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Emerald Article: Branding new services in health tourism

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Abstract

Purpose – *The purpose of this paper is to serve as an introduction to the usefulness of means-end chain (MEC) theory and analysis for branding in health tourism.*

Design/methodology/approach – *An online survey was conducted within the transnational EU-project Alpshealthcomp and with two of the largest public health insurances in Germany. Research design is based on hard laddering according to Walker and Olson. MEC items were derived from Rokeach and from Hiesel and from results of a consumer survey (*n = *1.607) for Alpine health and wellness tourism.*

Findings – *Several research questions are proposed regarding consumer association structures for health tourism using principal component analysis, cluster analysis and* t*-test contrast of hypothesis. Personal values have proven to be most valuable for establishing brand associations. Here an identifiable and describable common structure exists for Alpine health tourism. With increasing product experience, consumers concentrate on viewer values closely linked to their personality. If product experience is low, consumers depend on a multitude of values.*

Research limitations/implications – *The proportion of female participants in the sample is very high. A more balanced sample and analysis for gender differences could be valuable. Also it should be tried to replicate findings for other types of intangible services.*

Practical implications – *The identified value structure can be addressed in brand communication and could complement the concept of brand personality. When shifting emphasis in staging and communicating values according to product experience, tourism managers can establish a stable and strong brand. Behavioral branding can be a useful tool in this context.*

Originality/value – *Branding started to expand into the tourism industry only recently. Specific research work on branding in health tourism is scarce. To the best of the authors' knowledge, there exists no article in which MEC analysis was applied in order to analyze possible carrier of brand associations in health tourism. This work aims to bridge the gap.*

Keywords *Personal health, Tourism, Mountains, Brands, Consumer behaviour*

Paper type *Research paper*

Health tourism and intangibility

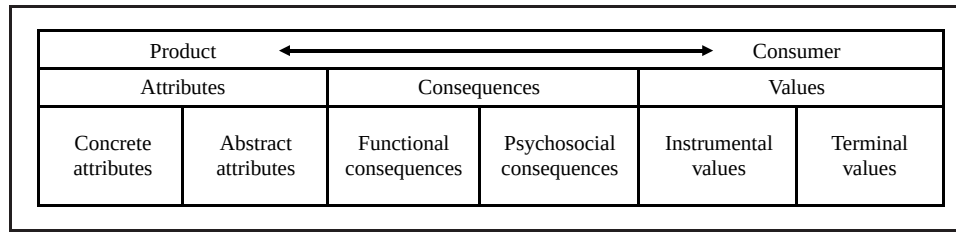
Health and business with health-related products and services are a mega trend in the twenty-first century (Nefiodov, 1999). In tourism, service offerings based on health and wellness (health tourism) have become essential parts of suppliers' product ranges. From a consumer perspective, health tourism can be defined as traveling for the maintenance, enhancement or restoration of wellbeing in mind and body (Carrera and Bridges, 2006). From a supplier perspective, health tourism can be defined as traveling to destinations which provide facilities and health-care services explicitly and in addition to their regular tourist amenities (Goodrich and Goodrich, 1987). These service offerings are by nature more or less intangible. According to Bielen and Sempels (2003), intangibility as a constitutive service attribute can be defined as a two-dimensional construct. In this context, the dimension physical intangibility refers to physical non-conceivability and the dimension mental intangibility refers to mental non-comprehensibility. The new service offerings in

Alpine health tourism with their mix of physical, mental and spiritual components, are rather intangible as compared to other products of the same service type, e.g. classic beach holidays; or of other service products, e.g. car repairs or haircuts (Bausch and Boga, 2011). In this article, service offerings in Alpine health tourism are defined as bundles of products and services for the purpose of maintaining, enhancing or restoring an individual's wellbeing in mind and in body which are influenced by the natural, structural and cultural conditions of the Alpine Space. For some time, a development has been observed in which service offerings in tourism in general and especially service offerings in health tourism are becoming more and more intangible (Pikkemaat and Weiermair, 2004). This can be seen mainly as a result of two factors: on one hand, the increasing emotionality in the staging of services supplemented by new and exotic forms of treatments (e.g. ayurveda repectively almyurveda, ai chi, sound therapy (Kirschner, 2009)) and on the other hand, the technological development of hardware used in diagnostics (e.g. digital radiology) and treatments (e.g. hydro jet). All this adds to increasing complexity and plurality of choices. The buying decision for such products is, above all, associated with uncertainty and a high level of perceived risk (Laroche *et al.*, 2001, 2004, 2005).

Branding and means-end chain analysis

Consumers try to minimize perceived risk through the use of various cues, e.g. brands, especially if perceived risk in a buying decision is high (Matzler *et al.*, 2008). In ''marketing-based tangibilisation'', brands can be used to make service offerings at the moment of the buying decision more tangible (Tarn, 2005) and therefore reduce perceived risk. In the tourism context, Clarke (2000) refers to the reduction of the impact of intangibility as one of the benefits of branding. The term brand in this article is defined according to Freundt (2006) from the perspective of behavioral sciences as a distinctive image of a product, service or any other associations of a carrier rooted deeply in the psyche of the consumer, which has influence on choice and decision. These brand associations are part of the brand image (Meffert *et al.*, 2005) and can be established on various association levels (Kotler *et al.*, 2007). According to Domiszlaff (1992), the aim of brand policy is to secure a monopoly position in the psyche of the consumer. Deeply rooted and lasting associations become the basis for a strong brand and are a prerequisite for a monopoly position as described by Domiszlaff. Brand associations are established in learning processes. Learning can be defined as the non-observable process of information processing which induces behavior modification (Kroeber-Riel and Weinberg, 2003). The storage of knowledge in learning processes is influenced by direct (personal) or indirect (third party or media) experiences with the brand. Every learning process contains constructive elements, i.e. all content is individually internalized (Schunk, 1996). Brand knowledge can be represented as a means-end chain (MEC) structure (Aaker, 1991). One of the first articles in which the attempt was made to use MEC structures in brand management is by Reynolds *et al.* (1995). They were able to show that MECs contribute to the explanation of brand persuasion. With regard to the origin and development of MEC theory, we refer to the relevant literature (Gutman, 1982; Reynolds and Gutman, 1988; Walker and Olson, 1991; terHofstede *et al.*, 1998). There the MEC structure is depicted as a hierarchical chain with three first-order and six second-order association levels. The three first-order association levels are product attributes (A), consequences (C) and personal values (V). The six second-order association levels are concrete and abstract attributes, functional and psychosocial consequences and instrumental and terminal values. Personal values are in MEC theory fundamental and essential objectives of consumer. The two-dimensional value concept used in this article is based on the work of Rokeach (1973) in which values are hierarchically structured. Instrumental values refer to concrete modes of conduct; terminal values refer to end states of existence. Between instrumental and terminal values exists a functional relationship. The association level of personal values is the association level closest to the personality (or self) of the consumers. The association level of attributes is closest to the product itself. According to Walker and Olson (1991), this differentiation also can be applied to second-order association levels as shown in Figure 1.

Figure 1 Own depiction of MEC structure according to Walker and Olson (1991)



According to MEC theory, brand associations which are established at levels close to consumer personality are deeply rooted and lasting and also of great importance for the preference judgment (Reynolds and Gutman, 1988). This applies especially to associations at the level of personal values (Kotler *et al.*, 2007). If consumer and brand share the same values, consumers can develop close connections and identify with the brand; trust and commitment can grow and a strong and lasting relationship between consumers and brands can develop (Moore and Homer, 2008). Brand trust again can be seen as a central determinant of brand loyalty (Chaudhuri and Holbrook, 2001; Matzler *et al.*, 2008). To create a brand which induces trust and commitment and has unique brand associations, and thus a strong brand (Koll and von Wallpach, 2009), marketers should therefore establish brand associations close to the consumers' personality. When a product is able to carry a strong brand we define it as in principle ''brand compatible'' or ''brandable''. In this article, we are not analyzing existing brands with regards to brand associations (Zaltman and Coulter, 1995; Aaker, 1997; Torres and Bijmolt, 2009). We are rather analyzing a product type with regards to its generic ability to carry brand associations which create strong and lasting relationships between consumers and the brand. It is often assumed that these brand associations are established only at the level of attributes (Torres and Bijmolt, 2009). In contrast, we use a broader product concept in which a product not only consists of its attributes but has also consequences and values which all are possible carriers of brand associations.

Branding started to expand into the tourism industry only recently (Wagner and Peters, 2009). In tourism management literature, there is now a notable stream of research dealing with the general issue of destination branding (Hosany *et al.*, 2006; Tasci and Kozak, 2006). In contrast, specific research work on branding in health tourism is scarce, e.g. an extensive search in the ISI Web of Knowledge database produced as few as two related articles. As Smith and Puczkó (2008, p. 203) state: ''It is not uncommon in health and wellness tourism that brands are seen as either only logos or a term''. But marketing in health tourism differs in one very important aspect from marketing in tourism in general – it involves some kind of health element which is one of the most personal and sensitive aspects for consumer. The consumer perspective here is vital and therefore the focus in this article is on consumer association structure with regards to health tourism. To the best of our knowledge, there exists no article in which MEC analysis was applied in order to analyze possible carrier of brand associations and the issue of brand compatibility in health tourism. With this article we want to bridge this gap.

We proceed as follows: we first formulate two research questions. For each research question we outline the main aspects of the preceding arguments as constraints and derive research hypotheses. This approach can be found in Kromrey (2002) and consists of three elements: constraint, effects and cause-and-effect relationships. Then we describe the design, the sample and the analysis of the empirical study. Following that we present the results of the principal component and cluster analysis for association levels of attributes, consequences and personal values (further on referred to as values). Finally, we discuss the results and research hypotheses and suggest implications for brand management in health tourism.

Research questions and hypotheses

Research question 1 refers to brand compatibility:

RQ1. Are service offerings in Alpine health tourism suited for carrying deeply rooted and lasting brand associations which are relevant for the buying decision?

Constraints. Brand associations established close to the personality of the consumer are deeply rooted, lasting and of great importance for the preference judgment (Reynolds and Gutman, 1988). They can be seen as prerequisite for the development of a strong brand. Of all three MEC association levels, the level of values is closest to the personality of consumers. Brand associations are therefore to be established preferentially at this level.

Effect. Consumers have an identifiable and describable common value structure for service offerings in Alpine health tourism.

Cause-and-effect relationship. Hypothesis 1:

H1. Should brand associations be established at the level of values in order to create a strong brand, an identifiable and describable common value structure for service offerings in Alpine health tourism must be observable.

Research question 2 refers to learning processes:

RQ2. How are brand associations for service offerings in Alpine health tourism in learning processes established?

Constraints. Consumers learn through direct or indirect product experience. In learning processes, brand associations are established at various association levels. They constitute the knowledge structure of consumers for a given brand.

Effect. Knowledge structures differ. Through continuous application of marketing instruments marketers aim to establish a psychological relationship between the consumer and the product (Walker and Olson, 1991). A psychological relationship evolves above all if brand associations are established at levels close to the personality of the consumer. Corresponding with Maslovs' need satisfaction approach it can be assumed that, here too, basic associations will be served first. When these basic associations have been served, and with increasing experience and saturation effects taking place, associations at levels closer to the personality of consumers will become more important (Kroeber-Riel and Weinberg, 2003; Trommsdorff, 2009).

Cause-and-effect relationship. Hypothesis 2:

H2. If consumers learn, association levels closer to the personality of consumers become more important relative to association levels closer to the product.

According to the previous arguments and the MEC item classification in Table I, *H2* can now be specified further:

H2.1. The higher the product experience the more important abstract attributes will become compared to concrete attributes.

H2.2. The higher the product experience the more important psychosocial consequences become in relation to functional consequences.

H2.3. The higher the product experience the more important terminal values become relative to instrumental values.

Design of survey

The focus of this article are general service offerings in Alpine health tourism and not a specific brand. Therefore, we did not employ a method for *ex-post* measurement of brand associations such as the Zaltman elicitation technique ZMET (Zaltman and Coulter, 1995). Instead, we analyzed *ex-ante* through MEC analysis if service offerings in Alpine health tourism are ''brandable'' at all. Data collection was conducted via an online survey through web-based hard laddering (Walker and Olson, 1991; Grunert and Grunert, 1995). For each participant, four MEC ladders were obtained which when aggregated reflect for each participant the MEC structure for service offerings in Alpine health tourism. The MEC items were derived from the

literature (Rokeach, 1973; Hiesel, 1975; Stern, 1981; Winkler and Grimm, 2006) and from the results of a consumer survey ($n = 1.607$) regarding expectations for service offerings in Alpine health and wellness tourism for the German market (Bausch *et al.*, 2007).

MEC items: attributes, consequences and values

In marketing for goods concrete attributes are tangible attributes, i.e. physical, chemical or technical attributes (Peter *et al.*, 1999), which can be measured objectively. In service marketing, this classification cannot be applied so unambiguously. Here we mostly have to deal with attributes which feature both tangible and intangible components. Massages, for instance, as a common part of service offerings in health tourism, contain tangible components such as the massage couch and massage oil but also intangible components such as atmosphere. Therefore, in service marketing an attribute cannot be defined distinctly as physical, chemical or technical, i.e. tangible. Concrete attributes are, rather, attributes which are, to a large extent, observable without the actual integration of customers and, to a large extent, standardized. Therefore, they can be measured objectively. Abstract attributes are attributes which are measured only on a subjective level (Peter *et al.*, 1999). That means they can only be measured based on the integration of customers, e.g. when becoming manifest within customers and hence they are, if anything, only partly standardized. *Ex-ante* functional consequences can be seen as motives (respectively, *ex-post* as utility) which are directly related to the use of a product and its original specific function (Peter *et al.*, 1999). Psychosocial consequences are motives which refer to all extras not directly related to the operational capability of the product and its original specific function. Instrumental values or modes of conduct refer to concrete patterns of behavior (Golonka, 2009). Instrumental values can be further differentiated as moral values (interpersonal values) and competence values (intrapersonal values). Instrumental values are in this article competence values. Terminal values or end states of existence refer to desirable final states. Terminal values can be further differentiated as personal and social final states. Terminal values are in this article personal final states. A list of all MEC items can be found in Table I.

Table I MEC items for service offerings in Alpine health tourism

Concrete attributes	*Abstract attributes*
A1: Healthy and well-balanced diet	A3: Supervision and consultation
A2: Quality standards, seal of quality and brands	A4: Alpine atmosphere, hospitality and coziness
A5: Massages	A10: Own experience and recommendations from family and friends
A6: Offers for relaxation	A11: Things which are familiar from previous holidays
A7: Offers for the whole family	A15: Beautiful Alpine nature and scenery
A8: Sport and fitness offers typical for the region	A17: Sun, (and) fresh and healthy mountain air
A9: Bathing infrastructure	
A12: Sauna and solarium infrastructure	
A13: Offers which account for health restrictions	
A14: Cultural and leisure activities	
A16: Medical wellness	
Functional consequences	*Psychosocial consequences*
C1: ''I want to do something for my health''	C2: ''I want to experience something different from daily routine''
C6: ''I want to be pampered and enjoy it''	C3: ''I want to rest and relax''
C7: ''I want to be relieved of stress''	C4: ''I want to find peace and privacy''
	C5: ''I want to have time for my family/and myself''
	C8: ''I want to have fun and make exciting experiences''
Instrumental values	*Terminal values*
V2: ''I want to enjoy pleasure''	V1: ''I want to live a healthy life''
V3: ''I want to experience adventures and have fun''	V4: ''I aim for security through precaution and prevention''
V6: ''I want to be myself and enjoy life''	V5: ''I wish for balance and internal harmony''
V7: ''I want to carry my life in my own hands''	
V8: ''I want to develop personally''	
V9: ''I want to belong and feel accepted''	

Background

The survey was conducted within the transnational EU-project Alpshealthcomp and in co-operation with two of the largest public health insurances in Germany. The EU-project Alpshealthcomp combined in total seven research partners from Austria, Italy and Germany. The aim was to analyze how the competitiveness of the Alpine Space as a sustainable health and wellness destination could be strengthened. The Alpine Space has a long tradition in health-related tourism (e.g. ''Sommerfrischler'') and health tourism facilities (e.g. ''Kurbäder''). How this competence could be presented and communicated in a coherent way (e.g. branding) was of vital interest throughout the whole project. Therefore, the aim of this study was to analyze what potential foundations for a strong brand in Alpine health tourism could be. This should provide a basis for marketers with regards to the enhancement of existing or development of new brands. For public health insurance, health tourism is a primary prevention measure. Since the GKV (public health insurance) health reform act was enacted in the year 2000 in Germany, health tourism is of special interest as GKVs are bound to provide primary prevention in addition to secondary or tertiary prevention measures. Understanding which product attributes are important in health tourism and why they are important is therefore vital. MEC structures can provide an answer to these questions.

Conduct of the survey and sample description

The population of this survey consists of members of two of the largest public health insurers in Germany, who had access to the internet and the insurance web site in the sample period. The sampling ($n = 491$) was done through an online *ad hoc* procedure. For characteristics of the sample, see Table II. Noticeable here is the high percentage of female participants. This at first somehow surprising ratio corresponds with other research on the role of women as chief health-care decision makers for their household or on women's intensive use of the internet for health information gathering (Macias *et al.*, 2004).

Analysis of findings

The aim was to find sample segments with similar MEC sub-structures and analyze differences among segments. Product experience (within the last five years) with Alpine

Table II Characteristics of the sample

Variables	*in %*
Sex	
Male	18.3
Female	81.7
Age in years	
< 20	1.6
20-29	16.7
30-39	21.8
40-49	32.0
50-59	19.6
60-69	7.3
70 +	1.0
Education	
CSE without completed vocational training	4.1
CSE with completed vocational training	16.3
O-levels/secondary school without A-levels	47.9
A-levels/university entrance diploma	16.9
University of applied sciences/university	14.9
Net household income per month in €	
< 1,000	15.9
1,000-1,499	25.7
1,500-2,499	30.5
2,500 or more	27.9

health tourism (''RE'') represents the influence of learning processes on the MEC sub-structures and is supposed to account for differences in the identified segments. For each participant the four generated MEC ladders were aggregated with PASW Statistics 17.0. Functional and psychosocial consequence items and instrumental and terminal value items in each MEC ladder were originally binary. As a result of the aggregation of the four MEC ladders, each item has a five-item frequency scale (from 0 = ''not selected'' to 4 = ''four times selected'') which can be interpreted as a ratio scale with a non-arbitrary zero value. Concrete and abstract attributes have an ordinal scale (1 = ''least important'' to 4 = ''most important'', respectively, 0 = ''not selected'') due to the fact that for each of the four MEC ladders there was only one attribute to chose from (without returning) and sorted according to preference. Subsequently, principal component analysis for the association level of consequences and values was conducted. The thereby generated component scores were used in the following cluster analyses to identify segments with homogenous MEC structures. Where it was not possible to use component scores raw scores were used. Differences in segments were analyzed by comparison of arithmetic means ''RE'' (seven-item interval scale ranging from 0 = ''never'' to 6 = ''six times and more''). The results of the cluster analysis were cross validated in discriminant analysis.

Principal component analysis for values and consequences

First value items were analyzed by means of principal component analysis. An oblique rotation (promax) was chosen, assuming a correlative nature of the MEC sub-levels (components) based on the literature. The KMO coefficient (0.775) displays substantial correlations in the sample and average suitability of the data for factor analysis. Based on logical considerations and the eigenvalue, two components (Bühner, 2006) were extracted. Component 1 accounts for 31.6 percent and component 2 accounts for 13.6 percent of the total variance in the sample. In Table III the pattern matrix and in Table IV the structure matrix are reported. According to Nunnally (1978), loadings at <0.400 are not considered in the components and are therefore not displayed. Instrumental (component 1) and terminal value items (component 2) are represented by one component each.

Then consequences items were analyzed. The KMO coefficient (0.471) showed no substantial common variance in the sample, even after five of the original eight items were excluded (Bühner, 2006). It was not possible to reproduce either the structure derived from theory or any other meaningful structure.

Cluster analysis for values and consequences

Again value items were analyzed first. Two hierarchical cluster analyses were conducted (single linkage and complete linkage both with squared Euclidean distance). As a result of the single-linkage analysis five outliers were eliminated ($n = 486$; item V9: ''I want to belong and feel accepted'' was eliminated from analysis because 87.2 percent of the cases have the same value (0 = ''not selected'')). As a result of the complete-linkage analysis and the elbow criteria

Table III Pattern matrix for value items

Variables	*Components* 1	2
V1: ''I want to live a healthy life''		0.635
V2: ''I want to enjoy pleasure''	0.581	
V3: ''I want to experience adventures and have fun''	0.721	
V4: ''I aim for security through precaution and prevention''		0.690
V5: ''I wish for balance and internal harmony''		0.593
V6: ''I want to be myself and enjoy life''	0.745	
V7: ''I want to carry my life in my own hands''	0.660	
V8: ''I want to develop personally''	0.655	
V9: ''I want to belong and feel accepted''	0.510	

Table IV Structure matrix for value items

Variables	Components 1	2
V1: ''I want to live a healthy life''		0.640
V2: ''I want to enjoy pleasure''	0.467	
V3: ''I want to experience adventures and have fun''	0.634	
V4: ''I aim for security through precaution and prevention''		0.668
V5: ''I wish for balance and internal harmony''		0.574
V6: ''I want to be myself and enjoy life''	0.765	
V7: ''I want to carry my life in my own hands''	0.707	
V8: ''I want to develop personally''	0.740	0.472
V9: ''I want to belong and feel accepted''	0.619	

a four-cluster solution seems highly appropriate. To cross validate these findings, k-means clustering with four cluster presetting was conducted (largest distance cluster centers = 4.148 (between cluster 2 and cluster 3); ANOVA *F*-values (significant) = 297.116-377.329). In order to further evaluate the quality of the results, discriminant analysis was conducted and this confirmed the results of the cluster analysis. About 93.8 percent of the cases originally grouped in cluster analysis were grouped correctly.

In order to analyze whether the means for the value items and product experience differ significantly between clusters Kruskal-Wallis H tests were conducted and the assumption was confirmed ($\chi^2 = 12.745$-168.754; *p*-values (asymptotic) = 0.000-0.005; $w = 0.16$-0.59). Subsequently, means for all eight value items and product experience were calculated. In Table V, the clusters have been sorted according to product experience (''RE''). Value items marked in italics are terminal values in component 2 with means > 1.00; value items marked in bold are instrumental values in component 1 with means > 1.00. Another criterion which can be used for cluster interpretation is, according to Backhaus *et al.* (2006), the *t*-value: *t*-values indicate whether a variable is overrepresented (positive *t*-values) or underrepresented (negative *t*-values) when compared to sample average.

The data clearly show that for clusters with higher product experience terminal values are more important than instrumental values whereas for clusters with lower product experience terminal and instrumental values are equally important. *H2.3*, i.e. that with increasing product experience terminal values become more important than instrumental values, can be confirmed.

Subsequently each cluster is described in terms of socio-demographic structure (Table VI) and values (Table VII). For socio-demographic variables, Kruskal-Wallis H tests were conducted in which age ($\chi^2 = 13.432$; *p*-value (asymptotic) = 0.004; $w = 0.17$) and net household income ($\chi^2 = 7.006$; *p*-value (asymptotic) = 0.072; $w = 0.12$) were found

Table V Arithmetic means and *t*-values for value cluster (k-means clustering)

	RE	*V1*	**V2**	**V3**	*V4*	*V5*	**V6**	**V7**	**V8**
Cluster 4									
Mean	0.77	*3.16*	0.50	0.17	*1.52*	*3.17*	0.23	0.50	0.61
t-value	0.1870	*0.8228*	−0.2560	−0.2905	*0.8430*	*0.5929*	−0.1750	−0.0577	0.0882
Cluster 3									
Mean	0.58	*2.00*	0.76	0.42	0.64	*2.42*	0.38	0.56	0.53
t-value	−0.0046	*− 0.4842*	−0.0810	−0.1860	−0.3837	*− 0.3546*	−0.3096	−0.2809	−0.3985
Cluster 2									
Mean	0.31	*3.19*	**1.38**	**1.62**	*1.38*	*3.81*	**2.63**	**3.56**	**3.31**
t-value	−0.2625	*0.8404*	**0.5924**	**1.3776**	*0.7049*	*1.0972*	**2.7337**	**2.8918**	**2.8693**
Cluster 1									
Mean	0.27	*2.35*	**1.53**	**1.37**	0.42	*2.52*	**1.24**	**1.23**	**1.37**
t-value	−0.3004	*0.2500*	**0.7443**	**1.0862**	−0.2089	*0.0789*	**1.0521**	**0.6384**	**0.8695**

Table VI Socio-demographic variables for value cluster

Variables	*Cluster 1 (%)*	*Cluster 2 (%)*	*Cluster 3 (%)*	*Cluster 4 (%)*	*Sample[a] (%)*
Age in years					
<20	3.2	0.0	2.2	0.0	1.6
20-29	21.0	18.8	19.4	8.5	16.7
30-39	21.0	18.8	24.0	18.6	22.0
40-49	25.8	31.3	29.4	39.5	31.7
50-59	25.8	25.0	17.6	20.2	19.5
60-69	3.2	0.0	7.2	10.9	7.4
70 +	0.0	6.3	0.4	2.3	1.0
Net household income in €					
<1,000	9.7	43.8	15.1	17.1	15.8
1,000-1,499	27.4	25.0	27.2	20.9	25.5
1,500-2,499	38.7	18.8	28.3	33.3	30.7
2,500 or more	24.2	12.5	29.4	28.7	28.0
Occupation					
White-collar worker	71.0	50.0	59.9	67.4	63.0
Blue-collar worker	3.2	25.0	6.1	5.4	6.2
Civil servants	6.6	6.3	3.9	3.9	4.3
Self-employed person	6.5	0.0	5.7	1.6	4.5
Housewives	3.2	12.5	7.2	4.7	6.2
Retirees	6.5	6.3	5.4	8.5	6.4

Note: [a] $n = 486$ after the elimination of five outliers

significant whereas education was not found significant ($\chi^2 = 1.757$; p-value (asymptotic) = 0.624) and was therefore not further considered. The nominal variable occupation is described by comparison only. For values only items with means > 1.00 and positive t-values were considered. If there are no positive t-values as in the case of cluster 3 only items with means > 1.00 were considered.

Then consequences were analyzed. Again two hierarchical cluster analyses were conducted (single linkage and complete linkage both with squared Euclidean distance). As a result of the single-linkage analysis one outlier ($n = 490$) was eliminated. On the basis of the complete-linkage analysis and the elbow criteria a four-cluster solution seems highly appropriate. To cross validate these findings first k-means clustering with a four cluster presetting was conducted (largest distance cluster centers = 2.498 (cluster 4 and cluster 1); ANOVA F-values (significant) = 8.683-208.037). In order to further evaluate the quality of the results, a stepwise discriminant analysis was conducted and confirmed the results of the cluster analysis. The item C8 ''I want to have fun and make exciting experiences.'' was excluded from analysis ($F = 2.538$, minimal tolerance = 0.713). About 94.3 percent of the cases originally grouped in cluster analysis were grouped correctly.

In order to analyze whether the means for the consequence items and product experience differ significantly between clusters, Kruskal-Wallis H tests were conducted which confirmed the assumption for all consequence items ($\chi^2 = 49.830$-241.098; p-values (asymptotic) = 0.000; $w = 0.32$-0.70) whereas not for product experience ($\chi^2 = 1.210$; p-value (asymptotic) = 0.751). Subsequently for each cluster the means for all eight consequence items were calculated. The structural differences found can however not be attributed to product experience as the Kruskal-Wallis H test has shown. Therefore, in Table VIII, the clusters have been classified according to cluster number only. Consequence items marked in bold are functional consequences with means > 1.00; consequence items marked in italics are psychosocial consequences with means > 1.00. Again t-values are reported additionally.

Regarding the association level of consequences, differences in means cannot be explained through product experience nor learning processes. Noteworthy here is that the strongest common thread in each cluster is the need for rest and relaxation (C3) (Tabacchi, 2010). *H2.2*, i.e. that with increasing product experience psychosocial consequences

Table VII Cluster characterization for value cluster

Cluster	*Characterization*
4. ''Harmony, health and safety'' (26.5 percent)	This cluster with the highest product experience has medium to very high means for the terminal values V4 ''safety'', V1 ''health'' and V5 ''harmony'' and low means for all instrumental values. Cluster 4 is the oldest cluster (59.7 percent are between 40 and 59 years and 13.2 percent are 60 years or older) with the highest percentage of retirees which is, at 8.5 percent, clearly above sample average. Otherwise 4s are mainly white-collar workers (67.4 percent). About 28.7 percent of 4s have a monthly net household income of €2,500- or more which is the second highest percentage in this income class across all clusters. This cluster is clearly able to afford a health and wellness vacation and has done so in the past. They have learned what to expect and concentrate only on terminal values. They are able to satisfy instrumental values during other activities – after all they have the budget for it
3. ''Harmony and health'' (57.4 percent)	Cluster 3 with the second highest product experience has high means for the terminal values V1 ''health'' and V5 ''harmony'' and low means for instrumental values. The mean for the terminal value V4 ''safety'' is with 0.64 surprisingly low when compared to cluster 4. This could be because cluster 3, as a result of the lower product experience, has not dealt intensively with the topic of safety in health tourism as compared to cluster 4. Also 3s are younger than 4s (53.4 percent are between 30 and 49 years and 21.6 percent are 29 years or younger). 3s are mostly white-collar workers (59.9 percent). The percentage of self-employed is, at 5.7 percent, clearly above sample average. About 29.4 percent of 3s have a monthly net household income of €2,500.- or more which is the highest percentage in this income class across all clusters. Again this cluster is well able to afford a health and wellness vacation. They too have learned what to expect and concentrate only on terminal values. They are even more than 4s able to satisfy instrumental values during other activities because they have the budget
2. ''Harmony, personal development and independence'' (3.3 percent)	Cluster 2 with medium product experience has medium to very high means for both instrumental and terminal values. V5 ''harmony'' has for 2s with 3.81 the highest mean across all clusters. 2s have also very high means for instrumental values which focus on personal development (V8 with 3.31) and independence (V7 with 3.56). About 56.3 percent of 2s are between 40 and 59 years old. The percentage of housewives (12.5 percent) and blue-collar worker (25 percent) is in cluster 2 clearly above sample average. About 43.8 percent of cluster 2 has a monthly net household income of €1,000- or less which is by far the highest percentage in this low-income class across all clusters. Only 12.5 percent of 2s have a monthly net household income of €2,500- or more. For 2s, it is not so easy to afford an expensive health and wellness vacation – or even a vacation at all. Therefore, the expectancy is very high and a health and wellness vacation has to satisfy a broad range of values
1. ''Harmony, health and pleasure'' (12.8 percent)	Cluster 1 has the lowest product experience and has medium to high means for both instrumental and terminal values except for the terminal value V4 ''safety'' with 0.42. This could be because cluster 1 (like cluster 3) has not dealt intensively with the topic of safety in health tourism as a result of the lower product experience. 1s are younger than 4s or 2s but older then 3s (51.6 percent are between 40 and 59 years old). 1s are mostly white-collar workers (71 percent). The percentage of self-employed is, at 6.5 percent, clearly above sample average and is the highest in this occupation class across all clusters. Only 24.2 percent of 1s have a monthly net household income of €2,500- or more. For 1s, it is not so easy as for 4s or 3s to afford a health and wellness vacation and they have so far not learned what to expect. Therefore, the expectancy is fairly high and again a health and wellness vacation has to satisfy a broad range of values

Table VIII Arithmetic mean and *t*-value for consequence cluster (k-means clustering)

	C1	*C2*	*C3*	*C4*	*C5*	C6	C7
Cluster 1							
Mean	**1.00**	*1.03*	*1.67*	0.29	*1.64*	0.82	0.60
t-value	**− 0.4519**	*0.1134*	*− 0.2338*	−0.3851	*1.6737*	−0.1130	−0.2620
Cluster 2							
Mean	**1.11**	*1.39*	*1.05*	0.85	0.17	0.91	**1.27**
t-value	**− 0.3466**	*0.5568*	*− 0.8003*	0.3479	−0.3139	−0.0162	**0.4897**
Cluster 3							
Mean	0.87	0.85	*2.90*	0.69	0.18	**1.40**	0.54
t-value	−0.5716	−0.1040	*0.8944*	0.1305	−0.3021	**0.5392**	−0.3304
Cluster 4							
Mean	**2.82**	0.45	*2.09*	0.36	0.16	0.52	0.77
t-value	**1.2256**	−0.5923	*0.1540*	−0.2947	−0.3348	−0.4500	−0.0699

become more important than functional consequences, could not be confirmed. We assume that primarily socio-demographic variables account for differences. Again Kruskal-Wallis H tests were conducted and confirmed the assumption for the variables age (χ^2=35.161; *p*-value (asymptotic) = 0.000; $w = 0.27$) and education (χ^2=9.612; *p*-value (asymptotic) = 0.022; $w = 0.14$), whereas not for net household income (χ^2=0.297; *p*-value (asymptotic) = 0.961).

Analysis of attributes

Even after elimination of five outliers and a median dichotomization, cluster analysis showed that there is no consistency in the sample with regards to preferences for attribute items. One possible explanation for this could be that the amount of attribute items was too large considering the fact that only four items could be chosen. Another possible explanation would be a general absence of preference consistency in the sample. Therefore, in Table IX only frequencies ''not selected'' are reported. Noteworthy here, and in accordance with other studies (Tabacchi, 2010), was that, besides bathing infrastructure, a healthy diet and massages were most sought after. With regards to *H2.1*, i.e. that with increasing product

Table IX Frequency of attribute items

Attributes	*''Not selected'' in %*
A1: Healthy and well-balanced diet	44.0
A2: Quality standards, seal of quality and brands	89.9
A3: Supervision and consultation	71.8
A4: Alpine atmosphere, hospitality and coziness	83.1
A5: Massages	51.2
A6: Offers for relaxation	74.7
A7: Offers for the whole family	88.5
A8: Sport and fitness offers typical for the region	72.4
A9: Bathing infrastructure	46.3
A10: Own experience and recommendations from family and friends	99.2
A11: Things which are familiar from previous holidays	98.8
A12: Sauna and solarium infrastructure	70.2
A13: Offers which account for health restrictions	97.9
A14: Cultural and leisure activities	83.5
A15: Beautiful Alpine nature and scenery	80.7
A16: Medical wellness	73.5
A17: Sun, (and) fresh and healthy mountain air	74.3

experience abstract attributes become more important than concrete attributes, it is not possible to either confirm or decline this hypothesis.

Discussion and interpretation

Principal component analysis has shown that for service offerings in Alpine health tourism an identifiable and describable common value structure exists whereas for consequences such a structure does not exists. The value structure can be addressed in brand communication and could complement the concept of brand personality. Brand personality is part of the brand image and can be defined according to Aaker (1997, p. 347) as ''human characteristics associated with a brand''. According to Azoulay and Kapferer (2003, p. 153.), it is ''the unique set of human personality traits both applicable and relevant to brands''. Personality traits in Aaker (1997) brand-personality scale reflect general characteristics of brand personality whereas the identified values structure could represent specific characteristics complementing a brand personality according to the product type. For service offerings in Alpine health tourism, two dimensions were identified: terminal values (component 2) and instrumental values (component 1). Component 2 addresses the values ''health'', ''safety'' and ''harmony''. Component 1 addresses the values ''personal development'', ''independence'', ''being myself and enjoying life'', ''belong and feel accepted'', ''enjoying pleasure'' and ''experiencing adventures and having fun''. By using these values to complement brand personality for service offerings in Alpine health tourism, the congruity between consumers and brand will grow and simultaneously the preference for the brand will grow (Aaker, 1997). Thereby trust and commitment is growing too, which again has positive influence on brand loyalty. In this way a strong brand can be generated which induces trust and commitment and has unique brand associations. We have defined ''brand compatible'' or ''brandable'' as the ability of a product to carry a strong brand. According to our results, service offerings in Alpine health tourism can be considered potentially ''brandable'' and *H1* was therefore accepted. However, these results should not be interpreted in such a way that brand associations should only be established at the association level of values. Brands which address various association levels are stronger than brands which only concentrate on one association level (Kotler *et al.*, 2007). Brand personality and the values a brand shares with consumers can function as a stable core around which other, possibly less stable associations (e.g. highest quality, lowest price), can be placed. If such a strong core exists, a brand would ''survive'' failure of less stable associations due to, e.g. variability of service quality or competitive environment. Also, fundamental revitalization processes would be only necessary if important consumer values change. Last, since personal values apply for higher aggregated social entities, a brand which has been established on this association level does not have to be highly differentiated in order to address various target groups in parallel. All these aspects have positive impact on the cost of brand management.

By means of cluster analysis for the association levels of values and consequences, homogenous clusters were generated. For the association level of attributes this was not possible. The clusters for values and consequences have been described by comparison of arithmetic means of MEC items. Product experience with Alpine health tourism was used in order to explain the differences in means. Given that brand associations are generated in learning processes through direct or indirect product experience, here the aim was to analyze if and how the importance of MEC items changes during learning processes. For the association level of personal values, product experience proved to be a significant variable for explaining differences in means among clusters. We were able to identify that with increasing product experience consumers concentrate on fewer values which are closely linked to their personality. However, if product experience is low, we found that consumers depend on a multitude of values. This appears to be plausible considering that product experience has a positive impact on perceived risk by reducing it (Cox and Rich, 1964). If product experience is low, brands, respectively, brand associations work as cues for consumers with which they can reduce perceived risk. Therefore, if product experience is low, consumers depend on more cues than if product experience is high. Marketers can

account for these changes by staging and communicating values as part of brand personality according to product experience. Brand personality can be communicated through various potential sources like employees, CEOs, average users, product attributes, own experience from usage, brand name, brand logo, type of advertising, price, country of origin and company values (McCracken, 1989; Batra *et al.*, 1993; Aaker, 1997; Maehle, 2007). Our results indicate that for all segments, but in particular for segments with higher product experience, the values ''health'', ''safety'' and ''harmony'' should be addressed in Alpine health tourism. Maehle (2007) has shown that a good source for these sincere terminal aspects of brand personality would be, e.g. the company's moral values. In practice, this could be achieved by communicating them in written form, e.g. in the mission statement and on the homepage. For segments with lower product experience, instrumental values such as ''personal development'', ''independence'' and ''enjoying pleasure'' should also be addressed. As these instrumental aspects of brand personality refer to competence issues and also excitement issues, good sources could be, according to Maehle (2007), company's employees, CEOs and, in the case of excitement, endorsers. In practice this could be achieved by having sophisticated and independent employees staging and communicating ''personal development'' and ''independence''. One recent stream of research in brand management focuses on staging and communications of such values: behavioral branding. Behavioral branding incorporates, as Henkel *et al.* (2007, p. 311) define, ''[. . .] any type of verbal and non-verbal employee behavior that directly or indirectly determines brand experience and brand value''. The knowledge that perceptions and behaviors of employees can influence visitor's experiences and therefore have to be addressed in internal marketing is not new in tourism (Choo and Park, 2009) although there is still a lack of research (Wagner and Peters, 2009) and the focus is often only on socially conforming behavior such as friendliness or on hospitality. Behavioral branding is mainly about complex employee behavior; socially conforming behavior is considered rather self-evident. Here employees need to thoroughly know the goals and brand values of their company and they need specific brand-related skills. This demands well-qualified and motivated employees which can be a challenging but vital task to accomplish as brand consistent employee behavior can be seen as a critical success factor (Henkel *et al.*, 2007). Last, the value ''pleasure'' can be staged and communicated through advertising style. In practice this could be achieved by the use of high-quality design and material (e.g. paper, color) and high-quality content (pictures and descriptions). For the association level of consequences clusters could also be identified. However, the differences in the means of consequence items among clusters cannot be explained through product experience. According to our definition, they are not the result of learning processes. We found that primarily the socio-demographic variables age and education account for differences. Consequently, brand associations on the consequence level depend much more on the individual socialization process. They are therefore less amendable to supplier influence than brand associations on the value level.

Conclusion

Specific research on branding in health tourism is scarce. It is not uncommon that brands are only seen as either logos or a term (Smith and Puczkó, 2008). We wanted to put the emphasis in this article on the consumer and his association structure in order to broaden this perspective. MEC theory provides a theoretical framework for structuring such brand associations. We were able to show that MEC analysis can be a valuable tool for identifying possible brand associations not only for existing brands but also for a product type. Furthermore, we were able to show that a common, identifiable and describable value structure for service offerings in Alpine health tourism exists which can be integrated into a broader concept of brand personality. As Pitts and Woodside (1986) have already pointed out, values can play an important role in brand advertising in the tourism industry. When shifting emphasis in staging and communicating these values according to product experience, a strong brand can be established. A brand based on this value structure, sharing the same values as its customers, would then have all the potential of becoming a strong brand with loyal customers. The significance of such an influential brand is very high

because it is a guarantee for greater sales and revenues and accounts for a high importance of enterprise value. While implementing and preserving a strong brand, one critical factor of success can be brand behavior, especially in service sectors with a high share of customer/employees ''touch points'' and a fierce competition such as health tourism. The value structure which we identified could function as a basis for developing behavioral branding in health tourism. Further applied research would be needed in order to analyze how such a value structure could be transferred into concrete brand behavior.

With respect to the limitations of this survey, one possible limitation is the very high proportion of female participants in the sample. It would be interesting to conduct the same survey with a more balanced sample and analyze for gender differences. On the other hand, women, as chief health-care decision makers for their households (Macias *et al.*, 2004), are clearly a very important target group in health tourism as they are more involved in health-related decisions (Kahn, 2001). With regard to the association level of attributes, the amount of items should be reduced in order to analyze whether the absence of preference consistency in the sample is solely the result of the quantity of items or an actual lack of preference consistency. Finally, an effort should be made to replicate the findings for other types of intangible services.

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