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IMPORTANCE PERFORMANCE ANALYSIS FOR MEASUREMENT OF HEALTH TOURISM SERVICES QUALITY

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ABSTRACT
Importance performance analysis for measurement of health tourism services quality
Increasing competition in tourism and hospitality sector and new types of tourism services, are forcing service providers to focus on customers, their preferences and satisfaction. Health tourism services belong to the group of people-processing services, with the highest level of perceived risks among customers. One of the well known models for tourism service quality measurement is Importance-Performance Analysis (IPA). The model includes service performances evaluation from customer point of views, but also evaluation of importance of specific attributes and quality dimensions. The main objective of this research is to evaluate the customer perception of health tourism service quality and their evaluation of importance of different attributes and dimensions of perceived service quality of health centre. Results of research show that most of service quality dimensions items are identified in Low Priority quadrant and Keep up the Good Work quadrant. Based on the research results health tourism institution in most cases provides high performance services in attributes and quality dimensions which customers' perceived as the most important.

KEYWORDS
service quality, tourism, health tourism services, Importance-performance analysis

1. Introduction

Tourism and economy development, changes in social environment and circumstances, such as increasing of the level of population, changed and improved lifestyles, cause development of new types of tourism; medical tourism, health tourism, wellness and spa tourism, among others. In the context of our analysis it is important to stress that health and wellness tourism has developed rapidly in European countries, from a niche market to segments having significant market share, sustained by a constant increase in both internal and foreign tourists and target segments growing and aging; here we mention on adults with disposable income who are aging and ask for more medical and health services.

New types of organizations, mergers among service providers, private and public cooperation had developed in order to support development of new types of tourism services as the answer on increasing tourism demand. Those market changes and business reconfiguration resulted with high growth of competition between tourism services providers, but also among providers and customers. Similar trends spread on intermediaries, travel and tour operators. They are facing whit the problem of mutual competition, but also with additional challenges caused by technology development and customers' autonomy in the process of tourism services buying. Thus, differentiation and competitive advantages became a prerequisite for companies' sustainability and development.

These trends have influenced on the relations and competition among tourism destinations; so their strategies have been focusing on tourists attracting and serving. Tourist destinations or more precisely, destination management organizations have been developing the infrastructure, new tourist attractions and intensive communication with target segments of international and domestic tourists. Consequently similarly, as the tourism service providers, tourist destinations have to work on developing a brand destination and improving brand image.

In the case of new types of tourism, such as health or medical tourism, challenges are even bigger. For these types of services service providers firstly have to develop primary demand, and convinced customers that unknown or new services will offer (create) benefits for them. Only after that tourism companies have to struggle for acquiring new customers, increasing market share and achieving organizations' success.

2. Medical or health tourism

New trends in tourism development resulted in an increasing of health tourism popularity in the world (Reisman, 2010). Authors have been using different terms for explaining connection between travelling and health related activities – health tourism, medical tourism, and wellness tourism. In many cases those terms are using interchangeably, but some authors connect them with different tourist segments (Sobo, 2009; Hume and DeMicco, 2007), attraction and provided services. Some of them as Kušen (2011), suggests that medical and health services are different. Arguing for that attitude he claims that medical tourism services are not related with leisure motives and that they need specific medical facilities – hospitals, clinics, health professionals and equipment. On the other side health tourism services are in most cases based on leisure-related motives of rest or relaxation. Authors explain that in the context of health tourism people want to maintain their health, but also holistic balance of their bodies, mind and soul during their traveling (Lin, 2013; Mueller & Kaufmann, 2001). Both groups medical and health tourism need specific assumptions often related to natural sources of mineral water, specific forms of accommodation facilities, but medical supervision and capacities for health programs implementing, also.

At the same line are Erfurt-Cooper and Cooper's interpretation (2009); they made graduation of spa, medical and wellness tourism, but all of them inside the health tourism. They use continuum of health services with medical and wellness tourism services at the opposite sides and spa tourism in between, depending on the types of treatments and additional services. Another two authors, Smith and Puczko (2009) use the term health tourism as the concept which includes medical and wellness services.

On the other side Cohen (2010) uses a term "medical travel" for explaining and integrating previously mentioned types of tourism – medical, health, spa and wellness tourism, explaining this with the strong relations among medical treatments, and programs of health prevention and improvements. Similarly, but more related to the tourism, Bookman and Bookman (2007) introduced a category of "medical tourism". They are deriving their explanation from increasing infiltration of medicine (or traditional forms of medicine) in spa and wellness services. When it comes to spa and wellness services they transform from a luxurious amenity and base of differentiation offered at exclusive and high quality hotels and destinations to a common part of tourist offer (Barter, 2000), similarly as transformation from attractive factors (delighters), to one-dimensional factors (differentiators) and ultimately to the basic ones ("must have" factors) (Kano, 1984)

Obviously that health and wellness services became topic of many research in tourism (Chen, 2008; 2009; McCabe and Johnson, 2013; Stace et al., 2007). Tourist companies and destinations have been using results of these studies for making decision about marketing strategies for attracting new customers and retaining current ones (Chen, 2008; 2009; McCabe & Johnson, 2013; Stace et al., 2007).

3. Tourism offer

Tourism services together with financial services accounted for the largest part of growing service industry. On the other side service industry participate in creation of GDP and employment more than industry and agriculture together. Several factors had an impact on these changes of economy structure in developed and developing economies; starting from raising living standards among potential customers and users to the factors influencing service supply in different areas. Namely, since many production capacities moved to the underdeveloped and developing countries and technology development increased the level of production processes automation while, on the other side, services in most cases cannot be "moved" from customers or users or replace with equipment, number of service people and share of GDP created in service economy will increase significantly. Consequently, the service sector replaces the industrial sector as the leading sector of the economy creating new value, but also as employer of the highest number of individuals (Cheng, 2013; Maroto-Sanches, 2010; World Bank, 2000).

Since tourism services are combination of products and services some authors has been trying to explain them as a package of tangible and intangible elements participating in tourism experience at tourist destination (Gilbert, 1990), but also in the process of planning a visit and traveling to destination. Tangible or intangible elements of tourism appear in different stages: prepurchase phases – expectation about visit and visit's planning, make reservation, traveling and after the service using, evaluation. When it comes to tourist destination customers evaluate tourist attractions and supporting services (accommodation, food and drink and transportation) (Cooper et al., 2005). The result will be separate evaluation of different elements of tourism supply but also overall evaluation of destination and consequently visitor's satisfaction as well as readiness for repeating visit.

Taking into consideration multidimensionality of tourism services and nature of process of tourism services providing, together with new trends in tourism development and causality among tourists' perception of quality, their satisfaction and loyalty, management of tourism organization has to research of potential and current customers/tourists.

If the organization understand customers' requirements it will be easier to satisfy them; even more knowing of customers' satisfaction level except their requirements will also help in finding out the best direction for organizations' future development (Hayes 2008). These researches should be focused on customer preferences and reaction on the service process and service outcome. The evaluation should be relative, more than absolute, and it should be analyzed in the context of customers' previous expectations.

In contemporary market competition customers' perception of service quality, their previous expectations in the context of quality evaluation and satisfaction are essential concepts in service marketing and also in marketing of tourism services, including different categories of health and medical tourism. Consequently for the health tourism organizations are extremely important to satisfy customers/tourists' expectations or even exceed them, since experience in both cases creates additional value for tourists and consequently positively influence on organizations' business results in a form of market and financial performances. Moreover, if the service is associated with added value and quality, in customer mind, it will be seen as a positive outcomes; it will further lead to the company's profitability, positive reputation among customers and employees' satisfaction. Everything mentioned above are reasons why potential benefits of increasing service quality and achieving high level of customer satisfaction have been studied extensively more than century (Parasuraman et al., 1996).

4. Service quality

Studies about relations between service quality and company's profitability have started with the Profit impact of marketing strategy (PIMS) (Buzell and Gale, 1987). Many other studies have followed confirming correlation among the product and service quality and companies' performances. Among them studies about importance of service quality for tourism and hotel business are confirmed in many cases (Manaf, et al., 2015; Garrouck, K., 2015; Huei, et al., 2015; Crooks, et al., 2010; Cohen, 2010). Consensus about quality definition does not exist despite intensive analysis and research in this area. In the case of product quality some standards and objective measures might be used, but for service quality customers and companies are facing with problems related to subjective nature of the evaluation process. As a consequence, at the very beginning authors had defined service quality as customer service audits (Takeuchi and Quelch, 1983), then as the concept of perceived service quality (Parasuraman et al. 1985) or as the extent to which a firm successfully serves the purpose of services (Zeithaml et al., 1990). Eventually some authors came back to the customers points of view, defining service quality as overall service assessment of experiences and interaction with companies (Eshgi et al., 2008).

Theory of disconfirmation is often a base for definition of perceived service quality. According to the theory perceived service quality can be defined as the level of customer's needs and expectations satisfying (Asubonteng et al., 1996). At the same contexts Parasuraman et al. (1985) define perceived service quality as "The discrepancy between consumers' perceptions of services offered by a particular firm and their expectations about firms offering such services." In the case that customer expectations are higher than performances customer perceive then quality is less than acceptable and result will be customer dissatisfaction. Ghobadian et al. (1994) explained perceived service quality more precisely as a category influenced by customers' expectations, service delivery process and the result of the process. Similarly, Edvardsson (2005) suggests that service quality perception is the result of customers experience during service providing and service using.

Employees as an integral part of tourism services have a critical role in a service quality evaluation and customer perception of quality (Yoo and Park, 2007). Being in direct contact with service customers employees of service companies directly influence on quality of the service process and a result of the process. Moreover they are an "address" to which customer send complains or critics, as well as suggestions or information about positive experiences.
Obviously service quality evaluation and measurement may be based on two theoretical approaches – attitude-based measures and disconfirmation models. In the first case service quality measurement is based on the authors' understanding of service quality as overall service assessment from the customer point of view (Eshgi et al., 2008; Takeuchi and Quelch, 1983). In the second one service quality has been defining as the difference among service performance and previous expectations about the service.

Other perspectives can be found in theory. Reeves and Bednar (1994) identify for dimensions of quality: excellence (mark of uncompromising standards and high achievement), value, conformance to specifications (based on reducing errors, defects or mistakes to improve quality) and meeting and/or exceeding expectations (obviously very similar to dimensions). On the other side Kroon (1995) suggests only two dimensions – market perception (market evaluation or ranking related to competitors) and strategic quality (combination of price and quality the company wants to provide to the market).

Finally, there is an attitude that instead of service quality the focus should be on mutual relations between service providers and customers/tourist. Namely, Gummesson and Gronroos (1988, 1991) have suggested the term "relation quality". In the context of hotel business and tourism services generally it would be very convenient idea, especially because of multidimensionality of hotel and tourism service offer.

5. Models for service quality measurement

Service quality evaluation is more complex than product quality measurement primarily because of their previously explained characteristics, starting from customers' participation in the service process, heterogeneity and intangibility, as well as others (Frochot and Hughes, 2000).

Previously presented concepts of service quality were used as the bases for different models of service quality measurement developing, but still scholars and practitioners do not agree about their reliability, possibility for application and importance. The most known and used model is model created by Parasuraman et al. (1988), previously thanks to the assumption of being able to measure perceived service quality in different service industries (Parasuraman et al., 1988, 1991, 1994; Brown and Swartz 1989; Gilbert and Wong, 2002). Therefore mane researchers have been using quality dimensions originated in model for their studies that makes the most influential in academic and business communities (Buttle, 1996). The truth is that despite many criticisms model is still the most popular among academics and empirical researchers (Caruana et al., 2000).

As the consequence of critics Cronin and Taylor (1994) defined alternative model SERVPERF. They assume that customers consider and already compare mentally his/her perception and his/her expectations when they suppose to answer on the question about quality performance. That means, they claim that the estimation of perceptions might already include a perception minus expectation mental process, so the performance evaluation in the SERVPERF model will be the measure that best explain total quality (Cronin and Taylor, 1994; Yuksel and Rimmington (1998).

Both concept are criticized because of the fact that information about importance of specific attributes and dimensions are not integrated in the calculation of the quality score. Namely, many authors consider importance as relevant for the measuring of perceived service quality Carman 1990); (Koelemeijer 1991); (Fick and Ritchie 1991) and (McDougall and Levesque 1992).

Many other models in hospitality, tourism and hotel industries are developed mostly on the concept of disconfirmation; they are designed and adjusted to specific characteristics of the industry, such as HOLSERV, DINSERV, LODGSERV and others. Finally IPA model is one of the most used models in tourism services and health tourism services as a tool for measurement of client satisfaction with a specific service or product. It is also known as quadrant analysis or gap analysis.

6. Importance – Performance Analysis – IPA model

The model includes service performances evaluated by customers, but also evaluation of importance of specific attributes. The key objective of the model is identification of attributes of services which are underperformed or overperformed.

The result is that group of authors have concluded that IPA model is superior analytical instrument in comparison with others. Namely, contrary to previously mentioned models where importance did not included in the process of evaluation IPA model evaluate attributes performances and importance, and even more it isn't restricted to five service quality dimensions (Evans and Chon, 1989; Chu and Choi, 2000; Deng, 2007). The model is also very simple and easy for applying so it has been used frequently to a wide range of fields: health services (Abalo et al., 2006; Yavas and Shemwell, 2001; Dolinski and Caputo, 1991), service quality (Ennew et al., 1993; Matzler et al., 2003), higher education (Bacon, 2003; Silva and Fernandes, 2011), banking services (Ennew, Reed, and Binks 1993), travel services (Lam and Zhang, 1999), and tourist destinations (Hudson and Shephard 1998), hospitality and tourism (Oh et al., 2004; Hollenhorst et al., 1992; Hudson et al., 2004; Picón et al., 2001; Uysal et al., 1991; Zhang and Chow, 2004). It is important to stress here that Dolinsky (1991) in research of health care services extended importance-performance analysis to include competitors' performance, concluding that inappropriate strategies may result if a competitive dimension is not included in the analysis.

Applying of IPA model is essentially a procedure for measurement of the relative *importance* of various attributes, and the *performance* of the firm, product or destination under study in providing these attributes. Based on comparison of these two criteria that customers use in buying process organizations can identify business and areas where they have to make some improvements, or those where they overinvested, i.e. attributes which are not so important for customers. The result of evaluation has been presented in two-dimensional matrix where for different areas are presented: a) attributes which are important to customers, but not perform well – "concentrate here" area where organization should focus its efforts in order to improve current performances; b) attributes important to customers and perform well by organization – "keep up the good work" area where organization has to continue and keep positive results; c) attributes having low importance to customers and low organization's performances – this is "low priority" group of attributes and finally d) attributes which companies perform with high quality, but the one which is not important to customers – "possible overkill" field, it is important here to de-invest money or resources since those investment never will pay-off.
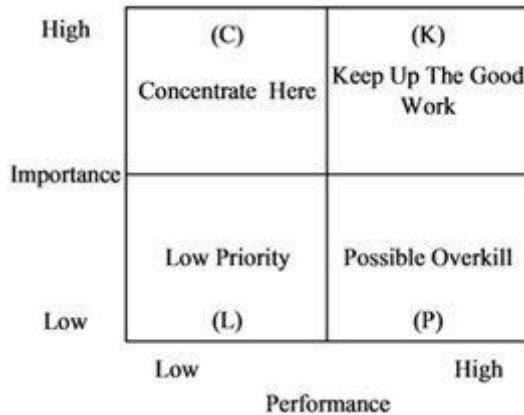
Figure 1. Importance – Performance Matrix
Source: Martilla, A. J. and James, C. J. (1977). Importance-Performance Analysis,
Journal of Marketing 47(1) 77-99.

More additionally model helps to identification of areas for service quality improvements. Namely, the technique identifies the strengths and weaknesses of brands, products and services by comparing the two criteria that consumers use in making a choice: the relative importance of attributes and the consumers' evaluation of the offer in terms of those attributes.

There are several alternative of model application, depending on the position of grid lines which separate high important attributes from low important ones and also high performance from low performance attributes. Some authors who suggest that the positioning of the grid lines is a matter of judgment (Martilla and James, 1977) while others advocate for positioning the cross-point depending on performance and importance average resulted from the research. Martilla and James (1977) state that value of the approach is in identifying relative, rather than absolute, levels of importance and performance, but the position of gridline is important because of its impact on size and relations among fields (areas) that organization should concentrate its effort. That means that some attributes can be placed in different fields, depending on the gridline position – in "concentrate here" or "keep up the good working" if we evaluate organization's performances. The situation is even worse when the gridline on the dimension of importance is moving. In this case, depending on the position of gridline it is possible that low important attributes, from customer point of view, appear in the group of "concentrate here" attributes. Clearly for the organization it is vesting of resources.

Taking into consideration a context of customer attitudes regarding certain attributes Slack (1991) suggest that IPA model that considered a relationship between importance and performance and theorized that target levels of

performance for particular product attributes should be proportional to the importance of those attributes. In other words, importance is viewed as a reflection of the relative value given to the various quality attributes by consumers.

7. Problems with IPA measurements

Despite advantages of the IPA model and evaluation of the model as very successful diagnostic model, together with , there are some problems with the model implementation. Bacon (2003) emphasizes the fact that customers often rating attributes uniformly high in the case when they assess direct importance of the attributes. In the sense of relative (competitive) importance direct measurement is not good option. Even more, authors argue about possible customers' lack of expertise regarding service assessed (Sambonmatsu et al., 2003).

Alternative, development of indirect measures of importance suppose to overpass that problem. Authors use several approaches for indirect evaluation of attribute importance such as standardized regression coefficients and multivariate regression of the attributes performance. This is intrinsically a measure of relative importance in that each regression coefficient depends on data for all the attributes. Authors suggest that it is a more realistic conception of the way how individuals react as well as psychology of choice (Edwards, 1954; Tversky and Kahneman, 1981).

8. Methodology

Customer (guests) perception about health tourism hotels performances and service quality evaluation, as well as research about importance of specific elements of service quality has not been widely researched, as far as we know. So, we decided to provide the research in health (spa) tourism organization in order to study customer evaluation of different attributes and elements of service quality and their attitudes regarding importance of those attributes.

8.1. Data collection

Data for the empirical part of this study were collected through a quantitative survey with guests of the medical institution offering medical and health services and also different types of spa services situated in Bosnia and Herzegovina. The decision about the organization which will be an object of study have made because of long tradition of offering different types of services, strong marketing orientation and focusing on customer that

organization concentrate on in last decades, and because of increasing competition in health tourism services. Questionnaires were printed and brought directly to the institution, over the period of two month (November-December) in year 2015. During this period, a total of 84 filled in and valid questionnaires were collected for the analysis. This enables a preliminary exploratory analysis of the collected data.

8.2. Measures

Constructs used in this study were operationalized by using already developed, tested and validated measurements scales. Respondents were asked to rank the importance of each service quality item, so the importance-performance analysis (IPA) could be performed (Enright & Newton, 2004).

Service quality was measured by adapting the instrument (Parasuraman, Zeithaml, & Berry, 1988), actually by SERVPERF instrument for service quality measurement. Namely, according IPA model respondents had evaluated only performance part of the original scale.

Constructs of overall satisfaction, word of mouth and repurchase intentions were also adapted from the literature (Maxham & Netemeyer, 2002). Finally, a set of demographic questions were asked in order to profile respondents and gain more insights into their tourism behavior.

Description of the sample
Sample consists of 84 randomly selected guests of the hotel. According to Figure 2, the majority of the respondents interviewed were male (55%), while when it comes to age (see Figure 3), majority of sample is young (20-29 years old, 30%), followed by middle-aged (40-49 years old, 26%), older-working people (50-59 years old, 22%) and younger working people (30-39 years old, 20%).
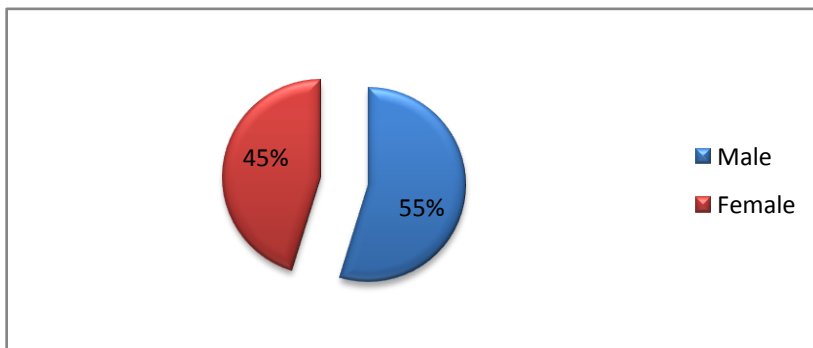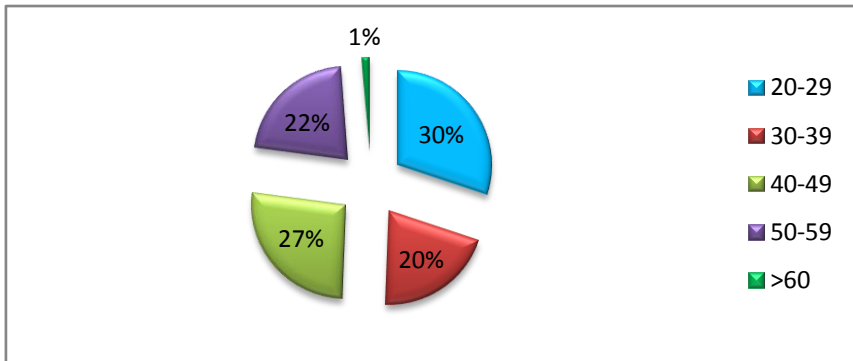

Figure 2: Gender profile of respondents

Figure 3: Age distribution of respondents

Educational level of respondents (see Figure 4) is high, as most respondents have I level of higher education completed (42% of them), followed by respondents with either II/III level of higher-education (32%) and high school education completed (21%).

When it comes to the employment status (see Figure 5), most of the respondents (57%) of them, are fully employed, while 25% are part-time employed, followed by 12% of unemployed and 11% of students. Knowing only these descriptive parameters, we see that the average guest of the hotel is a highly educated young-aged male who is fully employed.
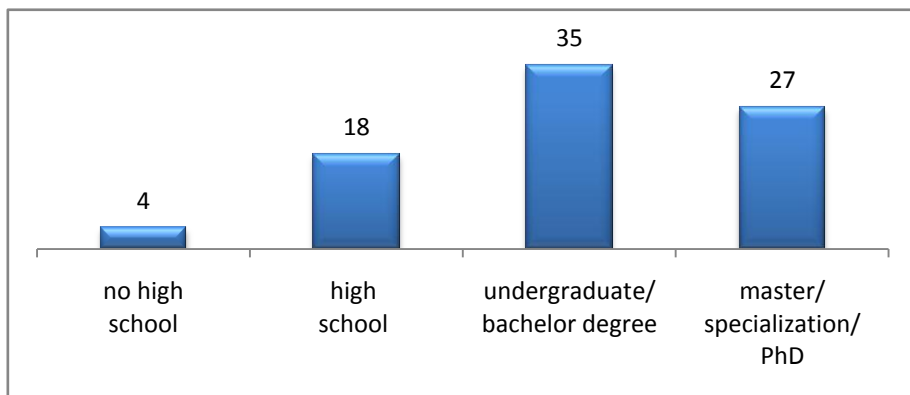

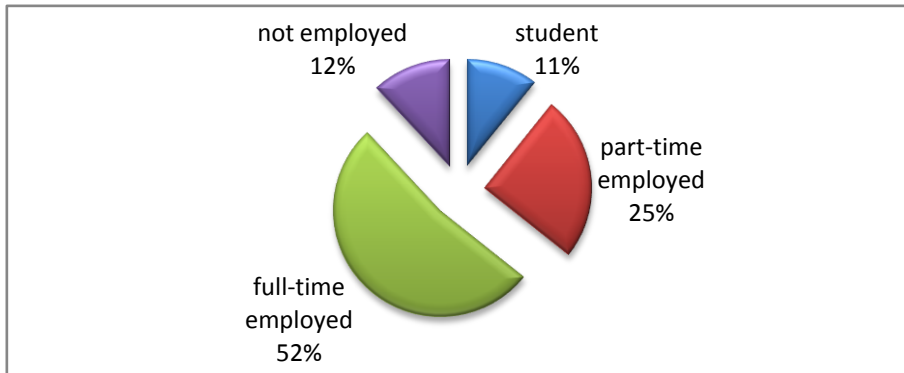*Figure 4: Education level of respondents*

Figure 5: Employment status of respondents

An additional variable, which is also of importance for hotel management policies, is the respondents type of employer (see Figure 6). Majority of the sample (49%) is employed in public institutions, followed by SMEs and NGOs amounting to 18% each. Only 8% of respondents are employed in large firms or corporations.
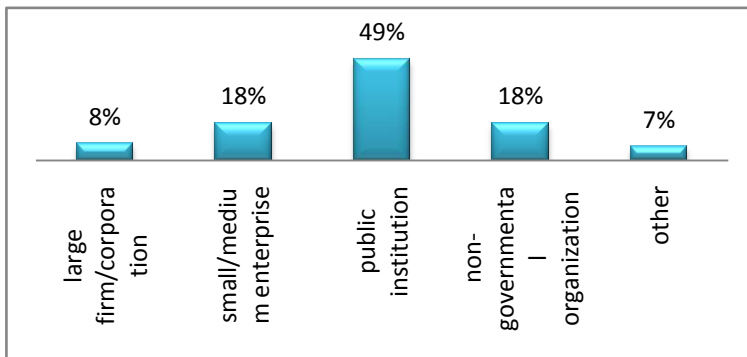

Figure 6: Type of employer of respondents

When it comes to the income level (see Figure 7), most of the respondents (29%) have relatively high disposable income - between 1.000,00 and 1.999,99 EUR, and almost the same percentage of them have slightly lower earnings in the amount of 500,00 – 999,00 EUR per month. On the other hand,anapproximate 10-15%of the sample is shared by respondents who have an income of more than3.000,00EUR and less than 500,00EUR per month.
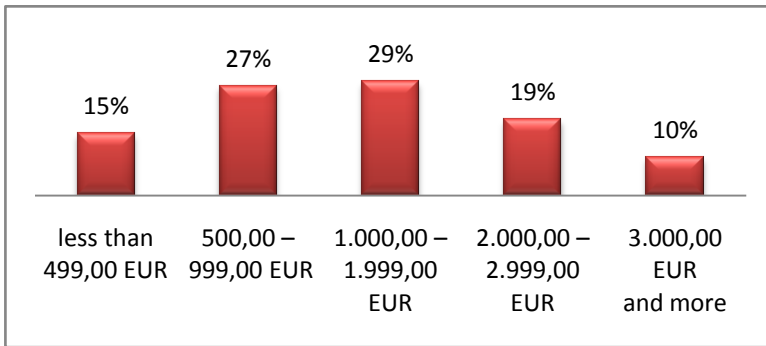
Figure 7: Income level of respondents

In terms of the frequency of the usage of hotel services (see Figure 8), one third of the sample uses hotel services for less than 5 times per year, followed by 26% of respondents which uses hotel services for 5-10 times per year. However, there is a relatively large group of respondents (19%) who use hotel services very frequently (15 times and more per year).
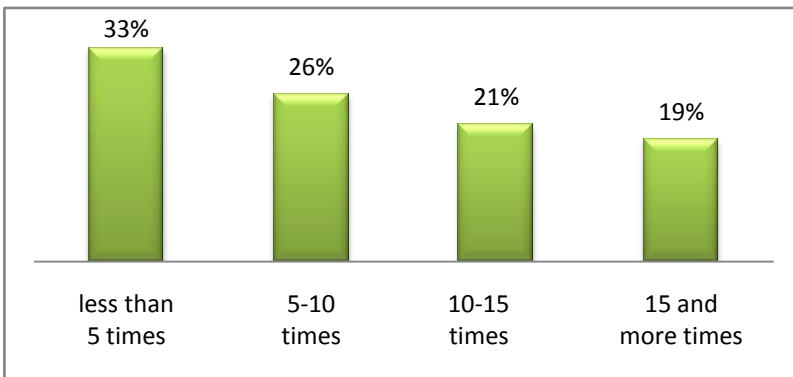

Figure 8: Frequency of hotel services usage

Respondents usually visited the hotel for short periods of time (57% stayed less than 5 days), followed by 41% of respondents who stayed 5-10 days, while only 2% of the sample stayed for more than 10 days (see Figure 9). The main purpose for the majority of respondents (see Figure 10) is tourism (39%), followed by participants at seminars and events (33%) and 28% of respondents purpose of stay is business.
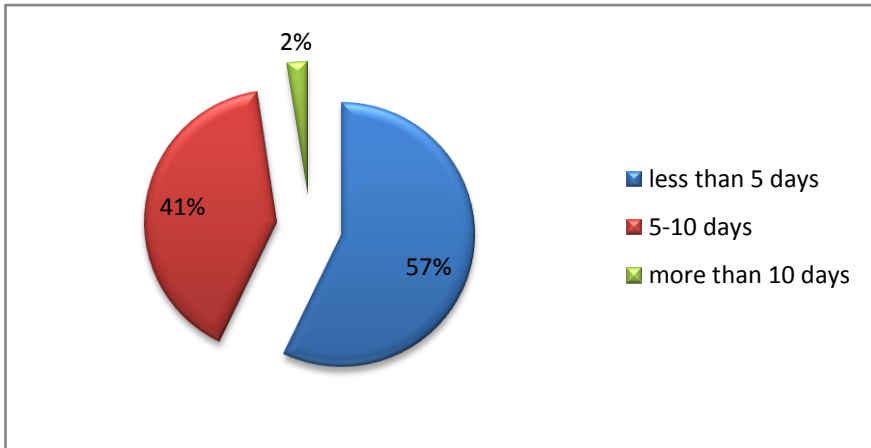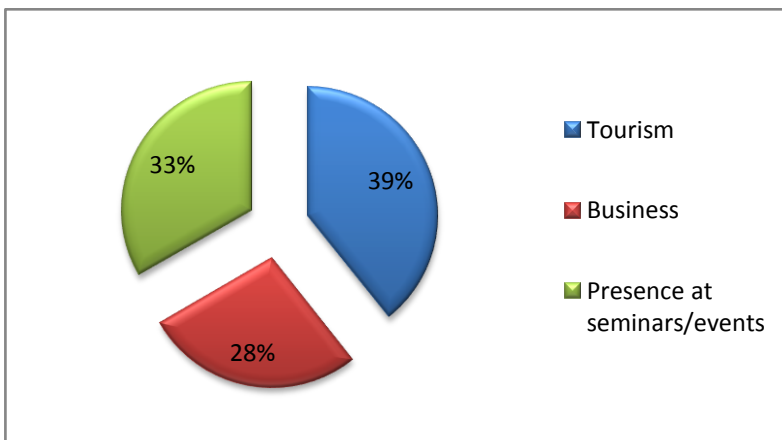
Figure 9: Length of stay

Figure 10: Purpose of stay

Finally, when it comes to the country of origin, the vast majority of our respondentsaredomestic tourists (69%), which pointsto the fact thatdomestic customersincreasingly recognizetheir own countryas aholiday destination. Other respondents came from Austria (11%), followed by guests from neighboring countriesin the region – Croatia, Serbia and Slovenia.

9. Results and Discussion

Mean scores of the service quality expectations in relation to Performance and Importance are shown in Tables 1 and 2. This analyzed data was then transferred to the IPA grid presentation (see Figures 11 and 12).

Table 1: Mean ratings of importance and performance of each hotel service quality dimension

Item	Mean	Std. Deviation
Tangibles		
PTA1 – Performance - up-to-date equipment.	6.2500	.63387
ITA1… - Importance - up-to-date equipment.	6.0595	.71299
PTA2…- Performance - visually appealing physical facilities.	6.4524	.62497
ITA2…- Importance - visually appealing physical facilities.	6.1190	.73037
PTA3…Performance - well dressed employees that appear neat.	6.7024	.57279
ITA3…Importance - well dressed employees that appear neat.	6.8929	.34565
PTA4…Performance - appearance of the physical facilities in keeping with the type of services provided.	6.0714	.94850
ITA4…Importance - appearance of the physical facilities in keeping with the type of services provided.	5.7262	1.34829
Reliability		
PRE1…Performance - when promise to do something by a certain time, they do so.	6.4405	.85009
IRE1…Importance - when promise to do something by a certain time, they do so.	6.8452	.44971
PRE2…Performance - when customers have problems, they are sympathetic and reassuring.	5.9762	.88609
IRE2…Importance - when customers have problems, they are sympathetic and reassuring.	6.3929	.59797
PRE3…Performance - be dependable.	6.3095	.87255
IRE3…Importance - be dependable.	5.9643	.89238
PRE4…Performance - provide their services at the time they promise to do so.	6.4048	.97735
IRE4…Importance - provide their services at the time they promise to do so.	**6.7143**	.50170
PRE5…Performance - keep their records accurately	6.1548	.74792
IRE5…Importance - keep their records accurately	6.2976	.68626
Responsiveness		
PRES1…Performance - tell customers exactly when services will be performed.	5.7381	1.05919
IRES1…Importance - tell customers exactly when services will be performed.	6.3452	.64539
PRES2…Performance - expect prompt service from employees of these firms.	5.9306	1.00452
IRES2…Importance - expect prompt service from employees of these firms.	5.9067	.96848
PRES3…Performance - employees are always willing to help customers.	6.5952	.75780
IRES3…Importance - employees are always willing to help customers.	6.7619	.50283
PRES4…Performance - not b usy to respond to customer requests promptly.	5.7143	1.41902
IRES4…Importance - not busy to respond to customer requests promptly.	6.5714	.54085
Assurance		
PAS1…Performance - to trust employees of the hotel.	6.5833	.74336
IAS1…Importance - to trust employees of the hotel.	6.6310	.50662
PAS2…Performance - to feel safe in my transactions with the hotel's employees.	6.5952	.59998
IAS2…Importance - to feel safe in my transactions with the hotel's employees.	6.6786	.51549
PAS3…Performance - to have polite employees.	6.8333	.43187
IAS3…Importance - to have polite employees.	6.6905	.57686
PAS4…Performance - to have adequate support from hotel to employees to do their jobs well.	6.6429	.59046
IAS4…Importance - to have adequate support from hotel to employees to do their jobs well.	6.7143	.47738
Emphaty		
PEM1…Performance - to give individual attention to customers.	6.5595	.64275
IEM1…Importance - to give individual attention to customers.	6.0119	1.02926
PEM2…Performance - to give personal attention to customers.	6.4286	.71190
IEM2…Importance - to give personal attention to customers.	6.5000	.56695
PEM3…Performance - to know what the needs of the customers are.	6.5595	.56381
IEM3…Importance - to know what the needs of the customers are.	6.6905	.48737
PEM4…Performance - to have the customer's best interest at heart.	6.4643	.62576
IEM4…Importance - to have the customer's best interest at heart.	6.4524	.56494
PEM5…Performance - to know what the needs of the customers are.	6.9474	.23660
IEM5…Importance - to know what the needs of the customers are.	6.9047	.3316

In Figures 11 and 12, the X-axis represents tourist's perception of Performance and the Y-axis represents values of the Importance of each service quality dimension. The four quadrants are constructed based on the mean scores of the Importance and Performance ratings (Hemmasi et al., 1994). For all items of service quality dimensions (see Figure 11), the mean Importance rating for the pooled data was 6.57 and the mean Performance rating was 6.46. Pooled data for the mean Importance rating of five quality service dimension was 6.40 and the mean Performance rating was 6.55.

These data (mean Importance and Performance ratings) provided the grid cross-hairs presentation on which the four quadrants were identified. As shown in Figure 11 most of service quality dimensions items are identified in Low Priority quadrant and Keep Up the Good Work quadrant. Furthermore, three are identified in Concentrate Here quadrant, and three as well in the Possible Overkill quadrant. Figure 11 provides some meaningful insights about the „quadrant" presentation.
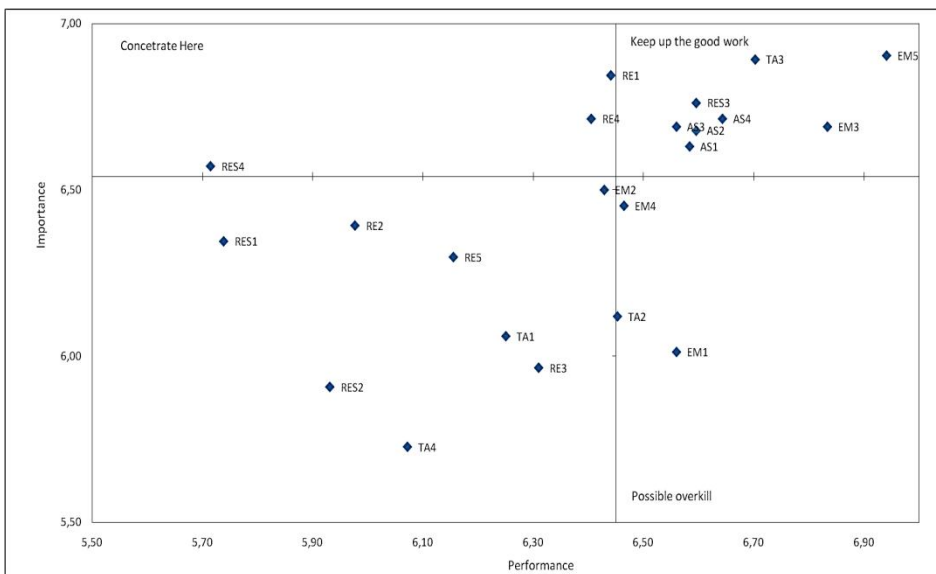

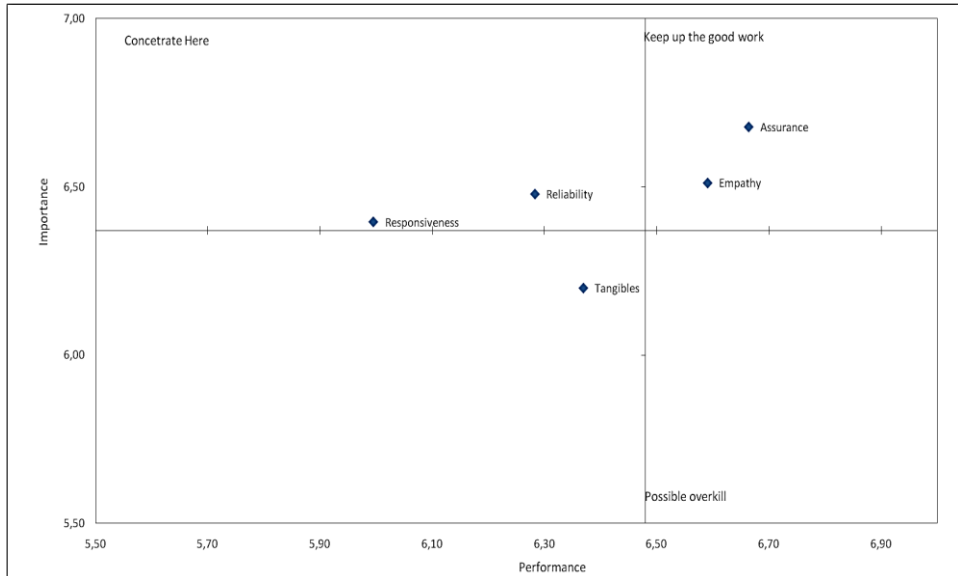*Figure 11: Importance – Performance Analysis grid – all items*

Figure 12: Importance – Performance Analysis grid – five dimensions

As shown in Figure 11, Concentrate Here quadrant captured *Reliability* and *Responsiveness*. In the Keep up the Good Work quadrant two dimensions were identified: *Assurance* and *Empathy*. Low Priority quadrant identifies those quality dimensions, where in this case, hotels are performing adequately but tourists perceive them as less important when compared with service quality dimensions. Service quality dimension identified in this quadrant is *Tangibles*. In Possible Overkill quadrant for five quality service dimensions, neither one was identified as being „low importance" with relatively „high performance". It is most likely that tourists perceived all quality dimensions as important and that they would not settle anything for less as far as the hotels performance was concerned.

The Concentrate Here quadrant

The Concentrate Here quadrant identified three elements, from the following quality dimensions: two from Reliability and one from Responsiveness. Reliability is defined with five statements (Table 1). The results shown in Table 1 and Figure 11 suggest that special attention should be directed to the RE4 and RE1. Tourist gave high mean importance score on the service provided on time and punctuality. Also, RES4 (not busy to respond to customer requests promptly) was perceived as very important to tourists, and received high mean importance score (6.57).

The Keep up the Good Work quadrant

As illustrated in Figure 11, all elements of Assurance quality dimensions were identified in this quadrant. This presents an important fact for hotels that they should concentrate on these aspects from tourists' point of view. What differentiate one hotel from another are not only the rooms, food and facilities, but also the quality of the hotel service provided by personnel. In this case, staff politeness and friendliness, received high mean score, so they should be maintained and consistently reviewed to see whether any improvements are required. Hoteliers should devote more resources to staff training, in order to improve employee courtesy, helpfulness, understandability, language skills, etc. Also, two elements of Empathy and a single element of Tangibility and Responsiveness were considered satisfactorily in meeting tourist's needs.

In Empathy quality dimension, tourist emphasized importance of hotels convenient operating hours and meeting their needs. Third of our sample are young people that stay in hotels up to 5 times in a year, so they are more practical and insist on flexible working hours and efficient check-in and check-out systems that will save their time. Hotels should take into account development of computerized reservation systems. Well dressed employees that appear neat (TA3) with a mean rating of 6.89 perceived as the top element in Tangibility quality dimension. Hoteliers need to ensure that their employees reflect their reputation well, and they should emphasize hotel personnelefficiency when planning promotional activities.

The Low Priority quadrant

This quadrant identifies those quality service dimensions elements where hotels are performing adequately but tourists perceive them as less important when compared with other quality dimensions. In this quadrant following elements were captured: three elements of Reliability (RE2, RE3, RE5), two elements of Responsiveness (RES 1, RES 2) and Tangibility (TA1, TA4) and single Empathy element (EM2). Although the result showed that tourists did not perceived these attributes important, especially when it comes to Tangibility elements, this does not mean that hoteliers should reduce their efforts to improve these quality dimensions. On the contrary, these quality dimensions (equipment and physical facilities) are often considered as the basic service. It is possible that tourists did not perceive them as important, because, they might simply consider these facilities as necessary service provisions without considering their importance. Elements of Reliability like keeping records accurately, being dependable and sympathetic when customers have problems was also not perceived as important. Most likely, hotel guests from our sample didn't have any problems during their stay. Giving personal attention was not considered important, because as already mentioned, sample group provided as with the information that they are satisfied with the hotel personnel when it comes to meeting their needs.

Individual attention was not required, only neat polite employees. Young people from our sample probably don't expect this type of service in a hotel like this.

The Possible Overkill quadrant

As already mentioned neither one of five quality service dimensions was identified in this quadrant, but two elements from Empathy and a single element of Tangibility quality dimension were captured here. Results indicated that hotels performs excellent when it comes elements EM1 and EM4 to giving individual attention to customers and having their best interest at heart, but tourists perceived them least important. One possible explanation is that most tourists are young, educated people who already organized their trip. They don't require special attention, only prompt service delivery for what they asked for.

10. Conclusions

This study is based on the original IPA model, with the notion that for the IPA matrix and gridlines, average values of importance and performance are used. Similarly, when it comes to service quality dimensions, SERVPERF scale was used since respondents were evaluating only performances of quality dimensions and their attributes, not expectations. According the structure of IPA model, guests had evaluated an importance of all quality dimensions and service attributes.

Confrontation of results about performances evaluation and importance identification resulted in IPA matrix and quality dimensions are classified in four IPA groups, those were improvement are necessary (concentrate here) – reliability and responsibility; and separate them from others. Medical/health organization is evaluated as very successful regarding assurance and empathy dimensions, since it already achieved high performances. Finally tangibility is not in the focus of organization's business but for now (since now) it doesn't create problems between customers. Namely, guests do not consider attributes in tangibility dimension very important. Probably here is the case about basic services that customers expect to have in health tourism complexes.

However organization has to continue to create high performances in service dimensions and attributes which customers consider important. At the same time management has to monitor customers' reactions and preferences in order to identify potential changes or negative experience in some of the services its institution provides. Since the study is provided in one health tourism institution it makes research results limited for further generalization. On the other side the problem of calculation of average perception of performances

and importance influences reliability of conclusions, since different segments and individuals probably evaluate very same benefits and dimensions differently. Further researchshould to include more health/medical tourism services providers and, if it is possible, to study quality dimensions for different types of medical and health services.

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