

# Wellness Tourism: Market analysis of a special health tourism segment and implications for the hotel industry

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## ABSTRACT

**KEYWORDS:** Health Tourism, Cluster Analysis, Marketing Solutions

*The term wellness is widely used in European tourism. The principal observations regarding the wellness industry concern an expanding supply of and an insufficiently researched demand for wellness programs. The quality dimension of wellness services is increasingly becoming the decisive competitive factor. For this reason quality management plays an important role. Market research shows that average 3- to 5- star hotels provide fairly comprehensive wellness facilities. Wellness hotels should therefore specialize in health information, individual care and a wide range of cultural and relaxation programs. Although the same hotel*

*can host cure and wellness guests at the same time, these two segments have to be considered separately when deciding on the marketing strategy. We therefore assume that wellness is pursued solely by "healthy" people, the prime aim being prevention. "Normal cure guests" aim to heal their illness.*

## INTRODUCTION

Like Austria and Germany, since the mid-Nineties, Switzerland has registered fewer overnight stays in hotels as the result of the economic recession. And, since 1996, new health insurance legislation has exerted fresh pressure on costs in the health tourism sector. This legislation for the first time recognizes balneology as a medical service covered by insurance but excludes spa hotels and cure institutions. While the decline in spa tourism in Switzerland was not as drastic as in neighboring countries, more and more cure institutions are looking to health promotion and wellness as a second iron in the fire. In the hotel industry too, wellness is seen as a new market segment and is being strongly encouraged through imaginative package deals.

In response to lively market activity, Switzerland Tourism (the national tourism marketing institution), the Association of Swiss Cure Institutions and the Swiss Spa Association set up a wellness cooperation with its own catalogue and defined quality criteria as conditions of admission. Switzerland Tourism is responsible for coordination and catalogue design, using wellness for segment promotion and as the image carrier. However, in some cases, wellness products

are not clear-cut and, without a monitoring system, quality criteria cannot yet guarantee a convincing range of products. This is partly due to the lack of a standard definition of wellness and to differing interpretations of it, and partly because quality management tools are used only intermittently.

Moreover, to date, a shortage of information about demand for wellness holidays has made it hard to develop suitable facilities on the supply side. The target group has long been high-income middle-aged women, but little research has so far been done on wellness product users and their preferences. From this the following research agenda was derived:

- defining and delimiting the terms “wellness” and “wellness tourism”,
- creating transparency in the wellness tourism market,
- positioning of the wellness niche and
- determining missing instruments of quality management.

The following remarks about wellness tourism are derived mainly from work published by Eveline Lanz Kaufmann<sup>1</sup>.

## DEFINITIONS

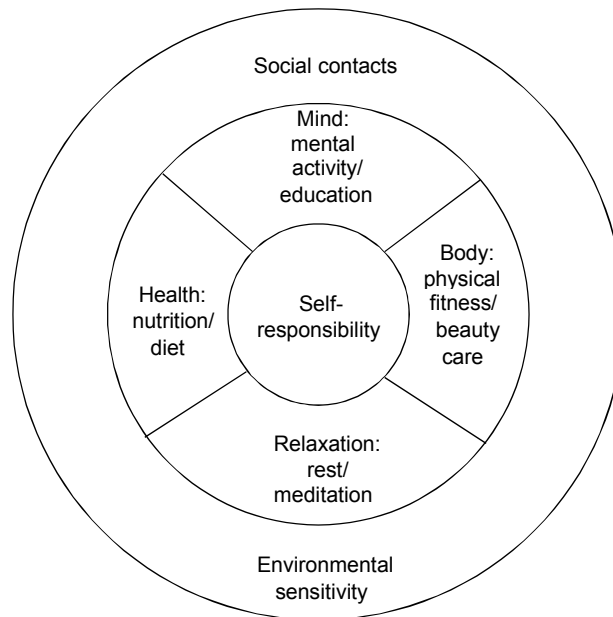
The concept of “wellness” – and along with it wellness philosophy – was developed by the American doctor Halbert Dunn in 1959 when he wrote for the first time about a special state of health comprising an overall sense of well-being which sees Man as consisting of body, spirit and mind and being dependent

on his environment<sup>2-4</sup>. Dunn called this condition of great personal contentment “high-level wellness”. Other authors of the English speech area like Ardell<sup>5-6</sup>, Travis<sup>7</sup>, Benson/ Stuart<sup>8</sup> or Greenberg/Dintiman<sup>9</sup> take up the term “wellness” in their health related publications. Travis for example stresses the dynamic aspect of wellness, defining it as “a state of being, an attitude and an ongoing process, not a static state which we reach and never have to consider again. (...) There are degrees of wellness as there are degrees of illness”.

Lutz Hertel of the German Wellness-Association<sup>10</sup> comes to the conclusion that the numerous definitions of wellness in the American-English language region share certain common features: the key importance of life style, self-responsibility for health, the multi-factoral roots of health as well as the exploitation of our potential for a better quality of life.

Expanding Ardell's interpretation<sup>5-6</sup>, we can see wellness as a state of health featuring the harmony of body, mind and spirit, with self-responsibility, physical fitness/beauty care, healthy nutrition/diet, relaxation (need for destressing)/meditation, mental activity/education and environmental sensitivity/social contacts as fundamental elements. This understanding includes what Americans also call mind/body health, meaning that the mind helps control one's health.

*Figure 1: Expanded wellness model*



Wellness tourism is regarded as a subcategory of health tourism. According to Kaspar<sup>8</sup>, health tourism is "the sum of all the relationships and phenomena resulting from a change of location and residence by people in order to promote, stabilize and, as appropriate, restore physical, mental and social well-being while using health services and for whom the place where they are staying is neither their principle nor permanent place of residence or work".

Since we feel that the holistic approach to wellness during vacations can best be observed in a hotel specializing in wellness services, we define the concept of "wellness tourism" in a narrower sense. Taking Kaspar's<sup>11</sup> definition of health tourism as a point of departure, we therefore adopt the following definition:

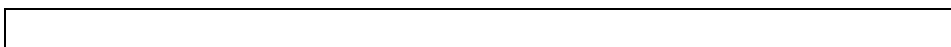
Wellness tourism is the sum of all the relationships and phenomena resulting from a journey and residence by people whose main motive is to preserve or promote their health. They stay in a specialized hotel which provides the appropriate professional know-how and individual care. They require a com-

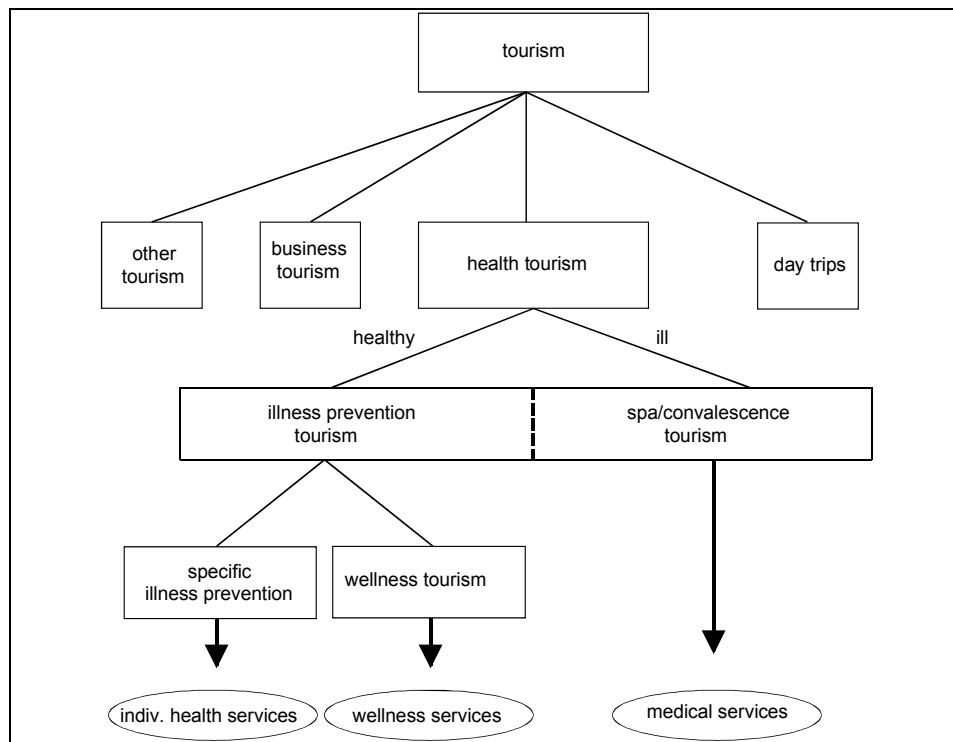
prehensive service package comprising physical fitness/beauty care, healthy nutrition/diet, relaxation/meditation and mental activity/education.

### DEMARCATIION OF CONCEPTS

Although a wellness vacation may well be spent in a cure institution, we aim to make a clear distinction between wellness and cures, above all from the health policy angle. On the demand side we therefore assume that wellness is pursued solely by "healthy" people, their prime aim being prevention. However, a line should be drawn between this wellness with its comprehensive service package (consisting of physical fitness/beauty care, healthy nutrition/ diet, relaxation/meditation and mental activity/ education) and illness prevention proper. What is more, these wellness guests can claim services which are very similar to those used by "normal cure guests", but with the motive of preserving or promoting their health which contrasts with the cure guests (see Figure 2).

Figure 2: Demarcation of wellness tourism in terms of demand





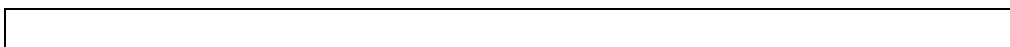
It is even harder to demarcate the supply side, because various requirements can be met by the same provider. In particular, cure institutions can house both cure and wellness guests offering them similar services, or at least a similar infrastructure, plus their know-how. In our view, wellness hotels must have a comprehensive health infrastructure as well as a good guest-care range. In other countries, wellness cooperations in the hotel industry have different criteria which are controlled, though not in Switzerland. These are criteria for such things as nutrition,

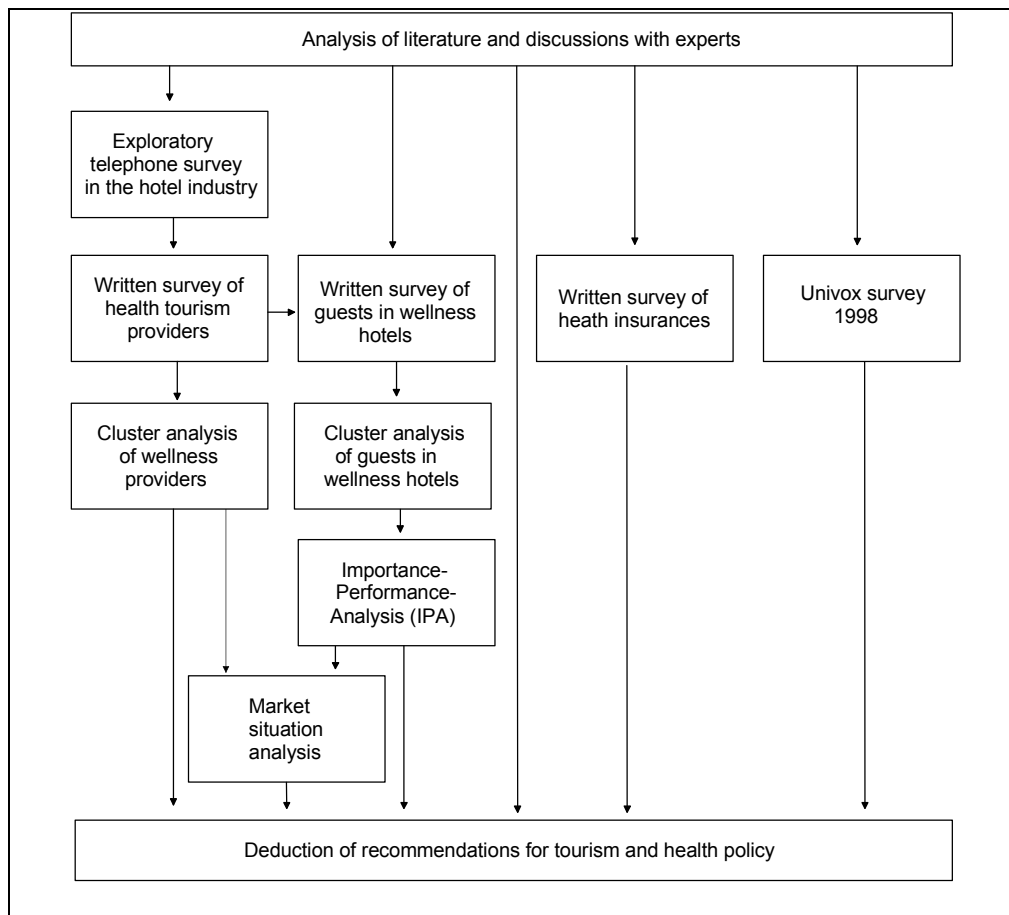
exercise, relaxation and beauty, but to different extents and in varying combinations (see, for instance<sup>12-15</sup>).

### METHODOLOGICAL APPROACH

Because the topic of wellness is complex, multidisciplinary and new for tourism, the following study is of an exploratory nature. Figure 3 sets out the methodological steps, some of which are not dealt with in this article. The main ones are, however, described briefly below.

Figure 3: Overview of the research process





The first research objective: defining and delimiting the terms “wellness” and “wellness tourism” was mainly pursued through analysis of literature and discussion with experts. The second and third goal, creating transparency in the wellness tourism market and positioning of the wellness niche were reached through various market analysis methods described below. Finally the aim of determining missing instruments of quality management was deduced from all findings.

In particular, the market analysis of the wellness tourism market included comprehensive empirical surveys. On the basis of the definition of wellness tourism, the analysis of services was confined to the hotel industry and was carried out in two steps to guarantee as broad-based a research approach as possible. In a first step, a representative random survey of some 400 middle-class and luxury hotels in Switzerland looked at the importance of wellness. In a second step, the total of providers of health tourism (covering cure and wellness tourism) were surveyed as comprehensively as possible and asked about hotel and guest

characteristics as well as about areas specific to wellness. The questionnaire return rate for the survey was 69% which is very high for market research. The following comments stress on cluster analysis because it is a convenient method to explore a new market. Interestingly it is in the German speech area not so often used for the tourism industry.

### Cluster analysis

From the information provided by hoteliers about the importance of wellness-services, we were able to classify the various types of products (see below). Cluster analysis is frequently used in market research for the classification of objects. The catch-all term “cluster analysis” covers a great variety of methods and algorithms for identifying groups of very similar objects. This heuristic procedure allocates objects to groups (clusters) on the basis of their similarity, whereby the cluster should be as internally homogeneous, and externally as easy to distinguish from other clusters, as possible<sup>16</sup>. The procedure developed by Punj/Stewart<sup>17</sup> is often applied in market research literature. The procedure used here is also based on the findings of other authors<sup>18-21</sup>.

In addition, over 400 guests in selected wellness hotels offering comprehensive wellness services were asked about their reasons, expectations and level of satisfaction, as well as about their attitudes to health. Cluster analysis was also used to segment the guests for a better understanding of the market and target-group-oriented recommendations. The five steps used in the cluster analysis are briefly described below:

#### **a) Selection of the active variables**

Guest clustering was based on their information about the importance of wellness components and parameters for their stay in the hotel. Although the specialist literature mostly recommends for market segmentation the criterion of product-specific benefits expected<sup>15</sup>, this criterion is not suitable for wellness holidays. First, because wellness holidays are a new product about which guests' ideas may vary considerably, and second because this literature refers to physical commodities. Consequently, it is hard to survey expectations of product-specific benefits and such surveys are hardly comparable from guest to guest.

Use patterns are not a very meaningful segmentation criterion either, because they only apply to the present stay and are therefore influenced by factors such as the time available, weather, personal state of mind/health, accompanying persons, etc. Thus, the importance assigned to wellness elements and parameters should be preferred as an active segmentation variable, because it expresses general preferences and can be surveyed in a more discriminating fashion (by individual elements and parameters). The other variables surveyed can be used to describe the segments.

#### **b) Avoiding of implicit weightings between the active variables and elimination of constant characteristics**

The active variables must be statistically independent of each other, otherwise implicit weightings occur. The independence test showed that the variables "Contact addresses for health services at home" and "Health programs/tips for home" obtain a Spearman ranking correlation coefficient of 0.9. This means that they virtually express the same guest preferences so were grouped for the cluster analysis to prevent implicit weightings. Other variables too correlate with values

between 0.7 and 0.8 but were nevertheless taken into account separately in the cluster analysis to avoid losing too much information.

The two variables "attractive surroundings/location of hotel" and "tranquil, relaxing atmosphere" had to be treated as constant characteristics (ie. characteristics with the same value for numerous guests). Both areas were rated as not so important or totally unimportant by only 1% of guests so were not taken into account in the cluster analysis.

#### **c) Exploratory analysis of the data structure with hierarchical cluster analysis**

Punj/Stewart recommend a combination of hierarchical and non-hierarchical methods<sup>14</sup>. The advantage of hierarchical approaches is that it is not necessary to determine an adequate number of clusters from the outset. On the contrary, they help to determine an intermediate result which can be used to select the number of clusters and to detect one-off deviations.

As hierarchical cluster analysis can only process about 100 cases, exploratory analysis of the total quantity of data was not possible. Consequently several random samples were taken from roughly 30% of the remaining 344 cases and analyzed using the hierarchical method. The tree diagrams and agglomeration step tables favoured a four-cluster solution.

#### **d) Determination of the grouping solution using "k-means" cluster analysis as well as significant difference between the groupings and checking of the solution**

The non-hierarchical cluster approach suggested in specialist literature is the k-means variant<sup>17</sup>. Based on the hierarchical cluster analysis findings and on comparison of the k-means cluster analysis findings with three, four or five clusters, the four-cluster solution was confirmed.

To ascertain significant differences between the groups, the "Tamhanes T2" post-hoc test was used to establish median comparisons which make it possible to compare several groups simultaneously. Tamhanes T2 is based on the t-test and has the advantage that the variances within the clusters need not be the same<sup>22</sup>.

Using f-values, the variance analysis shows what variables contribute to the cluster formation and how much. In this case, these values were the competence of the health professionals, their availability, information and explanations, steam bath, medical supervision/physiotherapy, wide selection of health products as well as tips/programmes for back home.

A discrimination analysis was used to check the cluster solutions with all variables used to create the cluster<sup>18</sup>, and the four-cluster solution was clearly confirmed. With a 93% success rate, the allocation was virtually perfect, the value which could be achieved randomly being just 25%.

#### e) Description of guest groups

To better distinguish between them (clusters), guest groups were named with the help of active variables. Both active and passive variables were used in the description process, whereby the median values of the individual clusters are compared with each other and statistically significant differences used as characteristics. Often not all groups differ significantly in respect of a single characteristic. In such cases, only characteristics that differ significantly from each other are mentioned.

#### Importance Performance Analysis

Guest assessments of the importance of wellness elements and parameters and their satisfaction can be used to analyze provider strengths and weaknesses. The Importance Performance Analysis (IPA) was suggested as an effective marketing tool by Martilla and James some 20 years ago<sup>23</sup>.

On the basis of definitive literature, Hudson and Shephard set out a three-step IPA procedure<sup>24</sup>. First, the list of variables to be assessed is developed. Next, guest assessments of importance and satisfaction are surveyed, often using a Likert scale. Lastly, a point in the importance/satisfaction coordinate network is calculated for every variable using average values. The setting of

quadrant borders is at the discretion of the surveyor.

Average guest satisfaction values were entered on the x-axis, and their importance assessments on the y-axis. Variables with an importance value over 3 and a satisfaction value under 5 reveal weaknesses. Those with an importance value over 3 and a satisfaction value over 5 point to strengths (see Figure 7).

## THE WELLNESS TOURISM MARKET IN SWITZERLAND

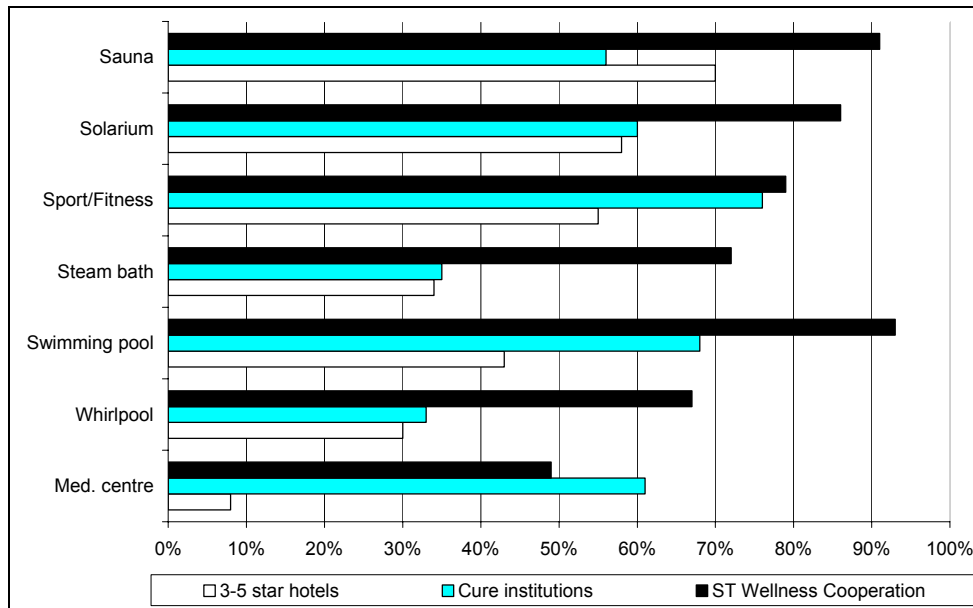
The supply structure in Swiss health tourism is characterized by the wellness cooperation instituted by Switzerland Tourism (50 hotels), the Association of Swiss Cure Institutions (70 hotels) and many independent wellness hotels.

### Wellness facilities and services offered by Swiss hotel groups

As our investigations showed, the average 3- to 5-star hotels also provide fairly comprehensive wellness facilities. A representative survey revealed that wellness plays an important or fairly important role in 40% of these hotels. Only 44% of those surveyed said that wellness was not important. More than half of those hotels for which wellness represents at least a certain importance offer a sauna, solarium, sports and massage facilities while one third also have a steam bath, whirlpool and swimming pool. Thus certain wellness amenities are already standard for 3- to 5-star hotels, and investment plans point to further expansion of their wellness infrastructure.

As expected, a survey conducted among some 300 wellness and spa hotels in Switzerland showed that these hotels attached greater importance to wellness. In only 11% of these hotels specializing in health tourism was wellness not important, with this standpoint represented mainly by certain cure institutions. The importance of wellness is also reflected in the wellness amenities provided (see Figure 4).

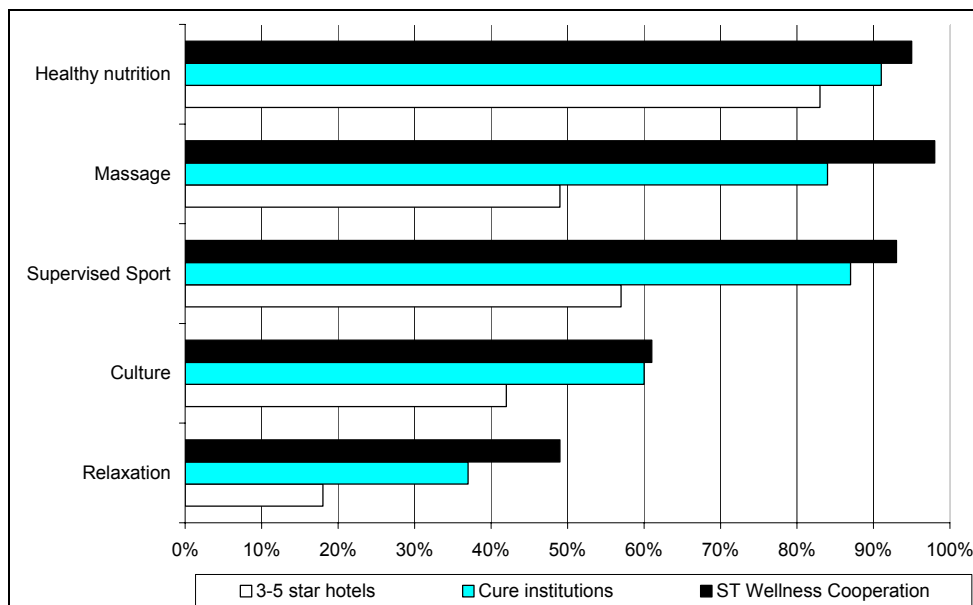
*Figure 4: Wellness facilities provided by hotel groups*



The replies from the hotels surveyed showed that a wide range of wellness amenities is available, though the products required for a holistic wellness approach in respect of relaxation (need for destressing) and guests

with cultural interests are lacking (see Illus. 5). Only 14% of 3 to 5 star hotels offer all four wellness services (healthy nutrition, exercise, relaxation and culture).

Figure 5: Wellness services by hotel groups



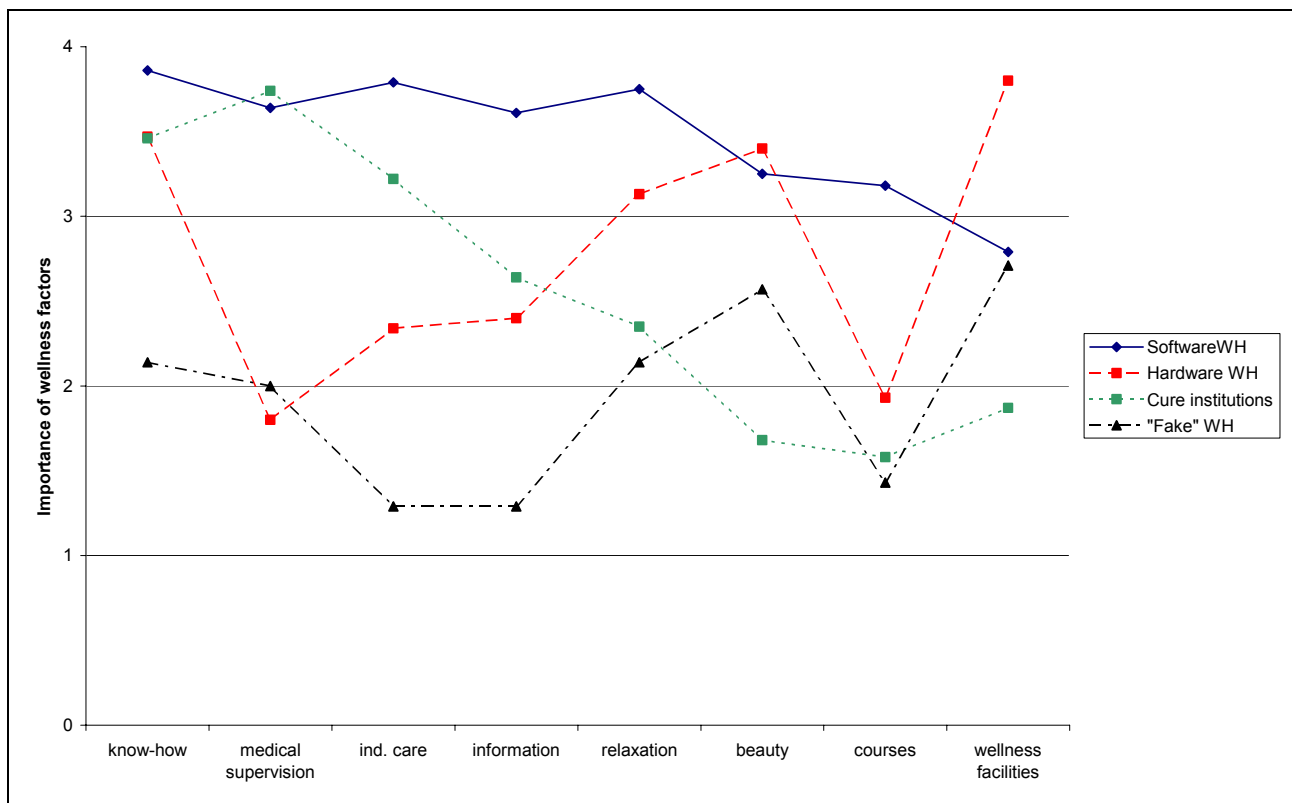
The market volume of the Swiss wellness tourist industry can be estimated at approximately one million overnight stays or 3% of wellness guests proper (ie guests who want a comprehensive range of wellness facilities). In principle, visitors interested in wellness can choose from 45'000 beds in 440 hotels, a figure which accounts for 16% of Switzerland's total hotel accommodation. Thus, the existing supply can be qualified as an important market potential capable of

satisfying substantial demand. **Supply typology**

As already mentioned, a supply typology was designed using cluster analysis, based on the importance of wellness in the corporate philosophy of selected wellness hotels and cure institutions. The procedure described before resulted in four types: "software hotels", "hardware hotels", "fake wellness hotels" and "traditional medical cure institutions" (see figure 6).



Figure 6: Wellness factors in the corporate philosophy of wellness hotels and cure institutions



A rough distinction can be made between the types according to the importance attached to medical supervision as well as to wellness infrastructure and software elements such as information about health topics or individual care. Significantly, the largest group of "software wellness hotels" attaches much importance to individual care and information for guests as well as to comprehensive further training. Medical supervision and health know-how as well as opportunities for relaxation also rank high. The predominant factor for "hardware wellness hotels" is wellness facilities, while for "traditional medical cure institutions", medical and individual care in tandem with health know-how are rated as important, with wellness infrastructure being manifestly less important. The smallest group – the "fake wellness hotels" – has neither software products nor highly rated facilities.

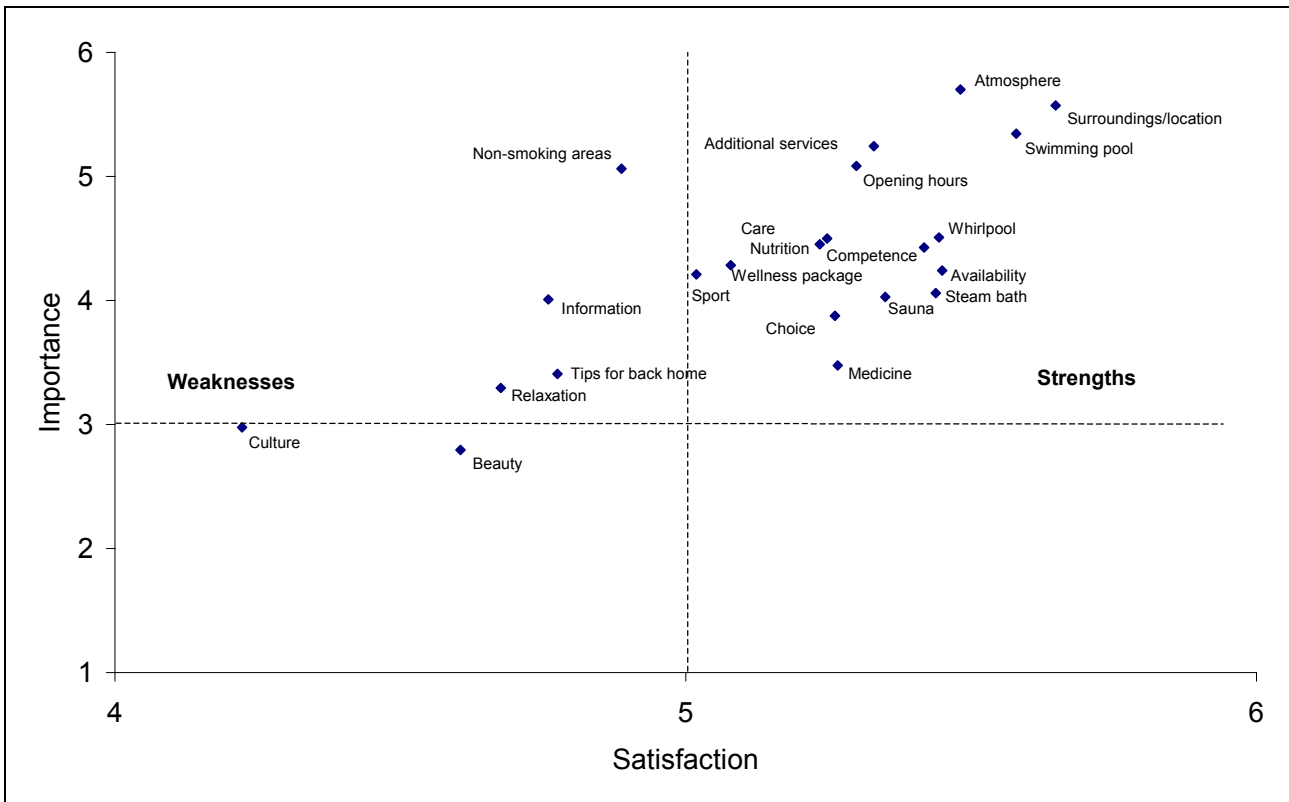
### Demand in wellness tourism

More than 400 Wellness guests were surveyed in 8 different wellness hotels with a comprehensive product range. The hotels were chosen according to the prior collected answers from the survey of health tourism providers. They were located all over

Switzerland in order to cover a representative group of wellness hotel guests. Two thirds of the interviewees were women and one third men, with an average age of approximately 53 and above-average education. 90% of the guests surveyed came from Switzerland and 10% from Germany, a result which has to do with the language used for the survey (German) and its timing (Autumn 1998). On average, guests spent about 8 days in the hotel. For almost half of them, the main reason for the stay was recreation, while one fifth wanted to do something for their health and 14% were in the hotels for a cure or convalescence. These data are fairly representative for the "typical" wellness guest in Switzerland, according to the prior collected opinions of hotelmanagers.

The Importance Performance Analysis shows where the strengths and weaknesses of the wellness hotels lie (Figure 7). The strengths mainly have to do with a hotel's atmosphere and its surroundings/ location. What is more, wellness hotels would be well advised to provide their guests with a swimming pool. Weaknesses take the form of no non-smoking areas, insufficient information about health topics, inadequate relaxation and cultural facilities as well as a lack of health tips the guest can use back home.

Figure 7: Importance performance of wellness hotels



The cluster analysis came up with four guest segments: "demanding health guests", "independent infrastructure users", "care-intensive cure guests" and "undemanding recreation guests". The main distinguishing characteristics are the importance of software and/or wellness facilities as well as the relevance of the recreation and/or health promotion motive (see Figure 8).

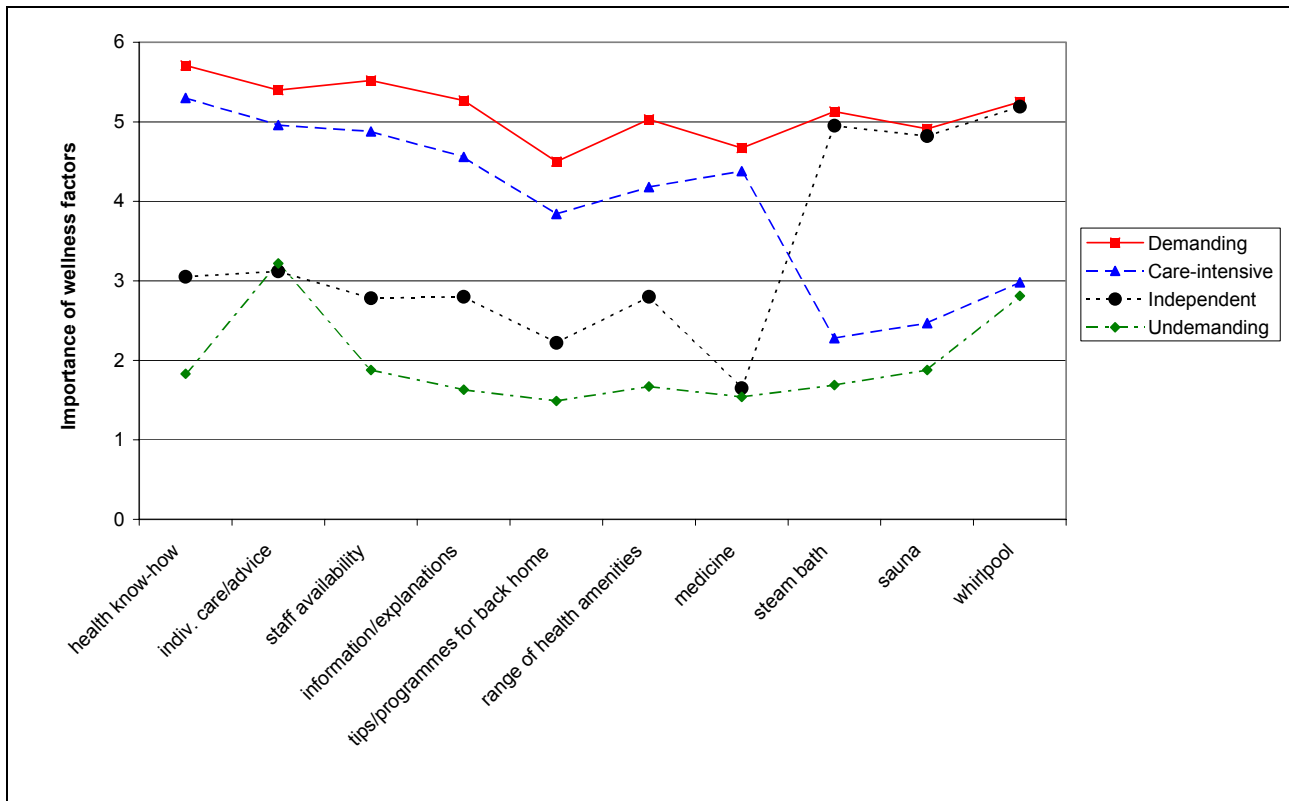
At around 40%, demanding health guests are the largest group, attaching great importance to care and information as well as professional competence and comprehensive wellness amenities. Women make up more than three quarters of this group and their average age of just under 48 is the lowest. One third of these guests spend their holiday alone, and just one quarter with their partner. In this group, the main reason given for the stay – promoting health – was of above-average importance.

Just under one quarter of guests, as independent infrastructure users, attach no great importance to guest care, information or professional know-how but greatly appreciate

wellness facilities such as a whirlpool, steam bath, sauna and swimming pool. Other wellness amenities such as healthy nutrition, relaxation or culture are less important. This group of independent infrastructure users is the only one with a majority of men (54%) who are usually on holiday with their partners. The average age for this group is 49 and at 80%, the proportion of graduates or those with a higher professional qualification is exceptionally high, while the average stay of 6.5 days is by far the shortest.

Care-intensive health guests account for about one fifth. They cited healing/therapy/convalescence as the main reason for their stay, and health promotion was another important factor for them. Consequently, they attach great importance to medical competence as well as to individual care and advice. About 60% of this group are women, with an above-average proportion of singles, and the average age is around 53. At slightly over 10 days, care-intensive health guests had the longest average stays.

Figure 8: Importance of wellness components and parameters as seen by guests



Undemanding recreation guests ranked the importance of nearly all the particular wellness components and parameters lowest. At 14%, they were the smallest guest group. More than half of these guests give recreation and relaxation as the main reason for their stay. The wellness infrastructure, guest supervision or information are not important for this group, which appreciates a swimming pool above all else. Health promotion or convalescence is not relevant for these guests whose most frequent objective is to enjoy themselves and let themselves be pampered. Undemanding recreation guests have the highest average age (approximately 58), and the percentage of women (a good 50%) is below average. The average stay for this group of guests is just under 9 days and in an above-average number of cases, this time is spent with their partner or family members.

## CONCLUSIONS

For the first time in the German speech area the widely used term “wellness” is defined and differentiated from the term “cure”. One of the most important conclusions of the market analysis in the wellness tourism industry is the need for a clear demarcation of the wellness concept from the cure. For marketing strategies it is essential, that those two guest segments are handled separately,

although both can be hosted in the same hotel.

Further recommendations can be set out for wellness hotels, spa resorts, tourist associations, health insurance companies, tourism and health policy-makers on the following areas:

- Quality management
- Target markets
- Supply shaping
- Pricing
- Communication
- Distribution
- Cooperations

Special emphasis is placed on quality management. Top quality is vital as a response to international competition and rivals within the wellness market in order to satisfy high guest expectations. A minimum wellness infrastructure, the corresponding services and qualified staff are a prerequisite for comprehensive wellness quality, and desirable basic requirements include a swimming pool, sauna, whirlpool or steam bath, facilities for healthy nutrition, physical fitness, relaxation and mental activity as well as the presence of at least one wellness professional (doctor, physiotherapist, wellness trainer or sports instructor) to provide individual care and advice. Hotel owners can refer to the EFQM Model for Business

Excellence for controlling quality-relevant processes<sup>25</sup>. A long checklist with suggestions for wellness management, based on the nine model criteria, was specially adapted to wellness requirements.

Having done the "homework" of implementing quality management instruments in the hotels, the hotel industry should then emphasize on reforming the existing marketing cooperation. A professional office should succeed in getting high quality standards held and only admit those hotels to the cooperation which meet the standards. Only consistently high quality offers can compete with Switzerland's strongest competitors: Austria and Germany.

In conclusion, the following ten recommendations are aimed at all players in the wellness tourism market:

1. Create a standard interpretation of wellness vacations in each country
2. Distinguish wellness vacations from cure stays and illness
3. See quality management as a key component in wellness tourism
4. Intensify training and further training at all levels
5. Establish themselves as a serious cooperation partner/interlocutor for health policy-makers
6. Make the most of tourism cooperation potential
7. Aim for cooperation between tourism and health policy-makers
8. Set up creative and experience-exchange groups
9. Consider and evaluate wellness vacations as a tool for promoting health
10. Make no financial claims on compulsory health insurance but seek support for the wellness idea from health insurance

Tourism service providers as well as health policy players have a mutual interest in putting these recommendations into effect. Professional market positioning of wellness services can only succeed if a clear distinction is made between them and cures, and if health-promoting objectives are pursued. This approach boosts credibility as

well as making cooperation more attractive for partners in the health-policy sector.

For future research the most interesting topic would be the question of how wellness programs during vacation affect health behavior of wellness guests. Findings that prove the positive impact of wellness programs are a necessary argument for health tourism to get health insurance and other health policy actors interested in the possible health promotion instrument wellness program.

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