Case study: Wellness, tourism and small business development in a UK coastal resort: Public engagement in practice

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HIGHLIGHTS

- Discusses tourism, well-being and public engagement.
- Examines value of well-being for tourism business and local community.
- Action research study located in Bournemouth, UK.

ARTICLE INFO

ABSTRACT

This article examines the scope of well-being as a focus for tourism and its potential as a tool for small business development, particularly the opportunities for tourism entrepreneurs in coastal resorts. The study reports an example of public engagement by a research team and the co-creation of research knowledge with businesses to assist in business development by adapting many existing features of tourist resorts and extending their offer to wider markets. The synergy between well-being and public health interests also brings potential benefits for the tourism workforce and the host community. The Case Study outlines how these ideas were tested in Bournemouth, a southern coastal resort in the UK, in a study ultimately intended to be adopted nationally and with more wide reaching implications for global development of the visitor economy. Local changes ascribed to the study are assessed and its wider potential is evaluated.

1. Introduction

There is a growing interest within public policy in many countries about the relevance and application of University research expertise to different stakeholders, typically framed as the private and public sectors as research partners. One driver of this growing public policy focus is around demonstrating value for money and relevance of publicly-funded research. Other political motives by government also characterise these approaches to demonstrate the role of Universities in cooperating, collaborating and in stimulating innovation with the private sector as forms of knowledge transfer.

The wider publics which Universities engage with, particularly businesses and the public sector, are now subsumed is part of a growing agenda around 'public engagement', defined as ' … the myriad of ways in which the activity and benefits of higher education and research can be shared with the public. Engagement is by definition a two-way process, involving interaction and listening, with the goal of generating mutual benefit' (National Co-ordinating Centre for Public Engagement (NCCPE, 2016) often conceptualised as co-creation where mutually derived benefits occur through cooperation, collaboration and joint working. The principal objective of public funding which endorses such an approach is to share the benefits of publicly-funded research (and the knowledge existing in Universities) to help solve problems and to benefit society. The European Community (EC.europea.eu) also

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endorse such an approach, as do many UK Research Councils with their requirement for pathways to impact[1] to help co-create research solutions and problem-solving. The rationale is to stimulate innovation and to arrive at a joint understanding of solutions with wider public involvement to ground the research and make it more applicable to the real world. Many UK Universities have been required to embrace such a widening of their research engagement beyond academic partners as funding regimes such as the UK *Research Excellence Framework* (see www.ref.ac.uk) now require submissions for funding to have 'Impact Case Studies' that demonstrate this wider public engagement and application of academic research to real world problems and their solution, through a myriad of approaches. The UK Department for Business, Innovation and Skills (2009) *Science for All* report summarised the process of public engagement as three interconnected points on a triangle comprising: *Collaboration* (e.g. through co-created research and consensus building with public audiences); *Transmission* (e.g. communicating knowledge to diverse audiences through press releases, public relations campaigns, podcasts and social media) and *Receiving* (e.g. collecting feedback, input to the research process by the public through surveys, consultations and interviews). More specifically, the public engagement process can be targeted at different groups, either individually or a mixture of them including community engagement, government policy, business activities (including policy and strategy) and working with the third sector, namely charitable bodies and non-governmental organisations (NGOs) (e.g. see Sieber, Robinson, Johnson, & Corbett, 2016 for an example). From a practical perspective, the process of public engagement may have four distinct outcomes for researchers: *Informing* wider publics about your research (information sharing); *Consulting* them about what you are doing to see what they think about your research; *Involving* people in the research to understand their priorities and views on specific issues and lastly, a *Delegated* function, where your research can give the public and stakeholders direct control over their own destiny. The skills to engage wider publics are somewhat different from the education and research function which many academics are employed in and critics of such an approach to research sometimes question the theoretical rigour and complexity in such research. This is because it involves simplifying the nature of the academic attributes of studies to communicate the aims and objectives in simple and unambiguous ways. In the most extreme cases, such research is labelled descriptive and 'near to market' and not subject to the same intellectual rigour as peer reviewed journal articles. This poses new challenges for researchers in balancing the academic rigour of the research and its academic outcomes as peer reviewed outputs with the need for relevance, application and the critiques highlighted in certain disciplines around applied research (see Hall & Page, 2014 for these tensions within the context of applied geography).

This case study is developed from a public engagement perspective, where the underlying research aim was to, through a process of co-creation of research knowledge with tourism entrepreneurs, to identify the potential growth opportunities for the tourism sector globally through a focus on an expanding niche market — *wellness tourism*. The paper commences with a discussion of the recent expansion of the literature on wellness tourism, emanating from health research, positive psychology and established thinking on medical tourism that has both medical and tourism research antecedents. After outlining the concept and recent literature on wellness tourism, the paper examines the evidence of developments in this sector within one UK coastal resort from the findings of an action research study embedded in a public engagement research strategy.[2] The methodology, analysis and findings from the action research project have significant implications for national and global development of this field, particularly the salience for small business development as a potential new growth sector. The study aimed to stimulate local businesses to take fuller advantage of the well-being tourism market and so is of value for the wider development of this theme globally, drawing upon the lessons and management implications for destinations.

2. Wellness and tourism: a new growth sector for the global tourism industries?

Wellness tourism is an expanding niche market globally, providing specific business opportunities through products that promote or maintain health (Kelly, 2010; Rodrigues, Kastenholz, & Rodrigues, 2010). The number of international wellness tourists in 2010 was 17 million, equivalent to 2% of international tourist flows and the value of the business was estimated at 106 billion US$. This is double the volume of medical tourism travel that has been a significant feature in the medical and tourism literature (Global Spa Summit, 2011). Wellness tourism is forecast to grow by approximately 5–10% per year (Rodrigues et al., 2010), due to a numbers of factors, including an ageing world population, increased public awareness over health issues, conventional medical systems facing funding issues which has seen people turn to private sector solutions embedded in the process of globalization (Voight & Pforr, 2014) where international tourist travel for medical treatment is blending tourism and well-being within the wellness concept. Whilst wellness and tourism are not a new concept within tourism, the two themes have a long history of association in stimulating tourism development (e.g. Durie, 2003; Walton, 1983), where well-being and visitor wellness was the principal focus of the development of spa tourism and the early development of inland and coastal tourism resorts in many countries (i.e. taking the waters or specialised treatments through to hydropathy). A number of recent studies (e.g. Chen, Huang, & Petrick, 2016; Konu, 2015; Pyke, Hartwell, Blake, & Hemingway, 2016; Rutty & Scott, 2014) have developed the wellness and tourism resort development theme further creating a valid line of research inquiry.

Wellness is the antithesis of illness (Kirsten, van der Walt, & Viljoen, 2009), assuming a continuum between positive and negative health (wellness and illness) upon which improvement may be addressed through treatment or an intervention. Wellness tourism targets healthy people with a proactive interest in maintaining or enhancing their health, offering them treatments at spas or therapy establishments (Brooker & Joppe, 2014; Rodrigues et al., 2010) although historically this declined in the post-war period as mass tourism and advances in medical care reduced the reliance upon these traditional forms of wellness via state and private sector organisations providing such treatments as the treatment of respiratory diseases shifted from sanatoria for the more affluent to universal health care systems.[3] Consequently, it was not until the

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[1] According to the Economic and Social Research Council in the UK, 'A high quality *Pathways to Impact* will include explicit awareness of principles and practices of knowledge exchange - including the application of principles and practices of co-production - as opposed to dissemination' (http://www.esrc.ac.uk/research/impact-toolkit/developing-pathways-to-impact/).

[2] An action research project can be described as a piece of research to solve an immediate problem although in this context, the process of co-creation involved the development of communities of practice, namely a group of people to engage in the process of collective learning throughout the research study to create a series of outcomes.

[3] The exception to this is the former Soviet Union with the state sponsored sanatoria which have been described more like a health farm than the western predecessors — see Vetitinev, Kopyirin and Kiseleva 2016.

new millennia that wellness begun to be rediscovered as a rebranded form of niche tourism, with global awareness promoted through the internet and social media especially the focus on the body and mind as a means to achieve wellness through a tourism experience. Although medical tourism saw a major growth within the notion of wellness tourism until the early 2000s (Connell, 2006), wellness has extended its scope into a broader phenomenon (Nawijn, 2010). For example, retreat centres, aspects of rural or nature tourism, and camping are increasingly being included as a strand of wellness tourism (Brooker & Joppe, 2014; Kelly, 2012) although this focus on the outdoors in not new for well-being, given the emergence of an outdoor movement in the 1930s (also called the open air movement) extolling the health benefits of the outdoors and exercise (Walton, 1983) which saw blue exercise rise around coasts, lakes, rivers and other water bodies.

The term well-being, which is occasionally used synonymously with wellness (Huebner, Gilman, & Laughlin, 1999; Ryff & Keyes, 1995), is in fact a more comprehensive and robust concept. The World Health Organisation (WHO) defines health to which well-being contributes as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2006) so that it specifically includes psychological and social, as well as physical, health (Kahneman & Krueger, 2006). Although there are different understandings of psycho-social well-being, the existing literature suggests that it may be measured psychometrically in terms of an individual's life satisfaction and happiness (Galloway, Bell, Hamilton, & Scullion, 2006; Hagerty et al., 2001; Le Masurier, Corbin, Greiner, & Lambdin, 2010). Well-being can be defined as either satisfaction with life in general (uni-dimensional measurement) or satisfaction with different aspects, or domains, of life (a multi-dimensional approach) (Nawijn, 2010). Like other perceptual phenomena, subjective well-being differs between individuals (Camfield & Skevington, 2008). It depends upon life choices as well as on socio-political, economic, cultural, and geographical contexts and changes, all of which influence people's perceptions of satisfaction and happiness (Bohnke, 2008; Ferriss, 2010). Bushell and Sheldon, 2009 consider subjective well-being to depend upon a connection with nature, inner and outer body harmony, relaxation, culture and aesthetics. Hence it may be considered partly a matter of personal responsibility, since it is concerned with one's attitudes towards one's own body, mind and spirit (Brooker & Joppe, 2014). For this reason it can be considered perceptual, and varying between individuals according to taste, needs and environment.

Well-being has been closely correlated with life and job satisfaction (Wu, Chen, & Tsai, 2009) within the literature on positive psychology. According to Rhoades and Eisenberger (2002), the notion of employee well-being has been framed in terms of Perceived Organisational Support and it describes employees' beliefs concerning the extent to which the organisation values their contribution and cares about their wellbeing. The concepts of well-being and job satisfaction are challenging to assess in specific terms, as people may derive differing degrees of satisfaction from the same experience. However, such individual variation is accommodated in the theory of Subjective Well-being Homeostasis (Australian Centre on Quality of Life, 2010), which proposes that individuals have a genetically determined 'set-point' for subjective well-being that is internally maintained and defended. Life events may temporarily deflect one's well-being status above or below the set-point but over time one tends to return to it (Easterlin, 2003). Subjective well-being has a hedonic element, concerned with maximising the pleasant effects of life and avoiding unpleasant experiences and their consequent negative feelings and also a eudaimonic element, concerned with self-development, self-actualisation and making a contribution to the lives of others (Le Masurier et al., 2010; McMahan & Estes, 2010). While the hedonic aspect is mainly concerned with the self, the eudaimonic perspective tends to be socially and pro-actively oriented, and together they represent the richness of human satisfaction and happiness in a holistic way (Le Masurier et al., 2010). Hedonic well-being focuses on happiness in terms of experience and emotion, while eudaimonic well-being emphasises reflective aspects of happiness, including life fulfilment (Boniwell, 2011).

A much wider concept, quality of life (QoL) may be conceived as a measure of how well an individual's present life experience corresponds with their hopes and expectations (Cummins, Eckersley, Pallant, Van Vugt, & Misajon, 2003) and a recent review in this journal sets out the implication for the ageing population (Kim, Woo, & Uysal, 2015). Although some authors consider QoL synonymous with well-being (Camfield & Skevington, 2008; Diener, Lucas, & Scollon, 2006), the majority argue that well-being is an aspect of QoL (Sirgy, 1998). Cummins et al. (2003) suggest that QoL can be categorized as objective (physical aspects) and subjective (psychological and social aspects). Thus an individual's QoL depends on the level of their physical and psycho-social well-being which, in turn, relate to the values and attitudes that define perception of their own life (Diener, Lucas, Schimmack, & Helliwell, 2009; Kahn & Juster, 2002). Thus potentially it also encompasses wealth, status, moral and aesthetic values, and other such traditional measures of a successful life. A WHO protocol for measuring QoL defines it as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns." (Herrman et al., 1993, p. 153). However, the concept goes beyond this, since it is based upon complex socio-cultural constructs and its definition must depend upon the way the culture of the definer views the construct of definition (Barofsky, 2012). For the purposes of this discussion, QoL is a broad ranging concept touching all aspects of an individual's life and affected in a complex way by one's physical health, psychological state, level of independence, social relationships, and relationship to one's environment.

Much of what is increasingly classed as wellness tourism, including experiences such as beauty therapy, massage, relaxation or energy-balancing classes, art, music and the appreciation of nature is better represented as well-being tourism. Not only is its direct relationship with health (i.e. with non-illness) diminishing, but it is also becoming increasingly related to personal experiences and satisfaction rather than to the more obvious, externally imposed health goals such as weight loss. Satisfaction in a service provision context is considered to include technical and functional quality (Grönroos, 1984), performance-delivery quality (Parasuraman, Berry, & Zeithaml, 1991), product, behaviour, and environmental factors (Philip and Hazlett, 1984). Drawing upon some of the discussions above, the technical and functional quality of well-being tourism seems to depend upon a natural or aesthetically pleasing setting and a range of facilities, including health related treatments, physical, mental and spiritual activities and social, cultural and aesthetic centres.

QoL relates to an individual's complete life experience, but in tourism terms it is linked to the sustainability, attractiveness, authenticity and competitiveness of a destination (Carneiro & Eusébio, 2015; Dolnicar, Lazarevski, & Yanamandram, 2012, 2013; Weaver, 2012) and it has been discussed in terms of the tourists themselves, the tourism host community and tourism workers (Uysal, Sirgy, Woo, & Kim, 2016). The literature suggests a growing interest not only in the life-improving experience offered to tourists, but also in enhancing the lives of those who work with tourists, or whose lives are touched by tourism. The well-being and QoL of those who service the tourism industry become more important as

the tourism industry grows in significance as an employer. A broader conception of what is currently called wellness tourism can work in two ways. It may enhance the entire tourism product within a competitive market place, increasing revenue and turnover (Crouch & Ritchie, 2012), but at the same time it may offer a way to develop and motivate the workforce, increasing productivity and service quality.

The broadening of the wellness concept discussed above has its counterpart in the general undercurrent of public health policy. Since the mid nineteenth century UK public health policy has likewise progressed from immediate threats to health (water and sanitation) to longer term issues such as housing standards and health provision (e.g. the NHS in the UK). Most recently it has been interested in the habits of individuals, such as smoking and diet, and since the early 2000s in well-being and QoL at the individual and societal level (Hanlon, Carlisle, Hannah, Reilly, & Lyon, 2011; Hemingway, 2011). These concerns have been reflected in national (UK) public health strategy (Fayers & Machin, 2007), which has similarly moved from a treatment paradigm to a consideration of the well-being and QoL of individuals and communities (Anderson, Mikulic, & Sandor, 2010; Local Government Improvement and Development, 2010). These developments mirror those in a number of other developed countries (Skevington, Sartorius, & Amir, 2004). In the UK, important practical outcomes of this have been the development of cycleways and hiking routes, and the promotion of sports and outdoor activities of all kinds, including ball games, "green" and "blue" gyms (Birch, 2005; Cresswell, 2010). At the same time, public health policy has promoted healthy eating and furthered awareness of the nature and provenance of foods. In UK tourist resorts these developments affect not only the well-being and QoL of tourists but also those of the host communities and tourism workers, and this represents a convergence of policy corresponding to the synergy between the interests of public health and the health of the post-industrial workforce in the aftermath of industrialisation.

The meeting of interests between tourism and public health is relevant to many cities and regions of the post-industrial Western world, but especially long standing tourist resorts, such as UK coastal towns. The latter have experienced a continuous fall in demand since the introduction of jet travel in the 1960s and clearly need to reinvent themselves in order to take advantages of changes in international and British aspirations and lifestyles, as domestic tourism demand has converted to international outbound travel. One possible way to do this is to adopt well-being as a focus for business development in order to increase tourist traffic (Anonymous).

As discussed above, one of the most prominent changes internationally in many developed countries has been concerned with health, well-being and QoL. However, in order to exploit this development to the full, it will be necessary for local businesses, especially the small to medium enterprises (SMEs), that are numerically the most significant in the visitor economy of many areas, to become aware of the nature of the new market and of the potential it offers globally. To illustrate the potential, a local case study was developed as a means of scoping out how this development with tourism entrepreneurs in SMEs and how it could be taken forward as well as identifying what activities were also underway.

3. The case study context

The study was located in Bournemouth, which is located on the central position on the southern coast of England. It had an estimated population of 188,730 in 2013 and 191,400 in mid-2014, growth that is ascribed to an increasing birth rate and inward migration (Dorset County Council, 2016). It forms the centre of a conurbation with two smaller neighbouring towns, populations 54,210 and 149,010 respectively which together occupy 8.6 miles of attractive sandy beach. The area lies to the south of the New Forest, which was granted the status of National Park in 2005 (New Forest National Park, 2016). The central part of this coastal region has two pleasure piers and other attractions including an Oceanarium, museums, a funfair and artificially enhanced surfing beach, and its accessibility and health orientation have been enhanced by new cycleways developed between 2000 and 2010 (Anonymous). The area was visited by 6.88 million people in 2013, of whom 5.82 million (84.6%) were day visitors, while 1.06 million (12.9 UK and 2.5 overseas tourists) stayed at least one night. Visitors spent a total of £501 million in 2013, to which day visitors contributed £208.9 m (average spend per day £35.87), overseas tourists brought £85.8 m (average spend per day £72.73) and UK overnight visitors £190.9 m (Average spend per day £63.28) (NCTA, 2015).

The area has a diverse and vibrant tourism economy (McLeod, Vaughan, & Edwards, 2010), which attracts visitors consistently each year. This is in part due to strategic actions taken by the local tourist board to manage the position of the area in the resort lifecycle including alliances with other seaside resorts (Agarwal, 2002) as well as knowledge and research exchanges with the local academic community including the university (see Alford & Page, 2015). It has well established networks and channels for the exchange of knowledge and undertakes initiatives in the tourism industry. For instance in 2012 the university hosted an Ideas Café event, where academics worked with local tourism businesses and local government to build networks and disseminate innovation in regard to the emerging well-being tourism market. This activity was also supported by the National Coastal Tourism Academy (NCTA) which was established in 2013 with funding from the Department for Communities and Local Government. Its goal is to stimulate local tourism by networking and knowledge dissemination and ultimately to create a model for successful coastal economic growth throughout the UK. This area was chosen as a pilot because of its progressive approach to tourism development, and the NCTA initially focussed on moving forwards on four elements: online resource database, a visitor experience strategy, a research and development programme and a new coastal attraction. Although its focus is increasingly nation-wide, the NCTA continues to work closely with the local tourism industry, evaluating new initiatives and supporting business expansion and the tourism job market.

3.1. The case study

The rationale for selecting this approach as a single-case study rather than multiple-case design is that it allowed an in-depth analysis of situations and individuals, and enabled relationships to be fully explored; in essence it took a 'focused slice' of the whole field (Robson, 1997). It is a strategy based in empirical research that concentrates on the particular 'in context', and along with action research, involves using a variety of methods for data collection. The outcomes of a one-year project discussed here was funded from a Knowledge Exchange Opportunities grant from a UK Research Council. It ran from August 2014 to July 2015 and sought to promote well-being as a destination resource, by establishing a knowledge exchange network consisting of public and private sector stakeholders, and ultimately to support self-sustaining change in the area (Kreuter & Lezin, 2001). This would be achieved through collaboration between the university and the NCTA, and have three principal foci: the development of innovative healthy lifestyle products, enhanced business performance in both dedicated wellness tourism and general tourism to the area, and an

overall improvement in the well-being and QoL of tourism workers and of the permanent inhabitants of the town. Conceptually, the Case Study is constructed around the public engagement research agenda developed for the research study, where the three inter-connected engagement themes of collaboration. Transmission of research findings and knowledge (including co-creating knowledge and its sharing) involved receiving, assimilating and disseminating the ongoing knowledge as it was created. Many of these public engagement themes of informing, consulting and involving a wider public (which in this case is tourism entrepreneurs) are outlined in Table 1 in terms of the study objectives.

For the purposes of marketing and coherency the project was named "Destination Feelgood", and four initiatives took place in order to meet the objectives listed above: ideas cafés, student-employer engagement, the establishment of a well-being hub, information sharing and spin-off to the local community. These took place in the region and surrounding areas that had a natural potential for well-being and the focus in this paper is to illustrate how tourism entrepreneurs were and could further contribute to the destination well-being agenda. As the study was embedded in a public engagement framework, the approach and methodologies used reflect the principles around implementing public engagement (collaborate, transmit and receive) as outlined above.

The university had previously used the innovative concept of ideas cafés as a vehicle for networking, mentoring and knowledge dissemination. The same principle was used in the initiative discussed here to launch and support the project. Thus during 2014–2015, six ideas café sessions, focused on well-being aspects of tourism took place. The sessions were run jointly by the university and NCTA staff and featured guest speakers. The topics included Product and Marketing, Foodservice Innovation and Healthy Staff, Healthy Profit and aimed to cover the main areas of interest, making participants aware of the scope of well-being in tourism, the likely market, opportunities for tourism employees and for the local community and the benefits for entrepreneurs. A self-selecting network of interested companies and individuals was recruited through the NCTA. Sessions were facilitated by the university and NCTA staff and featured invited speakers on specific aspects of well-being, as well as allowing for networking and mentoring activities. The sessions were recorded and made available as podcasts on a designated "Destination Feelgood" Internet site hosted by the university.

In order to address student-employer engagement the university identified 20 businesses which were prepared to assign consultancy projects to final-year students in the fields of hospitality, tourism and well-being to support research-led teaching. These projects enhanced the student learning experience by offering them real life research opportunities and the employers benefited from cost-effective research and knowledge exchange. Case studies of some of the projects were publicised through the same Internet site as the podcasts and other materials, and also acted as a catalyst to foster discussion at ideas cafés.

The well-being hub was established as a web presence and the dissemination platform "Destination FeelGood" established a resource where businesses and other interested stakeholders could communicate and engage in active dialogue. The knowledge bank which was established was designed to provide the basis for a longer-term self-sustaining network that could eventually be made available across the UK and elsewhere.

Innovation-sharing included the development and dissemination of a series of podcasts reflecting the content of the ideas cafés and of particular importance to the project due to the ease with which such outputs can be accessed locally or through the internet and shared internationally. In addition, case studies were prepared, which informed and provoked discussion by showcasing good practice and identifying opportunities and potential barriers to the development of the well-being concept in tourism. At the end of the study, in September 2015, local representatives for public health and the tourism industry, met at the Royal Society for Public Health, in London to showcase good practice and points of learning and to identify ways in which the project could be taken forward locally, nationally and internationally.

4. Methodology

As part of the public engagement strategy, outcomes of the study were monitored through a tracking study which evaluated activity across the area during and after the study was completed. The study findings were disseminated in printed form and through the Well-Being Hub. Attendees at the ideas cafés were asked to complete a written questionnaire, and those who completed this survey were invited to participate in open-ended group discussions. The latter were carried out twice, the first phase being in early 2015 with a second batch of discussions undertaken six months later using the same informants. The aim of this tracking study was to examine the extent to which a market proposition of well-being had enhanced the performance of those businesses participating in the Ideas Cafés. A mixed methods approach, combining quantitative surveying and qualitative interviewing, was selected as the ideal means of providing breadth and depth of information on this subject matter. The fieldwork comprised two phases.

4.1. Phase one

Businesses attending each Ideas Café completed a Well-being Business Survey, designed to achieve a destination overview of the current importance of well-being to local businesses. It elicited information relating to the type of business in question and how well-being featured in the business offering and operations. The term well-being was used to incorporate all aspects of health and well-being products and services. Some 32 of the 45 businesses in attendance at the Ideas Cafés satisfactorily completed the survey. Fieldwork was completed between November 2014 and February 2015.

4.1.1. Face-to-face interviews
Following each Ideas Café, businesses that had agreed to participate in further research were contacted for a face-to-face interview. Interviews were designed to be semi-structured in

Table 1
Destination feelgood study objectives (with public engagement element in *italics*).

1 Establish a network for individual organisations and tourism destination stakeholders to meet regularly to share good practice and disseminate research knowledge (*Transmission*).
2 Promote learning exchange on public health and tourism policies through a network based on champions recruited by the university and the NCTA (*Collaboration*).
3 Build on established relationships between students and the tourism industry in the area of well-being (*Collaboration and co-creation of knowledge*).
4 Disseminate evidence-based knowledge through a tourism/well-being virtual hub hosted by the NCTA (*Transmission*).
5 Identify and share innovative ideas related to tourism and well-being (*Receiving function*).

nature, enabling individual interviewees to elaborate on points as they wished, whilst also ensuring that specific aspects of business and well-being strategy were covered by all. The purpose of the face-to-face interviews was to gather more detailed information about the use of health, well-being and well-being strategies in local tourism and hospitality businesses – particularly within the areas of marketing, operations and staff management. 14 of the 32 businesses that successfully completed a Well-being Business Survey went on to take part in an in-depth interview. The interviews took place during January and February 2015.

4.2. Phase two

Repeat group interviews were undertaken with the same 14 businesses in July 2015. The aim of the second round interviews was to explore the uptake of well-being in thinking and strategy and the difference that such strategies had made to business performance. Interviews followed the same format as in phase one, but two additional questions were used to encourage longer-term reflection on the Ideas Cafés. The questionnaire was divided into five sections. General questions asked about the nature of the business (e.g. restaurant, hotel, attraction), the number of employees, whether full or part-time and whether paid the minimum wage. Respondents were also asked whether their business offered training or health checks, or had a written policy on breaks and working hours. The second and third sections of the questionnaire were directed at accommodation providers and restaurants respectively. The former were asked about room numbers and facilities related to well-being. Restaurants were asked for number of covers, cost of food offerings and whether they used locally sourced produce. The fourth section asked all businesses with catering facilities to respond to a series of statements about food and health, and the final section asked about provision for the well-being of employees, including training, remuneration, breaks, medical care and general welfare.

Group discussions were stimulated and kept on course using questions about the value and appropriateness of developing well-being in the local tourism industry. Of particular concern were the nature of demand for well-being aspects in the resort area, and how this should be addressed, for instance through well-being-related policies, facilities and marketing. The impact of well-being policies upon employees was also discussed.

4.3. Data analysis

Questionnaire data were stored in SNAP and exported into SPSS (Statistical Package for Social Sciences, version 20, Chicago, IL, USA) for analysis. Responses from both phases of the interview process were combined together within a single EXCEL file to facilitate analysis of attitudes and perceptions (Meyer & Avery, 2009). Key themes within the qualitative data were identified and reported on under individual question headings. The total number of businesses represented at the ideas cafés was 45, of which 32 completed usable questionnaires. The survey group contained 20 accommodation providers (hotels, guesthouses and B & B's), 5 restaurants and 7 attractions or other tourism services. Among these, 27 reported that they were open all year and 5 seasonally. Of those completing the survey, 14 went on to participate in the discussion groups.

5. Findings

About half of the businesses represented (14 of 32) were small, employing fewer than 5 people. Hotels were the most likely to have more than 25 full-time, or more than 10 part-time members of staff. Rather low numbers of seasonal employees (a total of 103, as opposed to 280 part-time and 528 full-time among the 32 businesses) reflected the largely year-round operating pattern mentioned above. Fourteen respondents, across all business types, indicated that none of their staff members were paid the national minimum wage, and only 3 businesses said they paid more than 50% of their workforce the minimum wage. However 8 businesses reported that they paid between 11% and 50% of their workforce at this level. Training and development opportunities were offered to the staff of 25 businesses, with no clear differences by business type. Three businesses said they provided regular, free health checks to their personnel, but these were offered to managers, not junior staff. Across the sample, 14 businesses (all but one of those with 6 or more full time employees) had a written policy on breaks and working hours. The overwhelming majority of those (18) who did not, all had 5 or fewer employees. There were no significant differences between business types.

A breakdown of data from the accommodation providers can be seen in Table 2.

Table 2 shows that many of the hotels in all categories had restaurants, but only the larger ones also had well-being facilities, and, apart from spas, these were generally for guests only. A total of 7 businesses (5 restaurants and 2 of the hotels) provided additional data about their food service operations. Restaurant covers varied from 3 to more than 200, the most expensive food items ranging from £7.50 to £28 and the least expensive from £0.50 to £18. One restaurant reported an average spend per head of £83, but excluding this, the average reported spend per head was £16.91 (sd = 5.82). Of the 7 restaurants, 3 said that all of their ingredients were locally sourced, and the remaining 4 that this applied to 'most' or 'some' of their items. Three of these businesses said they featured locally sourced products in their marketing material.

Businesses (21 of 32) that operated foodservice facilities responded to a series of questions about food and well-being, as shown Table 3.

Table 3 shows that respondents felt customers were aware how foods contributed to their well-being and that there was interest in locally sourced foods. They also indicated that they offered non-meat dishes, that their menus were innovative and that they tried to offer a healthy nutritional balance. They disagreed that menus should contain nutritional information, and that their customers sought organic and ethnic foods. Overall they did not feel that menus should show the provenance or organic status of the food they served.

A separate series of questions asked respondents to indicate the importance of various well-being services and products to their business. These results are shown in Table 4.

As Table 4 demonstrates, respondents felt that it was important to provide information and facilities for outdoor activities, especially jogging, cycling, swimming and walking. Areas for rest and relaxation were also seen as important, but there was little interest in providing facilities for related services or activities including well-being related lessons, seminars and events, beauty or spa therapy, meditation or culture.

Responses to a series of questions about the marketing and consumption of well-being in tourism are shown in Table 5.

As Table 5 shows, respondents were aware of consumers' desire for well-being related aspects of tourism, and felt that this area represented an important part of their marketing. The respondents agreed somewhat that customers would pay more if existing products were integrated with facilities and services that promoted well-being. Beauty and mental agility were not considered as important as physical aspects of well-being.

All but one of the respondents said they ran business websites, most commonly featuring 'social and family events' (16) and 'physical activity' (14). Participation sports, environmental and

Table 2
Capacity and facilities available among accommodation respondents.

No rooms	No responses	Restaurant open to		Gym open to		Pool open to		Spa open to	
		Guests	Non-guests	Guests	Non-guests	Guests	Non-guests	Guests	Non-guests
1–5	5	3	0	0	0	0	0	1	1
6–10	4	1	1	0	0	0	0	0	0
11–25	2	2	1	1	1	1	1	1	1
26–50	1	1	1	0	0	0	0	0	0
50+	8	7	6	4	2	6	2	3	3
Total	20	14	9	5	3	7	3	5	5

Table 3
Responses concerning food service and well-being.

Statement	N	Mean	Std. Dev.
My customers have a very good awareness of the type of food that contributes to health and fitness	21	3.57	1.29
Our menus contain details of nutritional values such as levels of salt, sugar, and calories	21	1.71	0.96
There are a range of non-meat dishes on the menu	20	4.25	1.07
All menus should provide details of where the food comes from	20	2.85	1.39
Customers are interested in local foods	21	3.86	1.24
Organic food is an important requirement for many of my customers	21	2.52	1.21
We try to develop menus that combine healthy nutritional balance and exceptional customer experience	21	3.24	1.30
Using menus drawn from different countries and cultures, e.g. Italian, Indian, American, French are very popular with my customers	21	2.19	1.33
We are innovative in our approach to menu and dish design	21	3.33	1.39
Our customers are increasingly asking about allergen information	21	3.10	1.51
We embrace the use of new technology for ordering and keeping track of our stores	21	2.62	1.47

1 = strongly agree to 5 = strongly disagree.

Table 4
Responses about the importance of local well-being services.

Statement	N	Mean	Std. Dev.
Information and advice for customers on jogging, cycling, swimming and other outdoor activities	31	3.48	1.43
Facilities and equipment for customers wanting to engage in outdoor activities such as hire bikes, canoes, jogging equipment	31	3.29	1.37
Support for customers wanting to engage in more formal participation sports such as golf and tennis	31	2.68	1.42
Advice on walking routes and scenic walks in the area	31	3.94	1.39
Providing facilities for meditation and reflection, with specialist staff knowledgeable of techniques such as Yoga	31	1.94	1.26
Offering seminars and instruction sessions for customers on healthy lifestyles	31	1.32	0.87
Offering seminars and events on healthy eating, diet and nutrition	31	1.32	0.83
Paying guest speakers and specialists to provide support	31	1.45	0.72
Providing beauty therapy services and facilities	31	2.29	1.49
Spa facilities and other therapeutic services for rest and relaxation	31	2.16	1.39
Organised events for customers to attend art exhibitions and other cultural events	31	2.06	1.24
Providing information on menus about the nutritional value of the food and drink on offer, such as calories, levels of fat, sugar salt etc.	30	2.10	1.18
Providing areas for rest and relaxation with friends or family	30	3.07	1.48
Providing access of the services and facilities listed above to staff	30	2.63	1.61

1 = strongly agree to 5 = strongly disagree.

Table 5
Responses about the tourism well-being market.

Statement	N	Mean	Std. Dev.
Well-being factors are essential components of my offer to the market	31	4.00	1.29
I recognise the importance of Well-being factors but am unsure which aspects to prioritise for investment	31	2.71	1.04
If I include health and fitness images in my marketing it makes little difference to my business performance	30	2.70	1.39
My customers seem to be more aware of health and fitness as part of their routine	31	2.97	1.11
My customers appreciate the importance of an environment that helps them relax and unwind	30	4.10	1.18
Physical exercise and activities in the local area are important to my customers	31	3.26	1.18
Customers want easy access to beauty and cosmetic services	30	2.30	1.24
We offer facilities for customers to engage in mind challenging games and activities	31	2.10	1.35
Competitors seem to be offering more health and fitness type facilities and activities	31	2.81	1.33
I think customers are willing to pay a premium for accommodation that offers health and wellness facilities/services	31	3.16	1.53

1 = strongly agree to 5 = strongly disagree.

outdoor activities, heritage and culture were each featured on 11 businesses websites, education and beauty treatments on 6, nutrition and gastronomy on 5 and meditation/reflection on 3.

Results from the final set of questions, which dealt with the well-being of employees, are shown in Table 6.

As Table 6 shows, the strongest positive responses were about access to medical facilities, areas for rest and relaxation, and the ability of staff to suggest improvements. The most negative responses related to providing late night transport, motivating events and incentives. Open ended discussions, intended to provide more

Table 6
Responses relating to the well-being of employees.

Statement	N	Mean	Std. Dev.
There are staff training schemes for new and serving members of staff	31	3.35	1.66
Staff are encouraged to develop new skills at whatever level in the business	30	3.53	1.59
Staff are encouraged to observe good working practice in other businesses	31	3.42	1.43
We have regular team meetings	30	3.33	1.54
Staff are encouraged to discuss stress and work issues with their supervisor or another member of staff	30	3.63	1.30
The remuneration scheme rewards hard work and performance over basic pay	27	2.89	1.67
Tips are distributed to all staff as an addition to their basic pay	27	3.44	1.74
There is an area where staff can rest at appropriate times	28	4.11	1.13
We have a clear health and safety policy which is regularly discussed with staff	29	3.97	1.32
Staff have easy access to medical facilities	28	4.18	1.12
We have a well-developed incentive programme	28	2.46	1.43
We have regular competitions and fun events for staff	27	2.33	1.44
We provide late night transport for our workers	24	1.96	1.55
We have a policy for dealing with difficult customers	28	3.96	1.14
Staff rotas/shifts are rarely changed at short notice	27	3.22	1.63
Staff have some degree of autonomy in their job roles	26	3.73	1.15
Staff are encouraged to make suggestions for improvements/changes in the way things are carried out	28	4.11	1.20
New staff are allocated an informal 'buddy/mentor'	27	2.81	1.69
Management are regularly appraised for their leadership skills	27	2.89	1.53
Our business has a philosophy that is clear and constantly reinforced with all staff	27	3.44	1.42

1 = strongly agree to 5 = strongly disagree.

detailed information on well-being related strategies used in the local tourism industry, took place at the beginning of 2015 and again in July of that year. These discussions are summarised below.

5.1. Initial discussion groups

Participants felt that it was important to have a policy relating to well-being, drawing from a belief that well-being was important to their customers and its perceived provision resulted in repeat business. Most participants (11 of 14) thought there was currently an upsurge in interest in well-being within the tourism industry, both from consumers and providers. Two small business owners expressed anxiety that they could not compete with the well-being offerings of larger organisations, especially spas and beauty facilities. Several participants felt that customers were becoming more aware of their own well-being and hence more demanding in terms of products and services that they perceived as well-being related. However, no new well-being related products were identified, as most participants felt they were already satisfying their customers' well-being needs.

All of the participants said they featured well-being themes in their marketing with all but one achieving this through online resources. However, the most commonly used well-being themes were comfort, peace and quiet, with additional personal touches such as friendly or family-run service. Participants felt that customers were responsive to well-being in their marketing, but also indicated that several different marketing platforms were necessary to get the well-being message across.

Participants felt that well-being policies for staff were conducive to a happy and successful business environment, in which customers as well as staff would find satisfaction. Eight employers reported training schemes, cycle loans, staff parties, discounts and incentives, but three participants said they did not have staff well-being policies in place and three gave answers such as "we're all on the same page" or "we treat our staff with respect".

5.1.1. Follow-up discussion groups

All of the participants indicated they had gained new insights from the ideas cafés, although for some the latter had simply confirmed the importance of their existing policies and procedures. As a minimum impact, respondents felt that the study reinforced their view of a happy, healthy business environment, or that

exposure to new development had increased their knowledge, their awareness of service quality; or in one case, their desire to succeed. Other business respondents indicated that they were thinking more deeply about what they offered their guests and one participant had made a useful contact who had helped with their offering and their marketing. Two businesses said their practice had not changed as a result of the sessions, but many of the businesses that served food had become more aware of allergens, organic food and local provenance, four had developed their food product accordingly, and one had menu statements translated into several languages. One participant's company had been inspired to develop day tours to historical and cultural sites throughout the south of England while another had installed cycle racks and parking spaces to benefit from newly installed cycle-ways in the region. However, no businesses reported changes in their marketing outlook or procedures between phases one and two of the interview process.

6. Discussion

This Case Study identifies well-being as a concept and movement offering the potential to bring together the interests of tourism entrepreneurs, consumers, employees, tourism host communities, and public health authorities, with development opportunities for all of these stakeholders. The findings represents an attempt to realise some of these benefits in a typical British coastal resort that needs to expand its market appeal, although interestingly well-being was a strap line used in the marketing of the resort in the 1930s by the London Midland railway company in publicising holidays. So in one respect, this is a recycling and rebirth of an old concept with a reinvigorated and new focus. In the 1930s, the marketing of the resort exploited the forward-thinking of the resorts positive well-being attributes and with the resurgence of the well-being concept is timely to reconsider this new trend in niche tourism development, given the rebirth of the coast and its potential for 'blue leisure space' (White et al., 2010). The findings demonstrate the positive, integrated nature of this area's tourism industry and education and drew upon historical collaborations and techniques (for instance the ideas cafés) developed in the course of previous research.

An important consideration is the extent to which the study activities enhanced the perceptions and performance of local tourism businesses. A mixed method approach combining a

questionnaire survey and group interviews was used to assess how the outcomes had been met. Survey respondents and 11 of the 14 group discussion participants felt that there was increased demand for well-being products and services in the tourism industry. However, participants in group discussions seemed reluctant to identify how they could develop well-being within their current tourism product and several felt that they were already adequately meeting their own customers' expectations. Questionnaire results showed that respondents were more focused upon physical well-being (walking, swimming and cycling) than on mental, cultural or spiritual well-being (e.g. guided nature walks, educational seminars, yoga, meditation). This suggests that while businesses were concerned for their customers' well-being, they had not fully considered what this might entail in terms of provision and opportunities for product development. Regarding food and well-being, several businesses used locally sourced products, but little interest was shown in stating nutritional values on menus. However, discussion participants were attentive to vegetarian and specialist dietary needs and committed to continually revising and improving products and menus. After attending the ideas cafés several business owners reported that they had put information about allergens on their menus as required by EU law (EC. Europa. EU, 2015) which is a measurable change attributed to the study.

About half (14 of 32, all larger businesses with >6 staff) stated that they had a written policy on staff welfare and group discussions showed that these included training schemes, cycle loans, staff parties, discounts and incentives. Three businesses offered free health checks for managers only. Most businesses agreed that staff well-being policies contributed to customer satisfaction and business success. Most (26 of 32 businesses) offered staff training and development opportunities, 24 reported that either none or a small proportion of staff were paid at the national minimum wage.[4]

Change over time was assessed by comparing results from the first and second phases of group discussions. All of the businesses agreed they had benefited from their interactions and involvement in the study which was achieved through: reinforcement of their existing beliefs about well-being; new knowledge and ideas generated through meeting like-minded people within and outside the local tourism sector. All but two of the businesses represented in the group discussions had changed aspects of their practice. This included changes to menus with information about allergens, organic food and local provenance and changes to the food products offered and their specification. One company had introduced cultural tours throughout the region, while another had installed new facilities for cyclists. However, no businesses had changed their marketing approach in the course of the study.

This level of development is notable, considering the six month period between initial and follow-up group discussions, but on this basis the process could not be described as embedded. The evaluation was restricted by the duration of the study and also by the availability of participants. However, sustained benefits may also be counted in local pride at hosting the study, in the reinforcement of what is now a tradition of co-operation between industry and education in the area, and in the increased awareness and networking that always proceeds from an initiative of this kind. As the value of the study becomes manifest its national aspirations will be increasingly justified.

"Destination Feelgood" has provided the impetus for two further studies. One, funded by the UK Economic and Social Research Council (ESRC) as part of their annual 'Festival of Social Science' working with a group of children from a local primary school to understand their emotional and sensory connections with the coast. The second study, identified as FoodSMART, and funded through the European Union Horizon 2020 research funding strand and the Universities Innovation Fund seeking to develop a mobile phone app that consumers can consult for menu and restaurant information. It takes into account individual characteristics such as culture and dietary requirements and encourages individuals to eat more attentively, reducing calorie intake and allowing those with food intolerances and specific dietary requirements the freedom to eat away from home.

The synergy between the fields of public health and tourism around the emerging theme of well-being is evident from a global, European Union (EU) and United Kingdom (UK) perspective and a local tourism strategy could support public health interventions designed to enhance visitor and employee well-being. It is suggested here that a vision through which public health and tourism are strategically aligned will not only contribute to a region's economy in terms of employment and wealth, but by providing a focus for business development.

6.1. Limitations

Case studies and action research do not provide generalisability away from their unique setting, but they do offer important initial insights, especially in emerging areas of study. They help explore the scope and issues around a particular theme. Notwithstanding, a criticism of this type of approach is that of restricted external validity, since reliable recommendations cannot be made outside the confines of the case (Robson, 1997). However, a single case study like that presented here may provide valid insight elsewhere, especially into other cases representing similar theoretical conditions (Stake, 2000; Yin, 2003). Mason (1996) refers to this as 'theoretical or conceptual generalisability' as distinct from the 'statistical generalisability' offered by quantitative research. Other researchers argue that the purpose of case study and action research may be to generate intensive examination from which theoretical analysis can be developed, the central issue of concern being the quality of the theoretical reasoning (Yin, 2003).

7. Conclusion

The growing agenda around public engagement and research that has a wider impact on society is not new within tourism. Indeed this has been a strand running throughout the work published within this journal since its early inception, as papers highlight the applied management implications of scholarly research for professional practice. In the UK, the public engagement agenda has been driving this focus through growing the impactfulness of academic research and its application to different stakeholders and a wider set of publics (see Hall & Page, 2015 for more detail, especially on open access and making University research more accessible). This study demonstrates that to make research more impactful, a wide range of criteria need to be fulfilled in both the research design and research process around the nexus of collaboration, transmission and receipt of research knowledge. Knowledge exchange is not new within science, nor is the emphasis now being placed upon the application of knowledge to real world problems. What is different is the need to measure and demonstrate that the research undertaken is not only engaging a wider set of publics, but also making a difference through research interventions. This thinking on cause-effect relationships is informed by a long history of public funding of science where cause and effect relationships can be established more easily. This model is highly problematic as a basis for impactfulness in social science where the cause and effect is not as precipitous and may take a much longer

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[4] In the UK, staff aged 25 years and over are entitled to a national minimum wage rate when employed per hour worked.

timeframe to achieve an outcome. Although this study did achieve a number of notable outcomes in a relatively short timeframe, especially through networking and in the use of evaluative research as a pathway to impact, it is clear that some small businesses may be ambivalent about the opportunity presented and so there is a need to broaden the debate to further engage the business sector. Therefore, follow on studies are fundamental in assessing the longer term impacts of intervention. The next step is to establish self-sustaining business networks that are capable of innovating, with industry leadership as evident through the best practice examples of the Scottish Tourism Innovation Group (Franchetti & Page, 2009) where industry leadership around innovation led to new product development.

The debate within tourism research has been mostly limited to "wellness" and the spa industry but this study does indicate how entrepreneurs may begin to future proof their tourism offering by developing a more integrated approach where the well-being and public health benefits transcend individual businesses to filter through to tourists, workers and the wider community through time. A competitive edge is evident for larger coastal destinations with the rediscovery of well-being and blue space where the natural attractions of sea, sun and sand can embrace the concept of well-being that was lost in the mass tourism market development of the late nineteenth to late 1960s in many developed countries. The natural attributes of the coast and its association with healthy living can now be repackaged and rediscovered within the wellness paradigm by tourism entrepreneurs. Coastal resorts have many natural advantages that can be harnessed with well-being linked to tourism so as to attract the increasingly ageing populations of the new millennia, many of whom may rediscover the coast in a new age. Our study highlights how mass tourism resorts need to find a new focus to develop their appeal for people who may have visited under a different guise in the past, and who can now be attracted by the interconnection of healthy living and leisure consumption. Focus on the individual consumer and their needs to help refresh former mass market products and product lifecycles remains a key theme globally. Future research will need to focus on the collaborative opportunities already achieved to sustain entrepreneurial opportunities associated with new market segments attracted through a well-being focus.

Acknowledgements

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