

Service quality in health and wellness tourism – trends in Portugal

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Abstract

The purpose of this study was to: a) analyze the impact of service quality on client satisfaction; b) identify travel behavior and c) assess the attributes that are more important and more satisfaction-oriented from the client point of view. These objectives are designed to provide health and wellness tourism units with a better understanding of the market; help them match supply to the needs, wishes and attitudes of their target markets and draw up improved plans for developing their potential. The empirical data, collected in five Portuguese hot springs units, was evaluated using a modified SERVQUAL scale. Attributes designated as more pleasing, and those receiving more emphasis, were assessed through the Importance-Performance-Analysis model. Travel behavior was assessed by means of a purpose-made questionnaire. In terms of service quality, we confirmed that aspects relating to *attendance* ("ability of the employee to perform accurately and dependably", "employee's willingness to help the customer and provide prompt service", "capacity to provide individualized attention") were more satisfying for users of these units. Through the IPA, we established that the attributes of "quality / price ratio"; "quality of complementary services (lodging and leisure)"; and "geographic location (quality of transport and accessibility)" offered were of less interest to clients. Implications for Portugal were discussed.

Key-words: Health and wellness tourism, Service quality, Client satisfaction.

1. Introduction

The clear growth in health tourism in Europe arises from a number of social circumstances, such as the increase in population levels, longevity and improved lifestyles. In the Portuguese case, where health and wellness tourism is included in the Strategic Plan for Tourism in Portugal (PENT 2006-2015) as being one of the most important developmental markets for the future of tourism in the country, such growth is also due to new legislation concerning the operation of hot springs which focuses on the development of a varied range of services in health and wellness thermalism. In the context of increasing offer and competition, health and wellness tourism units (HWTU) form a study area that merits special attention from both researchers and tourism agents. Service quality and satisfaction are key concepts in tourism and leisure, as well as in the field of marketing, because they can be used as productivity indicators, thus constituting a gauge against which organizational objectives can be measured. Service quality and satisfaction are seen as essential aspects of tourism, and of growing importance to tourism companies, in the sense that they add value to services and promote effective competition in the market. For businesses, the potential benefits of achieving high levels of consumer satisfaction through service quality have been extensively studied and documented (Parasuraman, Zeithaml and Berry, 1996).

Health and wellness tourism has developed rapidly in Portugal and other European countries, in the form of a strong niche market, sustained by a constant increase in both internal and foreign tourists. At an international level, this sector can be seen as one of primary demand, with international health and wellness trips, amounting to 3 million trips of one or more nights, showing growth of about 50% between 2000 and 2004. This volume represents about 1.2% of all leisure trips undertaken by European tourists, from whom demand is rising by 5 to 10% per year (PENT, 2006). At the national level, the statistics show that in 2005, the 34 Portuguese thermal units registered a total of 98,039 clients, approximately 0.9% of the Portuguese population. In 2006 this

rose to 99,057 clients. In the next seven to ten years, the Portuguese Thermal Association plans to double the number of users, which will underpin significant investments in new buildings and equipment for hot springs in Portugal.

According to Portuguese Thermal Association data, demand for wellness packages in 2005 registered a growth of 37.1% in relation to 2004, while, in the same period, classical therapeutic thermalism showed negative growth, with a 6% loss in clients. The same trend occurred in the following year, with a fall in the number of classical thermalism users, from 80,309 users in 2005 to 76,999 users in 2006, and growth in the number of wellness thermalism users, to a total of 22,049 users compared to the 17,730 seen in 2005. In these two years, the business value of thermalism was about 20 million Euros. In 2008, demand for wellness thermalism and leisure showed a significant rise of 9.4% over 2007. Total hot springs business registered a decrease of 4.3%, caused by the 8.7% decline in the demand for classical thermalism, which represented 72% of overall demand. Spanish tourists account for 52% of foreigners choosing classical thermalism in Portugal. In 2008, there were 38 active hot springs, 19 of which were located in the centre of Portugal (50% of the total), 16 in the North (42%) and 3 in the South (8%). Wellness has become an important topic of research, as well as a rapidly increasing business. There is demonstrable growth in health and wellness tourism across Europe, as the result of a number of social circumstances, including the increase in the elderly population and their lifestyles.

Service quality and customer satisfaction are concepts that have always been interrelated, because they present strong similarities at the conceptual level (Cronin and Taylor, 1992; Spreng *et al.*, 1996). These concepts are so closely related that Liljander (1994) argues that they are synonymous, in the sense that both refer to "an evaluation process in which the client compares the service experience with some previous expectations." Moreover, both concepts have in common their centralization of the consumer's point of view as they evaluate the services offered by a specific company. Alén-González *et al.* (2005) also contribute to this perspective, stating that there is a great degree of similarity between the two concepts and defining service quality as "the satisfaction of clients' expectations." In the specific case of health and wellness tourism, and taking into account the increase in the number of people interested in spending quality leisure time, it becomes evident and necessary that the supply side should give special attention to this question, meeting the needs and wishes of consumers, as well as ensuring their levels of satisfaction. Nowadays, service quality represents a competitive value in this industry. According to Antunes (2008), in the specific case of health tourism, service marketing is also a success determiner for the sector. Particular emphasis should be given the services provided by human resources, based on the use of service quality to meet clients' expectations. These objectives culminate in the final goal of offering thermal units a better understanding of the market, so that they may design a supply side that properly meets the needs, wishes and attitudes of their target markets and better develop their potentials. This issue constitutes a determining factor in boosting the competitiveness and regional development of Portugal's inner regions, which is where this kind of tourism is mainly to be found.

The main objective of this research is to evaluate the impact of service quality on client satisfaction in health and wellness tourism units. The study also aims to attain specific goals: to describe travel behavior and identify the attributes that will please more, and are more emphasized, by users of health and wellness tourism units.

2. Method

2.1. Sample

The empirical data were collected through questionnaires administrated to users of five Portuguese thermal springs. The survey was distributed to 400 users that were asked to complete the questionnaire in person. The response rate was 64.5%, giving a total of 268 valid surveys. In order to qualify for the sample, individuals had to be over the age of 18.

2.2. Instrument

2.2.1. SERVQUAL Scale

To analyze the users' perceptions of service quality we used the SERVQUAL scale designed by Parasuraman, Zeithaml and Berry (1985). This scale, originally created to measure the service quality of accommodation, is composed of five dimensions, with a total of 22 items. We adapted the model to the nature and characteristics of health and wellness tourism. To identify the items that constitute the main service quality dimensions or factors in health and wellness units we used exploratory factorial analysis with a principal component of Varimax rotation (Table 1). The dimensions of the service quality scale were reduced, using factorial analysis, to those that were more significant for clients of the units under study. The scale used to analyze service quality was reduced to those dimensions perceived as most significant in the units under study (*attendance*, *quality assurance* and *tangibles*).

Table 1. Matrix of components following Varimax rotation

SERVICE QUALITY ITEMS	FACTORS		
	DEMC - attendance	FIAB - assurance	TANG - tangibles
7. Personal treatment and attendance.	0,756		
2. Presentation of front-office staff.	0,745		
6. Quickness in answering clients' requests.	0,721		
9. Technical competence of the staff.	0,712		
1. Kindness of the staff.	0,712		
10. Capacity to anticipate clients' needs.	0,709		
8. Competence of front-office staff.	0,704		
5. Services in accord with publicity and promotion.	0,617		
4. Service completed on time.	0,615		
3. Service completed on correct date.	0,614		
14. Service efficiency.	0,500		
21. Efficiency in invoicing.		0,808	
22. Possibility of quick correction to lack of service.		0,718	
17. Cleanliness and hygiene of installations.		0,681	
16. Service completed with good-will.		0,666	
15. Capacity of interaction with the client.		0,568	
20. Pleasing to the different services and facilities.		0,565	
13. Conservation of the equipments.			0,778
18. Comfort of the installations.			0,771
19. Attractiveness of the public areas.			0,756
12. Technological characteristics of the equipment.			0,710
11. Variety of offered services.			0,504

To certify the reliability of the measurement scale we calculated Cronbach's Alpha and obtained a high level of fidelity for the service quality scale, as well as for each of the three dimensions of service quality (Table 2).

Table 2. Cronbach's Alpha value for the service quality scale

Dimensions of Service Quality	Cronbach's Alpha Value	Number of items of the scale
Service quality scale	0,938	22
DEMC (Attendance)	0,924	11
FIAB (Quality Assurance)	0,880	6
TANG (Tangibles)	0,816	5

As regards the quality of the scale (reliability and validity) we conclude that these values indicate it is reasonably acceptable.

2.2.2. Importance-Performance Analysis Model (IPA)

This paper is also based on the IPA model created by Martilla and James in 1977 (Ennew *et al.*, 1993) for the field of marketing, though we have modified it to better suit the objectives of our study. This research method, extensively referred to in marketing literature, was initially designed for the automobile sector. However, it was quickly applied to the health sector, banking (Ennew *et al.*, 1993), the hotel industry (Martin, 1995), education and destination tourism (Hudson and Shephard, 1998). The technique identifies the strengths and weaknesses of brands, products and services by comparing the two criteria that consumers use in making a choice: the relative importance of attributes and the consumers' evaluation of the offer in terms of those attributes.

The importance and performance of each attribute is plotted and the resulting IP space is traditionally divided into four quadrants. The priorities for improving the attributes of the service are then inferred from the quadrant in which each attribute (performance, importance point) is located. Unlike the SERVQUAL model created by Parasuraman, Zeithaml and Berry (1994),

which is best described as an absolute performance measure of consumer perceptions of service quality, the Importance-Performance paradigm also seeks to identify the underlying importance attributed by consumers to the various quality criteria being assessed (Sampson and Showalter, 1999), thus forming a managerial decision-making tool for services.

Several different approaches have been taken to employing IPA, also known as quadrant analysis or gap analysis. Martilla and James (1977) originally suggested that the positioning of the grid lines is a matter of judgment, because the value of the IPA lies in its usefulness in determining relative, rather than absolute, levels of importance. In some applications, the point where the quadrant grid lines cross (the cross-point) is placed in the centre of the scale. Slack (1991) detailed an IPA model that considered a relationship between importance and performance and theorized that target levels of performance for particular product attributes should be proportional to the importance of those attributes. In other words, importance is viewed as a reflection of the relative value given to the various quality attributes by consumers. According to Barsky (1995), lower importance ratings are likely to play a lesser role in affecting overall perceptions, while higher importance ratings are likely to play a more critical role in determining customer satisfaction. IPA also helps to identify which attributes, or combinations of attributes, are more influential in repeat purchase behavior and which have less impact. This information is valuable for the development of marketing strategies in organizations (Ford et al., 1991), a view confirmed by Lovelock et al. (1998), who stated that importance-performance analysis is an especially useful tool.

In this study, a modified IPA model was used with a sample taken from five hot springs located in the centre of Portugal and a hotel with spa facilities. These health and wellness tourism units were selected so that the importance of service/product attributes in both service providers and service user evaluation of services could be studied. A survey designed to measure and compare client perceptions of the attributes of these health and wellness units was carried out. Respondents were also asked to provide importance and performance scores on two identical five-point Likert scales for the 15 service attributes identified for health and wellness units. The survey was applied by measuring the key variables in the framework, including the perception of service quality and overall satisfaction.

3. Results

3.1. Travel Behavior

This part of the study focuses on user behavior before and after visits to health and wellness tourism units (HWTU), by analyzing the *duration of stay*, the *kind of services* they use, the *level of loyalty*, how they *come to know about* the HWTU, as well as the *kind of accommodation* they choose to stay in. In terms of this behavior, we found that 75% of visitors use their holiday entitlement to cover their stay in HWTU. As regards *duration of stay*, we found that stays of 10 to 14 days are the most common (51.9%), followed by stays of over 15 days (24.3%). 15.3% of the sample stayed between 7 and 9 days and 6.7% between 1 and 3 days. Finally, just 1.9% stayed between 4 and 6 days. The largest proportion of respondents, 66.4%, used thermal services (treatment and cure), followed by 15.7% who used spa services (at hot springs) and 10.8% that used both thermal and spa services (at hot springs) at the same time. We also found that for 76.5% of respondents this was *not the first time* that they had used these kinds of services: 56.1% of this group has been visiting the same HWTU for more than 4 years; 2.4% for 3 or 4 years; 17.9% for 2 or 3 years and only 4.6% visit the same HWTU just once or twice. In terms of how respondents found out about the HWTU they visited, we discovered that 42.2% did so through *medical advice*; 37.3% through *family and friend recommendations*; 6.3% through the *Internet*; 4.5% through *publicity* and 4% through *travel agents*. *Direct marketing of HWTU* accounted for only 1.9% of these answers.

Among the main reasons why people use health and wellness services are *Health-cure* (43.7%) and *Health-prevention* (34%). As mentioned above, *medical advice* is highly relevant to the way users find out about these services. This may explain why such reasons are key to the choices users make. Regarding other options, we found that *Health and Leisure* accounts for 10.8% of reasons and *Leisure and relaxing* 9.3%. On the subject of *accommodation*, we saw that most HWTU users (78%) choose places near these units. Among these users, 41.3% stay in *hotels*; 22.1% stay in *hostels*, 12.7% stay in *guest-houses*, 11.6% stay in *family homes* and only 1.5% choose *rural tourism*. Looking at the data obtained in this study, based on the demand for health and wellness tourism, we are able to confirm that this kind of tourism plays an important part in the development of the different economic activities of this region, such as accommodation.

3.2. Service Quality and Satisfaction

Based on the study carried out by Sarmiento (2003), we calculated a new variable, which is the *mean* (4.05) of the cases or units that constitute the various dimensions that regulate satisfaction. In this study, satisfaction was measured on a five-point scale. From the results displayed in Figure 1, we can conclude that user satisfaction level with regard to perceived service quality is intermediate to high ($m=4.05$ and standard deviation=1.06).

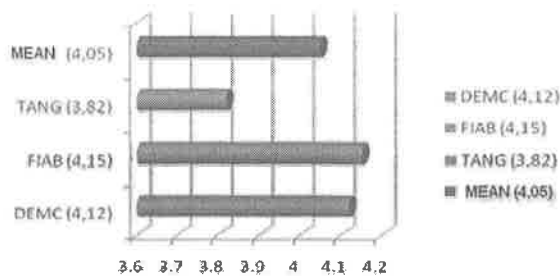


Figure 1. Mean of client satisfaction with service quality in health and wellness units.

Additionally, analysis of the dimensions of service quality shows that *Quality Assurance* – FIAB (4,15) and *Attendance* – DEMC (4,12) are the factors that give more satisfaction to users of the units under study. On the other hand, the service quality dimension *Tangibles* – TANG (3,82) is the one factor that gives less satisfaction to users.

3.3. High emphasis attributes - IPA

Regarding IPA, we see that the 15 attributes (Table 3) considered in the survey are all concentrated in the critical forces area (Figure 2), in which importance and performance attain high levels, calling the attention of health and wellness unit managers to the possibilities for competitive advantage. This aspect strengthens what was said above about the high level of user satisfaction with the conditions and services offered by these units. The gap between importance and performance from both perspectives were also evaluated using the T-test criteria as shown in Table 3.

Table 3. Difference of means between importance and performance levels.

Attributes of the Health and Wellness Units	Mean		Difference Imp. – Perf.	Sig. (2-tailed)
	Importance	Performance		
Quality of attendance	4,48	4,13	0,35	0,000
Thermal water quality	4,54	4,18	0,36	0,000
Quality of equipment and public areas	4,47	4,05	0,42	0,000**
Confidence in received service	4,47	4,12	0,35	0,000
Quality of medical consultations	4,44	4,16	0,28	0,000
Quality of thermal application techniques	4,45	4,08	0,37	0,000
Variety of treatments	4,40	3,99	0,41	0,000
Hygiene of public areas	4,52	4,20	0,32	0,000
Comfort of public areas	4,44	4,07	0,37	0,000
Quality of complementary services (accommodation and leisure)	4,27	3,74	0,53	0,000**
Technical competence of therapists	4,45	4,12	0,33	0,000
Efficiency and results of treatments	4,39	4,09	0,30	0,000
Publicity	4,02	3,88	0,14	0,000
Geographic location (transport and accessibility)	4,25	3,86	0,39	0,000
Quality / price ratio	4,40	3,66	0,74	0,000**

Note: Total of 15 variables. Bilateral T-test with a significance level of 0,05; N=268.

Gap (Sal-Imp) difference between user satisfaction with the service and the importance given to each attribute.

From this analysis, it must be emphasized that “quality / price ratio”, “quality of complementary services (accommodation and leisure)” and “geographic localization (quality of transport and accessibility)” are attributes that, despite the respondents being in a comfortable situation, belong to the risk/opportunity area and are on its threshold. This means that managers of health and wellness tourism units have to focus their efforts on improving the performance of these attributes because they are important to the clients (Figure 2).

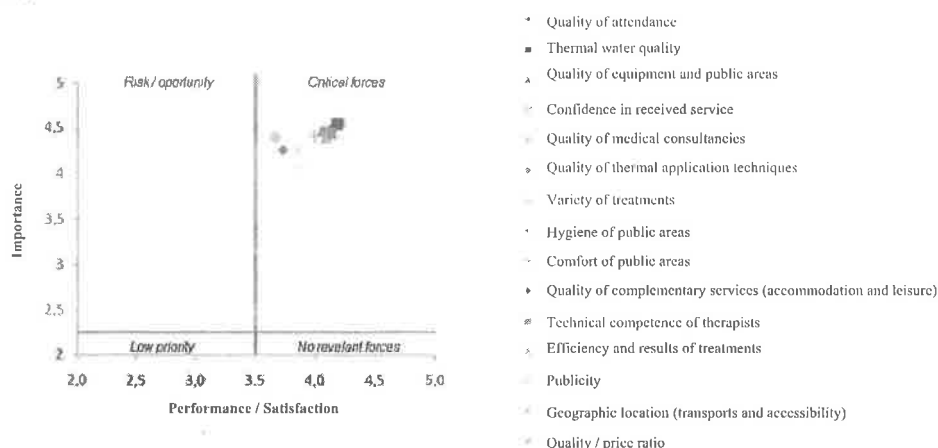


Figure 2. Importance-performance Analysis (IPA)

In this sense, the IPA helps to confirm that all the attributes under consideration are highly valued and that health and wellness unit managers should be alert, and divert resources, to developing competitive advantages, as the attributes are classified with a high level of importance and performance.

4. Conclusions

In analyzing the dimensions of service quality from the point of view of users, we have been able to confirm that aspects related to *attendance*, such as “the ability of the employee to perform accurately and dependably”, “the employee's willingness to help the customer and provide prompt service” as well as “their capacity to provide individualized attention” are those that give more satisfaction to the users of the units under study. From a practical perspective, the results of this study constitute an important contribution to the evaluation of client satisfaction as this concurs with their expectations and desires. Moreover, this kind of information can help to improve the overall quality of the services on offer. As it is difficult to meet all client needs and desires, we can prioritize objectives according to those aspects of the service that have lower evaluations, thus obtaining the maximum benefit. Despite a number of limitations, we believe that our conclusions on user satisfaction levels in health and wellness tourism should serve as the basis of a wider study in the near future. Such a study seems justified to us because of the existence of a large number of hot springs that have contributed so much to the development of tourism in this region of Portugal. There are some methodological limitations in our study. Among these, we can identify the fact that some of the survey questions did not use exactly the same type answer scale. Had they done so analysis of the variables and the statistical treatment of the data would have been easier. On the other hand, we should mention that the items on the SERVQUAL can perfectly well be revised in any future study, because this scale has already been adapted to the study of health and wellness and is not accommodation-specific, as the original version was. We also recognize that in analyzing overall satisfaction, it would be more appropriate if this satisfaction were measured on a bigger scale in order to improve result objectivity. Although service quality and satisfaction are widely accepted as key concepts in the fields of tourism and leisure, as well as in that of marketing, as mentioned above, they have not yet been systematically applied to health and wellness tourism, which explains the exploratory nature of this study. Furthermore, and as noted by Mueller and Kaufmann (2000), quality management tools for health and wellness tourism have yet to be defined. As a result, and because of the fact that wellness is a complex and multidisciplinary concept, being limited to a defined and specific geographic area, that although what we have found is representative of the reality, it is not possible to generalize the results.

5. Research implications and future research guidelines

The main limitations of this study relate to the fact that it was based on a single service industry and that convenience sampling was used. However, its methodology and results are valid for various industries in the service sector and provide a solid basis for future research. The contribution of this study, and its value, lies in the fact that service managers can exploit the approach taken to improve service management and the attributes of health and wellness units. Managers must continue to bear in mind the needs and wishes of their users regarding levels satisfaction levels and, concomitantly, those of loyalty. Therefore, future research may need to examine these proposed variables. From the findings, it can be seen that solving service problems and improving the quality of attributes and services in health and wellness units is an important task that needs to be undertaken. Future research proposals may focus on the implementation of case studies and questionnaires, which should be submitted to successive timeline analysis (longitudinal studies), to allow the collection of data relating to the developmental path taken by the innovative process together with its most significant repercussions. The intention of this study is to contribute to the development of health and wellness tourist organizations, as well as to increase the quality of their services. Taking such a route will prove to be a key factor in boosting competitiveness levels and promoting the regional development of Portugal's inner regions, which is where this kind of offer is mainly to be found. These objectives have one final goal: to afford the health and wellness tourism units a better understanding of the market, so that they may efficiently design the supply side to meet the needs, wishes and attitudes of their target markets. They should be able to effectively employ their potential, turning hot springs tourism into a resource with much greater market penetration, not just in terms of healing, but also, and mainly, through the role it has to play in health prevention and recreational tourism.

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