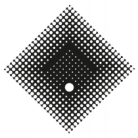

The Health Resort Sector in Australia: A Positioning Study

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by

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Abstract

This study provides a profile of the health resort sector in Australia. The study was based on resort directories, an analysis of promotional materials produced by each of the resorts within the population and discussions with representatives of Australia's various state tourism organisations. It was found that most properties in the health resort category may be described as being mainstream and offering a tourism focus. The smallest number are found in the alternative and medical treatment focus categories though these components of the health resort sector do appear to be dynamic and innovative. The development of a dynamic and innovative health resort sector may owe something to the absence of a strong tradition of spas in Australia.

Keywords: health resorts, tourism development, positioning, categorisation

The Health Resort Sector in Australia: A Positioning Study

INTRODUCTION

Travel that is motivated by a desire to improve one's health has existed since the Ancient World and was exemplified by the bathing and treatment resorts prevalent at the height of the Roman Empire.[1] During the 17th and 18th centuries and prior to the era of modern mass tourism, "taking to the waters" became common amongst the European aristocracy. Such practices are the antecedents for the demand for relaxation and health catered for by the modern pleasure resort[2] and have underpinned the provision of emerging medical therapies in Europe.[3] Despite the strong historic pedigree, it was not until the early 1980s that the concept of health-care tourism emerged as a focus for academic research, evolving from medical tourism into health-care tourism and finally health tourism.[4]

Aims of the Research

There is a distinct lack of published research on health tourism issues in Australia. The conduct of such research could help to identify the potential of health tourism amongst domestic and international travellers, particularly from Asia. The present paper is based on research aimed at providing a starting point for understanding the Australian health resort market by establishing a preliminary profile and categorisation of the sector, particularly from a supply perspective. Qualitative research was used to undertake an analysis of promotional materials produced by Australian health resorts.

Profiling and categorising the sector was believed to be a worthwhile exercise since individual health resorts may be expected to exhibit quite unique characteristics, which

may, in turn, attract distinct groups of customers. An appropriately constituted classification system could assist tourists in deciding which health resorts would best suit their needs. This research may also provide some guidance for managing the prospective growth of the health resort market and guide the marketing endeavours of existing health resorts.

Why Study Health Tourism?

Although health tourism is a niche or special-interest market, it makes a significant contribution to the economy in a number of countries. These contributions have been recognised by a range of authors' comments on countries including Austria[5, 6] , the nations of the Caribbean[7], Cuba[8], Germany[9], Hungary[10],[11],[12], Israel[13], Italy[14], Romania[15], Switzerland[16], and Hawaii[17] and the USA[18]. Furthermore the health tourism market is likely to experience continued growth. The reasons for this expected increase include: 1) aging populations, 2) stress amongst the working population[19],[20],[21], 3) a shift in the medical paradigm towards prevention and alternative practices like homeopathy[22], 4) increased interaction between public health and health psychology as evidenced by campaigns such as "quit smoking"[23]; and 5) the shift from mass tourism towards more customized travel experiences.[24]

Defining Health Tourism

A range of definitions of health tourism have been proposed in the literature. Emphasizing the supply side, Goodrich & Goodrich[25] have defined health-care tourism as

"the attempt on the part of a tourist facility (e.g. a hotel) or destination (e.g. Baden Baden, Germany) to attract tourists by deliberately promoting its health-care services and facilities, in addition to its regular tourist amenities". Van Sliepen in Hall[26] has placed a stronger emphasis on the demand side and views health tourism as comprising three elements: staying away from home, health as the primary motive, and occurring in a leisure setting.

To formulate a comprehensive definition of health tourism, the following factors may be considered:

pilgrimages to major rivers for physical and spiritual cleansing[27];
travelling to warmer climates for health reasons;
taking cruises which offer specific health treatments[28];
government encouragement of the use of local medical services by international visitors, such as has been pursued in Cuba[29],[30] , and Hawaii[31],[32] in recent years;

"thalassotherapy" centres which offer warm sea water treatments[33],

"sanitourism" which involves hospital centres catering not only for the ill, but also offering accommodation, stress-reduction programmes and the like to patients' families[34] and

visiting a health resort for health-related activities or medical treatments.[35]

Using a very liberal definition, any pleasure-oriented tourism which involves an element of stress relief could be considered to be a form of health tourism. However a more workable definition is needed. It is important to distinguish between health tourism and the wider phenomenon of tourism because product perceptions on the part of both suppliers and consumers will influence the extent to which more specialised travel

experiences such as medical treatment are promoted to mainstream markets. The current study focuses on a single aspect of health tourism, namely health resort tourism.

Defining Health Resorts

In framing the concept of a health resort from the Australian perspective, the Australian Bureau of Statistics'[36] definition of a resort is relevant:

> Establishments which are integrated complexes containing accommodation and a variety of eating and drinking places. These establishments provide facilities/services additional to those commonly provided by hotels or motels. They may encompass some natural physical amenities, a special location, attraction or activity. They provide accommodation on a room/suite/cabin/unit basis. These establishments provide sufficient night life and day time activities to encourage an extended, self-contained, on-site holiday. Some establishments may comprise multiple accommodation types. An inclusive tariff (food and accommodation) may be offered and in some establishments the use of recreational /entertainment facilities may also be included in the tariff (p.6).

More generally the concept of health may be defined as "wholeness or soundness, especially of the body". It is now necessary to bring together the concepts of resorts and health.

Stein, *et al.* [37] have defined a health resort as a "destination resort that offers programmes for guests that are intended for physical or spiritual self-improvement" (p.47). Unlike other definitions, which focus on the physical aspects by emphasising spa and medical

treatment resorts, this definition emphasises spiritual enhancement. Most of the relevant literature focuses on these two types of health resorts, particularly spas (see, for example, Cockerell[38], Cooper *et al.*,[39] Goodrich[40], and Hall[41]), though the distinction is often blurred. Health-care options available at both types of provider may include food (eg. vegetarian or special diets), exercise (eg. yoga), beauty treatments (eg. facials, mud wraps), medical/wellness diagnosis and treatments (eg. acupuncture, vitamin-complex treatments), and de-stress treatments (eg. massages and relaxation techniques).[42, 43]

Why Study Health Resorts in Australia?

Given that the bulk of the literature on this topic has examined European resorts and none has focused on Australia, one of the objectives of the current research is to assess the extent to which activities and perspectives derived from other settings may be applied to resorts in Australia. Whilst individual "Australian" health resorts may not be substantively different from health resorts in other settings, the application of a simple PESTE (political, economic, socio-cultural, technological, and ecological) analysis indicates that a number of factors differentiate the health resort concept as it is practiced in Australia. Telephone interviews conducted by the research team with major Australian destination marketing organizations, like Tourism Victoria (personal communication, J. McAnulty) and Tourism New South Wales (personal communication, Z. Artis), concluded that health resort tourism is not viewed as a viable target for promotional activity. In contrast, Israel has a Health Spa Authority which oversees "all aspects of developing and promoting health tourism" [44] (p.32). In many European countries treatment at health resorts is recognized as a claimable expense by insurance companies.

[45] Australia lacks the abundance of natural springs which have often given rise to resort towns in Europe such as Baden Baden in Germany and St. Moritz in Switzerland and there is no listing of recognition of the phenomenon by the relevant health insurance funds.[46]

In addition to investigating how research from other settings may be applied to Australia, the current study also examines how the Australian experience may influence the evolving concept of health resort tourism. The researchers have not limited themselves to the traditional notion of spa/health/medical resorts which have been a focus in the literature and a popular stereotype of health resorts. The present study will range expansively around the concept of a "health resort" and explore the various dimensions around which resorts may be categorized thereby extending the focus of previous research on resort attributes.

The literature reveals little about the categorization of health resorts. Most go no further than listing the treatment facilities (eg. mineral water baths, hydrotherapy, gym, and solariums) and the medical specialties that are available at various resorts (eg. the treatment of post-traumatic disease, neuroses, and cardiovascular disease). [47] Williams, *et al.* [48]venture slightly further, by proposing a categorization based on treatment focuses such as luxury, pampering, life enhancement, weight management, nutrition and diet, stress control, holistic health, spiritual awareness, fitness and beauty, New Age, and mineral springs. Perhaps the most useful distinction made in the literature is between medical orientation and tourism orientation. [49], [50]. Howat, *et al.* [51]suggest that health

resorts may be placed along a continuum with medical orientation focused primarily on curative health issues at one end, and the relaxation, pampering, and lifestyle oriented health resorts focused on preventive health issues at the other.

Williams *et al.* [52] state that:

> The question of where the medical dimension of spas ends and health tourism begins is a longstanding point of discussion among spa industry practitioners. Many spa proponents suggest that rather than being a leisure social event, the use of spa waters for medicinal purposes is a complex and rigorous science. Other more tourism-focused spa proponents feel that there is room for more of the social, psychological, environmental and even spiritual dimensions of spa environments to be incorporated into the destination selection process (p.12).

Such literature magnifies the "bias" of the long established focus on spas and mineral springs. Though such destinations are rare in Australia, the medical versus tourism dichotomy may provide a useful variable.

The Parameters of the Study

The definition of resorts used by the Australian Bureau of Statistics was noted in the earlier section "Defining Health Resorts". Though serving as a foundation in the current study, this definition will need to be expanded to ensure comprehensive coverage of the health tourism sector. Specifically the requirement noted in the definition to provide on-site accommodation will be discarded. For the purposes of the present research if accommodation is available nearby but is not a horizontally integrated part of the business, those properties will nevertheless be included. Another element of the ABS definition stipulates that a resort must contain a "variety of eating and drinking places."

Since the number of eating establishments in smaller self-contained health resorts is likely to be very limited in practice, this requirement will be overridden for the purposes of the present research. The current study is carried out in the context of tourism and the component of the definition which emphasises holiday will have to be considered as central. In contrast health resorts that have a very different focus such as rehabilitation (eg. the "Spine Care Village" in Ryde, New South Wales) and lack as conscious a focus as the tourist market should be eliminated. The latter is a non-institutional rehabilitation facility for wheelchair-dependent youth and their families or care givers and would not be likely to add to our understanding of health resort tourism.

To develop a profile of the Australian experience of health resort tourism, a list of Australian resorts with some claim to inclusion was drawn up as follows. Each property was contacted with a request for their collateral material such as brochures. It was hoped that these materials would provide an insight into their attributes from a consumer perspective and that an analysis of any attributes identified would provide the foundation for lifting the level of discourse from description to the development of a taxonomy.

METHODOLOGY

The Sample

In attempting to locate all resorts which might have some claim to inclusion, the researchers determined that a property should exhibit one or more of the following characteristics:

Use of the word "health" in its name;

Use other health-related synonyms like "holistic" or "healing";

Focus its operations around a spa or mineral spring, with health being a primary emphasis in its offerings;

Use of the word "sanctuary" or "retreat" in its name with definite product offerings related to either physical, emotional, or spiritual health.

These characteristics for inclusion were determined after considering that, while many health resorts in Australia actually use the word "health" in their name and exhibit sufficient characteristics to distinguish them from more generic resorts, there exists other self-evident health resorts which do not use the word "health" in their title. The three other characteristics listed above were developed to accommodate the health resorts that fall into this second category.

The search began with interviews of destination marketing organizations in each of the States and Territories. Representatives of each organization were asked to provide leads for relevant health resorts within the relevant jurisdiction. Reference was made to the *Standard Classification of Visitor Accommodation* (SCOVA), an accommodation classification guide produced by the Australian Bureau of Statistics.[53] Health resorts comprise a category within the scheme and are defined in the following way:

> Comprises accommodation in establishments which specialise in the provision of health/fitness/dietary activities on-site. These activities are usually included in the tariff. These establishments provide accommodation on a room/suite/cabin/unit basis. Excludes hospitals, nursing homes, sanatoria, etc. (see 222 - Health Institutions), where the provision of accommodation is ancillary to the provision of health services (p.12).

Additional reference material included the *Australian Automobile Association (AAA) Accommodation Guide*[54], and the *Yellow Pages* telephone directory. The travel sections of newspapers and relevant lifestyle magazines such as *Elle*, which markets to an audience that would be expected to have sufficient disposable income for such "extras", were also used. The Internet site, *Resorts on Line* (www.resortsonline.com), which has a spa category was also consulted. Collectively these sources generated 82 properties that might be included in the category "tourism health resort". Each property was contacted by telephone with a request for the information that they would normally send out in response to an inquiry from a potential consumer. Any businesses no longer in operation as resorts were quickly eliminated (eg. the Broome Health & Healing Centre had ceased to operate as a health resort and now offers only accommodation). Some other businesses appeared to have closed down. In other cases the request for promotion material was never fulfilled (eg. the Hotel Adelaide Hyatt). A final list of 49 was drawn up and this constituted the final sample. This is noted in Figure 5: A Preliminary Grouping of Health Resorts by Focus.

Collateral and Related Promotional Material

Why was consumer-oriented collateral chosen as the vehicle of study? Though telephone calls were used to request the information and to provide some preliminary insights, alternative survey methods such as personal interviews with resort owners, self-administered surveys and telephone interviews were eliminated. This was because of concerns about likely response rates, especially in view of the small overall population. Another reason for adopting alternative methods was because the authors considered that examining the way in which the health resorts promote themselves was central to profiling and positioning resorts. An analysis of printed collateral generally and

brochures in particular provided a means of assessing product attributes and product positioning on the part of the providers.

Almost all of the collateral sent by the properties to the research team was provided in the form of brochures, though some cassettes and videos were also received. The brochures ranged from the simple, though informative, to elegant full colour booklets. In about a third of the cases the brochures were professionally created, whereas other cases involved production on a home computer.

Attribute Analyses

With a view to understanding the positioning of each establishment and ultimately profiling the health resort sector in Australia the brochures were analysed to identify certain attributes and key themes. The attribute analysis included assessing the various properties according to a number of pre-established criteria. These were arrived at after preliminary observations of some brochures established that these were the most common features discussed:

Location (state or territory and remoteness)

Menu (type of cuisine, eg. vegan, organic)

Health Assessment (from blood pressure to nutritional appraisals)

Lectures/Workshops (classes provided)

Tailor-Made Programs (customized approaches)

Seminar/Conference Facilities

Length of Stay

Ambience (as manifested through the natural surroundings)

Cost (eg. bundled pricing).

The brochures were also analysed with a view to determining the approach to positioning adopted by the various properties. As discussed previously the researchers were looking for evidence of a continuum connecting a medical-orientation focus with a wider tourism focus. An unanticipated theme which quickly became evident was the distinction between "alternative" and "mainstream." Though this is an obvious segmentation variable because of the prevalence of alternative practices in health resort offerings, no such distinction was evident in the literature. The distinctions were devised and refined by examining media aimed at relevant target markets including both mainstream magazines (eg. *Healthy Living* and *Marie Claire)* and alternative magazines (eg. *Living Now* and *Nova).* Based on the media analysis, activities that were classified as mainstream included traditional massage (eg. Swedish massage) in contrast with alternative massage techniques such as Shiatsu. Medical treatments like physiotherapy and osteopathy were classified as mainstream in contrast to those medical treatments like naturopathy or homeopathy which were classified as alternative. It should be acknowledged that the concept of "mainstream" is fairly tenuous given the absence of a tradition of health resort tourism in Australia.

RESULTS

The following section presents a review of the key attributes of all 49 properties in the sample, drawn up primarily in light of the two themes medical/tourism and alternative/mainstream orientation.

A Preliminary Profile of Australian Health Resorts

Location. The predominant locations for health resorts are in the states of New South Wales and Queensland, particularly around the respective state capitals of Sydney and Brisbane. New South Wales is the most populous state and Queensland is Australia's primary holiday destination for those in search of sunshine and a warm climate. A substantial proportion of health resorts are located in country areas, though few are remote, perhaps because such destinations would be too difficult to access except by car. Most resorts (59%) made no mention of transportation, though (29%) made provision for a courtesy pick-up service. A further 12% provided transport from the nearest major town for a fee of between $5 and $30 per round trip.

Food. Over 96% of the brochures that were analysed featured food, and this attribute constitutes a major emphasis in the promotional brochures of many health resorts. The most prevalent styles are vegetarian (43%) and traditional western style cooking (43%). Vegan, which precludes animal by-products such as eggs, milk and honey, was the cuisine of choice for only 4% of the respondents. The 6% in the "other" category

included those offering food prepared according to the National Heart Foundation's recommendations, and others offering a 100% raw foods diet including no bread or manufactured foods. Of all health resorts 16% mentioned that their food was organic.

Health Assessments. Approximately 45% of the establishments offered health assessments. These ranged from more general health, nutritional and fitness appraisals to more specific medical assessments like blood pressure checks, electrocardiograms and live cell hemaview analysis. Some of the resorts offered health check "packages." Five were on offer at the Hyatt Coolum on Queensland's Sunshine Coast namely -"Healthy Heart Check", "Mini Fitness Check", "Fitness Check", "Metabolic Rate Test", and the "Corporate Health Check".

Lectures/Workshops. Nearly three-quarters (74%) of respondents include workshops/lectures as a component of their product range. In almost a third of all cases (33%) an alternative style of workshop is offered. These include the following: "Natural Medicine for your Home", iridology, transcendental meditation, channelling, permaculture, recycling, herbal remedies, the power of the mind, holistic healing, natural vision improvement, vegan and vegetarian meal preparation, raw foods preparation, positive thinking and self awareness. About a quarter confine their offerings to mainstream workshops with topics including the following: nutrition, cooking demonstrations, weight management, goal setting, health talks, stress management, healthy lifestyle and nutrition, relaxation massage, make-up classes and relaxation. A mix of both alternative and mainstream workshops was offered by 16% of the establishments.

Customisation. Just over half (51%) of the health resorts indicated that they offered individually tailored programs.

Seminar/Conference Facilities. Almost a third of the health resorts (33%) indicated their capacity to handle conferences.

Minimum Stay. A minimum stay was cited by 39% in their promotional brochures. The range of specification was five to twelve days, with seven days being the average. Over half of the brochures (53%) highlighted the absence of a minimum length of stay.

Environment/Surrounding Area. About a third made some reference to scenic/natural surroundings, though even in these cases, few mentioned their surrounding area. Nature walks were the only activity ever mentioned.

Cost. Some establishments did not include reference to tariffs (daily, weekend and/or weekly) in their promotional brochures thus making it difficult to categorize on the basis of price. Despite the multitude of ways in which fees are presented, it was however possible to draw some tentative conclusions regarding pricing. Of the 23 establishments listing a weekly price in their brochures, almost two-thirds (65%) used prices inclusive of accommodation, some meals (at least breakfast), and activities (eg. yoga, Tai Chi, meditation, nature hikes and tennis). The remainder (35%) included all of these things in their tariff plus other activities such as massage and beauty treatments.

On the basis of material derived from brochures and related collateral material, Table 1 provides indicative average costs for different lengths of stay at resorts, including minimum and maximum per room prices based on double occupancy. Prices used for this table include accommodation, some meals and activities, but preclude other "extras".

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Insert Table 1 about here

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The approach to pricing was exceptional in the case of two establishments. One charged $2,720 for a five night stay and included a daily two hour specialized massage as well as pre- and post-treatments and a range of other "extras." Another resort charged $2,600 per week all inclusive (including massages).

Medical Treatment Focus versus Tourism Focus. A major emphasis of the current investigation was to extend the study of resorts beyond simple "attribute" analysis to examine their medical versus wider tourism orientation. As is evident in Figures 1 and 2, a large proportion of health resorts have a tourism focus, as opposed to a purely medical treatment focus.

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Insert Figures 1 and 2 about here

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Mainstream versus Alternative Continuum. Figures 3 and 4 highlight the offerings of mainstream and alternative activities. There appears to be a greater variety of alternative offerings than mainstream activities. However, more than four out of five resorts (82%) offer some kind of traditional massage (notably Swedish and/or therapeutic) compared with little more than 2 out of 4 offering alternative massage (notably Shiatsu). Other observations include the following:

- a surprisingly large proportion of respondents emphasise that "health" should involve the mind, emotions and spirituality as well as a healthy body.
- more resorts offer alternative medical treatments (naturopathy, iridology, and/or homeopathy) than traditional medical treatments (physiotherapy, osteopathy, and/or chiropractic services). Almost half offer some kind of weight management programme;
- the proportion of health resorts offering yoga and/or meditation is quite high;

In the "alternative" figure it can be seen that over 40% of all health resorts offered activities classified in the "other" category. These include the following offerings: rite of passage transformational events for major life changes; aura soma readings; lymph drainage; spiritual healing; chakra point balancing; intravenous chelation therapy; cyro air exercise therapy; auriculotherapy; Panchakarma treatments; Chinese therapies; chanting; hypnotherapy; sound therapy; sacro-cranial balancing; connected breath therapy; rebirthing, and so on. These findings support the view that more alternative than mainstream activities are offered.

Insert Figures 3 and 4 about here

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A Preliminary Categorisation of Australian Health Resorts: A Four Quadrant Model

As mentioned previously, the present study has set out to ascertain a basis for classifying health resorts that goes beyond attribute description. The attributes however yielded a Gestalt-like interpretation with the whole appearing greater than the sum of its parts. The two dimensions of medical/tourism focus and alternative/mainstream focus emerged very clearly. On the basis of the two dimensions, these foci may be conceptualised in the form of a positioning map. This generates four categories which in turn give rise to a four-quadrant model which is proposed as a basis for categorizing health resorts.

As shown in Figure 5, the 4-quadrant model combines the two continua which collectively account for the four categories. Health resorts in Australia may be classified on the basis of whether they display either mainstream or alternative characteristics and the extent to which they exhibit a medical treatment focus versus a wider tourism focus. This highlights the diversity of the existing market and offers the prospect of more effective management decision-making in this industry, as well as the possibility of providing consumers with some guidance.

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Insert Figure 5 about here

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A more detailed account of each of the four quadrants is provided in the following discussion.

DISCUSSION

Resort Profiles

It is instructive to analyse the emphasis that is placed on core product attributes in the promotional materials that are produced by the resorts. The inclusion of transport arrangements by over 40% of respondents indicates an orientation towards accessibility with a possible emphasis on interstate and overseas travellers. The availability of individualized programs at over half of the resorts indicates a focus on the individual. However the natural environment was not a major emphasis with only a third making any mention of the relevant surrounding area and nature walks being the only specified activity taking advantage of the area outside the resort itself. Lectures/workshops were offered at nearly 75% of the facilities and conference facilities at 30%.

A surprisingly high proportion of respondents (nearly 40%) stipulated a minimum stay requirement for guests. Since "getting away from it all" is a common emphasis amongst health resorts, the rationale may be that an extended stay is required if participants are to enjoy real health benefits. Though most health resorts do not make specific mention of health or medical assessments, it is those with a medical treatment focus which tended to stipulate a minimum stay. From the operators point of view mandatory minimum stays may be viewed as an opportunity to derive additional revenue from the relatively narrow client base. However resort travellers increasingly expect flexibility. Some operators may

be aware that restricting the freedom of choice for their clientele is risky, thereby accounting for the fact that 60% of the respondents require no minimum stays.

Marked variations were evident in the prices charged by respondents, perhaps reflective of the wide range of facilities, activities, experience of staff (particularly qualified health practitioners), quality of accommodation and meals, and types of programs on offer. The most prevalent approach to pricing is to include accommodation, meals (at least breakfast), and activities like yoga, Tai Chi and nature hikes, but to exclude activities such as massages and beauty treatments. The typical inclusions were activities that involve little additional outlays by the operators. This approach to pricing may enable the resort to minimise expenses by either (1) creating economies of scale with lower costs per employee through a focus on group use; 2) using facilities which are not costly to maintain (like tennis courts); or 3) using facilities such as swimming pools which may involve greater maintenance, but where the cost may be spread across many users. Labour intensive, individualized and hence costly services and activities such as massage and beauty therapy, are generally not included in the quoted tariffs since these "extras" are likely to increase the overall price considerably and disproportionately.

As determined by its frequency of appearance in promotional materials, food appears to be an important consideration for prospective clients. Given that vegetarianism is still regarded as an alternative and minority practice within the general population, it is surprising that almost half of the respondents offer only vegetarian cooking. Perhaps travellers associate what is expected from a health resort with vegetarianism since it is perceived as healthier than the traditional Western diet or take the view that whilst

adhering totally to vegetarian is extreme, a limited period of vegetarianism may be acceptable. Only two of the health resorts investigated confined their provision to vegan catering, an extreme form of vegetarianism that excludes any animal by-products such as eggs, honey, and milk. In line with increasing community awareness of personal health issues, it might be expected that many health resorts would use organic produce in their cooking. Surprisingly, given the high incidence of vegetarian provision, only 16% mentioned using only organic produce, perhaps reflective of limited product availability, and the higher cost and labour intensity of growing organic produce on-site.

Resort Categorisations

In this section labels are attached to the four quadrants in the Four Quadrant Model presented earlier in an attempt to provide insights into the characteristics of establishments located within each boundary. These are preliminary categorizations at this stage and further research and development will be needed to test their validity.

Quadrant One (upper right hand corner). This is the "Leading" quadrant where the largest proportion of health resorts (39%) is located. This share implies an expectation on the part of operators that a substantial customer base exists. Substantial market growth may be anticipated in light of its broad scope *and* mainstream approach. Resorts located within the quadrant have a variety of emphases on mainstream and wider tourism focus characteristics. All of the better known health resorts are located in this quadrant and generally a high and professional standard of promotional brochures was evident amongst resorts located in this quadrant.

Quadrant Two (lower right hand corner). This quadrant was labelled "Conventional" because it combines mainstream characteristics with a medical treatment focus and represents the stereotypical "health resort." None of the "conventional" resorts display an intense medical treatment focus. The brochures provided by "conventional" establishments range from glossy full colour pamphlets with extensive photography to simple black and white laser printed documents. None are as professional as those from the "Leading" quadrant. Some common characteristics are the emphasis on stop smoking and weight loss programs. Many also state their longevity, presumably with a view to providing reassurance to prospective consumers that they have been well established over an extended period.

Quadrant Three (upper left hand corner). This quadrant is named "Emerging", because it was the view of the researchers that the popularity of alternative medicine is likely to continue increasing. In the future, this attribute and the wider tourism focus may provide a challenge for establishments located in the "Leading" quadrant. This quadrant possesses the second greatest proportion (29%) of health resorts, again due in part to the wider tourism focus and hence, broader appeal. Given the increasing popularity of alternative health practices, this could create a growing customer base in future. Though many of these resorts offer some alternative practices, these resorts are classified as mainstream because of the preponderance of traditional offerings. The reverse is true for health resorts within the alternative categories. The brochures of the "Emerging" health resorts indicate the offer of better known types of alternative practices, such as aromatherapy and reflexology, though a predominant characteristic of the alternative resorts is the prevalence of less mainstream and familiar practices, such as neuro-linguistic

programming, metaphysical healing, and aura and chakra cleansing. These resorts place greater emphasis on *emotional* well-being rather than on physical health. As was the case with the "Conventional" quadrant, resorts within the "emerging" category provided brochures of diverse quality.

Quadrant Four (lower left hand corner). The so-called "Niche" resorts focus largely on alternative medicine with a strong emphasis on both emotional and physical well-being. These properties have a medical focus but embrace more alternative methods and may be viewed as a newer version of the resorts located within the "Conventional" quadrant. As niche players, resorts located within this quadrant probably have the least market potential in aggregate although it should be acknowledged that alternative medicines are increasing in popularity. The four health resorts located within this quadrant are close to the boundaries of the other quadrants, but have a number of features in common. For instance two are the most expensive resorts. Surprisingly though, the brochures or information sheets produced by all four are quite plain, laser printed or photocopied documents (with the exception of a newsletter / magazine which was with the brochure). Another similar characteristic of all four resorts is that while they offer many programs, they also appear to emphasise a single esoteric specialist program or characteristic. One resort provides individualised "Panchakarma" programs. The resorts within this category also appear to place the greatest emphasis on pre- and post-attendance activities. For example, a one-hour consultation is required *before acceptance* at one of the health resorts, and another health resort recommends that clients complete a pre-treatment program at home to ensure maximum benefit from their rejuvenation program. This resort also provides clients with an "after treatment home program". Although it is not

possible to generalize from the small number of health resorts in this quadrant, their similarities are notable. The information available is limited, but the term "niche" appears to be appropriate in light of the emphasis placed on the specific treatments / practices and the importance attached to preparing for and maintaining the practices learned once clients have left the resort. The relatively expensive tariffs may also be a characteristic of their specialised approach.

CONCLUSION

Historically, spas which have offered a strong medical orientation have been very successful as evident from their longevity. The current study has highlighted the emergence of other types of resorts in Australia, which may broaden the conceptualisation beyond the established attributes. Ironically the absence of a strong heritage of spa tourism in Australia may have facilitated the rapid development of other models of provision. The orientations proposed in the present paper have been medical versus wider tourism focus, and a new dimension of mainstream versus alternative. Many methodological challenges are evident and a number of inaccuracies may have arisen from the reliance on information derived from health resort brochures. Brochures may vary in the amount of information that they provide, but most properties will however take advantage of the medium and will include much relevant information.

Recommendations

For future research it would be instructive to track whether the provision of conference facilities increases over the next decade, given the emerging emphasis on corporate team building. This could provide an opportunity for health resorts focussed on learning and

personal growth. However, the relatively small scale of the health resorts that lend themselves to functioning as retreats may limit their suitability as venues for corporate style conferences. Only a small proportion of the promotional brochures analysed in the present study drew attention to how participants could sustain their improved health following their departure from the resort. With a view to determining the success of resorts in addressing issues such as quitting smoking, further research might investigate those health resorts with a pronounced medical treatment focus. Some of the previous literature has categorized health resorts on the basis of tariffs charged and further research might include a systematic analysis of tariff sheets. Stein, *et al.*[55] have previously noted that price and program emphasis seem to be the most important factors in the consumer's purchase decision. Although the current study's pricing analysis is exploratory in nature, it provides a useful starting point for investigating the markets which they may be targeting. As Goodrich[56] has stated:

> On the basis of income, some hotels or resorts may cater to the high-income segment who can afford the high prices for the health services at the resort. Other resorts may cater to middle-class clients, furnishing similar services and facilities as the "high class" resorts but with much less extravagance" (p.40).

Future research could examine the sustainability of current trends. Alternative forms of health tourism have emerged recently in Australia, involving tourists visiting organic farms and consuming farm produce. These resorts/retreats also offer various programs in relation to healthy lifestyles, e.g., "Health Enhancement Lifestyle Programs"[57]. There are already a number of resorts and/or retreats in Australia which promote spiritual and/or mental health. Future research could also analyse the applicability of the medical/tourism continuum and the alternative/mainstream continuum in a range of settings. It would also

be worthwhile examining the longevity and profitability of business structure and strategies of properties located in the various quadrants. Luxury hotels are increasingly *expected* to offer fitness clubs, spas, saunas, steam rooms, and the availability of massage, as a matter of course [58, 59]. It is increasingly important for health resorts to distinguish themselves from luxury hotels which are starting to incorporate a health component within their product range. If there is over provision of spa related facilities in major hotels, it is possible that the novelty of travelling to single purpose health resorts could wane.

Concluding Comment

As is evident from the foregoing research, Australia's health resort sector is varied and distinct particularly when it is compared with the more traditional spa health resorts operating in many European countries. This distinction and variety has added a new dimension to the study of health resorts, and it has allowed the development of a classification system which both categorizes and positions health resorts in a particular environment.

Table One: The Average Cost of Australian Health Resorts

Length of Stay	Minimum Price	Maximum Price	Average Cost
Overnight	$34	$300	$122
Weekend	$200	$425	$295
Week	$530	$1,350	$850

Figure 1

Properties Offering A Medical Treatment Focus

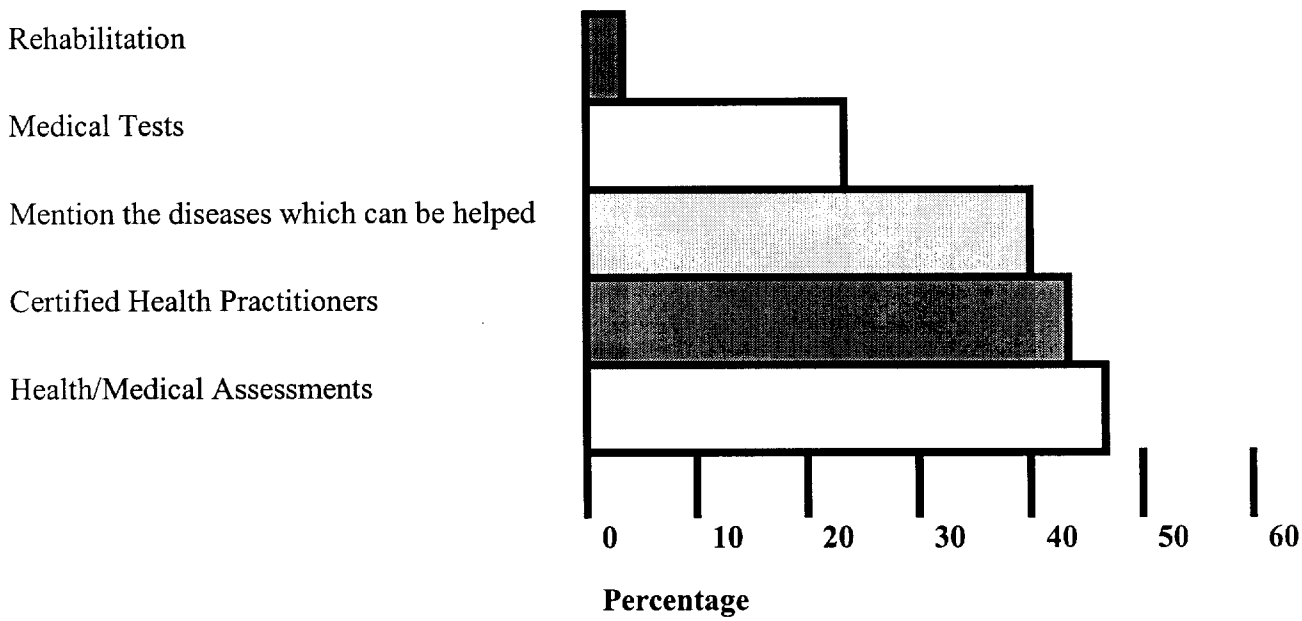


Figure 2

Properties Offering A Wider Tourism Focus

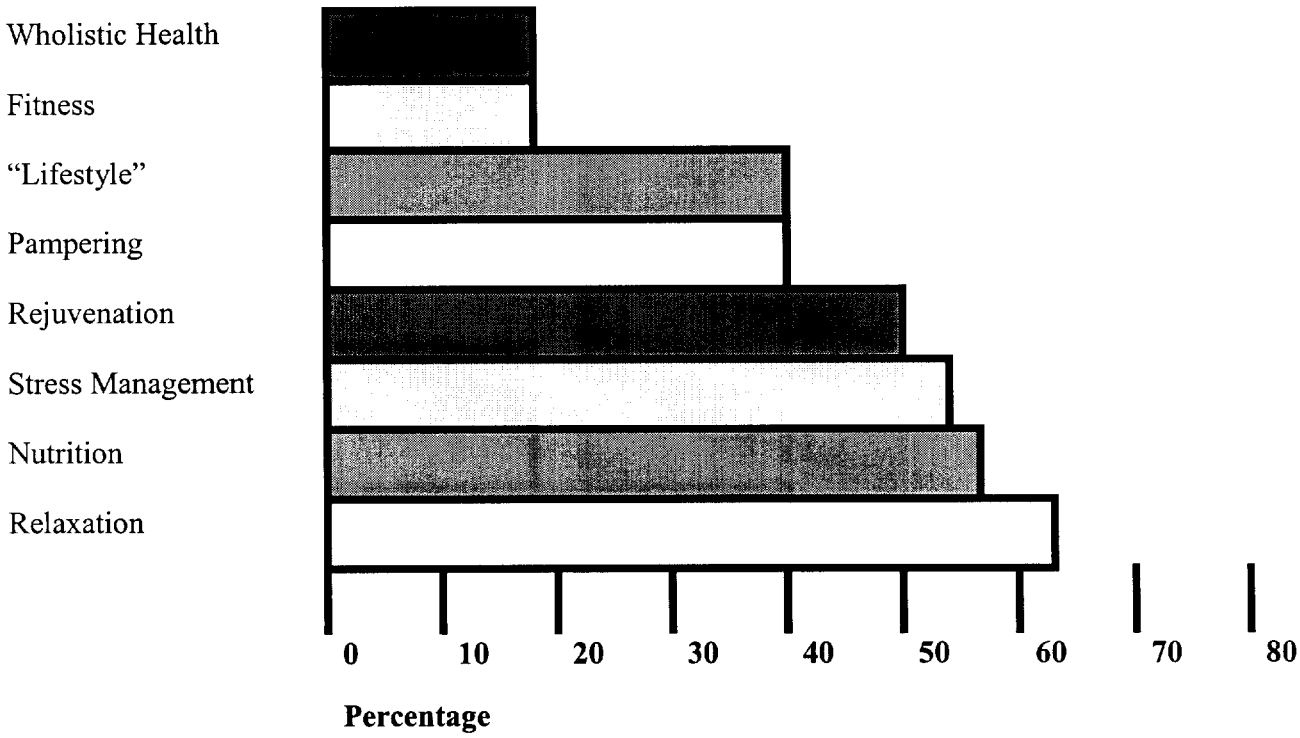


Figure 3

Properties Offering an Emphasis on "Mainstream" Activities

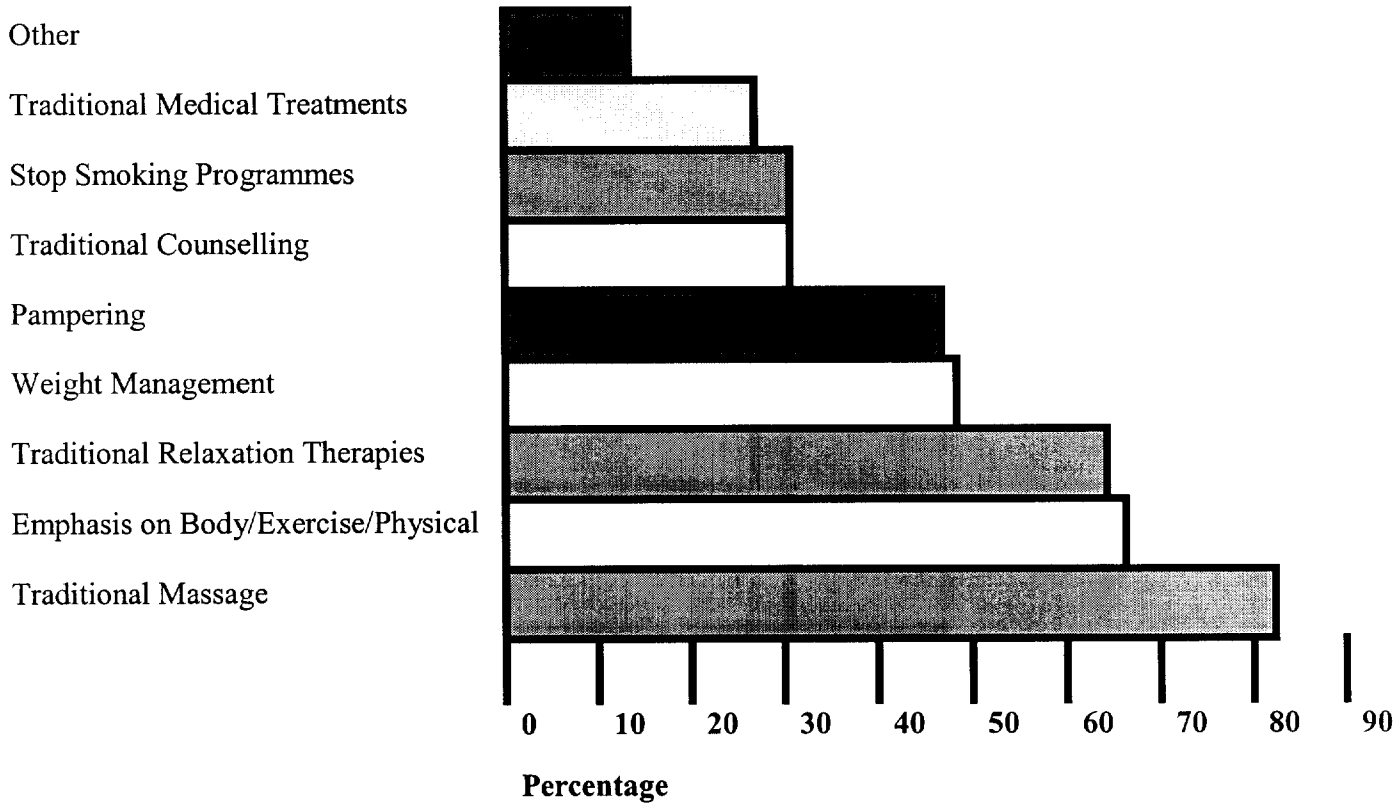


Figure 4

Properties Offering an Emphasis on "Alternative" Activities

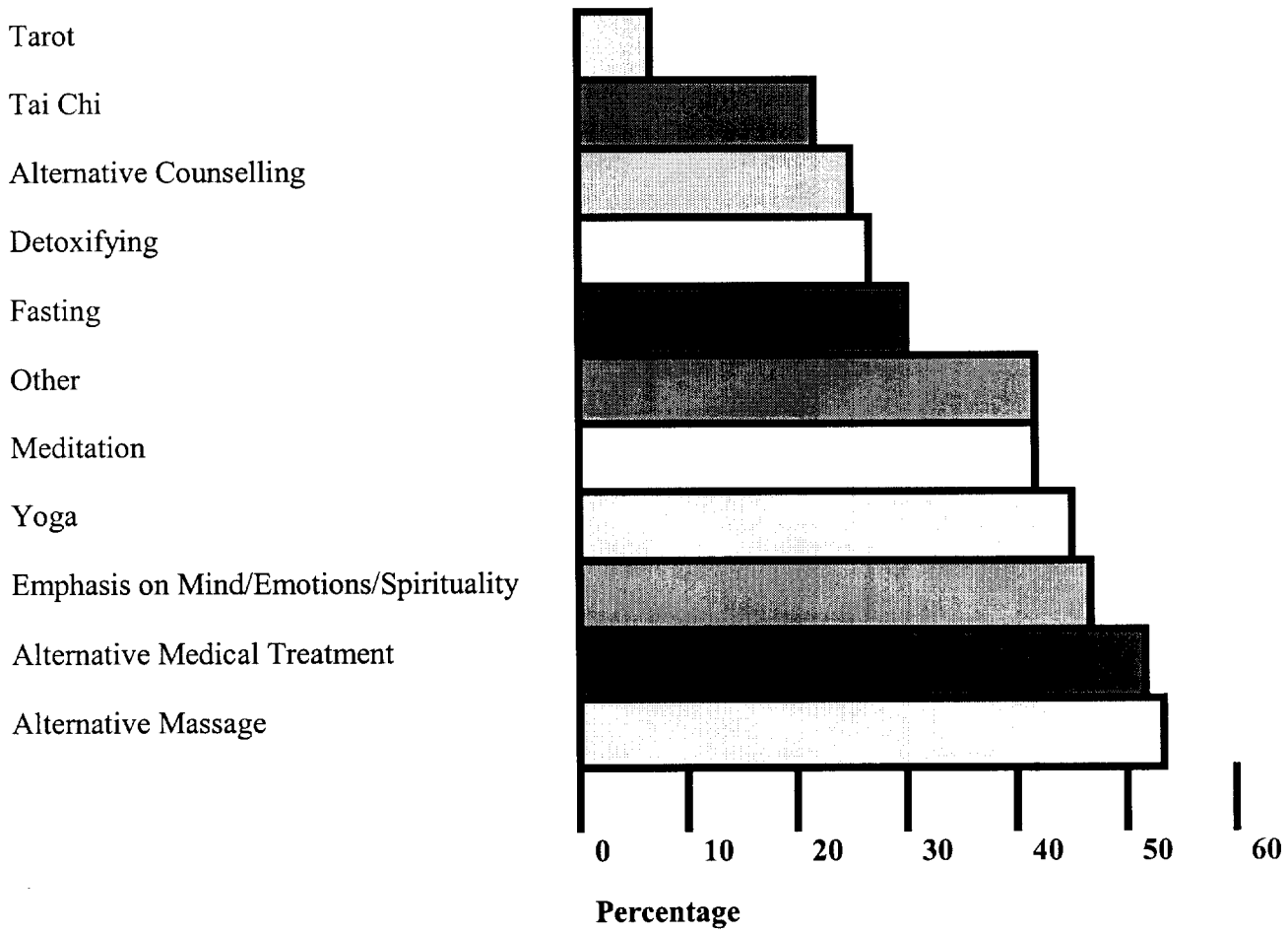
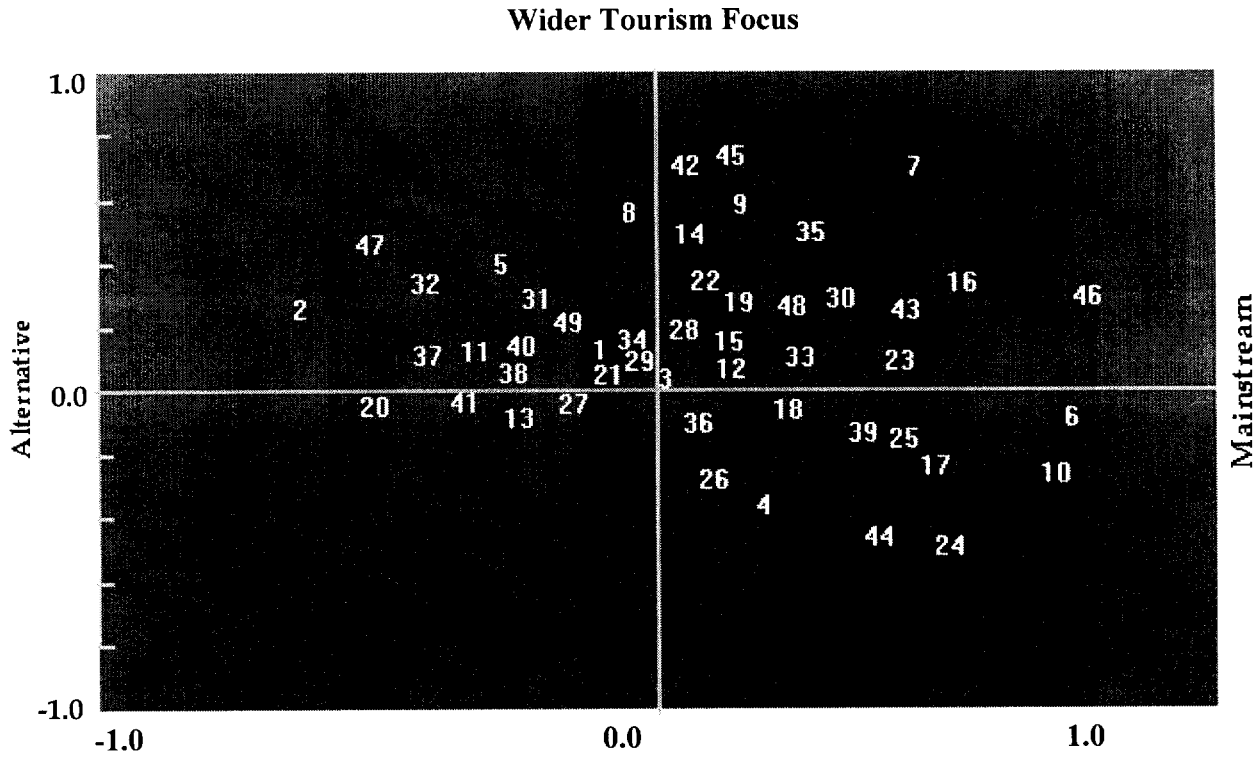


Figure 5

A Preliminary Grouping of Health Resorts by Focus.



Key

1 Amarant Retreat Centre, Launching Place, Victoria

2 Anne Clark, Kuranda, Queensland

3 Anubha Mountain Health Retreat, Kingston, Tasmania

4 Arcadia Health Centre, Arcadia, New South Wales

5 Bali Rejuvenation Retreat, Kingsford, New South Wales

6 Bellbird Lifestyle Retreat, Kenilworth, Queensland

7 Bellbrae at Pottsville, Pottsville, New South Wales

8 Bhavana Wholistic Retreat, Mudgeeraba, Queensland

9 Camp Eden, Currumbin Valley, Queensland

10 Cedervale Health Centre, Fitzroy Falls, New South Wales

11 Chenrezig Institute, Eudlo, Queensland

12 Clear Mountain Health Lodge, Clear Mountain, Queensland

13 Clohesy River Health Farm, Clohesy, Queensland

14 Crystal Lodge, Katoomba, New South Wales

15 Floraison Hot Mineral Spa Retreat, Mount George, New South Wales

16 Golden Door Health Retreat, Willowvale, Queensland

17 Health Spa Tours, Longueville, New South Wales

18 Helidon Natural Springs Spa Resort, Helidon, Queensland

19 Hepburn Spa Resort, Hepburn Springs, Victoria

20 Hideaway Sanctuary, Nerang, Queensland

21 Hippocrates Health Centre of Australia, Mudgeeraba, Queensland

22 Hopewood Health Centre, Wallacia, New South Wales

23 Hyatt Regency Coolum, Coolum, Queensland

24 Kurrajong Heights Health Farm, Kurrajong Heights, New South Wales

25 La Mancha Health Centre, Lismore, New South Wales

26 Living Valley Springs, Kin Kin, Queensland

27 Maharishi Health Retreat, Leura, New South Wales

28 McCarthy Park Health Retreat, Gidgegannup, Western Australia

29 McCarthy's Mountain Retreat, Mole Creek, Tasmania

30 Nature's Connection Massage, Stawell, Victoria

31 Omaroo Healing & Rejuvenation Centre, Burringbar, New South Wales

32 Ontos Health Retreat, Buchan, Victoria

33 Palm Lodge Health Retreat, Greenbank, Queensland

34 Pamela's Retreat, Bridgetown, Western Australia

35 Phoenician Health & Spa Resort, Broadbeach, Queensland

36 Rocky Retreat, Rockhampton, Queensland

37 Ruby's Choice Rainforest Retreat, Tumbulgum, New South Wales

38 Shalem Health Retreat, Manjimup, Western Australia

39 Solar Springs Health Resort, Bundanoon, New South Wales

40 Swami Sarasvati Rejuvenation Resort, Kenthurst, New South Wales

41 Tamborine Mountain Health Sanctuary, Eagle Heights, Queensland

42 The Cape Retreat, Mullumbimby, New South Wales

43 The Villa Renaissance Private Rejuvenation Retreat, Ferntree Gully, Victoria

44 Tranquillity Therapy Centre, Ballarat, Victoria

45 Unwinding Retreat Country Guest House, Dyers Crossing, New South Wales

46 Warburton Health Care Centre, Warburton, Victoria

47 Woorabbin Springs Living Resource Centre, Cunderdin, Western Australia

48 Artesian Thermal Resort, Moree, New South Wales

49 Phoenix Rising Guest Farm, Gympie, Queensland

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