

Health and wellness tourism from a hospitality viewpoint: quality of services offered in a medical spa

Turismo de saúde e bem-estar na ótica da hospitalidade: qualidade dos serviços oferecidos em um spa médico

Turismo de salud y bienestar desde la hospitalidad: calidad de los servicios ofrecidos en un spa médico

Maria Enói dos Santos¹
Josildete Pereira de Oliveira²
Carlos Alberto Tomelin³
Luciano Torres Tricárico⁴

Abstract: The objectives of this study were divided into 4 points: characterization of the chosen spa; services available in the spa; frequency of tourists to the spa and strategies adopted; and analysis of the spa services. This study is classified as exploratory descriptive, with a qualitative, non-probabilistic approach. The checklist used the SERVPERF model, where it is possible to analyze the quality level of the service provided. For the analysis of the services, it was necessary to use the participant observation method – OP, in the pseudo purchase methodology. The research was carried out in a medical spa in Sorocaba, São Paulo, Brazil. The technique used to analyze the answers of the spa collaborators was Content Analysis. It was observed that satisfaction with the attendance, provided service, and available infrastructure, become key elements for functional and positive performance. Was can conclude that hospitality in this medical spa is governed by empathy, attention and compassion with which all guests are treated, this being their differential for client's loyalty.

Key words: hospitality; physical space hospitality; spa; health and wellness.

Resumo: Os objetivos deste estudo foram divididos em 4 pontos: caracterização do spa escolhido; serviços disponíveis no spa; frequência de turistas ao spa, estratégias adotadas e análise dos serviços de spa. Este estudo classifica-se como exploratório e descritivo, com abordagem qualitativa não probabilística. O levantamento de dados utilizou o modelo SERVPERF, onde é possível analisar o nível de qualidade do serviço prestado. Para a análise dos serviços, foi necessária a utilização do método de observação participante – OP, na metodologia de pseudo-compra. A pesquisa foi realizada em um spa médico em Sorocaba, São Paulo, Brasil. A técnica utilizada para analisar as respostas dos colaboradores do spa foi a Análise de Conteúdo. Observou-se que a satisfação com o atendimento, o atendimento prestado e a infraestrutura disponível, tornam-se elementos fundamentais para o desempenho funcional e análise positiva. Pode-se concluir que a hospitalidade neste spa médico é pautada pela empatia, atenção e compaixão com que todos os hóspedes são tratados, sendo este o seu diferencial para a fidelização do cliente.

Palavras-Chave: hospitalidade; hospitalidade do espaço físico; spa; turismo de saúde e bem-estar.

Resumen: Los objetivos de este estudio se dividieron en 4 puntos: caracterización del spa elegido; servicios disponibles en el spa; frecuencia de turistas al spa, estrategias adoptadas y análisis de los servicios del spa. Este estudio se clasifica como exploratorio y descriptivo, con un enfoque cualitativo y no probabilístico. La recogida de datos utilizó el modelo SERVPERF, donde es posible analizar el nivel de calidad del servicio prestado. Para el

¹ Universidade do Vale do Itajaí, Brasil. E-mail: enoi@univali.br.

² Universidade do Vale do Itajaí, Brasil. E-mail: joliveira@univali.br.

³ Universidade do Vale do Itajaí, Brasil. E-mail: tomelin@univali.br.

⁴ Universidade do Vale do Itajaí, Brasil. E-mail: tricarico@univali.br

análisis de los servicios fue necesario utilizar el método de observación participante – OP, en la metodología de pseudocompra. La investigación se realizó en un spa médico en Sorocaba, São Paulo, Brasil. La técnica utilizada para analizar las respuestas de los empleados del spa fue el Análisis de Contenido. Se observó que la satisfacción con el servicio, el servicio ofrecido y la infraestructura disponible, se convierten en elementos fundamentales para el desempeño funcional y el análisis positivo. Se puede concluir que la hospitalidad en este spa médico está guiada por la empatía, la atención y la compasión con que se trata a todos los huéspedes, siendo este su diferencial en la fidelización del cliente.

Palabras clave: hospitalidad; hospitalidad del espacio físico; spa; turismo de salud y bienestar.

1 Introduction

Human beings, since the earliest times, have been concerned with health, spiritual, physical and mental well-being, in other words, with their quality of life. Considering it necessary to move to fulfill their desires, humans seek to occupy their free time with activities that provide comfort and rest (Rosa & Silva, 2011). Health travel issues are being increasingly addressed by governments, airlines, shipping and travel agencies. However, despite this growth and space taken up by the segment in the cities, there are few studies focused on this area in Brazil.

According to Brasil (2010), Health Tourism refers to the objectives that motivate people to go to different places, the search for certain means and services that may occur in the need of treatment and cure, conditioning and physical and mental well-being. It can occur for various reasons. In the face of the characteristics and variations of motives for its practice and for purposes of structuring, promoting and commercializing destinations, itineraries and/or tourism products, this segment has been organized into two segments of Health Tourism: wellness tourism and medical tourism.

In health tourism, knowledge of the guest's perception is of paramount importance (Taraboulsi, 2003). Both in medical and wellness by-products, satisfaction is a key element in the strategic process, since "the satisfaction control of health guests is of paramount importance... which could be improved on the premises, in order to reach the possible expectations of the guests." (Silva & Ferreira, 2014, p. 64). Thus, health tourism focusing on the by-product of wellness tourism is related to health care issues in physical and mental form, in establishments with the objective of relaxation and stress relief, such as spas, Thalassos Centers and Thermal Baths (Silva, 2016).

Relating the issue of health to tourism is still considered a growing issue, since the theme of medical hospitality (which is linked to health tourism, but with a medical focus), had its

concept substantiated only in the past decade (Freitas, 2010). Its scope includes reception services, laundry, hosting, nutrition, as well as the current services present in hotel and spa enterprises.

The main objective of this article was to analyze the hospitality and management of the quality of services in the segment of health and wellness tourism in a medical spa located in the city of Sorocaba, SP. Also necessary for this purpose was: characterization of the chosen spa; identification of the services available in the spa; evaluation of the frequency of tourists to the spa according to the employees and analysis of the services through the SERVPERF model by the participant observational analysis model, using the pseudo purchase methodology.

2 Theoretical foundation

Health tourism is considered one of the oldest segments of the tourism forms (Smith & Kelly, 2006; Ignarra, 2013). The segment consists of trips and/or displacements to locations and facilities, which are: hospitals, specialized clinics, spas, Thalasso centers, fitness and wellness centers – in search of tranquility in the areas of mind, body and spirit, with the purpose to provide therapeutic treatment and/or rehabilitation, as well as relaxation, recovery and beauty/esthetic treatments (Global Spa & Wellness Summit, 2013).

Another aspect of health tourism is wellness tourism, that is, trips motivated by the search for treatments that aim for the prevention of diseases and the search for a healthy and balanced life. Among them, spas, leisure hotels, resorts, seaside resorts, hydrotherapy resorts and holistic therapeutic centers (Brasil, 2015a). Health tourism is an alternative to seasonality in Brazil. "The promotion of these trips happens in times of low season and, despite being a specific branch, health tourism is a segment that contributes to the movement of the economy, especially tourism" says José Francisco Salles Lopes, director of the Department of Studies and Research of the Ministry of Tourism (Brasil, 2015, p 87).

According to the Instituto de Turismo de Portugal (2006), even if one can assume the existence of two types of tourism associated with the health tourist's motivation, the border between cure and disease prevention is difficult to delimit due to the existence of points of convergence between the two. That is, even if we can distinguish the curative dimension from preventive, its analysis in isolation is hindered, mainly from sharing the infrastructures where

they are practiced, since the same infrastructure or treatment can attract people through healing, prevention or both. In addition, this discussion becomes even more complex when promoting and maintaining health. Silva (2016) emphasizes that wellness tourism covers the promotion of health in a preventive way, associating care and relaxation in aspects of mind, body, soul and spirit. The practice of wellness tourism is performed through the use of natural and/or artificial resources (sea, shells, salt, sand, mud, water, or flowers) in Thalassotherapy, spas and bathing centers. Added to this are the displacements motivated by aesthetic treatments, which can occur both for reasons of health promotion and maintenance, and for reasons of prevention and cure of diseases. Therefore, they can be performed in hospitals or specialized clinics and in spas, baths, or among other places that also receive tourists with such objectives, or those who seek only rest and leisure (Brasil, 2010).

Health tourism also has medical tourism as a byproduct, which is associated with travelling for the purpose of curative treatments. In general, this search refers to countries with quality standards and modern equipment, which have reference hospitals for specific treatments for clients (Silva, 2016). According to Taraboulsi (2003), when it comes to medical tourism, there is no motivation for the health customer to be hospitalized for reasons other than cure or medical treatment, because of the desire to be cured and leave the hospital environment as soon as possible.

The World Health Organization (WHO, 2015), defines health as: complete physical, mental and social well-being, and not only the absence of diseases (WHO, 2015). The theme of health tourism in its large scope is understood as part of the process of traveling to be cured, which brings in its essence the humanization of services influencing the stay of guests and companions (Gonçalves & Ferreira, 2013). The services offered in spas, as compared to those in hotels, have similarities such as reception, space for eating (restaurant), accommodation, car parking, laundry, room service, housekeeping, but with different motivations and interests (Silva, 2016). The emergence of the spa that integrates industry, customs, and therapeutic methods is a recent global phenomenon (Chen, Liu & Chang, 2013).

The term 'spa' comes from antiquity, specifically from a city of the same name in the province of Liège, Belgium where the city's hot springs were known for their healing properties. The term translated from a Latin expression comes from "Salus per aquam" meaning "health by

water" (Brasil, 2010; Beni, 2003). The origin of the word, acronym 'spa', is controversial, but it is verified with Latin etymological precedence that the Romans were the ones to disseminate most the public baths, and, as already mentioned, it also started in Belgium. The variability of its origin does not affect its common denominator: The spa, as well as the baths, as an installation that uses the therapeutic properties of water, (ABC-Spas, 2015; Viegas Fernandes & Viegas Fernandes, 2008; Smith & Kelly, 2006). The origin of the spas dates from 25 B. C., according to Nessi (2013), with the Thermal spa in Rome. Campos (2005) suggests that in 1980 the spa nomenclature was associated only as a place for obese people who wanted to lose substantial weight, effectively – with due medical care – and in a short time. Over time, the stereotype of the meaning of the word 'spa' has been changing among people. In the 1990s, the pursuit was already associated with a quiet, calm space and food re-education (Silva & Barreira, 1994).

Thus, it becomes important to guide the development of this segment with conceptual, technical and institutional information that can guide the planning, management and promotion, as well as facilitating and collaborating in the decision making for the structuring and operationalization of health tourism products in Brazil. On the other hand, one of the effects of the so-called progress is a social scenario with increasing urban stress. This, together with the phenomenon of a significant appreciation of aesthetics, make several people seek anti-stress and aesthetics treatments. Such facts have led to an increase in the use of complementary therapies, restoring the importance of hydromineral resorts, seaside regions with integrated spas, leisure hotels, all with specific services for the guest (Brasil, 2010). In this context, Silva (2016) stated that that the two health tourism byproducts have a common goal of healing, but in differentiated aspects. Medical tourism refers to improving health in a large scope, whereas wellness tourism involves preventive treatments, such as weight control, stress reduction, and relaxation.

Silva (2016) points out that the trend presented by wellness tourism is humanized services, in a harmonious and hospitable environment, with an infrastructure that offers customers greater comfort and well-being during their stay. Differentiated services in hotel developments, as well as in spas, enable improvements in the stay of customers, since the absence of certain factors (human and infrastructure) cause discomfort and in certain cases may even become a negative factor and be passed on to other guests.

The quality associated with management is a competitive factor and responsible for the

continuance of staying in hotels and loyalty of guests, who had their expectations reached and/or exceeded, thus obtaining the indication of the product and/or services.

But what is the importance of this segment after all? In response to this questioning the Global Spa and Wellness Summit (2013) highlights three distinct aspects of relevant significance: people, business and government, according to the following description: Obesity has almost doubled since 1980; almost 10% of the adult population has diabetes; chronic diseases account for close to 60% of all deaths; more than half the global population has seen increased stress in the workplace in recent years; in the period 2002-2020, health expenditure will more than triple to US\$10 trillion; and between 2000 and 2050 the proportion of the world's population aged over 60 will be doubled.

Taraboulsi (2003) emphasizes that in health tourism the knowledge of the guest's perception is of paramount importance. Both in medical and wellness by-products, satisfaction is a key element in the strategic process, since "the control of satisfaction of health guests is of paramount importance (...) as it acts as a measure of what could be improved in the facilities in order to reach the possible expectations of the guests." (Silva & Ferreira, 2014, p. 98). This segment seeks a relationship with the client in depth, making them feel in a calm, relaxed environment, which can balance the dimensions: mental, body and spiritual. The pursuit is motivated by the issue of routine, stress, or increased self-esteem, in which the target audience has the objective of rest, relaxation and quality of life (Silva, 2016). Getting to know the guest, obtaining information, even remembering their birthday are strategic linking mechanisms between the company and the guest. However, owing to the growing number of companies, more and more entrepreneurs are looking for new ways of catching the attention of guests, investing more and more in hospitality.

Considering hospitality as form of management, it is possible to perceive several levels. It stems from the relationships of exchange between supply and demand which are essential for the success of the activity, sometimes called basic attributes, expected by the guest before consumption. Services that are or are not part of the guest experience, such as a quality breakfast, but which are appreciated. And, finally, the unexpected, it being a pleasant surprise element that conquers the guest. In this perspective, tourism service providers – in the case of hotels – should pay attention, that is, hospitable services, especially those related to environmental sustainability

and services rendered and the architectural structure of the lodging facilities (Ricci, 2002).

The hospitality offered in hospitals or other establishments distinguishes itself as an intangible service, capable of making moments of fragility for the guest in situations of tranquility and safety. Once the guest receives invaluable attention from the employees, they will retain with them a positive image of the place, as a "hospitable" place (Silva & Ferreira, 2014). Vieira (2004) states that "the first step to quality is to know what the guest wants" (p. 45). Through awareness of the guest's desire, in the case of health institutions, it becomes possible to improve the hospitality conditions of the place, based on the guest satisfaction analysis, in order to meet or exceed their expectations. "Satisfying people means meeting their needs." (Castelli, 2003, p. 77).

Regarding service quality, attention to customer service and exceeding customer expectation, Carpinetti (2012) points out as a key element the "degree to which the product satisfies the needs of the user" (p. 76). Understanding the needs of the client is characterized as an element to meet this satisfaction. When it comes to wellness tourism, the question of customer expectation can range from the food that will be offered during the stay, to the quality of the environment: security, infrastructure, leisure spaces, and quality of care. According to Avena (2006): "There is nothing more daunting for a client than to be treated as a stranger (...) The client is aware of who he is, and demands that this status which he himself attributed, by his intention/expectation to buy a service, is recognized by the host." (p. 24).

Although much touted in scientific research, the theme 'Quality in Services' is still the subject of much discussion among researchers, managers and administrators. In essence, this questioning is due to the involvement of two themes of not so trivial understanding: quality and services (Freitas, 2010). In order to contribute to the understanding of the meaning of 'services', several authors have identified characteristics related to the theme, especially Parasuraman et al. (1985), who presents three characteristics of services:

- simultaneity: services are consumed almost simultaneously in the instant they are produced, making it very difficult to detect and correct failures before they occur and affect the guest. For example, in plastic surgeries, the result is only perceived by the guest after the end of the operation and, often, an unwanted result is irrecoverable;
- intangibility: services represent a non-physical product - they can not be transported

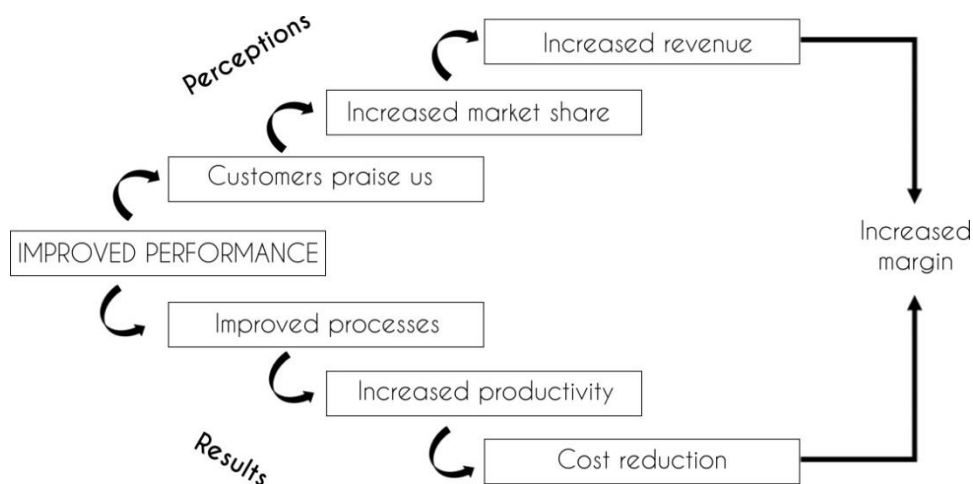
and/or stored, becoming perishable. Thus, urgent operative procedures in general can not be rescheduled for another occasion, under penalty of damages to the health of the guest;

- heterogeneity: the wide variety of services and the strong relationship with the human factor make it difficult to standardize and estimate prices. For example, in the medical field there are several specialties (cardiology, ophthalmology, orthopedics, etc.). Despite the existence of a specialty called 'general clinic', this professional does not have in-depth knowledge of other specialties - preferably, the guest should be referred to a 'specialist'. In this sense, specialized medical services involve various forms of treatment, examinations, and surgical procedures whose effectiveness and costs depend on the professional's knowledge and the seriousness of the problem. Based on the SERVPERF model (considering the Quality Dimensions present in the SERVQUAL model), the proposed model was developed through a case study carried out in a large private hospital. As previously reported, in the proposed model, the five dimensions of quality established by Parasuraman et al. (1985) were considered. Though the detailed description of these dimensions can be found in Parasuraman et al. (1985) the following is a description of the five dimensions, adapted for the evaluation of hospital services, and the items that make up each dimension are presented in the data collection instrument developed.
- tangibility: refers to the appearance of any physical evidence of the hospital service, which is the clean appearance or grooming of the employees, cleaning of the premises, updating and innovation of new equipment, and ease of access to the facilities.
- reliability: reliability of a service is the ability to provide the service reliably, accurately and consistently. In the hospital service, reliability translates into technical knowledge, ability to perform a service that will be provided, and the ability to perform the promised service safely and correctly.
- response or alertness: is the willingness to provide hospital services promptly and to assist guests, characterized by: agility in service, efficiency in solving problems, personalized attention and politeness of employees.

- **guarantee or security:** Refers to the exemption of any danger, risk or problem. It is a particularly important dimension of the hospital service quality because well-being and safety are important considerations, as well as the knowledge and courtesy of employees and their ability to inspire confidence.
- **empathy:** empathy provides individualized attention to guests who use the hospital services, striving to meet their specific needs. There is frequent need for the guest to be present in order for the service to be provided, with a convenient location, signposted access, and ample hours of operation.

There is no ready rule for success or correct strategies for all companies. They need to be studied and analyzed according to each specificity (Porter, 2004). When hospitals invest most of their efforts into clinical outcomes and process improvement, their data is defined by results and can therefore be evaluated objectively. However, the guest judges the quality by their own perceptions, something that is subjective and can not be verified in the same way as results. The guest will be judging the overall experience of being in a hospital. In general, the hospital staff are surprised when the clinical results are excellent but the guest is dissatisfied or angry. These two concepts – perceptions and outcomes – are vital, but each has a very different impact on the viability and success of the hospital, as shown in Figure 1.

Figure 1 – Economic impact resulting from increased performance



Source: Lee, 2009

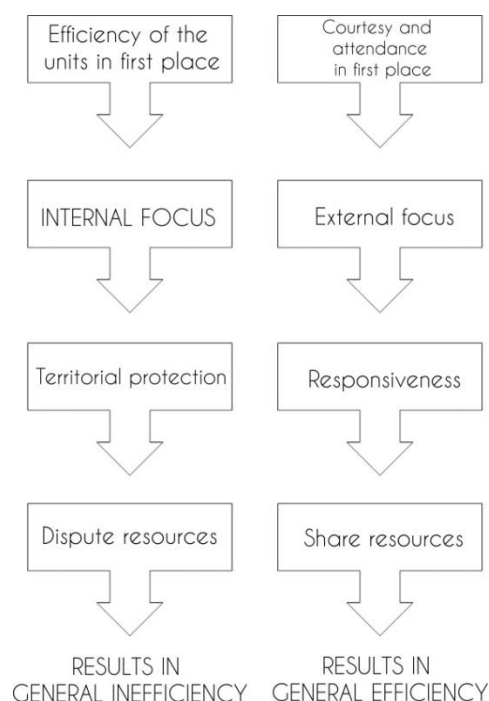
Emphasis is placed on the importance of employees/collaborators for effective quality

management. After all, they will be the ones who will serve the customers and try to fulfill all goals set by the company. Cooperators play an important role in this process, with training and motivation important aspects for positive outcomes (Carpinetti, 2012; Paladini, 2010; Castelli, 2003).

Satisfaction with attendance, service provided, and available infrastructure become key elements for the functional and positive performance of any establishment. Listening to the customer is a good influence. Learning their opinion about specific points during their stay and their perception of what can be improved is characterized as a continuity in the process of improvement and excellence in the management of service quality (Vieira, 2004; Castelli, 2003).

According to Lee (2009), "We are faced with a startling paradox: by putting courtesy and service first, our problem of inefficiency virtually disappears, as do the problems of communication and teamwork between departments." (p. 156). A single rule, when followed by all departments, straightens the whole culture. That means we can truly reap the rewards of global corporate efficiency by subordinating departmental efficiency to courtesy and responsiveness (the most important aspects of service). Figure 2 demonstrates the line of reasoning that supports this paradox.

Figure 2 – Paradox between efficiency/courtesy



Source: Lee, 2009

In addition to hospitality and quality of services, infrastructure is also an important differential in wellness tourism which includes a demanding and higher spending audience. The establishments are perfected, decorated, and designed with this kind of guest in mind (Silva & Ferreira, 2014; Viegas Fernandes & Viegas Fernandes, 2011; Rosa & Silva, 2011).

During the last few decades, several researchers have been dedicated to the evaluation of service quality, seeking to develop or improve the conceptual models focused on the Quality of Services. Among the models, SERVQUAL (Parasuraman et al., 1988) and SERVPERF (Cronin & Taylor, 1992) are the most prominent. SERVQUAL is composed of 22 items grouped into five Dimensions of Quality, which encompass the ten dimensions defined by Parasuraman et al. (1985): reliability, receptivity, security (competence, courtesy, credibility and security), tangible aspects and empathy (access, communication and understanding of the guest). Its application is carried out in two stages: in the first stage the guests' expectations are measured in relation to the service and, in the second stage, the perceptions about the performance of the service are measured. In general, the 7-point Likert scale is used, the extremes of which are defined with the concepts Totally Disagree and Totally Agree. For each item, Gap 5 is noted (Gaps model). Negative gaps indicate that perceptions are lower than expectations, revealing service flaws that leave guests dissatisfied. Positive gaps indicate that the service is higher than expected, providing guest satisfaction.

Cronin and Taylor (1992) investigated the conceptualization and measurement of service quality and its relationship with consumer satisfaction and purchase intentions. They compared the difference of scores between expectations and perceptions in light of the 22 items of the SERVQUAL model, concluding that the quality of service is best evaluated only by the perceptions that the consumers have about the performance of the service (without considering their expectations and perceptions of the importance of the quality dimensions). The model proposed by them, based only on measures of perception of service performance in light of the dimensions defined by SERVQUAL, was called SERVPERF.

Quality management is characterized as a strategic factor for the improvement of competitiveness and productivity (Carpinetti, 2010). For a company to create its differential and become competitive, as a strategic issue, the treatment of the employees and guests will make

significant differences, as well as giving feedback to the guests, evaluating through studies the guest's satisfaction with the service offered, in order to have the knowledge of how to act in a particular problem that your company is experiencing (Silva & Ferreira, 2014). According to Silva (2016), it is possible to analyze a set of intangible services of significant importance for the performance of any company. Service quality goes beyond aesthetics, readiness, safety, and infrastructure. The whole set presented both from the determinants and dimensions of quality must be embedded in a service and/or product. With the advancement of technology and the facilities for issuing information, the market is facing what can be characterized as a "bad ally", since it has as a disadvantage a resource that serves as an "escape" and form of expression: the Internet.

Due to different technological uses – online package sales, bulk purchases – through tablets, smartphones, and computers – in addition to payment facilities, plastic surgery along with other aesthetic procedures have become more accessible. In the last century, only individuals with a high purchasing power could afford these services Rosa and Fogaça (2015) support: “Today plastic surgery can be divided into numerous installments, and stays in spas are acquired on collective buying sites with more affordable prices, which allows access to consumers who previously were not able to consume this type of product.” (p. 152).

Silva (2016) analyzes that due to the growth of, and access to technological resources, customers poorly served, or who had their expectations of a certain company frustrated, can expose the incident on social media. There are even sites that are specific for this purpose, such as "Reclame Aqui" (“Complain Here”), in which the customer reports everything that happened along with the name of the store (companies already usually perform this search for unsatisfied customers and within a maximum of one week provides feedback from the responsible manager) and "Trip Advisor", on this site the customer publishes not only criticisms, but also complete reviews including praise and even mentions employees who deserve prominence. Satisfactory attendance is no longer the high point of quality. Having infrastructure, convenience, information and distinguishing attractions have also become part of this set of elements, where satisfying the customer is characterized as a mission.

The satisfaction of the consumer, with their needs and conveniences along with the success of the company, with its performance capacity and market strategies, are all fundamental

items in the evaluation of quality (Paladini, 2010).

3 Methodology

The study is classified as exploratory, descriptive, qualitative, of a non-probabilistic approach, making use of the choice of the establishment to analyze the study for convenience, and intentional (Dencker, 2007; Andrade, 2010; Marconi & Lakatos, 2010).

The survey was carried out in February 2017. The checklist had questions to be observed, among them: parking, location, reception, accommodation, service, existence of site, accessibility, and guest satisfaction opinions. The checklist used the SERVPERF model, adapted from Cronin and Taylor (1992).

Through the items of the SERVPERF model it is possible to analyze the quality level of the service provided by a particular product and/or service offered. It was deemed that the model for measurement that fits the objectives of this research would be the SERVPERF model, since its purpose is to consider the quality of the services offered. For the analysis of services, it was necessary to use the participant observation method – OP, which consists of the researcher-observer becoming part of a social structure, having a face-to-face relationship with the research subjects, in which "it is a special modality of observation, in which the researcher is not only a passive observer (...) the researcher can assume a variety of functions and indeed participate in the events and situations that are being observed " (Martins & Theophilo, 2009, p. 54). The authors still comment that the significance of the OP is evidenced by the richness, depth and singularity of the descriptions obtained, this being the challenge for the researchers in qualitative evaluations (Martins & Theophilo, 2009). According to Gil (2010) "the observational method is one of the most used in the social sciences (...) that enables the highest degree of precision in the social sciences." (p. 43).

Thus, the methodology used was that of pseudo purchase, which distinguishes: "An investigative technique in which the researcher presents himself in an establishment as a potential guest, acting according to a pre-established plan (...) his main objective is to experience the behavior and attitudes of the employees, as well as to evaluate the quality of service provided to the guest." (De La Ballina Ballina, 1999, p. 67).

In this phase, the researcher benefitted from some products and services as a normal guest, and applied a checklist according to his observations. The checklist had 35 items, 20 of which

were from the SERVPERF service model. Thus defined, the search of the company that participated in this research through the Internet was performed, and through this, a spa was located in Sorocaba – SP, well evaluated by guests on social media, possessing physical space and its own brand. Among the few named as health spas in Brazil, this spa was chosen for presenting health care services in addition to wellness and beauty care and also for accepting to participate in the research. In addition to the criteria mentioned above, the methodology used as a technique for analysis was the content analysis which was used in the spa responses (Bardin, 2009).

4 Results and Discussion

For a broader scope of the objectives of this study, the results were presented in the following order: 4.1. Characterization of the chosen spa; 4.2. Services available in the spa; 4.3. Frequency of tourists in the spa and strategies adopted; 4.4. Analysis of the spa services.

4.1 Characterization of the chosen spa

The choice of this destination for the study was due to it being one of the rare spas in Brazil (only three located in the south and southeast of the country), exclusively for health recovery and the well-being of people. In addition, the choice of the Sorocaba spa was based on the availability of the data, since it was the only one that was interested in the research and agreed to grant the requested information, permission to visit all environments and facilities of the building, collection of interviews, and the application of questionnaires. In addition to this criterion, this spa was chosen due to the purpose of the establishment which is to encourage behavior change through healthy living habits. These are supported by three main pillars: food re-education, medical care and physical activity, promoting moments of care with the guest for their physical and emotional health, improving their self-esteem and contributing to stress relaxation. It can be analyzed that such information is consistent with the statements of the authors Silva et. al. (2015); Rosa and Silva (2011); Viegas Fernandes and Viegas Fernandes (2011); Koncul (2011), who argue that the advancement of welfare tourism is proportional to the increase of daily stress in people's lives, incorrect eating habits, excessive responsibilities and to the profusion of information that contemporary society is subjected to.

Sorocaba Medical Spa is situated in a green, flat area of 36,000m², housing a medical

center, physiotherapy, aesthetic center, gym, leisure area, swimming pools, sauna, restaurants, courts and accommodation. In addition to: medical outpatient clinic; walking path with a practically flat topography; library; convenience store; recreation rooms; experimental kitchen with light cooking classes; steam room; and a helicopter landing zone. It has 34 apartments divided into 5 categories: VIP, Luxury, New, Executive and Family, with units adapted for people with special needs and structure for people who have the habit of sleeping in a hammock; along with, playground; restaurants; fitness center; relaxation and body aesthetics center; physiotherapy center and four swimming pools (three heated); and with ideal site topography for obese and handicapped people. It has an installed capacity of 67-69 guests and a staff of 100 employees, including outsourced employees. The average length of stay for guests is 7 to 12 days, with the greater flow of guests occurring in the months of January, February and July and the prolonged holidays of the other months of the year.

In addition to this structure, the Sorocaba spa has developed a nutritional low calorie service called 'Be Light', suitable for a healthy and balanced diet, which also assists in the control of LDL cholesterol and triglycerides. There are more than 70 options among meats, poultry, fish, pasta and low-calorie soups, as well as options of sweet diets, considering that nutritional monitoring is fundamental for food re-education and change of habits. A personalized service with nutritionists is offered in order to support the specific needs of the guest. The diet, which can reach up to 650 Kcal is free, divided into six daily meals for the necessary balance between carbohydrate, protein, nutrients and fat.

4.2 Services available at the spa

The main services available in the analyzed spa are characterized by attendance in a medical center that is open 24 hours, with blood pressure measurement and daily weighing according to the treatment and laboratory tests for guests staying longer than 10 days. The medical center has the following specialties: General Clinic; Endocrinology; Cardiology; Orthopedics; Otolaryngology; Sleep Medicine; Psychiatry; Gynecology; Dermatology; Geriatrics; Vascular surgery; Bariatric surgery; Radiology; Nutrition; Physiotherapy; Psychology, (CBT – Cognitive behavioral anti-smoking therapy and stress management); Acupuncture; PE; Anthroposophical medicine and body esthetics.

Acting in an integrated way, the Sorocaba spa depends on a multidisciplinary team

formed by doctors, psychologists, nurses, nutritionists, physiotherapists, estheticians and physical trainers. Outpatient care is available 24 hours a day, and laboratory tests are performed to help the accuracy of diagnoses. They also have the possibility of a focused check-up, performed according to the guest's medical history, personal habits, characteristics, family history and behavior. They work in several areas, with specialized prevention and treatment plans: cognitive-behavioral therapy (CBT) for children and adolescents; cardiac rehabilitation; orthopedic rehabilitation; pre and postoperative for various types of surgeries; smoking; pregnancy and postpartum; healthy weight loss, food re-education and weight maintenance; chronic osteoarticular pain; fibromyalgia; hypertrophy, and programs aimed at gaining muscle mass.

In addition to these services, the Sorocaba spa has developed a low calorie nutritional service called 'Be Light', suitable for a healthy and balanced diet, which also assists in the control of LDL cholesterol and triglycerides. There are more than 70 options among meats, poultry, fish, pasta and low-calorie soups, as well as the line of sweet diets, considering that nutritional monitoring is fundamental for food re-education and change of habits. A personalized service with nutritionists is offered in order to support the specific needs of the guest. The diet, which can reach up to 650 Kcal is free, divided into six daily meals for the necessary balance between carbohydrate, protein, nutrients and fat.

Upon arrival at the spa, the guest must attend the medical center, where they will be submitted to an evaluation by the nursing team for complete verification of vital signs, electrocardiogram and medical appointments according to individual needs. After these procedures, a consultation is performed with the general practitioner who checks all medications used, as well as requests the laboratory tests that will be collected in the morning of the second day. Throughout the entire stay the guest is evaluated by medical staff. In this way, the spa is no longer simply a place for weight loss, as highlighted by Campos (2005), but it is also an attraction for those who seek to get out of their routine and relieve stress, seeking contact or an experience with nature, aside from health care (Taraboulsi, 2003).

4.3 Frequency and continuity of the guests in the spa and strategies adopted

The highest frequency of guests at the spa are people with an interest in health and relaxation treatment, coming from various regions of Brazil and other countries, characterizing

itself as a flow of the health and wellness tourism segment. When questioning the spa staff about the frequency of conventional tourists who only seek accommodation at the Sorocaba spa, but with an interest in knowing the region, on a scale of 1 to 5, (where 1 is never, 2 almost never, 3 sometimes 4 almost always and 5 always), we obtained a response corresponding to number 3 on the scale, there is a presence of these guests, but with little frequency. In this sense, the contributors unanimously argued that the frequency corresponds to number 3, "sometimes." According to statements collected for this research: "the guests of the spa do not want to experience conventional tourism with the purpose of knowing the region since the majority of the time they do not leave the spa premises during their stay" (spa reception employees).

When questioning the staff of the spa about the frequency of guests, the answer was: "we have a distinctive service, we give extreme importance to the perception of the guests and their needs, even if they do not tell us. We seek to anticipate them. Always with hospitality, care and attention, in a familiar and safe environment so that all our guests have the expected results and feel at home. That's why our guests always come back and recommend our spa to family and friends."

According to information obtained from the general manager of the establishment: "The excellence in the service by all employees and in all departments of the spa is our differentiator, because we work with the values of empathy, courtesy, quality, education and personalization, in addition to each guest having two mentors during their stay at the spa. This was the way we found to personalize the service even more, with special care".

From interviews with employees from all departments of the spa, the strategy observed and confirmed is to ensure guest satisfaction in small details, so the guest feels special and unique, notably the application of strategies advocated by Fred Lee (2009) in his book *If Disney Ran Your Hospital, 9 1/2 Things You Would Do Differently*.

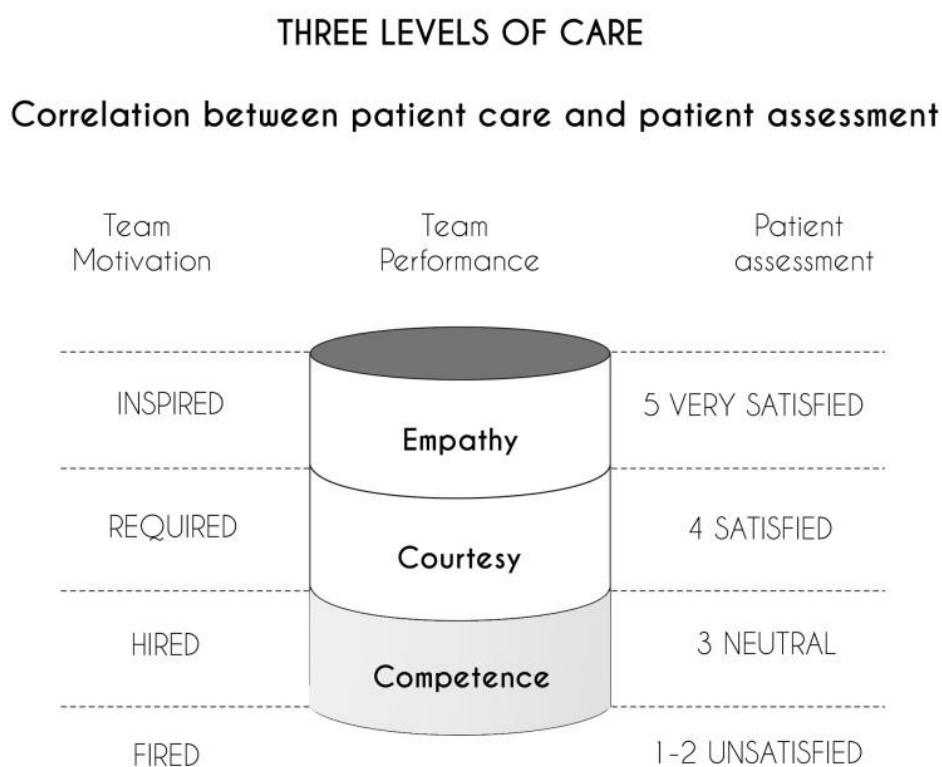
According to Lee (2009), the Figure 3 presents the three levels of care.

Based on this reference, excellence in care and in services was implemented in the Sorocaba spa. Excellence that is supported by the behaviour and commitment which, according to this author, enchant the entire world and can be applied in the hospital/medical environment.

In this sense, the spa's management requested all staff, with the aim of training, read the book by Fred Lee (2009), with a view to understanding the strategies postulated by the author,

so that in each department meeting a time be devoted to the discussion of each chapter of the book, to clarify doubts and present the synthesis of understanding each text. That way, all spa employees, from board members to the cleaning and gardening staff, show that they work much more motivated and observe excellent results after applying what the book recommends, with a view to improving the quality of the services offered by the Sorocaba Medical Spa.

Figure 3 – The three levels of patient care



Source: Lee, 2009

According to the spa's physical trainer, "Above all, we care about the safety of the guest and then with the courteousness of the care, because the efficiency of our work depends mainly on these two items."

A nursing assistant adds, "It's because of the way we treat guests, as we learned from Fred Lee's book, that they always return and generally bring an acquaintance or a family member

together. There is a guest who has been coming every year, for the last ten years."

With a view to the guest's loyalty, the Sorocaba Medical Spa also has a customer loyalty plan, where the guest earns progressive discounts from the second stay onwards in addition to offers in low season.

The quality of service is associated with different standards in any area of activity. The world of services requires precision, quality and reliability (Avena, 2006). It has been analyzed that quality has ceased to be a differential, being characterized as a primary requirement of every consumer, especially the customer who makes above average payments, which demands higher levels both in the service and in the product itself.

4.4 Analysis of the spa services

The following are the elements present in the checklist adapted for the SERVPERF model. The spa services in general are for the guests' health, well-being and relaxation. The checklist consists of 35 observations, with scoring options: 1 - very bad, 2 - bad, 3 - average, 4 - great and 5 - excellent. Table 1 describes the spa scores

Table 1 - Analysis of spa services

Table 1 – Analysis of spa services	Spa
1. Modern equipment	4
2. Condition of the furniture	4
3. Lighting	5
4. The employees are well dressed and groomed	5
5. The appearance of the physical facilities is preserved according to the service offered	5
6. When something is promised in a certain time it is fulfilled	5
7. When there is a problem, the company is supportive and makes it safe.	5
8. Reliability	5
9. Fair price	4
10. Feedback (opinions, suggestions box ...)	5
11. Provides the service in the promised time	5
12. Maintains updated records	5
13. Informs exactly when services will run	5
14. Receive immediate service	5
15. Employees are always willing to help guests	5
16. Employees respond to guests' requests	5
17. Employees are trustworthy	5
18. Secure feeling whilst dealing with company employees	5
19. Employees are polite	5
20. Adequate support by the company to fulfill your tasks correctly	5
21. Individual attention	5
22. Employees give you personal attention	5
23. Employees know customer's needs	5
24. Objectives of the company match the guests' objectives	5
25. Convenient working hours	5

26. Heating/Air Conditioning	5
27. Attendance	5
28. Location	4
29. Facade	5
30. Waiting time	5
31. Environment	5
32. Accessibility	5
33. Up-to-date website	5
34. Parking	4
35. Technological resources for communication	5

Source: Research data from the Sorocaba Spa – February 2017

The synthesis of the analysis of each item of this table sought to highlight the qualitative evaluation of the indicators listed. As the items 'modern equipment and the condition of furniture', a score of 4 was obtained, the spa could invest more in equipment and new furniture. Questioning the Director on this aspect, he stated that they have acquired a much larger space and are building a new spa with the same purpose and this way the investment is being made in the new headquarters where the Sorocaba spa will operate. Analyzing 'location and parking', items also with a score of 4, it is observed that the nearest airport is in Campinas-SP and the transfer bus provided by the airline completes the journey between the airport and spa in 60 minutes. However, the transfer bus is only available at certain times during the day so there is a possibility that the guest could spend several hours at the airport waiting. This is an aspect of the services that the analysis considers to be weak because it is not appropriate for those with fragile health. The other indicator that deserves attention is the fact that the spa establishment provides few parking spaces for cars, perhaps because few people arrive at the spa by car itself. The last item evaluated with a score of 4 was 'fair price', which signifies that the price really is fair, because a score of 4 represents great. The remaining items were rated with a maximum of 5 (excellent), confirming that all guests' expectations were met. Another aspect of accessibility is the suitability of external excursions and internal floors to meet the technical standards of accessibility for people with special needs. In this sense the Sorocaba spa is prepared to receive people, with access ramps to the facilities, adequacy of the bathrooms and other internal and external spaces adapted to meet the diverse needs of the clients. In a statement made during the research one of the employees of the nursing department commented: "Yes we attend people with special needs! Today we attended a person who could not walk." The manager of the establishment added: "We have all the infrastructure and accessibility necessary to better serve them".

Regarding the dress code of the employees in the spas, Silva et. al. (2015) depict in the study a frequent use of light clothing that symbolizes cleanliness, uniforms according to the therapy that is offered in the spa, or even the region's brand. At the Sorocaba spa employees wear uniforms that are in accordance with their functions and comply with hygiene and standardization criteria.

With regard to the website of the establishment and communication with the guest, it was noticed that the Sorocaba spa has an updated website, is active on social networks, makes use of the WhatsApp application as a form of contact and informs the guest on the prices of the procedures that they may choose. According to Silva and Ferreira (2014) the qualification is now one of the pillars for every enterprise. Being well received, with an adequate infrastructure with the possibility of exceeding expectations is what customers are looking for. With technological modernity, comments from the Internet are easily shared, and there are even specific sites for this exchange of information (such as the site TripAdvisor), in which reviews of the services of different establishments are based on the perception of the guest. Communication is incorporated among the ten determinants of service quality, being of importance in the process of knowledge, which then leads to the acquisition of products or services (Miguel & Salomi, 2004). Managing a business is a task that requires many skills and knowing how to listen is one of them. With the advancement of technology, information can now be found in different places bringing the "listening" in a more updated way. Thus, reviewing complaints on social networking pages, online satisfaction questionnaires, or even on complaint sites has become commonplace: "The Internet is a powerful information system (...) and obviously managers of organizations must have some knowledge of what is considered good and should be used, and of what is considered bad and should be discarded (...) Due to the ease of information on the Internet, whether it is true or not, and as a matter of economy for the establishment, there is a preference for information only from the Internet in decision making." (Dantas, 2013, p. 25).

As a means of obtaining information, the Internet is characterized as a quick and economical way to provide various data in a short period of time. However, not updating (such as a company's contact details, for example) becomes a negative point in the communication process. "We have to consider that the Internet accepts everything. This is tantamount to saying that we have good and bad information, reliable information and trash on the Internet." (Dantas,

2013, p. 29).

It is common to see quality measurement instruments in services for clients to evaluate the services provided in restaurants, hotels, and hospitals. In spas, specifically in Brazil, this process is growing (Silva et al., 2015) considering the importance of "listening to the customer" and trying to exceed their expectations. They apply guest opinions, called Satisfaction Questionnaires, with open and closed questions about courtesy and affection from the teams, whether the teams knew how to anticipate their needs, what would make their stay more special and would they recommend the spa to a friend or relative. These questionnaires are analyzed and serve as parameters for the definition of new strategies.

Since the first made contact with the company through the chat tool on the spa's webpage, special attention was shown, being one of the reasons for choosing the Sorocaba spa as the location for this research. And in the case of a medical spa was more perceive the concern of the collaborators in making the stay a special moment or better yet, that the guest feels welcomed. This was felt in the smallest detail, for example: a guest liked to sleep in the hammock under the trees every day after lunch, and commented on this habit with the maid. To assist him, the spa promptly arranged the hammock for him under the trees and as he is a frequent customer, for his annual visits this habit is already in his medical record. This is already the seventh consecutive year that he has come and he always brings a family member. This is just one example of the details that the spa team make a point of showing, the warmth and courtesy in the care of their guests. As such, all the details of the guests' preferences during their stays are recorded in a personalized form by all those who attended them, how they prefer the room to be, the food, what physical activities they practice, what medication they are using and at what time, what is their favorite hobby, etc. In addition, every time guests enter the spa, they are assigned two mentors, one from the reception and the other from the gym, and both seek to bond with the guest, try to get to know them better to satisfy their wishes and make them feel at home.

Silva (2016) argues that welfare tourism clients have a high level of expectation that tangible and intangible services will be offered. The qualification in the tourism sector is fundamental, since tourism is to serve. However, due to the profile of the wellness tourism client, the emphasis on the requirement is even greater, given the values of the high quality services offered in relation to the services provided by traditional hotels, as far as the establishments

characterized as a health and wellness spa must have different medical specialties and follow-up throughout the client's stay.

To keep employees motivated, attentive and proactive, management also applies a questionnaire about professional coexistence, asking about their needs, such as their relationships with other employees/departments, frustrating situations, who is the most attentive/caring colleague, etc. The management holds daily meetings with the department heads focused on passing information on to the guests, to discuss suggestions and improvements and study chapters of the Lee's book. The department leaders also hold daily meetings with their teams. It is in these meetings that they pass on information about guests, pathologies, preferences, choices and how they can improve the guests' day, as Lee (2009) describes: making that moment a memorable experience, enchanting the guest.

From the reading and understanding of what Lee's book advocates, employees focus on quality care, which means exceeding expectations and paying attention to details. In this way they changed their stances not only in the spa, but in their homes, in life and with friends. Because they realized that everyone can make the other feel special that can provide a quality service, but that also want to receive a quality service, making everyone more demanding. In order to work in a place like a spa, a qualified team which is aware of the needs of the clients and knows how to serve them in the best possible way is necessary (Silva et. al., 2015).

The Sorocaba spa has shown to have control and quality of the services in regards to attendance, provision of service, infrastructure and personal attention as it applies the 5 items to achieve the fidelity described in the book by Fred Lee, which are: Initiative – sense the needs of the people before they ask; Teamwork – helping each other; Empathy – recognize people's feelings; Courtesy – respect the dignity and privacy of everyone and Communication – explain what is happening.

On satisfaction vs. fidelity, Lee (2009) adds that in the Harvard Business Review article on guest loyalty, the authors presented a survey indicating that satisfied guests are not necessarily faithful. On a scale of 1 to 5, a guest who scores four is six times more likely to disappear than a guest who scores five. In other words, there is a six fold increase in terms of guest loyalty between scores 4 and 5. Concluding that loyalty is generated by positive experiences that you did not expect, and that were beyond your expectations. Guests judge their experience by the way they

are treated as people and not by the way they are treated for their illnesses.

In summary, the results of this research seek to highlight the most relevant aspects of the analysis, namely:

- the structure of the spa where there is a concern in providing the entire necessary infrastructure to the guests, be it in the scope of health, well-being or leisure. In addition to the infrastructure, it was also observed that there was a considerable investment in the area of nutrition, clarifying the proposal for the performance of the spa based on three main pillars: food re-education, medical care and physical activity;
- to provide the services available in the spa, a medical team counts on a multidisciplinary team working in the most diverse areas. Service begins on arrival at the spa as the guest is submitted for evaluation, with a complete check of the vital signs, electrocardiogram and programming of medical consultations, according to the individual needs. The individualized service and empathy with the guests are already verified with the above services and the presentation of their mentors, one from reception and the other from physical activity. Both accompany the guest throughout their stay, assisting and anticipating the satisfaction of their needs;
- the frequency of tourists in the spa and strategies adopted, concluding that in this type of spa the frequency is not for conventional tourists who in addition to the stay, also wish to visit the city or tourist attractions, but for the tourist that is looking for the health and wellness tourism segment, characterized by a flow of people concerned with their quality of life, health, beauty and well-being, that make the decision to receive the services and to rest in a comfortable environment and preferably without leaving the spa. The Sorocaba spa receives an average of 1,500 guests per year, with approximately 1,200 guests during the winter period and approximately 300 guests during the summer season.

According to information gathered during the field survey, the annual growth rate of this demand is around 5% per year. It was found that the customers of the Sorocaba spa, feeling cared for, welcomed and received with their anticipated wishes, always return and usually positively advertise the spa. Therefore the main strategies adopted to guarantee guest loyalty are empathy, courtesy, quality, education, security and personalization, which confirms Lee (2009), ensuring

that this means that can truly reap the benefits of global corporate efficiency when subordinate the efficiency of departments for courtesy and responsiveness, which are the most important aspects of care.

Currently the Sorocaba Medical Spa is installed in a total area of 36,000m², with 4,500m² of built area and 31,500m² of leisure area and gardens. Due to the growth in demand, a new spa headquarters is being built on a 120,000m² site, with the expansion of the spa's built area for a new reception and accommodation facilities.

In the analysis of the 35 evaluated items of the spa, 30 of these received the maximum score 5, indicating excellent service. This can be perceived by participant observation, using the pseudo purchase methodology, where satisfaction with the service, service provided, and available infrastructure become key elements for functional and positive performance. Research has shown that listening to the customer and identifying their understanding of the aspects that should be improved in the service are key indicators for the process of improvement and excellence in the management of service quality. This approach to service management is confirmed by Lee (2009) when he concludes that loyalty is generated by positive experiences that you did not expect and that went beyond your expectations. In this sense, it is seen that guests evaluate their experience at the Sorocaba spa by the way they are treated as people and not by the way they are treated for their illnesses. In this way, it is verified that the hospitality aspect in the Sorocaba Medical Spa is governed by empathy, attention and compassion, making this its differential in the loyalty of the client.

5 Final Considerations

The results of this study show how hospitality functions in a medical spa in Sorocaba-SP, seeking to show managers and students of the hotel sector a way to achieve customer satisfaction, as well as high service quality.

The research carried out presented the characterization of the chosen spa, also emphasizing that there are few medical and/or health spas in Brazil and mainly that research divulged about it is minimal. The spa's ready response to accepting to participate in the research has already demonstrated the interest of management in knowledge and an interest in improvements and updates.

The research does not answer all questions that are involved in the area of health tourism, but rather, opens a range of future discussions related to the proposed subject. Firstly, the sample is limited and convenient as it targeted hospitality in a single medical spa.

Even recognizing the limitations of research – the lack of empirical studies that serve as a basis; the inability to generalize results – research has shown, in practice, that there are benefits when employees use empathy when interacting with guests. Both parties, therefore, perceive the potential role of this practice in the satisfaction of the process of providing the service.

However, the present study does not exhaust the theme, recommending to future researches the exploration of the concept of hospitality in other spas, being medical, health and wellness.

In spite of the relevant contribution that an analysis of this nature can offer to the health spa manager, it is important to emphasize that the presented results portray only the evaluation of the hospitality/quality of the services during a select period according to the perception of a specific sample. The continuity of evaluations in other periods and locations may provide more conclusive results, contributing to the verification of the effectiveness of the implemented actions.

It is also relevant to mention that a non-probabilistic sampling for convenience may not be representative of the population. The use of this type of sampling restricts the extrapolation of the findings, since the conclusions are valid for the study sample and can only provide some indications of what the behavior of the target population may be.

It is worth noting the importance of further studies in this area mainly involving the guest and their perceptions, since this market is in a wide ascension.

Acknowledgements to the funding supported by the CNPq (National Council for Scientific and Technological Development), Brazil.

6 References

- ABC-Spas (2015). *Associação Brasileira de Spas*. Recovered in 25 November, 2017, of <http://www.congressoabcspas.com/historia.asp>
- Andrade, M. M. de (2010). *Introdução à Metodologia do Trabalho Científico*. São Paulo: Atlas.
- Avena, B. M. (2006). *Turismo, educação e acolhimento: um novo olhar*. São Paulo: Roca.

- Bardin, L. (2009). *Análise de Conteúdo*. Lisboa: Edições 70.
- Beni, M. C. (2003). *Análise Estrutural do Turismo*. São Paulo: Senac.
- Brasil (Ministério do Turismo) (2015). Cuidados com a saúde incrementam o turismo no Brasil. *MTur*. Recovered in 09 October, 2017, of <http://www.turismo.gov.br/ultimas-noticias/5134-cuidados-com-a-saude-incrementam-o-turismo-no-brasil.html>
- Brasil (Ministério do Turismo) (2015a). Turismo de saúde: orientações básicas. *MTur*. Recovered in 09 October, 2017, of http://www.turismo.gov.br/sites/default/turismo/o_ministerio/publicacoes/downloads_publicacoes/Turismo_de_Saxde_Versxo_Final_IMPRESSxO_.pdf
- Brasil – Ministério do Turismo (2010). Turismo de saúde: orientações básicas. *MTur*. Recovered in 25 november, 2017, of http://www.turismo.gov.br/sites/default/turismo/o_ministerio/publicacoes/downloads_publicacoes/Turismo_de_Saxde_Versxo_Final_IMPRESSxO_.pdf
- Campos, J. R. V. (2005). *Introdução ao universo da hospitalidade*. Campinas: Papyrus.
- Carpintetti, L. C. R. (2012). *Gestão da qualidade – Conceitos e técnicas*. São Paulo: Atlas.
- Castelli, G. (2003). *Administração hoteleira*. EDUCS: Caxias do Sul.
- Chen, K-H., Liu, H-H., & Chang, F-H. (2013). Essential customer service factors and the segmentation of older visitors within wellness tourism based on hot springs hotel. *International Journal of Hospitality Management*, 35, 122-132.
- Cronin, J. J. & Taylor, S. A. (1992). Measuring Service Quality: A Reexamination and Extension. *Journal of Marketing*, 56(3), 55-68.
- Dantas, M. (2006). Informação como trabalho e como valor. *Revista da Sociedade Brasileira de Economia Política*, 19, 44-72.
- De La Ballina Ballina, F. J. (1999). La investigación por pseudocompra: Interesantes aplicaciones para el Sector comercio. *Revista Investigación y Marketing*, 64, 27-33.
- Dencker, A. de F. M. (2007). *Pesquisa em Turismo: Planejamento, Métodos e Técnicas*. São Paulo: Futura.
- Freitas, H. M. (2010). *Turismo Médico: A Globalização da Saúde*. Dissertação de mestrado não publicada, Gestão e Economia de Serviços de Saúde, Faculdade de Economia da Universidade do Porto, Porto, Portugal.
- Gil, A. C. (2010). *Como elaborar projetos de pesquisa*. São Paulo: Atlas.
- Global Spa & Wellness Summit (2013). *The Global Wellness Tourism Economy*. Recovered in 18 October, 2016, of http://www.globalwellnesssummit.com/images/stories/pdf/wellness_tourism_economy_xec_sum_final_10022013.pdf

- Gonçalves, I. C. O., & Ferreira, L. V. F. (2013). Gestão de hotelaria hospitalar: percepções e fundamentos. *Turismo: Estudos & Práticas*, 2(2),154-173.
- Ignarra, L. R. (2013). *Fundamentos do turismo*. São Paulo: Cengage Learning.
- Instituto de Turismo de Portugal – ITP (2006). *Análise de Mercados Emissores: Análise Prospectiva do Turismo de Saúde*. Lisboa: ITP.
- Koncul, N. (2012). Wellness: a new mode of Tourism. *Economic Research – Ekonomska istraživanja*, 25(2), 525-534.
- Marconi, M. de A., & Lakatos, E. M. (2010). *Fundamentos de metodologia científica*. São Paulo: Atlas.
- Lee, F. (2009). *Se Disney administrasse seu hospital: 9 ½ coisas que você mudaria*. Porto Alegre: Bookman.
- Martins, G. A., & Theóphilo, C. R. (2009). *Metodologia da investigação científica para Ciências Sociais*. São Paulo: Atlas.
- Miguel, P.A. C., & Salomi, G. E. (2004). Uma revisão dos modelos para medição da qualidade em serviços. *Revista Produção*, 14(1), 12-30.
- Nessi, A. (2013). História dos Spas. In M.F.L. Pereira (Orgs.), *Spatterapia*. São Paulo: Difusão.
- Paladini, E. P. (2010). *Gestão da qualidade. Teoria e prática*. São Paulo: Atlas.
- Parasuraman, A., Zeithaml, V. A. & Berry, L. L. (1988). Multiple-Item Scale for Measuring Consumer Perceptions of Service Quality. *Journal of Retailing*, 64(1), 12-40.
- Porter, M. E. (2004). *Estratégia competitiva: técnicas para análise de indústrias e da concorrência*. Rio de Janeiro: Elsevier.
- Ricci, R. (2002). *Gestão Competitiva no séc. XXI: ferramentas práticas de gerenciamento aplicadas à hotelaria*. Rio de Janeiro: Qualitymark.
- Rosa, L. D., & Silva, Y.F. (2011). *Turismo de saúde: folgam viagem e bem-estar*. Jundiaí: Paco Editorial.
- Rosa, L.G., & Fogaça, I. F. (2015). Turismo de saúde: viajar em busca da saúde e da estética. In A. P. Netto, A., & M. G. R. Ansarah (Orgs.), *Produtos turísticos e novos segmentos de mercado: planejamento, criação e comercialização*. Barueri, Manole.
- Silva, I. C. O. G., Barreto, L. M. T. S., & Fernandes, L. V. F. (2015). Turismo de bem-estar: análise dos serviços do segmento em Spas day – Natal/RN, Brasil. *Revista Iberoamericana de Turismo – RITUR*, 5(2), 99-118.
- Silva, A. L. G., & Barreira, C.A. (1994). *Turismo de saúde*. São Paulo: SENAC.

- Silva, I. C. O. G., & Ferreira, L. V. F. (2014). Hospitalidade e hotelaria hospitalar: uma análise da qualidade dos serviços através dos instrumentos de medição utilizados pelos principais hospitais da cidade de Natal/RN, Brasil. *Anais do Seminário da Associação Nacional Pesquisa e Pós-Graduação em Turismo*, XI.
- Silva, I. C. O. G. (2016). *Gestão da qualidade dos serviços em turismo de bem-estar: análise em Spas do Brasil*. Dissertação de mestrado não publicada, Centro de Ciências Sociais Aplicadas da Universidade Federal do Rio Grande do Norte, Natal, Brasil.
- Smith, M., & Kelly, C. (2006). Wellness Tourism. *Tourism Recreation Research*, 31(1), 1-4.
- Taraboulsi, F. A. (2003). *Administração de Hotelaria Hospitalar: serviços aos clientes, humanização do atendimento, departamentalização, gerenciamento, saúde e turismo*. São Paulo: Atlas.
- WHO (OMS) (2015). *Organização Mundial da Saúde*. Recovered in 03 July, 2017, of <<http://www.who.int/eportuguese/publications/pt/>>
- Viegas Fernandes, J., & Viegas Fernandes, F. M. (2008). *Spas, Centros Talassos e Termas: turismo de saúde e Bem-estar*. Lisboa: Pergaminho.
- Viegas Fernandes, J., & Viegas Fernandes, F. M. (2011). *Turismo de saúde e bem-estar no mundo: ética, excelência, segurança e sustentabilidade*. São Paulo: SENAC.
- Vieira, E. V. de (2004). *Qualidade em serviços hoteleiros: a satisfação dos clientes é função de todos*. Caxias do Sul: EDUCS.

Artigo recebido em: 11/10/2021

Avaliado em: 08/12/2021

Aprovado em: 25/12/2021