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**DESIGNING INNOVATIVE SERVICES FOR SPAS:
THE CASE OF ALCOHOLISM TREATMENT
IN GEORGIA**

Master Thesis

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This Master thesis has been compiled independently. All works by other authors used while compiling the thesis as well as principles and data from literary and other sources have been referred to.

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INTRODUCTION

From the beginning of the current century hotels and spas have to deal with active competition, innovative technologies and accelerated changes in consumer needs (Ottenbacher & Gray, 2004, p. 59). Because of this reason managers often seek unique services in order to sustain their position in vastly competitive market and expand the amount of customers for better profitability. In this case, service design can play crucial role as it is responsible to give a new look to the existing services, or to create completely new one. From the management point of view, creating different products and services add value to the customer experience and can be seen as a key of success in the tourism market (Tussyadiah, 2014, p. 543).

However, being a key of success does not guarantee that every new service will be successful in the hospitality industry. In fact, the success rate of the new services averages 58 percent (Griffin, as cited in Ottenbacher & Gray, 2004, p. 59). Thus, factors like efficiently planned process, well-designed structure, and role of human resources have greater significance for new service development (Skaalsvik, 2013).

In the regard of design research, authors agree that some fields require “practice-based” research as they are better understood through practice of doing design (Zimmerman et al., as cited in Faste, & Faste, 2012). Thus, in order to better understand how the theory of new service design and development works in practice, the author of this thesis decided to conduct a practice-based research towards designing an alcoholism treatment service for spa hotels in Georgia. The primary question that emerges is: whether following service design processes it is possible to establish successful new service for spas that will create completely new target market in this field. And according to the literature the most efficient way to answer this question is to go through the designing process. Thus, the main aim of the thesis is to highlight the necessity of service design practices in designing new services in the spa field, show the importance of studying spa services for addiction treatment and answer the emerged research questions.

There are number of reasons why alcoholism treatment was chosen as a research topic, and why it was decided to conduct the research in Georgia. First of all, alcoholism is considered to be one of the main sources of major problems for the whole world, and Georgia is not an exception (see Appendix 1). Evidently, dealing with this problem is a challenging issue especially for developing countries where there is a lack of working places, which is one of the main reasons why people are addicted to alcohol.

In WHO's (2014) global status report on alcohol and health, it is illustrated that in 2012, 3.3 million deaths (which is 5.9 percent of all global deaths) were attributable to alcohol consumption (7.6 percent for men and 4.0 percent for women). Alcohol also contributes to over 200 diseases and health conditions, most notably alcohol dependence, liver cirrhosis, cancers, and injuries. In 2012, 5.1 percent of the burden of disease and injury worldwide (139 million disability-adjusted life years) was attributable to alcohol consumption. Lim et al.'s (2012, pp. 46–66) statistical data shows that, on the global level, alcohol use is the sixth leading risk factor of death and third leading risk factor of disability (first in the eastern Europe).

Due to the concerns regarding rapid increase of alcoholism and other various diseases, United Nations, in 2015 (p. 16), introduced the 'Agenda 2030': for the sustainability of societies of the world and overall planet, where one of the main goals is to reduce harmful use of alcohol by empowering the ways of cure. In the regard of this agenda, former prime minister of Georgia, Mr. Garibashvili (2015, p. 2), during his speech at the United Nations summit, declared that Georgia must also contribute to the challenge of maintaining earth and societies, and reaffirmed "Georgia's readiness to make its own contribution to the achievement of the Sustainable Development Goals at national, regional and global level". Which means that the government is also enthusiastic to support the process of reducing harmful alcohol use in Georgia.

Additionally, in order to further justify the purpose of this thesis Global Spa Summit (2009, p. 1) points out that health care systems are currently unsustainable, they place too much burden on economies, and "they will need to focus mainly on preventive medicine and wellness in the coming years for our economies to survive".

Taking into consideration the abovementioned factors the thesis was divided into two parts: first part is literature review, that covers service design, innovation in the spa industry, and historical relationship between spa treatments and alcoholism; while second part is a spa service design research that addressed following research questions:

1. Whether or not spa centers can establish alcoholism treatment services;
2. How these services must be designed in order to satisfy customers' needs?

Answers to these research questions was sought during the research process, and recommendations for further research were given as well. The thesis also illustrates the significance for Georgia to have this kind of service, and it is also anticipated that this research can be used to encourage stakeholders and sponsors to finance such kind of projects in the future.

Lastly, there were several research methods used in this study. The first method was literature review regarding service design, addiction treatment services, and alcoholism treatments, in order to understand the phenomena. Next was online survey that was sent to the people in Georgia using social networks and forums from where the researcher got 106 responses. Consequently, semi-structured, one hour interviews were conducted with alcoholics, psychologist, doctor, manager of private clinic for alcohol addictions treatments and alcohol abuse counselor, in order to identify the people's perceptions of reality. The survey and interview responses then were transcribed, translated into English, coded, categorized and interpreted in the discussion chapter.

1. LITERATURE REVIEW

1.1. The concept of service design

This chapter gives an overview of the theoretical framework of service design in order to justify which service design process is the most suitable for developing sophisticated model that will invite new target market in spas.

Service design, according to Sangiorgi and Prendiville (2014, p. 61), is relatively new concept that in 1990 was described as a new design agenda by variety of international scholars, and ten years later it became a profession which gained more popularity. At the same time, the perception of service-dominant logic increased in many industries, and instead of tangible resources like physical tools, location or raw materials, other resources such as information, skill and technology became more important (Vargo & Lusch, 2004, p. 12). The term service design emerged in the management literature as innovative, human centered approach to service creation and development, and it became popular when the managers showed an interest towards it (Zeithaml, Parasuraman, & Berry 1990; Edvardsson et al., 2000; Tussyadiah 2014).

Before describing service design authors think that it is important to define the word “design” in this context, as it emerges in many different fields, and therefore there is a lack of generally-accepted, consolidated body of theory (Love, 2002; Heskett, 2005; Ralph & Wand, 2009). Design, according to Kozak and Gürel (2015, p. 230), is a solution offered for a certain problem. However, ambiguities emerge from the difference between the noun and verb forms. Love (2002, pp. 356-57) provides following definitions for a noun and a verb form of a design: The noun form is referring to “a specification or plan for making a particular artefact or for undertaking a particular activity. A distinction is drawn here between a *design* and an *artefact* - a design is the basis for, and precursor to, the making of an artefact”, whereas the verb form refers to a “human activity leading to the production of a *design*”. Ralph and Wand (2009, p. 108) define the

noun form as “a specification of an object, manifested by some agent, intended to accomplish goals, in a particular environment, using a set of primitive components, satisfying a set of requirements, subject to some constraints” and a verb form as “to create a design, in an environment (where the designer operates)”. Love (2002, p. 357) adds that from this perspective a designer is a person who creates designs, or in other words, someone who is designing.

In the service design context, design is defined as a value creating factor for its ability to improve quality and effectiveness of services. In other words, the value that is provided for customers is designed (Heide, Lærdal, & Grønhaug, 2007; Ramirez & Mannervik, 2008; Strannegård & Strannegård, 2012). However, Sangiorgi and Prendiville (2014, p. 62) state that the studies of how the service design enhance value, or how its projects are implemented are limited. But there are exceptions of studies (see for example Bate & Robert, 2006; Donetto et al., 2015) regarding the implementation and impact of experience-based co-design methodology in healthcare systems.

Regarding the concept authors identify three different aspects. The first aspect sees design as a unique characteristic that created design consciousness as managers saw that applying service design principles to the products and services is an important marketing element and it can be a critical aspect for high competitive advantage in the market. Thus, well-designed products can be seen as one of the most important factors for the brand. The second aspect is design thinking, which can be considered as a tool of innovation as it uses designers’ problem solving tools, and involves collaborative work between designers, customers and managers. Design thinking is also seen as a way to define and articulate the service delivery problems and create solutions. The third aspect is designing, which is a process of human activity that leads to creating and modifying services (Love, 2002; Lockwood 2010; Tussyadiah, 2014).

Mager and Sung (2011, p. 1) claim that the main aim of the service design is to create new services in order for them to be useful and desirable for users, and it helps providers to develop an effective strategy for competitive advantage. Additionally, service design takes holistic, interdisciplinary and co-creation approach in order to understand the system and the stakeholders, to connect experts, users, employers and other related actors, and to involve these actors to use their experience and imagination in order to

create successful service. Stakeholder's imagination, or building a mental picture of service is suggested to develop an experience-based concept that will focus on the customer journey (including before and after use of the service), and to create a solutions, feelings and experiences that may not even exist (Clark, Johnston, & Shulver 2000; Goldstein et al. 2002; Mager & Sung, 2011; Tussyadiah 2014).

In addition, Tussyadiah (2014) states that service design is also responsible for creating new experiences, that is also called experience design. Main focus in this field is to innovate concepts through careful consideration of services, and create new types of emotional connections and engagement with customers. According to Pullman and Gross (2004), here design is placed in the core of organizational processes and creates tangible or intangible service elements. These elements, according to Souto (2015, p. 143), are interrelated in the hospitality industry, which means that the intangible characteristics (e.g. atmosphere of the treatment rooms) are dependent on physical and tangible characteristics of a service (e.g. decoration).

Authors also identify four levels of service design: design of product features (e.g. the features of a hotel or spa treatment rooms); design of customer experiences (psychologically, sensually, etc.); design of processes (e.g. front and back offices and the service system in general); and design of service business approach, strategy and policy (Moritz, 2005). These levels show that service design in this industry "is not simply a process of defining service features, but consistently relating them from the strategic to the operational level" (Kozak & Gürel, 2015, p. 229).

On the other hand, Ottenbacher and Gray (2004, p. 60) categorize several major strategies of service design in hospitality industry: innovation, improvement, copying, or modification. They state that last three strategies have lower risk and cost, and are easily accomplishable, whereas innovation has higher risk but higher benefits as well. Despite the fact that new service development can be more profitable, unsuccessful efforts to establish new services are considerably high. The main reasons of the failure are considered to be the absence of service design principles during the process, or lack of knowledge and skills in this field. Therefore the firms could have disadvantages in terms of failure rate, high cost, waste of resources, and unsuccessful service delivery that does not meet customer needs and expectations.

To conclude, there are many different types of services that need different service design processes and tools, in order to create memorable experiences, and there is a difference between service design processes as well. Managers therefore face the challenge of which process to choose when they think about designing a service (MacCormack & Verganti, 2003; Moritz, 2005; Zomerdijk & Voss, 2010). Thus, it is important to justify the choice of the service design process for this research.

1.1.1. Human centered design process

In order to design sophisticated services authors suggest to start looking at services, or ideas of services, from the customer point of view (Holmlid & Evenson, 2008, p. 341). From this perspective human centered design (HCD) process is the most suitable for designing alcoholism treatment service where the clients are the most important stakeholders. It means they must be involved in the process of defining the problem and suggest ideas for solutions. This process is called ‘co-creation’ (Mager & Sung, 2011, p. 1).

HCD is a systematic problem solving method that encourages designers to regularly return to the environment, emotions, necessities and desires of the customers. Furthermore according to Vechakul, Shrimali, and Sandhu (2015, p. 2552), The Alameda County Public Health Department stated that this process effectively addresses health inequities, and creates innovative services that prioritizes the needs and values of the related auditory. Despite HCD is considered to be more suitable for healthcare than for public health, authors argue that it has potential to be useful for latter as well. This argument is derived from its ability to contrive innovations in public health and co-create with the help of different stakeholders (Matheson, Pacione, Shultz, & Klügl, 2015)

HCD process has its methods that are considered to be extremely useful not only for creating new products but for the development of new programs and services that are the most suitable forms of innovation in chronic disease prevention (including alcoholism). Designers thus use HCD to innovate in medical practices, patient experiences and healthcare systems (Searl, Borgi, & Chemali, 2010; Matheson et al., 2015).

According to the design organization IDEO (www.ideo.org), HCD consists of three core phases: Understanding, Ideation and Implementation¹. In the first phase designer should identify the problems and motivations that drives people towards finding solutions. This is done by various HCD tools (or research methods, e.g. literature review, surveys and interviews), from this designers hear stories that are the sources for ideas. During ideation phase designers analyse hearings using various methods (e.g. content analysis), brainstorm and test the ideas and build the most effective solutions. In the last, implementation phase, designers prototype constructed concepts in order to check its strengths and weaknesses, hear feedback from potential stakeholders, and make changes. The reason why it has phases not steps is that they are not necessarily undertaken in order and designers may cycle through them repeatedly (Brown & Wyatt, 2010; Vechakul et al., 2015) because HCD is an open-ended process, without predefined outcomes that create opportunities to explore new ways to innovation.

1.2. Innovation in the spa industry

There are relatively few studies on innovation in the spa industry because theoretical studies of innovation in the field of tourism and hospitality are limited. This situation creates conceptual ambiguities regarding service characteristics in overall tourism sector, and on the other hand, problems in data availability (Williams & Shaw, 2011; Souto, 2015). There are various types and definitions of innovation but the most widely accepted explanation comes from Schumpeter's (1934) work. In it author states that innovation is a new, brilliant idea that is fulfilled and introduced in the market. According to Souto (2015), this definition raised an argument that novelty didn't mean success, and thus the label "successful" was used by many scholars, in order to avoid conceptual confusions.

The field of innovation is characterized with technological and non-technological features. As hotel and spa industry are part of tourism sector, they share common characteristics that influence this field, and are more competitive when they acquire non-technological knowledge and modernization. This is important because at first "innovations based on external knowledge readily accessed by competitors might be quickly

¹ Sometimes these phases are called Hear, Create, Deliver, or Inspiration, Ideation, Dissemination.

and easily imitated”, and on the other hand, it shows the necessity of novel ideas for service firms (Souto, 2015, p. 143).

According to Voss and Zomerdijk (as cited in Kozak & Gürel, 2015, p. 231), companies that seek for innovation in service industry, consider following factors: physical environment, service employee, service delivery process, other consumers, and back-office support. Authors also identify two basic approaches to the innovation in hotels and spas. First is the customer expectation-based approach where the basic input have demographic characteristics, opinions, complaints, requests or needs of the customer. Second approach is about products and services, where the technology, laws and regulations, materials, strategies, and firm’s politics are the core design input. In both approaches, ideas on new service needs are brought forward in the beginning, which are then transformed into service features that meet customers’ needs.

According to Souto (2015, p. 143), the competition between tourism firms is not only in single destination basis but also on a global level. Thus competitors consider following characteristics and features of innovative services in the hospitality sector:

1. Production and consumption happen at the same time;
2. Intangible and tangible elements;
3. Transport and storage are not possible;
4. Variability.

Dewar and Dutton (1986) identify two different categories of innovation: radical and incremental. First category stands for non-obvious paths and ideas which make high degrees of novelty (Souto, 2015). While second category is only a significant improvement of previous services or products (Martínez-Ros & Orfila-Sintes, 2009) and thus provides lesser level of novelty. However, Souto (2015, p. 144) adds that “consecutive incremental innovations could result in a radical innovation”.

Finally, innovation ends with the utilization of new knowledge that aims to meet customers' needs and expectations, thus authors suggest analysing the basic characteristics, and structure of the production and delivery of the services (Cooper & Edgett, 1999;

ITIL, 2007; Kozak & Gürel, 2015; Souto, 2015; Zehrer, 2009) in order to establish sophisticated practices and achieve success.

1.3. Spa treatments and alcoholism

This chapter characterizes spa services that are used for alcohol addiction treatment and describes the alcoholism treatment method which will be used as a case study for designing new service for spas.

However, before describing alcoholism phenomena and spa treatments for addiction it is important to understand the phenomena of social drinking, and when it becomes problematic. Drug and Alcohol Rehab Asia (DARA, www.alcoholrehab.com) write that despite moderate drinking is generally viewed as a harmless activity, there is no degree of alcohol consumption that is absolutely safe. It is obvious that people can find many positive side of social drinking (e.g. health benefits, stress relief, having fun), but according to DARA (n.d.) a study in the UK revealed that majority of respondents who drank above the safe limits still believed that they were social drinkers. It means that people are mostly unaware what risk they undertake, and thus one of the main goals of spa center will be to raise awareness among society towards this topic.

One of the characteristics of the service design is its ability to cluster different fields together (Moritz, 2005, p. 15), in this case spa treatments and alcoholism. According to Klick and Stratmann (2008, p. 372), the hypothesis of the health benefits of spas suggests that spa services offer a relatively low cost alternative to more expensive, and generally more invasive medical treatments for variety of health problems. Hence, there are many skills that the medical industry can gain from the spa industry and vice-versa (Global Spa Summit, 2009). Tawil (2011, p. 156) defines spa as “a place geographically based on mineral or thermal springs or seawater, or a fitness club that offers a variety of treatments, services, and facilities aimed at achieving medicinal or leisure benefits for its clients”. On this basis Hall (2011) states that spa tourism is a component of health tourism that relates to the provision of specific health facilities and destinations which traditionally include the provision of mineral and thermal waters, but which may also be used to refer to tourist resorts which integrate spa or health services with accommodation.

On the other hand, there are relatively poor evidences that evaluate the empirical benefits of spa treatments (Klick & Stratmann, 2008, p. 364), there is no “journal or scientific source that combines the research being done all over the world on the effectiveness of spa therapies” (Global Spa Summit, 2009, p. 2), in particular for curing addiction. However, the student found a study by Wright (2006), where the author researched 12 spas that offered treatments for addiction (partially). There were no specific treatments provided but they had customers with substance misuse problems. However, according to the author they had little expertise in this field in order to advise, or treat the clients. Their services simply involved drinking mineral water instead of alcohol. White (as cited in Wright, 2006, p. 153) talks about water cure institutions that caught the attention of alcoholics in the past. They used to visit these institutions by masking their true condition behind the labels like ‘neuralgia’ or ‘nervous exhaustion’. As for today alcoholics use these places for detoxification purposes.

According to Klick and Stratmann (2008, p. 365) current studies do not allow the researcher to identify the contrast between any spa treatment to no spa treatment. However, they later state that if it is proven that spa therapies do produce benefits for health, governments and insurance companies will have to consider expanding the coverage and provide patients with effective alternatives to the existing invasive treatments. Therefore, researchers must collect scientific research on massage, hydrotherapy, sauna, thalassotherapy, mind body therapies, etc. This will validate the benefits of spa services, and could also act as incentive for governments and insurance companies for funding these treatments (Global Spa Summit, 2009). In addition, public and private insurance companies have already begun to explore the use of the spa services as an alternative to more expensive medical treatments because they might benefit from expanding coverage of spa care (Klick & Stratmann, 2008).

According to American Society of Addiction Medicine and National Council on Alcoholism and Drug Dependence (ASAM & NCADD, 1990, p. 9), alcoholism is a “primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by continuous or periodic: Impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial”. Whereas addic-

tion is “simply a compulsion to continue doing something – whether taking a particular substance or indulging in certain behavior – combined with the occurrence of stressful withdrawal symptoms if the ingestion of the substance or the behavior pattern is suddenly ended” (Hutchinson, 1984, p. 192).

In the regard of spas it is paradoxical that the concept being used as detox for beauty is widely accepted, while the detox for substance misuse seems less socially acceptable or fashionable (Wright, 2006, p. 158). On the other hand, White (as cited in Wright, 2006, p. 154) states, “The use of hydrotherapy in the treatment of alcoholism can be traced from the mid-19th century water cure establishments, then onto the early 20th century private sanatoria”. Treatments included steam baths, hot, cold and neutral baths, needle spray showers, hot and cold water sponging, douches, towel rubs, wet packs, and frequent water drinking. Consequently, Altman (2000, p. 165-6) explores bathing and drinking thermal and mineral waters, and declares that these processes are effective for “body’s natural detoxification by stimulating the liver, the circulatory system and the digestive system” which supports toxin removal from the body. Hutchison (1984, p. 195) discusses flotation tank in this regard, and states that psychologists and neuroscientists agree that it is a powerful tool for overcoming addictions. He adds that in a statistical analysis of 87 outpatients (gathered over a one-year period) the hospital noted that flotation tank users had a 45 percent reduction in alcohol consumption. The process of floating was said to increase endorphins and, therefore, substitute non-addictive pleasure that previously alcohol may have given the client (Wright, 2006, p. 157). In addition, authors also describe ozone sauna for releasing toxins. It which involves sitting and relaxing in a steam cabinet surrounding the body and limbs only, while ozone is pumped into the unit so the body is bathed in an ozone-oxygen steam mixture. The steam moistens and warms the skin, opening the pores, allowing the ozone to gently penetrate and oxygenate the tissues. It does not only detoxifies the body, but aids in the process of anxiety and tremors within withdrawal and relapse prevention. Lastly, Klick and Stratmann (2008, p. 372) suggest that spa care needs to have effective positive outcomes on reduced work loss days in order to produce net benefits, they further describe that a typical spa treatment lasts between 10–15 working days.

Regarding alcoholism treatment methods it must be said that on global level the most popular treatment for alcoholism is considered to be Alcoholics Anonymous (AA), however the success rate of this method is 5–10% while several trials showed that The Sinclair Method (TSM) had 75–80% success rate (Sinclair, 2000; Hester & Miller, 2003; Eskapa, 2012; Flanagan, 2014). Furthermore, all of the abovementioned spa treatments can come in compliance with latter if the overall concept is deliberately planned. The technical term of what TSM accomplishes is ‘pharmacological extinction’ (Clarke, 1991; Sinclair, 2000) which involves treatment with a medicine called naltrexone and the formula: naltrexone + drinking alcohol = cure. It was discovered by Dr. David Sinclair and thus commercially, has been called ‘The Sinclair Method’.

The brief idea behind TSM is that the medicine blocks the endorphins in the brain that are released during alcohol consumption, resulting loss of person’s interest towards drinking (Eskapa, 2012). The most criticism towards this method thus comes from the concept that a person must drink alcohol when the medicine is taken in order to cure the problem. This criticism created the notion that complete absence from alcohol is needed prior starting the treatment, however this way the method doesn’t work (Sinclair, 2000; Eskapa, 2012) because the medicine should be given in a way that allowed extinction, i.e. repeatedly administering to a person suffering from alcoholism and after one hour having the person drink alcohol. The form of taking naltrexone only during the days when he or she drinks alcohol has also been called ‘targeted administration’ (Kranzler et al., 1997). Hence, the three most significant, and distinctive features of the method are: (1) prior detoxification and abstinence is not required; (2) the medicine is taken only when drinking is expected; (3) the process continues as long as a person wants to drink an alcohol (Sinclair, 2000, p. 5).

Additionally, the percentage of the clients increases when the requirement for prior detoxification is eliminated. There are people with alcoholism problem who are unwilling or unable to go through detoxification as this process is mostly unpleasant and potentially dangerous. While clinical trials have confirmed that TSM is safe without prior detoxification (Sinclair, 2000). However, it is important to notice that patients should avoid making other responses that are probably reinforced through the opioid system (e.g. jogging, having sex, etc.) during the period they take naltrexone, as it is possible that

they lose interest towards other things as well. But when the craving is manageable, they have days when no medicine is taken, no alcohol is drunk and these other behaviours are better enjoyed (Sinclair, 2000; Eskapa, 2012).

The method provides a tool for reduction in craving and drinking which can be integrated within a wide variety of alcoholism treatment programmes (Sinclair, 2000, p. 8). There are companies that successfully incorporate the eastern and western type of treatments, for example The East West Detox that created a new model of treatment that combines both eastern and western philosophies. Their programme combines rehabilitation and detoxification using special herbs. On their website (<http://www.east-west-detox.org.uk>) they state, “The detoxification process, using a combination of over a hundred herbs and plant extracts, takes only 5 days and is administered as a drink daily. This is complemented by other therapies including herbal steam baths, diet and nutrition with counselling and guidance”. In addition, according to Global Spa Summit (2009) future wellness and medical services will take place in a new form of establishments which will unite all of these practices together. Very interestingly, professionals called this facility a “hospatel”, whereas student proposes its visitors to be called “spatients”.

Lastly, the lack of research into the clinical use of spas (or vice versa) for the people with alcoholism problem should be acknowledged as the student was unable to find enough literature, which provides high quality clinical trials, or studies with more sufficient findings. Wright (2006) suggests establishing a tool for spa treatments’ evaluation, that will find more empirical evidences of their effectiveness. To this Global Spa Summit (2009, p. 2) recommends using a measure called Quality Adjusted Life Year (QALY) which for instances showed that, “proper nutrition is up to 10 times more effective in increasing QALY then most pharmaceuticals”. So, looking into QALY improvements of alcoholism treatment services is suggested and further research is recommended in order to find out which spa services comply with alcoholism treatment.

In conclusion, from this chapter it can be seen that spa treatments for alcohol addiction can be successfully used, however more research is required for understanding the real outcomes. The chapter also described The Sinclair Method which can be seen extremely effective treatment for alcoholism, and the effectiveness of combining eastern and western philosophies for more effective outcomes.

2. METHODOLOGICAL FRAMEWORK

2.1. Service design research philosophy

As approaches of the research methodology, or a plan of conducted study, differ conceptually there are various ways of data collection and analysis (see Appendix 2). It is therefore essential to justify chosen approach for the design plan to be logical and harmonious (Berg, 2001; Coughlan, Cronin, & Ryan, 2007). As alcoholism itself is a sensitive topic, and people perceive it differently, student decided to acquire pragmatist approach in order to better understand the potential customers' needs and expectations. Undoubtedly, it was also important not to cause any moral or ethical harm during the research process. Additionally, student decided to follow the phases of the human centered design process in order to understanding customers view of the world, find out their motivations, feelings, experiences toward the research topic, and create a service concept based on these factors.

For conducting an efficient research it is suggested to clarify which philosophical dimension must be used during the research process, for this clarifies how the researcher understands the social phenomena and therefore influences the sequence of the research. There are major drivers that lead the researcher to decide how to act, and hence these drivers must be described first in order to justify the approaches chosen for the research (Jonker & Pennink, 2010; Wahyuni, 2012).

In the regard of research process Ritchie and Lewis (2003, p. 1) state that there is no sole, officially accepted way because it depends on the following factors: ontology, epistemology, research purpose, participant characteristics and the environment of the researcher as well. Ontology and epistemology are considered to be the major concepts of research philosophy (Saunders, Lewis, & Thornhill, 2009, p. 109). Jonker and Pennink (2010, p. 3) describe ontology as "the study of the essence of phenomena and the

nature of their existence”, while epistemology is defined as “the nature of knowledge and how it can be acquired” (Ritchie & Lewis, 2003, p. 1).

According to Jonker and Pennink (2010, p. 4) reality, by definition, creates an ontological problem where everyone knows it exists but they perceive and define it differently, depending on various aspects (e.g. situation, work, life, position, mood). Identical goes on in the current field of study – alcoholics, their friends and family members, naltrexone users, doctors, and psychologists all have different perception of reality. It means in order to answer the research questions it is important to understand all of these social actors’ point of view.

As the research topic is very sensitive and complex, many people have diverse perception towards it. Therefore, choosing between major beliefs is somewhat unrealistic in practice. In this case, according to the authors, among four main paradigms i.e. positivism, realism, interpretivism and pragmatism (Saunders et al., 2009), latter is the most suitable. Because, epistemologically, the observable phenomena (i.e. alcoholism and treatment methods) and subjective meanings (i.e. people’s perceptions, attitude and ideas) provide knowledge based on the research question which, ontologically, is the most important consideration of the research design (Saunders et al., 2009). This perspective, according to Ritchie and Lewis (2003, p. 15) makes qualitative and quantitative approaches complementary strategies that are appropriate for variety of research questions.

Lastly, Tashakkori and Teddlie (1998) state that pragmatism philosophy can be intuitively more appealing, as it avoids the researcher to engage in sometimes pointless debates regarding truth and reality. In their opinion,

“you should study what interests you and is of value to you, study in the different ways in which you deem appropriate, and use the results in ways that can bring about positive consequences within your value system” (p. 30).

Berg (2001) states that qualitative research refers to the meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things, while quantitative re-

search is about counting and measuring things. In this research the author chose multi-method approach as it is more harmonious with the nature of the research topic, and provides rich materials for analysis. Student used both qualitative and quantitative techniques to collect the data but believes that there is no absolute truth to be discovered and thus the approach will not be taken from a positivist point of view (Saunders et al., 2009). He thinks that success or failure of integrating innovative alcoholism treatment model in spas is largely depended on the related individuals. Hence, on one hand, there were multiple realities and perceptions to be discovered, while on the other hand research aimed for generating knowledge in the interest of change and improvements. Thus, the research was approached from pragmatist viewpoint because, according to Goldkuhl (2012), it has an intention to discover not only 'what is', but also 'what might be'. This approach "is concerned with instrumental view on knowledge [that is] used in action for making a purposeful difference in practice" (p. 142).

Furthermore, Saunders et al. (2009) state that when conducting a research into a relatively new topic, where there is little existing literature it is more appropriate to use inductive approach to understand what theoretical themes the data can suggest. Thus, considering the exploratory and developmental nature of this research, data collection, organisation and analysis was guided by the inductive perspective, done using grounded method approach (Bradley, Curry, & Devers, 2007). Therefore, the collection, examination and process of continual re-examination of the data were used to direct the designing process, and simultaneously answer the research questions (Saunders et al., 2009; Brown, 2009).

From service design viewpoint Faste and Faste (2012) offer two different approaches of the design research: design research as a "kind" of research, and research as a "part" of design process. Authors then argue that design research is not a research type, but it is a part of design practice. This approach values the creation and generation of knowledge through empirical domain of the research (Faste & Faste, 2012; Tussyadiah, 2014). In other words, the main idea behind service design is to get knowledge by doing (Brown, 2009).

In summary, the research was conducted from a pragmatist perspective, integrating multi-method data collection and analysis procedures in order to strengthen the validity

and quality of research findings. Thus, following stages were undertaken during the research process: understanding the phenomena, gathering attitudes and opinions of the potential stakeholders, data analysis, discussion of results and idea generation, creating the service package/concept/model, returning to the stakeholders and getting feedback, and giving recommendations for further research and implementation.

2.2. Research methods and procedure

This chapter provides an overview of the research and the data collection process. Author followed HCD phases where the first phase Understanding was done using quantitative survey, qualitative interviews and analysis of WHO's statistics. The next, Ideation and Implementation phases were covered in the third chapter as a form of spa package, customer journey map and recommendations. Additionally, following research questions were sought to answer during the research:

1. Whether or not spa centers can establish alcoholism treatment services;
2. How these services must be designed in order to satisfy customers' needs?

Prior to a service, designers often suggest to start research from people and culture (Brown, 2009). Thus, it was decided to use mixed methods for the research. In-depth, semi-structured interviews gave rich information about alcoholism and treatment methods seen from different individuals within the country. Whereas an online survey was used to determine whether the information found was more generalizable, or specific to certain individuals.

Student interviewed social actors related to alcoholism after which he transcribed and translated the data from Georgian language. He adopted a grounded theory to analyze the interview data with repeated coding and reading. Transcriptions were then coded into major categories and themes which represent the ideas and meanings derived from the content analysis. For the reason of research reliability, author read the biographies of some participants, and their published books and reports.

The data is composed, on one hand, of experts' professional opinions regarding alcoholism and its treatment services, on the other hand of people who have this problem and tried different treatments. The experts had an average of 20 years' experience in rele-

vant field. Their publications, such as books, were selected as choice standard supplements. The interview participants were composed of 2 alcoholics and 4 experts: Narcologist², psychologist, alcohol abuse counselor, and private clinic manager. All interviews were recorded with audio, and confidentiality was guaranteed. Finally, each participant were granted specific code that were used for citations (see Table 1).

Table 1. Information of study participants

Code	Category	Interview date
EN	Narcologist (Expert)	March 10, 2016
EP	Psychologist (Expert)	February 18, 2016
EC	Alcohol abuse counselor (Expert)	March 7, 2016
EM	Private clinic manager (Expert)	March 12, 2016
A1	Alcoholic	March 19, 2016
A2	Alcoholic	March 19, 2016

Source: Compiled by the author

During the content analysis Lichtman (2006, pp. 164–5) states that most qualitative research studies generate around 100 codes that will be organized into 15–20 categories and this categories synthesize into 5–7 major themes. Hence, during content analysis of transcribed and translated interviews student created around 100 codes that were categorized and synthesized into 5 major themes: alcohol addiction in Georgia, treatment methods, TSM, service design considerations and constraints.

The online survey was created using Google Forms which was spread via social networks, and the largest online forum in Georgia – www.forum.ge (with the number of registered users: 139,561 status quo: April 1, 2016). Student also asked his friends and family members to send the link to their friends via Facebook and other social networks in Georgia. Period of the survey was from 20th of February to 1st of April, 2016, with 106 responses. It is anticipated that high majority of the respondents were from the capital city, Tbilisi. It means that results mainly can be considered for one city as internet users in the rural areas are few. The researcher analysed data in Excel by using Pivot Table wizard and manual calculations. It also has to be noted that before the survey pilot study was conducted that helped to reveal mistakes, and make changes and corrections for the survey questions.

² Doctor of alcohol and drug abuse.

The survey helped to find people's opinion towards spa center for alcoholism treatment and which spa services they would like to have during the treatment period. Also to find out which problems are the most frequent among alcoholics in order to consider offering additional treatments for them. Additionally, to find out approximately what price will they consider paying for this service and whether or not they consider visiting spa facility for alcoholism treatment. Finally, to understand which alcoholic beverages are more widely preferred and to find out whether or not there are fundamental differences between male and female users in designing the overall service concept.

It must be noted that as overall population of Georgia is around 5 million and online survey of 106 respondents cannot be responsible for making major generalizations and much broader research is needed for better results. Student found it also very hard (as it was anticipated due to the sensitivity of the topic) to find more individuals with alcoholism problem that would accept for an interview (even anonymously).

The limitations that student encountered during the research process were the time and effort needed to translate, transcribe, code and analyse the interviews, unwillingness from some of the potential users to record interviews or fill online survey, lack of awareness of TSM, sensitivity of the topic, the carefulness for choosing the right questions for them, getting clear opinion regarding the service that is not developed yet, and thus impossibility to create and test prototypes.

2.3. Data analysis

From 106 respondents 55% filled the questionnaire for their acquaintances behalf while 45% did this for their personal problem (it means that some of the alcoholics and respondents overlap). Respondents' gender was 52% male and 48% female, while alcoholics gender 74% male and 26% female. The 34% of respondents were aged 30–39, while 35% were aged 40+. In terms of alcoholics 38% were 30–39, while 42% were 40+ years old. The other respondents' and alcoholics' age and gender can be seen in Figures 1 and 2.

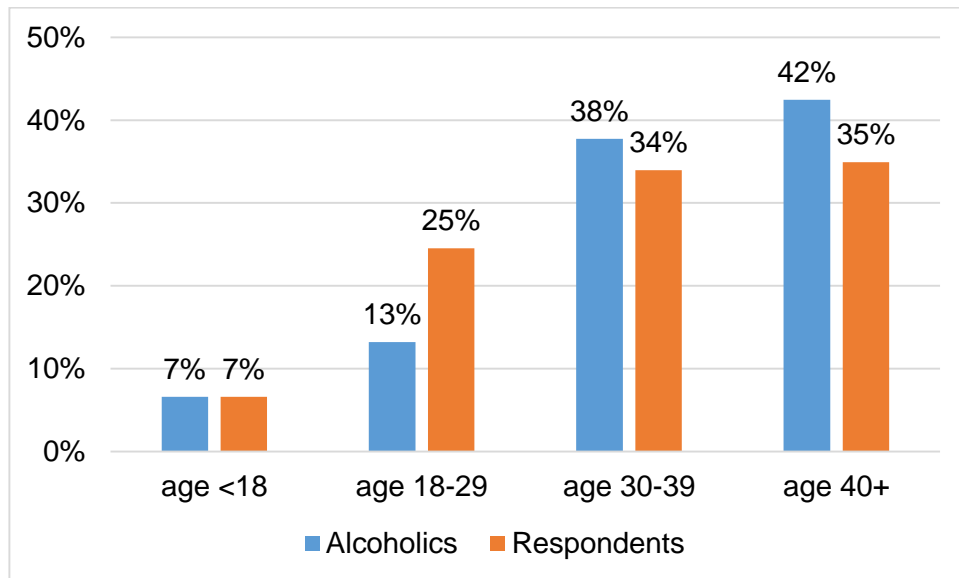


Figure 1. Alcoholics' and respondents' age (compiled by the author)

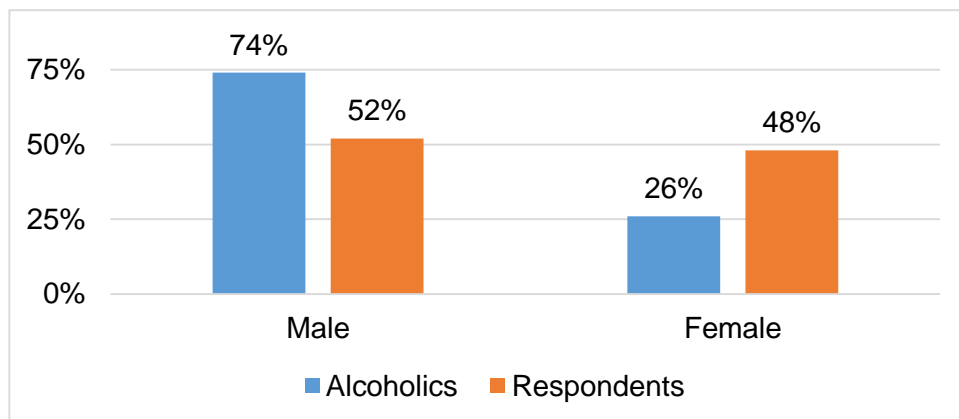


Figure 2. Alcoholics and respondents' gender (compiled by the author)

First topic that emerged during content analysis was alcoholism and addiction problems in Georgia. It was important to understand the disease, its typologies, situation in the country, attitude of society, and reasons of addiction from several different point of view in order to design sophisticated service and thus answer the research questions.

Experts during interview admitted that alcoholism is one of the major problems in the world and in fact, it stands on the first place of death rate globally. This information can be confirmed from Lim et al.'s (2012, p. 14) study where it is stated that among people between the ages 15–49, alcohol consumption was the leading risk factor of premature death worldwide. Furthermore, according to interviewees alcoholism is a serious prob-

lem particularly in Georgia – the country which is also called The Cradle of Wine. In this country drinking and manufacturing alcohol is an old and important tradition for almost every Georgian. However, since the post-soviet period the culture of alcohol drinking is in the process of contamination: “Once I had a patient which could drink 20 liters of beer a day. Can you imagine 28 year old boy that can drink this amount of beer?” (EN). The reason of cultural changes in post-soviet period, according to experts was the beginning of catastrophic unemployment when the majority of male population got heavily addicted to alcoholic beverages and the culture of alcohol drinking distorted. This can be confirmed from WHO’s (2014, p. 211) global alcohol report about Georgia where it is shown that consumption level truly, dramatically increased in the 90s and fluctuates since then.

Figure 3 illustrates the frequency of alcohol consumption in Georgia by age and gender. According to respondents, around 33% of all alcoholics who drink without any schedule were 30+ males. While only 6% of all female alcoholics reported the same frequency. This is a category of potential clients for the spa, who always crave for alcohol and can drink at any time given a chance, they have very rare occasions when their craving goes down, however if they do not drink this is because they are being controlled, or cannot always afford an alcohol. The other alcoholics that fall in the same group are everyday drinkers, the difference here is that they are not controlled and always can afford alcohol. Latter is 14% of all alcoholics which are again 30+ males. The next group are alcoholics who drink every other day. These are 18+ males and 18+ females which give 12% and 10% of all alcoholics relatively. The last group are people who drink 3 days or less in a week and they are males from each age group and only 30+ females which give 9% and 6% of all alcoholics relatively.

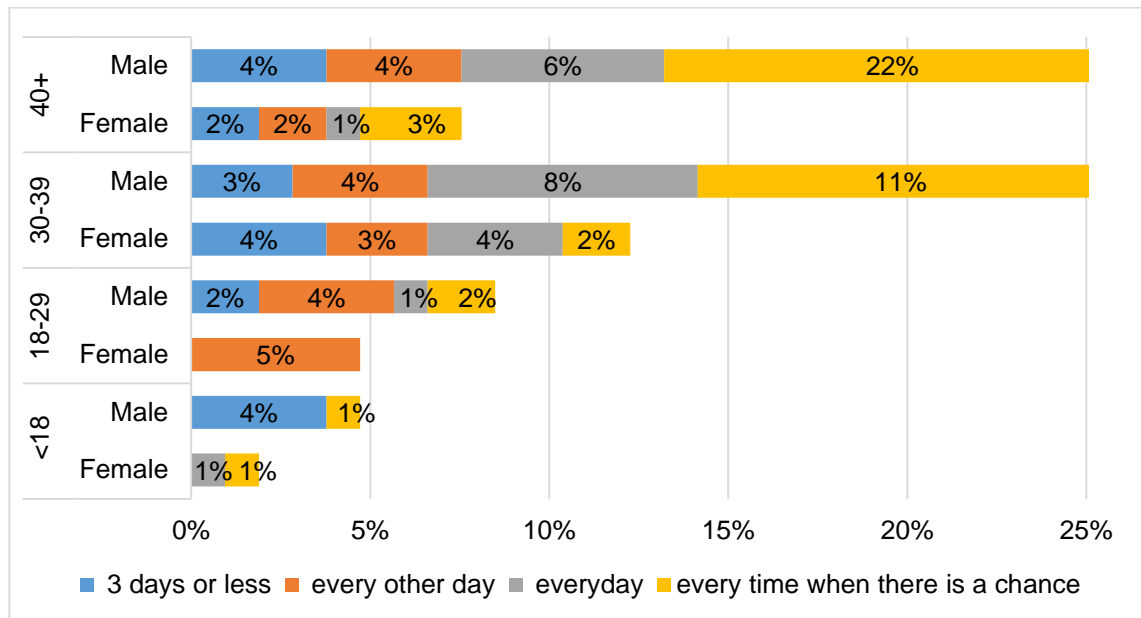


Figure 3. Alcohol consumption pattern in Georgia (compiled by the author)

Figure 4 shows alcoholic beverage popularity by gender. This information is important to know which alcoholic beverages should be supplied and in what amount. According to survey, among male drinkers beer and spirits have both 25-25%, slightly more popularity than wine (20%), however latter has more popularity among females.

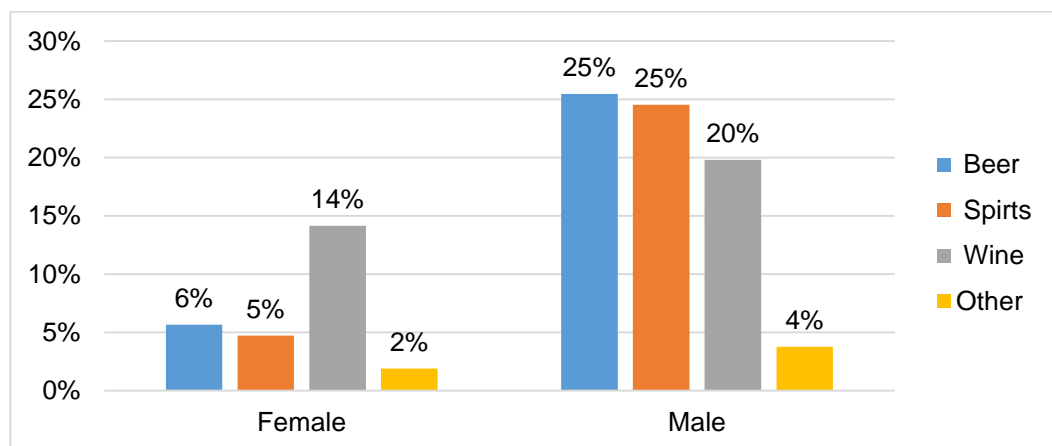


Figure 4. Alcoholic beverage popularity by gender (compiled by the author)

This information was checked by the author in WHO's (2014, p. 211) statistical data of Georgia where in contrast from the survey wine takes 50% of all alcoholic beverage consumption per capita, spirits 33% and beer 17%.

Additionally, WHO (2014) granted 4 (out of 5) score to the severity of health consequences of alcohol consumption in Georgia and this score matched with the survey re-

spondents opinion, where majority of the respondents think that the problem has the same severity for the country (see Figure 5).

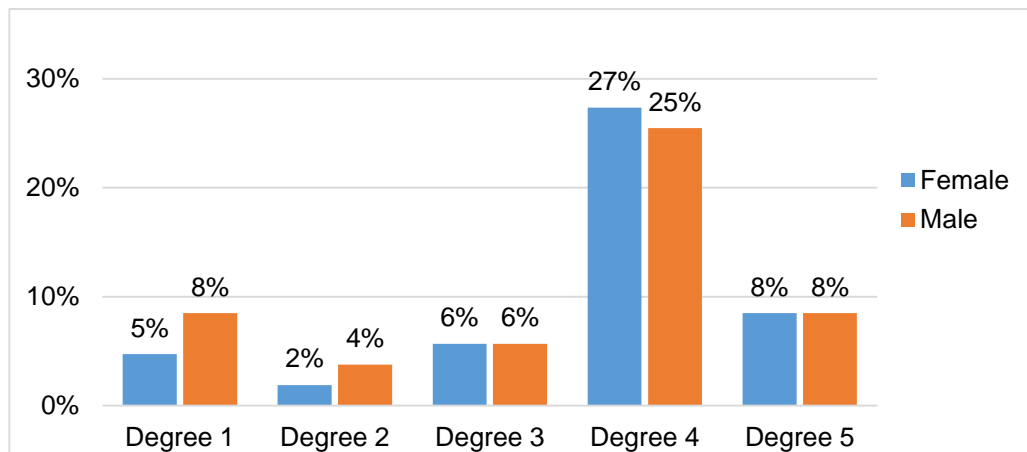


Figure 5. Respondent’s opinion towards alcoholism influence degree (compiled by the author)

Majority of interviewees also had the same attitude, A1 justified his opinion by saying that compared to other countries Georgians are not as heavy drinkers, but too many people love alcohol. However, he added that at least four of his personal acquaintances (and plenty other of whom he heard of) passed away because of alcohol and he considered this as a tragedy for such a small country.

Respondents admitted that adverse effects of alcoholism can be seen on a daily basis even without looking at statistics, however the attitude of society towards this problem is paradoxically loyal. Interviews revealed that it is common in Georgia to hide this problem and do not encourage alcoholics to visit doctor, firstly because it is considered as a shame and secondly because there is always a hope that situation will change. To this, alcohol abuse counselor (EC) added that “people must not hide alcoholism, when I have a heart attack I am not scared that somebody finds it out, I am going to the hospital and telling them to cure me”.

In addition, all the interviewees defined alcoholism as a chronic disease of brain which, like every chronic disease, is characterized by the steps of development and formation. It means there is always a chance for it to get worse. Sometimes, alcoholism progresses with more severely and heavily than drug addiction, and the process of so called ‘personal degradation’ often forms even faster. Experts from their practical experiences

distinguished two conditions: alcoholism and alcoholic psychosis; and three degrees: light, average and heavy.

On the other hand, alcoholics defined these typologies as heavy drinkers, drinkers and social drinkers. Interestingly, other typology that was emerged during interviews was rich and poor people's alcoholism. Regarding this EN stated that alcoholism of poor people progresses faster in the regard of social decompensation, but on the other hand material stability is not protective mechanism from alcohol addiction. With rich people there are certain psychic and mental aspects like depression, problem of self-realization, stressful occupation, etc.

Experts have also discussed health benefits of alcohol saying that most people have positive emotions when they drink a little amount of alcohol. For example red wine or beer, in some cases, can be healthy for atherosclerosis prevention and gastrointestinal³ system stimulation if one drinks small amounts with meal.

After hearing and checking the statements towards alcoholism, it was important to define addiction and its reasons, because as EP stated, "one thing is to treat symptoms of drinking and other thing is to understand underline causes". EN clarified two major types of addiction: chemical (i.e. drugs and alcohol) addiction and non-chemical addiction (i.e. gambling, computer games, TV, etc.). However, when dealing with an addiction "it doesn't matter whether chemical or not, same processes happen in brain, and thus the progress and characteristics are similar in many cases" (EC). According to EP this is called 'self-rewarding system' which defines people's happiness. Additionally, alcoholism is usually discussed as a form of drug addiction and 95% of this problem is biological.

In order to further reveal negative effects of alcohol in Georgia Figure 6 summarizes the major problems that alcohol addiction causes in the country. It can be seen that half of the alcoholics have problems in family while other listed problems are also frequent. Only 1% thinks that it has no negative influence at all.

³ Relating to the stomach and the intestines.

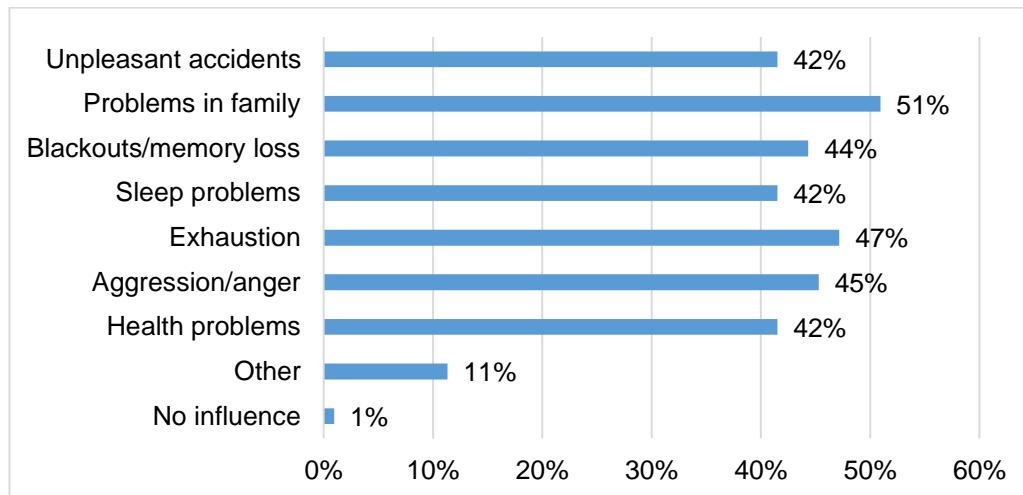


Figure 6. Health problems of alcohol addiction in Georgia (compiled by the author)

In general, when doctors discuss alcohol addiction, they discuss macro-social and micro-social environments. The most significant factors that motivate an alcohol addiction are unemployment and absence of self-realization. Indeed, according to respondents 64% of alcoholics were unemployed.

The other motivational factors are “mentality and social environment which encourage alcohol addiction in the country” (EM). Following interview quote better describes the social environment in Georgia “it is very hard to control yourself in the country where almost every day you got a call from a friend who says ‘let’s have a drink’, you refuse several times and they don’t call you anymore and you are left alone” (A1). It seems that there is some kind of ‘obligation’ to drink with friends, however “if one can moderate the drinking amount there will not be so many problems” (EN).

Despite there are various solutions in the world, in Georgia there are too few. Furthermore, additional constraint of this disease is that

“when one wants to treat the patient one has to be a therapist, neurologist, psychiatrist and psychologist at the same time (also called brigade method of the treatment), this is the reason why it is hard to manage and why it is so expensive. It is hard to understand for family members that it is a chronic disease, it means if a patient behaves well today he can start drinking all over again tomorrow” (EM).

Lastly, EN summarized the attitude of Georgian society towards drinking with the quote (attributed to Bernard Shaw): "alcohol is the anesthesia by which we endure the operation of life", adding that this perception must be changed as soon as possible if Georgians want to develop their country, otherwise degradation of overall population will be inevitable.

After understanding the situation and society's perception towards alcoholism it is a pith to have an overview of existing treatments, attitude towards them from different perspective and the results. Firstly, majority of the respondents agreed that the cure is significantly depended on the personality, reason of addiction and motivation towards taking a treatment. Experts said that, if a person doesn't want to be cured it is nearly impossible to achieve long-term results. On the other hand "even if you are psychologically ready for it, it doesn't mean to say that you'll be able to control back" (EP).

Figure 7 illustrates which treatments did alcoholics take for cure. It can be seen that majority, 42% of them did not try to cure the problem. Experts classified several reasons for this: no perception of harm what alcoholism does to them, no hope towards treatment, shame to admit the problem, or no income to afford treatments.

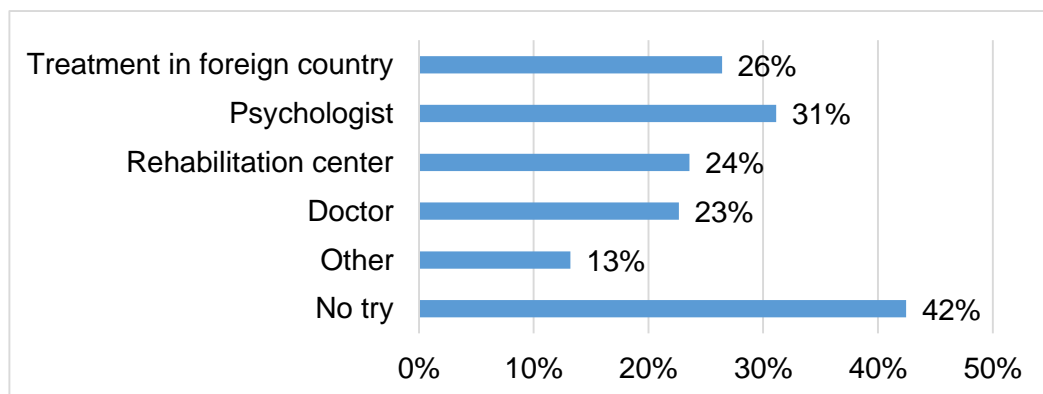


Figure 7. Alcoholism treatments (compiled by the author)

In the category of 'other' treatments respondents mainly wrote medical implants which according to interviewees was the only thing that helped them, for a short period of time. This method uses the medicine "Esperal" that is released in blood and when alcoholic drinks an alcohol he or she gets immediately poisoned with it, there were fatal results as well, "so it is treatment with fear and it is very risky" (EP). Following quotes describe the attitude of alcoholics towards implants:

“Before I decided to take an implant I always thought I could stop it, I could... but nothing helped” (A1);

“every time I have an implant I cannot wait till it goes away to start drinking again, however it stops me to drink for one year” (A2);

“there were many people who got an implant with me. It costs 400 GEL [approx. 200 EUR]” (A2).

It means, if people can go for this kind of ‘treatment’ and actually risk their lives in order to be able to stop drinking, visiting spa center will be much better choice for them. On the other hand, following quotes summarize alcoholics’ attitude about other treatment methods and results:

“I went to the treatment center, it was an individual therapy. They were talking to me basically but, to be honest, I don’t remember a thing from that therapies and I felt no change at all. I finished the course, waited couple of months and continued drinking again” (A1);

“In the clinics they know perfectly how to charm you. From the very beginning I fell in love with them. Now, they are really good people and they have really good methods you know? They are doing everything pleasantly, they are not prohibiting anything and they are following you. But what was the result? we were getting out from the center and drinking together in the nearest restaurant” (A2).

Other than self-motivation there are other factors that must be considered for treatment efficiency. First of all according to EM, there are significant differences between alcoholics country to country, and thus there are different approaches in Georgia and in other countries. However, she also added that they use official standards, or traditional treatment methods, “this includes detox, symptom treatment and vitamin therapy, there is no AA in Georgia”. Treatment period in the in-patient type of clinic, according to the manager, is depended on the condition of a patient. Light condition needs 3 days, while average condition needs 5 days, severe condition can last from one week to ten days.

Regarding detox doctors said that on one hand it is only temporary cure and on the other hand it can damage the brain if it is done incorrectly. There are cases of anxiety, terrible physiological reactions that can be more painful than a heroin withdrawal. “People have hallucinations, their body shakes... So what you have to do is to do it gradually and give them little bit less alcohol every day and they safely detox, and you don’t get brain damage” (EP).

In the clinics doctors help patients to deal with a hangover, then they are released from the clinic with the prescription for further treatment and they must regularly visit the clinic for the consultation. In terms of results EM admitted, “of course 80% of the patients return” and added that this is mainly because patients do not comply, while EP argued that they “cannot”. To this EN thinks that after the rehabilitation course patient must be observed for a long period of time by the doctor and psychologist, because there were examples when they got results to some point but, because of whimsical nature of the chronic disease, patients again returned to heavy drinking. He added that “the severity of this disease is that it is not an appendicitis that you can cut out and let the patient live without it whole life”.

EP explains this phenomenon by saying that at first when patients comply to the rehabilitation procedure their tolerance is increased as they are under control, and they are no longer dependent on alcohol. However, after they leave the hospital despite their promise that they will not drink again, they could carry on for a few weeks, or months, but then 85–90% relapse and are seen back in the hospital again. “Why? Nobody understood this and Sinclair discovered that the opioid pathways being strengthened and the alcohol deprivation goes up and up” (EP). In other words patient’s brain simply craves for alcohol more and more during abstinence and after certain period they are back to drinking.

Following is what The Sinclair Method accomplishes controversially to the other treatment methods. First of all advocates of TSM, EP and EC, do not believe in detox before, instead in the beginning of the treatment alcoholics carry on drinking as they regularly do (but drinking Naltrexone one hour before the first drink), this gradually causes an extinction of alcohol addiction so the craving goes down, the opioid pathways weakening, and the actual physiology of the brain returns to the state it was before the addic-

tion was learned. However, there were patients that felt immediate changes and patients who didn't feel much for months, it is depended on physiology and addiction level. EP explained this with an example "you know, it's like losing a weight in a way – I've lost weight and 3 months later people say to me 'my goodness you've lost weight' but I didn't feel it". After starting the treatment patients see addiction slowing down, some of them very fast, much fast than others, some need around 3 months.

Hence, the patients must follow the basic formula: Take the pill 1–2 hours always before drinking alcohol and never take it on days when there is no drinking. Thus the idea is not to stop drinking from TSM, but to bring back choice and control. This perfectly suits Georgian mentality as there are cases when people have to drink (A1) and with this method they will be able to moderate the amount. Additionally, TSM has a 78% long term success rate, but 45% of people go 100% sober and others drink at normal levels after TSM, as it causes so called 'pharmacological extinction' in the brain and keeps patients from wanting to drink (EC). For Georgian experts the idea that 'once an alcohol stops rewarding patients they stop drinking' was considerable and they admitted that they would consider prescribing this medicine after they are more convinced that it works.

Figure 8 illustrates how much would respondents pay for up to one month's treatment in the spa center without catering and accommodation. It can be seen that optimal price for most respondents was 1000 EUR. A2 justified his choice by saying:

"Firstly it depends on the price. I would pay thousand EUR for 20–30 days. And if it is so good that it can cure my addiction I would visit it for sure. I have taken the implant, what could be worse? And if I can drink an alcohol there what could be better?" (A2).

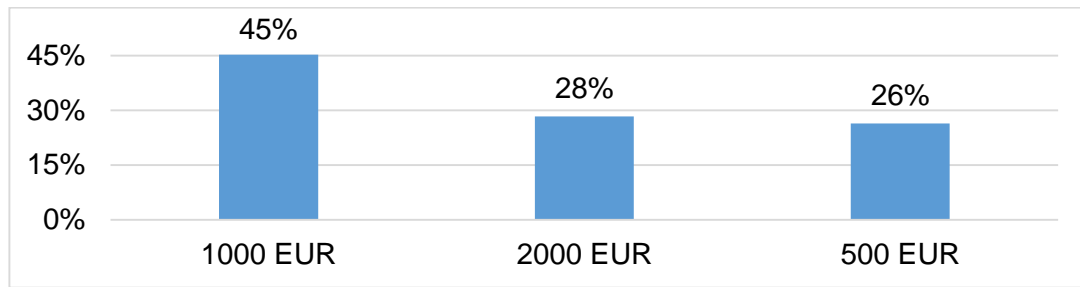


Figure 8. How much would the respondents pay for one month for spa services only (compiled by the author)

Additionally, in order to follow HCD and co-creation principles student asked each respondent to give a feedback and suggestions that will be discussed in the next chapter. Suggestions were as follows:

“You must understand the condition of alcoholic and his decision, and then you must think about how would you explain to me what is going to happen. You must charm me and convince me to follow you” (A2).

“Acupuncture works really, really well with alcohol withdrawal. It’s amazing for it. And on the other hand if Yoga, or other services help some people I recommend it to try because you will never know if it might work or not” (EN).

“I suppose some people would need counseling, others would not. I would think healthy food would be imperative with positive endorphin producing activities prior to taking Naltrexone i.e. Nordic walking, exercises, etc.” (EC).

“What you could do you could have them to come to the spa for a period and they get checked hearts and they understand exactly how it works. Keeping a drinking, written diary is also helpful, not many people do this. It could work, you have to think about people coming to a spa, they’ve got the money, and at the same time they want to cut back on their drinking. I think it would work in a limited number of people. You always going to have a society who can afford it. And then you give them all different treatments. You’ve got a doctor and psychologist there who prescribe medicine and do medical checks, but they have to be

trained in what is TSM. It is much better in my opinion if you have somebody checking them like Contrail clinics do” (EP).

“It has to be very meticulously done unless you want to have failures. So you can appeal the people with money at first, and then the government may start offering it properly. You offer them this program, they come to the spa and there are many things to do, plus there is a bar where they drink alcohol” (EM).

As it can be seen from the quotes interviewees imagine more likely this service to be for wealthy people, however it was hard to find and distinguish rich and poor alcoholics for an interview. Despite this working with the luxury market will be considered in the discussion chapter.

Accordingly, it was interesting to know which spa services are the most popular among respondents. Figure 9 shows spa service popularity. As it was multiple choice question people could choose more than one service that they liked. From the results it can be seen that people in Georgia are mainly acquainted to the basic spa procedures and they would likely use them during their stay, “and I would love every minute of it” (A1).

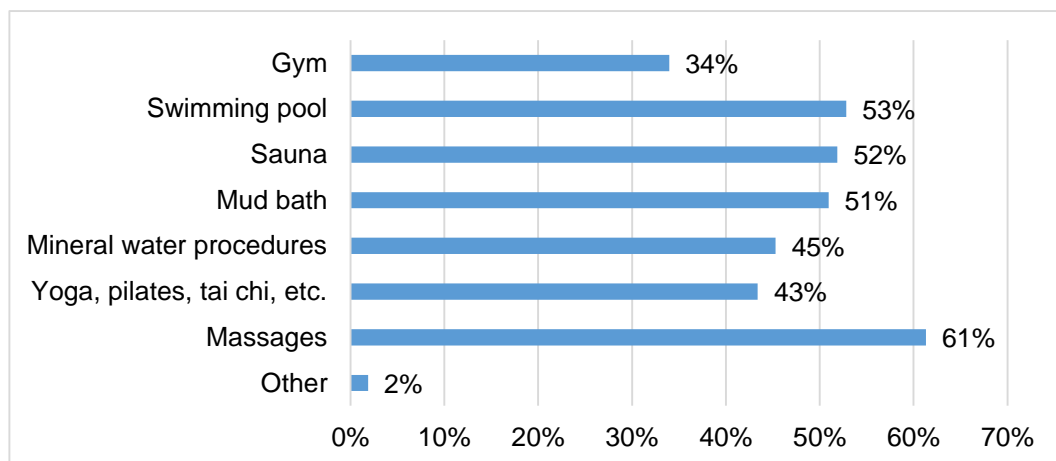


Figure 9. Popularity of spa services (compiled by the author)

Figure 10 illustrates whether or not a little introduction of this kind of spa concept was enough for respondents to consider visiting the facility. As it was anticipated according to 48 respondents with alcoholism problem, 54% stated that they are not sure whether they will visit or not, while other answers divided into half. From 58 family members

only 33% was not sure, 34% stated that they would consider visiting, 24% would only recommend and 9% would never consider visiting or recommending. From this results it can be said that designing alcoholism treatment service must include family members who would follow their relative or friend to the spa center, with them it will be easier to control and motivate patient, besides there won't be needing of very high motivation during treatment as it will not be painful or hard.

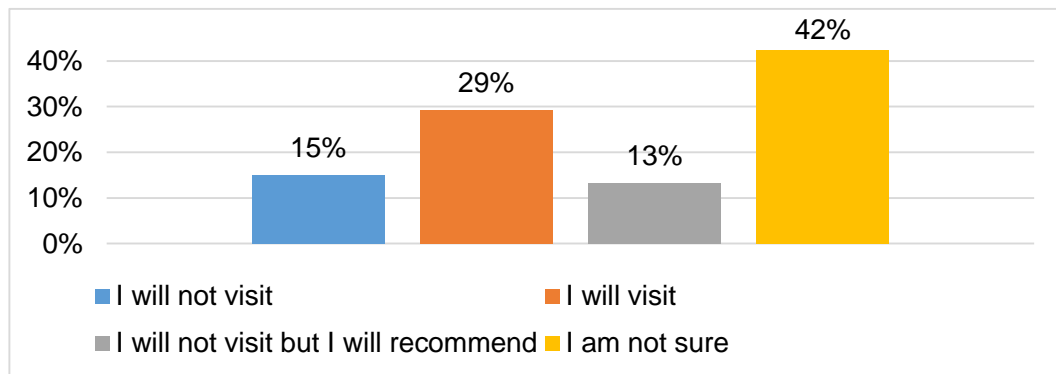


Figure 10. Whether or not potential clients will consider visiting spa center for alcoholism treatment (compiled by the author)

Lastly, in the understanding phase it was also vital to find out side effects and constraints that may arise. First of all as TSM requires only one pill, ideally it is out-patient type of treatment. On the other hand, alcohol abuse counselor admitted that one of the problems that doctors have is that people cannot comply, and thus treatment will go more effectively if there is someone who watches and controls clients, in other words it can be successfully integrated as “in-patient” service in the spas. Additionally, in-patient treatments provide more controlled environment for the patient than outpatient treatments, for example, control over the diet and the amount of alcohol intake (Klick & Stratmann, 2008, p. 372).

On the other hand, there were no serious consequences reported from the users of naltrexone, however there are cases of nausea and dizziness in some people. In this case doctors suggest to give them anti-nausea medicine and the problem will be gone. Furthermore, it is also important to notice that if for some reason after taking a pill patients don't have access to alcohol it will not affect to their condition dramatically, however “if you went running, jogging, you wouldn't get a jog as high” (EP). This is extremely important detail in scheduling the spa package.

Other problem that may arise is that in some cases (and it is strongly depended on the individual brain physiology) the cure (extinction) happens slowly, it can take 3–4 months. However, the main goal for this services will be to start alcoholism treatment in a relaxing atmosphere where patients will develop a habit of drinking the pill before alcohol. It must be responsible for an effective start towards solving their problem and the most memorable experience as well.

As for the constraints it can be said that establishing this kind of service in the country will immediately gain competitors that can be counted as substitutes of alcoholism treatment. In addition to this the lack of awareness towards TSM plays crucial role that must be solved prior to the implementation. In the next chapter results will be discussed for Ideation phase, it is anticipated that after creating the first look of the concept student will go back to potential customers in order to hear further feedback and make corrections.

3. DISCUSSION AND RECOMMENDATIONS

In the first, understanding phase this study examined on one hand, the literature of service design, innovation in the spa industry, and relationship between spa and alcohol addiction treatments. On the other hand, the situation and attitude of society towards alcoholism in Georgia, existing treatment methods and outcomes. In applying the content analysis for the interviews and calculations of the online survey, following major components for answering the research questions were adopted: understanding alcoholism, describing existing treatment methods in Georgia, characteristics of potential target market, and thus, collecting ideas for service design considerations.

The literature review identified spa treatments which have been considered for the rehabilitation of people who have substance misuse problems. The information obtained has shown that spas do have a historical connection with the treatment of alcoholism. This includes: the use of steam, drinking mineralized water, floatation therapy, ozone sauna, variety of baths, needle spray showers, hot and cold water sponging, douches, towel rubs, wet packs, and acupuncture. The review also addressed the problem of understanding when social drinking becomes alcoholism. However, from the author's personal observation and experience of living in Georgia it can be said that even social drinking is problematic in this country because people simply cannot moderate.

The other data were obtained from experts and alcoholics via in-depth and semi-structured interviews. The researcher gave participants the opportunity to express their opinions based on their experiences in alcohol addiction treatment services and their consequences. From the interview and survey responses it can be seen that existing alcoholism treatment services have significantly low effectiveness. Despite the fact that nurses and doctors try to create pleasurable experiences during treatment period, results remain the same – 80 to 90% of returning patients. The similarity that all of the established treatments have in Georgia is that they all require detoxification before, which is considered to be painful, irritating, unpleasant, or even dangerous process.

As long as spa care is associated with pleasure and relaxation, it is obvious that detox in the form of painful process will never fit with the concept. This problem can be solved in two ways: combine spa care and alcoholism treatment method that does not require detox before (i.e. TSM), or offer spa services that are responsible for detoxification of the body, and at the same time create pleasant experiences. Spa services for detoxification can be important as clients may choose to only get rid of the alcohol from their body and do not take whole treatment course. Thus, it is possible to successfully integrate these two solutions in one facility.

From the literature review it can be assumed that the best place for integrating this model could be what Global Spa Summit (2009, p. 1) calls “hospatel”. However, the downside of this concept is the fact that it will be still (partially) associated with hospital, and customers may get skeptical. Because visiting hospital is often connected to the pain, while spa center to the pleasure, so people are more likely to be attracted with the idea to be cured in the painless spa environment.

The other reason why normal spa could be better place is that alcoholics will not have to hide where they are going. As Georgian society is collectivistic, people are naturally interested in other people’s lives, they like to gossip, and thus their actions are sometimes significantly dependent on the question – ‘what will others say?’. Going to the spa center (where anonymity will be guaranteed) will less likely rise suspicions, and also it will be much easier for family members to convince them to visit this kind of facility. It will be also nice if a person escapes for a while from the society where it is obligation to drink, and visit the spa center where they will relax, and be taught how to moderate alcohol consumption. Hence, it can be assumed that on a Georgian basis, potentially, normal spa center will get more customers than hospital, ‘hospatel’, or sanatoria.

For further justification, clinics in Finland that offer TSM claim 78% success of their care, it means every three person out of four going out cured which is indeed significant result. However, from the different point of view, that one person who may not get cured loses money, time and courage towards solving the problem. This is one of the reasons why having this service in the spa center will reduce the disappointment if treatment, for some reason, will not work for a patient. Additionally, “further outcomes might include such effects as, pleasurable experiences, which have contributed to re-

lapse prevention and an awareness of and improvement in the person's sense of self' (Wright, 2006, p. 152). Customers will still get various treatments for relaxation, medical checks, free consultations, and recommendations. In other words, spa center will offer its customers more interesting and pleasant treatment period than clinics and hospitals.

From the research it can be also assumed that combining eastern and western practices (for alcoholism treatment) will not only invite target market from Georgia, but people from other countries as well. The reason of this assumption is that as alcoholism is considered as a chronic disease which has similar progress and development for most people, fundamental differences between individuals will not have significant impact over the results. The most real opportunity will be people from Russia and Eastern Europe, as according to WHO (2014) here alcoholism progresses more severely compared to the whole world. However, further research must be done in order to prove this hypothesis.

In the regard of spa customers Baum and Lockstone-Binney (2013, p. 133) suggest following classification groups: guests whose main driver is recovery from the operation, guests who want to enhance general health, and guests who attend facilities on medical advice. Evidently, latter group of customers are the main potential targets, and the findings in the previous chapter give an opportunity to roughly characterize them by their conditions level of income, and drinking frequency. As for the gender and age differences research could not identify any major factors that can play crucial role in designing the service.

Some interviewees think that this concept will be more suitable for wealthy people. As EP said, "there always will be the people who have money, and want to cut back their drinking". Thus, the model can be considered for wellness customers as well. In this case, it can be argued that "wellness is more preventative than curative" (Smith & Puczkó, 2009, p. 40), however there is a possibility to invite customers who do not have problems with substance misuse but wish to learn how to moderate their drinking through the spa environment.

In addition, it is obvious that it will be impossible to accept people with heavy or emergency conditions, thus 'light' and 'average' patients will be the core target market. Ide-

ally, due to many important details, this model will work for the new spa center that will be built based on the novel concept. But it is also not far from impossible to integrate this model in the existing spa. In both cases, spa centers will get: a) completely new target market with high potential of expansion; b) very positive image among society; c) high profit from wealthy customers.

As it can be seen from the research, TSM involves alcohol drinking with medicine (nal-trexone) which causes 'pharmacological extinction'. It means alcoholic beverages must be supplied in the facility. According to the survey responses and WHO (2014) statistics, the most popular alcoholic beverages in Georgia are wine and beer. Therefore, as the country has great tradition of manufacturing alcohol, this gives an opportunity to collaborate with local suppliers, which will give benefits to local community as well. The decoration and atmosphere (i.e. music, smells, colors) must also be designed on a psychological level. It must be responsible for calm, relaxing and memorable experience at the same time.

Furthermore, as prototyping is considered to be the most effective way to identify and check the effectiveness of ideas (Vechakul, Shrimali & Sandhu, 2015), and in this case in order to answer the research questions, the researcher with the help of various ideas created an example of luxury spa package and the customer journey map. The package shows that customers, in addition to the compulsory treatments after visiting doctor and psychologist, will be able to choose spa services themselves (see Appendix 3), they will also have the possibility to choose whether they want to take whole treatment plan, or they want to use spa services only for detoxification. Additionally, as the main target market are wealthy people, it is advisable to use modern technologies that can support the service experience. Thus, meticulously designed smartphone and smartwatch applications will be created that will be flexible in the customers' hands. With this applications guests will have opportunity to build and schedule spa package and nutrition plans themselves after hearing recommendations from doctors.

The customer journey map, which was created in collaboration with potential customers, illustrates the stages from awareness to departure (see Appendix 4). Obviously in order to get customers it is essential to conduct effective marketing promotion first. This must be done using local media, social networks, billboards, word of mouth, tourism

and medicine fares, and presentations. Additionally, in order to support family members in convincing alcoholics to visit the spa, there must be free consultations available throughout the year where psychologists and doctors try to teach them the methods how a person who does not think has an alcoholism problem can be convinced that treatment is mandatory. According to interviewees, the job of a good psychologist and doctor is to encourage and motivate patients for taking the treatment. One of the key aspects to convince people to use the treatment is to explain that he or she will not have to stop drinking, but in contrast, they will have to drink an alcohol. Another important aspect of this concept is that it can be used as a family vacation where the safety of the customers will be strictly insured. In this case, family members of alcoholics will get discounted prices if they take responsibility to help nurses in controlling their own relatives to take naltrexone one hour before drinking alcohol.

This raises the necessity to train the doctors, psychologists and nurses which will be done during marketing promotion. It will be essential to train staff from doctor to the security guards because alcoholism is very sensitive issue and facility that integrates treatment model will have great responsibility not to damage the clients instead of cure.

The first encounter for the customers (or ‘spatients’) will be with psychologist who will interview the guests in order to: check whether or not they are psychologically ready to take the treatment, and if not – prepare them; find out what are their reasons of drinking; find out which type of drunkenness they have in order to avoid any negative circumstances during their stay; and suggest spa services. On one hand, for TSM it doesn’t matter why a person drinks, as long as he or she is addicted there is a high chance of cure. On the other hand however, finding out the reason is important in order to give a patient better support and teach them how to overcome their problems without getting drunk, and to be as comfortable when they are sober. This raises a need to include life coaching service in the model. In it a person who leads the sessions will motivate clients towards staying sober and enjoying life without alcohol, identify problems in their life, and help them to make changes that will lead to success and improvements after they leave the facility.

Doctor on the other hand, will check the guests’ health conditions and drinking frequency, prescribe medicine and spa services, and further explain the process of treatment.

After defining the detailed condition, nutritionist will take responsibility to create individual diet for the customer and spa manager will create treatment schedule. Customers will have possibility to use smartphone/smartwatch application in order to make available changes in their schedule, and check the information about variety of spa services.

After finishing the treatment course (either detox or TSM) patients will be given guidelines to continue stay sober, or moderate their drinking. They will be taught how to live without alcohol and they will not be released cured in the world where they cannot make self-realization, and where they will have no idea what to do with their problems. It is true that if they do not want to go back to addiction they will have to use naltrexone for the rest of their lives (only when they decide to drink alcohol), but “to the question, ‘What is the optimal duration of naltrexone treatment in alcoholics?’, one might well respond ‘What is the optimal duration of insulin treatment in diabetics?’” (Sinclair, 2000, p. 7). Departed customers will have possibility for free consultations and they will be checked time to time for having information about their condition. This will help the facility to find out the success rate of their services and gain more customers for the future.

Global Spa Summit (2009) states that scientific prove about effectiveness of treatments have less power in getting customers then word of mouth. In other words what works for their friends and relatives is much more important to the people. On the other hand, according to literature review, if there is a proof of this service concept being effective then governments and insurance companies will have to consider covering the stay as it will be cheaper than hospitalization. Thus, after gaining popularity with the luxury market it is advisable to establish lesser quality services for people with less income, that will be financed by insurance companies. For companies it can be winning strategy because the more a patient uses the naltrexone the less he or she will need it in the future. The involvement of the government and insurance companies must also be considered for the future studies.

In summary, the research answered the research question by evidencing that the combination of TSM and spa services could be an effective model in spa service innovation. It will allow its users to set better control over their alcohol consumption and at the same

time, enjoy pleasurable experiences. It is estimated that spa centers that adopt this model will successfully get new target market and increase profit.

Although literature review has shown that spa service innovation is the driving factor behind success, few such studies have examined innovation from the perspective of addiction treatment services. Thus, the results of this paper addressed a gap between addiction and spa treatments, and serve as an example for future research in these fields. Therefore, the research results provide evidence of need for future studies on the concept of Spa Medicine, and the relationship between spa services and addiction.

CONCLUSION

In conclusion, in the literature review student described service design theory, innovation in the spa industry, and relationship between spa treatments and alcoholism. Paper shows that Human Centered Design process is one of the most suitable tools in designing innovative services in the hospitality industry. Review also identified the need of innovation for the contemporary spas, its challenges and outcomes.

In addition, historical evidences provided by the authors showed that a spa was a place where people used to visit for detoxification and rehabilitation purposes, however it was also common (same as nowadays) to hide their true condition. This issue is considered to be one of the most challenging factors in convincing alcoholics to take the treatment, however research proposed various solutions for this problem.

Furthermore, it can be assumed that the lack of research around the problem of alcoholism and spa treatments prevents spa centers to be interested in this target market. Thus, research must be done in order to find out historical and scientific evidences regarding spa treatments that contribute to the cure of addiction. Lastly, literature review identified one of the most effective (yet not well-known) alcoholism treatment method, TSM, and justified its suitability for the spa environment.

During the research student used service design principles, blending qualitative and quantitative methods (triangulation), and analysis to design an innovative model for spas, and therefore answer the research questions. The ideas were based on literature review, in-depth interviews with experts and alcoholics, and an online survey. The design research examined Georgian target market because of the current severe situation in this country regarding alcoholism, which was covered in the introductory chapter. The results showed that the designed concept could work not only for Georgian but for foreign market as well. But still it is suggested to conduct more research in order to understand other society's needs, and prove or disprove this hypothesis.

By following chosen research methodology and HCD guidelines, spa model for alcoholism treatment was created, with the example of spa package and customer journey map. As the research was human-centered, student asked all the interviewees to provide ideas for service design. Interviewees suggested that at first it is better to start working towards luxury market because people who are unemployed cannot afford sophisticated and individualized care. However, after gaining popularity and showing the effectiveness of this model it is anticipated that the government and insurance companies will get interested, and start financing people with low income as well.

After creating customer journey map and spa package student returned to interviewees and collected feedback, then he made changes and corrections. The most important fact is that the model will be responsible to create memorable experiences for customers from awareness to departure. As one of the interviewees said the facility that integrates this services must work hard to gain clients' trust and make them to feel secured.

In order to be more flexible users must be able to choose some services themselves and build their own spa package based on doctor's recommendations. Obviously it is necessary for managers to do more detailed planning to create more flexible environment and pleasant atmosphere. Interestingly, the research also raised the importance of life coaching service (either group or individual) that will double the benefits and outcomes of the whole concept by teaching the customers how to continue living comfortable without alcohol consumption.

It is also anticipated that this model can be established not only in Georgia but in those countries that suffer with alcoholism problem as well. Overall, this study shows that establishing alcoholism treatment services can be successful move for spas, and thus more research must be done in this field because only few studies have addressed spa services for treating an addiction. Student also hopes that the results of this study will contribute to the development of the spa service innovation in general.

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Appendix 1. Alcohol report on Georgia and its neighboring countries

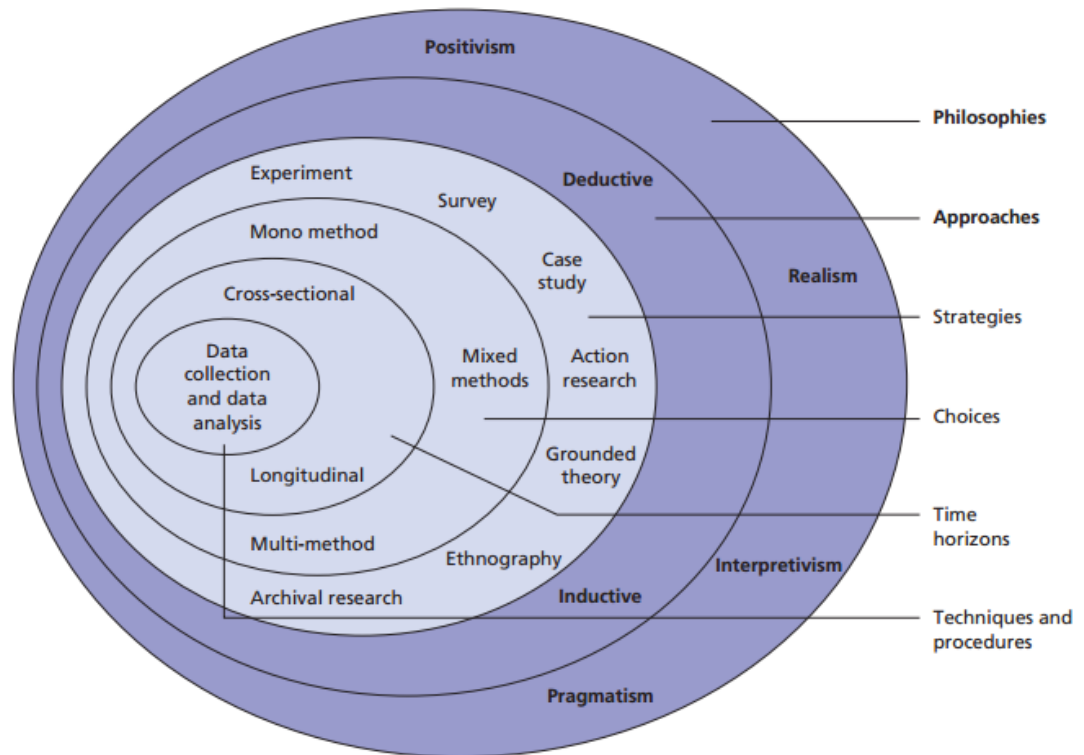
Country	Alcohol Consumption Per Capita	AAFS ⁴ for deaths from all causes	Population ⁵
Georgia	7.7	4.6	4.5 million
Armenia	5.3	2.5	3 million
Azerbaijan	2.3	2.4	9 million
Turkey	2.0	1.3	75 million
Russia	15.1	30.5	143.5 million

Source: WHO (2014, pp. 293-317, compiled by the author)

⁴ Alcohol-attributable fractions (AAFs) for deaths from all causes, 2012 (as a percentage of all deaths)

⁵ Record was taken from The World Bank's website (<http://data.worldbank.org/indicator/SP.POP.TOTL>).

Appendix 2. The research ‘onion’



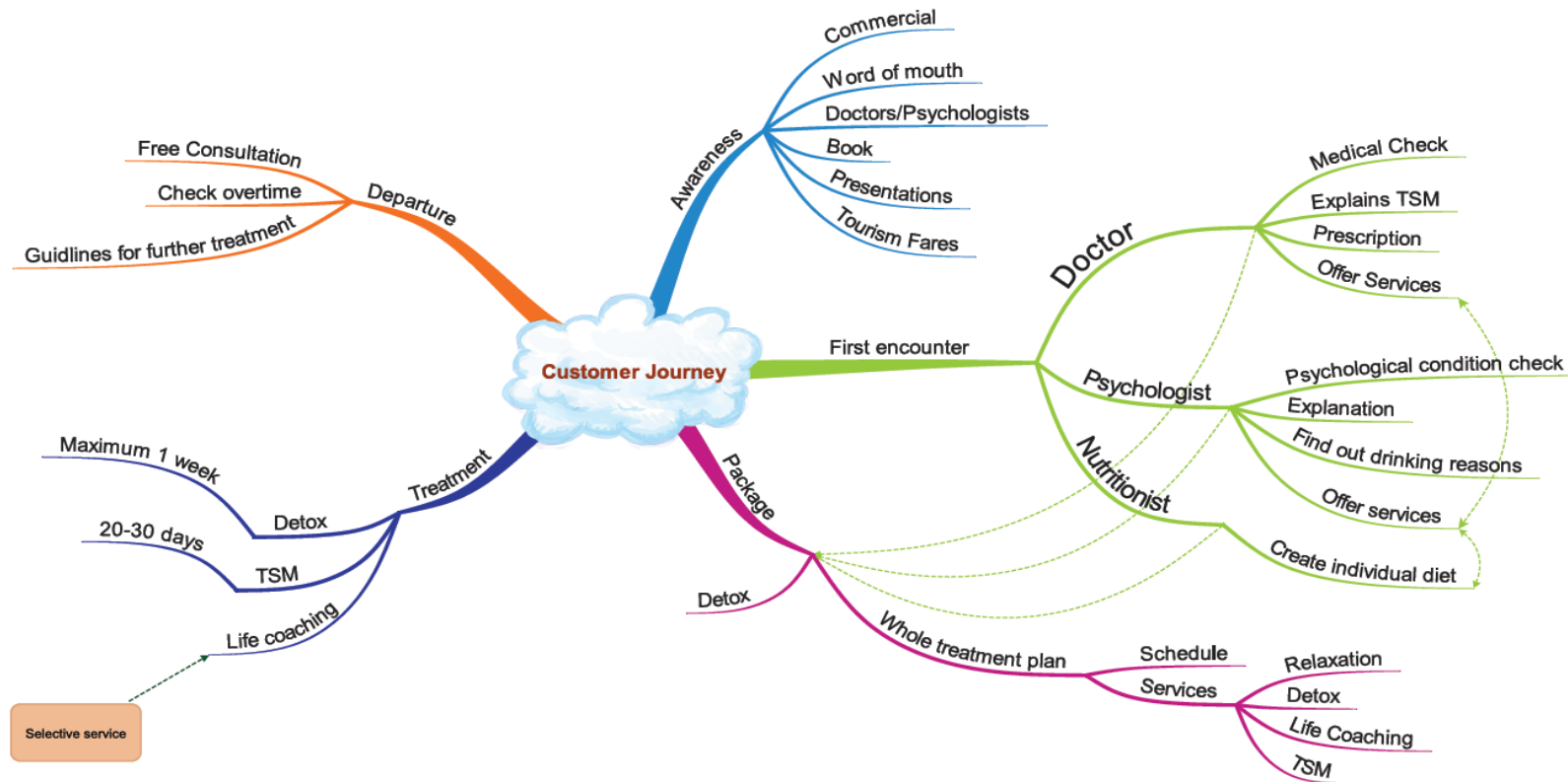
Source: Saunders, Lewis, & Thornhill (2009, p. 108)

Appendix 3. Luxury package for 30 days

- Deluxe accommodation at the spa hotel;
- Medical and psychological checks;
- TSM (drinking alcohol with medicine) – three days a week;
- Spa services for detoxifying, cleansing and relaxing the body;
- Wellness services by choice;
- Beautician service;
- Life coaching;
- Meals 3 times per day with individualized diet;
- Activities: excursions, open-air cinema for families and couples, bar and disco;
- Free consultations after the departure.

Price: 3 to 5 thousand EUR

Appendix 4. Customer journey map



Source: Compiled by the author via iMindMap

RESÜMEE

INNOVATIIVSETE SPAATEENUSTE DISAIN ALKOHOLISMI RAVIS GRUUSIA NÄITEL

Guram Gegechkori

Innovatiivsete teenuste arendamine spaas on väga tähtis, sest see suurendab konkurentsivõimet turismimajanduses. Kirjanduse ülevaatest selgus, et uute teenuste loomisel on oluline jälgida teenuste disaini põhimõtteid. Alkoholisõltuvuse teema on probleemiks kogu maailmas ning samuti on see tõsine probleem Gruusias. Selleks, et paremini arus saada kuidas teenuse disainimine ja arendamine töötab praktikas, otsustas töö autor kavandada praktilise uuringu, et luua uus alkoholismi ravi teenus spaa hotellidele Gruusias. Vastavalt eesmärgile püstitati järgmised uurimisküsimused:

1. Kas spaakeskused saavad luua alkoholismi ravi teenuseid;
2. Kuidas need teenused peavad olema kavandatud, et rahuldada klientide vajadusi?

Teoreetilises ülevaates kirjeldati teenuste disaini kontseptsiooni ja mõisteid, isikule keskendunud disaini protsessi, innovatsiooni spaa tööstuses. Lisaks anti ajalooline ülevaade alkoholisõltuvuse ravist spaas ning meetoditest alkoholismi ravis, mis töö autori arvates võiksid olla kõige sobivamad spaa keskkonnas. Erinevates kirjandusallikatest kogutud teave toetas oluliselt uurimistöö protsessi.

Uurimistöö teema on väga tundlik ja keeruline. Paljudel inimestel on selle teema kohta väga erinev ettekujutus. Magistritöös kasutati kvalitatiivseid ja kvantitatiivseid uurimismeetodeid. Veebipõhist külastaja ootustel põhinevat küsitlust levitati sotsiaalvõrgustike kaudu ja Gruusia internetifoorumites, milles osales 106 respondenti. Ankeet sisaldas küsimusi alkoholismi ja selle sõltuvuse ravi ning milliseid spaateenuseid nad sooviksid võtta sõltuvuse ravi ajal. Kvalitatiivse meetodina kasutati intervjuud, milles küsitleti eksperte vastavas valdkonnas ja alkohoolikud. Transkribeeritud intervjuude

sisuanalüüsiga jagati kodeeritud tekstid viide põhiteemasse: alkoholisõltuvus Gruusias, ravi meetodid, Sinclairi meetod, teenuse disaini alased kaalutlused ja takistused.

Küsitluse ja intervjuude analüüsi tulemusi alusel disainiti alkoholismi ravi teenuse mudel spaadele luksusliku spaa paketi näitel ning kliendi teekonna kaart. Sellega saadi vastused uurimisküsimustele. Uurimusest ilmneb, et teenuste disaini meetodite kasutamine võib olla tõhus vahend uute spaateenuste loomisel.

Töö autori arvates võib edu korral see mudel avaldada mõju mitte ainult Gruusias, vaid ka neis riikides, mis kannatavad samuti alkoholismi probleemi käes. Käesolev magistritöö näitas, et alkoholismi ravi teenuseid võib edukalt korraldada spaades. Seega on vaja teha selles valdkonnas rohkem uuringuid, kuna sõltuvuse ravi spaades on seni vähe käsitletud. Töö autor loodab, et selle uuringu tulemused aitavad kaasa üldisele spaateenuste innovatsiooni arengule.

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