



One Country's Transformation to Spa Destination: The Case of Canada

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Interest in all aspects of health and wellness tourism has been growing in every part of the world. Businesses have responded with aggressive growth in the quantity and diversity of supply offered, especially in North America. Yet few countries have systematically assessed their supply and linked it to the changes in motivation and behaviour towards spas, health and wellness in their own population. This article brings together a number of secondary sources as well as research conducted by the author with the leading spa association in Ontario, Canada, in an effort to present an overview of the characteristics of the supply of and demand for spa, and the forces that continue to shape both aspects in that country.

Keywords: spa characteristics, health tourism, wellness tourism, spa tourism, spa motivations, Canada

In North America, health has become a major societal preoccupation, since all media bombard citizens with warnings about too sedentary a life, the health dangers of too much weight, cholesterol and stress, too little sleep and high tension. Foods are considered too fatty, too sugar- and salt-laden; both the air and the water is making people sick. If all that were not enough, North Americans have been made anxious, if not downright paranoid, about everything from possible terrorist attacks to catching Severe Acute Respiratory Syndrome (SARS), the avian flu or H1N1. At the same time, the strong baby boom cohort is becoming obsessed with aging, refusing to give in to wrinkles and sagging bodies. So it is not surprising that North Americans are desperate to find an oasis, a place where it is possible to be at peace, breathe deeply, regain one's internal balance, reestablish the harmony between body, mind and soul so that they can confront this fast-paced, complex and increasingly scary world another day. Yet that older cohort is no longer prepared to make big efforts and huge sacrifices to look and feel better, as they did just a decade previously. The time has come to be kind to ourselves: to strive for balance, harmony but also pleasure.

The World Health Organization¹ defines health as 'a state of complete physical, mental and social well-being', which reflects a preventive way of living that reduces, and

even eliminates, the need for remedies. Thus, health tourism refers to someone who has one or more medical conditions that would motivate him to travel to experience therapies that could help to make him well or improve his health. On the other hand, the concept of 'wellness' emphasises personal responsibility for making lifestyle choices and self-care decisions that will improve our quality of life. People who engage in wellness tourism are generally healthy, but seek therapies to maintain this state of wellbeing.

In 2002, Paul Zane Pilzer (2002) coined the expression 'wellness revolution' and referred to it as the 'next trillion-dollar industry', because it has grown at a phenomenal rate in the past 10 years in almost every developed country in the world. Two phenomena have contributed largely to its growth: the aging of the baby boomers, who do not want to grow old or at least age in such a way that their quality of life is not diminished; and the realisation that our healthcare system cares less about our health and more about our illnesses, and therefore if we want to be proactive in keeping ourselves healthier and looking better, we had better take control of our own wellbeing and prevent diseases from developing in the first place.

As with most other cultural aspects, we can turn to the United States to understand what our future holds, since major trends tend to manifest themselves about 10 years before their appearance in other parts of the western world. The concept of 'wellness' has been recognised as a major force in the United States for over 10 years now, while it is just starting to take a hold in other countries to any meaningful extent. It was in the early part of the 1990s that the domination of destination spas in the mar-

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ketplace was challenged by the phenomenal growth in resort spas and day spas. No longer were people willing to retreat for relatively long periods — destination spas require a minimum stay of one week — without other family members, and certainly no children, present. The purists who were attracted to destination spas have been joined by a much broader, mainstream type of clientele looking for less-intensive opportunities to treat themselves. This clientele is usually healthy, quite fit, and wants to enjoy a very broad selection of programs during their holidays as well as a rich and varied cuisine. These clients look for ‘wellness breaks’, the two- to four-day ‘quick fix’ solutions of which our time-poor society in North America is so fond, and which often complement their use of day spas throughout the year.

This article sets out to document the supply and demand side forces that have transformed Canada from a country where this type of proactive wellness approach was marginal to one where spas have become part of a much more mainstream approach to health management in a period of 10 years. Such rapid growth is not without challenges and the analysis of the transformation also raises a number of issues that will likely influence future development and consumer response.

Defining Spas and the Spa Experience

The International SPA Association (ISPA)(2010) defines spas ‘as places devoted to overall well-being through a variety of professional services that encourage the renewal of mind, body and spirit’ and distinguishes between eight primary types of spas:

- Day spa: A day spa offers a variety of spa services, including facial and body treatments on a day-use-only basis. Overnight accommodations are not provided.
- Resort/hotel Spa: A resort/hotel spa offers spa, fitness and wellness services, as well as spa cuisine menu choices and overnight accommodations within a resort or hotel.
- Destination spa: A destination spa is not part of another resort or hotel. The destination spa’s primary purpose is guiding individual spa-goers to healthy lifestyles. Historically an extended stay, this transformation can be accomplished by a comprehensive program that includes spa services, physical fitness activities, wellness education, healthful cuisine and special interest programming.
- Medical spa: A spa in which full-time, on-site licensed healthcare professionals provide comprehensive medical and wellness care in an environment that integrates spa services, as well as traditional, complementary and/or alternative therapies and treatments. The facility operates within the scope of practice of its staff, which can include both aesthetic/cosmetic and prevention/wellness procedures and services.
- Club spa: A facility whose primary purpose is fitness and that offers a variety of professional administered spa services on a day-use basis. A hotel, gym or fitness club that has a sauna, steam or whirlpool bath is not a spa unless it explicitly offers spa products and services as an added benefit.
- Mineral springs spa: A spa offering an on-site source of natural mineral, thermal or seawater used in hydrotherapy treatments.
- Cruise ship spa: A spa aboard a cruise ship providing professionally administered spa services, fitness and wellness components and spa cuisine menu choices.
- Cosmetic spa: A spa that primarily offers aesthetic/cosmetic and prevention/wellness procedures and services such as facials, peels, waxing and other noninvasive procedures that are within the scope of practice of its staff but do not require on-site medical supervision.

While this segmentation of the supply-side is seen as the ‘official’ typology, Horgan (1995, as cited in Spivack, 1998, p. 68) suggested that many health resort owners and operators in the US consider the word ‘spa’ as old-fashioned, and too often associated with simply pampering or beauty treatments, and have therefore tended to incorporate new phrases, such as ‘lifestyle resorts’, ‘longevity centres’, ‘holistic wellness programs’, or ‘fitness vacations’ to describe or market their product. This points to a fundamental difference in the perception of spas between Europeans, who tend to think of them as linked with medical hydrology and therapeutic treatments, and Americans who link them to health and fitness (at the time, ISPA was still known as the International Spa and Fitness Association). Indeed, quite a few high-end spas in North America do not offer any water-based treatments, which goes against the very origin of the term spa, which derives from the Latin ‘sanitas per aquam’ (healing through water).

This divergence also translates into the perception of the ‘spa experience’: for those who consider it to be part of a rigorous medical science, it is the healing properties of the waters, mud, herbs, and even climate that drive the overall experience (e.g., Kaspar, 1974), whereas for those who see it as part of a social, physical, psychological, or even spiritual engagement, believe it is more a holistic approach to wellness (e.g., Spivack, 1998). McNeil & Ragins (2004) went so far as to suggest that ‘[s]pa consumers are looking for a nurturing and healing place where they can enjoy community time, and have shared experiences with friends, relatives and spouses. They want to feel protected and cared for and be able to make personal connections’ (p. 32).

The Link Between Spas and Tourism

‘Taking the waters’, or hydrotherapy, goes back to the Greeks and Romans in Europe, but has been part of Asian philosophy for even longer than that with a particular focus on the spiritual. It is perhaps oldest in North America, where Native Americans created sacred spaces around hot or mineral springs that became havens of peace, health and wellbeing, irrespective of tribal membership. Thus the notion of travel to visit these special places was an integral part for all of these cultures. Even in modern science there is considerable evidence, much of it determined by researchers in disciplines outside tourism, of both the therapeutic and healing benefits of spending time outside one’s usual environment (Hunter-Jones, 2003; Sönmez & Apostolopoulos, 2009).

Health and Wellness Tourism

Although it has been suggested that travelling for the purpose of health is one of the earliest motivations for tourism, the components of 'health[-care] tourism' were not analysed until 1987 when Goodrich and Goodrich defined it from a supply perspective as the *deliberate* promotion of a tourist facility's or destination's healthcare services and facilities in addition to its regular tourist amenities. According to these authors, this form of tourism was seen to include, among other services, medical examinations by qualified doctors and nurses at the resort or hotel, special diets, acupuncture, transvital injections, vitamin complex intakes, special medical treatments for various diseases such as arthritis, and herbal remedies. Goodrich and Goodrich predicted the growth of this concept with rising incomes, and foresaw that people would devote more time to leisure/recreational activities, and seek longer, healthier lives.

The 39th International Association of Scientific Experts in Tourism (AIEST) Congress, held in Budapest, Hungary, in 1989 addressed the development potential of health tourism in spa settings, and recognised the need to have it specifically identified in the statistical systems of the international organisations involved (particularly the World Tourism Organization and the World Health Organization; ~~not in references: (Congress Report, 1990).~~ Although farsighted, this has unfortunately not happened to date, and therefore it is extremely difficult to advance global numbers for the demand for this form of tourism.

In addition, Reisman (2010) points out that travel is not the same as tourism:

... the patient who buys a hernia repair in the open market is not shopping for a pleasurable holiday in the sun. It would be better to say treatment abroad, medical travel, global health care or international patient business rather than health tourism which is emotive and journalistic. (p. 1)

While he makes an excellent point, the reality is that the lines are often quite blurred, and the traveller's motivations complex. Today, there are several segments that are commonly seen to constitute health tourism, although there are distinct cultural variants in how the concept is understood (Ujma, 2010).

Generally speaking, the major segments of health tourism are seen as including:

- Medical tourism: this includes all types of medical procedures with their own forms of 'tourism' — transplant, reproductive, dental, cosmetic, etc.
- Sport tourism: in its active form refers to people who travel to take part in sport (Gibson, 1998; Hudson, 2003).
- Wellness tourism: this generally refers to a holistic approach of body, mind and spirit.

It would appear that Dunn (1959) was the first to argue against the approach in western cultures to divide 'the study of man into three major areas — the body, primarily the concern of the physician; the mind, largely the concern of the educator, psychologist, and psychiatrist; and the spirit, entrusted to the custody of the religious preceptors' (p. 789). According to Dunn, unless man is

considered as a whole living within a constantly changing total environment, 'high-level wellness' cannot be achieved. More recently, Sweeney and Witmer (1991) presented a holistic model for wellness and prevention — 'the Wheel of Wellness' — across the lifespan that comprised 18 characteristics. Building on this concept, the authors (Myers, Sweeney, & Witmer, 2000) define wellness as being 'a way of life oriented toward optimal health and well-being in which the body, mind, and spirit are integrated by the individual to live more fully within the human and natural community' (p. 252).

Sheldon and Bushell (2009, 11) have defined wellness tourism as follows:

Wellness tourism is a holistic mode of travel that integrates a quest for physical health, beauty, or longevity, and/or a heightening of consciousness or spiritual awareness, and a connection with community, nature, or the divine mystery. It encompasses a range of tourism experiences in destinations with wellness products, appropriate infrastructures, facilities, and natural and wellness resources.

Smith and Kelly (2006) define six dimensions of wellness tourism based on tourist motivations and the locations where the relevant activities usually take place that reflect Sheldon and Bushell's (2009) definition. These include:

- Medical/cosmetic: for example, hospitals, clinics
- Corporeal/physical: for example, spas, massage, yoga
- Escapism and relaxation: for example, the beach, the spa, mountains
- Hedonistic/experiential: for example, festival spaces
- Existential and psychological: for example, holistic centres focused on self-development and philosophical contemplation
- Spiritual: for example, pilgrimage, New Age events, yoga retreats
- Community-oriented: for example, voluntary work, charity treks, holistic centres.

It is thus within this changing context, the birth of the notion of 'wellness' and understanding the role spas play in the western world that the rapid evolution of both supply and demand can be traced in Canada.

Methodology

This article brings together a number of secondary sources, as well as research conducted by the author with the leading spa association in Ontario, Canada in an effort to present an overview of the characteristics of the supply of and demand for spa, and the forces that continuing to shape both aspects.

The secondary sources include the annual supply-side surveys conducted by ISPA, as well as their annual consumer trends surveys, although Canada is not always treated as a separate assessment. In addition, the Canadian Tourism Commission (CTC) undertook three studies in the mid-2000s into the supply of spas in Canada (in collaboration with ISPA), the profile of the Canadian spa consumer and the competition for this product. The CTC, in partnership with the provincial ministries of tourism, also spearheaded a Travel Attitudes and Motivation Study in both 1999 and 2006 with exten-

sive phone interviews and mail-back surveys (for a detailed comparison of methodologies, see Joppe & Choi, 2010) that provided a rich source of information about non destination-specific attitudes, motivations and behaviours of the Canadian population. The author has also had the opportunity for extensive mining of these datasets, the results of which have been published in a series of conference proceedings (Joppe & Choi, 2008; 2009; 2010).

Finally, the author conducted extensive studies into the training and education needs (Joppe & Choi, 2007a, 2007b) and curricula addressing a variety of spa-related career options in private and public institutions in Ontario (Joppe, 2007) as well as the wage structure of the province's spa industry (Joppe, 2009).

Growth and Evolution of the Supply Size and Type of Establishments

Between 1990 and 2001, the number of spa establishments in North America increased from 1,400 to 10,900, of which 1,300 were in Canada (PricewaterhouseCoopers, 2002), and occupancy went from 40% to an average between 70 and 80%. Instead of slowing things down, the events of September 11, 2001, actually spurred growth in this sector. By 2003, the number of establishments was estimated to have reached 2,100 in Canada, a 65% growth in Canada in the space of two years (Association Resource Centre Inc., 2004)! Over the following years, growth slowed to just over 11%, and 2,340 spas were reported in 2006, operated by about 2,100 companies, and accounting for an estimated eight million square feet of indoor space. Treatment rooms account for 44% of indoor space in Canadian spas (Association Resource Centre Inc., 2006a) but about half the revenues of this billion-dollar industry.

In the Canadian context, only six types of spas have been documented: neither cruise ship spas nor cosmetic

spas (a category added quite recently by ISPA) were catalogued as part of the study undertaken by Association Resource Centre Inc. in 2006 (see Figure 1). Day spas are by far the dominant type, with almost three-quarters of establishments falling into this category. However, they only generate 64% of revenues. Resort/hotel spas make up 19%, but account for 34% of industry space and 24% of revenues.

The geographic distribution of spas is highly concentrated in Ontario with 44% of all establishments, followed by British Columbia and Quebec with just under one-fifth of spas (Figure 2)(Association Resource Centre Inc., 2006a).

Employment in the Sector and Labour Challenges

An estimated 25,900 people are employed by the spa industry. At 70% of employees, the day spa sector is slightly underrepresented compared to its proportion of spa locations. Conversely, resort/hotel spas account for a disproportionately high share of the industry's employees at 23%, relative to their share of locations. On average, spas pay 39% of their revenues to payroll. 60% of all employees are full-time, 25% are part-time and 15% are on contract (Association Resource Centre Inc., 2006a).

An in-depth look into the employment and compensation practices of the Premier Spas of Ontario membership (Joppe, 2009) provides a better understanding of the diversity of remuneration arrangements that exist in this sector, particularly for the professional staff (massage therapists, holistic therapists, aestheticians, etc.) and management. Compensation can be hourly or annual, commission-only, fee for service only or a combination of any or all of these. Even spa concierges or receptionists may receive up to 10% commission in addition to their wage or salary, usually from product/retail sales. Length of tenure also impacts both the base wage, salary or fee for service for professional staff and the commission paid.

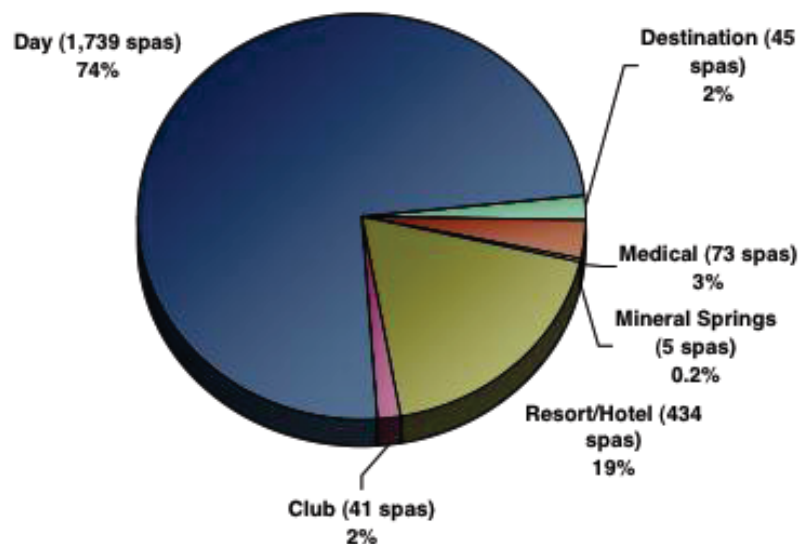


Figure 1

Number of spa establishments in Canada by type of spa.

Source: Association Resource Centre Inc. (2006) **Do you have permission from the publisher and/or author to reproduce this figure?**

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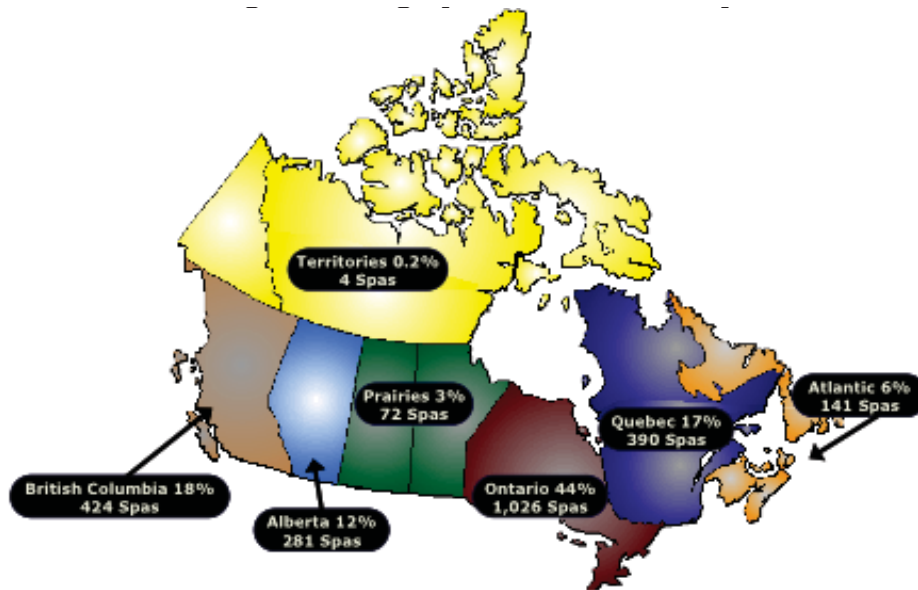


Figure 2

Geographic distribution of spas
Source: Association Resource Centre Inc. (2006)

Earnings are in many instances supplemented through benefit programs. While most spas offer some of these, especially to full-time employees, they are not necessarily fully paid for by the owner/company. The percentage covered ranges from 50–100% with a mean of 84.6%. The larger the spa, or where the spa is associated with a larger property such as a hotel or resort, the better the benefit package tends to be. Employees also enjoy additional perquisites, particularly discounts on services. Furthermore, where spas are located within or in proximity to a hotel or resort, more perquisites are offered, especially the use of on-site fitness centres, or participating in social evenings (Joppe, 2009).

One of the biggest problems spas are facing is the shortage of qualified workers: there is limited availability and interest by therapists in particular to work in the spa industry since the working conditions and pay are generally poorer than in medical clinics. This competition for staff is putting pressure on spas to improve compensation, but also to provide more stable hours — a tall order for an industry that has generally relied on bringing in staff only for actual bookings of services (Joppe & Choi, 2007b).

Qualified labour, its lack of availability and high turnover, is considered by many spa managers/owners to be an important barrier to faster growth of the industry. In a survey of spa employees, the discrepancies between factors deemed important and their satisfaction with these clearly shows that the top eight aspects of importance (all rated as *very* or *extremely important* by at least 85% of respondents) are not financial in nature, but rather deal directly with self-fulfilment in the job (Table 1). Although it was not one of the top motivators, dissatisfaction with salary runs very high with only 23.2% of respondents

declaring themselves very or extremely satisfied. This is the lowest level of overall satisfaction for any of the aspects rated. Satisfaction with the opportunity for promotion is only slightly higher at 30.1%.

Demand for Spas

While one in four Canadian adults (approximately 6.3 million people) visited a spa at some point in their life (The Hartman Group, 2006), 58% of these (3.7 million people) did so within the past year. However, only about half of these more active spa-goers visited a spa while on an out-of-town, overnight trip. These 'aficionados' took at least two spa vacation trips in the past two years. Considering that over a quarter of respondents also indicated that they had only started going to spas within the past year, it is not unreasonable to suspect that this influx of new spa-goers will continue to fuel demand for more and different spa experiences.

The rapid growth of the number and variety of spas available has, of course, been driven by a great demand for the services offered. To what extent can this type of growth continue? It will depend to a large degree to what extent this industry can further adapt to the wants and needs of their clientele.

Spa Visits

In 2005, spa-goers made an estimated 14.1 million visits to Canadian spas (The Hartman Group, 2006). Half of these visits were taken to spas in Ontario and four out of five spa visits in Canada were made to day spas (11.3 million). Almost 30% of the Canadian adult population visits day spas while at home (Table 2).

Table 1
Satisfaction With Important Job-Related Aspects (N = 107)

	Very/extremely important (%)	Very/extremely satisfied (%)
Opportunity to utilise your skills and talents	96.1	66.4
Opportunity to learn new skills	90.4	60.8
The way my boss handles his/her employees	90.5	56.2
The feeling of accomplishment one derives from the job	91.3	68
Job Security	88.4	55.9
The competence of my supervisor in making decisions	87.8	54.8
The freedom to use my own judgment	87.6	70.3
Relationships with your co-workers	85.8	80.7
Salary	84.2	23.2
The way company policies and practices are put into practice	81.9	40.8
Support for additional training and education	81.9	53
Recognition for work accomplished	81.7	52.5
Degree of independence associated with your work roles	80.8	73.7
Flexibility in scheduling	82.1	68.2
Being able to keep busy on the job	79.2	61.2
Benefits	74.8	37.3
Opportunities for promotion	77.6	31.1
Hours worked each week	75.7	66.3
Variety of job responsibilities	72.4	54.4
Amount of paid vacation time/sick leave offered	65	39.6
Adequate opportunity for periodic changes in duties	59.1	50
The chance to tell other co-workers what to do	25.4	41.6

It is clear that the spa segment is not a homogeneous one. In The Hartman Group (2006) study, three types of spa-goers were identified, based on the frequency with which they seek out these experiences and their attitude towards them: core spa-goers are knowledgeable about treatments and feel that learning about and going to spas is important to their lifestyle; while periphery spa-goers (at the other extreme) enjoy going to spas but otherwise show little interest in them. Between these two segments is a mid-level spa-goer segment that is interested in learning about spas but lacks the commitment and passion of the core spa-goers.

If we take a closer look at that 40–50% of spa-goers that will travel for the purpose of spa and wellness tourism, it is probably not surprising that these tend to be more core spa-goers, who are not only experienced, but have already tried a range of products and services and are thus the most critical. The majority considered themselves to be in good or excellent health and of average weight. In spite of this, they worry about their health, including what they eat and how much exercise they get. Two-thirds of them take vitamins; and 61% limit the amount of fat they eat. So, while relaxation is their primary motivation for choosing a spa during their holidays, with pampering and stress reduction as secondary motives, a majority reported healthy meal choices to be important in the selection of accommodations. But only 37% said workout facilities were important.

This, then, is the dramatic shift in perception we have seen from spas as 'indulgence', providing the ultimate in luxury and pampering: today, luxury is a given at any spa, but the 'spa experience' that incorporates a tranquil, airy

setting and information about health, wellness and self- or at-home care, in order to maintain a balanced lifestyle, is seen as a component of long-term, healthy living.

As the spa consumer becomes more knowledgeable and educated about available treatments and their expected outcomes, he or she will increasingly look to the spa industry to provide ever more information about every aspect of a wellness program. Spas will be judged on their ability to make informed decisions and provide guidance in every aspect from menu design and implementation, to which training and treatment programs to engage in and why. But messages must go beyond addressing the core segment in terms of communications, menu designs and available spa treatments: even though they are the most committed, they represent the smallest percentage of the overall spa population, and thus, to convert the mid-level and periphery spa-goers, the messages must also address their lower level of knowledge. It is also important to realise that visits to day spas are an activity largely undertaken by women, but spa travel is not: 42% of the Canadian health spa resort clientele are men (up from 31% in 2003; NFO Plog Research, 2003). Staying at such a resort is no guarantee, however, that they will actually participate in spa-related activities as only 37% indicated that they did so, based on 2006 Travel Attitudes and Motivation Study. Still, facilities at resorts and hotels must be adapted to a very discerning, mixed clientele, by also offering male-focused activities like golf, outdoor adventure, male cosmetic programs and high-octane fitness programs.

The majority of the clientele today are between 35 and 54 years old, well-educated professionals that are finan-

Table 2
Day Spa Visits

During the past 12 months, how often did you visit a day spa?	Frequency	Percentage
Frequently	398,952	5.4
Occasionally	2,603,110	35.1
Rarely	4,404,814	59.5
Total	7,406,876	100.0



Source: Lang Research Inc. (2006) Do you have permission from the publisher and/or to reproduce this table?

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cially well-off. Indeed, there has been a significant shift between 1999 and 2006 in the income groups that are both staying at health spas and participating in health and wellness spa activities. Whereas in 1999 the majority of health spa-goers earned \$60,000 and more, by 2006 the majority earned \$80,000 and more. This middle-aged group is, however, increasingly introducing both their parents (mainly mothers) and children (mainly daughters) to the spa experience, contributing to the extraordinary growth in demand for facilities as well as treatments. The explosion in spa products for sale in almost any store that carries personal care and beauty products is both a result of, and a contributor to, the growth in spa visits. This 'personal introduction' is likely also the reason why even first-timers seem to have very high expectations regarding their visit. Men who are introduced to the spa experience, often by their spouses, will usually start with a massage as they tend to be driven by notions of 'work'; that is, improving some aspect of their body, their emotional state or their long-term spiritual and personal dispositions (The Hartman Group, 2004). Increasingly, however, they are warming up to manicures and facials, largely as part of the broader societal trend that has seen a return of the acceptability of male grooming, along with greater acceptance of the gay culture and the rise of the 'metrosexual' who has many of the characteristics of his gay counterparts, but is heterosexual.

The Need for Quality Assurance

Considering the demographic profile of spa-goers, it is somewhat surprising that no government has felt the need so far to impose any quality standards or regulate against possible fraudulent claims coming out of the many different treatments proposed, vitamins, supplements and lotions used, and statements made as to the psychological and physical improvements to be expected. Even ISPA has recognised that:

... as the spa industry continues to grow and expand to mainstream consumers and their health and wellness regimes, therapists' credentials as well as the overall effectiveness of the spa experience (menus, pricing, environment, 'extras', etc.) will come under greater scrutiny by all segments of consumers. (The Hartman Group, 2006, p. 3)

Indeed, one of the more recent research studies clearly indicates the quality of the treatment and services as well as the hygiene of staff and cleanliness of the spa facilities are the top concerns of spa-goers (Table 3; The Hartman Group, 2006), although less in Canada than the United States. However, certification and/or training of the per-

sonnel performing treatments evokes somewhat more concern in Canada, although concerns appear to have diminished over time (NFO Plog Research, 2003).

Premier Spas of Ontario as well as its Quebec counterpart, Relais Santé, are the only industry associations in Canada that have recognised the need to provide consumers with a guarantee concerning both the facilities and treatments they will find at a spa, and the professionalism and credentials of the staff. Thus, these two organisations have laid a solid foundation to take advantage of the growth in what can be considered a 'super-trend' and squarely address one of the major consumer concerns: quality assurance and consistency with respect to the facilities, spa products, services and treatments provided. For instance, massage therapy training in Ontario is more extensive than that found elsewhere and this province's therapists are controlled by a government regulated college — both go a long way to reassuring consumers.

For instance, acquiring the Premier Spa accreditation by Spas Ontario Inc. is a comprehensive process involving application, inspection, report submission and acceptance by the Board of Directors. Appendix 1 lays out the stringent criteria for membership which give consumers comfort and reassurance about the professionalism and credentials of the person or persons into whose care they are putting their body, their mind and their soul.

By committing to providing all services and treatments by certified personnel only, and to offering a range of services that include body treatments, hydrotherapy treatments, skin care services, fitness facilities and healthy nutritional choices, members wish to distinguish themselves from all other types of spas in the country. However, in this endeavour they have found that the credentials of some of professionals employed, such as aestheticians, are questionable as the standards imposed by the province are quite lax. For instance, accredited colleges require 1,200 hours of theoretical and practical courses, yet over 60% of programs available are less than 1,000 hours. Even so, at 1,200 hours the requirements are two-thirds of what the international accrediting body requires (Joppe, 2007). Yet the demand for professional staff is so acute, that spa managers prefer to hire under-qualified people and train them to their standards rather than insisting on appropriate qualifications (Joppe & Choi, 2007b).

Table 3
Spa Traveller Concerns with Spa Treatments

	Canada	USA
Quality of treatment/services	35%	47%
Cost of services	36%	41%
Hygiene of staff and cleanliness of spa facilities	41%	39%
Benefits of treatments	29%	27%
Certification/Training of personnel performing treatments	25%	18%

Source: The Hartman Group. (2006). Identifying the spa traveler: A look at US and Canadian consumer attitudes and motivators for spa vacations. Canadian Tourism Commission and International SPA Association. Do you have permission from the publisher to reproduce this table?

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Reaching the Spa Tourist

As profound as the changes in demand have been since 1999, so have the changes in information sources. By far the most common source of information in 2006 was websites: over 80% of people who participated in health and wellness spa activities used them. This compares to less than 37% using the internet in 1999. Perhaps not surprisingly given their profile, the most visited types of websites involved travel (68%), entertainment (55%) and health (53%).

The only other sources of any significance that were more popular in 2006 than in 1999 included recommendations from friends and relatives (63% compared to 55%) and the respondent's own past experience (59% compared to 57%). Even though all other forms of information sources have seen more or less steep declines over the years (e.g., the use of travel agents has dropped from 61% to 51% over the seven-year period), the odds are quite high that spa-goers use them (e.g., spa-goers are twice as likely as non spa-goers to use a travel agent as an information source).

Spa visitors are also very inclined to use the internet to plan travel (89%), and rely heavily on accommodation (67%), airline (57%), travel planning/booking (e.g., Expedia, Travelocity = 54%), and DMO websites (54%). They are also among the heaviest users of travel media, and are particularly avid readers of health and wellness magazines and websites, city lifestyle, fashion and beauty magazines, and watch 'better living' programming (Lang Research Inc., 2007).

Since spa-goers are particularly interested in 'luxury resort vacations that are relaxing and pampering, and that offer novelty, intellectual stimulation and physical challenge' (Lang Research Inc., 2007, p. 1), it is important that any promotion focuses on these benefits. Spa-goers are one of the most likely segments to book their vacation experience over the internet (68%), largely through accommodation websites (77%).

Generally speaking,

spa visitors are extremely active in both outdoor activities and in culture and entertainment activities while on trips. They frequently exercise and jog, and are much more likely than the average Canadian pleasure traveller to participate in strenuous winter activities (e.g., cross-country skiing and snowshoeing, downhill skiing) and summer sports (e.g., golf, tennis). They also frequently attend live art performances (e.g., live theatre, high arts, comedy clubs and festivals) while traveling and exhibit particular interest in fine cruise (e.g., wine, beer & food tastings, inn or resort with gourmet dining). (Lang Research Inc., 2007, p. 1)

Indeed, there are a number of activities where the odds range from close to three to four times as likely that they will participate compared to nonspa-goers. These include: ice climbing, dog sledding, hang-gliding, hot air ballooning, bungee jumping, horseback riding, windsurfing, cross- or back-country skiing, playing squash and tennis, working out, attending jazz concerts, recreational dancing, dining in restaurants with an international reputation, shopping/browsing in gourmet food retail stores and for clothing, shoes and jewellery. They are also three times more likely than nonspa-goers to stay in a resort, whether it is located on a lakeside/riverside, in the mountains/ski or the seaside (Joppe & Choi, 2009).

The Future of Wellness Spas and Tourism

It is clear that this industry will have to place much greater emphasis on learning, by bringing in knowledgeable speakers from both the conventional and complementary or alternative medical fields to educate consumers who want to make informed decisions about their own health. The core spa-goers especially are craving this type of knowledge, and avidly pursue their own understanding. Nutrition is already playing a much greater role as people become more aware of health effects procured by different food items, and use different dietary approaches to combat everything from obesity to medical problems. People's anxiety over genetically modified foods, additives and preservatives will lead them to sustain the growth in organic foods and the popularity of farmers' markets, regional cuisines and traditional foods, all of which are perceived to be more 'natural' and therefore healthier.

As predicted by PricewaterhouseCoopers in 2004, spas are becoming the primary consideration for many travellers. Rather than being an 'amenity' offered at hotels or resorts, spas will be the deciding factor or the primary draw. It is thus not surprising that the CTC started to take a very serious interest in the spa traveller market segment in the mid-2000s and undertook a series of studies in collaboration with industry and government partners, both in Canada and the United States, to determine the supply, demand and competition for this market. Specifically, the CTC realised that health and wellness options could be a creative way of capitalising on emerging consumer interests, revitalise and reposition current products and services, and align tourism and nontraditional partners into productive strategic alliances. Its new product portfolio (Verschuren, 2004) was a clear step in that direction. Although Canada looked towards countries that have well-coordinated strategies for this sector (Association Resource Centre Inc., 2006b) for inspiration in developing its own approach, its remains to be seen to what extent it will be able to compete in this market. As Williams (2009) points out, the divergent priorities of healthcare and wellness professionals from those of tourism operators can make realising these opportunities very challenging.

Endnotes

- 1 World Health Organization. (1946). Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June–22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

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Appendix 1

Premier Spas of Ontario Quality Criteria

Applicants must demonstrate a major commitment to excellence in treatments and service delivery, and pass the 200+ item inspection procedure that encompasses facilities, treatments and certification of personnel. Premier Spas must deliver a full complement of health and wellness/spa experiences that would be considered ‘premier’ by the highest standards, and that validate their service delivery with codes of conduct, operating ethics, and use of quality products for body and skin. Environments of Premier Spas must exemplify the ultimate in serene relaxing with tasteful decor, comforts and amenities, and overall sanitation.

Premier Spas’ menus must include a minimum of three massage treatments, two alternative massage treatments, three body treatments, and four skin care services. All treatments must be provided by registered or certified personnel whose qualifications meet provincial regulations, and who require that clients complete health assessment forms that they discuss

with clients prior to starting treatments. The private treatment rooms must be designated for the sole purpose of providing spa services, with prescribed minimum size.

Code of Ethics

The following is an excerpt from the by-laws by which all members must abide:

1. Ensure that all personnel are aware of their obligation to ask each client if they have any known allergies or sensitivities prior to the commencement of any treatment or service.
2. Agree not to provide any spa treatment or service that would potentially risk or harm a client due to a client's state of health.
3. Agree to protect each client's right to privacy and confidentiality in regards to any records that a Member keeps on the client's behalf.
4. Clearly define and explain all payment policies, costs and/or fee schedules in advance of any services rendered.
5. Have a written Code of Conduct for all spa personnel and employees.
6. Agree to abide by the professionally accepted sanitary standards established by Premier Spas of Ontario, and all other related legislation as regulated by the Ontario Ministry of Health.

