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## **Dementia Friendly? Service Provision in Local Cafés and Restaurants**

### **Abstract**

Although awareness of the dementia has improved, there has been very little research regarding the relationship between dementia and its potential impact on businesses. This paper provides some understanding as to what the experiences of people with dementia can be when using cafés/restaurants and examine the relative importance of service quality and coproduction in helping to meet their needs and those of their carers from the perspective of the carers and the café/restaurant owners. Semi-structured interviews with business owners/employees and with carers of people with dementia the research were conducted and examined the different factors of importance regarding service quality in cafés/restaurants for those suffering with dementia. The findings showed that cafés/restaurants' overall awareness and understanding of dementia is low but slowly improving. There were important differences between what the carers and owners/employees considered to be most important with regard to the service element, and recommendations are made to how cafés/restaurants can adapt their service to better accommodate the needs of this growing proportion of the population.

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## **Introduction**

The Alzheimer's Society (2019a) defines dementia as 'a set of symptoms that can include memory loss and difficulties with thinking, problem-solving or language'. In 2015 there were 46.8 million people worldwide living with dementia, a figure that is estimated to increase to 131.5 million by 2050 (World Alzheimer's Report, 2015). Awareness of the disease in the UK has improved thanks to the government's 2020 plan and the Alzheimer's campaigns. However as the number of people diagnosed rises, the onus upon the wider community to help widens to include businesses. Surprisingly, very little academic research attention has concentrated on the relationship between dementia and businesses. The closest literature to addressing the subject matter looks at dementia friendly concepts for the future, social stigma of the disease and the relationship between restaurant service quality among the elderly (Lewis et al,2014; Markovic et al,2010; Weale,2009). This paper helps to plug this gap in a small way by providing an understanding of the experiences people with dementia (PWD) and their carers have in cafés/restaurants. The objectives of the research were to explore the perceived relative importance of service quality by carers of PWD and café personnel, in order to make recommendations on how cafes/restaurants can better meet the needs of carers and those diagnosed with the disease.

With almost two thirds of people not believing shops do enough to help PWD (Alzheimer's Society, 2019b), it is conceivable this can also extend to cafes and restaurants. Yet, restaurants/cafés are important ways for those with early onset and moderate dementia to remain included within society (Alzheimers.org.uk, 2015). Keeping socially active and remaining independent are valued priorities for PWD (Brorsson et al, 2018), while Duggan et al (2008) asserted their main reasons for eating out were convenience and companionship. Brorsson et al (2018) argue that PWD face specific difficulties when shopping, such as negotiating the physical environment, dealing with background music and noise, finding objects and paying, all of which can be stressful for them, and these difficulties can be experienced when visiting cafes and restaurants. With increasing numbers of people being diagnosed with dementia, in addition to the moral argument, a business case exists for businesses to ensure their products and services are "dementia-friendly". Service Quality (customer service) has always been deemed a major factor of customer satisfaction in restaurants/cafés, however this paper investigates to what extent owners/employees are aware of dementia and trained for interacting and helping customers with dementia? (Fu, 2001; Green et al, 2013).

## **Social stigma of dementia**

The social and economic impact of dementia is a significantly large problem within the UK. Negative attitudes and lack of social awareness of the disease seem to have pervaded through generations. Society is less accepting of mental health problems (Kogler, 1999) and so it is not surprising that dementia is associated with stigma (Goffman, 1963) and carries more prejudice than other known illnesses (Brooker, 2007). Johnson (2008) supports this view by saying that dementia is an "easy target" for people to stigmatise, whereas people wouldn't trivialise symptoms of cancer.

Factors determining the degree of stigmatisation depend on the impact of the illness on others, whether the sufferer is viewed as responsible for the illness and the perceived outward change of appearance or ability associated with the disease. Terms used to describe those with dementia include ‘effectively dead’, ‘away with the fairies’ and ‘a bit doolally’, leaving PWD and their carers feeling deeply stigmatised (Johnson, 2008; Kilduff, 2014). Stigmatisation leads to internalisation of such perceptions and can result in decreased network ties, increased vulnerability and lowered self-esteem (Falk, 2001). Unsurprisingly, sufferers may feel that they are a “lesser person,” devalued or that the damage to their brain was their own fault (Katsuno, 2005; Weale, 2009). With two thirds of dementia sufferers in the UK still living at home, it is important that they and their carers remain included in society without stigmatisation (Department of Health, 2013; Prince et al, 2014). One way of doing this is for PWD and their companions being able to use cafés and restaurants enabling them to maintain a semblance of independence (Brorsson et al, 2018).

### **Economic impact of dementia**

With many PWD struggling to receive support from banks and shops and one quarter giving up on shopping altogether, Murray (2014) argued that businesses must respond and get involved by becoming ‘dementia friendly’. She also noted that the majority of businesses don’t see the benefits of this however, declaring that local town centres and shops exclude people with dementia from living a normal life. With the disease being on the rise, and more than half of people with the disease having not yet received a diagnosis (Alzheimers.org.uk, 2015), those businesses who become dementia friendly can be critical for those still to be diagnosed or at its early stages as they will empower them to retain high aspirations and help them feel confident and know that they can participate and contribute to activities that are meaningful to them. It’s about helping PWD to live independently and safely in their own communities, which results in less strain on hospital care and less time in expensive care homes (Seccombe, 2012).

Some businesses have recognised the importance of the issue and its economic impact. Over 20 major businesses, including Argos, M&S and BT, make provisions such as dementia friendly training to increase staff awareness and dementia-friendly environments to make shopping easier for PWD (cebr.com, 2014). Moreover, the report suggests that businesses that fail to become dementia friendly in the future will suffer a loss of customers, reputation and therefore profit.

### **Importance of service quality, customer satisfaction and customer loyalty**

Customer satisfaction is an antecedent of perceived service quality (Bitner et al, 1990; Gonzalez, Comesaña and Brea, 2007). Kanta et al. (2014) assert that service quality is a key success factor to strive towards and plays a crucial role in sustaining competitive advantage. Customers are more likely to use a business more frequently having had a positive customer service experience (Burke, 2015), while experiences with poor service will be shared widely (Rust et al., 2010).

Numerous studies have focused on the importance of service quality in creating customer satisfaction within a restaurant setting (Kim et al. 2009; Markovic, 2010; Nguyen et al, 2018). Restaurant customers use three components to judge their experience and overall service delivery: functional, mechanic and humanic (Garg, 2015; Wall and Berry, 2007). Functional aspects look at the technical quality of the service and food being provided, e.g. presentation, variety, freshness, making sure it is tasty and cooked right (Parsa et al, 2005). Mechanic aspects comprise ambience and design, including colour, lighting, layout, music etc. which help to establish a brand image and communicate to customers what sort of food and level of service quality they can expect from their experience (Ryu and Han, 2011). Humanic aspects examine the performance and behaviours of the employees such as, enthusiasm, tone of voice, body language etc. and play a part in delivering the expected levels of service quality (Berry et al, 2004).

Ha and Jang (2010) argue that although food quality is of importance, it is the physical environment and the interaction between employee and customers that determine the overall service quality within a restaurant. Others also claim that service quality is the most important aspect (Wall and Berry, 2007; Yuksel and Yuksel, 2002), while Kuo, Chen and Cheng (2018) argue that satisfaction of first-time customers is influenced more by the responsiveness of front-line service staff, whereas revisiting customers care more about the dining atmosphere (Kuo, Chen and Cheng 2018). To meet the needs of PWD and their carers, it is imperative to examine the relative importance of these components when using the facilities of cafes/restaurants.

Both Humanic and Mechanic factors are important to create quality service for PWD (Berry, 2006). Weale (2009) demonstrates how mechanical factors such as lighting, contrasting colours, clearer signs and non-slip floors would help to create a dementia-friendly environment. Blackman and Mitchell (2003) agree that environmental design is important but believe that guidance on how to make reasonable adjustments to the designs of shops or restaurants aren't readily available for local businesses. Humanic factors in quality service such as employees taking time, listening carefully and watching their own body language can make a huge difference in helping customers with dementia feel at ease and socially included (Andrews, 2015a). However many employees and staff aren't sufficiently trained to understand how to interact with PWD (Murray, 2014).

Having loyal customers can be seen as essential factor in remaining successful within a competitive market as retaining current customers is more cost effective than attracting new ones (Kotler and Armstrong, 2011). Service quality is crucial for businesses to not only remain competitive but to help increase customer satisfaction. Many scholars have studied how service quality and customer loyalty are linked (Chow.et.al, 2007; Crawford, 2002; Long and Khalafinezhad 2012; Olsen, 2002; Wong and Sohal,2006; Zafar, 2011). In a restaurant/café context, it is important that owners understand their customers' decision-making criteria when selecting a place to meet their needs. Customers see restaurant services, as a 'package' and therefore food quality alone cannot guarantee customers will remain loyal and return (Sloan, 2004).

Fu (2001) highlighted that quality service is of even higher importance for the elderly as positive experiences were more likely to create brand loyalty than they would with younger shoppers. Therefore the impact quality service will have on the UK's ever increasing older demographic should see businesses view it as a critical requirement and a competitive tool to ensure survival and stability or to increase market share (Maddern et al, 2007). Fu (2001) also noted how the elderly find it harder to cook on their own and benefit from companionship of eating out with friends and family. Green et al (2013) in their findings showed that 69% of PWD stay involved within their community through eating out at restaurants and cafés; therefore highlighting the importance for these businesses to look into becoming more dementia friendly and always looking to improve quality service. Cooper (2014) argued that businesses that neglect the challenge of dementia will lose out financially in the long run.

Green et al (2013) believes the potential to improve quality service for carers and PWD in the UK is evident but to be effective in tackling the issue, it must involve including carers and PWD in the decision making process. Fairlie (2015) outlined that co-production involves professionals, people using the services and their families interacting in equal and reciprocal relationships in delivering public services, and this is something that can be valuable for café owners/ employees, PWD and their carers to safeguard a better experience of PWD in cafes/restaurants.

## **Methodology**

The study adopted was exploratory in nature as it was investigating a topic which hitherto has been largely neglected. As this research drew on the personal experiences of both business owners/employees and carers of PWD, a qualitative research design in the form of semi structured interviews was chosen. This method helped to capture the attitudes, awareness and understanding around the issues of dementia in some depth along with the perceived service quality within the café and restaurant industry. Two UK towns were selected as the chosen populations to represent business owners/employees and carers of PWD. These were chosen due to their similar population size (around 30,000 in each) and demographics, and ease of accessibility for face to face interviews. The sample was split evenly between both participant groups: ten carers of PWD and ten owners/employees of cafés/restaurants.

Sixteen of the interviews were conducted on a face to face basis. This helped to avoid any misunderstanding and to allow for clarification if it was needed. They also were beneficial to create understanding, detecting non-verbal cues to further gauge the participants' responses. However due to the difficulty of locating some carers of PWD, four of these interviews were conducted by telephone. Within non-probability sampling, a 'snowball sampling' method was used for the carer interviews as it proved problematic to find carers of PWD. The research was concerned with interviewing cafés/restaurants that are more likely to cater for elderly, and so purposive convenience-sampling methods were used in order to

choose eligible premises. The research was piloted, which raised a couple of issues not previously identified: the issue of traditional foods being served and the struggle for businesses to maintain a certain level of service quality amongst all staff. With the theme being dementia, the pilot study proved a vital tool for judging the sensitivity of the topic; by ensuring the questions were suitable for carers and owners/employees.

We are aware that the sample size for this study was relatively small, yet given its exploratory nature, we believe it provides a valuable insight into the issues explored. From an ethical viewpoint we were cautious not to interview PWD themselves because of their vulnerability and potential compromised decision making ability. However, we are confident that findings from the carers of PWDs raised important attitudes and opinions on which to better understand the subject area and make viable recommendations. Respondents were not named and were given full confidentiality. A table of respondents can be found at the end.

## **Findings**

### ***Awareness and stigma of dementia***

The findings identified that the majority of carers and half the business owners/employees believe that stigmatisation of dementia is still prevalent within today's society. The majority of carers (8) felt that there is still a lot of stigma and ignorance attached to dementia, and derogatory terms are still being used which led some PWD to feel socially excluded because of negative societal attitudes. Negative attitudes similarly affected carers, with some speaking about being embarrassed when in a public setting (confirming Falk, 2001), and how they might apologise for the behaviour of the PWD they are accompanying.

Surprisingly, five of the ten business owners/employees interviewed, claimed that there was no longer a stigma linked with dementia. Ironically, though, café owner Paul stated that no stigma persists yet went on to describe one of his customer's with dementia as: "*he's starting to lose it a bit*" and "*he's losing his marbles.*" These findings indicate the challenges of helping restaurants/café become dementia-friendly, when they don't believe there are barriers preventing PWD and their carers from visiting their locations.

### ***Service quality and customer loyalty***

Considering the three aspects of service quality from the literature, the majority of participants agreed that a combination of all three played a part in creating a great experience in a café or restaurant. However, there were some discrepancies as to the relative importance of these factors between the carers and café owners/employees.

### ***Carers***

The majority of carers reiterated the importance of social activities in helping to stimulate those that they cared for and how routine might help to slow down the progression of the disease: "*She loves getting out...I think being out stimulated*

*her. For her it was more the social interaction of going out than the actual food she was eating.” (Charis)*

All ten carers believed that high levels of service quality were a major factor for customer satisfaction within cafés and restaurants, with many believing that the atmosphere and experience (mechanic and humanic factors) in cafes/restaurants was notably more important than the actual food (functional aspects) for PWD: *“If I went somewhere where people were snobby, even if the food is amazing, if you aren’t treated well I wouldn’t go back.” (Lauren).*

Owing to the complications/restrictions of the disease, the main mechanic factors mentioned were the layout of the store, places that were spacious and being well lit. PWD being able to see their carers at the till, helped to keep anxiety levels to a minimum: *“I like somewhere where I can see her, just to keep an eye on her. And that kept her anxiety levels down” (Jane).* Ease of accessibility was important, quiet music, clear contrasting walls and floors, whereas dark mats and dimmed lighting having a negative effect on perception for PWD. Clear signs and disability access also were important as Laura reported: *“Mum’s perception has definitely gone, toilet signs should be big enough and simple enough for people to understand. Dark places aren’t good.”*

Humanic factors were regarded as an important way for PWD to feel valued, less anxious and part of society within a café/restaurant. Staff friendliness was seen as the most important aspect; bringing food and drink trays to the table, assistance with opening doors, including those with dementia in the conversation and not rushing PWD with counting money or speaking. All these aspects were mentioned in the majority of interviews and brought up memorable happy experiences: *“We found staff were absolutely beautiful. One would come straight over to open a door or move a table, he seemed to always be on the lookout.” (Jane).*

Seven of the ten carers stated that they had regular cafés/restaurants that they visited with those they cared for, recounting that the mechanistic and humanic elements were important in determining their loyalty. One of the main elements was familiarity. Carers spoke of the importance of seeing regular staff and familiarity of layout to help PWD feel at ease: *“My parents did visit regular cafés, there were a few they were familiar with and knew what to expect which made them feel comfortable.” (Natalie).* Elizabeth also spoke of the importance of the humanic factors: *“Once when we were ordering, mum wandered off and the woman at the till said not to worry that she would hold the order and to skip the queue when I get back. So places like that you are just like, ok I’m going to go back there.”*

Both towns have high numbers of cafés and restaurants, making both markets highly competitive. As a result, carers explained even one negative experience could lead them to choosing other cafés/restaurants: *“Customer service is very important, I don’t give many people a second chance...If you aren’t paying attention there are a lot of other nice places I can go” (Charis).* Another reason for the importance of a regular café/restaurant with good customer service was due to carers understanding that time was very precious and becoming increasingly limited with those they cared for. Hilary; *“I think even looking at it*



*from the point of time with her is very precious... and you want the experiences to be good ones.” Elizabeth believed that the good experiences of other carers of PWD helped her choose suitable cafés/restaurants; “Word of mouth is good if carers of PWD have been somewhere and can recommend it to you,”*

### ***Businesses***

All business personnel recognised the importance of the three service quality elements (Berry, 2006; Wall et al., 2007) for satisfying the customer, and as a key to a business’s competitive advantage and success: *“Well you have to treat your customers the way you would like to be treated.”* (Ronda). Counter to the carers’ responses, however, a large proportion of café/restaurant owner’s/employees believed that customer loyalty rested solely with the quality of the food: *“The cakes are fresh and I think that’s the thing that brings loyalty. You have to keep on top of quality or your loyalty will suffer.”* (Aaron) and *“Number one on the list is their experience which is, “has the food been good?”* (Lindsay)

Several interviewees however did recognise that customer loyalty comprised a range of factors, not just the functional one: *“We get a lot of good feedback on our food, homemade, old traditional food... plus so many have been coming for years, and obviously it’s the friendliness of the staff.”* (Sandra), *The food is homemade and we treat everyone like family.”* (Alanna) and *“If you serve them bad coffee they won’t come back and if you don’t treat them with respect, they don’t come back.”* (Patrick).

Business respondents also viewed humanic elements of service quality as an important factor of a café/restaurant experience. One of the main aspects recounted by the business personnel was an importance of getting to know the customer on first name terms and interact on a personal level: *“We encourage our staff to have a chat with them, not to sit down for ten minutes but speak to them, make sure they know what they are having next time they walk in, they love that sort of thing.”* (Ryan). Mechanical elements were rarely mentioned by café/restaurant owners as important, instead they maintained that functional elements such as good food were more important for elderly and PWD.

### ***Negative experiences of service quality***

All carers had encountered negative experiences of the service quality in cafés/restaurants. Reoccurring complaints were of lack of accessibility for PWD, lack of training from staff on how to treat PWD, uncomfortable seating, poor layout and loud music. Hilary found signs in cafés/restaurants telling customers to order before taking seats very unhelpful for PWD: *“I was in Costa in [Town B] and we saw a sign saying make your order before finding a seat. That’s just hopeless with someone with dementia, standing up in a queue, the choices in front of her, carrying the tray. I find that very stressful and that’s a very unhelpful sign.”* Lauren recalled a humiliating experience: *“When I take my mum out in a wheelchair into cafés you find that some places don’t have the right access. Once we went into a restaurant and we had to access the building via the kitchen...people stared at us.”*

Staff negligence towards the disease, lack of interaction and not treating PWD with respect and dignity stuck out as more memorable negative experiences: *“There is nothing worse than when I have taken her out and we are trying to count money and seeing the impatient look from staff; that just reinforces the stigma.”* (Hilary). Natalie explained how a negative humanic experience of staff impacted her; *“When she went in she [her gran] was treated as if she wasn’t there. They [staff] would ask us what does she want and wouldn’t even try to interact with her. It was as if you were taking a dog out.”* (Natalie), while Aileen indicated the lack of training of staff towards PWD: *“I remember one café we visited a few years back and the staff member completely blanked her when she went to say her order, they didn’t even give her a chance, instead they looked to me to order for her. I could tell mum felt she wasn’t welcome.”* The impact of these negative service quality experiences in most interviews led to carers not returning to the cafés and restaurants and in some cases caused negative word of mouth to other carers of PWD: *“I was so shocked at the way she had been treated that I remember telling carers at the local Alzheimer’s society to avoid going there, because it was a well-known café.”* (Aileen)

### **Business responses to PWD**

Although not all owners/employees could identify customers with dementia, all owners/employees acknowledged they had regular customers in their store with dementia, either accompanied with a carer or on their own. They provided some insight as to how they deal with them and the ways in which it impacted their business. The interviewees confirmed that each experience was different and the ways of interaction differ. For example, Ryan explained the importance of interaction for PWD:

*“There is a wee lady here who comes in every day, she has dementia and we see a decrease in her health every single week. She says she is taking tablets for her memory but they aren’t working. We chat to her and a lot of the staff know her well as we are the only interaction she gets in a day, it’s really sad.”*

Ronda also said: *“There is one wee woman who comes in on a Saturday with dementia. We wouldn’t always get a smile from her but some days we do. She would squeeze your hand as a response, it’s nice when we get that.”* (Ronda)

Ronda and Sandra described scenarios where PWD forgot to pay: *“We have a wee woman who comes in with dementia and sometimes when she comes in she would forget to pay, but we know she has dementia so there’s a certain way of dealing with the situation, quietly.”* (Ronda), while *“There’s a lady who comes in here with dementia who has been here for years and she has started to lift things without paying and put them in her bag. The boss knows her so he is ok with it.”* (Sandra).

PWD can ask for more than they actually mean which requires some initiative from the café employees: *“When they order from us they ask for two of things, but we know now just give them one and agree two with them, just so they don’t get anxious”* (Joanne). Several business owners/employees believed giving PWD

time when ordering and help paying was key. Lindsay stated: *“I get them to hold their hand out straight and help them count their money or even if they are struggling, just give them time.... Because of personal stuff myself I have a soft spot for older people.”* Patrick agreed: *“You have to adjust how you interact, you have to speak slower or let them take their time over sentences or let them write things down”*.

Alanna had noticed that PWD struggled with heavier cups and in some cases needed straws to assist with their drinking: *“I give a lot of PWD mugs and a straw, as they can’t cope with the cups. They can hold the mug easier than the cup”*.

The repetitive aspect of Alzheimer’s was also evident with owners/employees: *“Every time she comes in she asks me the same question, ‘where do you get your fish?’ but you just get on with it. I always get the same group of questions which is fine, I just respond in a slightly different way.”* (Paul)

### **Carers’ concerns and recommendations**

Nine of the ten carers interviewed believed that cafés/restaurants could improve the service quality to better meet the needs of PWD. Many of the suggestions seem feasible and with few cost implications, but represent small ways that cafés/restaurants can make changes to accommodate PWD and their carers. One mechanic aspects that was mentioned was store layout, and being able to keep an eye on the PWD while ordering at the counter. Elizabeth explained: *“If you are going up to order ... I’m cautious to only ever go somewhere I can see her and she can see me.”* Many carers nonetheless believed that cafés/restaurants were more concerned with fitting as many customers in without realising the negative impact this would have on PWD: *“Places where tables are quite well spread out would be good, rather than trying to squash them all in.”* (Naomi) while

Loud music was also a deterrent for carers and those they cared for, as it was associated with increasing PWDs level of anxiety and over stimulating them. Hilary stated: *“Especially music, all that extra sensory overload I don’t think is good because often it goes with a hearing impairment - cafés that are too rocky - she can’t cope with”*. Similarly, Sandra explained *“somewhere with loud music is a no go.”* Relaxing and quiet places were mentioned throughout the interviews as the best suitable location, as Jane explained: *“If it’s nice relaxing and quiet music but not empty places. Mum was a very social person, she liked to see people.”*

Carers stated that menus could be problematic. Elizabeth explained *“menus are just bunged with stuff. Most of the time I feel she doesn’t know what is on the menu ... I think pictures would help sometimes and maybe a simpler menu for folks.”* Aileen agreed stating; *“Foods should be labelled clearly as their [PWD] perception starts to go as the disease progresses”*. Owing to the progression of the disease, PWD can’t eat large portions of food anymore which are off putting. Hilary asserted *“Another thing I would say are small portions. She doesn’t eat much now, she would say ‘there is too much, I don’t even want to try’.”* PWD do not want to have to choose from children’s menus as this further stigmatises the disease. Hilary’s suggestion was that half portions should be made available.:

*“Places with half portions are brilliant. I mean I have seen myself having to get her children’s meals because you know they are going to be small and there is a chance she will eat it.”* Due to the deterioration of the disease carers found that PWD prefer to eat foods they have been familiar with all their life, such as fish and chips, soups, baked potatoes and toasties. Elizabeth explained: *“I think it was a curry she ordered once and then never liked it, even though she used to take curries all the time... so she would usually go for fish and chips, she is confident with that”*. Hilary concurred: *“Definitely traditional, 99.9% of the time she will go for soup unless it’s some new flavour she doesn’t understand.... Often in a restaurant she will just pick fish and chips”*.

Providing dementia friendly cutlery was recommended by several interviewees as a great way to help improve the experience of those they cared for. Laura explained: *“Pretentious restaurants with slates, that’s the worst thing you could give them because their perception goes... also make sure PWD get insulated plates as they take quite a while eating so it’s good for keeping their food warm... knives and forks are a problem now”*. Elizabeth agreed that as the disease progresses, perception goes and therefore she found for her mum contrast between plates and food became a problem: *“Also serving potatoes on a white plate is a bad idea because of the lack of contrast”*. Jane also expressed how *“simple things such as paper cups instead of heavy mugs”* for coffee and tea helped PWD manage easier and therefore feel independent.

Several participants believed that a dementia friendly logo should be introduced to cafés/restaurants as a way of letting the general public know they have taken measures to ensure their environment is dementia friendly. Hilary believed this would be most useful for those with early stages of dementia: *“I would quite like to see a small logo on the door that this café is dementia friendly... I think maybe for people in their 50s and 60s who are aware they have dementia and are in the early stages. Wouldn’t it be lovely if they had this sign as a welcome and knowing it’s a place they could get help”*. She believed if she was in town on her own and saw somewhere with the sign she would be more inclined to go in because of what it stood for. Jane also believed it would open what are already limited options for carers and PWD: *“Something like a logo would be a good idea. That would help people to think actually I can bring my mum and dad in here.... A sign would definitely bring more people out.”*

The majority of carers felt that staff friendliness overall was good in the cafés/restaurants that they visited. However several participants believed that staff training on the awareness of dementia and how to meet the needs of carers and PWD would be very helpful. Elizabeth explained: *“I think it would be good (staff dementia training) because it’s not just the PWD, it’s also the carer and the difference it makes to them. I think it would help staff to be observant of what is going on.”* Hilary agreed: *“I think dementia awareness training would also help staff to meet the needs of the customers generally... the best thing is when someone comes to take her order”*. Aileen believed how PWD are approached by staff was of key importance: *“I think it’s important to encourage staff to help when required and to have an approachable manner. There is nothing worse than a member of staff looking down on her or seeing her lack of communication or slowness as an inconvenience”*.

## Business responses

Only two owners/employees had professional advice on how to interact with PWD, and only Patrick (from the coffee chain) had received mental health training through his café, which had helped him understand the disease and how to interact with PWD a lot better. He explained: *“Where I work it has a specific disability training programme which you have to be signed off on to work and that touches on mental disabilities... it includes dementia. So anyone who works here knows certain speech patterns and the appropriate ways of communicating. Some need to be taken away from the hustle and bustle of a busy queue to be calmed”*. The majority of business personnel felt personal experiences were enough to know how to interact. Sandra explained: *“There’s no training we do, we just meet each need as we know from family experiences and friends how to react.”*

When business personnel were provided with examples of how they might improve service quality to be more accommodating for PWD, six of them acknowledged that their service quality could be better, and that some of the improvements stated by the carers were feasible. Those acknowledging these changes tended to be the ones who understood that PWD are part of the community and therefore their voices should be heard (Duggan et al, 2008). Several thought that raising awareness and staff training for cafés/restaurants were key ways to creating a dementia friendly environment. Lindsay stated: *“Absolutely, probably more staff training on that side of things is needed.”* Patrick agreed: *“I don’t think you can ever stop improving... I think you can have the knowledge of how to interact with someone with dementia and providing the correct tools to help them their journey within your shop and store.”*

Some believed that investing in dementia specific cutlery was a possibility if it would improve the experience of the PWD and their carer. Joanne explained: *“I have no idea how bad it gets (dementia). It is good to know these things but I would invest in dementia friendly cutlery if I knew it helped them”*. Aaron agreed: *“Yes, if it helps then we are part of the community, therefore we have to cater for everyone within the community.”* However the focus of carers on mechanical elements was not shared with café/restaurant owners, with no mention at all as to ways they could improve layout, lights, menus etc. The changes mentioned by carers far outweighed the number of changes cafés/restaurants felt they needed to do, which supports previous research that PWD and their carers need to be heard so as to understand their needs and help decrease the barriers of participation (Duggan et al, 2008).

Although some business personnel acknowledged ways they could improve, the majority believed that there would be too many difficulties in their café/restaurant becoming dementia friendly. Several of the interviewees felt that focusing their premises on becoming dementia friendly was discriminating to other illnesses and customers. Business personnel were cautious about helping PWD in the fear that it would be deemed a discrimination against other illnesses. Patrick stated: *“If we become dementia friendly but ignore things like Parkinson’s are we neglecting a certain percentage of our customer base? I feel focusing on one illness can lead*

*to discrimination and making your facilities specific for each disability could lead to huge costs, where do you stop?"* Similarly Paul stated: *"You can always improve it but it would be a detriment to your other clients, it would not make it what they are looking for"*. He instead felt the onus was on society rather than government grants in helping the community becoming more dementia friendly. However as Abott, (2011) argued, to adopt this approach and do nothing at all for any illness group could be seen as further discriminating.

Another factor against becoming dementia friendly was increased responsibility, the fear being that if something bad happened to a PWD whilst on their premises, then they could be sued or held responsible. Ryan believed that through being classified as a dementia friendly restaurant, responsibility would increase lest something went wrong:

*"I don't think it would be fair to ask my staff to go through training for that sort of thing because then they would maybe feel responsible. That's a huge responsibility on us; you could be turned around and sued if that person dies. I don't know if I would put them through the training."*

Karen's main reason against any form of dementia friendly training was due to the lack of benefits when it's a small percentage of customers. She stated; *"I personally don't think out of all the customers that we have, more than two who have it, so I don't think it warrants changing.... The people who do come here I don't notice any problem with music, cutlery or see them distressed."*

## **Discussion**

Overall the findings showed the prevalence and persistence of social stigma in today's society towards dementia. Stigmatisation of dementia was found to still be widespread within the two towns and can be viewed as a principal barrier preventing PWD and their carers from fitting into society. With carers stating the importance of social activity for PWD, societal stigmatisation of dementia through the use of negative names, fear of the disease and embarrassment can only be improved through increased awareness to change negative perceptions (Killduff, 2014).

Carers of PWD and café/restaurant owners/employees were in agreement that service quality and all three elements were vital to a dining experience. Both groups agreed that the humanic element of service quality such as staff friendliness, opening doors, taking time and understanding dementia was a defining factor between whether a café was a good or bad experience. The functional element of service quality - food - was regarded as the least important element to carers, which contrasted sharply with business owners/employees who believed that the quality of food was vital.

There was a strong link for the carers between customer loyalty and high levels of service quality, with these relationships usually lasting for years, as familiar

places were found to be important for PWD. Familiarity for PWD was an important factor and therefore loyalty was given only to a few cafés/restaurants. With sales of over 65% on average for restaurants coming from repeating customers, it is important that cafés/restaurants understand the difference in needs of PWD and their carers, as there seems to be a mismatch in key elements of importance (Crawford, 2002).

Carers prioritised both humanic and mechanical elements of service quality and the link between these two elements of service quality and customer loyalty supports literature that a shift is occurring from the importance of the products sold to the relationships built between customers and staff within cafés/restaurants (Ha and Jang, 2010; Kandampully, 2008). The examples provided by the carers of their negative experiences with the humanic and mechanical elements of service quality highlight the impact that a negative experience can do to the reputation of a café/restaurant (Burke, 2015). The functional aspects, i.e. food, did not prevent carers and PWD having a good experience, rather it was humanic (staff attitudes and behaviour) and mechanic elements. The negative experiences encountered may seem small but they highlight that in many cases only small changes may be necessary in order to create a more welcoming environment which is suitable for PWD and their carers. This increases their likelihood of repeat custom and recommendations to others (Alzheimers.org.uk, 2016).

The mechanical changes suggested by carers such as spacious layout, clear and simple menus and dementia-friendly cutlery are small ways that cafés/restaurants can make changes to accommodate PWD and their carers. The humanic aspects such as a dementia-friendly badge were welcomed as a great way for early dementia sufferers to know they had somewhere safe to go. Overall staff training was seen as helpful but a greater understanding of the disease and awareness was deemed necessary. Functional elements such as food were mentioned the least but the importance of small portions and traditional food that PWDs long-term memory would remember helped them to eat larger quantities of food.

Green et al (2013) described the importance of the environment for PWD, especially as the disease progresses. Tightly packed layouts of cafés/restaurants were huge problems for carers as they were seen as inaccessible, noisy and increased anxiety levels of PWD. Hetzel (2007) explained how cafés/restaurants must look past traditional profit orientations of fitting as many people in; rather they should look at the overall experience that the customer is looking for.

One point of interest from business personnel was that not enough customers suffered from dementia to *justify* making changes to the café/restaurant. Curiously, they had been previously surprised when told the rate of growth of the disease, and so this might be a myopic view. This finding appears to correspond with research undertaken by Featherstone (2015), in that many local businesses can't see the financial gain of becoming dementia-friendly.

The number of ways carers of PWD believed that cafés/restaurants could improve service quality were substantial compared to what owners/employees believed could be done. There was an agreement from owners/employees that they had a certain responsibility to cater for PWD, as members of the community, and

therefore they were open to several of the changes mentioned. More complications, however, were voiced on becoming dementia-friendly, such as extra responsibility and ignoring other customer's needs. However, many of the suggestions mentioned by the carers would not have a negative impact on other customers, and cafes/restaurants should be more inclusive and accommodating. These businesses must listen to the views of PWD and their carers, and fully understand the disease and what feasible steps they can take to help them be socially included (Duggan et al, 2008).

## **Conclusion**

This study examined the current impact of dementia on local cafes/restaurants, from the perspective of carers of PWD and business personnel. The research has identified that more needs to be done with regards to improving overall social awareness of dementia within the UK. Although awareness has improved in the past few years through dementia-friendly campaigns, T.V and social media, business personnel are not fully aware of the current economic and societal impact that dementia is having within the UK (Alzheimer's society.org.uk, 2015b).

The findings of this study confirmed that dementia is having an impact on businesses, and although the current customer base of people with the disease remains small, business personnel have seen numbers rise over the past few years. It identified that cafes/restaurants overall awareness and understanding of dementia is low but slowly improving through customer/family dementia experiences. Nevertheless, barriers such as lack of awareness, stereotypes, fear and a lack of understanding of the disease are preventing a total acceptance of the disease. While some employees understand and treat PWD with dignity, others can be patronising, embarrassed and lack basic training of knowing how to interact with someone with dementia.

The importance of all three elements of service quality were highlighted by the interviewees, however differences existed between carers and owners/employees regarding the order of importance of each element (humanic, mechanic and functional). Food quality is not sufficient to fully satisfy PWD and their carers; therefore the three elements of service quality (humanic, mechanic and functional) must be implemented to bring about café/restaurant success. As competition increases within the café/restaurant industry, the elasticity of service quality is increasing as carers place high value on time spent with those they care for, therefore they no longer accept unsatisfactory levels of service quality (Stinson, 2015; Andrews, 2015a).

All carers interviewed mentioned negative experiences of service quality. Most experiences only require relatively small changes. Businesses should not look to take advantage of the elderly or PWD, rather they must realise that helping raise awareness, helps PWD to feel socially thereby creating a dementia friendly environment which in turn can be profitable. As the number of PWD looks set to reach one million by 2020, cafes/restaurants will inevitably see a rise in customers suffering from the disease (alzheimers.org.uk, 2015). Therefore learning how to properly plan, support, accommodate and cater for the needs of carers and PWD now will help prepare cafes/restaurants for the future. Some responsibility must



lie with businesses to increase their own awareness and understanding of dementia and to help to help others within their community to do the same. The cafés that treat PWD well and appropriately, leave a quality mark to return, increased positive word of mouth and create, to some extent, customer loyalty to family and friends even after the person dies.

### **Areas for further research**

This is a topic area that would benefit from further research. We are aware that carers' views may differ slightly from those who suffer from the disease. Supplementary research should look into the actual attitudes and opinions of people with early onset and mild dementia as a contrasting representation of whether they feel social exclusion is a problem and in what way they feel businesses could improve service quality.

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**Table 1 Carer characteristics**

Interviewee ID	Relationship to PWD	Length of time being a carer (years)	Types of Dementia
Laura	Daughter	10	Vascular & Alzheimer's
Charis	Daughter in Law	9.5	Alzheimer's
Sandra	Daughter	8	Vascular & Alzheimer's
Natalie	Granddaughter	6	Vascular
Brian	Husband	10	Vascular
Elizabeth	Daughter	3	Alzheimer's
Lauren	Daughter	4	Alzheimer's
Hilary	Daughter	5	Vascular
Aileen	Daughter	5	Alzheimer's
Jane	Daughter	5	Lewis body

**Table 2. Café/Restaurant personnel characteristics**

Interviewee ID	Job Title	Experience in Cafés/Restaurants (Years)	Café/ Restaurant Name	Location of Business
Patrick	Manager	3.5	Roasted Bean (UK coffee chain)	Town A
Lindsay	Manager	21	Milltown Coffee	Town B
Alanna	Owner	35	Classic Cuppa	Town B
Ryan	Owner	12	Patton's	Town B
Paul	Owner	40	Havana's	Town A
Aaron	Owner	2	Café Cream	Town A
Ronda	Owner	24	Tasty Cuisine	Town B
Sandra	Staff	27	Willow Café	Town B
Joanne	Owner	35	Art Gallery Café	Town A
Karen	Staff	3	The Pumpkinseed	Town B