



A STUDY OF THERMAL TOURISM CONSUMERS' PERSPECTIVES TOWARDS THERMAL TOURISM AND EVALUATIONS OF SERVICE QUALITY DIMENSIONS

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Abstract: Thermal tourism, which is closely correlated with medical tourism, can be defined as on-site sources of natural minerals in regions with hot springs, travertines and muddy water, and that are used for hydrotherapy purposes. The advent of this kind of service industry marks the next step after the continuing acceleration of industrialization in the historical process of change starting with the agrarian, handicraft economy. Quality is one of the most significant concepts within the service industry as it helps us understand consumer experience, and provides competitive advantage. The main purpose of this study is to explore consumers' perception to thermal tourism. In this case, the study conducts a survey on consumers utilizing the thermal tourism centers in Kizilcahamam, Haymana and Beypazari, and therefore, aims to explore consumer perspective on quality of thermal services provided around the Ankara region. The survey is administered on 347 thermal consumers, and its results are interpreted using statistical techniques such as frequency analysis, percentage distribution, and factor analysis. The study concludes that consumer interpretation of quality differs by region, and consumers pay attention to quality when making their preferences.

KeyWords: Thermal Tourism, SPA, Wellness, Service Quality

Introduction

Thermal tourism is *a type of tourism that consists of various health treatments (cure) combining the supportive treatment methods such as climate cure, physical therapy, psychotherapy, exercise, rehabilitation, and diet as well as various methods such as thermomineral water bath, mud bath, drinking, inhalation. Another objective of thermal tourism is to use thermal waters for the purposes of entertainment and relaxation* (Özdemir, 2015). Thermal tourism that aims at protecting individual and public health is one of the significant parts of health tourism with the purpose of maintaining the healthy life, treating most of the diseases, eliminating stress and physical fatigue, and providing physical treatment and care (Sandıkçı and Gürpınar, 2008). Thermal tourism that has growth opportunities due to its attractiveness as it has characteristics that represent any touristic activity emerges as a model that includes both health and tourism variables (Coutinho-PiresdosSantos et al., 2016). The concept of SPA that is evaluated within the scope of thermal tourism differs according to the purpose of use around the world and to the countries. The term SPA “Salus Per Aquam” that derived from Latin means “health through water.” Wellness, which is associated with SPA, takes in the activities exercised in order to gain health, strength and sustain a healthy and quality life (Özbek, 2008). According to the International SPA Association (ISPA), SPA is an institution that improves general well being through various professional services promoting renewal of mind, body, and soul (Kulkarni, 2008: 3). Wellness and SPA applications are significant in terms of taking responsibility for taking good care of oneself and improving the quality of life. There are, undoubtedly, differences between SPA and Wellness applications. These differences are as follows (Temizkan, 2015: 147).

- In cure applications, people who have lost their health are served to regain their health whereas Wellness and SPA applications are provided in order to protect and increase the health of people who have already been healthy.
- Regarding the demand, cure treatments are usually preferred by individuals in the third age group with chronic illnesses.
- Cure treatments applied to regain one’s health can last for approximately three weeks.
- It is observed that the healthy and or highly preoccupied individuals participate in Wellness applications to attain and maintain their fitness.
- Cure applications are determined by a physician and approved by an institution, not by the individual himself.
- In the case of Wellness applications, on the other hand, the individual makes the decision, and in the Wellness destinations, the products are provided upon the guests’ requests and expectations.
- The charge of the cure is usually covered by a health insurance.
- Those who participate in the Wellness tourism cover the expenses by themselves. For this reason, Wellness tourists may have higher expectations for satisfaction.

Many 4 and 5 star hotel enterprises, which explored Wellness applications as a tourism product and are well-versed in customer demand included SPA centers. Thus, the mentioned enterprises aim at both being preferable and providing better service to the guests. In this

regard, SPA, as a constituent of Wellness, appears to be the wet areas of thermal and luxury accommodations (Temizkan, 2015: 148).

People have been displaced since ancient times due to health reasons. Water has taken a significant place in human life, and healing water has been utilized for the protection from various diseases and the treatment of some diseases. Therefore, air pollution in big cities, unhealthy environments, increasing alcohol and drug use, accidents or illnesses drive people to thermal facilities to regain their health.

It has widely been accepted that customer expectations should be met and thermal facilities should go beyond customer expectations in order to be able to offer a quality service. As quality is a concept that could be individually defined according to one's need, it is necessary to understand what the concept means due to the increasing importance of the concept of quality in service delivery. Since service quality is a multi-dimensional concept, it is difficult to make a precise definition. Therefore, it is possible to find a great number of definitions of service quality in the literature (Rosander, 1989). Quality of service is a measure of the difference between consumers' expectations and perceptions (Eleren, 2007). Several scientists have evaluated service quality in different dimensions. Grönroos (1984) considered service quality as technical, functional, and creditable quality. Parasuraman, Zeithaml and Berry (1988), developed the "Servqual Model" regarding service quality. In this model, the term 'perceived service quality' replaces service quality. Perceived service quality results from the comparison of customers' expectations before receiving the service (expected service) and the actual service experience (perceived service). Expectations are addressed as consumers' desires and requests regarding the available service before they receive it. Parasuraman et al. (1988) expressed quality as an attitude that is a consequence of a long-running performance evaluation, and they focused on physical facilities, reliability, responsiveness, assurance/efficiency, and empathy in terms of service quality. The "Servperf" model was developed by Cronin and Taylor (1994) as an alternative to the "Servqual" model. Cronin and Taylor criticizing the Servqual model, indicated that Servperf is more effective in quality measurement. The Cronin and Taylor (1992) Servperf model attributes service quality to performance-based measure of service provider and regards the service quality as the premise of customer satisfaction. Chaniotakis and Lymperopoulos (2009) reported in their literature review that there is evidence concerning the relationship between consumer perception, satisfaction, and customer recommendations in the literature.

Leisen (2001) emphasizes the importance of creating a positive image of the unique conditions of the region where the thermal facility is located as well as the facilities and services that are offered within thermal tourism.

Marinau et al. (2009), on the other hand, stated that facilities that can adapt to new trends in thermal tourism, meet the different needs of tourists, and offer affordable, quality, and varied products will be more successful.

The statistics of European Spas Association (ESPA) enable entrepreneurs to have important data in the process of organization and management of thermal facilities. The European Spas Association, which is among the spa organizations, has 1200 spas and health centers in total affiliated with 22 countries and 25 federations. These affiliations offer significant health care

services as well as carrying on important economic activities for the regions. The European Spas Association (ESPA) awards the EuroSpa quality seal, which is an international quality seal. The process is based on a certificate system developed with the help of a scientific committee, specialists from the medical and healthcare sectors along with more than 30 national and international laws and standards. EuropeSPA is high level of standardized European quality. The EuropeSPA certificate makes the comparison possible for the same level of service, safety, hygiene, and infrastructure across Europe within the standards (EuropeSPA websites, 2016). The audits of applicant facilities for the EuropaSPA certificate are carried out by independent auditors, on the basis of transparent comparison and fair competition. The inspection takes about 2 or 3 days depending on the size of the facility and the variety of service. Facilities that can meet 80% of the EuropaSpa audit criteria and all the basic 'knockout criteria' are awarded with this certificate. EuropaSPA offers one of the toughest certificate procedures in cure and Wellness in Europe with three different certificates: EuropeSPA Med, EuropeSPA Wellness, and EuropeSPA Hotel. Thanks to the EuropaSPA certificate, SPA guests, patients, travel agencies, tour operators, and health insurance institutions have an independent and internationally recognized standard, which allows for the first time to assess the quality of cure and Wellness facilities. The procedures of EuropeSPA certificates are as follows (EuropeSPA websites, 2016);

- **EuropeSPA HOTEL SPA:** Europe SPA Hotel is a quality certificate for SPA hotel. The certificate confirms the security, infrastructure, hygiene, and high quality service at the SPA department that requires high level of care. The criterion list grounds on more than 500 criteria. It expresses the safe health infrastructure and health-oriented service quality for the consumers, travel agencies, tour operators, and health insurance companies and ensures the development and management of the SPA center in accordance with international standards. Besides, it also grants privileges with the promotion and marketing of the SPA center.
- **EuropeSPA MED:** It is a quality certificate for SPA, cure, medical Wellness centers, and hotels. It applies to health hotels, clinics, thermal and SPA centers. The criterion list is based on more than 1000 criteria. It allows consumers, travel agencies, tour operators, and health insurance institutions to conduct a robust quality assessment. It also guarantees that consumers receive international, high quality service in cure and medical Wellness.
- **EuropeSPA WELLNESS:** This is the quality certificate for health facilities and hotels. First of all, it applies to hotels that have a holistic wellness philosophy. It confirms the security, healthcare infrastructure, and health-oriented service quality. The criterion list is based on more than 1300 criteria. It enables consumers, travel agencies, tour operators, and health insurance agencies to conduct a robust quality assessment and helps consumers feel safe in their accommodation and booking processes.

When looking at the sector on the basis of numbers; Germany is considered as a highly developed country in terms of health tourism industry in Europe. According to data from 1993 in Germany, there are 600,000 beds available in total within 258 SPAs. In 2014 in Germany, the number of the officially certified Spa has risen to 265, and hence the bed capacity to

750,000 (T.C. Ministry of Culture and Tourism website, 2016). Germany in terms of thermal tourism is seen to be quite behind Turkey regarding both the current value of water and sulfur, radon, and salts. In terms of health tourism, the chemical properties of a SPA is not merely sufficient to make the present facility a tourist attraction. Therefore, many factors such as accommodation, the quality of the facilities, carrying out the cures under the supervision of a doctor, the integration of thermal tourism with other tourism activities should be evaluated and managed altogether in this regard (Ayik, 2016).

In our country, there are about 190 SPA facilities in 46 cities. It is seen that the number of the bed of 12 facilities that received tourism investment certificate for the purpose of thermal tourism (deemed appropriate by the Ministry of Health) cure center from the Ministry of Culture and Tourism has reached 2,347. Besides, the number of beds of 30 facilities with tourism operation certificate is 8,567. Approximately 156 facilities with a bed capacity of 16,000 have been certified by the local authorities (Ministry of Health, 2012: 122).

It is observed that there are public lands awaiting attention from the investors in planned territories of 5 'Thermal Cultural and Tourism Conservation and Development Zone' and 73 'Thermal Tourism Center' arranged pursuant to 'Tourism Promotion Law No. 2634' which is still in force today (T.C. Ministry of Culture and Tourism website, 2016). According to the Health Tourism Report prepared by Turkey Travel Agencies Association (TURSAB) in 2014; it is envisaged to serve 1,5 million foreigners 600,00 of which are for treatment purposes and generate 3 billion dollars of income in thermal tourism. However, the same report stated that Turkey had difficulties with the available bed capacity and emphasized the importance of investing in reaching the 100 thousand bed capacity in thermal tourism in the medium term.

Research Problem

Unfortunately, it is a fact that our country that has internationally significant and rich hot spring and undisturbed natural areas has not yet benefited widely and effectively from these natural sources via both geothermal energy and tourism (foreign travel in particular) in terms of protection of the community. Although we do have adequate thermal resources, the lack of quality standards for thermal tourism facilities is a big problem. Therefore, it is necessary to concentrate on the adoption and development of quality concept in thermal tourism facilities as service businesses for a good consumer perception.

The purpose of the study

The main purpose of the study is to reveal the perspectives of the consumers who benefit from thermal tourism and the perceptions of quality regarding the services offered. Studies in the related literature show that service quality is influential on consumers' perception of thermal facilities. In this respect, the present study has tested the hypothesis "H1: The degree of significance of service quality dimensions varies according to regions."

Universe and Sample

The universe of the study is the consumers who benefit from thermal tourism facilities in Kızılcahamam, Haymana and Beypazarı districts based on Ankara province. With the assumption that 50% of the population is thermal tourism consumers, and 95% reliability, the lower limit of sample size is determined to be 266 people. Before the questionnaire was

conducted, a pre-test with a consumer group of 30 people was performed, and the questions in the survey were adjusted in order to increase the data quality. 400 question forms were printed in order to reduce the standard error taking the number of sub-samples into consideration, and 347 questionnaires were included in the analysis.

Instruments

In the study, SERVPERF scale was used to measure service quality variables as a developed version of Cronin and Taylor's (1994). This scale takes into account user's experience the only after receiving the service and the evaluation of service performance. The interview was carried out face-to-face with the participants of questionnaire.

Data analysis

The quantitative data obtained were analyzed with SPSS package program, and the significance level of the analyzes is 0,05. Kolmogorov-Smirnov test indicated no normal distribution of the scale ($p < 0.05$), and non-parametric tests were applied. In the present study, frequency analysis, explanatory factor analysis, and reliability analysis were used for the interpretation of data. The hypothesis developed within the scope of the research was tested, and the Kruskal Wallis test was used to compare more than two independent groups. Weighted arithmetic mean was calculated to identify the reasons to prefer thermal facilities and determine the degree of their importance, which is addressed in the second part of the study.

Findings

Data collected through surveys were edited and evaluated within the statistical methods, and the findings obtained were interpreted.

First of all, when the characteristics of the demographic data of 347 people who answered the questionnaire are examined in order to evaluate the findings obtained through this research, it is seen that 60.5% of the participants are women while 39.5% is men. 11.8% of participants are under the age of 25, 23.9% between 26 and 35, 19% between 36 and 45, 18.7% between 46 and 55, 18.4% between 56 and 65, and 8,1% is 66 years and older. A large proportion of participants of the survey is at the age range of 26-35 and 36-45. As for the education levels, it is seen that 29.4% of the participants are primary school graduates, 32.6% is high school graduates, 32.3% holds undergraduate and associate's degree, and 5.7% has postgraduate level. 3,5% of the survey participants stated that they earn "less than 1300 TL", 36% of them said "between 1301-2000 TL", 26.8% of them were between "2001-3000 TL", 12.1% of them were "3001-4000 TL ", 4,9% between" 4001-5000 TL "and 16,7% receives 5001 TL and above average monthly income. 72% of the participants are married while 28% is single. 33.7% of the participants stated that they do not have kids whereas 59.9% has 1 to 3 kids and 6.3% has 4 and more kids. The majority of the participants, 32%, is housewives, 12,4% is retired, and 16,7% is civil servants and self-employed people.

The frequency and percentages of the responses indicating the level of importance that the participants have placed on expressions of service quality are presented in Table 4.1.

Table 4.1. Frequency distribution of participants' responses to the statements

		STATEMENTS	Not important at all		Not important		Undecided		Important		Very important		Average	Standard deviation
			F	%	F	%	F	%	F	%	F	%		
Physical facilities	11	Amenities of transportation to thermal facilities provided for the customers (a car pick-up)	5	1.4	40	11.5	28	8.1	193	55.6	81	23.3	3.87	0.94
Reliability	15	Adequate laundry and dry cleaning service	5	1.4	35	10.1	11	3.2	217	62.5	79	22.8	3.95	0.89
Responsiveness	26	Food options in the menus- diet, vegetarian, etc.	17	4.9	73	21.0	23	6.6	150	43.2	84	24.2	3.60	1.20
Assurance/efficiency	27	Quality and efficiency level of food and beverages	0	0	0	0	0	0	89	25.6	258	74.4	4.74	0.43
	29	Taking customers' nationality, locality, etc. into consideration in the menus	9	2.6	67	19.3	62	17.9	155	44.7	54	15.6	3.51	1.05
	30	Being attentive to rules of hygiene and sanitation in food and beverage services	0	0	0	0	2	,6	62	17.9	283	81.6	4.80	0.40
	32	Having the pool, sauna, clinic, etc. in the facility complied with the rules of hygiene and sanitation	0	0	0	0	0	0	75	21.6	272	78.4	4.78	0.41

Analyzing Table 4.1, it is seen that consumers pay attention to dimensions regarding service quality according to the average of variables. Under Assurance/Efficiency category, the statements "Being attentive to rules of hygiene and sanitation in food and beverage services" (4.80), "Having the pool, sauna, clinic, etc. in the facility complied with the rules of hygiene and sanitation" (4.78), and "Quality and efficiency level of food and beverages" (4.74) have the highest average. Under the dimension of physical facilities; the statements of "Amenities of transportation to thermal facilities provided for the customers (a car pick-up) (3,87)," under reliability; "Adequate laundry and dry cleaning service" (3,95), under responsiveness; "Food options in the menus- diet, vegetarian, etc." (3,60), and under assurance; "Taking customers' nationality, locality, etc. into consideration in the menus" (3,51) are the lowest average.

Before testing the hypothesis, one-dimensional test was performed first for each sub-dimension in order to obtain average scores regarding the sub-dimensions of the service quality scale used. For this purpose, below is the factor analysis:

Table 4.2. Results of factor analysis

	Sub-dimensions	Number of item	Reliability (Cronbach's alpha or correlation coefficients)	Open Variance
Physical facilities	Physical amenities of the facility	5	0.76	28.683
	Amenities of the facility for health service	2	r = 0,465	16.406
	Entertainment facilities	2	r = 0,457	16.375
Reliability	Suitability to business processes	3	0.65	35.977
	Cleanness	2	r = 0,273	25.938
Responsiveness	Providing timely, fast, attentive service	5	0.80	38.858
	Sincerity, Friendliness	2	r = 0,265	19.190
Assurance/Efficiency	Adequacy of quality and hygiene	3	0.535	31.209
	Consistency in service and satisfaction	2	r = 0,525	30.628
Empathy	Empathy	5	0.82	58.151

In order to determine whether the 11 items evaluated within the dimension of physical facilities were structured around one dimension, the statements were subjected to factor analysis, but it was seen that the statements were distributed within the 3 sub-dimensions as "physical amenities of the facility, amenities of the facility for health services, and entertainment facilities" rather than a single dimension. In order to determine whether the 7 dimensions evaluated within the reliability dimension were structured around one dimension, the statements were subjected to factor analysis, but it was observed that the statements were structured around two sub-dimensions as "suitability to business processes and cleanliness" rather than a single dimension. In order to determine whether the 8 dimensions evaluated within the responsiveness dimension were structured around one dimension, the statements were subjected to factor analysis, but it was observed that the statements were structured around two sub-dimensions as "suitability to business processes and cleanliness" rather than a single dimension. In order to determine whether the 6 dimensions evaluated within the "assurance/efficiency" dimension were structured around one dimension, the statements were subjected to factor analysis, but it was observed that the statements were structured around two sub-dimensions rather than a single dimension. These are "adequacy of quality and hygiene" and "consistency in service and satisfaction." It is observed that 6 statements of empathy dimension is one-dimensional. Reliability of each sub-dimensions was evaluated separately. As it is noted that it might be objectionable to take Cronbach Alpha value into account for the dimensions with only 2 statements while having a reliability test (Stainfort, Booske, 2000; Verhoef, 2003), the correlation values between the two expressions was also examined.

The hypothesis test that was carried out in order to determine whether the service quality dimensions differ according to regions or not and the related results are included. For this purpose, the average scores of the sub-dimensions obtained from the factor analysis carried

out in the previous stage were calculated and the "Kolmogorov-Smirnov test" was performed to see whether these values follow normal distribution. The results are presented in Table 4.3.

Table 4.3. Normality test - Kolmogorov-Smirnov

Subdimensions	Kolmogorov-Smirnov ^a		
	Statistics	N	Sig.
Physical amenities of the facility	,180	347	,000
Entertainment facilities	,314	347	,000
Amenities of the facility for health services	,276	347	,000
Suitability to business processes	,320	347	,000
Cleanness	,278	347	,000
Providing timely, fast, attentive service	,269	347	,000
Sincerity, friendliness	,325	347	,000
Consistency in service and satisfaction	,382	347	,000
Adequacy of quality and hygiene	,341	347	,000
Empathy	,240	347	,000

Looking at the chart, it is seen that the significance level of the test is less than 0.005, and accordingly, the data do not have normal distribution. For this reason, non-parametric testing was used for the next hypothesis.

Comparing Participants' Assessment of Importance of Service Quality According to the Regions of the Facilities

The "Kruskal-Wallis" test was conducted to determine whether the importance of service quality dimensions differs according to the region of the facilities.

Table 4.4. Dimensions of service quality-Relationship according to regions: Kruskal Wallis test

		Regions	N	Average net	Degree of Freedom (df)	Square	Sign.
Physical facilities	Entertainment facilities	Kızılcahamam	125	163.96	2	15.690	,000*
		Haymana	127	198.59			
		Beypazarı	95	154.34			
	Amenities of the facility for health services	Kızılcahamam	125	168.19	2	4.542	,103
		Haymana	127	166.71			
		Beypazarı	95	191.38			
Physical amenities of the facility	Kızılcahamam	125	172.97	2	67.773	,000*	
	Haymana	127	221.41				
	Beypazarı	95	111.97				
Reliability	Suitability to business processes	Kızılcahamam	125	169.63	2	48.572	,000*
		Haymana	127	212.85			
		Beypazarı	95	127.82			
	Cleanness	Kızılcahamam	125	171.82	2	4.615	,100
		Haymana	127	186.90			
Beypazarı	95	159.63					
Responsiveness	Providing timely, fast, attentive service	Kızılcahamam	125	159.76	2	54.803	,000*
		Haymana	127	221.04			
		Beypazarı	95	129.85			
	Sincerity, friendliness	Kızılcahamam	125	177.04	2	,919	,632
		Haymana	127	167.86			
Beypazarı	95	178.21					
Assurance/ Efficiency	Consistency in service and satisfaction	Kızılcahamam	125	157.11	2	58.959	,000*
		Haymana	127	219.54			
		Beypazarı	95	135.34			
	Adequacy of quality and medical knowledge	Kızılcahamam	125	182.24	2	16.642	,000*
		Haymana	127	149.28			
Beypazarı	95	196.21					

Empathy	Empathy	Kızılcahamam	125	149.83	2	55.392	,000*
		Haymana	127	223.85			
		Beypazarı	95	139.16			

*p<0,05

According to Kruskal Wallis test, there is significant differences among the regions ($p < 0,05$). As a result of the analysis based on Kızılcahamam, Haymana and Beypazarı districts; it is determined that participants of this research who utilized thermal facilities in the Haymana attach more importance to sub-dimensions of "entertainment facilities," "physical amenities of the facility," "suitability of business processes," providing timely, fast, and attentive service," "consistency in service and satisfaction," and "empathy" than participants from other regions. The reason for this could be that thermal facilities located in Haymana district need more investment in regard to quality aspects. This result is also an input for the managers of the thermal tourist facilities in Haymana district. It can be interpreted that dimensions of service quality in accordance with the growth rate of Haymana district are more important. On the other hand, the sub-dimension "Adequacy of quality and hygiene" is more important to the consumers in Beypazarı. Consumers give so much importance to bed capacity, temperature of the water, and adequacy of health facilities of thermal facilities in the regions,.

Determining the Participants' Reasons to Prefer Thermal Facilities

In the present research, the consumers' reasons to prefer thermal facilities have also been investigated. For this purpose, it is asked to rate the pre-determined possible reasons for the preferences according to the degree of importance. Regarding the order of importance, the calculations are done through the weighted average, and the results are presented in Table 4.5.

Table 4.1 Distribution of the reasons of thermal facility preferences according to the degree of importance

	Degree of importance			Weight		Order of importance
	1	2	3	Total	%	
Due to healing quality of available thermal sources	170	77	15	679	40.7	1
Advice from acquaintances	105	68	29	480	28.7	2
Medical advice	19	35	20	147	8.8	3
Other	33	15	7	136	8.1	4
Budget-friendly facility	3	25	44	103	6.1	5
Experienced staff with adequate medical knowledge	7	16	23	76	4.5	6
Advice of travel agency	10	6	4	46	2.7	7
Total	347	242	142	1667	100	

*Weighted sum is calculated as "1st degree frequency x 3+ 2nd degree frequency x 2+ 3rd degree frequency x 1".

According to the results, it is established that the most important reason why consumers prefer thermal facilities is the healing feature of the thermal sources. Advice from acquaintances and medical advice are in the second and third place respectively. The suitability of the facility budget and adequate and experienced human resources remain in the background. That taking travel agents' advice into account in the choice of thermal facility comes last might support the idea that the priority in thermal tourism, unlike other tourism activities, is healing.

Conclusions and Recommendations

The most important factor in demand of thermal tourism services is that thermal waters are an important part of human health. There have been differences in the understanding of health in the ever-growing societies. Differences and changes in health subject are directly reflected in health tourism. Health tourism applications differ in terms of the status of tourism industry and health tourism policies that have been carried out, and they also vary in terms of service contents and target groups. In this regard, as it is a specific area, thermal tourism facilities should be able to present their differences from both competitors and other businesses within the scope of service quality. Thermal tourism enterprises should conduct constant market research in order to provide consumer satisfaction and loyalty, to determine changes in consumer needs and attitudes, and to develop appropriate consumer relations. Our country has a rich potential in terms of thermal tourism. Therefore, quality standards for thermal facilities are required. Following the analysis of the study, suggestions for recognition of thermal tourism can be listed as follows;

- The primary causes leading to the failure of the Haymana, Kızılcahamam and Beyazarı districts to receive the share they deserve are inadequate legislation on thermal tourism facilities and lack of expert health and human resources in the field. Besides, the difficulties encountered in transportation to these facilities, inadequate infrastructure, undesired location, and inadequacy of the architectural structure are other negativities. International quality standards should be taken into consideration in order to minimize the negative effects experienced in this process.
- Regarding the thermal tourism, the Ministry of Culture and Tourism, Ministry of Health, Ministry of Family and Social Policy, Ministry of Economy and Ministry of Transport should work integrately.
- It is necessary for the Ministry of Health in particular put it into process by taking the physical and medical infrastructure quality standards into consideration. Accordingly, the Ministry of Health needs to make periodic audits to determine the failing points and to make necessary updates in the related regulations.
- Quality standards for service, safety, hygiene and infrastructure should be established in thermal facilities as in the European Spas Association.
- Sustainable business plan and financial marketing activities should be implemented.

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