

Analysis of health spa customers' expectations and perceptions: The case of Spanish establishments

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Abstract. Although there are many definitions for service quality, the most commonly accepted models in the marketing field are focused on meeting consumer needs and requirements, as well as on deciding whether the service offered meets customers' expectations. This research focuses upon the analysis of the above elements in the specific case of health spa customers, a market of the tourism industry where very few studies have been carried over until now. The criteria used by customers when rating the quality of this tourist service were analysed, and the perceived service quality according to those criteria was measured. The differences between the so-called private customers and the people who visit spas as part of a social security program (subsidized customers) –a relevant and specific issue of the market under study- were also investigated.

Keywords: Health Spa Tourism; Consumer Behaviour; Perceived Service Quality

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1. Introduction

Tourist sector activities are nowadays a determining factor in employment and contribute to improve the economic balance in international transactions. This situation originates a highly competitive market environment in the sector, compelling tourist enterprises to design differentiation and segmentation strategies in order to enhance customer satisfaction through quality improvement. Service quality and the competitiveness are thus highly correlated variables in the tourist sector (Campos-Soria, Gonzalez García & Ropero García, 2005).

Western society currently enjoys a growth of spare time availability, which makes leisure activities increasingly important from an economic point of view. Tourism is nowadays one of the most important leisure activities. Many people use their spare time for travelling and visiting other places. In this sense, Spain has been one of those which have experienced a tourist boom in the last decades. Thus, the great potential of the Spanish tourist sector demands an improvement in service quality by means of a progressive market adaptation: not only by means of a quality system or other standards that are our own, but also by other interrelated factors which also take part in service quality or tourist product, such as, for example, the urban environment, infrastructure, transportation, or even perceived safety (Lindqvist and Bjork, 2000). These elements make the tourist offer more attractive, increase customer satisfaction, and will help placing the tourist sector in an international leading position.

In the tourist sector, health spa tourism has become extremely relevant lately. The general increase in leisure time and economic position, together with the aging of the population and a change in lifestyle (more interest in sports, a healthy diet, nature....) explain the quick growth of this kind of tourism, somewhere between a leisure time activity and health care. In Spain, there are approximately 100 health spas, which means an offer of about 12,000 rooms. In 2003, these businesses turned over more than 150 million euros and generated 7,000 direct jobs. But these figures do not show the total extent of its importance. The main strengths of thermal bath tourism are, firstly, its high average of stay duration, higher than in any other type of tourism; secondly, its low dependence on season and, thirdly, the fact that health spas are normally located inland, thus having a powerful activating effect on local economy.

Nevertheless, health spas have to struggle in order to get a good position as customers' choice, which also means to compete with other tourist products. In

such a competitive environment, the customer has a great power. Customers can examine, compare, select and decide on what services they prefer to spend their money. It is not enough to offer a good product; service must adapt to the criteria, demands and expectations of customers in order to create a feeling of complete satisfaction and to assure their loyalty. To meet customers' demands, however, health spa establishments need to know exactly which are the service expectations of customers, and their subsequent evaluation. The main aim of this paper is thus, on the first hand, to investigate which criteria are used by customers when rating the quality of the tourist service under survey and, on the other, to assess the perceived service quality according to those criteria.

It is also important to remind here that previous works have shown that health spa users can be divided into two main groups: firstly, the so-called private customers and, secondly, the people who visit spas as part of a social security program (subsidized customers). The needs and motivations of both types are clearly different, as well as their service expectations. This is why we will also consider in this study whether the relative importance of each attribute of perceived quality is the same in both groups, and whether the total perceived quality is also similar.

2. Review of the literature and conceptual frame specification

Service quality is a concept that has been discussed at large in the previous literature on the topic. However, it has not been easy to devise a suitable definition. On the one hand, the concept itself has evolved greatly as years passed, and on the other, it is a notion difficult to define because its meaning changes greatly depending on the circumstances.

One of the most widely accepted and used definitions of service quality may be the one provided by Parasunaman, Zeithaml & Berry (1988). These authors maintain that perceived quality consists of the disparity between customer expectations and desires (expected service) and their perceptions (perceived service). These two elements form what is normally called Gap 5. This gap, or deficiency, depends on the size and direction of the four gaps associated to the service provider:

- GAP 1: Disparity between user expectations and the perceptions of executives.

- GAP 2: Disparity between the perceptions of executives and the specifications of quality standards.
- GAP 3: Disparity between the specifications of service quality and the actual service performance.
- GAP 4: Disparity between service performance and external communication.

Improving quality requires thus to identify the causes for each of these shortfalls and to develop strategies in order to minimize them. With this objective in mind, the same authors propounded a multiple-item measurement scale for perceived service quality by consumers (SERVQUAL). This scale has been extensively used in different sectors since its introduction in the 1980s. Nevertheless, after testing it, many other authors have questioned its usefulness and validity, as well as its reliability. In table 1, we provide a summary of its major criticism.

Consequently, many researchers have decided to adapt the scale to the tourist sector or to propose alternative measurement scales. In this context, sector scales were created, such as LODGSERV, which measures service quality in hotels (Knutson *et al.*, 1990); LOGQUAL, applicable to hospitality (Getty & Thompson, 1994); DINESERV, used for restaurants (Stevens *et al.*, 1995); HOTELQUAL, pertinent for lodging services (Falces *et al.*, 1999); HISTOQUAL, for historic houses (Frochot & Hughes, 2000); and ECOSERV, which was designed for measuring perceived quality in ecotourism (Khan, 2003).

Table 1: Criticism of the SERVQUAL scale

THEORETICAL	OPERATIONAL
<ol style="list-style-type: none"> 1. Objections to Not-Confirming Paradigm 2. Operationalization of service quality as disparity between perceptions and expectations: shortfalls value. 3. Process Orientation. 4. Dimensions of service quality. 	<ol style="list-style-type: none"> 1. Usefulness of customers' expectations. 2. Composition of service quality dimensions. 3. Moments of Truth. 4. Positive and negative statements. 5. Scale scoring. 6. Survey size. 7. Extracted Variance.

Although the SERVPERF scale, which only uses the customer perceptions to assess service quality, has better psychometric characteristics than SERVQUAL (Cronin & Taylor, 1992), it has been demonstrated that the SERVQUAL is more useful for diagnostic purposes (Parasuraman *et al.*, 1991). This is the reason why in this research, the measurement of the perceived service quality was done with an adaptation of the SERVQUAL scale. It was first necessary to adapt its items. This

was done by adding some items and suppressing others, as well as by a change in their phrasing, in order to adjust the scale to the specific features of each service (Carman, 1990; Getty & Thompson, 1994). This is also the reason why some items were removed and others were introduced, taking as reference previous research carried out in the tourism field or, to be more precise, in health spa tourism (Snoj, 1995; Snoj & Mumel, 2002). The final survey assesses the importance of 22 components of service quality in spa establishments (See table 2). The relevance of each component was measured with a 7-point Likert scale which ranges from 1=Total Disagreement to 7=Total Agreement.

Table 2: Items used in the measurement of health spas perceived service quality

1.	Well located establishment (location very convenient)
2.	Modern thermal equipment
3.	Simple and homely decoration of establishment
4.	Comfortable rooms
5.	Parking facilities available
6.	Staff with good appearance
7.	Employees with good training in customers treatment (Know the business)
8.	High quality food and drink
9.	Excellent cleanliness and hygienic conditions of facilities
10.	Beautiful natural surroundings
11.	Friendly and easygoing treatment by staff
12.	Personalized treatment of customers
13.	Guaranteed reservations
14.	Competitive prices
15.	Good reputation (Good image)
16.	Facilities for access to complementary activities
17.	Location in a quiet place (Peace and quiet in the establishment and its surroundings)
18.	Absence of mistakes in the performance of the service
19.	The staff take trouble to solve customers' problems
20.	Permanent medical assistance available
21.	Good quality and condition of medicinal waters
22.	Variety of treatments available

3. Data collection

The technical specifications of the survey are presented in table 3. The process of data collection started on 14 April 2003 and ended on 19 May 2003. These dates were selected because they included a long holiday period (Easter), one Bank Holiday and a number of weekends. The main goal to be achieved by means of this choice was to minimize the bias in answers due to the duration of the stay and the seasonal effect.

Surveys were made with customers coming from 12 different health spas (while the survey was being made, 18 health spas were open to the public), who made their choice in relation to establishment category and province. We were looking for the highest possible representation of provinces. Spas without particular lodging facilities were not considered.

Table 3: Technical specifications of the survey

Characteristics	Survey
Universe	Spa Customers (thermal bathers)
Geographical scope	Galicia
Sample size	545 valid responses
Sample error	$\pm 4.17\%$
Confidence level	95.5% $Z=1.96$ $p=q=0.5$
Sample design	Multy-stage with stratification by areas and allocation proportional to the number of places offered by each establishment
Method of information gathering	Personal Interview
Dates of field work	From 14 April to 19 May 2003

4. Analysis of scale validity

After the collection of data, the first thing to do was to assess the reliability and validity of the scale.

Reliability test

Measurement of reliability here is done by an analysis of the degree to which it is free of random errors and thus provides consistent results (Sánchez & Sarabia,

1999: 367). In this sense, the measurement of reliability deals with the probability that the measuring tool provides the same results in successive use with the same individuals and in similar situations (Babbie, 1995; George & Mallery, 1995). So, in order to measure the inner consistency of scales here, we estimate the value of coefficient alpha and Cronbach's standardised alpha for all customers in the survey. This coefficient assesses the inner consistency of the scale by means of the average correlation of each of the variables with the rest of the scale. It is based on the assumption that if variables are not positively correlated to each other, it is not likely that they may be correlated with other possible variables which could be selected in the same way. The closer to score 1 the statistic is, the higher the inner coherence of the items which form the measurement scale.

As it is shown in table 4, Cronbach's standardised coefficient alpha scores higher than the 0.8 recommended by some authors (Peterson, 1994; Luque, 2000). With values higher than this, no significant improvement in the quality of results can be observed (Nunnally, 1978).

Table 4: Scale reliability

SCALE	Alpha	Standardised Alpha
Perceptions-Expectations	0.836	0.8436

Nevertheless, as we can see, the correlations of each item with the total are not too high, in general. Some items (D5, D6, D15 and D19) even have figures under 0.3, which qualifies them for elimination. This is a clear sign that the scale can be improved.

Validity test

Once the reliability of the scale has been tested –reliability being a necessary but non sufficient condition for the validity of the scale– the next step will be to determine the *validity* of the interpretation of data collected by the quality scale used in this research. We assume that the scale is valid, when the differences in the scores correspond to differences in what can and cannot be measured in relation to other factors (Churchill, 1979). That is, validity can be defined as the degree to which a tool measures the concept under analysis (Bohrnstedt 1976).

Although there exists a great number of validity categories (Sánchez & Sarabia, 1999), in the present research only the following will be analysed: (a) face or content validity, (b) construct validity and (c) criterion related validity.

Content validity

Content –or face– validity is a subjective criterion which illustrates the extent to which the scale is significant and adequate to the construct to be measured (Nunnally, 1978). Moreover, according to Hambrick (1981), this type of validity can be tested by groups of academic and professional experts. For this reason, the following processes were carried out during the research to sufficiently verify the content validity:

1. *Revision of academic literature* on service quality. In relation to the scale only those attributes integrating the SERVQUAL scale were selected. The existent empirical works on the tourist sector were also collected and examined, in order to identify which items were used in reliable measurement scales.
2. The survey questionnaires were also *pre-tested* on a group of health spa directors whose experience in the sector was over five years long. At the same time, the test was also applied to a group of academicians in the field of Marketing Research.

Validity of construct

The construct –or concept– validity implies an inner consistency in the scale. It refers thus to the appropriateness of the scale to measure the selected construct and not of any other possible scale (Churchill, 2001). Measurement can be done in a variety of ways, including *convergent validity*, which entails that when the same phenomenon is measured in different independent ways, it provides similar results. The reliability of the scale as measured by the Coefficient Alpha displays the degree of cohesion among items and it is thus an indirect indicator of convergent validity (Parasunaman *et al.*, 1991). In this sense, we have calculated correlations in both scales measuring service quality (see table 5). Even though the correlation score may not be very high, the existence of a relation between the two scales is proved.

Table 5: Convergent validity of the scale

Correlation Coefficient	Perceptions (P)
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Perceptions minus expectations (P-E)	0.517**
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**Signification Level=0.01

Criterion validity

The criterion validity explores how good a measurement is in order to advance certain features or behaviours of other variables with which there is some kind of relationship. This type of validity can be determined by *predictive validity*, that is, checking whether measurement allows us to anticipate the scores of other future variables. In this sense, we have calculated the correlation coefficients between the service quality measurement scale and satisfaction, as it is shown in table 6. The correlation coefficient scores a low value, as it happens in other studies (Vázquez & Díaz, 1999; Casino, 1999; López & Serrano, 2003). This reveals an already criticised weakness of the scale.

Table 6: Predictive validity of the scale

Correlation Coefficient	Total Satisfaction
Perceptions minus expectations (P-E)	0.463**

**Signification Level =0.01

The validity analysis is completed with an average comparison test, which compares service quality and satisfaction. In this context, we may expect that the service quality average scores are significantly higher with those customers who are satisfied than with those who are not. The results displayed in table 7 confirm this statement, because the null hypothesis, which says that the average score is the same for both satisfied and unsatisfied customers, is denied with a 95% probability.

Table 7: *t-Test* for the comparison of average scores of service quality in relation to the degree of satisfaction

t-TEST		Average	Average Difference	Signification Level
P-E	Satisfied	0.0312	-1.7455	0.004
	Not Satisfied	-1.7143		

Another issue also assessed was whether service quality average scores differ significantly between those who would come back or recommend the thermal establishment and those who would not (these indicators were selected from

behavioral intentions –return and recommend– because they are the most widely used in marketing literature). From the results shown in table 8, it follows that these differences are significant, except when dealing with the readiness to recommend, in which the null hypothesis (averages in both groups are equal) cannot be denied.

Table 8: *t-Test* for the comparison of average scores of service quality in relation to the willingness to return and recommend the health spa

t-TEST		Average	Average Difference	Signification Level
P-E	Will Return	0.0446	-1.1248	0.025
	Will Not Return	-1.0802		
	Will Recommend	0.0318	-1.2223	0.070
	Will Not Recommend	-1.1905		

5. Results of the research

Service quality expectations and perceptions of health spa customers and Gap 5 were calculated based on the selected scale. According to Parasunaman *et al.* (1985), this gap is determined by the significant difference between the customers expectations before using the service and their perceptions once the service has been used. In this sense, following López & Serrano (2003: 75) the analysis was carried over in three phases:

- (1) Classification of the 22 items used in the service quality measurement scale according to whether their average scores correspond to the average of the scale. In table 9, those figures which are significantly higher than the average are in bold letters, while those which are lower will be marked in italics. In order to assess the significance of the differences from the average, the *t*-test was used. This test allows one to check the null hypothesis that the measurement of both variables (items) scores equally, so that this hypothesis can be rejected with a 95% probability when the significance level is lower than 0.05. This analysis is relevant in interpreting the results, because it provides an indicator of the importance customers concede to the different offer attributes (Díaz y Vázquez, 1998).
- (2) General analysis of gap 5 through the average values reached by all the attributes.
- (3) Finally, an analysis in detail of that gap was carried over. In this sense, a *t*-test was used to verify whether the average scores of variables used to

calculate the Gap are significantly different. If positive, these values are marked with an asterisk.

Table 9: Customer Expectations and Perceptions. Gap 5

ATTRIBUTE	Ec	Pc	Gap 5=Pc-Ec
Medicinal water	6.70	6.35	-0.35*
Cleanliness and hygiene	6.69	6.65	-0.04
Employees with good training	6.64	6.59	-0.05
Staff with good appearance	6.63	6.75	0.12
Friendly treatment	6.55	6.69	0.14*
Helpful employees	6.52	6.52	0
Quiet place	6.50	6.65	0.15*
Medical assistance	6.49	6.39	-0.10
Personalized attention	6.46	6.53	0.07
Variety of treatments	6.42	6.19	-0.23*
Absence of mistakes	6.41	6.34	-0.07
Guaranteed reservations	6.31	6.32	0.01
Food and drink	6.27	6.09	-0.18*
Comfortable rooms	6.23	6.27	0.04
Modern equipment	6.23	6.19	-0.04
Natural surroundings	6.21	6.62	0.41*
Reputation	6.15	6.48	0.33*
Competitive prices	6.11	6.05	0.06
Well located establishment	6.06	6.22	0.16*
Complementary activities	5.93	5.90	-0.03
Simple decoration	5.87	6.13	0.26*
Parking facilities	5.67	5.70	0.03
AVERAGE	6.3204	6.3460	0.0256

Ec: customer expectations; Pc: customer perceptions

Data from perceptions and expectations shows that only two attributes dealing with expectations correspond with the average scores, while the rest are either above or below. It is also remarkable that only seven attributes related to perception display values similar to the total average. Both perceptions and expectations score relatively high averages, respectively 6.3460 and 6.3204 (in the 7-point Likert scale).

In order to show the evaluation of expectations and perceptions according to *type of customer* (private customers and those who take part in social programs, respectively) two additional tables have been presented –similar to those mentioned above although presenting data in two groups, corresponding to each group of customers. Average expectations have been calculated for each group, as well as average perceptions and the service quality gap. The *t-test* was also used to assess significant differences. Moreover, in the second table the results belonging to both groups are compared.

Private customers share higher expectations of cleanliness and hygiene in the establishment. On the contrary, their expectations are lower in relation to decoration, as it can be seen in table 10. For this group, scores are above average in eight attributes, while in the other seven scores are equal or below average. The average itself is quite high, scoring 6.2167 in the 7-point Likert scale.

In relation to *perceptions*, the average score is quite high, too (6.1869). The best considered attribute is Natural environment (6.61), whereas the lowest is Parking facilities (5.71). In this case, seven attributes are significantly above the average, while six remain below.

If one analyses Gap 5, taken from the difference between perceptions and expectations, a negative –although non significant difference– is found. Nevertheless, the analysis of differences individually reveals that customers consider some attributes of high quality, while they think the contrary about others. Thus in table 10 six service attributes are assessed in a positive way (in diminishing order): Natural surroundings, Well located establishment and Simple decoration, Quiet place, Reputation, Staff with good appearance. On the other hand, health spas are performing a service worse than expected by their private customers in nine attributes: Medicinal waters, Absence of mistakes made in service, Medical assistance, Competitive prices and Helpful employees, Food and drink, Variety of treatments, Staff with good training, Cleanliness and hygiene.

Table 10: Private customers expectations and perceptions. Gap 5

ATRIBUTE	Private customers		
	Ec	Pc	Gap 5=Pc-Ec
Cleanliness and hygiene	6.66	6.55	-0.11*
Medicinal waters	6.56	6.24	-0.32*
Staff with good training	6.53	6.39	-0.14*
Staff with good appearance	6.52	6.66	0.14*
Helpful employees	6.44	6.24	-0.20*
Quiet place	6.43	6.59	0.16*
Friendly treatment	6.42	6.46	0.04
Variety of treatments	6.42	6.26	-0.16*
Absence of mistakes	6.30	6.01	-0.29*
Personalized attention	6.27	6.22	-0.05
Reputation	6.19	6.34	0.15*
Modern equipment	6.17	6.27	0.10
Medical assistance	6.17	5.90	-0.27*
Comfortable rooms	6.16	6.10	-0.06
Guaranteed reservations	6.13	6.12	-0.01
Natural surroundings	6.05	6.61	0.56*
Competitive prices	6.04	5.84	-0.20*
Food and drink	6.00	5.73	-0.17*
Parking facilities	5.87	5.71	-0.16
Well located establishment	5.87	6.06	0.19*
Complementary activities	5.79	5.73	-0.06
Simple decoration	5.78	6.07	0.19*
AVERAGE	6.2167	6.1869	-0.0298

On the other hand, table 11 displays the results obtained with the *social customers*. Neither their expectations nor their perceptions are significantly higher than those belonging to private customers, scoring respectively 6.4162 and 6.5044. In this sense, most demanding attributes are Medicinal Waters and Medical Assistance, while the lowest level of expectation is ascribed to Parking Facilities. This seems reasonable, for elderly people visiting the health spa intend to get treated for some illness. Their evaluation of waters and medical treatment is consequently more demanding (this item shows the greatest positive difference in

relation to the other group). Nevertheless, this group do not need to worry about parking facilities, because the official program deals with that (this item reveals the only significant negative difference). Only five items score significantly below average, while other ten are well above it.

Table 11: Social customers expectations and perceptions: Gap 5. Comparison of the two segments

ATRIBUTE	Social customers		
	Ec (Dif.)	Pc (Dif.)	Gap 5=Pc-Ec (Dif.)
Medicinal waters	6.83 (0.27*)	6.47 (0.23*)	-0.36* (-0.04)
Medical assistance	6.80 (0.63*)	6.89 (0.99*)	0.09* (0.36*)
Staff with good appearance	6.77 (0.25*)	6.85 (0.19*)	0.08 (-0.06)
Staff with good training	6.74 (0.21*)	6.78 (0.39*)	0.04 (0.18*)
Cleanliness and hygiene	6.70 (0.03)	6.75 (0.2*)	0.05 (0.16*)
Friendly treatment	6.66 (0.14*)	6.93 (0.47*)	0.27* (0.23*)
Personalized attention	6.64 (0.37*)	6.84 (0.62*)	0.20* (0.25*)
Helpful employees	6.60 (0.16*)	6.82 (0.58*)	0.22 (0.42)
Quiet place	6.56 (0.13*)	6.73 (0.14*)	0.17* (0.01)
Absence of mistakes	6.52 (0.22*)	6.65 (0.64*)	0.13* (0.42*)
Food and drink	6.51 (0.51*)	6.41 (0.41*)	0.10 (0.27)
Guaranteed reservations	6.48 (0.35*)	6.53 (0.41*)	0.05 (0.06)
Variety of treatments	6.40 (-0.02)	<i>6.11</i> (-0.15*)	-0.29* (-0.13*)
Natural surroundings	6.36 (0.31*)	6.64 (-0.03)	0.28* (-0.28*)
Well located establishment	6.28 (0.41*)	6.38 (0.32*)	0.10 (-0.09)
Modern equipment	6.26 (0.09*)	<i>6.07</i> (-0.20*)	-0.19* (-0.29*)
Comfortable rooms	6.26 (0.1*)	6.41 (0.31*)	0.15* (0.21*)
Competitive prices	<i>6.18</i> (0.14*)	6.26 (0.42*)	0.08 (0.28*)
Reputation	<i>6.11</i> (-0.08)	6.61 (0.27)	0.50* (0.35)
Complementary activities	<i>6.04</i> (0.25*)	6.07 (0.34*)	0.03 (0.09)
Simple decoration	5.95 (0.17*)	<i>6.18</i> (0.11*)	0.23* (0.04)
Parking facilities	5.50 (-0.37*)	5.71 (0)	0.21 (0.37)
AVERAGE	6.4162 (0.1995*)	6.5044 (0.3175*)	0.0882 (0.118*)

Dif.= value for social customers-value for private customers.

Dif.*: statistically significant difference

The perceptions of social customers score significantly higher than those belonging to the private customers, in very attribute except in five cases. Out of

these five attributes, three display non significant differences, while the other two get better scores. As it happens with expectations, the most salient difference is related to Medical assistance (0.99), followed by Absence of mistakes (0.64).

Contrarily to what happens to the group of private customers, social customers assess service quality in a positive way, even though the difference is not statistically significant. Nevertheless, if we study carefully attributes dealing with offer, we can state that nine of them are assessed positively: reputation, Natural surroundings, Friendly treatment, Simple decoration, Personalised attention, Comfortable rooms, Quiet place, Medical assistance. What is more, all of them, except from Natural surroundings, have been appreciated significantly better by social customers than by private customers. On the other hand, there are only three aspects where social program customers express their deception: Medicinal waters, Treatment, and Modern equipment. All of them are clearly associated with the essential conditions of health spas. Variety of treatments and Modern equipment have even achieved a lower consideration than with the private group.

6. Conclusions

The research here presented was aimed both to find which criteria are used by customers when rating the quality of a specific tourist service –namely Spanish health spa resorts– and to assess the perceived service quality according to those criteria. The measurement of the perceived service quality was done by estimating the disparity between customer expectations and desires (expected service) and their perceptions (perceived service) –these two elements forming the so called Gap 5. To this purpose, an adaptation of the well known SERVQUAL scale was used, once its items were specifically adjusted to the features of the service under study.

The calculation of the average difference between customer perceptions and expectations showed a *non-significant* positive difference. That would mean that total perceived quality is slightly positive on average but at the same time that health spas have merely reached (but not gone beyond) the expectations of customers. However, the analysis also revealed which elements have led to the perception of bad quality, and in which elements the establishment has performed a better service than expected. In this context, six attributes –out of the 22 considered– are significantly surpassing customers' expectations: Natural surroundings, Reputation, Decoration, Well located establishment, Quiet place, Friendly treatment (ordered from higher to lower). But, according to customer

perceptions, health spas are also performing some poor or inadequate services: Medicinal waters, Variety of treatments, Food and drink.

The research also found significant differences in the assessment of expectations and perceptions of service quality between *private* and *social* customers. These differences are significant in relation to general average scores and also to specific items. Thus, for private customers six services attributes were assessed in a positive way while nine of them are performing a service worse than expected. In this sense, establishments should earnestly concentrate their efforts in these last elements in order to improve quality for private customers; this should be a short-term objective for marketing management.

On the other hand, the perceptions of social customers scored significantly higher than those belonging to the private customers in every attribute except in five cases, with only three aspects where social program customers expressed their disappointment. There have also been differences in perceived service quality by each group, social customers sharing a better perceived service quality in general.

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