Essential customer service factors and the segmentation of older visitors within wellness tourism based on hot springs hotels

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A B S T R A C T

Tourism-related industries have emphasized the wellness tourism market when numerous countries now face an aging population. Many studies have indicated that strong customer service increases competitive advantage. However, customer service-related research from the perspectives of customers and operators is rare. This study adopted a two-phase approach to incorporate the perspectives of older adults and operators in wellness tourism into the service factors. We extracted service factors from face-to-face interviews with senior managers and experienced consultants of the hot springs hotel industry conducted in Phase 1. During Phase 2, we interviewed older adults at hot springs, and performed exploratory and confirmatory factor analyses to examine the reliability and validity of customer service factors. The results highlighted the following seven customer service factors: “health promotion treatments,” “mental learning,” “experience of unique tourism resources,” “complementary therapies,” “relaxation,” “healthy diet,” and “social activities.” According to these service factors, the older adults interviewed were divided into a holistic group, physiocare group, and leisure and recreation group using cluster analysis. Finally, we propose socio-demographic variables for describing the specific characteristics of the three clusters identified.

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1. Introduction

Population aging has become increasingly severe in developed countries. For example, recent forecast data from Eurostat projects that people aged 65 and older will comprise more than 28% of the population in Germany, 25% in Italy, and 23% in France by 2030 (European Commission, 2012). Currently, the median age in Japan is 41, making it the fastest aging country in the world (Barrows et al., 2012). In Taiwan, the proportion of the population aged over 65 years has steadily increased since 1993, with the elderly population reaching 10.7% at the end of 2010. The aging index for Taiwan in 2010 (68.6%) was lower than that for Canada, Japan, and other European countries, but higher than that for the U.S., New Zealand, and other Asian countries (Taiwan Ministry of the Interior, 2012).

The results of a senior population survey published by the Statistics Department of the Ministry of the Interior, Taiwan, showed that the three life aspects ranked most desirable by seniors were “a healthy life,” “a harmoniously life spent with family,” and “financial security.” The top three concerns for the elderly were “personal health,” “financial problems,” and “personal care issues” (Taiwan Ministry of the Interior, 2010).

A population age distribution shifting toward the elderly is a current trend evidenced by the previous paragraph. Regarding the tourism and leisure industry, the senior-targeted market provides superior and innovative business opportunities for services and products within the traditional tourism and leisure industry (Szmigin and Carrigan, 2001). Le Serre (2008) highlighted that in the twenty-first century, the tourism industry faces a changing and competitive environment resulting from hurricanes and other environmental catastrophes, military conflicts and wars, information technology developments, greater competition between airline companies, and aging demographics. Nevertheless, the senior market presents an opportunity for the tourism industry worldwide to grow through wellness tourism.

Wellness tourism is a holistic traveling style that aims at developing, maintaining and improving the body–mind–spirit (Smith and Kelly, 2006a,b). Such travel experiences appeal to tourists aged 65 years and others. People over 50 years of age, who are economically secure and experience work stress, also regard wellness tourism as a lifestyle (Smith and Puczkó, 2009). Therefore, for convenience, in this study people aged over 50 were labeled “older adults” or “older tourists” because 50 years is commonly used as the criterion to define older adults in other studies (Blazey, 1992; Hawes, 1988; Janke et al., 2006; Lehto et al., 2002; Milman, 1998; Whitford, 1998).
The Taiwan Tourism Bureau's (2010) annual tourism report showed that for domestic tourists, the proportion of tourists aged between 50 and 59 years increased from 7.1% in 1997 to 16.9% in 2009, and that for tourists aged over 60 years nearly doubled from 6.8% to 11.5% during the same period. In 2008, people aged between 50 and 59 years comprised 19.45% of the total number of domestic international travelers, and people aged over 60 years occupied 10.93%. Furthermore, a high proportion of older adults comprise the international tourism market. People aged 50 years accounted for 31.85% of the total number of international travelers in 2011 (Taiwan Tourism Bureau, 2012).

Smith and Kelly (2006b) highlighted that the main targets of wellness tourism market are post-World War II baby boomers (people born in the year after the end of WWII became 60 years of age in 2006) and women. The demographics of age are associated with increased opportunity for market services and products oriented to tourism and leisure (Nazareth, 2007). The older adult market is becoming increasingly attractive for the tourism and leisure industry (Hsu et al., 2007; Hunter-Jones and Blackburn, 2007).

Several studies have found that health is a crucial motivator encouraging older adults to participate in tourism (Guinn, 1980; Horneman et al., 2002; Romsa and Blenman, 1989) and the type of tourism motivated by health is wellness tourism. Therefore, the service requirements of wellness tourism are important. Wellness tourism has been developed in regions outside Taiwan for a long time, taking advantage of the specific natural resources in the region, such as hot springs, mineral springs, the seawater, and the comfortable climate (Pollock et al., 2000). These natural resources are combined with recreational facilities to build a complete health resort that caters to tourists seeking a soothing experience for their body, mind, and spirit (Erfurt-Cooper and Cooper, 2009).

Older adults became more aware of their personal options for improving their health through preventive therapies on a personal level. Erfurt-Cooper and Cooper (2009) elaborated that this increased awareness encompasses preventive therapies based on travel to health resorts and spas. However, this motivation to seek out wellness benefits from natural hot and mineral spring waters could not have been more welcome for the health tourism industry, as it brought in the wake of the desire for wellness a much-needed revival of many hot and mineral spring resorts.

Customer service has an important role for hot spring hotels targeted to the elderly market (Chang and Chen, 2011). The hotel industry is dynamic in that the guest dictates the pace and type of service, and increasing competitiveness in the industry has resulted in satisfactory service being the minimum expectation of guests (Crick and Spencer, 2010). Assessments of customer service that reflect various aspects of the service are possible and necessary when adopting various standards. However, many studies have identified a gap between the services provided by operators or companies and the services preferred by customers (Kiperska–Moron, 2003; Nysveen et al., 2003).

The aim of this study was to compile insight from industry experts to establish wellness tourism service factors based on the perspectives of operators and tourists aged over 50 years. We conducted a survey with tourists at a hot springs to verify the service items included in the wellness tourism service factors to provide a reference of crucial wellness tourism customer service items and resource management for domestic operators of hot spring hotels.

2. Literature review

2.1. Defining wellness and wellness tourism

There is no rigorously developed definition of wellness. Smith and Puczkó (2009) stated that wellness is a complex concept, containing “elements of lifestyle; physical, mental, and spiritual well-being; and one’s relationship with oneself, others, and environment.” Konu et al. (2010) also contended that wellness includes various related concepts, such as well-being, happiness, quality of life, holistic practice, and spiritual beliefs. Nevertheless, wellness is relative, subjective, and perceptual (Adams, 2003).

Mueller and Lanz Kaufmann (2001) expanded the interpretation of wellness provided by Ardell (1977) to include “a state of health featuring harmony between the body, mind, and spirit, with self-responsibility, physical fitness/beauty care, healthy nutrition/diet, relaxation/meditation, mental activity/education, and environmental sensitivity/social contacts as fundamental elements” (Fig. 1). Messeri and Oyama (2004) viewed wellness as a way of life to create a healthy body, soul, and mind through acquired knowledge and positive interventions. Accordingly, wellness became “a type of self-discovery lifestyle in an era of increased stress, and well-being is considered a holistic philosophy, supporting temporary feelings of happiness and long-term contentment.” But, in a larger sense, it is hardly possible to define wellness in a single sentence. Wellness is a multi-dimensional concept, which may include physical, mental, spiritual, sexual, educational, occupational, economic, political, social, cultural, ethical, environmental and existential attributes.

Wellness tourism is regarded as a subcategory of health tourism (Mueller and Lanz Kaufmann, 2001; Nahrstedt, 2004). Several researchers have classified health tourism products into medical or non-medical groups according to the product features and services. The medical group refers to medical tourism with a primary focus on medical treatment and a secondary focus on leisure travel. The non-medical group is focused solely on wellness without medical interventions, the prevention of illness for healthy tourists, and tourism activities that actively promote health instead of the negatively approach of preventing illness (Harahsheh, 2002; Mueller and Lanz Kaufmann, 2001). Additionally, Jallad (2000) classified health tourism into medical tourism and wellness tourism, medical tourism aims to treat an illness or facilitate physical recovery following surgery through stays in a hospital or medical center to receive care, whereas wellness tourism aims to provide relaxation, leisure, and an escape from daily stresses to disease-free tourists through stays in health spa resorts.

Fig. 1. Extended wellness model (Mueller and Lanz Kaufmann, 2001).
Furthermore, Kaspar (1996) defined health tourism as “the sum of all the relationships and phenomena resulting from a change of location and residence by people to promote, stabilize and, as appropriate, restore their physical, mental and social well-being when using health services, and when the place they are staying is neither their principle or permanent place of residence or work.” Mueller and Lanz Kaufmann (2001) defined wellness tourism in a narrower sense as “the sum of all the relationships and phenomena resulting from a journey or residence by people whose main motive is to preserve or promote their health. They stay in specialized hotels that provide appropriate professional knowledge and individual care. They require comprehensive service packages that include physical fitness/beauty care, nutrition/diet, relaxation/meditation, and mental activity/education.”

2.2. Spa and wellness tourism

The theme for many types of spa tourism is water-based healing, with an emphasis on relaxation and cures. Examples such as springs, hot springs, saunas, and steam rooms emphasize healing, recovery, and physical rest (Cohen, 2008). Spa tourism is recognized as the most renowned form of wellness tourism, and the term is often interchangeable with wellness tourism (Smith and Puczko, 2009). Almost all wellness tourism services include some health-oriented services referred to as “spa treatment” (Erfurt-Cooper and Cooper, 2009). Although different providers define “spa” differently, the desire remains to promote health and happiness.

The emergence of the spa industry that integrates industry, customs, and therapeutic methods is a recent global phenomenon. The emergence of a global spa industry is considered a natural response to the human desire for wellness in the context of the evolution of consciousness, globalization, and various global crises (Cohen, 2008). Joppe (2010) argued that the spa industry would be required to place a greater emphasis on learning by inviting knowledgeable speakers from conventional and complementary fields and alternative medicine fields to educate consumers wishing to make informed decisions regarding their health.

The various services of spas are categorized according to the available regional resources, including natural resources such as therapeutic water, climate, mud, and caves for meditation. Spa offerings in Asia are mainly built around traditional and spiritual massages and hot spring therapies (Puczko and Bachvarov, 2006). Table 1 shows the wellness resources used to develop tourism development in various countries. Spa therapies exist in different forms and reflect current cultural, social, and political environments. Currently, spa therapies have been redeveloped, consolidated, and branded to create a novel global industry from related industries. The emergence of spas has also added a new standard icon to global luxury hotels and resorts. While the global spa industry is still evolving, it is apparent that the industry is beginning to embrace wellness as part of its core business (Cohen, 2008).

2.3. The customer service requirements of the older tourists

According to Turban et al. (2002), “Customer service is a series of activities designed to enhance the level of customer satisfaction, that is, customers’ feeling that a product or service has met their expectations.” The most popular classifications divide the elements associated with customer service into the following three groups: pre-transaction, transaction, and post-transaction (Ballou, 1994; La Londe and Zinszer, 1976). For the hot springs hotel industry, customer service involves providing services (or experiences) to customers before, during, and after purchase. From the perspective of the overall sales process, customer service plays an important role in an organization’s ability to obtain profits. From this perspective, customer service must be included in the overall approach for systematic improvement. A customer service experience can alter a customer’s entire perception of an organization. Customer service is a broad term that varies from between companies. Providers and customers also interpret that concept differently (Kisperska-Moroń, 2005). The importance of customer service varies according to the products, industry, and customer. Gilbert and Wong (2003) suggested that in the aviation industry, understanding customer service dimensions establishes service differentiation strategies that satisfy customers of different target markets. Schegg et al. (2003) indicated that customer service improvements immediately provide hotels with a competitive advantage.

The importance of the older adult travel market has been widely recognized by tourism marketers and researchers (Hsu et al., 2007; Hunter-Jones and Blackburn, 2007; Nazareth, 2007; Szmigin and Currigan, 2001). The literatures of this study focus on older adults’ travel motivations, experience characteristics, service needs, and experience activities; then, they are treated as the bases for the service suppliers who concentrate on older adults’ travel market to design and provide services.

Jang and Wu (2006) examined the motives and factors influencing travel for older adults. Factor analysis indicated two motivations for travel, “pushing” and “pulling,” in which the most important motives were the “pursuit of knowledge” and a “clean and safe environment. Additionally, the results of Huang and Tsai (2003) acknowledged that when older adults in Taiwan travel, they value culture, history, and beautiful landscapes. Therefore, they are more easily attracted by travel products related to culture and nature.

Grouioud and Pettigrew (2011) proposed a model of how seniors evaluate their service encounter interactions. The model emphasizes the need for service providers to recognize the characteristics of frontline service staff that contribute to satisfactory service encounters for seniors. For older tourists, Dixon (2012) argued that professionals in leisure and tourism services may want to consider marketing information and products for education or enlightenment that permit customization and personalization. Moreover, older tourists are likely to want programs and products that can be changed to different levels of complexity and adapted for climate, budget, and their level of health. Professionals in leisure and tourism settings would need to have specific leadership skills

| Table 1 Natural resources used to develop wellness tourism by different countries. |
|------------------------------------------|------------------------------------------|
| **Country** | **Wellness tourism resources** |
| Japan | Spa, deep-sea water, hot springs, hot spring resorts |
| Israel | Spa, mud therapy, sea water therapy bath |
| Cuba | Spa, hot springs, health resorts, sea recreation activities, tropical rainforest climate |
| Yukon, Canada | Spa, health resorts, mud therapy, nature, culture, recreation activities, yoga |
| Taiwan | Spa, deep-sea water |
| Hungary | Spa, hot springs, salt therapy |
| India | Yoga, meditation centers |
| Spain | Pilgrimage, comprehensive retreat centers |
| Greece | Spa, hot springs, mineral springs, health resorts, climate, health exams, beauty care, mud therapy, physiotherapy, sea water therapy bath, comprehensive retreat centers |
| France | Spa health resorts, pilgrimage, sea water therapy bath |
| U.S.A. | Spa, yoga, comprehensive retreat centers |
| Hawaii, U.S.A. | Spa, health resorts, nature, indigenous culture, outdoor recreational activities |
| Thailand | Spa, massage, meditation centers |
| Austria | Comprehensive retreat centers, salt therapy |
| Italy | Spa, hot springs, mineral springs, sea water therapy bath, climate, health resorts |
| Germany | Spa, health resorts, salt therapy |
| Australia | Spa, health resorts, sea water therapy bath, mud therapy |

Source: Smith and Puczko (2009).
“Leisure and recreation group,” can be motivated to participate in wellness tourism through healthy diets, relaxation, and social activities. Health promotion and convalescence are not relevant for this group, whose primary objective is enjoyment and socializing with friends.

In hot springs hotel industry, returns on investment, sensitivity to market responses, and a variety of business skills are priorities. Whether a hotel is owned by a family or a company, modern managing operations should be applied, especially in the fields of marketing management, financial management, human resources management, strategic alliances, hospitality management, hotel management, and business diagnoses.

For further development based on this study, we suggest that a standard system for quality evaluations similar to the European Foundation for Quality Management (EFQM) model could be developed through a combination of the seven service factors proposed in this study.

Although we are confident with the practical aspect of this study, we also recognized its limitations. Since the law forbids hot spring hotels to promote curative effects of hot springs or perform invasive medical operations in Taiwan, the service factors suggested in this study should be modified according to the laws and regulations of host countries when they are used as references. In conclusion, this study has shown that the model is applicable to the other hot spring hotel areas that developed health and wellness tourism.

References


