HAAGA-HELIA
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Celiac disease customers' experiences of hotel breakfast

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Abstract

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Aim for this bachelor thesis is to collect the experiences of celiac disease customers' about hotel breakfast in Helsinki and Tampere. The idea was to collect the thoughts of customers and what would they recommend to improve with the gluten-free products and with the quality of service in the hotel breakfast. The study was made as a survey in spring 2015 and the total number of respondents was 62.

Celiac disease is a sickness where protein in wheat, rye and barley causes an autoimmune disorder and damages the villa in small intestine, which means that the gluten will not be absorbed. The only cure for celiac disease is a life through gluten-free diet. Celiac disease is very common in Finland but still some of the reasons causing it are unknown.

Breakfast is one of the most important services offered by hotel. The quality of service is extremely important nowadays as the competition between different companies is huge. How the hotels treat their customers and how good they make people with celiac disease feel is important. Celiac disease customers use a lot of social media and there is a word-of-mouth going around the internet if the hotel has a good or bad gluten-free breakfast.

The main goal for this study was to research whether the celiac customers are satisfied with the breakfast that the hotels have to offer. The focus is in Helsinki and in Tampere. Helsinki is the capital of Finland and Tampere has the head office of Finnish Youth Coeliac Association, and they are organizing a lot of events which means there are customers for hotels. The hypothesis with this thesis was that there is not a lot of information for celiac customers about the gluten-free breakfast and products are not as good as they could be. The labelling is a huge problem as most of the customers have to ask from the staff if the product is gluten-free or not. The hypothesis came straight from the author's own experience and it was also what brought interest for this thesis.

In recent years gluten has become a fad, but there is still a lot more that could be researched. All food trends are big trends now and people are aware of what they eat and even people without celiac disease make decisions to eat gluten-free products.

According to the results hotels have a lot to improve when it comes to gluten-free breakfast. When comparing to decade ago there have been a lot of things that have been improved, such as, the awareness of the disease among the staff. Even though things have gone better, the customers think that the gluten-free breakfast has been same all these years. The products have gone better but still the hotels do not make an effort to bring these products to the hotel breakfast. Celiac customers do not feel that the level of service is the same for them as for regular customer.

Keywords
gluten-free, celiac disease, quality of service, level of service, hotel breakfast, quantitative survey

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1 Introduction

Today food trends have become a big fad. Special diets one by one are getting more and more popular. Gluten-free diet is the topic of today and there are other people using it other than just celiac disease patients, who are the ones who really need it, (The New York Times, 2011). Gluten-free diet differs from other special diets. Patients need to eat gluten-free diet throughout their whole life. In just a few years people have become more aware of the celiac disease. These days there are restaurants that have every product in gluten-free. It is important to make celiac disease customers welcome to enjoy meals outside their house, without any gluten.

Celiac disease is an autoimmune disease which comes from the grain protein, gluten. Wheat, rye and barley has gluten protein and patient with celiac disease will have to go through their whole life with a diet without gluten. Safe choices without any gluten are for example rice, corn and buckwheat. Gluten will damage the villi in the small intestine and there will not be anymore absorbing of the gluten and the patient will get sick. Only cure for celiac disease is a gluten-free diet, (Aro, Mutanen & Uusitupa, 2005, 469).

Every customer appreciates good service. For hotel the quality of service is important as it effects customers' opinion whether they are coming back or not. In the theory of Wilkins, Merrilees and Herington, (2007, 850), there are three main types of service quality in hotel; physical product, service experience and quality of food and beverage. These three factors are those which matters the most in customers perspective. These factors are the ones that the customer can see when visiting the hotel breakfast area. These factors do not have anything to do with back-office and the things that are happening in there. In the back-office the customer cannot see, which means it does not affect the customers' perspective of the hotel. It is the first impression and the atmosphere in the breakfast area that are important to the customers.

1.1 The aim of the thesis

This bachelor thesis is done for Haaga-Helia University of Applied Science. It is about the quality of a gluten-free breakfast in the hotels in Helsinki and Tampere. The idea for this topic came from the author's own experience while working at the front desk of a hotel. A lot of customers were uncertain if the hotel had gluten-free breakfast at all. This thesis will ask the respondents their experiences and development ideas for better quality for the gluten-free breakfast and the service in a hotel. The results would bring happier customers with the celiac disease. With this thesis the quality of gluten-free breakfast in hotels in

Finland could get better if the decision makers will see the results of this thesis and make some changes in a way that the celiac customers would like.

The targeted areas for respondents were the hotels in Helsinki and Tampere. These cities were chosen because Helsinki is the Capital in Finland and has the most hotels. Tampere has Youth Coeliac Association head office and they are organizing a lot of events which will lead to the fact that participants have stayed the night in hotel in Tampere. The target group for this thesis were people of all ages and sexes who have celiac disease and they are consumers of hotel breakfast.

Survey done for this thesis was a quantitative research with 8 ready-made answer options and 3 open ended questions. In total there were 62 respondents which were all anonymous. The survey was done with internet application and sent via e-mail which was convenient for respondents to answer from home without any distraction. With the survey the author wanted to understand if there has been any improvement during the last years and what could there still be done to make the gluten-free breakfast even better. The main questions of the survey were:

- The staffs' knowledge about gluten-free products
- The appearance of the gluten-free breakfast table
- The labelling of the products
- The changes that might have happened during past years.

With the open ended questions respondents' opinion came in in a way they wanted to tell their opinion, straight from the respondent. There was only an empty space where to answer so respondents would tell the truth. Some of the respondents were really disappointed with the service at the moment and some where a lot more positive about the products especially when compared to how things were in the past.

1.2 The structure of the thesis

This thesis is structured with guidelines of University of Applied Sciences Haaga-Helia. Chapter 1 is an introduction where the aim and the goals are presented. There can be found also the structure of the thesis.

The thesis starts with theoretical frame work which consist of two main topics: celiac disease and the quality of service in hotel. In chapter 2, Celiac disease, describes the disease in details and how it is treated. The commonness of the disease is not the same eve-

rywhere in the world, as the disease is partly in genes. Celiac disease is not a disease where one can have total recovery.

Quality of service, chapter 3, is extremely important to hotels as well as the level of service the hotel choose. Do the hotels aim for the higher quality or lower? It is a question which will affect to the target group they will choose. When the hotel has chosen its target group how do they maintain them as a customer? How do hotel maintain the quality of service? The quality of service is not that easy to measure as every customer has a different experience of the place and its atmosphere and the service.

Chapter 4 is the empirical part where the quantitative survey and the research questions are explained. There is also the objective of this thesis. Why the author did chose this topic and what do the author wants to accomplish with the topic? In the empirical part there is also the timetable of the whole thesis process.

Chapter 5 and 6 are about the results of the survey and discussion about where do the answers lead to. Chapter 7 is the conclusion where the validity and reliability are discussed. With this thesis there could be advanced research done after this and some development ideas as well. Development ideas are described in chapter 7. In chapter 7 there is also evaluation of the thesis process. How the author thought that the whole thesis process went and what she would change if this process would be done again. In the end there can be found references and the survey as appendix 1.

2 Celiac disease

Gluten is a protein in wheat, barley and rye among some other grain. It will cause damages in the villi of small intestine and the disease is called celiac disease. Celiac disease is believed to be genetic disease and there is 10 % change that the family members have it as well, (Aro, Mutanen & Uusitupa, 2005, 469.)

In this chapter is written the basic definition and the symptoms of celiac disease. In Finland the disease is really common when comparing the other countries especially in Asia. In this chapter can also be found how the disease is discovered and how it is treated. The only treatment for celiac disease is the gluten-free diet. Living with the diet should not affect patients' life, - products that contain gluten just need to be left out from the daily based meals.

2.1 Definition of celiac disease

Celiac disease is a sickness where the patient is oversensitive to gluten. Gluten is a protein in wheat. Similar proteins that have gluten are also in the proteins of rye and barley. The sickness has been known already for 100 years but there is still a lot that is unknown. The symptoms varies a lot between patients and there is still no certainty where do the disease come from. (Aro, Mutanen & Uusitupa, 2005, 469.)

"Gluten is a mixture of dozens of different proteins, which fall into two main types, the glutenins and the gliadins. The part, or parts, of these proteins that produce coeliac disease have still not been identified", (Brostoff & Gamlin, 1998, 154). This means that it is not known which part of the protein have the prolamins, which are causing celiac disease. They are in the prolamins, which are situated in grains, but the specific place is still unknown. For a long time the studies showed that the same symptoms came when the people where eating proteins with gluten and the symptoms were gone when people stop eating gluten. In that time it was still unknown what was it in gluten that caused the symptoms.

Patients with celiac disease react to dietary proteins, called prolamins. Prolamins are soluble in ethanol and they can be found in certain grains. Every grain product, including rice are containing prolamins, but it is not the same that affects to person with celiac disease. Those are specific prolamins which are found for example in wheat (gliadin), rye (secalin), and barley (horedin). Those prolamins are the ones that implicated to cause an immunologic reaction in the patients with celiac disease. The prolamin in oats is avenin, but only

few of the patients with celiac disease have an independent immunologic reaction to that. (Pietzak, 2012, 69). This means that almost every protein has gluten but it is only the certain prolamins that will cause the celiac disease. Patient can still eat rice, corn, millet and buckwheat but have to leave out wheat, rye, barley and in some cases oat as well.

Celiac disease can be harmless or then it can be noticed through a diarrhoea, bloating or just pain in the stomach. In the past decade the symptoms could be found already in childhood, especially when the child started to eat wheat products. In these days celiac disease is usually found in the adult life. (Aro, Mutanen & Uusitupa, 2005, 469). Most of the researches claims that celiac disease is in the genes and usually runs in the family. There is a 10 % probability that the family members have celiac disease as well. There are studies also done about other facts than just the genes that might have some effect to the celiac disease to burst out. Most common ones are the big amount of used gluten products, which means that before getting celiac disease the patient has been using a lot products with gluten protein. There are also some infections which might bring up celiac disease for example Campylobacter. (Haavisto 2011, 162).

“Coeliac disease (CD) is a systemic immune-mediated disorder elicit by gluten in genetically susceptible individuals. The common factor for all patients with CD is the presence of variable combinations of gluten-depended clinical manifestations, special autoantibodies (anti-tissue transglutaminase/anti-endomysium), HLA-DQ2 and/or DQ8 haplotypes and different degrees of enteropathy”, (Troncone & Jabri 2011, 582). HLA comes from the words Human Leukocyte Antigen. Celiac disease is an autoimmune sickness which is partly genetic. If the patient has genetically designated anti-tissue HLA-DQ2 or DQ8 there is a big chance which is 90 % that celiac disease comes from the genetic heritage. Almost all of the patients have either DQ2 or DQ8 genes.

According to Parkkinen & Sertti, (2006, 167), celiac disease is a disease where gluten creates an eruption in the mucous of the small intestine. Celiac disease is a systemic immune-mediate disorder which damages the villi in the small intestine. Because the villi is damaged all the nutrition are not well absorbed which can turn up to be deficiency disease. Most common deficiencies are iron, which leads to anaemia. Other deficiency diseases are vitamins and minerals. The conclusion of this is that the nutrition cannot be absorbed. The intestine is damaged which means that the vitamin and nutrition are not absorbed through the intestine. The only problem with celiac patients is not that the proteins are not well absorbed. With the proteins there is usually a lot of vitamin and other nutrition that are valuable for human body. When the villa is damaged the vitamins and nutrition

are not absorbed either. If the patient does not get all the nutrition needed there is a chance for anaemia and vitamin deficiency.

Celiac disease might be seen with outside body symptoms. In that case it is called dermatitis herpetiformis, a skin rash. The rash is usually situated in extensor surface of the face, elbows, knees and buttocks. Out of all the patients with celiac disease around 6 % have the skin affection. With the disease there are some blisters in the body. The treatment for skin celiac disease is the gluten-free diet as well. (Terveyskirjasto, 2015). The patient might be only having skin rash and not symptoms in the bowel system. That is still celiac disease even though the symptom is skin rash.

Celiac disease in not the same as wheat-allergy and in fact it is not an allergy at all. Although the symptoms appear the same as in the wheat-allergy and the treatment is the same, the disease is still different. There is also gluten sensitivity which is also different than celiac disease or the wheat allergy. With celiac disease the patient needs to have gluten-free diet all the time, when again in gluten sensitivity, patient can absorb some of the gluten without any symptoms. With the wheat allergy the symptoms variates some as well. In wheat-allergy the symptoms might be seen only outside and the affect might not come immediately. (Aro, Mutanen & Uusitupa, 2005, 571.)

According to Troncone and Jabri, (2011, 582), the view of celiac disease has undergone a lot. There is more clinical and histological presentations that are recognized and celiac disease has been studied a lot more, which will bring up the awareness. The research has been made for the genetic and immunological part. Celiac disease is now thought to be more than just a gluten-sensitive enteropathy. The symptoms do not always lead to celiac disease, the symptoms might also lead to wheat allergy or gluten sensitivity. It does not matter what kind of disease it is. Still the cure is the same; a gluten- free diet.

2.2 Commonness of celiac disease

Celiac disease has become more and more common in the 21st century. The amount of patients with celiac disease varies a lot around the world. The variety of different countries comes from the genetic history and eating habits. In Finland 1-2% of the population have celiac disease and from that percentage 2/3 are women. (Haavisto 2011, 163). In Finland there are more than 100 000 people with celiac disease. Among these 100 000 people only 1/3 have been diagnosed, (Suomen Keliakialiitto, 2010). There is one patient among 300 habitant, but gluten sensitivity has 1% of all the habitants. The amount of patients in Finland is the highest than any other country in the world.

Before the 1950's there were not any information on how to cure or treat celiac disease, because it is quite young in the medical science. The disease is not found in every country in the world. For example in Japan and China celiac disease is very rare, also for the black race celiac disease is not common. In the western countries the variation between the amounts of patients comes from the lousy research done in some countries. (Suomen Keliakialiitto, 2010). In Keith O'Brien's article "Should we all go gluten-free?" (NyTimes, 2011), in United states Dr. Murray was comparing blood samples from the 1950's and 1990's and he found out that young people today are five times more likely to have celiac disease, for the reason that is still unknown.

2.3 Diagnose and the treatment

In some cases celiac disease is found already in the first years after the child has been born. When small children starts to eat gluten the symptoms burst out. In some cases the symptoms do not appear before the adult life, (Terveyskirjasto, 2015). Feeding patterns in the first years of child's life and possibly viral infections may contribute to the development of the disease. If the child is having celiac disease already in early age, the symptoms are different than when the disease comes out in the adult life. The symptoms in the first two years for the children are intestinal: failure to thrive, chronic diarrhoea, vomiting and abdominal distension, muscle wasting, anorexia and irritability are present in most cases. (Troncone & Jabri 2011, 583).

The sieving of the predicted patients is done for the ones with the heritage in the family. They have a bigger risk of getting celiac disease. Those people are tested with a normal blood sample. Predicted patients are also the ones with type 1 diabetes, autoimmune sickness with thyroid, having Sjögren syndrome, Down syndrome, alopecia areata and lack of blood immunoglobulin A. (Terveyskirjasto, 2015). The symptoms might not only be in the bowel, there might be other disease which might cause the bursting of celiac disease and they are predicted patients which will be tested more often than others.

There are many diseases which symptoms look the same as celiac disease. The first step of discovering celiac disease is by testing the blood. After the blood test, it still might not be 100 percent positive that the symptoms are celiac disease. When other diseases are ruled out there is biopsy taken from the small intestine. Before the biopsy, patient needs to eat food with gluten, in order to see the effect of gluten in the small intestine. The biopsy is the most certain procedure to make sure whether it is celiac disease. (Haavisto 2011, 162). There should be four biopsies taken to be sure that the symptoms are right and that the patient is having celiac disease, (Käypä Hoito, 2015).

In some cases the celiac disease might be without any symptoms, in which case the disease is called silent celiac disease. The patient might have embrittlement of the bone structure. There are no sign of normal symptoms of celiac disease but still patient's quality of life will get better with the gluten-free diet. (Käypä Hoito, 2015). Silent celiac disease is usually found when all the members of the family are tested as predicted patients. There is also latent celiac disease, which means that patients are without enteropathy, they have abnormal symptoms for celiac disease. They have had a gluten-depended enteropathy at some time during their live. Their bowel mucosa is normal but in their blood sample can be found celiac disease which means in latent celiac disease the patient may or may not have any symptoms. There is also patients with potential celiac disease. It is defined by the presence of specific celiac disease antibodies and compatible HLA haplotypes (human leukocyte antigen), but with no histological abnormalities in duodenal biopsy. (Troncone & Jabri 2011, 583.) This means they do not have the genes that will genetically burst out celiac disease but their biopsy is not normal.

In most cases Celiac disease is mixed with irritable bowel syndrome or inflammatory bowel syndrome. The symptoms might seem like multiply sclerosis or depression. Finding out the right diagnose might take sometimes several years. It has been studied that approximately 2-25 % of the patients with celiac disease has received the right diagnose. (Haavisto 2011, 162).

In the latest research it is found that there are many symptoms that are not related to the bowel symptoms, but are still symptoms of celiac disease. Those symptoms are related to nervous system such as memory lost and higher rate of infertility, (Terveyskirjasto, 2015). This means that the patient might be having abnormal symptoms but is still having celiac disease. In these cases it is harder to know what disease to look for as there are so many options that the symptoms go with.

The treatment for celiac disease is a gluten-free diet. It means that there cannot be wheat, rye or barley in patients' food. There is also gluten in spelt, kamut and triticale. Some patients can use oat but the problem is that the product may include some other crops with gluten. There is also gluten in unexpected products such as medicine and additional nutrient. (Haavisto 2011, 163). Wheat, barley and rye can be used when the products are clean starch which do not include gluten.

The symptoms are usually gone in a few weeks after starting the gluten-free diet. After a year of gluten-free diet there is another biopsy taken to make sure that the bowel is healthy. The only thing that will keep the patient healthy is the gluten-free diet.

2.4 Living with the diet

The celiac disease will be cured when the diet is changed to totally gluten-free food. However the symptoms are coming back when there is gluten in the food. The gluten-free diet needs to be eaten throughout the whole life. The diet of gluten-free food does not include wheat, barley or rye. Gluten can be found as well from spelt, durum, and other ready made products that are made from wheat such as couscous and bulgur. After getting diagnosed the patient needs to understand that they cannot consume gluten in their diet anymore. Celiac disease does not define patient's life, it should stay as normal as it was before the sickness. (Aro, Mutanen & Uusitupa, 2005, 471).

In the article of Usatodays, internet service TripAdvisor has researches the breakfast choices for celiac customers. Their best tip is to take products that are for sure not been near gluten or does not have gluten in the product itself. Safes choices are gluten-free cereals, bacon and eggs, (Usatoday, 2012).

The gluten-free products that can be eaten are rice, corn, buckwheat and millet. Oat can be used when it is pure. The ready-made mix for celiac disease include wheat starch. Mixes can also include milk powder, sugar, and fibres of the sugar beet and flour of the rice, corn, potato and carrot. The products that are said to be gluten-free need to be under the standard of the international Codex Alimentarius, (Parkkinen & Sertti 2006, 167). Gluten-free products that are offered in the market are for example flour, mix of flours, starches, crunches, flakes, cereal, muesli, pastas and spaghettis. With all these products most of the cafeterias have gluten-free pastries such as cookies, bread, cakes and other similar products. (Aro, Mutanen & Uusitupa, 2005, 471).

When there is pure starch from wheat, rye or barley the celiac patient can eat it. Most of the ready-made products in supermarkets' have the label in the cover witch shows if there is gluten or not in the product. Totally gluten-free diet is not possible to have. Even the gluten-free products have some gluten in it. The studies shows that celiac patient can absorb 2,5 g of gluten in 24 hour without having any symptoms. (Aro, Mutanen & Uusitupa, 2005, 471).

Oat is good for most of the celiac patients. The problem in oat product is still the fact that the product might not be only oat, there might be contamination of wheat as well. The research done shows that Finnish oat is eatable and not dangerous. (Aro, Mutanen & Uusitupa, 2005, 471).

One of the biggest fears is the contamination of the food. When the food is served in a place where the customer has not seen how it is made, such as restaurants, cafeterias and hotel kitchens, there is a small possibility that the food is contaminated. The risk with contaminations is when the food itself is totally gluten-free but the equipment used might been in touched with the products that have gluten. In 2006 there was survey done whit 2 681 participants from Canada. From those participants 54% told that they are avoiding restaurants as it seems hard to get the gluten-free food and there is also a big contamination risk that in most cases the restaurants seemed to forget. (Cureton, 2006, 61). Even though the survey was done in Canada the idea is same in Finland. Half of the respondents for the survey done for this thesis said that going to restaurants would be a lot easier if there would be gluten-free choices in the menu. In Finland most of the chain restaurants has gluten-free choices but if the restaurant is privately own, as a customer it might be harder to get the gluten-free choice.

3 The quality of service in hotels

This chapter is about the quality of service. The questions answered are why there is different kind of level of service and how to define the quality service. Quality is different to all the people and customers who have the same experience may feel opposite feelings about the service.

This chapter will start by defining what hotel breakfast is as this thesis has a survey that is made for the celiac patients who have been staying the night in a hotel and eating the hotel breakfast. Breakfast is the most important service in the hotel and it is important that all of the customers are satisfied with it.

3.1 The breakfast in hotels

Most of the hotels are offering breakfast for their quests. Usually there are three kinds of breakfasts: American style, Continental and Full English breakfast. According to Business dictionary, usually a hotel breakfast includes most of the followings: sliced bread or toast with jam or butter, eggs, bacon, sausages, cereal, coffee and tea and orange juice. This kind of a breakfast is called an American style breakfast. Some hotels might be offering fewer product for their quest and then the breakfast is more Continental breakfast. This breakfast is more about bread, fresh juice and coffee and tea. Continental breakfast is mostly served in continental Europe and North America, as the name of the breakfast might tell already. The third type of a breakfast is the full English breakfast. It may include cereals, porridge or stewed prunes, melon, yogurt, boiled eggs or bacon and eggs, grilled fish, sausages, grilled or fried mushrooms or tomatoes with fried bread, followed by toasted bread and marmalade and tea or coffee. (Business dictionary, 2015). Nowadays the full English breakfast might be less greasy and more like the American breakfast.

In these days more and more people are aware of the nutrition and the vitamins that people are eating every day. Consciousness has grown among the customers as well and the customers demand for healthier food in the breakfast as it is the most eaten dish at hotels. At the same time people´s schedule has gone busier and busier and there will be more and more of the take-away products which has become more popular: muffins, biscuits, croissants etc. On the other hand the weekend brunches are more popular than they used to be. (Khan 1990, 10, 33).

The study on zero price model shows that when the hotel is offering the breakfast included to the room price, the customers are more likely to take the room than pay some extra

for the breakfast. As Nicolau, (2011, 2), has researched between two products one being free, customer almost always choose the free one. The free products add an extra value to the product. Customers get a positive feeling and that is one of the key points when making the decision. The study shows that when there is an option of free breakfast most of the customers take it even though there would be better rated hotel, with breakfast with extra cost. The effect of saving money, even though it would not be rather big amount, is the choice for most the customers. The zero price strategy can be used effectively to manage products as the free products will attract people, intermediaries as zero point strategy will help to reach agreement with agencies, and communication campaigns as the existence of free product does not go unnoticed.

3.2 The level of service

Service is the intangible part of a transaction relationship that creates value between a provider organization and its customer. In other words, a service is something that is done for us. Most services include tangible physical product. (Ford, Sturman & heaton, 2011, 7).

As Davis, Lockwood and Stone (1998, 29) are saying the level of service depends on the amount of money that the customer is willing to pay. When a customer is paying less the level of service is lower. When the customer is paying a lot for a product the service is more delicate. Service of the food and beverage may be described as direct service. Other ancillary services like the cloakroom are indirect services. The necessity for restaurants is to identify the level of service and extend the level throughout the whole restaurant.

The Money is a level of service. It depends on the customers' point of view. Some customers might think that the amount they are using is too high for one portion and others might think that they could pay even more. Different customers have different habits of using money in restaurant for meal. Some spend more than the others. (Davis, Lockwood & Stone 1998, 30). The expectations that the customers are given should not deviate from the real level of quality, when expectation and experience meet the perceived quality is still good. The ground rule for level of service is that the customer should get little bit more than expected, (Grönroos, 2007, 112).

In the theory of Ford, Sturman & Heaton, (2011, 6), they explain term questology. This means that the hotel or restaurant seeks to understand and plan their targeted customers' expectation of an organization even before they have entered to the place. With this tech-

nic organization makes sure the customers will have enjoyable experience. It is planning beforehand for making better results and seeing if the targeted customers are really visiting the place.

3.3 The quality of service

What does make the customer return to the restaurant or a hotel and say that the visit was great and that the quality of the service was outstanding? The key factors for the perfect quality are the expectations that the customer has before entering. Second is the atmosphere when entering the place, (Davis, Lockwood & Stone, 1998, 31).

In the beginning when researching about the quality of service started it was all about the product and the customer. Today it is more about the items that are effecting the quality of service. Two things that have a big effect to a perfect quality in hotels is staffs' motivation and hygiene, (Olsen, Teare & Gummesson, 1996, 10). Good hygiene is only increasing customers' satisfaction but when the hygiene is not in control the atmosphere of the place goes down. Lack of motivation towards the job may decrease the quality as well. On the other hand if the customer can see the motivation towards job from the staff it brings positive energy to the service. Before, quality of service was about the whole experience and this day it is more about the little things that might bring up the atmosphere ore make it more horrible.

Everyone has expectations. When hearing the name of a new place building up the expectation begins. According to Davis, Lockwood and Stone (1998, 31), the first expectations are concerns about the service, the price they will pay and the atmosphere and the mood at the place. The customer will be pleased with the visit if the product is presented in the harmony with the expectations. If the customer senses some disharmony while entering the restaurant, such as the place is too intimate, or too noisy for them, the customer will go somewhere else. The expectations will change with the needs of the customer. When the customer is having a business lunch the expectations are not the same as when going to the family dinner; the needs are different. (Davis, Lockwood, Pantelidis & Alcott 2008, 36).

After the expectations comes the atmosphere. Similarity to expectations, the atmosphere changes with a different customer. Everyone feels the place different. Some might think the music is not suitable for the place and others think it is perfect for the place. Atmosphere or mood is mostly described as intangible feel. The item that creates the atmosphere is the attitude of the staff, the clientele, the service accompaniments and the décor

of the restaurant. A big changer of the atmosphere is the other customer. There might be age difference, the way other customers dress or the sex that might affect the atmosphere. There is so many different customers and if they are all in the same venue same time the atmosphere changes, for example the same restaurant is having a family with small children and older couple having romantic dinner at the same time. The atmosphere is very different for both of the groups of customers. The restaurant cannot control the customer segment that much. The things they can control are the lightning of the place and the volume of the music, as well as the overall cleanliness of the place. The most important thing for creating the perfect atmosphere is the harmony between the product, the service and overall environment. If there is something that does not go with the other it can create disharmony, which might confuse the image and the customers. (Davis, Lockwood, Pantelidis & Alcott 2008, 35).

“The British standards definition of quality (British Standards 4778, 1998) is ´the totality of features and characteristics of a product or service that bear on its ability to satisfy a stated or implied need ´ ,(Davis, Lockwood, Pantelidis & Alcott 2008, 372). It means that the customer will translate these needs into expectations of the product or service that they will received.

In the theory of Wilkins, Merrilees and Herington, (2007, 850), there are three main types of service quality in hotel; physical product, service experience and quality of food and beverage. These three factors matter the most in customers perspective. These all factors are the ones that the customer can see when visiting the hotel breakfast area. These factors don not have anything to do with back-office and the things that are happening in there. In the back-office the customer cannot see so it does not affect to the customers perspective of the hotel.

3.4 Importance of quality

Customers in these days are more and more aware of the products and services that they want. They have expectations and demands for the higher quality of service. For that reason it is important to be at the same level, or higher with the customers. The demands of the customer are bigger and they are not afraid to complain if their demands are not what they want. The internet and social media has helped a lot of the customers to speak up their mind. When it gets easier to complain in the internet it gets easier to complain in a restaurant as well. According to Davis, Lockwood, Pantelidis & Alcott (2008, 372), providing high perceived value will lead to loyal customers, who will use the operation consist-

ently over a long period of time and will recommend the unit to their friends. It is better to have loyal customers who will come again than the customers that only come once.
As Grönroos (2007, 112) is explaining most of the companies take quality improvements as a limited time project and not as an ongoing process. In that case it most likely feels like there is no changes happening. Every employee have to take part for a quality program for it to succeed. “A continuous appreciation of the importance of quality and understanding of how influence good service quality is required of every individual in the organization, and this has to be constantly reinforced by management”, (Grönroos, 2007, 112). There is millions of little things that will affect to the customers experience and every staff member need to do their best to give the customer the best experience they can have.

4 Empirical part

This part includes the objectives of the thesis: where did the idea come from and for what are the results aiming for. For this thesis there is a quantitative research done for the hotels in Helsinki and Tampere which have celiac disease patients as customers. In the survey there can be found qualitative methods used as well. That makes it combination of qualitative and quantitative survey. In this part there is also the implementation plan where the timeline is presented. The survey had 8 ready-made answer options and 3 open ended questions. The whole survey can be found in Appendix 1.

The respondents for this survey did not have many qualities that were required. Only things that needed to be was that they are celiac disease patients and they had stayed the night in hotel in Helsinki or in Tampere. The age or the sex of the respondent did not matter. With different sex and age distribution of the respondents answers were different and gave bigger variation for the author. The survey had 62 respondents and all the answers were anonymous.

4.1 Objectives of the work

The objective of the thesis came from the idea that gluten-free breakfast in the hotels is a topic that has not been researched a lot if at all before. The breakfast in the hotels is one of the key factors for customer satisfaction and in these days it seems like the hotels have forgotten the people with sicknesses related to food. That is one of the main issues why this thesis was done. Do the customers with celiac disease feel like they are not well remembered in bigger hotel chains? The idea for this thesis came from the author's own experience as working in a reception of a hotel. Author realize there are many customers with celiac disease and wanted to know whether they were happy with the service and the products or if they wanted some things to be change.

The survey is done for the hotels in Helsinki and Tampere. The reason these two cities where chosen is because Helsinki is the capital of Finland which means there are many hotels around the city. Tampere was chosen because there is located the office of Youth Coeliac Association of Finland and they are organizing a lot of events which means there are participants who have stayed the night in hotel in Tampere.

Celiac disease is one of the most common food related disease at the moment, especially in Finland. Gluten-free food is a major topic at the moment and most of the people who are not sick with celiac disease are still eating gluten-free food as a healthier option. Eat-

ing food products without gluten is the food trend of today. People are more aware of the vitamins and nutrition they are eating which makes them demand from the hotel or the restaurants.

These days it is easy to spread the information of which hotels have the best gluten-free breakfast and which one do not serve gluten-free products. The information goes through internet really fast and the hotels' reputation might be based on the feed-back in the social media or the word-of-mouth from a customer to another, (Hospitality word of mouth 3.0). Reputations comes also from the people working in a hospitality industry. With the internet getting more important to the people, they are also spreading photos and information of different locations. At the same time they are receiving information more and the information is effecting their decision which place to visit next. It is also good way for the hotel to get marketing for itself as the customers are doing it for them. The problem is that the reviews might be bad and in that case the use of word-of-mouth as a marketing strategy is not a good option. For a customer word-of-mouth is extremely necessity to choose which place has a best reviews. Customers with celiac disease really do know the hotels and their breakfast best. They have the experience of which hotel has a good breakfast and which one does not.

4.2 Quantitative research

In the survey that was made for this thesis, the methods used are mostly quantitative as the question has the ready-made answer options done already. On the other hand there is also some qualitative methods used as some of the questions are open-ended or free text questions, (Flick, 2014, 33). As there are both methods used for the survey, it is a combination of both. There is 62 respondent in the survey, which will make it a quantitative survey, as there is not any interviews done for the survey. All the answers were anonyms. Most of the respondents answered almost every question. Survey can be found in Appendix 1.

As Johnson & Christensen (2012, 33) are telling in their research, quantitative research relies primarily on the collection of quantitative data, when qualitative research realise on collection of qualitative data. Then there is also mixed research which relies on both of the methods. Qualitative research is usually used when there is not that much information of the topic done before. There is usually hypotheses done and empirical part used to research if the theory is right or not. In quantitative research there is a bigger number of replies and they are usually ready-made questions, when in qualitative research there is

not that many replies but there is open-ended questions when there is more info in the answers itself.

In hospitality business most researchers dislike doing quantitative research as in the field of hospitality they have been used to make interviews and discuss with the respondents, (Hara, 2008, 27). Quantitative research is more about the numbers when again qualitative research is more about the replies that the author receives. Both of the ways have the same meaning. They are results for hypothesis that the author wants answers. The way of doing research is not what matters, it is the results and the outcome of it.

When the author is making the survey, the data is collected and then will be transformed to information. When the results are collected and the answers will tell if there is any irrelevant information or facts. The results may affect the point of view of the thesis. With the results there becomes a purpose for the survey and also for the whole research. The focus of the interest and the information is called sampling units. When looking the results or the information from the survey, there needs to be certainty that the sampling units are right. (Curwin & Slater 2004, 264).

The survey for this thesis has been send via e-mail to different organisations and they have delivered it to their members. It was an online link so it is quite easy to send forward and to answer. The aim amount for answers were 50 answers. After having 50 answers survey becomes reliable and with less than 50 there would not have been enough to get the real results. If there would have been less than 50 replies, the variation of the answers would not have been reliable at all. Now with the 62 answers there is the validity and reliability seen in answers. With the 62 answer can withdraw conclusion what the respondents have experienced and what would they like to change from the service and appearance of the hotel breakfast.

4.3 Implementation plan

This thesis was started in the January 2015. The first thing the author did was to write down the theory and then made the survey. The theoretical framework consist of two parts: the information of celiac disease and the other part is about the quality of service and its consistence to hotels.

At the same time as writing the methodology the author sent some e-mails to the national groups of celiac disease: Finnish youth coeliac disease groups, Finnish national coeliac disease group and some smaller groups. All the groups were very excited about the sur-

vey and the topic itself. They did not know that this topic would have been researched before. The author as well as the groups were really excited about the outcome of the survey results. The survey was done in the beginning of February 2015. The aim was to get around 50 answers to get the research to be valid and reliable. The first surveys were send via e-mail in the end of February, the last responses came at the beginning of April 2015.

At the beginning there was not enough answers. The survey was online link and it had been opened for more than 100 times but there was only around 20 answers. The survey was sent to some Facebook groups that were related to gluten-free food and the people with celiac disease. The link for the survey was also put to an internet page called Glu.fi. There was also an event for Finnish Coeliac Association where some paper printed versions of the survey were handed out. At first it seemed like the author would not get enough responses to make the survey reliable enough. At the beginning of April there were 62 answers which made the research reliable as the first aim was to get around 50 answers.

After the answers came, author draw conclusion of the answers and write down rest of the thesis. With the answers there could be seen if the beginning hypotheses were true or not. With the answers there could be seen which issues had to be change and which ones were the respondents already happy with.

5 Results

This chapter of the thesis consist of the results of the survey and how the answers did seemed like after all the results came in. All together the survey had 62 answers. All the answers were anonymous and there were both male and female respondents. The survey consist of 11 questions out of 8 were with ready-made answers options and 3 were open ended questions. The survey was done with the web-side app Webpropal and it was sent via internet link which made it more convenient for the replier to answer. The whole survey can be found in appendix 1.

5.1 Questions about the respondents

The first three questions of the survey are about the respondents: their sex, age and the amount of years they have had celiac disease. For the author, and for the results the background of the respondents are mandatory for getting a better perspective at the end. For making sure that the respondents are the ones that the author wanted to respond to the survey the information about the respondents is necessary.

The survey began with the question of the respondent' sex. From 62 respondents there were females 87% and 13% males. As said in the theoretical framework this distribution of sex is normally 2/3, as patient with celiac disease are mostly women, (Haavisto 2011, 163). From 62 personas 54 were women and 8 were male. The amount of male is less than 1/3 but it is minority which is the case usually in a real life. Most of them are women. The survey question can be found in Appendix 1.

The second question of the survey was about the age distribution of the respondents. There was ready-made answers which were from less than 20 years all the way to more than 40 years old. The categories were:

- <20 years
- 21-30 years
- 31-40 years
- 40< years

In the next page can be seen the chart (figure 1) which has the age distribution of the respondents.

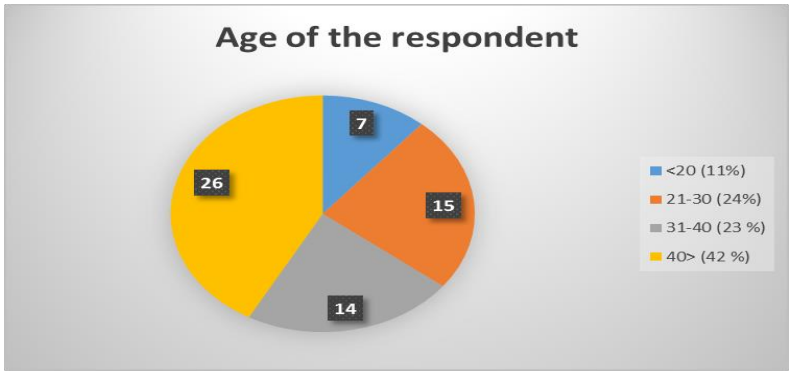

Figure 1. Age distribution of the respondents. N=62.

Most of the respondents were 40 years or older (42%), which is 26 out of 62 person. The second biggest group was 21-30 years old (24%) which is 15 persons out of the 62. The third group is 31-40 year olds (23%) which is 14 people out of the 62. The smallest group of respondents is less than 20 year olds, there is only 11 % of them which is only 7 persons from the 62 respondents. The question in the survey can be found in Appendix 1. All in all, it is a good variation of different age of people. It gives the author more versatile results and it shows different opinion in the open ended questions.

Third question finds out how many years the respondent have had celiac disease. There were four possible answers which were from 0 to more than 10 years. The chart (Figure 2) can be seen below. The results were quite equal comparing to each other. The answer options were:

- 0-2 years
- 3-5 years
- 6-10 years
- more than 10 years

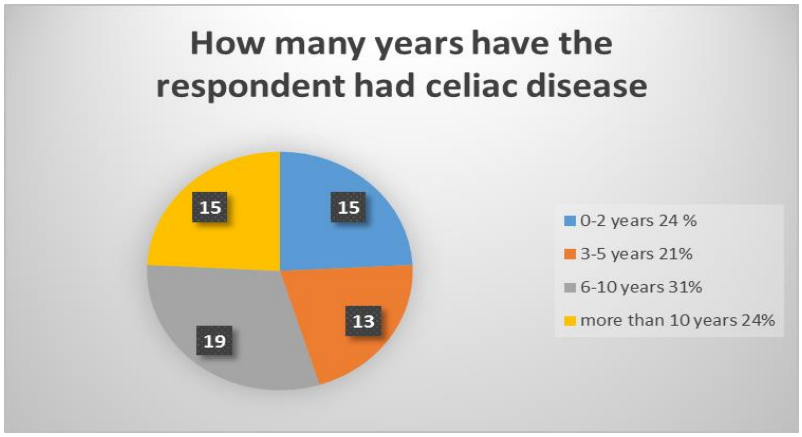

Figure 2. The amount of years the respondent have had celiac disease. N=62

Most of the respondents have had celiac disease 6 to 10 years (31%). 19 person out of 62 have had it 6-10 years. 19 person out of the 62 is not much which means there is bigger variation between the answers. The second biggest group is the respondents, who have had celiac disease more than 10 years (24 %). the same amount, 24 % of the respondents, have had celiac disease for less than two years. At the same time, there is 21% who have had celiac disease for three to five years. That is the minority, but then again there is still 13 persons so the number of respondents is not that little. The question in the survey can be seen in Appendix 1.

As can be seen from all of these three questions, most of the respondents are female, majority are more than 30 years old. Most of the respondents have had celiac disease longer time, 6- 10 years or even more years. The disease usually burst out in the youth life: from teenage to late twenties, but there are exceptions were it is possible to appear in older age as well.

5.2 Questions about the hotel respondents visited

In the survey, question number four was about the hotel chain that the customers stayed in. Question number five was about the number of nights spent in the hotels in previous years.

In question number four there were eight hotel chains suggested and the last option was a privately own hotel. There was a possibility to choose more than one chain for the answer. Out of 62 respondents 66% had stayed in a Finnish hotel chain, which means more than half had visited Finnish hotel chain. The second most visited hotel chain was chain which hotels are placed around Nordic countries and the hotel chain had 51 % of the respondents visiting. The rest of the chains have some visitors as well. There were only 8% who has visited a privately own hotel. The hotel chains were showed to the respondents but for legally reasons the names of the hotels cannot be written with the results of the thesis.

Question number five was about the amount of nights spent in the hotel. For this question the hotel did not need to be same. The idea was to get a number of nights that the respondents have spent in the hotels. There were four options to choose from.
The options were:

- Only couple of times during five years
- Around once or twice a year
- Once every six months
- Around once a month or more frequently.

Out of 62 respondents 37% was staying a night in a hotel around once or twice a year. Chart (figure 3) can be seen below.

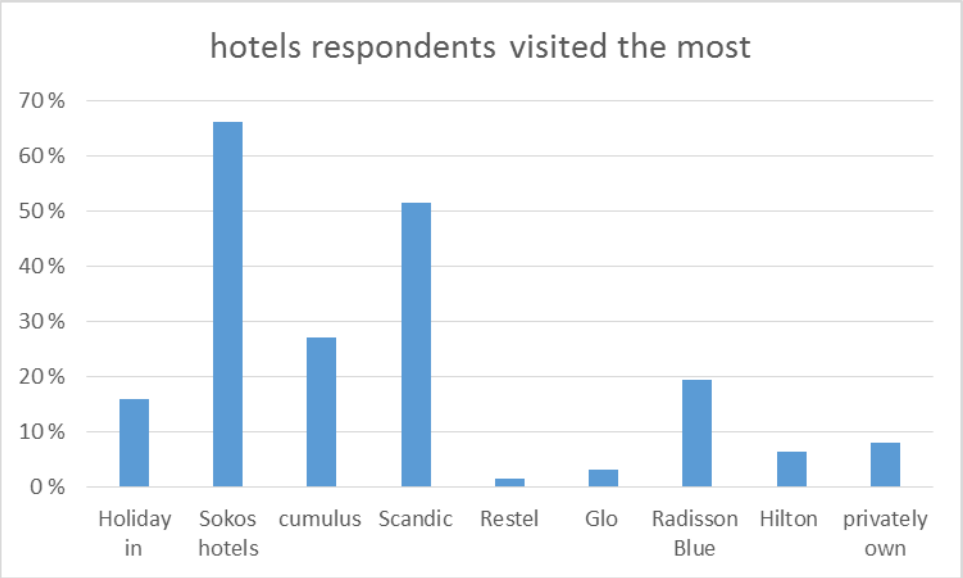

Figure 3. Number of nights the respondent stayed in a hotel. N= 62.

The second biggest group was the respondents who only spent a couple of nights during a five years' time. Third group was respondents who have spent nights in hotels every six months. The smallest group chose option which was the most frequently ones. The respondents who have been around once a month or more often. There were only 8% of them. The question can be found in Appendix 1.

5.3 Gluten-free breakfast in the hotels

Questions number 6, 7, 8 and 9 were about the gluten-free breakfast in the hotels: the information and the staff awareness as well as the respondents' satisfaction for the breakfast and the service.

Question number 6 is about the information of the gluten-free breakfast. How did the respondents get the information? The question can be found in the appendix 1. There were five ready-made options which were:

- Calling the hotel beforehand
- Asking the reception while check-in
- Asking the staff in the reception
- From the hotel web pages
- Somewhere else.

Almost everyone from 61 respondents chose the option where they asked from the staff in the breakfast. The majority 82% chose not to ask before the breakfast time, for example calling the hotel or asking from the reception to ask if the hotel has gluten-free option in the breakfast. The chart can be seen below (Figure 4). 23 % of the respondents asked the reception while they were doing the check-in. Only 18 % called the hotel before and none of the respondents (0%) were checking the hotels web-pages. 9 % told that they got the information somewhere else and with this they meant a word-of-mouth and using internet and other customers' opinions.

Figure 4. How respondents received the information of the gluten-free breakfast in the hotels. N= 61.

Question number 7 is about the customers´ satisfaction for the gluten-free products and the selection. There were only two options to choose from: "Yes" and "No". Then after answering respondents had to justify their answer. The question in the survey can be found in Appendix 1. 59 % of all of the 61 respondents said they were satisfied with the gluten-free breakfast in the hotels. The things they justified their answers with was the fact that there were multiply different choices of gluten-free products to choose from.

41 % which is 25 respondents out of the 61 said that they were not satisfied with the products of the gluten-free breakfast. They felt that the selection for gluten-free products was not as wide as for regular customers. The most common justifying from the respondents was that the quality of the food was not as good as it could be.

Question number 9 was about the staffs' knowledge about the gluten-free products in the breakfast. For this question there were four ready-made answers. The question and the ready-made answer options can be found in the appendix 1. Two of the choices were positive and two of them were negative.

The positive ones were:

- Good
- They knew something.

The negative choices were:

- They had to go and check from someone else
- The staff didn't know anything.

For this question almost everyone chose the positive option. There were 40 % who answered that the staff knowledge was good and another 40 % answered that the staff knew something. All in all, 80 % out of the 62 respondents were feeling positive of the staffs' knowledge of the gluten-free products in the breakfast of the hotel. The chart (Figure 5) can be found below.

The rest of the respondents, the 20 % who answered negatively were saying that the staff had to go and check information from someone else (18 %). There were only 2 % of the respondents which is one or two respondents who chose the option staff didn't know anything. Results can be seen in chart below (figure 5).

Figure 5. Staffs' knowledge about the gluten-free breakfast. N=62.

5.4 Improvements during the stay in the hotels

Question number 8 was about the appearance of the products and the breakfast table. Question number 10 was about the changes that the customer might have noticed during the stays in hotels. Question number 11 was about the feed-back of the survey and if the respondent had something to add to end of the survey. All of these questions were open-ended questions.

Question number 8 is about the appearance of the gluten-free products and how they were presented in the breakfast table; were there any labels that would tell that the products are gluten-free and if it was clear enough? This question was left as an open-ended question and there were 55 people out of the 62 who answered to this question. As the question was open ended there is not a specific number of people or percentage who thinks that the labelling and the appearance is positive or negative. The question can be found in Appendix 1.

Some particular things came up repeatedly in the answers. First thing was that the bigger the hotel chain is the better is the labelling of the products. That is because most of the chains have the same breakfast so there have to be the same labels in each and every breakfast of the hotels.

Question number 10 was about the changes and the improvements, whether there were any changes in previous years and what those changes were. This question was an open-ended question as well, and there were 38 people from 62 respondents who answered to this question. It is little more than half of the people, so it will still be relevant amount of answers. The question can be found in Appendix 1.

In these 38 answers there is 8 respondents who strictly answered “No” to new improvements. The respondents think that in recent years the products of the gluten-free breakfast has not gotten any better. For this 30 respondents’ who answered yes, some of the answers are negative and some are neutral as they do not have anything positive or negative to say.

Last question, number 11, was an open feedback with the title: Anything to add? For this last question there were only 26 answers. In these answers there came up the same things as in other question before. There is still some things that the respondents think would need a lot of improvements. In this question the author could see that some of the respondents thought that this subject is really important to them and they are wishing that

the service and the products would get better to them, which would lead to celiac customers to have a better stay in a hotel.

6 Discussion

This chapter consist of evaluation of the results. Evaluation is author's own conclusions why did the respondents answer the way they did. The outcome of the results will be told in this chapter and the hypothesis that were asked in the survey questions will come to an end: was the author's hypothesis right or wrong? Summary of the results can be found in this chapter as well.

The survey results tells what kind of person answered to the survey. How old and what sex the respondent represented. Important question for the survey was how often respondent is spending a night in a hotel: how much experience one has of staying the night in a hotel. One of the last questions of the survey was if there has been any changes during the past years when the respondents' have stayed in hotels, and those are written down also in this chapter.

6.1 The hypothesis

As the author started the thesis the statement was that opinions and the feelings of customers who have celiac disease are not that positive about breakfast which the hotels have to offer. This statement came strictly from the author's own experience in the hospitality business. Aim for this thesis and the research is to ask the customers with celiac disease if the situation actually is like this. The author chose celiac customers because the topic is trendy at the moment and in Finland the amount of celiac patient is high, hence there is a lot of celiac customers as well.

The importance of the breakfast is huge in the hotels. It is one thing that most of the customers wait for and what will be remembered after the stay. The quality of the service is highly tied to the service in breakfast as it is after the check-in, the place where customers meet the staff of the hotel. As some respondents said, usually it is the breakfast that the customer will remember longest after staying in a hotel.

The author wanted to know if the celiac patient customers felt they were treated as same customers as the customers who can enjoy every product of the breakfast table. Hotels should consider the customers with special diets but at the same time it should be convenient for the customer to enjoy the breakfast without any lack of clarity. Customers should feel little bit special customers but at the same time they should enjoy the breakfast as any customer.

6.2 Respondents and their habit of staying the night in hotel

Survey done for this thesis is about the customers' opinion of the gluten-free breakfast at hotels. The majority of the respondents who answered were women and all of them were at the age of less than 20 years to older than 40 years. The majority is staying one or two nights in hotel in a year. Most of them have had celiac disease many years, which means there is a lot of experience from different hotels. Every respondent have a different kind of experience of the service and that makes the answers even more interesting.

Second question of the survey was about the respondents' age distribution. As can be seen in chart (figure 1), most of the respondents' are 40 year or older, the question can be found in the survey in Appendix 1. This shows that most of the respondents are very aware with the disease as it usually burst out in the youth age. The high amount of older respondents might come from the fact that the survey is about staying the night in the hotel. It might be that the younger respondents have not stayed in the hotel as much as the older respondents. There is 35 % who are in an age group of less than 20 years to 30 year old. These respondents probably came from the Finnish Youth Coeliac association as they are usually this age who are members of the group.

Third question was about the amount of years the respondent have had celiac disease. Two biggest groups were the one who have had celiac disease for 6 to 10 years and the ones who have had it more than 10 years (55%), see chart (figure 2). High amount of respondents who have had celiac disease already several years can be explain with the older age group who most likely have had the disease longest, as it is rare to have the disease in the older age. The rest 45 %, were the ones who have had celiac disease from 0 to 5 years. The first choice 0 to 2 years was chosen more time than the one 3 to 5 years. Age distribution on question 2 showed that there were more respondents from the age 21 to 30. That is usually the time when the disease appears which explains the high percentage of the responses that have had the disease less than two years. The questions can be seen in Appendix 1.

Question number 5 is about the number of night the respondents are spending in hotels. As can be seen in chart (figure 3), Finnish people are not staying in hotels that many nights. The low number of nights spend in hotels can be explained with the reason that many years Finland has have a trend of spending a night with relatives or family members while travelling inside Finland. It can be seen in the statistic collected by Statistic Finland, (Statistic Finland). The number of domestic customers is not that high, between the years 2001 to 2014. The number of foreign visitors who stayed in a hotels in Finland has been

180 000 to 300 000. When the number of domestic visitors is only between 60 000 to 150 000 in the same years 2001-2014. Staying with relatives and friends more often than in hotel might be the reason why many of the respondents have not stayed so many nights in hotels during the last five years. (Statistic Finland).

The respondents who have answered in the survey that they stay in hotels once in every six month or more frequently can be explain with the reason that the survey was sent to Youth Coeliac association Finland, which has the head office in Tampere. They are organising a lot of events in Tampere which will bring the members to Tampere and they are usually spending the night in hotels. The question can be found in Appendix 1.

6.3 The appearance of the gluten-free breakfast and the labelling

Question number 8 was about the appearance of the gluten-free products and how they were presented in the breakfast table. Question was also about the labelling and how it was handled. For this question there were many different answers as there are respondents. In the end they were almost all satisfied with the breakfast but there were still a lot to improve. The question can be found in Appendix 1.

Some respondents answered that usually the gluten-free products, such as bread and cereal are in the far corner of the breakfast area. It is good as it does not bring an issue of contamination, but usually the table is “hidden”, and some of the respondents thinks that it is not that inviting. Other respondents say that the breakfast could be even better if the yogurts would be in their own table and not with the cereal that contain gluten. Then the gluten-free customer would feel even safer with no risk of contamination.

In most cases the hygiene is well take care of, as bread and other products are packed in plastic cover and the customers know whether it is good to eat or not. At the same time, the appearance of the product is not good or tempting, when they are in a plastic pack or cover with the dome. When the product is kept in the plastic or under the dome it loses its freshness and does not look that eatable anymore. In some answers the respondents tells that usually the hotels do not change the menu for gluten-free breakfast. It has been the same for years. The respondents would like to have something other there than just bread, for example Karelian pie or porridge.

Labelling of the products has been good as the respondents says. When it comes to the products that are not in their own table, most of the respondents say it is hard to guess if the product is naturally a gluten-free product which does not need labelling, or if it is a

product with gluten. In most cases the hardest to guess are the hot foods. In many answers there were scrambled egg mentioned as an example, as it can have some flour in it. Question arises if the product is gluten-free or not. There is many variations of celiac disease. Some patients can eat oat and some cannot. It is important in labels to tell if the product is containing for example wheat starch, malt extract, glucose syrup, starch syrup or some others. For some customer just the labelling GL is not enough.

Even though the labelling is good, there is still a lot to improve. It would be more convenient to the customers and to the staff if there would be all the products labelled that do not contain gluten, even the most certain food that are served hot. All of these facts affect to the customers opinion of the hotel and breakfast is usually the first thing that the customer will remember after visiting the hotel. Most of the customers with celiac disease have to settle for less service with the breakfast as they do not want to sound too demanding. A few of the respondents say that the price of the breakfast should not be the same as there is not as many products that the customer can enjoy in the gluten-free table.

The biggest issue for customers was the quality of the products. As todays trend is to eat local and near-made food, (National Restaurant Association, 2015), why are the hotels not taking new brands or even bakeries nearby and bring the pastry from there. Respondents as customers do not think that the bread that is served now in the hotel breakfast is any good- it tastes like card box. The amount of different choices to choose from should be bigger and not only one sort of bread and one sort of cookies. Customers buy gluten-free pastries all the time to their home from groceries stores which make them more aware of better products, as the respondents are answering.

6.4 Changes in the gluten-free breakfast during the past years

Question number 10 was about the changes that might have happened during customers' stays at the hotels, or if there have been any changes. The positive things that came up were that awareness among the staff has got a lot better. There are some respondents who have had celiac disease for many years and are now happy that there is a lot more knowledge about the products and the disease itself. The selection of the products has gone wider as there are nowadays gluten-free porridges and cereal. In the past years, customer always had to ask the staff to give them gluten-free bread which in most cases were only rice cakes. Even though the selection has improved, most of the respondents think that the gluten-free breakfast has been the same for a long time now. The change would bring something new for the customers. Compering to the products which include gluten, the variation of gluten-free products is very small, according to the respondents.

The negative side of widening the selection of gluten-free products is that also the customers without celiac disease, meaning the customers who can eat gluten, who has a lot wider selection and they are still taking the gluten-free products and then there is less for those who actually need them. And some of the respondents feel like they are being complaining customers for the staff when asking for more products when it is finished. Usually the staff seems frustrated when they have to bring more, as if they would not have already a lot of things to do.

Difficulties the customers have to face in the hotel breakfast are that Finland is getting more and more multicultural and the staff in the breakfast might be only speaking English. It brings more challenge trying to ask what products are gluten-free and which are not. One respondent tells that in Finland, every customer with the celiac disease has something to eat in every hotel, but when they travel outside Finland the ordering gets even harder. Finland has a big number of patients with celiac disease when comparing to other countries where they might not even know what celiac disease is.

6.5 Summary of the results

In Finland celiac disease is common among the population. Usually the patient is female and usually disease burst out in the age of early 20's to 30's. (Haavisto 2011, 163). In Finland 1-2% has celiac disease but there is a lot of patients who has it but they have not been diagnosed. 2/3 of the patients are women. Only treatment for celiac disease is the gluten-free diet. It means that the food does not have any ingredients that contains gluten. For the past years the only gluten-free bread that the customer got in hotel breakfast was a rice cake. Nowadays the situation is different and the products have become a lot better.

After reading the answers of the survey there can be seen that the customers in general are really happy with the way the things are now. "Finland is celiac patient's heaven", as one of the answer was. When going to other countries finding gluten-free food will get harder and harder. Even though Finland is heaven for celiac patient there are still lots of things to improve. As the quality of service is really important to all of the hotels the quality of the gluten-free products should be a lot better. The appearance is not tempting at all and as the customers use the products as their daily-base life, they are aware that there is good products as well.

In recent years the knowledge of the disease has gone a lot better, especially among the staff in hotels. There is a lot of new products and they look and taste so much better than

they used to. As said in the article of NyTimes, (2011), by Keith O'Brien the trend of gluten-free food is here to stay. Gluten-free food is a major advantage for the food companies. There has been trends like low-carb and milk-free products. Now it is time for gluten-free products. A niche market has gone mainstream. "Celiac disease has public health consequences", and therefore, it has a market, says Dr Murray in NyTimes, (2011). Only in United States the market for gluten-free products have gone up 37 % in a year 2011. During the past few years the fad has spread around the world and there is a lot of new products and restaurants with gluten-free food.

In article of Pietzak, was written how the gluten-free products has changed in the past 10 years. Before the gluten-free products were tasteless rice cakes. This day, gluten-free products has become a billion business for the producers. Eating gluten-free products is more a trend and "healthy" way of living now, (NyTimes, 2011).

Gluten-free food has begun a trend or more specifically said a full-blown fad (NyTimes, 2011). It is a trend that other people than just celiac patients can enjoy. As well athletics and people who has a healthy lifestyle has begun to leave gluten out of their daily meals. People are these days more and more aware of the effects that nutrition are doing for human bodies and want to make sure their way of living is healthier and better for themselves.

According to Currenton, (2006, 61), the National Restaurant Association have started to educate restaurants and their employees on food allergies and intolerances. The idea is great and it is one that would help a lot in Finland as well. The association's biggest goal is to get the customer feel comfortable while they are making special requests. This is a good step and can be seen in Finland as well as the awareness of the disease has gone a lot better.

7 Conclusion

In conclusion will be the future recommendations, where could this topic go with even further information. The reliability and the validity of the thesis will be discussed as well the evaluation of the thesis process, and what things could be done differently next time.

7.1 Reliability and validity

According to Golafshani (2003, 599) definition of reliability means that the results itself are reliable. According to Mayo (2014, 148), reliability refers to consistency in the research. What does this mean is that the survey is so well structured that the same questions could be used later and they would still be reliable. Validity means according to Mayo (2014, 139), that the notion of accuracy and honesty. Is the research designed to do what it says it do? Also the definition of validity means that measures of results are accurate and whether they are actually measuring what they are intend to measure, (Golafshani, 2003, 599).

The reliability for this thesis is the survey questions. Some of them were open-ended and some of them were ready-made answer options. In the beginning there are the questions about the respondents themselves. They are really important as there is the target group who can answer and who cannot. For the reliability it would have been better if each and every answers would had be needed to answer. In this survey, it could be sent without answering all the questions. This led to the fact that some questions had less than 62 replies.

The survey was open link which was sent to the target group. The problem is that anyone could open it and answer, even though they would not be a part of specific target group. This means that even a person without a celiac disease could have answer to the survey. On the other hand, the questions are so relate to the celiac disease that person who is not sick could not answer them.

With the internet link, positive thing is that it could be answered anywhere and there would not be any distractions for the answers. If the survey would have been sent in a paper version and it would not have been so convenient. Setting all the data to the internet version would have taken a lot of time and effort for the author. For the author it was better way of having the answers right to the Webpropal, (Ching, 2012, 36).

The length of the survey was correct. In the beginning there were ready-made answer options which were really easy to answer. The three last questions were open-ended and with almost every ready-made answer option question there were also sentence “justify your answer”, to get more info from the respondent than just “yes” or “no”. If the survey would have been any shorter the time to consider the answers would have been less and respondent could have just press anything to get it done. On the other hand if the survey would have been any longer there would have been less answers to the survey. That would have mean that the respondents would have lost their interest towards the survey and the survey would have lost its reliability.

The validity of this thesis is really good. As the questions were quite specific and easy to understand there was only one question which could have been left out from the survey. It is question 4 whit the hotel chain. At the beginning when the author was making the survey the information felt really important but after having the results and realizing that the information could not be used in this thesis as the chains cannot be mentioned in thesis without the permission of each hotel.

There could have been a risk that the respondent did not answer as a customer of a hotel that they answer as a celiac patient. The survey was done for the hotels in Finland and luckily the answers did not have anything that would have happened outside Finland. Some of the respondent told how much it is easier to get gluten-free products in Finland than in other countries, but luckily that was the only thing that was said outside Finland and the focus stayed in Finland.

7.2 Development ideas for the future

Gluten versus gluten-free is a trend now, but still for some reason it has not been researched much. There is still a lot of things that are unknown and could be researched. The knowledge among customers as well as among the staff has gone up a lot during the past years. In many fields and companies have a lot to improve, especially with their knowledge and products of gluten-free and their quality of service when it comes to celiac patients as customers.

This thesis was only about the customers’ point of view. For the future researched there could be done also from the hotels’, its staffs’ and from the kitchen point of view. How does the gluten-free food effect to the workday of kitchens staff? A lot of restaurants who are focused only to gluten-free food has come in the field of restaurants in a recent years.

It would be fascinating to compare the customer feedback of one of those restaurants to the results of this thesis.

As the special diets are trendy at the moment and there is a lot to talk about as well as there is a lot of information among people of how they should eat and how not. There is a lot of people without celiac disease who are eating gluten-free products even though they do not need to. It would be interesting to research if there is actual effect to the people who can eat gluten, if they stop, and why they are doing it even though they would not need to.

Celiac disease is something that is not going away. It will always be present and that is why it would be extremely important to continue the research of the subject and in a hospitality business to get the customers feel better to dine outside their houses and enjoy the gluten-free food in a restaurants and hotel breakfast.

The topic has become very important to the writer as in a way the customers do not get the same service as customers who order normally from the menu. Customers should feel welcome and should feel equal to the other customer and for some reason it is not happening at the moment.

7.3 Evaluation of the thesis process

This thesis process started on August 2014 with the thesis seminar. There was no actual timetable as there was no commission party involved. The aim for author herself was to graduate in spring 2015. The whole process of writing thesis is a lot more time concerning than thought before starting the process. The fall 2014 was more about the thesis seminar and getting the idea of the subject and how to start the research. Actually the whole research process started in January 2015.

The Idea for the thesis came already on the summer 2014 and in thesis seminar, in autumn 2014, the idea came a lot clearer. Writing of the theoretical frame work started on January 2015 after the seminar. The theory part was almost completed during the spring and at the same time there was survey done and sent to the target group. In the beginning the author had a lot of energy to put on the thesis and look for references and write down the theoretical frame work. Looking for the right sources and finding information for celiac disease turned out to be a lot harder than expected as almost all the information was the same, just written in a different way.

Before summer holiday there was a lack of motivation and the graduation would postpone until autumn or Christmas time. In a way it was not a problem but there was a huge gap in summer when the author was not writing the thesis at all. Sometimes there was a writer's block and the thesis would not go any further, but after summer the motivation came back.

In August 2015 when the school started again the author made decision that the thesis will be done in December 2015. When the process was more than half way the author got the motivation back and started finishing the thesis and the process itself. Writing down the results and discussion was a lot easier than the theoretical frame work and somehow there was a lot more to write and the results came out really interesting.

The author would make some changes to the survey if this process would be done again. There is one question which could be leave out now from the survey. Also the way that the respondent did not need to answer every question would be changed in a way that there would be 62 answers in every question. All the other questions in a survey was important and would not need to be changed. All in all the author would not make a lot of changes if it would be done again.

The process has not been easy as the author is not the writer kind of a person. In the end the topic chosen was interesting for whole process through even though the motivation was gone at some point. Author is really satisfied with the results and the whole process as well as with the thesis.

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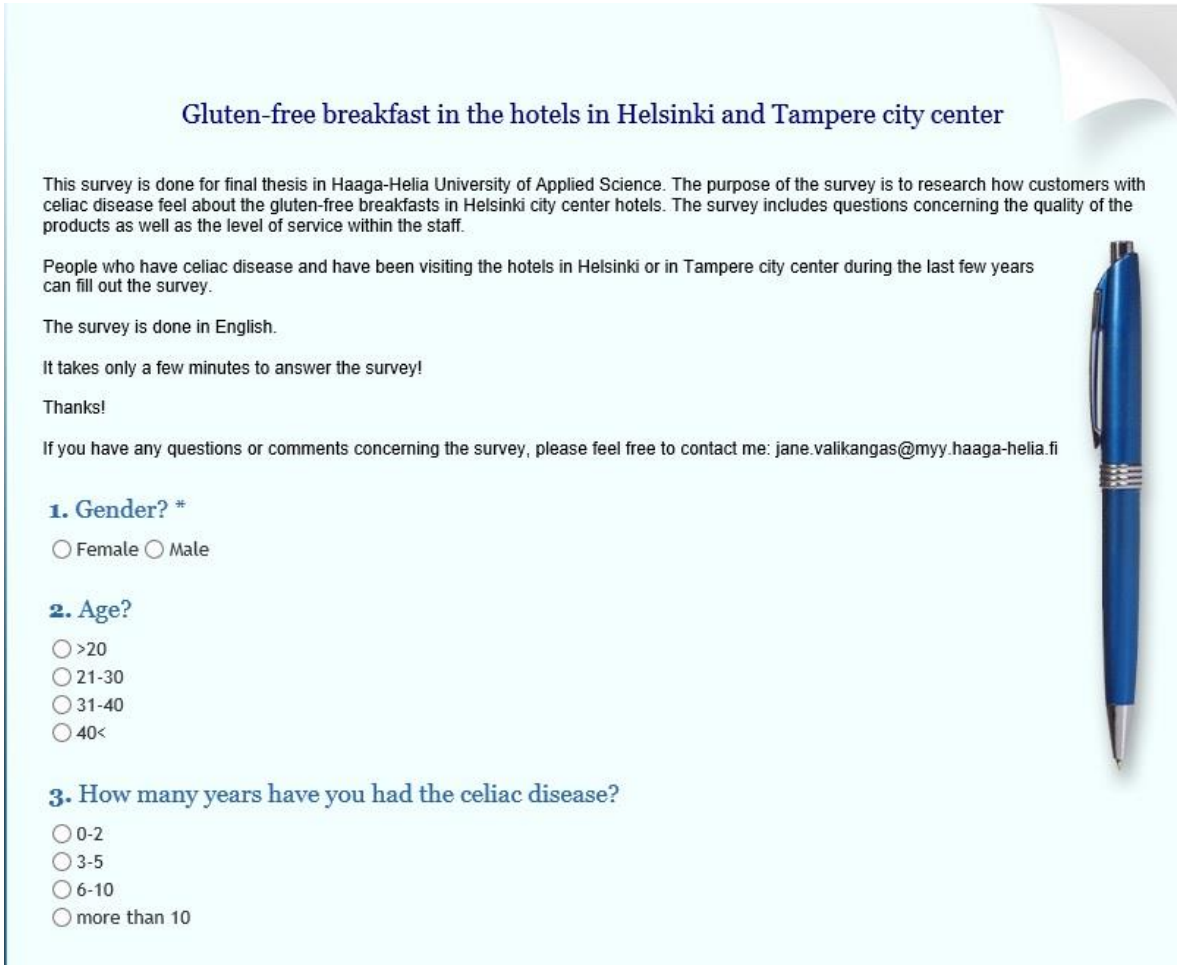
Appendices

Appendix 1.

The survey



Gluten-free breakfast in the hotels in Helsinki and Tampere city center

This survey is done for final thesis in Haaga-Helia University of Applied Science. The purpose of the survey is to research how customers with celiac disease feel about the gluten-free breakfasts in Helsinki city center hotels. The survey includes questions concerning the quality of the products as well as the level of service within the staff.

People who have celiac disease and have been visiting the hotels in Helsinki or in Tampere city center during the last few years can fill out the survey.

The survey is done in English.

It takes only a few minutes to answer the survey!

Thanks!

If you have any questions or comments concerning the survey, please feel free to contact me: jane.valikangas@myy.haaga-helia.fi

1. Gender? *

◯ Female ◯ Male

2. Age?

◯ >20
◯ 21-30
◯ 31-40
◯ 40<

3. How many years have you had the celiac disease?

◯ 0-2
◯ 3-5
◯ 6-10
◯ more than 10

5. How often have you stayed in the hotels in Helsinki or Tampere city center? (Choose the most suitable one)

- ○ only a couple of times during five years
- ○ around once or twice a year
- ○ once every six months
- ○ around once a month or more frequently

6. In the hotel that you stayed, how did you get the information about the gluten-free breakfast? (choose one or more)

- ☐ From the hotel's web-pages
- ☐ By calling the reception beforehand
- ☐ asking the reception while cheking-in
- ☐ asking the staff in the breakfast
- ☐ somewhere else, where

7. Were you satisfied with the selection of the gluten-free products in the breakfast? Please, justify your answer. (Voit vastata myös suomeksi)

- ○ YES! Why?
- ○ NO! Why?

8. Were the gluten-free products nicely presented and were the labels clear? Please, justify your answer. (Voit vastata myös suomeksi)

9. How was the staffs' knowledge about the gluten-free products?

- ○ Good
- ○ They knew something
- ○ They had to go and check from someone else
- ○ they didn't know anything

10. Has there been any improvements during your stays in the hotels? Please, justify your answer. (Voit vastata myös suomeksi)

11. Anything else to add? Thank you for answering!

Submit