Service quality measurement in Croatian wellness tourism: An application of the SERVQUAL scale

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Abstract

The purpose of this study is to contribute to the conceptual and empirical knowledge of service quality in wellness settings. The aim is to provide a theoretical background of the main concepts of interest and to empirically assess customer expectations and perceptions, as well as to determine the overall quality of wellness services.

Data were collected using a self-administered questionnaire, based on the dimensions of the SERVQUAL scale (Parasuraman, Zeithaml & Berry, 1988). The questionnaire was divided into three parts. First, the respondents' expectations regarding service quality in wellness settings in general were measured. The second part examined the respondents' perceptions of service quality in wellness centers in Croatian hotels. The third part of the questionnaire consisted of demographic questions. Factor analysis and reliability analysis were conducted to identify key factors of wellness service quality and to test the reliability and consistency of the measurement scale.

The results revealed high customer expectations and perceptions of wellness service quality. Moreover, three factors were identified that best explained expected wellness service quality and all were highly reliable. On the other hand, two highly reliable factors were identified regarding the perceived quality of wellness services.

Keywords: service quality, SERVQUAL, statistical analysis, wellness tourism, Croatia

1 Introduction

Over recent years, the health tourism sector has spread its framework from a solely curative purpose to a variety of preventive programs, known as wellness services. This relatively new concept in the tourism segment is immanent in practice. However, despite its emerging popularity, it lacks a clear and widely understood definition, standard classifications or complete, up-to date market information.

Wellness is a complex and multidisciplinary concept. The term is a combination of the words "well-being" and "fitness" and was developed by the American physician Halbert Dunn in 1959. Wellness is a special state of health comprising an overall sense of well-being and sees a person as a combination of body, spirit and mind (Dunn, 1959). Myers, Sweeney and Witmer (2005) defined wellness as a way of life oriented towards optimal health and well-being, integrating body, mind and spirit. These definitions imply that wellness is a holistic philosophy, and it can be viewed as a way of life. According to Müller and Lanz Kaufmann (2001), the principal elements of wellness are self-responsibility, physical fitness/beauty care, healthy nutrition, relaxation, mental activity/education and environmental sensitivity/social contacts.

Generally, wellness tourism is classified as a subcategory of health tourism. Although the terms are related, they differ in their applications and target groups, and should be viewed as different tourism segments. Wellness tourism is the sum of all the relationships and phenomena resulting from a journey and residence by people whose main motive is to preserve or promote their health. They stay in a specialized hotel that provides the appropriate professional know-how and individual care. They require a comprehensive service package comprising physical fitness/beauty care, healthy nutrition/diet, relaxation/meditation and mental activity/education (Müller & Lanz Kaufmann, 2001).

Wellness tourism has several important advantages over other tourism segments (Mintel International Group, 2004). Essentially, there is no off-season for wellness tourism, the average length of stay is longer, tourist expenditure per day is higher than average, it provides comprehensive service packages, and it attracts all age groups. These features are some of the reasons why many hotels redesign their offer and turn to wellness tourists as a very lucrative segment of the tourist population.

Given the variety of products and services that are part of wellness tourism, it is difficult to develop a meaningful profile of wellness tourists. However, in general, wellness customers are middle-aged, educated and hold jobs with higher incomes. They are demanding and expect a high quality of services (Mintel International Group, 2004). A recently observed trend is that the average age of this target group is becoming younger. Smith and Kelly (2006) stated that the majority of wellness tourists are already active at home in some form of wellness activity (yoga, meditation, massage). Further, the predominant population is made up of females who are self-aware and are active seekers of enhanced well-being, health and happiness. Müller and Lanz Kaufmann (2001) identified four segments of health and wellness customers: demanding health guests, independent infrastructure users, care-intensive cure guests and undemanding recreation guests. In this context, the characteristics of health and wellness customers vary from traditional guests receiving health treatments, to business people and conference participants, to young families on holiday (Snoj & Mumel, 2002).

According to the Croatian Chamber of Economy, there has been a notable growth of the Croatian wellness tourism market in the past few years. However, statistics related to this tourism segment are rather limited. There are 68 hotel settings (both in the inland and the coastal region) offering wellness programs. A pilot study of the additional offering in 3-, 4- and 5-star hotels was conducted in August of 2009 (Croatian Chamber of Economy and Horwath Consulting Zagreb, 2009). Based on the findings, the following was concluded: 48,754 guests, spending approximately EUR 16 per person, visited hotel wellness centers in 2008. Average annual wellness-related revenue per hotel was EUR 211,473 and the average

share of the annual wellness-related revenue in the total hotel revenue was 6 per cent. Furthermore, in 3-star hotels the share of wellness customer overnights accounted for 94 per cent in the number of total hotel overnight stays.

2 Service quality – concept and measurement

2.1 Defining wellness service quality

Due to the increased importance of the service sector, researchers are defining quality from the customers' perspective. Among service marketing literature, the most commonly used definition of service quality is to meet customer expectations, as defined by Parasuraman et al. (1985). They conceptualized service quality as a form of attitude which results from a comparison of customer expectations with their perceptions of service performance.

Expectations are defined as beliefs about service process and form the standards against which actual performance will be assessed (Zeithaml & Bitner, 2003). On the other hand, perceived service quality is the extent to which a firm successfully serves the purpose of customers (Zeithaml, Parasuraman & Berry, 1990).

Customers assess quality based on a number of factors. Lehtinen and Lehtinen (1982) defined three dimensions of service quality, namely, physical quality, interactive quality and corporate quality. Similarly, Grönroos (1984) argued that service quality comprises technical quality, functional quality and corporate image. Parasuraman et al. (1988) stated that service quality includes five major dimensions: tangibles, reliability, responsiveness, assurance and empathy.

Wellness service quality attributes are usually defined by international and national wellness associations. The International Spa Association (ISPA) has proposed the following service quality standards: professional employees, safety and security, customer relations, service performance and ethics. Similarly,

the German Wellness Federation (Deutscher Wellness Verband - DWV) has developed standards which relate to the atmosphere of well-being and wellness ambience, cleanliness and security, facilities and programs, customer-oriented services, friendliness and information, and price-performance ratio.

According to Müller and Lanz Kaufmann (2001), a prerequisite for comprehensive wellness quality are wellness infrastructure, corresponding services and qualified staff. These basic requirements include a variety of relaxation and physical activities, as well as the presence of wellness professionals who will provide individual care and advice.

It can be concluded that service quality in wellness settings depends on both tangible and intangible attributes that are part of the overall wellness experience.

2.2 Service quality measurement in health and wellness tourism

Measuring service quality is difficult due to the intangible, heterogenic, inseparable and perishable nature of services. In order to provide a quantifiable measure of service quality that embraces all the characteristics of services, Parasuraman et al. (1985; 1988) developed a measurement instrument called the SERVQUAL scale. The SERVQUAL is a multi-item scale for quantifying the service expectation-perception gap. It is divided into two parts, each containing 22 items. The first part is designed to measure the level of expected service, while the second part measures the level of actual service as perceived by the customer. The expected and perceived levels of service quality are assessed using the Likert-type scale.

According to Parasuraman et al. (1991) SERVQUAL is a generic instrument with good reliability and validity and broad applicability. In accordance with this view, the instrument has been used to measure service quality in a variety of service industries and has also been applied in several countries (Ladhari, 2008; 2009).

Despite its wide usage, the scale has been criticized by a number of academics (Carman, 1990; Babakus &

Boller, 1992; Teas, 1994). Criticism was regarding the conceptual and operational base of the model, mostly its validity, reliability, operationalization of expectations, and dimensional structure. However, there is general agreement that SERVQUAL items are reliable predictors of overall service quality (Khan, 2003).

Consequently, many researchers have modified the scale to fit the features of a specific service. In the tourism and hospitality industry, Knutson, Stevens, Wullaert and Patton (1991) developed LODGSERV, a model utilized to measure service quality in the lodging industry. Getty and Thompson (1994) introduced another specific model for hotel settings, called LODGQUAL, as did Wong Ooi Mei, Dean and White (1999) who developed a HOLSERV model. Furthermore, DINESERV is a model used for measuring restaurant service quality (Stevens, Knutson & Patton, 1995). O'Neill, Williams, MacCarthy and Grovers (2000) developed the DIVEPERF model for assessing perceptions of diving services, while Frochot and Hughes (2000) measured service quality in historic houses using HISTOQUAL. ECOSERV was introduced by Khan (2003) and was utilized to measure service quality expectations in eco-tourism. All of these models represent modifications of the SERVQUAL instrument, aiming to improve its original methodology.

Moreover, Cronin and Taylor (1992) developed a performance-only scale called SERVPERF and tested it in four industries. The results indicated that SERVPERF scale has better psychometric characteristics than SERVQUAL. This approach was used to measure customer perceptions of service quality in hotel settings as well (Choi & Chu, 2001; Juwaheer, 2004; Poon & Lock-Teng Low, 2005).

Empirical studies related to service quality measurement in health and wellness tourism sector are rare. Snoj and Mumel (2002) measured perceived service quality in Slovenian health spas. Marković, Horvat and Raspor (2004) investigated the service quality expectations and perceptions in Croatian health tourism. Alén González, Comesana and Brea (2007) assessed perceived quality in Spanish spa resorts.

3 Study objectives and methodology

The main objective of the study was to empirically assess wellness customer expectations and perceptions, as well as to determine overall wellness service quality. Moreover, the objective was to determine the significance of difference between perceived and expected service quality in wellness settings. Finally, the study attempted to identify what factors best explain customer expectations and perceptions regarding wellness service quality.

Data were collected using a self-administered questionnaire. The questionnaire was developed based on dimensions of the SERVQUAL scale (Parasuraman et al., 1988) and was adapted to the specific features of a hotel wellness center. Despite several criticism of the SERVQUAL scale (as discussed previously in the literature review), it has been demonstrated that the instrument is useful for diagnostic purposes (Parasuraman et al., 1991). Therefore, it is justified to employ the instrument in this study.

The level of expected and perceived wellness service quality was measured on the basis of 17 attributes. The selected attributes were modified according to the previous studies conducted in the hospitality industry (Marković, 2003) and in the health spa tourism sector (Snoj & Ogorelc, 1998; Marković et al., 2004). The number of attributes was limited to 17 in order not to overwhelm the respondents with a too long questionnaire and to avoid potential non-response bias. The relevance of given statements was assessed using a seven-point Likert-type scale, with anchors "strongly disagree" as 1 and "strongly agree" as 7. Thus, the higher the score, the greater the expectation (perception) of wellness service quality.

The questionnaire was divided into three parts. First, the respondents' expectations regarding service quality in wellness settings in general were measured. The second part examined the respondents' perceptions of service quality in wellness centers in Croatian hotels. The third part of questionnaire consisted of demographic questions.

The survey instrument was prepared in Croatian and was additionally translated into English, Italian and German in order to capture both domestic and international wellness customers. Data were gathered during March and April of 2009 in three hotel wellness centers in the Opatija Riviera (Croatia). Questionnaires were randomly distributed to the customers at the reception desk, after their wellness experience (e.g. after the service was performed). Finally, 169 valid questionnaires were collected.

Data were analyzed using descriptive, bivariate (paired sample t-test) and multivariate (exploratory factor analysis and reliability analysis) statistical analyses. Descriptive and bivariate analyses were performed to evaluate customer expectations and perceptions of wellness service quality, as well as to establish any significant difference between mean scores of perceived and expected service.

Moreover, exploratory factor analysis was conducted to gain a better understanding of the service attribute structure. Principal component analysis with varimax rotation was used. In order to adequately apply this technique, several conditions should be respected. First, the Kaiser-Meyer-Olkin's measure (KMO) should be greater than 0.7 and is inadequate if it is less than 0.5 (Stewart, 1981). The KMO measure indicates whether or not enough items are predicted by each factor. Further, Bartlett's sphericity test should be significant (i.e. a significance value should be less than 0.05) (Leech, Barrett & Morgan, 2005). This means that the variables are correlated highly enough to provide a reasonable basis for factor analysis. Finally, items with

Table 1: *Customer expectations and perceptions of service quality in hotel wellness centers*

Attributes	Expectations		Perceptions		Gap	t-value	Sig.
	Mean[a]	SD	Mean[b]	SD			2-tailed
Modern-looking equipment	6.67	0.55	6.63	0.66	-0.04	0.706	0.481
Visually appealing physical facilities	6.64	0.55	6.67	0.61	0.03	-0.650	0.517
Clean and neat staff	6.75	0.47	6.73	0.53	-0.02	0.576	0.565
Clean equipment	6.79	0.49	6.71	0.52	-0.08	2.000	0.047
Performing service when promised	6.67	0.56	6.60	0.65	-0.07	1.821	0.070
Reliable and error-free service	6.76	0.45	6.62	0.59	-0.14	3.667	0.000
Promptly solving problems	6.60	0.60	6.63	0.62	0.03	-0.507	0.613
Willingness to help customers	6.67	0.53	6.64	0.62	-0.03	0.713	0.477
Staff has time to answer customers' questions	6.60	0.66	6.54	0.77	-0.06	1.054	0.294
Staff professionalism	6.76	0.48	6.72	0.51	-0.04	1.208	0.229
Courteous staff	6.82	0.42	6.76	0.49	-0.06	1.839	0.068
Feeling safe and secure	6.76	0.49	6.63	0.60	-0.13	3.340	0.001
Instilling confidence	6.66	0.58	6.62	0.59	-0.04	0.696	0.487
Staff has knowledge to answer questions	6.56	0.62	6.57	0.64	0.01	-0.213	0.832
Providing individual attention	6.53	0.72	6.47	0.64	-0.06	0.953	0.342
Having customers' best interests at heart	6.53	0.62	6.52	0.64	-0.01	0.242	0.809
Understanding customers' specific needs	6.43	0.75	6.38	0.75	-0.05	0.676	0.500
Overall mean for 17 attributes	6.66		6.61		-0.05		

Source: Authors' own compilation
Note: [a] Expectations mean ranges from 1 to 7; [b] Perceptions mean ranges from 1 to 7; SD – standard deviation; p < 0.05

eigenvalues equal or greater than 1, factor loadings above 0.4, and factors, which contain at least three items, were retained (Hair, Black, Babin, Anderson & Tatham, 2006).

To test the reliability of the scale and to assess the internal consistency of each extracted factor, Cronbach's alpha coefficients were calculated. The closer the coefficient is to 1, the better. Coefficients higher than 0.6 were considered acceptable, indicating reasonable internal consistency reliability (Hair et al., 2006).

4 Study results

The study results are presented as follows. First, the respondents' demographic characteristics are provided. Next, the results of descriptive and bivariate analyses are presented. Third, the results of factor and reliability analyses are interpreted.

The analysis was conducted on 169 valid questionnaires. The sample included domestic (45.0 per cent) and international customers (55.0 per cent). Most of the respondents were females (60.4 per cent) and the majority of them (57.9 per cent) were older than 36. More than half of the respondents had university or college qualifications, and slightly more than 40 per cent of wellness customers had visited a particular wellness center two or more times.

4.1 Descriptive and bivariate analyses

The results of descriptive and bivariate analyses are presented in Table 1. The table reports respondents' expectations and perceptions of the wellness service quality, as well as an analysis of service quality gaps.

The mean scores of customer expectations ranged from 6.43 to 6.82. The lowest expectation item was "understanding customers' specific needs" and the highest ones were the "courteous staff" and "clean equipment". The overall mean score for service quality expectation items was 6.66. This score indicates high customer expectations regarding the wellness service quality.

The mean scores of customer perceptions ranged from 6.38 to 6.76. The lowest perception item was "understanding customers' specific needs" which indicates a lack of personalized service. On the other hand, the highest perception was regarding the "courteous staff", indicating highly polite staff in hotel wellness centers. The overall mean score for service quality perceptions items was 6.61, showing rather high perceptions of wellness service quality.

The gap analysis provides a good indication of the overall service quality evaluated by wellness customers. As shown in Table 1, the majority of service attributes (14 items) had negative gaps, meaning that for these items customer perceptions were lower than their expectations. The results imply that there is room for improving service quality provided by hotel wellness centers since these service attributes fell below the customer expectations. On the other hand, three positive gaps were identified: "visually appealing physical facilities", "promptly solving problems" and "staff has knowledge to answer questions". For these service attributes, customer perceptions exceeded their expectations, indicating acceptable service quality.

The largest service quality gaps were "reliable and error-free service" and "feeling safe and secure". This means that wellness customers expected more reliable

Table 2: *KMO and Bartlett's Tests for expectations and perceptions scales*

Tests		Expectations scale	Perceptions scale
Kaiser-Meyer-Olkin's Test (KMO)		0.897	0.902
Bartlett's Sphericity Test	Chi-Square	2370.920	2748.920
	Degrees of freedom (df)	136	136
	Sig.	0.000	0.000

Source: Authors' own compilation

Table 3: *Factor analysis and reliability analysis results of wellness customers' expectations*

Items (n = 17)	Factors			Communa-Lities
	F1	F2	F3	
Staff professionalism	0.785			0.729
Feeling safe and secure	0.771			0.729
Courteous staff	0.743			0.730
Performing service when promised	0.699			0.637
Clean equipment	0.656			0.776
Reliable and error-free service	0.644			0.548
Willingness to help customers	0.633			0.685
Instilling confidence	0.511			0.535
Understanding customers' specific needs		0.841		0.780
Providing an individual attention		0.822		0.726
Staff has knowledge to answer questions		0.817		0.730
Having customers' best interests at heart		0.716		0.782
Promptly solving problems		0.595		0.702
Staff has time to answer customers' questions		0.562		0.610
Modern-looking equipment			0.888	0.859
Visually appealing physical facilities			0.830	0.831
Clean and neat staff			0.635	0.783
				Overall
Eigenvalue	5.160	4.161	2.850	12.171
% of Variance	30.351	24.479	16.765	71.595
Cronbach alpha	0.914	0.906	0.866	0.943
Factor mean	6.74	6.54	6.68	
Number of items	8	6	3	

Source: Authors' own compilation

and error-free service as well as a better provision of safety and security than was actually provided. Finally, the overall service quality gap was -0.05. Although the score is negative, the result can be evaluated as a narrow negative gap, implying that there is a small difference between perceived and expected wellness service quality. Thus, this overall service quality score suggests that perceived service attributes are close to the expected wellness service quality.

However, results of paired samples t-test showed only three significant differences between perceived and expected scores of service attributes, namely for items "clean equipment", "reliable and error-free service" and "feeling safe and secure" (Sig. 0.047, Sig. 0.000 and Sig. 0.001, respectively). Hence, the widest identified gaps are statistically significant.

4.2 Factor and reliability analyses

The 17 service attributes were factor analyzed using principal component analysis with varimax rotation. The purpose was to identify the main dimensions of service quality expectations and perceptions in wellness settings.

As shown in Table 2, KMO values for both scales were high, indicating sufficient items for each extracted factor. The Bartlett's Test was significant ($p < 0.05$) meaning that there are strong correlations between the items in each factor. Hence, it was justified to conduct exploratory factor analysis.

The results of factor and reliability analyses of customer expectations are presented in Table 3. The analysis for expectations scale extracted three factors that explained 71.6 per cent of the total variance in the data.

Table 4: *Factor analysis and reliability analysis results of wellness customers' perceptions*

Items (n = 17)	Factors		Communalities
	F1	F2	
Staff has knowledge to answer questions	0.871		0.799
Instilling confidence	0.846		0.772
Providing an individual attention	0.834		0.699
Promptly solving problems	0.811		0.765
Having customers' best interests at heart	0.809		0.730
Understanding customers' specific needs	0.801		0.642
Feeling safe and secure	0.767		0.739
Performing service when promised	0.753		0.724
Willingness to help customers	0.728		0.649
Reliable and error-free service	0.722		0.754
Staff has time to answer customers' questions	0.700		0.582
Staff professionalism	0.695		0.646
Courteous staff	0.654		0.571
Modern-looking equipment		0.890	0.796
Visually appealing physical facilities		0.882	0.800
Clean and neat staff		0.719	0.713
Clean equipment		0.716	0.657
			Overall
Eigenvalue	8.099	3.938	12.037
% of Variance	47.641	23.167	70.808
Cronbach alpha	0.958	0.877	0.955
Factor mean	6.593	6.685	
Number of items	13	4	

Source: Authors' own compilation

Most of the factor loadings were greater than 0.6, implying a reasonably high correlation between extracted factors and their individual items. The communalities of all 17 items are above the value of 0.5, as suggested by Hair et al. (2006). The values ranged from 0.535 to 0.859 indicating that a large amount of variance has been extracted by the factor solution. Further, the results of the reliability analysis showed that Cronbach's alpha coefficients of the extracted factors ranged from 0.866 to 0.914. The findings are considered reliable, since they are well above 0.6, which is the minimum value for accepting the reliability test (Hair et al., 2006). For the overall expectations scale, Cronbach's alpha totals 0.943 and indicates its high reliability. The expectations scale factors are labeled as follows.

Factor 1 – "staff quality and service reliability": contains eight items and explained 30.4 per cent of the

variance with an eigenvalue of 5.2. The items included in this factor related to the staff competence, politeness and willingness to help, as well as to error-free, safe and confident service.

Factor 2 – "empathy and assurance": is loaded with six items and explained 24.5 per cent of the variance with an eigenvalue of 4.2. This factor contained items reflecting staff readiness to answer questions and solve problems as well as providing personal attention to the customers.

Factor 3 – "appearance of facilities and staff": includes three items and represented 16.8 per cent of the variance with eigenvalue of 2.9. Gathered items referred to appealing appearance of facilities and staff.

Factors' mean scores also show the relative importance of the extracted factors. The first factor, "staff

quality and reliable service", has the highest mean score, while the second factor, "empathy and assurance", has the lowest one.

Next, the results of factor and reliability analyses of customer perceptions are shown. As noted in Table 4, two factors representing 70.8 per cent of the total variance were extracted from perceptions variables. All items had factor loadings greater than 0.6, meaning that correlation of the items with the factors on which they were loaded is high. The communalities ranged from 0.582 to 0.800 indicating that a large amount of variance has been extracted by the factor solution. Moreover, Cronbach's alpha coefficients of the extracted factors varied between 0.877 and 0.958. These values suggest good internal consistency of the factors. Cronbach's alpha value for the overall perceptions scale is 0.955 and indicates its high reliability. The two-factor solution for perceptions scale is interpreted as follows.

Factor 1 – "service performance": contains 13 items and is the most important factor as it explained 47.6 per cent of the total variance. It had an eigenvalue of 8.1. The factor comprised the intangible aspect of wellness service, including staff knowledge and courtesy, ability of performing error-free service at the promised time, providing individual attention, and taking into consideration customer safety.

Factor 2 – "appearance of facilities and staff": included four items explaining 23.2 per cent of the variance. It had an eigenvalue of 3.9. This factor deals with the tangible aspect of wellness service, referring to appealing appearance of facilities and cleanliness of equipment and staff.

Factors' mean scores for the perceptions scale suggest that the tangible aspect of performed wellness services was assessed as being better than the intangible one.

5 Conclusion

Wellness customers are a heterogenic population, seeking diversity, high service quality and an individualized service offer. Due to the increased importance of one's health and well-being, the health and wellness tou-

rism market has grown over the past decade. In such a competitive environment, it is important to know and meet customer expectations in order to provide service quality and consequently achieve customer satisfaction and loyalty.

This study investigated expectations and perceptions of wellness customers. Through statistical analysis, expectations and perceptions levels, overall wellness service quality, as well as dimensions of expected and perceived wellness service quality were empirically examined.

The results of descriptive analysis suggested that wellness customers have high overall expectations of service quality (mean = 6.66). The most important expectations items were "courteous staff" and "clean equipment". Thus, wellness customers expect polite staff and cleanliness. It can be seen that employees have important role in meeting wellness customer expectations and providing service of a high quality. Further, overall perceived service quality was also assessed with high score (mean = 6.61). The highest perception item was "courteous staff", indicating that highly polite employees work in wellness settings in the sample.

The results of gap analysis indicated negative gaps for the majority of wellness service attributes, including the overall gap (- 0.05). Thus, for these items customer perceptions were lower than their expectations, indicating poor service quality. However, the findings of t-test analysis showed significant differences between expected and perceived wellness service quality only for three wellness attributes, namely for "clean equipment", "reliable and error-free service" and "feeling safe and secure". All of these gaps were negative implying that in these cases there is still room for improvement in wellness service quality.

In addition, wellness service attributes were subjected to the exploratory factor analysis. As a result, a three-factor structure for customer expectations and a two-factor structure for customer perceptions were obtained. The main dimensions concerning customer expectations are "staff quality and service reliability", "empathy and assurance" and "appearance of facilities and staff". On the other hand, wellness customer

perceptions can be best explained with two service features, namely "service performance" and "appearance of facilities and staff". These results confirm that wellness service quality evaluations comprise both tangible and intangible aspects of provided service. Thus, wellness service providers should be committed to performance improvement. Although tangible elements, such as modern-looking equipment and visually appealing facilities and staff are important part of wellness offer, intangible service attributes also evoke positive emotions and shape memorable wellness experience. Therefore, aspects such as employee attitude, competence, courtesy as well as service reliability should be considered.

Finally, results of reliability analysis indicated that the modified SERVQUAL scale employed in this study is highly reliable and is suitable for gaining quantifiable, easily interpretable and reliable data about customer expectations and perceptions of wellness service quality. What is more, by implementing this methodology, wellness managers can easily identify potential problems that occur because the service provider failed to meet or understand customer wants and needs.

The present study has several limitations. The findings may not be generalized because of the small sample size of wellness settings and limited geographic area.

Moreover, the study included a relatively small number of service attributes that may not represent all relevant features of wellness service.

Nevertheless, the study provides important implications for theory and practice. The results reveal important insights for wellness service providers about customer wants, needs and attitudes regarding wellness offer. Further, the SERVQUAL methodology was tested in a specific and rapidly growing tourism segment in Croatia. Although this methodology has been widely used to measure service quality in a variety of industries, there is an evident lack of academic research regarding the wellness service quality. Thus, this study contributed to the conceptualization and operationalization of service quality in wellness tourism.

Future research may expand the current study. Similar studies should be conducted in other wellness destinations in Croatia. Other relevant wellness service attributes that are likely to influence customer's overall wellness experience could be included in the questionnaire. The researchers and practitioners might be also interested in testing the difference in service quality expectations and perceptions regarding the different demographic characteristics of wellness customers.

Merjenje storitvene kakovosti v hrvaškem wellness turizmu:
primer uporabe lestvice SERVQUAL

Povzetek

Namen raziskave je teoretično in empirično proučiti kakovost wellness storitev. Cilj je teoretično opredeliti glavne raziskovalne koncepte, empirično oceniti pričakovanja in zaznave odjemalcev ter ugotoviti kakovost wellness storitev. Podatki so zbrani s pomočjo anketnega vprašalnika, ki temelji na dimenzijah SERVQUAL lestvice (Parasuraman, Zeithaml & Berr., 1988). Vprašalnik ima tri dele. V prvem delu so merjena pričakovanja odjemalcev glede kakovosti storitev v wellness centrih nasploh. V drugem delu so se ugotavljale zaznave odje-

malcev o kakovosti storitev v wellness centrih v hrvaških hotelih. V tretjem delu so bili zajeti demografski podatki anketirancev. Za ugotavljanje glavnih faktorjev kakovosti wellness storitev in testiranje zanesljivosti uporabljene lestvice sta bili uporabljeni faktorska analiza in analiza zanesljivosti. Rezultati so pokazali, da imajo odjemalci visoka pričakovanja in zaznave glede kakovosti wellness storitev. Identificirani so bili trije faktorji, ki najbolje opisujejo pričakovano kakovost wellness storitev in so visoko zanesljivi. Poleg tega sta bila izpostavljena še dva visoko zanesljiva dejavnika za zaznano kakovost wellnes storitev.

Ključne besede: kakovost storitev, SERVQUAL, statistična analiza, wellness turizem, Hrvaška.

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