UNIVERSITY OF TARTU
Pärnu College
Department of Tourism Studies

Laura Tael

A CROSS-NATIONAL STUDY OF MOTIVATIONS AND PERCEIVED BENEFITS OF VISITORS TO MEDICAL SPAS IN ESTONIA

Master Thesis

Supervisor: László Puczkó, PhD

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INTRODUCTION

Medical spas are growing in number all over the world and the revenues they are generating annually are increasing as well (SRI International, 2014). Reasons for this growth lie in the fact that the world's population is aging and becoming more affluent which means that they are looking for ways how to rejuvenate and they have more disposable income for doing so (Garcia-Altes, 2005; Thorsteinsdottir, 2005). According to Estonian Spa Association (2013) there are currently seven spas in Estonia that have been granted the category of three-star medical spa, three of them are located in Pärnu, and one that has been granted the category of a four-star medical spa. Not to mention that the three medical spas in Pärnu are located in rather close proximity which means that medical spa operators and marketers have to invent effective ways for attracting and retaining their customers. For this reason, it is crucial that medical spa operators understand what motivates people to seek for a medical spa experience. Moreover, as medical spas in Estonia are visited not only by domestic but also international spa-goers, mostly from Finland, Sweden, Russia, understanding the characteristics and motivations of the visitors of each nation is required.

However, research about medical spas with regard to consumer behaviour and motivations for visiting such spas is scarce. Although there are a few studies about medical tourism in Asian countries and in the US, there is none about Nordic countries. In addition, a few studies have been conducted on motivation factors of spa-goers, however, there is a major gap in academic research regarding the motivations and perceptions of visitors to medical spas. As there are several types of spas, e.g. day spa, destination spa, medical spa and club spa, motivations for visiting each of these are different, too. Although it can be assumed that one of the important underlying motivation for spa-goers, in general, is relaxation, it might not be the case for medical spa-goers.

Therefore, research about medical spas is scarce in the hospitality and tourism contexts. Not to mention that there is a lack of studies about Nordic and European countries with regard to consumers' perceived benefits and motivational influences, as well as cross-national issues in a medical spa context. Another problem lies in the misinterpretation of industry terminology – 'health tourism', 'wellness tourism', and 'medical tourism' are often used interchangeably. On the other hand, sometimes 'medical tourism' is regarded as a sub-set of 'health tourism'. Therefore, there is no univocal understanding of these terms. Consequently, there is a need to study this topic in order to provide medical spa professionals with insights into medical spa-goers' intrinsic motivations and perceptions. This, in turn, will help spa professionals develop more effective ways to design and market their spa services and attract and retain their customers.

The research question under investigation is to determine the underlying motivations of Estonian, Finnish and Swedish spa-goers for visiting a medical spa in Estonia and their perceived benefits of staying at a medical spa. For this reason, this master thesis has several aims:

1) to define and clarify relevant terminology, e.g. 'health tourism', 'medical tourism', 'medical spa';
2) to identify the underlying motivations of people seeking medical spa experiences in Estonia and their perceived benefits of staying at a medical spa;
3) to determine whether differences exist between the three nationalities in question with regard to the reasons why they choose to visit medical spas in Estonia; and
4) to generalize from research findings and make justified recommendations for medical spa managers and marketers on how to design and promote their services according to the research findings.

The tasks which help to achieve the aims of the thesis will include review and analysis of thematic literature as well as preparation and conduction of research and analysis of the research results. Another task will be the presentation of suggestions based on the research. The first and second aim will be attained by academic research as part of the literature review. The third and fourth aim will be accomplished through primary research in conducting surveys. And the last aim will be achieved through the presentation of improvement suggestions based on the research. Accordingly, the first

part of the thesis will be the review of thematic literature, the second part will comprise empirical research and analysis of the research results, and the last part will include recommendations for medical spa managers and marketers.

First part of the master thesis will try to clarify relevant terminology in the spa and health tourism context and describe previous academic research in the field. The latter will be achieved by extensive reading of internationally recognised authors, e.g. Mueller & Kaufmann (2001), Smith & Puczkó (2009), Sheldon & Bushell (2009), etc. In addition, as several studies about medical tourism and motivations of spa-goers are conducted in either Asian countries or the US, considerable proportion of the literature review will focus on outlining the research by tourism researchers of those countries, e.g. Kucukusta & Guillet (2014), Mak, Wong, & Chang (2009), Heesup & Hwang (2013), Yu & Ko (2012), etc. Moreover, the empirical research will utilise self-administered surveys that were distributed to Estonian, Finnish and Swedish visitors of Tervis Medical Spa in Pärnu. In addition, besides examining the underlying motivations and perceived benefits of medical spa-goers, the empirical research will investigate the importance medical spa-goers place on various services offered by medical spas and factors of choice that might influence the decision-making process in order to better understand their preferences. Hence, leading to a better understanding of consumer perceptions and assisting medical spa marketers as they develop ways for attracting customers.

All in all, there is a salient need for investigating the reasons why people patronise medical spa services, and their preferences towards various services and attributes of the medical spa. More importantly, this topic should adopt a cross-national approach as medical spas are visited by both domestic and international travellers. The research outcomes of this master thesis will facilitate medical spa operators and marketers in Estonia in developing more effective ways to attract and retain Estonian, Finnish, and Swedish visitors (e.g., cross-cultural marketing and service strategies). In addition, the questionnaire developed as a part of the research could be adopted to conduct a larger scale survey among other national groups visiting medical spas in Estonia, e.g. Russian, Latvian, Norwegian.

1. LITERATURE REVIEW

1.1. The spa industry

All over the world, the major concerns of the 21st century are related to the ageing population and the concurrent decrease in levels of physical health as well as rising obesity rates. Moreover, exposure to risk factors, such as pollution and pressures of modern society, has resulted in the increase of chronic diseases, higher stress levels, and unhealthy lifestyles (SRI International, 2010). At the same time, people are becoming more knowledgeable about the health risks associated with obesity and the benefits of physical activity. In addition, more and more people are becoming aware of the fact that physical and mental health of an individual are interrelated and affect one another. Malliori (2010) goes further and explains that "persons with an enduring mental illness are at much greater risk than the general population for developing certain physical health problems, most notably cardiovascular disease, diabetes, obesity".

As a consequence, there is a growing interest in preventive care, as well as holistic and preventative health more than ever before (Euromonitor International, 2012). Concomitantly, people are becoming more health conscious than ever and they are seeking balance in their busy lives (Smith & Puczkó, 2009). In addition, more consideration is bestowed upon wellness and how it may be able to improve life (SRI International, 2013). As a result, the notion of health as absence of illness has been substituted with the notion of health as a balance between physical, mental and social well-being. Therefore, spas have become popular health-tourism destinations because they offer treatments that help to achieve balance among mind, body and spirit. Coupled with the fact that the benefits of spa activities are known to reduce stress (Spafinder Wellness 365, 2014), there has been a considerable growth of the spa industry.

According to the definition of International Spa Association (2015), "spas are places devoted to overall well-being through a variety of professional services that encourage the renewal of mind, body and spirit". Together with the related businesses that support and enable the operation of spas, i.e. spa education, media, associations, events, consulting, and investment sectors, SRI International (2014) estimated the spa sector to be $94 billion in 2013, whereas for 2007 the estimated number was only $60 billion. Moreover, the spa industry generated a total economic impact of $277.1 billion for the world economy in 2013 (SRI International, 2014). Although smaller than golf and other commercial sports industries, the spa industry is significantly larger than the global motion picture industry and cruise industry when compared to other recreation and leisure industries (SRI International, 2008). In addition, in 2013 about 1.9 million people were employed at 105,591 spas all over the world (SRI International, 2014). It is also remarkable that the abovementioned 105,591 spas earned $74 billion in spa facility operations revenues, which represent the core of the spa economy, in 2013 (SRI International, 2014). This clearly indicates the growing demand for spas and spa experiences from the customers.

In addition, as reported by the *Global Spa & Wellness Economy Monitor* (SRI International, 2014) that has listed spa facilities according to type, number and revenues earned, the highest revenues in 2013 were earned by day/club spas, followed by hotel/resort spas. The classification of the types of spas using six categories according to International Spa Association (2015) is described in Table 1. According to the above-mentioned report by SRI International (2014), the number of medical spas in 2007 was 4,274 and in 2013 it was already 5,009 and revenues earned were USD 4.6 billion and USD 5.4 billion respectively. This indicates a steady growth of the medical spa industry.

The rapid growth of the spa industry might be the result of the ageing population, who has increased disposable income, searching for relaxation, better health and well-being in a peaceful environment (Garcia-Altes, 2005; Thorsteinsdottir, 2005). Hence, former centres of healing that were traditionally visited for medical benefits – spas – are now in great demand as they attract people interested in health and well-being (Thorsteinsdottir, 2005). Similarly, Smith & Puczkó (2009) argue that there has been a shift from medical

to more relaxing and pampering activities. Moreover, modern spas increasingly help to bridge the health of the body, mind, and spirit (Joppe, 2012). Similarly, Tabacchi (2010) implies that the spa business has moved its original focus on health toward prevention of illness, and that nutrition-related services are growing substantially in importance.

Table 1. Categories of spas and their definitions.

TYPE OF SPA	DEFINITION
Club spa	A facility whose primary purpose is fitness and which offers a variety of professionally administered spa services on a day-use basis.
Day spa	A spa offering a variety of professional administered spa services to clients on a day-use basis.
Destination spa	A destination spa is a facility with the primary purpose of guiding individual spa-goers to develop healthy habits. This lifestyle transformation can be accomplished by providing a comprehensive program that includes spa services, physical fitness activities, wellness education, healthful cuisine and special interest programming.
Mineral springs spa	A spa offering an on-site source of natural mineral, thermal or seawater used in hydrotherapy treatments.
Medical spa	A facility that has a full-time licensed health care professional on-site, which is further defined as a health professional who has earned a degree of Doctor of Medicine (M.D.).
Resort/hotel spa	A spa located within a resort or hotel providing professionally administered spa services, fitness and wellness components.

Source: International Spa Association. (2015). [online] Retrieved from http://experienceispa.com/resources/spa-goers. Compiled by the author

Moreover, it is argued that in future years to come, spa activities will become more and more interwoven with mindfulness techniques in order to achieve a renewed focus and productivity (Spafinder Wellness 365, 2014). Gustavo Silva (2010b), also, argues that spa-goers will develop a new attitude about health management that is focused on a more self-responsible attitude and where health is viewed as an asset.

1.2. What is a medical spa?

The classification of spas by International Spa Association clearly implies the diversity of the spa sector. In addition, the reasons for visiting spas are as diverse. Consequently, the motivations for visiting a medical spa may be radically different from wellness and hotel spas, for example. Unfortunately, in academic literature research around medical spas is nonexistent. The closest study to a medical spa is by Han & Hwang (2013) who have investigated the benefits medical tourists perceive in a medical hotel. Moreover, Han & Hwang (2013) describe medical hotel as a hotel that besides providing

accommodation and conventional hotel services include medical, healthcare and aesthetic-related services in their programmes. In addition, this type of hotel includes modern facilities in its property and appealing accommodations at affordable prices (Han & Hwang, 2013).

In addition, EuropeSpa (2015) describes medical spa as a place where customers are treated over a period of at least two weeks according to a treatment plan compiled by the doctor. According to EuropeSpa (2015), medical spa is controlled by a physician and uses local remedies such as mud, brine, thermal water, salt or the climate in treatments in order to strengthen the patient's overall health. Moreover, health tourism facilities, such as medical spas, in Estonia are "traditionally healing oriented using therapeutic mud or the sea" (Smith & Puczkó, 2009, pp. 114). Similarly, SRI International (2014) states that medical spas operate under the on-site supervision of a healthcare professional and provide "comprehensive medical and/or wellness care in an environment that integrates spa services with traditional, alternative, or cosmetic medical therapies and treatment" (pp. 6). As such, exercise and relaxation techniques are also important to help the guest to learn how to prevent disease and to live healthier. Furthermore, a medical spa can be a destination or a day spa by nature and may specialize in diagnostic testing, preventive care, cosmetic procedures, or a combination of these (Spafinder Wellness 365, 2015). Thus, a medical spa can be defined as a facility that offers both traditional medical treatments and relaxing spa services and has a full-time licensed healthcare professional on-site.

However, Tabacchi (2010) accentuates that medi-spas are one source of confusion as they could easily be confused with medical spas. According to Hilton (2015) medi-spas, in some literature also referred to as medspas, are places that offer aesthetic services, such as Botox, cosmetic surgery, laser hair removal, and are typically owned by dermatologists and cosmetic surgeons. In addition, this is the perception of a medical spa by the British and Americans – that it would be similar to a beauty salon (Smith & Puczkó, 2009). Therefore, it is crucial to make the distinction between the two as medical spas mostly offer medical treatments, e.g. hydrotherapy and physiotherapy treatments, while medi-spas provide only aesthetic services, e.g. plastic surgery.

In addition, Tooman & Viin (2010) have provided an overview of how the categorisation system for Estonian spa and wellness hotels was developed. According to the results of the survey, Tooman & Viin (2010) have proposed several classification requirements for the medical spa category: medical spas have to have a license to provide specialised outpatient medical care, separate reception for treatment and spa service, special diet menu, a swimming pool (at least 25 m) and at least two different types of saunas in a three-star medical spa hotel and three types of saunas in the case of four and five stars. More importantly, medical spas have to guarantee an appointment of an attending physician to each client if needed, and a three-star medical spa hotel should have at least three physicians per 100 beds, whereas the number of places for therapeutic procedures per 100 beds is 13 (Tooman & Viin, 2010). Furthermore, Tooman & Viin (2010) have defined medical spa hotel as follows: "medical spa hotel is a recognised hotel licensed to provide outpatient medical care that specialises primarily in various rehabilitation, dietary and medical spa services" (pp. 356). What differentiates spas and wellness spas from medical spas is the absence of medical services and a greater emphasis on ambience (Tooman & Viin, 2010).

Moreover, medical spas in Estonia are mostly old sanatoriums that have been renovated but where the content has remained the same – they provide care and treatment for people for the improvement of their health. In addition, many new spas are located in the vicinity of the former sanatoriums. There are several medical spas in Estonia that started their operations 30-40 years ago as sanatoriums which meant that their customers or patients were local working-age people, who were sent to the sanatorium by the kolkhoz or trade unions (Asser, 2013). For example, nowadays modern Toila Spa Hotel was a popular place for the treatment of coal miners during the Soviet era – during its opening years (from 1989) the sanatorium was only engaged in treating the members of the trade union that was subject to the Ministry of the Coal Industry of the USSR on a daily basis (Asser, 2013). Nowadays, medical spa-goers must pay for the spa services themselves, with the exception of people with an occupational illness whose medical spa expenses will be partially covered by the state (Asser, 2013). Other differences between the old sanatoriums and new medical spas include the treatment period, which in the Soviet era was 24 days and now is only five to seven days; the appearance of the facilities that used to be hospital-like; increase in the number of

treatment packages and various facilities, e.g. water and sauna centres, as well as target groups and international customers (Asser, 2013).

However, sanatorium is perceived differently by the Americans and most European countries, where sanatorium is most typically referred to as a medical facility that is associated with the treatment of tuberculosis. Especially in Germany, where sanatoriums were established for the systematic open-air treatment of tuberculosis, which was based on high altitude, abundant diet and out-door exercise under the direct and strict supervision of the doctor (McCarthy, 2001). In addition, Oxford English Dictionary (2015) associates sanatorium with either the treatment of invalids, convalescent patients, or consumptives. However, Merriam-Webster (2015) defines sanatorium as "a place for the care and treatment of people who are recovering from illness or who have a disease that will last a long time". Therefore, different perceptions exist about sanatoriums nowadays.

In conclusion, however, it might be suggested that a medical spa hotel is a hotel that besides providing conventional hotel services, combines extensive medical care services, e.g. traditional medical therapies and health-related examinations, with relaxing spa and beauty treatments. In addition, a medical spa hotel might comprise of various facilities, e.g. bars and restaurants, shops, sauna and water centre, cultural centre, sports hall, gym, etc. Furthermore, in the case of Estonia a medical spa is mostly an old but renovated sanatorium.

1.3. Health tourism, wellness tourism, medical tourism: where do medical spas fit?

Although a medical spa can be regarded as a type of spa in the spa industry, medical spas also traverse the aspects of health, wellness and medical tourism. Therefore, it is imperative to understand relevant terminology. Although focusing on market segmentation, Stanciulescu & Molnar (2010) have stressed the importance of making a distinction between the health and the wellness aspects. According to Stanciulescu & Molnar (2010), health tourism can range from travel for the purpose of relaxation to travel for specific medical reasons, while wellness tourism is undertaken by healthy people interested in maintaining their well-being through therapies. Furthermore,

Stanciulescu & Molnar (2010) have described that health tourism clients are mostly affluent, female, middle-aged private clients who are motivated to participate in health tourism for several reasons, such as improving their appearance, losing weight, relieving stress, becoming fitter, etc.

A more elaborate definition of health tourism is provided by Mueller & Kauffman (2001), who have translated it from German:

> 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. (Mueller & Kauffman, 2001, pp. 7)

As such, health tourism is encompassing all health-related services and activities that might improve the condition of one's physical and mental health. At the same time, Gobal Spa Summit (2011) has made the suggestion to treat the term health tourism as an umbrella term, encompassing both the medical tourism and wellness tourism markets.

First of all, SRI International (2014) estimated the wellness tourism industry to be $494 billion in 2013 and it is projected to grow by 9.1% annually through 2017, at a growth rate that is nearly 50% higher than that of overall global tourism. As wellness tourism "comprises healthy persons travelling to another country (or another city/region within their country) to pursue holistic, preventive, or lifestyle- based services that enhance their personal well-being" (SRI International, 2010) and taking into account the afore-mentioned changes in the attitude towards health, the considerable growth rate of the industry does not come as a surprise. The definition of wellness tourism provided by Sheldon & Bushell (2009) is even more comprehensive:

> Wellness tourism is a holistic mode of travel that integrates a quest for physical health, beauty, or longevity, and/or a heightening of consciousness or spiritual awareness, and a connection with community, nature, or the divine mystery. It encompasses a range of tourism experiences in destinations with wellness products, appropriate infrastructures, facilities, and natural and wellness resources. (Sheldon & Bushell, 2009, pp. 11)

This means that wellness tourists travel for the purpose of finding balance and harmony in their lives by means of improving and preserving their physical, mental and spiritual wellness. More importantly, wellness industry products and services provide proactively to healthy people, those without an existing disease, to make them feel even healthier and look better, to slow the effects of aging, and/or to prevent diseases from developing

in the first place (SRI International, 2010). Although wellness spas might cater to such needs, it could be the case that medical spas, that mostly offer medical treatments, are not able to fulfil those purposes. In contrast to wellness tourism, medical tourism is on the reactive side: it provides products and services that seek to either treat the symptoms of a disease or eliminate the disease (SRI International, 2010). This means that medical tourism customers are usually with an existing illness or a health problem they wish to relieve.

Furthermore, medical tourism is a rapidly evolving trend (Connell, 2006; Han & Hwang, 2013; Horowitz & Rosensweig, 2008; Lunt & Carrera, 2010; Reddy, York, & Brannon, 2010; Yu & Ko, 2012). *Patients Beyond Borders* (2014) estimated that the worldwide medical tourism market is growing at a rate of 15-25% and that the market size is USD 38.5–55 billion. Similarly, the *2013 Global Wellness Tourism Economy Report* (SRI International, 2014) has estimated the market size for medical tourism to be USD 50–60 billion which includes only international/inbound tourism. In addition, several researchers consider medical tourism to have emerged from the broader notion of health tourism (Lunt & Carrera, 2010; Lunt, Smith, Exworthy, Green, Horsfall, & Mannion, 2011; Munro, 2012). As such, Munro (2012) argues that medical tourism has become a universal term that embraces all facets of consumers seeking any kind of health-related activity, such as treatment, improvement or change through medical or wellness practices, away from home. In the same way, Reddy et al. (2010) have opted for a definition of medical tourism which includes both health and wellness treatments, e.g. invasive heart surgeries and less invasive wellness treatments such as spa and massage therapies.

In addition, Munro (2012) argues that a distinction has to be made between medical tourism and medical travel, whereby *travel* reflects a purposeful, not recreational trip, and *tourism* suggests a more leisurely and pleasurable trip. Munro (2012) elaborates that medical travel is the process by which a consumer gets treatment, which is nearly always invasive, for a medical condition, including cancer therapies, major surgery procedures, experimental procedures, etc. Moreover, Horowitz & Rosensweig (2008) make the distinction between the traditional model of medical tourism, where people travel from less developed countries to highly developed countries for advanced

medical treatment, and a new trend that has reversed direction, whereby patients travel from developed countries to developing countries.

On the other hand, Lunt et al. (2011) describe medical tourism simply as "travel across international borders with the intention of receiving some form of medical treatment" (pp. 7), which most commonly includes elective surgery, dental care, and fertility treatment. In the same way, Smith & Puczkó (2009) define medical tourism "as travel to destinations to undergo medical treatments such as surgery or other specialist interventions" (pp. 101). However, Smith & Puczkó (2009) direct attention to the fact that this form of tourism can have two forms: surgical, that involves certain operation(s), and therapeutic, that is less invasive and means participating in healing treatments.

Similarly, Sziva (2010) has emphasised the importance of differentiating surgical tourism from therapeutic tourism in the case of Hungarian medical tourism. However, this applies to all countries that are dealing with one or another aspect of medical tourism, be it surgical, cosmetic, dental, etc. Thus, Sziva (2010) has provided the following definition for medical tourism: "medical trips to abroad with the voluntary (main or part) motivation of obtaining medical health services based on particularly Western medicine, which might include alternative healing methods as well as outpatient surgeries, but excludes treatments for expatriates and emergency cases".

A more interesting approach on medical tourism is the one by Buzinde & Yarnal (2012) who claim that "therapeutic landscapes provides a lens through which to examine the link between place and health" (pp. 784). Williams (2010) took the topic of therapeutic landscapes even further stating that the increased recognition of the positive relationship between health and spirituality calls for the investigation of the places that work to achieve physical, mental and/or spiritual healing, i.e. spiritual therapeutic landscapes. After all, the history of health tourism dates back to the pilgrimages that were, on the one hand, undertaken for religious but, on the other hand, healing purposes (Joppe, 2012). Similarly, Smith & Puzcko (2009) suggest interconnectedness between spas and spirituality bringing Lourdes in France that is both a healing spring and a pilgrimage destination as an example. More importantly, Buzinde & Yarnal (2012) believe that utilising the framework of therapeutic landscapes can promote the understanding that

medical tourism destinations are curative places, where modern and alternative forms of medicine are combined with travel and recreation. In addition, Buzinde & Yarnal (2012) argue that medical tourism destinations might benefit from strategic essentialism, i.e. ethnic groups presenting themselves, as it would attract more tourists. Besides, standard travel and vacation are an integral part of medical tourism (Bies & Zacharia, 2007; Buzinde & Yarnal, 2012; Connell, 2006).

However, the distinction between medical and wellness tourism might not always be clear. For example, in the article "A Case Study of Innovative Wellness Tourism: The Case of RP Vacations, Netherlands" E. Brooker and M. Joppe (2010) assert that Roompot Parks in the Netherlands has capitalized on the renewed interest in well-being and in doing so has developed an innovative programme that combines health and wellness activities and facilities in holiday parks. More precisely, Roompot Care is an extension of the Roompot offering that is the result of merging health care, i.e. kidney dialysis, and vacations within its existing operation; thus, providing guests to obtain a variety of quality health and wellness services while also enjoying their vacation (Brooker & Joppe, 2010).

Lastly, as *medical tourists* "are patients who are mobile through their own volition" according to Lunt and Carrera (2010, pp. 28), it is important to understand those drivers that motivate people to seek treatment abroad. First of all, De Arellano (2007) highlights that medical tourists are looking for less expensive health care. Similarly, MacReady (2007) has suggested that the key drivers of medical tourism are high treatment costs, long waiting lists and unavailability of treatment at home. According to Glinos, Boffin, & Baeten (2005) the number one reason why medical tourists travel to Belgian hospitals for treatments is the speed of obtaining treatment or operation. Furthermore, Glinos et al. (2005) state that even after the long waiting lists have shortened back at their home countries, several cross-border patients have continued to travel to Belgian hospitals for treatment owing to the very positive experiences they had received there. Thus, asserting the importance of providing quality service in order to induce repeat visits. Moreover, Bies & Zacharia (2007) proposed that medical tourists can enjoy numerous benefits, e.g. cost savings, reduced waiting time and, thus, reduced stress levels, and the opportunity to combine medical procedures with traditional tourist

attractions. Connell (2006) as well has argued that besides economic benefits, medical tourism offers anonymity, privacy, and the possibility of combining purposes of medical care with a standard tourist visit.

When asked to define the term medical tourism, only 5% of the respondents in the study carried out by Global Spa Summit (2011) mentioned medical spa services as the type of service sought by medical tourists and 2% mentioned rehabilitation (among other services cosmetic procedures, surgical or invasive procedures, preventive services, and elective procedures were emphasised). Therefore, it might be assumed that there is not much collaboration between the medical tourism sector and medical spas and that medical spas fit better into the spa tourism industry.

Despite the considerable growth rate of both medical tourism industry, spa industry and an increase in the number of medical spas, academic research about medical spas is scarce. Moreover, research surrounding benefits that medical spa-goers may receive, perceptions and motivations of visiting a medical spa, and the cross-national phenomenon of medical tourism remains insufficient. Having provided an overview of the spa industry, described the multi-faceted nature of health and medical tourism, and defined the pertinent terminology, the next part of the literature review will describe the work that has been reported on the topic of consumer motivations and benefits in the health tourism context, including medical, wellness and spa tourism.

1.4. Consumer motivations and perceptions in the context of wellbeing tourism and health spas

Although the physiological needs, e.g. hunger and thirst, “are usually taken as the starting point for motivation theory” (Maslow, 1943, pp.372), motivation theory as a set of needs was presented by Maslow (1943) as a pyramid-shaped hierarchy with five layers. According to Maslow (1943) there are five basic human needs: physiological needs, safety, social needs, esteem, and self-actualization. In addition , Maslow (1943) has stated that “when a need is fairly well satisfied, the next prepotent ('higher') need emerges, in turn to dominate the conscious life and to serve as the centre of organization of behaviour, since gratified needs are not active motivators” (pp. 394–395). Therefore, the human needs are related to each other. In the context of tourism, “motivation [to

travel] refers to a set of needs that cause a person to participate in a tourism based activity" (Park & Yoon, 2009, pp. 100). Therefore, it is imperative to investigate why people engage in such activities. However, reasons for travel might be varied among people and often people might be motivated not only by one but a set of travel needs. Among other researchers, Yoon & Uysal (2005) have made the distinction between push and pull motivations. Connected to internal factors that cause people to seek tourism based activities, escaping from routine and searching for authentic experiences are examples of push motivations (Yoon & Uysal, 2005). On the other hand, natural scenery and cultural attractions serve as pull motivations as they are related to external or cognitive attributes that pull tourists to a destination (Yoon & Uysal, 2005).

Konu & Laukkanen (2010) attempted to evaluate the predictive influence of those push and pull factors in the context of wellbeing tourism. Konu & Laukkanen (2010) determined that the most important motivation for taking a wellbeing holiday was to refresh oneself and the results suggest that wellbeing destinations are seen as rather fashionable places to visit. With regard to the pull factors, it seems that tourists who are interested in taking wellbeing holidays are interested in water park and/or spa, natural sights and easy access at the destination (Konu & Laukkanen, 2010). Moreover, the research results suggest that potential wellbeing tourists are not interested in packaged services, but rather they prefer individual programmes (Konu & Laukkanen, 2010).

In addition, Mueller and Kaufmann (2001) investigated the reason for staying at a wellness hotel in Switzerland. The results of the above-mentioned study demonstrate that the main reason for staying at a wellness hotel was recreation, reported by almost half of the respondents, followed by the wish to do something for one's health, reported by only one-fifth. Furthermore, Mueller and Kauffman (2001) used cluster analysis to better distinguish between wellness guest groups and the analysis identified four segments: 'demanding health guests', whose main reason for staying at the wellness hotel was to promote health; 'independent infrastructure users', who are mostly men (as opposed to other segments) and appreciate wellness facilities; 'care-intensive cure guests', whose main purpose is healing, convalescence, and health promotion; and 'undemanding recreation guests', who are visiting the hotel primarily for recreation and relaxation.

As the spa market is constantly changing, so are the perceptions and attitudes of spa-goers. An older study by Snoj & Mumel (2002) investigated the importance of service quality elements in Slovenian health spas in two periods: 1991 and 1999. The differences in the importance of service quality components attributed by the customers of two health spas in Slovenia indicate that the total health spa service quality score was significantly lower in 1999 (Snoj & Mumel, 2002). Snoj & Mumel (2002) argue that this might be the result of more demanding expectations from the customers. Moreover, Snoj & Mumel (2002) determined that the most important spa service quality components had changed over the course of eight years: in the 1991 research 'employees' commitment to guests' comfort' was the top-ranked component, whereas, 'medical and other professional programmes' had become the most important quality component in the 1999 research. Snoj & Mumel (2002) assume that the latter is the result of the fact that more and more health spa visitors are paying for their stay by themselves, instead of being paid for by the state health security system. It is also interesting that the biggest rise in relative importance was made by two components: 'recreation' and 'employees' capacity to recognise the needs of their guests' (Snoj & Mumel, 2002). Based on these results, it might be suggested that health spa visitors, and spa-goers in general, are looking for different ways to spend their pastime that promotes relaxation and enjoyment. Moreover, the results imply that each guest has individual needs and reasons for visiting a health spa, thus, it is becoming more and more important that those differing needs will be noted and cared for.

In addition, Alén, Fraiz, & Rufín (2006) investigated the criteria used by the customers of Spanish health resorts to rate the quality of the service and assess the perceived service quality according to those criteria. Research results revealed that customers assign higher importance to such attributes as medicinal water, cleanliness and hygiene, employees with good training, staff with good appearance, and friendly treatment, while the lowest importance is assigned to parking facilities, decoration, complementary activities, well-located establishment, and competitive prices (Alén et al., 2006). It appears to be that in the case of health spas, customers exhibit higher levels of expectations to attributes related to employees than to attributes related to the location and appearance of the facilities. More importantly, Alén et al. (2006) made the distinction between private customers, who pay for their stay themselves, and social

customers, who visit health spas as part of their social insurance system, and found interesting differences between the two groups with regard to service expectations. On the one hand, private customers displayed higher average expectation of cleanliness and hygiene, whereas, their expectations are lower with regard to decoration (Alén et al., 2006). On the other hand, social customers demonstrated higher expectations for medicinal waters and medical assistance, while ascribing lowest expectations on parking facilities (Alén et al., 2006).

In general, it can be concluded based on the findings of Mueller & Kaufmann (2001), Konu & Laukkanen (2010), Snoj & Mumel (2002), and Alén et al. (2006) that health tourists are motivated by health promotion, healing, convalescence, relaxation, recreation, and refreshing. In addition, these customers are interested in water parks or spas, medical programmes, natural sights, and medicinal waters.

1.5. Consumer motivations and perceptions in the context of spas

Perhaps one of the most recent studies about spa-goers and their perceptions is by Kucukusta & Guillet (2014) who examined the value spa-goers attach to pre-determined attributes – price, therapist qualification, level of privacy, range of spa facilities, and spa product branding – taking Hong Kong as a case. From these attributes, spa-goers' preferences are mid-level prices, high level of therapist qualification, high level of privacy, full range of spa facilities, and branded spa products (Kucukusta & Guillet, 2014). Moreover, Kucukusta & Guillet (2014) identified through assessing the relative importance of each attribute that therapist qualification, price, and level of privacy had higher average importance than product branding and range of facilities. In addition, the findings illustrate that those who prefer medical and day spas consider therapist qualification the most important attribute when making spa bookings (Kucukusta & Guillet, 2014).

Similarly, the study by Mak, Wong, & Chang (2009) focused on Hong Kong spa-goers and explored the fundamental factors that motivate these individuals to search for spa experiences. Of the five factors identified, 'relaxation and relief' was considered as the most important motivating factor, followed by 'escape', 'self-reward and indulgence'

and ‘health and beauty’ factors (Mak et al., 2009). However, the factor ‘friendship and kinship’, that includes such items as ‘spend time with family’ and ‘enhance family bonding’, was found to be the least significant (Mak et al., 2009). More importantly, the study revealed that spa-goers with a relatively higher income do not place so much importance on bonding with friends and family as do spa-goers with a lower income (Mak et al., 2009). In addition, with regard to the ‘escape’ factor as a motivator, male spa visitors tend to be more motivated by this factor than their female counterparts, and respondents with the highest educational background (master’s/PhD degree) more than the respondents with a lower educational background (secondary/matriculation) (Mak et al., 2009). However, it must be noted that only 5% of the respondents had visited a medical spa as a part of their past spa experience; thus, these results might not be accurate in the medical spa context.

Also focusing on the Honk Kong hotel spa market, Kucukusta, Pang, & Chui (2013) investigated the reasons why travellers visit Hong Kong hotel spas and identified that relaxation, pampering, and beautifying are the top three reasons of visiting hotel spas. The fact that health improvement and medical reasons ranked as secondary reasons of visiting a hotel spa indicates that there has been a shift in the focus of the spa: no longer are spas visited for the purpose of healing illnesses, but rather they are visited for preventive purposes (Kucukusta et al., 2013). With this in mind, Kucukusta et al. (2013) state that “medical spas are emerging to cater to people with medical treatment needs” (pp. 570). In addition, Kucukusta et al. (2013) examined the selection criteria that travellers consider when choosing a hotel spa and identified that the top three most significant selection dimensions were therapists, price, and product and treatment types, whereas, location and facilities were ranked as the least important selection dimensions. From the individual selection attributes, professional skills, product and service knowledge, sense of privacy, range of facilities, and product branding were identified as the most important attributes influencing travellers’ hotel spa selection (Kucukusta et al., 2013).

Moreover, Tsai, Suh, & Fong (2012) have investigated the motivations and the preferred services and treatments of male spa-goers in Hong Kong. The results of this study, too, illustrate that ‘relaxation’ is the most important reason for visiting a hotel

spa. In addition, Tsai et al. (2012) identified that 'self-indulgence' is the second most cited motive, followed by 'health', whereas, 'lose weight' and 'beauty' are the least cited reasons for visiting a hotel spa. Moreover, body massage, body scrub/exfoliation and facial treatments are among the most often consumed services by male hotel spa-goers in Hong Kong, while pedicure is the least consumed service (Tsai et al., 2012). Furthermore, the study examined male spa-goers' perceived importance of hotel spa attributes and identified that price of spa service(s), security measures, staff communication skills, and staff knowledge are the four most important attributes (Tsai et al., 2012).

In addition, Gustavo Silva (2010a) conducted a national survey in Portugal where spa-goers were questioned as to the regularity, services used, motivations, satisfaction level, and factors of choice. Pertaining to the motives in visiting a spa, as much as 74.3% of the survey respondents mentioned relieving stress and/or relaxation as very important (Gustavo Silva, 2010a). In addition, improving mental and physical health can be regarded as main motives for visiting a spa as more than 50% of the respondents considered these aspects to be relevant in visiting a spa (Gustavo Silva, 2010a). However, detoxification, cure/treatment and anti-aging were not considered important by the respondents (Gustavo Silva, 2010a). With reference to the most relevant services used at spas, Gustavo Silva (2010a) identified that customers prefer massages and body treatments (including thermal water therapy), but they are not keen on aesthetic medicine, yoga and meditation. This concurs with the finding of Tabacchi (2010) that massages and body wraps are the most sought after services. What is more, survey results revealed that the most relevant factors in the decision formation are the quality of treatment, service, hygiene and cleanliness, the service cost and the spa location (Gustavo Silva, 2010a).

Koh, Yoo, & Boger (2010) also conducted a research in order to understand the diverse motivations of spa-goers in Texas. Based on the findings of the survey, four dimensions underlying the benefits sought by spa-goers were identified: social, relaxing, healthy, and rejuvenating (Koh et al., 2010). Grouping those spa-goers, who valued similar benefits, three distinct customer segments emerged. In general, the results suggest that escapists and hedonists seek multiple benefits from spa visits: escapist spa goers are

interested in relaxation, experiencing ways to improve their health and in rejuvenating themselves; while hedonists like to be pampered, share their spa experience with family and friends, and escape from daily life while improving their health and rejuvenating their spirit all at the same time (Koh et al., 2010). Conversely, neutralists only seek relaxation and they are not motivated by socializing, improving their health, or rejuvenating (Koh et al., 2010). What is more, the results of this study corroborates the finding of Mak et al. (2009) that male spa-goers and people with higher education are more likely to be escapists.

Smith & Puczkó (2009) have also suggested reasons on a more general level why people travel and go to spas and wellness centres. Although the main motive Smith & Puczkó (2009) highlight is stress relief, spa-goers are also motivated by such aspects as healthy nutrition and weight loss, having anti-aging cosmetic treatments, and fitness and exercise. Tabachhi (2010), as well, explored the reasons of spa visiting and identified that the primary purpose of visiting spas is to reduce stress and to relax, followed by the purpose of regaining a balance between one's mind, body and spirit. Moreover, Kim, Kim, Huh, & Knutson (2010) investigated consumers' behavioural intention to spa visiting and determined that perceived behavioural control, measured by perceived barriers to spa visiting (i.e. time and money), past experience and spiritual wellness can be considered as the most significant predictors to spa visit. Accordingly, Kim et al. (2010) suggest that spa experience should include such mind-relaxing activities as meditation, yoga and Tai Chi.

As several studies (e.g. Gustavo Silva, 2010a; Koh et al., 2010; Kucukusta et al., 2013; Mak et al., 2009; Tsai et al., 2012) already identified, relaxation is the most important motivating factor for visiting a spa. With this in mind, Loureiro, Almeida, & Rita (2013) examined the effect of atmospheric cues and involvement on pleasure and relaxation, taking hotel thermal spas in Portugal as a case. The research results suggest that atmospheric cues, e.g. design, scents, music, colour, lighting, have a positive effect on relaxation felt by customers and this positive experience, in turn, is important for generating satisfaction and word-of-mouth (Loureiro et al., 2013). González, Comesaña, & Brea (2007), also, determined that satisfaction exerts great influence on word-of-mouth. In other words, people are more willing to recommend a spa to their friends if

they are satisfied with their stay. In addition, the feeling of relaxation and calmness are more important to lead to satisfaction than the feelings of joy and pleasure (Loureiro et al., 2013). Thus, it can be inferred that creating the feelings of relaxation and calmness in the customer is crucial in the spa industry context. In general, this study emphasises the importance of 'relaxation' in the generation of customer satisfaction.

With regard to research methods the authors have used, survey questionnaire was employed in all of the afore-mentioned studies. In addition, a few studies, i.e. Mak et al. (2009), Kucukusta et al. (2013), Tsai et al. (2012), also conducted focus group interviews to explore the possible variables that could be used in the questionnaire. Moreover, majority of the afore-mentioned studies, i.e. Mak et al. (2009), Kucukusta et al. (2013), Tsai et al. (2012), Koh et al. (2010), Loureiro et al. (2013), utilised a five-point Likert-type scale to examine the importance of various attributes. Overall, what the above-mentioned studies are asserting is the fact that relaxation and stress-relief are the underlying motivations for visiting a spa, whereas, health and medical reasons are secondary motivations. Moreover, it can be deduced from the research findings of Kucukusta & Guillet (2014), Kucukusta et al. (2013), and Gustavo Silva (2010a) that therapists, price, and range of facilities are the most important hotel spa selection criteria. Furthermore, as Gustavo Silva (2010a) and Tabacchi (2010) ascertained, massage and body treatments/wraps are the most sought after services at a spa.

1.6. Consumer motivations and perceptions in the context of medical hotels and medical tourism

Research about medical spas with regard to consumer behaviour and motivations for visiting such spas is scarce. However, Han & Hwang (2013) have attempted to examine the possible benefits medical tourists perceive in a medical hotel. Although focusing on Chinese, Japanese, and Korean traveller groups, the findings of the study by Han & Hwang (2013) give valuable insights for medical-hotel operators. For instance, it was identified that medical tourists would be willing to stay at a medical hotel and/or recommend it if the medical hotel provided convenience, reduced financial burden for customers, and enhanced medical-service quality (Han & Hwang, 2013). Moreover, the results of the study revealed that in a medical-hotel context significant differences exist

in terms of consumer behaviour among Chinese, Japanese, and Korean travellers, thus, proving that cultural differences affect medical travellers' decision formation (Han & Hwang, 2013).

Other studies have focused on medical tourism, for example Yu & Ko (2012) explored the factors related to possible participation in medical tourism by Chinese, Japanese, and Korean visitors to Jeju Island, located south of the Korean Peninsula. The study established four factor groups: selection, inconvenience, medical treatment, well-being and healthcare (Yu & Ko, 2012). The results of this study, too, illustrate that cultural differences among Chinese, Japanese and Korean visitors affect their pursuit of medical tourism (Yu & Ko, 2012). In addition, the research results suggest that with regard to cost the demand for aesthetic and healthcare services, i.e. diagnostic programs, spa, massage, and thalassotherapy, are elastic, whereas rehabilitation treatments may be less price-elastic.

Moreover, Sziva (2010) has listed the main factors of medical travel decision which she has divided into two categories: medical and touristic. Under medical factors Sziva (2010) underlines the issues of insurance and guarantee, follow-up services, as well as the reputation and skills of the doctors, price, results of the treatments, and foreign language skills. On the other hand, touristic factors encompass such issues as price of the trip, cultural closeness, safety and stability, reputation as a touristic destination, and developed infrastructure (Sziva, 2010).

In addition, Reddy, York, & Brannon (2010) have used the theory of planned behaviour to investigate American undergraduates' beliefs towards medical tourism and the likelihood to consider travelling abroad for their own medical treatment. The research results suggest that the most influential factors in participants' attitudes towards medical tourism were related to beliefs about finding a very competent and well-trained doctor, pursuing treatments not approved in the USA, being able to travel and have the opportunity to vacation, and finding a high quality private medical facility (Reddy et al., 2010). Moreover, when considering the participation in medical tourism, participants were also concerned about the fact that the medical treatment would be in a developing country rather than a developed country, the nature or severity of the medical condition/procedure, and the cost of the procedure (Reddy et al., 2010).

Although research about medical hotels and medical tourism has not focused on consumer motivations, the research conducted gives valuable insights into the factors related to possible participation in this form of tourism. Deriving from the above-mentioned studies, the prime factors of medical tourism decision are convenience, cost, opportunity to travel and vacation, and service quality.

1.7. Hotel choice criteria

As medical spa hotels also offer traditional hotel services, e.g. accommodation, meals, etc, it is also important to understand the criteria that customers bear in mind when deciding which hotel to choose. It might be the case that some medical spa visitors might just be staying overnight at the hotel without utilising any other medical spa service except for accommodation. For example, Yavas & Babakus (2005) note that "understanding guests' needs above all necessitates an understanding of how they choose a hotel" (p. 359). Therefore, Yavas & Babakus (2005) explored whether the underlying structure of hotel choice criteria differs among business and leisure guests. From the 18 attributes, five factors were generated for both groups: general amenities, including items such as access to computer, exercise facilities, meeting facilities; convenience, e.g. ease of making reservations; core service, e.g. location and room rates; room amenities, e.g. quietness of heating/air conditioning; and ambiance, e.g. attractiveness of exterior and interior design (Yavas & Babakus, 2005). While general amenities factor was equally important for both groups, the second most important factor for business guests was convenience and core service was the third-ranking factor, whereas for leisure guests the order was vice versa (Yavas and Babakus, 2005).

Moreover, according to Tabachhi (2010) business and vacation travellers expect to find spas in their hotels. However, a similar, albeit earlier, study by Chu & Choi (2000) that used importance-performance analysis to examine the perceived importance and performance of hotel selection factors in Hong Kong did not identify any differences in business and leisure travellers' perceptions towards the six factors: service quality, business facilities, value, room and front desk, food and recreation, and security. Nevertheless, when deciding which hotel to choose, room and front desk was regarded as the most important factor by business travellers and security by leisure travellers (Chu & Choi, 2000). Being concerned with maintaining high level of professionalism at

spas, International Spa Association has presented *Global Best Practices for the Spa Industry* (n.d.) where best practices for 'safety' are outlined in three categories: facility, staff and guests. This indicates that safety, indeed, is an important factor in the tourism industry, in general, and measures have been taken by industry professionals to ensure excellence in that field.

Many international visitors of Estonian medical spas are using the services of tour operators and purchasing package tours to visit medical spas in Estonia. This means that transportation, accommodation together with treatment packages and meals are already included in the price of the trip. Wong & Kwong (2004) investigated the underlying factors of the selection criteria that Hong Kong residents use to select all-inclusive package tours and determined that tour arrangements and service quality was the most important of the identified eight factors, followed by routing and time. Although the focus of this study was on Hong Kong residents and all-inclusive package tours, the findings of the study demonstrate the overall preference of tourists – exceptional service quality, safety and guarantee. Overall, it can be concluded from the findings of Yavas & Babakus (2005), Chu & Choi (2000), and Wong & Kwong (2014) that travellers place the most importance on such factors as access to general amenities, as well as to a spa, safety and security, and service quality when they are choosing which hotel to visit or package to purchase.

Based on the findings of this literature review, it can be summarised that there exists a theoretical gap in research related to medical spas and the motivations for visiting such spas. Although there are a few studies about medical tourism in Asian countries, and a few studies have been conducted on motivation factors of spa-goers in the USA and Hong Kong; there is a major gap in academic research regarding the motivations and perceptions of visitors to medical spas in particular. Therefore, there is a need to study this topic in order to provide medical spa professionals with insights into medical spa-goers' intrinsic motivations, which will will help them to develop more effective ways to design and market their spa services and attract and retain their customers.

2. RESEARCH METHODOLOGY

2.1. Overview of Tervis Medical Spa

As Tervis Medical Spa in Pärnu, Estonia, serves as the basis for the empirical part of this work, the following chapter will give a brief overview of the above-mentioned medical spa hotel.

Tervis Medical Spa, henceforth SPA Tervis, situated close to Pärnu beach, is the biggest 3-star medical spa in Estonia that has provided professional spa treatment and procedures for more than 40 years (Tervis Medical Spa, 2015). Opened in 1971 as a sanatorium, the objective of the company was to provide health care services to collective farm workers of different regions (Asser, 2013). During that time, trade unions, not workers themselves, purchased the so called sanatorium 'voucher' which was then sold or given as a gift to the employee. In fact, kolkhoz, i.e. collective farm, sent their workers to Tervis until the end of the Soviet era. In addition, it is important to note that there are three brands that are shown to the customer: Tervis medical spa, which is the parent company; Tervise Paradiis spa hotel and water park, which is a subsidiary company opened in 2004; and Tervis Spa Group that represents the interests of both the parent company and the subsidiary.

Nowadays, SPA Tervis is a huge complex consisting of seven buildings – first, second and third building with hotel rooms, cultural centre, leisure centre, therapy complex, and water and mud therapy centre – that are connected by a glass gallery on the second floor. With the completion of the third building in 2002, SPA Tervis accommodates 494 guests in 260 rooms. In addition, SPA Tervis offers various opportunities for spending a memorable holiday: the leisure centre features a sauna and water centre with a

swimming pool and different saunas, a fitness gym, beauty salon Helmi and a sports hall where different ball games can be plaid. Furthermore, different cultural events, e.g. concerts, dance nights, and guided tours are organised every week. Not to mention that the complex houses three bars, a restaurant, a conference hall with 286 seats, smaller seminar room seating 16 people and conference hall with 40 seats (Tervis Medical Spa, 2015).

As a medical spa, SPA Tervis provides professional treatment for bone, joint, heart, circulation, peripheral and functional nervous system problems (Tervis Medical Spa, 2015). Therefore, the treatments offered focus mostly on medical services: SPA Tervis offers an extensive selection of resort therapy procedures and various health-related tests and examinations. Moreover, customers can use the services of other medical specialists not employed by Tervis Spa Group, such as gynaecologist, dentist, and Tartu University Hospital's Men's Clinic. More importantly, the medical spa offers rehabilitation services which means that SPA Tervis enables "people with disabilities, serious or long-term illnesses to reach and maintain their optimal, physical, sensory, intellectual, psychological and social functional levels" (Smith & Puczkó, 2009, pp. 67).

All together, SPA Tervis offers 50 different medical and relaxing treatments (Tervis Medical Spa, 2015). Medical treatments can be divided into following categories: massage; hydrotherapy; thermotherapy; kinesitherapy; physiotherapy; and other therapies. In addition, SPA Tervis is especially proud of its mud treatments as it is the only spa in Pärnu that is using local and natural high-quality mud from Lake Ermistu. Due to the nature of the treatments, some treatment packages include a private consultation with a doctor, during which a suitable treatment plan is composed for the guest. On the other hand, SPA Tervis offers various relaxing treatments that include, for example, body care treatments and fish therapy as well as beauty salon services.

The mission of Tervis Medical Spa is "to guide people to value their health" (Tervis Medical Spa, 2015). Not only does this statement refer to the customers of Tervis Medical Spa, but also to the employees and visitors of the spa who are not staying at the hotel. Moreover, the vision of Tervis Medical Spa "to be a known and acknowledged carrier and developer of spa traditions in the Baltic Sea region as well as a preferable

destination to spend a healthy holiday in Estonia" (Tervis Medical Spa, 2015) implies that SPA Tervis is proud of its long history and acquired competence.

2.2. Research strategy and data collection practicalities

The following chapter will explain the methodology of primary data collection and the data-collection procedure. In addition, this chapter will provide an overview of the questionnaire design. All the tables and figures presented in this chapter are compiled by the author.

To identify the underlying motivations for domestic and international travellers seeking medical spa experiences in Estonian medical spas and the possible benefits that those visitors may receive, survey was chosen as research strategy. The research method employed in this study is questionnaire because it allows collecting information from a wider sample than can be reached by personal interview. Also, survey questionnaire was the most frequently employed method in the studies that were described in the literature review. Accordingly, the data analysis method employed in this study is statistics. As the author of the thesis is currently employed at Tervis Medical Spa in Pärnu, visitors of that spa were selected as the sample for this study.

Based on the review of past literature, a structured questionnaire consisting of five parts was devised. Bases for questionnaire design are presented in Table 2. However, some items culled from the literature were slightly modified to better reflect the context of medical spa setting and SPA Tervis in particular (e.g. seeing a doctor in benefit items and health-related tests and examinations in the service categories). First part of the questionnaire comprises questions related to previous medical spa experiences and spa consumption (regularity, etc.). The aim of the second part is to identify the underlying motivating factors, whereas the third part focuses on identifying the benefits perceived by medical spa-goers. In addition, the fourth part comprises questions intended to gain insights into the importance medical spa visitors place on various services offered at medical spas and on various attributes that might influence the decision whether to visit a particular medical spa, i.e. factors of choice. And finally the fifth part aims to define the socio-demographic characteristics of the respondents, such as gender, nationality, age, marital status, education, etc. The questionnaire is composed of closed questions in

the first and last part. Whereas in the second, third and fourth part respondents are asked to give a rating on a five-point Likert scale, with the descriptive equivalents ranging from strongly disagree (1) to strongly agree (5) in the second and third part and not important (1) to very important (5) in the fourth part. Specifically, for the first part, i.e. motivations for visiting a medical spa, a total of 15 items were used and for the second part, i.e. benefits of staying at a medical spa, 12 items were used. The reason for opting for a five-point Likert scale is that it proved to be efficient in the studies analysed in the literature review. The full questionnaire used in this survey is presented in Appendix 1.

Table 2. Bases for questionnaire design.

PART OF THE QUESTIONNAIRE	RESOURCE	EXAMPLE QUESTION/ITEM
Previous experience and spa consumption	Han & Hwang (2013); Kucukusta et al. (2013); Gustavo Silva (2010b)	How do you typically visit a spa?
Motivating items	Mak et al. (2009); Koh et al. (2010); Konu & Laukkanen (2010); Kucukusta et al. (2013); Gustavo Silva (2010a); Tsai et al. (2012)	Improve overall health; pamper oneself; seek physical relaxation; lose weight.
Benefit items	Han & Hwang (2013); Koh et al. (2010); Kucukusta & Guillet (2014); Reddy et al. (2010); Sziva (2010); Yu & Ko (2012)	Save money; physical convenience; travel and vacation; eat healthy food.
Services and factors of choice	Gustavo Silva (2010a); Konu & Laukkanen (2010); Kucukusta, et al. (2013); Kucukusta & Guillet (2014); Sziva (2010); Yavas & Babakus (2005); Yu & Ko (2012); Tervis Medical Spa (2015)	Cultural closeness; price of trip; existence of excercise facilities; therapist qualification; sense of privacy; full range of facilities.
Socio-demographic characteristics	Han & Hwang (2013); Koh et al. (2009); Kucukusta & Guillet (2014); Mak et al. (2009); Yu & Ko (2012)	Gender; age; highest acquired level of education; occupation.

The original version of the survey questionnaire, which was in English, was translated into Estonian, Finnish and Swedish. Subsequently, the questionnaires in all four languages were pilot-tested to ensure clarity. According to A Dictionary of Epidemiology (2008) a pilot study is “a small-scale test of the methods and procedures to be used on a larger scale if the pilot study demonstrates that these methods and

procedures can work“. Thus, the aim of the pilot study was to identify any shortcomings of the questionnaire and to refine the questionnaire in order to successfully conduct a larger scale study among Estonian, Finnish, and Swedish visitors of SPA Tervis. As a result of the pilot study, the wording of questionnaires was refined and a few questions were revised. All in all, respondents of the pilot study did not point out any major problems related to the content and design of the questionnaire and were interested in finding out if and what would change in the future in the services offered by medical spas.

The study was conducted 27.02–26.03.2015 in SPA Tervis. Within this timeframe the author of the thesis handed out questionnaires to Estonian, Finnish and Swedish visitors of SPA Tervis. The number of over-night visitors to SPA Tervis during that period was 2759. Based on the author's calculation, about one fourth (23%) had purchased one of the five relaxation packages that include treatments, and a little over one third (35%) had purchased a treatment package that includes treatments and doctor's appointment. At first, the sampling method employed was convenience sampling, however, later on non-proportional quota sampling was used as the author specified the minimum number of sampled units in each category, i.e. Estonian, Finnish, Swedish respondents, to be 70. It is important to note that this sampling method is not concerned with having numbers that match the proportions in the population. Rather the aim is to assure that all groups are adequately represented in the sample.

The statistical processing of the data collected was carried out using the SPSS-Statistical Package for Social Sciences software version 22. The data analysis comprised, first of all, mean and frequency analysis in order to provide a general profile of the sampled respondents. Secondly, for scale-based motivation and benefit items, as well as for services and factors of choice, factor analysis was employed to detect the underlying interrelationship among the large set of items and to condense them, through data reduction, into a smaller set of dimensions or components that have common characteristics (Pett et al., 2003). More precisely, the items were factor analysed using principal component analysis with orthogonal Varimax rotation. The decisions were made at a significance level of $p<0.05$.

Component loadings were used to evaluate the relationship between the item and the component. In this study, the item was considered to be loading meaningfully on a component if it loaded more than 0.3 on the component. Subsequently, items that loaded meaningfully on a component were grouped together and named according to the highest loading items or what they had in common. In addition, Cronbach's alpha was utilised to measure the inter-correlation among the items in the component, i.e. how closely related the set of items are as a group. In this study, Cronbach's alpha above 0.6 was considered satisfactory, above 0.7 adequate and above 0.8 optimal.

Moreover, in order to evaluate whether there are differences among medical spa-goers' motivations, perceived benefits, preferred services, and factors of choice with regard to socio-demographic characteristics, most importantly nationality, one-way analysis of variance (one-way ANOVA) and independent samples t-test were utilised. Furthermore, *post hoc* comparisons to evaluate pair wise differences among group means were conducted with the use of LSD test. Only statistically significant differences (if significance value is less than or equal to 0.05) are presented and analysed in this study.

A total of 230 valid responses were obtained in the survey. The socio-demographic characteristics of the respondents are summarised in Table 3.

Table 3. Socio-demographic characteristics of the respondents

CHARACTERISTIC	ANSWER	PERCENTAGE %
Gender	Male	74
	Female	26
Country of residence	Estonia	33
	Finland	34
	Sweden	33
Age	under 25	1
	26–35	4
	36–45	1
	46–55	9
	56–65	22
	65 and above	63
Marital status	Single	7
	Married with children	58
	Married without children	8
	Divorced	11
	Widow	16

Table 3 continued. Socio-demographic characteristics of the respondents

CHARACTERISTIC	ANSWER	PERCENTAGE %
Level of education	Secondary school or below	21
	High school or vocational school	37
	College/university	25
	Bachelor's Degree	5
	Master's Degree	8
	Doctoral Degree	0
	Other	4
Occupation	Senior/professional managerial	2
	Sub-professional/junior managerial	7
	Entrepreneur	5
	Employee	17
	Unemployed	1
	Student	2
	Retired	64
	Housewife	0
	Other	2

Of the respondents, 74% were female, whereas 26% were male. With reference to age, the largest group of respondents was aged 65 and above (63%) and the majority (58%) of the respondents were married with children. Approximately one third (37%) of the respondents stated their highest acquired level of education to be high school or vocational school and more than half (64%) of the spa-goers were retired.

2.3. Analysis of data: previous spa experience

The characteristics of previous spa experience of the respondents are summarised in Appendix 2. First of all, majority (87%) of the respondents had visited a spa before, whereas as much as 80% had visited a spa in Estonia before. Over one third (40%) of the respondents mentioned having been to SPA Tervis before. Almost half of the Estonian (34 people) and Finnish respondents (34 people) reported that they had been to SPA Tervis before. However, only 24 Swedish customers stated that they had visited SPA Tervis before. Moreover, 73% of the respondents had visited a medical spa before. Respondents, who stated that they had visited a spa in Estonia before, mentioned numerous spas they had visited. Instead of referring to the name of the spa, some respondents referred to the location as well, for example, Pärnu, Tallinn, etc.

Following is a list of the visited places in descending order, i.e. starting from the spa or place that was mentioned the most: Tervis Medical Spa Hotel, Estonia Medical Spa &

Hotel, Toila SPA Hotel, Spa Hotel Viiking, Värska Resort Hotel, Tervise Paradiis SPA Hotel & Water Park, SPA Hotel Laine, Tallinn Viimsi SPA, Fra Mare Thalasso Spa, Georg Ots Spa Hotel, Spa Hotel Rüütli, Narva-Jõesuu SPA & Hotel, Spa Hotel Meri, Laulasmaa SPA, Grand Rose Spa Hotel, Haapsalu, Pirita Top Spa Hotel, AQVA Hotel & Spa, Pühajärve Spa & Holiday Resort Hotel, Tallinn, Kubija Hotel & Nature Spa, Health Centre and Hotel Wasa (former Spa Hotel Sõprus), Saaremaa, Kalev Spa Hotel & Waterpark, Pärnu, Arensburg Boutique Hotel & Spa, Otepää, Meresuu SPA Hotel (4-star wellness spa hotel), Strand Spa & Conference Hotel, Spa Hotel Saaremaa Valss, Pärnu Mud Baths, Aura Water Centre, Noorus Spa Hotel, Rahu, Hotel Yes, Narva, Tartu. As it can be seen from Figure 1 as well, Tervis Medical Spa was the most frequently mentioned spa in Pärnu, followed by Estonia Medical Spa.

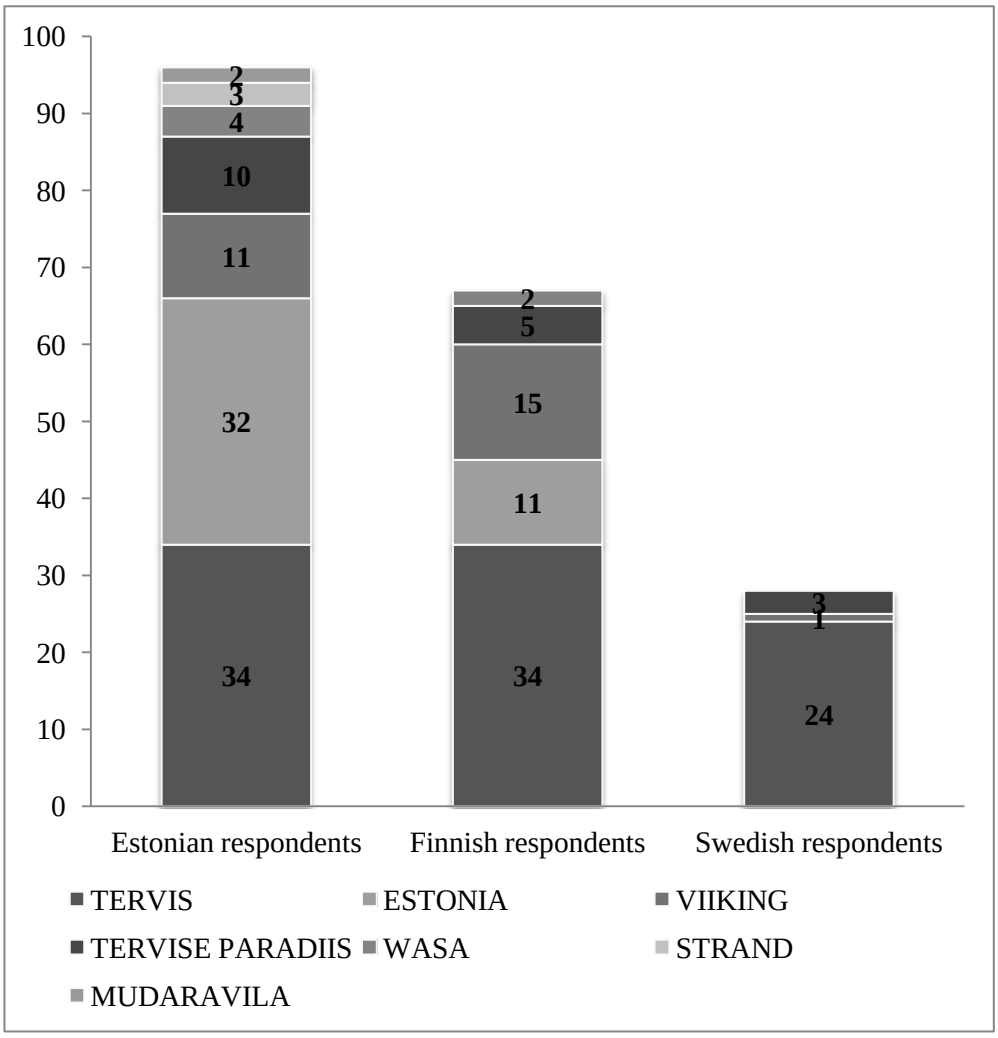

Figure 1. Visited spas in Pärnu according to the frequency a spa was mentioned by the respondents.

However, it is interesting to note that none of the Swedish respondents mentioned having been to Estonia Medical Spa. As there were several first time spa-goers among Swedish respondents, only three spas in Pärnu were mentioned by this group: Tervis Medical Spa, Spa Hotel Viiking, and Tervise Paradiis SPA Hotel & Water Park. Overall, it can be concluded that visitors of Tervis, although majority of them preferred medical spas, have been to various types of spas: medical spas, spa hotels, water parks, nature spas, wellness spas, etc.

In addition, 37% of the respondents stated that their most recent spa experience had been within the timeframe of one-to-two years and another 37% had visited a spa within six months. It is important to note that the majority of Swedish respondents fall under the first category and Estonian and Finnish customers mostly comprise the latter. Also, the survey results revealed that more than half (54%) of the respondents had visited a spa once or twice in 12 months and 31% had not visited a spa within that timeframe. Here again, the results showed that Estonian and Finnish respondents were more frequent spa-goers than their Swedish counterparts. Furthermore, more than one third (43%) of the respondents typically visited a spa with their spouse or partner, followed by 26% reporting to visit a spa with a friend, relative or colleague.

When asked to rank the types of spas (day spa, medical spa, hotel spa, wellness spa, water park and spa hotel) according to their preference, majority (66%) of the respondents marked medical spa as the most preferred type of spa (see Figure 2), followed by wellness spa (13%) and hotel spa (12%). When looking at the preferences of each national group separately, slight differences exist. For example, among Finnish visitors (68 out of 75) medical spa was by far the most preferred type of spa with only a few respondents ranking some other type as number one. Although medical spa was the most preferred type for Estonian spa-goers as well, Estonian visitors also ranked other types of spas as number one, for example, 11 respondents preferred hotel spa and eight preferred water park and spa hotel. In the same way, among Swedish visitors the most preferred type was medical spa, however, 20 Swedish visitors preferred wellness spa and 15 preferred hotel spa. This might be the result of the fact that many Swedish respondents had not visited a medical spa before. Which means that before coming to SPA Tervis, they had been visiting other types of spas.

When asked to rank the importance of having access to a spa when choosing a hotel on a five-point Likert scale, one third (34%) of the respondents stated that having access to a spa is very important to them, followed by 27% of respondents stating the access to be important. In order to determine whether there is a difference among Estonian, Finnish and Swedish medical spa-goers with reference to the importance of having access to a spa, one-way ANOVA was conducted. The assumption of homogeneity of variances was tested and found tenable using the Levene's Test, $F(2, 222)=0.18$, $p=0.84$. The ANOVA was significant, $F(2, 222)=15.74$, $p=0.00$. Thus, it can be deduced that there is a significant difference between the three groups.

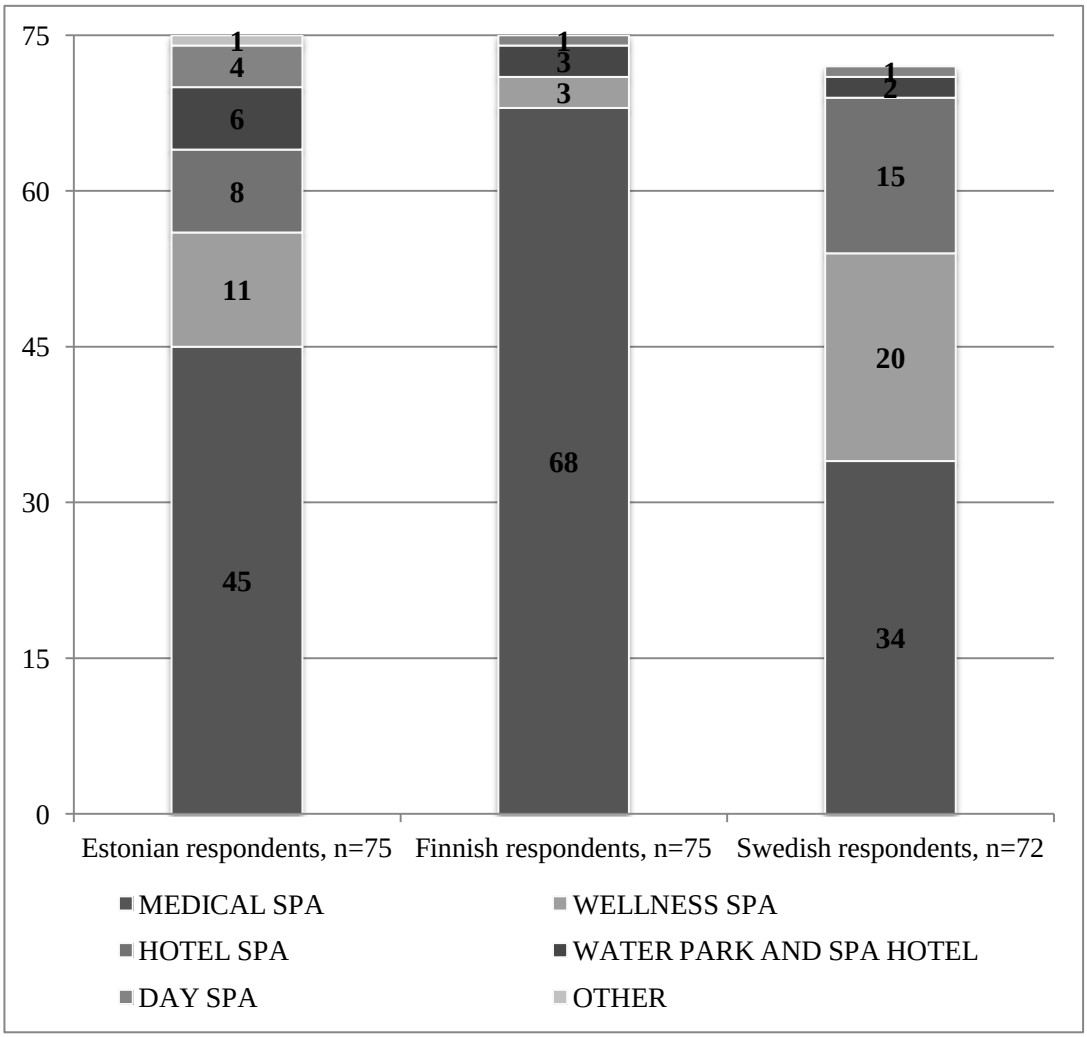

Figure 2. Most preferred type of spa among visitors of SPA Tervis (according to the frequency a type of spa was mentioned by the respondents).

In order to determine where exactly this difference occurred, *post hoc* LSD test was conducted. The test revealed significant pair wise differences between the mean scores of Swedish and Estonian medical spa-goers and Swedish and Finnish spa-goers (see Appendix 3). Looking at the mean scores it can be concluded that Swedish medical spa-goers place less importance on having access to a spa when choosing a hotel than Estonian and Finnish visitors (see Figure 3). The reason for this might lie in the fact that Swedish respondents were less frequent spa-goers than Estonians and Finnish (see Appendix 32). Therefore, it might be assumed that as Swedish customers patronise spas less, access to a spa at a hotel is considered less important by them.

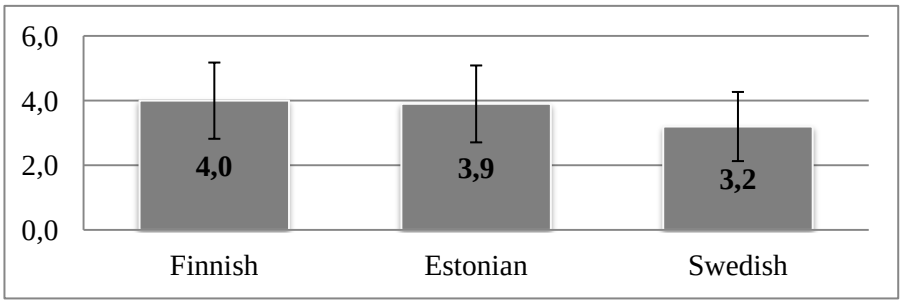

Figure 3. Mean differences with standard deviations of importance of having access to a spa by nationality.

Furthermore, majority (63%) of the respondents had come to SPA Tervis through a travel agency, followed by 24% who had organised their visit themselves. More precisely, almost all Finnish (97%) and Swedish (93%) respondents had used the services of a travel agency, with only a few having organised the visit themselves. On the contrary, almost all Estonian respondents (97%) had organised their visit themselves or had it organised by their spouse, friend or relative, with 3% of the respondents stating that the organiser of their visit was their employee. Thus, it is of paramount importance to establish good networks and relationships with travel agencies that specialise in offering trips to spas in Estonia for Finnish and Swedish markets.

2.4. Analysis of data: motivations for visiting a medical spa

In order to identify the underlying motivation factors for visiting a medical spa, respondents were asked to give a rating on a five-point Likert scale, with the descriptive equivalents ranging from strongly disagree (1) to strongly agree (5), of the 15

motivating items. The most important motivation factors were ’improve overall health’, ’have curative spa treatments’, ’get away from daily routine’, ’pamper’, ’physical relaxation’ and ’seek relief for a health problem’ (see Figure 4 and Appendix 4). These results indicate that while improving overall health is the main motivating factor for visiting a medical spa, visitors of medical spas are also interested in achieving physical relaxation, pampering themselves, and escaping from their daily lives.

To derive a meaningful pattern from the measured variables, exploratory factor analysis was conducted and reliability tests were conducted to observe the consistency of the variables. First of all, reliability analysis was performed on the 15 motivating items for a medical spa visit. Cronbach’s alpha coefficient was reliable (α=0.839), establishing the internal consistency of the tested items. In addition, suitability of the data for a factor analysis was assessed. The results of the Kaiser-Meyer-Olkin test (r=0.783) and Bartlett’s test of sphericity (0,000) verify that the 15 variables are significantly correlated (see Appendix 5) and; therefore, factor analysis was considered appropriate for the data.

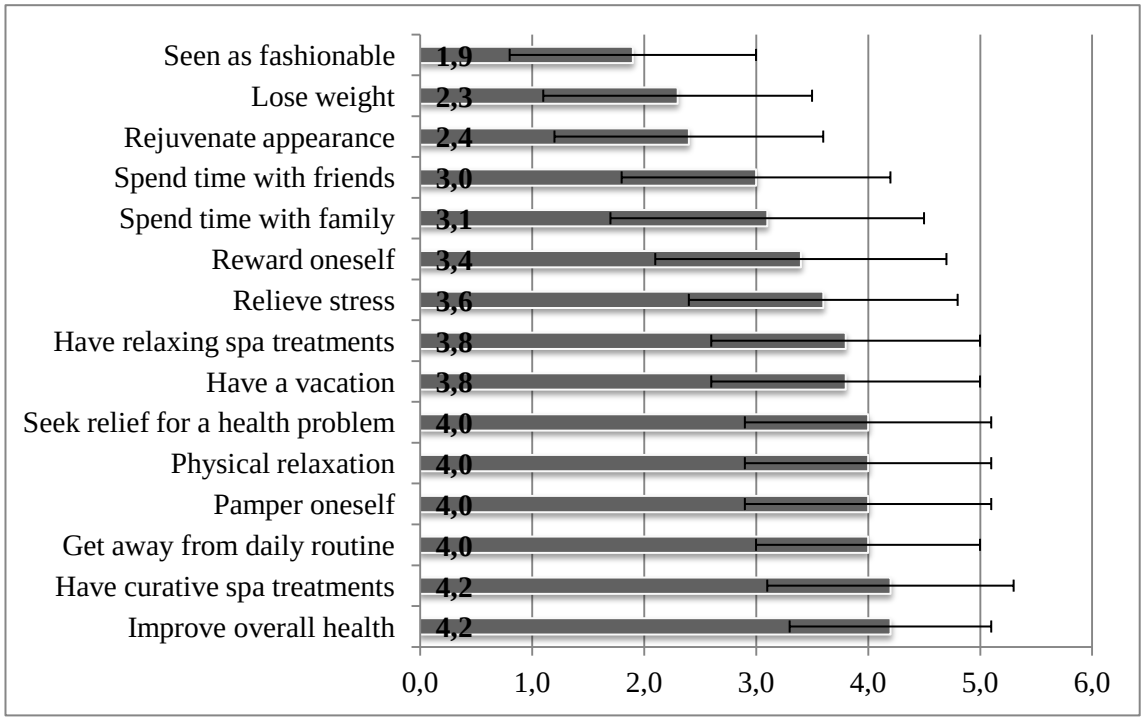

Figure 4. Mean scores with standard deviation of motivating items.

Subsequently, the 15 motivating factors were factor analysed using principal component analysis with orthogonal Varimax rotation to determine how many components should be retained. The Kaiser criterion – retaining only those components that have eigenvalue more than one – was utilised. The eigenvalue greater than one rule indicated that four components should be retained (see Appendix 6). All in all, the four components account for 60% of the cumulative variance, i.e. 60% of the variance in the items is accounted for by all four components. The four components were named according to the range of items they respectively grouped.

Of the four components identified, "improve health" (third component) scored the highest mean and is considered as the most important of the motivating factors for visiting a medical spa (see Table 4). This component is comprised of the items 'seek relief for a health problem', 'improve overall health', and 'have curative spa treatments' (see Appendix 7). The second and fourth component, that both scored the same means (3.8) and are, therefore, considered equally important in instigating a medical spa visit were named "relax" and "pamper", respectively, according to the highest loading items. Component "relax" includes the items 'physical relaxation', 'relieve stress', and 'have a vacation'. Component "pamper" consisted of the items 'reward oneself', 'pamper oneself', 'get away from daily routine', and 'have relaxing spa treatments'. The first component, that scored the lowest mean, is comprised of the items 'spend time with friends', 'spend time with family, 'rejuvenate', 'lose weight', and 'to be seen as fashionable'. According to the items it comprised, this component was named "rejuvenate and socialise". In addition, reliability analysis was performed on the items belonging to each of the component. All had satisfactory reliability coefficients ranging from 0.612 to 0.791 (see Table 4).

Table 4. Component mean scores and Cronbach's α of motivating components.

COMPONENT NR	COMPONENT NAME	MEAN	CRONBACH'S ALPHA
1	Rejuvenate and socialise	2.5	0.791
2	Relax	3.8	0.643
3	Improve health	4.1	0.711
4	Pamper	3.8	0.612

Moreover, independent samples t-test and one-way ANOVA were conducted to examine if there are any mean score differences between the four components with socio-demographic variables, most importantly nationality. Firstly, the results of the ANOVA of the components and the independent variable 'nationality', that included three groups (Estonian, Finnish, Swedish), revealed that significant differences exist among the three groups with regard to the components "relax" ($p=0.000$) and "improve health" ($p=0.006$).

In order to determine where the difference among the groups occurred, *post hoc* LSD was conducted. With regard to the component "relax", the test revealed significant pair wise differences between Estonian and Finnish and Estonian and Swedish respondents (see Appendix 8). In addition, with reference to component "improve health" the test showed that Estonian and Swedish groups are statistically significant at an alpha level of 0.05. The results in Figure 5 indicate that Estonian medical spa visitors are more motivated by both the aspects of relaxation and improving health than Finnish and Swedish customers. Also, it is interesting that components "relax" and "improve health" produced the least variability in Estonian respondents (lowest standard deviation).

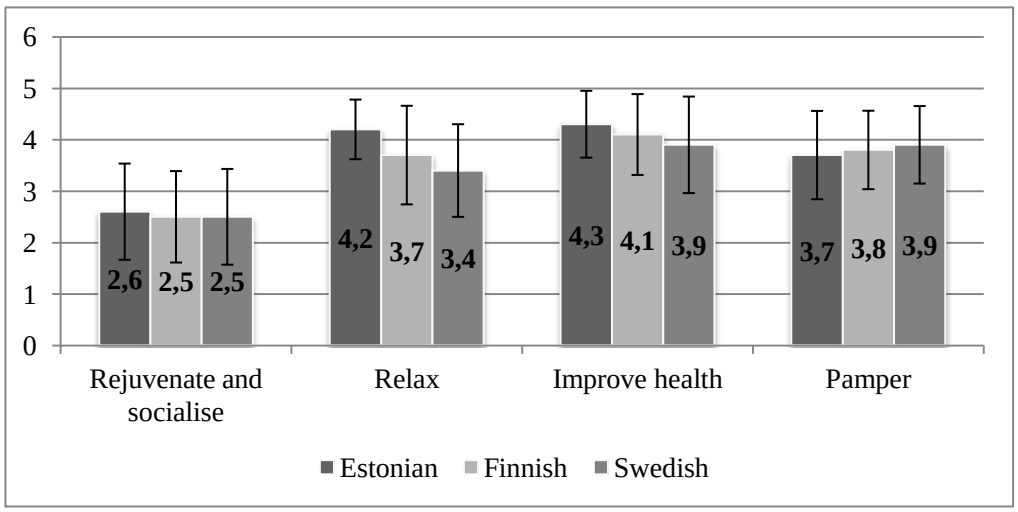

Figure 5. Mean scores with standard deviation of motivating components by nationality.

Next, an independent samples t-test was employed to identify significant results ($p<0.05$) between the mean scores of male and female respondents. However, the results of the test revealed that these two groups do not significantly differ from one another

(p>0.05). It might be suggested that this is related to the fact that 43% of the respondents usually visit a spa with their spouse or partner and it might be assumed that spouses were filling in the questionnaires together. In addition, the results of one-way ANOVA indicated that there are no differences in the mean scores by marital status and highest acquired level of education (p>0.05).

However, the results of one-way ANOVA determined that there is a significant difference among the means in the component "relax" with reference to age (p=0.001). *Post hoc* LSD test revealed that significant differences exist among the mean scores between '65 and above' and '26-35', '65 and above' and '46-55', and '65 and above' and '56-65' (see Appendix 9). The mean scores indicate that respondents aged 65 and above are less motivated by relaxation and relieving stress than other age groups, except for the respondents aged under 25 (see Figure 6). It might be suggested that the reason for this is that respondents belonging to age group 65 and above are mostly retired and they do not have so many daily pressures as do people who are, for example, employed and raising children.

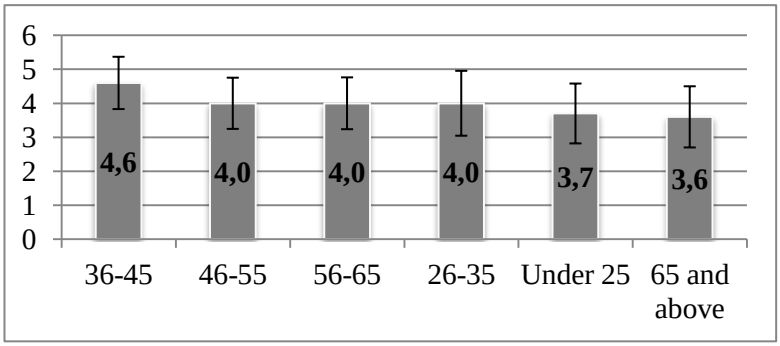

Figure 6. Mean scores with standard deviation of component "relax" by age.

Similarly, the ANOVA was significant (p=0.001) for the component "relax" and independent variable 'occupation'. Utilising *post hoc* LSD test, it was identified that the difference occurred between the groups 'retired' and 'senior/professional managerial', 'retired' and 'sub-professional managerial', and 'retired' and 'employee' (see Appendix 10). The mean scores (see Figure 7) imply that respondents who are employed at senior/professional managerial level value physical relaxation and relieving stress the most, followed by sub-professional/junior managerial level workers and employees.

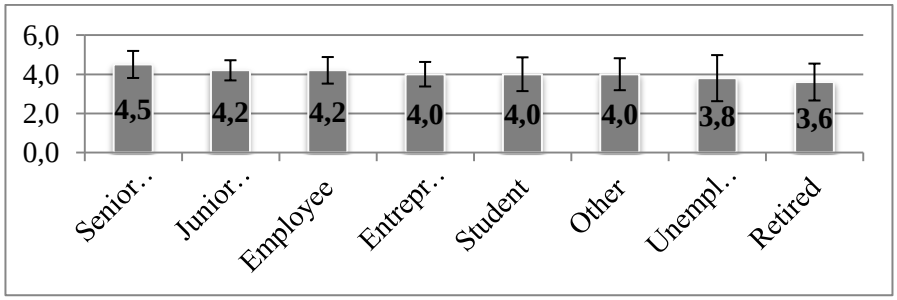

Figure 7. Mean scores with standard deviation of component "relax" by occupation.

However, retired people placed less importance on this component. As it was mentioned before, this might be the result of the fact that retired people do not have so many daily pressures as compared to senior and junior managerial level workers, for example.

2.5. Analysis of data: perceived benefits of visiting a medical spa

To evaluate perceived benefits of staying at a medical spa, a 12-item measure with a five-point Likert scale, with the descriptive equivalents ranging from strongly disagree (1) to strongly agree (5), was utilised. The most important benefit items were 'physical convenience', 'wide range of treatments', 'save money', 'travel and vacation', 'communicate in mother tongue', and 'eat healthy food' (see Figure 8 and Appendix 11).

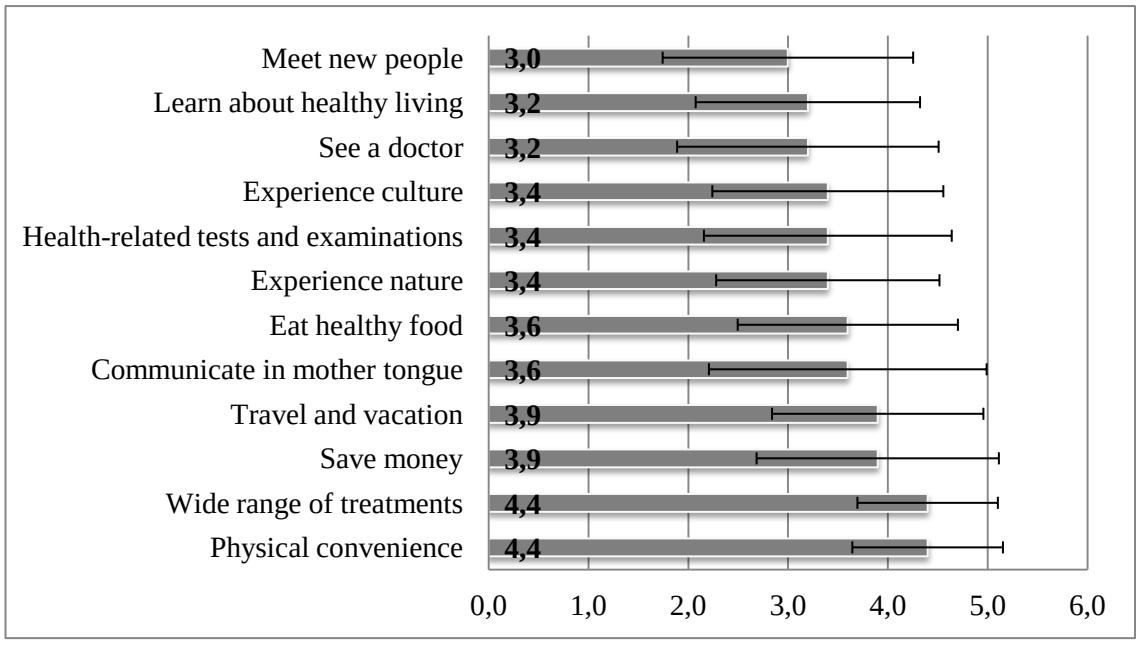

Figure 8. Mean scores with standard deviation of benefit items.

Moreover, ‘physical convenience’ and ‘wide range of treatments’ produced the least variance in respondents, demonstrating the significance of these two items for medical spa-goer. As the majority of medical spa visitors are elderly people, these results indicate that physical convenience is one of the most important aspects that medical spa operators should turn their attention to.

Before employing factor analysis, relevant tests were conducted to gauge its suitability. First of all, reliability analysis was performed on the 12 benefit items. Cronbach’s alpha coefficient was optimal (α=0.870), asserting the internal consistency of these items. In addition, the Kaiser-Meyer-Olkin measure of sampling adequacy value was found to be 0.858 and the significance level of Bartlett’s test of sphericity value was 0.000, which suggest that factor analysis is appropriate for the data (see Appendix 12).

Next, the 12 benefit items were factor-analysed to identify the structure of perceived benefits related to medical spa visits. By retaining only the components with an eigenvalue larger than one, four components, explaining as much as 70% of the variance, have been generated (see Appendix 13). Subsequently, the four components were named according to the range of items they respectively grouped.

The third component with the highest mean was named “convenience” according to the highest loading item. This component includes the items ‘wide range of treatments’, ‘physical convenience’, and ‘eat healthy food’ (see Appendix 14). Thus, it might be assumed that medical spa visitors perceive as the most important benefit of staying at a medical spa the convenience that is offered by the existence of numerous facilities in one place and the wide range of treatments, both curative and relaxing. This also means that medical spa visitors can enjoy the comfort of getting everything from one place, e.g. treatments, beauty salon services, souvenirs, food and drink, cultural programme, etc, without having to leave the premises of the medical spa.

Component with the second highest mean score was given the name “travelling and sightseeing” as it encompasses all the items belonging to that component, i.e. ‘experience culture’, ‘experience nature’, and ‘travel and vacation’. Component with the third highest mean score labelled “save money and communicate in mother tongue” according to the highest loading items consists of three items: ‘save money’, ‘see a

doctor', and 'communicate in mother tongue'. Lastly, component with the lowest mean score consisting of the items 'health-related tests and examinations', 'meet new people', and 'learn about healthy living', was named "health-related tests and meeting new people" according to the highest loading items. Although this component scored the lowest mean, 3.1 still indicates a relatively high importance among medical spa visitors. In addition, reliability analysis was performed on the items belonging to each of the component. All had satisfactory reliability coefficients ranging from 0.679 to 0.804 (see Table 5).

Table 5. Component mean scores and Cronbach's α of benefit components.

COMPONENT NR	COMPONENT NAME	MEAN	CRONBACH'S ALPHA
1	Travelling and sightseeing	3.6	0.804
2	Health-related tests and meeting new people	3.1	0.709
3	Convenience	4.1	0.679
4	Save money and communicate in mother tongue	3.5	0.739

In order to discover how perceived benefits of staying at a medical spa differed among the visitors of the three nations in question, one-way analyses of variance (ANOVA) were undertaken. The ANOVA was significant for all four components (p=0.003, p=0.000, p=0.003, p=0.000). *Post hoc* LSD test established that with regard to component "travelling and sightseeing" there are differences between the mean scores of the groups Estonian and Finnish, and Finnish and Swedish (see Appendix 15). As it can be seen from the mean scores of each nationality (see Figure 9), Finnish medical spa visitors are slightly more interested in travelling and sightseeing than its Estonian and Swedish counterparts. With reference to the component "health-related tests and meeting new people", *post hoc* LSD test detected significant differences between the mean scores of Estonian and Finnish, and Estonian and Swedish. The mean scores reveal that Estonian medical spa visitors value this component the least and Finnish the most.

Moreover, *post hoc* LSD test of the component "convenience" detected significant pair wise differences among Estonian and Swedish, and Finnish and Swedish groups. Looking at the mean scores it could be suggested that for Swedish medical spa visitors

the aspect of convenience, although the most important among the four components, is not as important a benefit as for Estonian and Finnish visitors.

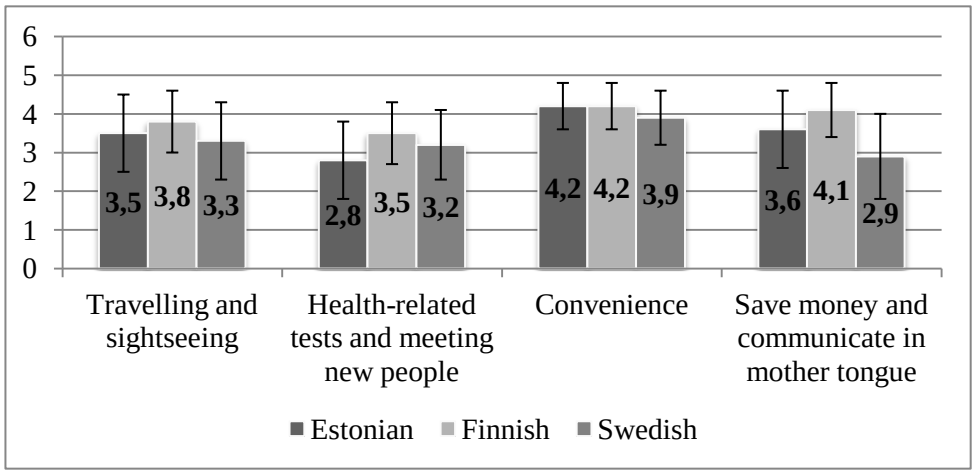

Figure 9. Mean scores with standard deviation of benefit components by nationality.

Finally, with regard to the component "save money and communicate in mother tongue" it was verified by utilising *post hoc* LSD test that significant differences exist between all groups. Indeed, the mean scores ascertain that for Finnish visitors such benefits as saving money, seeing a doctor and communicating in mother tongue are more important than for Estonian and Swedish visitors. In fact, when compared to the mean score of Estonian respondents, the difference is not that high (0.5 points). However, Swedish respondents' mean score is as much as 1.2 points lower than the Finnish respondents' mean score. Furthermore, this component produced the least variance in Finnish respondents, whereas, standard deviations of Estonian and Swedish spa-goers are significantly higher.

Furthermore, the results of the independent samples t-test revealed that differences do not exist between male and female respondents ($p>0.05$). As previously mentioned, this could be due to the fact that more than one third of the respondents visit spas with their spouse or partner. In addition, the results of one-way ANOVA indicated that differences do not exist in the mean scores by age, highest acquired level of education, and occupation ($p>0.05$). However, the results of one-way ANOVA with the independent variable 'marital status' determined that there is a significant difference among the means in the components "travelling and sightseeing" ($p=0.031$) and "save money and communicate in mother tongue" ($p=0.017$). *Post hoc* LSD test explained that in the case

of the component “travelling and sightseeing”, differences exist among the groups ‘married with children’ and ‘widow’, ‘married without children’ and ‘widow’, and ‘divorced’ and ‘widow’ (see Appendix 16). It is interesting that respondents who are divorced scored the highest mean for this component. On the other hand, respondents who reported their marital status to be widow scored the lowest mean (see Figure 10). It might be assumed that this is due to the fact that in the case of this study widows are elderly people and they are not interested in travelling and sightseeing. Of course, this could be approached from a psychological angle but it is not the case for this study.

With reference to the component “save money and communicate in mother tongue” differences occurred between ’single’ and ’married with children’, ’married with children’ and ’widow’, and ’married without children’ and ‘widow’. However, the actual difference in mean scores between groups is quite small (see Figure 10).

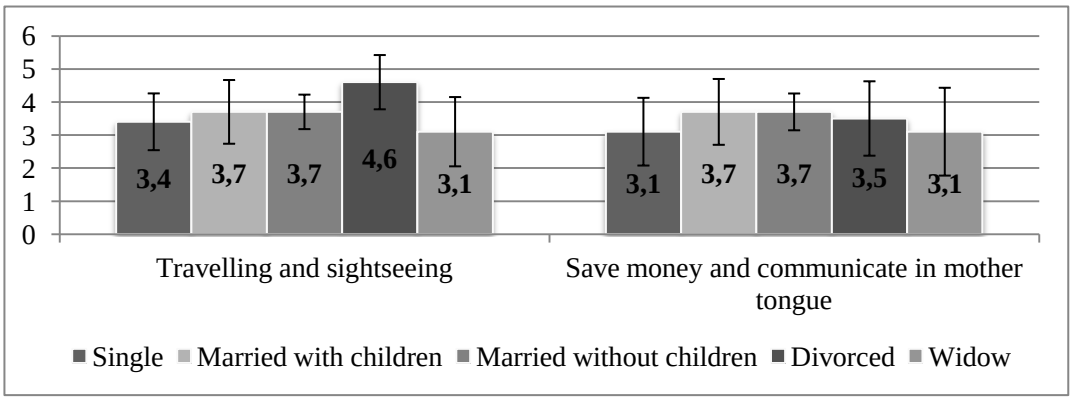

Figure 10. Mean scores with standard deviation of “travelling and sightseeing” and “save money and communicate in mother tongue” by marital status.

Nevertheless, single and widowed respondents displayed lowest mean scores. It could be the case that they are most likely visiting a medical spa alone (without family) and; thus, their expenditures are not as high as for married people, especially if they are visiting a spa with their children.

2.6. Analysis of data: importance of various services offered by medical spas

Following the structure of the questionnaire, the respondents were presented with a list of 16 service/treatment categories, ranging from massage to facial treatments, that medical spas usually offer. Respondents were asked to give a rating on a five-point Likert scale, with the descriptive equivalents ranging from not important (1) to very important (5). The top five most important services for medical spa visitors are massage, thermotherapy, hydrotherapy treatments, treatments for improving respiration, and physiotherapy (see Figure 11 and Appendix 17). Furthermore, massage, thermotherapy and hydrotherapy treatments produced the least variance in respondents. Thus, corroborating the finding that improving one's health and having curative treatments are significant determinants in instigating a medical spa visit.

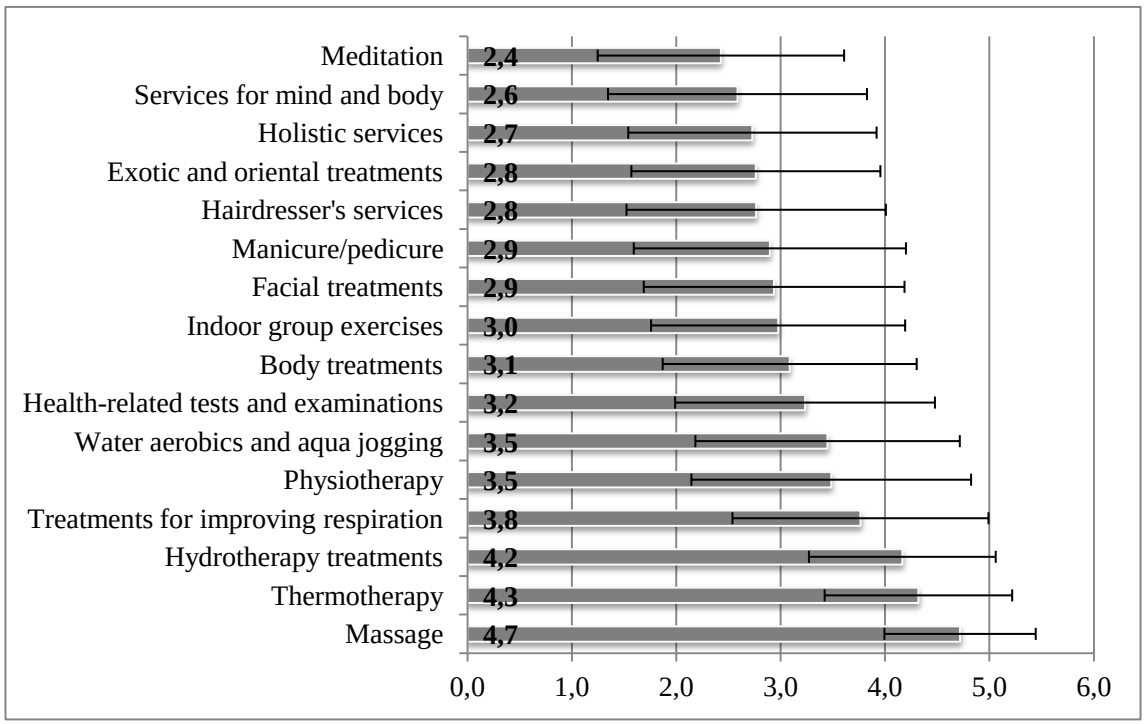

Figure 11. Mean scores with standard deviation of services/treatment categories.

On the other hand, the seven items with the lowest mean scores are all related to either beauty salon services or services for both mind and body. Hence, it can be concluded that medical spa visitors do not consider the existence of such services as yoga,

meditation, hairdresser's and cosmetician's services, as important as treatments that relieve a health problem and help to improve the overall condition of one's health.

Before employing factor analysis, reliability analysis was performed and the results indicated that items in the data set are closely related as a group (α=873). In addition, the results of the Kaiser-Meyer-Olkin test (r=0.838) and Bartlett's test of sphericity (0,000) verify that the items are significantly correlated (see Appendix 18).

Next, the 16 items were factor-analysed to identify groups of services that have strong inter-correlations. The analysis identified a total of four factors with eigenvalues larger than one. However, only two items were loading meaningfully, i.e. more than 0.3, on the fourth component and a component with fewer than three items is generally weak and unstable. In addition, it was determined through reliability analysis that the inter-correlations between the two items are not significant (α=0.494). Therefore, it was decided to rerun the analysis with a fixed number of components to extract. It was chosen to extract only three components.

The results of the factor analysis in Appendix 19 demonstrate that 54% of the variance in the items is accounted for by all three components. The first component was named "mind/body services and group exercises" as it comprised items such as 'holistic services', 'indoor group exercises', 'meditation', 'services for mind and body', and 'water aerobics and aqua jogging' (see Appendix 20). Although the mean score for this component is rather low (2.9), the individual item 'water aerobics and aqua jogging' is still quite important as the mean score is 3.5. The second component was given the name "beauty salon services" because it consists of the items 'body treatments', 'exotic and oriental treatments', 'facial treatments', 'hairdresser's services', and 'manicure/pedicure'. Lastly, the third component that includes the items 'health-related tests and examinations', 'hydrotherapy treatments', 'massage', 'physiotherapy', 'thermotherapy', and 'treatments for improving respiration' was inclusively named "curative treatments". Moreover, this component had the highest mean score (4.0) among the three components indicating the importance of these treatments to medical spa-goers. (see Table 6). In addition, reliability analysis was performed on the items belonging to each of the component. All had adequate reliability coefficients ranging from 0.722 to 0.817 (see Table 6).

Table 6. Component mean scores and Cronbach's α of service components.

COMPONENT NR	COMPONENT NAME	MEAN	CRONBACH'S ALPHA
1	Mind/body services and group exercises	2.9	0.817
2	Beauty salon services	2.9	0.816
3	Curative treatments	4.0	0.722

Moreover, results of the one-way ANOVA indicate that there is a difference somewhere among the mean scores between the component "curative treatment" and variable 'nationality' (p=0.008). Utilising *post hoc* LSD test it was determined that statistically significant difference at an alpha level of 0.05 occurred between the mean scores of Estonian and Swedish, and Finnish and Swedish (see Appendix 21).

Examining the component mean scores for each nationality separately (see Figure 12), Swedish respondents have scored slightly lower mean score for the component "curative treatments". However, considering the mean scores it can also be suggested that for Finnish medical spa visitors the importance of beauty salon services is slightly higher, although, the one-way ANOVA result (p=0.092) does not indicate that there are statistically significant differences between the component "beauty salon services" and variable 'nationality'.

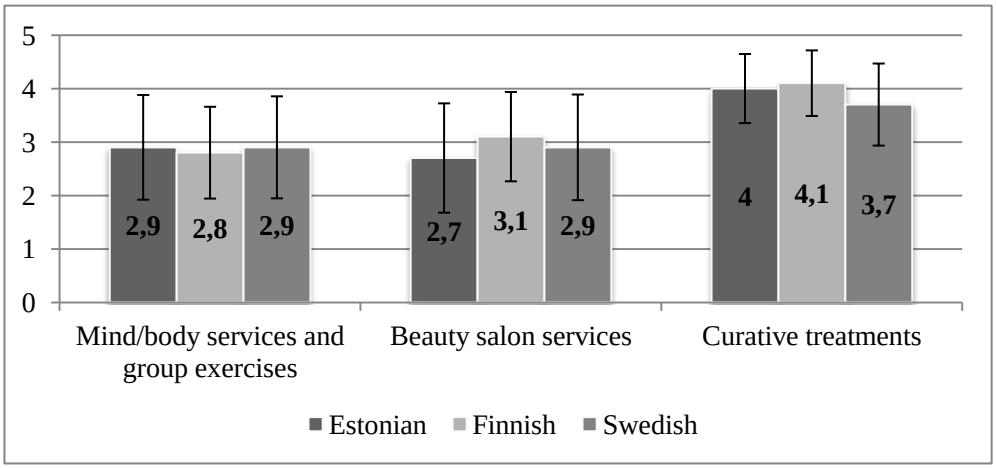

Figure 12. Mean scores with standard deviation of the service components by nationality.

Exploring the mean scores, it seems that Estonian respondent have placed least importance on beauty salon services. It could be the case that for Finnish medical spa

visitors the prices at beauty salons in Estonia are cheaper than in Finland. On the other hand, for Estonian visitors the prices at beauty salons in spas might be more expensive than, for example, at a local salon. Moreover, Estonian visitors might have developed their own preferences and are using the services of a beauty salon that is familiar to them, where they are regular customers, or where their friends and relatives are working. Therefore, it might be difficult to attract more Estonian medical spa visitors to use the services of the spa's beauty salon.

An independent samples t-test was used to examine whether there was a significant difference between males and females in the rating the services' importance. Two components had significant results ($p<0.05$): "mind/body services and group exercises" ($p=0.005$), "beauty salon services" ($p=0.001$) (see Appendix 22). It is no surprise that these components were scored higher by women (see Table 7), which suggests that they were more important to female respondents than they were to their male counterparts. Although statistically significant differences did not exist between male and female medical spa visitors in ratings given to motivating factors and benefit items, female medical spa visitors tend to place more importance on beauty salon services, group exercises and services for mind and body.

Table 7. Mean and standard deviation of service components by gender.

COMPONENT	GENDER	N	MEAN	STD. DEVIATION
Mind/body services and group exercises	Male	57	2.6	0.8
	Female	159	3.0	1.0
Beauty salon services	Male	57	2.6	0.9
	Female	159	3.0	1.0
Curative treatments	Male	57	3.9	0.8
	Female	159	4.0	0.7

One-way ANOVA did not identify significant results ($p>0.05$) between the three components with any other socio-demographic variable.

2.7. Analysis of data: factors of choice

The last Likert scale measured the importance medical spa visitors attach to the existence of various attributes and characteristics that might influence the decision making, i.e. whether to visit a particular medical spa, collectively called factors of choice. Respondents were asked to give a rating on a five-point Likert scale, with the descriptive equivalents ranging from not important (1) to very important (5) to 21 attributes. The top four most important attributes are 'packages' (mean 4.6), 'price of the trip' (4.4), 'price of treatments' (4.4), and 'healthy food' (4.3). It is worth to mention that the next three highest-scoring attributes had equal means (4.2): 'modern spa equipment', 'full range of facilities', 'discounts', and 'modern facilities'.

In addition, mean scores for all 21 attributes are above 3.0 on a five-point Likert scale (see Appendix 23). This implies that all of the suggested factors of choice have more than average importance in the decision-making process. It can be concluded from the mean scores that for medical spa visitors the most important factor of choice is the existence of packages that include accommodation, meals, and either curative or relaxing spa treatments. This is closely followed by both the price of trip to the medical spa and price of the treatments. However, it is interesting to note that healthy food had the fourth highest mean, referring to medical spa visitors' concern with healthy eating habits.

In order to develop a smaller number of combinations that can explain the correlations between the original 21 attributes, factor was utilised. First of all, the reliability analysis on the 21 attributes asserted the internal consistency of these attributes (α=0.884). In addition, the Kaiser-Meyer-Olkin measure of sampling adequacy value was found to be 0.832 and the significance level of Bartlett's test of sphericity value was 0.000, which suggests that the variables are related (see Appendix 24). Thus, the suitability of the data set for factor analysis was verified.

By retaining only the components with an eigenvalue larger than one, factor analysis produced a six-factor solution. However, only one item loaded meaningfully, i.e. more than 0.3, on the fifth component and two on the sixth component; thus, the two

components might be unstable. For this reason, it was decided to rerun the analysis with a fixed number of components to extract. It was chosen to extract five components.

The results of the factor analysis with five components to extract in Appendix 25 demonstrate that 59% of the variance in the items is accounted for by all five components. However, only two items, still, loaded meaningfully on the fifth component and the reliability analysis on the items did not indicate that the items are correlated significantly (α=0.554). Therefore, the fifth component was not included in the analysis because of low reliability. Nevertheless, the remaining four components accounted for 52% of the variance which is still majority of the variance. Moreover, all four components had satisfactory coefficients ranging from 0.647 to 0.782 (see Table 8).

Table 8. Component mean scores and Cronbach's α of benefit components.

COMPONENT NR	COMPONENT NAME	MEAN	CRONBACH'S ALPHA
1	Setting	4.0	0.771
2	Modern facilities/equipment and therapist qualification	4.0	0.754
3	Price	4.4	0.782
4	Recommendations and spending leisure time	3.5	0.647

The first component was named "setting" with 32% of the variance explained. This component included the items 'beautiful scenery and nature', 'cultural closeness', 'parks, walking and jogging paths', 'healthy food', and 'touristic destination'. The large proportion of variance explained in that component suggests that for medical spa visitors the environment, location and surroundings, collectively named 'setting', where the medical spa is situated are extremely important. The second component that comprises items 'full range of facilities', 'modern facilities', 'modern spa equipment', 'privacy', 'therapist qualification', and 'new destination' was named "modern facilities/equipment and therapist qualification" according to the highest loading items (see Appendix 26) with 9% of the variance explained. The third factor, also accounting for 9% of the variance and including the items 'discounts', 'packages', 'price of the trip', and 'price of treatments' was given the name "price" as it encompasses all the above-mentioned items. Finally, the fourth component, accounting for 6% of the

variance, was named “recommendations and spending leisure time” according to the items it comprised: ‘exercise facilities’, ‘cultural and historic sites’, ‘meeting facilities’, and ‘recommendations’.

Examining the mean scores of each component, “price” scored the highest mean (4.4) and is considered as the most important of the factors of choice that might influence the decision making (see Table 8). Components “setting” and “modern facilities/equipment and therapist qualification” scored the second highest mean (4.0) indicating that these components, too, are very important when deciding whether to visit a particular medical spa. It might be assumed that the relatively high mean score for “setting” is related to the fact that many medical spa visitors are motivated by travelling and sightseeing in the neighbourhood where the medical spa is situated. Although “recommendations and spending leisure time” scored the lowest mean among the four components, mean score 3.5 is still relatively high expressing medical spa visitors intent or wish to have opportunities for spending their leisure time. After all, medical spa-goers usually stay at a medical spa for five to seven days which means that during this time they would want to engage in other activities as well besides having treatments. Not to mention that recommendations from friends and/or relatives about a particular medical spa are as equally important. Therefore, it is imperative that medical spas have high service standards in order to induce positive memories and feelings in their visitors.

One-way ANOVA was conducted to examine if there are any differences between Estonian, Finnish and Swedish respondents. The results demonstrate that statistically significant differences exist in the first three components ($p=0.000$, $p=0.000$, $p=0.000$). Subsequently, *post hoc* comparisons to evaluate pair wise differences among group means were conducted with the use of LSD test. With regard to “setting”, tests revealed significant differences between the means scores of Estonian and Finnish, and Finnish and Swedish (see Appendix 27). Within the components “modern facilities/equipment and therapist qualification” and “price” *post hoc* LSD test identified that the differences occurred among the mean scores of Estonian and Finnish, and Estonian and Swedish.

It can be seen from Figure 13 that Finnish medical spa visitors placed highest importance upon “setting” (mean 4.3), followed by Estonian (3.9) and Swedish visitors (3.6). Although the mean scores are relatively high for each nationality, Finnish medical

spa-goers regard the environment and surroundings in which the medical spa is situated more important. It might be assumed that the reason for this is that they often have to travel quite long distances to arrive at medical spas in Estonia. However, Swedish medical spa visitors might travel even longer distances, but still the mean score for this group is the lowest among the three. It is also interesting that the component "modern facilities/equipment and therapist qualification" is most important for Estonian visitors (mean 4.3), followed by Finnish (3.9), and Swedish visitors (3.8). Also, Estonian medical spa-goers consider price of the trip and treatments and the existence of packages and discounts slightly more important (mean 4.6) than Finnish (4.3) and Swedish (4.3).

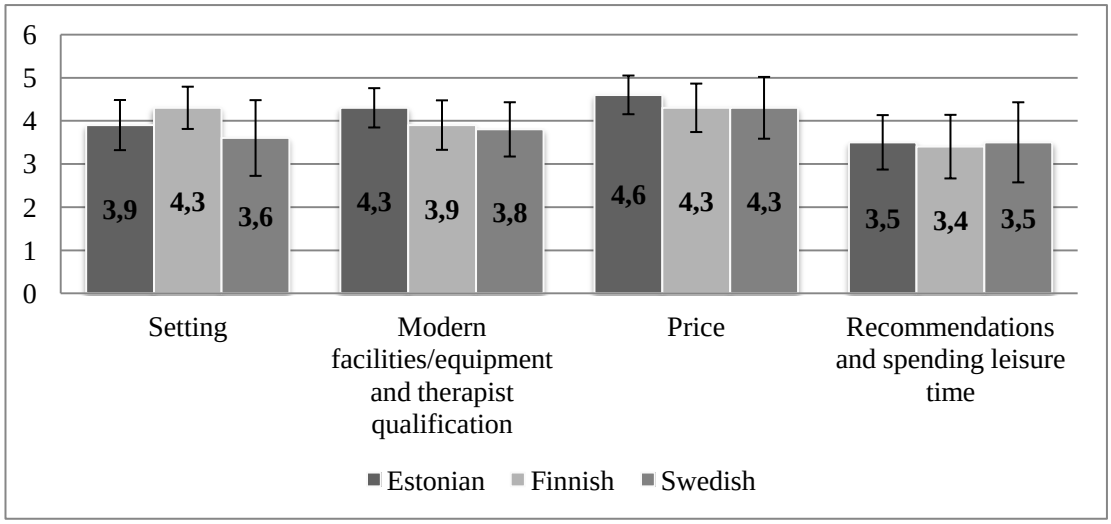

Figure 13. Mean scores with standard deviation of components of factor of choice by nationality.

Next, independent samples t-test and one-way ANOVA was conducted to explore whether there are any mean score differences between the four components with any of the socio-demographic variables. Tests did not identify significant results ($p>0.05$) between the four components with such socio-demographic variables as gender and education. The results of one-way ANOVA with the independent variable 'age' identified significant differences among the mean scores in the component "modern facilities/equipment and therapist qualification" ($p=0.034$). It was determined by conducting a *post hoc* LSD test that the differences occurred between age groups '26-35' and '36-45', '36-45' and '46-55', and '46-55' and '65 and above' (see Appendix

28). The mean scores of each age group for this component (see Figure 14 and Appendix 29) illustrate that for age groups '26-35' and '46-55' the existence of modern facilities and spa equipment as well as therapist qualification are more important (mean 4.3 for both) than for age group '36-45' (mean 3.4).

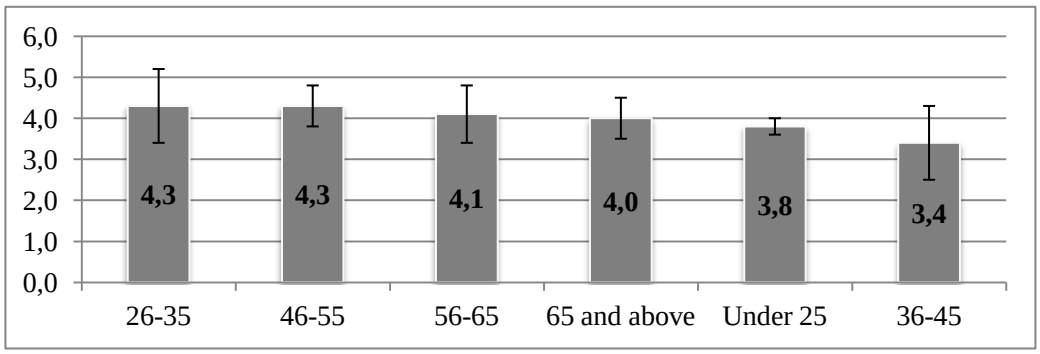

Figure 14. Mean scores with standard deviation of components of "modern facilities/equipment and therapist qualification" by age.

In addition, one-way ANOVA determined that statistically significant differences exist in three components with the socio-demographic variable 'marital status': "setting" (p=0.004), "modern facilities/equipment and therapist qualification" (p=0.035), and "recommendations and spending leisure time" (p=0.010). *Post hoc* LSD test with the first component identified that differences exist between the groups 'single' and 'married with children', 'single' and 'married without children', 'married with children' and 'widow', and 'married without children' and 'widow' (see Appendix 30). Moreover, with reference to the component "modern facilities/equipment and therapist qualification" *post hoc* LSD test determined that statistically significant differences exist between the groups 'married with children' and 'widow', and 'divorced' and 'widow'. In the component "recommendations and spending leisure time", it was identified by utilising *post hoc* LSD test that the differences occurred between the groups 'single' and 'divorced', 'married without children' and 'divorced', and 'divorced' and 'widow'. As any statistically significant differences were not identified in the component "price", it can be concluded that price of the trip and treatments, as well as the existence of packages, are important for all groups.

Based on the mean scores (see Table 9), it can be concluded that for single (mean 3.5) medical spa visitors the setting is not as important as for people with families, i.e.

married with (4.0) or without children (4.2). The same applies for widows whose mean score for this component was 3.7. Furthermore, the mean scores indicate that for medical spa visitors who are divorced (mean 4.2) or married with children (4.1), modern facilities, spa equipment and therapist qualification are more important than, for example, widows (3.8).

Table 9. Mean scores and standard deviations of components of factors of choice by marital status.

COMPONENT	MARITAL STATUS	N	MEAN	STD. DEVIATION
Setting	Single	16	3.5	0.8
	Married with children	132	4.0	0.7
	Married without children	19	4.2	0.4
	Divorced	25	3.9	0.6
	Widow	36	3.7	0.8
Modern facilities/equipment and therapist qualification	Single	16	3.9	0.7
	Married with children	132	4.1	0.6
	Married without children	19	4.0	0.6
	Divorced	25	4.2	0.4
	Widow	36	3.8	0.5
Recommendations and spending leisure time	Single	16	3.3	0.8
	Married with children	132	3.6	0.8
	Married without children	19	3.2	0.8
	Divorced	25	3.9	0.4
	Widow	36	3.3	0.9

Moreover, the results demonstrate that divorced (mean 3.9) respondents value recommendations about a medical spa and the existence of various ways for spending leisure time more than respondents who marked their marital status to be single (3.3), widow (3.3), and married without children (3.2). People who are married with children scored the second highest mean (3.6) for this component which is understandable because when one is travelling together with children, spouse or a partner, it is important to have opportunities for spending leisure time together.

Last but not least, one-way ANOVA with the socio-demographic variable ‘occupation’ identified that differences exist somewhere among the mean scores in the component “modern facilities/equipment and therapist qualification” ($p=0.014$). *Post hoc* LSD determined that these differences occurred between the groups ‘entrepreneur’ and ‘unemployed’, ‘unemployed’ and ‘employee’, ‘retired’ and ‘entrepreneur’, and ‘retired’

and ‘employee’ (see Appendix 31). Looking at the mean scores (see Figure 15) it can be summarised that for employees and entrepreneurs this component is of more importance (mean scores 4.3 for both) than for unemployed respondents (3.3).

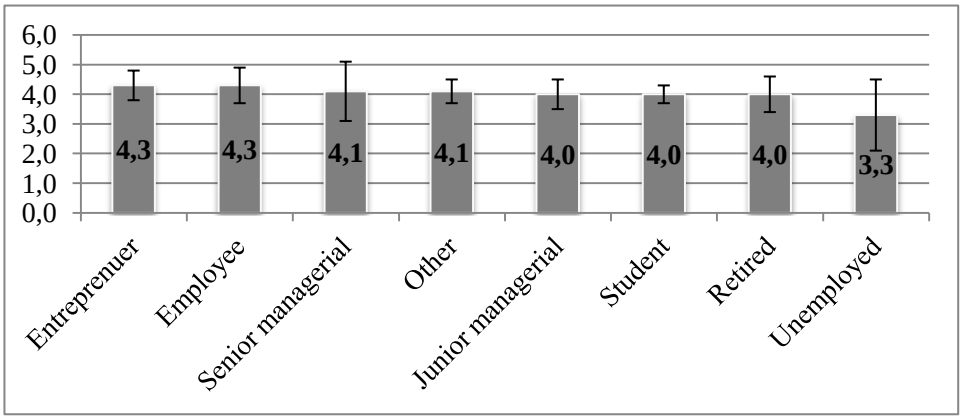

Figure 15. Mean score and standard deviation of the component “modern facilities/ equipment and therapist qualification” by occupation.

It might be assumed that this is due to the fact that as unemployed might be more price sensitive and, thus, they do not consider modern facilities and spa equipment to be that important.

2.8. Data analysis: customer profile

Overall, the results of this study demonstrate that a spa visitor of a medical spa in Estonia is mostly female, aged 65 and above, married with children, holds a high school or vocational school diploma and is retired. Regarding previous spa experience and spa visit characteristics, a typical medical spa-goer has visited a spa, including medical spa, before and; moreover, has visited a spa in Estonia before. In addition, preferred type of spa is medical spa which is typically visited together with a spouse or a partner. With reference to the frequency of spa visits, a medical spa-goer has visited a spa once or twice in last twelve months and the most recent spa visit has been either within six months or within the timeframe of one-to-two years. Moreover, importance of access to a spa is very important to medical spa-goers and they have mostly used the services of a travel agency when travelling to a medical spa in Estonia.

More importantly, the primary motivating factor for visiting a medical spa in Estonia is to improve one's health, which encompasses having curative treatments and seeking relief for a health problem as well. However, medical spa-goers are not motivated by spending time together with family and/or friends and losing weight. Furthermore, the most significant benefit of staying at a medical spa perceived by medical spa visitors is convenience that is provided by the existence of various facilities, e.g. restaurant, bars, shops, cultural centre, leisure centre, beauty salon, and diverse treatments, e.g. curative, relaxing, exotic, and beauty treatments. Nevertheless, meeting new people and learning about healthy living are not considered to be significant benefits. With regard to the importance of the services medical spas usually offer, the most important treatments for medical spa-goers are curative treatments that help to seek relief for a health problem and improve overall health, e.g. massage, thermotherapy and hydrotherapy treatments. The least preferred services are related to achieving a balance between the mind and body, e.g. meditation, holistic services, etc. Lastly, for medical spa visitors the most prominent factor when choosing a medical spa is price which includes both the price of the trip to the spa, price of individual treatments, existence of packages and discounts.

With regard to the description of medical spa-goers' customer profile based on nationality, differences do not exist among socio-demographic variables. In addition, regardless of their nationality, they have mostly visited a spa, including a spa in Estonia, before, preferred type of spa is medical spa and they usually visit a spa together with their spouse or partner. What is also similar among the three groups is that the most significant perceived benefit of staying at a medical spa is convenience and from the service categories the most important are curative treatments. In order to provide a more comprehensive description of the customer profiles of the three nationalities in question, the top five individual items of each Likert scale were also examined in addition to comparing the means of the components that were generated utilising factor analysis. The differences between the three groups are portrayed in Appendix 32. Next, customer profile of each of the three nationalities is characterised. The author notes that those characteristics which are common to all three groups, i.e. the aforementioned socio-demographic characteristics and aspects of previous spa experience, are not included in the description – only differences are featured.

Based on the results of the data analysis, an Estonian visitor of a medical spa in Estonia has visited a medical spa before, has visited a spa one to two times within 12 months with the most recent spa visit having been within six months. Moreover, Estonian medical spa-goer considers access to a spa very important in a hotel and has organised the spa visit herself/himself. In addition, the primary motivation for visiting a medical spa is to improve one's health and to relax. The purpose of their visit to a medical spa is multifold: to have curative spa treatments, seek physical relaxation, have a vacation, improve overall health, and seek relief for a health problem (see Appendix 33). Besides physical convenience and wide range of treatments, saving money and being able to travel and vacation are significant benefits perceived by Estonian medical spa-goers (see Appendix 34). Furthermore, most preferred services are all related to seeking relief for a health problem, e.g. massage, thermotherapy, hydrotherapy and physiotherapy treatments, and treatments for improving respiration (see Appendix 35). Whereas least preferred services include meditation, hairdresser's services and manicure/pedicure. When deciding which medical spa to visit, the most important attributes are all related to price (see Appendix 36).

Similarly, a Finnish visitor of a medical spa in Estonia has visited a medical spa before, has visited a spa one to two times within 12 months with the most recent spa visit having been within six months. Also, a Finnish medical spa-goer regards access to a spa very important in a hotel and has booked the spa visit through a travel agency. The general purpose for visiting a medical spa is to improve health; however, Finnish medical spa-goers are also motivated by such items as pampering oneself, getting away from daily routine, and seeking physical relaxation (see Appendix 33). Interestingly, the benefits of staying at a medical spa perceived by Finnish medical spa visitors coincide with the benefits perceived by Estonian visitors. In the same way, Finnish medical spa-goers are most interested in curative treatments. However, manicure/pedicure and hairdresser's services, that are among the top three least preferred services for Estonian customers, are relatively important for Finnish customers (see Appendix 35). In addition, the most significant component influencing the decision-making process of Finnish medical spa-goers is the setting; however, price is equally as important. From the individual factors of choice, the most important are packages, healthy food, touristic destination, full range of facilities, and beautiful scenery and nature (see Appendix 36).

Conversely, a Swedish visitor of a medical spa in Estonia has not been to a medical spa before, has not been to spa within past 12 months and the most recent spa visit has been within the timeframe of one-to-two years. Access to spa in a hotel is regarded by Swedish customers as somewhat important and they have booked the spa visit through a travel agency. Their primary reason for visiting a medical spa is to pamper themselves and improve overall health. Swedish medical spa-goers are motivated by several different factors: to have relaxing spa treatments, improve overall health, pamper oneself, get away from daily routine, and have curative treatments (se Appendix 33). Besides physical convenience and wide range of treatments, being able to travel and vacation, meet new people and have various health-related tests and examination are significant benefits perceived by Swedish medical spa-goers (see Appendix 34).As for the services and treatments offered at medical spas, the most important for Swedish customers are massage, thermotherapy and hydrotherapy treatments, water aerobics and aqua jogging, and body treatments (see Appendix 35). When deciding which medical spa to visit, the most important determinants are related to price and modern spa equipment (see Appendix 36).

3. RESULTS AND DISCUSSION

This study has investigated the underlying motivating factors of Estonian, Finnish and Swedish spa-goers for visiting medical spas in Estonia. Differences among the three nationalities surveyed span factors of motivation, perceived benefits, preferred services and, and selection. It was determined by conducting exploratory factor analysis that there are four components that explain the reasons why spa-goers seek medical spa experiences in medical spas in Estonia: "improve health", "relax", "pamper", and "rejuvenate and socialise" (in descending order according to the mean score). Of the four components identified, "improve health" is considered as the most and "rejuvenate and socialise" the least important of the motivating factors. These results corroborate the statement of Kucukusta et al. (2013) that medical spas are, indeed, emerging to cater to people with medical treatment needs as opposed to modern spas that are usually visited for relaxation.

However, the results contradict the findings of Gustavo Silva (2010a), Mak et al. (2009), Koh et al. (2010), Kucukusta et al. (2013), Tsai et al. (2012), Smith & Puczkó (2009), and Tabacchi (2010), who identified that the main motive for a spa visit is connected to relieving stress and/or relaxation. Although Gustavo Silva (2010) identified that improving physical health was also a relevant motive for visiting a spa, it was not as important as the motive of stress relief and relaxation. Similarly, the results of the study by Mak et al. (2009) exhibit that 'relaxation and relief' is the most important and 'health and beauty' the second least important motivating factor. However, the results of the current study concur with the finding of Mak et al. (2009) in that spending time with family and friends are the least significant motivators when visiting a spa. Similarly, Kucukusta et al. (2013) detected that health improvement,

socializing, and medical reasons were perceived as secondary reasons of visiting a hotel spa. In fact, beautification was considered to be even a more important factor triggering spa visits than health improvement in the afore-mentioned study. However, the results of the current study imply that the underlying motivation factors of a medical spa visit are somewhat different: improving overall health is the main motive, followed by relaxation and pampering. In addition, opposed to the research finding of Konu & Laukkanen (2010) that wellbeing destinations are seen as rather fashionable places to visit, the results of the current study imply that medical spas are not seen as fashionable places. As previously mentioned, the main purpose of visiting a medical spa is to improve one's health and it is not related to being seen as fashionable and visiting fashionable places.

With regard to the differences between Estonian, Finnish and Swedish medical spa visitors, the results of the data analysis indicate that Estonian medical spa visitors placed most significance on improving health, followed by Finnish visitors, then, Swedish. Likewise, relaxing was emphasised most by Estonian, then by Finnish and Swedish spa-goers. On the one hand, this indicates that Estonians visit medical spas for both the traditional purpose of obtaining medical benefits and relaxing that is provided by modern spas. On the other hand, it might be assumed that Estonians perceive that relaxation helps boost personal health. Conversely, Swedish medical spa-goers placed slightly more importance on pampering than its Finnish and Estonian counterparts. Here, parallels can be found with the benefit segmentation groups identified by Koh et al. (2010). To some degree, Estonian medical spa-goers can be compared to the escapists in the study by Koh et al. (2010) – they are interested in relaxing and improving their health at the same time. In the same way, Swedish medical spa-goers can be compared to the hedonists of Koh et al. (2010) – they want to escape form daily routine while improving their health and pampering themselves.

Furthermore, factor analysis detected four components explaining the benefits of staying at a medical spa as perceived by visitors: "convenience", "travelling and sightseeing", "save money and communicate in mother tongue", and "health-related tests and meeting new people". Of the four components, "convenience" had the highest mean score and; thus, it might be assumed that medical spa visitors perceive as the most

important benefit of staying at a medical spa the convenience that is offered by the relatively short distance between different facilities and the wide range of treatments, both curative and relaxing. Overall, visitors of Estonian medical spas perceive as the most important benefits of staying at a medical spa the physical convenience, wide range of treatments, saving money, the opportunity to travel and vacation, the opportunity to communicate in mother tongue, and eating healthy food.

These findings parallel the research results by Han and Hwang (2013), who determined that medical tourists would be willing to stay at a medical hotel and recommend it if it provided convenience, both physical convenience and the opportunity to communicate in mother tongue, and financial saving for the customer. Although concentrating on American undergraduates' attitudes towards medical tourism, the findings of Reddy et al. (2010) coincide with the current study in the way that being able to travel and having the opportunity to vacation are among the most influential factors in the attitudes towards participation in such activity. Moreover, the findings of the current study correspond to the statements of Smith & Puczkó (2009) and Tabachhi (2010) that spa-goers seek to improve their nutritional health and expect spas to provide healthy food for the customers. Furthermore, these benefits sought by medical spa-goers comply with the benefits sought by medical tourists as identified by Bies & Zacharia (2007) and Connell (2006), i.e. cost savings, and the opportunity of combining purposes of medical care with a standard tourist visit.

As far as the differences between the three groups is concerned, Finnish visitors were more likely to be more interested in the factors related to travelling and sightseeing than their Estonian and Swedish counterparts. Similarly, the order of significance for component "health-related tests and examinations and meeting new people" was led by Finnish spa-goers, followed by Swedish and then Estonians. With regard to convenience factors, Estonian and Finnish visitors held these in equal significance, while Swedish visitors placed slightly lower significance on this area. Moreover, saving money, communicating in mother tongue and seeing a doctor were emphasised most by Finnish and then by Estonian spa-goers, while Swedish spa-goers placed lower significance on this area.

With reference to the services and treatments medical spas usually offer, factor analysis generated three components: "curative treatments", "beauty salon services", and "mind/body services and group exercises". "Curative treatments" had the highest mean score for the entire sample as well as for each nationality separately indicating the importance of these treatments to medical spa-goers. In addition, "beauty salon services" scored only 2.9 for the entire sample; however, Finnish medical spa-goers were more likely to be more interested in beauty salon services than their Estonian counterparts. In terms of mind/body services and group exercises, Estonians placed slightly more importance on those services than on services offered at a beauty salon. Whereas the order is vice versa for Finnish spa-goers and Swedish held these two in equal significance. These findings contradict the statement of several researchers, e.g. Gustavo Silva (2010a), Kucukusta et al. (2013), Mak et al. (2009), etc, that the spa market has been changed by the growing trend of proactive maintenance of one's health, i.e. people are turning more attention to achieving a balance between physical, mental and spiritual health. It seems that in the Estonian medical spa context, such trend has not yet gained popularity as services that seek to achieve a balance between the body and the mind are not important to visitors of medical spas in Estonia.

Furthermore, the mean scores of individual items demonstrate that massage is the most important treatment for the medical spa-goers (4.7), followed by thermotherapy treatments (4.3), and hydrotherapy treatments (4.2). These results coincide with the findings of Gustavo Silva (2010), Tabacchi (2010), and Tsai et al. (2012) that massage is the most sought after service. However, Gustavo Silva (2010) determined that 50% of the customers did not use hydrotherapy services during their last visit to a spa and almost 50% of the respondents considered body treatments to be very relevant. In the same way, Tsai et al. (2012) identified that body scrub/exfoliation and facial treatments are among the most often consumed services. Therefore, it can be concluded that the services sought at a medical spa are somewhat different from those services sought at the new spas (including the wellness segment) that researchers have used in their studies so far. Namely, at a medical spa massage, various thermotherapy treatments, such as mud therapy, paraffin-ozokerite treatment, and hydrotherapy treatments, such as underwater shower massage, Charcot shower, are the most sought after services. However, what these two studies have in common is the fact that the results of both of

the studies ascertain that hairdresser services, yoga, manicure/pedicure, and meditation are not relevant services for medical spa-goers, and spa-goers in general.

Finally, four components were generated from factors of choice that are significant determinants in the decision-making process: "price", "setting", "modern facilities/equipment and therapist qualification", and "recommendations and spending leisure time". The results of the data analysis suggest that "price" is the most important determinant for medical spa visitors when choosing which medical spa to visit. Nevertheless, the remaining three components are also important factors affecting the decision-making process because the mean scores are all 3.5 or above. In addition, the analysis of the data displayed that Finnish visitors placed most significance on factors related to the setting, followed by Estonian, then by Swedish visitors. However, modern facilities and equipment and therapist qualification were emphasised the most by Estonian spa-goers than by their counterparts. Although price was the most important determinant in the decision-making process for all the three groups, Estonian visitors placed more importance on this element.

These findings coincide with the findings of Gustavo Silva (2010), Kucukusta et al. (2013), and Tsai et al. (2012), who identified that price is among the most relevant factors in the decision-making process. Another similarity with the study conducted by Kucukusta et al. (2013) is that 'range of facilities' is among the most important attributes. However, in the study by Kucukusta et al. (2013) therapists as a selection dimension was the most important, followed by price. In addition, the results of the same study by Kucukusta et al. (2013) showed that location and facilities scored the lowest means among seven selection dimensions. However, this study implies that both the "setting", which includes characteristics about the location, and 'modern facilities' are relatively important for medical spa-goers, corroborating the findings of Gustavo Silva (2010). Moreover, the results reveal that medical spa-goers are different from well-being tourists in that as opposed to wellbeing tourists (Konu & Laukkanen, 2010), medical spa-goers are very much interested in packaged services.

In addition, 'sense of privacy' and 'therapist's qualification' that ranked as the third and sixth most important attribute, respectively, in the study by Kucukusta et al. (2013) ranked only as the tenth and eleventh most important attributes, with the same mean

scores, in this study. Moreover, the study by Kucukusta & Guillet (2014) determined that respondents who preferred medical spas and day spas held therapist qualification in the highest importance. In addition Kucukusta & Guillet (2014) determined that spa-goers' placed lowest importance on the range of facilities. In contrast, in the case of this study full range of facilities is a significant determinant in the decision-making process. Lastly, the results of the current study slightly contradict the finding of Yavas & Babakus (2005) that access to general amenities, which includes attributes such as access to exercise and meeting facilities, is the most important dimension in choosing a hotel. In the case of this study, access to such amenities was not considered important by medical spa-goers as the component encompassing these two items was the least important benefit component.

Overall, given the limited academic interest in medical spas, this study not only adds to the spa literature by providing insights into medical spa-goers' motivations and preferences, but also has implications for medical spa professionals. As this study will enable medical spa managers or marketers to understand why people visit medical spas, it will allow them to improve their services in order to best meet the needs of their customers and help in the provision of guest attraction and retention.

First of all, as improving health is the main motivation of medical spa-goers and traditional curative treatments is the most important treatment category for them, medical spas would benefit from expanding their treatment menus by incorporating more healing elements into their services. Medical spas could utilize, for example, local remedies such as peat, mud, clay, sea water and salt, as well as various forms of hydrotherapy and thalassotherapy treatments. Moreover, the outcomes and functions of curative treatments could be emphasised in the spa menu so that the customer can choose the treatments according to the health benefits associated with the treatment. For instance, spa menus could include brief comments for each curative treatment, e.g. that paraffin-ozokerite treatment relaxes tense muscles, relieves pain and is helpful in the case of chronic joint and muscle diseases or that whirlpool bath for feet reduces swelling and alleviate pain. However, this should be limited to providing a brief but informative description of the associated health benefits to assist customers in the decision-making process. In addition, medical spa managers and marketers should focus

on promoting curative treatments rather than relaxing spa treatments and beauty salon services.

As customers visit medical spas also for the purpose of relaxation, the spa experience should be designed in a way that the customers can relax both their body and mind. Therefore, medical spa practitioners should turn their attention to the ambience of treatment rooms. Although several treatments offered are medical by nature, the environment should not be hospital-like – this will not facilitate relaxation. Instead, treatment rooms should be appealing for the senses: hearing, sight, smell, touch, taste. Thus, special attention should be paid to the choice of music and volume range, as well as to soft colours and natural look of the room. Similarly, candles and natural light, instead of bright lighting, create a suitable, relaxing atmosphere. All in all, medical spas should invest in creating a relaxing environment.

In addition, it seems that medical spa-goers are interested in ready-made service packages. Taking into account the motivations of the three nationalities surveyed and their preferred services, specific promotions and strategies can be designed to target the different characteristics of the tourists of each nation. For example, packages tailored towards improving health and including traditional curative treatments could be created and promoted for Estonian and Finnish markets. On the other hand, packages tailored towards pampering and including relaxing spa treatments, such as body treatments, and water aerobics or aqua jogging could be created for Swedish customers.

Moreover, medical spa practitioners should develop an effective way to improve customers' physical and psychological convenience as this is the most important benefit as perceived by visitors to medical spas in Estonia. As medical spa-goers prefer to make use of many facilities, a wider range of facilities enables medical spa managers to attract a wider audience. Therefore, it is crucial for medical spa operators to invest in developing and designing a range of facilities that could include treatment rooms, restaurant, beauty salon, pools, saunas, relaxation area, etc. However, easy access to the facilities is also important as the majority of medical spa-goers are aged 65 and above and may have some disabilities needing special attention or arrangements. Therefore, medical spa operators should concentrate on these aspects: infrastructure, e.g. wider

corridors; and information, e.g. clear and understandable signs, spa etiquette, instructions in the sauna area.

In addition, the differences with regard to benefits among the three nationalities surveyed imply that for Finnish medical spa-goers convenience is closely followed by saving money and communicating in mother tongue. In fact, communicating in mother tongue was the third most important benefit item for Finnish visitors. Therefore, in order to attract and retain Finnish customers to medical spas in Estonia, it is crucial that the staff had good Finnish language skills. Medical spa managers should consider providing language training for employees and implementing incentives, such as bonus for speaking a foreign language at a required level. In addition, all information about the medical spa (on website, in brochures, etc) and signs and instructions at the spa should be provided in Finnish in order to make the stay of Finnish customers even more pleasurable. In this way, Finnish visitors would perceive greater value in a medical spa and build favourable intentions for it.

What is more, as Swedish spa-goers are more likely to be first-time visitors of a medical spa, medical spa operators should provide guidance for these visitors. For example, in the case of SPA Tervis customers with a treatment package first have a consultation with a doctor on the day after their arrival, after which they are expected to go the treatment and spa reception where they will receive their treatment schedule. However, for first-time visitors such an arrangement might be confusing. Therefore, it is of paramount importance that this information is provided to the customer early on – the hotel administrator should inform the customer about the time and place of the consultation during check-in, after consultation the doctor should instruct the customer to go the treatment and spa reception where the customer is informed about the location of treatment rooms. In addition, informing visitors about the spa etiquette is important as well because this may differ from that in their home country. As majority of Swedish medical spa-goers have purchased a package from the travel agency, presenting visitors with these instructions could already start from there. In this way, first-time medical spa-goers in Estonia will feel less confused when they arrive at a medical spa and will help generate positive emotions about their stay.

Moreover, medical spa operators should focus on developing a strategy to reduce customers' financial burden as price is the most significant determinant in deciding which medical spa to visit. Therefore, value added or promotional treatment packages might attract customers to choose a particular medical spa. In addition, reasonable promotional prices for packages and individual treatments could be offered for Estonian and Swedish customers as they seem do the most price-sensitive. Also, loyalty programmes and revisit discounts could be designed to encourage repeat visits as medical spa-goers frequent a spa one to two times within 12 months.

On the other hand, marketing efforts should be directed to highlight the environmental cues in order to attract Finnish customer. For example, in the case of medical spas in Pärnu, marketing could emphasise the history of the resort town (touristic destination), beautiful sea and beaches, and historic and cultural sites. With reference to attracting Estonian medical spa-goers, marketing efforts could be directed to highlight the modern facilities as well as modern and innovative spa equipment. In addition, medical spas would benefit from having special menus for diabetics and people who have lactose or gluten intolerance. More importantly, medical spa operators should ensure that healthy food is provided at their restaurants and bars as this one of the prime factors of choice.

CONCLUSION

This master thesis identified the underlying motivating factors of Estonian, Finnish and Swedish spa-goers for visiting a medical spa and the perceived benefits of staying at a medical spa in Estonia. Their reasons for and perceived benefits of visiting a medical spa were analysed. In addition, this study explored how much importance medical spa-goers assign to various services and treatments and to different factors of choice when they decide which medical spa to visit. The data collected utilising a survey questionnaire were analysed using mean and frequency analysis and, more importantly, factor analysis to reduce large sets of items to a smaller number of components.

The results of the data analysis demonstrate that there are four underlying motivating components for medical spa-goers: rejuvenate and socialise, relax, improve health, and pamper. Of the four components identified improving health can be considered as the most important reason for visiting a medical spa. On the other hand, relaxation and pampering are also important motivations for seeking a medical spa experience. However, the results suggest that medical spa-goers are not keen on rejuvenating and socialising. In addition, factor analysis identified four major benefit dimensions sought by medical spa-goers: travelling and sightseeing, health-related tests and meeting new people, convenience, and save money and communicate in mother tongue. In general, medical spa visitors perceive as the most important benefit of staying at a medical spa the convenience that is offered by the relatively short distance between different facilities and the wide range of treatments, both curative and relaxing. In addition, the opportunity to travel and vacation at the destination, as well as saving money and communicating in mother tongue are perceived as rather significant benefits.

In addition, the factor analysis suggests that the services offered by medical spas could be grouped into three components: mind/body services and group exercises, beauty salon services, and curative treatments. The research identified that for medical spa-goers curative treatments are the most important, with massage being the most sought after service. However, the results contrast interestingly with the general notion that spa-goers are expecting more and more mindfulness to be interwoven into the spa practices and experiences. Furthermore, factor analysis results show that setting, modern facilities/equipment and therapist qualification, price, and recommendations and spending leisure time are important underlying components of medical spa choice criteria. For visitors of medical spas in Estonia, price is the most important determinant when choosing which medical spa to visit. However, the other three components are also very important factors influencing the decision-making process.

When the differences among the three nationalities surveyed here are analysed and taken into account, it can be seen that for Estonian medical spa-goers visiting a medical spa is an integration of improving health and relaxation, with a high demand for curative spa treatments. In addition, they value convenience at a medical spa the most and regard price as the most important determinant when choosing which medical spa to visit. Finnish medical spa-goers were found to be motivated by improving their health, placing importance on curative spa treatments, but also on such beauty salon services as manicure and pedicure. They choose to visit a medical spa in Estonia because they perceive that the spa provides them physical convenience, reduced financial burden, and the benefit of communicating in their mother tongue. Moreover, when choosing which medical spa to visit, Finnish visitors place emphasis on both the setting and location of the spa and the price. Finally, for Swedish spa-goers visiting a medical spa is an integration of pampering and improving health, placing importance on curative treatments as well as body treatments and water-based group trainings. Similarly to Estonian spa-goers, Swedish spa-goers also perceive convenience as the most important benefit of staying at a medical spa and price is the most important factor of spa choice criteria.

Consequently, specific strategies designed to target the different characteristics of the spa-goers of each nation are required. Several implications were derived from this study

that might assist medical spa professionals in designing and promoting their services. For example, packages tailored towards improving health and including traditional curative treatments could be created and promoted for Estonian and Finnish markets. On the other hand, packages tailored towards pampering and including relaxing spa treatments, such as body treatments, and water aerobics or aqua jogging could be created for Swedish customers. Moreover, in order to attract and retain Finnish customers to medical spas in Estonia, medical spa managers should ensure that staff speaks Finnish language at a required level. In addition, marketing efforts should be directed to highlight the environmental cues in order to attract Finnish customer and on promotional prices to attract Estonian and Swedish customers. Moreover, marketing efforts should be directed to highlight modern facilities and spa equipment to attract Estonian visitors. More general implications for the medical spa industry include investing in the development of a wide range of facilities and easy access to the facilities, focusing on infrastructure and information; investing in creating a relaxing atmosphere; designing loyalty programmes and revisit discounts; including menus for diabetics and people who have lactose or gluten intolerance; and providing healthy food at the restaurants and bars.

Overall, this master thesis has fulfilled the aim of determining the underlying motivations for visiting medical spas in Estonia by Estonian, Finnish and Swedish visitors. Moreover, also conducted was an analysis of whether differences exist among the three groups with regard to factors of motivation, perceived benefits, preferred services, and selection. The master thesis has important managerial implications as medical spas in Estonia would benefit of the information of Estonian, Finnish and Swedish customer segments based on the above-mentioned factors. In addition, this work could serve as a basis for future research about the motivations of medical spa-goers of other nationalities as well, hence, leading to even better understanding of the visitors of medical spas in Estonia.

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Appendix 1. Questionnaire in English

Dear Potential Research Participant,

Thank you for your participation in this research study. This study is being carried out by Laura Tael as part of a student thesis for the Master of Arts in Social Sciences degree. The aim of this study is to gain a better understanding of the motivations for domestic and international visitors of medical spas in Estonia based on the example of Tervis Medical Spa. Your answers will be helpful in improving the services offered in Tervis Medical Spa in the future. This questionnaire should only take about 15 minutes. Your responses will not be identified by individual and all responses will be compiled together and analyzed as a group.

If you have any questions or concerns, please contact Laura Tael via e-mail laura.tael@mail.ee.

Please leave the filled questionnaire at the spa and treatment reception or at the beauty salon Helmi.

PART I. PREVIOUS EXPERIENCE

Please circle the most appropriate option.

1. Have you ever visited a spa before?

a) Yes

b) No

2. Have you been to a spa in Estonia before?

a) Yes

b) No

If you have been to a spa in Estonia before, please write the name(s) of the spa(s)!

_____

_____

3. When you travel to a spa, what type of spa do you prefer? Please rank the types of spas according to your preference, where "1" refers to the most preferred type and "5" to the least preferred type of spa. If you feel that the type of spa you prefer is missing from the list, please write it to the last row "Other" and give it a ranking as well. Otherwise, leave the last box and row empty.

☐ Day spa (without accommodation)

☐ Medical spa

☐ Hotel spa

☐ Wellness spa (at least 4-star spa)

☐ Water park and spa hotel

☐ Other: _____

4. When was your most recent spa experience?

a) Within 6 months

b) Timeframe of one-to-two years

c) Timeframe of three-to-four years

d) Within five years

e) I have not been to a spa before

5. In the past twelve months, how many times have you been to any spas?

a) 0

b) 1–2

c) 3–4

d) 5 or more

6. How do you typically visit a spa? If this is your first time visiting a spa, answer according to your current visit. Please choose only one option.

a) Alone

b) With your spouse/partner

c) With children

d) With one of your friends/relatives/colleagues

e) With a group of your friends/relatives/colleagues

f) Several of these answers are true for me

7. How important is having access to a spa when choosing a hotel?

a) Least important

b) Less important

c) Somewhat important

d) Important

e) Very important

8. Have you ever visited a medical spa before?

a) Yes

b) No

9. Who organised this particular spa visit to Tervis Medical Spa?

a) A travel agency (package tour)

b) Me

c) Spouse/friend/relative

d) Other: _____

PART II. MOTIVATIONS

10. Below is a list of 15 statements regarding possible motivations for visiting a medical spa. For each statement indicate the extent to which you agree or disagree with the statement.

5 – totally agree, 4 – agree, 3 – neither agree or disagree, 2 – disagree, 1 – strongly disagree

I visit a medical spa because I seek physical relaxation.	5	4	3	2	1
I visit a medical spa because I want to relieve stress.	5	4	3	2	1
I visit a medical spa because I seek relief for a health problem.	5	4	3	2	1
I visit a medical spa because I want to reward myself, e.g. for working hard.	5	4	3	2	1
I visit a medical spa because I want to pamper myself, i.e. treat with great kindness and care.	5	4	3	2	1
I visit a medical spa because I want to get away from the daily routine.	5	4	3	2	1
I visit a medical spa because I want to improve my overall health.	5	4	3	2	1
I visit a medical spa because I want to have curative spa treatments.	5	4	3	2	1
I visit a medical spa because I want to have relaxing spa treatments.	5	4	3	2	1
I visit a medical spa because I want to spend time with friends.	5	4	3	2	1
I visit a medical spa because I want to spend time with family.	5	4	3	2	1
I visit a medical spa because I want to rejuvenate my appearance (i.e. look younger).	5	4	3	2	1
I visit a medical spa because I want to have a vacation.	5	4	3	2	1
I visit a medical spa because I want to lose weight.	5	4	3	2	1
I visit a medical spa because I want to be seen as fashionable.	5	4	3	2	1

PART III. BENEFITS

11. Below is a list of 12 statements regarding the benefits medical spa-goers may receive. Please read each one and indicate to which extent you agree or disagree with the statement.

5 – totally agree, 4 – agree, 3 – neither agree or disagree, 2 – disagree, 1 – strongly disagree

Staying in a medical spa would enable me to save	5	4	3	2	1

money because it provides an option for packaged services, i.e. accommodation, meal, treatments.					
Staying in a medical spa would enable me to reduce the waiting time to see a doctor.	5	4	3	2	1
Staying in a medical spa would enable me to easily communicate in my mother tongue because of good foreign language skills of the staff.	5	4	3	2	1
Staying in a medical spa would enable me to enjoy a wider range of treatments, e.g. both curative and relaxing treatments.	5	4	3	2	1
Staying in a medical spa would enable me to enjoy physical convenience because of the existence of various facilities within one complex, i.e. restaurant, hotel rooms, beauty salon, sports hall, sauna centre, etc.	5	4	3	2	1
Staying in a medical spa would enable me to have various health-related tests and examinations, e.g. ECG, various blood analyses, podometry.	5	4	3	2	1
Staying in a medical spa would enable me to meet new people.	5	4	3	2	1
Staying in a medical spa would enable me to eat healthy food.	5	4	3	2	1
Staying in a medical spa would enable me to learn about healthy living.	5	4	3	2	1
Staying in a medical spa would enable me to experience the culture of the destination.	5	4	3	2	1
Staying in a medical spa would enable me to experience the nature of the destination.	5	4	3	2	1
Staying in a medical spa would enable me to travel and vacation.	5	4	3	2	1

PART IV. SERVICES AND FACTORS OF CHOICE

12. Below is a list of treatments and procedures that medical spas usually offer. Please indicate how important each treatment category is to you, when you visit a medical spa.

5 – very important, 4 – important, 3 – neither important or unimportant, 2 – less important, 1 – not important

Body treatments, e.g. scrub, wrap, etc.	5	4	3	2	1
Exotic and oriental treatments, e.g. fish therapy, Thai massage, etc.	5	4	3	2	1
Facial treatments	5	4	3	2	1
Hairdresser's services	5	4	3	2	1
Health-related tests and examinations, e.g. blood	5	4	3	2	1

analyses					
Holistic services that bring about healing on physical, mental, emotional and spiritual level, e.g. Reiki	5	4	3	2	1
Hydrotherapy treatments, e.g. Charcot shower, underwater shower massage, herb and pearl bath, etc.	5	4	3	2	1
Indoor group exercises/aerobics	5	4	3	2	1
Manicure/pedicure	5	4	3	2	1
Massage	5	4	3	2	1
Meditation	5	4	3	2	1
Physiotherapy, e.g. laser, magnetic, ultrasound treatment, etc.	5	4	3	2	1
Services for both mind and body, e.g. yoga, Tai Chi, etc.	5	4	3	2	1
Thermotherapy, e.g. paraffin-ozokerite treatment, mud therapy, etc.	5	4	3	2	1
Treatments for improving respiration, e.g. salt chamber, inhalation, etc.	5	4	3	2	1
Water aerobics and aqua jogging	5	4	3	2	1

13. Below is a list of 21 attributes. Please indicate how important each attribute is to you when you are choosing which medical spa to visit.

5 – very important, 4 – important, 3 – neither important or unimportant, 2 – less important, 1 – not important

Beautiful scenery and nature	5	4	3	2	1
Cultural closeness, e.g. Finnish-Estonian	5	4	3	2	1
Discounts for accommodation/packages/treatments	5	4	3	2	1
Exercise facilities/gym	5	4	3	2	1
Existence of cultural and historical sites in the destination	5	4	3	2	1
Existence of parks, walking and jogging paths nearby the spa	5	4	3	2	1
Full range of facilities, e.g. restaurant, saunas, etc.	5	4	3	2	1
Healthy food	5	4	3	2	1
Meeting facilities for spending time together with friends/relatives/colleagues	5	4	3	2	1
Modern facilities	5	4	3	2	1
Modern spa equipment	5	4	3	2	1
Packages that include accommodation, meals, treatments, etc.	5	4	3	2	1
Price of the trip	5	4	3	2	1
Price of treatments	5	4	3	2	1
Recommendations from friends/relatives, who have visited the spa	5	4	3	2	1
Reputation of the city/country as a touristic destination	5	4	3	2	1
Reputation and skills of the doctors/healthcare	5	4	3	2	1

professionals					
Sense of privacy	5	4	3	2	1
Signature treatments that are unique to a spa (other spas do not have)	5	4	3	2	1
Therapist qualification	5	4	3	2	1
New destination	5	4	3	2	1

PART V. SOCIODEMOGRAPHIC CHARACTERISTICS

Please circle the most appropriate option.

14. Gender:

a) Male

b) Female

15. Nationality:

a) Estonian

b) Finnish

c) Swedish

d) Russian

e) Other: _____

16. Age:

a) under 25

b) 26–35

c) 36–45

d) 46–55

e) 56–65

f) 65 and above

17. Marital status:

a) Single

b) Married with children

c) Married without children

d) Divorced

e) Widow

18. Highest acquired level of education:

a) Secondary school or below

b) High school or vocational school

c) College/university

d) Bachelor's Degree

e) Master's Degree

f) Doctoral Degree

g) Other: _____

19. Occupation:

a) Senior/professional managerial

b) Sub-professional/junior managerial

c) Entrepreneur

d) Employee

e) Unemployed

f) Student

g) Retired

h) Housewife

i) Other: _____

THANK YOU FOR YOUR TIME!

Appendix 2. Previous spa experience of the respondents

Previous spa experience	Percentage %
Have you ever visited a spa before?	
Yes	87
No	13
Have you been to a spa in Estonia before?	
Yes	73
No	27
When you travel to a spa, what type of spa do you prefer?	
Day spa	3
Medical spa	66
Hotel spa	12
Wellness spa	12
Water park and spa hotel	6
Other	1
When was your most recent spa experience?	
Within 6 months	37
Timeframe of one-to-two years	37
Timeframe of three-to-four years	4
Within five years	8
I have not been to a spa before	14
In the past twelve months, how many times have you been to any spas?	
0	31
1–2	55
3–4	11
5 or more	4
How do you typically visit a spa?	
Alone	5
With your spouse/partner	43
With children	1
With one of your friends/relatives/colleagues	26
With a group of your friends/relatives/colleagues	9
Several of these answers are true for me	16
How important is having access to a spa when choosing a hotel?	
Least important	4
Less important	16
Somewhat important	19
Important	27
Very important	34
Have you ever visited a medical spa before?	
Yes	73
No	27
Who organised this particular spa visit to Tervis Medical Spa?	
a) A travel agency (package tour)	63
b) Me	24
c) Spouse/friend/relative	12
d) Other	1

Appendix 3. Differences in the importance of having access to a spa according to nationality (LSD test)

(I) Nationality	(J) Nationality	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Estonian	Finnish	-,1705	,1866	,362	-,538	,197
	Swedish	,7018*	,1898	,000	,328	1,076
Finnish	Estonian	,1705	,1866	,362	-,197	,538
	Swedish	,8723*	,1892	,000	,500	1,245
Swedish	Estonian	-,7018*	,1898	,000	-1,076	-,328
	Finnish	-,8723*	,1892	,000	-1,245	-,500

*. The mean difference is significant at the 0.05 level.

Appendix 4. Mean and standard deviation of motivating factors

	N	Mean	Std. Deviation
Improve overall health	213	4.2	0.9
Have curative spa treatments	214	4.2	1.1
Get away from daily routine	212	4.0	1.0
Pamper oneself	213	4.0	1.1
Physical relaxation	215	4.0	1.1
Seek relief for a health problem	213	4.0	1.1
Have a vacation	213	3.8	1.2
Have relaxing spa treatments	207	3.8	1.2
Relieve stress	211	3.6	1.2
Reward oneself	213	3.4	1.3
Spend time with family	204	3.1	1.4
Spend time with friends	209	3.0	1.2
Rejuvenate appearance	207	2.4	1.2
Lose weight	208	2.3	1.2
Seen as fashionable	209	1.9	1.1

Appendix 5. Kaiser-Meyer-Olkin and Bartlett's Test of Sphericity of motivating factors

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		,783
Bartlett's Test of Sphericity	Approx. Chi-Square	884,228
	df	105
	Sig.	,000

Appendix 6. Factor analysis of motivating items

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4,742	31,615	31,615	4,742	31,615	31,615	2,680	17,869	17,869
2	1,653	11,021	42,636	1,653	11,021	42,636	2,208	14,722	32,591
3	1,411	9,410	52,046	1,411	9,410	52,046	2,117	14,117	46,708
4	1,177	7,845	59,890	1,177	7,845	59,890	1,977	13,183	59,890
5	,989	6,592	66,483						
6	,824	5,495	71,978						
7	,781	5,209	77,187						
8	,558	3,717	80,904						
9	,551	3,672	84,577						
10	,517	3,448	88,024						
11	,483	3,217	91,241						
12	,439	2,926	94,167						
13	,343	2,285	96,452						
14	,307	2,047	98,499						
15	,225	1,501	100,000						

Appendix 7. Item loadings on components (motivating factors)

	Component 1	Component 2	Component 3	Component 4
Seen as fashionable	,816			
Lose weight	,787			
Rejuvenate appearance	,746			
Spend time with friends	,552			
Spend time with family	,507			
Physical relaxation		,735		
Relieve stress		,688		
Have a vacation		,656		
Seek relief for a health problem			,800	
Have curative spa treatments			,731	
Improve overall health			,702	
Pamper oneself				,753
Get away from daily routine				,653
Have relaxing spa treatments				,621
Reward oneself				,485

Appendix 8. Statistically significant differences identified by post hoc LSD test (motivating factors by nationality)

Dependent Variable	(I) Nationality	(J) Nationality	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Relax	Estonian	Finnish	,5769*	,1361	,000	,309	,845
		Swedish	,7984*	,1366	,000	,529	1,068
	Finnish	Estonian	-,5769*	,1361	,000	-,845	-,309
		Swedish	,2215	,1389	,112	-,052	,495
	Swedish	Estonian	-,7984*	,1366	,000	-1,068	-,529
		Finnish	-,2215	,1389	,112	-,495	,052
Improve health	Estonian	Finnish	,1793	,1314	,174	-,080	,438
		Swedish	,4273*	,1319	,001	,167	,687
	Finnish	Estonian	-,1793	,1314	,174	-,438	,080
		Swedish	,2480	,1341	,066	-,016	,512
	Swedish	Estonian	-,4273*	,1319	,001	-,687	-,167
		Finnish	-,2480	,1341	,066	-,512	,016

*. The mean difference is significant at the 0.05 level.

Appendix 9. Statistically significant differences identified by post hoc LSD test (component "relax" by age)

(I) Age	(J) Age	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
65 and above	Under 25	-,0694	,5008	,890	-1,057	,918
	26-35	-,6528*	,3123	,038	-1,268	-,037
	36-45	-,9583	,5008	,057	-1,946	,029
	46-55	-,6409*	,2015	,002	-1,038	-,244
	56-65	-,4228*	,1424	,003	-,704	-,142

*. The mean difference is significant at the 0.05 level.

Appendix 10. Statistically significant differences identified by post hoc LSD test (component "relax" by occupation)

(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Retired	Senior/professional managerial	-,9600*	,3885	,014	-1,726	-,194
	Sub-professional/junior managerial	-,6031*	,2196	,007	-1,036	-,170
	Entrepreneur	-,4544	,2570	,079	-,961	,052
	Employee	-,6021*	,1568	,000	-,911	-,293
	Unemployed	-,2600	,6076	,669	-1,458	,938
	Student	-,4933	,3885	,206	-1,259	,273
	Other	-,4266	,4328	,325	-1,280	,427

*. The mean difference is significant at the 0.05 level.

Appendix 11. Mean and standard deviation of benefit items

	N	Mean	Std. Deviation
Physical convenience	220	4.4	0.8
Wide range of treatments	219	4.4	0.7
Save money	220	3.9	1.2
Travel and vacation	218	3.9	1.1
Communicate in mother tongue	218	3.6	1.4
Eat healthy food	219	3.6	1.1
Experience nature	218	3.4	1.1
Health-related tests and examinations	220	3.4	1.2
Experience culture	218	3.4	1.2
See a doctor	217	3.2	1.3
Learn about healthy living	216	3.1	1.1
Meet new people	217	3.0	1.3

Appendix 12. Kaiser-Meyer-Olkin and Bartlett's Test of Sphericity of benefit items

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		,858
Bartlett's Test of Sphericity	Approx. Chi-Square	1025,061
	df	66
	Sig.	,000

Appendix 13. Factor analysis of benefit items

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	5,071	42,258	42,258	5,071	42,258	42,258	2,250	18,746	18,746
2	1,200	10,000	52,258	1,200	10,000	52,258	2,226	18,550	37,297
3	1,147	9,558	61,816	1,147	9,558	61,816	1,984	16,531	53,827
4	1,013	8,445	70,260	1,013	8,445	70,260	1,972	16,433	70,260
5	,684	5,697	75,957						
6	,594	4,951	80,908						
7	,587	4,890	85,798						
8	,443	3,689	89,487						
9	,428	3,570	93,057						
10	,329	2,744	95,800						
11	,280	2,332	98,132						
12	,224	1,868	100,000						

Appendix 14. Item loadings on components (benefit items)

	Component			
	1	2	3	4
Travel and vacation	,801			
Experience nature	,781			
Experience culture	,757			
Meet new people		,818		
Health-related tests and examinations		,750		
Learn about healthy living		,551		
Physical convenience			,826	
Wide range of treatments			,811	
Eat healthy food			,548	
Communicate in mother tongue				,783
Save money				,710
See a doctor				,653

Appendix 15. Statistically significant differences identified by post hoc LSD test (benefit items by nationality)

Dependent Variable	(I) Nationality	(J) Nationality	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Travelling and sightseeing	Estonian	Finnish	-,3025*	,1518	,047	-,602	-,003
		Swedish	,2181	,1523	,153	-,082	,518
	Finnish	Estonian	,3025*	,1518	,047	,003	,602
		Swedish	,5207*	,1533	,001	,218	,823
	Swedish	Estonian	-,2181	,1523	,153	-,518	,082
		Finnish	-,5207*	,1533	,001	-,823	-,218
Health-related tests and meeting new people	Estonian	Finnish	-,6518*	,1526	,000	-,953	-,351
		Swedish	-,4359*	,1532	,005	-,738	-,134
	Finnish	Estonian	,6518*	,1526	,000	,351	,953
		Swedish	,2159	,1547	,164	-,089	,521
	Swedish	Estonian	,4359*	,1532	,005	,134	,738
		Finnish	-,2159	,1547	,164	-,521	,089
Convenience	Estonian	Finnish	-,0843	,1093	,441	-,300	,131
		Swedish	,2803*	,1097	,011	,064	,496
	Finnish	Estonian	,0843	,1093	,441	-,131	,300
		Swedish	,3646*	,1107	,001	,146	,583
	Swedish	Estonian	-,2803*	,1097	,011	-,496	-,064
		Finnish	-,3646*	,1107	,001	-,583	-,146

Appendix 15 continued. Statistically significant differences identified by post hoc LSD test (benefit items by nationality)

Dependent Variable	(I) Nationality	(J) Nationality	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Save money and communicate in mother tongue	Estonian	Finnish	-,5379*	,1556	,001	-,845	-,231
		Swedish	,6675*	,1568	,000	,359	,976
	Finnish	Estonian	,5379*	,1556	,001	,231	,845
		Swedish	1,2054*	,1583	,000	,893	1,517
	Swedish	Estonian	-,6675*	,1568	,000	-,976	-,359
		Finnish	-1,2054*	,1583	,000	-1,517	-,893

*. The mean difference is significant at the 0.05 level.

Appendix 16. Statistically significant differences identified by post hoc LSD test (benefit components by marital status)

Dependent Variable	(I) Marital status	(J) Marital status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Travelling and sightseeing	Widow	Single	-,2604	,2844	,361	-,821	,300
		Married with children	-,5702*	,1834	,002	-,932	-,209
		Married without children	-,5891*	,2737	,032	-1,129	-,050
		Divorced	-,5243*	,2508	,038	-1,019	-,030
		Divorced	-,5243*	,2508	,038	-1,019	-,030
Save money and communicate in mother tongue	Married with children	Single	,5521*	,2765	,047	,007	1,097
		Married without children	-,0336	,2625	,898	-,551	,484
		Divorced	,2179	,2280	,340	-,231	,667
		Widow	,6250*	,2061	,003	,219	1,031
	Married without children	Single	,5856	,3583	,104	-,121	1,292
		Married with children	,0336	,2625	,898	-,484	,551
		Divorced	,2515	,3223	,436	-,384	,887
		Widow	,6586*	,3072	,033	,053	1,264

*. The mean difference is significant at the 0.05 level.

Appendix 17. Mean and standard deviation of services

	N	Mean	Std. Deviation
Massage	218	4.7	0.7
Thermotherapy	212	4.3	0.9
Hydrotherapy treatments	216	4.2	0.9
Treatments for improving respiration	214	3.8	1.2
Physiotherapy	216	3.5	1.3
Water aerobics and aqua jogging	215	3.5	1.3
Health-related tests and examinations	213	3.2	1.2
Body treatments	204	3.1	1.2
Indoor group exercises	215	3.0	1.2
Facial treatments	214	2.9	1.2
Manicure/pedicure	215	2.9	1.3
Hairdresser's services	215	2.8	1.2
Exotic and oriental treatments	212	2.8	1.2
Holistic services	208	2.7	1.2
Services for mind and body	211	2.6	1.2
Meditation	212	2.4	1.2

Appendix 18. Kaiser-Meyer-Olkin and Bartlett's Test of Sphericity of services

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		,838
Bartlett's Test of Sphericity	Approx. Chi-Square	1078,215
	df	120
	Sig.	,000

Appendix 19. Factor analysis of services

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	5,588	34,926	34,926	5,588	34,926	34,926	3,178	19,863	19,863
2	1,771	11,067	45,992	1,771	11,067	45,992	3,023	18,896	38,760
3	1,339	8,368	54,361	1,339	8,368	54,361	2,496	15,601	54,361
4	1,098	6,862	61,223						
5	,991	6,193	67,416						
6	,848	5,299	72,715						
7	,653	4,078	76,793						
8	,596	3,727	80,520						
9	,559	3,491	84,011						
10	,502	3,138	87,149						
11	,466	2,912	90,062						
12	,438	2,738	92,800						
13	,401	2,507	95,306						
14	,287	1,797	97,103						
15	,238	1,486	98,589						
16	,226	1,411	100,000						

*. The mean difference is significant at the 0.05 level.

Appendix 20. Item loadings on components (services)

	Component		
	1	2	3
Water aerobics and aqua jogging	,722		
Meditation	,716		
Services for mind and body	,715		
Indoor group exercises	,684		
Holistic services	,665		
Facial treatments		,848	
Manicure/pedicure		,761	
Hairdresser's services		,720	
Body treatments		,624	
Exotic and oriental treatments		,559	
Thermotherapy			,742
Treatments for improving respiration			,685
Health-related tests and examinations			,677
Physiotherapy			,570
Massage			,496
Hydrotherapy treatments			,490

Appendix 21. Statistically significant differences identified by post hoc LSD test (benefit items by nationality)

Dependent Variable	(I) Nationality	(J) Nationality	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Curative treatments	Estonian	Finnish	-,0310	,1113	,781	-,250	,188
		Swedish	,2938*	,1125	,010	,072	,516
	Finnish	Estonian	,0310	,1113	,781	-,188	,250
		Swedish	,3248*	,1133	,005	,102	,548
	Swedish	Estonian	-,2938*	,1125	,010	-,516	-,072
		Finnish	-,3248*	,1133	,005	-,548	-,102

*. The mean difference is significant at the 0.05 level.

Appendix 22. Independent-samples t-test between service components with gender

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Mind/body services and group exercises	Equal variances assumed	,948	,331	-2,823	214	,005	-,3998	,1416	-,6790	-,1206
	Equal variances not assumed			-3,075	117,623	,003	-,3998	,1300	-,6572	-,1424
Beauty salon services	Equal variances assumed	,030	,862	-3,309	214	,001	-,4805	,1452	-,7667	-,1943
	Equal variances not assumed			-3,376	102,669	,001	-,4805	,1423	-,7628	-,1982
Curative treatments	Equal variances assumed	2,300	,131	-1,074	214	,284	-,1136	,1058	-,3221	,0949
	Equal variances not assumed			-,999	87,352	,320	-,1136	,1137	-,3395	,1123

Appendix 23. Mean scores and standard deviation of factors of choice

	N	Mean	Std. Deviation
Packages	227	4.6	0.6
Price of the trip	229	4.4	0.7
Price of treatments	227	4.4	0.7
Healthy food	229	4.3	0.9
Modern spa equipment	222	4.2	0.8
Full range of facilities	225	4.2	0.8
Discounts	223	4.2	1.0
Modern facilities	223	4.2	0.8
Beautiful scenery and nature	224	4.1	0.9
Privacy	218	4.0	0.9
Therapist qualification	198	4.0	1.0
Parks. walking and jogging paths	225	3.9	1.0
Reputation and skills of the doctors	219	3.9	1.0
Touristic destination	218	3.8	1.0
Meeting facilities	223	3.7	1.1
Recommendations	225	3.6	1.2
Cultural closeness	221	3.5	1.2
Signature treatments	215	3.5	1.1
Cultural and historical sites	220	3.4	1.0
New destination	196	3.4	1.1
Exercise facilities/gym	223	3.3	1.1

Appendix 24. Kaiser-Meyer-Olkin and Bartlett's Test of Sphericity of benefit items

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		,832
Bartlett's Test of Sphericity	Approx. Chi-Square	1455,661
	Df	210
	Sig.	,000

Appendix 25. Factor analysis of factors of choice

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	6,732	32,059	32,059	6,732	32,059	32,059	3,239	15,422	15,422
2	1,945	9,263	41,322	1,945	9,263	41,322	2,907	13,844	29,266
3	1,349	6,422	47,744	1,349	6,422	47,744	2,648	12,610	41,875
4	1,291	6,149	53,893	1,291	6,149	53,893	2,135	10,167	52,042
5	1,218	5,801	59,694	1,218	5,801	59,694	1,607	7,652	59,694
6	1,042	4,963	64,657						
7	,991	4,720	69,377						
8	,762	3,628	73,005						
9	,708	3,374	76,379						
10	,689	3,283	79,661						
11	,639	3,041	82,702						
12	,592	2,819	85,521						
13	,487	2,318	87,838						
14	,481	2,291	90,130						
15	,416	1,982	92,111						
16	,347	1,652	93,763						
17	,324	1,541	95,305						
18	,309	1,472	96,777						
19	,263	1,250	98,027						
20	,245	1,167	99,194						
21	,169	,806	100,000						

Extraction Method: Principal Component Analysis.

Appendix 26. Item loadings on components (factors of choice)

	Component				
	1	2	3	4	5
Beautiful scenery and nature	,727				
Cultural closeness	,724				
Parks, walking and jogging paths	,713				
Healthy food	,625				
Touristic destination	,624				
Modern facilities		,707			
Therapist qualification		,657			
Modern spa equipment		,636			
New destination		,600			
Privacy		,464			
Full range of facilities		,446			

Appendix 26 continued. Item loadings on components (factors of choice)

	Component				
	1	2	3	4	5
Price of treatments			,785		
Price of the trip			,783		
Packages			,688		
Discounts			,533		
Recommendations				,783	
Cultural and historical sites				,556	
Meeting facilities				,540	
Exercise facilities/gym				,403	
Signature treatments					,772
Reputation and skills of the doctors					,680

Appendix 27. Statistically significant differences identified by post hoc LSD test (factors of choice components by nationality)

Dependent Variable	(I) Nationality	(J) Nationality	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Setting	Estonian	Finnish	-,4314*	,1059	,000	-,640	-,223
		Swedish	,2134	,1084	,050	,000	,427
	Finnish	Estonian	,4314*	,1059	,000	,223	,640
		Swedish	,6448*	,1081	,000	,432	,858
	Swedish	Estonian	-,2134	,1084	,050	-,427	,000
		Finnish	-,6448*	,1081	,000	-,858	-,432
Modern facilities/equipment and therapist qualification	Estonian	Finnish	,3606*	,0887	,000	,186	,535
		Swedish	,4957*	,0908	,000	,317	,675
	Finnish	Estonian	-,3606*	,0887	,000	-,535	-,186
		Swedish	,1352	,0905	,137	-,043	,314
	Swedish	Estonian	-,4957*	,0908	,000	-,675	-,317
		Finnish	-,1352	,0905	,137	-,314	,043
Price	Estonian	Finnish	,3507*	,0929	,000	,168	,534
		Swedish	,3160*	,0951	,001	,129	,503
	Finnish	Estonian	-,3507*	,0929	,000	-,534	-,168
		Swedish	-,0348	,0948	,714	-,222	,152
	Swedish	Estonian	-,3160*	,0951	,001	-,503	-,129
		Finnish	,0348	,0948	,714	-,152	,222

*. The mean difference is significant at the 0.05 level.

Appendix 28. Statistically significant differences identified by post hoc LSD test (component "modern facilities/equipment and therapist qualification" by age)

Dependent Variable	(I) Age	(J) Age	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Modern facilities/equipment and therapist qualification	26-35	Under 25	,5556	,3941	,160	-,221	1,332
		36-45	,8889*	,3941	,025	,112	1,665
		46-55	,0397	,2418	,870	-,437	,516
		56-65	,2580	,2217	,246	-,179	,695
		65 and above	,3712	,2114	,081	-,046	,788
	36-45	Under 25	-,3333	,4753	,484	-1,270	,603
		26-35	-,8889*	,3941	,025	-1,665	-,112
		46-55	-,8492*	,3593	,019	-1,557	-,141
		56-65	-,6309	,3460	,070	-1,313	,051
		65 and above	-,5177	,3396	,129	-1,187	,151
	46-55	Under 25	,5159	,3593	,152	-,192	1,224
		26-35	-,0397	,2418	,870	-,516	,437
		36-45	,8492*	,3593	,019	,141	1,557
		56-65	,2183	,1514	,151	-,080	,517
		65 and above	,3315*	,1360	,016	,064	,599

*. The mean difference is significant at the 0.05 level.

Appendix 29. Mean scores and standard deviations of component "modern facilities/equipment and therapist qualification" by age

		N	Mean	Std. Deviation
Modern facilities/equipment and therapist qualification	Under 25	3	3.8	0.2
	26-35	8	4.3	0.9
	36-45	3	3.4	0.9
	46-55	21	4.3	0.5
	56-65	50	4.1	0.7
	65 and above	144	4.0	0.5
	Total	229	4.0	0.6

Appendix 30. Statistically significant differences identified by post hoc LSD test (factors of choice components by marital status)

Dependent Variable	(I) Marital status	(J) Marital status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Setting	Single	Married with children	-,5095*	,1834	,006	-,871	-,148
		Married without children	-,6507*	,2351	,006	-1,114	-,187
		Divorced	-,4255	,2218	,056	-,863	,012
		Widow	-,1389	,2082	,505	-,549	,271
	Widow	Single	,1389	,2082	,505	-,271	,549
		Married with children	-,3706*	,1303	,005	-,627	-,114
		Married without children	-,5118*	,1965	,010	-,899	-,125
		Divorced	-,2866	,1804	,113	-,642	,069
Modern equipment/facilities and therapist qualification	Widow	Single	-,0602	,1754	,732	-,406	,286
		Married with children	-,2765*	,1098	,012	-,493	-,060
		Married without children	-,2148	,1656	,196	-,541	,111
		Divorced	-,4234*	,1520	,006	-,723	-,124
Recommendations and spending leisure time	Divorced	Single	,5765*	,2399	,017	,104	1,049
		Married with children	,3140	,1634	,056	-,008	,636
		Married without children	,6628*	,2280	,004	,213	1,112
		Widow	,5724*	,1951	,004	,188	,957

Appendix 31. Statistically significant differences identified by post hoc LSD test (component "modern facilities/equipment and therapist qualification" by occupation)

Dependent Variable	(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Modern facilities/equipment and therapist qualification	Unemployed	Senior/professional managerial	-,7667	,4832	,114	-1,719	,186
		Sub-professional/junior managerial	-,6471	,4317	,135	-1,498	,204
		Entrepreneur	-,9621*	,4439	,031	-1,837	-,087
		Employee	-,9732*	,4190	,021	-1,799	-,148
		Student	-,6000	,4832	,216	-1,552	,352
		Retired	-,6049	,4111	,143	-1,415	,205
		Other	-,7917	,5001	,115	-1,777	,194
	Retired	Senior/professional managerial	-,1618	,2626	,538	-,679	,356
		Sub-professional/junior managerial	-,0422	,1479	,776	-,334	,249
		Entrepreneur	-,3572*	,1805	,049	-,713	-,001
		Employee	-,3684*	,1051	,001	-,575	-,161
		Unemployed	,6049	,4111	,143	-,205	1,415
		Student	,0049	,2626	,985	-,513	,522
		Other	-,1868	,2926	,524	-,764	,390

Appendix 32. Differences between Estonian, Finnish and Swedish customer profile.

Variable	Estonian	Finnish	Swedish
Visited Tervis before	Yes	Yes	No
Most recent spa visit	Within six months	Within six months	Within the timeframe of one-to-two years
How many times visited a spa within 12 months	1-2	1-2	0
Importance of having access to a spa	Very important	Very important	Somewhat important
Visited a medical spa before	Yes	Yes	No
Organiser of current spa visit	Herself	Travel agency	Travel agency
Motivating factors (components)*	1) Improve health 2) Relax 3) Pamper 4) Rejuvenate and socialise	1) Improve health 2) Pamper 3) Relax 4) Rejuvenate and socialise	1) Pamper 2) Improve health 3) Relax 4) Rejuvenate and socialise
Motivating items *	1) Have curative spa treatments 2) Seek physical relaxation 3) Have a vacation 4) Improve overall health 5) See relief for a health problem	1) Improve overall health 2) Pamper oneself 3) Get away from daily routine 4) Have curative treatments 5) Seek physical relaxation	1) Have relaxing spa treatments 2) Improve overall health 3) Pamper oneself 4) Get away from daily routine 5) Have curative treatments
Perceived benefits (components)*	1) Convenience 2) Save money and communicate in mother tongue 3) Travel and vacation 4) Health-related tests and meeting new people	1) Convenience 2) Save money and communicate in mother tongue 3) Travel and vacation 4) Health-related tests and meeting new people	1) Convenience 2) Travel and vacation 3) Health-related tests and meeting new people 4) Save money and communicate in mother tongue
Benefit items*	1) Physical convenience 2) Wide range of treatments 3) Save money 4) Travel and vacation 5) Communicate in mother tongue	1) Physical convenience 2) Wide range of treatments 3) Communicate in mother tongue 4) Save money 5) Travel and vacation	1) Wide range of treatments 2) Physical convenience 3) Travel and vacation 4) Meet new people 5) Health-related tests and examinations
Services and treatments (components)*	1) Curative treatments 2) Mind/body services and group exercises 3) Beauty salon services	1) Curative treatments 2) Beauty salon services 3) Mind/body services and group exercises	1) Curative treatments 2) Beauty salon services 3) Mind/body services and group exercises

Appendix 32 continued. Differences between Estonian, Finnish and Swedish customer profile.

Variable	Estonian	Finnish	Swedish
Services and treatments*	1) Massage 2) Thermotherapy 3) Hydrotherapy 4) Treatments for improving respiration 5) Physiotherapy	1) Massage 2) Thermotherapy 3) Hydrotherapy 4) Treatments for improving respiration 5) Physiotherapy	1) Massage 2) Thermotherapy 3) Hydrotherapy 4) Water aerobics and aqua jogging 5) Body treatments
Factors of choice (components)*	1) Price 2) Modern facilities/equipment and therapist qualification 3) Setting 4) Recommendations and spending leisure time	1) Setting 2) Price 3) Modern facilities/equipment and therapist qualification 4) Recommendations and spending leisure time	1) Price 2) Modern facilities/equipment and therapist qualification 3) Setting 4) Recommendations and spending leisure time
Factors of choice*	1) Packages 2) Discounts 3) Price of the trip 4) Therapist qualification 5) Price of treatments	1) Packages 2) Healthy food 3) Touristic destination 4) Full range of facilities 5) Beautiful scenery and nature	1) Price of the trip 2) Packages 3) Price of treatments 4) Discounts 5) Modern spa equipment

* - Ranking in descending order

Appendix 33. Mean scores for motivating items by nationality

Motivating item	Estonian	Finnish	Swedish
Physical relaxation	4,4	4,1	3,4
Relieve stress	4,0	3,2	3,4
Seek relief for a health problem	4,2	3,9	3,8
Reward oneself	3,8	3,1	3,3
Pamper oneself	3,8	4,3	3,9
Get away from daily routine	3,9	4,3	3,9
Improve overall health	4,3	4,4	4,0
Have curative spa treatments	4,5	4,2	3,8
Have relaxing spa treatments	3,4	3,5	4,4
Spend time with friends	2,8	3,0	3,1
Spend time with family	3,2	3,1	3,0
Rejuvenate appearance	2,7	2,5	2,1
Have a vacation	4,4	3,7	3,4
Lose weight	2,4	2,1	2,4
Seen as fashionable	1,9	1,8	2,0

Appendix 34. Mean scores for benefit items by nationality

Benefit item	Estonian	Finnish	Swedish
Save money	4,1	4,3	3,2
See a doctor	2,8	3,9	2,8
Communicate in mother tongue	3,8	4,3	2,8
Wide range of treatments	4,4	4,4	4,2
Physical convenience	4,4	4,5	4,1
Health-related tests and examinations	3,0	3,8	3,4
Meet new people	2,3	3,1	3,5
Eat healthy food	3,6	3,8	3,3
Learn about healthy living	3,0	3,4	2,9
Experience culture	3,2	3,8	3,3
Experience nature	3,5	3,8	2,9
Travel and vacation	3,8	4,0	3,7

Appendix 35. Mean scores for service and treatment categories by nationality

Service/treatment category	Estonian	Finnish	Swedish
Body treatments	2,9	2,9	3,5
Exotic and oriental treatments	2,8	2,7	2,7
Facial treatments	2,9	3,2	2,7
Hairdresser's services	2,4	3,3	2,6
Health-related tests and examinations	3,3	3,6	2,9
Holistic services	2,6	2,8	2,8
Hydrotherapy treatments	4,4	4	4,1
Indoor group exercises	3,2	2,9	2,8
Manicure/pedicure	2,5	3,5	2,8
Massage	4,7	4,8	4,7
Meditation	2,4	2,4	2,5
Physiotherapy	3,4	3,8	3,2
Services for mind and body	2,6	2,7	2,5
Thermotherapy	4,5	4,3	4,2
Treatments for improving respiration	4	3,9	3,3
Water aerobics and aqua jogging	3,4	3,4	3,5

Appendix 36. Mean scores for factors of choice by nationality

Factor of choice	Estonian	Finnish	Swedish
Beautiful scenery and nature	4,1	4,3	3,7
Cultural closeness	3,4	3,9	3,2
Discounts	4,6	3,9	4,1
Exercise facilities/gym	3,4	3,3	3,2
Cultural and historical sites	3,5	3,4	3,2
Parks, walking and jogging paths	3,8	4,3	3,7
Full range of facilities	4,4	4,4	3,8
Healthy food	4,5	4,5	3,9
Meeting facilities	3,5	3,8	3,7
Modern facilities	4,4	4,2	3,9
Modern spa equipment	4,4	4,2	4
Packages	4,8	4,7	4,3
Price of the trip	4,5	4,3	4,4
Price of treatments	4,5	4,3	4,3
Recommendations	3,6	3,3	4,0
Touristic destination	3,4	4,4	3,6
Reputation and skills of the doctors	3,8	3,9	4
Privacy	4,4	4,0	3,7
Signature treatments	3,3	3,5	3,6
Therapist qualification	4,5	3,6	3,9
New destination	3,6	3,2	3,2

RESÜMEE

EESTI RAVISPAA KÜLASTUSMOTIIVID KOLME RAHVUSE LÕIKES

Seoses rahvastiku vananemise ja suurenenud vabalt kasutatava sissetulekuga kasvab ravispaade arv ja nende poolt teenitav tulu aastast aastasse igal pool üle maalilma. Hetkel on Eestis kokku kaheksa atesteeritud ravispaad: seitse omavad kolmanda järgu ravispaa tunnustust ning neljanda järgu tunnustusele vastab üks ravispaa. Koguni kolm kolmandale järgule vastavat ravispaahotelli – Tervis Ravispaahotell, Viiking Spa Hotel ja Estonia Medical Spa & Hotel – asuvad Pärnus, vaid mõneminutilise jalutuskäigu kaugusel rannast. Seega on tähtis, et ravispaade omanikud ja turundusjuhid teaksid oma külastajate külastusmotiive, et luua edukas strateegia uute klientide leidmisel ja olemasolevate klientide hoidmisel. Kuna Eesti spaades on peamised külastajad peale eestlaste veel ka venelased, soomlased ja paljud teised, on tähtis, et strateegiate ja teenuste loomisel võetaks arvesse erinevate rahvuste spaakülastusmotiive ja eelitsusi. Kuigi spaahotellide külastusmotiive on uuritud nii Aasia riikides kui ka Ameerika Ühendriikides, on ravispaa külastusmotiive kahjuks vähe uuritud. Kuid seoses spaatööstuse kasvu ja arenguga on muutunud mitmekesisemaks ka spaaliikide valik – spaakülastaja saab valida just sellise spaa, mis vastab tema soovidele ja vajadustele, näiteks ravi-, mineraalvee-, heaolu-, päeva-, öko-, meeste-, või isegi lennujaamaspaa. Kuigi võib eeldada, et üldiselt külastatakse spaasid lõõgastumise ja stressimaandamise eesmärgil, viitab erinevate spaaliikide suur arv aga sellele, et erinevaid spaasid külastatakse erinevatel põhjustel.

Sellest tulenevalt on käesoleva magistritöö eesmärgiks välja selgitada eestlaste, soomlaste ja rootslaste külastusmotiivid Eesti ravispaas. Käesolev magistritöö on jagatud kolmeks peatükis, millest esimene ehk teoreetiline osa määratleb ja selgitab asjakohast terminoloogiat, nagu näiteks ’terviseturism’, ’raviturism’, ’ravispaa’, ning annab ülevaate juba olemasolevast uurimustööst spaa külastusmotiivide, raviturismis osalemist mõjutavate faktorite ja hotelli valikukriteeriumite kohta. Teine peatükk ehk töö empiiriline osa keskendub ravispaakülastusmotiivide välja selgitamisele ja võimalike erinevuste tuvastamisele eestlastest, soomlastest ja rootslastest ravispaa külastajate seas. Selle jaoks viis autor läbi uurimuse Tervis Ravispaahotellis, mille

käigus jagati eesti-, soome- ja rootsikeelseid küsimustikke ravispaahotelli klientidele. Küsimustik koosnes viiest osast: (1) eelnev ravispaakogemus ja spaakülastuse eripära (kellega, kui tihti, jne), (2) ravispaa külastusmotiivid, (3) võimalik kasu, mis kaasneb ravispaahotellis viibimisega, (4) ravispaa poolt pakutavate erinevate ravide ja hoolituste tähtsus ja ravispaahotelli valikukriteeriumid ja (5) sotsiodemograafilised tausta-andmed. Siinkohal on oluline märkida, et küsimustiku teine, kolmas ja neljas osa kasutasid viie-pallist Likert skaalat. Magistritöö kolmas peatükk aga võtab kokku uurimustulemused ning annab tulemustest lähtuvalt soovitusi ravispaa juhatajatele ja turundusjuhtidele.

Magistritöö teine peatükk annab ülevaate ka küsimustikele vastajate sotsiodemograafilistest andmetest ja eelnevast spaakogemustest, millest võib järeldada, et tüüpiline Eesti ravispaa külastaja on naine, 65-aastane või vanem, abielus (lastega), omab keskkooli või kutsekooli tunnistust ning on pensionär. Lisaks sellele on ravispaa külastaja varem käinud mõnes spaas, kaasaarvatud ravispaas, ning spaad külastatakse tavaliselt koos abikaasa või elukaaslasega. Tavaliselt on ravispaa külastaja külastanud spaad üks või kaks korda kaheteist kuu jooksul ning viimane spaakülastus on olnud kas ajavahemikus kuus kuud või üks kuni kaks aastat. Lisaks sellele on spaa olemasolu hotelli valimisel ravispaa külastajate jaoks väga tähtis, spaapuhkuse broneerimisel on kasutatud reisibüroo teenuseid ning ravispaa on eelistatuim spaaliik.

Andmete analüüsimine faktoranalüüsiga, vähendamaks analüüsitavate tunnuste hulka, tuvastas neli motivatsioonifaktorit, millest tähtsaim on ’tervise edendamine’. Sellele järgnesid ’lõõgastumine’ ja ’hellitamine’, kuid ’nooremaks muutumine ja ajaveetmine pere ja/või sõpradega’ oli tähtsuselt viimasel kohal. Tunnustest, mis kirjeldasid võimalikku kasu ravispaakülastajatele, tuletas faktoranalüüs neli faktorit, millest tähtsaimaks võib pidada ’mugavust’, mida pakub erinevate rajatiste ja osakondade olemasolu ravispaahotellis (restoran, kultuurikeskus, saunakeskus, ilusalong, spordisaal, jne) ja nendevaheline lühike vahemaa, ning suur valik protseduure ja hoolitsusi – nii tervistavaid kui ka lõõgastavaid. Tähtsuselt järgmised faktorid olid ’reisimine ja vaatamisväärsustega tutvumine’ ning ’raha säästmine ja emakeeles suhtlemine’, kuid ’terviseuuringute tegemine ja uute inimestega tutvumine’ oli tähtsuselt neljas faktor.

Analüüsides ravispaade poolt pakutavaid ravisid ja hoolitsusi fakoranalüüsiga ilmnes kolm faktorit, millest tähtsaim ’tervistavate protseduuride’ kategooria, kuhu kuuluvad

näiteks massaaž, erinevaid soojaravid, vesiravid, ja füsioteraapia protseduurid. Järgmised kaks faktorit – 'ilusalongi teenused' ning 'keha ja vaimu treeningud ning grupitreeningud' – olid tähtsuselt võrdsed ning üsna madala keskväärtusega (2.9) võrreldes 'tervistavate protseduuride' faktoriga (4.0). Seega on ravispaa külastajate jaoks kõige tähtsamad protseduurid siiski seotud tervise edendamisega. Viimase faktoranalüüsiga tuvastati neli faktorit, mis kirjeldavad ravispaahotelli valiku kriteeriumeid. Kõik neli faktorit on otsuse langetamisel väga tähtsad, kuna keskväärtus kõigil faktoritel on 3.5 ja rohkem (viie-pallisel Likert skaalal). Sellegi poolest on tähtsaim kriteeriumifaktor 'hind', millele järgnevad 'keskkond', 'kaasaegsed hooned/spaa tehnika ja terapeudi kvalifikatsioon' ning 'soovitused ja vabaajaveetmise võimalused'.

Keskendudes eestlastest, soomlastest ja rootslastest ravispaa külastajate erinevustele, võib uurimustulemuste põhjal järeldada, et kui soomlaste jaoks on peamine ravispaa külastamise põhjus ainult tervise edendamine, siis eestlaste jaoks on see kombinatsioon tervise edendamisest ja lõõgastumisest. Rootslased seevastu käivad Eesti ravispaas tervist edendamas ning samal ajal ennast hellitamas. Hoolitsustest on eestlaste ja soomlaste jaoks kõige olulisemad traditsioonilised raviprotseduurid, s.o. massaaž, vesiravi, soojaravi, füsioteraapia ja hingamist kergendavad protseduurid. Kuid rootslased peavad lisaks massaažile, soojaravile ja vesiravile oluliseks ka grupitreeninguid vees (nt. vesivõimlemine, vesijooks) ja kehahoolitsusi. Lisaks selgus uurimustulemustest, et soomlaste jaoks on ilusalongi teenuste olemasolu ravispaas tähtsam kui ülejäänud kahe rahvuse seas. Kõigi kolme rahvuse ühine tunnus on aga see, et peatudes ravispaas peavad nad kõige olulisemaks faktoriks mugavust. Kuid soomlaste jaoks on veel väga tähtis faktor ka raha säästmine ja emakeeles suhtlemine. Ravispaahotelli valiku kriteeriumitest on eestlaste ja rootslaste jaoks tähtsaim faktor hind, mis hõlmab nii pakettide ja soodustuste olemasolu, kui ka reisi ja protseduuride hinda. Soomlaste jaoks on aga hind ja keskkond, mille alla kuuluvad näiteks looduskaunis asukoht, kultuuriline sarnasus, parkide ja kõndimisradade olemasolu spaa läheduses ja linna/riigi tuntus kui turismi sihtkoht, sama tähtsad. Seega võib uurimustulemuste põhjal järeldada, et eestlaste, soomlaste ja rootslaste ravispaa külastusmotiivid on mõnevõrra erinevad.

Üks püstitatud töö eesmärkidest oli vastavalt uurimustulemustele anda soovitusi Eesti ravispaahotellidele põhimõttega, et nad saaksid täiendada ja luua oma teenuseid võttes arvesse erinevate rahvuste spaakülastusmotiive ja eelitsusi. Autori soovitused ravispaahotellidele on seotud teenuste disani ja turundamisega ning nauditava ravispaakogemuse loomisega. Esiteks on autori soovitus luua ja reklaamida eestlastele ja soomlastele pakette, mis sisaldavad nii öelda traditsioonilisi raviprotseduure, ning rootslastele pakette, mis on kombinatsioon ravi- ja lõõgastusprotseduuridest sisaldades näiteks massaaži, vee- ja soojaravi protseduure, vesivõimlemist või vesijooksu ja kehahoolitsusi.

Kuna soomlaste jaoks on oma emakeeles suhtlemine väga tähtis faktor, peaksid ravispaad Soome klientide meelitamiseks ja hoidmiseks kindlustama, et nende töötajad räägiksid soome keelt vähemalt suhtlustasandil ning et kõik sildid ja informatsioon ravispaahotellis oleksid kättesaadavad ja arusaadaavad ka soome keeles. Sellel põhjusel võiksid ravispaad pakkuda oma töötajatele keeleõpet ja/või luua premiaalsüsteemi, mis oleks töötajatele stiimuliks soome keele õppimiseks ja rääkimiseks. Et rohkem Soome kliente Eesti ravispaahotellidesse meelitada peaksid turundusmeetmed olema suunatud ravispaa asukoha ja keskkonna kirjeldamisele. Näiteks võiksid ravispaad Pärnus rõhutada ilusate randade ja mere, parkide ja kõndimisradade olemasolu ning Pärnu kui kuurortlinna ajalugu. Teiste soovituste hulka kuuluvad veel soodustused ravipakettidele ja -protseduuridele; tervislike toitude lisamine menüüsse, ka erimenüüd diabeetikutele, taimetoitlastele ja laktoositalumatusega inimestele; investeerimine ravispaa infrastruktuuri, et kõik hooned ja rajatised oleksid kergesti ligipääsetavad, ja protseduuritubadesse, et neis loodav atmosfäär soodustaks lõõgastumist; ja lojaalsusprogrammide loomine, et kindlustada klientide külastus ka tulevikus.

Uuringu tulemusel täideti käesoleva magistritöö eesmärk ja tuvastati eestlaste, soomlaste ja rootslaste külastusmotiivid Eesti ravispaas. Autori hinnangul on uuringu tulemustel rakenduslik väärtus, kuna uurimustulemuste põhjal tuletatud soovitused aitavad ravispaadel luua efektiivseid strateegiaid uute klientide leidmisel ja hoidmisel. Samuti saab käesolevas uuringus kasutatud küsimustikku tõlkida teistesse keeltesse ning kasutada uutes uurimustes selgitamaks välja teistest rahvustest ravispaakülastajate motivatsioone.

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