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Modelling spa-goers' choices of therapeutic activities

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ABSTRACT

Owing to the dearth of studies analysing choices of treatments in spa settings, this study drew on choice theory and Gesler's concept of therapeutic landscape to offer novel insights on spa-goers' choice of treatments. Evidence from 314 spa-goers in Ghana revealed that on average, spa-goers undertake three main treatments in varied combinations, with massage, beauty therapy and thermotherapy being the most patronised. Further, a multinomial logit and a zero truncated negative binomial regression showed that choice of type and number of treatments are both influenced by a multiplicity of factors including age, level of education, travel party size, spa experience, type of guest, length of stay and expected benefits. Given the increasing desire of governments and other policy makers in enhancing the health status of citizens, this information could serve as a valuable means for enticing participation in promotional health activities in spas. Much more, wellness service providers and destination marketing organisations can rely on these findings for segmenting patrons of wellness products and services.

1. Introduction

A significant link between unplanned urbanisation, globalisation, and declining health of people has been established (Broadway & Broadway, 2011; Turner, Henryks, & Pearson, 2011). Societies are gradually characterised with work-obsessed and time-pressured environments, poor dietary intake due to changing food production practices, and sedentary activities (Guitart, Pickering, & Byrne, 2014; Smith & Puczkó, 2014). Such transformations are associated with high odds of incidence and burden of non-communicable diseases including cardiovascular diseases, strokes, cancers, diabetes, and musculoskeletal disorders (Guitart et al., 2014). Physical inactivity, for instance, has been acknowledged as the fourth leading risk factor for global mortality, accounting for 6% of deaths globally (World Health Organisation, [WHO], 2010). This obviously makes investment into disease prevention an important mechanism for reducing the risk of mortality. Participation in spa treatment has been reported as one of the effective measures for reducing many disease risks, such as those mentioned earlier (Kucukusta & Guillet, 2014; Sukenik, Flusser, & Abu-Shakra, 1999; Todorović, 2015). Research suggests that spas provide unique treatments that confer a variety of physical, social and psychological health benefits on patrons (Sogaard & Jull, 2015). Efficacy of massage, for example, in dealing with anxiety, stress and pain has been well confirmed (Wang, Sundt, Cutshall, & Bauer, 2010). Similarly, evidence from randomised clinical control trials indicates that aerobics are as therapeutic, and sometimes more effective, than pharmacological and orthopaedic treatment for musculoskeletal disorders (Sogaard & Jull, 2015). In addition, aerobics are a significant determinant of energy expenditure and central to energy balance, weight control and cardiorespiratory fitness (WHO, 2010).

While the spa as a therapeutic landscape has been increasingly researched, emphasis has been on visitors' motivation, their spa selection criteria and satisfaction (see for example, Dimitrovski & Todorović, 2015; Koh, Yoo, & Boger, 2010; Kucukusta & Guillet, 2014). Few studies have explored the factors that influence spa visitors' choices of therapeutic activities (Medina-Muñoz & Medina-Muñoz, 2013; Sherman, Clemenz, & Philipp, 2007). These studies have shed light on how place of origin, gender, age, marital status and job situation shape treatment choices, but there appears to be an omission on how other variables such as income, length of stay, spa experience, purpose of visit and expected benefits impact treatment choices. Moreover, as regards analytical techniques, the previous studies (including Medina-Muñoz & Medina-Muñoz, 2013) have largely relied on the chi-square technique in analysing variation in visitors' treatment choices. Nonetheless, this technique has been criticised as being less stringent given its non-parametric nature (Boakye, Annim, & Dasmani, 2013).

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Employing the multinomial and zero truncated negative binomial regressions, this study seeks to examine spa-goers' choice of treatments at two levels: (1) the factors influencing the type of treatments selected, such as brisk walking, swimming, massage and accupuncture; and (2) the factors influencing the number of treatments selected. Economists argue that at the core of market behaviour is the economic reality of choice making (Galam, 2016). The current study approaches spa-goers' choices of treatments within the choice theory. The premise of this theory is that purchase behaviour reflects preferences made by economic agents that are subject to certain constraints. These constraints range from socio-demographic characteristics (income, gender, age, marital status, education and nationality), travel characteristics (travel party, travel experience, and length of stay) to consumption motivation (Dayour, Adongo, & Taale, 2016). Choice options are evaluated in terms of costs and benefits. A rational agent chooses the product/service that provides the optimal benefit. While addressing the question of what is rational/irrational is out of the present scope, this paper seeks to clarify how individuals decide to buy a product or service at the spa based on the balance of constraints. Herbert Alexander Simon in his bounded rationality theory argues that when people make decisions, their rationality is constrained by the available information, the manageability of the decision problem, the cognitive restrictions of their minds and the time available to make the choice. Decision-makers in this perspective act as satisfiers, in quest of a satisfactory solution instead of an optimal one.

A study of this nature certainly makes a contribution to theory given that evidence on treatment choices in spa settings remains considerably lacking. It is obvious that health experiences in the spa revolve around treatments patronised, so it can be inferred that understanding the determinants of treatment choices is a vital means to elicit client satisfaction. In line with this, the findings of this study could be a gauge in designing and developing tailor-made activities for different clients. The implications of spas' offerings on disease prevention, treatment and rehabilitation of various disorders makes an understanding of the kind of activities engage in by spa-goers central to governments and policy makers. Knowledge on the factors that influence participation hopefully forms a breakthrough in enticing participation and a benchmark for service design.

2. Theoretical and conceptual development

This section of the paper first provides a brief overview of the historical antecedents of therapeutic places and further advances why and how spas are therapeutic landscapes. Finally, general and specific insights on the correlates of activity participation are presented to highlight gaps and provide an understanding on how certain factors affect people choices of activities.

2.1. The spa as a therapeutic landscape

Diseases and sickness are part of life. Therefore, seeking out places that help to maintain and prevent occurrences of potential diseases as well as treating existing ones remain paramount in one's list of needs. The nexus between place and health dates back to Will Gesler's (1992) recognition that people have long sought sites beneficial to healing, or 'therapeutic landscapes. Gesler (ibid) in his seminal work regards therapeutic landscapes as places with the ability for achieving physical, mental and spiritual wellbeing. This can be natural, man-made or a combination of both. Spas, baths, sacred sites, national parks and health facilities are some examples of therapeutic landscapes (Finlay, Franke, McKay, & Sims-Gould, 2015; Milligan, Gatrell, & Bingley, 2004). Such settings involve interaction among people, activities and services to achieve wellness. The idea of therapeutic landscape has been criticised in two main dimensions. First, it is focally place-based. Gatrell (2011, 2013) posits that the place-based conceptualisation of therapeutic landscapes overlooks therapeutic mobilities where journeys and bodily movements are innately curative. From a relational standpoint, Pitt (2014) states that there are no definitive criteria for defining therapeutic places as anywhere can be therapeutic and so it knows no boundaries. Second, the concept assumes a positive outcome of health. This is problematic, since natural environments are capable of affecting wellbeing adversely depending on the individual and time spent in these places (Milligan, 2007). Nevertheless, place-based landscapes are regarded as more efficacious in wellbeing enhancement since they are ready-made locations for therapeutic activities.

Spas are perhaps the most widely recognised therapeutic landscapes. They are considered places devoted to the overall wellbeing of people by offering varieties of treatments and services that encourage the renewal of mind, body and spirit (International Spa Association (ISPA), 2015). Drawing from Gesler (1992) view of therapeutic landscapes above, it is clear that spas constitute settings for therapeutic activities. Therapeutic activities are treatments or services that are performed with the purpose of improving one's wellbeing. A therapeutic activity is, hereafter, used interchangeably with treatments. Those activities are meant to help one function well physically, socially, psychologically and spiritually (Smith & Puczkó, 2014). Such activities could be likened to the conceptualisation of leisure as functional, where a leisure activity engagement is thought instrumental for participants (Haywood et al., 1995). Treatments in spas include complementary and alternative therapies such as homeopathy, osteopathy, acupuncture, yoga, counselling, sports, aromatherapy, beauty and aesthetic treatments, cosmetic surgeries such as liposuction and chiropractic treatments (Harris, Cooper, Relton, & Thomas, 2014; Medina-Muñoz & Medina-Muñoz, 2013; Sukenik et al., 1999). Therefore, achieving wellness sometimes involves a combination of treatments, which suggests participation in multiple activities.

2.2. Determinants of activity participation

Few studies have analysed the determinants of choice of therapeutic activities by spa visitors. Nonetheless, health consumption theories suggest that a number of factors affect individuals' and households' decision to participate in preventive health activities of which socio-economic factors are the most mentioned (Downward, Lera-Lopez, & Rasciute, 2011).

In particular, income is the most reported, which is in tandem with the argument that aside time, discretionary income is a main determinant of leisure consumption. Not overlooking the fact that health is a priority, high income earners are mostly those who patronise spa services. Hence, consumption of spa products and services can be considered a discretionary decision (Smith & Puczkó, 2014). For the income and activity engagement literature, some findings portray a significant correlate between income and activity participation (Downward et al., 2011, 2014) while an inverse relationship between the two variables has equally been established (García, Lera-López, & Suárez, 2011). For the latter, the income-leisure trade off' model of labour supply reasons that higher income earners are more likely to substitute work for leisure activities, suggesting greater opportunity costs of leisure (Gratton & Taylor, 2000). Strangely, other studies have also observed that income has no impact on the frequency and choice of activity participation. This implies that income does not significantly matter when it comes to leisure activity participation.

Gender disparities in activity participation are well recognised with females often favouring less active and sedentary activities