



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

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## ABSTRACT

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).

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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 Puczko, 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 the 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 ([Kisperska-Moroń, 2005](#); [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,

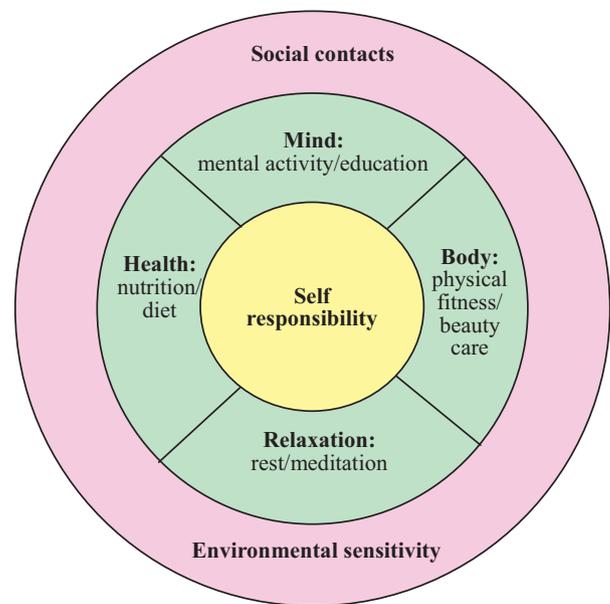


Fig. 1. Extended wellness model ([Mueller and Lanz Kaufmann, 2001](#)).

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). [Messerli 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.

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