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The Development of a Model for Health Resort Businesses to Take Care of Health and Support the Aging Society by Creating High-Value Services for Small Hotel Businesses

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Abstract This research aimed to: 1) study the process of developing a health resort business model; 2) create a health resort business model; and 3) propose guidelines for developing a health resort business model that supports the aging society by providing high-value services for small hotel businesses. A mixed-methods approach was used, combining quantitative and qualitative research. For the quantitative aspect, questionnaires were administered to 400 older people, and the data were analyzed using frequency, percentage, mean, and standard deviation. In contrast, the qualitative aspect involved in-depth interviews with representatives from small hotels, hospital, Sub-district Administrative Organization, and public health officials at Sub-district Health Promoting Hospital, involving 100 individuals. The qualitative data were subjected to content analysis. The findings revealed that: the elderly engaged in health promotion and care activities such as disease prevention, rehabilitation, and medical treatment. They required health services in terms of physical, economic, social, and mental/emotional aspects. Health resorts were found to effectively care for the elderly by providing a supportive environment, emergency preparedness, expert care, and appropriate facilities. Guidelines for developing health resort prototypes emphasize reliability, proper licensing, comprehensive facilities, a good environment, food and activities, safety standards, and alternative medicine services to address health issues.

Keywords Service business; Health resort; Health care; Elderly

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Introduction

When Thailand fully entered an aging society in 2021, the proportion of its population aged 65 and older exceeded 7 % of the total population. According to the United Nations (UN) definition, in 2021, the elderly population of Thailand comprised 9 million individuals, accounting for 12.8 % of the total population. Compared to other countries in the ASEAN region, Thailand had the second-highest rate of aging per capita, following Singapore. Therefore, it was predicted that Thailand would become the first developing country in the world to fully enter the Aged Society in 2022, or that 14 % of the population would be elderly (Kasikorn Research Center, 2021). United Nations World Population Aging provided information on the Aged Society, which was defined as a society with an elderly population of 60 years of age or older living per population of all ages in the same area at a rate equal to or greater than 20 percent or with an elderly population of 65 years of age or older living per population of all ages in the same area, constituting at a rate of 14 percent or higher of the total population (United Nations, 2021).

Based on the above facts, the presented circumstance presented a significant and valuable opportunity to enhance and expand one's business or launch a new enterprise. This was consistent with Dhammasane's (2012) assertion that the service industry that catered to the elderly was significant and intriguing due to the size of this particular customer segment. In addition, it was essential to note that the term "elderly" encompassed individuals in poor and those in good health. Additionally, this term encompassed both elderly citizens residing in Thailand and those who moved from abroad to live in Thailand. Numerous factors influenced the decision to engage in business activities in Thailand. Therefore, Thailand was the land of smiles, happiness, peace, culture, and beautiful nature; medical advancement was imminent. In addition, Thais were known for their generosity, kindness, hospitality, and altruism. Consequently, Thailand could be considered an appropriate spot for a business providing services to the elderly. However, this elderly service business was a process of activities or operations designed to satisfy target groups comprised of individuals aged 60 or older or the age after retirement. The entrepreneur would receive profit as an allowance, which could be allocated to various categories, including insurance, housing, health promotion or treatment, recreational activities, etc.

Consequently, the hotel and resort business for health or Wellness Hotels and Resorts has experienced consistent growth and advancement, aligning with the demands of customers seeking services that cater to their physical and mental well-being, particularly in beauty and health maintenance. Furthermore, the concept of a high standard of living and well-being has been incorporated and utilized to distinguish various tourism offerings, such as accommodations and hotels. This led to the emergence of wellness hotels and resorts, which possessed a distinct identity and experienced growth in response to consumers' transition towards a competitive marketplace that prioritized experiential value over singular products. During this period, there was a notable prevalence of the experience economy, wherein tourists sought services provided by hotels and resorts to enhance their travel experiences beyond mere accommodation offerings. Hence, wellness hotel and resort could curate customer experiences by providing health services. The tourism industry underwent significant changes, resulting in the emergence of a distinct competitive advantage for hotels in the expansive market. The concept of wellness encompassed a comprehensive approach to healthcare, incorporating various activities with distinct rehabilitative qualities. These activities were tailored to cater to the interests of tourist groups seeking wellness experiences. For instance, the activity schedule during a hotel stay for wellness tourists included food nutrition care, which emphasized internal health recovery, yoga for muscle flexibility and relaxation, and meditation for mental and cognitive development. The primary objective was to prioritize enhancing and sustaining holistic well-being (Pewchan & Rattanaprasert, 2019).

The hotel business ought to provide health and accommodation services to elderly tourists, both Thai and foreign, while recognizing the significance of healthcare. This acknowledgment was

particularly crucial given the increasing popularity of health tourism, particularly in the international market. Thailand has emerged as a prominent global hub for medical tourism, exhibiting substantial growth potential and a promising trajectory for annual expansion. The recent COVID-19 outbreak highlighted a heightened consumer interest in health and well-being, particularly among individuals who prioritized maintaining a harmonious balance between their physical, mental, and spiritual dimensions. These individuals sought to prevent and mitigate illness through natural environmental practices and the intelligent and optimal utilization of advanced technology. The topic concerned the development of a health resort business model to support the healthcare needs of an aging society through providing high-value services by small hotel businesses. To support an aging society, the hotel industry should establish a new alternative service business that promotes health care. As a result of scientific and technological advancements that have made human life more comfortable and lengthened life expectancy, the business of providing services to the elderly is viewed as a very interesting one in today's society and the future. Now, certain nations have wholly entered the Super-Aged Society time. In the past, the aging population increased in many countries across the globe, indicating that our world was genuinely entering a society characterized by an aging population (Department of Mental Health, 2020).

Consequently, the research team investigated the development of a model for health resort businesses to take care of health and support the aging society by creating high-value services for small hotel businesses. The potential transformation of a small hotel business into a health resort could address the demand for health services among the general public. This establishment could establish connections with various levels of healthcare facilities to enhance and provide care for the elderly population. The primary objectives would be to preserve their current state of health, prevent complications, and minimize disability. Additionally, the resort could facilitate the elderly's ability to continue living within their families and communities by offering necessary assistance or access to caregivers from these social networks. These efforts aligned with the government's policy to develop and implement a support system for an aging society. The hotel industry played a significant role in preparing the population for effective aging and contributing to the growth and development of the tourism sector. Due to the hotel’s commitment to providing superior services and effective administration, the elderly experienced a sense of comfort and security during their stay. Finally, it became the main factor for elderly individuals visitng our country. It also could generate employment opportunities and income for the local community, while promoting and maintaining their health to sustain the aging population. Such information was highly advantageous for entrepreneurs to analyze and develop strategies for developing products, services, and marketing initiatives to cater to the expanding elderly population. The opportunity for business in the elderly market is the key market target.

Research objectives

1) To study a model development process for a health resort business to take care of health and support the aging society by creating high-value services for small hotel businesses.

2) To develop a health resort business to take care of health and support the aging society by creating high-value services for small hotel businesses.

3) To propose guidelines for developing a model for a health resort business to take care of health and support the aging society by creating high-value services for small hotel businesses.

Research benefits

1) To give guidelines for small resorts developing a business model for health resorts to be applied in business planning in the future.

2) To establish new alternative service businesses for small hotels to promote and take care of Thai and foreign elderly tourists' healthcare.

3) To create an appropriate environment and facilities for small hotels to attract and satisfy elderly tourists, resulting in more income for small hotels.

Research methods

This research employed a mixed methodology, integrating both qualitative and quantitative research. Each research method utilized in this study is explained below.

Quantitative research

1) The population considered for this study comprised 604,244 elderly individuals aged 60 years and over (Department of Older Persons, 2020). The sample size was determined following Taro Yamane's principle (Yamane, 1975). A sample of 400 individuals was randomly selected using the simple random sampling method, assuming that each member of the entire population had an equal probability of being selected.

2) Quantitative research instruments included a questionnaire.

Part 1 General information of the respondents, including gender, age, current family status, underlying disease, and medical scheme, totaling 5 questions

Part 2 Information on health promotion and care behaviors for the elderly consisted of health promotion, disease prevention, medical treatment, and health rehabilitation, including to 40 items, divided into 3 levels of practice

Part 3 Information on the health service needs of the elderly consisted of physical, mental/emotional, and social and spiritual aspects, including 40 items in the form of a rating scale

Part 4 Information on health resort management for elderly health care, namely elderly care specialists, facilities, a good environment, and socially appropriate conditions, as well as emergency preparedness, totaling 50 items in the form of a rating scale

Part 5 Additional recommendations on the health resort business for elderly care

3) Upon completing the questionnaire, the researcher made a letter requesting the cooperation of the elderly in data collection. I am seeking authorization from the director of the Sub-district Health Promoting Hospital and the village headman. In order to request support, public health volunteers in each village facilitated a team of researchers to collect questionnaires from a sample of 118 elderly individuals in Lampang Province, 34 individuals in Nakhon Nayok Province, 116 individuals in Suphanburi Province, 62 individuals in Prachuap Khiri Khan Province, and 70 individuals in Trang Province, resulting in a total sample size of 400 individuals.

4) The process of data analysis involved the utilization of a statistical program to analyze the collected questionnaires according to the following steps:

4.1) General information about the elderly in a checklist was used to distribute the frequency and calculate the percentage.

4.2) Information on health promotion and care behaviors for the elderly included health promotion, disease prevention, medical care, and health rehabilitation.

4.3) Information on the health service needs of the elderly consisted of physical, mental/emotional, and social/spiritual aspects.

4.4) Information on health resort management for elderly health care consisted of elderly care specialists, various facilities, a good environment, socially appropriate conditions, and emergency preparedness.

Qualitative research

1) The population used in the research was 100 key respondents involved in the development of a health resort business model consisting of 25 representatives from small hotels, 15 representatives from hospitals, 25 representatives from the Sub-district Administrative Organization, 25 public health officers from the Sub-district Health Promoting Hospital, and 10 academicians. in-depth interviews used structured interviews. Random sampling used both voluntary and purposive sampling.

2) The instrument employed in qualitative research was the structured interview through an in-depth interview. It involved using predetermined open-ended questions, allowing the participants to freely explain their opinions and provide the most accurate and factual information. The interview was structured into 3 parts.

Part 1 General information of respondents

Part 2 Recommendations for the development of a health resort business model for elderly health care

Part 3 Other problems and suggestions

3) In order to collect data, after completing the interview form, the researcher delivered a letter requesting a response from 100 individuals, including small hotel representatives, hospital representatives, Sub district Administrative Organization representatives, public health officials at the Sub district Health Promoting Hospital (SHPH), and academicians.

4) The results of in-depth interviews were analyzed for their content and summarized by synthesizing all the contents and using the information to create a model development process for an elderly care health resort business.

Results

The results of the study could be described as follows for each objective.

1) Objective 1 research results were to study the development process of a health resort service business for health care to support an aging society through the creation of high-value services of a small hotel business, which could be explained as follows:

1.1) In part of general information, the majority of the elderly were female, with 260 females and 140 males accounting for 65 % and 3 5%, respectively. 177 individuals, or 44.25 % of the elderly, were aged 60 to 69; 147 individuals, or 36.75 %, were aged 70 to 79; and 76 individuals, or 19.00 %, were aged 80 and older. The current familial conditions of the elderly population primarily involve living together with spouses and children, comprising 209 individuals or 52.25 % of the total. Another 133 individuals, accounting for 33.25 %, lived with their children. A smaller proportion of 38 individuals, representing 9.50 %, lived alone, while 20 individuals, resulting in 5.00 %, lived with relatives. Most of the elderly had underlying diseases of 278 people, accounting for 69.50 %, compared to 122 or 30.50 % of elderly individuals without underlying diseases. The medical scheme of the elderly was predominantly their own for 339 people, representing 84.75 %, and 61 people, or 15.25 %, used the medical scheme of their children.

1.2) Information on health promotion and care behaviors for the elderly was demonstrated in Table 1.

Based on Table 1, the results of data analysis on health promotion and care behaviors for the elderly revealed that the overall figure was at a positive level and that each item, i.e. disease prevention, health rehabilitation, health promotion, and medical treatment, was also at a positive level.

1.3) Information on the health service needs of the elderly is shown in Table 2.

Based on Table 2, the results of the analysis of data on the health service needs of the elderly indicated that the overall figure was at a high level. When examining each item, it was determined that they were also at a high level, i.e. physical, economic, social, and mental/emotional.

1.4) Information on health resort business management for elderly health care is shown in Table 3.

Table 1 The overall mean and standard deviation of health promotion and healthcare behaviors for the elderly.

Health promotion and healthcare behaviors	$\bar{x}$	S.D.	Result	Rank No.
Health promotion	2.66	0.473	Positive	3
Disease protection	2.94	0.238	Positive	1
Medical treatment	2.42	0.500	Positive	4
Rehabilitation	2.72	0.483	Positive	2
Total	2.69	0.424	Positive	

Table 2 The overview of the mean and standard deviation about the need for health services among the elderly

Health service needs	$\bar{x}$	S.D.	Result	Rank No.
Physical aspect	3.92	0.682	High	1
Mental/emotional aspect	3.64	0.682	High	4
Social aspect	3.77	0.643	High	3
Economic aspect	3.85	0.632	High	2
Total	3.80	0.660	High	

Table 3 The overall mean and standard deviation of health resort business management for elderly.

Health resort business management	$\bar{x}$	S.D.	Result	Rank No.
Elderly care specialists	3.75	0.736	High	3
Facilities	3.66	0.795	High	4
Good environment	4.18	0.646	High	1
Socially appropriate conditions	3.58	0.682	High	5
Emergency preparedness	4.04	0.719	High	2
Total	3.84	0.716	High	

Based on Table 3, the analysis results of the management of the health resort service business for elderly health care demonstrated that the overall figure was high and that, when considering each item, namely good environment, emergency readiness, elderly care specialists, facilities, and appropriate social conditions, the overall figure was also high.

From this information, the process of developing a prototype health resort is summarized as shown in Figure 1.

2) The results of the data analysis according to Objective 2, to develop a prototype health resort service business model to care for health and support the aging society by creating high-value services for small hotel businesses, were explained as follows:

Developing a prototype of a health resort service business to support health care for the aging society by creating high-value services for a small hotel business was fundamental in creating a conceptual prototype as a factor. The health resort service business management for elderly health care is indicated below.

2.1) Regarding elderly care specialists, the operator might be a manager or a supervisor. Throughout operations for providing services in health resorts, employees were responsible for coordinating, receiving contacts, notifying incidents or warnings, notifying news, facilitating and taking care of the elderly in case of illness or suffering issues, and organizing quality activities and services for visitors by working in a health resort 24 hours a day.

2.2) In terms of facilities, the location of various facilities should be secure and non-hazardous to human health. There were accessible transportation routes to the community and medical facilities. The resort should properly allocate usable space within buildings and guests' rooms. The building's entrance should be non-slippery and devoid of obstacles that could impede or endanger the elderly. Standardization was necessary for residential rooms. Every room should be equipped with a bathroom. A safe electrical system was provided. In addition, the room's furniture should not have any sharp edges or other potential hazards for the elderly. Buildings with two or more floors should have at least one passenger elevator that the elderly could use to access every floor. The building's corridors must be equipped with continuous handrails and an emergency exit. The direction and location of the facilities were indicated by a sign for those who came to use the service. There was parking for elderly patients who could not walk, and emergency patient referrals. A service unit was opened as a 24-hour service center.

2.3) In an aspect of a good environment, water should be available for consumption in accordance with water quality standards and in sufficient quantity to satisfy all guests' needs. There existed a system that supported consumer wastewater. At all times, both the interior and exterior must be clean. There was a waste collection and disposal service that was hygienic. There was adequate sewage storage and treatment or disposal of sewage to prevent disease outbreaks. Insects and animals that brought disease into the area were prevented and eradicated. Laundry service was available. Conveniently, restaurant service was offered. In addition to improving and repairing residential rooms, water supply, and electricity, health resorts should keep their buildings in good condition so that they are always utilized effectively.

2.4) In the aspect of appropriate social conditions, recreational areas and parks were one factor that encouraged the elderly to live in open areas where they could engage in recreational activities, relax, and exercise while being in close proximity to nature while meeting new acquaintances. Tourism activities, exercise activities, dharma activities, traditional and religious activities, social development activities, knowledge dissemination activities, and activities to promote knowledge for the elderly, etc., were among the social activities designed to make it easier for the elderly to adapt and accept themselves and prevent depression.

2.5) In the aspect of emergency preparedness, the resort must provide home medicines for primary care, establish a contact system, and facilitate or assist residents via telephone. A referral system equipped with audible and visual alarms should be available in the event that elderly patients need to be transported to a hospital for treatment. A backup power system or emergency lighting must be installed. In a health resort, firefighting equipment and the security system must always be operational.

3) The results of Objective 3, to propose guidelines for the development of a model for a health resort business to take care of health and support the aging society by creating high-value services for small hotel businesses, were explained as follows:

Entrepreneurs of health resorts or residences must remain attentive and prepared to support needs or adjustments in space to respond to future changes in the elderly in order for health resorts or residences to be able to accommodate the elderly for as long as possible. The fact that the elderly chose to utilize a health resort was unquestionably one of the advantageous options and must-have criteria because it could be considered caring, one of the means by which the family had chosen for the elderly, our loved ones, to be in a safe place, which included the following specifics: 1) In terms of reliability,

health resorts were required to hold accredited licenses, which could be examined or had medical personnel and staff with expertise and experience working in the field of elderly care, 2) regarding complete facilities, health resorts should have standard beds. Both the width and length of the bed had railings to prevent falling off the bed, 3) a good atmosphere and environment contributed to mental comfort, a sense of freedom, and the presence of fresh air to feel relaxed, 4) Health resorts must prioritize the provision of completed nutritious food and engaging activities as a means to support the elderly in maintaining optimal physical health and promoting cognitive stimulation, thereby potentially reducing the risk of developing dementia, 5) the health resort had spaces with lakes, mountains, and waterfalls, all of which had positive effects on physical and mental health, 6) health resorts could benefit from offering a comprehensive 3-day, 2-night program package designed to facilitate the physical and mental rehabilitation of elderly individuals and their accompanying family members. Furthermore, additional short-term options might exist, specifically half-day and full-day packages. 7) Health resorts ought to offer alternative medicine services, specifically under the guidance of healthcare practitioners, in the form of hotels with medical functions. These services should encompass psychological therapy for stress-related conditions, as well as incorporate traditional Chinese medicine and Thai traditional medicine, 8) health resorts have to specialize in holistic health care theory, 9) health resorts must adhere to safety standards, including the use of safety equipment.

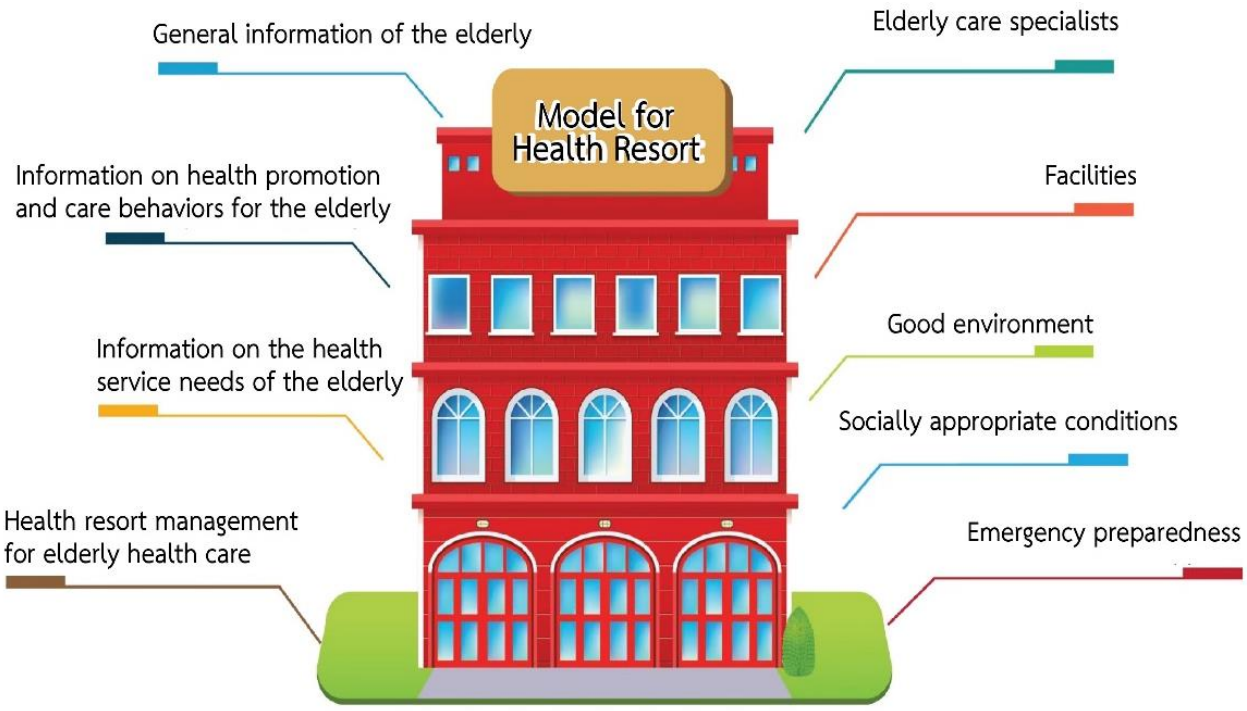

Figure 1 Summarizes the process of developing a health resort.
Source: Mukda et al. (2022)

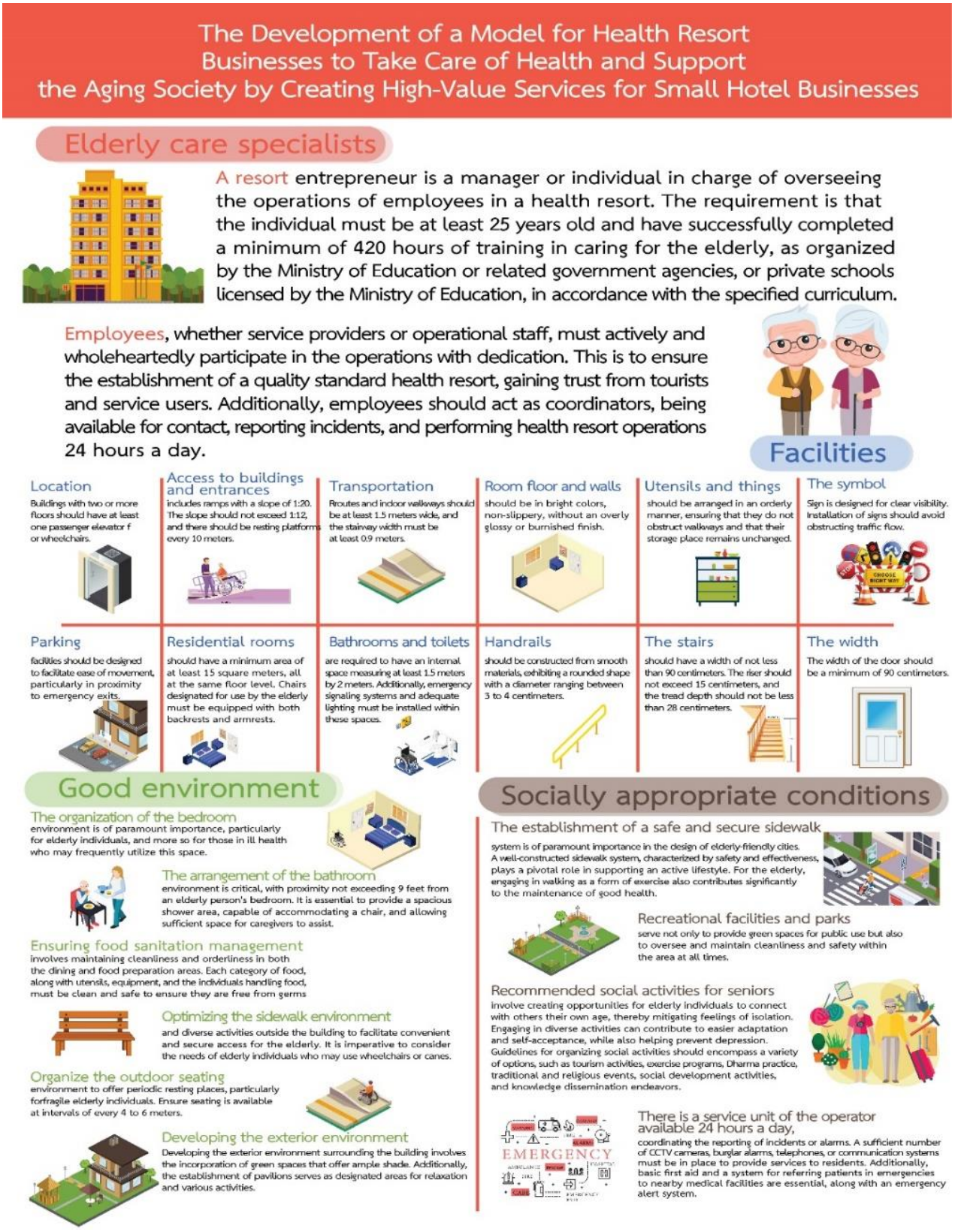

Figure 2 Conceptual map for creating a health resort service business model prototype
Source: Mukda et al. (2022)

Discussion

1) To study the development process of a health resort service business for health care to support an aging society through the creation of high-value services for a small hotel business. The research results can be discussed as follows:

1.1) Health promotion and care behaviors for the elderly revealed that the overall figure was at a positive level and that each item, i.e., disease prevention, health rehabilitation, health promotion, and medical treatment, was also at a positive level. Orem et al. (2001) stated that self-care is the ability of individuals to appropriately care for themselves. It requires initiating and consistently practicing self-care activities, which encompass factors of knowledge, competence, and responsibility in self-care. It involves motivation to act and continuous efforts until achieving successful outcomes, emphasizing the importance of valuing good health and recognizing self-care behaviors. It can lower the risk of disease by engaging in regular activities. Consistent with Hill and Smith's (1990) assertion that self-care is the result of individual behavior or the environment focused on achieving and maintaining well-being, which leads to good health.

1.2) The health service needs of the elderly indicated that the overall figure was at a high level, and when examining each item, it was determined that they were also at a high level, i.e. physical, economic, social, and mental/emotional aspects. This is in line with Sinsap and Jaimun (2020), who studied the health behaviors of older adults with high blood pressure in Nakhon Ubol municipal area, Ubol Ratchathani. Their research revealed that the overall six health behaviors are as follows: interpersonal relationships are the highest, followed by health responsibility and spiritual development, physical activity, nutrition, and stress management. Furthermore, when Janthamungkhun et al. (2019) studied the needs assessment of health promotion for older adults in Na Siao Sub-district, Muang District, Chaiyaphum Province, it was found that the elderly have essential needs in 4 areas for health promotion, with physical needs being the highest, followed by psychological, spiritual, and socio-economic needs, respectively.

1.3) The management of the health resort service business for elderly health care demonstrated that the overall figure was high and that, when considering each item, namely, a good environment, emergency readiness, elderly care specialists, facilities, and appropriate social conditions, the overall figure was also high. Plermkamon and Thangchan (2021) studied the hotel context for elderly tourists in the Northwest. It was found that the hotels are well-prepared to accommodate elderly tourists, with the following aspects observed: 1) Interior building and environment, 2) Exterior building and environment, 3) Equipment and amenities, 4) Interior room and bathroom, 5) Safety system, and 6) Other service attributes. Piriyapun et al. (2015) studied developing standard aging health care in nursing homes. It was discovered that the analysis of the suitability and feasibility of implementing health care standards for the elderly in residential care centers resulted in the following components: 1) internal standard systems, 2) physical environment and safety systems, 3) rights and protection, 4) health, and 5) management and administration.

2) To develop a prototype health resort service business model to take care of health and support the aging society by creating high-value services for small hotel businesses. The research results can be discussed as follows:

The model development process for an elderly care health resort business shows that most elderly people, after retirement, spend more time at home and potentially travel to various tourist destinations for relaxation. Designing health resort businesses or residential accommodations that support daily life and cater to the needs and physical conditions of the elderly is crucial for enhancing their quality of life. Designing functional spaces that are appropriate helps the elderly lead a convenient, safe, and enjoyable life. Although the principles and processes of designing health resort businesses or residential accommodations for the elderly may not differ significantly from designing general living spaces, many crucial details cannot be overlooked and are essential to integrate during

the design process. Considering design approaches is imperative and cannot be ignored. Additionally, safety is a paramount concern that health resort businesses or residential accommodation operators must prioritize. Moreover, anticipating and accommodating the changing needs of the elderly in the future is vital, allowing spaces to adapt to these changes. This ensures that the elderly can lead a prolonged and fulfilling life in health resort businesses or long-term residential accommodations. In line with the Department of Mental Health (2020), health establishments catering to the elderly or individuals with dependencies must adhere to detailed standards concerning facilities, safety, and service provision. These standards must be adhered to according to the regulations set by the Ministry, specifically addressing facility standards, safety standards, and service standards for healthcare establishments in elderly care or dependency care in 2020. Furthermore, it is consistent with Chuephueng et al. (2017), who conducted research on hotel services management for Thai elderly tourists staying in PhraNakhon Si Ayutthaya Province. The research findings revealed that the majority of Thai elderly tourists were female. For the traveling behaviors, it showed that the sample takes the opportunity to travel in order to be with family members in a new environment and has been to PhraNakhon Si Ayutthaya Province more than 3 times with their family members by private car and usually stays for 1 - 3 nights. They intend to revisit the destination. The proximity of a hotel to tourist attractions or community areas influences the decision to stay there. Selecting rooms with a size of 6-foot beds, equipped with special amenities for the elderly, comfortable mattresses, appropriate bed heights for sitting and standing, and a suitable room size. The bathrooms should be wheelchair accessible, with sliding doors and exterior facilities such as pathways, ramps, stairs, and elevators. Elderly tourists have high expectations for accommodation, and their highest expectations are associated with accommodation and services. In light of this, hotel and service business operators should be prepared and enhance their businesses to align with elderly tourists' travel behavior and their preferences for accommodation.

3) To propose guidelines for the development of a model for a health resort business to take care of health and support the aging society by creating high-value services for small hotel businesses were explained as follows:

Guidelines for the development of a model for a health resort business to take care of health and support the aging society by creating high-value services for small hotel businesses also require additional details, including 1) reliability, 2) complete facilities, 3) good atmosphere and environment, 4) nutritious food and engaging activities 5) comfort within a wellness resort, 6) health resorts could benefit from offering a comprehensive 3-day, 2-night program package or short-term options available, specifically half-day and full-day packages, 7) health resorts ought to offer alternative medicine services, 8) health resorts have to specialize in holistic health care theory, and 9) health resorts must adhere to safety standards, including the use of safety equipment. According to the Department of Industrial Promotion, Ministry of Industry (2017), the increasing market demand from the elderly from various countries has led to a promising trend for business and service opportunities catering to the elderly in Thailand. Businesses that exhibit growth potential and generate new opportunities benefiting the aging society encompass 1) wellness tourism businesses, 2) healthy food businesses, 3) beauty and anti-aging businesses, 4) pet care businesses for the elderly, 5) innovative businesses for rehabilitation and health promotion for the elderly, 6) health insurance and life insurance business, 7) delivery service business, 8) Elderly health care business, 9) Specialized fitness trainer businesses for the elderly, and 10) retirement financial planning and consulting businesses. Parasuraman et al. (1988) stated that there are 5 dimensions to consider when evaluating the service quality expected by service recipients. There are tangibles, reliability, assurance, responsiveness and empathy.

Recommendations

Policy implications

1) Government agencies, private sectors, and stakeholders should use the results and new knowledge gained from research as guidelines in establishing policies to provide funds to support hotel operators to develop and serve elderly customers efficiently.

Management implications

1) Entrepreneurs operating small hotels should adapt their environments to cater to an increasing number of elderly tourists, both domestically and internationally, including the Baby Boomer group. This adaptation involves enhancing and developing various facilities within the hotel in alignment with the principles of civilized architecture and adhering to established tourism accommodation standards. Attracting and satisfying elderly tourists through these adjustments is anticipated to contribute to increased hotel revenue.

Academic implications

1) Continuously advance applications specifically tailored for health resort businesses catering to the elderly.

2) Foster further development in technology, information systems, and facilities that are both appropriate and secure for the elderly and disabled groups. This initiative aims to enhance their quality of life and contribute to fostering equality in society.

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