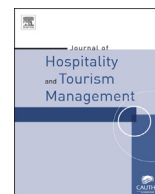




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Retirement villages: Hospitals or hospitality operations – Management attributes and traits



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ABSTRACT

This paper considers the growth in large retirement villages which appear to have many of the same facilities as upscale resorts, and asks what attributes and traits the managers of these facilities require in order to be successful in their roles. After a literature review of what is known about characteristics of hotel managers, the literature available on retirement homes, and the private member clubs sector, the paper discusses the findings of five in-depth interviews with 'village managers', the most common title for those in charge of these facilities. Managers were found to be well-qualified, often in hospitality management. Most did not have a medical background and all stressed the customer-focused aspects of their role, and in particular the importance of building long-term relationships with well-educated and eloquent residents. Managers felt their hospitality background helped them but that their village manager roles enabled them to build communities rather than constantly crisis managing as in hotels. Several emphasised that to do well in the retirement village sector required life experience and that while they acknowledged the need to develop future village managers, recent hospitality graduates may struggle to gain respect from the residents. Recommendations for further large-scale quantitative studies and comparisons with other regions are made. Studies into the experience of residents is also recommended.

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1. Introduction

The purpose of this paper is to investigate the relatively recent phenomenon of large retirement villages that are being developed by major corporations providing accommodation, food and beverage facilities, entertainment and medical care for several hundred residents. This development is significant because traditionally rest homes were run like, and regarded by many as, extensions of hospitals, where caring for frail, elderly and vulnerable people was the focus. Yet the current upsurge in retirement village developments, often part of a small number of large corporations, is totally different to such rest homes. This paper therefore sets out to investigate whether these new developments share similarities with hotel units which are part of a hotel corporation in terms of their organisation, human resource development strategy and operation and management. It does this by investigating who the people are who are in charge of these retirement villages, and

whether their role bears similarities to those of hotel general managers (GM). This is important because hospitality may have a valuable contribution to make to the development of this new career sector, as well as providing additional employment opportunities for hospitality and tourism graduates. Furthermore, this sector is set to grow considerably and academics should be looking for opportunities to research this area.

Albayrak, Caber, and Bideci (2016, p. 17) discuss the importance of the global mature market, estimating that "the number of older people is expected to more than double, from 841 million people in 2013 to more than 2 billion in 2050". New Zealand had a surge in single male immigrants during the mid-1800s who came to make fortunes on the goldfields. But by 1900 they posed a problem as they had no families and nowhere to go which led to the need for a place where elderly people could go to get the care they needed (Eldernet, 2017). The prospects for care home development is evident from New Zealand's aging population of people over 65 that increased by 55% between 1994 and 2011 and people over 80 years old increased by 80% between 1994 and 2014 (Teara, 2017). By the mid-1970s New Zealand had one of the highest rates of rest-home residency in the Western world (Eldernet, 2017). By 2010

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around 75% of the country's rest homes were owned by overseas companies that worked to create value for their shareholders while the rest were run by charitable trusts and churches (Eldernet, 2017).

This paper focuses only on rest home or retirement village care, which is just one type of residential care provided in New Zealand; the other types of care being continuing care (hospital), dementia care and specialised hospital care (psychogeriatric care). While these may historically have been 'nursing homes' or 'rest homes' for frail and elderly relatives, increasingly they are a destination of choice for fit, healthy and relatively affluent people in their 50s and 60s and are now more commonly referred to as 'retirement villages' (Abdelrazek et al., 2010). Suess and Mody (2017, p. 59) point out that "in an increasingly competitive market, healthcare providers are incorporating best practices from the hospitality industry to improve the patient experience". While this is already being seen in the development of hotel facilities and mindsets in hospitals, Suess and Mody's (2017) comment could also be applied to the growing number of retirement villages. Given the change in focus from 'medical facility' to 'lifestyle village', it raises the question of who is best qualified to manage such complexes. Is it a 'Medical Director', or a 'Hotel/Resort Manager'? If as Suess and Mody (2017) argue, such facilities could learn from hotel management, should they not also be working with hotel managers to implement that knowledge? And should they be recruiting hospitality graduates to staff these new facilities? This research starts to explore these questions.

The five managers interviewed for this research included four from two of the larger retirement village groups operating in New Zealand, one of which is a trans-Tasman operation. Between these two groups they operate 24 and 31 villages respectively and the latter group also operate six villages across Australia. While one group have over 5000 residents and 1000 employees, the other group has over 8000 residents and 5000 employees. Each of these villages have comprehensive choices of independent living, assisted living, aged care and a hospital facility, making it convenient for residents to continue living in the same village even when their personal circumstances and needs change. In order to investigate both the independent and the corporate sectors, one of the managers interviewed is from an independent charitable retirement complex based in Auckland that started in 1972, one of the oldest retirement villages in Auckland.

2. Literature review

There is very limited existing academic research on retirement villages. One well-cited paper is Stimson and McCrea (2004). They consider the reasons for people making the decision to move to a retirement village and conclude that it is a mixture of factors, although their research focuses on the residents and is a quantitative study. Another more recent Australian study by Crisp, Windsor, Anstey, and Butterworth (2013) sought to compare older adults who had decided to move to a retirement village with those who had decided against it. Those deciding to move had better financial resources, poorer health and felt less connection to their current environment than those who decided not to move to a retirement village. Again, the study is quantitative and focuses on the residents' needs rather than the management staff and processes of the village.

Because of the limited research available on the management aspects of retirement villages, academic literature for this paper was sourced from three main areas – hotel management, nursing and private members clubs. The intention was to see if there were common themes around the management of these which might resonate with the actual experiences of retirement village managers, or if lessons could be learned from those sectors of the

hospitality industry. Within the hospitality literature Nailon (1982) makes the point that a hotelier must succeed in a rather unique environment requiring the ability to operate flexibly and respond quickly. Baum (1990) identifies the importance of 'soft skills' for both management and staff. Brotherton (1999, p. 168) defines hotel management as "a contemporary human exchange, which is voluntarily entered into, and designed to enhance the mutual well-being of the parties concerned through the provision of accommodation and food or drink". Jayawardena (2000) suggests that hotel managers are like the captain of a ship, or the conductor of an orchestra, requiring qualifications, experience (preferably international), management ability, adaptability and sociability. Bharwani and Talib (2017, p. 393) conducted a detailed literature review analysis of the competencies required of senior managers within the hospitality industry and propose a competency framework which aims to "distil the essential competencies and skills required by a general manager". They argue that a general manager (GM) is responsible not only for the profitability of the business but also for the culture of service, which in turn influences the customer experience. GMs do this through 'functional competencies' related to the tasks required of the individual in the particular role and their personality or 'meta competencies'. Christou and Eaton (2000) replicated earlier studies in the USA and the UK considering the management competencies required of hospitality graduates by studying the situation in Greece. They explained that "the most obvious result of the study is that general managers identified "soft skills" as the most essential" but then also went on to highlight "the ability to manage guest problems with understanding and sensitivity" (Christou & Eaton, 2000, p. 1059).

The second source of academic literature is from the available studies of the management of retirement home and elderly care facilities (Abdelrazek et al., 2010; Lewinson & Morgan, 2014; Martins & Isouard, 2014; Wu, Robson, & Hollis, 2013). These studies ranged from considering the experience of homeless in long-stay hotels and the importance of a sense of community, the impact of the physical environment on resident well-being and lessons that hospitals can learn from hotels, the importance of empowerment for managers of elderly care facilities and a study of the demographics of aged care facility managers. Erickson and Rothberg (2017, p. 14) identify that 'healthcare providers' can learn from hotels because "close patient relationships are not common characteristics for the healthcare providers". However, they do not discuss the growing retirement village industry in their research. One of the few studies in this field to be undertaken in New Zealand was by Grant (2006, p. 100) who considered the sense of community that such facilities can provide, but that more research is necessary as questions should be asked about such "age segregated communities".

A third source of information was the 'private member clubs' literature which is usefully summarised in Barrows and Ridout (2010). They conducted an extensive review of 45 journal papers published in the area of club management and highlighted that clubs are operated on behalf of their members – a situation which is arguably very similar to a retirement village. They note that club members often have a high quality of life, hold positions of authority in business or the community, and therefore have high expectations of the club's management. Their research identified core skills to be: budgeting; professional behaviour, control of food and beverage operations and employee relations. However they also stated "the top criteria to determine the success level of the club included membership satisfaction ..." (Barrows & Ridout, 2010).

This brief literature review has identified some of the research available on hotel management competencies which suggest that hospitality managers need to have a range of soft and hard skills –

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