

teaching note

Creating a Hospitality LGBTQ + Health Care Clinic

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Summary of the Case Study

Disparities exist in healthcare for the LGBTQ+ community and their straight/heterosexual counterparts. As a result, LGBTQ+ health care clinics have been created in the past several years to provide healthcare in a safe and welcoming environment. This case study examines how hospitable servicescape can be used to create a LGBTQ+ health clinic for a regional health care organization in a post-COVID environment. This case study employs readers to consider how physical and social servicescape can elicit a favorable and meaningful response while LGBTQ+ patients receive healthcare. This case study provides original insight into the intersections of hospitable service design and theoretical frameworks at the intersections of health care, hospitality, and service design for an underserved community. This case study also expands our understanding of case studies by adding multimedia elements of a photo display. This case study expands our understanding of hospitality in healthcare service design by highlighting the needs of an underserved community.

Learning Objectives

The student learning objectives (SLO) for this case study are as follows:

SLO1: Summarize the disparities the LGBTQ+ community faces in healthcare compared to their straight/heterosexual counterparts

SLO2: Analyze how hospitality can be used in a healthcare setting to create a welcoming and inclusive patient experience

SLO3: Create and present on a specialized design services report and presentation for creating a LGBTQ+ health clinic for the XYZ Healthcare system

SLO4: Reflect on one's personal beliefs and values when expanding the definition of hospitality in healthcare

Target Audience

The target audience of this case study is undergraduate or graduate students enrolled in a hospitality, marketing services, business, or medical course. For courses, this case study may be used in modules or knowledge transfer/discussion in topics such as service quality, service design, and community building. This case study could also be used by practitioners, such as healthcare systems considering creating LGBTQ+ healthcare programs as well as community-based healthcare systems. This case study may also be used as part of a diversity and inclusion requirement as it sheds insight and understanding of the LGBTQ+ community, an underserved community in healthcare. This case study may also be used as a table-read exercise for smaller and mid-size communities that are interested in expanding community programs for the LGBTQ+ community.

Suggested Teaching and Learning Strategy

This case study may be discussed in three 50-minute sessions. The following provides a brief outline of how an instructor may reach the case study SLOs. This case study also incorporates numerous instructional strategies including readings, mini-lecture, site visits, presentations, and reports.

Class Session	Activity	Instructional Strategy	Length
Pre-Class	Instructor assigns the following: Reading 1: Case Study Reading 2: Reading #1	Transfer of Knowledge	Pre-Class; 60-90 minutes
Class I	Case study opening questions	Class Discussion	15 minutes
	Instructor leads mini-lecture on: 1. LGBTQ+ healthcare disparities 2. Hospitality & healthcare 3. Theories	Mini-Lecture	25 minutes
	Assignment of project (divide into groups)	Assignment	10 minutes
Class II	Field trip to health clinic (the instructor could reach out to a local health clinic in advance so students may visit)	Field Trip	50 minutes
Class III	LGBTQ+ culture discussion assignment	Guest speaker	25 minutes 25 minutes
Class IV	Student reports & presentations (each group will present their findings; if possible, the instructor may want to include an outside perspective, such as a health care professional or a LGBTQ+ community leader to provide)	Presentations	40 minutes
	Reflection Instructor should recap the case study and engage in a reflection based on discussion questions and answers	Reflection	10 minutes

Discussion Questions and Answers

1. What challenges do members of the LGBTQ+ community face compared to their straight/heterosexual counterparts in receiving healthcare?

Members of the LGBTQ+ community often face social pressure and injustice when sharing their sexual orientation and gender identity with medical professionals. Furthermore, members of the LGBTQ+ community may also face challenges in obtaining care, especially many communities and regions of the world that are not friendly to the LGBTQ+ community.

2. What is the relationship between healthcare and hospitality?

The industry is seeing a convergence of healthcare and hospitality in areas such as food and nutrition, patient customer satisfaction and service scores, training and education, and resort-like amenities being introduced into the patient experience.

3. What challenges would XYZ Healthcare System have in launching a LGBTQ+ healthcare clinic?

Potential challenges include funding, leadership, knowledge, and understanding of the LGBTQ+ community, and community acceptance, as well as other challenges.

4. What resources (physical, financial, technological, human capital, and other resources) would be needed to launch an LGBTQ+ healthcare clinic?

A variety of resources would be needed to start a LGBTQ+ health care clinic including a physical space (or integrated into other healthcare initiatives), financial support, governance expertise, human capital, information technology and other resources. For more information, please see Henson, T. (2015). So you want to start a health center...” National Association of Community Health Centers. <https://chcams.org/wp-content/uploads/2019/09/Starting-a-Health-Center-Guide.pdf>

5. How can technology be used to facilitate the health care provider/LGBTQ+ patient experience?

There are a variety of ways that technology may be used to facilitate the health care provider/LGBTQ+ patient experience, such as scheduling, registration, the use of “personas,” wearable technology, and wellness apps.

6. How can signaling theory through the use of physical servicescape and social servicescape be used to enhance the experience of a LGBTQ+ health clinic?

Answers may vary but may include signs and symbols, artifacts, training, signage, and other elements.

7. How can additional sectors of healthcare would benefit from this discussion of hospitality service design?

A variety of healthcare sectors, including senior living, nutrition and managed food services delivery, gerontology, and others, would benefit from this discussion of hospitality service design.

Additional Readings and Resources

Healthcare Service Design

- Di Lorito, C., Bosco, A., Peel, E., Hinchliff, S., Dening, T., Calasanti, T., ... & Harwood, R. H. (2021). Are dementia services and support organisations meeting the needs of Lesbian, Gay, Bisexual and Transgender (LGBT) caregivers of LGBT people living with dementia? A scoping review of the literature. *Aging & Mental Health*, 1-10.
- Mager, B., Oertzen, A. S., & Vink, J. (2022). Co-creation in Health Services Through Service Design. In *Service Design Practices for Healthcare Innovation* (pp. 497-510). Springer, Cham.
- Ramos, M., Forcellini, F. A., & Ferreira, M. G. G. (2021). Patient-centered healthcare service development: a literature review. *Strategic Design Research Journal*, 14(2), 423-437.
- Shaw, J., Agarwal, P., Desveaux, L., Palma, D. C., Stamenova, V., Jamieson, T., ... & Bhattacharyya, O. (2018). Beyond “implementation”: digital health innovation and service design. *NPJ Digital Medicine*, 1(1), 1-5.

LGBTQ+ Healthcare

- Goldhammer, H., Maston, E. D., Kissock, L. A., Davis, J. A., & Keuroghlian, A. S. (2018). National findings from an LGBT healthcare organizational needs assessment. *LGBT Health*, 5(8), 461-468.
- Lecompte, M., Ducharme, J., Beauchamp, J., & Couture, M. (2021). Inclusive practices toward LGBT older adults in healthcare and social services: A scoping review of quantitative and qualitative evidence. *Clinical Gerontologist*, 44(3), 210-221.
- Mccrone, S. (2018). LGBT healthcare disparities, discrimination, and societal stigma: The mental and physical health risks related to sexual and/or gender minority status. *American Journal of Medical Research*, 5(1), 91-96.
- McEwing, E. (2020). Delivering culturally competent care to the lesbian, gay, bisexual, and transgender (LGBT) population: Education for nursing students. *Nurse Education Today*, 94, 104573.

LGBTQ+ Healthcare Organizations

Centers for Disease Control and Prevention. Lesbian, gay, bisexual, and transgender health.

<https://www.cdc.gov/lgbthealth/health-services.htm>

GLMA: Health Professionals Advancing LGBTQ Equality <https://www.glma.org/>

Human Rights Campaign. Healthcare Equality Index <https://www.hrc.org/resources/healthcare-equality-index>

LGBTQ+ Retirement Communities and Cities in the United States <https://www.seniorliving.org/retirement/lgbt/>

National Coalition for LGBT Health <https://healthlgbt.org/>

National LGBTQ+ Housing Initiative <https://www.sageusa.org/what-we-do/national-lgbt-housing-initiative/>

Appendix – Assignment

Utilizing the photographs below from XYZ Healthcare System, discuss where elements of physical and social servicescape may be used to create a welcoming and inviting healthcare clinic for the LGBTQ+ community. Highlight where such elements may be used in the patient journey of the registration area, waiting area, exam rooms, and hallways.

