually. Sometimes they really need to be convinced (to nudge into being more independent), but in the 8 years we have been opened we have learned a lot from experience how to do this successfully. Making them believe in themselves or giving them confidence is often the way to a faster return to home. We are often just there to really help when it is actually needed."

"Oh, they also have an alarm system, which is contributing to them feeling safe. If they press the alarm, a red light will blink outside the room, indicating that someone needs to check for help."

"The ambiance within the room is basically a hotel room, which they like because it does not remind them of a hospital environment."

"Well, everything I have mentioned is important (to what makes a hotel suitable to the target clientele). But well, it is difficult to say, as you are dealing with such a diverse group with different needs, wants, and expectation. But you just need to make sure that you communicate well what facilities the guest needs, like a 'bed parrot' or a bed rack, etc."

SRQ 3: How can hospitality (service) play a role in creating a safe and hospitable environment for the target clientele?

Patients from a Care hotel

"Furthermore, in this place they look well after me in terms of care, food, and other basic things."

"It is nice that there are three moments a day when you can have breakfast, lunch, and dinner"

"Indeed. You know, I am 69, and sometimes it is nice to meet other people of my age. That happens automatically really. However, it is really intense to hear each other's stories, as some people really went through a lot. For me, I am a little done with that, as it is quite depressing really."

"I actually like to meet other people, haha. It's an element that I really like and need during my time here. When I feel like it, I just grab a cup of tea and the conversation automatically starts, and I really like that."

Founder Van der Valk Care

"And we are (a better alternative than the hospital) because we provide better care. It's one on one care in a hotel environment, so People are anonymous, you know, they become, and you have much better food and everything the service nicer, the ambiances much better and it is also proven that the People In the recover faster"

"So those (the patients of Van der Valk Care) were indeed people that came from the hospital and have not yet been able to go home. So indeed, two arms broken. New hip, new knee. Look, we each cannot have a much more complex care than that"

"Well, if the nurse is on site, it is her. However, that is only two hours a day, so if they are not there it's the reception staff (when asked who is responsible if the patient rings a bell)."

"We have a high throughput of both personnel and staff. Therefore, you cannot simply adjust your team to each specific guests, as they often experience this type of guest as burdensome mostly. At the beginning I always had to stay on top of the personnel to make sure they provided the right service/care for this sort of guests, and that was quite difficult to be fair."

"Well, ideally you don't want to (differentiate Care and regular guests). However, the patient is demanding it from the staff. And rightfully so, because they are often 24 hours within the hotel while the other guests aren't. But I think it is very difficult to combine, as the staff is not there to entertain the patients. But to be fair, I haven't found a solution for this."

When asked whether Care is providing more service – "Yes, to an extent. Whether it is taking the luggage out the car or offering more room service options to the guest. and look, regarding the recovery process, we think it is important to at least offer the option of physiotherapist. Also, because it is quite easy to implement, and they can make use of the already existing facilities."

"If you perform a proper briefing beforehand, where you tell them what they can expect in terms of rooms and service, you know, I think that you should exceed an expectation."

So, if you already tell them that they are going to encounter the 'wow' effect, or they are or sure getting satisfied during their stay, they always end up getting disappointed. So, we clearly need to provide them with a very basic but brief/clear instruction, they will actually end up with the 'wow' effect"

When asked if a basic but brief instruction at the start a must is – *"Yes, indeed."*

When asked if Care patients are often demanding – *"Some of them, yes. However, we always see at least one employee feeling responsible/involved in taking care of the patient socially, whether it is a lady from housekeeping, a waiter in the restaurant, or etc. Most of them are women, haha. I think it is always in our nature to feel responsible in caring for someone, especially in hospitality industry."*

When asked if they provide training for this manner – *"Yes! We are doing it already. Furthermore, we also have good relationships with MBO schools close by, who often provide us sometimes with level 2 care or hospitality students. We make sure they get trained, together with a teacher from that school, mostly to guide them into the right direction. So, it's safe to say that we are familiar with the concept of training and learning."*

When asked what the training is about – *"it's quite straight forward. Not the nursing itself obviously, but the objective is to provide assistance and help. Just simple trainings like helping people get up the stairs, or assisting the guest with guiding around the property, serving, just hospitality. We also have E-Learnings for this."*

"I would like to improve the check in procedures for this type of guests. It's quite okay now, but we see that once the front office knows that this patient arrives, they often get nervous because they have to prepare extra things for them that the regular guest does not need. Like arranging vouchers, luggage, etc. If you check in 200 regular rooms, it's more like a standardized procedure that almost happens automatically but checking in a Care room they often experience as difficult, which I think is a pain point. So maybe introducing definite check in times for this guest outside the rush hours, should work"

When asked what sort of help the Care patient needs – *"Well, hard to say really. But they are more nursing related task really"*

Strategic Alliance Healthcare Expert

"We need to get people better prepared into surgery, so that there is less care needed afterwards. But also, if there is actually more care necessary afterwards, than we need to think about how we can provide that care in a smart and efficient way. Is that possible at home, or do we need to that in an institution or even in a hotel, what you are investigating."

"Because a lot of questions that are there are don't have to be solved by healthcare staff at all, as others can do that too, right? You get a much better, much more efficient use of the available capacity."

"Well, staff is incredibly important really. You need to have enough staff, especially skilled staff. Furthermore, clear procedures need to be put into place in case something is going wrong, both medically and non-medically."

"I think accessibility is also that there is always someone available. To eat, drink, and obviously good coffee. Yes, super important. And use of informal care and thus also allow or actively involve help for informal care. Also, that instead of not going into her house, that it can be in hotel"

if asked if a hotel could play a role in changing the lifestyle of chronic sick patients - Well, no. I don't think it's a responsibility that is falling outside the hotel industry no, I don't think so.

Head of service in care hotel

"We very much highlight the 'check-in' procedure and want the patient to have a positive first impression. This means that when the patient walks in, someone from reception is responsible to greet and welcome the guest, which is followed by an extensive tour of the property and the hotel room. Then, when the patient is shown the room, we properly provide the patient with a detailed overview of what he can expect during his stay, but also what we expect from him/her."

"Well, as hospitality we are not the main responsible for this (to help the patient rehabilitate), but as our motto 'rehabilitation in everything' already mentions, we are still important in contributing to this. It sounds kind of weird since we are speaking of hospitality, but we are aiming to let them do it themselves. If we 'nudge' them into doing something that they initially ask you to do it as they believe they can't do it themselves, you reward them as they figure out, they can actually do it themselves"

"Well, make them feel welcome really (to create a safe environment). Use their personal name and be polite in the style you treat them. But you need to be flexible in your style of communicating, as you deal with so many different types of people."

"All sorts of problems (That coming along with the diverse and aging group of targeted people). Cognitive, aging of people and the mental and physical issues it brings along."

"Yes, they can be (demanding). We try to motivate always motivate them and made them believe in themselves. For example, we always get the update from the physiotherapist on the progression of the patient, so we know what they are capable of. We adjust our service according to this progression, even though this can come across harsh to the patient."

"It is really tough obviously, as you deal with so many different people. But we still try to find a balance between standardizing and personalising, as you can't just take into account each different individual."

When asked if staff training improves dealing with these patients – *"Yes! We have a lot of different trainings on different topics. We have trainings that are focusing on different behavioural aspects. For example, how do you cope with different disabilities, or if a guest is acting aggressive, or has dementia characteristics. We have plenty of trainings available for the staff."*

SRQ 4: What physical changes within the hotel environment does Van der Valk need to make in order to accommodate the target clientele?

Patients from a Care hotel

"Yes, making use of a lift in general are making me feel quite restricted to be fair. Before arriving, I thought I was more going to a traditional institution, you know, an older building surrounded by a garden. Although this is nice and modern, I was a little disappointed."

"Like tools to easily go in and out of bed, a wide and even bathroom, stuff like that really. And, most importantly I will need a button to press if I need help."

Founder Van der Valk Care

"Now we have 21 rooms that are adjusted for Van der Valk Care/Vitaal, including a swimming pool that is mainly operating as an independent 'unit' within the hotel"

"However, when it comes to creating a safe environment, we have made several adjustments in the rooms such as safety rails next to the toilet that you can assemble and disassemble easily so you don't need to see it if you're a regular guest. We have made the shower accessible for wheelchair access. We also have a separate shower chair. We don't have such thing on the wall that folds out, you know, we have just loose thing. We can also put a 'parrot' handle beside the bed, although this is a little more difficult since our fantastic, implemented high-low beds that are so low to the ground that the parrot does not go under it, and you have to replace it with a less comfortable hospital bed."

"I am very enthusiastic about automatic closing and opening curtains. So, People who are infirm they can easily close and open it with their tablet. As this is not only luxury of course, also practical since people with a wheelchair or with a walker can experience troubles with it."

"Furthermore, we have a table where you can eat at, so room service can easily be brought to the rooms and then you can sit opposite each other. So basically, a foldable table/desk like a sliding plateau which enables to eat together within the room."

If asked if any physical changes happened in order to accommodate the patient – *"No, not really. The hotel in general is quite modern and well-integrated when it comes to accessibility. Of course, we have the accessibility parking spots that they can make use of. However, our service for this guest includes assisting the guest with taking the luggage from the car etc., so that is how hospitality service is helping the guest as well."*

"Well, we recognized that not having a public room (Living Room) for the guest is definitely a shortcoming. I really think that is a bummer, but I initially thought that these guests were going to make more use of the main restaurant to hang around and drink coffee, wine, or eat a snack during the day."

When asked for an improvement in terms of physical facilities – *"or having a separate, much larger desk to accommodate to the many people that arrives in wheelchairs"*

"Well, besides the doors, I don't really know (what needs to be physically changed). And the doors it's difficult to change as you need to comply with regulations for the fire safety. Sometimes we still keep the door open for the guest if he really wants to, besides this we haven't found a solution."

When asked if they had to initially implement physical changes – *"No, not really. We haven't really changed the facilities, as it was already possible (for accessibility)."*

Strategic Alliance Healthcare Expert

"Well, van der Valk, they already have care hotels, right? You know that. You've probably researched too. Yes, they have probably also thought about how you could improve accessibility by using digitalization?"

Head of service in Care Hotel

"But most importantly, they have their own private room, which all of them really appreciate really."

"Well, looking at the core there isn't much of a difference (between a Care hotel room and a regular). The rooms are very much looking like a normal hotel room. However, they do have of course an adjusted bed with automatic control system, which is vital for the guest, they also have toilet-chair, adjustments in the bathroom to make it accessible, mainly that."

"I would implement automated doors, and besides that, the obvious. Like even floors without bumps or stairs, so people in wheelchair can easily move around. And they need to be able to easily go outside on their own."

SRQ 5: What are the (financial) benefits for Van der Valk Hotel

Patients from a Care hotel

If asked if the patient is willing to stay in a regular hotel – "Depends if it gets paid by the health insurer. I simply cannot pay it by myself. There is also a hotel like this in Noordwijk, but that's like 200 something a day. That's not affordable for me."

Founder Van der Valk Care

"The main reason was to boost the occupancy (introducing Van der Valk Care), really. Our hotel was getting too big after the renovation as the occupancy was too low. This was basically introduced to attract a new target group."

"Well... that was a bit of a thing (implementing physical nursing in a hotel), because in the Netherlands patients don't want to pay for health care services, as they believe they are insured for it, which is often the case. So, the service for private individuals (particulieren) we could not implement as it was simply too expensive"

"However, the healthcare provider (insurance) actually thought along, as they thought it was a good idea, however they just don't understand anything about pricing, meanwhile a patient pays as much as € 750 for a hospital bed and they paid € 130 for a hotel bed so including full board, a bed, and 24-hour nursing. So, 24 hours of care already costs € 500 per night so you have to hire that."

"Yes, so it works a bit like a harmonica that you could scale up and down regularly (if asked if the rooms can be used for regular guests too)."

"However, coming back to the basic principle, it is safe to say that it did catch the market (that is why Pieter is also excited for this product), only the financial flow behind it does not work in this country"

"If the guest has to pay it themselves the threshold is a bit higher."

"We still want to invest into utilizing our disabled rooms across all van der Valk hotels, since these rooms are by far the least utilized room category"

When asked if there is a difference in ADR and COS – *"But well, in terms of cost of sale and ADR, no, not really. It is more likely to decrease than increase, though. It for sure has not increased, haha"*

Strategic Alliance Healthcare Expert

"Who actually pays for that? It is the cost of the initial investment, In the tools, and educating people, but in addition it is also the structural funding for those who offer it,

"We do that for chronic problems, so cardiovascular disease, COPD, et cetera. What are the problems there, is the affordability of the applications so far, eh? The cost is very, very high for relatively small groups. So, you don't have it yet. It's the tipping point, eh, of the power, the power of numbers that you have the power to negotiate with the providers of the software"

Appendix 8: Overview Physical Changes

Hotel Room	
Literature Review	Interviews
Easy to push on floor surfaces	Communication device with staff
Drape pulls	Accessible bed (low bed & bed handle, or automatic controls)
Reduced furniture	Accessible and wide bathroom incl. safety rails and shower chair
Quietness	Easy to use accessible technology/digitalisation (i.e., automatic curtain)
Suitable air quality and temperature	Additional table in the room for dinner
Appropriate lighting	Private Room
Hotel Facilities	
Literature Review	Interviews
Easy to push on floor surfaces	Easy accessibility to go outside
Wide hallways	Possibility to facilitate external Care
Close proximity to nature/garden	Accessible parking
	Accessible check-in facility
	Automated doors
	Flat surfaces without bumps

Appendix 9: Accessibility Van der Valk Hoorn

Van der Valk Hotel Hoorn - Opened in 2014 (Klaver, 2015)	
Hotel Room Size	30 sqm.
Hotel Room Accessible Features	Lowered Sink, Toilet with Brackets, XL Walk-in Shower with Shower Enclosure, Shower Chair, Alarm in Bathroom, Large Sofa Chair, Additional service available on request (i.e., Wheelchair)
Facilities	Gym, Tennis Court, Golf, Wellness incl. Swimming Pool and Sauna, Cinema, E-Bike and E-Scooter Rental, Laundry Service, Outside Terrace, Surrounding Green Spaces
F&B	Spacious Bar, À La Carte Restaurant, Live Cooking restaurant
Ambient Features	Climate Control, Art & Paintwork decoration, Natural wooden look, Views over the Marker Lake, or North Holland Farmlands
Others	Hotel allows to facilitate hotel external medical assistance, such as nurses that assist the guests in showering or dressing.

Accessible Bedroom	Non-accessible Bathroom	Accessible Bathroom
		
Pool	Gym	Wellness
		
F&B	Reception	F&B
		

Photos and information are gathered from Booking.com and Van der Valk (Care) (Van der Valk Care, 2022; Booking.com, 2022)

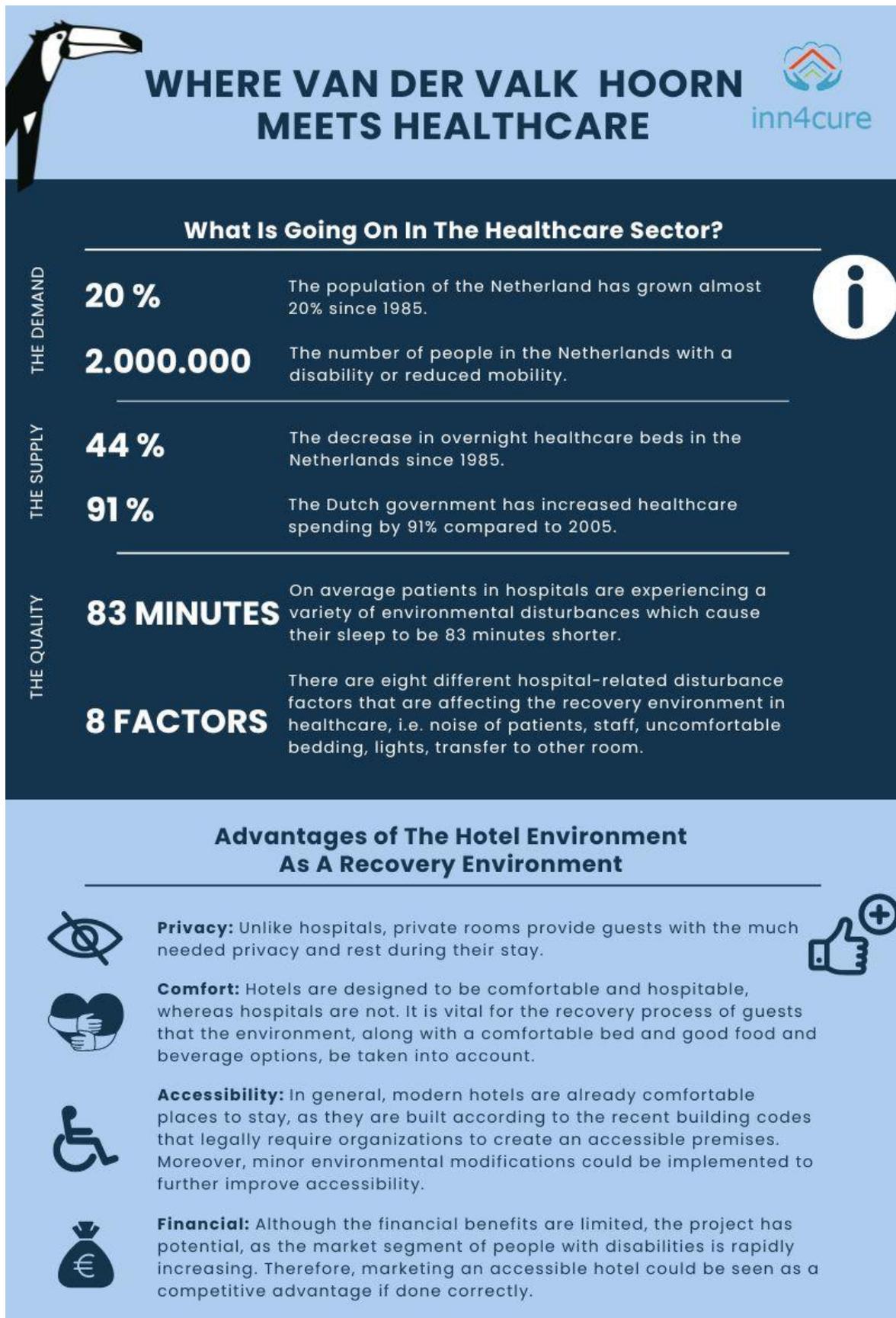
Appendix 10: Gaps and Desired Outcome Awareness and Understanding

Awareness/Understanding persons with disabilities		
Gap	Desired Outcome	Quote - Source
Employees are unable to have an adequate understanding of the needs of persons with disabilities	<p>Employees are educated on various disabilities and understand the needs and wants that are often associated with them.</p> <p>This should ideally lead to employees having a proactive mindset when assisting these groups, rather than reacting after they have already been asked for help.</p>	<p><i>"Employees should have an adequate understanding of my needs" (Hussien and Jones, 2016)</i></p> <p><i>"Staff needs to be more understanding of disability issues. Education is key and at the top of these points is asking what I need, don't just assume."08/02/2023 13:23:00</i></p>
Employees don't have the knowledge that allows them to understand the disability issues	<p>persons with disabilities often face challenges that people without disabilities may not be aware of. Therefore, employees should be informed about the various types of disabilities and how to best accommodate them.</p> <p>For instance, a person with hearing impairments may encounter different obstacles than someone with mobility issues.</p>	<p><i>"Employees should understand disability issues" (Hussien and Jones, 2016)</i></p>
Unable to showcase respect to persons with disabilities	<p>It is particularly important for persons with disabilities to be respected, as evidence suggests that respectful treatment by employees can improve their quality of life and satisfaction (Friedman, 2018).</p> <p>This respect can be shown by recognizing the complexity of their choices, judgments, wellbeing, and dignity, as well as through appropriate interactions and language (Bigby et al., 2014).</p>	<p><i>"Employees need to be respectful of persons with disabilities" (Hussien and Jones, 2016)</i></p>

Appendix 11: Gaps and Desired Outcome Communication and Procedures

Communication and Procedures for persons with disabilities		
Gap	Desired Outcome	Quote - Source
<i>Missing knowledge to communicate using different communication techniques</i>	As stated in the literature review, there is a wide range of disabilities, each requiring different needs. Additionally, staff should customize their communication style and level of assistance based on the individual they are interacting with.	<i>"Employees need to know different techniques for communicating with me"</i> (Hussien and Jones, 2016)
<i>Missing expansive knowledge on the hotel areas that are especially useful for persons with disabilities</i>	Employees are knowledgeable about the accessibility of the property and can provide clear instructions for guests with disabilities to navigate the area. This include the property itself, as well as its (accessible) surroundings.	<i>"Employees should be familiar with all areas of hotel to provide better directions for me"</i> (Hussien and Jones, 2016)
<i>Missing communication and procedures for extensive pre-arrival phase</i>	To gain a better understanding of the guest's needs and disabilities, and how the staff can best prepare for their arrival, the pre-arrival phase is taken seriously and with care. Employees are able to address the comments and requests of guests prior to their arrival through communication beforehand.	<i>"The key is letting us know in advance, not at check-in." He continued, "If we are able to get ahead of it, we can do it right. Sometimes the disabled arrive assuming it would be bad. If pre-arrival is right, everything else will be."</i> (W Stonesifer and Kim, 2011)
<i>Missing procedure for extensive escorting and in-room orientation</i>	According to W Stonesifer and Kim (2011), the employee should show the guest where the room features and amenities are located, such as the remote control, coffee machine, heat/air conditioning control, and light switches. Therefore, providing an extensive escort and explanation of the in-room and public features for persons with disabilities is the standard, as it is a low-cost service that engages the guests and ensures their comfort from the moment of arrival (ibid).	According to W Stonesifer and Kim (2011), many guests suggest that an escort to the room as well as an in-room orientation is contributing to better service, and is an alternative to identifying signs in rooms while it could cater specific needs for people with different disabilities. <i>"Clear instructions and expectations from the moment the patient enters is important. This can be obtained through extensive check-in procedures, including a tour of the hotel"</i> (Chapter 4.1).

Appendix 12: Dissemination – Infographic



There Is One Vital Element Missing.. Educated Staff!



The importance of providing good service for this group is perceived to be greater than that of regular guests, yet it is seen as one of the biggest challenges. Guests with disabilities often feel misunderstood and prejudiced, which can make them feel unsafe and lower the satisfaction.



The Solution: Disability Awareness Training

Currently, very few organisations have disability awareness training within their organisation. Therefore, this training is given to front-line staff and managers and will increase the



Awareness: Employees don't have the knowledge that allows them to know the disability and show appropriate respect. The training is therefore educating the employees on the various disabilities to make them aware.



Understanding: Besides not being aware, employees don't have the knowledge to understand what needs and wants are associated with each disability, resulting in for example over-protectiveness. Therefore, the training is focused on how to appropriately accommodate service to different types of disabilities.



Communication & structure: This target clientele needs a clear structure throughout their stay, which can be reached by appropriate communication. The training educates the employees to customize their communication style and level of assistance on the individual they are interacting with.

"An accessible premise, along with well-prepared and educated staff is the combination for an inclusive environment for all!"

Sander Renkema - Hotelschool The Hague - 781028

Appendix 13: Dissemination – Standard Operating Procedure

Last updated on	December 2022
Author	Sander Renkema
Approved by	To be approved
Department	Reception/Front of House
SOP for:	<ul style="list-style-type: none"> - Pre-Arrival - Checking-in - Escort and guiding
Pages	3
Abbreviations	<p>persons with disabilities – persons with disabilities</p> <p>GP – General Practitioner</p> <p>PMS – Property Management System</p> <p>F&B – Food & Beverage</p>

Standard Operating Process: Pre-Arrival			
Procedure	When	Responsible	(Double) Checked
1. Check in PMS for any persons with disabilities reservation	2 weeks in advance	Receptionist	
2. Contact the guest via a phone call (or E-mail if no response) and ask about his background and requests.	2 weeks in advance	Receptionist	
<p>Additional Info Questions that you should include in this communication are:</p> <ul style="list-style-type: none"> - Dear Sir/Madam NAME, we are very much looking forward to welcome you soon. How are you doing? - May I ask you for the reason behind your stay? - May I ask you if you need any special wishes or requests for your stay? - May I ask you to what extent you will require extra assistance throughout your stay? - Can you please provide me with your contact person as well as your medical GP? - Do you have any medical care planned during your stay? And does that require any special facility? 			
3. In the PMS, summarize the conversations and include additional requests and the reasoning behind the guests his/her stay.	2 weeks in advance	Receptionist	
4. Take necessary actions and preparations according to the comments in the PMS	2 days before guest arrival / Morning of arrival	Receptionist, Manager	
5. At the daily supervisor meeting, discuss the upcoming arrival of guests with the other departments and take any necessary precautions.	Morning of arrival	Manager	
6. Prepare the registration card, F&B allowances (vouchers) and the key card for the guest.	Morning of arrival	Receptionist	
7. Check the details of the guest in PMS, including the contact details and payment method	Morning of arrival	Receptionist	

Standard Operating Process: Checking-in			
Procedure	When	Who	(Double) Checked
1. Greet the guest politely from the moment you see the guest arrive	Guest arrival	Receptionist	
2. Offer immediate assistance to the guest with their luggage	Guest arrival	Receptionist	
3. Inform and help the guest to find the nearest (accessible) parking spot	Guest arrival	Receptionist	
4. Escort the guest to the designated reception desk	Guest arrival	Receptionist	
<i>Since the key card, contact details and payment method have already been checked, you can also escort the guest to the lower table in the lobby if the regular reception is too inconvenient.</i>			
5. Welcome the guest to the hotel, and explain what he can expect	Guest arrival	Receptionist	
<p>Additional info: This is an important stage in the check-in process as it is the first time you make them aware of what they can expect (and not!). In this step, make sure you:</p> <ul style="list-style-type: none"> - Explain the different F&B outlets and their opening times and concept (write it down for the guest if necessary), while emphasizing on the importance of eating with regards to recovery. - Explain the guest the facilities that are of use of the guest. - Explain the concept of the program. Clearly but politely make sure that we are a hotel, not a hospital, and that we do provide hospitality, not medical or nursing assistance. - Also explain that we encourage guests to work on their independence, and that our help is really the last option. - 			
6. Go over the notes that were written in the PMS beforehand. Confirm whether these notes are correct and elaborate the preparations that were undertaken.	Guest arrival	Receptionist	
7. Confirm whether the guest has on-site medical appointments	Guest arrival	Receptionist	
8. Ask if the guest has any more questions related to his stay	Guest arrival	Receptionist	
<i>For complicated questions, please make sure to write these down and discuss with manager before coming back to the guest with an answer</i>			
9. Ask the guest about dietary requirements and whether he or she would like to make a reservation in the restaurant or room service and communicate with other departments	Guest arrival	Receptionist	
10. Ask if the guest is ready to be escorted to the room	Guest arrival	Receptionist	

Standard Operating Process: Escort and Guiding Process			
Procedure	When	Who	Double) Checked
1. Ask if it is alright for the guest to get an extensive tour of the property.	After check-in	Receptionist	
2. Explain to the guest more about the hotel itself and its surroundings, including accessible places that could be of use to them.	After check-in	Receptionist	
Additional info: Always inform about the outside environment and try to encourage the guest that it is worth to take a walk outside. Furthermore, always show the lifts that are on the property, even when the room is located on the ground floor.			
3. In the check-in procedure the facilities were explained, now show them the facilities, and explain how they work	After check-in	Receptionist	
4. Then guide the guest to its room and explain clearly how the key works	After check-in	Receptionist	
5. Go over every in-room feature and explain how they work	After check-in	Receptionist	
Additional info: Even though it might seem a little excessive, every in room-feature needs to be explained in detail to the guest. This includes: <ul style="list-style-type: none"> - Heating and air-conditioning controls, light switches, iron boards, door locks, transfer space from wheelchair/mobility walker - Remote controls - Channel guides - Coffee makers - Electrical outlet switches - Shower, taps, and the rest of the bathroom - Emergency exit routing - Alarm system - Internet/Wi-Fi 			
6. Ask if the guest has any more question about the facilities or room	After check-in	Receptionist	
7. Only if everything is clear, explain the in-room telephone and write down the number of receptions	After check-in	Receptionist	
Additional info: Again, make very clear in a polite manner that the telephone is only used for specific questions, room service and or personal phone calls, and that the reception team is not there to assist the guest with any nursing-related tasks.			
8. Before leaving the room, confirm with the guest his reservations and external care, while also writing it down	After check-in	Receptionist	
9. Wish the guest a pleasant stay and leave the room	After check-in	Receptionist	
10. Check the guest in on the PMS and inform the other department about the arrival and any reservations	After check-in	Receptionist, Manager	

Appendix 14: Proof of Dissemination

To commissioner:

LYCar Resultaten 🌙 ↶ ↷ ↸

SR **Sander Renkema** <sanderrenkema@outlook.com> Thursday, 26 January 2023 at 1:43 PM

To: Pieter van Weijen; Cc: Sietsma, T, Ms. ▾


Inn4Cure & Van der...
338,5 KB
▾


Standard Operating...
133,9 KB
▾


LYCar_Solution Desi...
631,5 KB
▾

⬆

[Download All](#) · [Preview All](#)

Beste Pieter,

Als vervolg op mijn proposal deel ik hierbij de resultaten van mijn onderzoek. Dit betreft de conclusie en de oplossingen plus implementatie + evaluatie voor het initiële probleem. Daarbuiten presenteer ik de resultaten van d.m.v. de bijgevoegde infographic en een gecreëerde standard operating procedure (SOP) die in de toekomst kan worden geïmplementeerd voor een goed verblijf van de patiënten.

Graag ontvang ik in een korte reactie (minimaal 1 à 2 zinnen) een bevestiging en je mening op de bijgevoegde documenten, aangezien dit een eis is voor het inleveren van mijn scriptie. Ook ben ik van de week in contact gekomen met Drs. Ms. Sietsma (zie in CC), die je eventueel nog kan helpen met verdere vragen. Dit is normaal niet de procedure, maar ze wilde je graag daarin toch iets bieden.

Ik zie je reactie tegemoet.

Met vriendelijke groet,

Sander Renkema

Re: LYCar Resultaten 🌙 ↶ ↷ ↸

SR **Sander Renkema** <sanderrenkema@outlook.com> Today at 10:50 AM

To: Pieter van Weijen

Dag Pieter,

Het is inmiddels al weer een tijdje geleden en heb nog steeds niks van je gehoord.

Graag hoor ik d.m.v. een mail je bevestiging van het ontvangst van de mail.

Bij voorbaat dank!

Met vriendelijke groet,

Sander Renkema

As I was again unable to hear back from the commissioner, even after trying a couple of times. Fortunately, I already had an alternative meeting with Ms. Sietsma where I presented my deliverables. This meeting was via teams and was very useful and insightful, where she provided me with positive feedback regarding the infographic and training.



LinkedIn:



Sander Renkema • You
 Student at Hotelschool The Hague, TH Location.
 1m • 



Dear Network,

As part of my final thesis at Hotelschool The Hague, I explored how the hospitality industry can help to address the challenges that are faced by the Dutch healthcare system, both through tangible and intangible means.

One solution is to provide an intermediate service between hospitals and homes for people with disabilities. This would allow patients who are considered "too well" to recover in hospitals, but who may not feel comfortable at home, to recover comfortably in hotels instead.

Recent national and European legislation has helped hotels to greatly improve the accessibility of their premises. However, providing appropriate service to guests with disabilities is just as important as having an accessible premise, yet it is often overlooked. This infographic therefore illustrates the importance of introducing disability awareness staff training in order to create a safe and inclusive environment for guests with disabilities!



Appendix 15: Feedback LYCar Proposal

LYCar Proposal Grading Rubric

V.1.1 (Version LYCar 2020; 16 February, 2021)

Student Name:	Sander Renkema	LYCar Coach:	Mr. Heijblom
Student Number:	781028	Primary PLO:	PLO 3
Date Submitted:	13-11-2022	Secondary PLO(s):	PLO 7 & 9

Note: All boxes with red border to be filled by student

Preconditions (required for assessment)	Yes	No	Comments
Checks content and completeness			
Executive Summary is present, concise, can be read independently, contains information about process and content, focuses on results and outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LYCar Proposal meets formal reporting criteria (according to e.g., LYCar Reading & Writing Guide)			
LYCar Proposal is written in English and is professional, including common basic components such as Intro, ToC, Conclusion etc.- see Reading & Writing Guide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LYCar Proposal is max. 5.000 words (counting after Table of Content, incl. text in tables) - visual proof of wordcount is included in Appendices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Harvard Referencing Style is used consistently, referencing to primary sources only, List of References is well presented



Check (technical) formalities and submissions

Ephorus upload



LYCar Proposal incl. Appendices are uploaded in Osiris



Ethics and data management

Ethical, integrity and data management requirements



Entitled to assessment? (All yes above required):



DD1: The student has demonstrated knowledge and understanding in a field of study that builds upon their general secondary education, and is typically at a level that is supported by advanced textbooks

	Excellent	Pass	No Go
1.1 Use of literature and knowledge of the field	Student uses in-depth literature and knowledge of the field throughout the report. The report contains no mistakes and factual incorrectness.	Student uses in most cases literature and knowledge of the field in the report. The report contains some mistakes and factual incorrectness in a limited part of the report.	No sufficient or correct use of literature and knowledge of the field in the report. The report contains mistakes and factual incorrectness.
1.2 Intellectual depth and abstract thinking	Student takes all significant factors into account and looks from different perspectives, sees patterns, relates situations to concepts in order to solve larger problems. The reports show excellent thinking capacity of the student. New unique insights presented in the topic and depth of understanding displayed. Excellent linking between the elements and the underlying issues within the case situation.	Student takes different perspectives into account. The report shows intellectual depth (taking into account all significant factors and looking from different perspectives) in most parts of the report. Some patterns are clear. Some links have been made.	The report lacks intellectual depth (superficial and merely descriptive) in some parts of the report. Patterns are not sufficiently made clear.

Student Feedback:	Pass	<input checked="" type="checkbox"/>	I think i used reliable and extensive literature in both the introduction of the project and the literature itself. Even though it is far from perfect, and I should need more knowledge of this difficult industry, the current litterature provides a foundation for the project
	Not Yet	<input type="checkbox"/>	
Assessor Feedback:	Pass	<input checked="" type="checkbox"/>	Student uses sufficient literature on the topic. Topic interesting and current.
	Not Yet	<input type="checkbox"/>	

DD2: The student can apply their knowledge and understanding in a manner that indicates a professional approach to their work or vocation, and has competences typically demonstrated through devising and sustaining feedback and solving problems within their field of study

	Excellent	Pass	No Go
2.1 Application of theories/models to situations at hand	Student uses a range of theories/models appropriate to the problems in the case skilfully and able to add their own unique perspective and insight. They own the model(s).	Student mentions a range of theories/models appropriate to the problems in the case and applying some of them in the correct way.	Mentioning models and theories but not using them in a correct way.
2.2 Possible impact and meaning of own work - dissemination of research	Student plans evaluation of impact and meaning of own work in relation to business and industry with sound underpinning. Identification of all stakeholders and acts of dissemination. Plan on how to effectively disseminate knowledge through different channels fitted for a variety of audiences is also presented.	Student formulates criteria for evaluation. Student describes possible impact and meaning of own work. Identification of stakeholders and planning of dissemination through at least one valuable channel with an audience is presented.	Student fails to describe criteria how to evaluate impact. No identification of stakeholders or realistic plan on dissemination of knowledge through at least one valuable channel with an audience.

Student Feedback:	Pass	<input checked="" type="checkbox"/>	There are some models used appropriately, such as the funnel, methodology overview, and colour coding. although more visual models could have been used
	Not Yet	<input type="checkbox"/>	
Assessor Feedback:	Pass	<input checked="" type="checkbox"/>	Interesting graphs on Hospitality and expenditure
	Not Yet	<input type="checkbox"/>	

DD3: the student has the ability to devise data gathering events, gather and interpret relevant data (usually within their field of study) to inform judgements that include reflection on relevant social, scientific or ethical issues

		Excellent	Pass	No Go
3.1 The Design Based Research Process		Student sets the research process up in a systematic and well organised way. Student makes sense of a problem mess, analyses a (complex) problem and formulates feasible solutions by using a design-based research approach. Logical flow from Problem definition to Analysis to Solutions Design/methods are well chosen and motivated,	Student analyses the problem, and formulates possible solutions underpinned by literature using a design-based research approach. Methods motivated and mostly logically chosen	Insufficient problem analysis and methodology, research cycle not used.
3.2 Analysis and evaluation of data		Student plans analysis and evaluation of data/information well using appropriate (digital) tools and makes data-driven decisions. All statements are underpinned with facts and figures and/or referencing. The appropriate tools are used in all steps. Analysis is sufficiently complex with use of information from more than 2 different dimensions (practioners, scientific literature, the organization and stakeholders).	Student plans analysis and evaluation of solutions clearly, with some flaws or unclarities. Some statements are underpinned with facts and figures and/or referencing, some lacking underpinning. Analysis is sufficiently complex using data from at least one dimension and sufficiently backed up with literature.	Plan of analysis and evaluation of solutions is not clear. Statements are mostly not underpinned with facts and figures and/or referencing; some are contradicting. No tools are used. Lacking or no analysis and not backed up with literature.
Student Feedback:	Pass <input checked="" type="checkbox"/> Not Yet <input type="checkbox"/>	I think most elements of the DBR cycle are covered, although i sometimes had difficulty with the regular LYCar structure fading into the hype of the DBR cycle		
Assessor Feedback:	Pass <input checked="" type="checkbox"/> Not Yet <input type="checkbox"/>	Clear subquestions from literature, data collection through interviews ans literature. Remember Saturation Point. Financial part can be more explored, investments, maintenance, training of staff, demand... return on investment etc.		

DD4: the student can communicate information, ideas, problems and solutions to both specialist and non-specialist audiences

	Excellent	Pass	No Go
--	-----------	------	-------

4.1 Communication to audience making use of professional (business) English

Student divides information effectively in paragraphs/chapters. No noticeable errors in English usage and mechanics. Use of language enhances the argument and avoids abbreviations. Sentence structures are well varied, and voice and tone are highly suitable for the specific audience/s. Style and content complement each other into an appealing, high quality story. Highly skilful organisational strategy. The logical sequence of ideas increases the effectiveness of the argument and transitions between paragraphs strengthen the relationship between ideas. Sub-headings are employed effectively and the links between different sections are reinforced through linking expressions. Shows attention to detail in all parts of the report.

Student divides information in paragraphs/chapters. Errors in English usage and mechanics are present, but they rarely impede understanding. Use of language supports the argument. Sentence structures are varied, and voice and tone are generally appropriate for the intended audience/s. Generally, a clear organisational strategy. The sequence of ideas in most cases supports the argument and transitions between paragraphs clarify the relationship between ideas. The report is mainly comprehensively written and lacks some attention to detail in some parts of the report.

Distracting errors in English usage are present and they impede understanding. Use of language is basic, only somewhat clear and does not support the argument. Word choice is general and imprecise. Voice and tone are not always appropriate for the intended audience/s. Basic organisational strategy, with most ideas logically grouped. Transitions between paragraphs sometimes clarify the relationship among ideas. The report is not comprehensively written and lacks attention to detail in most parts of the report.

Student Feedback:

Pass



Not Yet



English writing has never been an issue for me. However, i could have spend more time into carefully checking the report 5 times instead of the two times i did now.

Assessor Feedback:

Pass



Not Yet



Pass

DD5: the student has developed those learning skills necessary to continue to undertake further study with a high degree of autonomy

	Excellent	Pass	No Go
5.1 Plan on IQ development in PLO: Reflection on product(s)	Student has clear plans on what will be delivered and uses different relevant theory to underpin own work and reflect on it.	Student has a plan on what will be delivered and uses theory to underpin planned own work and reflect on it.	No clear deliverables mentioned and almost no theory to underpin own work and reflection.
5.2 Plan on AQ & EQ Self development	Student devises excellent ability to critically reflect on own developmental goals and demonstrates real growth mindset for life-long learning. Student proposes a demonstration of being able to self-direct, taking initiative in unpredictable situations. Student shows different metrics that can demonstrate development in terms of their EQ/AQ.	Student shows developmental goals and demonstrates growth mindset. There is a plan on how to reflect on values, attitudes and behaviour. Starting levels and desired end levels are described and measurements are provided.	Developmental goals are not concrete, there is no demonstration of growth mindset. Plan on how to reflect is vague and does not give enough substantiation to show growth.
5.3 Plan on EQ Social development	Student provides a plan on how to construct a multitude of proof that shows development as an Intercultural Hospitality Leader. Excellent ability to contribute to the global society/local community as a responsible citizen. Excellent analysis of diversity of people the student will deal with. Possible effective collaboration with all stakeholders in different cultural settings. Hospitality is key to the project or work the student does.	Student provides a plan on how to prove development as an Intercultural Hospitality Leader. Plan on how to contribute to the global society/local community as a responsible citizen. Proposing ideas on how to collaborate with different stakeholders in different cultural settings. Hospitality is a differentiator in the students' project or work.	No clear plan on development as an Intercultural Hospitality Leader. Plan on how to contribute to global society/local community is missing. Ideas proposed on collaboration or hospitality are not sufficient.

Student Feedback:

Pass



Not Yet



A fully described and honest approach has been undertaken in order to come up with the career portfolio. As the past half a year was a very difficult period, i have truly performed my own role in this period of time.

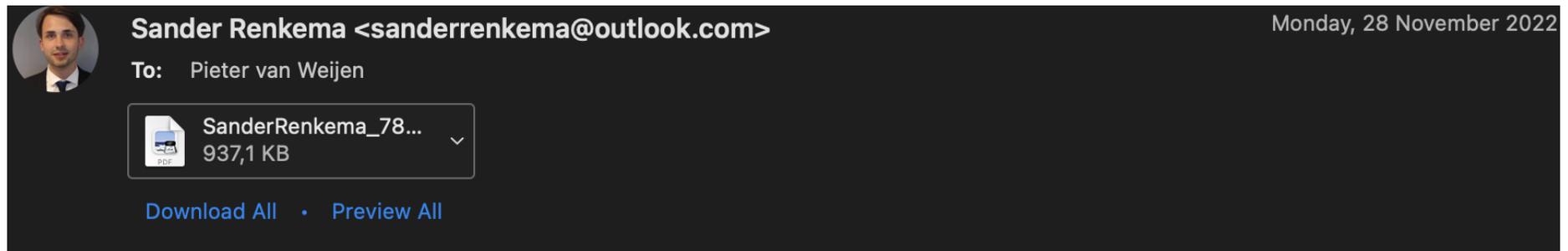
Assessor Feedback:	Excellent <input type="checkbox"/>	Feasible, realistic project, financial part needs more attention!
	Pass <input checked="" type="checkbox"/>	
	Not Yet <input type="checkbox"/>	

Overall Assessor Feedback

LYCar Proposal Outcome

- Pass All qualitative criteria awarded a “Pass”. “P” registered in Osiris. Student can continue with LYCar execution.
- No Go One or more qualitative criteria graded as “Not Yet”. “F” registered in Osiris. Student re-writes LYCar Proposal with incorporated feedback.
- Pre-Condition NY Pre-conditions not met. Student resubmits LYCar Proposal. No grade or feedback provided to the student.

Appendix 16: Communication Commissioner Proposal



Beste Pieter,

Ik hoop dat alles goed gaat.

Hierbij stuur ik mijn LYCar Proposal. Deze is twee weken geleden ingeleverd en goedgekeurd door school.

Nu de initiële research klaar is, is het nu de bedoeling om de oplossingen en ideeën te gaan uitwerken in de zogenoemde 'LYCar Executie'.

Om hier mee verder te gaan, ben ik benieuwd naar je feedback, en ben ik vooral benieuwd over jouw input in hoofdstuk 4: Solution Design.

Mochten er verder nog vragen en/of opmerkingen zijn dan hoor ik het graag.

Ik hoop snel wat van je te horen!

Met vriendelijke groet,

Sander Renkema

Re: LYCar Proposal



Pieter van Weijen <pvw@inn4cure.nl>

Wednesday, 30 November 2022 at 8:09 AM

To: Sander Renkema

Goedemorgen Sander,

Dank voor je mail.

Ik ga het lezen!

Kun je aangeven wie op de HHS mijn contactpersoon is?

Fijne dag,

Pieter van Weijen

CEO inn4cure

T:+31 638126073

www.inn4cure.nl



inn4cure

Appendix 17: Proof of Data Upload

File Upload Notification 

File Upload Notification

 **noreply <noreply@hotelschool.nl>** Today at 9:35 AM
To: Sander Renkema

Dear Sander Renkema,

This is an automatic delivery message to notify you that a new file has been uploaded.

Name : Sander Renkema
Student Number : 781028
Email : 781028@hotelschool.nl
LYCar Coach : Mr Heijblom
Research Number : 2022-890

We kindly request you to forward this email to your LYCar coach as evidence that your data files have been uploaded securely.
Thank You.

File Upload Notification 

 **noreply <noreply@hotelschool.nl>** Today at 9:35 AM
To:  Sander Renkema

Dear Sander Renkema,

This is an automatic delivery message to notify you that a new file has been uploaded.

Name : Sander Renkema
Student Number : 781028
Email : 781028@hotelschool.nl
LYCar Coach : Mr Heijblom
Research Number : 2022-890

We kindly request you to forward this email to your LYCar coach as evidence that your data files have been uploaded securely.
Thank You.

File Upload Notification



✘ noreply <noreply@hotelschool.nl>

Today at 9:35 AM

To: ✘ Sander Renkema

Dear Sander Renkema,

This is an automatic delivery message to notify you that a new file has been uploaded.

Name : Sander Renkema
Student Number : 781028
Email : 781028@hotelschool.nl
LYCar Coach : Mr Heijblom
Research Number : 2022-890

We kindly request you to forward this email to your LYCar coach as evidence that your data files have been uploaded securely.
Thank You.

File Upload Notification



✘ noreply <noreply@hotelschool.nl>

Today at 9:36 AM

To: ✘ Sander Renkema

<mailto:781028@hotelschool.nl>

This is an automatic delivery message to notify you that a new file has been uploaded.

Name : Sander Renkema
Student Number : 781028
Email : 781028@hotelschool.nl
LYCar Coach : Mr Heijblom
Research Number : 2022-890

We kindly request you to forward this email to your LYCar coach as evidence that your data files have been uploaded securely.
Thank You.

File Upload Notification



✘ noreply <noreply@hotelschool.nl>

Today at 9:36 AM

To: ✘ Sander Renkema

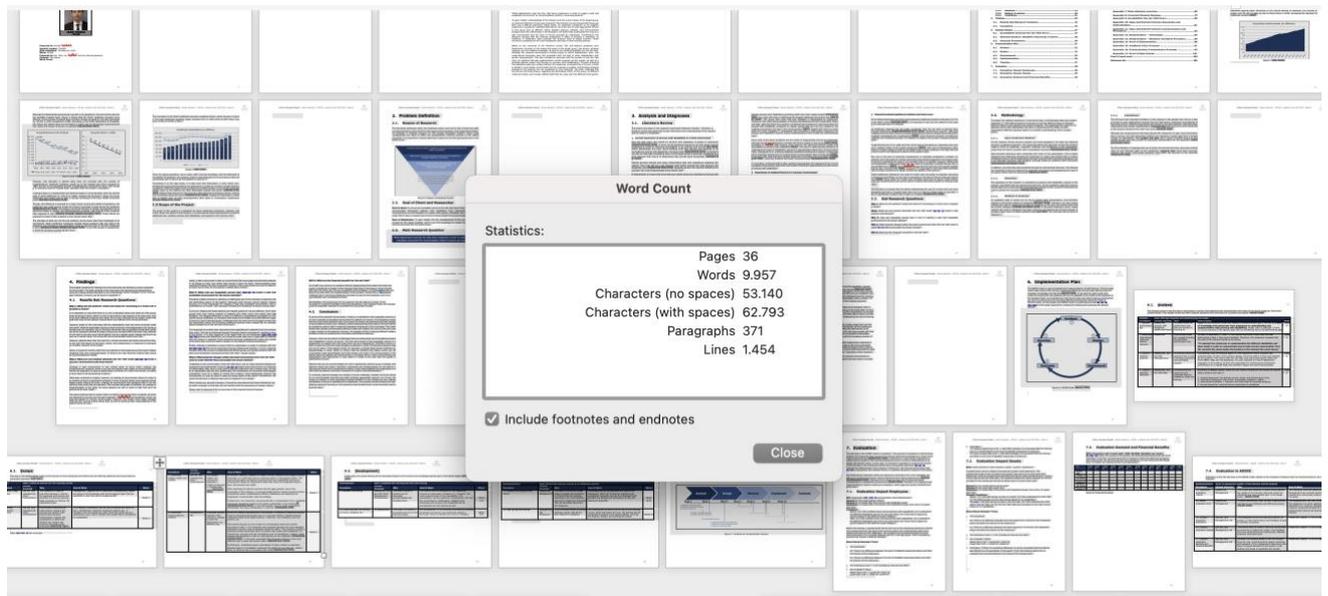
Dear Sander Renkema,

This is an automatic delivery message to notify you that a new file has been uploaded.

Name : Sander Renkema
Student Number : 781028
Email : 781028@hotelschool.nl
LYCar Coach : Mr Heijblom
Research Number : 2022-890

We kindly request you to forward this email to your LYCar coach as evidence that your data files have been uploaded securely.
Thank You.

Proof of Word Count



Words: 9.957

Words in Pictures: 116 (picture 15 & 37)

Total: 10.073 (11.000 max)

Words Executive Summary: 937 (9,3% of total wordcount)

Reference list

Ahammad, S. and Steene, D.A., 2013 Importance of Training in Hotel industry. , p.41.

Anand, D.M., 2013 A Study on Training Effectiveness in Hospitality Sector with Special reference to Chandigarh Hotels. , 6(5), p.11.

Australian Department of Education, 2022, *Disability Awareness* Available at: <https://www.adcet.edu.au/our-work/disability-awareness> (Accessed 12 December 2022).

Bigby, P.C., Frawley, D.P. and Phillips, L., 2014 “Well hang on, that’s sort of not right”: Family and staff perspectives on “cultures of respect” in supported accommodation services for people with intellectual disability.

Björnberg, A. and Phang, A.Y., 2018 *Euro health consumer index*, Health Consumer Powerhouse.

Booking.com, 2022, *Van der Valk Hoorn* Available at: <https://www.booking.com/hotel/nl/van-der-valk-hoorn.en-gb.html> (Accessed 6 December 2022).

Bouchrika, I., 2022, *The ADDIE Model Explained: Evolution, Steps, and Applications* Available at: <https://research.com/education/the-addie-model> (Accessed 20 December 2022).

Branch, R.M., 2009 *Instructional Design: The ADDIE Approach*, Boston, MA, Springer US.

Broodman, 2020 Kosten coronabehandeling: van paar tientjes tot tienduizenden euro’s. *RTL Nieuws*. Available at: <https://www.rtlnieuws.nl/economie/artikel/5196644/corona-behandeling-kosten-testen-huisarts-intensive-care-totaal> (Accessed 17 October 2022).

CBS, 2021, *Growth projections* Available at: <https://www.cbs.nl/nl-nl/nieuws/2021/15/in-2050-zijn-er-twee-tot-drie-keer-zoveel-80-plussers-als-nu> (Accessed 5 September 2022).

CBS, 2022a, *Healthcare Supply and Demand* Available at: <https://opendata.cbs.nl/statline/#/CBS/nl/dataset/37852/table?dl=35729&ts=1662365734185> (Accessed 5 September 2022).

CBS, 2022b, *Population growth netherlands* Available at: <https://www.cbs.nl/nl-nl/visualisaties/dashboard-bevolking/bevolkingsteller> (Accessed 5 September 2022).

CBS, C.B. voor de, 2022, *Zorguitgaven; kerncijfers* Available at: <https://www.cbs.nl/nl-nl/cijfers/detail/84047NED> (Accessed 6 September 2022).

Chadha, R.M., Paulson, M.R., Avila, F.R., Torres-Guzman, R.A., Maita, K., Garcia, J.P., Forte, A.J. and Maniaci, M.J., 2022 Surgical patient satisfaction with a virtual hybrid care hotel model: A retrospective cohort study. *Annals of Medicine and Surgery*, 74, p.103251.

Dana, J., Dawes, R. and Peterson, N., 2013 Belief in the unstructured interview: The persistence of an illusion. *Judgment and Decision Making*, 8, pp.512–520.

Darcy, S. and Pegg, S., 2011 Towards Strategic Intent: Perceptions of disability service provision amongst hotel accommodation managers. *International Journal of Hospitality Management*, 30(2), pp.468–476.

DeJonckheere, M. and Vaughn, L.M., 2019 Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community Health*, 7(2), p.e000057.

Dhar, R.L., 2015 Service quality and the training of employees: The mediating role of organizational commitment. *Tourism Management*, 46, pp.419–430.

Douven, R., Burger, M. and Schut, F., 2020 Does managed competition constrain hospitals' contract prices? Evidence from the Netherlands. *Health Economics, Policy and Law*, 15(3), pp.341–354.

EU, 2019 *Directive (EU) 2019/882 of the European Parliament and of the Council of 17 April 2019 on the accessibility requirements for products and services (Text with EEA relevance)*,

Eurostat, 2021, *Healthcare expenditure statistics* Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_expenditure_statistics (Accessed 20 September 2022).

Faber, J. and Fonseca, L.M., 2014 How sample size influences research outcomes. *Dental Press Journal of Orthodontics*, 19(4), pp.27–29.

Fatumo, S., Shome, S. and Macintyre, G., 2014 Workshops: A Great Way to Enhance and Supplement a Degree. *PLoS Computational Biology*, 10(2), p.e1003497.

Ferreira, G.E., Elkins, M.R., Jones, C., O'Keeffe, M., Cashin, A.G., Becerra, R.E., Gamble, A.R. and Zadro, J.R., 2022 Reporting characteristics of journal infographics: a cross-sectional study. *BMC Medical Education*, 22(1), p.326.

Friedman, C., 2018 R-E-S-P-E-C-T: The Relationship Between Being Respected and Quality of Life of Disabled People. *Disability Studies Quarterly*, 38(2). Available at: <https://dsq-sds.org/index.php/dsq/article/view/6168> (Accessed 26 December 2022).

Georgieva, V., 2019, *How To Create Great Training Content* Available at: <https://elearningindustry.com/online-training-content-development-tips> (Accessed 19 December 2022).

Hammarberg, K., Kirkman, M. and de Lacey, S., 2016 Qualitative research methods: when to use them and how to judge them. *Human Reproduction*, 31(3), pp.498–501.

HandicapNL, 2022, *Iedereen eerlijke kansen* Available at: <https://handicap.nl/> (Accessed 26 December 2022).

Hesselink, G., Smits, M., Doedens, M., Nijenhuis, S.M.T., van Bavel, D., van Goor, H. and van de Belt, T.H., 2020 Environmental Needs, Barriers, and Facilitators for Optimal Healing in the Postoperative Process: A Qualitative Study of Patients' Lived Experiences and Perceptions. *Herd*, 13(3), pp.125–139.

Hestevik, C.H., Molin, M., Debesay, J., Bergland, A. and Bye, A., 2019 Older persons' experiences of adapting to daily life at home after hospital discharge: a qualitative metasummary. *BMC Health Services Research*, 19(1), p.224.

Ho, L., 2022, *Essential Guide to Coding Qualitative Data* Available at: <https://delvetool.com/guide> (Accessed 20 October 2022).

Hollmann, S., Frohme, M., Endrullat, C., Kremer, A., D'Elia, D., Regierer, B. and Nechyporenko, A., 2020 Ten simple rules on how to write a standard operating procedure. *PLoS Computational Biology*, 16(9), p.e1008095.

Hussien, F.M. and Jones, E., 2016 The Requirements of Disabled Customers: A Study of British Customers in Egyptian Hotels. *Journal of Tourism Management Research*, 3(2), pp.56–73.

inn4cure, 2022, *Wat we doen* Available at: <https://www.inn4cure.nl/wat-we-doen> (Accessed 5 September 2022).

Kim, W.G., Stonesifer, H.W. and Han, J.S., 2012 Accommodating the needs of disabled hotel guests: Implications for guests and management. *International Journal of Hospitality Management*, 31(4), pp.1311–1317.

Klaver, 2015 Opening Van der Valk Hoorn. *Klaver Technisch Bedrijf - Totaaloplossingen in elektrotechniek*. Available at: <https://www.klavertechnischbedrijf.nl/opening-van-der-valk-hotel-te-hoorn/> (Accessed 6 December 2022).

Knutsen Glette, M., Kringeland, T., Røise, O. and Wiig, S., 2019 Hospital physicians' views on discharge and readmission processes: a qualitative study from Norway. *BMJ Open*, 9(8), p.e031297.

Kurt, D.S., 2017 Definitions of The Addie Model. *Educational Technology*. Available at: <https://educationaltechnology.net/definitions-addie-model/> (Accessed 20 December 2022).

Lavrakas, P., 2022 Encyclopedia of Survey Research Methods. Available at: <https://methods.sagepub.com/reference/encyclopedia-of-survey-research-methods>.

Lilleheie, I., Debesay, J., Bye, A. and Bergland, A., 2019 Experiences of elderly patients regarding participation in their hospital discharge: a qualitative metasummary. *BMJ Open*, 9(11), p.e025789.

Lundälv, J., Ehrlington, H. and Johansen, A., 2020 Disability awareness arena in Sweden: voices of learning toward community facilities, universal design and disability perspective. *Facilities*, 39(5/6), pp.217–235.

Mandelbaum, R., 2022, *Investing in Training Hotel Employees* Available at: <https://www.cbre.com/insights/briefs/investing-in-training-hotel-employees> (Accessed 19 December 2022).

Markovic, 2022, *What is the average cost of training a new employee?* Available at: <https://www.edume.com/blog/cost-of-training-a-new-employee> (Accessed 19 December 2022).

Mehale, K.D., Govender, C.M. and Mabaso, C.M., 2021 Maximising training evaluation for employee performance improvement. *SA Journal of Human Resource Management*, 19(0), p.11.

Ministry of Health, Welfare, and Sport, 2022, *Rechten van mensen met een beperking - Rijksoverheid.nl* Available at: <https://www.rijksoverheid.nl/onderwerpen/rechten-van-mensen-met-een-handicap> (Accessed 12 October 2022).

Ministry of Health, Welfare and Sport, 2022, *Deferred care during the corona pandemic - consequences for health* | RIVM Available at: <https://www.rivm.nl/coronavirus-covid-19/uitgestelde-zorg> (Accessed 5 September 2022).

Murray, I.R., Murray, A.D., Wordie, S.J., Oliver, C.W., Murray, A.W. and Simpson, A.H.R.W., 2017 Maximising the impact of your work using infographics. *Bone & Joint Research*, 6(11), pp.619–620.

Palinkas, L.A., Horwitz, S.M., Green, C.A., Wisdom, J.P., Duan, N. and Hoagwood, K., 2015 Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and policy in mental health*, 42(5), pp.533–544.

Pehlivanoğlu, B., 2019 Hotel Adaptation for Travelers with Disabilities (TWD): A Design Oriented Analysis. *online journal of art and design*, 7(5). Available at: <https://avesis.akdeniz.edu.tr/yayin/96d5091b-99c0-40d6-9793-ebcc44ad9759/hotel-adaptation-for-travelers-with-disabilities-twd-a-design-oriented-analysis> (Accessed 12 October 2022).

Poria, Y., Reichel, A. and Brandt, Y., 2011 Dimensions of hotel experience of people with disabilities: an exploratory study. *International Journal of Contemporary Hospitality Management*, 23(5), pp.571–591.

Pozo, H., Roque da Silva, O. and Tachizawa, T., 2017 The influence of performance objectives on the implementation of lean manufacturing practices: An analysis based on strategic groups Liu, S., (ed.). *Cogent Business & Management*, 4(1), p.1405718.

R. Stasell, M. and M. Bathje, M., 2021 Hotel Experiences of People With Physical and Sensory Disabilities. Available at: <http://sadir.ws/handle/123456789/{sadir.baseUrl}/handle/123456789/2297> (Accessed 21 September 2022).

Rahman, M.S., 2016 The Advantages and Disadvantages of Using Qualitative and Quantitative Approaches and Methods in Language "Testing and Assessment" Research: A Literature Review. *Journal of Education and Learning*, 6(1), p.102.

Rahmawati, F., 2019 Factors Related to the Standard Operating Procedure Compliance of the Workers at PT X. *The Indonesian Journal of Occupational Safety and Health*, 8, p.197.

Rijksoverheid, 2012, *Afdeling 6.10 Bereikbaarheid van gebouwen voor gehandicapten, nieuwbouw en bestaande bouw* Available at: https://rijksoverheid.bouwbesluit.com/Inhoud/docs/wet/bb2012_nvt/artikelsgewijs/hfd6/afd6-10 (Accessed 22 September 2022).

Rushmore, S. and O'Neill, J.W., 2015 Updated Benchmarks for Projecting Fixed and Variable Components of Hotel Financial Performance. *Cornell Hospitality Quarterly*, 56(1), pp.17–28.

Sahronih, S., Soeprapto, A. and Sumantri, M., 2019 *The Effect of Interactive Learning Media on Students' Science Learning Outcomes*,

Sakallaris, B.R., MacAllister, L., Voss, M., Smith, K. and Jonas, W.B., 2015 Optimal Healing Environments. *Global Advances in Health and Medicine*, 4(3), pp.40–45.

Salmen, A.M., Fordeck, J. and Heishman, C., 2022 Error Reduction in Sterile Processing Through Standardization of Operations and Training. *Annual Conference Abstracts, APIC 2022*, 50(7, Supplement), pp.S16–S17.

Swanepoel, L., Spencer, J.P. and Draper, D., 2020 Education and Training for Disability Awareness of Front Line Hospitality Staff in Selected Hotels in the Cape Winelands. *Tourism and Leisure*, p.16.

Treser, M., 2015, *Getting To Know ADDIE: Part 4 - Implementation* Available at: <https://elearningindustry.com/getting-know-addie-implementation> (Accessed 20 December 2022).

Tuzgöl-Broekhoven, Akbar, Hanse, Oomen and Vegter, 2015 Ziekenhuisrekeningen: op weg naar transparantie? *2015009*, p.45.

van den Elsen, 2012 Steeds meer mensen zelfde dag ontslagen uit ziekenhuis. *Zorgvisie*. Available at: <https://www.zorgvisie.nl/steeds-meer-mensen-zelfde-dag-ontslagen-uit-ziekenhuis-zvs014961w/> (Accessed 6 September 2022).

Van der Valk Care, 2022, *Hotel Hoorn Van der Valk Care* Available at: <https://www.vandervalkcare.nl/arrangementen/hotel-hoorn/> (Accessed 6 December 2022).

Vasanthi, S. and Shakiladevi, A.R., 2020 THE ROLE OF KEY PERFORMANCE INDICATORS IN EVALUATING THE EMPLOYEE TRAINING PROGRAMS IN ORGANISATIONS.

Vollstedt, M. and Rezat, S., 2019 An Introduction to Grounded Theory with a Special Focus on Axial Coding and the Coding Paradigm. In: Kaiser, G. and Presmeg, N., (eds.) *Compendium for Early Career Researchers in Mathematics Education*. ICME-13 Monographs. Cham, Springer International Publishing., pp. 81–100.

W Stonesifer, H.W.S. and Kim, W.G., 2011 Toward Creating a Framework to Accommodate the Needs of Disabled Hotel Guests.

Wallenburg, I., Helderma, J.-K., Jeurissen, P. and Bal, R., 2022 Unmasking a health care system: the Dutch policy response to the Covid-19 crisis. *Health Economics, Policy and Law*, 17(1), pp.27–36.

Wesselius, H.M. et al., 2018 Quality and Quantity of Sleep and Factors Associated With Sleep Disturbance in Hospitalized Patients. *JAMA Internal Medicine*, 178(9), pp.1201–1208.

Winkel, E. and de Kousemaeker, G., 2017 *Onderzoek naar duurzame inrichting spoedzorg keten voor ouderen*,

Yfantidou, G., Spyridopoulou, E., Papaioannou, A. and Balaska, P., 2017 Service innovation in hotels for people with disabilities. , p.14.

Yimam, M.H., 2022 Impact of training on employees performance: A case study of Bahir Dar university, Ethiopia Cheng, M., (ed.). *Cogent Education*, 9(1), p.2107301.

Young, J.C. et al., 2018 A methodological guide to using and reporting on interviews in conservation science research. *Methods in Ecology and Evolution*, 9(1), pp.10–19.

Zadro, J.R., Ferreira, G.E., O’Keeffe, M., Stahl-Timmins, W., Elkins, M.R. and Maher, C.G., 2022 How do people use and view infographics that summarise health and medical research? A cross-sectional survey. *BMC Medical Education*, 22(1), p.677.

