

The Wellness Spa: Construct Definition and Performance Evaluation

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List of Abbreviations and Acronyms

Acronym	Definition
APSWC	Asia Pacific Spa Wellness Council
ASPA	Australasian Spa Association
AUTEC	Auckland University of Technology Ethics Committee
BISA	British International Spa Association
C-OAR-SE	Construct Definition; Object classification; Attribute classification; Rater identification; Scale formation; Enumeration
COP	Code of Practice
DG1	Delphi Group 1
DG2	Delphi Group 2
DM	Delphi Method
ESPA	European Spa Association
GSS	Global Spa Summit
ISPA	International Spa Association
NG	Nominal Group
NGT	Nominal Group Technique
SS	Spa Stakeholders
SRI	Stanford Research Institute
WS	Wellness Stakeholders
WHO	World Health Organization

Attestation of Authorship

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a University or other institution of higher learning.”

Maria J. E. Hyde-Smith

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ABSTRACT

Perceptions of health among researchers, practitioners and other stakeholder participants are changing. Individuals are being encouraged to take more responsibility and become proactive in addressing and preventing the causes of ill health. Such a self-directed approach is termed 'wellness'. Stanford Research Institute's (SRI) Global Spa Summit (GSS), (2010) provided a report, which indicated that wellness is a \$2 (US) trillion global industry. Spas are recognized as a primary segment of the wellness industry and future growth is predicted based on 89% of spa business attendee's planning to invest in new or additional wellness-related products and services in the next five to ten years. Yet there remains lack of agreement and some confusion about the meaning of wellness as it relates to spas. The liberal use of the term wellness by practitioners is inconsistent with the academic literature. A lack of agreement among many spa operators makes it difficult for researchers, marketers and consumers to identify a true wellness spa. Disparate knowledge about how a wellness spa should be defined; the key components of a wellness spa; and about how wellness spas should be evaluated, highlight the need for further clarification. All of this has implications for industry-based accreditation processes. This study aims to provide a performance evaluation measurement tool that evaluates a spa's ability to offer a complete wellness experience. This research builds on a review of the literature and uses a rigorous procedure for scale development as its guiding framework (Rossiter, 2002). Data were gathered from twelve New Zealand-based industry stakeholders using the Nominal Group Technique and the Delphi method. Furthermore, eight international expert raters analyzed the data using the Delphi method. The results indicate that from the perspective of stakeholders, a spa can have the capacity to offer a complete wellness experience. This experience is driven by eight wellness components: physical, intellectual, emotional, social, spiritual, environmental, professional and cultural. While not all components are represented equally, they all share the same level of importance in offering a holistic wellness spa experience. This study provides the first wellness spa performance evaluation measurement tool for professional practice and academic research. The measurement tool has the ability to identify disparities across different wellness spas, assist in

the future development of wellness spas, and produce an industry-approved benchmark for best practice.

1. CHAPTER ONE: INTRODUCTION

This thesis is a study of wellness and a spa's capacity to provide a complete wellness experience. The purpose of the research is to develop a performance measurement tool for industry stakeholders that can be used as a guide and a means for accreditation. The need for wellness spa definition; the need to identify its key components; to determine how wellness offerings in a spa should be measured effectively, all point to a need for clarification. This introductory chapter provides a macro-level perspective on the wellness spa phenomenon. The chapter explains the justification for this research and identifies gaps in the literature. It outlines research objectives and provides a brief outline of the methodology and research methods to be employed. In the final section the structure of the thesis chapters is outlined.

1.1 Background to the study

Health research is increasingly focused on sustaining optimal wellbeing rather than repairing and curing illness, disease and injury. Today, visions of health are changing and a new paradigm is emerging where individuals are taking more responsibility and becoming proactive in addressing and preventing the root causes of their personal ills (SRI, 2010). This proactive and holistic approach refers to 'wellness'. In this thesis the wellness construct is proposed as "A lifestyle approach towards healthy living by an individual based on positive, integrated considerations of body, mind and spirit".

Explicit accounts of wellness can be traced back to the ancient civilizations of Greece, Rome and Asia (Crebbin-Bailey, Harcup & Harington, 2005; Smith & Kelly, 2006; SRI, 2010). The latter part of the twentieth century, however, saw wellness gain currency through authors such as Dunn (1959) and Ardell (1977). These authors describe wellness as an overall sense of wellbeing including body, mind and spirit. Other authors have since argued for a larger number of principle wellness components, highlighting that wellness is a holistic approach to the management of a person's wellbeing. Additional components include

beauty care, nutrition and relaxation (Bushell & Sheldon, 2009; Cohen, 2008; Myers, Sweeney, & Witmer, 2005).

Several factors have fuelled people's desire to live healthier lives. These factors include the fast pace of everyday life; high stress levels among the workforce; an aging population; failing medical systems and increasing healthcare costs; increasing skepticism in modern orthodox medicine; exposure to different cultural lifestyles through globalization and large-scale migration; and possibly even the decrease in traditional religion, for some, in western societies (Cohen & Bodecker, 2008; Smith & Kelly, 2006; Smith & Puczkó, 2008; SRI, 2010; Voigt, 2010). There has also been encouragement from governments for individuals to take charge and manage their own health (SRI, 2010). Subsequently, conventional views of health are being replaced with a more holistic, positive understanding of health (Cohen, 2008; Voigt, 2010).

Concerns for health and wellbeing have resulted in a rapidly growing interest in wellness among many individuals and groups (Cohen & Bodecker, 2008; Pilzner, 2002, 2007). Wellness plays a significant part in the private sector's increased provision of health-related goods and services (Fabrega, 1997; Kickbush, 2002; Voigt, 2010). Pilzner (2007) refers to this as a wellness revolution (2002; 2007). Pilzner (2007) suggests that wellness is not just a concept but also an industry, which provides a plethora of products and services (Cohen & Bodecker, 2008). At a recent Global Spa Summit (GSS) (2010), wellness was described as a \$2 (US) trillion global industry.

Spas are a key provider of wellness experiences. The historical role of spas as a place for healing, restoration, relaxation, and feeling well position the spa industry as a likely sector to take advantage of the wellness revolution. Spas are defined as "Places devoted to overall well-being through a variety of professional services that encourage the renewal of mind, body and spirit" (International Spa Association, 1991) (ISPA).

The proliferation of wellness spas reflects increased consumer awareness of, and interest in a more holistic health orientation (Sointu, 2006; Voigt, 2010; Wiles & Rosenberg, 2001). Wellness spas are estimated to contribute as much

as \$60 (US) billion to the United States economy alone (SRI, 2010). Future growth of wellness in spas is expected, based on those 89% of spa businesses attending the GSS (2010) seeing wellness as an important future driver for the spa industry. GSS attendees planned to invest in new or additional wellness-related services, products, partnerships and ventures in the next five to ten years (SRI, 2010).

1.2 Justification for this study

Despite the significant growth of wellness spas, there are conflicting views about what wellness is and how it should be offered in a spa. This lack of clarity was identified in the first report on the wellness spa industry commissioned by the GSS (SRI, 2010). The report highlighted confusion among the spa and wellness industries about the meaning of wellness and its relationship to a spa. The report recognized a need for a clearer understanding so that this understanding could be translated into legitimate products and services.

There is an absence of empirical research on the wellness spa construct. Comprehensive reviews on wellness, however, are evident within the medical and psychology literatures (Ardell, 1977; Mindgarden, 2012; Travis & Ryan, 1981). Little academic research has been carried out on spas. The existing literature on spas provides historical accounts of spas, and industry-based reports or textbooks specifically written for spa practitioners. The literature on wellness spas is virtually non-existent. Cohen and Bodecker (2008) wrote the first academic textbook focusing on the wellness spa industry. The book highlighted the importance of wellness to spas but did not define clearly how wellness should be represented.

A challenge for the wellness and spa industries is the inconsistency in the range of products and services offered in a wellness spa (Alpine Wellness International, 2004; European Audit Institute, 2012; New Zealand Trade & Enterprise, 2008; SRI, 2010). At one end of a market continuum are legitimate wellness spas that provide a full array of wellness products and services delivered by qualified staff. At the other end of the continuum are businesses

that offer a limited range of wellness products and services possibly by unqualified staff, yet still consider themselves wellness spas.

Businesses with perceived wellness integrity may struggle to differentiate themselves from those with incomplete or inadequate wellness offerings. This may occur when spas overstate their ability to provide a multi-componential wellbeing experience.

Anecdotal evidence (spa business menus, website advertisements, verbal communication) suggests that many of these so-called wellness spas only offer physical-wellness products and services. Yet academic literature emphasizes the multi-dimensional and holistic nature of wellness (Ardell, 1977; Dunn, 1959; Myers et al, 2005). This disparity suggests some operations in the spa industry may not understand the concept of wellness and indicates the need to: 1) develop a construct definition of a wellness spa; 2) clarify which principle components represent wellness in a spa and; 3) identify the defining items (products and services) that form these principle components.

A misunderstanding and misuse of the term wellness may not be confined to the spa industry. The term wellness, as a marketing concept, has been used more and more since the 1990's (Miller, 2005). Misuse of the term has been linked to products of all descriptions, many of which may have only a doubtful relationship with health and wellness. For example household stain removers, laundry detergents and dishwasher liquid have all been marketed under the rubric of 'wellness for your home' (Miller, 2005). This misuse is underpinned by the association of the term wellness with improved sales of products and services (Fahlberg & Fahlberg, 1997; Miller & Foster, 2010; Seligman & Csikszentmihalyi, 2000).

A 2008 report on the New Zealand spa industry identified a lack of guidance for practitioners and consumers in relation to spas and their wellness products and services (New Zealand Trade & Enterprise, 2008). This lack of guidance may be attributed to the self-regulation of the spa industry and to a lack of appropriate codes of practice (COP). The report recommended the introduction of appropriate guidelines and an accreditation process to address

the confusion, which arises from the lack of guidance. These concerns have yet to be addressed.

One solution for addressing these concerns is to operationalize the wellness construct and to develop a research instrument to measure a spa's capacity in providing a complete set of wellness product and service expectations. A clear and valid definition of the wellness construct is needed, including a systematic statement of wellness components, before a measurement tool can be developed to evaluate the product and service capabilities of a wellness spa (Hair, Bush & Oretinau, 2002). Rossiter (2002) and Diamantopoulos (2005) agree that construct definition should specify the object to be rated (e.g., the spa), the attribute to be measured (e.g., wellness products and services) and the raters who are to identify and to evaluate a wellness spa's performance criteria (e.g., industry experts). Such a product and service capacity performance evaluation, or measurement, tool can be utilized by spa and industry management for guidance and for performance monitoring purposes. Furthermore, policy makers and industry associations would use such a tool to set best practice guidelines and industry-approved benchmarks.

In conclusion, there is a lack of clarity in the wellness construct and how the construct is represented within a spa setting. While there is evidence of a need to address this gap, a comprehensive theoretical and empirical framework for a solution has not so far been developed. To address this need, this study investigates how wellness and spa stakeholders define the wellness spa construct and what they consider to be the key components of the construct.

1.3 Aims and objectives

How should a wellness spa be defined? What are its key components? How should the variety of wellness product and service offerings in a spa setting be measured? These questions reflect key industry concerns (Alpine Wellness Institute, 2004; European Audit Institute, 2012). This study is aimed at defining the wellness spa construct and developing a measurement tool to evaluate a spa's capability to provide a complete wellness experience. Additionally, the

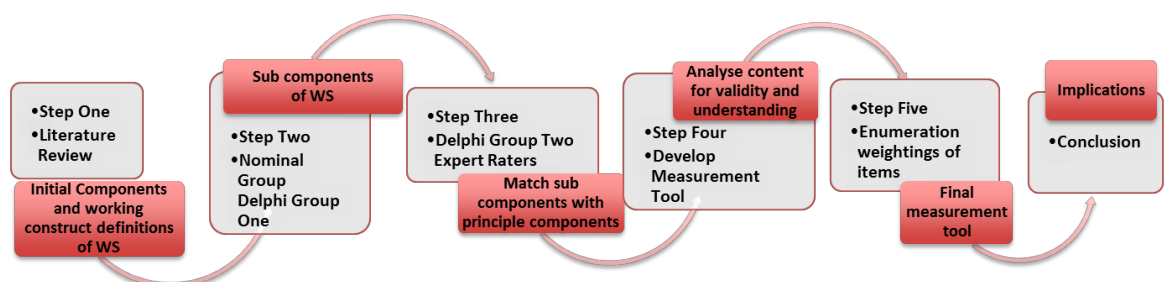
measurement tool would be used by policy makers to evaluate the industry's progress in offering effectively those wellness products and services that are expected of a wellness spa. The measurement tool would provide a means for assessing wellness component disparities across different wellness spas and for producing an industry-approved benchmark or endorsement.

This research seeks to achieve the following: 1. To review current definitions of wellness and spa; 2. To contribute to theory by providing a definition and conceptualization of wellness spa; and, 3. To develop a tool that measures a spa's capacity to provide the wellness experience expected of it.

1.4 Methodology and methods overview

The epistemology for this study fits into a post-positivist paradigm, which revolves around multiple and competing views of science as well as multiple truths in the empirical world (Guba & Lincoln, 1994). The post-positivist paradigm recognizes that people are always biased by their perceptions of reality, and that truth can only be approximated and never explained perfectly (Onwuegbuzie, Johnson, & Collins, 2009). The post-positivist perspective enables the integration of both qualitative and quantitative methods. A mixed method triangulated research design using the Nominal Group Technique (NGT) and Delphi Method (DM) will be implemented to explore the wellness spa construct and its key components. Figure 1.1 shows the key research steps to be taken.

Figure 1.1: Key research steps to be taken



A construct needs to be defined and its components identified in order to develop an accurate and valid tool for its measurement. Peter (1981) suggests that if a measure lacks a high degree of content validity it cannot have a high degree of construct validity even if it meets empirical standards. Close attention to theory, construct definition, therefore, must precede the empirical aspects of construct validation in this study. A procedure for scale development labeled with the acronym C-OAR-SE will be used to achieve this outcome (Rossiter, 2002).

The C-OAR-SE procedure comprises (Construct definition; Object classification; Attribute classification; Rater identification; Scale formation; and Enumeration). This provides a theoretical and procedural solution to developing a measurement scale, which embraces the post-positivist assumptions within this study.

Twelve stakeholders were interviewed about the attribute (wellness in a spa setting) using the NGT or DM, and the defining sub components (products and services) are identified and weighted according to importance. Expert judges then analyse the data and classify the sub components according to the six principle components of wellness as identified in the literature review. These sub components are then translated into survey items.

The participants were drawn from five stakeholder groups relevant to the research topic: managers/owners, practitioners, educators, consumers and research academics (SRI, 2010). Eighteen participants were used: six wellness stakeholders from around New Zealand; six spa stakeholders from the Auckland area, and; six participants with expertise in spa or academic research from New Zealand and overseas.

Given the ambiguity about the definition of the term spa (Cohen & Bodecker, 2008; Crebbin-Bailey et al, 2005) the working definition of spa used in this study is that proposed by ISPA (1991): 'Spas are places devoted to overall well-being through a variety of professional services that encourage the renewal of mind, body and spirit'. A specific working definition (provided to all participants in the

study) ensures that participants share the same understanding and can describe a spa identically (Rossiter, 2002).

1.5 Contributions of this research

While wellness has become increasingly important for the spa industry, wellness spas are under-researched. Few studies have examined the wellness spa construct and stakeholders will benefit from the results and suggested outcomes of the research.

1.5.1 Wellness and spa researchers

The results of this study will provide a resource to improve scholarly understanding of the field and to provide a better understanding of the links between wellness and spas. This research provides a valid definition of a wellness spa, a wellness model appropriate for the spa setting and identifies those products and services that are essential to a wellness spa experience, and thereby contributes to researchers and to practitioners understanding. Given the use of a technique that has relevance to the industry's various stakeholder groups makes it possible to operationalize the wellness spa construct and investigate its potential relationship with other industries, such as tourism.

1.5.2 Wellness spa practitioners

The findings of the research can educate practitioners on the concept of wellness and how to legitimately incorporate wellness products and services into a spa setting, thus differentiating themselves from less legitimate spas. Spa therapists need to understand wellness with the view to educating consumers in holistic wellness principles and behaviors (SRI, 2010). Spa managers will benefit from the availability of literature on wellness spa concepts and how these can be incorporated into their business practices, thereby reducing confusion about the product and service implications of the use of the term wellness.

The measurement tool would be used as a diagnostic instrument for identifying strengths and weaknesses in a particular spa business's performance. Furthermore, the tool would assist in future planning, marketing and development of the business's wellness facilities. This knowledge also allows the appropriately qualified staff to be employed, or trained more fully.

1.5.3 Associated businesses

A variety of businesses can benefit from the tool when used as a guide or as an accreditation audit tool. Educational institutions can seek guidance in regards to developing syllabi for spa practitioners. Using the tool as a guide to improve wellness experiences in a spa, healthcare practitioners may be more inclined to promote wellness spas as an alternative or complementary service provider. Wellness tourism stakeholders may need an enhanced knowledge of wellness in general and of the product and service characteristics of a wellness spa in particular. Additionally, when used as an accreditation audit instrument, the tool would allow credible wellness spas to be easily identified.

1.5.4 Policy makers and management

Associations and policy makers are important stakeholders in the development of the wellness spa industry, and they need to understand the difference between wellness spas and various other spa clusters. An enhanced understanding of wellness spas will enable the development of appropriate policies regarding product development and promotion (Voigt, 2010). The tool would be useful for tracking the progress of the industry in providing a full set of products and services, and for future strategic planning in terms of gaps and future needs.

1.6 Thesis outline

The remainder of the thesis is structured around five further chapters: literature review; methodology; research methods; results; discussion/ conclusion. The remainder of the present chapter outlines the chapters in this thesis:

Chapter One (this chapter) has provided a macro-level perspective on the wellness spa phenomenon. It has explained the justification for the research and has identified gaps in the literature. The chapter has outlined the research objectives and has provided a brief outline of the methodology and research methods to be utilized. The chapter has concluded with a discussion of the potential contributions of this research.

Chapter Two reviews the wellness and spa literature including concepts associated with wellness spas, and the measurement of their effectiveness in providing the appropriate products and services. The first section analyses definitions of wellness and spa and the relationship between these two concepts. This analysis leads to an investigation of how the spa industry is currently monitored. The analysis then addresses the challenge of developing a valid and reliable measurement tool to assist in effective wellness spa management and policy-making. Finally, important definitions are clarified, and the spa wellness model is defined.

Chapter Three consists of two interrelated sections: 1. Research methodology, and 2. Research design. The research methodology section introduces the major paradigms and their assumptions, including the post positivist paradigm, which guides this study. The research design section of the chapter features an extensive review of the C-OAR-SE procedure (Rossiter, 2002), which forms the framework for construct definition and scale measurement development.

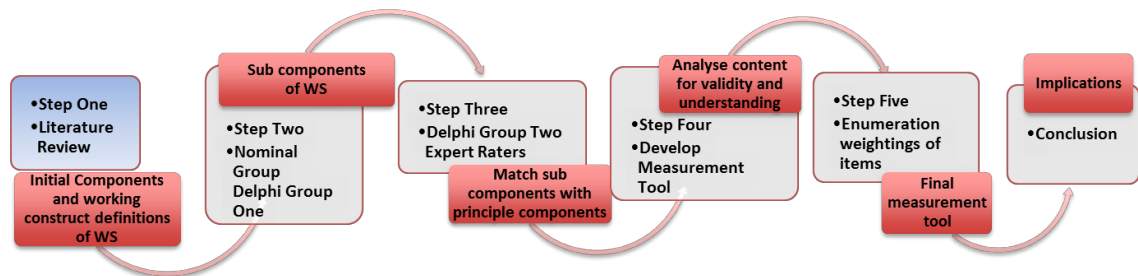
Chapter Four describes the different steps in the research study and includes four interrelated sections. Firstly, a description is provided of how each step of the C-OARSE procedure (Rossiter, 2002) is incorporated into the study. Secondly, the research methods selected for this study: the Nominal Group Technique (NGT) and Delphi Method (DM) are explained and their value, usefulness and application discussed. Thirdly, a detailed description of each data collection phase is provided. A brief description of how the data are analyzed is also included in this section. Fourthly, a discussion follows on how the quality of the findings was ensured and rigor achieved, including ethical considerations for the study.

Chapter Five presents the research results and the final scale measurement tool. The chapter is divided into four sections: Sections one and two focus on the data collected from spa and wellness stakeholders. Section three presents the data collected from industry experts who assigned sub components to principle wellness components identified in the literature review. Section four presents the final measurement tool, and includes weightings allocated to each item. The analysis and implications of these results will not be discussed in this chapter but will be discussed at length in Chapter Six.

Chapter Six presents a discussion of the results collected from the NG and DG sessions. The discussion draws on literature reviewed in Chapter Two to highlight significant points relevant to this research problem. This chapter concludes the thesis with a discussion of the limitations and implications for this research as well as the use of C-OAR-SE (Rossiter, 2002), NGT and DM for wellness spa research. A future research agenda is also proposed.

2. CHAPTER TWO: LITERATURE REVIEW

Figure 2.1: Steps in the research method



The literature review explores and defines the concepts of wellness, of spa, and how they integrate to form a new concept, the wellness spa. The purpose of this study is to design a tool that can measure a spa's capacity to offer a complete wellness experience. Wellness measurement tools can only be as good as the conceptual framework upon which they are based (Roscoe, 2009). The proposed measurement tool requires a comprehensive conceptualization of the construct. It is therefore important to review wellness theory, definitions and assessment measures and to synthesize the research into an integrated, complete working definition of wellness that can be the foundation of this research.

This review identifies the domain of the wellness construct, which comprises six principle components that have relevance to a spa setting. Much of the literature (e.g. Ardell, 1977; Hettler, 1976; Miller, 2005, Voigt, 2010) refers to wellness in terms of dimensions. The framework used to guide this study, however, employs the term principle components inline with C-OAR-SE. The study will investigate how the spa and wellness industries are, if at all, monitored and accredited to maintain and to improve industry standards. A working definition of the wellness spa construct will be proposed.

The literature review draws, wherever possible, from academic scholarship.

Industry-based research is incorporated where no academic scholarship is available.

2.1 The concept of wellness

Earlier comprehensive reviews of the wellness literature have made significant contribution to the understanding of the definition and concept. However they have predominantly been reviewed from medical aspects based in psychology (Ardell, 1977; Travis & Ryan, 2004; Voigt, 2010). The existing definitions are based on a range of cross-disciplinary perspectives that have led to the problem of ambiguity. Despite this, some similarities in the literature are highlighted from which a clear definition can be identified and key concepts can be derived.

The American doctor Halbert Dunn first introduced the concept and philosophy of wellness in 1959 when he wrote about a special state of health comprising an overall sense of wellbeing. Dunn (1977) believed wellness was an integrated method of functioning including body, mind and spirit orientated toward maximizing the potential of an individual. This positive, holistic perspective of health challenged other perceptions of health that were concerned only with illness and viewed the body as an isolated physiological system (McSherry & Draper, 1998; Panelli & Tipa, 2007; Westgate, 1996). Furthermore, Dunn (1977) implied wellness was not a static state but a person's direction toward an even higher level of functioning within an ever-changing environment.

The philosophical roots of wellness can be traced back to ancient Greek, Roman and Asian civilizations. Wellness practices such as Ayurveda and Traditional Chinese Medicine are some of the oldest systems of medicine in the world with their philosophies based on the harmony between the body, mind and spirit (SRI, 2010). The ancient Greek physician Hippocrates - considered to be the father of Western medicine - was one of the first known physicians to focus on preventing sickness instead of just treating illness (SRI, 2010). Specific reference is given to Hippocrates who argued that disease was a product of lifestyle and environmental factors, a view that was later shared by the Romans who developed sophisticated public health systems including aqueducts,

sewers and public baths to promote healthy living (Crebbin-Bailey et al, 2005). Furthermore Cohen & Bodecker (2008) refer to the 19th century holistic healthcare modalities such as homeopathy, herbalism, spiritual healing and osteopathy. These modalities also reflect the philosophy of harmony between body, mind and spirit and traditional wellness practices.

It wasn't until the early 20th century that these traditional preventative approaches to healthcare were challenged by the modern, evidence-based, disease-orientated approach. SRI (2010) suggested the release of the Flexner Report in 1910 (as cited in SRI, 2010) played a part in the demise of the traditional approaches. The Flexner Report was based on a study of the medical education system in America and Canada, stating there was distinct lack of scientific rigor used in medical training schools and in many wellness practices offered at that time. It was also believed that the growth and development of the pharmaceutical industry was also responsible for the decline of holistic, alternative and wellness-based health approaches and the rise of disease-orientated, drug-based medicine of the 20th and 21st centuries (SRI, 2010). In contrast these evidenced-based biomedical approaches to health viewed the body as a machine comprising of separate systems which, was in stark contrast to the traditional approach of harmony of body, mind and spirit.

Rogers (1961) and Maslow (1970) supported the recommendations of a more scientific approach to health. However they criticized practitioners for spending too much time studying ill individuals rather than studying fully functioning healthy and creative people. (Cohen & Bodecker, 2008; SRI, 2010). This negative paradigm was reflected in the World Health Organization's (WHO) original view of health as an absence of disease (1948). The view neglected the individual as a whole and over-emphasized the role of disease with little focus given to the previous positive and preventative holistic approaches to health (McSherry & Draper, 1998; Miller & Foster, 2010; Panelli & Tipa, 2007; Voigt, 2010).

Cohen (2008) identifies the end of World War II in 1945 as the beginning of the contemporary wellness movement, largely due to a change in needs of society.

The advancement of medical technology including the introduction of antibiotics preempted a reduction of infectious diseases, the then leading cause of death (Cohen, 2008; Crebbin-Baily et al, 2005). Lifestyle and chronic diseases (e.g. obesity, diabetes and heart disease) became the main concern (Miller & Foster, 2010; Seaward, 2002). This required an expanded concept of health to include all aspects of a person's wellbeing (i.e. body, mind and spirit). Subsequently the WHO revised their definition of health, to include physical, mental and social wellbeing, and not merely the absence of disease or infirmity (WHO, 1948). This repositioning of health is reflected in Figure 2.2 below and demonstrates a positive state, an approach later recognized as revolutionary (Pender, Murdaugh, & Parsons, 2006; Voigt, 2010). The WHO's latter definition was one of the first to concentrate on multiple principle components of health rather than emphasizing just the physical aspect. This paradigm shift represented a significant turning point in modern approaches to medicine and health.

Dunn (1977) also believed in focusing on the positive state of health and introduced the term high-level wellness in the late 1960's. Dunn (1977) argued that rather than looking for factors that cause disease, the focus should be on the cause of health. Furthermore, other authors embraced the idea that wellness reflects the positive attributes and approaches to health and not just the absence of illness (Adams, 2003; Ardell, 1977; Dunn, 1977; Edlin, 1988; Lafferty, 1979; Lorion, 2000; Sarason, 2000; Teague, 1987; Voigt, 2010).

Figure 2.2: Components of Health



Following the inception of the WHO's definition (1948), the terms wellbeing, health and wellness have been used interchangeably in the literature (Saylor,

2004). Positive, holistic views of health are often referred to as wellness (Voigt, 2010). Nowadays the dominant view of wellness appears to be in line with seminal authors such as Dunn (1959; 1977), Ardell (1977) and Jonas (2005) where an absence of illness and a state of wellbeing are both essential (WHO, 1986).

2.2 Defining wellness

There is a disparity in wellness definitions. Some researchers consider that the difficulty lies with the subjective nature of the construct (Roscoe, 2009, Voigt, 2010). Others suggest the disparity is based on an inherent value judgment about what wellness is and what it is not; the implication that a person can be either well or not well contribute to the problem (Sarason, 2000).

The possibility that wellness is relative, perceptual and is partially dependent on self-responsibility and motivation is a further source of complication (Adams, 2003; Ardell, 1977; Clark & Cliff, 1996; Dunn, 1977, Greenberg, 1985; Voigt, 2010). Bruhn, Cordova, Williams and Fuento (1977) suggest that the key variable in differentiating wellness and health is the self-responsibility process whereby individuals actively participate in becoming healthier. This view positions self-responsibility and motivation as central to wellness (Ardell, 1977, Muller & Lanz Kaufmann, 2001; Voigt, 2010).

Smith and Kelly (2006), Voigt (2010), Porter, Clark & Claycombe (2003) and Corbin, Welk, Lindsey, & Corbin (2004) propose that wellness is a state of being whereas others contend this by saying that wellness is synonymous with a certain lifestyle (Ardell, 1986; Conrad, 1994; Hattie, Myers & Sweeney, 2004). The National Wellness Institute (2007), an internationally recognized organization in Wisconsin, defines wellness as an active process through which people become aware of and make existential choices. Despite these differing views, the underlying constructs are similar in that they identify a psychological and physiological component of wellness. Jonas (2005) summarizes these comparisons by suggesting that health is a state of being, whereas wellness is a process of being.

While Myers et al., (2005) define wellness as a way of life orientated toward optimal health and wellbeing, they identify the body, mind and spirit as integral to living more fully within a human and natural community. Cohen (2008) expands on this further by including emotional, spiritual, sexual, occupational, financial and environmental principle components. A key argument put forward by Cohen (2008) is that if any one of these additional principle components is deficient than complete wellness cannot be achieved.

Allusions by some authors to the spiritual, the mystical, and to self-actualization reinforces the importance of the psychological component of wellness (Smith & Kelly, 2006; Voigt, 2010). For example, Porter et al., (2003) describe wellness as a psychological state, stating wellness is what you are and what you feel.

For the purpose of this study the following definition of wellness is proposed, 'A lifestyle approach towards healthy living by an individual based on positive, integrated considerations of body, mind and spirit'. This definition suggests wellness may be a lifestyle and embraces multiple principle components to achieve ongoing wellness. Lastly the definition implies that self-motivation is required; it also reflects the views of most seminal authors (Dunn, 1959; Ardell, 1977; Travis & Ryan, 2004).

There is extensive literature on the definition of wellness but few empirical studies of wellness. The lack of a well-defined wellness construct makes it difficult to control for variables, and this results in inadequate measures (Adams, Bezner & Steinhardt, 1997; Miller & Foster, 2010). New wellness measurement tools can only be as good as the conceptual framework upon which they are based (Roscoe, 2009). It is important to define the construct to be measured. A construct is: "A conceptual term used to describe a phenomenon of theoretical interest" (Edwards & Bagozzi, 2000, p. 156–157; Rossiter, 2002). An accurate definition of a construct needs to include reference to the object, attribute and rater entity (Rossiter, 2002).

Most authors agree that wellness is a multi-componential construct in which body, mind and spirit are the key attributes (Cohen & Bodecker, 2008; Dunn, 1959; Myers et al, 2005; Travis & Ryan, 1988, Voigt, 2010). However, authors

cannot agree on the exact component structure of wellness (Adams et al., 1997; Greenberg, 1985; Hettler, 1980, Lafferty, 1979. This may be due to the context in which definitions of the construct are developed.

Ardell (1977) proposes a generic model of wellness comprising five principle components: self-responsibility, environmental sensitivity, stress awareness and management, physical fitness and nutritional awareness. Myers, Sweeney, and Witmer (2000) propose a model for use in psychological clinical treatments including five life tasks: spirituality, self-regulation, work, friendship, and love. Depken (1994) indicates that most health textbooks describe wellness as comprising the physical, intellectual, social, emotional, and spiritual. Greenberg (1985) and Lafferty (1979) agree and include the same five principle components. However, Greenberg refers to mental instead of intellectual wellness, terms that are often used synonymously in the literature. The six-component models proposed by Hettler (1980), and Adams et al (1997) include the same principle components proposed by Depken (1994) but with the addition of occupational wellness. Other authors (Anspaugh, Hamrick, & Rosato, 2004; Hales, 2005; Langille, Lyons & Latta, 2001; Renger et al, 2000) include environmental as an additional wellness component.

Table 2.1 provides an overview of the principle components found within the literature examined.

Table 2.1: Principle components of wellness

Author	Physical	Spiritual	Intellectual / Mental	Social	Emotional / Psychological	Occupational	Environmental	Financial / Economic	Cultural	Self-Responsibility	Stress Awareness / Management	Self-Direction
Adams et al (1997)	x	x	x	x	x	x						
Anspaugh et al (2004)	x	x	x	x	x	x	x					
Ardell (1977)	x						x			x	x	
Cruse, Nicholas, Gobble & Frank, (1992)	x	x	x	x	x	x						
Depken (1994)	x	x	x	x	x							
Diener, Wirtz, Biswas-Diener, Tov, Kim-Prieto, Choi, & Oishi (2009)	x	x	x	x	x	x	x	x	x			
Dolan, Peasgood & White (2008)	x	x	x	x	x	x	x	x	x			
Fain & Lewis (2002)	x	x	x	x	x	x						
Greenberg (1980)	x	x	x	x	x							
Hales (2005)	x	x	x	x	x	x	x					
Heliwell (2005)	x	x		x	x	x	x	x	x			
Hettler (1980)	x	x	x	x	x	x						
Lafferty (1979)	x	x	x	x	x							
Langille et al (2001)	x	x	x	x	x	x	x					
May (2007)	x	x	x	x	x	x	x	x	x			
Myers et al (2005)*	x	x	x	x	x	x	x	x	x			
Muller & Kaufmann (2001)	x			x			x			x	x	
National Wellness Institute (2007)	x	x	x	x	x	x						
Renger et al (2000)	x	x	x	x	x	x	x					
Ryan & Deci (2001)	x	x		x	x		x		x			
SRI (2010)	x	x	x	x	x		x					

- use different terms but fall into the same category (e.g. Occupational = Work & Leisure)

Table 2.1 shows there is agreement that wellness is a multi-componential construct. Most authors include five or more principle components within the domain of their construct definitions; others include as many as nine principle components. These different interpretations highlight the complexity of wellness. Such diversity suggests that the principle components of wellness may be influenced by the context in which they are used.

Table 2.2 illustrates attributes of healthy people in the form of principle components.

Table 2.2: Different principle components of wellness

Author	Spirituality	Self-Regulation	Work	Friendship	Love	Self-Responsibility	Breathing	Sensing	Eating	Feeling	Thinking	Playing and Working	Communicating	Sex	Finding Meaning	Transcending
Myers, Sweeney & Witmer, (2005)	x	x	x	x	x											
Travis & Ryan (1981)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

While the principle components in Table 2.2 are different and more complex than those identified in Table 2.1, many of them fit comfortably into the six-component construct proposed by Hettler (1980); or into the seven-component construct developed by Langille et al (2001). For example principle components of breathing, eating and moving could easily fit into the physical component, thus simplifying the model. Both tables indicate there are several principle components to achieving wellness.

2.3 The principle components of wellness

Section 2.2 suggests there are several principle components that collectively form the attribute wellness. The most commonly referred to principle components in the literature will be discussed below. These principle components are: physical; intellectual; emotional; social; spiritual; and environmental.

2.3.1 Physical wellness

According to Miller (2010) wellness was first studied from the physical component of health and included physical activity, nutrition, and self-care. Hettler (1980), Roscoe (2009) and Miller (2010) all stress the importance of developing cardiovascular fitness, flexibility, and strength. However, more

recently the key central focus appears to concentrate on maintaining a healthy lifestyle of fitness, flexibility, and strength through a healthy exercise regime and diet (Fitness Health 101, 2012). Furthermore, seeking medical care when needed, taking action to prevent and avoid harmful behaviors (e.g. tobacco and alcohol) and the ability to detect illness, appear to play an important role (Renger et al, 2000; Ryff & Singer, 1998; Ryan & Deci, 2001; Travis & Ryan, 2004). Adams et al (1997) focus on the perception and evaluation of physical wellness as opposed to objective measures, thereby indicating a subjective component. Ryan & Deci (2001) make the same important point by stating that physical wellness does not always correlate to one's sense of well-being: a person can be ill and have a positive state of mind while a physically healthy person may experience a poor sense of well-being.

Durlak (2000) and Anspaugh et al. (2004) differ further in their definitions of physical wellness and use two domains to detail physical wellness; physical (e.g. muscle tone, cholesterol level, blood pressure); and behavioral (e.g. eating habits, exercise levels) indices.

For the purpose of this study physical wellness includes the positive physiological state of the body as well as an individuals perception, expectations and acceptance of their health.

2.3.2 Intellectual wellness

Cognitive (intellectual) and emotional (psychological) processes are inter-related (Myers et al, 2005). Clarification of the concept of intellectual wellness is evolving. Hatfield & Hatfield (1992), Hettler (1976) and Leafgren (1990) consider intellectual wellness to include engagement in creative and stimulating activities as well as the use of resources to expand knowledge and to focus on the acquisition, development, application and articulation of critical thinking. Hales (2005) and Roscoe (2009) discuss motivation and commitment to lifelong learning as important activities. Hatfield & Hatfield (1992) expand on these activities by including reading, studying, travelling, and exposure to media. Other authors (Renger et al, 2000; Diener et al, 2009) see perception and

awareness of cultural events, in which opportunities to gain and share knowledge occur, as central to intellectual wellness.

The terms intellectual and mental wellness, are often used interchangeably in the literature. For the purpose of this study the phrase intellectual wellness will be used and defined as: the positive perception of, and motivation for, a person's optimal level of stimulating intellectual activity. Intellectual wellness is achieved through the continued acquirement, use, sharing, and application of knowledge in a creative and critical way (Roscoe, 2009).

2.3.3 Social wellness

Hettler (1980) and Miller and Foster (2010) describe social wellness broadly because it includes the interaction of the individual with others, the community, nature, and work. Several authors suggest that communication skills and comfort levels in interacting with others are fundamental components of social wellness (Durlak, 2000; May, 2007; Renger et al, 2000). Other essential components include the quality and the extent of social interaction, influenced by motivation, action, intent, and perception of oneself and in relation to others (Commission on Social Determinants of Health, 2008; Miller & Foster, 2010). Anspaugh et al (2004) include in social wellness the ability to form support networks of friends and family members, the ability to maintain intimacy and the acceptance of others as important. Furthermore Roscoe (2009) suggests the active promotion of a healthy environment and the betterment of community in everyday actions such as volunteer work as contributors to social wellness.

For the purpose of this study social wellness is defined as: the positive movement toward balance and integration of the interaction between the individual, society and nature; and a person's social experience and interaction.

2.3.4 Spiritual wellness

Spiritual wellness is a well-developed and often-discussed topic in the wellness literature (Miller & Foster, 2010). Adams et al (1997) define spiritual wellness as a positive perception of meaning and purpose in life as well as recognizing and accepting an integrated force between body and mind. Similarly Hettler (1980)

views spiritual wellness as seeking meaning and purpose in existence and the understanding of one's place in the universe but describes it as a process as opposed to a perception. Renger et al. (2000) considers the meaning of spiritual wellness as finding a basic purpose in life and the pursuit of a fulfilling life; the ability to give and receive love, joy, and peace; and a willingness to help others. Westgate (1996) proposes four key components of spiritual wellness: meaning in life; intrinsic values; transcendence and spiritual community. Here, emphasis is placed on the relationship between the self, others, and the universe, as well as the creation of meaning and the definition of one's own identity in relationship to others and the universe.

Spirituality and religion are not used synonymously in the literature. The two concepts, while overlapping, are distinct from one another (Adams et al, 1997; Miller & Foster, 2010; Westgate, 1996). For the purpose of this study spiritual wellness is defined as: personal values and beliefs created by each individual towards life's purpose, and the self in relation to others, to the community, nature, the universe, and possibly a higher power. Spiritual wellness includes the development of a deep appreciation for the depth and expanse of life and of natural forces that exist in the universe (Hettler, 1976).

2.3.5 Emotional wellness

Emotional wellness recognizes the awareness and the acceptance of a person's feelings. Adams et al (1997) and Helliwell (2005) describe emotional wellness as a continual process that incorporates the awareness, constructive expression, and management of emotions, as well as a realistic self-assessment and positive approach to life. Miller and Foster (2010) also see it as a continual process, but one that develops as a person matures. Hettler (1980) highlights the importance of the degree to which the person feels positive and enthusiastic about the self and about life. Positive and enthusiastic feelings include the capacity to manage feelings and related expression and behavior. Similarly Ryan and Deci (2001) and Hales (2005) define emotional wellness and include negative states such as depression and anxiety as well as positive well-being, self-control, and optimism. Moreover, Hales (2005) includes trust, self-

esteem, self-acceptance, self-confidence and the ability to bounce back from setbacks and failures as important to emotional wellness.

For the purpose of this study emotional wellness is defined as an awareness and acceptance of feelings, as well as a positive attitude about oneself, about life and the future.

2.3.6 Environmental wellness

Environmental wellness is a broad concept and considers the nature of an individual's interaction with the environment on a local, community and global level. The environment includes home, work, the community, and nature (Miller & Foster, 2010). Renger et al (2000) and May (2007) discuss the relationship and impact of an individual on the environment including natural and community resources such as recycling and community clean-up efforts. In addition Aspaugh et al (2004) and Hales (2005) discuss the need to consider the safety of food and water supplies, and freedom from, for example, infectious diseases, social violence, ultraviolet radiation, air and water pollution and second-hand tobacco smoke.

For the purpose of this study environmental wellness is defined as the nature of an individual's reciprocal interaction with the environment and an awareness and appreciation of the limits of natural and community resources.

In summary, a review of the literature permits a number of statements to be made about wellness concepts in the context of this study. First, wellness is more than just the absence of disease; it is an alternative understanding of health that is positive in nature (Voigt, 2010). Second, wellness is described in terms of multiple principle components that work synergistically where each is greater than the whole. Third, wellness relies on the balance and harmony amongst its principle components (Adams et al, 1997; Clark & Clift, 1996; Dunn, 1977). Fourth, wellness is ongoing and not an end state; wellness requires self-responsibility and individual motivation (Adams, 2003; Bruhn et al, 2005; Clark, 1996; Dunn, 1977, Greenberg, 1985; Voigt, 2010). It is important for this study

that the final measurement tool is content valid and reflects these represents wellness accurately.

2.4 The emergence of a wellness industry

Wellness had, until recently, been viewed solely as a concept and as a philosophy. Despite an acknowledgement that a wellness industry exists (SRI, 2010) no clearly defined wellness industry classification is provided by standard business and economics statistics. Similarly, due to the recent emergence of the wellness industry, there is minimal academic literature on the wellness industry. For this study, therefore information has been sought from industry reports, academic and non-academic books. Additional information is also sourced from websites and spa magazines.

Pilzner (2002) has captured this emerging business phenomenon in *The Wellness Revolution*. He views wellness as an industry not a concept, and highlights how the wellness industry differentiates itself from the conventional healthcare sector. Pilzner (2002) also considers the wellness industry as a proactive industry, in which products and services are targeted at healthy people with the promise of helping the target market look better and feel healthier. Furthermore Pilzner (2002) labels conventional medical approaches the 'sickness industry' believing it is reactive, and products and services are provided to people with an existing disease to either treat the symptoms or eliminate the disease. Furthermore, Pilzner (2002) suggests that people become customers of the sickness industry by necessity, not choice compared to people who voluntarily become customers of the wellness industry.

Such a view is shared by others (Cohen & Bodecker, 2008). Sacavem & Correia (2009 pp. 418) define the wellness market as:

“Consisting of delivering services or selling products in a proactive way to healthy people (without any diagnosed pathology) which would encourage the reduction of the aging effect, prevent the occurrence of disease and add to the improvement of one’s self-esteem and body image”.

Both Pilzner (2002) and Sacavem & Correia (2009) identify healthy people as the target market for wellness products and services. Multiple factors underpin the growth of the wellness industry in Western countries: an aging population; failing medical systems and increasing healthcare costs; an increasing skepticism about modern orthodox medicine; exposure to different cultural lifestyles through globalization and large-scale migration, and; the decrease in traditional religious adherence in some Western societies (Cohen & Bodecker, 2008; Smith & Kelly, 2006; Smith & Puczkó, 2008; SRI, 2010; Voigt, 2010).

Furthermore, Pilzner (2002) alludes to the increased use of the word wellness in the advertising and marketing of health-related products and services. Evidence suggests that wellness is an effective marketing tool (Miller, 2005). Research has yet to be carried out on the effectiveness of the term wellness in marketing communications. Yet anecdotal evidence based on the proliferation of products, services and communications suggest the use of the term wellness is increasing in incidence and in importance. Web-based marketing and advertising companies exist, for example, which focus solely on incorporating wellness into products and advertising strategies (e.g. www.wellnessproposals.com) and LinkedIn, a web-based, business-orientated, social networking site has established a cluster group especially for health and wellness advertising consultancies (LinkedIn, 2012).

Wellness has been used in the marketing and packaging of German salami and socks. Although these items may be healthier in terms of nutritional content, material used or their impact on the environment during production, neither product category is likely to directly impact a person's wellness. However, due to the lack of clarity around the term wellness and the different cultural interpretations of the concept, education around the concepts of wellness is needed, along with greater industry direction about its use.

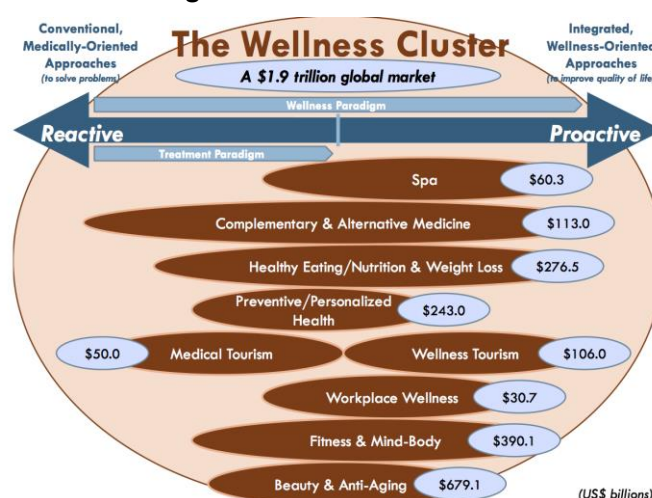
In an attempt to summarize this emerging niche Pilzner (2007) suggests that the wellness industry encompasses the following sectors:

“Vitamins, nutritional supplements, skin care products and services, cosmetic plastic surgery, voluntary eye surgery, cosmetic dermatology, genetic engineering (sex selection and fertility enhancement), cosmetic and reconstructive dentistry (caps, implants), preventative medicine, health savings accounts, high-deductible (wellness) health insurance, fitness clubs, fitness and athletic equipment, voluntary pharmacy (Viagra, Rogaine etc.), health food products, health food restaurants, and weight loss products” (2007, pp. 30).

However, no framework has been developed to encourage links between this broad cross-section of economically interdependent businesses. In an attempt to fill this gap SRI (2010) propose the following industry clusters: spa; complementary & alternative medicine; Healthy eating/nutrition and weight loss; Preventative/ personalized health; Wellness tourism; Workplace wellness; Fitness & mind-body Beauty & anti-ageing.

Figure 2.3 shows the estimated value of each cluster and it's positioning in relation to proactive or reactive approaches.

Figure 2.3: Wellness clustering



From “Spas and the global wellness market: Synergies and opportunities” by SRI, 2010. Copyright 2010. Reprinted with permission (Appendix 14).

The clustering concept acts as an analytical and organizational mechanism, which allows strategic planning by industry and government organizations (SRI, 2010). Lack of subsequent academic research in this area means it is difficult to see how effective this clustering has been.

Clusters proposed by SRI (2010) for example complementary and alternative medicine offer products and services based on ancient principles linked to Ayurveda, Traditional Chinese Medicine, meditation, spa rituals and geothermal bathing (Smith & Puczkó, 2009; Cohen & Bodecker, 2008). Today's concept of wellness appears to be embedded in regional and local traditions and cultures. Many of these modalities are growing increasingly popular globally and becoming central components of wellness-orientated products and services (Cohen & Bodecker, 2008; SRI, 2010).

Most mainstream consumers only vaguely understand the words and concepts associated with wellness (SRI, 2010). The wellness concept is subject to different interpretations depending on geographical location (Erfurt-Cooper & Cooper, 2009).

Chan (2007) conducted research to find out how Asians understand wellness. Findings suggest local people associate wellness mainly with personal wellbeing and lifestyle, stress release for working people in urban areas and a new form of leisure/ tourism activities for foreign tourists (Smith & Puczkó, 2008). Included in these activities are spa and body treatments for personal wellbeing, yoga and spiritual enlightenment, use of complementary and alternative therapies and beauty/cosmetic surgery.

In contrast, Central and Eastern Europe associate wellness with physical and medical healing through mineral and thermal waters. This may be due in part to the historical inclusion of thermal spa treatments as part of government-funded healthcare initiatives (Crebbin-Bailey et al, 2005; Smith & Puczkó, 2008). Western and Southern Europeans share a similar understanding of the concepts however, the geographical location of wellness product and services plays an important role as they include the use of sunshine, sea air and seawater as well as thermal and mineral water (Smith & Puczkó, 2008).

Conversely, the United Kingdom, United States, Canada and Australasia utilize day spas as wellness providers. Emphasis is placed more on cosmetic treatments, relaxation and pampering than it is on medical treatments or other holistic rituals. Growth trends have been noted in occupational wellness, while

spiritual wellness has been identified as lacking. Some equate this with the decline in organized religion in these regions (Cohen & Bodecker, 2008).

Regional differences to wellness are reducing due to increasing globalization and hybridization of wellness products. Eastern and western philosophies and traditions are now infiltrating one another (Smith & Puczkó, 2008). The lines are increasingly blurry.

It has become increasingly difficult to identify the products and services that contribute to wellness. Furthermore there is no performance evaluation measurement tool available to evaluate a spas ability, through its products and services, to offer a complete wellness experience. Many practitioners are not required to be registered, therefore are not accountable to the public, for their professional behavior and activities.

In summary, recent interest in wellness has resulted in changes in lifestyle choices for an increasing number of people and wellness has established itself as a flourishing industry. The concept of wellness today has not changed a great deal; only the approach to achieving it has taken on numerous new forms. Many concepts are embedded in current wellness offerings and represented through many different products and services. Several products and services are based on ancient wellness principles but are packaged with a modern twist. These wellness offerings encompass many of the principle components of wellness.

However most of the wellness products and services identified by Pilzner (2002) are not linked to professional associations or governing bodies. This has contributed to the misunderstanding and misuse of the word at a business level, which has the potential to harm the credibility of the industry as a whole.

2.5 The concept of spa

Spas are the third most accessed resource for enhancing or maintaining wellness globally (after exercise and eating better) (SRI, 2010). Therefore it is important to examine literature on spa, including its definition and concepts.

Today's spa industry is a global phenomenon that has emerged from a convergence of industries, traditions and therapeutic practices (Cohen, 2008). Many spa concepts have existed since ancient times. These spa concepts normally reflect the local cultural, social and political traditions (Cohen & Bodecker, 2008; Ertfurt-Cooper & Cooper, 2009).

Without a clear understanding of where the spa concept originated, it is difficult to understand the positioning of spa today and its links with wellness. Minimal academic research has been published in the area of spa. Most available studies are industry reports or textbooks used to teach practitioners. The literature referred to in this section has been gathered from these sources and industry based websites.

Most literature identifies early spas as being used for rehabilitation and treatment of illnesses (Cohen & Bodecker 2008; Leavy & Bergel, 2003; Rockel 1986; Scott & Harrison, 2006). The role spas play in leisure and tourism is also emphasized (Kulczychi & Lück, 2009; Smith & Kelly, 2008; Smith & Puczkó, 2008; Voigt 2010,).

Lee (2004) suggests that spa concepts are based around four elements: water, earth, fire and air. Smith & Puczkó (2008) describe how these elements were possibly incorporated in the spa setting: water therapies to heal and soothe the body; heat treatments to induce sweating and accelerate circulation of the blood; earth offers numerous natural herbs, flowers, plants, muds and fruit; and fresh air and oxygen as the essence of life.

The concept of spa, the healing traditions drawn upon, and the therapeutic techniques influenced by these elements differ dramatically from one country to another. The strongest influences came from Europe and Asia, although the Middle East also played a vital role.

2.5.1 Europe

The element of water is prominent in European spas through its association with “taking the waters” (Ellis 2008; Leavy & Bergel, 2003 p. 5), either by soaking in it or drinking it. Rockel (1986) linked European spas with natural thermal springs, which the Greeks and Romans believed had healing powers. The relationship between personal hygiene and health was discovered prior to 300BC and hot and cold water treatments were prescribed for preventing or curing a variety of diseases such as gout, skin complaints and stomach problems (Crebbin-Bailey et al, 2005). The Romans further considered spas as a vital social, political and group activity (Crebbin-Bailey et al, 2005; De Vierville, 2003; Rockel 1986; Scott & Harrison, 2006).

Cohen and Bodecker (2008) also recognize this strong link between spas, water and healing and have proposed two types of European spa; thermal spas including cold water springs for drinking and natural hot springs for healing and; thalassotherapy spas using seawater, seaweed and mineral bath salts. It appears that modern European spa treatments utilizing water are named after their geographical roots (e.g. Vichy massage and Aix massage). In addition, some destinations in Europe such as Budapest (Hungary) and Baden Baden (Germany) use spa as the key attraction for attracting tourists (Smith & Puczkó, 2008).

Many authors identify the paradigm shift in European spas from health and healing to pampering and luxury as occurring around the nineteenth century (De Vierville, 2003; Leavy & Bergel 2003; Rockel, 1986). For example Rockel (1986) suggests spas became a place to be seen by high society and were attended by the wealthy. Most attended spas, not because of illness but for the pursuit of health, beauty, inspiration and in some cases, for sexual pleasures (Ellis, 2008). Smith (2010) notes at this time additional elements were added to the European Spa concept. Scott and Harrison (2006) identify these elements in the form of mountain climatic resorts, seawater facilities and naturopathy.

European spa resorts ran into disuse in the early twentieth century (Ellis, 2008). Miller (2005), Scott and Harrison (2006), and Smith, (2010) attribute this disuse to the evolution of scientific cures and the introduction of nationalized health

systems following World War II in 1945. However, countries including Germany, Russia and France where spa was incorporated into either the national or union based health care system appear to not have experienced this decline (Leavy & Bergel, 2003).

The recent withdrawal of financial support from government care schemes forced many spas to venture into new markets including wellness tourism (Bushell & Sheldon, 2009; Tabacchi, 2008). Cohen & Bodecker (2008) identified aspects of the 1970's as strongly influencing the revival and development of spa, and destination spas in particular. The use of organic food, daily meditation and exercise emphasized the mind/ body connection (Tabacchi, 2008). The arrival of the baby boomer generation (people born in the 1940-1960's) is seen by some researchers to have also influenced the revival by displaying an appetite for products and services that will enhance and lengthen their lives (Cohen & Bodecker, 2008; Crawford, 2008). Recent statistics identified baby boomers and their Generation-X children as the main consumers of spa related products and services (ISPA, 2012; Smith & Puczkó, 2008).

2.5.2 Asia

Asian countries have only recently adopted the word 'spa'. The spa industry has not been well recognized within Asia (Loh, 2008). There is literature describing the benefits and effects of the key modalities (e.g. Ayurveda and Traditional Chinese Medicine) but this is outside the scope of this study. The available literature is drawn from wellness tourism and global spa history literature.

Asian spa concepts are based on Eastern healing traditions. Water remains part of the spa experience, but is not central as in Europe (Ellis, 2008; Ertfurt-Cooper & Cooper, 2009). However, Asian spas have historically drawn upon rich traditions of healing and have been strongly influenced by culturally based holistic therapies mainly accessed by the local community (Smith, 2010). The theoretical roots of these traditions originate from India and China, civilizations with a long history of massage, yoga, meditation, herbal medicines and other forms of healing and spiritual practice (Bushell & Sheldon, 2009; Cohen &

Bodecker, 2008; Smith & Puczkó, 2008). Within Asian spa treatments, Cohen and Bodecker (2008) identified a connection between breathing, stillness, silence and optimum functioning of the mind and body as playing an important role. Tabacchi (2010) also identified similar connections but emphasized the importance of the environment as the basis of health. Ellis (2008) believes these philosophies and treatments naturally recognize the body, mind and spirit as an inter-related entity.

There is little evidence of Asian wellness approaches stagnating. Loh (2008) indicates that Asian spas today are capitalizing on the disillusionment with conventional medicine and benefit from the consciousness towards holistic, sustainable and preventable health. Furthermore, Loh (2008) reports spa is now seen as a major product and vehicle for the Asian tourism industry. Moreover, many authors suggest that not only has there been resurgence within Asia but these approaches have also been recognized by western countries and are now considered an important attribute in their wellness offerings (Cohen & Bodecker, 2008; Loh, 2008; Erfurt- Cooper & Cooper, 2009; Bushell & Sheldon, 2009).

2.5.3 Middle East & North Africa

Little is written about these geographical areas regarding spa but their influence is evident today. While some of the literature (Leavy & Bergel 2003; Miller, 1996) link these geographical areas with the use of hammams (steam baths), mud, seawater and herbal infusions, Smith (2010) believes: Hippocrates's theory of the four humors (yellow bile, black bile, phlegm and blood); the four seasons; and Tibb (behavior and lifestyle) underpinned spa in the Middle East and North Africa. Hippocrates's believed the body was filled with four basic substances, called humors, which are in balance when a person is well. These humors are influenced by the four seasons, a person's behavior and lifestyle. These factors equate to the four elements identified by Lee (2004).

In summary, despite these distinctly different cultural influences these regions all share a common thread: body, mind and spirit (Bushell & Sheldon, 2009; Smith & Puczkó, 2008; SRI, 2007). As globalization has occurred, the blending

of these traditional and modern therapeutic disciplines together with the combining of science and heritage of healing have enriched the spa industry and increased consumer recognition (Cohen & Bodecker, 2008; Scott & Harrison, 2006; SRI, 2007).

2.6 Defining spa

Currently the term 'spa' is defined in a variety of ways, often influenced by the context in which it is to be used and by geographical location. The source of the linguistic word 'spa' is unknown. Many authors discuss the origin of the word but few agree on its origins. Some believe it originated from a Belgium town called Spa where mineral springs were used for healing purposes (Crebbin- Bailey et al, 2005, De Vierville, 2003). Some believe it is derived from the term 'espa', meaning fountain in Walloon (Licht, 1963). The most commonly discussed origin is that spa is an acronym for the Roman term 'salus per aqua' meaning health through water (Cohen & Bodecker, 2008; SRI, 2007).

Just as the spa industry has evolved over the years so have the definitions of spa. In many cultures spas are closely linked with water, health and hygiene; the Oxford English Dictionary (2011) defines spa simply as 'a place where there is a curative mineral spring'. Others include linkages to water but broaden their definition to encompass additional aspects. The British International Spa Association (BISA) (2010) refers to spa as an establishment that provides a minimum of one approved water-based treatment using water of known composition. In contrast, Australasian Spa Association (ASPA) (2012) only provides definitions of its four identified clusters: day; destination; natural bathing and; related spa, without having a general definition. Some definitions incorporate specific principle components of wellness. For example, Asensio (2002) defines spa as a place aiming to improve health and physical condition.

Over the last 10 years spa definitions have broadened to encompass virtually any place, facility, product, treatment or solution that is connected, however loosely, with physical, mental or spiritual health. De Vierville (2003) defines spa as a place whose purpose is facilitating whole human health care, wellness and social wellbeing. SRI (2007) describes spas as establishments that promote

wellness through therapeutic and other professional services aimed at renewing the body, mind and spirit. Similarly the ISPA (1991) view spa as places devoted to overall well-being through a variety of professional services that encourage the renewal of mind, body and spirit. All three descriptions have moved away from the inclusion of water and have aligned themselves more with the wellness industry by suggesting that holistic wellbeing plays a key role in the spa setting.

Whilst the definitions proposed by De Vierville (2003), SRI (2007) and ISPA (1991) can be used in a much broader context some believe the extended use dilutes the integrity of the word and this has been found to irritate the purists (Spa Business Association, 2010). In contrast, others see this shift as a tribute to the sheer positive nature of the spa concept and all of its associations (SRI, 2010).

For the purpose of this study the most widely accepted and understood definition of spa is used. Spas are: 'Places devoted to overall well-being through a variety of professional services that encourage the renewal of mind, body and spirit' (ISPA, 1991).

2.7 The spa industry today

It is evident from the literature discussed that perspectives of the spa construct differ according to geographical location suggesting spa is ambiguously described. Cohen (2008) views the global spa industry as a melting pot for a range of services and products that enhance health and wellbeing. The blending of traditions from around the world has formed a new type of spa including beauty, pampering, service ethics, medical traditions, holistic therapies and spiritual practices. The convergence of these influences has also seen spas become embedded within associated industries including hospitality and tourism (Bushell & Sheldon, 2009; Cohen, 2008; Smith & Kelly, 2006).

The language intertwined with spa has come full circle from rehabilitation and cures to luxury and pampering and now focusing once again on health and wellness (Cohen & Bodecker, 2008; Crebbin-Bailey et al, 2005; Smith & Kelly, 2006; Smith & Puczkó, 2008). Cohen & Bodecker (2008) use terms

interchangeably such as health, wellness, restoration, relaxation, education and self-exploration, words often associated with the concept of wellness thus forming links between the body, mind and spirit with spa.

The last decade is highlighted as being the beginning of a new era for spa, not only in the number of spas, but also in the diversity of spas and spa therapies available (Ellis, 2008; Loh, 2008, Tabacchi, 2008). This growth has resulted in the necessity to unite the spa industry, and ensure a consistent quality spa experience for the spa visitor. This will also protect the legitimacy of the industry (Spa Association of Canada, 2012; BISA, 2012).

The ISPA was established in 1991 with the purpose of building a framework on which the industry could grow (Ellis, 2008; Tabacchi, 2008). According to the ISPA (2011), their aim is to provide invaluable educational and networking opportunities, promote the value of the spa experience and act as the authoritative voice for fostering professionalism and growth. Other associations have formed since the conception of ISPA, all with similar aims but each with its own cultural interpretation. In addition, the European Spa Association (ESPA) and the Asia Pacific Spa Wellness Council (APSWC) have been established, with the purpose of becoming a more powerful voice for their respective regions.

Examples of initiatives in relation to fostering professionalism and growth administered by associations include the development of industry codes of practice and the formation of cluster groups to add some organizational structure to the industry. Table 2.3 shows clusters of spa characteristics proposed by various stakeholder groups.

Table 2.3: Spa cluster groups

Author	Historical	Traditional	Contemporary	Mineral	Natural bathing	Destination	Resort/ hotel	Day	Club	Medical	Wellness	Rehabilitation/ hospital	Related spas	Cruise
ASPA (2011)					X	X		X					X	
Bali Spa and Wellness Association (BSWA) (2012)				X		X	X	X	X	X				X
BISA (2010)	X	X	X											
De Vierville (2003)				X		X	X	X	X	X				X
ISPA(1991)				X		X	X	X	X	X				
Leavy & Bergel (2003)						X	X	X	X	X	X	X		
Spa Association of Canada (2010)						X	X	X		X				

Some clusters reflect the context in which they are embedded. For example the British International Spa Association (2010) includes ‘historical, traditional and contemporary’ clusters, one’s reflected in their local environment. Others identify clusters outside their local region e.g. the Bali Spa and Wellness Association identifies mineral spas even though Bali does not have these resources.

While each cluster is clearly defined, some clusters appear to overlap, causing confusion. For example ‘mineral’ and ‘natural’ bathing may be considered similar but use different language to describe them. The word ‘spa’ now encompasses a whole variety of products or services. This lack of clarity and understanding not only impacts the industry at a business level but also at a consumer level as it is difficult for a consumer to identify what type of spa experience they might receive because of the ambiguity of the word spa (Cohen, 2008; Smith & Puczkó, 2009).

In summary, it is clear that the spa industry is growing rapidly and is expected to continue growing (Tabacchi, 2008). The spa industry encompasses a wide variety of products and services and the trend of blending elements from different cultures is predicted to continue (Spa Finder, 2007).

2.8 The wellness spa construct

Minimal empirical research is available to guide discussions on defining the wellness spa construct. It is evident from the available literature that the concept of a wellness spa has always existed to some degree. Certain principle components of wellness are intertwined within most spa clusters.

The importance of wellness for the spa industry was underscored in the Global Spa Summit delegate survey (SRI, 2010) which showed that spa industry stakeholders perceive the preventative health segment as offering the biggest opportunity for their future business and that preventative healthcare ranks as one of the two greatest forces influencing their spa business. This was further cemented in a report entitled “Spas and the Global Wellness Market” (SRI, 2010). One of the key findings was wellness is not a passing fad and is instead a global market estimated at \$1.9 (U.S) billion dollars. The report also identified the spa industry as sitting solidly at the center of the global health and wellness trend and has been a driver and beneficiary of the evolving concept (Cohen, 2008).

Most spa literature claims that all spas contribute some form of wellness or health benefit or claim. In a recent article published in *Spa Opportunities* magazine (July, 2012, pp. 32) an industry analyst reported that these claims were often more market ploy than hard facts. The analyst stated, “Some spa leaders are pushing a little too hard on wellness in order to gain market share”. This would suggest that some spa businesses are guilty of wellness washing, that is to say they are marketing themselves as something they are not. However the spa industry may not understand the concepts of wellness and therefore be guilty of wellness washing by default.

Over the last few years there have been additional articles published in magazines and on the internet that allude to the problem of wellness washing in the spa industry. The European Audit Institute (2012) report that terms like wellness creams, wellness podiatry and wellness foods are often used by suppliers and manufacturers to promote the use of their products to spa businesses and consumers.

2.9 Monitoring the spa industry

In the last five years there has been a proliferation of spas that identify themselves as wellness spas or as offering wellness products and services. The lack of a valid and reliable performance evaluation measurement tool results in the inability to monitor national and international standards. While Loh (2008) equates this to the young age of the industry, Cohen (2008) suggests this may be linked to the fact that the spa industry now straddles other industries (e.g. health, wellness, hospitality and tourism) that have well developed monitoring systems.

Despite this, stakeholders in the spa industry are concerned that inconsistencies will affect the credibility of the industry (ESPA, 2012). In an attempt to address this a variety of mechanisms have been put in place by the spa industry. These include industry awards, codes of practice and accreditation audit tools.

2.9.1 Industry awards

Spa industry awards are currently used as a way to convey quality and recognize standards. Many spa associations have developed industry awards (ASPA, ISPA, BISA, BSWA). The aims of these awards are: to honour excellence; enable ongoing improvement in standards within the industry; set benchmarking standards that guide the consumer and to define indicators of excellence to drive the industry forward (SpaAsia, 2011; Loh, 2008).

SpaAsia (2011), a leading spa and wellness journal, have led the way by attempting to educate consumers on spa service and quality through their annual Crystal Awards (Loh, 2008). These awards are divided into fourteen categories with quality not quantity being the defining characteristic. The criteria used in the measuring tool were identified by a panel of industry experts however, the composition of this group could not be identified from the SpaAsia (2011) website. Categories are based around each cluster group targeting recognition of best practice in human resources, training and industry contribution (SpaAsia, 2011). A spa is required to select a category and supply a portfolio of evidence to show they meet the criteria. As the awards are quality

based, products and services offered are not judged as part of the criteria. The award is self-regulated by the journal but no evidence was available to support its validity and reliability other than reputation of the journal itself.

2.9.2 Codes of Practice

According to BISA (2011) codes of practice contain verifiable, binding criteria that define a good quality spa. Many spa COP documents include aspects covered by ISPA (2011) in their COP: human resources, safety, guest relations, service and guest experience, business practices, codes of conduct and ethics and sustainability (ASPA, 2012; APSWC, 2012; BISA, 2012; ESPA, 2012; ISPA, 2012). The COP used by ISPA is widely accepted as being the internationally recognized benchmark (ESPA, 2012).

Establishing COP's as a tool for quality control is only effective if it is monitored closely, not only by the business owner or manager but also by third parties (Institute of Spa Management, 2008; Ministry of Economic Development, 2006). Third party assessment is generally preferred as it provides confidence that specified criteria is adequately met, following verifiable and impartial procedures (Allison & Carter, 2000). Most spas COP's are not monitored by their respective associations.

2.9.3 Performance evaluation measurement tools

Some industries have developed performance evaluation measurement tools from existing COP's. These tools are implemented by third parties and include a rating system. Rating systems are proven effective tools for marketing and fill the information gap for consumers when differentiating between businesses (European Audit Institute, 2012; Rubik & Frankl, 2005).

One example of a well-developed performance evaluation measurement tool is Qualmark, a New Zealand Tourism official quality assurance organization providing a trusted guide to quality travel experiences (Qualmark, 2012). Qualmark carries out third party independent on-site audit assessments of tourism operators and accommodation providers where reviews of operator's business practices are measured against all criteria that reflect industry best

practice. Qualmark believe issuing a recognized standard award works as a customer attractant. Customers can also benchmark one Qualmark provider against another by a visible rating system. Research statistics show 92% satisfaction for customers who used quality assured accommodation (Qualmark, 2012). However Qualmark is a voluntary monitoring system where businesses can chose to participate or not. Therefore a Qualmark rated business can only be rated against another Qualmark rated business by customers and not against non-participating business.

Some spa businesses recognize the effectiveness of rating systems like Qualmark (2012) and have adopted the use of other industry systems such as Green Globe. Green Globe is a travel and tourism industry certification programme for sustainable tourism (Green Globe, 2012). The programme includes a structured assessment of sustainable performance based on 41 individual sustainability criteria covering sustainable management, social economic, cultural heritage and environment (Green Globe, 2011). Recognizing the gap in the spa industry of quality rating systems, Green Globe have recently developed a set of spa sector benchmark indicators for spa operators using the Earth Check system. This is the first independent third party monitoring tool for the spa industry. However it is only concerned with environmental sustainability aspects.

Performance evaluation measurement tools have been designed specifically for the wellness industry but are mainly associated with wellness experiences in hotels and resorts. The Alpine Wellness International group (2004) recognizes that to be competitive within the global wellness market appropriate competence, quality and credibility is required. In an attempt to address this, a group, consisting of tourism businesses spanning three European countries (Bavaria, Austria and Switzerland) has together developed a set of strict criteria pertaining to a wellness experience specifically for hotels and resorts in the Alps. The 36 page criteria document is extensive, detailed, pertains to all aspects of the business and is used as an audit tool annually by an independent third party (Alpine Wellness International, 2004).

No information is available as to the effectiveness of this initiative but the Alpine Wellness International group (2004) agree that a good brand gives rise to visual imagery in a consumer's head, clear messages and awareness. Effective branding, which for them includes the use of the term 'wellness' has the potential to gain loyalty and thereby a promise of quality. Being an accredited provider of Alpine Wellness allows benchmarking to occur across its members. This allows one business to measure its performance against another similar business, creating industry benchmarks.

Benchmarking is a relatively new concept for the spa industry with reports only being available since the year 2000 (Garrow, 2008). Garrow (2011) considers industry benchmarking facilitates reliable business planning and enables businesses to become and remain competitive. Intelligent Spas (2012), an independent research company produces the majority of the benchmark reports for the global spa industry. These benchmarks also inform government, tourism and financial initiatives to help develop the industry and assist in sustainability of businesses (Garrow, 2011). While most of the spa industry benchmark reports focus on demographics and financial assessments, some do report which products and services are offered (New Zealand Trade & Enterprise, 2008) but these are not measured against any standards based criteria.

2.10 Development of a performance evaluation measurement tool for wellness spas

A rating system designed to measure a spas ability, through its products and services, to offer a complete wellness experience at best can only be a general tool reflecting the different parameters and criteria seen in each country. An Internet search identified one measurement tool for the wellness spa industry, the European Wellness Spa Audit Tool (European Audit Institute, 2011).

The European Audit Institute (2012) noted there was no minimum requirement for spas in relation to offering a wellness experience. In response to this the 'Wellness & Spa Europe Certificate' was launched in 2008. Accreditation requires thirteen different criteria to be met. The measurement tool includes items representing multiple wellness components and only specifies 'water

therapies, other international treatments and massage' (pp. 3). The European Audit Institute also developed the 'European Treatment Spa Standard' list for benchmarking massage treatments only. On further analysis it appears both tools are designed for wellness spas in hotels only (European Audit Institute, 2011).

The method used for the generation and selection of criteria in the scale measurement tool is not evident. Besides the mention of specific treatments relating to water no other products and services are included, therefore the question of what should be included in a wellness spa in terms of products and services still needs to be answered. A new performance evaluation measurement tool must be relevant for its stakeholders to ensure it accurately represents the wellness spa construct.

Despite the recent development of industry awards, COP's and performance evaluation measurement tools, a gap still exists relating to the ability to evaluate a spa, through its products and services, to offer a complete wellness experience. Therefore it would seem appropriate to develop a tool that accurately measures the attribute wellness within a spa. An evaluation tool for the wellness spa industry assures credibility and quality. For the consumer this represents a clearly recognizable orientation as a wellness spa.

A pre requisite for using the tool is " the facility must meet the basic criteria of a spa as outlined by a recognized professional spa association or governing body".

Developing sound scale measurement tools is a difficult and time-consuming process (Schmitt & Kilmoski, 1991). The American Psychological Association (1985) states that measures should demonstrate construct validity and content validity. This study incorporates the C-OAR-SE procedure for scale development (Rossiter, 2002). This framework is discussed in depth in the Methodology chapter.

2.11 Identifying the principle components of a wellness spa

According to Rossiter (2002), it is important to identify the attributes on which an object is to be judged. While the key attribute is identified as wellness, the principle components that form wellness in a spa still need to be identified.

Being a new concept, there is a dearth of literature on what principle components should be included in a wellness spa. The findings of a recent survey gave an overview of the current wellness spa industry (SRI, 2010). Included in the survey was a question related to wellness principle components. Spa businesses were asked to identify which principle components they cater for in terms of products and services. A list of seven principle components was supplied to the participants: mental, emotional, physical, occupational, environmental, social and spiritual wellness.

The physical component appears to be the most catered for in terms of products and services and social and occupational principle components least catered for. No explanation is given as to how the principle components were selected for the study. The participating stakeholders were only asked to respond to the principle components supplied. This restriction may have influenced the results as no additional principle components were allowed to be included even if participants thought they were needed.

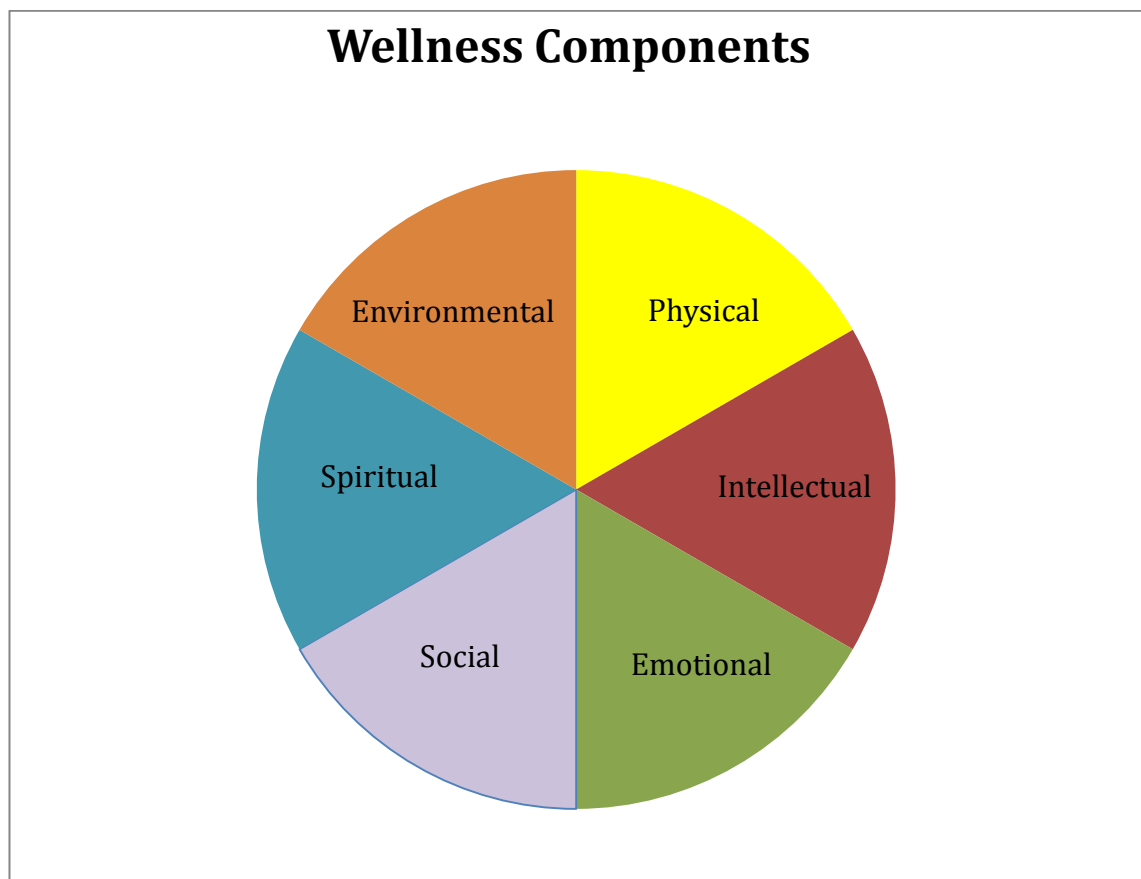
Moreover, it is not clear which products and services were allocated to each component and no description of the principle components selected was supplied to participants. Participants in this study included spa industry stakeholders and were identified as spa directors, managers, practitioners and consumers (SRI, 2010).

In the same survey spa industry stakeholders and spa consumers were asked to rank each component in terms of importance. Both groups agreed that physical and emotional wellness was the most important. However spa consumers ranked mental and occupational wellness components significantly higher than industry stakeholders did. Spa consumers ranked spiritual wellness as less important than industry stakeholders. Therefore there is disparity among stakeholders on the importance of some wellness components.

The demographic representation of the group may also have influenced the results. The report notes that convenience sampling was used and respondents were heavily weighted towards North Americans and Europeans and to a lesser extent Asian. This may explain why spirituality did not rate as highly as industry stakeholders expected.

This study adopts a six component model comprising the most commonly referred to principle components in the literature; physical; intellectual; social; spiritual; emotional and; environmental. While the component 'occupational' was included in most models, it has been excluded from this study because most occupational literature refers to the ability to achieve a balance between work and leisure time and, the attitude towards work, school and career goals (Anspaugh, Hamrick & Rosato, 2004). This research focuses on the consumer and not the employees of a wellness spa and occupational wellness is therefore outside the scope of this study.

Figure 2.4: Principle components that form the attribute wellness in a spa setting



2.12 Chapter summary

In summary, it is clear that synergies exist between wellness and spa. Many of the concepts of wellness are reflected in the products and services offered in a spa. It is evident that a lack of a definition for a wellness spa has led to confusion amongst researchers, practitioners and other stakeholders. This confusion has contributed to the issue of wellness washing, whether intentional or not. Tabacchi (2008) states that despite the longstanding focus on health and wellbeing the spa industry still needs to interpret exactly how spas relate to wellness trends.

It is important for product and service quality and consistency that the spa industry provides a unified definition of a wellness spa. Without this the conceptual definition of a wellness spa will be inadequate for how the construct should be measured (Rossiter, 2002). In addition, to ensure all the main concepts of wellness are embedded within a spa, it is important to identify the principle components that contribute to the wellness experience in a spa and how these are represented in terms of products and services. Furthermore, evidence suggests some products and services are more important to the wellness experience and should always be represented in a wellness spa.

3. CHAPTER THREE: METHODOLOGY

Chapter Two provides the theoretical and empirical background for this study, and utilizes the wellness and the spa literatures. The review of literature discusses a variety of definitions and wellness construct modalities. The review also identifies that the components, products and services that collectively constitute the construct of wellness within a spa setting are incomplete, and therefore represents a gap in the literature. The review also highlights the absence of a stakeholder orientation towards the wellness spa construct and how the construct can be measured. While there is evidence of a need to address this gap, a comprehensive theoretical and empirical framework for a solution has not so far been developed. To address this need, this study investigates how wellness and spa stakeholders define the domain of the construct of a wellness spa and what they consider to be the principle components of the construct.

The purpose of this chapter is to explain and to justify the research design of the study. This will be preceded by an explanation of the epistemological underpinning of the study and the research approach used to address the research question. The chapter is structured by two interrelated sections; firstly, research methodology, and secondly research design. The research methodology section introduces the major paradigms and their assumptions, including the post-positivist paradigm, which guides the study. The rationale for adopting a post positivist paradigm in the study is also discussed.

The second section of this chapter will focus on the research design and includes an extensive review of the C-OAR-SE procedure (Rossiter, 2002), which forms the framework for construct definition and the development of a measurement tool.

3.1 Paradigms

All research should be situated within a philosophical paradigm which informs and guide's the researcher's approach to inquiry (Polit, Beck & Hungler, 2001). A paradigm describes a way of looking at natural phenomena that encompass a

set of philosophical assumptions and acts as a theoretical framework to underpin scientific inquiry (Kuhn, 1970; Polit et al, 2001). The selection of a research paradigm should reflect assumptions concerning knowledge, reality and the role of the researcher. According to Greene (2008) the development of a methodological or research paradigm in the social and behavioral sciences requires a thorough critique of four interrelated but distinct domains. The domains are firstly, philosophical assumptions and stances; secondly, inquiry logic (methodology); thirdly, guidelines for research practice (strategies and tools that are used to conduct research); and fourthly, sociopolitical commitments (interests, commitments and power relations surrounding the location in society (Greene, 2008).

The broad paradigms of positivism and interpretivism govern much of the research in health, leisure and tourism (Henderson, 2009; Polit et al, 2001). While some purists believe that positivism and interpretivism cannot and should not be mixed (Johnson & Onwuegbuzie, 2004) others argue against this perceived incompatibility thesis (Howe, 1988).

3.1.1 The Interpretive paradigm

The interpretive paradigm is based on the philosophy that reality is socially constructed and interpreted through language, consciousness and shared meanings (Schulenkorf, 2009). According to Crotty (1998, p. 67), the interpretive approach “looks for culturally derived and historically situated interpretations of the social life-world” and interpretive studies aim to understand the context of a phenomenon through the meanings that people assign to it (Myers, 1997). Interpretive researchers generally use qualitative methods such as field research, in-depth interviews and participant observation to gain rich insights into people’s conditions, behaviors and perceptions (Grant & Giddings, 2002). Interpretive research, however, is sometimes criticized for failing to demonstrate rigor and credibility (Decrop, 1999).

3.1.2 The Positivist paradigm

In contrast to the interpretive paradigm, positivism considers the object being researched as possessing measurable properties. These properties exist

independently of observers and their methods and the relationship between these properties can be established as scientific facts (Smith, 1998; Veal, 1997). Science, according to the positive paradigm, is a means for achieving empirical facts, to understand the world well enough so that it can be predicted and controlled under the laws of cause and effect (Social Research Methods, 2012). Within positivism, deductive reasoning is used to postulate theories that can be tested. Positivism emphasizes the importance of objectivity, systematic and detailed observation and hypothesis testing (Grant & Giddings, 2002). Positivism is associated with quantitative research methods such as surveys and statistics in search of rigor and “how things really are” (Guba, 1990). Quantification is useful because it provides a broad familiarity with cases, examines patterns across many cases, shows that a problem is numerically significant and provides unambiguous information (Ryan, 2006).

While many embrace positivism for its accuracy, it receives criticism on many levels. Quantitative approaches are not well suited to individual case studies, thus they will likely exclude the rich complexity of social life. Quantitative approaches have a tendency to reduce people to numbers. The procedures are highly structured, thus often preventing the researcher from pursuing unexpected outcomes or information (Neumann, 2003).

In summary, positivism and interpretivism occupy diametrically opposite positions. Both have strengths and weaknesses and researchers are increasingly willing to acknowledge that neither position alone is capable addressing all search questions. In social science research there is not the same purity in the positions as may be found in other sciences (Denscombe, 2002). Despite the two paradigms’ different assumptions about social reality, social scientists utilize both paradigms whenever necessary (Denscombe, 2002).

3.1.3 The Post-positivist paradigm

The post-positivist paradigm reflects a wholesale rejection of the central beliefs of positivism. Post-positivism provides an alternative to the traditions and foundations of positivism by arguing that there are multiple and competing

views of science as well as multiple truths in the empirical world (Guba & Lincoln, 1994). Post-positivism views researchers as being value-laden as a result of their cultural experiences and world-views. The paradigm recognizes that people are always biased by their perceptions of reality. Thus post-positivist researchers assert that the truth can only be approximated and can never be explained perfectly or completely (Onwuegbuzie, Johnson, & Collins, 2009). The post-positivist approach enables the integration of quantitative and qualitative methods so that a problem can be investigated by incorporating the subject's experiences of the phenomenon (Giddings, 2006).

This integration is described as 'critical multiplism' (Guba & Lincoln 1994): 'critical' implies that, as in positivism, rigor, precision, logical reasoning and attention to evidence are required. Unlike positivism, however, the post-positivist approach is not confined to what can be physically observed. Kant (as cited in Stanford Encyclopedia of Philosophy, 2012) asserts that one's knowledge of the world is based on knowledge of the phenomena. 'Multiplism' refers to the fact that research can generally be approached from several perspectives. These multiple perspectives are used to define research goals, to choose research questions, research methods and the analysis and interpretation of results (Cook, 1985). Post-positivists values in research are not about being either subjective or objective. Rather, the values emphasize multiplicity and complexity as hallmarks of humanity (Ryan, 2006). This perspective is shared by Kant (as cited in Stanford Encyclopedia of Philosophy, 2012) in that a person prescribes the structure of the world, as she experiences it, phenomenally, not in itself, or noumenally.

3.2 Justification for using the post-positivist research paradigm

People are attracted to and shape research problems that match their personal view of seeing and understanding the world (Schwandt, 1989; Glesne, 1999). The selection of the post-positivist paradigm for this study is not only influenced by the specific nature of the research questions, but also by the ontological and epistemological positions selected by the researcher (Giddings, 2006). Ontology is the nature of the reality that researchers investigate; epistemology is the relationship between the reality being investigated and the researcher;

methodology is the technique used by the researcher in exploring the reality in question (Healy & Perry, 2000).

It is this researcher's ontological belief that the nature of wellness spas is not necessarily subjective or objective; the nature of wellness spas is multiple and complex. Alternatively, given the literature provides no clear definition of the domain of the wellness spa construct, so multiple views of stakeholders should be sought (L. S. Giddings, personal communication, May 4th, 2011). Stakeholder definitions of the domain of the construct will be used to build a framework for scale development and the development of an effective measurement tool to evaluate the construct.

Epistemologically, the researchers own experience with spas and with wellness does not permit an objective perception of reality. While the concepts of 'wellness' and of 'spa' are embedded in history, the wellness spa construct itself is relatively new, and the truth about what constitutes a wellness spa may evolve over time. Therefore, this study can only establish warranted assertability as opposed to absolute truth (Crossan, 2003).

3.3 Research design

Before data collection and analysis in social science can be carried out a research design is needed. The research design should reflect the purpose(s) of the study, and detail the researchers overall plan for addressing the research question (Polit et al, 2001).

This study involves identifying defining items, which would be used to form a scale to measure the wellness attributes of a spa. As highlighted in the literature a clear definition of the wellness spa construct is needed to identify the items to be included in the scale.

3.3.1 The C-OAR-SE procedure

The research design selected for this study follows a six-step procedure called C-OAR-SE (Rossiter, 2002) an acronym for: Construct definition, Object

classification, Attribute classification, Rater identification, Scale formation, and Enumeration and reporting.

The C-OAR-SE procedure (Rossiter, 2002) focuses on the generation and selection of items to form a scale to measure a construct. C-OAR-SE is a thorough process providing content validity and a measurement approach (Lloyd, 2011). Rossiter (2002) draws on previous works on conceptualization of constructs and attribute classification including McGuire (1989), Blalock (1964), Edwards and Bagozzi (2000), Bollen and Lennox (1991) and Law and Wong (1999), however the total C-OAR-SE procedure is new.

The C-OAR-SE approach is easily differentiated from other scale development procedures. C-OAR-SE is grounded in rationalism rather than empiricism in that it is based on rational, expert judgment, rather than statistical validation (Rossiter, 2007). Other scale development approaches (Churchill, 1979, Nunnally, 1967) adopt exploratory factor analysis models to identify the componentality of constructs and with the expectation that unless a 0.80 level is reached by coefficient alpha, a multi-item measure cannot be useful (Diamantopoulos, 2005).

C-OAR-SE satisfies the appeal for greater relevance to the people behind the numbers (Churchill, 1979). C-OAR-SE encourages a more flexible and open-minded approach to scale development by relying on content validity, which ensures the items properly represent the construct (Nunnally, 1978; Rossiter, 2002). C-OAR-SE allows for reflective and formative perspectives and for single or multi-item scales to be included (Lloyd, 2007). C-OAR-SE is based on expert content validation and does not rely solely on statistics or psychometrics (Rossiter, 2011).

The COAR-SE procedure involves six steps. These are outlined in the following subsections.

3.3.1.1 Step 1: Construct definition (C-OAR-SE)

Construct definition involves the conceptual definition of the construct. Rossiter (2002, p. 308) describes a construct as “a conceptual term used to describe a phenomenon of theoretical interest”. Rossiter (2002) and Diamantopoulos (2005) agree that construct definition should specify the object, the attribute, and the rater entity. The object is the ‘focal object being rated’ and the attribute is the ‘component of judgment’, while the rater(s) are the judges or the perceivers (Rossiter, 2002). Once the conceptual definition is identified in this step, steps two and three need to be carried out to arrive at a more complete definition.

3.3.1.2 Step 2: Object representation (C-QAR-SE)

Object representation classifies the object as being concrete or abstract. According to Rossiter (2002), a concrete object is one in which nearly all raters describe the object identically; an abstract object means different things to different raters. Objects can be singular or can have multiple constituents or components that form the object. Hadwich, Georgi, Tuzovic, Buttner & Bruhn (2010) highlight the importance of this step in that the measurement of constructs would not require multiple items if object and attribute could be conceptualized as concrete or singular.

3.3.1.3 Step 3: Attribute classification (C-OAR-SE)

Attribute classification clarifies the principle components on which the object is being judged. The attribute of the construct can be classified as either ‘concrete’, ‘formed’ or ‘eliciting’ (Rossiter, 2002, p. 313). The attribute can be singular or can have multiple constituents or components that form the attribute. If the attribute is concrete then the construct can be measured by a single-item. If the object is formed the main components add to form the attribute. The components must be concrete and all components must be included in the scale (Rossiter, 2002). An eliciting attribute has internal traits or states that have outward manifestations. These mental and physical activities are the concrete components (Rossiter, 2002). Understanding an attribute’s classification indicates which measurement model is to be used (Hadwich et al, 2010).

3.3.1.4 Step 4: Rater-entity identification (C-OAR-SE)

Rossiter (2002, p 318) states that “constructs differ depending on whose perspective they represent”, and concludes, “The rater entity is part of the construct”. Rater-entity identification categorizes raters into three types: individual, expert and group. An individual rater self-rates a personal attribute when the object is oneself. Group raters are generally a sample of consumers, industry buyers, managers or employees who rate an external object. Expert raters can be described as a small group of judges with expertise regarding the construct (Rossiter, 2002). Each rater type requires a different approach to reliability assessment (Diamantopoulos, 2005).

3.3.1.5 Step 5: Scale formation (C-OAR-SE)

Scale formation refers to the combination of object and attributes to form a common scale, and involves putting together object item parts with their corresponding attribute item parts to form scale items. Scale items include the question or ‘stem’ and the answers or ‘leaves’. Within this step the number of questions needed to form the scale will be identified and the appropriate rating scale decided. Rossiter (2002) suggests that the question wording should refer to the object and the answer format should refer to the attribute. Each question and answer should be pre-tested for comprehension. Finally the selected items are randomized in terms of order within the scale with a view to minimizing response-set artifacts in the obtained scores (Rossiter, 2002). Andrews (1984) highlights the necessity of this requirement when the same answer format used for multiple item ‘methods variance’ is to be held to a minimum.

3.3.1.6 Step 6: Enumeration (C-OAR-SE)

Enumeration is the method that produces a total scale score derived from the indices and averages of the scale items. The type of scale varies depending on the combination of object and attribute classification. Rossiter (2002) proposes six distinct ways to enumerate; these vary “from single-item score equaling the total score to two types of index, a double index, an average, and averages which are then indexed” (Rossiter, 2002, p. 324). An index is usually a

summation of item scores (Rossiter, 2002); when using formed attributes, Rossiter (2002) follows the profile rule (Law, Wong, & Mobley, 1998) where a minimum level for each component must be exceeded. Finally the scores are transformed into a meaningful range and the reliability of the scale score reported. The enumeration rule implies that indices will receive an absolute total score and items of eliciting attributes will receive average scores.

3.3.2 Validity of the C-OAR-SE procedure

Rossiter's (2002) procedure for scale development challenges conventional procedures by emphasizing the need to ensure that a measure represents the construct in a valid way as opposed to using statistical analysis of the measure itself to define the construct (Lloyd, 2010a). Therefore the C-OAR-SE procedure for scale development relies totally on content validity to prove it provides better measures than traditional procedures such as those of Churchill (1979) and Nunnally (1978).

Rossiter (2002 p. 315) suggests all that is needed is a "set of distinct components as decided by raters" and the involvement throughout of expert judges. These main components are present in the measuring scale for each rater group (in this study rater groups are groups of stakeholders) because the items representing them are the defining items for the attribute. Rossiter (2002, p. 311) believes "content validity is established in that the items are a good representation of the construct" and are sufficient for use in the scale (Lloyd, 2011).

Content validity is established by conducting pre-interviews with raters followed by the involvement of expert raters throughout the process. This rational approach, can utilize both single-item measures as well as multiple-item measures. Rossiter (2002) believes this approach is sufficient if the object and attribute are identified as concrete and singular and that statistical analysis of the measure results in the loss of a scale's validity (Lloyd, 2007).

In contrast to the C-OAR-SE procedure, procedures developed by Churchill (1979) and Nunnally (1967) use a multiple-item approach to identify the

componentiality of constructs. Most marketing research, in particular with regard to measuring marketing constructs, has been influenced by the conventional procedure designed by Churchill (1979), (Bergkvist & Rossiter, 2007; West, 2006). Rossiter (2002) suggests Churchill (1979) appears to focus on psychometric measure-to-score correspondence rather than on construct definition-to-measurement correspondence (Lloyd, 2010). Rossiter (2011) argues that if a measure is not highly content-valid then no subsequent psychometric properties can help it.

The wording of the question part of the item is seen as a fundamental aspect of content validity within C-OAR-SE. The common focus on scale statistics by researchers neglects to examine items on which the statistics are based (Rossiter, 2007). Researchers developing new scale measures such as Collier and Beinstock (2006) believe that a large number of poorly worded items will somehow 'cancel out' content errors thus ensuring content validity.

3.3.3 Reliability of C-OAR-SE

By estimating the precision of a score obtained from a scale, reliability can be estimated of the score but not of the scale itself (Weiss & Davison, 1981). Therefore content validity of the scale must be correctly established before precision scores can be assumed to represent what they are meant to represent.

The method for estimating scale-score reliability utilized in C-OAR-SE differs according to the rater entity and the type of attribute in the construct. Rossiter (2002) believes the rater entity makes a fundamental difference to the way reliability is assessed in the C-OAR-SE procedure by affecting the way precision is estimated. If experts are used as the rater entity, the reliability of the mean score increases with the number of experts. In addition, if an attribute is formed then the list of main components and their sub components as ratified by expert agreement are reliable. That is, if the rater understands the items and rates them truthfully, the final score will be precise and thus reliable (Rossiter, 2002, p. 328).

Rossiter (2002) also dismisses the use of other approaches to the establishment of reliability, such as test-retest reliability, arguing that if people give different answers to the same items on two occasions for no apparent reason, then all that this inconsistency shows is that the item is ambiguous and not concrete. Such ambiguity indicates a content validity issue (Rossiter, 2002, p. 328). Therefore test-retest reliability provides no information about the accuracy of scores obtained from the test.

3.3.4 Criticisms of the C-OAR-SE procedure

Rossiter (2002) posits that the C-OAR-SE procedure is grounded in rationalism rather than in empiricism. Therefore, there is no empirical test, beyond expert agreement, that can prove that C-OAR-SE produces scales that are more valid than those produced by the traditional procedures.

Diamantopoulos (2005) criticizes the C-OAR-SE procedure for its sole reliance on content validity. However, since the first publication of the C-OAR-SE article, the conceptualization of validity and reliability proposed by Borsboom, Mellenburgh, and van Heerden (2004) have supported Rossiter's (2002) definitions of validity and reliability. Borsboom et al (2004) believe the question is whether a scale or test measures what it is supposed to measure (i.e., is it content-valid?). Establishing content validity is the main purpose of C-OAR-SE (Lloyd, 2007).

Diamantopoulos (2005) is also critical of the inclusion of the rater entity in the construct definition. Other researchers, (Aaker, 1996; Aaker, Kumar, & Day, 2004), however, find rater entity highly relevant.

3.4 Justification for adopting the C-OAR-SE procedure for this study

To design and develop an accurate measurement tool it is important to understand what it is that the tool is actually trying to measure. This requires a clear definition of the construct in question and an understanding of its traits (Hair et al, 2002). The definition of a construct must therefore precede the identification of the properties or attributes of the object being studied. A good measurement scale should also be reliable and valid: it should measure what it

is supposed to measure and be consistent each time it is employed. Furthermore, Spector (1992) suggests that each item should be well written and contain only a single idea. Similarly, it is important that the measurement scale is appropriate for the population of people who will be using it (Spector, 1992).

The wellness spa is a new marketing concept for which a new construct needs to be defined. The literature review identifies no clear way to define or measure the construct. Therefore, the purpose of this study is to conduct research among industry stakeholders to define the construct and to identify the items to be included in a measurement tool.

The steps of C-OAR-SE provide a framework to develop the construct, to identify the attributes and to create a set of items for evaluating a wellness spa. The C-OAR-SE procedure focuses on construct validity, content validity and uses raters (industry stakeholders) as part of the development process, thereby ensuring the appropriateness of the scale for the population using it (Spector, 1992).

3.5 Research triangulation within this study

Due to the emphasis on logical argument and expert concurrence in the C-OAR-SE procedure, a single method of data collection is not appropriate. Instead multiple sources gathered by different methods are required. A triangulated research design (Denzin, 1989; Lloyd, 2007) within the C-OAR-SE procedure is implemented in this study in order to contribute further to content validity. Triangulation is a research design strategy that enhances validity by considering a single point from different and independent sources (Decrop, 1999). By combining multiple data sources, theories and methods, triangulation allows the opportunity for richer and potentially more valid interpretations while overcoming the intrinsic bias or weaknesses of single method, and single-observer studies. A belief in the relevance of evaluations by stakeholder groups is the key driver of the need for triangulation in this study: to ensure that the scale development and testing is grounded (Strausse & Corbin, 1990; Lloyd, 2011).

3.6 Chapter summary

The intention of this chapter is to explain and justify the research design most suited to this study. Different paradigms were explored and compared. While both positivism and interpretivism are known to govern most health, leisure and tourism research, the post-positivist paradigm offers an alternative approach by arguing that there are multiple and competing truths and that researchers are often biased by their own perceptions of reality. These assumptions embraced the researcher's ontological belief that the nature of wellness spas is multiple and complex and that varying views should be sought from relevant industry stakeholders in order to design an accurate scale to measure the construct.

The post-positivist perspective enables the integration of both qualitative and quantitative methods (conducted in this study through research methodological triangulation) to explore the construct while also contributing to the content validity of the scale measure.

The C-OAR-SE procedure provides a theoretical and procedural solution to developing a measurement scale while embracing post-positivist assumptions. The six steps of the C-OAR-SE procedure contribute to the development of the wellness spa construct and to the generation and selection of items of the measurement scale. The C-OAR-SE procedure ensures the items will properly represent the construct by firstly, focusing on the nature of the construct and secondly, by emphasizing content validity instead of using factor analysis and internal-consistency reliability measures. The relevance of evaluations by different stakeholder groups ensures the grounding of scale development and testing (Strauss & Corbin, 1990).

4. CHAPTER FOUR: RESEARCH METHODS

Chapter three identifies post-positivism as the most suitable paradigm for guiding the various phases of this study. An overview of the research design was discussed also and included a detailed description of the C-OAR-SE procedure for scale development (Rossiter 2002).

Chapter Four (this chapter) describes the various phases of the research. The chapter is arranged into four interrelated sections. The first section describes how each step of the C-OARSE procedure is incorporated into the research. The second discusses the NGT and DM research methods. The third provides a detailed description of each data collection procedure and is further broken down to describe each of three phases in detail: NGT with spa stakeholders (SS); DM with wellness stakeholders (WS); and DM with expert raters. The data collected from each phase forms the basis for conducting the next phase. A brief description of how the data was analyzed is also included. The fourth section discusses how the quality of the findings is ensured and rigor achieved, and includes a brief account of the ethical considerations followed in the study.

The study and its research phases are aimed at a definition of the wellness spa construct, to identify products and services that collectively form a wellness spa (as defined by industry experts) and to build a scale to measure the construct. In accordance with the C-OAR-SE procedure (Rossiter, 2002), this study conducted research among raters and among industry and academic expert judges. Research among raters and expert judges was conducted using NGT and DM.

4.1 Integrating the C-OAR-SE procedure

This study sought to identify those products and services a spa would need to offer in order to provide customers with a complete wellness experience. It is important, therefore, to state here that the object being studied is a 'spa' and the attribute being investigated is 'wellness'. Table 4.1 demonstrates how the six steps of C-OAR-SE are integrated into this study.

Table 4.1: Integrating the C-OAR-SE procedure

Steps in the C-OAR-SE procedure	Steps incorporated in current study
<p>Step 1 <u>Construct Definition:</u></p> <p>Initial definition of the construct in terms of object, attribute and rater entity.</p>	<p>Literature review identified working definition in terms of object, attribute and rater entity.</p>
<p>Step 2 <u>Object Classification:</u></p> <p>Classify object as concrete singular, abstract collective or abstract formed.</p>	<p>Spa is a concrete object to be rated on.</p>
<p>Step 3 <u>Attribute Classification:</u></p> <p>Classify attribute as concrete, formed or eliciting;</p> <p>Generate item parts to represent the attribute (one if concrete, multiple if formed or eliciting)</p>	<p>Wellness is regarded as a formed attribute consisting of eight components.</p> <p>Multiple items were developed through three data collection methods: one nominal group session (NG) among spa stakeholders, one Delphi group session (DG1) among wellness stakeholders and finally a second Delphi group session among spa and wellness experts (DG2). Academics were also used to validate each stage of the Attribute classification.</p>
<p>Step 1 (continued) <u>Construct Definition:</u></p> <p>Add to construct definition if necessary: object constituents or components, and attribute components.</p>	<p>NG, DG1 and DG2 sessions among industry experts confirmed literature review findings, which identified the six key components of wellness. Two additional components were also identified.</p>
<p>Step 4 <u>Rater identification:</u></p> <p>Identify the provider of the object-on-attribute judgment (rater entity) as the individual, set of expert judges, or a sample of consumers.</p> <p>Determine whether reliability estimates are required across raters and across attribute item parts if eliciting attribute.</p>	<p>Raters identified as stakeholders from the spa and wellness industry. Expert judges identified as industry experts and academics.</p> <p>Components are formed attributes (i.e., they make the attribute appear).</p>

Steps in the C-OAR-SE procedure	Steps incorporated in current study
Step 5 Scale Formation: Combine object and attribute item parts as items for scale; Select appropriate rating scales for the item Pre-test each item for comprehension with a pre-test sample of raters; If the attribute is eliciting, additionally, pre-test the attribute item for unicomponentality; Randomize the order of multiple items across object constituents or components and attribute components.	Object (the spa) and attribute (wellness) item parts are combined. All item parts relate to the object. A simple 'yes' or 'no' answer is used as the rating scale. Questions and items pre-tested for comprehension among expert raters; Wellness is regarded as a formed attribute, not eliciting. Randomized presentation has been applied across attribute components and items.
Step 6 <u>Enumeration:</u> When applying the scale, use indexes and averages, as appropriate, to derive the total scale score. Transform score to a meaningful range (0-10 for an index, 0-10 for a unipolar attribute, -5 to +5 for a bipolar attribute). Report an estimate of the precision (reliability) of the scale score for this application.	C-OAR-SE procedure regarding enumeration modified as the research here seeks to develop content valid items rather than a psychographic scale. Scoring derived from NG and DG1 are used to form weightings of the final score.

4.2 The use of research triangulation in this study

This study incorporates the following forms of triangulation; sample triangulation; data triangulation; method triangulation and investigator triangulation.

The primary data for this study were sourced from research among a sample of various spa and wellness experts and stakeholders. Basit (2010) refers to this approach as sample triangulation, whereby the same issues are examined through questioning various groups of relevant participants. Secondary data

also form part of this data triangulation, and are sourced principally from the academic literature.

Methodological triangulation involves the use of multiple methods to study a single problem (Basil, 2010). The study here employs a combination of qualitative and quantitative techniques, including NGT and DM, to measure the same phenomenon (i.e. wellness spa attributes) from different perspectives (i.e. spa experts, wellness experts and academics). Since each method has its own limits and biases, the use of multiple methods provides more credible and dependable information.

Investigator triangulation involves the use of several different researchers to interpret the same body of data. This study utilized the researcher's knowledge together with that of additional research academics and thereby serves to limit personal bias from the researcher and to improve validity and reliability.

4.3 Overview of the Nominal Group Technique

The NGT provides insights into the perceptions and constructs individuals use to understand and manage their world (Hussey & Hussey, 1997). Researchers such as Morgan (1998), Powell, Single and Lloyd (1996) and Kitzinger (1994) all recognize the potential of using a nominal group for developing research questionnaires. While there is no evidence in the wellness and spa literature that NGT has previously been used, it has frequently been employed in problem identification and organizational communication in business (Greene, 1975). Lloyd (2007) also successfully incorporated NGT within the C-OAR-SE procedure when developing measurement items for corporate reputation, recognizing that ideographic and projective techniques were inefficient.

The purpose of the NGT in this study was to build on the wellness spa construct, identified through the literature review, by yielding lists of principle components and sub components of a wellness spa considered important by each stakeholder group. This information can be prioritized through group discussion with different raters. This stage called for an unobtrusive technique that would

be sensitive enough to probe stakeholder's perceptions and meanings in a rigorous way (Lloyd, 2011).

NGT is a highly structured problem-solving or idea-generating approach in which individuals' ideas are gathered and combined in a face-to-face non-threatening group situation that maximizes creative participation in-group problem solving (Delbecq, Van de Ven, & Gustafson, 1975). From the literature it appears that stakeholders have differing views regarding what is considered to be the characteristics of a wellness spa. By adopting a method that utilizes a moderator for ensuring balanced input from all participants, the process takes advantage of each participant's knowledge and experience. Other methods such as group interviews place the emphasis on the questions asked by the researcher and responses obtained from the participants, without attempting to summarize the opinions discussed. In contrast NGT provides a setting in which individuals work alone, but in which an individual's contributions are later pooled (Lloyd, 2007). The group decision-making environment may also help the participants to reconsider their own understanding on various points, as they consider other opinions expressed.

In addition to the advantages highlighted below in Table 4.2, NGT requires minimal pre-meeting preparation by participants and only involves one session. Task completion and immediate dissemination of results to the group promotes satisfaction with participation (Twible, 1992) and due to the highly structured nature of the process researcher-bias is minimized.

Table 4.2: A comparison of group decision-making processes

Attribute	Decision Making Process			
	Delphi	Focus Groups	Brain Storming	NGT
Face-to-face group meeting process	No	Yes	Yes	Yes
Generates a large number of ideas	Yes	Maybe	Maybe	Yes
Avoids focusing on a single train of thought	Yes	Yes	No	Yes
Encourages equal input from all participants	Yes	No	No	Yes
Highly structured process	Yes	Maybe	No	Yes
Meeting time is usually 1-2 hours duration	No	Yes	Yes	Yes
Avoids 'quick' decision making	Yes	No	No	Yes
High degree of task completion	Yes	Maybe	No	Yes
Provision of immediate feedback	No	Maybe	Maybe	Yes
Measures the relative importance of ideas generated	Yes	No	No	Yes

Adapted from "The nominal group technique: A useful consensus methodology in physiotherapy research, by M. Potter, S. Gordon & P. Hamer, 2004, p.127.

It is important to consider the possible disadvantages of NGT. The degree of success of the nominal group session depends largely on the leadership and interpersonal skills of the facilitator. Compared to individual or group interviewing Morgan (1988) argues that the facilitator of the nominal group has a lower degree of control over the output of research data. This disadvantage was not considered a risk for this study because of the expertise and experience of the researcher in group facilitation.

4.4 Overview of the Delphi method

DM is an interactive process used to collect judgments of experts in an anonymous way where participants are physically isolated and share their thoughts through a coordinator (Frey & Fontana, 1991). For this study correspondence via email was the selected data collection technique. According to Skulmoski, Hartman, & Krahn (2007) electronic mail affords many

advantages to both researcher and participant including the fast turnaround time, which keeps enthusiasm alive and participation high.

Skulmoski et al (2007) suggest that the DM is well suited as a research instrument when there is incomplete knowledge about a problem or phenomenon. DM also demonstrates similar characteristics to the NGT, which can be seen in Table 4.2. Adler and Ziglio (1996) particularly highlight the suitability when the goal is to improve the understanding of problems that could benefit from the subjective judgments of individuals on a collective basis (Adler & Ziglio, 1996).

The DM allows anonymity of the participants ensuring free expression of opinions without undue social pressures to conform from others in the group (Skulmoski et al 2007; Delbecq, Van de Ven & Gustafson, 1975). Multiple rounds may be carried out if participants require the opportunity to refine their views in light of the group's collective progress. This controlled feedback informs the participants of other participant's perspectives and allows views to be clarified or changed.

The DM has been used in marketing and in a range of other studies (Gustafson, Shukla, Delbecq, & Walster, 1973; Duncan, 1995; Kuo & Yu, 1999; Wynekoop & Walz, 2000). Duncan (1995) in particular successfully used a two round Delphi survey and discussion) to rate characteristics and metrics of a flexible Information Technology infrastructure while Skulmoski et al (2007) and Wynekoop & Walz (2000), utilized Delphi to investigate traits and behaviors of top performing software developers. More appropriately Linstone & Turoff, (1975) successfully used it to develop a quality-rating tool, similar in principle to what this study aims to achieve.

Skulmoski et al (2007) suggest two or three rounds are sufficient for most research if group consensus is desirable. Within phase two of this study it was deemed important for the wellness raters to be offered an opportunity to refine their views similar to the NG and so three rounds of data collection occurred to uncover sufficient information. However, only one round was deemed

necessary for phase three as no discussion was required, just the collection of opinions.

While studies have used the technique effectively, some critics suggest there is a need for greater evidence of the reliability of the method (Sindhu, Carpenter & Seers, 1997). This criticism was not considered a significant enough factor in this study, which employs DM in the context of methodological triangulation. The use of DM in phase two of this research was to gain insight from wellness stakeholders. Another possible disadvantage of DM is the lack of a general rule regarding the size and method of panel selection. The group size and selection processes were the same for all three phases of this research.

Both the NGT and DM support the theoretical assumption that stakeholders differ about what they consider to be the characteristics of a wellness spa to be. Both methods contribute to the definition of the wellness spa construct. The NGT and DM research define the domain of the construct and are the source of specific sub components and items to be used in this study. It is through the NGT and DM phases of this study that the principle components are confirmed, revised and the construct (including sub components) confirmed.

4.5 The research process

4.5.1 Step One - Construct definition (C-OAR-SE):

The purpose of Step One in the C-OAR-SE procedure was to define the wellness construct in terms of object, attribute and rater entity. Secondary data methods were utilized initially to form a working definition of the construct. A comprehensive literature review was carried out, a step that is not mentioned explicitly in Rossiter's (2002) C-OAR-SE procedure.

The 'object' for this study was identified as a 'spa'. The 'attribute' was identified as 'wellness'. The components that form the attribute wellness were identified from the literature as: physical wellness, intellectual wellness, emotional wellness, social wellness, spiritual wellness and environmental wellness.

The initial working definition of a wellness spa construct is as follows: Wellness products and services offered in a spa setting as perceived by industry stakeholder experts.

4.5.2 Step Two - Object representation (C-OAR-SE):

The purpose of Step Two was to classify the object 'spa' as concrete singular, abstract collective or abstract formed. Rossiter (2002) suggests using open-ended interviews with raters to classify the object, however this study deviated from this step of C-OAR-SE as defining spa was not the focus of this study so the most widely referred to definition, developed by ISPA (1991) was selected: "Spas are places devoted to overall well-being through a variety of professional services that encourage the renewal of mind, body and spirit".

This clear definition classified spa as a concrete singular construct, in that most raters would describe it identically.

4.5.3 Step Three - Attribute classification (C-OAR-SE):

The purpose of Step Three was to classify the attribute wellness as 'concrete', 'formed' or 'eliciting'; to identify the sub components that form wellness and; to generate item parts to represent the attribute. The attribute wellness was classified as 'formed' in that the literature review identified multiple components that when added up form the attribute wellness. Rossiter (2002) notes that a formed attribute (e.g., wellness) need only include its principle components and not every possible component. Rossiter (2002) suggests that expert judgment should be used to select the principle components and not rating or factor analysis. Furthermore, Rossiter (2002) justifies this by stating that the perceived componentality of the components is not relevant; all that is needed is a set of distinct components as decided by expert judges.

While the literature review identified multiple components, six were chosen to be included in this study. The six selected were the most frequently used components in wellness models designed by experts: physical wellness; intellectual wellness; social wellness; emotional wellness; spiritual wellness; and environmental wellness. These principle components were also identified as

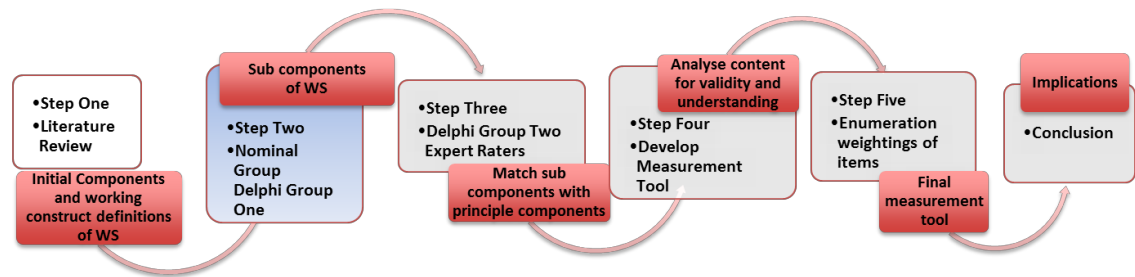
being relevant to the spa industry in one of the seminal global spa reports (SRI, 2010). Rossiter (2002) also states that once components have been identified, all must be included in the scale: they are defining items and so are not interchangeable.

The principle components that form the wellness construct consist of attributes, known as sub components. These attributes must be concrete otherwise they cannot be rated consistently (Rossiter, 2002). For the purpose of this thesis sub components will be written in italics. To identify the concrete sub components that form the wellness construct Rossiter (2002) suggests using a sample of target raters. For this study the target raters were identified as various spa and wellness stakeholders. According to Rossiter (2002), it is necessary to talk with raters to get their perspective and to explore the meaning of the construct and its components. The perspective for this study was that a stakeholder is a person or group with a direct interest, involvement, or investment in a company (Lloyd, 2007). These perspectives were gathered by yielding lists of sub components thought important by spa and wellness stakeholders using two phases of data collection: phase one NGT and phase two DM. A further use of DM in phase three allowed the identified sub components to be matched with their corresponding principle components.

These procedures and the conceptualization of the wellness spa construct ensured that the principle components of wellness spas and their scale items, developed in the research, were all content valid: relevant for specific stakeholder/ rater entities (Lloyd, 2007).

The three data collection stages referred to as phases one, two and three will now be explained.

Figure 4.1: Steps in the research method



4.5.3.1 Phase one – Nominal group technique (NG) with spa stakeholders (SS)

The objective of phase one was to identify the products and services that spa industry stakeholders believe form the attribute wellness within a spa setting.

Referring back to the principle components identified as forming the attribute wellness: physical wellness, intellectual wellness, social wellness, emotional wellness, spiritual wellness and environmental wellness, it was necessary to talk with group raters to ascertain what they consider to be the key products and services of a wellness spa. It was important to identify sub components for different stakeholder groups as each may have had differing perspectives. While it appeared no literature clearly identified prospective stakeholders of the wellness spa industry certain research studies identified particular groups (SRI, 2010); customers, owners, managers, practitioners, educators and suppliers.

To achieve this NGT was used as the data collection method. The NGT process involved spa stakeholders who responded to an initial question by the NG moderator (the researcher). The question: “What would you consider to be the key components (services, products, facilities etc.) of a wellness spa?” was pre-tested by academics to prevent ambiguity before the NG session. A definition of a wellness spa was not given to participants during any phase of data collection as this study was interested in finding out what the different raters themselves thought.

NGT group composition (C-OAR-SE):

The composition of the group was determined by decisions such as from whom information was desired and what the objectives of the group session were.

The group rater entities for this stage were key stakeholders of the spa industry in New Zealand. While there are many types of stakeholders de la Fuente Sabate and de Quevedo Puente (2003) considers two kinds of stakeholders: internal stakeholders including clients, employees, suppliers and shareholders and external stakeholders, 'society'.

Participants identified for this study included internal and external stakeholders as it was considered that a heterogeneous group that provides differing perspectives was most appropriate and have previously been found to have a positive impact on participants' contributions (Morgan, 1988). Therefore it was necessary to ensure that key stakeholder segments identified in the Global Spa Summit Report (SRI, 2010) were represented in the NG and thus the following participants were selected: spa managers/ owners, spa educators, spa practitioners, and spa clients. Within New Zealand most spa educators are also involved in the supply of products to the industry and therefore it was felt that spa suppliers did not need to be separately represented. Additionally it was proposed that any of these stakeholder groups would have an understanding of the spa industry and could challenge a wellness spa's legitimacy.

Group size

The size of the group needed to satisfy the requirements of the protocols for nominal groups (Dunham, 1998). After reviewing small group studies in relation to NGT, Delbecq et al (1975) recommend a group size of between five to nine participants. Delbecq et al (1975) concluded that research focusing on decision-making identified groups made up of less than five members lacked resources in terms of critical judgment available to analyze the problem and arrive at a decision. It was also reported that a small group were not as capable of task orientation discussion (Delbecq et al, 1975). Furthermore Delbecq et al (1975) suggested that more than nine members created a lack of opportunity to participate; allowed potential domination of more aggressive members;

increased the tendency of groups to split into sub groups adding complexity to the meeting and; did not often increase group accuracy.

Lloyd (2010) utilized the NGT within his C-OAR-SE methodology using between five-nine participants per group. Lloyd (2007) found the suggestions by Dunham (1998) and Delbecq et al (1975) to be accurate. This study utilized groups of six participants.

Selection criteria

Table 4.3 below shows the selection criteria of participants for Phase One of this study. For the purpose of this phase, participants were also referred to as stakeholders or group raters. The criteria were set with the view to including stakeholders who were deemed to have sufficient experience within their field to positively contribute to the NGT meeting.

Table 4.3: Spa stakeholder characteristics

Stakeholder Group	n =	Selection Criteria
Spa manager	2	Minimum of two years' experience at management level within spas and also hold a current spa management position.
Spa practitioner	2	Must hold a recognized New Zealand or international spa therapy qualification and have a minimum of two years' experience.
Spa educator	2	Must hold recognized trade qualifications and a current teaching qualification. Must have a minimum of four years teaching experience within the spa/ wellness industry.
Spa consumer	2	Must be a current spa user (visited a spa within the last six months)

Potential participants were required to be physically located in the Auckland region and willing to volunteer a maximum of two hours to attend a group meeting at AUT University, North Shore campus. Participants also needed to be able to speak English confidently.

Description of the participants (Group raters)

Every effort was made to include a variety of stakeholders who met the criteria in Table 4.3. Purposive sampling was used to identify participants for this

phase; participants were recruited using snowball sampling. Telephone contact was made initially by the researcher and respondents asked if they were interested in receiving an information sheet about the proposed research with the view to participating. Fourteen people were contacted, four declined due to time restraints; ten requested further information. On receiving the Participation Information Sheet (Appendix 1) all ten verbally accepted, however only three of the stakeholder groups were represented, with four potential participants identifying themselves as spa managers. Spa practitioners and spa managers were the easiest groups to recruit while spa educators and spa consumers proved more difficult. The pool of possible spa educator participants was limited, possibly due to the small number of spa and wellness training establishments in Auckland. The six participants comprised of two spa managers, two spa practitioners, one spa educator and one spa consumer. Each participant was sent a welcome letter (Appendix 5).

NGT session

Following a welcome by the researcher, participants (n=6) were introduced to the research assistant whose role was to record verbal answers given by the group on a flip chart. No other introductions were made to ensure anonymity of participants. The following protocol as suggested by Delbecq et al (1975) and Lloyd, (2010) was followed:

Round 1: Silent generation of ideas in writing (10 minutes)

The research question was presented to the group in written form and was read to the group by the researcher: "What would you consider to be the key sub components (services, products, facilities etc.) of a wellness spa?". Participants were asked to picture themselves visiting a spa specifically for wellness purposes. Participants were asked not to include industry standards such as excellent hygiene and effective booking systems as these attributes were considered to be important for all spa types, not just wellness spa's. NG members were then asked to work silently and independently while writing ideas in brief phrases or statements on a worksheet.

The benefits of the approach taken in round one included focus and time for uninterrupted thought and reflection; the benefit of remaining problem-centered; avoidance of undue focus on a particular idea; and avoidance of peer pressure or competition.

Round 2: Round-robin recording of ideas (20 minutes)

The second phase involved the numbering and recording of the ideas from the group members on a flip chart visible to the whole group. The participants were asked to mention in a random order, one idea they had written down. The research assistant wrote the idea on the flip chart numbering the first idea number one, the second idea number two and so forth, just for identification purposes. This process continued until all ideas on the participant's worksheets were exhausted.

Advantages of step two included equal participation in the presentation of ideas from each participant; depersonalization (the separation of ideas from personalities); increased ability to deal with a larger number of ideas; allowed the filtering out of duplicate ideas; accommodated tolerance of conflicting ideas; and encouraged hitchhiking of ideas, meaning an idea recorded on the flip chart by one participant stimulated a second member to think of an idea they had not written down on their worksheet during the silent generation of ideas (Delbecq et al, 1975). When this occurred, the idea was then added to the list on the flip chart when the second member's turn next arrived. This approach also provided a written record and guide of ideas on large sheets of paper, which the research assistant then displayed on the wall in numerical order for all participants to see.

Round 3: Serial discussion for clarification (40-60 minutes)

The purpose of round three was to discuss each idea in turn. This provided an opportunity for clarification of ideas or misunderstanding and possible elimination. Similar ideas listed separately on the flip chart were discussed and in some cases amalgamated into one phrase or statement. Duplicate answers were eliminated.

The advantages of round three included the avoidance of focusing on any one idea or subset of ideas; and an opportunity to record the logic behind arguments and disagreements that may have arisen.

Round 4: Preliminary vote on item importance (15 minutes)

Rossiter (2002) suggests it is important to include all sub components identified by the raters that are concrete and collectively form the attribute wellness. Some sub components were considered more important than others. Therefore the purpose of round four was to rank the remaining sub components in order of importance in relation to a wellness spa experience. The results of the ranking would ultimately contribute towards the scoring within the final scale measurement tool.

Participants were asked to consider the relative importance of individual sub components. Each participant was given five blank cards and asked to select five priority, or most important sub components from the lists on the wall. Each participant was asked to write one priority sub component on each card and its corresponding number in the upper left hand corner of the card. A demonstration was given by the research assistant on the flip chart for each participant to refer to. Next, each participant was asked to lay all the cards out in front of them ready to rank-order the cards, one at a time. Firstly a number '5' was recorded on the lower right hand corner of the most important sub component and the participant asked to underline it three times before turning the card over, leaving four visible cards. A number '1' was then written and underlined three times in the lower right hand corner of the least most important sub component and this card also turned over. Of the remaining three cards, a number '4' was written and underlined three times in the lower right hand corner of the most important sub component remaining and turned over. Number '2' was assigned in the same manner to the least important sub component remaining and number '3' to the final card. Underlining the number ensured there was no confusion between the identity number and its score.

Delbecq et al (1975) states that a person can select five to nine priority items with some reliability of judgment. Furthermore, they suggest where lists are shorter (around twelve) selecting five priority items is recommended and where

lists are longer (around twenty) as in this study, selecting eight priority items is desirable. Participants in this study requested additional cards but were not given them; this may have been an oversight on the researcher's part.

Each participant was then asked to read the idea number from the upper left hand corner of the card followed by the number of points allocated from the lower right hand corner which was then recorded on the flip chart by the research assistant. Finally the scores for each idea were tallied up thus producing a final list of the most important sub components of a wellness spa as perceived by key spa stakeholders. The purpose of this round was to aggregate the judgments of the individual participants to determine the relative importance of individual sub components. The results from round four were listed on the flip chart to provide a permanent record of the group's agreement.

Two optional NGT rounds: discussion of the preliminary vote and final vote were not carried out. These additional rounds may be included to increase judgmental accuracy by examining inconsistent voting patterns and provide an opportunity to re discuss items, which are perceived as receiving too many or too few votes (Delbecq et al 1975). Yet since a second phase of data collection using the DM with wellness stakeholders was included, the inclusion of the optional rounds was not necessary. Phase two was seen as increasing judgmental accuracy.

Effective implementation of the NGT protocols in this study ensured the technique was unobtrusive, that it probed spa stakeholder perspectives in a rigorous way, and that each individual's ideas were gathered and combined in a face-to-face non-threatening way. Input was balanced and took advantage of each person's knowledge and experience. All participants enjoyed the session and felt their ideas were well represented in the findings.

4.5.3.2 Phase two – Delphi Method with wellness stakeholders (WS) (DG1)

It is observed in Chapter One that spa industry stakeholders appear to have a lack of understanding and consensus on what constitutes wellness. Similarly,

there appeared to be little knowledge among wellness experts about what constituted wellness within a spa setting. It was appropriate, therefore, to also seek the opinions of wellness experts in this study.

Phase Two involved wellness group raters responding to the same question presented to the spa group stakeholders: "What would you consider to be the key components (services, facilities etc.) of a wellness spa?"

It was anticipated that the NGT would also be used for this sample group. Due to the scattered geographical location of the wellness experts, however, a data collection technique was desired which would allow participants to contribute in a similar manner using email correspondence only. The DM suited these requirements and was selected as the method for phase two data collection.

DG1 group composition (C-OAR-SE)

The group rater entities (Rossiter 2002) for this stage of the research were stakeholders of the wellness industry in New Zealand. This group included internal and external stakeholders (de la Fuente Sabate & de Quevedo Puente, 2003). No clear wellness stakeholder groups were identified in the literature so a similar composition was sought as used in phase one. The key wellness stakeholder groups included: wellness practitioners, wellness educators, wellness clients and wellness business owners/ managers.

Group size

According to Sindhu et al (1997) there is no general rule regarding the size and method of group selection for DM. However Skulmoski et al (2007) suggest certain factors should be considered including whether a heterogeneous or homogenous sample is required, decision quality/ DM management tradeoff, and internal or external verification.

In this study a homogenous group was used, which is consistent with the NGT. It was deemed the sample size was manageable without jeopardizing the quality and in regards to verification; the gathered results were being merged with the NG results and then sent to expert raters for final verification.

Selection criteria

Table 4.4 below shows the selection criteria for potential participants for this phase of the study. Participants for this phase were also referred to as stakeholders or group raters. The criteria were set with the view to including stakeholders who were deemed to have sufficient experience within their field to positively contribute to the study. Participants were selected from wellness industries identified by Pilzner (2002).

Table 4.4: Wellness stakeholder characteristics

Stakeholder Group	<i>n</i> =	Selection Criteria
Wellness Manager	2	Minimum of two years' experience at management level within a wellness environment and also hold a current wellness management position.
Wellness Practitioner	2	Must hold a recognized New Zealand or International Wellness Therapy qualification and have a minimum of two year's experience.
Wellness Educator	2	Must hold recognized trade qualifications and a current teaching qualification. Must have a minimum of four years teaching experience within the wellness industry.
Wellness Consumer	2	Must be a current wellness user (visited a wellness establishment within the last six months)

As the data collection was being carried out via email potential participants could be based anywhere in New Zealand, and needed to be happy to volunteer a maximum of 15 minutes to complete the online task.

Description of the participants (Group raters)

Every effort was again made to get a full representation sample of the range of stakeholders who met criteria in Table 4.4. In addition to this criteria, all participants were required to be able to read and write English. Participants were harder to identify than the spa participants, as wellness is a broad term and covered a wide range of disciplines. Purposive sampling was used to identify participants for this phase and potential participants were recruited using the snowball effect and previous networking opportunities at wellness based conferences. Ten potential participants were initially contacted. One declined due to having limited email access during the data collection period, two did not reply to the emails and seven requested further information. On

receiving the Participation Information Sheet (Appendix 2) all seven confirmed their participation via email but only six returned the completed Consent form (Appendix 4). The seventh participant received a follow up email but did not reply so was removed from the participant list. Six was deemed as being an acceptable number, as it formed the same size group as phase one NG and all were sent a Welcome letter (Appendix 6). The six participants comprised of one wellness practitioner, two wellness managers, one wellness business owner, one wellness educator/ practitioner and one wellness consumer. None of these wellness stakeholders participated in the NGT.

DG1 Session

Protocols suggested by Delbecq et al (1975) and Skulmoski et al (2007) were followed:

Round 1: Generation of ideas

The research question was sent to the group: "What would you consider to be the key components (services, products, facilities etc.) of a wellness spa"? Participants were asked not to include industry standards such as excellent hygiene and effective booking systems as again, these were considered to be important for all spa clusters.

Unlike the NGT, where the participants were present at a meeting and could ask questions, the DM required the instructions and questions to be clear and precise. The material, therefore, was pre-tested by academics for clarity and comprehension.

Participants were emailed a worksheet (Appendix 8) and asked to spend ten minutes writing a list of as many sub components they could think of in relation to the given question. The participants were given five days to complete the worksheet and return it via email to the researcher. Two participants were sent a reminder after the due date and both responded promptly.

The benefits of round one included focus and uninterrupted thought and reflection by each participant. Peer pressure and competition within the group was not an issue due to the anonymity inherent in DM. Once all the lists of sub

components were received from participants, the researcher collated the results. This process involved deleting repeated sub components and merging similar sub components. The revised list was then viewed by academics as expert judges for clarity of wording and understanding. Any changes required were carried out before round two began.

Round 2: Discussion for clarification of items

This round involved sending the participants a revised list of sub components. The list reflected all the initial ideas generated by the participants yet it was short enough to be easily reviewed, criticized, supported or opposed as suggested by Delbecq et al (1975). Each participant was asked whether they agreed with the final list of sub components and their descriptions. Participants were given the opportunity to suggest new descriptions for the sub components if required. However, in keeping with the protocols suggested by Delbecq et al (1975), participants were told they could not add new sub components to the list.

The participants were given five days to complete the task and return it via email to the researcher. Three participants required a follow up email on the due date and all three responded within two days.

After all responses were received, the comments and results were collated and added to the original list. Changes suggested by the participants were discussed by academics and reworded for clarity if necessary. Consideration was given to not change the meaning of the sub components, merely to clarify exactly what the sub component represented.

Round 3: Vote on item importance

Consistent with Rossiter's (2002) protocol for attribute clarification, all sub components suggested by the participants were included. Again, some attributes were considered more important than others; the purpose of round three, therefore, was to rank the sub components in order of importance within what participants considered a wellness spa setting. The final list compiled from round two (Appendix 9) was sent to each participant who was given clear instructions to select the five most important items, following the same ranking procedure used by the NG. Once this stage was completed the participants

emailed the researcher the final list of five sub components including their ranking of importance.

The researcher collated the attribute rankings from round three. The scores allocated to each sub component by the participants were added together. For example the sub component '*natural environment is an integral part of the experience*' received a score of two from one participant and a one from another participant, giving a total score of three. Sub components that did not receive a score were retained as these had been initially identified as important to a wellness spa. The final scores provided a list of the most important sub components that form a wellness spa as perceived by wellness stakeholders.

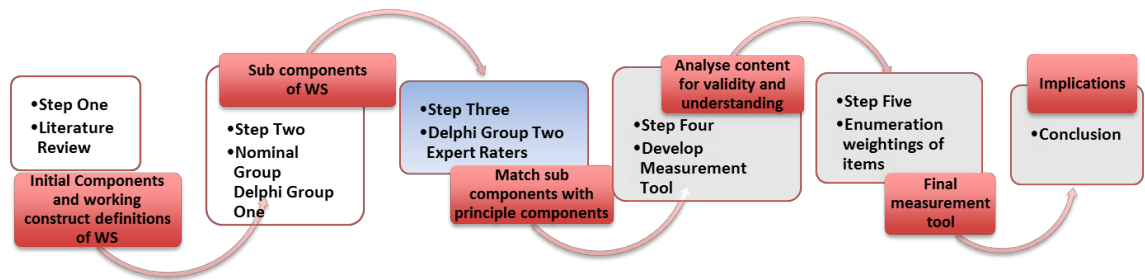
DM protocols followed in the research ensured each participant's ideas were included in the final list. This balanced input allowed the participant's knowledge and experience to be represented. Again, all participants expressed their sense of involvement in the research process.

The researcher then combined the lists of sub components identified in phase one and phase two (Table 5.5). This was achieved by comparing and analyzing the meanings of the individual sub components and merging like with like. A panel of research academics was then shown the final list and ambiguous descriptions of sub components were reworded for clarity, thus contributing to content validity (Rossiter, 2002) of future scale items. The scores from the same sub components on both lists were then added to provide a total score. Those sub components that received no score were given a weighting of 0.5, thereby enabling those items to contribute to the final scale measure.

In summary, phases one and two resulted in a list of concrete, content valid items that defined the attribute wellness within a spa setting, thus contributing to step three: attribute classification (Rossiter, 2002).

4.5.3.3 Phase 3 – Delphi Method using expert raters (DG2)

Figure 4.2: Steps in the research method



Phases one and two, collectively, identified the sub components that form the attribute wellness within a spa setting. The purpose of phase three was to use the judgment of expert raters to allocate the sub components to the six main components of wellness identified in the literature review. Confirmation of the appropriate components that collectively form the attribute ‘wellness’ was also sought. The DM was also extended into this phase of the study.

DG2 group composition

The rater classification for phase three was expert judges (i.e., key industry stakeholders/experts and academics). Collectively, this group included experts from recognized international associations as well as senior university research academics.

Sample selection criteria

Table 4.5 shows the selection criteria of potential participants for this phase of the study. The criteria were set with the view to including stakeholders who were deemed to have sufficient experience within their field to positively contribute to the study.

Table 4.5: Expert stakeholder characteristics

Stakeholder Group	n =	Selection Criteria
Industry Experts	4	Must have a minimum of five years’ experience within the spa/wellness industry and be currently involved at a higher level such as a recognized committee or association executive member.
Research Academic’s	2	Must be currently employed at a university, have a PhD qualification and possess current research knowledge.

Due to the data collection being carried out via email, participants could potentially be based anywhere, therefore no restrictions on geographical location was specified as long as each had access to email, and were available and willing to volunteer a maximum of 15 minutes to complete the online worksheet. Participants were required to be able to confidently read and write English.

Group size

A homogenous group was selected, consistent with the selection approach taken in phases one and two. The sample size ($n=6$) was consistent with phases one and two. Content validity was maintained since the merged data gathered in the previous two research phases had been verified and was now being submitted to expert raters for classification.

Brief description of the participants (Expert raters)

Purposive sampling was again used for identifying potential participants. The professional network of the researcher provided a means to identify and recruit participants. Contact was made via email by the researcher and potential participants were asked if they were interested in receiving a Participation Information Sheet (Appendix 3). Seven people were contacted: one did not respond to the email; six confirmed their participation and returned the signed Consent Form (Appendix 4). The six participants including one tourism academic and five industry experts were sent a welcome letter (Appendix 7).

Data collection using the DM

The research protocol utilized in phase two was replicated in phase three. However, because this round only required experts to code the sub components of a wellness spa, no discussion was required; only one round of data collection was required from the participants.

Round One: Allocation of sub components

Participants were sent a coding sheet and instructions (Appendix 11) by email, and were asked to allocate each listed sub component to the most appropriate wellness component. (These were the six principle wellness components

identified in Chapter Two; Physical wellness; Intellectual wellness; Social wellness; Emotional wellness; Spiritual wellness; and Environmental wellness headed the columns on the coding sheet). Each sub component could be allocated to more than one principle component if participants thought such an allocation was appropriate. Some participants, for example, assigned '*opportunities for social interaction*' to three out of the six principle wellness components. Participants were invited also to add additional principle components if they felt sub components did not comfortably fit within the principle components provided.

All six participants responded promptly by returning the completed coding sheet within the specified five days. Individual results were then collated and analyzed by the researcher and academics. Two additional principle components (Cultural and Professional) suggested by a participant were added to the final table (Table 5.6).

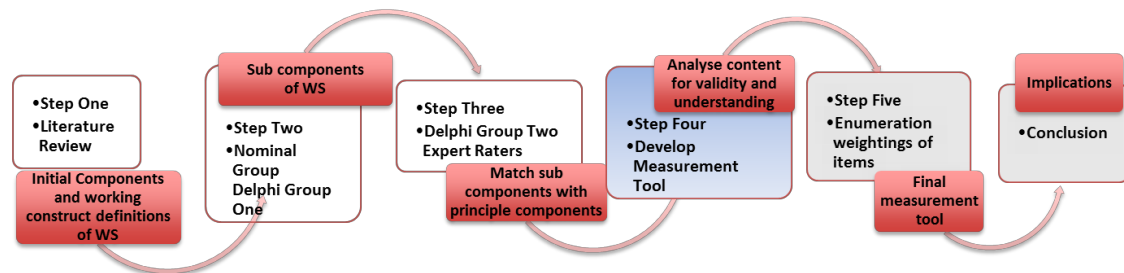
In conclusion, the application step three of the C-OAR-SE procedure in this study identified the sub components that collectively form the attribute wellness. The involvement of group and expert raters throughout the process ensured content validity. By ensuring all the sub components were present in the final scale measure in the form of items, the attributes became a good representation of the construct (Rossiter, 2002; Lloyd, 2011).

4.5.4 Step 1 - Construct definition revisited (C-OAR-SE)

Construct definition can be revisited and amended if necessary at this point in the C-OAR-SE procedure (Rossiter, 2002). Object constituents or components, and attribute components can be added if appropriate. The spa construct is a concrete singular object and so has no constituents or components.

4.5.5 Step 5 - Scale formation (C-OAR-SE)

Figure 4.3: Steps in the research method



Wellness was identified in research step three, as a formed attribute, which has eight components. As a formed attribute, all the sub components of wellness identified by the participants were included in the scale measurement tool. This implies that all sub components were relevant to the construct (Haynes, Richard & Kubany, 1995) and that each sub component unambiguously represents one facet of the construct (Rossiter, 2008, p. 383).

The aim of step five was to align the object (spa) with attribute (wellness) item parts to form measurement items. A Spa (the concrete singular object) was to be rated on its wellness attributes consisting of eight principle components. The sub components of each main component were then converted into items composed of intensity-free statements that would be included in the final measurement tool.

Accurate wording of the final item is a fundamental requirement of content validity. Considerable attention is given to scale statistics without examining the items on which the statistics are based (Rossiter, 2002). Rossiter (2007) criticizes Collier and Bienstock (2006) for including a large number of items in a scale in order to cancel out content errors and thereby to ensure content validity. According to Rossiter (2002; 2007), the items should have a statement that identifies only the object and the answer part that represents the degrees of the attribute. Thus Rossiter (2002) describes the question part of the item as the stem and the answer part as the leaves.

Informal cognitive interviewing with research academics was carried out to pre-test the items for comprehension. Each statement was read out to ensure it was understood as intended (Schwarz, 1999). A similar application of cognitive interviewing to improve scales has been conducted by Bolton (1993) and resulted in higher validity without additional data collection costs. Any changes required to items were made to ensure the items were intensity free and each used simple, unambiguous words with a clear frame of reference (de Vaus, 1996; Lloyd, 2007). For example *'there are many opportunities for holistic rituals'* was changed to *'there are opportunities for holistic rituals'* due to the word *'many'* having the potential to be interpreted differently by individuals.

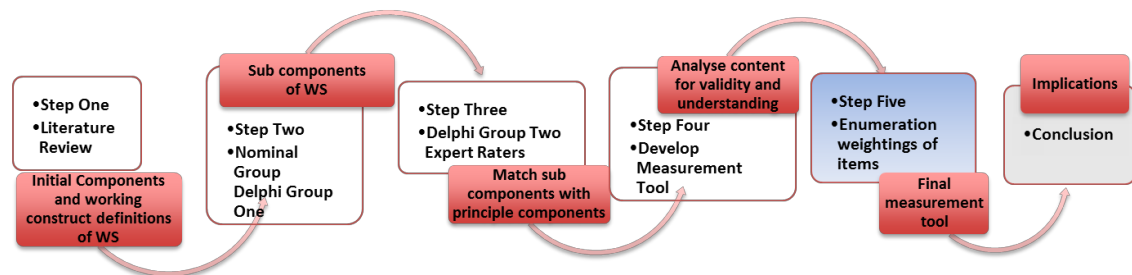
In accordance with C-OAR-SE (Rossiter, 2002) items included in the final scale measurement tool were worded as intensity-free statements. Items that contained more than one question were divided into separate statements so no ambiguity occurred when answering. For example *'includes all five senses in the treatments and environment'* was divided into two separate statements and reworded for clarity; *'stimulation of all the five senses is included in the treatment'* and *'stimulation of all the five senses is included in the environment'*.

Response categories using a simple 'yes' or 'no' answer format were selected for the scale measurement tool as a spa either offered the item or did not offer the item. Although Rossiter (2002) described three response principle components that characterize attributes, it was felt that only a simple yes or no response was required to gain a score that represented the principle component. A 'don't know' response was not included as a possible answer as it was deemed the rater using the tool in a wellness spa would be able to access the answer during the visit.

The selected items were then randomized in terms of order within the scale measurement tool to ensure response-set artifacts in the obtained scores were minimized. Rossiter (2002) claims that by randomizing the items in relation to their weighting and principle components, the response correlation artifact, which is especially likely if the same answer format is used for multiple items, is to be held to a minimum (Andrews, 1984).

4.5.6 Step 6 - Enumeration (C-OAR-SE)

Figure 4.4: Steps in the research method



The purpose of step six was to establish a scoring system that would be used in the final scale measurement tool. This study modified the Enumeration step of C-OAR-Se (Rossiter, 2002) as the study sought to develop content valid items rather than a psychographic scale. Scoring from the NG and DG1 was used to form weightings of the final score. Ultimately the final scores would identify whether a spa offered sufficient wellness items in order to be classified as a wellness spa. It was therefore vital for items that had been identified as more important to receive a greater enumeration. By weighting the items, it would ensure that a spa would have to offer a majority of the most important items as opposed to offering a wide variety of less important items.

To work out the weighting, all items had to receive a score. Items that did not receive a score during the voting stages of the NG and DG1 received an enumeration of 0.5. It was deemed important for a spa to gain credit for offering these additional products and services.

To calculate the weighting of each item within its respective principle component, the individual score was multiplied by the maximum possible score for that wellness component. The total was then divided by one hundred to give a percentage weighting.

For example, the total score for items in the physical wellness component when added together gave a maximum possible score of 177. To find the weighting of the item '*the philosophy of wellness is evident in all aspects of the business*' the allocated score of 30 was multiplied by 177 and then divided by 100 to

arrive at the weighted score of 16.95. This process was carried out for all items in each principle component.

Applying the non-compensatory conjunctive rule where a minimum level for each component must be exceeded, ensured all eight principle components were adequately represented (Neal, 2006). A similar index to that used by Parnes (1961) in his index of creativity where scores above the mid-point of a component were classed as meeting the minimum requirements for that component was also applied. Applying these two rules was deemed important because the literature review revealed that the core concepts of wellness were multi-componential, holistic and balanced (Ardell, 1977). Therefore to achieve a minimum pass score the midpoint of 50% was introduced. This rule prevents a spa excelling in one principle component and under achieving in another.

4.6 Validity of this study approach

Content validity requires that items be relevant to the construct (Haynes et al, 1995; Rossiter, 2008); each item represents one specific aspect of the construct. All the principle components and sub components identified in phase one and two of this research are present in the final scale measure because the items representing these components and sub components have been identified as defining items for the attribute (Rossiter, 2002).

Content validity was established because the industry experts and academics believe the items were a good representation of the construct (Hardesty & Bearden, 2004; Lloyd, 2011). During phase 1 and 2 of data collection, collated answers were sent back to all participants for clarification, to check their answers were accurately represented and that the items were clear.

Through a convergence of informed decision-making (which allows a participant to revise their views with each round) during the NG and DG1 & 2, items were critically reviewed interactively. Furthermore, the presentation and wording of the scale measure were piloted throughout the phases of development for clarity and succinctness using different expert raters.

4.7 Reliability of the study

The method for estimating scale-score reliability utilized in C-OAR-SE differs according to the rater entity and the type of attribute in the construct. This study utilized a wide variety of stakeholders from the related industries of wellness and spa. It also included industry experts and academics, which affected the way precision was estimated. Because experts were used as rater entities, the reliability of the item increased with the number of experts. In addition, because the attribute wellness was formed then the list of principle components and their sub components as ratified by expert agreement were reliable. That is because the rater groups understood the items and rated them truthfully, the final score was precise and thus reliable.

Rossiter (2002) also dismisses the use of other approaches such as test-retest reliability arguing that if people give different answers to the same items on two occasions for no apparent reason, then all that shows is that the item is ambiguous and not concrete, linking it to a content validity issue. Therefore test-retest reliability provides no information about the accuracy of scores obtained from the test.

4.8 Ethical considerations

This research study incorporated three phases of data collection; one face-to-face meeting using the NGT and two email based collections using the DM. All participants gave their written consent and were given a description of the research topic and the data collection methods used.

Potential participants were contacted and permission sought to send them information regarding the study; Participation Information Sheets (Appendices 1-3) and Consent Forms (Appendix 4). The electronic data (emails) received by the researcher was stored on a removable storage device and locked in a cupboard in the researcher's office. No other electronic recording was used and no confidentiality was breached. The Auckland University of Technology Ethics Committee (AUTEC) gave prior ethical approval for the first two phases of this study (Appendix 12). Furthermore, any additional changes made to documentation already approved were again sent to AUTEC for further approval (Appendix 13).

4.9 Chapter summary

The literature review demonstrated a poor understanding of which wellness attributes collectively form the wellness spa construct and that there appeared to be no performance measurement tool that could be used to assess a spas ability to offer a complete wellness experience.

The intention of this chapter was to define the wellness spa construct, identify the raters who would classify the attribute 'wellness', and finally form a tool that would measure the wellness attributes of a spa which would then contribute to the monitoring and guidance of the industry.

These intentions were accomplished by using the NGT and DM incorporating spa and wellness stakeholders and research academics. The results from these sessions subsequently provided a basis for the development of the new scale measure (Green, Caracelli, & Graham, 1989).

5. CHAPTER FIVE: RESULTS

In Chapter Two the literature review identified six principle components that form the wellness construct: physical, intellectual, social, emotional, spiritual, and environmental. The principle components are composed of their own attributes, which in this study are termed sub components. Chapter Four described the research methods and steps used to identify these sub components.

This chapter presents the research results and the final performance evaluation measurement tool derived from the principle components and sub components. Significant data only are presented in this chapter, and these include the final results from each phase of data collection. It is important to note that the analysis and implications of these results will not be discussed in this chapter but will be discussed at length in Chapter Six.

Section one focuses on the data collected from spa stakeholders in phase one of the study. Section two will focus on the data collected in phase two of the study. Section two will also focus on the comparison of results between phase one and two and the subsequent merging of similar sub components to create one definitive list of sub components that represents a wellness spa experience. Section three presents the data collected in phase three of the study where industry experts (as expert judges) assigned each sub component on the list to the appropriate principal wellness component identified in the literature review. Collectively these results complete step three of C-OAR-SE (Rossiter, 2002) in that they classify the attribute and generate item parts to represent the attribute. Section four outlines the results from phase three in terms of allocation of items to principle components. Furthermore, section four also shows the sub components as items, with a statement (stem) and answer (leaf), which then forms the scale measuring tool, completing Rossiter's (2002) C-OAR-SE step five: scale formation. Finally the results of step six, enumeration is presented whereby each sub component of wellness is assigned a weighting.

5.1 Phase 1 – Nominal Group Technique with spa stakeholders (NG)

Table 5.1 shows those sub components of a wellness spa considered important by spa stakeholders. The table also displays any changes made by expert judges to wording and the merging of similar items.

A broad range of answers (n=43) was listed and included many attributes of a spa. Following the round three serial discussion, a number of the listed sub components (n=20) were identified as duplications and these were subsequently merged with other sub components. In some instances more than three sub components were merged into one (n=5). In addition, two sub components were deleted after group discussion, as they were found to be non-specific to a wellness spa. The final list consisted of twenty-one sub components and is provided in Table 5.1.

Table 5.1: Spa stakeholders' list of sub components

No.	Initial sub component identified by participants	Rewording and merging of sub component
1	Traditional and alternative treatments	Traditional body and face treatments
2	Comprehensive health assessment	Comprehensive wellness assessment by health professional for referral
3	Atmosphere and time after treatment	Atmosphere and tranquil environment
4	Personalized plan	Personalized plan
5	Multi-componential; working on all levels of self	Multi-componential approach to client wellness
6	Including all five senses	Including all five senses in treatments and environment
7	Experienced and knowledgeable practitioners	Experienced or qualified and knowledgeable practitioners
8	Exercise options (a range of)	Physical exercise options (a range of)
9	Natural products and food	Quality balanced nutritional options
10	Sustainability	Best practice for sustainability
11	Range of products and services to promote ideology	Merged with no. 2, 4, 21 and 40
12	Variety of hydrotherapy treatments	Variety of hydrotherapy treatments
13	Options- short or long stay	Options- short or long stay
14	Location	Deleted
15	Locally sourced	Merged with no. 10
16	Low negative impact	Merged with no. 10
17	Nutritional guidelines and advice	Merged with no.4, 9 and 37
18	Products and services based on seaweed extracts	Merged with no. 1
19	Understanding of the offerings	Merged with no. 4
20	Access to qualified practitioners	Merged with no. 7
21	Integrated therapies	Blended complementary therapies
22	Touch therapies	Merged with no. 20
23	No electronic devices	Merged with no. 3
24	Yoga	Merged with no. 8
25	Counselling	Counselling options
26	Life plan	Lifestyle homecare plan
27	Holistic rituals	Opportunity for holistic rituals
28	Multi-componential wellness model	Merged with no. 5
29	Environmental friendly/ sustainable linens and soft furnishings	Merged with no. 10
30	Relaxing treatments	Merged with no. 1 and 12
31	Clean and hygienic	Deleted
32	Not time focused	Merged with no. 13
33	Energy modalities	Merged with no. 21
34	Meditation	Meditation facilities
35	Accommodation (high end)	Merged with no. 13
36	Not a lot of staff/ discreet	Merged with no. 3
37	Educational programmes	Educational programmes
38	Organic treats- chocolate and wine	Merged with no. 9
39	Water – usage and removal	Merged with no. 10
40	Retail products to recreate experience	Retail products and services

No.	Initial sub component identified by participants	Rewording and merging of sub component during discussion stage
41	Bach flower and aromatherapy	<i>Merged with no. 21</i>
42	Indigenous treatments	Treatments are based on Indigenous culture
43	Family and group opportunities	Opportunities for social interaction

Table 5.2 provides a summary of the ranking scores allocated to each sub component in relation to its importance to the spa construct. Each participant had a total of fifteen points to allocate. The six participants had a collective total score of ninety points. Table 5.2 displays a new identity code (S) for each sub component so it can be more easily associated with spa stakeholders when comparing it with data from phase two.

Table 5.2: Spa stakeholders' list of sub components in ranked order

ID number	Sub component	Score	Total score
S1	Experienced or qualified and knowledgeable practitioners	4 + 5 + 4 + 3 + 2	18
S2	Comprehensive wellness assessment by health professional for referral	4 + 5 + 3 + 5	17
S3	Multi-componential approach to client wellness	5 + 2 + 5	12
S4	Blended complementary therapies	2 + 3 + 4 + 2	11
S5	Including all five senses in treatments and environment	1 + 1 + 2 + 4	8
S6	Best practice for sustainability	3 + 1 + 3	7
S7	Atmosphere and tranquil environment	5	5
S8	Variety of hydrotherapy treatments	3 + 1	4
S9	Traditional body and face treatments	4	4
S10	Personalized plan	2	2
S11	Counselling options	1	1
S12	Physical exercise options (a range of)	1	1
S13	Quality balanced nutritional options		
S14	Options- short or long stay		
S15	Lifestyle homecare plan		
S16	Opportunity for holistic rituals		
S17	Meditation facilities		
S18	Educational programmes		
S19	Retail products and services		
S20	Treatments are based on Indigenous culture		
S21	Opportunities for social interaction		

Table 5.2 shows those sub components seen as most important to stakeholders. S1, S2, and S3 collectively received almost half of the available points. Some sub components (n=9) did not receive a score. Although still included in the list, these items did not rank as high as others.

5.2 Phase 2 - Delphi method with wellness stakeholders (DG1)

Table 5.3 shows those key sub components of a wellness spa considered important by wellness stakeholders. The table shows any changes to wording and merging of similar items.

A more extensive list of sub components (n=94) was provided by wellness stakeholders compared to spa stakeholders (n=43). Many wellness stakeholder

sub components were seen to contain duplicates and more than one attribute; subsequently some sub components were merged or split and then merged (n=62). The final list consisted of 29 sub components. This list was longer than the final list produced by SS (n=21).

Table 5.3: Wellness stakeholders' list of sub components

No.	Initial sub component identified by participants	Rewording and merging of initial sub component
1	Ayurvedic Doctors or similar certified practitioner and specialist	Qualified, skilled and registered practitioners who can work at the level of the body, mind and spirit of each individual
2	Ayurvedic Chef and Menu or a similar specialist	Availability of healthy food in accordance with recognised guidelines
3	Yoga (top instructors) including treatment yoga for body cleansing	Yoga merged with no.36 Treatment Yoga merged with no.4
4	Authentic proven healing treatments	Complementary therapies that are widely recognised
5	Highly trained and skilled therapist, sincere in delivery, knowledgeable	Merged with no.1
6	Top quality products	Products and produce/ refreshments available should be high quality, natural, preferably organic and sourced locally where possible
7	Clean, pristine rooms and surrounding areas	High standard of presentation and hygiene throughout facility, including furnishings (e.g. furnishings, pillows, beds)
8	Cosy, not hospital like	Merged with no. 19
9	Gardens, water, gold fish everywhere	Natural environment is an integral part of the experience
10	Fresh air, sea, or a lake, surrounding hills, forest	Merged with no. 9
11	Exercise professionals with equipped, up to date fitness facility	Exercise professionals merged with no. 1 A variety of physical exercise options
12	Well mapped spa journey, from first point of call, to end of visit/stay	Customised client journey from first point of call to end of visit
13	Follow up	Merged with no. 45
14	Retail/ videos/ personal continuance plan to take home	Opportunities to purchase items that permit clients to experience one or more wellness principle components after visit Personal continuance plan to take home merged with no. 45
15	Choice of therapists	Merged with no.1
16	Watsu and other such treatments (ear candling questionable), no fish foot treatments, no fashion, fad treatments	A variety of therapeutic water-based treatments
17	Hairdresser (wash and style)	Availability of hair and beauty services either onsite or nearby
18	Clear spoken English for managers and most staff delivering treatments	Staff members who can confidently speak and understand the local language
19	Music, smells applicable to destination and spa theme	Merged with no.46
20	Keep the theme to the character of the country and surrounding areas	Merged with no.59
21	Fresh leaf teas/ juices/ water	Merged with no.6
22	Designated 'chill' area	Ability to relax in a designated 'quiet area'
23	Privacy for the individual	Merged with no.19
24	Nutrition facilities: consultation, education (could be part or separate from Naturopath)	Nutritional consultations and education available
25	Naturopathic consultation and herbal dispensing, including a detox programme	Merged with no.4
26	Spa facilities: massage, body wraps, facial etc.	Hands- on traditional body and face treatments available
27	Preferably a wide range of treatments from Ayurvedic, Panchakarma and Shirodhara to Thai herbal compression	Merged with no.4
28	All natural ingredients, non-toxic, no synthetic (including synthetic fragrances), preferably organic	Merged with no.6
29	Yoga classes and education	Merged with no.3, 30 & 90
30	Meditation classes	Space designated for meditation practices with or without an instructor

No.	Initial sub component identified by participants	Rewording and merging of initial sub component
31	Steam or Sauna facilities	A variety of heat therapies
32	Preferably organic dining facilities	<i>Merged with no.6</i>
33	Life coaching on work/ life balance, lifestyle management (This could also be part of Naturopath or Yoga/ Meditation teaching, or could be separate e.g. Ayurvedic lifestyle management)	Life coaching/ counselling services
34	Massage (either within the cost of the spa or extra cost involved)	<i>Merged with no.26</i>
35	Opportunities for exercise (e.g. Walking tracks or exercise classes)	<i>Merged with no.11</i>
36	Meditation (either provide a designated space or offer organized classes)	<i>Merged with no.30</i>
37	Healthy food available (provide herbal teas, and healthy meals/ snacks either within the cost of the spa or be purchased from a cafeteria)	<i>Merged with no.6</i>
38	Clean and tidy sleeping arrangements-preferably single rooms (as hard to get wellness experience if have to sleep next to a snorer)	Accommodation and overnight facilities available on-site or nearby
39	Clean bathroom facilities	<i>Merged with no.38</i>
40	Provide an environment of calm and serenity with as little distraction away from the inner experiences of the guests	<i>Merged with no.19</i>
41	An atmosphere of acceptance and support for the natural unfolding of the healing process of the guests	<i>Merged with no.19</i>
42	Skilled and experienced wellness practitioners available to nurture the healing processes on the level of the body, mind and spirit of each individual guest	<i>Merged with no.1</i>
43	Nourishing and healthy meals, provided in a loving and nurturing environment	<i>Merged with no.6 and no.19</i>
44	Ample time allowed for guests to rest and recuperate as they return to wellness	<i>Merged with no.22</i>
45	Provide tools and support for the ongoing enhancement of the guests once they leave the facilities	Availability of tools and support for the ongoing enhancement of the client once they leave the facility
46	Embody and demonstrate the principles of wellness in the way the staff and the owners of the facility conduct themselves as well as organize their business	The philosophy of wellness is evident in all aspects of the business
47	Environment: retreat, peaceful, serene, relaxing, escapism and restful	<i>Merged with no.9</i>
48	Enhancing the clients life and wellbeing: yoga, meditation, nutrition, exercise, stretching, Reiki, Positive Thinking, Mediumship, relaxation Tools, Self-Discovery	<i>Merged with no.4, 6, 22 & 30</i>
49	Services: water, heat, spa treatments, hydrotherapy, changing/ locket rooms, treatment rooms, relaxation area	<i>Merged with no.4, 16, 22 & 31</i>
50	Products: Purity, Process Provenance, Resources obtained ethically and with cultural sensitivity	<i>Merged with no.6</i>
51	Concept of the spa	<i>Merged with no.22</i>
52	Clientele	<i>Merged with no.58</i>
53	Staff Skills	Highly competent staff in all aspects of the business
54	Resources Available	<i>Merged with most others</i>
55	Spa Journey	<i>Merged with no.12</i>
56	Nourishment	<i>Merged with no.6</i>
57	Touch & Movement	<i>Merged with no.4, 11, 16 & 26</i>
58	Integration	Opportunities for social interaction
59	Cultural Expression	Local environment should be emphasised
60	Social Contribution	Evidence of social responsibility and community involvement
61	Time and space	<i>Merged with no.22</i>
62	Water treatments	<i>Merged with no.16</i>
63	Relaxation	<i>Merged with no.22</i>
64	Quiet	<i>Merged with no.22</i>

No.	Initial sub component identified by participants	Rewording and merging of initial sub component
65	Child free	Clearly states in advance whether the facility is child-free or has child-free areas
66	Organic	<i>Merged with no.6</i>
67	Healthy food	<i>Merged with no.6</i>
68	Nature at close quarters	<i>Merged with no.9</i>
69	Free range exercise facilities (not a fitness gym)	<i>Merged with no.11</i>
70	Outside activities	<i>Merged with no.11</i>
71	Meditation platforms or space	<i>Merged with no.30</i>
72	Distant vista	<i>Merged with no.9</i>
73	Feeling of freedom	<i>Merged with no.19</i>
74	Customised services	<i>Merged with no.12</i>
75	Customised programmes	<i>Merged with no.12</i>
76	Lack of pressure	<i>Merged with no.22</i>
77	Walking in the fresh air	<i>Merged with no.11</i>
78	Really good beds	<i>Merged with no.6</i>
79	Pillow menu	<i>Merged with no.6</i>
80	LOHAS and SLOW taken as important	Best practice in sustainability
81	Sustainable practices in waste, water and power management	<i>Merged with no.80</i>
82	Hi tech equipment used and visible/communications and systems	High quality audio-visual and communication equipment
83	Animals	Deleted
84	Electric vehicles only	<i>Merged with no.80</i>
85	Water activities	<i>Merged with no.16</i>
86	Massage and spa therapies using local ingredients and not high end products	<i>Merged with no.6</i>
87	No beauty services	<i>Merged with no.17</i>
88	Retail	<i>Merged with no.14</i>
89	Communication session	<i>Merged with no.58</i>
90	Opportunity to learn new skills	Lifestyle/ wellness educational classes available
91	Opportunity to develop skills	<i>Merged with no.90</i>
92	A garden present that is used in food	<i>Merged with no.6</i>
93	Music in the background	<i>Merged with no.46</i>
94	Not kitsch or budget but not OTT expensive	Deleted

Table 5.4 summarizes the scores allocated to each sub component in relation to its importance to a spa setting. Again, each participant had a total of 15 points to allocate. Table 5.4 displays a new identity code (W) for each sub component so it can be more easily associated with wellness stakeholders (WS) when comparing data.

Table 5.4: Wellness stakeholders' list of sub components in ranked order

ID number	Sub components identified by wellness stakeholders	Score	Total score
W1	Qualified, skilled and registered practitioners who can work at the level of the body, mind and spirit of each individual	4+4+5+5+4	22
W2	The philosophy of wellness is evident in all aspects of the business	5+4+4+5	18
W3	Customised client journey from first point of call to end of visit	3+2+3+3	11
W4	Best practice in sustainability (e.g. waste, water, power, products, vehicles)	4+2	6
W5	Natural, preferably organic, locally sourced food and beverages are available. Food and beverages are high quality Natural, preferably organic, locally sourced treatment products are available. Treatment products are high quality	5+1	6
W6	Complementary therapies that are widely accepted	3+2	5
W7	Highly competent staff in all aspects of the organization	5	5
W8	Availability of healthy food in accordance with recognized guidelines.	3	3
W9	Natural environment is an integral part of the experience	3	3
W10	A variety of physical activity options	2+1	3
W11	Ability to relax in a designated 'quiet area'	2	2
W12	High standard of presentation and hygiene throughout facility (e.g. furnishings, pillows, beds)	1+1	2
W13	Availability of tools and support for the ongoing enhancement of the client once they leave the facility	2	2
W14	Space designated for meditation practices with or without an instructor	1	1
W15	Nutritional consultation and education available	1	1
W16	Opportunities to purchase items that permit client to experience one or more wellness principle components after visit		
W17	A variety of therapeutic, water-based treatments		
W18	Availability of hair and beauty services either on-site or nearby		
W19	Staff members who can confidently speak and understand English		
W20	Hands-on body and face treatments available		
W21	A variety of heat therapies available		
W22	Access to life coaching and counselling services		
W23	Accommodation and overnight facilities available on-site or nearby		
W24	Opportunities for social interaction		
W25	Local environment should be emphasised		
W26	Evidence of social responsibility and community involvement		
W27	Clearly states in advance whether the facility is child-free or has child-free areas		
W28	High quality audio-visual and communication equipment used		
W29	Lifestyle/ wellness educational classes available		

Table 5.4 shows that just over half the sub components received an importance ranking score (n=15). Most points were allocated to the top three sub components. A similar distribution was also seen among the spa stakeholders in Table 5.2.

Table 5.4 shows which sub components were viewed as most important. The qualifications and experience of practitioners was ranked by both groups of stakeholders as the most important wellness attributes of a wellness spa experience.

In Table 5.5 the final two lists identified in Table 5.2 and Table 5.4 are merged. The combined scores allocated by spa and wellness participants are shown in Table 5.5. Items (n=13) that did not receive a score from phase one and phase two data collection received a score of 0.5.

Table 5.5: Final list of sub components ranked in order of importance

ID Numbers	Item	Total Score
S1 & W1	Qualified, skilled and registered practitioners who can work at the level of the body, mind and spirit of each individual	40
S3 & W2	The philosophy of wellness is evident in all aspects of the business	30
S2	Comprehensive wellness assessment by health professional for referral	17
S4 & W6	Complementary therapies that are widely accepted	16
S10 & W3	Customised client journey from first point of call to end of visit	13
S6 & W4	Best practice in sustainability (e.g. waste, water, power, products, vehicles)	12
S5	Including all five senses in treatments and environment	8
W7	Highly competent staff in all aspects of the organization	5
S7	Atmosphere and tranquil environment	5
S8 & W17	A variety of therapeutic, water-based treatments	4
S9 & W20	Hands-on body and face treatments	4
S12 & W10	A variety of physical activity options	4
W5	Natural, preferably organic, locally sourced food and beverages are available. Food and beverages are high quality Natural, preferably organic, locally sourced treatment products are available Treatment products are high quality	6
S13 & W8	Availability of healthy food in accordance with recognized guidelines.	3
W9	Natural environment is an integral part of the experience	3
S15 & W13	Availability of tools and support for the ongoing enhancement of the client once they leave the facility	2
W11	Ability to relax in a designated 'quiet area'	2
W12	High standard of presentation and hygiene throughout facility	2
W15	Nutritional consultation and education available	1
S17 & W14	Space designated for meditation practices with or without an instructor	1
S11 & W22	Access to life coaching and counselling services	1
S18 & W29	Lifestyle/ wellness educational classes available	.5
S21 & W24	Opportunities for social interaction	.5
S14 & W23	Accommodation and overnight facilities available on-site or nearby	.5
S19 & W16	Opportunities to purchase items that permit client to experience one or more wellness principle components after visit	.5
S16	Opportunities for holistic rituals	.5
S20	Indigenous treatments	.5
W18	Availability of hair & beauty services either on-site or nearby	.5
W19	Staff members who can confidently speak and understand English	.5
W21	A variety of heat therapies	.5
W25	Local environment should be emphasised	.5
W26	Evidence of social responsibility and community involvement	.5
W27	Clearly states in advance whether the facility is child-free or has child-free areas	.5
W28	High quality audio-visual and communication equipment	.5

Column one shows which sub components from Tables 5.2 and Table 5.4 were merged and thereby producing a final list of thirty-four sub components. Expert judges then reworded any ambiguous sub components. Sub component W5, for example, was considered by expert judges to contain multiple attributes and was subsequently reconstituted to form four separate sub components. The outcome was a final list of thirty-seven sub components. These sub components then formed the final attribute classification for Step Four of the C-OAR-SE procedure (Rossiter, 2002).

5.3 Phase 3 - Delphi method with expert judges (DG2)

Table 5.6 shows how expert judges assigned the sub components to principle components. Some participants agreed that all sub components fitted

comfortably into the six principle components identified in the literature review: Physical, Intellectual, Social, Emotional, Spiritual and Environmental wellness. However, one participant felt some sub components would be better represented within two additional components: Cultural wellness and Professional wellness. The cultural principle component is defined as 'Being aware of one's own cultural background as well as the diversity and richness present in other cultural backgrounds'. Cultural wellness defines and differentiates the spirit/heart of the local/indigenous natural landscape. It involves interacting well with people of both genders, different backgrounds, lifestyles, abilities, ethnicities, and ages.

The professional principle component incorporates the attributes which may be regarded as 'foundational' to a business (service provider), and which combine to make the business 'fit-for-purpose'. Professional attributes provide the platform on which the service offering is delivered. These attributes are derived directly from the quality and mix of services, systems, facilities and skills base that enable a business to achieve the other principle components effectively with integrity, authenticity and authority.

The cultural and professional definitions were clarified and agreed upon with the expert raters.

The researcher has allocated each participant a code in Table 5.6. This coding helps identify possible patterns in the allocation of sub components to principle components.

Table 5.6: Phase three final results from expert raters

Sub component	Physical	Intellectual	Social	Emotional	Spiritual	Environmental	Cultural	Professional
Qualified, skilled and registered practitioners who can work at the level of the body, mind and spirit of each individual	CMPSH	CS	C	CMS	C	C		J
The philosophy of wellness is evident in all aspects of the business	CPS	CSH	CS	CMS	CMS	CMS		J
Comprehensive wellness assessment by a health professional for referral	CMS	CPSH		CMS				J
Customised client experience from first point of call to end of visit	MS	S	MH	CPS				J
Complementary therapies that are widely accepted	CMJSP	CMSH		CJS	CMJS			J
Best practices in sustainability (e.g. waste, water, power, products, vehicles)	M					CMPJSH		J
Includes all five senses in treatments and environment	CJS			CPSH	CMP			
Highly competent staff in all aspects of the organization	CMPS	CMSH	CS	CMS		CMS		J
Ambience (e.g., tranquil environment; ability to relax in a designated 'quiet area')				CMPH	MS			J
A variety of therapeutic, water-based treatments	CMJSH			CMP				
Hands-on body and face treatments	CMJSH			CMP				
A variety of physical activity options	CMPJSH		MS					
Availability of healthy food in accordance with recognized guidelines.	CPJSM	HS						
Natural environment is an integral part of the experience			M	MCS		MCPSH		J
Natural, preferably organic, locally sourced food and beverages are available.	MJSP					MCSH	J	
Food and beverages are high quality	CJSH	PS						J
Natural, preferably organic, locally sourced treatment products are available.	HMP					CMS	J	
Treatment products are high quality	CMPSH							J
Availability of tools and support for the ongoing enhancement of the client once they leave the facility		CS	C	MPSH				J

Sub component	Physical	Intellectual	Social	Emotional	Spiritual	Environmental	Cultural	Professional
Ability to relax in a quiet designated area	CS			CMJP		CSJH		
High standard of presentation and hygiene throughout	CMS					MP		J
Nutritional consultation and education available	PJS	CMPJSH						
Space designated for meditation practices with or without an instructor		MJS		MPJ	CPJS	H		
Access to life coaching and counselling services	MS	CMJSH	CP	CMJS	C			
Lifestyle/ wellness educational classes available	MS	CMJSH	CS	CMP	C			
Opportunities for social interaction		M	CMPJSH	P				
Accommodation and overnight facilities available on-site or nearby	CSH		MP					J
Opportunities to purchase items that permit client to experience one or more wellness principle components after visit	CS	CM		CPSH	C			J
Opportunities for holistic rituals	CJ	CMJ	CMJ	CMJS	CPJH	CJ	J	
Treatments based on indigenous culture	C			CMS	CMPH	CS	J	
Availability of hair and beauty services either on-site or nearby	CPS			CMH			J	J
Staff members who can confidently speak and understand English.		CSH	MP					J
Availability of a variety of heat therapies	CJSH			CMP				
Local environment should be emphasised in clients experience						CMPSH		J
Evidence of social responsibility and community involvement			CPSH			MS		J
Clearly states in advance whether the facility is child-free or has child-free areas	PSH			CM		CS		J
High quality audio-visual and communication equipment	CPSM	SH						J

All sub components loaded on to at least one principal component, which indicates that participants considered these sub components fitted comfortably into the wellness construct. Participants agreed about the allocation of fourteen sub components and allocated them to the same principle components. Four of the six participants allocated the same sub component to more than one principle component.

The working construct proposed at the commencement of this study was “Wellness products and services offered in a spa setting as perceived by industry stakeholders”. Step 1 of C-OAR-SE (Rossiter, 2002) was revisited and a new construct proposed, “A spa facility that offers products and services that contribute to wellness as perceived by relevant stakeholder segments”.

5.4 Development of the measurement tool

In accordance with Step Five of the C-OAR-SE procedure for scale development (Rossiter, 2002) each of the thirty-seven sub components became the discriminating content of an item. Each item comprised an intensity-free statement to be included in the measurement tool. Eight sub components required further clarification and refinement by expert raters. A final list of 48 items resulted.

Table 5.7 provides a listing of the final 48 wellness components with their defining item wording. The total score for each item is also displayed in Table 5.7.

Table 5.7: Assignment of items to the main wellness components within a spa setting

Physical	Intellectual	Social	Emotional	Spiritual	Environmental	Cultural	Professional	Score
The philosophy of wellness is evident in all aspects of the business	The philosophy of wellness is evident in all aspects of the business	The philosophy of wellness is evident in all aspects of the business	The philosophy of wellness is evident in all aspects of the business	The philosophy of wellness is evident in all aspects of the business	The philosophy of wellness is evident in all aspects of the business		The philosophy of wellness is evident in all aspects of the business	30
Comprehensive wellness assessment by a health professional for referral	Comprehensive wellness assessment by a health professional for referral	Comprehensive wellness assessment by a health professional for referral	Comprehensive wellness assessment by a health professional for referral	Comprehensive wellness assessment by a health professional for referral	Comprehensive wellness assessment by a health professional for referral		Comprehensive wellness assessment by a health professional for referral	17
The spa offers complementary therapies that are widely accepted	The spa offers complementary therapies that are widely accepted	The spa offers complementary therapies that are widely accepted	The spa offers complementary therapies that are widely accepted	The spa offers complementary therapies that are widely accepted	The spa offers complementary therapies that are widely accepted		The spa offers complementary therapies that are widely accepted	16
Practitioners are qualified to a recognized standard	Practitioners are qualified to a recognized standard	Practitioners are qualified to a recognized standard	Practitioners are qualified to a recognized standard	Practitioners are qualified to a recognized standard	Practitioners are qualified to a recognized standard		Practitioners are qualified to a recognized standard	13.3
Practitioners are registered with appropriate body	Practitioners are registered with appropriate body	Practitioners are registered with appropriate body	Practitioners are registered with appropriate body	Practitioners are registered with appropriate body	Practitioners are registered with appropriate body		Practitioners are registered with appropriate body	13.3
Staff can work at the level of the body, mind and spirit of each individual	Staff can work at the level of the body, mind and spirit of each individual	Staff can work at the level of the body, mind and spirit of each individual	Staff can work at the level of the body, mind and spirit of each individual	Staff can work at the level of the body, mind and spirit of each individual	Staff can work at the level of the body, mind and spirit of each individual		Staff can work at the level of the body, mind and spirit of each individual	13.3
Best practices in sustainability (e.g. waste, water, power, products, vehicles) are adhered to	Best practices in sustainability (e.g. waste, water, power, products, vehicles) are adhered to				Best practices in sustainability (e.g. waste, water, power, products, vehicles) are adhered to		Best practices in sustainability (e.g. waste, water, power, products, vehicles) are adhered to	13
The spa customises the client experience from first point of call to end of visit	The spa customises the client experience from first point of call to end of visit	The spa customises the client experience from first point of call to end of visit	The spa customises the client experience from first point of call to end of visit	The spa customises the client experience from first point of call to end of visit			The spa customises the client experience from first point of call to end of visit	13
Has highly competent staff in all aspects of the organization	Has highly competent staff in all aspects of the organization	Has highly competent staff in all aspects of the organization	Has highly competent staff in all aspects of the organization	Has highly competent staff in all aspects of the organization	Has highly competent staff in all aspects of the organization		Has highly competent staff in all aspects of the organization	5
Stimulation of all the five senses is included in the treatment	Stimulation of all the five senses is included in the treatment		Stimulation of all the five senses is included in the treatment	Stimulation of all the five senses is included in the treatment				4

Physical	Intellectual	Social	Emotional	Spiritual	Environmental	Cultural	Professional	Score
A variety of therapeutic, water-based treatments are available		A variety of therapeutic, water-based treatments are available	A variety of therapeutic, water-based treatments are available		A variety of therapeutic, water-based treatments are available			4
Stimulation of all the five senses is included in the environment	Stimulation of all the five senses is included in the environment		Stimulation of all the five senses is included in the environment	Stimulation of all the five senses is included in the environment				4
A variety of physical activity options are available		A variety of physical activity options are available	A variety of physical activity options are available					4
There is healthy food available in accordance with recognized guidelines.	There is healthy food available in accordance with recognized guidelines.	There is healthy food available in accordance with recognized guidelines.	There is healthy food available in accordance with recognized guidelines.	There is healthy food available in accordance with recognized guidelines.	There is healthy food available in accordance with recognized guidelines.			3
The ambience is tranquil within the spa environment The ability to relax in a designated quiet area	The ambience is tranquil within the spa environment The ability to relax in a designated quiet area	The natural environment is an integral part of the experience	The natural environment is an integral part of the experience The ambience is tranquil within the spa environment The ability to relax in a designated quiet area	The ambience is tranquil within the spa environment The ability to relax in a designated quiet area	The natural environment is an integral part of the experience The ambience is tranquil within the spa environment The ability to relax in a designated quiet area		The natural environment is an integral part of the experience The ambience is tranquil within the spa environment The ability to relax in a designated quiet area	3
								2.5
								2.5
A variety of hands-on body treatments are available			A variety of hands-on body treatments are available					2
A variety of hands-on face treatments are available	There is support available for the ongoing enhancement of the client once they leave the facility	There is support available for the ongoing enhancement of the client once they leave the facility	A variety of hands-on face treatments are available There is support available for the ongoing enhancement of the client once they leave the facility				There is support available for the ongoing enhancement of the client once they leave the facility	2
								2
Food is high quality							Food is high quality	1.5
Treatment products are high quality							Treatment products are high quality	1.5
There is a high standard of presentation throughout facility					There is a high standard of presentation throughout facility		There is a high standard of presentation throughout facility	1

Physical	Intellectual	Social	Emotional	Spiritual	Environmental	Cultural	Professional	Score
There is a high standard of hygiene throughout the facility					There is a high standard of hygiene throughout the facility		There is a high standard of hygiene throughout the facility	1
Nutritional consultations are available	Nutritional consultations are available							1
Nutritional education is available	Nutritional education is available							1
	There is space designated for meditation practices		There is space designated for meditation practices	There is space designated for meditation practices	There is space designated for meditation practices			1
There is access to life coaching services	There is access to life coaching services	There is access to life coaching services	There is access to life coaching services	There is access to life coaching services				.5
There is access to counselling services	There is access to counselling services	There is access to counselling services	There is access to counselling services	There is access to counselling services				.5
Organic food is available					Organic food is available	Organic food is available		.5
Locally sourced food is available					Locally sourced food is available	Locally sourced food is available		.5
Organic beverages are available					Organic beverages are available	Organic beverages are available		.5
Natural treatment products are available					Natural treatment products are available	Natural treatment products are available		.5
Organic treatment products are available					Organic treatment products are available	Organic treatment products are available		.5
Locally sourced treatment products are available					Locally sourced treatment products are available	Locally sourced treatment products are available		.5
	Wellness educational classes are available	Wellness educational classes are available	Wellness educational classes are available	Wellness educational classes are available				.5
	There are opportunities for social interaction	There are opportunities for social interaction	There are opportunities for social interaction					.5
Overnight accommodation and available on-site or nearby		Overnight accommodation and available on-site or nearby					Overnight accommodation and available on-site or nearby	.5

Physical	Intellectual	Social	Emotional	Spiritual	Environmental	Cultural	Professional	Score
There are opportunities to purchase items for continued wellness after client visit	There are opportunities to purchase items for continued wellness after client visit		There are opportunities to purchase items for continued wellness after client visit	There are opportunities to purchase items for continued wellness after client visit			There are opportunities to purchase items for continued wellness after client visit	.5
There are opportunities for holistic rituals	There are opportunities for holistic rituals	There are opportunities for holistic rituals	There are opportunities for holistic rituals	There are opportunities for holistic rituals	There are opportunities for holistic rituals	There are opportunities for holistic rituals		.5
Indigenous based treatments are available			Indigenous based treatments are available	Indigenous based treatments are available	Indigenous based treatments are available	Indigenous based treatments are available		.5
There are hair and beauty services available on-site or nearby			There are hair and beauty services available on-site or nearby			There are hair and beauty services available on-site or nearby	There are hair and beauty services available on-site or nearby	.5
	Staff members can speak and understand English confidently	Staff members can speak and understand English confidently					Staff members can speak and understand English confidently	.5
A variety of heat therapies are available			A variety of heat therapies are available					.5
					The local culture is emphasised in the clients experience		The local culture is emphasised in the clients experience	.5
		There is evidence of social responsibility			There is evidence of social responsibility		There is evidence of social responsibility	.5
It clearly states in advance whether the facility is child-free or has child-free areas			It clearly states in advance whether the facility is child-free or has child-free areas		It clearly states in advance whether the facility is child-free or has child-free areas		It clearly states in advance whether the facility is child-free or has child-free areas	.5
High quality audio-visual and communication equipment is available	High quality audio-visual and communication equipment is available						High quality audio-visual and communication equipment is available	.5

Figure 5.1 below shows the final measurement tool for evaluating a spas ability to offer a wellness experience. A simple 'yes' or 'no' answer column has been included as a sliding scale was not required. Scale development completes Step Five of the C-OAR-SE procedure (Rossiter, 2002). The items have been randomized in terms of order within the scale to ensure response-set artifacts in the obtained scores are minimized (Rossiter, 2002).

Figure 5.1: A wellness spa attribute measurement tool

The purpose of this tool is to find out if **insert name of spa** offers a complete wellness experience. For each statement listed please tick 'yes' if the spa offers the product or service. Please tick 'no' if the spa does not offer the product or service.

This wellness spa provides the following:	YES	NO
High quality audio-visual and communication equipment		
Practitioners are qualified to a recognized standard		
Comprehensive wellness assessments available by health professionals for referral		
The spa offers complementary therapies that are widely accepted		
The spa customises the client journey from first point of call to end of visit		
Best practices in sustainability (e.g. Waste, water, power, products, vehicles) are adhered to		
Staff can work at the level of the body, mind and spirit of each individual		
Organic food is available		
Organic beverages are available		
Practitioners are registered with an appropriate body		
There is healthy food available in accordance with recognized guidelines		
Food is high quality		
Stimulation of all the five senses is included in the treatments		
The ambience is tranquil within the spa environment		
Has highly competent staff in all aspects of the organization		
Organic treatment products are available		
A variety of therapeutic water-based treatments are available		
A variety of hands-on body treatments are available		
There are hair and beauty services available either on-site or nearby		
Treatment products are of high quality		
Stimulation of all the five senses is included in the environment		
Locally sourced food is available		
The natural environment is an integral part of the client experience		
A variety of hands-on face treatments are available		
Nutritional education is available		
There is support for the ongoing enhancement of the client once they leave the facility		
Provides the ability to relax in a designated quiet area		
The local culture is emphasised in the clients experience		
The philosophy of wellness is evident in all aspects of the business		
There a high standard of presentation throughout the facility		
There are opportunities for holistic rituals		
Locally sourced treatment products are available		
There are opportunities for social interaction		
Nutritional consultations are available		
There is space designated for meditation practices		
There is access to life coaching services		
Overnight accommodation facilities are available on-site or nearby		
There are opportunities to purchase items for continued wellness after clients visit		
Natural treatment products are available		
Wellness educational classes are available		
A variety of heat therapies are available		
Indigenous based treatments are available		
There is access to counselling services		
Staff members speak and understand English confidently		
There a high standard of hygiene throughout the facility		

This wellness spa provides the following:	YES	NO
There evidence of social responsibility		
A variety of physical activity options are available		
It is clearly stated in advance whether the facility is child-free or has child-free areas		

Finally, Tables 5.8 – 5.14 display the results of step six of C-OAR-SE - Enumeration, where the score for each item was weighted in relation to its principle wellness component.

Table 5.8: Final scoring of items within the physical wellness component

Physical wellness items	Score	Weighting %
The philosophy of wellness is evident in all aspects of the business	30	16.95
Comprehensive wellness assessment by a health professional for referral	17	9.61
The spa offers complementary therapies that are widely accepted	16	9.04
Practitioners are qualified to a recognized standard	13.3	7.52
Practitioners are registered with appropriate body	13.3	7.52
Staff can work at the level of the body, mind and spirit of each individual	13.3	7.52
Best practices in sustainability (e.g. waste, water, power, products, vehicles) are adhered to	13	7.35
The spa customises the client experience from first point of call to end of visit	13	7.35
Has highly competent staff in all aspects of the organization	5	2.85
Stimulation of all the five senses is included in the treatment	4	2.26
A variety of therapeutic, water-based treatments are available	4	2.26
Stimulation of all the five senses is included in the environment	4	2.26
A variety of physical activity options are available	4	2.26
There is healthy food available in accordance with recognized guidelines.	3	1.70
The ambience is tranquil within the spa environment	2.5	1.41
The ability to relax in a designated quiet area	2.5	1.41
A variety of hands-on body treatments are available	2	1.13
A variety of hands-on face treatments are available	2	1.13
Food is high quality	1.5	0.85
Treatment products are high quality	1.5	0.85
There is a high standard of presentation throughout facility	1	0.57
There is a high standard of hygiene throughout the facility	1	0.57
Nutritional consultations are available	1	0.57
Nutritional education is available	1	0.57
There is access to life coaching services	.5	0.28
There is access to counselling services	.5	0.28
Organic food is available	.5	0.28
Locally sourced food is available	.5	0.28
Organic beverages are available	.5	0.28
Natural treatment products are available	.5	0.28
Organic treatment products are available	.5	0.28
Locally sourced treatment products are available	.5	0.28
Overnight accommodation and available on-site or nearby	.5	0.28
There are opportunities to purchase items for continued wellness after client visit	.5	0.28
There are opportunities for holistic rituals	.5	0.28
Indigenous based treatments are available	.5	0.28
There are hair and beauty services available on-site or nearby	.5	0.28
A variety of heat therapies are available	.5	0.28
It clearly states in advance whether the facility is child-free or has child-free areas	.5	0.28
High quality audio-visual and communication equipment is available	.5	0.28
TOTAL SCORE	177	100%
MINIMUM QUALIFYING SCORE	88.5	50%

Table 5.9: Final scoring of items within the intellectual wellness component

Intellectual wellness items	Score	Weighting %
The philosophy of wellness is evident in all aspects of the business	30	18.90
Comprehensive wellness assessment by a health professional for referral	17	10.71
The spa offers complementary therapies that are widely accepted	16	10.08
Practitioners are qualified to a recognized standard	13.3	8.37
Practitioners are registered with appropriate body	13.3	8.37
Staff can work at the level of the body, mind and spirit of each individual	13.3	8.37
Best practices in sustainability (e.g. waste, water, power, products, vehicles) are adhered to	13	8.18
The spa customises the client experience from first point of call to end of visit	13	8.18
Has highly competent staff in all aspects of the organization	5	3.14
Stimulation of all the five senses is included in the treatment	4	2.52
Stimulation of all the five senses is included in the environment	4	2.52
There is healthy food available in accordance with recognized guidelines.	3	1.89
The ambience is tranquil within the spa environment	2.5	1.57
The ability to relax in a designated quiet area	2.5	1.57
There is support available for the ongoing enhancement of the client once they leave the facility	2	1.26
Nutritional consultations are available	1	0.63
Nutritional education is available	1	0.63
There is space designated for meditation practices	1	0.63
There is access to life coaching services	.5	0.31
There is access to counselling services	.5	0.31
Wellness educational classes are available	.5	0.31
There are opportunities for social interaction	.5	0.31
There are opportunities to purchase items for continued wellness after client visit	.5	0.31
There are opportunities for holistic rituals	.5	0.31
Staff members can speak and understand English confidently	.5	0.31
High quality audio-visual and communication equipment is available	.5	0.31
TOTAL SCORE	159	100%
MINIMUM QUALIFYING SCORE	79.5	50%

Table 5.10: Final scoring of items within the social wellness component

Social wellness items	Score	Weighting %
The philosophy of wellness is evident in all aspects of the business	30	21.28
Comprehensive wellness assessment by a health professional for referral	17	12.06
The spa offers complementary therapies that are widely accepted	16	11.35
Practitioners are qualified to a recognized standard	13.3	9.43
Practitioners are registered with appropriate body	13.3	9.43
Staff can work at the level of the body, mind and spirit of each individual	13.3	9.43
The spa customises the client experience from first point of call to end of visit	13	9.22
Has highly competent staff in all aspects of the organization	5	3.56
A variety of therapeutic, water-based treatments are available	4	2.81
A variety of physical activity options are available	4	2.81
There is healthy food available in accordance with recognized guidelines.	3	2.13
The natural environment is an integral part of the experience	3	2.13
There is support available for the ongoing enhancement of the client once they leave the facility	2	1.42
There is access to life coaching services	.5	0.36
There is access to counselling services	.5	0.36
Wellness educational classes are available	.5	0.36
There are opportunities for social interaction	.5	0.36
Overnight accommodation and available on-site or nearby	.5	0.36
There are opportunities for holistic rituals	.5	0.36
Staff members can speak and understand English confidently	.5	0.36
There is evidence of social responsibility	.5	0.36
TOTAL SCORE	141	100%
MINIMUM QUALIFYING SCORE	70.5	50%

Table 5.11: Final scoring of items within the emotional wellness component

Emotional wellness items	Score	Weighting %
The philosophy of wellness is evident in all aspects of the business	30	18.75
Comprehensive wellness assessment by a health professional for referral	17	10.63
The spa offers complementary therapies that are widely accepted	16	10.00
Practitioners are qualified to a recognized standard	13.3	8.32
Practitioners are registered with appropriate body	13.3	8.32
Staff can work at the level of the body, mind and spirit of each individual	13.3	8.32
The spa customises the client experience from first point of call to end of visit	13	8.13
Has highly competent staff in all aspects of the organization	5	3.13
Stimulation of all the five senses is included in the treatment	4	2.50
A variety of therapeutic, water-based treatments are available	4	2.50
Stimulation of all the five senses is included in the environment	4	2.50
A variety of physical activity options are available	4	2.50
There is healthy food available in accordance with recognized guidelines.	3	1.89
The natural environment is an integral part of the experience	3	1.89
The ambience is tranquil within the spa environment	2.5	1.56
The ability to relax in a designated quiet area	2.5	1.56
A variety of hands-on body treatments are available	2	1.21
A variety of hands-on face treatments are available	2	1.21
There is support available for the ongoing enhancement of the client once they leave the facility	2	1.21
There is space designated for meditation practices	1	0.63
There is access to life coaching services	.5	0.31
There is access to counselling services	.5	0.31
Wellness educational classes are available	.5	0.31
There are opportunities for social interaction	.5	0.31
There are opportunities to purchase items for continued wellness after client visit	.5	0.31
There are opportunities for holistic rituals	.5	0.31
Indigenous based treatments are available	.5	0.31
There are hair and beauty services available on-site or nearby	.5	0.31
A variety of heat therapies are available	.5	0.31
It clearly states in advance whether the facility is child-free or has child-free areas	.5	0.31
TOTAL SCORE	160	100%
MINIMUM QUALIFYING SCORE	80	50%

Table 5.12: Final scoring of items within the spiritual wellness component

Spiritual wellness items	Score	Weighting %
The philosophy of wellness is evident in all aspects of the business	30	21.28
Comprehensive wellness assessment by a health professional for referral	17	12.06
The spa offers complementary therapies that are widely accepted	16	11.35
Practitioners are qualified to a recognized standard	13.3	9.45
Practitioners are registered with appropriate body	13.3	9.45
Staff can work at the level of the body, mind and spirit of each individual	13.3	9.45
The spa customises the client experience from first point of call to end of visit	13	9.23
Has highly competent staff in all aspects of the organization	5	3.56
Stimulation of all the five senses is included in the treatment	4	2.84
Stimulation of all the five senses is included in the environment	4	2.84
There is healthy food available in accordance with recognized guidelines.	3	2.13
The ambience is tranquil within the spa environment	2.5	1.77
The ability to relax in a designated quiet area	2.5	1.77
There is space designated for meditation practices	1	0.71
There is access to life coaching services	.5	0.35
There is access to counselling services	.5	0.35
Wellness educational classes are available	.5	0.35
There are opportunities to purchase items for continued wellness after client visit	.5	0.35
There are opportunities for holistic rituals	.5	0.35
Indigenous based treatments are available	.5	0.35
TOTAL SCORE	141	100%
MINIMUM QUALIFYING SCORE	70.5	50%

Table 5.13: Final scoring of items within the environmental wellness component

Environmental wellness items	Score	Weighting %
The philosophy of wellness is evident in all aspects of the business	30	20.76
Comprehensive wellness assessment by a health professional for referral	17	11.77
The spa offers complementary therapies that are widely accepted	16	11.07
Practitioners are qualified to a recognized standard	13.33	9.21
Practitioners are registered with appropriate body	13.33	9.21
Staff can work at the level of the body, mind and spirit of each individual	13.33	9.21
Best practices in sustainability (e.g. waste, water, power, products, vehicles) are adhered to	13	9
Has highly competent staff in all aspects of the organization	5	3.46
A variety of therapeutic, water-based treatments are available	4	2.77
There is healthy food available in accordance with recognized guidelines.	3	2.08
The natural environment is an integral part of the experience	3	2.08
The ambience is tranquil within the spa environment	2.5	1.73
The ability to relax in a designated quiet area	2.5	1.73
There is a high standard of presentation throughout facility	1	0.69
There is a high standard of hygiene throughout the facility	1	0.69
There is space designated for meditation practices	1	0.69
Organic food is available	.5	0.35
Locally sourced food is available	.5	0.35
Organic beverages are available	.5	0.35
Natural treatment products are available	.5	0.35
Organic treatment products are available	.5	0.35
Locally sourced treatment products are available	.5	0.35
There are opportunities for holistic rituals	.5	0.35
Indigenous based treatments are available	.5	0.35
The local culture is emphasised in the clients experience	.5	0.35
There is evidence of social responsibility	.5	0.35
It clearly states in advance whether the facility is child-free or has child-free areas	.5	0.35
TOTAL SCORE	144	100%
MINIMUM QUALIFYING SCORE	72	50%

Table 5.14: Final scoring of items within the cultural wellness component

Cultural wellness items	Score	Weighting %
Organic food is available	.5	11.12
Locally sourced food is available	.5	11.11
Organic beverages are available	.5	11.11
Natural treatment products are available	.5	11.11
Organic treatment products are available	.5	11.11
Locally sourced treatment products are available	.5	11.11
There are opportunities for holistic rituals	.5	11.11
Indigenous based treatments are available	.5	11.11
There are hair and beauty services available on-site or nearby	.5	11.11
TOTAL SCORE	4.5	100%
MINIMUM QUALIFYING SCORE	2.25	50%

Table 5.15: Final scoring of items within the professional wellness component

Professional wellness items	Score	Weighting %
The philosophy of wellness is evident in all aspects of the business	30	19.60
Comprehensive wellness assessment by a health professional for referral	17	11.12
The spa offers complementary therapies that are widely accepted	16	10.46
Practitioners are qualified to a recognized standard	13.3	8.70
Practitioners are registered with appropriate body	13.3	8.70
Staff can work at the level of the body, mind and spirit of each individual	13.3	8.70
Best practices in sustainability (e.g. waste, water, power, products, vehicles) are adhered to	13	8.50
The spa customises the client experience from first point of call to end of visit	13	8.50
Has highly competent staff in all aspects of the organization	5	3.27
The natural environment is an integral part of the experience	3	1.96
The ambience is tranquil within the spa environment	2.5	1.64
The ability to relax in a designated quiet area	2.5	1.64
There is support available for the ongoing enhancement of the client once they leave the facility	2	1.31
Food is high quality	1.5	0.98
Treatment products are high quality	1.5	0.98
There is a high standard of presentation throughout facility	1	0.65
There is a high standard of hygiene throughout the facility	1	0.65
Overnight accommodation and available on-site or nearby	.5	0.33
There are opportunities to purchase items for continued wellness after client visit	.5	0.33
There are hair and beauty services available on-site or nearby	.5	0.33
Staff members can speak and understand English confidently	.5	0.33
The local culture is emphasised in the clients experience	.5	0.33
There is evidence of social responsibility	.5	0.33
It clearly states in advance whether the facility is child-free or has child-free areas	.5	0.33
High quality audio-visual and communication equipment is available	.5	0.33
TOTAL SCORE	153	100%
MINIMUM QUALIFYING SCORE	76.7	50%

The content of Tables 5.8 through 5.14 indicate that ‘*the philosophy of wellness is evident in all aspects of the business*’ is the most important wellness sub component by having the highest weighting (16.95% or more) in six of the eight components. This was closely followed by ‘*comprehensive wellness assessment by a health professional for referral*’ (9.61% or greater weighting) and “*the spa offers complementary therapies that are widely accepted*” (9.04 % weighting or greater). Only cultural wellness did not include these sub components.

5.5 Conclusions

With respect to the contribution of NGT and DM: Firstly, NGT and DM identified principle components and sub components of wellness for each stakeholder grouping. Secondly, these methods were sensitive enough to indicate differences in component priorities among stakeholder groupings. Thirdly, NGT and DM are effective in probing stakeholder perceptions, meanings and structures in a rigorous way and delivered over ninety items which stakeholders identified as important. Fourthly, DM contributed to item development with regard to a wellness spa. Finally, NGT and DM contributed significantly to construct definition and to the building of the wellness spa scale measurement tool.

Use of the NGT and DM provided insights into the perceptions and constructs stakeholders use to understand wellness and a wellness spa. The NGT and DM

methods have been appropriate for construct definition and item development with regard to wellness and a wellness spa. The two-fold central research question posited above with respect to the NGT and DM methods have been found to be answerable in the positive: the NGT and DM both contribute to: (1) definition of the wellness and wellness spa construct and (2) the development of measurement items for further research.

Within the NGT and DM phases, the principle components were confirmed, revised and the construct confirmed. The purpose of the literature review and the NGT and DM phases were to develop a conceptual framework that reflected the sources of value (Hunt, 2000) stakeholders seek from a wellness spa.

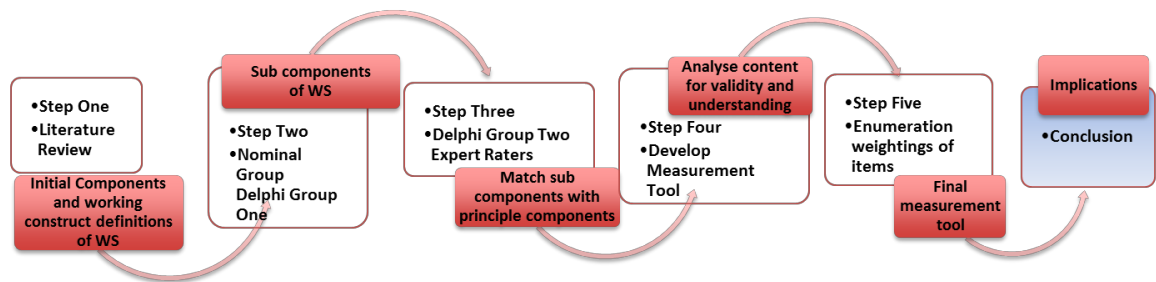
The need for clarification and definition of wellness and a wellness spa has been discussed earlier, as has the need to develop a methodology based on a rigorous procedure for construct definition and scale development.

This study and its description of and conceptualization of wellness and a wellness spa, is based on the following:

- 1 The working definition of wellness discussed earlier and its expansion based on a review of the literature.
- 2 The adoption of the C-OAR-SE procedure and its rigorous approach to construct definition.
- 3 The identification through analysis of the literature of specific components of wellness.
- 4 The further clarification and elaboration of the components or sub components of wellness and the wellness spa through the NGT and DM research among stakeholders.
- 5 Consistent with the C-OAR-SE procedure, the coding by experts of items developed through the DM session, in terms of key components from the literature and the specific ingredients/ components of wellness and the wellness spa collected from the sessions.

6. CHAPTER SIX: DISCUSSION AND CONCLUSION

Figure 6.1: Steps in the research method



A principal purpose of this final chapter is to provide an overall discussion of the findings. Chapter 5 reported the results from NG1, DG1, DG2 and presented the resultant wellness spa measurement tool. Only significant data were presented and no discussion took place. To provide a context for the conclusions, this chapter begins with a brief overview of the study's objectives and the knowledge gaps in the literature that it addresses. The body of this chapter consists of a discussion of the main findings relative to the research problem and the implications for theory and practice. The chapter then continues with a discussion of the limitations, and the opportunities for future research. The chapter concludes by outlining the contributions of this study to the body of knowledge, not only in the field of spa and associated businesses but in the wider context of research too.

6.1 Overview of the research aims and knowledge gaps

The overall aim of this study was to develop a tool to measure a spa's ability for providing a complete wellness experience. To achieve this, the following objectives were set: 1) To review current definitions of wellness and spa; 2) To provide a definition and conceptualization of wellness spa; and, 3) To develop the measurement tool.

Chapter One highlighted the changes in perception of managing health from a reactive approach to a proactive approach (Cohen, 2008). Many see wellness as an important future driver for the spa industry (Cohen & Bodecker, 2008; Smith & Kelly, 2008). Several factors relating to this change were identified as fuelling the

growth of the wellness industry. This growth is consistent with Nefiodow's (2006) and Voigt's (2010) predictions that holistic health will be the driver of economic growth in the 21st Century.

While there is a dearth of studies to draw upon, available industry statistics show there has been a dramatic growth in the number of spas offering wellness products and services. Despite this growth, there is a lack of wellness spa research. This may be attributed to the concept of wellness being elusive and having many definitions (Voigt, 2010). Therefore a construct definition of wellness was explored at the beginning of Chapter Two and proposed as "A lifestyle approach towards healthy living by an individual based on positive, integrated considerations of body, mind and spirit".

There is agreement that wellness is holistic, multi-componential and ongoing, no matter what the context (Cohen, 2008; Myers et al, 2005; Voigt, 2010). Most wellness models discussed in Chapter Two include five or more principle components. The inclusion of specific principle components appears to be dependent on the context in which the definitions of the construct are developed (Hettler, 1976).

The literature provides insufficient clarity on what constitutes wellness within a spa setting. Pilzner (2007) identified sectors that form the wellness industry and suggested products and services that might be included in these sectors. However, no study appears to have established which specific products and services form a wellness spa experience. This knowledge gap has contributed to the lack of agreement among spa operators as to how a wellness spa is defined and what are its key components. This has resulted in a considerable quantity of products and services being labeled wellness that may not necessarily be recognized as offering a true wellness experience according to the literature.

In an attempt to explore the relationship between wellness and spa, a recent study (SRI, 2010) investigated which principle wellness components were represented in existing spa businesses. The study used a seven-component wellness model to explore these factors. There was no discussion as to how the principle components were selected, nor did the findings reveal the products or

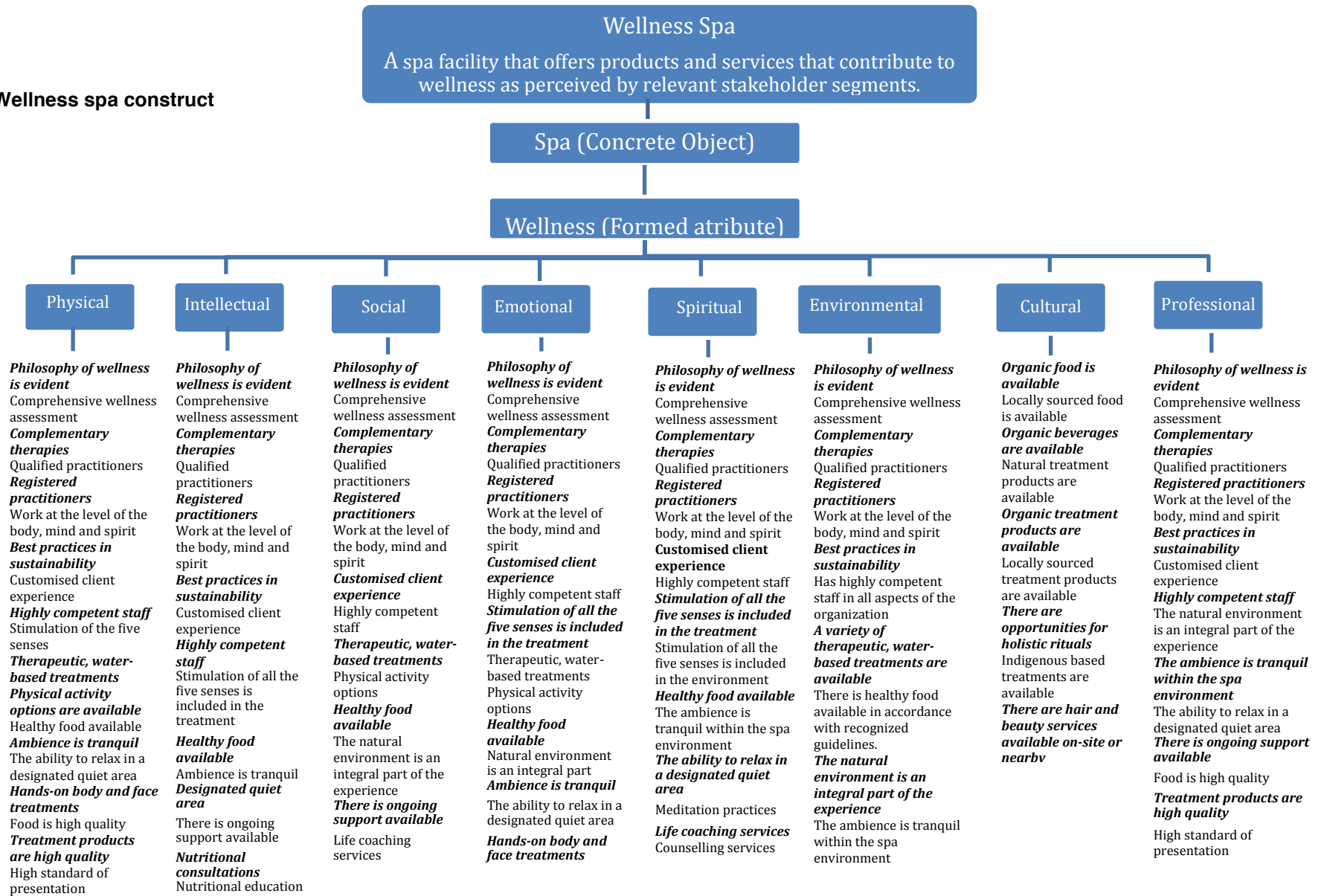
services considered.

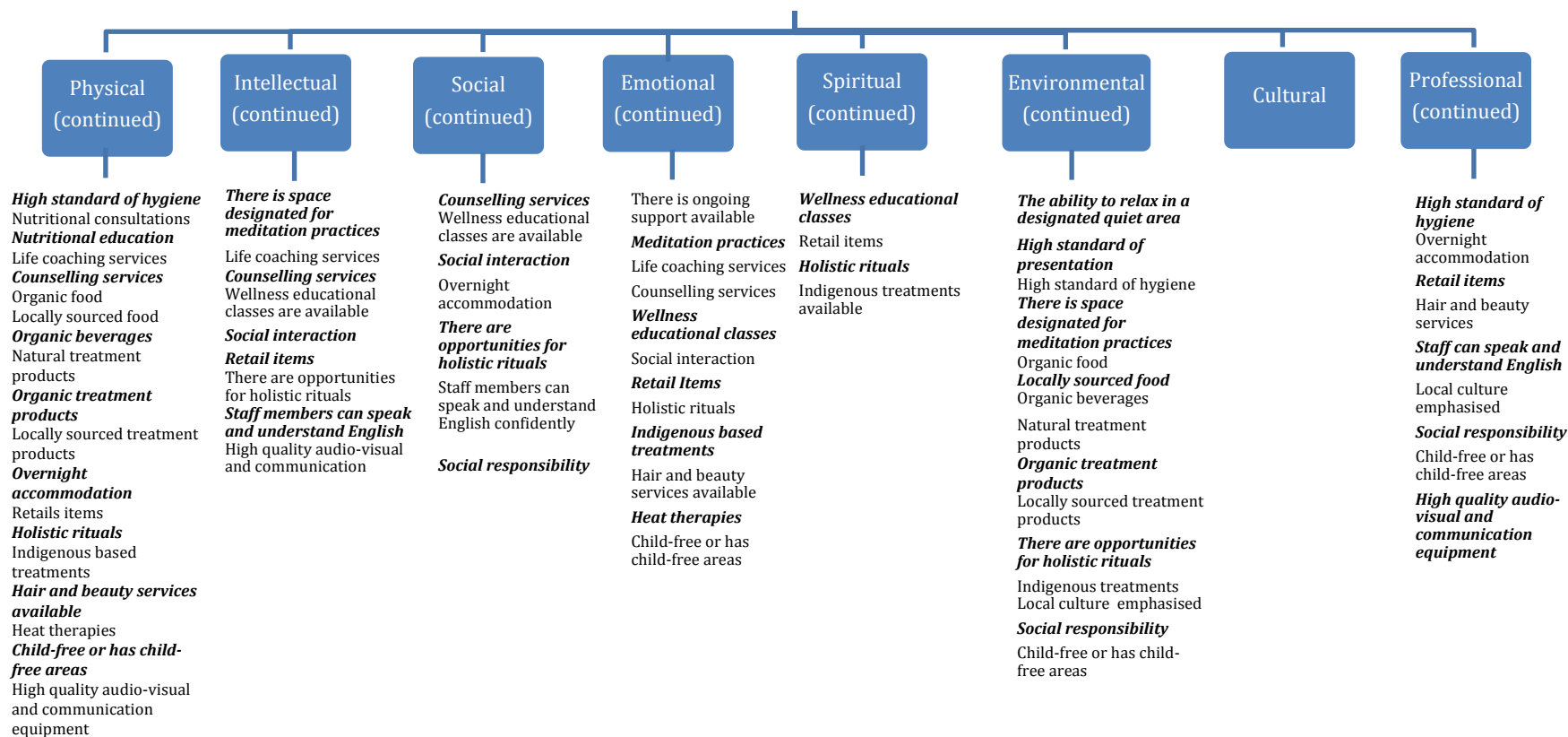
The principle components most commonly referred to in the literature and identified in this study are physical, intellectual, emotional, social, spiritual, and environmental wellness.

Chapter Two discussed the need to better integrate the spa and wellness industries to ensure a consistent spa experience for the consumer (Alpine Wellness International 2004; BISA, 2012; European Audit Institute, 2012; New Zealand Trade & Enterprise, 2008; Spa Association of Canada, 2012). Currently the spa industry is self-regulated through governing bodies and associations. COP's appear to be the main resource used to achieve this. Using COP's as tools for management is only effective if they are monitored closely (Ministry of Economic Development, 2006) a factor that seems to be missing from the spa industry. Subsequently the end of Chapter Two discussed the need to develop a valid tool that could measure a spas capability of offering a complete wellness experience. At the end of Chapter Two a working construct definition of a wellness spa was proposed, "Wellness products and services offered in a spa setting as perceived by industry stakeholders". This was then revisited after stakeholders input during the NG, DG1 and DG2: "A spa facility that offers products and services that contribute to wellness as perceived by relevant stakeholder segments".

This updated definition includes the object (spa facility) the attribute (wellness) and the rater entity (stakeholder) (Rossiter, 2002). In summary this study aimed to develop a measurement tool using a rigorous procedure for scale development that can add value and credibility to the spa industry. This development furthers the understanding of the links between wellness and spa. This in turn would provide a starting point for future research initiatives. There is a plethora of recent literature on general wellness and wellness tourism (of which spa plays a key role). However this is the first study to articulate the wellness concept in the context of a spa.

Figure 6.2: Wellness spa construct





6.2 Development of questions

Four questions underpinned the development of the measurement tool: 1) What is an appropriate definition of a wellness spa? 2) What are the principle wellness components most appropriate for spa?; 3) What are the defining items (products and services) that form the wellness principle components of spa?; and, 4) Do spas have the capability to offer a complete wellness experience? Answering these questions would also satisfy the C-OA of Rossiter's' (2002) C-OAR-SE, steps identified as being important in the development of an accurate scale measure (Rossiter, 2002).

6.3 Main contributions to knowledge

6.3.1 Towards a construct definition of a wellness spa

Minimal research has been conducted on wellness spa. For this reason there is little agreement about how wellness should be defined. Rossiter (2002) states the importance of including the object (spa), the attribute (wellness), and the rater (stakeholders) in construct definition. Without a clear statement of object, attribute and rater, the definition will be inadequate for operationalizing the construct (McGuire, 1989; Rossiter, 2002).

A review of the literature and input from stakeholders during the NG, DG1 and DG2 has contributed to the development of an operationalizable working definition of the construct. While research participants were not asked to define a wellness spa, it was evident from the list of sub components (products and services) that stakeholder groups provided, that they share a similar understanding of wellness. This finding differs from those expressed in the Global Spa Summit Report (SRI, 2010) where most spa stakeholders "have not yet successfully articulated a concept of wellness or its meaning within the context of spa" (p. 48). The wide variety of sub components listed also demonstrates an understanding that wellness is holistic and multi-componential, both key concepts identified in the literature (Ardell, 1977, Myers et al, 2007; Smith & Kelly, 2008; Travis & Ryan, 2004).

Both stakeholder groups used a variety of different terms to describe the same

sub components. This supports the assumption that there is no common universal language used in the associated industries. Evidence in the literature associates this difficulty in defining wellness with its subjective nature (Voigt, 2010).

The WS demonstrated a broader understanding of wellness in relation to products and services by producing a longer list of sub components. This may be attributed to the significant quantity of academic literature available in the field of wellness. It was also to be expected that this group would have a better understanding of wellness, as it is their area of expertise.

The individual sub components listed by the WS are more holistic in nature, and are capable of treating body, mind and spirit simultaneously. In comparison, SS included individual sub components that when offered collectively, would treat the body, mind and spirit. This suggests the professional background of the stakeholder's influences their approach to wellness. Despite this, both groups appear to be aligned with the definition of wellness proposed by Myers et al (2005) where working at the level of the body, mind and spirit is fundamental to wellness. This difference in approach to wellness highlights the importance of including input from a wide variety of stakeholders during the research process. This also contributes to the existing evidence that using expert raters (stakeholders) plays a key role in producing a valid and reliable measurement tool (Rossiter, 2002; Lloyd, 2007).

Neither stakeholder group included any products and services that are more suited to other spa clusters. For example skin treatments such as Botox injections and Dermabrasion are both considered medical spa treatments (Cohen, 2008; Garrow, 2011). However, it is not unusual to find other spa clusters offering them. The allocation of distinct sub components demonstrates a good understanding of the spa industry and the positioning of wellness within it.

Many authors describe wellness as ongoing, which implies it's a lifestyle one adopts (Adams, 2003; Erfurt-Cooper & Cooper, 2009). This concept was reflected in specific sub components identified by both stakeholder groups. Aspects such as '*balanced nutrition*', '*physical activity*', '*lifestyle education*

classes' and 'opportunities to purchase items that permit the client to experience one or more wellness principle components at home' allow the wellness experience to develop into a lifestyle. This finding supports Stapleton's (2003) view that spas will become centers of education, teaching clients how to enjoy optimum health.

In summary, spa industry research has increased significantly in the last few years. While the research has not yet encompassed wellness spas, it has become increasingly important to have an agreed understanding of the construct. The findings from this study suggest both stakeholder groups have a general understanding of wellness and are able to translate this into a wellness spa experience. However, evidence suggests there is no universal language used to define a wellness spa or what the experience may include. Therefore this study confirms the need for a clear construct definition of a wellness spa as recommended by Rossiter (2002). This will provide a starting point for further research and therefore makes a significant contribution to knowledge by proposing the following definition:

"A spa facility that offers products and services which contribute to wellness as perceived by relevant stakeholder segments".

6.3.2 The spa wellness model from the stakeholders' perspective

According to Rossiter (2002), identifying the key components that form the attribute wellness is an important stage for developing a measurement tool. The six principle components were initially identified from the wellness literature as: Physical, intellectual, emotional, social, spiritual and environmental.

The proposed model reflects the philosophy shared by Hettler (1977), and SRI (2010), in that the principle components are equal in terms of contribution to wellness. In comparison, Myers et al (2005) place spiritual wellness as central to all other wellness principle components. Although spiritual wellness plays a valuable role it was not identified as being more important to the wellness spa experience. The number of sub components allocated to it expressed this.

There is agreement that physical and emotional are the most represented principle components in a wellness spa, not surprising given the historical background of spa. However this does not imply they are more important in terms of one's wellness. Furthermore, the inclusion of professional and cultural wellness suggests that certain products and services are not defining items for any of the initial principle components given but are still thought important enough to be included. By inviting participants to contribute to the principle components ensures the wellness model proposed is accurate and valid for use in a wellness spa. While 'cultural' wellness has been discussed by some (Diener et al., 2009; Dolan et al, 2008; Helliwell, 2005; May, 2007; Myers et al, 2005b; Ryan & Deci, 2001), neither professional nor cultural principle components have been previously linked with spa. This study identifies cultural wellness and professional wellness principal components as part of a wellness experience in a spa and furthers the understanding of the wellness spa construct.

The model used by SRI (2010) included the component occupational. Neither stakeholder group requested 'occupational' wellness when asked to review the proposed model. This indicates that SS and WS thought it was not represented in the final list of sub components and therefore does not play a role in contributing to a consumer's wellness experience. This outcome may have been different if the tool was designed to measure the wellness of the business itself as opposed to a spas capacity to offer a wellness experience for a client.

In summary, the inclusion of multiple principle components in the proposed model demonstrates the holistic nature of a wellness experience in a spa. The inclusion of two additional principle components confirms the importance of stakeholder involvement and adds to the validity of the measurement tool (Rossiter, 2002). Finally, the componential structure of the model proposed challenges the appropriateness of the wellness model used by SRI (2010). This finding confirms that wellness is indeed complex and supports Hettler's (1976) view of the importance of having the correct model for the context in which it is to be used.

Finally the findings support an assumption made earlier in the Methods Chapter, that wellness is classified as a 'formed' attribute where multiple components form

the attribute (Rossiter, 2002, p. 310). Wellness in a spa is achieved through the sum total of eight principle wellness components.

6.3.3 The defining items (products and services) that form the wellness experience in a spa according to stakeholders

Many of the sub components resonate with more than one component suggesting multiple wellness benefits can be achieved. Certain sub components were allocated to all principle components. This may account for why some spas believe they are offering a full wellness experience even though they are only offering a few products or services.

The SS initially included more luxurious items such as *organic chocolate and wine*. This may imply that luxury and pampering still play an important role. However, during the serial discussion stage, the focus changed, moving more towards wellness and these items were deleted. SRI (2010) also allude to this perception by recommending the spa industry should “*use wellness to reshape its image and to move away from the perception of spa as merely a provider of luxurious pampering and beauty services for the wealthy*” (p. 48). The findings of both studies demonstrate a need for a tool that can guide SS more towards a wellness orientation. However, if a business chooses to incorporate luxury and pampering as part of its unique selling point, the tool would acknowledge this.

The WS placed a deeper value on individual products and services by listing them separately (e.g. *Ayurvedic doctors, Watsu therapy*). In contrast, SS generalized using collective terms such as ‘*qualified practitioners*’ and ‘*complementary therapies*’. This suggests wellness stakeholders have the potential to score higher when using the tool by including products and services that target specific wellness outcomes.

The range of sub components identified represents all the principle components proposed for a wellness spa. The words and concept of principle components were not mentioned during the NG and DM1 further confirming both stakeholder groups recognize wellness is multi-componential.

It can be seen that many of the sub components correlate with those recognized by Pilzner (2002; 2007) as forming the wellness industry. This further supports the previous suggestion that that spa and wellness stakeholders do understand the concept of wellness and that the industry may well be guilty of wellness washing. This finding supports the views of others (Alpine Wellness Group, 2004; European Audit Institute, 2012; Spa Opportunities Magazine, 2012) and highlights the need for a measurement tool to guide and monitor the industry.

In summary, both groups of stakeholders were able to provide a list of products and services that describe wellness in a spa. Consequently the NG, DG1 and DG2 were able to fulfill Rossiter's OAR (2002) steps. Furthermore, following Rossiter's (2002) classification of a formed attribute, the products and services are confirmed as being concrete items. This is correct because after the analysis stage "nearly everybody (of a sample of raters) describes the attribute and items identically" (p. 315). This allows the items to be rated consistently, an important step in producing a reliable measure. Therefore all concrete items (products and services) are included in the tool as they are the definitive items (Rossiter, 2002). Thus, this study provides a list of items, which can be used to evaluate a spas capability through its products and services to legitimately offer a complete wellness experience. The tool allows a spa to gain recognition for the products and services that contribute to their unique selling points.

6.3.4 Ranking and weighting of items (products and services)

The notion that products and services contribute to multiple principle components has already been alluded to in this chapter. Many sub components fit into more than one principle wellness component. Comments made by participants during the DG2 suggest the level of personal benefit gained from a sub component differs among principle components. For example the sub component '*a variety of hands-on body treatments are available*' is represented in both the physical and emotional principle components. Research suggests the benefits are influenced by the requirements of the client at the time (Voigt, 2010). However the physiological (physical) benefits of one product or service may out way the psychological (emotional) benefits when compared to other psychological products and services such as '*counseling*' that may also be available.

Stakeholders were asked to rank the items in terms of importance, a step known as Enumeration (Rossiter, 2002).

The inclusion of absolute total scores allows a spa offering sufficient wellness items to be recognized and classified as a wellness spa. Weighting the items ensures that a spa offers a majority of the most important items as opposed to offering a wide variety of less important items. The difference in the ranking of some items was significant although stakeholders thought all items important. The most important item received a score of 40 while the least important item received 0.5. Low scoring items such as *'clearly states in advance whether the facility is child-free or has child-free areas'* and *'high quality audio-visual and communication equipment'* alone do not significantly contribute to wellness but still contribute to the experience and therefore are represented by a score.

The method used in this study for allocating scores proved appropriate for this study. Both the NG and DG1 understood the process and carried it out accurately. This was an important step as all correspondence for the DM1 was done by email. Stakeholders spread their marks over a similar number of sub components (12 for spa and 15 for wellness). There were high levels of consensus on some items in relation to score value, not on others. While these different perspectives often result in a wider variety of experiences one might have, the tool places boundaries on what might be included. This ensures an approved standard of wellness can still be achieved while allowing individual spas to tailor make the experience they offer.

The clustering of some scores indicates there is general agreement on what is important in terms of sub components of a wellness spa. Three sub components stood out as being very important to WS; *'qualified skilled and registered practitioners who can work at the level of the body, mind and spirit of each individual'*; *'The philosophy of wellness is evident in all aspects of the business'*; and *'customized client journey from first point of call to end of visit'*. All three focus on holism and professionalism. Although worded differently these sub components are the same three identified by the SS. This demonstrates the similarity in understanding of wellness and the agreed importance of these items towards wellness in a spa.

Despite this agreement on what's important, one participant allocated a top score to '*atmosphere and tranquil environment*'. This sub component did not receive any other scores. When trying to create standardization, an item such as '*atmosphere and tranquil environment*' may be important to one person as a point of difference for their business. However, the item cannot be used as a reliable measure for accreditation as it is seen as an outlier (Caroni, Larioto, Economou & Pierrakau, 2012). As stakeholders identify wellness as a formed attribute all the concrete items deemed important are included in the measurement tool. This outlier demonstrates the importance of the Enumeration step of C-OAR-SE (Rossiter, 2002) where the item is weighted accordingly.

'Experienced or qualified and knowledgeable practitioners' received a score from ten of the eleven participants, and received the highest score overall. This is surprising as the sub component is not wellness specific and could be seen as important to any spa business. Furthermore, the gap between this item and the next highest ranked item indicates both stakeholder groups feel very strongly about industry standards, ensuring the industry is credible and that a good quality service is offered.

Considering the historical use of water in spas '*hydrotherapy treatments*' (reworded as '*a variety of therapeutic, water-based treatments*' after expert content analysis) was only ranked tenth on the final list. This positioning supports the definition proposed by ISPA (2007) in that the spa construct encompasses much more than just the inclusion of water.

Finally, the inclusion of an Enumeration system allows items of importance to be recognized and rewarded. In addition, by introducing the conjunctive decision rule and a mid-point index (Parnes, 1961) a benchmark standard is set for industry to adhere to. This has significant implications as it has the potential to improve standards across the industry and reduces the risk of wellness washing.

In summary, the first section of this chapter discussed the findings in relation to the research problem. Spa is identified as a concrete object where all stakeholders describe it identically. Wellness is identified as a formed attribute

consisting of eight concrete components: Physical, intellectual, emotional, social, spiritual, environmental, cultural, and professional. The sub components that contribute to wellness in a spa are identified as forty-eight different products and services. These findings suggest that spas do have the capability to offer a wellness experience. Results show both spa and wellness stakeholders believe the credibility of the industry is the most important issue however additional findings suggest the industry is guilty of wellness washing even though they understand the concepts of wellness. The use of the measurement tool for accreditation purposes by a third party will assist in addressing these issues.

6.3.5 A new application of the C-OAR-SE procedure

With regards to research, this study builds upon a relatively new approach labeled with the acronym C-OAR-SE as a procedure for scale development. This study found an effective adaptation of the C-OAR-SE procedure (Rossiter, 2002) to produce a definition of the wellness spa construct and a means for a reliable measurement tool. Until recently, scale development has been strongly influenced by Churchill (1979), especially in regard to measuring constructs (Bergkvist & Rossiter, 2007). Rossiter (2002) proposed a different procedure, which encourages a more flexible and open-minded approach toward scale development called C-OAR-SE.

C-OAR-SE relies heavily on content validity and includes interviews with raters and the involvement of expert judges throughout the process. It emphasizes the need to ensure a measure represents the construct in a valid way and allows for reflective as well as formative perspectives, and for single as well as multi-item scales (Lloyd, 2007). Using participants that possessed expert knowledge and interest in spa, wellness or research ensured content validity. Triangulation data collection methods also ensured concurrent validity.

The NGT and DM proved to be effective methods for gathering information required to complete the C-OAR-SE procedure. A wealth of valuable information reflecting the participant's thoughts was gathered using the NGT & DM. The use of NGT and DM provided insights into the perception and constructs stakeholders use to understand wellness spas. These results highlight the value of including

different stakeholder perspectives in the process of developing a measurement tool and supports Dowlings (2004) belief that various stakeholder segments evaluate an attribute differently. In addition, participants enjoyed the NGT particularly, stating it was well organized, effective and gave a feeling of task completion.

In conclusion these findings complement a number of other studies (Lloyd, 2007; Lloyd, 2010; Potter, Gordon & Hamer, 2004) in that NGT and DM both provide content validity through stakeholder (rater) involvement in construct definition and attribute classification and are an effective way of collecting information for C-OAR-SE (Rossiter, 2002).

6.4 Practical implications

6.4.1 Identification of the products and services of a wellness spa

By identifying the appropriate products and services that contribute to a wellness experience, the measurement tool provides a valid and reliable measure. The measurement tool can assist in employing appropriately qualified staff by identifying the services required and matching qualifications and skills accordingly. It allows focus to be placed on areas of relevance to stakeholders within the business. This in turn puts management in a stronger position to build valuable stakeholder relations (Lloyd, 2010). The tool offers spa management and employees several choices regarding the level of detail spas can engage in (Dagger, Sweeney & Johnson, 2007). Dagger et al (2007) suggest that practitioners and management can use the weighted structure to measure how well their business represents each wellness component.

In addition, the tool can act as a diagnostic instrument to identify poor/ or excellent performance with regard to the availability of products and services for each component. In the situation of poor performance it can guide the staff by supplying a list of products and services required to experience wellness in a spa. Thus a spa could identify its strengths and improve on its weaknesses. In the situation of excellent performance the tool has the potential to identify spas that have not previously recognized themselves as wellness orientated. Thus it allows spas to confidently market themselves as being credible wellness spas.

Moreover, it contributes to the elimination of wellness washing and reduces client confusion as to what they can expect.

In summary, the identification of products and services is critical for clarifying the wellness spa construct. This knowledge has significantly contributed to one of the key outcomes of this research: to provide a better understanding of what constitutes wellness in a spa. The evaluation of a wellness spa from a stakeholder perspective represents a further contribution to knowledge. Balmer & Grey (2003) and Lloyd (2010) both allude to the need for distinguishing and differentiating a business in the minds of all its stakeholders.

6.4.2 Policy makers and management

Associations and other policy makers can utilize the measurement tool for strategy planning and for tracking the progress of the industry. Used as a tool to identify wellness spas, potential data can be extracted from individual businesses, which could then be used to set industry benchmarks (Garrow, 2008). This allows evaluations of strengths and weaknesses in the industry, which can be monitored over time. Associations can track member's performance over time and can compare evaluations across several businesses.

6.4.3 Associated businesses

There are a variety of businesses that could benefit from the tool being used as a guide or an accreditation system. Access to the list of products and services allows a business to focus on issues that are of greater relevance to them. Three prominent beneficiaries may be educational institutions, healthcare providers, and the tourism industry and will now be discussed.

Firstly, the eight-component wellness model can act as a framework for developing appropriate syllabi for educating practitioners and managers. The framework provides a theoretical understanding of the concept of wellness. The identification of products and services ensures the required practical knowledge and skills are taught.

Secondly, educating and engaging people in healthier lifestyles through the provision of cost effective wellness spa services could provide a breakthrough for

people developing sustainable ways of living (Cohen & Bodecker, 2008). Historically, European governments and Trade Unions have provided financial assistance to visit spas for health benefits (Cohen, 2008; Crebbin-Bailey et al, 2003). With the ever-increasing strain on current healthcare systems, providers are looking for alternative ways to manage people's health (Cohen & Bodecker, 2008).

Thirdly, wellness tourism has been identified as one of the fast growing areas of the tourism industry and spas are recognized as the leading service provider (Smith & Puczkó, 2008). By understanding the wellness spa construct and the associated experiences one can expect, the tourism industry can easily identify and promote credible wellness spa businesses.

6.5 Limitations of the research

6.5.1 Academic literature

Due to the lack of academic literature on the spa industry this study draws heavily from the few scholarly articles and reports available. To complement these, additional magazines, textbooks, newspapers, websites and non-academic journals were sourced.

6.5.2 Participants

The recruitment of participants initially relied on the researcher's professional networking contacts in the spa and wellness industries but resulted in a snowball effect. Only four of the seventeen participants were male. Although the spa industry has predominately been associated with women, a growing number of men are becoming regular consumers of spa (Ellis, 2008; Garrow 2011). The inclusion of more men may have resulted in different products and services being included in the measurement tool. All participants in the NG and DG1 were based in New Zealand. Since spa experiences and views of wellness vary across the globe (Loh, 2008; Tabacchi, 2008), the products and services identified may have differed and/ or received different weightings in terms of importance due to cultural influences.

6.5.3 Research methods

This was a small-scale study. However, this was offset by using a diverse group of experts who achieved a high level of consensus (Delbecq et al, 1977).

When using the NGT Delbecq et al (1975) recommend selecting eight priority items for lists longer than twenty. The NG identified twenty-five sub components from which participants were instructed to select five for ranking purposes. This was due to the inexperience of the researcher. Following the correct format would have increased the scores available for allocation. However, this would not have affected the order of the top ranking items, but would have ranked some of the lower order items in terms of enumeration. Even though the mistake was identified early on, the DG1 received the same instructions to keep the study consistent.

6.6 Future research opportunities

This research has focused on the meaning and measurement of spas in relation to wellness offerings and the implications for researchers and practitioners. Research findings have identified the principle components and products and services in a spa as well as developing a construct definition of a wellness spa.

At the commencement of this study the dearth of academic literature on spa and wellness spas was noted. As wellness becomes more important to spas (Cohen, 2008; SRI, 2010) opportunities to explore the concept of wellness will increase. Implications for future research can be explored along the following pathways: Firstly, the application of the measurement tool in a pilot study. Secondly, given the importance of stakeholder perceptions to the development of the wellness spa construct, the concept of stakeholder relationships could be explored. This might include a larger study focusing on the perceptions of wellness and spa within each stakeholder group. Thirdly, duplicating this study across different countries would establish if differing views on wellness globally really do exist and how they can be catered for in wellness spas. Fourthly, a set of service quality criteria could be added to each product and service in this tool with the view to introducing a rating system similar to one used by Qualmark (2012). This would not only identify a credible wellness spa but also report on the quality one can expect to receive as a client. Furthermore, applying the C-OAR-SE method

to other health-orientated product and service providers (Rossiter, 2002).

6.7 Conclusion

The aim of this study was to develop a tool that could measure a spas capacity to offer a full wellness experience. The results show that a spa has the potential to offer a full wellness multi-componential experience. In doing so, it has made a contribution to theory through construct definition, through the identification of the wellness principle components and finally the products and services that contribute towards a wellness spa experience. The findings indicate that wellness and spa are not synonymous; they are distinct yet closely related concepts. Therefore it is important that the SS and WS work together to share knowledge of their respective industries. The findings also provide an insight into the nature of the relationship between the wellness and spa industries and the potential to develop it further.

The development of the wellness spa performance evaluation tool breaks new ground for the spa industry; by being the first of its kind and by capturing the thoughts of multiple stakeholders. The results of the study conclude that the credibility of the industry is the most important consideration for all stakeholders who participated. Thus the results of this study have justified the development of the tool.

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APPENDICES

Appendix 1: Participation information sheet (NG)



Participant Information Sheet

- Face to Face Group Meeting

Date Information Sheet Produced: 28/01/2011

Project Title:

Development of a measuring tool to evaluate a wellness spa's authenticity

An Invitation:

My name is Maria Hyde-Smith and I am currently undertaking research as part of my Master of Philosophy qualification. I would like to invite you to participate in a group session that is looking at components and characteristics that form a wellness spa. Your participation is voluntary and you are able to withdraw at any time prior to the completion of the data collection.

What is the purpose of this study?

The recent interest in promoting and maintaining personal wellness has led to the development of wellness spas. However there is confusion within industry and consumers as to what constitutes a wellness spa and how these spas differ from general spas.

This study will seek to address the confusion by defining wellness spas and developing a scale-measuring tool to evaluate a wellness spa's authenticity. The face-to-face group session will be held as a prelude to testing a measuring tool. This group session has to be held first to identify the components and characteristics that spa stakeholders see as factors that make up wellness spas. The components and characteristics identified in this session will contribute to the construction of relevant items for the scale measure.

Academic publications may also result from this study.

What are the benefits of the study?

- Better understanding of what constitutes a Wellness Spa for all stakeholders.

- Allow existing businesses that perceive themselves as a true wellness spa to differentiate themselves from spas that are not authentic wellness spas.
- Assist in identifying true wellness spas for associated industries such as the tourism sector and spa consumers.
- Future planning, marketing and development of facilities in Wellness Spas
- Assist with wellness spa investment decisions.
- Completion of a Master of Philosophy qualification for Maria Hyde-Smith.

How was I chosen for this invitation?

I am inviting 8 stakeholders to be part of this stage of the study. You have been chosen as someone who is a key stakeholder in the spa industry. You have been identified through the Auckland Yellow pages or word of mouth. These 8 stakeholders comprise of:

- 2 spa managers
- 2 spa therapists
- 2 spa educators
- 2 spa consumers

What will happen in this study?

The study involves 2 phases of research:

Phase 1) face-to-face group meeting with spa industry stakeholders.

Phase 2) an email based analysis and coding session using experts from the spa industry.

I invite you to participate in Phase 1 of the study as a spa industry stakeholder. This involves you attending a small group discussion meeting at AUT University, North Shore campus, Akoranga Drive, Northcote, for approximately 2 hours. The face-to-face group session will be used to obtain information necessary for the design of a scale measure. The session will comprise of 5 stages. Specific tasks for each stage will be carried and will be fully explained at the beginning of the meeting. The session will take between 1 – 2 hours of your time.

Refreshments will be supplied during the meeting by the researcher.

What are the discomforts and risks?

There are no apparent sensitive questions in this study. You may be concerned that you or your organization may be able to be identified as a result of the study.

How will these discomforts and risks be alleviated?

No public reference will be made to you, by name as a participant. You will be introduced as to which stakeholder group you represent only. Your name will not be recorded in any of the notes or analysis of this study, or in the final report. Participants are asked to keep all discussions confidential to group members.

How will my privacy be protected?

No identifying information will be collected. The participants' responses will only be recorded on a flip chart. The aggregate group responses, gender information and number of participants will then be retained for developing a scale measure.

The provisions of the Privacy Act (1993) will apply.

What are the costs of participating in this research?

There is no cost to participate in the research apart from approximately 2 hours of your time to attend the face-to-face group meeting.

What opportunity do I have to consider this invitation?

Once invited to participate you can think about it before you decide to participate or not. I will contact you again at least 3 days after you receive this Information Sheet, to see if you'd like to participate, and if so you will receive the Consent Form in the post for you to complete.

How do I agree to participate in this research?

Participation is voluntary. To agree to participate in this study, simply complete a hard copy of the Consent Form and return it to me in the pre paid envelope provided. You will then be contacted by telephone and email to confirm the date, time and location of the meeting.

Will I receive feedback on the results of this study?

If you wish to receive feedback on the results please contact me at the address below after December 2012 when the study has been completed.

What do I do if I have concerns about this study?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, *Geoff Dickson*, email: geoff.dickson@aut.ac.nz or phone 09 921 9999 ext 7851

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEK, Madeline Banda, madeline.banda@aut.ac.nz, 921 9999 ext 8044.

Whom do I contact for further information about this research?

Researcher Contact Details:

Maria Hyde-Smith email: mhyde@aut.ac.nz Ph. 00 649 921 9168

AUT University

Private Bag 92006

Auckland 1142

New Zealand

Project Supervisor Contact Details:

Geoff Dickson, email: geoff.dickson@aut.ac.nz Ph 09 921 9999 ext 7851

Stephen Lloyd, email: slloyd@aut.ac.nz Ph 09 921 9999 ext 5815

**Approved by the Auckland University of Technology Ethics Committee on
4th April 2011, ATEC Reference number 11/39.**

Appendix 2: Participation Information Sheet (DG1)

Participant Information Sheet

Delphi Study



Date Information Sheet Produced:

28/01/2011

Project Title

Development of a measuring tool to evaluate a wellness spa's authenticity

An Invitation

My name is Maria Hyde-Smith and I am currently undertaking research as part of my Master of Philosophy qualification. I would like to invite you to participate in a group session that is looking at components and characteristics that form a wellness spa. Your participation is voluntary and you are able to withdraw at any time prior to the completion of the data collection.

What is the purpose of this study?

The recent interest in promoting and maintaining personal wellness has led to the development of wellness spas. However there is confusion within industry and consumers as to what constitutes a wellness spa and how these spas differ from general spas.

This study will seek to address the confusion by defining wellness spas and developing a scale-measuring tool to evaluate a wellness spas authenticity. The group session (via email) (phase 2) you are being invited to join will follow the phase 1 face-to-face group meeting. The characteristics and components of wellness spas that were identified in phase 1 will be summarized on a coding sheet and emailed to the expert participants in the form of a questionnaire for feedback. The final components, characteristics and definitions will make up the relevant items for the scale measure.

Academic publications may also result from this study.

What are the benefits?

Better understanding of what constitutes a wellness spa for all stakeholders

Allow existing businesses that perceive themselves as a true wellness spa to differentiate themselves from spas that are not authentic wellness spas.

Assist in identifying true wellness spa for associated industries such as the tourism sector and spa consumers.

Future planning, marketing and development of facilities in Wellness Spas

Assist with wellness spa investment decisions

Possible completion of a Master of Philosophy qualification for Maria Hyde-Smith

How was I chosen for this invitation?

I am inviting 8 experts to be part of this phase of the study. You have been chosen as someone who has considerable expertise in the spa industry. You have been identified through international networks and associations.

What will happen in this study?

The project involves 2 phases of research:

Phase 1) face-to-face group meeting using spa industry stakeholders.

Phase 2) an email based questionnaire, using experts from the spa industry.

I invite you to participate in Phase 2 as an expert. This involves you interpreting a list of wellness spa components and items and organizing them in levels of importance. This is done via email correspondence.

The experts (participants) answer a questionnaire in two or more rounds. After each round I provide an anonymous summary of the experts answers as well as the definitions of the terms. In the second round, experts are encouraged to revise their earlier answers in light of the replies of other participants. During this process the range of answers should decrease and the expert panel will converge towards one set of clear answers. These final answers will be collated and used as a basis for formulating the scale-measuring tool.

What are the discomforts and risks?

There are no apparent sensitive questions in this study. You may be concerned that you or your organisation may be able to be identified as a result of the study.

How will these discomforts and risks be alleviated?

You will remain anonymous as information gathered from participants' emails would be collated onto a separate word document, which will contain no personal information and then forwarded to other participants for comment. Participants will be known to myself, and my supervisors (Geoff Dickson and Stephen Lloyd), but no individual or business will be identified in the research report.

How will my privacy be protected?

Questionnaires containing raw data will be printed from the email responses and will be kept in a word document on a removable storage device. Questionnaires will be stored for a minimum of 6 years in a lockable filing cabinet in my office at AUT University North Shore campus. These Questionnaires do not contain any information that identifies the participants. The emails received from the participants will be stored on separate removable storage device also.

All information will be destroyed after a period of 6 years.

What are the costs of participating in this research?

There is no cost to participate in the research apart from approximately 60 minutes of your time, 30 minutes for the first round and 30 minutes for the second round.

What opportunity do I have to consider this invitation?

Once invited to participate you can think about it before you decide to participate or not. I will contact you again at least 3 days after you receive this Information Sheet, to see if you'd like to participate, and if so you will receive via email a Consent Form for you to complete and sign. You can then post it back to me

How do I agree to participate in this research?

Participation is entirely voluntary. You can complete the Consent Form and return it to me at the address given below.

Will I receive feedback on the results of this research?

If you wish to receive feedback on the results please contact me after December 2012 when the study has been completed.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, *Geoff Dickson*, email: geoff.dickson@aut.ac.nz or phone 09 921 9999 ext 7851

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTECH, Madeline Banda, madeline.banda@aut.ac.nz, 921 9999 ext 8044.

Whom do I contact for further information about this research?

Researcher Contact Details:

Maria Hyde-Smith email: mhyde@aut.ac.nz Ph 00 64 9 921 9168

AUT University

Private Bag 92006

Auckland 1042

New Zealand

Project Supervisor Contact Details:

Geoff Dickson, email: geoff.dickson@aut.ac.nz Ph 09 921 9999 ext 7851

Stephen Lloyd, email: slloyd@aut.ac.nz Ph 09 921 9999 ext 5815

Approved by the Auckland University of Technology Ethics Committee on type the date final ethics approval was granted, AUTEK Reference number 11/39.

Appendix 3: Participation information sheet (DG2)

Participant Information Sheet

- Expert Delphi Study



Date Information Sheet Produced:

28/01/2011

❖ Project Title

Specifying the domain of the wellness spa construct and developing a scale for its measurement by the wellness spa industry.

An Invitation

This is an invitation for you to participate in a Delphi Group session that is part of an Auckland University of Technology research study looking at components and items that form a wellness spa. The study is being conducted by Maria Hyde-Smith, as part of her Master of Philosophy thesis.

What is the purpose of this study?

The recent interest in promoting and maintaining personal wellness has led to the development of wellness spas. However there is confusion within industry and consumers as to what constitutes a wellness spa and how these spas differ from general spas.

This study will seek to address the confusion by defining Wellness Spas and developing a scale-measuring tool that can be utilized for identifying or monitoring wellness spas. The Delphi Group session (phase 2) will follow the Nominal Group Technique (NGT) used in phase 1. The items and components of wellness spas that were identified in phase 1 will be summarized on a coding sheet and emailed to the expert participants in the form of a questionnaire for feedback. The final components, items and definitions will make up the relevant items for the scale measure.

Academic publications may also result from this study.

What are the benefits?

Better understanding of what constitutes a Wellness Spa for all stakeholders

Allow existing businesses that perceive themselves as a true wellness spa to differentiate themselves from spas that are not authentic wellness spas.

Assist in identifying true wellness spa for associated industries such as the tourism sector and spa consumers.

Future planning, marketing and development of facilities in Wellness Spas

Assist with Wellness Spa investment decisions

How was I chosen for this invitation?

I am inviting 8 experts to be part of this phase of the study. You have been chosen as someone who has considerable expertise in the spa industry. You have been identified through international networks and associations.

What will happen in this study?

The project involves 2 phases of research:

Phase 1) face-to-face group meeting using spa industry stakeholders.

Phase 2) an email based questionnaire using the Delphi method. This will involve experts from the spa industry.

I invite you to participate in Phase 2 as an expert. This involves you interpreting a list of wellness spa components and items and organizing them in levels of importance. There will also be an opportunity for you to critique this list and add or delete any items. This is done via email correspondence.

The Delphi method is a technique involving a panel of experts. The experts (participants) answer a questionnaire in two or more rounds. After each round the facilitator (researcher) provides an anonymous summary of the experts answers as well as the definitions of the terms. In the second round, experts are encouraged to revise their earlier answers in light of the replies of other participants. During this process the range of answers should decrease and the expert panel will converge towards one set of clear answers. These final answers will be collated and used as a basis for formulating the scale-measuring tool.

What are the discomforts and risks?

There are no apparent sensitive questions in this Delphi study. You may be concerned that you or your organisation may be able to be identified as a result of the study.

How will these discomforts and risks be alleviated?

You will remain anonymous as information gathered from participants' emails would be collated onto a separate word document, which will contain no personal information and then forwarded to other participants for comment. Participants will be known to the researcher only, but no individual or business will be identified in the research report.

How will my privacy be protected?

Questionnaires containing raw data will be printed from the email responses and will be kept in a word document on the computer of Maria Hyde-Smith.

Questionnaires will be stored for a minimum of 6 years in a lockable filing cabinet in the researcher's office at AUT University North Shore campus. These Questionnaires do not contain any information that identifies the participants. The emails received from the participants will be stored on the researcher's computer and protected by a password.

All information will be destroyed after a period of 6 years.

What are the costs of participating in this research?

There is no cost to participate in the research apart from approximately 60 minutes of your time, 30 minutes for the first round and 30 minutes for the second round.

What opportunity do I have to consider this invitation?

Once invited to participate you can think about it before you decide to participate or not. The researcher will contact you again at least 3 days after you receive this Information Sheet, to see if you'd like to participate, and if so you will receive the questionnaire via email.

How do I agree to participate in this research?

Participation is entirely voluntary. Your completion of the questionnaires amounts to consenting to take place in this study.

Will I receive feedback on the results of this research?

If you wish to receive feedback on the results please contact the researcher after December 2012 when the study has been completed.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, *Geoff Dickson*, email: geoff.dickson@aut.ac.nz or phone 09 921 9999 ext 7851

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTECH, Madeline Banda, madeline.banda@aut.ac.nz , 921 9999 ext 8044.

Whom do I contact for further information about this research?

Researcher Contact Details:

Maria Hyde-Smith email: mhyde@aut.ac.nz Ph 09 921 9168

Project Supervisor Contact Details:

Geoff Dickson, email: geoff.dickson@aut.ac.nz Ph 09 921 9999 ext 7851

Stephen Lloyd, email: slloyd@aut.ac.nz Ph 09 921 9999 ext 5815

Appendix 4: Participation consent form



Participation Consent Form



Project title:

Specifying the domain of the wellness spa construct and developing a scale for its measurement by the wellness spa industry.

Project Supervisor:.....Dr Geoff Dickson/ Dr Stephen Lloyd

Researcher:.....Maria Hyde-Smith

- I have read and understood the information provided about this research project in the participation Information Sheet.
- I have had an opportunity to ask questions and to have them answered.
- I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- I am over 20 years of age
- I agree to take part in this research.

Participant's signature:

Participants Name:

Participants Contact Details (if appropriate):

.....
.....
.....
.....

Date:

Note: The Participant should retain a copy of this form.

Appendix 5: Welcome letter (NG)

Address

Date Insert date

Address

Address

Dear insert name

Thank you for agreeing to participate in my research project: Specifying the domain of the wellness spa construct and developing a scale for its measurement by the wellness spa industry.

As you will be aware, there is great interest among many people in the maintenance of personal wellness. There is also interest in wellness spas. However there may be confusion about what constitutes a wellness spa and how they differ from general spas. Your participation in this research will help me to address this need for a clearer understanding about what constitutes a wellness spa. To address this confusion the definition of 'wellness spa' needs to be clear and a measuring tool developed to identify and monitor these spas. At present there is no rigorous theoretical framework or measuring tools in existence.

I look forward to working with you and making a contribution in this area. The goals of the research are to provide a definition and its constructs.

As discussed, your participation in this project involves joining me and five other Auckland based stakeholders for a nominal group discussion session. I hope this will be of interest to you as a person involved in the Spa Industry.

The Nominal Group Technique is a structured problem-solving or ideas-generating approach to gathering and combining individuals' ideas in a face-to-face, non-threatening group situation. The process helps to maximize creative participation. It assures a balanced input from all participants and takes advantage of each person's knowledge and experience. It can also be useful for generating and clarifying ideas; for reaching consensus, prioritizing, and making decisions on proposed alternative actions. The simple protocol will be explained fully when we meet. Date, time and venue are as follows:

Date: insert

Location: insert

Time: insert

All information you provide will be strictly confidential. No public reference will be made to you, by name, as a participant.

When we meet you will be asked to bring your completed consent form related to your agreement to take part in this study.

I look forward to meeting up with you on insert date

Kind regards

Maria Hyde-Smith

Telephone: 09 9219168

Mobile: 021 660 284

Email: mhyde@aut.ac.nz

Appendix 6: Welcome letter (DG1)



Address

Address

Address

Address

Dear **insert name**

Thank you for agreeing to participate in my research project: Development of a measuring tool to evaluate a wellness spa's authenticity.

As you will be aware, there is great interest among many people in the maintenance of personal wellness. There is also interest in wellness spas. However there may be confusion about what constitutes a wellness spa and how they differ from general spas. Your participation in this research will help me to address this need for a clearer understanding about what constitutes a wellness spa. I hope that this understanding will benefit the industry and the increasing number of people who seek a better understanding the benefits they can expect from a wellness spa.

I look forward to working with you. Your participation in this project involves commenting by email on definitions of components and characteristics of wellness spas. You will also be asked to rank these components and characteristics in order of importance.

You will be sent information to comment on by **insert date**. I would appreciate you sending your feedback within 5 working days. Please can you also complete the Participation Consent Form and post it back to me in the pre-paid envelope.

I look forward to working with you on this research study.

Kind regards

Maria Hyde-Smith

Telephone: 09 9219168 / Mobile: 021 660 284

Email: mhyde@aut.ac.nz

AUT University

Private Bag 92006

Auckland 1142, New Zealand

Appendix 7: Welcome letter (DG2)

Address

Date insert date

Address

Address

Address

Dear insert name

Thank you for agreeing to participate in my research project: Specifying the domain of the wellness spa construct and developing a scale for its measurement by the wellness spa industry.

As you will be aware, there is great interest among many people in the maintenance of personal wellness. There is also interest in wellness spas. However there may be confusion about what constitutes a wellness spa and how they differ from general spas. Your participation in this research will help me to address this need for a clearer understanding about what constitutes a wellness spa. I hope that this understanding will benefit the industry and the increasing number of people who seek a better understanding the benefits they can expect from a wellness spa.

I look forward to working with you. Your participation in this project involves commenting by email on definitions of components and constituents of wellness spas. You will also be asked to rank these components and constituents in order of importance.

You will be sent information to comment by insert date. I would appreciate you sending your feedback with 5 working days. Your reply with your comments will act as your consent to participate in this study.

I look forward to working with you on this research study.

Kind regards

Maria Hyde-Smith

Telephone: 09 9219168

Mobile: 021 660 284

Email: mhyde@aut.ac.nz

Appendix 8: DG1 worksheet 1

Delphi Group Stage One

Below you will see a question. You have 10 minutes to write down as many answers as you can in the table provided. It does not matter what order you write your answers. Once your 10 minutes are up please send your completed form back to me (mhyde@aut.ac.nz). Please do not refer to any reading material or other resources when answering your question; it is your immediate thoughts that are important. Please insert additional lines if required.

Question

What would you consider to be the key components (services, facilities etc.) of a wellness spa?

Appendix 9: DG1 worksheet 2

WELLNESS Delphi Group Stage Two

Thank you for your feedback in stage one of this study.

For stage 2 of this study you are asked to:

- Agree/ Disagree with the reworking of some items
- Suggest changes if needed

Stage Two Details:

In Table 1 below you will see all the newly revised items based on your collective comments and suggestions. Each item has been given a number, this is for identification purposes only and has no weighted value. At this stage you are **not** asked whether you agree with the item itself, just clarification of the description and that all items you have given in stage 1 are represented in some way. Please **do not** add any new items to the list in Table 1.

Table 1

NO.	ITEM	Comments/ New description
1	A choice of experienced, suitably qualified, knowledgeable staff for each service	
2	Availability of healthy food	
4	Complementary Therapies that are authentic, widely recognized and customized individually	

NO.	ITEM	Comments/ New description
6	Products and produce/ refreshments are high quality, natural, preferably organic and ethically sourced locally where possible	
7	High standard of presentation and hygiene through facility, including furnishings (pillows, beds etc.)	
9	Natural environment is an integral part of the experience	
11	A variety of physical activity opportunities	
12	Customised client journey from first point of call to end of visit/ stay	
14	Opportunities to purchase products/ produce	
16	A variety of therapeutic, water-based treatments	
17	Hairdresser (wash and style)	
18	Ability to confidently speak and understand the local language	
19	The philosophy of the business is evident in all aspects of the business (including but not limited to interior design, decor and furnishings, products and services, music, aroma, atmosphere, staffing, time allocation, personal support and privacy)	
22	Ability to relax in a designated 'quiet area'	
24	Nutritional consultations and education available	

NO.	ITEM	Comments/ New description
26	Customized traditional, body and face treatments	
30	Space designated for meditation practices with or without an instructor	
31	A variety of heat therapies	
33	Life coaching/ counselling services	
38	Variety of accommodation and overnight facilities	
42	Skilled and experienced wellness practitioners who can work at the level of the body, mind and spirit of each individual	
45	Provide tools and support for the ongoing enhancement of the guests once they leave the facilities	
46	Embody and demonstrate the principles of wellness in the way the staff and the owners of the facility conduct themselves as well as organize their business	
58	Opportunities for social interaction	
59	Manifests of local culture are evident and authentic	
60	Social Contribution	
65	Child free	
80	Best practice in sustainability (including but not limited to waste, power, products, vehicles)	

NO.	ITEM	Comments/ New description
82	Hi tech equipment used and visible/ communications and systems	
83	Animals	
87	No beauty services	
90	Lifestyle/ wellness educational classes available	
94	Not kitsch or budget but not over the top expensive	

Please email your completed form back to me (mhyde@aut.ac.nz) by Friday 7th October. Please do not refer to any reading material or other resources when completing this form; it is your immediate thoughts that are important.

Thank you for completing stage 2. You will receive the final instructions for stage 3 when all feedback has been received from stage 2.

Kind regards

Maria

Appendix 10: DG1 ranking sheet

Delphi Group Stage Three (Final Stage)

Table 2 below contains the final list of items that wellness stakeholders (participants) consider to be the key items (services, facilities etc.) of a wellness spa. You will notice that some numbers will be missing; this is where similar components have been merged.

Table 2:

Component Number	Final Components
1	Highly competent staff in all aspects of the organization
2	Availability of healthy food in accordance with recognized guidelines.
4	Complementary therapies that are widely accepted
6	Natural, preferably organic, locally sourced food and beverages are available. Food and beverages are high quality Natural, preferably organic, locally sourced treatment products are available. Treatment products are high quality
7	High standard of presentation and hygiene throughout facility (e.g. furnishings, pillows, beds)
9	Natural environment is an integral part of the experience
11	A variety of physical activity options
12	Customised client journey from first point of call to end of visit
14	Opportunities to purchase items that permit client to experience one or more wellness dimensions after visit
16	A variety of therapeutic, water-based treatments

Component Number	Final Components
17	Availability of hair and beauty services either on-site or nearby
18	Staff members who can confidently speak and understand English
19	The philosophy of wellness is evident in all aspects of the business
22	Ability to relax in a designated 'quiet area'
24	Nutritional consultation and education available
26	Hands-on body and face treatments
30	Space designated for meditation practices with or without an instructor
31	A variety of heat therapies
33	Access to life coaching and counselling services
38	Accommodation and overnight facilities available on-site or nearby
42	Qualified, skilled and registered practitioners who can work at the level of the body, mind and spirit of each individual
45	Availability of tools and support for the ongoing enhancement of the client once they leave the facility
58	Opportunities for social interaction
59	Local environment should be emphasised
60	Evidence of social responsibility and community involvement
65	Clearly states in advance whether the facility is child-free or has child-free areas
80	Best practice in sustainability (e.g. waste, water, power, products, vehicles)
82	High quality audio-visual and communication equipment
90	Lifestyle/ wellness educational classes available

Final Question

As a wellness stakeholder, please rank the components in Table 2 in terms of their *importance* to a wellness spa?

Instructions:

1. To do this please first select your top 5 components from Table 2 and write each of them on separate piece of paper and lay them out in front of you. In the top left hand corner of each piece of paper please write the components number (see Table 2).
2. Next rank those final components in order of importance using a scale of 1-5. To do this select the piece of paper with your most important component written on it and write a number **5** in the bottom right hand corner of the piece of paper, now turn it over.
3. Next select the piece of paper with your least important component written on it and write a number **1** in the bottom right hand corner of the piece of paper, now turn it over.
4. Out of the three remaining components select the most important component and write a number 4 in the bottom right hand corner of the piece of paper and turn it over.
5. Then write a number 2 in the bottom right hand corner of the least important component remaining.
6. Lastly write a number 3 in the bottom right hand corner of the last component.

Now turn all the pieces of paper over to face you and transfer the information into Table 3 below.

Component Number	Final Components	Ranking

Once you have completed this final stage please send you completed form back to me (mhyde@aut.ac.nz) by Friday 28th October.

Thank you for participating in the final stage of this study. Shortly I will send you a final email on with the final summary of responses, which I hope you find interesting and useful.

Kindest regards

Maria

Maria Hyde-Smith

Appendix 11: DG2 Worksheet

Question for the Expert Delphi Group

On the left hand side of the attached table is a list of items describing the features of a wellness spa. Think of them as ingredients in a recipe.

Along the top of the table are more general components into which the descriptions on the left hand column may or may not fit. Please assign each description to the most appropriate wellness component by placing a 'X' in the corresponding box in the column for the component you think it matches. An item may be assigned to more than one component if you think it fits.

The components have been selected from articles that have been written about wellness. Below is a brief description of each component (based on findings from available literature) to assist your understanding of each wellness component.

Physical: Physical wellness relates to the physiological state of the body, genetic predisposition, and harm-avoidance behaviors as well as ones perception, expectations and acceptance of ones health.

Intellectual: Intellectual wellness (also called mental wellness) is the perception of, and motivation for, a person's optimal level of stimulating intellectual activity. This is achieved by the continued acquirement, use, sharing, and application of knowledge in a creative and critical way.

Social: Social wellness is the movement toward balance and integration of the interaction between the individual, society and nature; and a person's social experience and interaction

Emotional: Emotional wellness is an awareness and acceptance of feelings, as well as a positive attitude about oneself, about life and the future.

Spiritual: Spiritual wellness involves the creation of personal values and beliefs by each individual towards life's purpose, and the self in relation to others, to the community, nature, the universe, and possible a higher power. It includes the development of a deep appreciation for the depth and expanse of life and of natural forces.

Environmental: Environmental wellness focuses on the nature of an individual's reciprocal interaction with the environment and an awareness and appreciation of the limits of natural resources.

Additional: If you think an item does not fit specifically into any of the components given please write your suggestion for a new component in the 'ADDITIONAL' column on the right of the table. An explanation of your suggestion is welcomed.

WELLNESS COMPONENTS							
ITEM	PHYSICAL	INTELLECTUAL	SOCIAL	EMOTIONAL	SPIRITUAL	ENVIRONMENTAL	ADDITIONAL
Qualified, skilled and registered practitioners who can work at the level of the body, mind and spirit of each individual							
The philosophy of wellness is evident in all aspects of the business							
Comprehensive wellness assessment by a health professional for referral							
Customised client experience from first point of call to end of visit							
Complementary therapies that are widely accepted							
Best practices in sustainability (e.g. waste, water, power, products, vehicles)							

Includes all five senses in treatments and environment							
Highly competent staff in all aspects of the organization							

WELLNESS COMPONENTS							
ITEM	PHYSICAL	INTELLECTUAL	SOCIAL	EMOTIONAL	SPIRITUAL	ENVIRONMENTAL	ADDITIONAL
Ambience (e.g., tranquil environment; ability to relax in a designated 'quiet area')							
A variety of therapeutic, water-based treatments							
Hands-on body and face treatments							
A variety of physical activity options							
Availability of healthy food in accordance with recognized guidelines.							
Natural environment is an integral part of the experience							
Natural, preferably organic, locally sourced food and beverages are available.							
Food and beverages are high quality							
Natural, preferably organic, locally sourced treatment products are available.							

WELLNESS COMPONENTS							
ITEM	PHYSICAL	INTELLECTUAL	SOCIAL	EMOTIONAL	SPIRITUAL	ENVIRONMENTAL	ADDITIONAL
Treatment products are high quality							
Availability of tools and support for the ongoing enhancement of the client once they leave the facility							
High standard of presentation and hygiene throughout							
Nutritional consultation and education available							
Space designated for meditation practices with or without an instructor							
Access to life coaching and counselling services							
Lifestyle/ wellness educational classes available							
Opportunities for social interaction							
Accommodation and overnight facilities available on-site or nearby							

WELLNESS COMPONENTS							
ITEM	PHYSICAL	INTELLECTUAL	SOCIAL	EMOTIONAL	SPIRITUAL	ENVIRONMENTAL	ADDITIONAL
Opportunities to purchase items that permit client to							
Opportunities for holistic rituals							
Treatments based on indigenous culture							
Availability of hair and beauty services either on-							
Staff members who can confidently speak and							
Availability of a variety of heat therapies							
Local environment should be emphasised in clients							
Evidence of social responsibility and							
Clearly states in advance whether the facility is							
High quality audio-visual and communication							

Appendix 12: Ethics application (1)

Auckland University of Technology Ethics Committee (AUTEC)

EA1

Application for Ethics Approval for Research Projects



Comprehensive information about AUT's ethics approval processes may be found online at <http://www.aut.ac.nz/research/research-ethics/ethics>. Please read the notes at the end of the form before submitting this application.

❖ General Information

Project Title

If you will be using a different title in documents to that being used as your working title, please provide both, clearly indicating which title will be used for what purpose.

Specifying the domain of the wellness spa construct and developing a scale for its measurement by the wellness spa industry.

Applicant Name and Qualifications

When the researcher is a student (including staff who are AUT students), the applicant is the principal supervisor. When the researcher is an AUT staff member undertaking research as part of employment or a staff member undertaking research as part of an external qualification, the applicant is the researcher. Staff should refer to Section 11.4 of Applying for Ethics Approval: Guidelines and Procedures to check requirements for ethics approval where they are studying at another institution.

Geoff Dickson PhD

Applicant's School/Department/Academic Group/Centre

New Zealand Tourism Research Institute, AUT University

Applicant's Faculty

Faculty of Applied Humanities

Student Details

Please complete this section only if the research is being undertaken by a student as part of an AUT qualification.

Student Name(s):

Maria Hyde-Smith

Student ID Number(s):

0006370

Completed Qualification(s):

Post Graduate Diploma in Health Science (AUT)

E-mail address:

mhyde@aut.ac.nz

School/Department/Academic Group/Centre

New Zealand Tourism Research Institute, AUT University

School of Hospitality and Tourism

Faculty

Faculty of Applied Humanities

Name of the qualification for which this research is being undertaken:

Master of Philosophy

Research Output

Please state whether your research will result in a thesis or dissertation or a research paper or is part of coursework requirements.

Master's Thesis

Details of Other Researchers or Investigators

Please complete this section only if other researchers, investigators or organisations are involved in this project. Please also specify the role any other researcher(s), investigator(s) or organisation(s) will have in the research.

Individual Researcher(s) or Investigator(s)

Please provide the name of each researcher or investigator and the institution in which they research.

Not applicable

Research or Investigator Organizations

Please provide the name of each organisation and the city in which the organisation is located.

Not applicable

Are you applying concurrently to another ethics committee?

If your answer is yes, please provide full details, including the meeting date, and attach copies of the full application and approval letter if it has been approved.

No

Declaration

The information supplied is, to the best of my knowledge and belief, accurate. I have read the current Guidelines, published by the Auckland University of Technology Ethics Committee, and clearly understand my obligations and the rights of the participant, particularly with regard to informed consent.

Signature of Applicant

Date

(In the case of student applications the signature must be that of the Supervisor)

Signature of Student

Date

(If the research is a student project, both the signature of the Supervisor, as the applicant, and the student are required)

Authorizing Signature

Signature of Head

Name of
Faculty/Programme/School/Centre

Date

❖ General Project Information

Project Duration

2 years part time

Approximate Start Date of Primary Data Collection

April 2011

Approximate Finish Date of Complete Project

December 2012

Are funds being obtained specifically for this project?

If your answer is yes, then you must complete section G of this Application Form.

No

Types of persons participating as participants

Please indicate clearly every one of the following categories that applies to those participating in your research.

Researcher's students

No

Adults (20 years and above)

Yes

Legal minors (16 to 20 years old)

No

Legal minors (under 16 years old)

No

Members of vulnerable groups

e.g. persons with impairments, limited understanding, etc. If your answer is yes, please provide a full description.

No

Hospital patients

No

Prisoners

No

Does this research involve use of human remains, tissue or body fluids which does not require submission to a Regional Ethics Committee?

e.g. finger pricks, urine samples, etc. (please refer to section 13 of the AUTC Guidelines). If your answer is yes, please provide full details of all arrangements, including details of agreements for treatment, how participants will be able to

request return of their samples in accordance with right 7 (9) of the Code of Health and Disability Services Consumers' Rights, etc.

No

Does this research involve potentially hazardous substances?

*e.g. radioactive materials (please refer to section 15 of the AUTEC Guidelines).
If your answer is yes, please provide full details.*

No

Research Instruments

Does the research include the use of a written or electronic questionnaire or survey?

If your answer is yes, please attach to this application form a copy of the finalised questionnaire or survey in the format that it will be presented to participants.

No

Does the research involve the use of focus groups or interviews?

If the answer is yes, please indicate how the data will be recorded (e.g. audiotape, videotape, note-taking). When interviews or focus groups are being recorded, you will need to make sure there is provision for explicit consent on the Consent Form and attach to this Application Form examples of indicative questions or the full interview or focus group schedule.

Yes

Does the research involve the use of observation?

If the answer is 'Yes', please attach to this application a copy of the observation protocol that will be used.

No

Does the research involve the use of other research instruments such as performance tests?

If the answer is yes, please attach to this application a copy of the protocols for the instruments and the instruments that will be used to record results.

No

Who will be transcribing or recording the data?

If someone other than the researcher will be transcribing the interview or focus group records or taking the notes, you need to provide a confidentiality agreement with this Application Form.

The student (researcher)

How does the design and practice of this research implement each of the three principles of the Treaty of Waitangi (Partnership, Participation and Protection) in the relationships between the researcher and other participants?

Please refer to Section 2.5 of AUTECH's Applying for Ethics Approval: Guidelines and Procedures (accessible in the Ethics Knowledge Base (<http://www.aut.ac.nz/research/research-ethics/ethics>) and to the relevant Frequently Asked Questions section in the Ethics Knowledge Base.

This research aims to specify the domain of the wellness spa construct and to develop a scale for its measurement by the wellness spa industry. This research will address the issue of confusion within industry and consumers as to what constitutes a wellness spa by developing a measuring tool that can be utilised for developing, identifying or monitoring wellness spas in New Zealand.

Partnership:

While conducting research, partnership requires that researcher to work together with the participants. It is important that the participants' individual rights are considered and protected.

This research project represents a partnership between the researcher (NZTRI/AUT), the research participants (stakeholders) with regards to wellness spas. The chosen participants will represent the wider spa industry, ensuring representation and participation.

Participation:

There will be mutual and equal respect regarding the relationship between the researcher and the participants.

Participants will be informed about the aims, objectives and benefits of the research when they are invited to participate via a Participation Information Sheet. Potential participants are free to decide whether they would like to participate in the research or not. They individually agree by reading the Participation Information sheet and completing the Participation Consent form. Participants will also be told that they can withdraw at any stage of the study without any repercussions.

Protection:

Nominal Group Technique Meeting

Participants will be treated fairly and equally. Data collection will allow all respondents to participate fully and comfortably. No ethnic or financial questions will be asked. Consent to participate will be recorded on a Participant Consent Form.

Delphi method:

Participants will be asked to keep all correspondence via email confidential. Participants and their results will remain anonymous to the rest of the participants. Completion of the questionnaires amounts to consenting to take place in this study.

Both Phases:

Participation is voluntary. Potential participants will be sent a Participation Information Sheet outlining the study and their involvement and potential risks.

Does this research target Maori participants?

No.

This research does not specifically include or exclude Maori. Maori may be represented among the wellness spa stakeholders and will thus be invited to participate in this research and present their views of the wellness spa sector.

If ‘Yes”, what consultation has been undertaken when designing the research?

Please identify the group(s) with whom consultation has occurred and provide evidence of their support and any impact this consultation had on the design of the research. Researchers are advised to read the Health Research Council’s Guidelines for researchers on health research involving Maori, available via the Ethics Knowledge Base.

Does this research target participants of particular cultures or social groups?

Please refer to Section 2.5 of AUTECH’s Applying for Ethics Approval: Guidelines and Procedures (accessible in the Ethics Knowledge Base (<http://www.aut.ac.nz/research/research-ethics/ethics>) and to the relevant Frequently Asked Questions section in the Ethics Knowledge Base.

No

If ‘Yes” please identify which cultures or social groups are being targeted and how their cultures or social groups are being considered in the research design.

If your answer to B.9 was ‘Yes”, what consultation has occurred with these cultures or social groups in the design of the research?

Please identify the group(s) with whom consultation has occurred and provide evidence of their support and any impact this consultation had on the design of the research.

Is there a need for translation or interpreting?

If your answer is ‘Yes’, please provide copies of any translations with this application and any Confidentiality Agreement required for translators or interpreters.

No

❖ Project Details

Please describe the project details in language which is, as far as possible, free from jargon and comprehensible to lay people.

Aim of project:

Please explain the broad scope and purpose of the project and state concisely how the type of information being sought will achieve the project's aims. Please give the specific hypothesis(es), if any, to be tested.

The research is designed to deliver the following:

- A review of existing literature and data collection
- A deeper understanding of the characteristics and construct definition of a Wellness Spa
- Identify the most appropriate components (dimensions) suitable for a wellness spa and its offerings
- Perspectives on stakeholder awareness of the wellness spa industry
- Assess wellness dimension disparities across different wellness spas
- Provide a tool that can evaluate the industry's progress on effectively offering a variety of wellness products and services
- Formal vocabulary for the wellness spa industry
- Produce an industry approved benchmark or endorsement.

Information will be gathered from general stakeholders (group raters) using the Nominal Group Technique. This information will then be analysed and critiqued using the Delphi method and different stakeholders (expert raters). The benefit of using expert stakeholders is that the content of the measuring tool is validated by this group of experts, ensuring that the items in the scale represent the construct.

Why are you proposing this research?

(ie what are its potential benefits to participants, researcher, wider community, etc?)

This type of information will be of value to all stakeholders. Detailed information pertaining to wellness spas provided by this research will be valuable in a number of areas, including:

- A better understanding of the Wellness Spa construct for all stakeholders
- Allowing existing businesses who perceive themselves as a true wellness spa to differentiate themselves from spas that are not authentic.

- Assist in identifying true wellness spa for associated industries such as the tourism sector and spa consumers.
- Future planning, marketing and development of facilities in Wellness Spas
- Wellness Spa investment decisions

Background:

Please provide sufficient information, including relevant references, to place the project in perspective and to allow the project's significance to be assessed. Where appropriate, provide one or two references to the applicant's (or supervisor's) own published work in the relevant field.

For decades health research has focused on expanding the body of knowledge with view to repairing and curing illness, disease and injury rather than helping people develop the strengths and knowledge necessary to sustain optimal wellbeing. Today, peoples' vision of health is changing and a new paradigm is emerging where individuals are taking more responsibility and becoming proactive in addressing and preventing the root causes of their personal ills. This proactive and holistic approach has collectively been termed 'Wellness'.

The concept of wellness was developed by Dunn (1959) as a "special state of health compromising an overall sense of wellbeing which sees Man as consisting of body, mind and spirit and being dependent on his environment". Other authors such as Ardell (1977), Meyers, Sweeney & Witmer (2005), Cohen (2008) and Bushell & Sheldon (2009) have expanded on this term wellness to include self responsibility, physical fitness/ beauty care, good nutrition, relaxation, mental activity and environmental sensitivity/ social contacts as fundamental dimensions. What is clear from the literature is that wellness is a multi-dimensional and a holistic approach to managing a persons' wellbeing and is consumer driven.

Leaders in the field of Wellness such as Pilzner (2007) have introduced terms such as 'Wellness Revolution' recognizing that the wellness industry has emerged as a melting pot for a whole host of products, services and self management that encourages and enhances health.

One of the most visible signs of the Wellness Revolution is the explosion in numbers of Wellness Spas worldwide. At the recent Global Spa Summit (2010) wellness was described as a \$2 (US) trillion global industry, and wellness spas were identified as the primary segment worth approximately \$60 billion (US). Future growth was also predicted where 89% of current spa business attendees plan to invest in new or additional wellness related services, products, partnerships and ventures in the next 5- 10 years.

Recent research carried out by Stanford Research Institute (2010) identified that stakeholders are confused as to the meaning of the term wellness and what it equates to in wellness spas. The liberal use of the term wellness is not consistent with academic literature and has lead to confusion within the industry. Just as companies have been accused of 'green washing' in relation to their environmental efforts, many spas are guilty of 'wellness washing', making it increasingly difficult for marketers and consumers to identify true wellness spas.

Businesses with perceived wellness integrity also struggle to differentiate themselves from those with incomplete or inadequate wellness offerings.

In a recent report commissioned by New Zealand Trade & Enterprise (2008) recommendations were made for the introduction of a quality measure and endorsement process to address the confusion around the spa industry in New Zealand. Recommendations were also made to provide a higher level of guidance for stakeholders. As yet these recommendations have not been actioned and it is intended that this research will address these issues.

This study aims to provide a tool that can evaluate the industry's progress on effectively offering a variety of wellness products and services, assess wellness dimension disparities across different wellness spas and produce an industry approved benchmark or endorsement.

The significance of this study is that it will provide the first wellness spa-measuring tool that will be useful in professional practice, for scholarly understanding of the field and for providing a wider understanding of the links between wellness and spas.

Procedure:

Explain the philosophical and/or methodological approach taken to obtaining information and/or testing the hypothesis(es).

In order to develop an accurate measuring tool the construct and its components need to be valid. Peter (1981) states that if a tool does not have a high degree of content validity determined through logical analysis, it cannot have a high degree of construct validity even if it meets empirical standards. Therefore close attention to theory, construct and measure development must precede the empirical aspects of construct validation in this study.

A procedure for scale development in marketing has been developed by Rossiter (2002) to address the issue of content and construct validity called the C-OAR-SE method, which relies on logical arguments and the concurrence of experts based on open-ended interviews with stakeholders (raters).

The steps of C-OAR-SE will form the framework for this study;

Step One: Construct definition

Step Two: Object classification

Step Three: Attribute classification

Step Four: Rater identification

Step Five: Scale formation

State in practical terms what research procedures or methods will be used.

A thorough literature review will be carried out by the researcher, which will establish a working definition of a wellness spa and its components.

Sixteen participants (8 group raters and 8 expert raters) will be selected following the process and criteria as set out in D.1.1 and D.1.2 of this form. The size of the group is set in accord with established protocols for using the Nominal and Delphi techniques.

The 8 group raters will attend a group interview using the Nominal Group Technique (NGT). The NGT is selected as the approach best suited to talking to raters (Lloyd, 2010) because it is an idea-generating technique in which individuals' ideas are gathered and combined in a non-threatening, face-to-face group situation that maximizes creative participation in-group problem solving. Balanced input from all raters through a moderator takes advantage of each person's knowledge and experience and provides broad, deep and meaningful insights (Langford, Schoenfeld & Rizzo, 2002). This technique enables documentation of the uniqueness of views about wellness spas while enabling significant shared patterns of commonalities to be detected and characterized.

The ontology is developed based on the results from the NGT research. Each item of the scale formation will then be pre- tested for appropriateness and comprehension by expert raters who will comprise of internationally recognized spa experts using the Delphi method. This method involves raters sharing their expert opinion independently via email to a coordinator (the researcher) which is useful when the raters are geographically dispersed. These items will also be coded and ranked by the expert raters.

State how information will be gathered and processed.

During the NGT session information will be gathered on white cards from each group rater, discussed as a group and will then be summarised by the researcher.

This information will then be analysed by the researcher and put into a questionnaire and sent via email to the expert raters.

State how your data will be analyzed.

The data gathered via the NGT will be analysed by the researcher and then sent to the expert raters for content analysis and validation.

C.4.5. Provide the statistical or methodological justification for this.

The use of the NGT will help to identify, from the various stakeholder perspectives, the components and items of a wellness spa. This provides an external (spa consumers) as well as internal (owners, managers, therapists, educators) perspective.

References

Please include the references for your responses to this section in the standard format used in your discipline.

Ardell, D. B. (1977). *High level wellness*. (Vol 1). Emmaus: Rodale Press.

Bushell, R., & Sheldon, P. (Eds.) (2009). *Wellness and tourism; Body, mind, spirit, place*. New York: Cognizant Communications Books.

Cohen, M., & Bodecker, G. (2008). Understanding the global spa industry. Oxford, England: Elsevier.

Dunn, H. L. (1959). *High level wellness*. Arlington: Beatty Press.

Meyers, J., Sweeney, T., & Witmer, M. (2005). A holistic model of wellness. Retrieved from <http://www.mindgarden.com/products/wells.htm>

New Zealand Trade & Enterprise, (2008). New Zealand spa tourism study. Wellington, New Zealand.

Pilzner, P. Z. (2007). *The Wellness Resolution*. Hoboken: John Wiley & Sons Inc.

Rossiter, J. R. (2002). The C-OAR-SE procedure for scale development in marketing. *International Journal of Research in Marketing*, 19, 305-335.

Stanford Research Institute [SRI], (2010). *Spas and the global wellness market; Synergies and opportunities*. Retrieved from http://www.globalspasummit.org/images/stories/pdf/gss_sri_spasandwellnessreport_rev_82010.pdf

Participants

Who are the participants?

NGT meeting: a range of key stakeholders within the spa industry including: spa owners and managers, therapists, educators and spa consumers

Delphi method: university academics and recognised international spa association executive members

What criteria are to be used in recruiting the participants?

NGT meeting: Potential participants must be physically located in the Auckland region and must be happy to volunteer a maximum of one hour to attend a group meeting at AUT University, North Shore campus on a given date. The participants will be recruited because of their appropriateness to the general nature of the study and their link to the wellness spa industry.

Delphi method: Participants may be located overseas or in New Zealand and must have email access. They must be willing to volunteer a maximum of one hour and be available to participate during the given time frame of one month.

What criteria are to be used for selecting participants from those recruited?

16 participants will be selected for this research.

The NGT involves 8 participants:

- 2 Spa Managers: must have a minimum of 2 years experience at management level within spas and also hold a current spa management position.
- 2 Spa Therapists: must hold a recognised New Zealand or International Spa Therapy qualification and have a minimum of 2 years hands-on experience.
- 2 Spa Educators: must hold recognised trade qualifications and a current teaching qualification. Must also have a minimum of 4 years teaching experience within the spa wellness industry.
- 2 Spa Consumers: Must be a current spa user i.e has visited a spa within 6 months.

All 8 participants in the NGT must give consent for data collected from the session to be emailed to participants in phase two.

The Delphi method involves 8 participants, consisting of:

- 6 Industry Experts: Must have a minimum of 5 years experience within the spa/ wellness industry and be currently involved at a higher level such as recognised committed executive member.
- 2 Academics: Must be currently employed at a University, have a PhD qualification and possess current research knowledge.

Are there any potential participants who will be excluded?

If your answer is yes, please detail the criteria for exclusion.

Due to the limitations of language comprehension of the researcher all participants who do not speak and comprehend English will be excluded from this study.

Also:

NGT meeting:

- Participants who do not meet the recruitment and selection criteria as stated in D.1.1 and D.1.2 of this form
- Participants who cannot attend the meeting at AUT University, North Shore Campus.

Delphi method:

- Participants who do not meet the recruitment and selection criteria as stated in D.1.1 and D.1.2 of this form
- Participants who cannot attend the meeting at AUT University, North Shore Campus.
- Participants who do not have email access.

Are there any potential conflicts of interest or possible coercive influences in the professional, social, or cultural relationships between the researcher and the participants (e.g. dependent relationships such as teacher/student; parent/child; employer/employee; pastor/congregation etc.)?

No

If your answer was 'Yes', please identify the nature of the relationships concerned and provide full information about the processes being incorporated into the research design to mitigate any adverse affects that may arise from them.

N/A

How many participants will be selected?

NGT meeting: 8 participants

Delphi method: 8 participants

What is the reason for selecting this number?

The size of the groups are set in accord with established protocols for the NGT and the Delphi method.

Provide a statistical justification where applicable, if you have not already provided one in C.4 5. above.

Is there a control group?

If your answer is yes, please describe and state how many are in the control group.

No

Describe in detail the recruitment methods to be used.

If you will be recruiting by advertisement or email, please attach a copy to this Application Form

NGT group:

Potential participants will be identified through the Auckland Yellow Pages and through word of mouth. These potential participants will be contacted via telephone by the researcher and asked if they are interested in receiving an information sheet on the proposed research with the view to participating. They will also be asked questions to see if they meet the criteria for participation.

Delphi group:

Potential participants will be identified from memberships to the Australasian Spa Association, through International Spa Associations and AUT University Post Graduate Supervisors. These potential participants will be contacted via email by the researcher and asked if they are interested in receiving an information sheet

on the proposed research with the view to participating. They will also be asked questions to see if they meet the criteria for participation.

How will information about the project be given to participants?

(e.g. in writing, verbally). A copy of information to be given to prospective participants is to be attached to this Application Form. If written information is to be provided to participants, you are advised to use the Information Sheet exemplar.

Initially by telephone (brief overview of project) and then writing (via email) in the form of a Participation Information Sheet.

Will the participants have difficulty giving informed consent on their own behalf?

Consider physical or mental condition, age, language, legal status, or other barriers. If the answer is yes, please provide full details.

No

If participants are not competent to give fully informed consent, who will consent on their behalf?

Will these participants be asked to provide assent to participation?

If the answer is yes, please attach a copy of the assent form which will be used. Please note that assent is not the same as consent (please refer to the Glossary in Appendix A of the AUTECH Guidelines and Procedures.

Will consent of participants be gained in writing?

If the answer is yes, please attach a copy of the Consent Form which will be used. If the answer is No, please provide the reasons for this.

Yes for both the NGT group and the Delphi group.

Will the participants remain anonymous to the researcher?

Please note that anonymity and confidentiality are different. If the answer is yes, please state how, otherwise, if the answer is no, please describe how participant privacy issues and confidentiality of information will be preserved.

No.

NGT group: No individual will be identified in the research report who attended and contributed to the research.

Delphi group: Individuals will remain anonymous to each other as information gathered from participants emails will be collated onto a separate sheet with no personal information on it and then forwarded to other participants for comments. Individuals will be known to the research but no individual will be identified in the research report.

In the final report will there be any possibility that individuals or groups could be identified?

If the answer is yes, please explain how and why this will happen.

No

Will feedback or findings be disseminated to participants (individuals or groups)?

If the answer is yes, please explain how this will occur and ensure that this information is included in the Information Sheet.

No

Will the findings of this study be of particular interest to specific cultures or social groups?

If your answer is 'Yes', please identify how the findings will be made available to them.

No

Other Project Details

Where will the project be conducted?

Please provide the name/s of the Institution/s, town/s, city or cities, region or country that best answers this question.

AUT University, North Shore Campus

Who is in charge of data collection?

Maria Hyde-Smith

Who will interact with the participants?

Maria Hyde-Smith

What ethical risks are involved for participants in the proposed research?

Please consider the possibility of moral, physical, psychological or emotional risks to participants, including issues of confidentiality and privacy. Researchers are urged to consider this issue from the perspective of the participants, and not only from the perspective of someone familiar with the subject matter and research practices involved.

Potential participants will be sent a Participation Information Sheet outlining the study and their involvement and potential risks. Consent to participate will be recorded on a Participant Consent Form for the NGT group.

No personal information will be divulged.

NGT group: Participants will be treated in an equal manner. The data collection method will allow all respondents to participate in a manner in which they are comfortable, and no ethnicity-related questions will be asked.

Delphi group: Participants will be asked to keep all correspondence via email confidential. Participants will remain anonymous to the other participants. No emails will be forwarded on from one participant to another participant.

General:

Participation is voluntary. Participants will be asked to participate with the agreement of their Manager or Business owner if appropriate. No financial data will be specifically mentioned in the meeting or in the research report.

Participants will be asked to keep all conversations and information gathered during NGT meeting strictly confidential to the group. No reference to participants names or businesses will be used and participants will only be identified by the stakeholder group they represent.

Are the participants likely to experience any discomfort, embarrassment (physical, psychological, social) or incapacity as a result of the research's procedures?

No

If there are risks, please identify their probability and describe how they will be mitigated.

Please describe how these will be minimised or mitigated (e.g. participants do not need to answer a question that they find embarrassing or they may terminate an interview or there may be a qualified counsellor present in the interview or the findings will be reported in a way that ensures that participants cannot be individually identified, etc.) Possible risks and their mitigation should be fully described in the Information Sheets for participants.

N/A

If the participants are likely to experience any discomfort, embarrassment, or incapacity, what provision for counseling has been made, either with AUT Counseling (who also provide an online service) or with other counseling professionals (this is to be at no charge to the participants)?

Please refer to section 2.3 of AUTECH's Applying for Ethics Approval: Guidelines and Procedures in the Ethics Knowledge Base. If the answer is No, please explain the arrangements which have been made to have qualified personnel available to deal with unexpected adverse physical or psychological consequences?

N/A

What risks are involved for the researcher(s) in the proposed project (such as physical, social, psychological, or safety risks)?

If this project will involve interviewing participants in private homes, undertaking research overseas, or going into similarly vulnerable situations, then a Researcher Safety protocol should be designed and appended to this application.

None

Will there be any other physical hazards introduced to AUT staff and/or students through the duration of this project?

If the answer is yes, please provide details of management controls which will be in place to either eliminate or minimise harm from these hazards (e.g. a hazardous substance management plan).

No

Is deception of participants involved at any stage of the research?

If the answer is yes, please provide full details of and rationale for the deception. Please refer to Section 2.4 of AUTECH's Applying for Ethics Approval: Guidelines and Procedures when considering this question.

No

How much time will participants have to give to the project?

NGT meeting: a maximum of 1 hour

Delphi session: a maximum of 1 hour

Will any information on the participants be obtained from third parties?

If the answer is yes, please provide full details. This includes use of third parties, such as employers, in recruitment.

No

Will any identifiable information on the participants be given to third parties?

If the answer is Yes, please provide full details.

No

Provide details of any payment, gift or koha and, where applicable, level of payment to be made to participants.

Please refer to Section 2.1 of the AUTECH's Applying for Ethics Approval: Guidelines and Procedures and Appendix A of that document for AUTECH's policy on Payment and Koha, especially in relation to recruitment.

No

Data and Consent Forms

Who will have access to the data?

Maria Hyde-Smith, Geoff Dickson and Stephen Lloyd (supervisors)

Are there plans for future use of the data beyond those already described?

The applicant's attention is drawn to the requirements of the Privacy Act 1993 (see Appendix I). If there are future plans for the use of the data, then this needs to be explained in the Information Sheets for participants.

Maria Hyde-Smith may use the data to publish journal articles and conference proceedings.

Where will the data be stored once the analysis is complete?

Please provide the exact storage location. AUTECH normally requires that the data be stored securely on AUT premises in a location separate from the consent forms. If you are proposing an alternative arrangement, please explain why.

The way in which all information is collected, used and stored for this study will be done so in accordance with the Privacy Act 1993.

NGT meeting: Whiteboard information will be removed at the end of the session and the white cards will be stored for a minimum of 6 years in a lockable filing cabinet in the researcher's office at AUT University North Shore campus. Only the researcher will have a key. These cards do not contain any information that identifies the participants.

Delphi method:

Questionnaires containing raw data will be printed from the email responses and kept separately from email addresses on the computer of Maria Hyde-Smith in H/mhyde/study folder. CodiQuestionnaires will be stored for a minimum of 6 years in a lockable filing cabinet in the researcher's office at AUT University North Shore campus. These Coding Sheets do not contain any information that identifies the participants. The emails received from the participants will be stored on the researcher's computer.

For how long will the data be stored after completion of analysis?

AUTECH normally requires that the data be stored securely for six years. If you are proposing an alternative arrangement, please explain why.

For a period of six years.

Will the data be destroyed?

If the answer is yes, please describe how the destruction will be effected. If the answer is no, please provide the reason for this.

After six years all information gathered and stored during this study will be shedded.

Who will have access to the Consent Forms?

Maria Hyde-Smith, Geoff Dickson and Stephen Lloyd

Where will the completed Consent Forms be stored?

Please provide the exact storage location. AUTECH normally requires that the Consent Forms be stored securely on AUT premises in a location separate from the data. If you are proposing an alternative arrangement, please explain why.

In a lockable filing cabinet at the New Zealand Tourism Research Institute, WH building, City Campus, AUT University.

For how long will the completed Consent Forms be stored?

AUTECH normally requires that the Consent Forms be stored securely for six years. If you are proposing an alternative arrangement, please explain why.

For a period of six years.

Will the Consent Forms be destroyed?

If the answer is yes, please describe how the destruction will be effected. If the answer is no, please provide the reason for this.

After six years all information gathered and stored during this study will be shredded.

Material Resources

Has an application for financial support for this project been (or will be) made to a source external to AUT or is a source external to AUT providing (or will provide) financial support for this project?

No

If the answer to G.1 was 'yes', please provide the name of the source, the amount of financial support involved, and clearly explain how the funder/s are involved in the design and management of the research.

Has the application been (or will it be) submitted to an AUT Faculty Research Grants Committee or other AUT funding entity?

If the answer is yes, please provide details.

No

If the answer to G.2 was 'yes', please provide the name of the source, the amount of financial support involved, and clearly explain how the funder/s are involved in the design and management of the research.

Is funding already available, or is it awaiting decision?

Please provide full details about the financial interest, if any, in the outcome of the project of the researchers, investigators or research organizations mentioned in Part A of this application.

Other Information

Have you ever made any other related applications?

If the answer is yes, please provide the AUTECH application / approval number(s)

No

Checklist

Please ensure all applicable sections of this form have been completed and all appropriate documentation is attached as incomplete applications will not be considered by AUTECH.

Section A	General Information Completed
	Signatures/Declaration Completed
Section B	Project General Information Completed
Section C	Project Details Completed
Section D	Participant Details Completed
Section E	Other Project Details Completed
Section F	Data & Consent Forms Details Completed
Section G	Material Resources Completed
Section H	Other Information Completed

Spelling and Grammar Check (please note that a high standard of spelling and grammar is required in documents that are issued with AUTECH approval)

--

Attached Documents (where applicable)

Participant Information Sheet(s)

Consent Form(s)

Questionnaire(s)

Indicative Questions for Interviews or Focus Groups

Observation Protocols

Recording Protocols for Tests

Advertisement(s)

Hazardous Substance Management Plan

Any Confidentiality Agreement(s)

Other Documentation

Before submitting this application, please note the following:

- ❖ *If you think that your research may be of low ethical risk, use the EA8RA self assessment form to make sure that this is the correct form for your application;*
- ❖ *Incomplete or incorrectly formatted applications will not be considered by AUTECH;*
- ❖ *Please check online for the most recent version of this form before submitting your application;*
- ❖ *Please do not alter the formatting of this form or delete any sections. If a particular question is not applicable to your research, please state that as your response to that question;*

This form needs to be submitted, along with all associated documents as follows:

- ❖ *In printed form;*
- ❖ *With the required signatures in sections A.8 and A.9;*
- ❖ *Single sided;*
- ❖ *Using clips rather than staples;*
- ❖ *By 4 pm on the agenda closing date at:*

The AUTECH Secretariat

Room WA505D, WA Building

55 Wellesley Street East, City Campus.

- ❖ *The Internal Mail Code is D-89. If sending applications by Internal Mail, please ensure that they are posted at least two days earlier to allow for any delay that may occur.*

Appendix 13: Ethics application (2)

MEMORANDUM

To:.....
.....AUTEC Committee

From: Geoff
Dickson

Date: 26th
August 2011

Subject: Proposed method change for Ethics Application Number 11/39 (Maria Hyde-Smith ID: 0006370)

Specifying the domain of the wellness spa construct and developing a scale for its measurement by the wellness spa industry.

This study comprises of two phases of data collection. The first phase involves a nominal group meeting consisting of 8 stakeholders from the spa industry. The second phase involves consultation with a group of 8 expert stakeholders from the spa industry using the Delphi technique.

It became evident following the nominal group meeting that an additional phase of data collection is required to get balanced input. This additional phase will seek the same information as the first phase (nominal group meeting) using the same question and format. However the participants for this phase will consist of 8 stakeholders from the wellness industry.

While the information sought from the participants and the format used for collection is not changing, it has proved hard to recruit participants in the Auckland region who can attend a nominal group meeting at AUT University, North Shore. Therefore it would seem appropriate to gather the data via email utilizing the Delphi method.

This memo seeks permission from the ethics committee to approve the additional step and approval of the amended forms attached:

Appendix 1: Recruitment Selection Questions

Appendix 2: Participation Information Sheet

Appendix 3: Consent Form

Appendix: 4: Welcome letter

Appendix 5: Phase one stage 1 form

Appendix 6: Phase one stage 2 form (examples only)

Appendix 7: Phase one stage 3 form (examples only)

Appendix 14: Copyright consent

Appendix 14: Copywrite approval from Stanford Research Institute

From: Alexandra Plessier GSWS
[\[mailto:alexandra@globalspaandwellnesssummit.org\]](mailto:alexandra@globalspaandwellnesssummit.org)
Sent: Tuesday, 27 November 2012 6:30 a.m.
To: 'Hyde-Smith'
Cc: Research
Subject: RE: Copyright request

Dear Maria,

Thank you for your email and your interest in using a resource from the Global Spa & Wellness Summit. By way of this email, you have the right to use the two diagrams in "Spa and the Global Wellness market: Synergies and Opportunities" May 2010 for your thesis. Thank you for acknowledging our work with proper reference cited.

Good luck completing your thesis and should you have any other question, please do not hesitate to contact me.

Kind regards,
Alexandra

Alexandra Plessier
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(t) +1-212-716-1205
(f) +1-775-458-7260

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