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**INTEGRATING PRINCIPLES OF SERVICE
MARKETING AND SERVICE OPERATION
MANAGEMENT IN LONG TERM CARE:
THAILAND CONTEXT**

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บทคัดย่อ

ประเทศไทยกำหนดยุทธศาสตร์ชาติ เป็นศูนย์กลางการบริการด้านการแพทย์ ประเทศจึงต้องพัฒนามาตรฐานทางการแพทย์และการดูแลผู้สูงอายุ บทความนี้ได้บูรณาการหลักการตลาดธุรกิจบริการ เข้ากับหลักการพยาบาลพื้นฐานของผู้สูงอายุในระยะยาว โดยการอภิปราย วิเคราะห์ และสังเคราะห์แบบสหวิทยาการด้านการจัดการ การดำเนินงานบริการ โดยนำกลยุทธ์การตลาดธุรกิจบริการอีก 3P ได้แก่ กระบวนการบริการ ผู้ให้และผู้รับบริการสิ่งแวดล้อมทางกายภาพของสถานที่บริการ รวมถึงความสำคัญของคุณภาพการบริการในการดูแลผู้สูงอายุ โดยใช้แบบจำลอง SERVQUAL มาวัดระดับความพึงพอใจต่อคุณภาพบริการในการดูแลผู้สูงอายุ บทความนี้ส่งเสริมการเปลี่ยนผ่านการดูแลผู้สูงอายุโดยผู้ดูแล ผู้การที่ผู้สูงอายุสามารถดูแลตนเองได้ รวมถึงแนะนำการจัดการบริการในการดูแลและการพยาบาลผู้สูงอายุอย่างมีคุณภาพ เพื่อให้ประเทศสามารถยกระดับคุณภาพการบริการให้เป็นศูนย์กลางบริการทางการแพทย์

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Abstract

Thailand's strategic goal as the medical hub and retirement destination have raised awareness on the need to improve patient care and medical standards. The article aims to explore and analyze the fundamental of elderly nursing; long term care in particular; as well as applied a multi-disciplinary synthesis on elderly care's service management, an integrated approach between the field of nurse and hospitality management. The 3 additional Ps in service marketing concepts; physical evidence, process, and people; are highlighted as important tools to promote the service quality in elderly care in conjunction with the SERVQUAL model. This article also suggests a transformation from caregiver to self-care to successfully meet the goals of long-term care purpose. Fundamental concerns, guidelines, and suggestions on how to enhance the quality-of-service management for elderly care and service quality management for Thailand to succeed its goal as the medical hub will also be covered in the article.

Keywords: Service Marketing, Elderly Care, Long-term Care, Service Operation Management, Service Quality

Introduction

The United Nations in 2015 has announced the Sustainable Development Goals (SDGs) as an ongoing blueprint to achieve a better and more sustainable future for all (United Nations, 2019). At its core are the 17 Goals which are an urgent call for action by all countries; both developed and developing, and in a global partnership. The goal is to tackle global challenges such as poverty, inequality, climate, environmental degradation, prosperity, and peace and justice. The goals are interconnected, emphasizing leaving no one behind which includes the elderly person (United Nations, 2019).

Thailand has essentially become the retirement home and dream destination for senior citizens to spend their peaceful life. The boom in senior citizen care facilities has driven more investment into the real estate sector in the past few years, with various types of projects and service offerings such as nursing home, retreat facility, senior and assisted living facility (KPMG, 2018). These call for the need to raise the service quality management and operation for elder care services. Thailand's strategic goal as a medical hub has raised awareness on the need to improve the patient care and medical standards. These include general and elderly nursing standards and nursing service management both management and operation to meet the national goals. In recent years, tourist expenditures from health tourism have considerably contributed to the country's GDP. Thailand has earned regional recognition and played a leading role in medical service provider, medical care, and patient treatment in Asia (Thailand Board of Investment, 2016). According to Post Reporters (2019) the country ranked number 6th in Best Healthcare Provider in 2019. This has drawn tremendous overseas investment in medical devices and put forward multiple new and expansion projects of medical facilities in both Bangkok and other regions including key provinces.

With respect to the principles of elderly care and as part of the small mechanism to gear towards the goal "Thailand as the medical hub" and prepare our people for the current aging society, various academic fields shall work towards synergy and integrate their field knowledge to improve the quality life of the senior citizens by providing a quality service for elderly. Therefore, this article aims to discuss a multi-disciplinary synthesis on elderly care's service management, an integrated approach between the field of nurse and hospitality management in Thailand. Key contemporary principles, concepts of service marketing, service operational management, service quality, and elderly care will be presented. Emphasizing the principle of elderly care in particular "long term care" which is a nursing care for elderly in the dependency stage of older adults, who require not only advance, but also long-term care. Elderly for example who are in suffer and deprivation from chronic diseases, previous accidents, or disability, including those who are assisted elderly who have received care in various forms; both in formal and informal; performed by social and public healthcare professionals, family members, volunteers, friends, and neighbors.

Objectives

1. To explore and analyze the fundamentals of elderly nursing; long term care in particular; as well as integrate an approach from the hospitality marketing field.
2. To discuss a multi-disciplinary synthesis on elderly care's service management, an integrated approach between the field of nurse and hospitality management. The 3 additional Ps in service marketing concepts; physical evidence, process, and people; will also be discussed.
3. To provide key knowledge essentials to promote the service quality in elderly care and suggestions on how to enhance the quality-of-service management of elderly care, and service quality management.

Thailand's Aging Society

Thailand in 2020 entered an aging society, when elderly accounted for 20% of total population or 13 million (อังคณา สุเมธสิทธิ์กุล, 2561; Laongkul, 2019). A similar phenomenon is being faced by many countries, led by Japan. In less than 10 years from now Thailand had entered the full term of aging society, when 1 out of 5 of the total population will be in this age group. The elderly number will be reaching 14.1 million in 2023 (Tangtenglam & Pongpanich, 2021). According to Thailand's National Statistic Office Report (2017) 15.45% of Thai population were elderly, and out of that 5% were in dependency stage and cannot perform their daily routine. Especially 19% of them were 80 years of age and above (Kantachote & Wiroonsri, 2022).

An aging society has brought multiple impacts, not only in terms of economic and socio-cultural, but also impact on the overall public health care service. As most care services will be related to degeneration of organs, illness from risky behaviors and activities, these two will become even more complex and will need more continuous assistance in the long run. Senior citizen care requires well planning and cooperation across multiple sectors and units. Public awareness importantly needs to be raised on how one could prepare themselves well as they move with quality living along their 5 aging stages in older adults: from 1) Independence 2) Interdependence; 3) Dependency; 4) Crisis management, and 5) End of life (Lunney et al., 2003).

Older or Elderly People by Definition

In Thailand, according to the National Elderly Act, 2003 Section 3, an older and elderly person is a person who has Thai nationality with > 60 years of age. There are 3 phases; 1) young-old 60-69 years of age; 2) medium-old 70-79 years of age; and 3) old-old 80 years of age and above (World Health Organization, 2016).

Active Aging means elderly people who can live independently or to perform their daily life. Their abilities to perform physical, mental, and social activities as they move along the aging stages in life, according to the stated basic human rights of older adults (such as the rights to; access public transportation, independence, social

participation, dignity, care, and self-fulfillment). Successful aging means elderly people who have succeeded in life as they become active aging. Active aging means ones who maintain good health, good mental and brain function, recognize one's ability well, well-connected to social without social isolation and preventing oneself from any risky chances to illness and disability. They will receive social support, when necessary.

Proactive Role of Nurse, Caregiver, Family and Society in Elderly Care

A broad as well as in-depth knowledge in the principles of elderly care (both wellness and illness), public policy, laws related to elder people, health care and social security services are the prerequisite for a nurse and a caregiver. The aforementioned areas are equally important. Nurses will; therefore, be able to provide proper care services from promoting, preventing, restoring, and rehabilitating, and nursing from immediate, short-term, to long term-care and until ones enter the end-of-life stage, including their preparation each stage. It is necessary for nurses and caregivers to build an effective and well-connected services from the medical facilities, patient's homes, and the community.

Entering the aging society, the health care service provider needs to take a proactive role. Restoration must be the primary goal. Restoration means the attempt to prolong /delay/stretch a life span without disability, the stage that one can perform their own routine daily life: if possible. Immediate care, geriatric syndrome, and functional decline are also included (ประคอง อินทรสมบัติ และคณะ, 2556).

Essential Elements of Elderly Care

1. Promote a quality entrance to aging life. To delay if possible that stage of ability and self-care and reduce as short as possible the time in the stage of disability (ประคอง อินทรสมบัติ และคณะ, 2556).
2. Promote healthy living, despite ones who have 1 or more chronic disease.
3. Provide support and care to ones with complicated illness and in frailty, including one's crisis stage.

In terms of a quality care for immediate care cases, the essential elements include 1) Plan for discharge and post-discharge support; 2) The restoration and rehabilitation; 3) Provide quality long-term care, and with dignity in care; 4) Provide end of life stage care.

The elderly care process above required an integrated and ongoing approach. The process requires an association with a service quality transfer between homes, community, hospitality, or nursing facility. Likewise, the provision of public healthcare and social care services must be done alongside. In terms of policy level, to be well successfully adopted, the implementation demands support and co-operation from various units across sectors to develop effective nursing care in this aging society.

Kaewkitipong (2018) and KPMG (2018) previously suggested that the country should focus on quality, availability, and efficiency of the providers of medical services when promoting health tourism in Thailand. It is clear that medical service providers can be the key success driver of the whole industry.

By principles Geriatric care, as stated by Division of Geriatric Medicine and Gerontology, Emory University (2008), is multidisciplinary. It involves interdisciplinary respect, collaboration, and communication which are essential in the care of geriatric patients and their caregivers.

Service Marketing Perspective

Elders once enter nursing and/or any other institutional facilities, they take nothing out of care and treatment but recovery, a longevity, an improvement in physical or mental condition, a relief, a sense of joy, a friendship, a warmth, to name a few. There are some physical takeaways, such as medicine, medical supplies, and patient documents for homecare for instance. Therefore, elderly care is by large a service, which is intangible and primarily delivered by service personnel or provider. These pose some challenges to service operators on how to control the service standard and quality. As most treatment processes require consent and volunteering manners of the patients, customers as a co-producer.

Kotler et al. (2003) suggested the 5 distinctive characteristics of service.

Intangibility: Unlike physical goods, services can hardly be seen, felt, touched, smelled, tasted before purchase. This poses a challenge when it comes to evaluating, promoting, and selling services, particularly at the pre-purchase of service. That's why metaphor, word-of-mouth, review, service guarantee, and customer testimonials are important for marketing of service.

Inseparability: This characteristic has posed challenges to service providers and organizations to constantly maintain their service standard and therefore the service quality. On the opposite side this allows service providers to establish a relationship with patients while trust, volunteer, confidence, cross-purchase could be built.

Customer participation in service process: The presence of a customer as a participant in the service process; and frequently at the service shop, requires attention to facility design, interior decor, furnishings, layout, noise and even color. Not only that customer can play an active part in the service process, knowledge, experience, motivation and even honesty will have an impact on the performance of the service. In the case of nursing care, the active role of elderly patients in giving information, follow the instructions will greatly influence the treatment. Therefore, customer expectation, volunteering consent, role of customer in the service process, knowledge of customer is significant for service providers to discover. The abovementioned clarify the concept of customer as a co-producer. Every touch point is important. Potential fail points shall be

discovered on the spot. Then the service process shall be redesigned to minimize any future mistakes. Service failure, customer dissatisfaction or customer complaint, when any of the above occurs, an instant service recovery procedure shall be employed.

Variability: Caregivers and nurses are humans. Delivery of service is less controllable and harder to maintain consistency. Humans are against machinery and technology. Human errors could occur but the advantages to it provides an opportunity to customize the service to each individual patient, particularly elderly patient who requires a customized level of care; through the 5 aging stages in older adults: from 1) Independence; 2) Interdependence; 3) Dependency; 4) Crisis management, and 5) End of life.

Rigid working hours, stress in the workplace, and/or personal problems; for example, can cause unproductive or error in service output. Nurses and caregivers could become emotional labor as one has to put one's concern aside during work. The term 'emotional labor' is used to describe the conditions of service provider and caregivers who experience the above condition. Repetition and duration of being an emotional labor could affect the service quality.

Management of nursing facilities should consider the practice of human resource management, in which the human capital is the most important asset. Team building, buddy system, working environment, flexible workhour could be organized.

Perishability: Care cannot be kept for later use. Both short-and long-term care involve routine, timely, periodical medical treatments. Timing is considered very critical, especially in immediate care. Skillful medical staff, assistant, physical facility, and medical supply and decent equipment need to be ready.

The last characteristic poses challenge to service providers to prepare a proper service process and comprehensive system to cater to elderly patients and all involving workforces are well-aware of.

The 5 distinctive characteristics of service above have greatly affected the design of marketing programs for service and service organization: hospital, institutional care facilities likewise. As a result, the primary concept of 4Ps in Marketing (product, price, place, and promotion) will not be enough to encompass all facets of services and appreciate the differences of goods and services. People, Process, and Physical evidence then have been added as the additional 3Ps in service marketing. Also, the study on the successful model of elderly business organizations in Thailand found that 7Ps service marketing had the influence on the success in the operation of elderly care business in Thailand (ณัฐวิภาณต์ แก้วโกลฐาญ และ ธนสุวิทย์ ทับหิรัญรักษ์, 2564).



Figure 1: Elder care: Integrated 3 Additional Ps in Service Marketing

Source: Wirtz and Lovelock (2018)

To improve and put forward superior elderly care and medical treatment for elderly patients. The 3Ps; which are people, physical evidence, and process are the deliberate focus of this article as they can provide a basic executable framework on elderly care service operation and management.

People

Under people there are 1) Elderly person, family member; 2) Community: Volunteer, community involvement. These 2 groups should be well equipped with training and education for both caregivers and patients or elderly patients.

While nurses and caregivers; from the previous passage, the article mentioned the important role of nurses and caregivers that are required to be knowledgeable and skillful. They work under pressure and in rigid hours. Emotional labor can be avoided when an institution can set up some support programs to help them such as create a friendly-working environment, where members can share and get consultation from peer workers.

The provision of educational or work-related training as part of continuous professional development. This could bring more confidence and encourage a positive workplace. Empowerment also could enhance their confidence and responsibility.

Social history, social support, and patient preferences are essential aspects of managing geriatric patients. Therefore, understanding the patient's life history

and preferences for care are critical (place of birth, education, occupation, family relationships, spirituality, resources, willingness to take risks and utilize resources for care, etc.). Division of Geriatric Medicine and Gerontology, Emory University (2008) also suggested that living circumstances are also critical to managing frail older patients.

Physical Evidence

Physical evidence would greatly impact the overall service experience and service quality. Physical evidence could positively make a first impression and set a certain level of expectation for the first-time visitor (Lovelock & Wirtz, 2006). Crafting the service environment or servicescape requires an in-depth comprehension and knowledge of elderly care, budget planning and control, and participation amongst all stakeholders of the medical facility. Servicescape or physical evidence influences the behavior and perception of service for both customer and service personnel. According to the New Perspective of Elderly Care in Thailand 4.0 Era found that it is crucial to have an adequate understanding of the current state of elderly care as well as the environment (อังคณา สุขเมธสิทธิ์กุล, 2561).

According to J. Fitzsimmons and M. Fitzsimmons (2011), a mix of environmental dimensions which consists of ambient conditions, space/function and sign/symbols/artifacts describe the servicescape as any ambient conditions such as temperature, lighting, purity, noise level, musical therapy, scent, and odor would affect the five senses of the elderly patients. 5 senses undeniably affect the health and well-being of patients. They can promote a faster recovery and poor design facilities may cause even more severe conditions. Elderly patients would prefer low stimulation. For instance, the smell of freshly baked whole-wheat rolls would promote patients' appetites. The fresh floral aroma at the same time would enhance the lively environment and encourage patients to give it a try for a morning short walk. Some ocean background music reminiscences of their active year when strolling along the beach, would effectively encourage patients to follow the physician's suggestion so that they could go back to their daily routine, better mobility, or even travel sooner. A garden view from a patient's bedside would bring energy and healthy habits. The consideration of the positive contribution of these sensorial should be considered during the initial phase of facility design.

Spatial Layout and functionality, service design should be patient-centric and universally designed. The arrangement of furnishings and equipment layout relationships among them create a visual and landscape for delivery of service (J. Fitzsimmons & M. Fitzsimmons, 2011).

For signs & artifacts, the provision of a good wayfinding system can make elder person, caregiver, or patient him-and herself feel at ease. Wayfinding systems include signage and direction not only at ease but also convey a sense of care and attention to details by service provider.

Signage and wayfinding will support efficient service operation. Universal design (for all) concepts should be applied at the medical service facility and at the patient's home. As safety is the priority, stopper, anti-slippery tape, handrail to be properly installed. Scale and floor layout design should be based on the understanding of their physical changes.

Bitner's model of servicescape has been widely used since 1992 by service marketers to explain the relationship between service environments and the behavior of customer and caregiver. Also, explain how the service environment or servicescape can be used to manipulate any positive or/and negative behavior (approach or/and avoid) of the customer and employee, in this case patients and both caregivers and nurses.

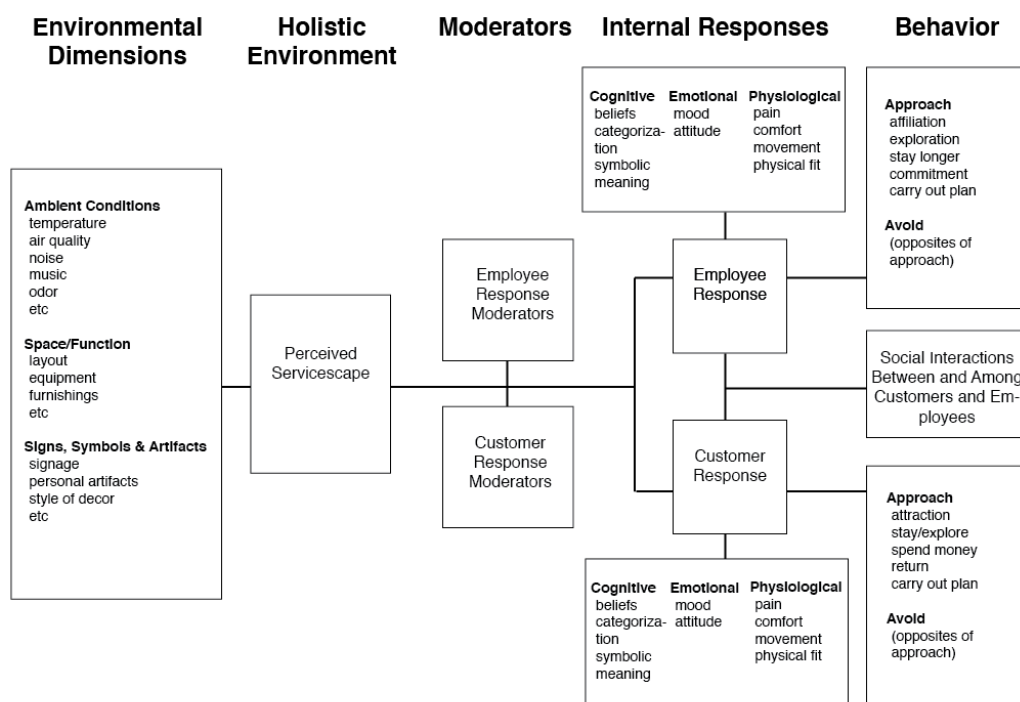


Figure 2: Bitner's Servicescape Model

Source: Bitner (1992)

All in all, physical evidence is what elderly patients can see and will use to assess the service quality. The lighting, the appearance of nursing personnel, the surroundings, the music, the toilet for use etc. would have an impact on the elderly patient's experience. Lastly, there should be enough and usable number of reserved wheelchair parking spots to promote equal access to medical care.

Process / Service Process

Service process plays a crucial role in patient satisfaction. Services must be designed carefully to meet the patient's expectations. Service blueprinting is the well-recognized and accepted tool for designing service processes. It identifies all the key activities and linkages involved in creating and delivering the service (Lovelock, 2018).

The key components in the blueprint that would impact the service experience for the elderly patients are “the front stage” activities of the nursing care, physical evidence in the front stage activities,” the backstage” activities and support process of the nursing care that support the front stage, the service standards, the point where failure could happen, the wait times for the patients and lastly the service standard. Service standards should reflect the patient's expectations, which would include the timing set for each treatment and acceptable wait times for the elderly patients. Service blueprint in nursing care must be designed in a way that offers ease, empathy, and trustworthy service to the elderly patient

SERVICE quality and the GAPs model

Service quality played an important part in customer satisfaction. Many studies have confirmed that service quality has an impact directly or indirectly on customer satisfaction and supported that perceived service quality which leads to customer satisfaction (Andaleeb, 2001; Boshoff & Gray, 2004).

Parasuraman et al. (1985), Bitner (1990) and Bolton and Drew (1991) also proposed satisfaction to be antecedent of perceived quality. Spreng et al. (1996) had also stated that there is a significant coefficient path between the path of service quality to satisfaction Woodside et al. (1989) had also found similar empirical evidence.

In the field of health care systems, patient satisfaction is an important measure of service quality (Sritharan & Velnampy, 2011). Quality of nursing and health care has become one of the most relevant topics in the service sector today. Improving quality for the customers is not a matter of choice (Sritharan & Velnampy, 2011), but it is a must. In the study of service quality and customer satisfaction, a case of private hospitals in Sri- Lanka, the results showed that service quality positively and significantly correlated with customer satisfaction (Sritharan & Velnampy, 2011). Service quality also had an influence on the success in the operations of elderly care business in Thailand (ณัฐริกันต์ แก้วโกมลฐาญ์ และ ธนสุวิทย์ ทับทิมรักรักษ์, 2564).

Parasuraman et al. (1985) constructed 10 generalized criteria for service quality and found that some of the dimensions were interrelated, therefore produced a SERVQUAL model, a five-dimensional service quality instrument instead characterized by the following five dimensions: a) tangibility, b) reliability, c) responsiveness, d) assurance, and e) empathy. Customer satisfaction does not rely only on the service process but is influenced by both the service process and peripheral dimensions associated with the service (Parasuraman et al., 2002).

Service providers need to be aware of “desired and adequate” service expectations (Parasuraman et al., 2002) Desired service (expectation) is based on what “can be” or “should be”, the adequate service (perception) is based on five dimensions of service quality: a) tangibility, b) reliability, c) responsiveness, d) assurance, and e) empathy (Parasuraman et al., 2002). SERQUAL model has been used widely in measuring service quality in service organizations. The model has also been found effective in measuring service quality in the Don Kaew Hospital in Chiangmai and other healthcare sector (ภัทรจารินทร์ คุณารูป, 2558; Babakus & Mangold, 1992). The increasingly important over-50 age group continues to grow, presenting a unique segment for health care marketers.

In addition, the study investigates the relationship between the image of an out-patient clinic and the perceived level of service quality. The findings suggest that the elderly expect more information and more personalized attention from the multiple health care providers associated with each service encounter (Islam et al.). Also, from the study of service quality and customer satisfaction, a case of private hospitals in Sri- Lanka, significant associations were found between the five dimensions and patient satisfaction. The results showed that the service quality dimensions impact positively on both loyalty and cumulative satisfaction. The results from Napalai hospital in Thailand also found that the expectation of service quality, each aspect and overall, five aspects were at highest level (เบ็ญจวรรณ มาพะลักษณ์, 2561).

Table 1: Elderly Care Service Quality Dimensions

Dimensions of service quality	Explanation
Tangibles	<ul style="list-style-type: none"> ● Physical appearance of the caregivers, nurses, and elderly patients ● Medical equipment ● Knowledgeable and professional staff ● Cleanliness and hygienic of the place
Reliability	<ul style="list-style-type: none"> ● Expertise of medical staff, caregivers, nurses in providing reliable service ● Availability of medical staff, caregivers, nurses ● Security and confidentiality of every of patient's information ● Perform the treatment at the right time as promised. ● Provide an accurate and consistent treatment

Dimensions of service quality	Explanation
Responsiveness	<ul style="list-style-type: none"> ● Emergency, immediate-, short-term, long-term care, and any urgency ● Well prepared to respond to any case along 5 -aging stages in older adults: from 1) Independence; 2) Interdependence; 3) Dependency; 4) Crisis management, and 5) End of life ● Timeliness
Assurance	<ul style="list-style-type: none"> ● Nursing care is capable to handle elderly patients' medical problems effectively ● Medical staffs, nurses are knowledgeable and professional to answer patient's questions ● Nursing care should make no mistakes or take sufficient measure for the safety of their patients ● Favorable cost of service to patients
Empathy	<ul style="list-style-type: none"> ● Individual attention with friendly and respect manner ● Understand the specific needs and requirements of the elderly patients ● Nursing care handle patient's complaints in a healthy manner ● Timing for consultation is convenient

The above principles guide some easy how-to when taking care of the elderly patients. Even the government through Hong Kong's Fire Service Department (2007) has interestingly trained firemen in some physiological and psychological conditions of the elderly people and urged its basic principles for caring for the elderly: patience and respect.

As physiological functions decline when people get old. To name a few, upon taking care of the elderly people, be mindful of these changes. Some examples are 1) a poorer vision in general therefore before beginning every health care procedure or examination, always tell them beforehand and ensure they are psychologically prepared; 2) a poorer hearing ability, a louder talk is required and avoid shouting; 3) Aging has brought skin change. Their layer of subcutaneous fat is thinner than young people. When moving them, beware of injuring their skin. Slow movement and gentle physical contact are mandatory, as their skin loses elasticity because of dehydration; 4) Elderly simply get tired or even sick due to decreased endocrine function and metabolism. Problems with musculoskeletal will force them to move slower.

Caregivers' understanding of psychological changes, when caring for them are equally important as their mind needs to be taken care of as well; 1) elderly get tired easily, but they may have lessened ability to express. 2) Self-protection as elderly people tend to resist strangers and do not trust people. Nurses and caregivers should inform beforehand what they are going to do. This would avoid un-cooperation. 3) our senior citizens may experience some emotional changes. Some incidents like the death of a spouse or getting a terminal disease may force them through a grieving process including denial, anger, bargaining, depression, and acceptance. Sympathy and understanding are the 2 keys to open the lock.

After analyzing the components of service quality. The most important model in understanding and improving service quality problems is the Gap Model. The Gaps model in service design and delivery allows the service provider to identify and correct service quality problems (Lovelock, 2017). As gaps at any point would impact the service quality and elderly patients' satisfaction. To improve the service quality, nurses, caregivers, and management need to identify specific causes of each gap, develop strategies to close all the gaps or narrow it as much as possible.

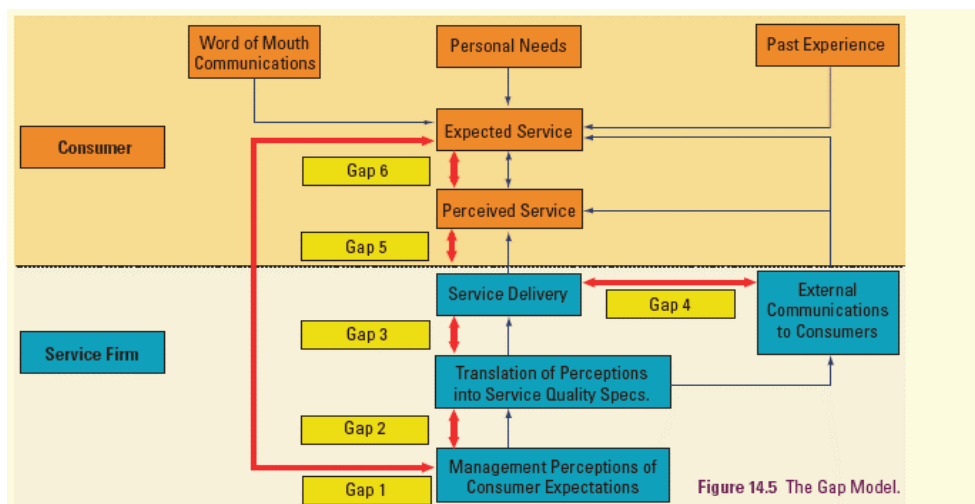


Figure 3: The Gap Model

Source: Wirtz and Lovelock (2018)

The authors have proposed solutions for each gap to improve service quality in elderly care:

Gap 1: Knowledge gap: The difference between what the management believes elderly patients expect and what elderly patients need and expect.

Proposed solutions: Management should implement an effective feedback system, continuously conduct market research, and increase interaction with patients. Set & align expectations between caregivers and patients.

Gap 2: The policy gap: The difference between the management's understanding of patient's expectations and the service standards they set for medical service delivery.

Proposed solution: Use patients-centric process for designing service process, establish clear goals that are focused on patient's expectations and offer a customized package to suit different needs of elder's patients.

Gap 3: The delivery gap: The difference between specified service standards and the service delivery team's actual performance on these standards.

Proposed solution: Clarify the roles and train staffs on a continuous basis, offer customer centric service and educate elderly patients so they can perform their roles and responsibilities effectively.

Gap 4: The communications gap: The difference between what nursing care and what the patients understand and experience.

Proposed solution: Set realistic communication programs, be specific with your expertise and promises and understand how elderly patients perceived the communication's content.

Gap 5: Perception gap: The difference between what is delivered and what elderly patients feel they have received because they are unable to judge service quality accurately.

Proposed solution: Keep the patients informed during the treatment and debrief afterwards so the patients can understand the treatment process.

Gap 6: The service quality gap: The difference between what the patients expect to receive and their perception of the service that is delivered.

Proposed solution: Close gap 1 to gap 5

Conclusion and Recommendations

The discussion of multi-disciplinary synthesis on elderly care's service management by integrating an approach from the field of nurse and hospitality management, can be determined that the 3 additional Ps in service marketing concept; physical evidence of a servicescape, process, and people; are significant and could be managed to improve the service quality of elderly care. Key essentials concept of service quality and SERVQUAL tool are also discussed as suggestive tools to deal with the complexities and additional concerns to enhance the service quality man-

agement and service operation in elderly care. Therefore, when taking care of elderly persons, caregivers should take into consideration aspects such as safety, accessibility, knowledge, clarity of information, empathy, and service-mind. Importantly, always treat them with patience and respect.

In response to the current population structure, a shift in socio-cultural as well as the goal of medical purpose, authors believe that the objective for elderly care is the ability for our senior citizens to be able to perform their self-care, which require a transformation from caregiver to self-care.

These call for an understanding and proactive role of nurses, caregivers, and society; as a whole, to promote a quality of aging life, and healthy joyful living. Old age nevertheless is not synonymous with diseases. Majority of elderly could still lead a healthy life, although some may have heart, lung, liver, or intestinal diseases. Whatever health conditions the elderly people may have, we should give them appropriate care, attention, and assistance.

Challenges and further study and research in this area lie in how to provide substantial knowledge and upskill amongst elderly persons. Lastly how to encourage self-confidence to perform their self-care, as our final goal is to build elderly's independency.

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