

EXPECTATIONS AND PERCEIVED QUALITY OF CUSTOMER SERVICE: The model of expectations management of the quality of health and wellness tourism destination

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ABSTRACT: With this paper, we address the issue of perceived quality of the Portuguese *health and wellness* touristic product. We use four distinct but complementary steps. The first one seeks to identify core aspects of *health and wellness tourism* found in Portuguese tourism offer. The second stage addresses issues of quality, focusing on the dominant principles of Total Quality Management (TQM). The third step allows us to identify the model of *Expectations and Perceptions of Service Quality* (SERVQUAL). The fourth stage reflects a set of assumptions that may lead to further studies that are based on a logical integration of TQM with the assumptions of the SERVQUAL model. And finally, we propose a management model (GEQUATUR) based on assumptions of both TQM and SERVQUAL models. **Keywords:** health and wellness tourism, expectations, perceived quality.

RESUMEN: Con este ensayo, abordamos la problemática de la calidad percibida de la oferta turística portuguesa del producto *salud y bienestar*. Recorremos cuatro etapas distintas pero complementarias. La primera pretende identificar aspectos nucleares del *turismo de salud y bienestar*, encontrados en la oferta turística portuguesa. La segunda etapa plantea las cuestiones de la calidad, centrándose en los principios dominantes de la TQM. La tercera etapa permite identificar el modelo de las *Expectativas y Percepción de la Calidad de Servicio* (SERVQUAL), el cual facilita la evaluación de las expectativas de la calidad de servicio bien como de la calidad percibida de ese servicio, por parte del cliente. La cuarta etapa refleja un conjunto de hipótesis que puedan motivar para estudios posteriores y que se basan en una lógica de integración de presupuestos de la TQM con el modelo SERVQUAL. Y, finalmente, presentamos una propuesta de modelo de gestión (GEQUATUR) que combina en cierta medida, tal como reflejado por las hipótesis, la TQM con el SERVQUAL.

RESUMO: Com este ensaio, abordamos a problemática da qualidade percebida da oferta turística portuguesa do produto *saúde e bem-estar*. Percorremos quatro etapas distintas mas complementares. Na primeira são identificados os aspectos nucleares do *turismo de saúde e bem-estar*, existentes na oferta turística portuguesa. A segunda etapa aborda as questões da qualidade, centrando-se nos princípios dominantes da TQM. A terceira etapa permite identificar o modelo das *Expectativas e Percepção da Qualidade de Serviço* (SERVQUAL), o qual facilita a avaliação das expectativas da qualidade de serviço bem como da qualidade percebida desse serviço, por parte do cliente. A quarta etapa reflecte um conjunto de hipóteses que possam motivar para

estudos posteriores e que se baseiam numa lógica de integração de pressupostos da TQM com o modelo SERVQUAL. E, finalmente, apresentamos uma proposta de modelo de gestão (GEQUATUR) que combina em certa medida, tal como reflectido pelas hipóteses, a TQM com o SERVQUAL. **alavras chave:** turismo saúde e bem-estar, expectativas, qualidade percebida.

INTRODUCTION

With this paper, we seek to reflect about the perceived quality of the offer of Portuguese tourism related to the product of health and wellness, based on the diversity currently available in the domestic market. This one is based on a process of rebirth, strengthened by the National Strategic Plan for Portuguese Tourism (Turismo de Portugal, 2006) and anchored by the hydrology – the specialty of medicine that brought “scientificity” to the secular thermae – but also by the social and technological innovation that led the human being, in the late twentieth century, to rediscover the joy of water (e.g., SPA, Thalassotherapy) risen from the primordial models that defined the interaction with water as a therapeutic element, enhancer of pleasure and the conversation of certain social elites from the past. It is certain that the emancipation of societies, including the Portuguese, triggered favourable attitudes toward innovative dynamics associated with wellness and recreation, shaped by new processes and tools, empowering a touristic product that currently is in a period of a consolidated growth – the health and wellness tourism.

However, the emergence of this touristic product is distinguished from others due to the weight of its vector – the health tourism – which is represented by thermal activity over the centuries.

Salud per aqua – roman words carved about two thousand years ago, represents the power that emanates from the miracle of water on behalf of health. But also led, currently, to the signs that have been revolutionizing the hotel operations worldwide – SPA (*sana per aquam, solus per aqua*). The confusion settles in the unprepared tourist and separates the mesh in a way that implies a difficult reconciliation. The thermae continues to assume a position related with therapy/health instead of Spas that deal with the wellness.

The new social behaviours, supported by positive attitudes towards the practice of activities linked to wellness and recreation, facilitators of a perceived higher quality of life, become feeders of new requirements and impose to the organizations impeccable standards of the service quality provided.

The attractiveness of certain organizations, services and products for health and wellness influence the customer's expectation regarding the service quality and this expectation serves as a starting point for, at the time of trial, a final evaluation of the service quality provided will take place. Expectation and perceived quality must support the strategies of the organizations that want to become competitive and dynamic in offering the health and wellness touristic product. Therefore, for it to

be this way, the organizations must adopt an adequate management model which values the needs and expectations of customers.

TQM assumes position in the management models that are available (Gilmore, 1994). It is with its principles that become easier the action of a continuous process improvement with a view to the satisfaction and anticipation of customer needs and the improvement of indicators that reflect their expectation.

It is also by the adoption of the principals of TQM (Garvin, 1994) that is possible to reduce the difference between the expectation of the quality of service and the level of perceived quality of that service. In addition, in that context, it is possible to reinforce the customer's loyalty.

The innovations related to health and wellness tourism have been meeting the changing needs of the customers. However, the weaknesses that are observed either in the side of the *thermae*, well behind from the quality standards, that are based on the excellence of the quality of service, too close to the side of pain, illness, healing and the hospital context, either on the side of *wellness and leisure tourism*, still underdeveloped in Portugal. In fact, it can be described as very little diversified, very little specific, and having low notoriety due to lack of excellency investments of international brands (Turismo de Portugal, 2010). Therefore, suggesting - those weaknesses - that we should reconsider the models of management of health and wellness tourism, positioning them in a logic of continual attention to the needs and expectations of the customer and continuous improvement of its *modus operandi*, through the organizational change and innovation based on premises of excellence in quality of service.

We organize the paper in four different, but also complementary, steps. The first one seeks to identify nuclear aspects of *health and wellness tourism* found in the Portuguese supply. The second stage deals with issues of quality, focusing on the dominant principles of TQM. The third step allows identifying the SERVQUAL model, which facilitates the evaluation of expectations of the quality of service as well as the perceived quality of that service by the customer. The fourth stage reflects a set of hypotheses that may lead to future researches, based on logic integration with the assumptions of TQM with the SERVQUAL model. It is proposed a management model (GEQUATUR) that combines, in a certain extent, as reflected by the hypotheses, TQM with SERVQUAL.

HEALTH AND WELLNESS TOURISM IN PORTUGAL

The *health and wellness tourism* presents itself as a strategic product for Portugal. From a conceptual point of view, this touristic product can be divided into three distinct vectors (Turismo de Portugal, 2006). The first hosts activities that are linked to health tourism. In this vec-

tor, we fit the experience associated with a treatment to cure a disease and it represents 20% of the *health and wellness product* of the Portuguese market. Here we consider the thermalism (Table 1).

According to Medeiros and Cavaco (2008), “thermalism” is the set of medical resources used to explore the physical and chemical properties of natural mineral waters which are scientifically proven for therapeutic purposes.

Mangorrinha and Pinto (2010) define the thermal complex as a set of several buildings designed to complement thermal activities: bathing places, *buvettes*, spaces for hiking, hotels, casinos, newsagents, souvenir and crafts shops, and outdoor spaces.

Cunha (2004) includes the *thermae* resorts in the definition of rest tourism. This states that this niche of tourism has, in its origin, “reasons of physical and mental relaxation, obtaining health benefits, by the recovery of the damage caused by stress or psychological imbalances due to the agitation of modern life or by the work intensity” (p. 48).

Although nowadays the people who travel to health and wellness destinations are more numerous and with different profiles, including the socio-economic one, the thermal activity still remains necessary given the existing demand.

However, this need of demand does not seem to be matching on the side of the thermal supply. It is a matter of innovation. Part of the 36 *thermae* that make up the national supply have not experienced rehabilitation interventions (Turismo de Portugal, 2010). It hasn’t been noticed the concern to match the quality offer of this product to new needs, so the expectations tend to be low and, in some cases, they are only identified as acceptable because the customer profile of the *classical thermal* corresponds to a senior population revealing a medium or low socioeconomic stratum (Medeiros & Cavaco, 2008).

Table 1. Activities of Health and Wellness Tourism.

Health Tourism (vector 1)	Wellness Tourism (vector 2 and 3)
Thermalism	Hiking/marches
	Swimming
Hydrology	Relaxation
	Discover landscapes and nature
Thalassotherapy	SPA and SPA treatments
	Massages (distension, lymphatic drainage, reflexology, shiatsu, Thai, others)

(Continued)

(cont.)

Escape
<i>Fitness</i> OuvLer foneticament Dicionário -
Wellness and stress reduction programs (e.g. treatments: anti-stress, beauty, “as a couple”, “mother and baby”, slimming, anti-tobacco)
Sauna
Bicycle riding
Beauty treatments
Other wellness activities
Baths (e.g., hydro massage, Thalassotherapy)

Source: *Turismo de Portugal* (2007).

The second vector represents the activities related to wellness in general (Table 1). It is constituted by experiences that aim to seek the equilibrium and emotional, mental, physical or spiritual harmony. It represents 60% of the Portuguese market in health and wellness. In this vector we place, for example, the SPAS.

The third vector represents activities associated to a specific wellness (Table 1). In this context, we find experiences that relate to the pursuit of physical and psychological wellness based on a specific treatment. It represents about 20% of the Portuguese market of health and wellness.

Wellness tourism can contemplate a set of treatments (Table 1) that should be combined in order to provide the visitor an experience of satisfaction, contributing for the *desire of return*. If the treatment is associated with wellness tourism, this however, fits in an atmosphere that reflects unique sensations of wellness, pleasure, convenience and comfort (Turismo de Portugal, 2006).

In the National Strategic Plan for Tourism (Turismo de Portugal, 2006), it is found a set of recommendations, for Portugal, that reflects the needs of a repositioning of health and wellness tourism destinations as well as the need to reinforce the diversity of equipments and available by-products in those facilities (Table 2). If on one side, it is needed to develop panoply of offered treatments associated to wellness – *diversity*, on the other hand we must also attend to the factors’ *specificity* of the treatments and *attractiveness* of the portfolio supply, according to the positioning and the defined targets. These recommendations reveal the weakness of the Portuguese health and wellness tourism product.

Table 2. Key factors to improve Health and Wellness Tourism in Portugal.

Item	Factor
1	High concentration of structures with facilities, equipment and specialized services and in high quality.
2	Quality supply anchored by international brands.
3	Unique experience concept - singularity and sophistication of the provided service.
4	Exterior and interior architecture of quality. Bet on the quality of design and scenarios.
5	Technology innovation – use of the <i>state of the art</i> technology for the sector.
6	Improvement of the landscapes/nature to build natural beauty scenarios.
7	Offering high quality accommodation. A bet on the uniqueness and personality.
8	Integration of the environmental component in the construction of scenarios, reflecting comfort, tranquillity and confidence.
9	Diversified range of complementary services and of quality (e.g., commercial spaces, entertainment, gastronomy).

Source: Turismo de Portugal (2006).

Thus, health and wellness tourism needs innovative initiatives, adjusted to the needs of a more demanding population, more qualified and more available to search for destinations that provides health benefits, associated with pleasure and leisure.

QUALITY - EXPECTATION AND PERCEPTION

Quality is a concept which differs according to the context of its application. If, on the one hand, quality is assumed as a vector for strategic policies for managing the organization in favour of optimized performance standards and intention bounded by the *vision, mission, values* and *organizational goals*, on the other hand, quality emerges resulting of a normative pressure and standardized processes, normally imposed by the governmental policies. Thus, quality provides indicators to support the management decisional process.

However, the position assumed in this paper about quality, comes from the political will of the organization, based on the principles of the strategy and projected within the organizational culture as a philosophy of regulating internal dynamics, in the relationship between the organization and its environment (e.g., customers, suppliers, competition, general market). The philosophical position of the company assumes

a perspective for customer orientation, based on quality and sustained by the principles of TQM (e.g. Ishikawa, 1985).

TQM is found in several management areas, such as quality control, safety or quality guarantee. This *modus operandi* should be part of the management strategy, process efficiency, effectiveness, teamwork and shared responsibility in the decision making (Costin, 1994). In this context, we point out three dominant factors: (a) efficiency in analyzing problems, supported by engineering processes, operational management, operational research and even for statistical process control, (b) concern about the quality of life in work, characterized by shared management processes between decision makers and employees, and (c) concern with business goals, such as the question of survival, of profits, competitive advantage based on the principle of sustainability despite the potential hostilities of the reference market.

Indeed, according to Costin (1994), there were identified eleven assumption keys of TQM (Table 3).

The total quality assumes a range within the management processes, so that it can fit into the Quality Trilogy of Juran (1986). In this view, the author argues that quality management consists on the focalization of three vital processes of management: (a) *quality of planning*, (b) *quality of control*, and (c) *quality of improvement*.

Given the criteria of Juran (1986), it is concluded that the intervention in planning is associated with the integration of a systematic thought, oriented towards action and supported in the creation of effective procedures. The *control*, by itself, results of the analysis and definition of a surveillance system that can generate indicators to support management. Finally, the continuous improvement is the result of a systematic *feedback* of the client, marked by dynamic changes and innovations to ensure the best quality according to the customer expectations and perceptions.

Table 3. Key TQM Concepts.

Item	Assumption	Description
1	Excellence	Customer orientation, involving continuous feedback from customers and its integration into the strategic planning and in the characteristics of product and service.
2	Customer oriented, based on quality	Quality is defined by measuring the dimensions associated with the product or service as well as the perception of internal and external customers.
3	Continuous improvement	The continuous improvement is a result of the focus on quality.

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(cont.)

4	Optimization of processes	The improvement is reflected by a better functioning of processes.
5	Spirit of collaboration	It is necessary to adopt the paradigm of collaboration, knowing that the individual and organizational success depends on that collaboration instead of the competition between actors.
6	Quality indicators	Decisions should be taken depending on the analysis of indicators. It is needed to document and analyse past experience to achieve continual improvement.
7	Teamwork	Teamwork is the practical result of the collaborative spirit. The effectiveness is a result of training teams in technical and creative problem-solving.
8	Empowerment	The employees should be involved in management processes (empowerment). It should be given to them inputs as well as the opportunity to participate in the design of work processes and standards that affect them.
9	Training/formation and recognition	Training, formation and recognition are a fundamental guarantee to the continuous process of quality improvement.
10	Shared vision	Sharing the vision gives the organization a unique dynamic, minimizing the likelihood of doubling the effort.
11	Leadership by example	The organizational change is only possible through an effective leadership by example. Promises and rhetoric only accentuate problems.

Source: Costin (1994).

It is in this context, tourism, that *health and wellness tourism* could have taken a path of emancipation through the internalization of a management philosophy concerned with the needs of the market, its audience, and its customers. However, this does not seem to be verified (Turismo de Portugal, 2006). Thus, despite the operational experience of the activity relating to health and water has been consolidating over the past decades, we observe a lack of mentality from managers as the benefits that could result from changing its actual position to a touristic product - orientation to satisfy the expectations of the potential tourists. This lack of vision about the new needs of tourists is a fragile factor and contradicts the principles of TQM.

Indeed, the concept of quality has emerged as a subject of study, in various research areas (e.g., diversity of economic sectors, diversity of scientific themes) and in this way, it leveraged concerns and allowed the development of study tools and work to support a greater

understanding of the phenomenon from a conceptual point of view, as well as from the standpoint of the operationalization of the concept as a tool to support management. It is therefore in this context, that we find instruments to evaluate the expectations of consumers / customers / guests and, in this range, we feature SERVQUAL as a questionnaire to evaluate quality expectations and the perceived quality of a product or service (Parasuraman, 1985).

SERVQUAL MODEL

SERVQUAL leads to a rating scale, composed by multiple items grouped by factors that reveal strong internal consistency (Parasuraman, Zeithaml, & Berry, 1985; Landrum, Prybutok, Zhang, & Peak, 2009).

This model provides a measuring instrument for organizations, allowing them to capture the *expectation and quality perception* of the clients regarding the service provided for them. The quality is decomposed, as result of the factor analysis, in dimensions (or factors) that characterize specific facets of its composition. As the work developed by Parasuraman, Zeithaml and Berry (1985, 1988), the dimensions *tangibility*, *trust*, *response capacity*, *reliability* and *empathy* (Table 4) emerge through a set of items assigned to each factor (Figure 1).

Being the SERVQUAL admittedly general, the authors recommend its adaptation to the type of service that one seeks to evaluate (Parasuraman, Zeithaml, & Berry, 1985, 1988). Thus, the effectiveness of the instrument of collecting data and its corresponding interpretation can be optimized. Additionally, the adaptations of the questionnaire should lead to an analysis of its metric properties, in particular the analysis of the validation of fidelity and sensibility.

From the point of view of the interpretation of results, the model states that the quality is measured by the comparison between the *expectations before using the service* and the *perception after knowing the elementary constituents of the service*, resulted from effective experimentation (Parasuraman, Zeithaml, & Berry, 1988).

If in previous studies (Parasuraman, Zeithaml, & Berry, 1985) it was identified ten dominant factors of quality, in the studies of 1988, the authors reduced the quality dimensions to five (Parasuraman, Zeithaml, & Berry, 1985), as can be seen in Table 4. And so, are determined the criteria of the quality evaluation, which are exposed by an inquiry to customers.

The structure of the SERVQUAL model is characterized by three distinct vectors (Figure 1). The first is composed by 22 items that aim to measure the customers' expectation given the service quality they ex-

pect to receive. As seen above, this vector is supported by five factors: (a) *tangibility*, (b) *assurance*, (c) *responsiveness*, (d) *reliability* and (e) *empathy*.

**Table 4. Quality evaluation factors
SERVQUAL 1985 vs. SERVQUAL 1988.**

SERVQUAL - 10 factors (1985)	SERVQUAL - 5 factors (1988)
1. Tangibilities	1. Tangibility
2. Assurance	2. Assurance
3. Sensibility	3. Responsiveness
4. Communication	
5. Credibility	
6. Security	4. Reliability
7. Competence	
8. Courtesy	
9. Understanding / Customer Knowledge	
10. Access	5. Empathy

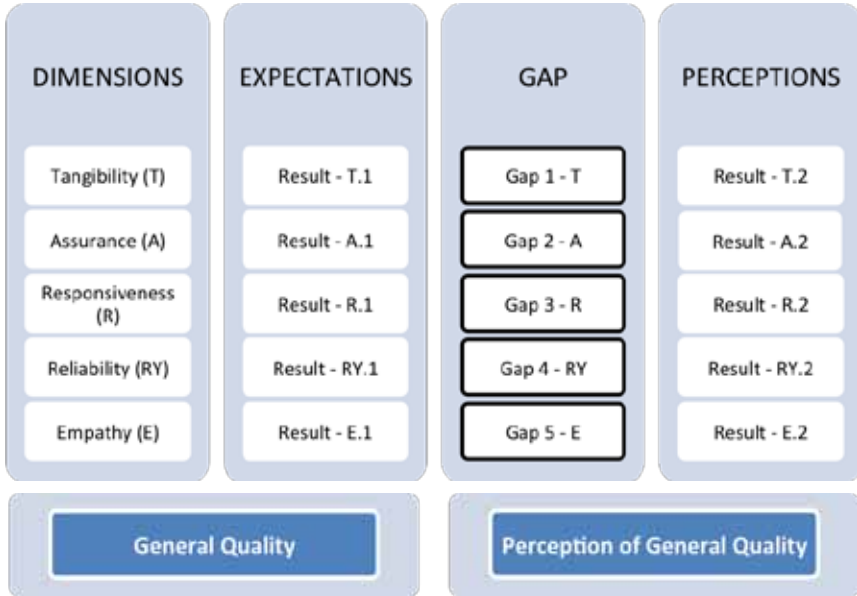
Source: Parasuraman, Zeithaml and Berry (1985, 1988).

The second vector is also composed by 22 items. However, the purpose of these questions is to collect customer feedback regarding the perceived quality of the provided service.

We then have a fundamental distinction between the first and second vectors, because there is a transfer of perspective, this is, from the *expectations* to the *perception* at the time of enjoyment or after enjoyment. Like the first, this vector incorporates five dimensions. These are the same as observed in the first vector, however it is revealed to the customer through a formulated text (items) distinctly from the first, as a result of the transfer process of the *expectation* to the *perceived* quality of the provided service.

Finally, the third vector is characterized by a single question representing the dimension of quality perception from a general point of view (Figure 1).

It is noted that the expectation that a customer has in relation to a certain service (or product) is, in part, the result of the dynamics of the promotional “objects” (Parasuraman, Zeithaml, & Berry, 1988, 1990). Adding a factor of pressure influenced by processes of impression formation (Caetano, 2004) and/or social identity – including stereotypes (Amâncio, 2004), all potential feeders of the expectation towards the object of study – the quality. In this context, it is generated a psychological phenomena added to the excitement, to the affection, to pleasure and even to rationality. The early generation of the phenomenon associated with quality of service led to the expectation of the same.



Source: Parasuraman, Zeithaml and Berry (1988).

Figure 1. Adaptation of SERVQUAL Model.

Faced with the existence of an expectation formulated by the client, the perceived reality is called to the effect of comparison, being that the result of the comparative action translates into a quantitative that identifies the “*gap*” between the expectation and the perception.

The examination of this difference results in the satisfaction with the provided quality service, the frustration for that service or even a residual satisfaction, product of a *quasi-equilibrium* between the quantitative of the expectation and the one that reflects the perception.

However, it is important to remind that the SERVQUAL is especially an assessment tool focus on *quality* and not on *satisfaction*.

As we have seen, the SERVQUAL model uses a scale that measures the expectations (**E**) and the perceptions (**P**) of the customers against the provided service. At the end of the process the quality (**Q**) is a result of the difference between (**P**) and (**E**). In other words:

$$Q_{\text{(quality)}} = P_{\text{(perceptions)}} - E_{\text{(expectations)}}$$

If $E > P \Rightarrow Q < SL$ (satisfactory level) = **UQ** (unacceptable quality)

According to the authors (Zeithaml et al., 1990), the analysis of the *GAPS* allows to identify the weaknesses of the organization regarding the provided service.

PROPOSED MODEL AND HYPOTHESIS

We understand, by the principles associated to the *Total Quality Management*, that the orientation for the customer should be a continuing concern and integrating the organizational strategy. In this context, the *vision*, the *mission*, the *values* and the *organizational goals* must match the effective management practices. Indeed (H1) we can assume that the company that cares to attend customer feedback will adopt a strategy of communication and promotion based on the key points of the interests of customers, accordingly to its preferred market segment.

Still, (H2) we can assume that the quality policies of the organization oriented towards the customer are linked with its strategy. This norm is supported by indicators of quality evaluation based on the past performance and aimed for improving a future performance.

To ensure the effectiveness of customer relationship (H3), we expect that the practices of training adopted by the organization correspond to the principles set out by TQM, namely seeking the effectiveness of teamwork, the internalization of creative techniques and analytical problem-solving and the quality of interpersonal communication.

The perceived attractiveness is operationalized by *expectations before using the service*. In this sense, it is necessary to make communication, promotion, quality standards and the modes of interaction with the customer a phenomena of attractiveness. These phenomena must meet customer's expectations. Therefore, (H4) the more attractive communication, promotion, quality standards and the modes of interaction with the customer, the more positive will the customer's *expectations before using the service* be.

Indeed, (H5) the higher the customer's expectations are in relation to quality service, the more likely the customer will experience that service.

The experimentation of service is operationalized by *the customer's perceptions of quality after knowing the elementary constituents of the service*. Customer compares his perception with his previous expectations. In this sense, the company commits itself to manage the customer's expectations in order to avoid negative discrepancies between *expectations* and *perceptions*. So, (H6) we expect that a higher expectation and a lower discrepancy between expectation and the perception of quality service correspond to a greater potential for customer loyalty.

For the same reason, (H7) the higher expectation and greater discrepancy among this expectation and the perception of quality of service will correspond to a lower potential for customer loyalty reflected by an attitude of greater criticism regarding the quality of the organization.

According to the above, Figure 2 features *The Model of Expectations Management of the Quality of Health and Wellness Tourism Destination* (GE-QUATUR).

GEQUATUR model (Figure 2) is based on two categories of data. The first category is focused on internal organizational factors - *organization*; the second one is set on the side of *customer*.

Regarding the first category - *the organization*, the model identifies two dimensions, namely the *strategic management* - based on the philosophy of TQM, and *the operationalization* - derived from the operational management.

In the *strategic management* dimension, the management philosophy of the company is based on the logic of customer orientation. In this context, management must attend a set of prepositions taken from the principles of TQM. From the strategic point of view, *the vision, the mission, the values and the organizational goals* must be tuned with the *expectations* and the customers' perceptions; hence the model provides a *retroactive* feedback effect, characterized by the continuing integration of nuclear aspects (expectations and perceptions of the customers) in the organization's strategic plan, with consequences in terms of the change in the operating variables. This effect of *retroactive feedback* allows that the management process mobilizes a predisposition for a continuous improvement of the *organizational, group and individual* performances through internal validation of the concepts of organizational change and innovation.

As for the *organizational* dimension, directly consequent from the strategy, we predict that is based on a set of variables that, on the one hand, meets the TQM principles, and on the other hand, attends the GAPS referred by Zeitaml, Parasuraman and Berry (1990), resulting from the process of *retroactive feedback* predicted by the model. In fact, the operationalization expresses itself under the observation of the following variables: (a) *Communication and promotion*, (b) *segmentation*, (c) *quality standards*, (d) *processes of interaction with the customer*, and (e) *training*. It is in this set of variables that the organization should invest in order to ensure that, at every moment, the expectations and perceptions of the customers find themselves at satisfactory levels. The concept of "excellence" within TQM should regulate the processes of organizational change and innovation that are imposed facing the needs of customers and therefore becoming guidelines of a continuous change of the management processes.

Regarding the second category - *the customer*, GEQUATUR model contemplates four dimensions. The first - *perceived attractiveness* refers to an initial perception from the customer, abdicated of experimentation (Petty et al., 2005) and as result of the competence and effectiveness of the organization in expressing its quality in the market (e.g., through communication and promotion, perceived quality standards). The customer will feel more or less attracted by the organization, its products or services. The attractiveness is operationalized through the

variables associated to the expectation on the quality of service, according to SERVQUAL model (*tangibility, assurance, responsiveness, reliability, empathy, general quality*) (Parasuraman, Zeithaml & Berry, 1988).

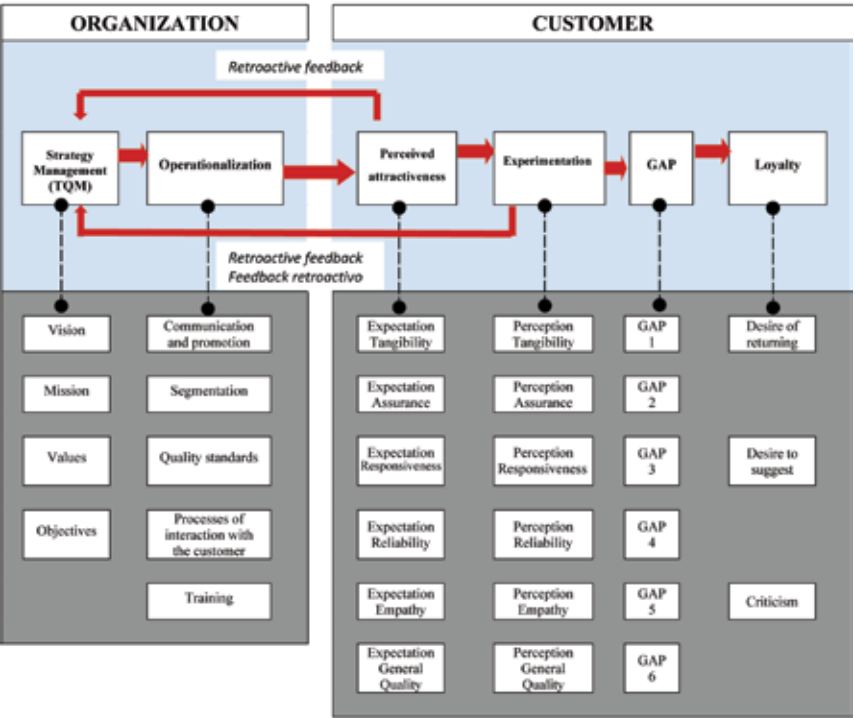


Figure 2. The Model of Expectations Management of the Quality of Health and Wellness Tourism Destination.

The second dimension of customer category – experimentation translates the customer’s perception given the quality service that is provided, operationalized through variables associated with the perception, according to the SERVQUAL model (*tangibility, assurance, responsiveness, reliability, empathy, general quality*) (Parasuraman, Zeithaml & Berry, 1988).

Both dimensions – expectations and perceptions, of the customer category, become feeders of the organizational strategy through the process of retroactive feedback already explained. However, expectations are the primary source of feedback and it is about them that the attention of managers should fall, hoping that the effect of the expectations over the perception is the most favorable possible to the organization.

The third dimension reflects the difference observed by the client between the expectations that he has about the quality service and the

perception in relation to it. This difference is materialized through five numerical values between the results in the variables of the dimension *attractiveness* and the results of the variables in dimension *experimentation*.

Last but not least, the *customer* category provides a final dimension – *loyalty*, which is the reflection of the GAP found in the variables *tangibility, assurance, responsiveness, reliability, empathy and general quality*. Loyalty is seen through the impact on three variables that characterize it: (a) *Desire of return*, reflecting the intention of returning to the destination; (b) *Desire to suggest*, expressing the intention to recommend the destination to others; (c) *Criticism*, result of a negative discrepancy between the variables that compose the dimension *attractiveness* and those that integrate the dimension *experimentation* (both associated with the provided quality service), reflecting the probability of unfavorable criticism against the destination.

CONCLUSION

Surely competitiveness in tourism contributes to the optimization of the provided quality service, because otherwise it would endanger organization's survival. Therefore, it is by the necessity to stay in the market that the organizations seek innovative ways of presenting themselves to the customer. This action reflects a proactive attitude, anticipating future social realities.

The health and wellness touristic product presents itself, in Portugal, with weaknesses derived, on the one hand, because of the lack of investment in infrastructures within the supply of the health tourism (e.g., dominance of aged *thermae* resorts, degraded and unattractive) and, on the other hand, because of the lack of diversity, specificity and “massification” of the health and wellness tourism supply.

Following the dominant principles of the TQM model, the organizations can recover competitiveness, internalize continuous improvement processes and adapt more effectively the quality of their products and services to the customer needs and expectations.

The SERVQUAL model presents itself as a powerful tool to evaluate the quality of the customer service, turning to the analysis of customer expectations about the expected quality of the service and the analysis of perceived quality of the provided service. *Attractiveness* and *experimentation* become the key dimensions to feel the pulse as to what the customer thinks about the quality service.

From the combination of the TQM model with the SERVQUAL model emerges an integrative model – GEQUATUR, which allows to evaluate the strategic management variables, such as vision, mission, values, and organizational goals and the existence - or not - of correspondence with operational management. Cumulatively, the analysis

of the dimensions *attractiveness* and *experimentation*, through the evaluation of expectations about the quality of service and the perceived quality of that service, allows generating a set of indicators, which can be used to help the organizational strategy, causing operational adjustments necessary to ensure that the organization presents itself in the market as more attractive. This results from a higher index of attractiveness reflecting in a positive experimentation leading to a favourable contribution to the process of loyalty.

The application of the GEQUATUR model in organizations operating in health and wellness tourism niche not only may facilitate the process of their restructuration, as well as it will contribute to position themselves in these markets as a more effective way and corresponding to the quality expectations of customers. The changes and innovation projected by the National Strategic Plan for Portuguese Tourism for *health* and *wellness* product could be more easily achieved by that companies which pay attention to the concerns and needs of the customer and know how to shape their operational management in the sense of the continuous incorporation of the customer's inputs. In this way, the diagnosis allowed by the GEQUATUR model can be an important contribution to the definition of an organizational effective strategy in the market of health and wellness tourism, leading this touristic product to levels of higher quality, in correspondence with the pretensions of the National Strategic Plan for Portuguese Tourism but, above all, in favor of a truly quality supply, tuned to the expectations of tourists.

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