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Adrian Lubowiecki-Vikuk



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Looking for Health, Fitness, and Beauty

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Adrian Lubowiecki-Vikuk



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Introduction

One of the many aspects of modern human endeavors to preserve health and aesthetics of the body, and at the same time criteria of physical culture, is active participation in its various forms. Sport, along with physical education and rehabilitation, is most specialized. In view of the broader scope of this concept, the meaning of this activity is most frequently narrowed to denote 'sport for all,' including recreation (motor, creative, cultural, entertainment and through social activities), and tourism. Today, these activities allow almost complete freedom to pursue one's own needs, expressed through lifestyle. Purchasing travel services or sports facilities people expect new experiences and sensations. Apart from that, observations suggest that broadly defined health-related services increasingly become part of tourist trips or are their main goal.

Nowadays, the 'traditional' health tourism has taken a slightly different dimension, and health itself is not always a priority. Taking care of appearance becomes a determinant of a healthy lifestyle, and tourist trips are more often combined with the consumption of invasive medical services. Thus, numerous links of physical activity with health clearly indicate that for the current civilization concern for physical condition is a duty and an integral part of the rhythm of human life.

This issue of "Studia Periegetica" deals with the interdisciplinary aspects of health tourism, trends in health regeneration, physical fitness improvement and beauty. The authors of respective articles cover the chosen topics from different research perspectives, which undoubtedly adds color to this issue of the magazine. The advantage of most of the articles is their practical aspect.

"The intellectual feast" begins with an article *Medical Tourism: Theoretical Considerations* by Jolanta Rab-Przybyłowicz. The author made an attempt to provide a theoretical systematization of the concepts related to health tourism, which consists of health resort tourism, spa and wellness tourism, and – a phenomenon

of our times – medical tourism. The latter form was presented in a particular way by a number of authors. Elżbieta Biernat (*Demand for a Polish Health Tourism Product: An Analysis of Tour Operator Offers and the Interest in Polish Health Tourism Based on Tourists from Belgium, the Netherlands, Italy, Spain, and Hungary*), perfectly analyzes the activities of tour operators in the organization of Polish inbound health tourism, with a particular focus on interest in this type of offer of customers in selected European countries and the possibility of its wider promotion. The development of medical tourism also (and perhaps primarily) entails regional development. This issue was discussed by Anna Białk-Wolf, Harald Pechlaner, Christian Nordhorn and Daniel Zacher. In the work titled *Awareness of Health Issues in the Pomeranian Region as a Precondition for Developing a Health Region*, the authors presented the idea of creating a health region. This innovative approach is a valuable indication that the awareness of various aspects of health plays a key role in the development of this kind of space. It is determined, among others, by the development of logistics services, which is the subject matter of the article titled *The Role of the Logistic Potential of a Health Resort on Building Tourism Potential – A Case Study of the Cieplice Resort (Uzdrowisko Cieplice)* by Beata Mucha. There is no doubt that in numerous projects we frequently encounter a number of obstacles. In an extremely interesting way Lina Stanule and Armands Muižnieks [*An Analysis of Factors Influencing the Development of the Kemerī District (Latvia) as a Tourism Destination*] presented historical Kemerī health resort. The above example proves the reasons of tourism decline in Kemerī and determines factors influencing tourism development in this area. The revival of the region (its economy, communities), can undoubtedly be influenced by the development of medical tourism. Jolanta Rab-Przybyłowicz (*Trends and Socio-economic Aspects of Medical Tourism Development in Poland*) in a very vivid way presented a profile of a medical tourist and its connections with the whole range of services, not only health, but also complementary ones. At the same time, against the background of global trends, the author indicates further prospects of expansion of this increasingly popular form of medical tourism. Adrianna Bartnicka refers to the presented problems, paying particular attention to the supply side (*Policies of Selected Enterprises in the Medical Tourism Market – Theory and Practice*). The author analyzes to what extent innovative medical tourism enterprises are successful for developing and diversifying medical tourism product, distribution channels and consumers by means of using a case study of Poland. This is a fresh perspective, especially including the geographical context – post-communist eastern European enterprises development. Matylda Gwoździcka-Piotrowska in the article titled *Local Fees as an Example of Visitor and Health Resort Taxes* from a legal perspective adds that the fees levied on patients to supply local budgets are of vital importance.

Subsequent articles are concerned with people's specific behaviors towards health, fitness and beauty. These behaviors are expressed through different activities, both tourist as well as sports and recreational ones. Alicja Kaiser and Izabela Purcelewska article *Tourism as a Way to Reduce Stress – Opinions of Professionally Active Persons* considering a selected group of respondents, analyze their perceptions and behavior regarding the choice of place and forms of holiday leave in the context of stress reduction. The authors suggest that creating tourist packages and sports-recreational services aimed at improving mental dimension of health may be an important element of promoting modern, healthy lifestyle. The article by Andrzej Hadzik and Krzysztof Sas-Nowosielski (*Health Tourism Spas as places of Physical Recreation for Families*) corresponds with this ongoing scientific discussion. In this paper the authors emphasize that recreation in a family plays a significant role in educating young generations to take up physical activity. In addition, it is important for the creation of health, which may be expressed, among others, through the common practice of recreational physical activity during stays in a spa.

A constantly changing lifestyle of a modern man has been changing human's attitude towards sport. A consumer of this kind of services is increasingly conscious of his needs, seeking higher (or upgraded) forms that bring him satisfaction, relaxation, thereby eliminating the stress of everyday life, and at the same time help him in self-realization. For this reason, the article titled *Enhancing Health Through the Bodystyling Method – An Opinion of Female Residents of Leuven in Belgium* by Alicja Kaiser and Magdalena Mikołajczak must be regarded as a perfect example of the popularization of pro-health offer of bodystyling. Participating in these types of activities not only improves health, or reduces body weight, but also helps in the treatment of civilization diseases. The last very important standpoint in this discussion, which fits in the mainstream of contemporary trends in recreation, is the article titled *The Effects of Pilates Exercises on Some Elements of Physical Fitness and Body Composition* by Maria Lipko-Kowalska. The author expresses an opinion that Pilates classes are an effective training method, especially as far as improving flexibility and trunk muscles strength is concerned.

I would like to thank and congratulate all the authors for their efforts and contribution to this issue. Giving "Studia Periegetica" *Looking for Health, Fitness, and Beauty* into your hands, I wish you all a pleasant read and many follow-up thoughts. I hope that the thought provoking articles will spark further discussions, both on scientific grounds, and among the group of representatives of business background.

Adrian Lubowiecki-Vikuk

JOLANTA RAB-PRZYBYŁOWICZ*

Medical Tourism: Theoretical Considerations

Abstract. Medical tourism is no longer perceived as just a new socio-economic trend. Nowadays, various needs and reasons for travelling for health purposes can be realised in many different forms of tourism – to which the author draws attention by attempting to systematize the terminology of medical tourism. Too often this term is used synonymously with such concepts as health tourism, wellness tourism, and sanatorium tourism.

Keywords: medical tourism, medical tourist, health tourism

1. Introduction

In the last two decades, medical tourism has been recognized as the new socio-economic trend in the world [Connell 2006: 1093-1100; Hancock 2006: VII; MacReady 2007: 1849-1850] that was initially associated with traveling to another country but only in relation to the treatment or procedure [Bookman & Bookman 2007: 42; Leahy 2008: 260-261]. Medical tourism is often characterized as the phenomenon of the 21st century [Bookman & Bookman 2007: 45], a form of transnational health care [Botterill, Pennings & Mainil 2013: 15], kind of offshore medical service [Liberska 2012: 5-11] and one of the effects of globalization [Juszczak 2012: 14], industrialization and the development of mass culture [Connell 2006: 17].

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In the opinion of the author of this article, medical tourism is a form of traveling outside the usual place of residence, motivated mainly by the wish to improve health and body aesthetics; for rehabilitation or psycho-physical renewal under the care of specialists in clinics or hospitals; and it is combined with a wide range of leisure activities offered in a destination or its region [Rab-Przybyłowicz 2014: 24].¹

In recent years, a dense Internet network has connected even the most remote places in the world. T. Friedman [2006: 6-9] well stated that “the world has flattened” and on the global economic playfield, all major players are now able to connect, compete and collaborate online in a manner unseen before. Medical services, like any other goods, have become the subject of international exchange. Having online access makes it easier to find entities treating rare diseases; and doctors can easily exchange information, compare methods, experiences and results of different treatments. Patients cease to be helpless. Knowing their needs and rights, they can actively seek specialists who will be able to help them (following the introduction of cross-border health care in Europe), thus becoming a part of transnational health care.

This article aims to systematize the terminology of medical tourism, due to the fact that this term is often used synonymously with such concepts as health tourism or spa and wellness tourism. It will also endeavor to characterize different forms of medical tourism and draw attention to the specific situation of foreign residents, temporarily living (for several months) in the country for professional/educational reasons; being qualified as medical tourists. Therefore the role of scientists and researchers has become important in the process of analyzing changes in medical tourism.

2. Medical tourism as a form of health tourism

Fighting the negative effects of aging, taking care of physical condition and appearance as well as a holistic approach to health and mental strength, have become global values that play an increasingly important role. Healthy lifestyle once created and popularized by the media, draws into its orbit more and more people from around the world. Their increased activity to achieve healthy lifestyle is evident, for example, in combining multiple travel goals into one single trip. As a result, these tourists are often classified as participants of many forms of tourism, creating a real distortion of the real number of visitors to a country or

¹ However, the trip should include at least one night stay and cannot be longer than 12 months.

region. This stems mostly from the lack of knowledge of forms and divisions in tourism and tourist classification methods for statistical purposes.

The discussion that took place during the 9th National Conference on Health Economy in Rostock (Germany) in 2013, attempted to find a new definition for health tourism²: “health tourism is the branch of health and tourism economies that contributes to maintaining and restoring health and holistic well-feeling by using medicine-based services.”³ This very balanced and very general definition seems to confirm that health tourism is a quite broad term used to describe both: medical procedures and rehabilitation procedures including spa and wellness treatments. Therefore it applies to any sick person who travels to receive a treatment as well as to a person with difficult to detect condition (between health and illness) who just wants to improve health status. Given that health tourism incorporates several forms of tourism, the author of this article would like to draw attention to the most popular.

Although there are quite obvious differences between them (e.g. place of treatment delivery – wellness tourism; level of invasiveness – medical tourism) and it should not be difficult to make the distinction, however it happens all the time, especially when trying to estimate the value of individual markets.

Wellness tourism is undoubtedly a specific form of health tourism because it is based in health/spa towns and resorts with recognized “spa status” (places and areas exclusively dedicated to overall wellbeing through a wide range of treatments and services). They all have special location, climate and natural resources used in treatments and strictly protected [The Act of 28 July 2005 on Spa treatments, spa protection areas and spa municipalities].

This form of tourism is dedicated to the treatment and prevention of various diseases by improving overall health [Kurek 2007: 279]. The distinction between health tourism and wellness tourism is necessary, due to the fact that wellness tourism can take place not only in recognized spa towns but also those places with facilities for the effective implementation of health services. It applies to towns or resorts with unique climate properties or natural beauty that can promote human health and well-being. This strongly leads to the conclusion that wellness tourism is included in health tourism [Szromek 2008: 32]. Another equally popular form of health tourism is spa tourism. It was commercialized in the USA in

² Health tourism is a conscious and voluntary decision to travel outside the usual place of residence in order to regenerate the body and improve physical and mental health during the leisure [Wolski 1970; Medlik 1995; Gaworecki 2010].

³ The discussion took place among 600 invited experts in the fields such as science, economics and politics (delegates came from EU partner countries, Switzerland, the United Arab Emirates (UAE) and Jordan Konferenzbericht 9. Nationale Branchenkonferenz Gesundheitswirtschaft, pp. 12-13 (PDF). BioCon Valley, prof. Horst Klinkmann, www.bioconvalley.org/fileadmin/user_upload/Downloads/Branchenkonferenzen/Konferenzbericht_web2013.pdf [access: 15.08.2016].

the 90s of the last century although its origin goes back to ancient times, backed up by beliefs in the healing powers of mineral waters (*sanus per aquam, salus per aquam* or *sanitas per aquam* – meaning health through water).⁴ Bathing rituals can be seen in many cultures around the world [Boruszczak 2010].

British scientists M. Cohen and G. Bodeker [2008: 4] describe the spa industry as a phenomenon that binds many cultures: Asian tradition of kindness, European achievements in the field of medicine, American commercialization and widespread consumerism; and the cult of beauty combined with a unique holistic approach to therapy and spiritual practices. Spa as a product has linked many industries such as cosmetic, hospitality, tourism, construction, architecture and conventional medicine, massage and fitness.

Wellness (wellbeing) therapies that are most frequently offered in spa facilities assist healthy people in fighting the physical and mental health problems. Therapies include a variety of ways to combat stress, detoxify to release toxins; oxygen therapies and weight loss treatments. They can also be described as prophylactic treatments, which is probably the reason the wellness industry, is regarded as an ally of conventional medicine [Rab-Przybyłowicz 2008: 316-324].

While the sanatoriums/health resorts are typically located in towns with spa status, the spa and wellness centers are very often established wherever there is a large concentration of potential customers: in the city centers or outskirts, in hotels (from 3 to 5 star), holiday destinations and leisure centers. The main priority of treatments in health services is their effectiveness; while in spa services other factors such as atmosphere, ambience and physical environment play a very important role in creating the spa experience [Boruszczak 2010: 115-116]. Health tourism with a focus on good health, general wellbeing and its pursuit incorporates many treatments and forms of leisure activities that are advantageous to health [Lewandowska 2007: 18]. The main motives for traveling in health tourism are:

- recuperation after diseases or injuries,
- necessity to offset the negative effects of stress,
- struggling with addiction,
- decision to undergo medical treatment in calming and relaxing surroundings, not resembling (typically negatively associated) hospital-like environment; and taking advantage of lower price for the same treatment in different markets,
- trend to use the increasingly diverse and unconventional preventive health care offers,

⁴ The German scientist W. Berg [2008: 356] opposes the interpretation of the origin of the term spa as a Latin acronym of *sanus per aquam*, stating that the word spa comes from the name of a town in Belgium, which became popular already in the 14th century for its baths; and that the English started to apply this term to describe resorts using healing properties of water.

– boredom with traditional tourist offers especially evident among wealthy, middle-aged and well traveled people [Łęcka 2003: 175].

Therefore, the motivating factors behind making decision to travel for health benefits can be present in almost every form of tourism. Under this assumption, “health tourism” is a collective term. Figure 1. demonstrates the division of health tourism and shows that one single travel can combine many forms of tourism: spa & wellness, medical (minimally invasive surgery), dental or recreation and shopping.

Our lives move at such a fast pace that leaves most people feeling rushed. We are always in a hurry and complain about lacking time. The adverse consequences of civilization are multiple and the need to fight them will increase health tourism trend. Advancement in technology and scores of cool gadgets (smartphones, tablets, laptops) will only support the trend by streamlining travel planning and preparations. Mobile internet empowers people, giving them access not only to the tourist information and guides but also to the directories of hospitals, clinics and other patient services allowing for more spontaneous and personalized travel options. Traveling becomes infinitely more tailored and customized.

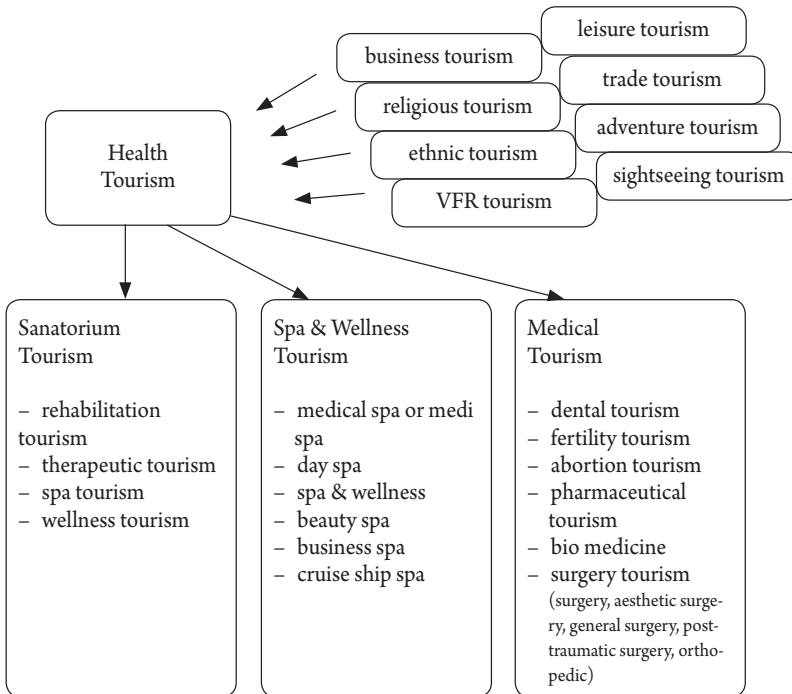


Figure 1. Health tourism – category

Source: Rab-Przybyłowicz 2014: 21.

More than a decade ago J. Henderson [2004: 113] made an attempt to systematize medical/ health travel into three slightly different terms:

- spa and other alternative therapies (wellness, yoga, beauty treatments),
- plastic surgery (aesthetic surgery),
- medical tourism (heart surgery, transplants, cancer treatment, etc.).

She concluded that in both: the local and global tourism, medical tourism is an important component of health tourism [Lubowicki-Vikuk 2012: 566]. As we know it is not always easy to find the right treatment or treatment centre; or to make a decision which treatment or service to take, especially when looking at a wide range of proposals from different tourist destinations. The offer that the patient may decide to take relays often on the professional opinion of people involved in the making of the travel arrangements. These specialists are often referred to as: medical travel agents, medical travel brokers, medical travel representatives, international patient coordinators, medical travel facilitators,⁵ medical consultants, medical concierge care managers, or simply facilitators or providers. The above mentioned terminologies are used to emphasize the importance of individual agencies or persons involved in organizing the entire or part of medical travel, including accommodation, transport from/to the airport or hotel and clinic; and other services such as hospital visits to oversee the treatment or even letting patients make the use of a mobile phone etc. Unfortunately too often these people have no medical training. They do not always fully understand the procedures a foreign patient will need to undergo, so instead of anticipating patient's needs they are waiting for his instructions.

3. The specificity of medical tourism

As described in the previous chapter, health has been one of the earliest motivation for travel. Individuals have traveled abroad for health benefits since ancient times. Health tourism, as early as the 19th century was mainly associated with 'trips to the waters' and other natural resources, and to spa towns specializing in the rehabilitation and treatment of certain diseases due to their unique climate or natural environment.

In the 20th century a slow and uneven growth of different economies deepened the postwar socio-economic gap even more. In the literature from 1970s-1990s, we can find information about wealthy residents of rich countries, where certain treatments for complex medical conditions were unobtainable, making individual trips abroad to international medical centers with better facilities and highly trained medical staff, in order to save lives or improve health.

⁵ www.mtqua.org/2011/08/19/medical-travel-facilitator/ [access: 16.08.2016].

The liberalization of international trade, international business development and reduction of barriers affecting the movement of goods and capital; and finally the development of technical means of communication – the Internet [Winiarski 2006: 177] in the late 1990s, contributed to the acceleration of globalization processes. In parallel with these activities, we saw establishment of international organizations (United Nations, European Union) that do have a major (and growing) influence on governments of many countries and their citizens' rights.

All those changes have enabled the creation of global supply chain that affects business activities (including medical) and contributes to changes in the organization and management of healthcare facilities in many countries. However, the initial costs of establishing highly specialized medical service (equipment and supplies) require large capital investment. Consequently this contributes to a significant increase in the price and negatively impacts access to health services [Liberska 2012: 5-11]. High cost of medical services in the developed countries, growing demand for specialized health care due to aging population and the need to care for a large group of chronically ill people, had lead to cost-cutting efforts and transferring many business functions and medical procedures to low-cost countries. Medical services, like other goods, became the subject of international exchange [Liberska 2012: 5-11]. Medical tourism has become a part of global trend to look for better choices and more affordable medicine for those in need [Woodman 2014: XIV].

The key feature of the new 21st century style medical tourism is the shift towards patients from richer, more developed nations traveling to less developed countries to access health services, largely driven by the low-cost of treatments and helped by cheap flights and the Internet access to information. India is a country which has been a pioneer in medical tourism and has now become one of world's fastest growing markets for medical tourism [Kyoung-Hee & Levy 2010: 378]; closely followed by other Asian countries: Thailand, Singapore and Malaysia. They offer the most popular around the world medical services in dentistry, aesthetic medicine, plastic surgery, surgery or infertility treatment and even the most complex surgical procedures, such as heart surgery or organ transplants.

However, it should be noted, that if not for the development of the Internet, as a universal source of data and knowledge, and reduced travel costs (development of low-cost airlines) medical tourism may not have developed at such a short time and on such a scale – hence the creation of medical tourism industry.

The main determinants for medical tourism are:

- the desire to save money- having option for the same treatment at a similar or higher levels but at a more affordable price, offered in another country,
- poor access to specialists and long waiting time for treatments and other related procedures,
- lack of sufficient financial resources for treatment in patient's own country,

- lack of insurance covering the costs of treatment in patient's own country,
- lack of legalization of some medical treatments (abortion, in vitro),
- the inability to cure the disease in patient's own country (some types of cancer, neurological diseases etc),
- lack of centers specializing in the treatment of certain tropical diseases or bacterial infections, acquired while traveling abroad,
- innovative methods of treatment used by medical centers located outside the country, giving hope for reducing symptoms; or increase the abilities of people especially after accidents,
- taking advantage of medical package offers at a fixed price with a guarantee of post-care,
- the ability to benefit from the EU cross-border directive which stipulates that the EU citizens can be reimbursed for medical services, which they have obtained in another member state, provided that the same service is covered by the health insurance in their own country.⁶

The impact of patient mobility on the national healthcare systems may be dissimilar in different member states or between regions within a member state; and it depends on factors such as geographical location, language barriers, and location of the hospitals in the border regions, population or the member state's health care budget.

D. Botterill, G. Pennings and T. Mainil [2013: 13] proposed a new definition of transnational health care. The authors argue that medical tourism is based on fees and commissions charged for services and those are received by local communities/entrepreneurs as invisible exports. In the case of patients benefiting from cross-border health care based on the use of public health system where patients eventually pay the difference in price for medical services – a term transnational health care includes both segments of patients – medical tourists and patients under the EU directive. D. Bonerill, G. Pennings and T. Mainil concluded that in the past, the tourists/ pilgrims traveled “to the waters” and natural resources in search for the cure of many ailments. The 21st century pilgrims go to spas and wellness centers, and following their medical broker/agent' recommendation, take advantage of other services that are no longer just about improving

⁶ Cross-border directive is addressed especially to people with rare diseases who have trouble finding specialist care in their country of residence. The impact of patient mobility on national healthcare systems may be different in different Member States or between regions within a Member State and is dependent on factors such as geographical location, language barriers, location of hospitals in the border regions, population, size of the budget allocated to healthcare. The exclusions from the directive: organ transplants, long-term care, vaccinations. The EU Senate in report on patients' rights in cross-border healthcare, called the European Parliament for a simplification of the rules of treatment abroad; Brussels, 19 January 2011, www.senat.gov.pl/download/gfx/senat/pl/defaultopisy/294/3/1/004 [access: 16.08.2016].

health and wellbeing but bordering on medical treatments. That is one of the reasons why the boundary between health tourism and medical tourism becomes blurry and unclear. The healthcare system that binds these two fields is becoming more flexible by permitting patients to make their own choices and to enjoy more accessible and higher quality medical care based upon such aspects as politics, management or business in medicine.

On the other hand, some authors [Woodman 2014: XIV; Henderson 2004: 113] believe that, in order to describe certain types of medical travel, a more accurate term “health tourism” should be used in view of the fact, that patients are more likely to travel to improve their overall health, have diagnostic tests or dental treatments, rather than undergo a complicated invasive procedure. But at the same time by using the term “medical tourism,” the medical operators/companies are sending a message to their market, “we understand your needs, we know how to take care of you, and you are not alone” [Woodman 2014: XIV].

The definition of medical tourism [MacReady 2007: 1849-1850; Connell 2006: 1093-1100; Hancock 2006: VII; Leahy 2008: 260-261; Bookman & Bookman 2007: 45; Botterill, Pennings & Mainil 2013: 15] varies in the literature and it is inconsistent. Some authors see it in the context of alternative low-cost offers directed at patients seeking savings [Leahy 2008: 260-261; Bookman 2007: 42], or as a trend of socio-economic development where it is easy for the Internet users to find a particular medical entity that offers a specific medical service [Botterill, Pennings & Mainil 2013: 15; Liberska 2012: 5-11; MacReady 2007: 1849-1850; Juszczak 2012: 14]; while others view medical tourism as a very general concept of medical travel during which the patient voluntarily uses medical services [Cormany 2010: 709-716].

There are many contradictions that surround medical tourism. Minimally invasive procedures can be performed in spas, hotels or resorts and this fact makes, many scientists and researchers of medical tourism, question where exactly the line between health tourism and medical tourism should be drawn; especially that in some countries the concept of health tourism is seen differently [Carrera & Lunt 2010: 469-84]. N. Lunt et al. [2011] suggest that medical tourism is distinguished from health tourism by virtue of the differences with regard to the types of intervention, setting and inputs (Fig. 2).

It should be emphasized that there are many factors that influence patients' choice of additional offers while traveling for medical reasons. The obvious are: the patient's general health, the invasiveness of surgery or the patient's financial situation. It seems that equally important is also the length of stay, the frequency of patient's return to a destination, the attractiveness of a city/town or region and information about local attractions and events received in advance. Understanding and recognizing the needs and motives of people traveling around the world is becoming more complex and will require detailed research.

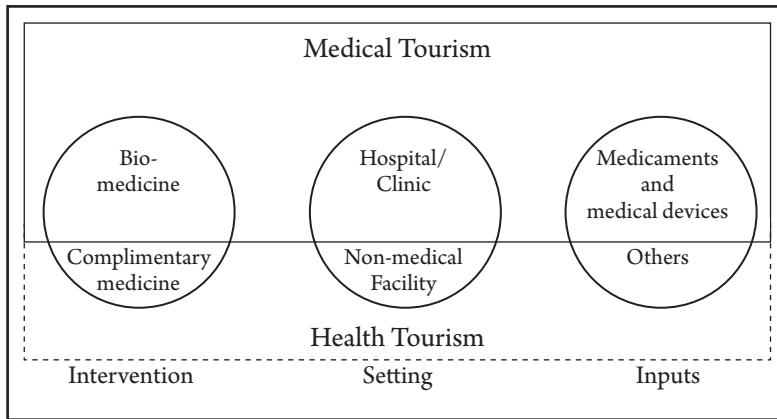


Figure 2. Health and Medical Tourism

Source: Lunt et al. 2011: 7.

It has been noticed that the domestic medical tourists are increasing their mobility. More and more domestic medical tourists decide on treatments in their own country due to the likelihood of unexpected costs during foreign travels as well as the language and other barriers (cultural, religious). Medical Tourism Association (MTA) has issued a following definition: domestic medical tourism is when people who live in one country travel to another city, region or state to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own home city, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care.⁷ This definition of domestic medical tourism issued by the MTA seems to be closing the endless discussion on the existence of domestic travel for medical purpose, because for some authors the lack of definition existing in the foreign literature is synonymous with the absence of this form of tourism in the tourism market. It should also be noted that medical tourism follows the same rules that are relevant to general tourism, where clear distinction between

⁷ Medical Tourism is where people who live in one country travel to another country to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own country, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care. "Domestic Medical Tourism" is where people who live in one country travel to another city, region or state to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own home city, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care. Medical tourism FAQ's, *What is Medical Tourism?*, www.medicaltourismassociation.com/en/medical-tourism-faq-s.html [access: 16.08.2016].

domestic and international tourism is always applied. Consequently it is not justified for medical tourism to be excluded from the related standards.

In Poland, the domestic medical tourism market is constantly growing due to a very long waiting period to see a specialist and uneven distribution of highly specialized medical centers dedicated to rehabilitation or treatment of specific diseases; or performing complicated medical procedures such as thyroid surgery, heart surgery, varicose vein surgery or breast reduction [Lubowiecki-Vikuk & Rab-Przybyłowicz 2015]. They are the reasons why Polish patients are prepared to travel long distances or take up the offers from private medical entities. The health seeking behavior of Polish patients is often caused by the long queues for diagnostic. Patients also search for less expensive offers. These are usually available from some medical entities that have purchased medical equipment using the EU funds; and being located in small towns do not always have the sufficient number of patients that would allow to cover the equipment operating costs. Therefore, diagnostic, treatment or teeth whitening procedures attractively priced and packaged can be even found on popular sites such as Groupon 1. It is worth noticing that more and more Polish people choose to have dental treatments, surgeries or aesthetic medicine procedures while holidaying in their own country – as confirmed by national research carried out in 2016 by the author.

4. Forms of medical tourism

In broader terms, medical tourism can be regarded as a form of diasporic tourism, when people travel individually or with a group of friends or relatives to their native country to use the health care which they trust and respect [Connell 2010: 161]. Some people travel to search for cultural roots and refresh their memories, others travel to their own country because they do not have medical insurance that would cover the medical costs in a country where they currently live; or because they do not speak the language. In those cases taking advantage of medical care back in home country seems to be a natural option. Polish people, who have permanently emigrated abroad, behave in exactly the same manner. They return to “their” doctors and arrange the next appointments well in advance. According to the research this type of clientele is highly valued by the medical entities. The most positive quality is their great understanding of medical procedures as well as the lack of hassle and appreciation of the investment incurred by clinics/hospitals in improving medical facilities and their functionality.⁸ Similar confidence is displayed by the Indian people living in the UK or the Turks living in Germany.

⁸ Nationwide research of author, conducted in 2016.

In narrow terms, the literature highlights several terms [Lubowiecki-Vikuk 2015], recognizing the motives for traveling outside the usual place of residence:

- surgical tourism term was coined to describe the practice of traveling outside the usual place of residence to take advantage of various types of surgical procedures. Its main driving force is the availability of the procedures [Evans 2008: 1089-1095];

- pharmaceutical tourism – traveling to another country in order to buy cheaper or otherwise unavailable medicine [Lubowiecki-Vikuk & Mucha 2015: 147-156];

- dental tourism – the most popular in the world, travel in search for cheaper dental/implant services;

- fertility tourism or reproductive tourism is the practice of traveling to another country for fertility treatments [Deomampo 2013: 514-537]. The main reasons are: lower prices for treatment, in vitro fertilization and other regulations concerning embryo freezing and testing to eliminate certain diseases or genetic defects.

The forms of medical tourism with much controversy from the ethical and emotional point of view are:

- transplant tourism – sometimes referred to as medical imperialism. It typically relates to the practice of traveling outside the country of residence to obtain organ transplantation. Every year, thousands of wealthy patients from Western Europe, the USA, the Arab countries, Japan and Israel travel to China, India and Pakistan to buy body parts: kidney, heart or lung. Organs collected from a living donor work better than those from the posthumous harvesting. WHO condemns human organs trafficking. The Istanbul Declaration of 2008 was signed by nearly 100 countries [Piaseczny 2012: 12];

- suicide tourism or euthanasia tourism is a term used to describe the act of traveling to a country with legislation allowing physician-assisted suicide for terminally ill patients.⁹ Many controversies are created by the fact that some organizations help the chronically depressed or mentally ill but non-terminal patients end their life;

- abortion tourism is traveling from countries with strict abortion laws (Ireland, Poland) to the countries with more liberal abortion laws (the Czech Republic, Lithuania, Germany, Slovakia, Sweden, United Kingdom).¹⁰

An important development in medical tourism is the advancement of telemedicine defined as an innovative form of medical services and health care. The

⁹ *Swiss voters back assisted suicide*, BBC News, 15.05.2011, www.bbc.com/news/world-europe-13405376 [access: 18.08.2016].

¹⁰ According to the final judgment of the European Court of Human Rights from 1992 both: organizing abortion tourism, as well as the use of this service is legal but performing abortion is illegal and it is regulated by the laws of individual country.

telemedicine industry, which uses communication technology to deliver health services from a distance, includes both preventive and curative aspects and covers a wide range of services. Doctors can communicate with patients or between themselves, order prescriptions and offer other health services. Medical assistance can be provided on international level – the doctor and patient are in different countries, as well as in domestic situations when both the doctor and patient are in the same country.¹¹

Medical tourism combined with telemedicine services can provide a significant competitive advantage especially when it comes to patients who arrive from abroad to undergo treatments. Upon returning home after the procedure, the patient's convalescence can be still monitored by doctors who performed surgery. In addition, telemedicine can contribute to reducing inequalities in access to health arising from the geographical differences, also on the local level.

Definition of selected telemedicine services:

– teleconsultations – is obtaining professional opinion of doctors who are not physically present at the patient's location. Doctors can provide medical advice, diagnosis, treatment, issue prescriptions or referrals; or any other decision-making activities related to the delivery of health care service;

– teleradiology – is the practice of having medical images interpreted (read) by a radiologist who is not present at the site the images were generated [Official Journal of the European Union 2008].

In some Asian countries like India, Thailand or Malaysia – medical centers have already been specializing in teleradiology and medical tourism for many years. In those countries, there are many highly qualified professionals educated in the US or the UK. In recent years India has made offshore outsourcing one of the important elements of the country's development and now it has the greatest comparative advantage in providing many professional medical services. About 80% of offshore medical services come to India from the United States. Nearly half of the US hospitals have transferred various services related to health care to India [Liberska 2012: 5-11]. Telemedicine provides continuous monitoring of patients' health (especially those from abroad), breaks down geographical barriers and eliminates the need for patients to be present at the next medical appointment, which greatly reduces the overall cost of medical travels.

5. Medical tourist

Medical tourism is a growing phenomenon with policy implications for health systems, particularly in destination countries. Using exact terminology is impor-

¹¹ www.telemedycynapolska.pl/firma/relacje-inwestorskie/rynek [access: 18.08.2016].

tant for the correct information on the extent of medical tourism and for its balanced assessment. In many countries around the world, the term medical tourist is applied by hospitals/clinics to all foreign patients who made use of medical service in a calendar year¹² without verifying the length and purpose of their stay in a country. It affects the data associated with medical tourism. A certain percentage of so-called foreign patients may actually reside in a country for more than 12 months. They could be students, employees of foreign corporations, embassies and consulates; foreign army soldiers or other seasonal workers and they should not be included in the statistics concerning the number of tourists using medical services. People who are traveling outside their usual place of residence to take advantage of medical or paramedical treatments and tourist activities [Rab-Przybyłowicz 2014: 19] have been described in the literature as medical tourists, global health travelers, mobile patients or medical travelers. In addition, the following terms are also used: client, tourist, consumer, patient, tourist-patient or more precisely medical tourist, medical traveler [Bookman & Bookman 2007: 45-47], global health traveler [Cormany & Baloglu 2011: 709-716] or medical refugee [Milstein & Smith 2006: 1637-1640], and even biotechnology pilgrims [Song 2010: 384-402]. The terminology is constantly expanding.

N. Lunt and P. Carrera [2010: 27] limited the definition of medical tourist to patients who travel voluntary and not least because their financial situation has changed or the healthcare system forces them to do so. K. Pollard goes even further describing medical tourist as a person who during the holidays decides to have a minimally invasive procedures or dental services. E. Cohen [2008: 227] suggested four types of medical tourists:

- medicated tourist receives medical treatment for sudden illness or accident occurring while in the host country,
- medical tourist proper is an individual without any ties to the host country who travels for medical treatment (unrelated to the trip),
- vacationing patient is an individual who visits the host country to receive medical treatment or for rehabilitation after medical procedure but makes use of holidaying opportunities, especially during the convalescence period,
- mere patient visits the host country solely to receive medical treatment, and does not make use of any holidaying opportunities.

E. Cohen [2008: 227] defended his typology of medical tourist, claiming that the authors of many publications, somewhat mindlessly recognize both vacationing patient and mere patient as medical tourists, while their stay in the host country differs considerably in motivations and abilities to take advantage of al-

¹² According to the World Tourism Organization tourism comprises the activities of persons traveling to and staying in places outside their usual environment for no more than one consecutive year for leisure, business and other purposes. The travel must occur for any purpose different from being remunerated from within the place visited [*Terminologia turystyczna...* 1995: 5-7].

ternative offers. It's hard not to agree with Cohen's arguments; even comparing a patient who stays in hospital after an invasive surgery and then returns home with a patient who, after having e.g. laser treatment, dental treatment or Botox injections, can still enjoy tourist attractions, regardless of the season. But many authors from around the world, including the author of this article, agree that certain conditions must be met before the trip can be qualified as medical tourism. A trip abroad must be voluntary and must be organized without a pressure from the state healthcare organization or insurer [Lunt et al. 2011: 2].

In Europe, especially in the context of the EU directive on patients' rights in cross-border health care, a mere patient who crosses the border to receive one day treatment is described as: mobile patient or medical mobility patient.

Most Polish patients, who are enjoying benefits of the EU directive, travel mainly to the Czech Republic and Germany for cataract treatment. Considerable difference in cost has contributed to a sharp increase in the supply of this treatment in clinics located in Czech border towns. To attract Polish patients, they often include extra options (stay in hotels with spa, free tickets for the caves or vineyards etc.) in the basic price of the surgery.

Many of clinic/hospitals employ services of specialized brokers, who on the patients' behalf apply to the National Health Fund for surgery cost reimbursement, or even represent patients' interest in courts, if a conflict arises, to receive a refund of costs. The medical mobility of Polish patients is also affected by the lack of foreign language skills, which is especially evident in the older generation. If the help of Polish-speaking guides/carers or Polish speaking hospital staff (doctors, nurses) is available, it considerably speeds up the decision to travel in search for more effective treatments, especially for rare diseases.

The author has purposely brought up the example of Polish patients seeking cataract treatment in the Czech Republic (within the framework of the EU directive), because in her opinion, without knowing each patient's individual history (place of stay and activities, the length of stay-one day or longer) it is hard to classify whether those patients were mobile patients or vacationing patients. Without a doubt, the scientists have started playing an important role in observing new phenomena occurring in the market, trying to examine them, and draw the right conclusions.

T. Coles and D. Timothy [2004: 14] so rightly pointed out, that people throughout the world, feel reluctant to share information about the precise objective of their travels. They would rather prefer to be statistically classified as migrants, pilgrims, regular tourists or corporate employees, than to reveal their medical plans. There could be many reasons: from the fear of being refused by the airlines after admitting to having an invasive surgery, to simple unwillingness to share personal information with people who are not directly involved in said medical travel.

6. Conclusions

Given the number of countries (about 50) with medical entities involved in the promotion of medical tourism, we have to emphasize the importance of ability to transfer customers' attention to other aspects of traveling and have them recognized as memorable, worth positive recommendation and subsequent returns. This opens up new possibilities for many other branches of science to play an increasingly important role in attracting medical tourists: psychology, ethics, philosophy, sociology, economic psychology, or behavioral economics. G. Kołodko [2013: 16-17] wrote that the world changes and people look forward to new experiences. Customer experience is becoming the new competitive battleground and leading source of distinction in the market. Medical tourism has a huge interdisciplinary potential but it requires skills to research and analyze the observed phenomena. Gaining the cooperation between research institutions from one continent would systematize medical tourism and reduce information dissonance.

Only extensive research conducted using the same terminology, scientific methods and interpretation of law, would allow for comprehensive view of medical tourism market in the region/continent. A wide-ranging qualitative and quantitative market research can be the basis for building a completely new plan for medical tourism development.

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Turystyka medyczna – rozważania teoretyczne

Streszczenie. Turystyka medyczna przestała być postrzegana wyłącznie jako nowy trend społeczno-gospodarczy. Motywy podejmowania podróży w celach zdrowotnych mogą być współcześnie realizowane w wielu formach turystyki – na które autor zwraca uwagę podejmując próbę usystematyzowania terminologii związanej z turystką medyczną, której nazwa zbyt często używana jest synonimicznie do takich pojęć jak turysta zdrowotna, turystyka spa i wellness, turystyka uzdrowiskowa.

Słowa kluczowe: turystyka medyczna, turysta medyczny, turystyka zdrowotna

ELŻBIETA BIERNAT*

Demand for a Polish Health Tourism Product: An Analysis of Tour Operator Offers and the Interest in Polish Health Tourism Based on Tourists from Belgium, the Netherlands, Italy, Spain, and Hungary

Abstract. In Europe, Poland is regarded as a country where health services are cheap and highly professional. Further development of this sector, however, requires building cooperation and networking among institutions interested in sending and hosting tourists. The main objective of this study is to analyze the activities of tour operators regarding the organization of health tourism in Poland, with particular emphasis on the interest in this type of opportunity among customers from selected European countries and on the possibilities of its wider promotion. The analysis of secondary sources points to the fact that the further development of health tourism in Poland on the Belgian, Dutch, Italian, Spanish and Hungarian markets requires consistent implementation of coordination and promotion policies. It is necessary to build contacts and a network of partners (e.g. in Spain). Creating online platforms and using search engines in English or French, as the most reliable source of information and a database for foreign tourists, is essential (e.g. in Belgium and Hungary). Promotion based on facts and analysis ought to be addressed to two different target groups: individual customers (e.g. in Hungary) and payers making decisions about group trips (in Italy and Spain). Constant enhancement of the image of Poland as a European destination with an increasing number of motorways, unspoiled nature, and regional organic foods is also important (particularly among the Dutch and the Belgian). A lot of emphasis should be put on the offered forms of active recreation and on the promotion of modern facilities, a variety of treatments, high hotel standards, infrastructure, as well as, information and booking systems (e.g. in Belgium and the Netherlands).

Keywords: health tourism, Polish offer, tour operators, Belgian, Dutch, Italian, Spanish, Hungarian market

1. Introduction

In the last few years Poland has joined the group of countries perceived as the most interesting destination on the world health and tourism map [Grail Re-

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search 2009] and acquired the title of the hospital of Europe [Property News. pl 2014]. We are regarded as a country worth visiting for treatment as well as health and physical condition maintenance [Biernat 2016]. Foreign journalists and potential business partners visiting Polish medical centers and health spas [Travel Trends Group 2015] notice the high level of medical services and access to highly qualified specialists [Lunt et al. 2011; The Treatment Abroad 2012], well-equipped facilities offering considerably cheaper services compared with Western Europe and the USA [PMR 2015] as well as rich natural resources with therapeutic properties, mineral water sources, microclimate and others [Polska Organizacja Turystyczna (POT) 2015c] Poland is a safe country, attractive for tourists and rich in history [POT 2015b]. All of these factors create a chance for the country to enter the circle of serious players on the world health tourism market. However, being respected on the market and maintaining the position entails extensive promotion targeting potential national and foreign customers of health and tourism services [Lubowiecki-Vikuk 2011]. This is usually the role of the National Tourist Organization, but the activities of various intermediary agencies (providing and receiving) or “virtual brokers” [Solomon 2011] are crucial in that respect and, as scientists claim [Connell 2013] – constantly growing. First of all, it happens because cooperation and networking between the subjects interested in sending or receiving tourists have been growing more dynamically than individual health tourism [Borek 2013]. It is worth mentioning, though, that contemporary patients expect specialist healthcare combined with a high level of hotel, gastronomic, transport and tourist services, (e.g. sightseeing, active leisure time forms or provision of rehabilitation services as a planned and organized continuation of treatment). Creating such a complex offer (e.g. in the form of financially beneficial packages) is certainly easier and more prospective for specialist agencies. Moreover, in the times of rich offers and services available, attracting customers and competing with the growing competition require a number of promotional and marketing activities. It is necessary to prepare creative, interesting, planned and individual offers and to use any presentation aids (e.g. prices as a means of promotion) – which is also an important function of health tourism agencies.

Unfortunately, the knowledge regarding tour operators’ activities in this scope is not very extensive. In some countries such activities are only limited to cross-border healthcare, while in others they are even forbidden [Biernat 2016]. In Poland, according to POT, there is no inventory of agencies dealing with health tourism so this knowledge is minimal. That is why it seems reasonable to expand this knowledge (on the basis of the existing sources). The aim of this study is to analyze the activity of tour operators in terms of health tourism to Poland, with particular emphasis on the interest in this offer among Belgian, Dutch, Italian, Spanish and Hungarian customers and on wider promotion possibilities.

2. Methods

The study is based on a critical analysis of scientific and consulting literature. The basic sources comprised the reports from Polish Tourist Organization Centers Abroad [POT 2015a], Polish Tourist Information Centers [POIT 2015] and the PMR Report “The Private Healthcare Market in Poland 2015. Development Forecasts for the Years 2015-2020” [PMR 2015]. Opinions about the current image of Poland as a destination for healthcare tourists have been analyzed on the basis of the results of the study *Opinions about Poland-Foreigners*, which was carried out by the Polish Tourist Organization [POT 2015b]. Various kinds of expertise, surveys, analysis and Internet sources have also been used. The above mentioned documents supplied information concerning the tour operators’ offer in the area of health tourism (its scope, preferences of potential customers and strategies of further promotion).

The aim of promotion is to inform in a conscious and planned way about activities and offers available and to create and enhance a positive image of health tourism which will result in stimulating demand for it [Biernat & Kachniewska 2017]. Advertising, Public Relations, sales promotion and sponsoring are among the most frequently used promotion means. Promotion is a complex process requiring a clear promotional strategy with a defined time frame and monitoring tools. The most popular ones are the push and pull strategy, information strategy, customer relationship strategy as well as branding strategy [Biernat & Kachniewska 2017].

Health tourism is understood in this work as a temporary stay away from the place of residence in order to regenerate physical and mental health, make some beauty corrections or to undergo some treatments and operations in clinics recruiting their customers through advertising in tourism [Łęcka 2003]. The so understood term covers all health services aiming at maintaining, improving and restoring health. Due to its nature, it is a network product requiring involvement of many entities (including those providing one-day services like dental services or recovery services in which wellness constitutes an important part of the offer) [Białk-Wolf 2010]. For the purpose of this analysis, it seems pointless to exclude from health tourism one-day services and non-invasive and wellness treatments. The phenomenon of health tourism is defined by the purposes of travel (needs, motivation and results) which are identical in case of one-day treatments and longer ones. Furthermore, the disappearing difference between wellness and medical treatments (see medical wellness) makes this difference hard to define [Léon-Jordán et al. 2010; Iordache et al. 2013].

The product of health tourism means a well-prepared sales offer (a package) consisting of medical and tourist services offered on the market [Lubowiecki-

Vikuk & Rab-Przybyłowicz 2015]. It is based on the presence of clinics and surgeries providing medical services. The product should be developed by taking into account the place specifics including its historical values, experience of local entrepreneurs and regional culture and identity. The size of the area, which becomes a platform for exchanging experiences and making direct contacts between customers and service providers, is also significant since it has impact on the development of cooperating sectors [Simmie 2002].

Research on this topic offers very precise definitions of a health tourist (with division into types and categories) [Cohen 2008; Ehrbeck et al. 2008; Karuppan & Karuppan 2011; Connell 2013; Wongkit & McKercher 2013]. Some authors define them as users of health services only, others as participants of widely understood health tourism. Certain authors also consider so called covert tourists, while others differentiate those who are controlled by their national health services (the categories might also be inseparable). Customers for whom using health services is not always planned in advance and does not constitute the main aim of their trip are sometimes singled out, too.

This work analyses tourists (from selected European countries – Belgium, the Netherlands, Italy, Spain and Hungary) who take advantage a broadly defined offer (regardless of the purpose of travel, time of decision making or type of service). The following research question was raised: What is the potential of the above mentioned markets in that respect? What promotional opportunities are there for Polish health tourism in those countries? It seems that such an analysis could be most useful for entities wishing to promote their health tourism offer in other countries than Germany or Scandinavia.¹ It has been assumed that foreign tourists are a particularly important group for the industry of Polish health tourism: both those who pay individually for their treatment abroad and the ones who have their treatment refunded by their national insurance [Borek 2013].

The number or socio-demographic profiles of health tourists have not been defined because, apart from being impossible to regard them as a uniform group [Wongkit & McKercher 2013], it is quite a complex undertaking. Many people decide on the use of medical services only once they have arrived at the place of their temporary stay. Estimates are also limited by the differences in defining the notion of health/medical tourism and the lack of reliable data [Lubowiecki-Vikuk 2012]. Neither the providers nor the beneficiaries are interested in sharing information concerning this issue due to the confidential nature of the data [Cormany & Baloglu 2011; Lunt et al. 2011]. There is also visible reluctance to inform about certain procedures (e.g. rehab or plastic surgeries).

¹ An analysis of tour operators' activity in other European countries regarding health tourism to Poland is presented in Biernat 2016.

3. Characteristics of selected European tour operators' offer concerning health tourism to Poland

3.1. Belgium

Since the sixties about 60% of Belgians have been going on holiday at least once a year [POT, 2015a]. They are indispensable for them and they do not economize on them. The basic criterion for the choice of holiday destination is the climate and an ideal holiday combines sightseeing of cultural heritage with relaxation. Belgians value staying at agro tourism facilities and other places reflecting their authenticity. They are also interested in the offers of health tourism (5% of the whole tourist market) [POT 2015a]. In that case, however, the financial factor plays a decisive role. They come from a country in which patients are traditionally pleased with the quality and availability of their healthcare services [HCP 2013]. They are interested in this type of travel when there are no brokers involved (between the clinic and the client) and when treatments are not paid by their health service. Thanks to good flight connections (low cost airlines) and specialists' reputation, the most frequently chosen countries are Morocco, Tunisia and Hungary [POIT 2015]. On average it costs them 30-60% less to undergo treatment in those countries and most frequently it concerns dental and plastic surgery services.

Poland is present in standard offers of tour operators promoting the attractions of our country as well as in the offers of those who sell specialist tourist offers. There are 41 firms on the Belgian market which advertise 55 different holidays in Poland [POT 2015a]. Unfortunately, there are no travel agencies in Belgium specializing in health tourism. Medical centers all over the world treating Belgian people most often organize their stays by themselves or delegate that to their Belgian offices. Offers reach Belgians either via the Internet or through advertisements in the press. We should bear in mind that 60% of the Belgian population do not use offers from travel agencies [POT 2015a]. Most trips to Poland are booked directly by tourists (in 2012 there were no trips bought in travel agencies).

The ZOPOT survey shows that Poland has great potential in the area of health tourism. Belgians willingly use our dental and plastic surgery services [PMR 2015] – 11% declare their future use of spa and wellness services in an interesting area of Poland [POT 2015a]. The popularity of Polish health tourism might grow even bigger provided certain stereotypes concerning Poland are eliminated (for example, the opinion that Poland is a cold country or that Polish cuisine is

stodgy and unsophisticated), and that there are special offers prepared for the Belgian tourist (in terms of hotel facilities, infrastructure, information and booking systems). It is also necessary to promote the image of Poland as a European destination, lying only 1,000 km away from Belgium, with a growing number of motorways, unspoiled nature and regional organic foods. We should sustain the prevailing opinion that Poland is an inexpensive country and promote Polish attractions (e.g. guesthouses, accommodation in castles and country manor houses) using search engines in English and French. It is essential to create platforms which will serve as the most reliable source of information exchange and a database for foreign patients.

3.2. The Netherlands

The Dutch travel a lot in their country and it concerns all age groups (80%). The most often chosen foreign short holiday destinations are Germany, Belgium and France (due to proximity). For the last few years we have been observing an increase in trips to Poland [POT 2015a]. The economic factor plays an important role here (transfer costs, stays in areas rich in nature, green and landscape attractions). Poland provides Dutch people with their dream holidays of active recreation, hiking, sailing, canoeing, agro tourism, cheap lodging and, what is also very important, of wide Internet access, own bank accounts, supermarket chains, and good transport. According to the preliminary findings of the Main Statistical Office, 2014 turned out to be a record year for foreign travel to Poland (from January to June the number of Dutch tourists using accommodation in Poland rose by 4.6%) [MSiT 2015]. They mainly travelled because of the wealth of our national heritage (30%) and unspoiled nature (17%). Sightseeing tours in own camper vans (15%) and stays in the countryside (18%) were also highly popular. As far as health tourism is concerned, Dutch people are quite cautious about any medical services outside their own country. They frequently criticize their own healthcare services, but do not want to use other ones. There are no tour operators organizing medical travels and no real chances of promoting this type of services on the Dutch market [POIT 2015]. However, the analysis of a survey conducted among 2,252 respondents during an Internet competition about Wrocław [POT 2015a] showed that 186 people (8%) were interested in Polish wellness services. It might be worth encouraging the use of our modern spa and wellness facilities to tourists who are already in Poland. The fact that 36% of Dutch people organize their stays while already in Poland may show growing confidence in Polish products and tourist services, so possibly also in the health ones [POT 2015a].

3.3. Italy

The uncertain political situation, high unemployment rates and economic crisis all have impact on the quality of life of the inhabitants of Italy and their choices regarding forms of spending free time. In 2014 Italians took part in 630,632,000 travels involving an overnight stay which was 9.5% lower compared with the previous year [POT 2015a]. Not only did their holiday destinations change, but also trends in their demand and supply were altered. The number of trips in Italy is clearly decreasing (-15.2%) but foreign trips are increasing (+19.7) which is connected with economic migration to other EU countries (+23.8%). In the choice of travel destinations, the place itself has less importance while the price is becoming more significant. In a general evaluation of tourist traffic in Europe (in terms of the number of visiting tourists) in 2014 Poland equaled place with Croatia and the Czech Republic (with better geographic locations) which became in this way one of the more frequently chosen and more attractive holiday destinations.

Italians are interested in Polish history, culture, monuments, museums, friendly atmosphere, holy places and places linked with the Holocaust [POT 2015a]. However, they are not particularly interested in Polish health tourism. It does not mean that there is no interest in it at all. Trips to spa and wellness and health baths are very popular among Italians. Participation in active and health tourism (including dental) is also rising. The problem is that when they travel abroad they usually go to Romania (where these services are considerably cheaper) or simply use the ones available in their own country because their costs are partially refunded by the National Health Service [POIT 2015]. Because of the not very low prices of the Polish offer, tour operators are not interested in it. Maybe it would be worth preparing an off-season offer with lower prices.

3.4. Spain

The economic situation in Spain improved considerably in 2014. The number of foreign travels rose by 9.3% and the number of domestic trips fell by 2.6% [POT 2015a]. Traditionally, their favorite destinations have included highly developed countries with a high standard of living, established reputation and security like Italy (25%), France (23.4%), Great Britain and Ireland (16.4%) and Germany (7%). Poland is not a country of their first or even third or fourth choice [POT 2015a] due to product prices. According to Spanish travel agencies, offers to Poland do not have competitive prices which makes them more difficult to sell. Spaniards who come to Poland look for culture, in the broad sense of the word, monuments as well as history and arts in big cities.

Only 0.2% of foreign travels of Spanish people are organized for health reasons [POT 2015a]. In the opinion of POT [2015a], a highly specialist range of tour operators' services prevents such offers from appearing in their catalogues. As a consequence, only three tour operators offer travels connected with wellness and spa stays, operations and medical treatment. Removal of varicose veins or dental services are offered as long as their prices are competitive in relation to Spanish ones. Plastic surgeries and dental treatments are quite expensive in Spain, but specialist firms enable payments in installments, which probably cannot be offered by the Polish side. Medical offers should then be directed towards private health insurers. It is also essential to reach Spanish travel agents and to train them so that they could promote and sell programs to Poland and to inspire people with interesting offers (since their knowledge of Poland is still very small). Considering the hermeticism and identity of the Catalan customer, much bigger financial resources should be earmarked for promotion in the local media. A significant problem with promotion and activity on that market is connected with the language (the level of foreign language knowledge in Spain is not high) [POIT 2015].

3.5. Hungary

According to ZOPOT [POT 2015a] in 2014 there were 3 million one-day trips in Hungary out of which 1.6 m were of tourist nature and the others belonged to the category of shopping. The number of multi-day trips amounted to 12.3 m, including 4.3 m tourist ones. On average, Hungarians spent 50% more on foreign tourism than on domestic travels. Most frequently they visited the directly neighboring and coastal countries (over 80% of them were EU countries). With regard to Poland, the number of tourist trips (according to the data from 2014) increased by 10% [POT 2015a]. Poland is close and it is easier and quicker to get to the south of the country than to the Lake Balaton, for instance. Fuel prices are also slightly lower. Services, accommodation and food are cheaper and, in the opinion of Hungarians, at a high level. Also, they are well familiar with Polish hospitality (Polish people like Hungarians and enjoy hosting them). It all contributes to the fact that the demand for Polish products is constantly growing. In 2014 pilgrimage trips were very popular. Hungarians were also interested in our common historical heritage (reminders of our common history). They were also more willing to take advantage of medical stays. According to the data of POT [2015a], health tourism (including spa stays) is in the third place as far as the motivation for travelling among Hungarians is concerned. Despite the fact that Poland is one of Hungary's biggest competitors, they are of the opinion that Polish health tourism is of high quality and offers treatments based on natural resources

which are not available in their country. We use salt mines and brine graduation towers which allow for other forms of treatment of upper respiratory system diseases, for example. It might be interesting for Hungarian families with children and for senior citizens. That is why ZOPOT regularly organizes workshops and study tours presenting various forms of treatment and recreation (especially active) in Poland. It results in the growing interest of tour operators and inclusion of health – related elements in their offer. Further activities should include attempts to reach individual customers (for instance, through Internet platforms). Hungarian people prefer to organize their stays on their own by booking treatments directly with service providers or through reservation systems of travel agencies.

4. Conclusions and recommendations

Analysis of secondary materials clearly points to the lack of quantitative research on health tourism in Poland (number of tourists, expenses etc.). Studies of this type are necessary for strategic planning and brand building of health tourism as an export product. Policy of coordination and promotion, scheduled on this basis and consistently implemented, can support the process of dynamic development of this sector and make it a strong branch of Polish economy – comparable with Asian leaders. However, it is necessary to solve the problems of definitions in terms of health tourism. Without standardization of terminology, collating data and inference is impossible.

The presented data indicate that development of the Polish health tourism sector requires support from private and public service providers in making contacts with payers, insurance companies and brokers. It is necessary to establish contacts and partner networks between travel agencies, insurance brokers, service providers from other countries or the media and international Internet portals such as www.treatmentabroad.com, for example.

Such platforms are a reliable source of information exchange and a database. They provide information about the available services, service providers, doctors, national quality supervision, effectiveness and infections as well as the ranking of medical centers (including the certified ones). It indicates the need for building an inquiry system informing about security, quality and efficiency of medical procedures and to create a favorable legal environment. Because tourists tend to book services directly from service providers or through booking systems of travel agencies, it is important to create platforms promoting Polish attractions using search engines in English, French and Spanish.

Study visits for travel agents and tour operators, especially the ones who specialize in niche products, are a very good promotional form of the Polish product

of health tourism. It is also essential to promote our modern facilities, various forms of treatment and recreation, in particular the active ones, among those tourists who are already in Poland. Individual markets require offers specially prepared for their tourists (regarding hotel facilities, infrastructure, information and booking systems). Emphasis should be put on the widespread opinion that Poland is not an expensive country. A special lower-price off-season offer would provide a promotional opportunity. It is also necessary to strengthen the image of Poland as a European destination with a growing number of motorways, unspoiled nature and regional organic foods. Promotion based on facts and analysis ought to be addressed to two different target groups: individual customers and those who make decisions about group trips and insurance providers. Thus, it is necessary to conduct some market research (complex, qualitative and quantitative) which would give basis to strategic planning and building the brand of Polish health tourism as an export product. The policy of coordination and promotion, which is planned and consistently implemented, will definitely support dynamic development of health tourism and turn it into a strong branch of Polish industry.

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Popyt na polski produkt „turystyka zdrowotna” a analiza oferty touroperatorów i zainteresowania nią turystów z Belgii, Holandii, Włoch, Hiszpanii i Węgier

Streszczenie. Polska postrzegana jest przez Europejczyków jako kraj, w którym usługi zdrowotne są tanie i wykonywane z wysokim profesjonalizmem. Rozwój tego sektora wymaga jednak budowania współpracy i sieci powiązań między podmiotami wysyłającymi i przyjmującymi turystów. Celem pracy jest analiza działalności touroperatorów w zakresie organizacji turystyki zdrowotnej do Polski, ze szczególnym uwzględnieniem zainteresowania tego rodzaju ofertą odbiorców z wybranych krajów europejskich i możliwości jej szerszej promocji. Badania przeprowadzono na podstawie krytycznej analizy piśmiennictwa o charakterze naukowym i konsultingowym. Z analizy materiału wtórnego wynika, że dalszy rozwój polskiej turystyki zdrowotnej na rynkach: belgijskim, holenderskim, włoskim, hiszpańskim i węgierskim wymaga konsekwentnie wdrażanej polityki koordynacji i promocji. Konieczne jest budowanie kontaktów i sieci partnerskich (np. w Hiszpanii). Istotne jest tworzenie platform – jako najbardziej wiarygodnego źródła wymiany informacji i bazy danych dla zagranicznych turystów (np. w Belgii i na Węgrzech), z wyszukiwarkami w języku francuskim i angielskim (a w przypadku Hiszpanii po hiszpańsku). Promocję – opartą na analizach i faktach – należy kierować do dwóch różnych grup klientów: indywidualnych (np. na Węgrzech) i płatników decydujących o wyjazdach grupowych (we Włoszech i Hiszpanii). Istotne jest także stałe wzmacnianie wizerunku Polski jako destynacji europejskiej o wzrastającej liczbie autostrad, nieskażonej przyrodzie i regionalnej, ekologicznej żywności (szczególnie wśród Holendrów i Belgów), a także propagowanie nowoczesnych obiektów, rozmaitych sposobów leczenia i wypoczynku (zwłaszcza aktywnego), wysokiego standardu bazy hotelowej, infrastruktury, systemów informacyjno-rezerwacyjnych (np. w Belgii i Holandii).

Słowa kluczowe: turystyka zdrowotna, polska oferta, touroperatorzy, rynek: belgijski, holenderski, włoski, hiszpański, węgierski

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Awareness of Health Issues in the Pomeranian Region as a Precondition for Developing a Health Region

Abstract. Health is the most desirable value in modern society and a crucial aspect of a region to be considered a place to live and rest. The concept of a health region is seen as a tool to increase the attractiveness of a place. The Pomeranian region is considered to have the potential to develop itself as a health region. The goal of this paper is to analyse if the awareness of health issues is already present within the region. Empirical research shows that most themes discussed in the literature as preconditions for developing a health region exist, while simultaneously, there are still several obstacles to achieve this goal.

Keywords: health, health region, Pomeranian

1. Introduction

The concept of a health region is mostly recognised as a tool to increase the attractiveness of a place for both residents and tourists [Volgger, Mainil, Pechlaner & Mitas 2015]. However, the existence of evidence how to develop and promote such a region is still sparse. The aim of this paper is an attempt to answer the ques-

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tion, if the awareness of health issues in the Pomeranian region is present and if we can regard this as a precondition for developing the health region.

This paper is organised as follows: After a short presentation of the theoretical background concerning the subjects of health and health region, the Pomeranian region is presented. GABEK®, which is the methodological tool applied in this study, is introduced and described. Finally, the findings from the empirical research are provided.

2. Theoretical Framework

During the last decades, health has become one of the most desirable values in modern society and culture. The pursuit, restoring, maintaining, and enhancing of health are key issues in the public debate [Crawford 1993]. Health aspects of various features of contemporary life are often debated and are the favourite subject of our small-talks with friends, especially when we are getting older [Björklund, Svensson & Read 2006: 141].

Health means ‘feeling fine,’ where we focus on experiences of positively valued feelings or as ‘ability to act,’ where the meaning of health is expressed in terms of a person’s ability to act in a desirable way (from the person’s own point of view) or to live a life according to one’s own preferences. This theme has three slightly differing sub-themes: Being able to choose for oneself, being able to exercise control over one’s life and being able to actively partake in activities. Health can also be seen as an objective state of body and/or mind, suggesting objective matter-of-fact health criteria or as lack of disease, whereas disease is defined by the Oxford Dictionary as ‘disorder of structure or function in an organism that produces specific symptoms and is not the result of physical injury’ [as cited in Brüssow 2013: 342].

If we think about health, we can consider it as a continuum, where around a value of 0 is an indifference zone, where the person feels neither particularly healthy nor definitively ill. It is interesting, that numerous scoring systems exist to describe grades for many diseases, but little scoring systems for assessing health levels [Brüssow 2013: 344].

Even though there is no common definition of health, we should consider the definition set out in 1948 by the World Health Organisation: „Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This paradigm was groundbreaking, because it encompassed physical as well as mental and social aspects of health. One should also not overlook the fact, that during this time the health situation was completely different, because morbidity mainly featured infectious diseases. Contrarily, to-

day chronic diseases are the main reason for mortality and they are much more prevalent.

Over time the debate on human health concepts has been dominated by two opposing views, which have been tagged biomedical/biostatistical/naturalism and normativism/holistic. Central to both approaches is the question of how entities made up of several parts (systems) should be investigated: separately for every part or together, whether values influence our notion of health [Björklund, Svensson & Read 2006: 142-143].

The first view is biomedical and it is a reductionist view. This theory of health was built around the core concepts of 'biological functioning' and 'statistical normality.' Health is seen as a normal functioning of the various parts of an organism. An organ or an organ system is healthy when it functions in accordance with a statistically determinable species design. According to this theory, disease is a type of internal state that reduces one or more functional abilities below this species-typical ability. When disease is absent, health is by definition present. The criteria, which determine, if health is absent or present are matter-of-fact and objective. This method is a positivistic view of science, which emphasizes what can be objectively measured and observed. Reality and specifically health are therefore a well-defined and objective state that is not influenced by the observer. Naturalists consider health a 'natural' and objective state, that is not subject to human values [Björklund, Svensson & Read 2006: 142; Svensson & Hallberg 2011].

They claim that natural sciences are sufficient to analyse health in its entirety. This approach is a descriptive one: health is viewed as an objective category 'out there' that can be described by various measurements. Health is normally assessed by experts, which use knowledge from natural sciences. Health is considered an abstract object that can be evaluated for all people by making use of the same procedures and methods. One of the most important concepts of health was stated by Boorse [1977], who stated in his definition of health explicitly that it is a 'value-free theoretical notion' [as cited in Björklund, Svensson & Read 2006: 142].

The opposing view, which is often spoken of as holistic, is socially oriented. It had a large impact on health discussions and health discourses during the recent decades. In this view health pertains to a person as a whole, rather than to some part of her/his body. The analysis of health should be placed within a social, not a biological, context. In Nordenfelt's theory, which has been especially influential on Swedish occupational therapy, health refers to a person's ability to reach her/his vital goals – that is, the goals that the person needs to reach to be happy. As a result, the determination of deciding the health-status is not given by objective facts. It also means that health is not the same as the absence of disease. Holists always consider the complete system, not only single parts. Also the

links and interactions of the parts of a system and between different systems are important aspects for holism. A holistic way to look at health means that peoples' experiences, thoughts, feelings, emotions, as well as other phenomena that cannot be measured, are included in the concept of health. Body and soul are not considered as separate entities, but as closely connected and health is regarded as a complex system that can always be improved. Humans are only considered as completely healthy, if they have managed to achieve all of their vital aims. Such an expanded view of health seems to be necessary in order to understand the pattern of diseases in modern society. It is obvious that the increasing wealth in society contributes to the development of new types of chronic diseases, so called diseases of wealth. Social and behavioural sciences relate these diseases to peoples' ways of living and their choices of lifestyle. These diseases are therefore called lifestyle diseases [Björklund, Svensson & Read 2006: 142-143; Svensson & Hallberg 2011].

Since the WHO definition of health from 1948, the need for a dynamic description of health that highlights the human capacity for individual resilience and for coping with new situations was more and more required. In 2011 a new concept of health was introduced and health was defined "as the ability to adapt and to self manage, in the face of social, physical and emotional challenges" [as cited in Huber et al. 2016: 1].

This new approach was proposed because the traditional one from the WHO was considered as no longer adequate. This new concept was developed at an international conference for experts held in the Netherlands in 2009. To support this concept of health, an interesting study was conducted by Huber et al. [2016].

The aim was to elaborate perceived indicators of health in order to make the concept measurable. The study considered three research questions:

1. What do the various stakeholders consider to be positive and negative elements of the new general concept of health, and which elements should be specified in more detail?
2. What do different stakeholders consider to be indicators of health?
3. Do these indicators represent the new concept of health?

Participants were stakeholders from seven main domains within health-care: healthcare providers (physicians, nurses, physiotherapists), patients with a chronic condition, policymakers, insurers, public health professionals, citizens (as a representative reflection of society) and researchers from different professional backgrounds. The qualitative study involved 140 stakeholders; the survey 1938 participants.

The result of the qualitative study was the identification of 556 health indicators, categorised into six dimensions: bodily functions, mental functions and perception, spiritual/existential dimension, quality of life, social and societal participation, and daily functioning [Huber et al. 2016: 7]. The quantitative study

Table 1. Characteristics of idealized and fully developed health regions

	Idealized and fully developed health region
1. Involvement of stakeholders	Broad organizational involvement of different stakeholder groups
2. Benefits for local population	Goal is to ensure high quality health care for all local residents and tourists
3. Visualization of the health region	Visualization as health region that serves both residents' and tourists' purposes
4. Organization program present?	Specific organization with program
5. Executing personnel	Specific personnel
6. Communication channels present	Specific internal and external communication channels

Source: Volgger et al. 2015: 328.

showed all stakeholder groups considering bodily functions to represent health, whereas for other dimensions there were significant differences between the groups. Moreover, patients considered all six dimensions almost equally important, thus preferring a broad concept of health. In order to prevent confusion with health as 'absence of disease,' the authors propose the use of the term 'positive health' for the broad perception of health with six dimensions.

This broad concept of health incorporates the basis for further considerations in this paper. As health is the desirable value, it can be seen as a factor that influences decisions about the place of residence. Regions with a high quality of health service and an intact environment are also more appealing for tourists. The development of so-called "health regions" is a focus of interest for many European governments. It can also be seen as a tool to attract international patients with regard to medical tourism¹ [Connell 2006] and as an answer to some of the challenges that arise due to the liberal and global demand in health care [Volgger et al. 2015]. Pforr, Pechlaner, Locher and Jochrmann [2011] suggest, that important factors in health region development comprise research, education, health prevention within companies, medical technology, hospitals, specialized primary health care providers, and health tourism. Volgger et al. discuss a health region as an instrument suitable both for health management and destination management, which can guarantee both public and private health, as well as aims related to tourism. The criteria for the establishment of health regions include common

¹ "Medical tourism is travelling abroad with the intent to make use of medical treatment for the purpose of preserving life, enhancing the quality of life or improving one's appearance; because of lower cost, better quality or the inaccessibility of some procedure at the place of residence (resulting from a lack of personnel, knowledge technical equipment and procedures, or long waiting times or legal limitations) often combined with sightseeing the visited place." [Bialk-Wolf 2010: 655].

values, competencies, offers and common target groups in the area of health services to generate synergies, especially in promoting health tourism.

As one of the elements needed for developing a health region is a common culture [Volgger et al. 2015] and because furthermore culture can be defined as a “value system, which is shared by members of a local or regional area” [Cooke, Uranga & Etxebarria 1997: 488], the attitude to health issues can be regarded as precondition for developing a health region. This poses the central question of this paper: “What is the awareness of health issues and how can it contribute to the development of a health region?” The second aim of this study is an attempt to provide an answer to the question, what the understanding of the health region between important stakeholders in Pomerania is.

The literature overview shows that a large number of different aspects has to be considered when analyzing health and health region. The authors propose

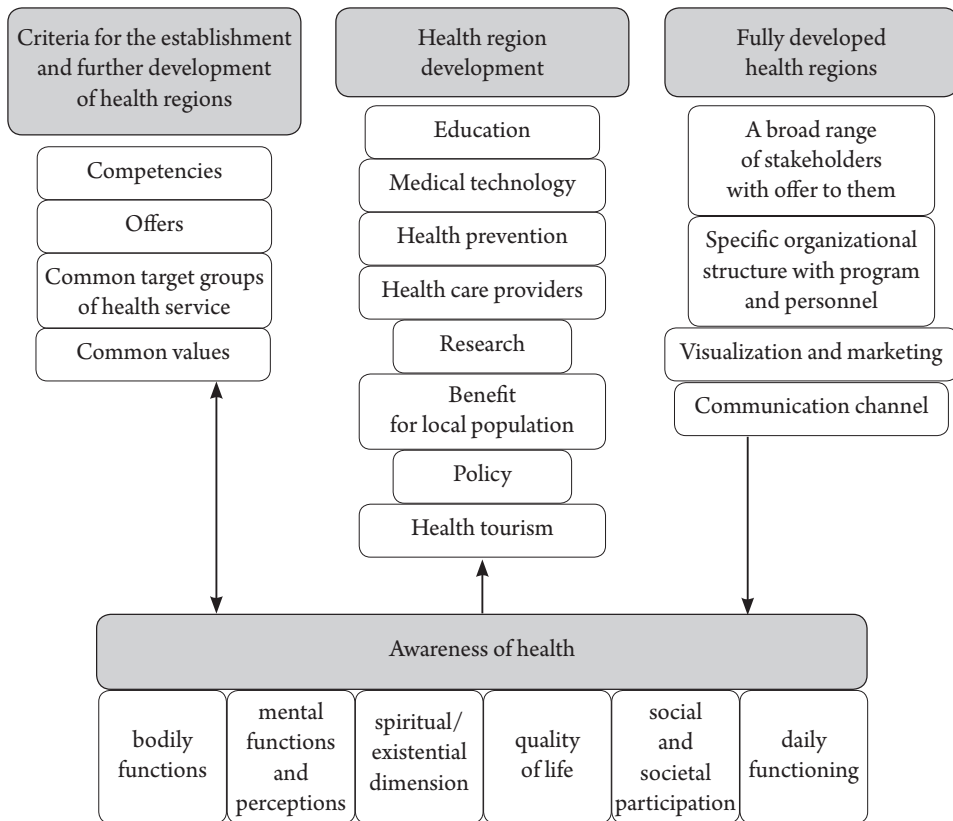


Figure 1. Theoretical framework

Source: own elaboration based on Volgger et al. 2015; Huber et. al 2016.

a conceptual framework (Fig. 1) to provide a basis for the empirical research. Awareness of health is one of the common values in the region, which shapes the development of the health region and in turn is later influenced by the established a health region. Nevertheless the development of a health region is a continuous process. Therefore health region can be seen as a dynamic concept that is influenced by and directly influences the mentioned criteria such as competences, offers and target groups.

3. Pomeranian region

The Pomeranian region is situated in the northern part of Poland, on the southern coast of the Baltic Sea. One of the main assets of the region is its favourable geographical location, which provides excellent transport links.

The region covers a total area of 18,310 square kilometres and it is home to a population of 2.31 mln (2015). The Pomeranian urban area, which comprises its biggest cities Gdansk, Slupsk, Sopot, Gdynia, accounts for 64.4 percent of the region's population. There are 1512 tourist accommodation establishments. The population density amounts to 126. 93,400 students attending 27 higher education institutions.

Regarding the potential to consider this region as a health region, it is also important that the life expectancy amounts to 74.2 years for males and 81.4 years for females. There are 55 general hospitals and 21.4 doctors for every 10,000 residents [Pomorskie Voivodship in Figures 2016], which is approximately the average level of Poland.

As regional recipe for success the following factors can be mentioned: sea-side location on the crossroads of main European transport corridors; consistent investments in infrastructure, science and business; young, ambitious and excellently educated staff; exceptionally attractive place to live.

In order to give an idea about the various aspects that create the attractiveness of the region, relevant assets are shown. One of the most important attractions of this area is Tricity, especially Gdansk. Here one can find the most important and interesting monuments along the Royal Way. For example the Artus Court is one of the most beautiful buildings of its kind within Europe. Directly next to it, one can find the Neptune Fountain, the symbol of Gdansk. Along the Motlawa river waterfront the striking Gdansk Crane is visible from afar – it is the largest port crane in Medieval Europe. The Gothic Church of the Holy Mary has a capacity of 25,000 people and is the largest brick church in Europe. And Oliwa, which is a district of Gdansk, hosts the Cathedral, which is well-known for its 18th century organ. Other worthy attractions in Gdansk include sand beaches, sea cruises, as

well as innumerable cultural events. About 50 km from Gdansk lies Malbork. The brick castle at Malbork was the location of the Grand Master of the Teutonic Order and the largest structure of its kind in Medieval Europe. It is registered on the UNESCO World Heritage List.

These aspects contribute directly to the touristic attractiveness of the region. Meanwhile, tourism intensity in the region is seasonal. In 2015 2439 thousand inbound tourists and 452 thousand international ones visited this region – the latter mainly from Germany, Norway, Sweden, Great Britain and Russia.

4. Methodology

In order to deal with the question of the awareness of health issues as precondition for developing the health region, eight interviews have been conducted in April and May 2016.

The interviews were analyzed using the GABEK® method (GAnzheitliche BEwältigung sprachlich erfasster Komplexität, or holistic management of complex material transmitted verbally): “While still relatively unknown [...], GABEK has already been used in several business and social science studies” [Pechlaner & Volgger 2012]. The method is based on Gordon Pask’s conversation theory and Carl Stumpf’s theories of a phenomenological nature [Raich 2008; Stumpf 1939]. “This phenomenological orientation of GABEK® requires the collection of perceptions through open qualitative interviews; then, on these raw data a keyboard-based analysis is performed. By transforming statements into networks of interrelated keywords, GABEK® allows the extraction of the main messages, as well as the capture of a phenomenon’s evaluation and its perceived causes and effects” [Pechlaner & Volgger 2012]. According to Zelger, the inventor of the GABEK® method, “the personal viewpoints of the interviewee are linked by means of GABEK®, they are placed on top of each other and organized. Notes, quotations, texts, or even entire fields of knowledge are thus placed in a transparent compact map of ideas, thereby linking opinions, experience, knowledge, values, and emotional attitudes to one another in ‘term graphs,’ [...] ‘impact nets,’ etc. [...] The deeper structure becomes transparent so that connections can be understood, options evaluated, goals created, and trend developments recognized early on” [Zelger 2002: 6].

In that manner, GABEK® combines a qualitative approach with a traceable and clear analytic process [Pechlaner & Volgger 2012]. The suitability of GABEK® was already proven in several studies in social sciences [Raich 2008; Pechlaner & Volgger 2012; Pechlaner, Nordhorn & Poppe 2016]. GABEK® is one hand based on clear rules, which minimize the subjective influence, on the

other hand it offers researchers freedom to implement new fields of research. In the end, "GABEK® produces an elegant visual representation of raw data and thus facilitates its interpretation" [Pechlaner & Volgger 2012: 930].

For this study, Network Graphics were created with the software tool Win-Relan, which is based on the GABEK® method. Through the process of coding, transcripts are represented in the form of keywords. In this manner, sentences are represented as a set of terms and whole texts as a large, complex conceptual network. In this way, the main ideas and aspects of the interviews can be illustrated. In addition, terms of the interviews can be reduced to these, which show at least a connection for several times – this leads to a significant and clear presentation – and will always be mentioned in the upcoming network graphics.

5. Empirical research

The eight interview partners had been selected based on their crucial role in different fields pivotal for the aim of this study. These sectors are: self-government responsible for tourism and health (interviews 3, 4, and 5), owners of clinics who are simultaneously active in health associations and foundations (2, 6, and 7), public health institution (1), research institute (8). The approximately half-hour long interviews have been conducted in Polish and have been audio taped and transcribed. The interview questionnaires have been semi-structured and have covered the following issues: meaning of health, health in the regional context, stakeholders of health in the region, role of inhabitants in creating the health region.

The empirical research has shown the connotation with the term "health". Figure 2 presents a net graph, which displays the perceived important issues around the subject "health".

Firstly, one must underline, that education seems to be a very important factor influencing the health habitants in the region. "School is the most important factor. School forms us. Education – already starting in kindergarten – plays a crucial role in our later habits referring to hygiene, diet, and sport activities. Moreover, if we are well educated, we are also able to take part in health promotion activity. That is why the basis is built by education" (5). As we can also depict from figure 2, the education of inhabitants is crucial for health and it should be encouraged through self-government.

Typical for many interviewees from companies and research institutions was, that they leave the task of promotion of health to self-government and see this institution as a crucial player in increasing the awareness of health in society.

Social and mental health are also mentioned (1, 3, and 4). "If we concentrate only on physical aspects of health, we are doomed to fail" (4), underlines one

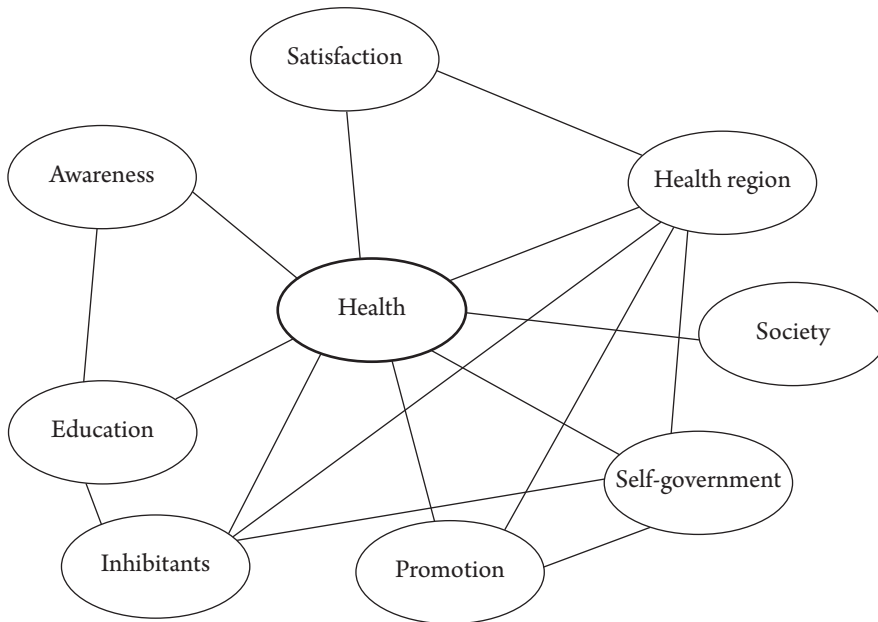


Figure 2. Network Graphic “Health”

Source: own illustration, created with GABEK®.

person from self-government. “If we feel good, we are healthy” (3), adds another interviewee, which also supports the broad concept of health. The next statement indicates another issue: “Physical activity is also connected with health. We can say that health equals sport. Healthy food and diet add up to health. Health is activity” (5). Health is also an aspect of beauty, hygiene and culture (6) and luck (7).

In summary it can be stated, that many different aspects of health are recognised, which stay in line with the broad definition of health described at the beginning of this paper.

Next we take a closer look at the term “health region”, which is presented in the next network graphic (Fig. 3).

The goal of developing the health region is the improved satisfaction of inhabitants and their quality of life. Health region means that there “live healthy people, as well as well educated people, with outstanding hospitality, good health care availability and ecological engagement. In addition, unpolluted air and water, clean forests and good public transport play also an important role. Awareness of the society – infrastructure – a place, where we can live healthily and rest” (5).

Culture as another pivotal issue has been mentioned (6). Interesting cultural offers should attract tourists and can be used for the promotion of the region. The task of promotion belongs to the self-government. One of the interviewees

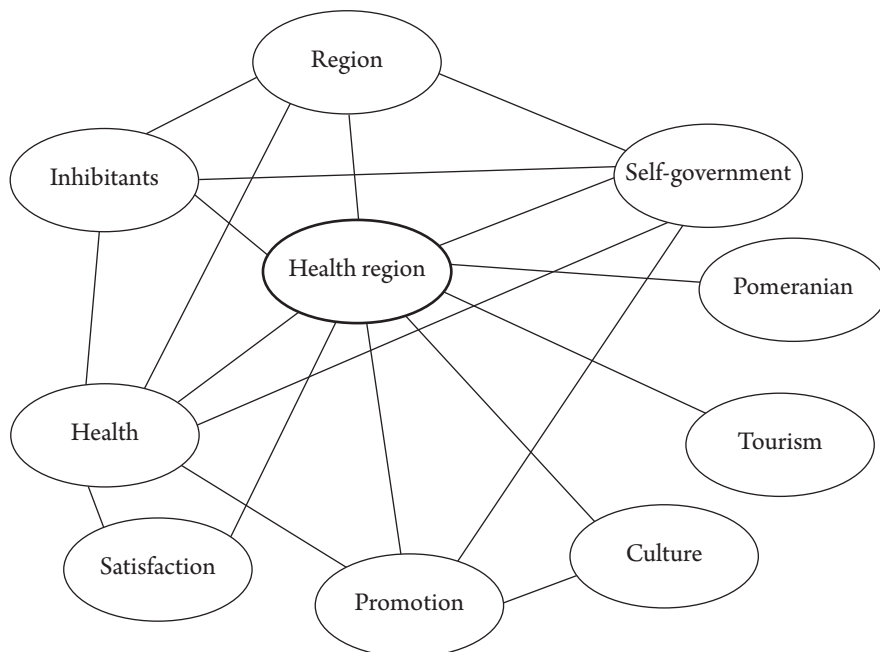


Figure 3. Network Graphic “health region”

Source: own illustration, created with GABEK®.

(4) underlined aspects of the health region and specified these as: healthy environment, safety regarding good hospitals and health services, self-government is “health” oriented. Safety seems also to be one of the important connotations with the health region. “A feeling of safety can be seen as condition for spending money” (6) – added one of the interviewees. Another interviewee supports this with the following statement: “A health region must provide safety with regard to health services, be a place where people are content and be a good place for healing” (3).

Interviewees also underlined, that the level of awareness of the society is crucial for the chance to develop the health region. If it is high enough, the need to protect and support health should be present in different areas such as: own health, environment, education or health services (8). Competitiveness between suppliers of health services can also lubricate the developing of the health region, because it forces progress and a higher quality of products (6).

The analysis of the interviews allows to summarize, that the following stakeholders belong to the health region: health service, high schools, education, association and foundation, patient organisation, inhabitants, health care. However, the cooperation between all stakeholders is crucial (3). This corresponds to many

researchers, who underline that one of the obstacles for tourism development in Poland is a lack of cooperation.

Many medical students and medical high schools are inherent elements of the health region (3). This is not only because of the need for professionals, but also because universities and research are considered sources of innovation and create a vital environment for the creative development of health competences.

The satisfaction of inhabitants refers to the accessibility of health services, of being healthy and to the contentment with the quality of the health services. They should be characterised by a healthy life style. The observation that most people in the region are happy and rather content with the place of residence is optimistic (3).

6. Conclusion

In summary it can be stated, that the most important elements of health and stakeholders required for developing the health region are present in the Pomeranian region. "Awareness" was often mentioned in connotation with health and can be considered as precondition for developing the health region.

Combining the theoretical consideration with the findings from the empirical research, we can say, that a successful health region is a geographically limited area with unpolluted natural environment, good medical and tourism infrastructure, an interesting cultural offer, well educated and healthy residents, who share common values and competencies and are aware of a broad set of health issues including bodily and mental functions, spiritual dimension, quality of life, social participation and daily functioning. To assure and further develop these assets, there has to be an active and ongoing commitment to the topic of health among various stakeholders. This should be expressed in a cooperation between broad ranges of stakeholders, especially from fields such as: education, research, medical technology, health prevention, health care providers, local population (who benefits from the existence of the health region), policy and health tourism. The region has the reputation of "being safe" and offers its services both to the local population and the selected target group of tourists. It has visualization, marketing and communication channels, as well as a specific organizational structure with program and staff.

Many of the aspects mentioned can also be seen as political goals of local, regional or national governments. This intends that the proclamation of a (institutional) health region in a geographically defined area can also help to develop the mentioned aspects of a successful health region. There might be a need of

public funding for the concept of health region as long as its goals go along with public interest.

These overall results are now reflected in the Pomeranian region. The study has highlighted several problems in the region. The Pomeranian region is perceived as a region with high potential, but a coordination of the efforts is urgently needed (4). We can also observe a lack of feeling to be one society (6). This is directly related to problems with cooperation and trust.

A lack of sufficient prevention is another important aspect (2). The need for prevention as an element of the health region is depicted, but there is still not enough engagement to implement this. In addition, a lack of information is seen as a challenge, especially in cases of illness (3). This causes a feeling of uncertainty which in turn increases the need for safety. This problem is connected with a deficit of doctors' soft skills, who are often more interested in learning hard skills than acquire empathy. (3). One of the interviewees pointed to another problem with the following statement: "A lack of standards in health care and also plain 'disorder' are also problems of the health system we have here" (7).

Missing responsibility for one own's health is seen as an obstacle for developing better health care. This is the area of politicians, who do not provide incentives for more self-care (7). The integration of society is one of the challenges that Pomerania is currently facing.

Further research could deal with a proposal for the region to better exploit the huge potential for developing the health region. Another interesting question could be the development of strategies to outline the task for different stakeholders to overcome the existing problems in the region.

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Świadomość aspektów zdrowia w województwie pomorskim jako warunek rozwoju regionu zdrowia

Streszczenie. Zdrowie jest najbardziej pożądaną wartością współczesnego społeczeństwa i jednym z kluczowych aspektów regionu, jako miejsca zamieszkania i wypoczynku. Koncepcja regionu zdrowia jest ukazywana jako narzędzie służące zwiększeniu atrakcyjności miejsc. Przeprowadzono analizę potencjału województwa pomorskiego i jego możliwości przekształcenia w region zdrowia. Celem było przeanalizowanie, jaka jest świadomość różnych aspektów zdrowia. Badania empiryczne dowiodły, iż większość dyskutowanych w literaturze elementów będących warunkiem powstania regionu zdrowia jest dostrzegana. Jednocześnie zidentyfikowano przeszkody w osiągnięciu tego celu.

Słowa kluczowe: zdrowie, region zdrowia, województwo pomorskie

BEATA MUCHA*

The Role of the Logistic Potential of a Health Resort on Building Tourism Potential – A Case Study of the Cieplice Resort (Uzdrowisko Cieplice)

Abstract. “Uzdrowisko Cieplice” [the Cieplice Resort] is one of the oldest health resorts in Poland, which owes its popularity to its healing thermal springs. The Cieplice Baths constitute a modern water-recreation centre and complement the resort’s wellness package. The development of logistical services is stimulating a growing need for health-resort services, including recreation and leisure services. Its convenient location near mountain resorts equipped with an infrastructure for winter sports (including downhill and cross-country skiing), is an additional advantage of the town’s location. The aim of this article is to describe the Cieplice Resort and highlight its logistic infrastructure, including its facilities, cycle paths, and tourist trails, which allow the resort’s visitors, who come here to see the sights and relax, to do so actively all the year round. For the purpose of their research, the author’s used the method of critically analysing literature and the information published on the Cieplice Resort website. An empirical (initial) study of the logistic infrastructure was complemented with photographs. The Conclusions: A well-developed logistics infrastructure contributes to the competitiveness of a health resort.

Keywords: Cieplice Resort, health resort, buildings, tourist infrastructure, logistical infrastructure

1. Introduction

Uzdrowisko Cieplice Sp. z o.o. is continuing the centuries-long tradition of using natural resources for therapy. Balneotherapy has been continuously practised here ever since 1281, thus making the Cieplice Resort the longest-operating

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health resort in Poland. It is located 350 metres above sea level, in the heart of the Jelenia Góra Valley, surrounded by four mountain ranges: the Karkonosze, the Izera Mountains, the Kaczawskie Mountains and the Rudawy Janowickie. The growing need for health-resort services, more and more often including recreation and leisure services is, conditioned, among other things, by the development of their logistical services, i.e. buildings, healing facilities, cycle paths, and the organisation of trips.

The current expectations regarding health tourism necessitate the exploration of its potential. The tourist potential is built up of elements, which enable the development of tourism. It also includes a spa tourism in the area. The issue contains an extensive range of topics. As part of the article separated the main features of the tourist potential in structural terms, ie. The tourist attractions of the spa and functional elements that allow potential visitors-guests to reach the region and actively spend time.

Health resorts offer sight-seeing attractions, (museums, parks, sacral monuments), specific health and healing infrastructure, well rooms, natural healing facilities, resort parks [parki zdrojowe] open to resort visitors and tourists alike. Some of the resort towns also have a well-organised sports and recreation infrastructure, which transforms them into centres of winter and summer sports. A resource of modern services complementary to health tourism is very important to the health resorts.

The article focuses on the analysis of a health resort and its logistical infrastructure based on the Cieplice Resort, which constitutes an element of the tourism potential of the town. Numerous facilities, cycle paths, trips and tourism trails allow resort visitors to actively relax all year long.

2. An overview of public services

Public services constitute such an important factor that their provision is an essential obligation of the State which stems from the concept of human rights. These are public goods, which cannot be excluded from consumption, and at the same time do not compete in the consumption area. Their consumption by a single person does not deprive other people of them. As was highlighted by Kozuch and Kozuch [2011: 35], the need for meeting public-interest objectives in the form of providing public goods means that meeting the needs of the citizens is accompanied by two basic circumstances, which differentiate public services from other types of services:

- the non-competitive nature of consumption,
- the inability to deprive anyone of consumption.

Classic public services are designed for the general public or local communities. Their natural characteristic is the fact that regardless of whether they are used by an individual or a group of citizens, they are collective in nature, and it is impossible to deny them to anybody, e.g. breathing unpolluted air, using rivers, lakes, motorways, natural scenery, internal and external safety. They must be provided in equal quantity to all consumers, located within the administrative boundaries of the entity designed to provide them.

The category of public services includes only the services designed to help achieving higher goals. Bearing in mind the above-mentioned public services, they could be defined as public goods, which cannot be denied to anybody. These are goods, which have specified value regardless of the number of people benefiting from them that cannot be reduced with further use. These also include the services rendered by health resorts directly to people or through private entities providing given services.

Public interest is ensured by means of providing two types of services: classic, otherwise known as pure, and mixed services, otherwise known as private services, provided by the public sector, which are either free or partially paid-for.

Mixed services are defined in terms of basic human needs and, as a result of social doctrine and public policy implemented by the authorities, are designed to benefit the general public or local communities, including such services as healthcare and education. The services discussed above can be divided into 3 types (see Table 1):

- administrative services,
- public services of a social nature,
- public services of a technical nature [Kožuch & Kožuch 2011: 40].

Table 1. A classification of public service

Category of public services	Type of services
Administrative services and e-services	the issuance of documents, permits, licences, decisions, entries into databases
Social services and e-services	healthcare, education, culture, physical culture and recreation, social services, housing, public safety
Technical services	transport services and infrastructure, waste management and the maintenance of cleanness and public order, the maintenance of cemeteries, supplying energy and public green zones

Source: Kožuch & Kožuch 2011: 41.

The following services can be included in social services: healthcare physical culture and recreation. Healthcare services are characterised by availability, cost increases associated with increases in specialisation levels, and legal regulations

governing their provision and financing; in reality there are difficulties in providing its accessibility (e.g. patient and procedure limitations). Health services are rendered, among others, by health resorts. Healthcare provided by health resorts constitutes an integral part of the healthcare system, an organised system of rendering healthcare services using medicinal raw materials for treating chronic illness provided by health resorts [Ponikowska 2002]. Their primary function is the health function, which can lead to a reduction in the negative effects of the modern civilisation phenomena. A health resort must possess certain qualities in order to be characterised as fulfilling the health function, which include clean air, good climate, mineral waters etc. Gaworecki enumerates the various health issues which can be reduced by means of tourism – assuming that “health” is understood not only as lack of illness but also vitality and general well-being resulting in good health. As sad as it might be, we do not tend to care about our health on a daily basis and it takes doctor’s orders for us to go to health resorts, for instance, to improve our health [Gaworecki 2003: 390].

Public services also include technical services connected with maintaining a satisfactory technical infrastructure (e.g. road network, water-supply and sewage systems, energy network). This category includes transport: services and infrastructure – this category generates high operating and maintenance costs, which are borne by service providers [Kozuch & Kozuch 2011: 43-44].

Infrastructure is a broad concept. Urban infrastructure refers to hard infrastructure systems, e.g. the road. It may also include infrastructure soft, like parks, swimming pools, bike paths [Rezeanu 2011]. From the standpoint of the community health resort infrastructure consists of a tourist infrastructure and logistics infrastructure. The tourist infrastructure includes: accommodation buildings, transport vehicles, restaurants, recreation and sports, and a wide base of accompanying: hiking trails, ski lifts etc. Common areas for potential logistics are: transport, buildings, and bike paths, hiking trails.

The infrastructure also includes the logistical infrastructure. It consists of road, water and air networks, buildings, warehouse buildings and storage facilities. The logistics infrastructure is included:

- the physical flow of products,
- stocking and handling the products,
- gathering, transmitting, collecting and analysing information on logistical processes [Kozłowski 2007: 304].

The aim of the logistical infrastructure is facilitating the functional and cheapest-possible performance of the said tasks. In this infrastructure the following main elements can be distinguished:

- the means of transport and packaging,
- company roads and transport hubs,

- buildings and structures (including storage facilities),
- storage and handling equipment,
- IT equipment and networks.

The healing-resort logistical infrastructure includes:

- the means of transporting persons,
- cycle paths,
- the roads and transport hubs of the health resort commune,
- facilities and resort facilities,
- telecommunications equipment and networks (Fig. 1).

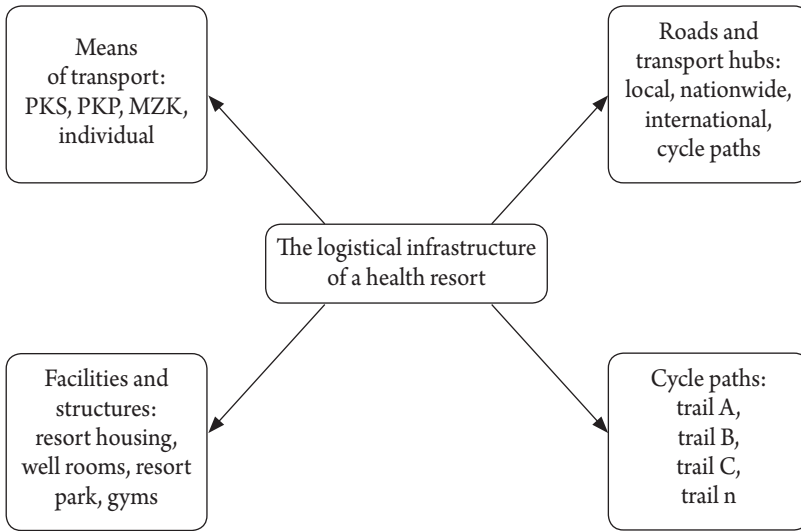


Figure 1. Health-resort infrastructure

Source: own study.

Due to the diversified tourist assets, it is possible to create tourism products targeted at specific groups of patients. They are related to active tourism, resort and health etc. Logistics infrastructure is unnecessary for tourists–patients so that they can meet their basic living needs. This can become the basis for development of tourist products for this type of tourism.

In order to properly fulfil its function, a health resort must include the following facilities: well rooms, pools (baths), inhalation rooms and resort parks. A health resort usually includes sanatorium facilities and resort hospitals. It also includes a recreation infrastructure, namely: hotels, guest houses, holiday houses, cultural venues (summer theatres, concert shells etc.) and eating places.

3. An overview of health resorts

Health resorts can be found everywhere in Poland. However they are most often located in mountain or sea areas. This is because such locations guarantee not only therapeutic values but also recreational and tourist amenities [Gotowt-Jeziorska & Wyrzykowski 2005: 33-41]. Polish health resorts, in order to compete on the national and international markets, must prepare an interesting, innovative and competitive package, including tourist and leisure and sports and recreational services, which will assure the development of the modern concept of tourist and health functions.

A stay in a health resort should not be connected only with getting treatment but also with broadly understood health promotion, i.e. preventive procedures against different ailments and promoting fitness. Polish health resorts gain popularity due to improvement in Polish communication accessibility, resulting from the development of the connection networks of budget airlines and the development of road networks, including motorways [Krupa & Wołowicz 2010: 22].

The development of logistical services is one of the factors stimulating the growing need for health-resort services, including recreation and leisure services. Gołembski [2002: 359] enumerates seven main factors behind the growing tourism demand. These include:

- an increase in the amount of free time, meaning the time spent on regaining vitality, entertainment and cultural development,
- an increase in people's real income (which influences not only the ability to go away on holiday but the type of holiday - cheap or expensive),
- the popularisation of education and changes in the field of customs and traditions (awakening the need for exploration and a growing recognition of the importance of active recreation in regaining mental and physical strength),
- transport development (increasing the mobility of people, allowing easier and faster changes of location,
- industrial and urban processes, meaning the industrialisation and urbanisation of the human environment, which create the need for tourism,
- tourism values and infrastructure, meaning the values produced as a result of the making available of thus-far-unused natural resources or their manufacture by people and the infrastructure suited for the exploration of the given tourism values,
- tourism policies, aimed at creating conditions conducive to the development of the tourism economy.

Health-resort visitors, led there by internal motives, can be classified into the following groups (Fig. 2): group 1 – people interested in tourism, who rarely

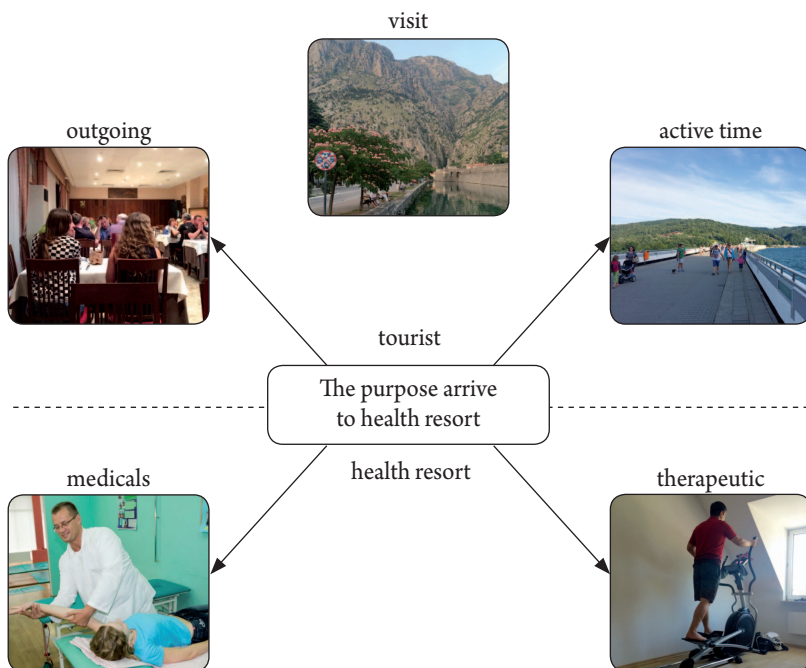


Figure 2. Reasons for going to a health resort

Source: own study; pictures: www.uzdrowisko-cieplce.pl/pl/obiekty/ [access: 10.07.2016].

make use of the therapeutic resource, group 2 – people who take advantage of the therapeutic resource in order to restore health and go to the resort for treatment, and group 3 – people who go there for health-resort treatment and rehabilitation.

4. An overview of the Cieplce Resort

Cieplce, established in 1281, is located in the mountains, and today constitutes the health-resort part of Jelenia Góra, Lower Silesia. The advantages of the resort include its location at the foot of the Karkonosze Mountains, in the heart of the Jelenia Góra Valley, and its unique climate. Many visitors have appreciated the advantages of the resort. Some of its famous visitors have included the Grand Chancellor of Lithuania Albrycht Stanisław Radziwiłł (1653), the Castellan of Wieluń Zygmunt Radziwiłł (1677), the Primate Michał Radziejowski (1692), Johann Wolfgang Goethe (1790), the King of Prussia Frederick William III with his wife (1800), John Quincy Adams, later President of the United States (1800), Hugo Kołłątaj (1792 and 1808), Józef Wybicki (1802) and Izabella Czartoryska

(1816). However the title of the most-distinguished guest of Cieplice must be given to the Polish Queen Marysieńka Sobieska, who visited the resort with her countless retinue in 1687.

Cieplice is one of the most-popular health resorts in Poland. The greatest treasure of Cieplice are healing-thermal springs by which it is known all over Europe. On the initiative of the City of Jelenia Góra, in 2010, construction work started on the complex of thermal pools in Cieplice called Termy Cieplickie – Donośląskie Centrum Rekreacji Wodnej [The Cieplice Baths – the Lower Silesia Water Recreation Centre]. The complex opened in 2014. It can be accessed by resort visitors and guests and the residents of Zielona Góra. The Cieplice Baths is a complex of sports and recreation pools, unique on the scale of Lower Silesia and Karkonosze Mountains. The Baths are unique because of the thermal waters of mineral composition and temperature unusual in Europe, and with invaluable beneficial effects on the regeneration of the entire body. The complex consists of an indoor recreational pool with swimming lanes; 2 pools for children with slides and sprinkles; 2 thermal pools with water attractions, such as massage jets, water swing and seesaws; an outdoor thermal pool; and an outdoor recreational pool with a slide, seesaws and basketball hoops. The pool complex is complemented with spa facilities, including Finnish saunas, steam bath and infra-red cabin, water jets, Jacuzzi, tepidarium, snow chamber, ice fountain, and relaxation area with heated couches and a massage studio.

The therapeutically value of the thermal water allow for the treatment of various diseases. To most important of them are:

- kidneys and the urinary tract,
- gastrointestinal tract,
- inflammatory and degenerative diseases,
- rheumatic,
- breathing,
- neurological diseases etc. [Pascu 2012: 267-269].

The facilities also include a multi-purpose room, which can host training sessions and a catering area. The Baths are situated near two historic parks – Norweski Park and Zdrojowy Park. The water surface area of nearly 1200 sq. metres, spacious cloakrooms and free parking guarantee a comfortable stay. Distance to the Cieplice Baths in kilometres:¹

- Cieplice Baths – Szklarska Poręba – approx. 15 km,
- Cieplice Baths – Karpacz – approx. 16 km,
- Cieplice Baths – Świeradów Zdrój – approx. 32 km,
- Cieplice Baths – Wrocław – approx. 120 km,
- Cieplice Baths – Berlin – approx. 290 km,
- Cieplice Baths – Prague – approx. 164 km.

¹ www.termycieplickie.pl/termy_cieplickie/ [access: 1.08.2016].

5. The aim of the research

The research involved the logistical infrastructure of the Cieplice Resort. The main purpose of the empirical study was to answer the question whether logistical infrastructure of a health resort constitutes an additional and attractive product of the health-resort industry and contributes to its competitiveness.

6. Research methodology

A critical analysis of the indicated publications and information published on the Cieplice Resort website was applied here. During the analysis, the infrastructure elements, which contribute to the development and competitiveness of the health resorts in terms of their health, as well as recreation and leisure functions, were isolated. The research was conducted from July 2016 to August 2016. Photographic evidence was attached to support the compiled data.

7. The civil infrastructure of the Cieplice Resort

The buildings located in the resort can be divided into several groups based on their functions. The most numerous and important are the therapeutic facilities: baths, natural healing facilities, well rooms, walking tracks, inhalation rooms, milk rooms, and a veterinary clinic. Another group comprises entertainment and social facilities: resort housing, theatres, orangeries, palm houses, confectioneries, libraries, reading rooms, concert shells etc. The resort facilities are complemented with service facilities: hotels, inns, hostels, restaurants, commercial facilities, chemists' shops, laundrettes, boiler houses, mineral waters bottling facilities, water-bowl manufacturers etc., as well as cottages and automatic weather-information points [Gonda-Soroczyńska & Oleszek 2013: 253].

The spatial layout of a resort shows a clear distinction between the housing facilities and the therapeutic facilities. The two spaces are usually connected by a resort park [Gołembski 2002: 359]. Zdrojowy Park (resort park) in the Cieplice Zdrój is often classified in the top of ten the most beautiful parks in Lower Silesia.

The infrastructure of the Cieplice Resort includes numerous enclosed buildings and street furniture items (Picture 1).



Picture 1. Zdrojowy Park

Source: www.uzdrowisko-cieplce.pl/pl/obiekty/ [access: 10.07.2016].

Health-resort facilities (Pictures 2-7) are located in the heart of Cieplice, adjacent to the Cieplice old town, charming and brimming with architectural monuments, and the vast and well-managed Zdrojowy and Norweski Parks.



Picture 2. Długi dom (The Long House) Picture 3. The Polonia Hotel

Source: www.uzdrowisko-cieplce.pl/pl/obiekty/ [access: 10.07.2016].

The sanatorium package includes comfortable suites and single, double and triple rooms with partial or full sanitary facilities, and SAT-TV. A connecting passageway facilitates mobility between the natural healing facility and the pavilions, and the remaining facilities are located nearby.

The Cieplice Resort includes:

- well-equipped hotel and entertainment facilities, offering healthcare and sanatorium services,



Picture 4. Stoczniowiec



Picture 5. The Stoczniowiec dining hall

Source: www.uzdrowisko-cieplce.pl/pl/obiekty/ [access: 10.07.2016].



Picture 6. The Edward Pavilion



Picture 7. The Edward Pavilion restaurant

Source: www.uzdrowisko-cieplce.pl/pl/atrakcje-turystyczne/ [access: 10.07.2016].

– a complex of sanatorium facilities with a wide range of therapeutic, preventive and diagnostic services.²

The services offered and rendered by the Resort include:

- providing clients with high-standard professional services,
- providing high-quality equipment customised to the needs of visitors,
- providing an attractive package of additional services, enabling the visitors to spend their spare time in an interesting way on the premises.

8. The logistical infrastructure of the Cieplce Resort

The tasks of the health-resort commune include maintaining the technical infrastructure, such as maintaining and building roads, streets, bridges and cleaning,

² <http://www.uzdrowisko-cieplce.pl/> [access: 10.07.2016].

providing local public transport, and maintaining public utility facilities. Communication behaviour can be shaped by various means of transport. The choice of the means of transport depends on the parameters, such as: punctuality, price, travel comfort, reliability and frequency.

The growing interest in health tourism stems from the improved communication accessibility of the resorts providing health services. Jelenia Góra is located at the crossroads of major communications routes, including national road No. 3 between Świnoujście and Jakuszyce (country border - the Polish part of the E65), national road No. 30 between Jelenia Góra and Zgorzelec, Voivodeship road No. 365 between Jelenia Góra and Legnica, Voivodeship road No. 366 between Kowary and Szklarska Poręba, Voivodeship road No. 367 between Jelenia Góra and Wałbrzych, and the local roads to Karpacz-Wojanów (Fig. 3).³ There are 130 car parks in Jelenia Góra, of which 16 are guarded.



Figure 3. The roads leading to and from Jelenia Góra

Source: own study.

There is a travel agency in Cieplice specialising in organising trips to the resort. The resort also recommends trips to the picturesque towns located nearby, such as Szklarska Poręba, Karpacz, Krzeszów, Złotoryja and Kowary, as well as hiking in the mountains and visiting Prague and Berlin. A stay in Cieplice can also include a skiing trip. The resort is located within 10 km of numerous, downhill and cross-country skiing slopes of various difficulties. The biggest ski resorts include: Karpacz (over 20 downhill slopes), Szklarska Poręba (a skiing complex – Skiare-

³ <http://jelenia-gora.polskiemiasta.info/transport/> [access: 15.07.2016].

na Szrenica), Jakuszyce (a cross-country skiing and biathlon resort), Dziwiszów (Winter Sports Resort Łysa Góra) and Czech Harrachov.

The Resort also offers trips organised by the resort travel agency, which include trips to: Dresden, Prague, Harrachov, Karpacz, the Valley of Palaces and Gardens, the former Cistercian monastery in Krzeszów and the Adrspach Rock City.

8.1. Cycle paths


Logistics infrastructure includes bicycle paths. Resort must adapt its logistics infrastructure, in order to optimally meet the growing demand⁴ for turistic services.

Jelenia Góra is an excellent place for relaxation and recreation - interesting hiking trails with different degrees of difficulty, Nordic walking trails, networks of marked tourist trails and interesting cycle paths - give an opportunity to see the architectural monuments from various epochs, enjoy the beauty of the Karkonosze Mountains, challenge oneself with mountain climbing, or find the peace and quiet in greenery of a park.

There are cycle paths everywhere around Jelenia Góra and in the nearby mountains. The stretches of marked tourist and cycle trails are located in the most-picturesque parts of the Jelenia Góra region (Picture 8). Bicycle path from the valley of the Jizera valley Bóbr built under the Operational Programme of Cross Border Cooperation Czech Republic – Poland 2007-2013.

Suggested cycle trails:


Trail 1: Jelenia Góra centrum – easy  8,4 km


Trail 2: Perła Zachodu – easy  11,8 km

Trail 3: Jelenia Góra – Dąbrowica – Wojanów – Jelenia Góra – medium  20,2 km

Trail 4: Jelenia Góra – Góra Szybowcowa – Jelenia Góra  20,6 km


Trail 5: Jelenia Góra – Staniszków – Podgórzyn – Jelenia Góra – medium  24,3 km

Trail 6: Cieplice – Michałowice – Cieplice – medium  25,8 km

Trail 7: Jelenia Góra – Stara Kamienica – Barcinek – Siedlęcín – Jeżów Sudecki – medium  38,9 km

Trail 8: Dolina wybranych placów i ogrodów – medium  57,5 km

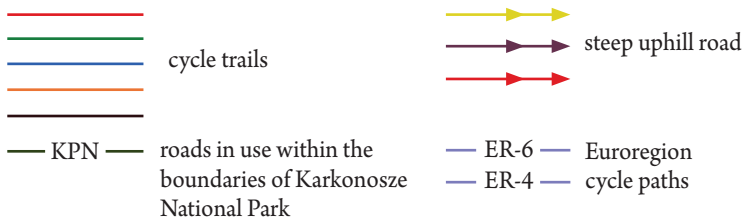
Trail 9: Cieplice – Przesieka – Przełęcz Karkonoska – Borowice – Cieplice – hard  32,1 km

Trail 10: Jelenia Góra – Karpacz – Świątynia Wang – Jelenia Góra – medium  42,8 km

⁴ www.mckinsey.com/industries/travel-transport-and-logistics/our-insights/transforming-indias-logistics-infrastructure [access: 5.11.2016].



Map markings



Picture 8. The cycle path between the Izera Valley and the Bóbr Valley Stage I

Source: Mucha, July 2016.

There are numerous, well-maintained cycle paths between Perła Zachodu and Łomnica, and new, collision-free paths are being built along the exit roads from the city.

The Jelenia Góra Valley offers excellent conditions for cycle tourism (Table 2). The mountainous topography allows any cyclist to find a trail suitable for them.

Bicycles can be rented at:

- The Cieplice Bicycle Centre,
- Rowery Izery – mountain and trekking bicycles rental. The bikes are provided and collected in the Jelenia Góra Valley area – the Biathlon Centre. Advice on choosing a suitable trail is provided in Jelenia Góra, Szklarska Poręba and Karpacz,
- The Sobiesz Rental Service – skis and bicycles rental.

Picture 9. A cycle path view

Source: Mucha, July 2016.



Due to the surrounding mountains and favourable weather conditions it is possible to go mountain climbing and do aviation sports and paragliding here. The convenient location near mountain resorts equipped with an infrastructure for winter sports, (including downhill and cross-country skiing) is an additional advantage of the town's location. It can be stated that the Teplice spa is rich in logistics infrastructure.

9. Summary

Due to the fact that keeping fit and healthy has become fashionable, health tourism has grown in popularity in recent years in Poland; more and more people are deciding to combine a holiday getaway with health treatment. Such services are used not only by the elderly, but also young people, living busy and intense professional lives. Health tourism gives the region new possibilities for the utili-

Table 2. Cycle trails

Trails	Distance	Places
TRAIL A "Round great water"	29.80 km	Jelenia Góra – Stanisławów – Marczyce – Podgórzyn – Sosnowka – Głębock – Mysłakowice – Jelenia Góra
TRAIL B "Through the Karpnickie Hills"	25.80 km	Jelenia Góra – Łomnica – Bukowiec – Mysłakowice – Jelenia Góra
TRAIL C "Along a cycle path"	8.20 km	Jelenia Góra – Łomnica – Mysłakowice – Jelenia Góra
TRAIL D "The castles and palaces trail"	30.20 km	Jelenia Góra – Dąbrowica – Łomnica Dolna – Wojanów – Karpniki – Łomnica – Mysłakowice – Jelenia Góra
TRAIL 1 "To Gródek Wleński"	42.50 km	Jelenia Góra – Jeżów Sudecki – Płoszczyńska – Czernica – Wleń – Łupki – Klecza – Nielestno – Pilchowice – Strzyżowiec – Siedlęcín – Jelenia Góra
TRAIL 2 "Perła Zachodu"	31.40 km	Jelenia Góra – "Perła Zachodu" – Siedlęcín – Wrzeszczyn – Siedlęcín – Płoszczyńska – Płoszczyna – Dziwiszów – Jelenia Góra
TRAIL 3 "Round the Dziwiszowskie Hills"	38.10 km	Jelenia Góra – Dziwiszów – Maciejowa – Komarno – Radomierz – Trzcińsko – Wojanów – Łomnica – Jelenia Góra
TRAIL 4 "Golden vistas"	40.30 km	Jelenia Góra – Dziwiszów – Chrośnica – Płoszczyna – Siedlęcín – Jelenia Góra
TRASA 5 "Along horse trail"	38.70 km	Jelenia Góra – Dziwiszów – Przełęcz Widok – Komarno – Radomierz – Trzcińsko – Dąbrowica – Jelenia Góra
TRAIL 6 "Along the Hussite trail through Rudawy Janowickie"	35.15 km	Jelenia Góra – Dąbrowica – Wojanów – Góry Sokole – Karpniki – Krogulec – Bukowiec – Jelenia Góra
TRAIL 7 "Along the peaks of Rudawy Janowickie"	50.60 km	Jelenia Góra – Bukowiec – Rudawy Janowickie – Karpniki – Jelenia Góra
TRAIL 8 "Colourful lakes"	43.60 km	Janowice Wielkie – Ciechanowice – Marciszów – Wieściszowice – Janowice Wielkie – Jelenia Góra
TRAIL 9 "To the Karkonosze"	40.80 km	Jelenia Góra – Stanisławów – Sosnowka – Borowice – Przesieka – Zachelmie – Jelenia Góra Sobieszów – Podgórzyn Dolny – Jelenia Góra
TRAIL 10 "The waterfalls of Karkonosze"	63.90 km	Jelenia Góra – Stanisławów – Marczyce – Podgórzyn – Karkonosze – Szklarska Poręba – Piechowice – Jelenia Góra
TRAIL 11 "Izera Mountains"	29.80 km	Szklarska Poręba – Izera Mountains – Kopaniec – Piastów – Wojcieszyce – Jelenia Góra

Source: own study based on <http://turystyka.jeleniagora.pl/content/wycieczki-i-trasy-rowerowe/> [access: 15.07.2016].

sation and development of its tourism potential; therefore, it is vital to maintain the environmental assets of given areas in order to properly develop their tourism potential. The role of logistical potential is to complement the tourist potential. As shown in the analysis, the resource of the Cieplice Resort includes not only

health services but also an opportunity to spend time actively by going on bicycle trips, which improves the health of the visitors-tourists.

10. Conclusions

1. Cieplice has a convenient location for both a tourist and health resort.
2. The health resort has also benefitted from the establishment of the Cieplice Baths.
3. Aside from the function of providing health services, its tourist, recreational and leisure functions are developing well.
4. Due to a well-developed logistical infrastructure the Cieplice Resort is even more competitive on the market.
5. Logistical infrastructure is necessary for the development of tourist infrastructure.

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Rola potencjału logistycznego w budowaniu potencjału turystycznego – przykład uzdrowiska Cieplice

Streszczenie: Uzdrowisko Cieplice to uznane i jedno z najstarszych uzdrowisk w Polsce zawdzięczające swą popularność leczniczemu wodom termalnym. Uzupełnieniem oferty uzdrowiskowej są Termy Cieplickie nowoczesne centrum rekreacji wodnej. Rosnący popyt na usługi uzdrowiskowe, w tym coraz częściej rekreacyjne i wypoczynkowe jest uwarunkowane rozwojem usług logistycznych. Dogodna komunikacja do pobliskich ośrodków górskich z infrastrukturą zapewniającą uprawianie sportów zimowych (m.in. narciarstwo zjazdowe i biegowe) jest dodatkowym atutem atrakcyjnego położenia miasta. Celem artykułu jest scharakteryzowanie uzdrowiska Cieplice wraz z wyodrębnieniem infrastruktury logistycznej, do której zalicza się budynki, ścieżki rowerowe, szlaki turystyczne, która pozwala na aktywny wypoczynek kuracjuszy przez cały rok przyjeżdżających w celach turystycznych i wypoczynkowych. W badaniu wykorzystano krytyczną analizę literatury zawartej w wykazanym piśmiennictwie i informacji umieszczonej na stronie uzdrowiska Cieplice. Badania empiryczne (pierwotne) infrastruktury logistycznej uzupełniono fotografiami. Wnioski: Dobrze rozwinięta infrastruktura logistyczna przyczynia się do konkurencyjności uzdrowiska.

Słowa kluczowe: Cieplice Zdrój, uzdrowisko, obiekty kubaturowe, infrastruktura turystyczna, infrastruktura logistyczna

LĪNA STANULE*, ARMANDS MUIŽNIEKS**

An Analysis of Factors Influencing the Development of the Kemerī District (Latvia) as a Tourism Destination

Abstract. The theme of the article is the Kemerī district's development in Latvia as a tourism destination. The aim is to research the reasons for the decline in tourism in Kemerī and to determine factors influencing tourism development in the Kemerī district. Scientific articles and theoretical resources (44 in total), including Latvia's and Jurmala municipality's long-term planning documents, have been used to create this document. For primary data, a survey was conducted amongst the Kemerī district's local inhabitants, and the foreign and local visitors in Jurmala and Kemerī, in addition to interviewing Latvian tourism industry experts. Consequently, a mixed method of research was conducted, both of qualitative and quantitative data, obtained through secondary and primary data analysis. The study contains research on the reasons for the decline in the district's tourism, focusing on the Kemerī district in Latvia's and Jurmala municipality's future strategies and plans, which have had no interest in investing in the district, and whether there actually is a potential for the Kemerī district to develop its tourism from the point of view of visitors and experts.

Keywords: health resort, health tourism, Kemerī district, development factors, tourism destination, Latvia

1. Introduction

The Baltic States have valuable natural healing resources for health resorts, each of them able to offer something different, making their own products unique. Estonia and Lithuania have managed to sustain their existing health resorts from

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the 19th century. However, this has not been the case in Latvia, despite the fact that it has a wide range of natural resources for developing a health resort. In previous years the focus of the Latvian tourism industry has been on culture, MICE and rural. Between 1918 and 1990 the focus was centered on health tourism.

Kemeri district (KD) development has always been a topic of great discussion in the Latvian tourism industry because the health resort has a deep history and great potential for restoration. In the 18th century [Latvian Tourism Association 2011: 120] the most popular health resort was Kemeri health resort (KHR) which during the time developed both in quality and the range of services. From 1990 the KHR lost much of its prestige and popularity, which soon led to its closure. Little effort was taken to conserve the assets of KHR after its closure. The hotel's park, sanatoriums, town and main buildings were left to deteriorate until very recently [Jūrmala. Daba un kultūras... 2004: 237; Latvian Tourism Association 2011: 120]. The decline of KHR was very sudden and there has been little consideration into its rejuvenation. The reasons for the decline of such a prestigious and popular health resort, as well as factors influencing KD development are being analyzed in this research.

Health resort development is important for tourism development taking into account regional development aspects, combating negative impact of seasonality, decreasing unemployment and other positive impacts. Analysis of influencing factors allows more detailed planning of development of tourism destination. Kemeri, which is part of city of Jūrmala since 1959, is only territory where still is the space and resources for health resort development.

The KD topic can be divided into four main aspects: T1) historical importance of Kemeri as a health resort, T2) no development progress after "perestroika", T3) priorities of tourism development in Latvia, T4) investor interest in Kemeri infrastructure (accommodation, restaurants, museums, etc) development. The answer to the question of whether KHR is going to be restored in future is unknown, which shows that there must be factors that negatively influence KD's development as a tourism destination (TD). Thus, for the research have been outlined four main questions:

- Q1. What have been reasons for KD decline?
- Q2. What is the focus and future strategy on KD basis?
- Q3. What are the aspects for no interest in investing in KD?
- Q4. Is there a potential for KD from visitors' and experts point of view?

2. Kemeri district's characteristics

KD is a part of Kemeri National Park, established in 1997 by Saeima, a part of Jūrmala municipality, and is located in the West of Jūrmala, 45 km from Riga, giv-

ing the district quick and convenient accessibility by railway and highway. KD is rich with natural resources: seaside (Riga Bay a shoreline of 15 km in KNP area), 30 sulphur springs with different levels of sulphur concentration from 18 to 50 mg/l, lakes, therapeutic mud, swamps [Latvian Tourism Association 2011: 115; Terentjeva & Fridernberga 2008]. Kemerī has three major microclimate zones: national park territory, park of KH, policlinics and Kemerī town which each differ in humidity of the air, flora and fauna [Terentjeva & Fridernberga 2008]. The major architectural object of the district is KH with its park and objects located there.

3. Tourism destinations in crisis

The profitability and a long-lasting life cycle of tourism business depend on several factors, like the trends, demand, supply, location and others. There are businesses that have faced all or almost all the life stages suggested by Butler [2006] – exploration, involvement, development, stagnation, reorientation and decline. Only few businesses are capable of acting and experiencing rejuvenation; this consequently depend on how fast the management reacts and how effective the strategy plan will be, as well as on political and economic factors the business is located in and the same factors in areas from which it has the dominant demand. As one of the oldest tourism businesses can be mentioned well-known thermal and balneological resorts: Baden Baden in Germany (Die Kur), Rogaska in Slovenia (European Spas Association), Piestany in Slovakia (European Spas Association), Vichy in France (La Medecine Thermale), Saaremaa and Varska in Estonia (Estonian Spa Association) and Druskininkai and Birštonas in Lithuania (Lietuvos Kurortu Asociacija). These health resorts have survived due to innovation and development at the resorts and have continued to attract tourists. This question is another topic for research and can be examined for the comparison of Latvian health resort life and development.

As it was analyzed in the previous research on KD development [Stanule 2015], the reasons why TD faces a crisis are unique to each destination's location, size, structure, and legal terms. The main two types of crisis are: natural caused (storms, floods, disasters, etc.) and man-caused, such as terrorism, economic and political changes [Beirman 2003; Laws & Prideaux 2005; Sausmarez 2007: 1-2; Evans & Elphick 2005: 136]. Consequently, the sources of the crisis can be global or internal and they affect TD suddenly, therefore it requires pro-activeness and a new marketing strategy to be taken into action, otherwise it can cause the loss of reputation, popularity, loss of income and unemployment in the TD [Beirman 2003: 4; Evans & Elphick 2005: 137; Sausmarez 2007: 5].

To prevent a TD from complete failure and to create a new effective marketing strategy depends on how good the communication between the entities will be and how it will be developed. The steps suggested by Beirman [2003: 23] that should be undertaken in the case of crisis in TD are: identify the event/problem as either a crisis or hazard; establish a crisis management team and define roles; promote the destination during and after the crisis; monitor recovery and analyze the crisis experience. Meanwhile, as discussed in the previous research [Stanule 2015], an effective coordination and cooperation between all the enterprises involved in the TD is the key element for effective marketing strategy development, as well as the communication between local and governmental tourism organizations and the direction towards a united goal [Kanter 1983: 127; Laws & Prideaux 2005; Laws, Prideaux & Chon 2007].

The author of the paper has collected three crisis management and phase models collected from Laws and Prideaux [2005], Laws et al. [2007], Pforr and Hosie [2009]. Laws and Prideaux [2005] suggest that there are five phases in crisis: 1) pre-event phase, 2) prodromal phase, 3) emergency phase, 4) intermediate phase, 5) long term recovery phase, 6) resolution phase.

Laws Prideaux and Chon also suggests [2007] four stages of crisis management: 1) pre-event (to recognize the potential areas of crisis), 2) warning sign stage (identify potential warning signs of potential crisis, the need to be proactive and to take an action), 3) action (short term, medium and long term action), 4) review (to ensure that it's successful, communicate between each other).

Pforr and Hosie [2009] have presented Heath's [1998] risk management model PPRR: prevention, preparation, response, recovery. Meaning that for avoiding a setback or an incident for a business, there should be taken actions that would reduce or eliminate the likelihood of any incident, thus the business will be prepared before an incident by taking steps before an incident, ensuring effective response and recovery. Consequently, response and recovery each have definite actions in regards to minimizing effects of an incident towards the business. For each step can be developed a separate action plan, or it can be developed as one [Pforr & Hosie 2009].

Currently TD in KD is in the process of a revival, a review stage will follow to gauge the effectiveness of this revival.

4. The role of the government in tourism destination planning

According to Pike [2004: 44], the core source for an effective TD management is government, because it is "responsible for the development of infrastructure to

enable tourism, such as utilities, sewerage, cleaning, health and fixed communication and transport facilities” [Pike 2004: 29]. Author also states that the government can interfere in market failure, provision of infrastructure, fiscal revenue, border controls, spatial distribution, protection of resources, regulatory safeguards, exogenous events, social benefits [Pike 2004: 24] for the TD which can be beneficial for economic growth of TD, municipality and in overall- the GDP.

In Stanule [2015] the relation between the government and KD was discussed. It can be seen that nothing much has been done to improve either infrastructure or the tourism industry in general in the area from the side of government, although KD shows a potential as a TD [Stanule 2015] and this matter also relates to Pike’s concern [Pike 2004: 37] that if there is no coordination and cooperation in the tourism industry, the TD is not capable of existing because there is no support and resources allocated from government’s side, as stated in Stanule [2015], moreover, a successful and sustainable coordination must happen between government departments, within industry and between government and industry [Stanule 2015: 37]. Ruhanen [2013: 81] states that the government is as a primary source for the development of a TD and it is capable of providing this coordination because it has an access to taxation revenue and legislation. Also according The Latvian Commercial Law, the local government is responsible for contribution in business development [The Latvian Commercial Law].

5. Methodology

Since the goal of the research had to be obtained through four areas, the information of which would bring the main reasons of Kemerī tourism decline and the main factors influencing district’s development, a mixed method research both of qualitative and quantitative data, obtained through the secondary and primary data analysis (Table 1). Such method was chosen according to the theoretical background, also discussed in the master thesis’ paper of factors influencing KD’s development [Stanule 2015]: mixed method is a combination of both qualitative and quantitative research methods which allows gaining better research results because qualitative method is often objective and quantitative simply outlines numeric data and also cannot be so efficient; therefore, the use of both methods can create the linkage between numeric and contextual results [Hesse-Biber 2010; Creswell & Plano 2011]. Thus, mixed method research allows answering more questions and bringing better results for the research.

The qualitative secondary data revealed a qualitative information on the factors influencing KD’s development, among which were 1) analysis of the historic information on KHR TALC, 2) analysis of reports on selling KH (e.g. LETA),

Table 1. Research methodology design

Type of data		Purpose
Secondary		
Analysis of the historic information on KHR TALC	→	To determine reasons for KD decline
Analysis of reports on selling KH (e.g. LETA)	→	To determine the aspects for no interest in investing in KD
The analysis of strategies and plans of Latvia and Jurmala municipality of tourism development, and the Latvian Tourism Law	→	To determine the focus and future strategies on KD basis
Primary		
Questionnaire Survey Q1) On visiting KD Q2) On visiting health resorts	→	To determine the key visiting factors for KD and determining its potential as a TD
Experts Interviews Q1) Opinion on government and municipality's support Q2) Development in Kemerī Q3) Cooperation Q4) The type of tourism development Q5) Competitiveness	→	To research experts point of view on factors influencing KD development through the five main Question areas (government, development, cooperation, tourism type, competitiveness)

Source: own elaboration.

3) analysis of statistics of tourism trends in Latvia and Europe (UNWTO, the Baltic Course, LTDA), and 4) the analysis of strategies and plans of Latvia and Jurmala municipality of tourism development, and the Latvian Tourism Law (a. State strategies and legal documents – The Law of Tourism (1998), Guidelines for Latvia Tourism Development for 2014-2020, The Latvian Tourism Marketing Strategy 2010 – 2015 (LTDA), The Law of Kemerī National Park (2001), The List of State-Protected Heritage (State Inspection for Heritage Protection), The Law on Heritage Protection (1992), and b. Jurmala municipality's strategies – Jurmala Municipality Tourism Development Strategy 2007-2018, Jurmala City Development Strategy 2010-2030, The Conception of Jurmala City Resort 2009-2018, The Thematic Plan “The Vision of Kemerī Development,” Strategy for Kemerī Park's with its architecture reconstruction and renovation in Jurmala municipality 2015-2020 [Jurmala 2012]).

Primary data consisted of the questionnaire survey and interviews with experts that both were conducted from April until May in 2015. Such period of time was chosen due to a low tourist arrival in winter to Jurmala, therefore the time period from April until May is more convenient to undertake data collection from questionnaire surveys for the research with the main area in Jurmala. For the quantitative data has been chosen questionnaire survey since it allows to

collect the necessary information for determining the potential of KD as a TD: by classifying people and their circumstances, gathering straightforward information in relation to people's behaviour, the basic attitudes of a group of people [Denzin & Lincoln 2000].

Questionnaire survey consisted of in total 24 optional case questions that were divided into two types of questions which brought quantitative data: Q1) on visiting KD, and Q2) on visiting health resorts in general. The target was to research an opinion of Kemerī local inhabitants, Kemerī and Jūrmala visitors (both Latvian local inhabitants and foreign guests) with different age groups (15-29 and 30-60 plus), based on the fact that Kemerī is a historic area and respondents of different age groups would have different perceptions and opinion on the district. In total, 435 responses ($n = 435$) were collected, the general set was determined by margin error 5%, population of 2 million (the number of inhabitants in Latvia), confidence of 95% and response distribution of 50%. The questionnaires were distributed in Jūrmala TIC, Jūrmala, Jaunkemerī Resort Center, Yantarnyi Bereg Resort Center, KNP walking trails, Forest house, Kemerī town, and in online sources. According to the conducted research [Stanule 2015], in order to receive better results, the questionnaire contained various types of questions, such as Likert scales, open-ended questions, and multiple choice questions. The most important information was obtained from the Likert scale or the "scaling technique" [Veal 1997: 298] in which respondents were asked to state their attitude towards KD and on what they value the most in health resorts. All data from questionnaire survey was analysed by using coding technique [Veal 1997: 419], a descriptive analysis with frequency procedure, which presents counts and percentages of responses for single variables. First, the survey questions were coded, divided into groups, second, the frequency formula was used [Veal 1997], and finally the data counts were transferred into percentages.

Experts interviews gave the quantitative data and in total were managed five interviews (the administrator of LLC "Ominasis Latvia" [5.05.2015], interview with the consultant of Jūrmala Entrepreneurs Association, consultant [25.04.2015], interview with the deputy of Jūrmala City Council [6.05.2015], interview with the director of the Incoming Tourism Operator [27.04.2015], and interview with the manager of tourism department of Jūrmala City Council [27.04.2015]) out of the 13 planned. The experts were selected in regard to the audience and if they are related to Jūrmala municipality and KD: government, local, entrepreneurs, and tourism agencies or operators. Interview consisted of 9 questions that were related to five problematic question groups of KD on government and municipality's support, Q2) development in Kemerī, Q3) Cooperation, Q4) The type of tourism development, and Q5) Competitiveness. A conceptual framework was created for analysis of interview data through the model presented by Veal [2011]. The framework consists of the main factor groups and

subordinate factors which were identified from interview responses and such mean of the method gave strategized results and a specific differentiation of factors influencing KD's development.

6. Analysis of Kemerī Health Resort TALC

KHR development is a clear example of Butler's theory in regard to TALC since the resort during its history and recent situation has gone through different stages due to political and economic forces. According to Butler [Cooper 2011: 12; Morrison 2013: 5], the tourism life cycle (TALC) contains six stages which are *exploration, involvement, development, consolidation, stagnation, and decline/rejuvenation*. However, KHR still has not faced the rejuvenation stage. The aspects of

Table 2. Kemerī tourism destination's historical development: TALC

Time	Stage	Trend
early	Exploration	Mud baths. For highest ranks of society
1812		Swimming areas
1833-1835		Petition to offer support for historical health resort's development
1836		700 ha state-owned land. The construction of a treatment facility. The road from Kemerito the Sloka -Tukums highway
1838		Health resort was founded. Market: the Russian Empire. The first state swimming institution
1838	Development	The Kemerī landscape Park
1877		Steamships. The railroad line between Riga un Tukums
1912		Direct rail line between Kemerī, Riga and Moscow
		One of the most modern treatment facilities in all Europe
1924		A new swimming facility with mud baths
1936	Consolidation	KarlisUlmanis. The KH built
The Soviet era		Ten sanatoriums. Employed 100 doctors
1971		Kemerī declared to be a historical health resort of pan-Soviet importance
1975-1985		The largest sanatorium in Kemerī was built. "Latvija" – "Līva" 11-story building. Accommodated 1,200 patient at a time. During a year: 140,000 people served
Until 1994	Stagnation	Five sanatoriums. Caika, Daugava, Dzimtene, Kemerī and Līva, along with a polyclinic Kemerī
1990s	Decline	Not profitable. Closed down. Privatisation process
21 century		KH auctions. Lack of investors. KH building deterioration

Source: own elaboration.

such situation are thus being researched. KHR history dates back into the 18th century which is when the exploration stage started.

KHR TALC in Table 2 clearly shows how economic, political and market trends affect the tourism area. Each stage is closely related to these three aspects in the internal and external market sense. Thus, here can be presented Morrison's statement of TALC which "The TALC is a process describing how a destination starts off slowly with visitor numbers limited by the facilities and access. As the destination attracts more visitors, amenities are improved and visitor numbers grow rapidly towards and sometimes beyond the carrying capacity of the destination" [Morrison 2013: 158].

The aforementioned factors and actions enhancing health resort development show that KHR has been successful in the periods that it received governmental and economic support. The most noble persons for KHR have been Tsar Nicholas I who petitioned support for further development of health resort [Latvian Tourism Association 2011: 120], and the president of Latvia Kārlis Ulmanis, who in 1936 opened KH [Latvian Tourism Association 2011: 120]. Unfortunately, no such person can be mentioned since the 21st century.

Consequently, KHR has a chance of the next stage – rejuvenation-, however, since the decline stage is still present, the rejuvenation also can be considered as a new start for KHR tourism area due to that the resort requires a new approach towards the use of its resources, based on market trends and innovations in tourism and health resorts.

7. Analysis of the Case of Kemerī Hotel

In the beginning of the 1900s, KH faced negative changes of which solution would be attracting investors. The case lasted until 2015 and it can be divided into three periods – KH decline and the loss of its owner, KH auctions, Investors and future investment plans for KH and KD.

7.1. KH decline and the loss of its owner

KH faced its decline in the early 19s after a whole KHR was closed down. Afterwards it was owned by the Saudi-Arabian company LLC "Ominasis Latvia" since 1995 and which during 20 years did not invest a lot in the hotel's maintenance, therefore the hotel deteriorated due to a seasonal climate (according to LETA 2015b). The owner passed away in 2013 and the company went bankrupt, there-

fore KH became maintained by the chairman of Latvian Certified Insolvency Administrators Association Ainars Kreics (LETA 2015b).

During the time KH lost its real estate value: drop from 6.6 million euro to 5.05 million euro, 15% less (LETA 2015b).

7.2. Kemerī Hotel's auctions

There have been five auctions which all were unsuccessful due to the lack of registrants or that no one was interested to pay the security money of 503 thousand euro [Libeka 2014; Liepiņš 2014]. However, there was an interest from a Russian investor Aleksander Gusakov in 2013, an owner of the hotel chain Heliopark with several hotels in Europe, Egypt and Russia [Libeka 2014; Will former Kemerī spa hotel... 2014]. Gusakov was the only participant in the auction of 2013 October 3, meaning to make him the winner of the auction in which KH was sold for 3 million euro; however, he did not manage to pay the amount in three months, therefore, the result of this auction was cancelled. Nevertheless, Gusakov registered the hotel as "Park Hotel Kemerī," and it was planned to be opened in 2017 (Will former Kemerī spa hotel... 2014).

7.3. Investors and future investment plans for KH and KD

In the spring of 2015, discussions were held between three companies as possible investors in KH development: "Arhiidea" Ltd, "Park Hotel Kemerī" Ltd and "Vichy." The architectural company "Arhiidea" Ltd bought KH for 2.86 million euro, however, later the company gave the rights for KH to "Park Hotel Kemerī" (BNS 2015). It was planned that "Arhiidea" Ltd would be responsible for hotel building's reconstruction, while "Park Hotel Kemerī" and "Vichy" would be investors [LETA 2015a; 2015b; Kemeru sanatorijas... 2015]. Plans for renovation of the building have been made until 2017.

Jurmala municipality has contributed to KD's development and has divided the budget for its infrastructure's renovation. For the renovation of Kemerī park, 20 thousand euro has been allocated for 2015, 3 million euro for 2016 and 5.23 million euro for 2017, as well as 14.2 thousand euro for Kemerī infrastructure in 2015 [Anteina 2015]. The total amount of investment from Jurmala municipality into KD is 8.26 million euro, 16% of the total 51.4 million euro Jurmala investment amount for 2015-2017.

In February 24, 2016 the intention protocol was signed between "Park Hotel Kemerī" member of the board Andrey Danengiršs and Jurmala municipality's

council chairman Gatis Truksnis [LETA 2016; Paraksta nodomu protokolu... 2016]. The forecasted amount of investment is 35 million EUR of which 20 million euro will be for the renovation of Kemerī hotel building and 12-15 million euro for the renovation of the old health resort's polyclinic. According to the protocol, the municipality has agreed to an intention that until the year 2021 European Union Structural Funds will be invested to the amount of 11.23 million euro for Kemerī development, including the renovation of more than 42 ha of Kemerī park, access road and streets (Tukuma, Katedrāles and Tūristu street), to build an interactive nature tourism object, improvement of the territory and the building of parking lot in Emīla Dārziņa street, which will support Jurmala city's socio-economic development and a growth in visitors numbers. The owners of Park Hotel Kemerī have mentioned that another party has since become involved – G Capital Management. According to the protocol, it is planned to renovate Kemerī sanatorium complex, to start hotel operations and offering rehabilitation services until the 1st of October 2019, ensuring 195 new labor placements [LETA 2016].

Such cooperation of the parties involved in KD will not only foster KD development, but will also promote the development of related companies and Jurmala municipality. With the rebirth of KD, Jurmala will have developed an area of the municipality which has been in a state of neglect for more than 20 years, it will have an emphatic focus on KD that will bring not only visitors to KHR, but also will improve the number of visitors to Jurmala, both the city and other seaside areas. It is hoped that as a result of this development, Jurmala municipality will gain popularity as a tourism destination in Latvia. Such development will also benefit the owners and investors of Park Hotel Kemerī.

8. Analysis of strategies and regulatory documents

Tourism development priorities of Latvia and Jurmala municipality have been outlined through analysis of a total of seven strategic and regulatory tourism documents: three at the state level and four on Jurmala municipality (see the summary of results in Table 3).

In the previous research of Stanule [2015] it was stated that according to the tourism development strategies of Latvia and Jurmala, a conclusion can be reached that the government of Latvia and the municipality of Jurmala do not focus enough on KD development as a TD, however, objectives have been set to be fulfilled until the year 2020 in relation to KD infrastructure [Stanule 2015]. In the state regulatory documents there is no specific section about KD because The Law of Tourism speaks about resorts and their development only in general

Table 3. Summary of results on the analysis of strategies and regulatory documents

Document	Focus on KD
Governmental level	
The Law of Tourism	The law speaks about resorts and their development only in general; there is no specific section about KD.
Guidelines for Latvia Tourism Development (2014-2020)	As Kemeris is a part of Jūrmala municipality, the development of KD as a TD is included in the development of Jūrmala as a resort.
The Latvian Tourism Marketing Strategy (2010-2015)	To develop spa services, high quality products by the use of natural resources as medical mud, sulphur springs, mineral water springs, and to develop rehabilitation centers and spa hotels in Jūrmala, consequently, also in KD.
Municipality level	
Jūrmala Municipality Tourism Development Strategy (2007-2018)	To establish Resort Competence Centre in Kemeris; Development of Kemeris as a health resort; KHR park renovation and infrastructure development; New service development across ecotourism products: catering, accommodation, WC; Infrastructure renovation and maintenance: renovation of Kemeris pavilion rotunda; KNP – trails, mineral water springs, fountains, climate stations, pavilions for leisure in rainy days, illuminated walking road along the seaside, etc.; to focus and develop ecotourism, nature, leisure, active tourism, water tourism.
Jūrmala City Development Strategy (2010-2030)	To establish Resort Competence Center establishment; Kemeris town development in-between KNP; KH development; The use of natural resources; The old Kemeris rehabilitation traditions adapted to global and modern requirements and trends; Improvement of living and business environment in Kemeris; To maintain and renovate Kemeris park and other public territories; To find solutions for the use of destroyed and unused objects with cooperation of government and investors; To diversify tourism products: the establishment of the Olympic centre, underwater exploration and archaeological museum, astronomic tourism, KNP tourism products. To focus on health, nature tourism, astronomic tourism.
The Conception of Jūrmala City Resort (2009-2018)	Jaunkemeris and Kemeris resort cluster's development where are efficiently operating resort business and establishments; to focus on health, nature, active tourism.
The Thematic Plan "The Vision of Kemeris Development"	Kemeris and Jaunkemeris in future as a balanced functional territorial development; Focus on modern, sustainable, economically active territory; Respecting the historical KHR development of infrastructure and functional us; Balneology Center's establishment; focus on health, nature, active tourism.

Source: own elaboration.

(The Law of Tourism). According to the documents in the municipality level, Jūrmala has recently put an emphasis on Kemeris resort's development. In its city and tourism development strategies Jūrmala City Council has included in the plan to

improve infrastructure in KD and to develop the area from a tourism perspective and to make efficient use of natural resources [Stanule 2015]. The renovation strategy of historic Kemerī Park for 2015-2020 has been established in 2012, however, none of the actions planned for completion by 2015 have been started [Stanule 2015].

One of the main goals of Jūrmala municipality's city and tourism development strategies, has been to establish Resort Competence Centre, Balneology Centre, and the Olympic center, and to develop KHR [Stanule 2015]. The main focus areas for KD development as a TD have been outlined as infrastructure, natural resources, the use of historical objects, new tourism products, education of society and professionals [Stanule 2015].

9. Result analysis on Questionnaire Survey data

The sample size was 435 (Table 4). The major age groups have been 15-19, 20-24 and 30-39. The average age of sample is the age group of 30-39. From respondents the major part was female 63,2%. According to the country the respondents come from, there were questioned 55,8% Latvians and 44,2% foreigners coming from Russia 10,3%, Germany 5%, UK 3,4%, Italy 3% and other countries with 23,2% (including Japan, Netherlands, China, Brazil, France, Estonia). From the entire sample only 6,4% are local Kemerī inhabitants.

It was important to know how many respondents have visited KD (47.1% have visited, 52.8% have not) and whether they have been in a health resort before (26.4% have visited, 73.6% have not) in order to be able to analyse factors and frequency of their willingness to return to Kemerī.

Table 4. Characteristics of the research sample for Questionnaire Survey

Total	435 (100)					
Age	15-19 (14.1)	20-24 (28.7)	25-29 (19.5)	30-39 (8.0)	40-49 (5)	50-59 (<5)
Gender	Female (63.2)			Male (36.8)		
Country	Latvian (55.8)	Russia (10.3)	Germany (5)	UK (3.4)	Ukraine (0.7)	Belarus (0.7)
Kemerī local	Yes (6.4)			No (93.7)		
Visited KD	Yes (47.1)			No (52.8)		
Visited HR	Yes (26.4)			No (73.6)		

Source: own elaboration.

Q1) On visiting Kemerī district result analysis

Almost a half (47.1) have visited KD and their purpose has been mostly visiting KD because of the national park (37.1), natural resources (25.5), events (22.2), architecture (13.7) and active tourism (11.8). Only 6.9 have visited KD for health treatments and 2.7 for educational purposes.

Respondents mostly visit KD once in 6 months (46.5) or once in 4 months (21.5). The average expenditure during the visit of KD is 0-20 EUR per day. Mostly those who have visited Kemerī before tend to spend 11-20 EUR, 40.4% or 21-30 EUR, 27.5%. The research shows that they are ready to spend average 31-40 EUR per day. As to the tourism type, respondents see KD as a health tourism destination (42.3), active (31.3.) and both (26.4).

Another half who has not visited KD (52.8) claims it has occurred due to the lack of information (55), they have been interested in other TDs (19.1), and due to the lack of interest (15.2). Some claim that they have low expectations in regard to KD (5.5). The lack of information being one of the main factors of why visitors have not been in KD before can be attributed to the poor infrastructure of KD and lack of services, thus, there are no qualitative elements to be promoted.

In terms of what could attract visitors to KD (see Appendix 1) it was found out that respondents highly value leisure (41.4) and price (38.6). They consider as a “relevant”-attractions (49.9), leisure (47.1), events and entertainment (42.5, and 42.6).

Q2) Result analysis of responses for visiting health resorts

As indicated above, only 26.4% of respondents have been in a health resort. From this part 46.9% visit HR whenever they feel it necessary, others- 22.1% visit once in a year. They do not tend to spend a long period of time in HR: 46.9% spend 1-5 days, 17.7% spend 7 or 10 days, and only 7.1% spend more than 14 days. Respondents indicate that they have received treatment mostly by foreign (17.3) health care products, local being only (7.2) and by both – 4.3%.

The main factor for respondents not visiting HR before (have not – 73.6%) is that they either do not have time (30.8%), or such treatments are too expensive (30.1%). As other factors have been outlined that respondents prefer spa (18.8%) or not need it (15.8%).

According to the health care products with which they would prefer to receive treatment, it has been strongly indicated that local products are preferred (78.8%), with foreign products only attracting 12.2%, while both 9.2%. The average amount of money they would be ready to spend in a HR is 31-40 euro per day. And they would prefer to receive such treatment in a quest house with spa services (26.4%), spa hotel (23.1%), good quality campsite (16.1%), apartments (19%) and rehabilitation centre (15.4%).

In determining respondents' attitude towards KD as a health resort in future, they would be interested in visiting KHR (83.4%).

It is important to determine how respondents value each given factor for visiting a HR (the results of frequency of each factor can be seen in Appendix 2). "Very relevant" factors have been stated as doctor's professionalism and reliability (49.4%), relaxation (48.3%), natural resources and environment (each 41.4%). "Relevant" factors are variety of medical treatments (48.3%), accommodation variety (43.2%), health improvement for own interests (43.2%), location (40.9%), various spa services (39.8%), doctor's prescription (39.1%).

On the question to which HR respondents have been before, it was found out that in Latvia Jaunkemerī, Jūrmala, Tervete, Līgatne, Līva, and even Kemerī have been mostly visited. And in regard to foreign Hrs, Hungary, Estonia, Lithuania (Palanga, Druskininkai), Bulgaria, Greece, Krim, and others have been stated. It was commented that these health resorts have been visited because of location, natural resources, doctor's prescription, good reviews and for relaxation.

10. Result analysis on the interview data

As discussed in the Methodology chapter, five experts were interviewed on factors influencing KD development. The interviews focused on the following five areas: Q1) opinion on government and municipality's support, Q2) development in Kemerī, Q3) cooperation, Q4) the type of tourism development in KD, Q5) KD competitiveness.

It was determined that six negative factors (government, municipality, cooperation-communication, geo-political situation, investment, and infrastructure) and three positive factors (resources, global trends, and TD potential) are the largest factors influencing KD development (Table 5). These factors are further grouped into subordinate factor areas. For data analysis, Veal's [2011] conceptual framework was utilised. Thus, experts interview response results are differentiated and systematized, outlining the main KD strengths and weaknesses.

The negative factor groups are mostly independent from the positive factor groups, meaning that positive factors can promote KD development, however, in order utilize the positive factors, there is a need to reduce the amount of negative factors. Another issue is that all the negatives are interrelated, for example, government or municipality, or investors do not effectively communicate, the infrastructure still would deteriorate. Consequently, if the communication (government-municipality-investors) is effective and the KD strategy is being developed,

Table 5. Concept: factors which influence the development of Kemerī district as a tourism destination

Level 1		Level 2		Level 3
Negative				
Government	→	Economic. No programs. No board.	→	Attracting investors, EU funding. No support for long term projects.
Municipality	→	Strategies on paper, not realised. The lack of specialists and funding	→	Not realised long term projects. Not involved specialists.
Communication, cooperation	→	Owner, municipality, government	→	Cooperate and communicate towards the goal
Geo-political situation	→	Devaluation of the Russian Rubble (2015); Political situation between EU and Russia; The decrease of tourist arrivals from Russia, Belarus, Ukraine	→	More difficult to attract tourists from Russian market
Investment	→	No big investors. KH. Territory. Regulations. Legal aspects. Communication.	→	Deteriorated territory. Price. Requires large nr of clients. Large investments, the land of KH is owned by the municipality.
Infrastructure	→	Social. Business. Roads. Eng. communications. Public. Tourism	→	Abandoned town. No communication and cooperation for development. Deteriorated public and tourism infrastructure.
Positive				
Resources	→	Natural. Location. History, traditions.	→	The use of natural resources in tourism, medicine. Kemerī offers something different than Jūrmala
Global trends	→	Health and wellness tourism growth. Innovations.	→	Health and medical Spa services combined.
TD Potential	→	Competitive. Potential.	→	Health, wellness, medical Spa tourism. Nature or active tourism. Competitive health resort in the Baltic States.

Source: Stanule 2015.

improvements would be seen in KD. In order to develop KD, there is a strong need for the support from every side involved.

According to the experts, KD has all the necessary resources and potential for developing the area as a successful TD. They see advantages of KD location, natural resources and rich history and traditions. It is well known that KD would be able to offer something new in Jūrmala city and its surroundings. Also the global trend of the growth of health and wellness tourism would enchant the demand for KD tourism services, especially its natural resources that can be

perfectly combined with the modern spa trends. Since KD area is very diverse – from a Hotel park, to the forest, lakes, walking trails and the sea accessible by the means of transportation – experts see that in KD can be developed various tourism types, but they strongly have emphasized KD as a competitive health and wellness resort in the Baltic States.

During the conducted interviews the results of each expert was similar, however different attitudes and points in terms of KD current obstacles were shown. The following thesis has been developed from experts responses: Government and municipality's support for KD has been evaluated negatively, mainly because only small projects have been developed, e.g. trails in Tirelis swamp and Sloka lake; None of the long-term Jurmala municipality's plans have been realised.; Government is ready to support KD development as a health resort only verbally; Latvian government has been mentioned as the primary source of KHR decline, particularly, Mr. Ivars Godmanis – Latvian Prime Minister 1990-1993, 2007-2009.

11. Conclusions

The reasons for KD decline have been due to a several elements: government and municipality, the ignorance of the law, the progress of Jurmala municipality's support in Kemerī development, unsuccessful strategies and plans, business privatization of the 90s, the ignorance of Kemerī historic health resort crisis.

The main core reason for KD decline has been a man-made crisis both with external and internal factors. There were political and economic changes in Latvia in the 90s, which affected KD in terms of that many businesses were privatized. These businesses were not seen as profitable anymore, and therefore, many enterprises (including, the biggest sanatoriums as Līva, for example), were closed down, and afterwards no maintenance was taken into action of buildings. The closure of many enterprises in KD has caused social downturn, followed by the deterioration of infrastructure. Such results have also been caused from the lack of management and ignorance from government's and municipality's side.

The analysis of strategies and planning documents revealed that in the Latvian Tourism Law it is stated that the government supports the protection of Latvian resort resources and they should be utilised rationally, however, such point does not apply to the case of KD, because the natural resources have not been utilised to their full extent, therefore there is a neglect towards KD and its resources from the Latvian government's side. According to the strategic planning documents of Jurmala municipality, the focus has mainly been on the development of Jurmala city centre, but not its surroundings, except Jaunkemerī infrastructural develop-

ment (renovation of roads). In 2014 Jurmala municipality has put an emphasis on KD by attracting possible investors for KD and has also divided an investment for KD infrastructural development for 2015 in the range of 8.26 million euro (16% of the total amount) for the renovation of Kemerī park and the development of business plan and of digital visualization so that in 2016 there can be started the project of Kemerī development and in 2017 the construction of Resort Competence Centre.

The low interest in investing in KD is the result of unsuccessful communication between government-municipality, and municipality-investors. In order to ensure a successful cooperation, the main core is in communication between all the parties related to KD (government, municipality, investors). Moreover, KH building and its park requires a wide range of renovation actions and consequently a large amount of investment (20 million) due to building's and area's deterioration. Another aspect is that KH has 100 rooms, and often how visitors will be attracted to Kemerī has been one of the main concerns.

KD clearly shows a potential as a TD and a health resort, according to the survey data analysis and experts point of view. Kemerī, being an area rich of natural resources, vast history and traditions, is fully capable of being developed as an attractive complex TD as there is potential for the future development of new tourism attractions and a wide range of service areas can be offered (from active to leisure, from health to wellness). For a clear KD development thus should be developed a specific KD image and a definite tourism type. The global tourism trends also indicate a positive and suitable time for when KD can be developed, since there is a constant growth of health and wellness tourism both in Latvian and external market.

Consequently, the negative factor groups influencing KD development are government, municipality, cooperation-communication, geo-political situation, investment, and infrastructure. Positively influencing factor groups in KD development are: resources, global trends, and TD potential.

According to the latest communication results between Park Hotel Kemerī owners and Jurmala municipality and the signing of the intention protocol, it can be said that KD has reached the point where actions for its development have been set and ensured. Plans have been made to develop KD as an interactive TD and start operations from the 1st of October, 2019. However, this time of the year is not the most appropriate time to start health resort's operations due to the fact that winter is the quietest season for tourism. A more convenient time for the opening of Park Hotel Kemerī would be in the spring when the resort would be able to make best use of the new capacity as Jurmala receives a higher amount of foreign and local visitors during this time.

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Appendix 1

The relevancy of motivational factors for/while visiting Kemerī obtained from Q12: “Please rate with X the relevancy of motivating factors while/for visiting Kemerī” (Likert scale 16 statements, in %).

Name	Irrelevant	Semi-important	Relevant	Very relevant
Health improvement	17.9	27.1	34.0	21.3
Leisure	3.4	8.0	47.1	41.4
Sports activities	16.8	36.3	34.5	12.6
Exploring history	14.9	29.9	35.6	19.5
Cultural events	13.3	24.8	42.5	19.5
Entertainment	14.9	21.8	42.6	21.3
Seeing architecture and cultural heritage	8.7	27.2	36.7	27.6
Location	10.3	25.3	39.1	25.3
Modes of transportation	14.9	31.0	36.8	17.2
Price	11.5	9.2	34.0	38.6
Reviews	17.8	32.2	34.0	17.2
Accommodation variety	11.0	29.9	37.9	21.4
Information accessibility	6.4	27.1	40.9	26.0
Tourism objects, attractions	7.6	25.3	49.9	18.4
SPA and medical treatment services	11.0	23.0	39.8	26.4
Excursions	16.8	43.4	26.0	13.8

Appendix 2

Motivational factors and their relevancy of choosing a health resort obtained from Q22: “Please rate the relevancy of motivating factors while/for visiting a health resort” (Likert scale 16 statements, in %).

Name	Irrelevant	Semi-important	Relevant	Very relevant
Doctor's prescription	15.6	19.1	39.1	26.4
Health improvement for own interests	8.7	13.8	43.2	34.5
Annual detox procedures	20.2	36.3	30.6	13.3
Relaxation	5.7	10.3	35.6	48.3
Location	9.2	23.7	40.9	26.4
Natural resources (water, mud, etc)	8.7	15.6	34.5	41.4
Climate	5.7	19.5	39.1	35.6
Infrastructure	8.7	25.3	37.9	28.3
Events	16.1	40.2	35.2	8.7
Environment	7.6	12.6	38.6	41.4
Accommodation variety	8	29.4	43.2	19.5
Various inside attractions	14.5	42.1	32.9	11
Various open air attractions	13.3	27.6	34.5	24.8
Variety of medical treatments	11.5	13.8	48.3	26.4
Various SPA services	6.9	14.9	39.8	38.6
Doctor's professionalism and reliability	10.3	13.3	27.1	49.4

Determinanty rozwoju dzielnicy Kemerī (Łotwa) jako destynacji turystycznej

Streszczenie. Problematyka artykułu dotyczy rozwoju dzielnicy Kemerī – łotewskiej gminy Jurmala – jako destynacji turystycznej. Celem pracy jest określenie przyczyn spadku rozwoju turystyki w Kemerī i wskazanie czynników wpływających na tę sytuację. Do powstania tego opracowania wykorzystano artykuły naukowe i monografie (w sumie 44) oraz długoterminowe dokumenty planistyczne Łotwy i gminy Jurmala. W odniesieniu do danych pierwotnych badanie zostało przeprowadzone wśród mieszkańców dzielnicy Kemerī, zagranicznych i lokalnych gości w Jurmala i Kemerī oraz łotewskich ekspertów branży turystycznej. W konsekwencji badanie przeprowadzono metodą mieszaną, polegającą na analizie jakościowych i ilościowych danych pozyskanych z wtórnych oraz pierwotnych źródeł. Odnosząc się do przykładu dzielnicy Kemerī oraz strategii i planów gminy Jurmala, zidentyfikowano przyczyny zahamowania rozwoju turystyki badanego obszaru i spadku zainteresowania działaniami inwestycyjnymi w tym rejonie. Określono, jakie są obecnie możliwości rozwoju dzielnicy Kemerī z punktu widzenia gości i ekspertów.

Słowa kluczowe: uzdrowisko, turystyka zdrowotna, Kemerī, determinanty, destynacja turystyczna, Łotwa

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Trends and Socio-economic Aspects of Medical Tourism Development in Poland

Abstract. The growing importance of tourism in the world manifests itself in many areas of social and economic systems strongly impacting the economy, the quality of human life, and the natural environment. Medical tourists are playing a pivotal role in shaping the tourism industry. Although their primary intention is to seek medical treatment, they often maximize destination options by pursuing other visitation objectives such as side trips to tourist attractions or attending cultural events. At the same time, the interest shown by tourists contributes to the shaping of certain behaviors within a local community in a tourist area.

Keywords: Poland, medical tourism, socio-economic considerations

1. Introduction

The growing importance of tourism in the world manifests itself in many areas of social and economic systems strongly impacting economy, the quality of human life and natural environment. The phenomenon of tourism is widely recognized as a main tool to promote sustainable economic development; and on the other hand – tourism is seen as a main instrument of social development. Medical tourists are playing a pivotal role in shaping the tourism industry. Although their primary intention is to seek medical treatment, its provider and destination, they often maximize destination options by pursuing other visitation objectives such as

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side trips to tourist attractions or attending cultural events. At the same time the interest shown by tourists contributes to the shaping of certain behaviors within a local community in a tourist area. The aim of this article is to draw attention to socio-economic aspects of medical tourism development from a perspective of medical tourist (socio-economicus) whose mobility and rational choice have been contributing to the formation of new trends, presented in the last part of the article.

2. The economic aspects of medical tourism development

The processes of globalization, the advancement in medical technology and widespread use of information and communication technologies, have produced new possibilities for the provision of health care and professional medical services. High health care costs in developed countries, growing demand for specialized aged care services due to aging population; and the necessity to care for a large group of chronically ill people, have led to cost-cutting efforts and transfer of many business functions and medical procedures to low-cost countries [Liber-ska 2012]. Consequently, the new trend – medical tourism has emerged. In the opinion of the author of this article, medical tourism is a form of traveling outside a usual place of residence, motivated mainly by the wish to improve health and body aesthetics; for rehabilitation or psycho-physical renewal in clinics or hospitals under the care of specialists; and it is combined with a wide range of leisure activities in a destination or its region.¹

Healthcare institutions in many developing countries have both, a large number of highly skilled professionals and modern technology that guarantee high quality service at a much lower cost. Transferring medical services abroad – offshoring or offshore outsourcing [Liber-ska 2012] has become possible due to the recent new medical discoveries and inventions, and development of telemedicine especially teleradiology, where digital medical images can be sent electronically from anywhere to anywhere in the world enabling medical diagnosis wherever an internet network is in place [Liber-ska 2012]. The field of health economics has become an important branch of economy; and the topics of health, health care and health insurance dominate the economic and political landscape in many countries [Folland, Goodman & Stano 2011: 21].

¹ However, the trip should include at least one night stay but no longer than 12 months [Rab-Przybyłowicz 2014: 24].

Medical tourism industry has been growing most actively in developing countries, which make full use of the potential of human resources and financial capitals. The development of medical tourism should be keenly promoted and supported by governments through investments in good public infrastructure such as roads, airports, railways, water supply and sewage systems, electricity and public services: medical and educational [Bookman & Bookman 2007] and financial institutions. All those elements have a huge impact on the supply and demand in medical tourism. It is also significant that public institutions become credible, legitimate, relevant and effective. Crucial importance is also played by macroeconomic stabilization, open competitive economy and the support of financial institutions; and the fact that private sector should have large investments in improving the quality and standards, especially of medical services [Folland, Goodman & Stano 2011].

Medical tourism is growing in Central and Eastern Europe at a rate of approx. 12-15% per annum, although its potential is much greater, especially when it comes to specialized medicine such as plastic surgery, obesity treatment, cardiology, oncology and ophthalmology. The value of international patient market in Central and Eastern Europe is estimated to be approx. 400 million PLN, representing the average rate of about 26,500 hospital patients a year, of which about 6-8 thousand is treated in Poland. There is a new trend observed across European countries towards shifting from inpatient treatment to outpatient treatment. The dynamics of hospital stays in major European countries is falling at a double-digit rate of approx. 11-12%, and there is a steady rise in outpatient “one-day” procedures due to improved treatments, faster rehabilitation and options for remote patient monitoring. Furthermore, it reduces costs involved in patients’ care while maintaining or improving the overall quality of care. Health care delivery relies heavily on private sector to provide primary care, outpatient care, rehabilitation, and long-term care or wellness/health treatments. Hospitalization is the only medical service that is exclusively performed by public health care providers. It has been observed that private sector involvement in health brings better quality of care and better financial results.²

The growth and prosperity of many private clinics and medical centers is due to the entrepreneurial skills of their owners. They outfit their facilities with state of the art equipment, regularly improve qualifications of their staff through participation in trainings or courses outside Poland, and receive awards and quality certification (e.g. ISO) and other prestigious accreditations.

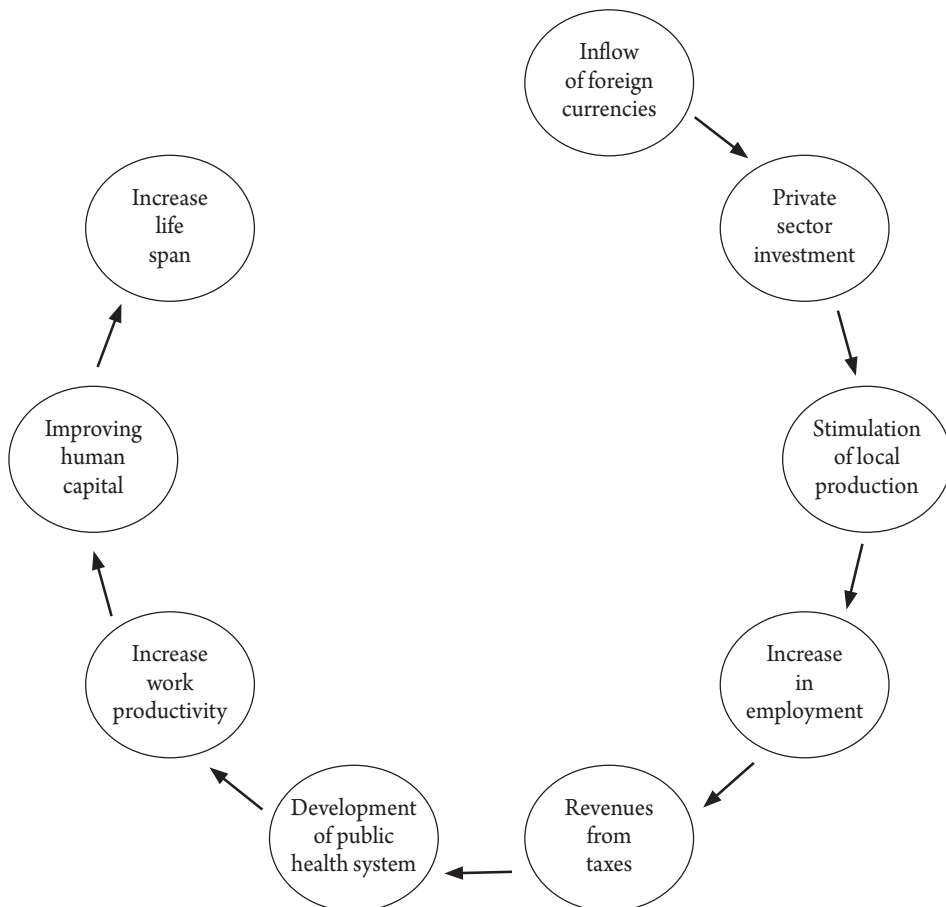
Currently, the expansion of medical tourism in Poland is mainly based on the procedures provided by commercial sector. Private owners can afford to “pur-

² www.pwc.pl/pl/artykuly/2016/10-trendow-w-polskiej-ochronie-zdrowia-na-rok-2016.html [access: 16.08.2016].

chase modern medical equipment, employ top medical specialists by offering better compensation and benefits, employ translators and advertise on foreign portals”. What’s more, they cooperate with specialized agencies involved in the organization of foreign tourists’ stay in Poland” [Markłowska-Dzierżak 2011: 50].

As shown in Figure 1, medical tourism is a source of foreign currency inflows that can be used by participating businesses or entities to invest in purchasing new equipment, hiring additional staff, modernizing facilities and furthering business development etc. The government revenue via a proportional income tax is then returned to communities and used to upgrade infrastructure, buy new equipment or improve public services; which in turn affect productivity of available human resources and lead to a healthier and longer life [Bookman & Bookman 2007: 27-28].

Figure 1. Circulation and impact of money from medical tourism on local communities



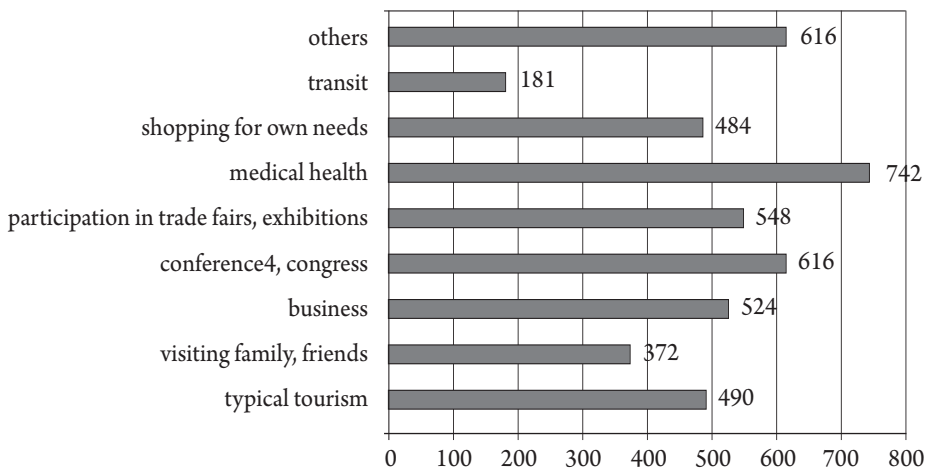
Source: own calculations based on Bookman & Bookman 2007: 27-28.

The multiplier effect in medical tourism refers to flow-on effect of tourism spending received by a tourist destination. Visitors' expenditures (foreign currencies) generate income for local community and directly impact the development of many sectors: transport, car rentals, accommodation, food (restaurants, shops), entertainment, local attractions as well as additional services such as tourist, financial and healthcare -medical, nursing, psychotherapy, hospital, clinical, laboratory, dental, prosthetic and outpatient.

In developing countries, every dollar spent by a tourist increases to 2-3 USD in production/manufacturing [Markadya, Taylor & Pedroso]. It should also be noted that there is a correlation between the range of attractions and entertainment addressed to foreign tourists and the amount of money they are willing to spend. In areas with high concentrations of tourist activities, more money is returned to the local economy [Bookman & Bookman 2007: 28]. Of course it all depends on the state of medical tourist health. On average tourists spend more than twice as much on other services as they do on accommodation [World Bank 2001].

In Poland, the majority of total tourism expenditures were mostly generated by foreign tourists who visited the country for health/medical reasons. The average tourist spent around 490 USD per day/per person while the medical tourist spent approximately 742 USD per stay/ per person (Fig. 2).

Figure 2. The average tourist spending per visit in Poland in 2015, by the purpose of trip



Source: prepared by the Department of Tourism on the basis of statistical surveys conducted by GUS-MSiT-NBP www.msport.gov.pl/statystyka-turystyka [access: 16.08.2016].

No doubt that medical tourism brings many benefits to a country's economy and local communities. The advantages can also be shared with other countries that have an *extensive economic*, trade and investment relationships [Bookman & Bookman 2007: 28]. These include:

- sending medical staff to attend seminars, workshops and trainings abroad,
- designing and building health facilities – importing goods and services from abroad,
- purchasing goods and equipment abroad,
- local people traveling abroad to obtain medical care.

Consequently, we can conclude that the development of medical tourism in a country – especially in border regions – stimulates investment, trade, tourism and promotes services, which in turn lead to increased prosperity not only in the local population. The main barrier to medical tourism growth in Poland was the absence of financial resources to support development of various services and facilities such as hotel accommodation, health resorts and spas which provide the basis for sustainable tourism. European Union structural funds played a crucial role in finding ways to solve these problems.

By the end of December 2013, the businesses and institutions involved in providing tourism services had received 4.9 billion PLN in EU grants. These grants provided financial backing for 1924 projects of a total value of over 11 billion PLN [*Fundusze europejskie...* 2014]. EU funds were also used to promote Poland and its tourist attractions (regions and cities, specific heritage sites and monuments) and helped to fund sport and cultural centers, cycling paths, conference and exhibition centers as well as the revitalization of parks and historic areas. When it comes to public hospitals, the main barrier was their inadequate infrastructure that did not meet the EU standards, the lack of legal clarity concerning e.g. cooperation between different insurance companies and uncertainty regarding the validity of some medical procedures performed in medical facilities in Poland.

The total of 395.5 million Euro from the EU funding (2009-2013), was spent on improvements of medical emergency system, building or restructuring and modernizing health care infrastructure, purchasing X-ray equipment, CT scans, angiography equipment, MRI equipment, ultrasound, defibrillators and surgical beds (which greatly accelerated and enhanced diagnostic capabilities and improved the quality of service) [*Fundusze europejskie...* 2014]. That's why we can boldly say that Poland today and 10 years ago are two completely different countries.

Medical market in Poland has a great potential. In the years 2012-2015 the Ministry of Economy ran a program to promote 15 of the national industries including medical tourism [Lubowiecki-Vikuk 2011: 125-135]. The Ministry of Infrastructure and Development will spend 4.9 million PLN (2016-2019) on

a new EU funded program that aims to promote health-related services and increase interest in Poland as medical tourism destination.

In the medical tourism industry, supply-side is represented by slightly different rules and values than the tourism industry supply-side. The expansion of modern medical tourism has a significant impact on the changes in global economy. The real difference lies in the production volume and cost of services between developed countries (e.g. The United States, Germany, Great Britain) and developing countries (e.g. Mexico, Brazil, the countries of Central and Eastern Europe).

The medical tourism industry supply-side can be defined as the total amount of medical products (goods or services) that producers (sellers) are willing and able to sell at a specified time and for a specified price. As a consequence, the bigger the number of medical facilities catering for foreigners in the area, the greater the supply of medical tourism services in the area [Rab-Przybyłowicz 2014: 36]. The key features in medical tourism supply-side are:

- better access to information (Internet),
- high qualification of medical staff attending to medical tourists,
- efficient utilization of medical services,
- simultaneity (inseparability) of supply and consumption in medical care,
- growing importance of value-added services,
- provisions for liberalized movement of persons between countries,
- supply levels determined by demand,³
- capital intensity,
- not required or lower seasonality,
- greater awareness of the environmental issues [Rab-Przybyłowicz 2014: 38].

The market demand side is defined by Wodejko [1998: 43, 47] as the size of tourist demand for tourist products or services at a specific price during a given period of time. The medical tourism industry demand-side can be described as demand for services (tourist and medical) that meet tourists' expectations before, during and after their journey, taking into account a specific price at a specific time. According to M. Grossman some determinants of demand for health services are: the price of the good or service, income and the level of education of buyers, and the price of related goods or services. Rudawska [2006: 33], based on her empirical research, added some more determinants:

- economic determinants of demand: income, price of the good and service, price of related products (including alternative) like alternative medicine products and other non-monetary factors;

³ When there is a growing demand for medical services and more medical tourists come to a clinic – the entity is able to extend working hours and offer services in non-working days of the week (e.g. Saturdays – Sundays traditionally closed for business).

- health determinants (health status);
- psychosocial determinants of demand (patient's value system e.g. their actual desire to be healthy) [Rudawska 2006].

The most important general factors that influence the medical tourism industry demand – side include: market factors (travel cost, treatment waiting time, quality of service, insurance and the type of technology used), exogenous factors (geopolitical developments, currency crisis, entry visa waiting time, disease, natural disasters that make people move to other geographical locations and work in other professions) and socio-economic factors (age, gender, social origin, education, occupation, incomes and traditions).

The motivations of people and demand for medical tourism are triggered primarily by health and economic factors, but also to a large extent, by social and psychological factors which may cause an abnormal reaction to price (Giffen paradox, Veblen effect, snob effect, imitation effect).

It is essential to underline that seasonality is not a demand factor in medical tourism as medical travel does not depend on seasons. Some patients may prefer not to travel during summer months (especially in the case of invasive surgery when healing may be compromised by high temperatures) or choose a destination with moderate climate. Since the vast majority of medical trips may take only two or three days – they become an ideal option for people with busy lifestyles (actively working) who want the least possible disruptions to their everyday life. Patients can use their time off work during e.g. public holidays in their country [Rab-Przybyłowicz 2014: 42].

The rate of growth in world demand for plastic/cosmetic surgery procedures is shaped by beauty makeover reality TV shows. The issue that also affects medical tourism demand-side is the reimbursement of medical fees. When medical bills are covered (full or partial coverage) by foreign insurers- the price and income elasticity are lower than in situations where patient self-pays for medical treatments – the price elasticity and income are higher. It is necessary to add that the nature of the medical service itself plays a significant role.

Lifesaving treatments (especially with long waiting periods in patient's country) will be characterized by lower demand elasticity than the treatments related to the improvement of body aesthetics or dental services, demand for which is strongly dependent on changes in the level of income [Altkorn 2002: 23-25].

It is worth mentioning that there could be severe financial consequences for publicly funded healthcare system in patient's country of origin, related to emergency rehabilitation, treatments to improve bad surgeries or deal with complications from surgeries in a medical tourism destination/country [Healy 2009: 125-127]. This also applies to e.g. health and social costs being a result of multiple pregnancies from invitro fertilization completed abroad [Ledger 2006]. On the top of that, there are cases of viral infections, contracted when traveling to exotic

corners of the globe and brought back to home country where the cost of treatment must be covered by patient's country health system [Newman, Camberos & Ascherman 2005].

According to some authors, the forecasts for the year 2016 are quite pessimistic. I. Youngman [2016] believes that in 2016, the growth in medical travel worldwide may amount only to 3% due to unstable political situation and the threat of terrorist attacks. 15% of people probably will not travel abroad, and instead will take advantage of domestic tourism offers; another 25% will travel only to places they consider safe. It is difficult not to agree with Youngman. The tense situation in many European countries (geopolitical situation and migrant crisis) contributed to a record domestic travel in Poland, resulting in an impressive 90% occupancy rate⁴ across hotels and resorts in Poland and stimulated the interests of Polish people in medical services. Changes in demand for tourism services may occur independently of any human control. Political events, natural disasters, catastrophes, terrorist activities are only some of the factors affecting demand for tourism including medical tourism in a country or region.

3. The social aspect of medical tourism development

We live in the age of mutual economic and social interdependence. Economic development generates resources that can be used to improve social progress, but at the same time it depends on the components of social progress. Consequently it is not always possible to clearly see the difference between economic and social development⁵. For example, in resource-based economy, an investment into development of human capital of the local labor market will stimulate effective growth of both, economic progress and social progress. On the micro level of social phenomena, the primary focus of local development has been directed at improving health and standards of living in the community.

Standards of living depend solely on the income that allows meeting basic needs and contributes to wealth creation. Quality of life in turn, is created by the quantity and quality of local facilities (social, recreational and cultural) and services that fulfill community needs. In the latter aspect, the social progress re-

⁴ Rekordowe wakacje! Polska przeżyła turystyczne obłędzenie, www.telewizjapolska24.pl/PL-H23/3/1230/rekordowe-wakacje-polska-przezyla-turystyczne-oblezenie.html [access: 16.08.2016].

⁵ It should be clarified that the concept of social development adopted for the purposes of this study is different from the wide interpretation of this concept on the basis of social philosophy or sociology, where social development, in principle, mean the overall development.

lates primarily to positive changes in social infrastructure, such as health and social care, education, culture, sports and recreation [Kudłacz 2007: 111].

Human capital is an integral part of medical tourism market [Lubowiecki-Vikuk & Rab-Przybyłowicz 2015]. Employees and their talents are the backbone of any company. Their personalities and attitudes to work, the way they relate to other employees and clients are the most important factors in building a business image. And to preserve that positive business image they should, regardless of their professional hierarchy, meet or exceed clients' expectations – an important step in creating loyal clients [Schwan & Seipel 1997: 7].

Interpersonal skills of medical personnel, especially empathy and ability to read body language and gestures as well as verbal communications, will positively highlight medical tourist's perception and satisfaction with services. Intermediaries or medical tourism consultants fall into the category of personnel, who working with doctors, get to know their qualifications, competence and achievements [Rab-Przybyłowicz & Lubowiecki-Vikuk 2014]. This is important because, as research indicates, patients are becoming more demanding by changing their mentality and approach from "I managed to get to the doctor" to "I want to get to a very good doctor and clinic, which provides good quality care". The evolution of the patient is an ongoing to progress. Patients' expectations of the quality of service will drive the competitiveness between service providers. Currently, the best medical tourism providers who have foreseen the inevitability of changes, have gained the greatest competitive advantage, in terms of patients covered by National Health Fund or by private insurance or self-paying patients.⁶

Companies are becoming increasingly more aware of the vital role of cooperation and inter-organizational relationships in generating more value from a strong digital presence that improves competitive context for direct competitors in sharing the benefits [Brandenburger & Nalebuff 1996]. Competition is a business strategy where businesses of all shapes and sizes are forming co-working arrangements, enabling them to become stronger competitors in the process. Competition combines two forces: the pressure of competition and the desire for cooperation. It symbolizes joint activity of business which at the same time remains in competitive relationships.⁷

In medical tourism, the companies that combine resources to create package offers (medical, paramedical, food, recreational, cultural and others), have to make sure the client receives a similar level of service or experience from every involved partner. It requires training, cooperation and engagement of employees to

⁶ www.pwc.pl/pl/artykuly/2016/10-trendow-w-polskiej-ochronie-zdrowia-na-rok-2016.html [access: 16.08.2016].

⁷ The phenomenon of coopetition has been extensively studied by some European research centers, especially from Italy, France, Sweden and Finland [Rogalski 2012: 157-159].

deliver positive benefits to participating businesses. Selecting partners for business collaboration is primarily driven by the business owners' personal experiences, business connections, family-business ties or the clients' opinion about other business.⁸ The innovative ways to pool resources, create economic opportunities to offer highly individualized products/services that stand out to consumers. At the same time, it becomes a kind of guarantee of commitment to the highest standards of quality and service and employee engagement. What makes it even more essential is the fact that lately, market success very much depends on the abilities to supply products and services that stimulate senses and involve emotions – the exact components of medical tourist expectations and anticipated experience; a combination of perceived value and quality that will affect the tourist's overall satisfaction and trip evaluation.

When it comes to serving medical tourists, focusing on selected segments within individual nations helps to identify and understand their values, making it much easier to offer products that will be recognized as attractive and beneficial. Therefore, many tourist destinations attempt to find the connections between nations by promoting cultural heritage and awareness of the past. In Poland, this is particularly evident in relation to German and Scandinavian tourists. Walking in the footsteps of their ancestors, visiting the pre-war German territories, learning about famous or notable people who lived in a city (Catherine II the Empress of Russia in Szczecin) visiting places of martyrdom, Cistercians trails, Teutonic Knights and Vikings sites are just a few examples of rich historical connections. It's hard not to agree with Turner [2007] that in medical travels, a cultural appeal will be of marginal significance for some tourists while for the others it may be an important element of consumer decision-making [Turner 2007]. The social impact of tourism is visible in the tendency to imitate foreign tourists' consumption patterns (certain goods and services at the source of their distribution).

Domestic clinics that cater to foreign patients may to some extent expect that patients will adjust to prevailing cultural standards in Poland. The basic cross-cultural awareness and knowledge are largely confined to etiquette and manners (e.g. not to offend or upset the other person) and the ability to successfully negotiate across cultures. The representatives of medical business sector should see the cultural differences as a source of inspiration, new knowledge and experience. Developing intercultural skills or intercultural competence will accommodate cultural differences and create a cycle of mutual benefits for all parties involved, and especially for the business [Lubowiecki-Vikuk & Gnusowski 2016].

⁸ Business owners as consumers, buy products from other businesses and visit centers, institutions, hotels and spas. When receiving satisfactory service they are happy to recommend other businesses or places; and in the context of business cooperation in creating a package of services – they may turn to those businesses they were impressed with.

Employing excellent staff, paying attention to detail and working towards the same goal become even more essential because the coordinated and comprehensive care of patients (especially foreign patients) require all medical entities that offer medical package deals to take reasonable steps to ensure not only the quality of individual procedures but of the whole package.

Medical tourists' opinions about the clinic, city or country (hence about the quality of medical package) are linked with their interaction with personnel and satisfaction form all elements of the entire service chain. Understanding tourists' expectations can enhance their overall satisfaction level.

The doctor–patient relationship has been and remains a keystone of care. It has become apparent that the attention paid to patients is as important as the clinic's medical technology and infrastructure or the skills/certifications of doctors working there. Reliable medical knowledge, the patient and the doctor dialogue about a proposed medical treatment's nature and acts of kindness and empathy to patients are often cited as the most valuable qualities. According to some patients, they have never experienced this kind of relationship before, especially in their home country (Scandinavian patients – Danish, Norwegian and Swedish). A sense of warmth, openness and cooperation build a pleasant experience for patients and keep them coming back for more.

Medical tourists often travel with their companions. Especially German and Danish pensioners happily choose to travel to destinations where they can meet other compatriots. They feel comfortable in such places. Therefore, in almost every Polish town or city, there are hotels which have been frequently visited by the Germans, English and Scandinavians. Occasionally, to make their guests' stay even more enjoyable, the management of these hotels introduces some minor changes in the room set up and equipment, hotel lobby, restaurant/bar area, adjust menu, re-organize schedules (meal serving times) and include attractions and entertainment (all in the price of stay) such as bingo, jazz concerts, wine tasting, cooking with the chef, dance lessons etc.). Satisfied guests become loyal guests who will return to a place and refer it to others.

Development of medical tourism brings many social benefits. Local communities learn to become more tolerant, open and accepting of other nations and cultures. Casual encounters stimulate the exchange of experiences, informal education and change views and opinions. The expansion of professional medical services produces great opportunities for developing countries to improve their national health care facilities. The internationalization of this sector leads to the creation of well-paid jobs, brings considerable income to local business and employees, contributes to the growth of revenues from the export of services and has a beneficial effect on current financial accounts [Liberska 2012].

Individual providers and businesses directly involved in tourism – such as the owners of tourist and recreation facilities, food outlets, transport and other tour-

ism-related activities; are gaining skills and abilities to improve the overall quality of products and services related to tourism. For example, people in local communities learn foreign languages, study management or accounting techniques, the rules of law, economics or trade and take part in trainings. Participation in the tourism industry trainings increases the level of employment and improves the quality of tourism product [Wodejko 1998: 1008].

Local communities are mobilizing forces to modernize and developed local infrastructure, renovate historic buildings and give them new functions. Of course, active social participation of local population also means seeking more jobs in the tourism sector. In less developed countries work in the tourism sector is often seen as prestigious, which further increases the level of local participation. Tourist traffic significantly improves local economy and standards of living and increases local residents' commitment and/or intention to stay and continue residing in a destination. This reduces the outflow of people to other places, activates tourism workforce and stimulates ongoing professional development.

4. Medical tourist as *homo socio-economicus*

The classic interpretation of *homo economicus*⁹ represents the idea that all human decisions are based on rational calculations, that economic man [Wach 2010: 82-83] acts with rationality when choosing and aims to increase either pleasure or profit [Adamkiewicz-Drwiłło 2008: 234]. *Homo economicus* is a fundamental social unit, a person that first of all desires to maximize his/her needs but at the same time, generally follows the acceptable rules and social norms, acquired through a process of socialization.

If we analyze *homo economicus* as *homo satisfaciendus*, a person who make choices based on bounded rationality unable to maximize utility functions, is bound to make satisficing choices [Przybyła 2010: 75]. According to Simon, individual is not able to assimilate and digest all the information needed to make optimal decisions therefore he/she is forced to make sub-optimal decisions, which are acceptable [Stankiewicz 2000: 430]. Simon presents concept of rationality as two of its principal definitions: bounded rationality- the outcome of the

⁹ The concept of economic man was probably first used the J. Ingram in his work: A History of Political Economy, in relation to the construction of economic man, formulated by J.S. Mill in his article *On the Definition of Political Economy; and on the Method of Investigation Proper to It* and A. Smith in *An Inquiry into the Nature and Causes of the Wealth of Nations*. While the Latin concept of *homo economicus* was first used by W. Pareto in *Manual of Political Economy*.

decision and, procedural rationality – the decision making process including current conditions and limitations [Stankiewicz 2000: 430].

The concept of *socio-homo economicus*, referred to by Lindenberg as RREEMM (resourceful, restricted, expecting, evaluating, maximizing man [Lindenberg 1990: 739], was created by merging concepts of *homo economicus* and *homo sociologicus*. *Homo sociologicus* was created in order to prove that individuals do not always make decisions that fit the rigid terms of economic rationality. Often, in fact individuals make decisions on the basis of non-economic factors, confirmed by the existence of Veblen paradox in medical tourism and the phenomenon of conspicuous consumption or the snob effect called Giffen paradox [Wojcieszka 2014].

Veblen paradox is associated with the consumption of luxurious goods (demonstration effect) especially visible in wealthy individuals (usually middle-class) that do not use the clinics, beauty farms or spa salons in their country of residence but prefer foreign facilities where the quality of services is similar to that in their country. Such demonstration effect in consumption indicates material status of individuals and opportunity to display their wealth giving them the sense of self-worth [Rab-Przybyłowicz 2014: 40]. Mobility of medical patients is visible in economically developing countries – but not in the poor countries [Connell 2010: 3].

Giffen paradox lies in the growth of demand for necessities (rigid demand). For example, an obsessive attention to physical appearance may cause addiction to regular Botox or hyaluronic acid injections. If there is an increase in price, the clients do not resign from having a treatment but instead they might start looking for less expensive suppliers in another country/border area.

Contemporary *homo socio-economicus* is an individual of limited rationality, who however, is trying to make the best and the most accurate decisions based on limited resources [Wojcieszka 2014]. According to E.J. O’Boyle, the emergence of “socio-economic human” is a natural consequence of the development of the information society as a result of the massification of media and information. Moreover, “socio-economic human” has the characteristics of both individual and social beings, as evidenced by the example of *homo socio-economicus* playing the dual role as consumer and producer [O’Boyle 1994].

Modern human is guided by both rationality and social norms when making certain choices. But his behavior, and thus his rationality are limited by many factors. The non-economic limitations e.g. psychological, sociological or environmental include: subjectivity, perception, knowledge, intellect, emotional state, feelings, preferences, tastes, beliefs, religion, social norms, and internal standards of conduct, social and professional status, motivation, and even desires [Wojcieszka 2014].

Rational motives of modern medical tourist as homo socio-economicus are mainly based on a bundle of benefits that can be obtained from traveling to a carefully selected tourist destination, clinic or medical center. Medical tourists expect medical services of a comparable or higher quality than at home, at relatively lower price. They are aware of their own needs and preferences and at the same time, they are curious and open for novelties.

They devote much more time and resources, especially when it comes to serious illness, to find a renowned institution that provides services of the highest quality. Consequently, they have elevated expectations of care and put more demands on medical staff. They want to be better informed about the state of their health and have a greater impact on the course of treatment [Rab-Przybyłowicz 2014: 179].

Medical tourists are full of contradictions, inconsistencies, disharmony, controversies and tensions, just like the world they live in. They react rationally as well as spontaneously to new products and embrace new opportunities; and sometimes attempt to create or develop new goods and services themselves. There is a difficulty in giving an unambiguous characterization of medical tourists, seeing that they are men and women, young and old, better and less educated, from villages and large cities and different regions of the world – the real *socio-homo economicus*.

5. Trends in medical tourism development

The world is shifting rapidly and the pace of change is only increasing. As the world changes, so do the needs and tastes of people from around the world. Therefore, the marketing approach to medical tourism has to transform as well. There is a noticeable increase in the use of cultural aspects to attract patients. It means that clinics do not longer tempt patients just with high quality at low price and videos of surgeries that emphasize medical technology – but by referring to cultural values of the patient's country of origin, they attempt to create binders that connect patient with offers. From the point of view of medical tourism development, the most important trends are presented in Table 1.

While the phenomena and trends described in this article, do not exhaust the entire list of medical tourism basics, they highlight the importance of processes that are already happening in the tourist market. Although modern techniques of communication and connectivity offer great opportunities to create and sell attractive tourist products (businesses or destinations), it requires the managements to adapt their strategy to meet the evolved business environment and new market conditions.

Table 1. Trends in medical tourism development

Trends	Description
Increase in bookings made directly with hospitals, will decrease the role of intermediaries	Clients, who travel outside of their country for the first time, often decide to use a broker / medical consultant due to the lack of experience or poor knowledge of foreign language. After gaining first-hand experience and establishing contacts with a clinic, they often bypass brokers on the next visit.
Increase popularity of traveling for fertility treatments	Infertility has been recognized by the WHO as a disease of civilization; and in-vitro is one of the treatments. Couples over 40 travel to receive in-vitro treatment which is sometimes motivated by lower price or high success rate and sometimes by the need for the change of scenery or return to their roots. Some clinic in Poland received couples (of Polish origin) from as far as Australia.
Offering memorable medical tourism packages (Emotional Branding)	Enterprises that offer package deals must take reasonable steps to ensure that patients receive the same high quality service from every participating business. It requires training, cooperation and harmonizing activities of employees from cooperating businesses. Market success depends on the ability to provide products that can stimulate senses and involve emotions; the sum of these components plus patients' experiences and satisfaction from achieving pre-travel goals will impact their opinions and affects recommendations
Development of telemedicine	Telemedicine services can provide a significant competitive advantage especially in the care of people who have to travel long distances to a clinic or hospital. Teleconsultations/ interviews allow for pre-qualifying patients, addressing some pre-treatment preparations (e.g. dental treatment before plastic surgery) or presenting the results of medical tests that will help doctors located on distant continents, to diagnose without exposing patient to the arduous journey.
Doctors become better equipped to treat domestic and foreign patients	The increasing number of mobile patients improves medical administration and doctors' readiness to serve foreigners. The language barrier makes it difficult to prepare medical forms, prescriptions, admissions cards and other medical records, it is an obstacle that stops many medical entities from entering the international market of medical tourism. Introduction of internationally comparable education system for specialists and conditions for obtaining certificates and professional licenses would reduce the existing procedural barriers.
Multidisciplinary tourism/Touristification of medical tourism	With the increase in the number of clients who demand more holistic, natural and less toxic, less invasive treatments, there will be increase in the number of medi-spas in hotels, offering basic diagnostic tests, consultations with dieticians, physiotherapists, doctors or cosmetologists. It is clear how tourism has interacted with health care. The presence of foreigners in a medical entity is not only associated with new technologies and treatments but also with the ability to provide service, understand needs and accommodate patients' companion.

Table 1 – cont.

The emergence of new destinations on the map of global medical tourism	Construction of airports, high-speed railways, fast routes to smaller towns, which were not very well connected, create the opportunity to develop completely new destinations. Direct flights guarantee greater comfort and shorter travel times, which in case of medical tourists returning home after invasive surgery – is important.
The growing importance of online tools for the assessment of doctors and the effectiveness of their treatments	The Internet has become a tool for effective time management, more personalized and more spontaneous travel that can include a larger number of alternative offers. Mobile phones give access not only to tourist guides but also clinics or medical facilities that service patients on the go. Internet tools allow patients to share their experiences of stay at hospitals/clinics, opinions about treatment process and its effectiveness. Therefore, these experiences begin to play even more important role than advertising or promotions.
Medical tourism packages with price guarantee	More and more intermediate agents and clinics / hospitals around the world, prepare itineraries for medical tourism travel that include tourist offers and packages for accompanying persons; that allow for a precise estimation of the cost of traveling to the most distant destinations.
Global aging	By 2025, the number of travelers aged 65+ will have doubled and medical travel will be one of the eight most important motivations for movement. Older travelers can afford longer trips in more comfortable conditions and take care of their health in more or less invasive way. This trend is likely to continue.

Source: own research based on Botterill, Pennings & Mainil 2013; www.mtqua.org/2016/02/24/7-medical-tourism-trends-2016/ [access: 16.08.2016].

6. Conclusions

In the past, supply has always dictated demand, while today the situation is reversed. The growing market saturation and confidence of consumers with higher disposable income and more time for leisure activities, shape the profitability of service providers in the tourism industry. Cooperation with other entities is essential, not only to meet the expectations of patients/medical tourists but also to compete with other entities in Poland or in Europe (particularly those from the Czech Republic and Hungary).

When predicting further trends in medical tourism we should take into account many different factors, for example: the abovementioned costs and quality of medical services, distance, attractiveness of tourist destinations in terms of natural and cultural resources and infrastructure, technological development, medical personnel skills, organizational and legal issues (including speed of execution in offered medical services), moral, religious, ethical and others. It should

also be noted that currently there is a strong reliance of demand for tourist and medical services motivated by factors such as: lifestyle, quality and standard of living, fashionable search for health and body aesthetics (preserving youth), the progress of civilization and extensively discussed, the effects of globalization.

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Trendy i społeczno-ekonomiczne aspekty rozwoju turystyki medycznej w Polsce

Streszczenie. We współczesnym świecie wzrost znaczenia turystyki przejawia się na wielu płaszczyznach funkcjonowania systemu społecznego jak i ekonomicznego, tworząc silny wpływ na gospodarkę, środowisko przyrodnicze oraz jakość i styl życia człowieka. Turysta medyczny występujący w roli podmiotu podróżowania, dokonując wyboru placówki medycznej, w której chce poddać się zabiegowi/leczeniu a następnie wyjeżdżając do niej, realizuje cele o różnorodnym charakterze, np. zdrowotnym, poznawczym czy kulturalnym, zaspokajając swoje liczne potrzeby a jednocześnie, nieświadomie, kształtuje on pewne zachowania społeczności lokalnej danego obszaru turystycznego.

Słowa kluczowe: Polska, turystyka medyczna, socjoekonomiczne rozważania

ADRIANNA BARTNICKA*

Policies of Selected Enterprises in the Medical Tourism Market – Theory and Practice

Abstract. It is proved that twenty-first century tourism will become an essential element of the global economy and an export product of special significance. Undoubtedly, medical tourism may become such an export product in Poland. Medical tourism has already been named as a phenomenon of our times, as many researchers point not only to its huge potential, but also to the substantial role it plays in the economic development of a country. It is an effect of the reorganization of previous business company models. The aim of this paper is to recognize the medical tourism enterprise policy area and the gist of their innovations. Chosen examples are examined that reflect the problems. Results constitute the need for further research.

Keywords: medical tourism, enterprise, innovation

1. Introduction

The contemporary tourism is an omni occurrence, affecting very diverse aspects of the social life. The healthy lifestyle fad, life extension, retirement age percentage increase and unprecedented progress in medicine are only a few factors that cause growing role of medical purposes in travelling [Lubowiecki-Vikuk 2011, 2012]. In response to increase demand for such journeys, both, tourist and medical infrastructure is constantly extending. Classical institutions, like hospitals and clinics, more and more often offer commercial medical services connected with catering and hotel services inter alia. The commercialization and the privatization

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process of the widely understood internal market in Poland are still more contributing to the medical tourism development [Lubowiecki-Vikuk & Bosiacki 2012].

Lubowiecki-Vikuk and Rab-Przybyłowicz [2015] notice that those who benefit from the global market are those most creative and recognizable companies with innovative products (services) in their offer.¹ It is necessary to specify areas, due to enterprise policy² that require introducing particular innovations [Lubowiecki-Vikuk & Bartnicka 2016]. It is essential in order to recognize circumstances and mechanisms of reformulation independent business models being functional so far - travel agencies providing tourist services and private enterprises offering medical services - into one service package, the product of medical tourism. The aim of this paper is to recognize the medical tourism enterprises policy area and their innovations gist. Arbitrarily chosen examples are the examined problem reflection, and they serve as a background of presented description. Results constitute the admission to the continuation of further research.

2. Innovation - decision making - identity

Innovations are a base of the long-lasting growth in the economy and the improvement in socio-economic conditions. In nonfiction the 'innovation' (in lat. *innovatio*, means forming something new) has not one equal interpretation. In this paper it is assumed that innovation consists in implementation of a new, as well as considerably improved product (or the service), including process, but also new marketing or organizational method into economic practice, into the workplace organization or into relations with surroundings [Oslo Manual 2005]. Hjalager [2010] distinguished five kinds of the innovation: innovations in the management, procedural, institutional, marketing and product (service). The majority of them are significant for medical tourism enterprises [Medhekar, Wong & Hall 2014]. The introduction of an innovation process in company functioning is sub-

¹ As the market of medical tourism one should understand an exchangeable network relations, in both service and finance, that occur between the service provider (an entity of the medical and tourist industry), and with beneficiary (a medical tourist). There appears a condition that it takes place outside the tourist permanent settling place. The package he finances on his own is a benefit to both sides of the market [Lubowiecki-Vikuk & Rab-Przybyłowicz 2015: 87].

² Enterprises policy, being a case of management, treats the enterprise like the actor at the socio-economic stage. Its purpose is to analyze both internal and outside conditions of company functioning. It enables the explanations, predictions, but first of all directing future actions. Enterprises policy is a part of management that area extends beyond its basic functions. Policy manifests itself in the way of freedom in determining and aiming for goals [Strategor & Ferens 2001].

ject to certain steps. Starting with an idea creation, finishing on implementing the invention (i.e. new releases or the process). The development of the medical tourism market fits into innovation activities, i.e. the set of all action about scientific, technical, organizational, financial and commercial character which leads to implementation of the innovation [Oslo Manual 2005].

In presented area (market) we observe all the activities which effort to betterment ways of services improving throughout pocketing single products (or services) into complete, however diversified offers [Wernz, Thakur Wernz & Phusatvat 2014]. Not only a complexity of the service is guaranteed then, but it gives customs the determined benefit either, i.e. their safety, the gain in time and cash. The distribution channels expansion and the foreign markets network creation are both a part of this general convention. For the purpose of the innovations evaluation the Eurostat has drafted the *Knowledge Intensive Activities* list, based on participation in the economy. Therefore the tourism industry has a high position on the list [Dziedzic et al. 2016]. Particularly attention is put to the strong synergy between tourism and the health care. Both combined into medical tourism enable to create the offer of unique experiences for customers on the global market. Innovative business models in hotel services connected with health care are considered as being interesting solutions [Han, Kim, Kim & Ham 2015].³

In Poland there appears more and more enterprises (not only medical exactly) specializing in the medical tourism services, though number of them is still relatively little. Therefore, their operating principles have not been fully explained on the science and the business ground yet. Towards that, the author has selected companies and then, based on official websites contents and telephone interviews have attempted to evaluate the enterprises policy areas as well as have indicated the essence of their innovations. All of the questions during an interview, concerned an undertaken issue, and the replies were noticed in an interview sheet. The interview was preceded by an explanation of medical tourism main idea. This study assumed, that medical tourism is a conscious activity in which a traveller (a medical tourist) aims to receive healthcare services – in his/her own country or abroad – to maintain (or improve) their health condition and/or aesthetic appearance of their body, which is sometimes combined with relaxation, regeneration of physical and mental strengths, sightseeing and entertainment [Lubowiecki-Vikuk 2010]. Due to the obligation of ensure the chosen companies anonymity the codes have been used to mark individual entities. Four chosen examples are supposed not to serve a fundamental argumentation, but they only are a reference point to presented issue. It is only a contribution for continue further research.

³ An example in Poland: Medicovert Hospital and Medical Center Rakoniewice.

Researched enterprises are suppliers on the market of the medical tourism. The two of them are tour-operators (X_1 and X_3), another one is a browser portal (X_2), and the last one is a cluster (X_4) (Table 1). First mentioned companies (X_1 and X_3) could be named with 'medical tourism facilitator', which means an intermediary organizing and supporting the movement of medical tourists. The tasks include among others keeping contact with the tourist during his journey, beginning with departure – help in the medical institution choice, visa formalities and the like – and having been limited till home return (aftercare) [Cormany & Baloglu 2011]. The second enterprise (X_2) is a reply to the demand of contemporary e-consumers. Internet is one of the best distribution channel medical tourism services [Lunt, Hardey & Mannion 2010]. The cluster (X_4) is an aggregation of independent enterprises operating in the sector of the health tourism in North Poland. By the definition 'they are aimed at stimulating the innovative activity by promoting intensive contacts, the sharing of the technical back and the exchange of knowledge and of experience and by effective causing oneself for the technology transfer, the networking of connections and the dissemination of information of the cluster amongst enterprises being a member given' [European Union 2006].

The activity of analyzed enterprises meets a criterion of converting the idea into the product (service), of introducing the improved form of their distribution and *de facto* of creating the new service. An implementation of the innovation evaluation, which refers to the subject offers, requires the structure analysis of their products i.e. defining its core (of idea), the elements of the real, widened and potential product (Fig. 1). The priority of those companies is to ensure potential (and for those present) customers with the professional service in medicine. This product comes from services of private medical subjects specializing in an individual fields and forms of the treatment. Customers no more adjust themselves to the schedule and solutions imposed by public medical services, but on one's own (after medical consultations) may select the time, the form and the length of their treatment. Should be emphasized that in major enterprises consultation is not a product yet. Proposing it as a free service, company provides choice in decision making to its customers. The complex idea comes down to support their patients accompanying benefits associated with the travel on medical purposes, i.e. above all of lodging and transport services which access into tourism industry. Next, providing the services quality, the examined enterprises guarantee their patients a free of charge care taken by a private adviser (attendant/concierge) during their stay and treatment.

What makes these companies offer more competitive is better quality and the utility value of their products (services) than the rivals have. In relation to the high value of diversified products, it should be noticed that the product itself is complete. It is due to the individual customers expectations of a wide range of services. A corporate identity, as more widely discussed hereinafter, require

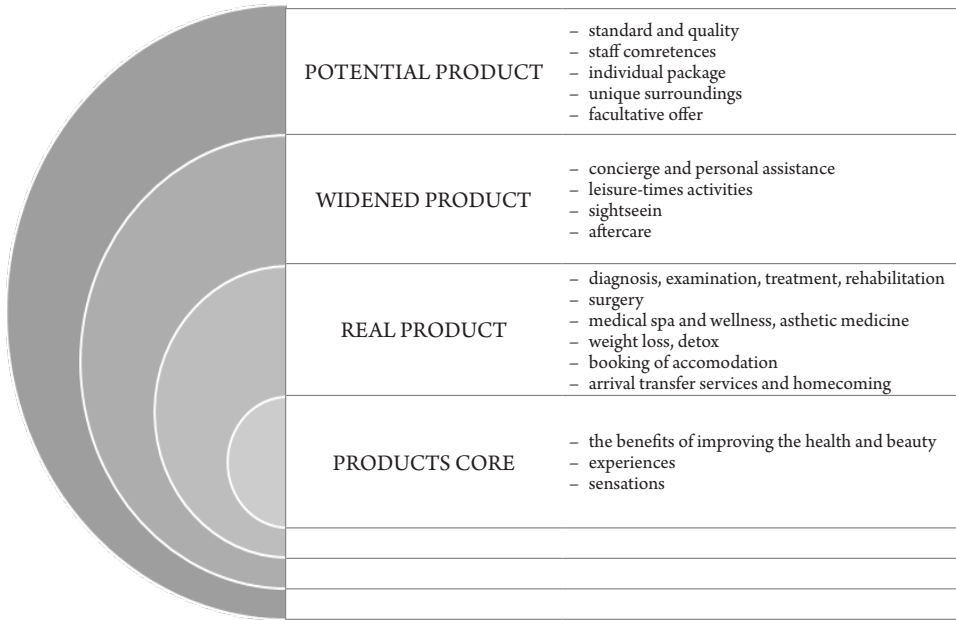


Figure 1. Product structure in medical tourism enterprises

Source: own study based on Marciszewska 2010; Rab-Przybyłowicz 2014.

clarifying. Such elements make this aspect up as: the duration and the position of companies on the market, activities range and the form of reaching potential customers on foreign markets (Table 1).

Independently from the activity scope, those examined enterprises are focused on at least European market. A buoyant development of distribution in the Internet and via social media applications attract client all over the world. Companies guarantee their consumers full service in a few universally used languages, in their mother tongue as well.

At this stage we can move to the freedom in decision making explanation. It is a main driving mechanism in every company. A moment when enterprises policy assumptions turn into concrete actions. Analysis of both planning processes and the strategic management is an issue of broader deliberations. In this paper the author pay attention to possibilities of getting free and in-depth knowledge about the environment surrounding companies. Same time it refers to possibilities of accommodation themselves to customers’ needs and expectations. Representative of first enterprise (X_1) mentioned the turning point in the company functioning concept. Idea is about reformulating its diverse offer to the specialization in only one medical service. A heightened interest of customers in the narrow part of the offer, and moreover a market keen competition were the factors that

Table 1. Characteristics of examined medical tourism enterprises

Criteria	Enterprise			
	X ₁	X ₂	X ₃	X ₄
Duration (years)	no information	4	41	2
Partnership (quantity)	9	600	over 10 000	15
Place of delivery services	Poland: Cracow	Poland	Poland, Europe, Near East, Africa	Poland: Tri-City
Target market	Western Europe, USA	Europe	all over the world	Skandinavia, Western Europe
Web sites languages (in spite of Polish)	English, German, Norwegian	English, German, Russian	prepared in 38 language versions	English, Danish
Distribution channels	Internet, advertisement at partnerships	Internet, intermediaries	Internet, travel agencies, hotels	Internet
Activity form	touoperator	browser portal	touoperator	cluster

Source: own study based on official websites content.

caused implementing changes. Due to the form of another entity (X₄) functioning as a cluster, there is noticed a specific freedom in decisions about the cooperation with other enterprises, research centers, business institutions, colleges, self-government units and other interested subjects acting in the widely understood health tourism sector. Furthermore, the cluster itself is a sign of innovation, where freedom in decision making has the key role.

On nowadays market, there appears kind of demanding consumer, so called 3.0, who one's individualized and increasing needs, carry out while online shopping and bookings. The Internet then is the best way to attract potential client, but also gives us a tool to observe the e-customers net movements [Cormany & Baloglu 2011]. In the multinational companies age the Internet is also a form of cooperating with partnership enterprises (video chat). Analyzing the contents of examined entities official websites the author had a similar conclusions with Mason and Wright [2011]. They noticed, that medical tourism Web sites largely promote the benefits of medical procedures while downplaying the risks, and relatively little information regarding the credibility of these services appears. It requires further and deepened analyses. However, in this case the recommendations of correct way to create a Web site of medical tourism entities, have been already elaborated [Rab-Przybyłowicz & Lubowiecki-Vikuk 2014].

Each presented enterprise, apart from implementing innovative solutions, is a community of people – collaborating to the company success. Above all these companies are a set of the personalities. Their shared aspiration to the goals

HIGH RISK			
IMMEDIATE LINKAGE	MACHO (preferred immediate satisfaction)	FOCUS ON COMPANY (dynamism, planned and the systematic actions)	DELAYED LINKAGE
	BRIEF SPEECH, TOUGH GAME (preferred appearances, witty style)	PROCESS (based on rules and procedures)	
LOW RISK			

Figure 2. Companies’ cultures typology by Deal & Kennedy [1982]

Source: own study.

achievement is marked by logic. That logic is a guaranty the enterprise existence duration, and either for the employees or consumers it gives a possibility of identifying oneself with a company. It all adds up to the corporate identity. The idea of an institution, the human community and their activity focused on the assumptions fulfillment; all together create the enterprise culture. There were two criteria taken for establishing types of company’s cultures, such as business risk and the financial liquidity (Fig. 2). Having a view to the tourism specificity in financial liquidity, there is always a delayed linkage between sale and service execution. The profits can be count after the service carried out, whereas the booking usually takes place in advance. The business risk is hard to adjudicate without wider analysis. However, following the experience in business environment of medical tourism and observations made the author emphasize the significant role of private medical subjects’ competition. Also a recalled low financial liquidity affects the business risk.

3. Summary

All of four examined companies constitute the example of innovative enterprises, which in their recent activity introduced specific innovations in. Thanks to inserting the medical tourism product as a complete bundle of the benefits, one can understand principles of intelligent organizations functioning. These enterprises policy refers also to innovative solutions in marketing and management. The high level of the decision-making freedom, resulting above all from the activity form, guarantees the entrepreneurs a possibility to adjust to the customers’ needs and expectations. Building the corporate identity, based on the cooperation with business partners, as well as the within the company (directed at the pursuit of common goals) proves the priority care of the dynamic and systematic business progress. Above all it is concern on customers satisfaction, which treated individually, have also a chance of identify them with the enterprise.

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Polityka wybranych przedsiębiorstw na rynku turystyki medycznej – teoria i praktyka

Streszczenie. Dowodzi się, iż turystyka XXI wieku stanie się fundamentalną częścią światowej gospodarki oraz produktem eksportowym o szczególnym znaczeniu. Niewątpliwie turystyka medyczna mogłaby być tego typu dobrem eksportowym w Polsce. Badacze wskazują nie tylko na potencjał zjawiska, jakim współcześnie jest turystyka medyczna, ale także na zasadniczą rolę, jaką odgrywa ona w rozwoju gospodarczym państwa. Jest to efekt reorganizacji dotychczasowych modeli biznesowych przedsiębiorstw w sektorze usług medycznych i turystycznych. Celem pracy jest identyfikacja obszarów polityki przedsiębiorstw sektora turystyki medycznej i istoty ich innowacji. Wybrane przykłady funkcjonowania tego rodzaju podmiotów są ilustracją badanego problemu. Wyniki stanowią wstęp do dalszych badań.

Słowa kluczowe: turystyka medyczna, przedsiębiorstwo, innowacje

MATYLDA GWOŹDZICKA-PIOTROWSKA*

Local Fees as an Example of Visitor and Health Resort Taxes

Abstract. A health resort is an area where treatment of patients is conducted, dedicated to the use and protection of natural medicinal materials, which have given the place the status of a health resort. Local fees called visitor and resort taxes supply local budgets. Their collection is dependent on the existence of certain factual circumstances. The article discusses issues related to the legal status of spa and health resort areas, and the fees related to them (adopting and collecting). Toll rates shall be adopted by the municipal council and charged by clearly defined tax collectors. The presentation of tax obligations related to the health resorts was made based on the dogmatic method, an analysis of suitable regulations and selected case law.

Keywords: spa, local fees, resort taxes

1. Introduction

As part of the income of municipal budgets from fees, we can distinguish the fee regulated by the Act on taxes and local fees [Act of 12 January 1991 on taxes and local fees] (hereinafter: upol) and fees governed by other laws. These fees fully represent the own revenue of municipalities. The obligation to pay the fee is regulated by factual circumstances and there is no need of participation of the tax authority. Besides the visitor's and resort taxes, the local fees include:

- trade fee,
- fee from the ownership of dogs,
- advertising fee.

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These fees are regulated by the above-mentioned Act on taxes and local fees. Trade fee is collected from individuals, legal entities and legal entities without legal personality that make sales on marketplaces.

According to the regulations, marketplaces are all places where trading is carried out. Trade fee is not subject to sales made in the buildings or parts of buildings, with the exception of markets under the roof and halls used for trade fairs, auctions and exhibitions. Taxpayers who pay property taxes are exempt from the trade fee.

The municipal council may introduce, by resolution, a fee of owning a dog. The fee is collected from individuals with dogs. Fee from the ownership of a dog is not collected from:

- staff members of diplomatic missions and consular offices and other persons equalized with them on the basis of acts, agreements or international customs, if they are not Polish citizens and do not have their permanent residence on Polish territory – the condition of reciprocity;
- persons admitted to a significant degree of disability within the meaning of the regulations on occupational and social rehabilitation and employment of persons with disabilities -due to ownership of one dog;
- persons disabled within the meaning of the Act of 27 August 1997. Vocational Rehabilitation and Employment of Persons with Disabilities due to ownership an assistance dog;
- people aged over 65 years running a household alone - due to ownership of one dog;
- agricultural tax payers of farms – due to ownership of no more than two dogs.

The quantification and collection and payment dates and amount of fee rates are determined by resolution made by the municipal council. Maximum rate is announced by the Minister of Finance. The municipal council may order a fee collection and determine collectors and the amount of remuneration for the collection. In addition, the municipal council may make other than the above mentioned exemptions from the levy on dog ownership.

Advertising fee may be introduced by the municipal council in a resolution. Fee applies to billboards or advertising devices. Advertising fee may be collected only in the areas, where municipal council adopted the terms and conditions of locating objects of small architecture, billboards and advertising devices. Advertising fee is collected from:

- owners of real estate or buildings, excluding land cast in perpetual usufruct,
- perpetual users of land,
- owner-like possessors of real estate or buildings,
- holders of real estate or parts thereof or of building structures or parts thereof owned by the State Treasury or local government if they have an agree-

ment with the owner, the Agricultural Property Agency or another legal title or there is no legal title.

If the property or construction facility, where a billboard or advertising device is located is subject of co-ownership or remains in the possession of two or more people, the obligation to pay the fee is equally on all the appropriate co-owners or co-possessors. Advertising fees shall not be collected if the billboards or advertising equipment:

- are not visible from the space accessible to the public;
- constitute a signboard, as long as it complies with the terms and conditions of positioning objects of small architecture, billboards and advertising devices;
- are implemented by the obligation imposed by law;
- are solely for the dissemination of information;
- are permanently commemorating individuals, institutions or events.
- are of religious nature, related to activities of churches and other religious associations; if the billboard or the advertising affluent are within areas utilized as places of worship and religious activities, and cemeteries.

The amount of paid property tax on billboard advertising or advertising device shall be credited to the fee due from that advertising billboard or advertising device.

The advertising fee includes:

- fixed and a variable part,
- a fixed part is a flat rate independent of the surface area of the billboard or advertising devices,
- the variable part depends on the size of the billboard or advertising device,
- if the shape of the advertising device prevents the determination of the surface area, the amount of the fee depends on the surface area of the side of a cuboids described on the device advertising.

The quantification and collection and payment dates and amount of fee rates is determined by resolution made by the municipal council. Maximum rate of fee is announced by the Minister of Finance. The municipal council may order a collection of the fee in the way of collection and determine collectors and amount of remuneration for the collection. In addition, the municipal council may make other than the above objective exemptions from the advert fee.

2. Status of spas

Health resort business was regulated by the Act of 28 July 2005 on health resort treatment, spas and health resort conservation areas and municipalities resorts. The Act sets out the principles and conditions for conducting and funding health

resort treatment, treatment directions, rules for supervision and treatment, the principles of transmission and disposal of the spa or health resort status and the tasks of municipalities resorts.

According to the act's provisions, there are three areas where activity may be conducted, i.e. health resort, spa and municipal conservation area and health resort protection area and protection zones.

The health resort is an area where health resort treatment is conducted, dedicated to the use and protection of natural medicinal materials, which has been given the status of a health resort. Status of the health resort can be attributed to the area which:

- has deposits of natural ingredients with proven medicinal healing properties under the terms of the Act;
- has a climate with medicinal properties confirmed by the principles defined in the Act;
- contains in its area facilities and treatment equipment prepared to conduct health resort treatment;
- adheres to the regulations of environmental protection requirements in relation to the environment;
- has the technical infrastructure in the field of water and wastewater, energy, in terms of public transport, as well as it runs waste management.

Health resort area status is assigned to an area where there are no health resort institutions nor health resort equipment ready to execute treatment but other conditions for obtaining the status of the health resort are accomplished. Spatial boundaries of the spa and health resort area have been designated within the administrative boundaries of municipalities, cities or municipalities auxiliary units. Municipality resort is in turn a municipality, whose area or part thereof has been given the status of a resort in the manner specified in the Act. Therefore, it is only this municipality on whose territory the health resort is located. The municipality resort is not within the municipality that encloses health resort area status [Gwoździcka-Piotrowska 2014: 22-23].

Municipalities resort status entitles the municipality to use the terms “spa” or “hot springs” or “thermal treatment.” In addition, the municipality undertakes tasks associated with maintaining the function of medicinal spas.

The municipality, which intends to request a health resort status to its area, in order to determine the possibilities for health resort treatment, draws up a resort sampling. Sampling Resort presents the characteristics of the isolated area in terms of its likelihood to be recognized as a health resort area, with particular emphasis on the available natural resources in the area and the climate. After preparing the sampling, the minister competent for health matters shall verify compliance with the requirements necessary to confer the status of the spa or health resort status. The statement that the conditions are met is followed by a decision

of the confirmation of opportunities for health resort treatment area, for which the sampling had been done. Then the municipal council, on the basis of the approved sampling, issues health resort status or a conservation area status.

Resolution on the spa statute or health resort area statute should be made within 30 days from the date of entry into force of the Council of Ministers resolution that confers the status of a given area to health resort area. Obtaining the status of municipal spa or health resort area involves the confirmation of its attractive nature and therefore the increased interest in the area by tourists. Spa status or health resort area is a very good promotion of the region, it also allows for the efficient recovery of investors in the hotel industry, health and recreation. In these areas hotels arise, sanatoriums, spa & wellness facilities, senior housing. Development of Investment spas also follows from the constant presence of beneficiaries of the National Health Fund and the Social Insurance Institution. On the basis of the Act of 27 August 2004 on health care services financed from public funds, beneficiaries are entitled to benefits guaranteed in the range of spa treatment; The health resort spas are conducted in treatment facility located in the zone "A." Such a zone is the area in which they are located or planned facilities and equipment for health resort treatment and other facilities for the treatment for a patient or a tourist use, in particular, guesthouses, restaurants or cafes, for which the percentage of green areas is not less than 75%. In connection with the stay of beneficiaries, spa areas are independent from the seasonality typical of holiday resorts and holiday homes [Gwoździcka-Piotrowska 2014: 26].

3. Visitor's and resort taxes

Visitor's tax is obtained from the individuals staying longer than a day for tourism, leisure or training in the localities of the advantageous properties of climate or natural beauty, and in the villages located in areas which have been given the status of conservation area spa on terms of the Act of 28 July 2005. on health spa, health spas and spa protection areas and the municipalities spa. The fee is collected for each day of stay in such places.

Travel tax is collected from individuals staying longer than a day for health, travel, holiday or training in the villages located in areas, which were given the status of a spa on the principles specified in the above-mentioned Act on health spa, health spas and spa protection areas and the municipalities spa. The quantification and collection and payment dates and amount of fee rates is determined by resolution made by the municipal council. Maximum rate of fee is announced by the Minister of Finance. The municipal council may order a collection of the fee in and determine collectors and amount of remuneration for the collection.

In addition, the municipal council may make other than the above mentioned exemptions from the travel tax.

The municipality, which has favorable climatic conditions, health conditions and landscape may charge a climate fee. This concept includes two taxes – Visitor's and resort tax. First tax can be charged only by municipalities which have been given the status of a spa. The second only by entities included in the list maintained by the relevant provincial governor in consultation with the Minister of the Environment.

The Tax is not collected from more than one title. According to art. 17 par. 2a of the Act of 12 January 1991 on local taxes and charges, the person who paid travel tax does not have to pay visitor's tax. The quantification and collection and payment terms and level of rates of these levies are determined by the resolution of the municipal council. The provisions of this act shall be in accordance with the provisions of art. 17 and art. 19 upol. The problem lies in the fact that these regulations are not clear.

4. Meeting the requirements in terms of charging taxes

To charge visitor's tax, the town must meet minimum conditions including climate, landscape, and also have a range of accommodation to enable accommodation of individuals for recreational, educational or leisure purposes. The municipal authorities, in order to introduce this fee, must meet the conditions for specific localities within its territory in order to determine where it can be collected. Then the municipal council should establish, by resolution, a list of the places where these requirements are met. Tax can also be charged in the villages located in areas, which have been given the status of conservation area spa. It shall be granted in accordance with the rules laid down in the Act of 28 July 2005 on health spa, health spas and spa protection areas and the municipalities spa. Travel tax may be collected in the villages which have the status of a health resort. This is also suitable for the conditions specified in the above regulations.

Taxes are collected from individuals staying longer than a day for tourism, leisure or training purposes for each day of stay in such places. In practice, this regulation raises many problems, mainly, how to interpret the term "day" and "for each day."

According to the Administrative Court in Bydgoszcz, expressed in the judgment of 27 April 2011, tax should be collected for each full day of stay of a natural person. The term "day" means a calendar day, or the day counted from midnight to midnight. It begins at 0.00h and ends at 24.00h. According to R. Dowgier

[Gloss 2015] “day” is counted consecutive 24 hours, regardless of the starting point, from which the following calculation begins. The author points out that, by adopting the arguments of the court, a person who resides in the spa, eg. 26 hours (from Monday 23.00h to Wednesday 1.00h), would be required to pay the tax because her residence exceeds the day calculated from hours – 0.00h to 24.00h. But the one who is staying 46 consecutive hours, but not a full day of hours – 0.00h till 24.00h, would not have to pay such a fee. For example, a person arrives to a spa on Monday at 1.00h and leaves on Tuesday at 23.00h. According to the court, because neither Monday nor Tuesday’s visit included a full day of calculated hours - 0.00h to 24.00h, the tax should not be imposed.

A similar view was also presented by T. Wołowiec [Municipal Finance 2011]. In his opinion, a person residing in the village, where the fee is collected, is required to pay for each day for the next 24 hours from the moment of the start of the stay. There is no reason to conclude that the fee should be paid only for full days understood as 24 hours counted from the hour 0.00h to 24.00h.

The obligation to pay the tax becomes a tax liability with the passing of each day. It is not possible to collect tax in advance, the first day for the number of days of stay [RIO resolution in Olsztyn 2007]. Collecting tax in advance for the period, which has not yet passed, means to retrieve the tax debt, despite the fact that the tax did not arise [RIO resolution in Zielona Gora 2005]. For example, we indicate the classical situation which occurs at the cancellation of the resolution of the municipal council in connection with incorrect identification of the issue of levy tax. Pursuant to the Resolution No. 37/2012 of the College of the Regional Audit Chamber in Lublin of 24 April 2012 they annulled the resolution of the Municipal Council Urszulin No. VII/84/2012 of 21 March 2012 on determining the rate of local fees, payment dates and method of its collection by collection, determination of collectors and amount of remuneration for the collection, because it is inconsistent with the provisions of art. 17 par. 1 and art. 19 Section 1 of the upol and Tax Law. College acted as supervisor and adopted resolution No. 33/2012 of 11 April 2012 on the supervisory proceedings against this resolution, considering that it was adopted with a significant violation of the law.

In par. 1 of the resolution, the Council has established local tax collected from individuals residing in the community for more than a day for health reasons- it has been assessed as violating art. 17 par. 1 of upol. Health reasons can be applied for the spa when it concerns the village located in areas where the public was given the status of a spa. According to par. 1 of the resolution tax was established from individuals residing “in the commune Urszulin.” According to Resolution No. XI/59/2011 Urszulin Municipal Council of 27 October 2011 on the establishment of the list of towns in the municipality Urszulin, where you can download local tax, this fee may be collected only in certain localities.

Thus, the duty establishing and collecting local tax should be associated with being in the village on the list given in the specified resolution of the Council and not generally throughout the community; This is because it includes other, not mentioned on the list quoted, villages. In addition, in par. 2.1 of the resolution established that the obligation to charge arises on the day of arrival in the village with the fee. In determining the time at which payment of the local Council went beyond the statutory delegation in art. 19 par. 1 of the upol, authorizing the municipal council only to determine the rules for determining and collection and the date of payment and the rate of tax. Moreover, such a definition of the obligation to charge is contrary to the provisions indicated earlier – art. 17 section 1 of the Act, according to which it is collected from individuals residing – in a certain order and towns there – more than a day, and not on the date of arrival.

According to RIO, incompatible with that provision are also the provisions of par. 3.3 of the resolution, according to which the local tax persons referred to in par. 1 shall pay the amount determined on the basis of written or oral declaration of the number of days of stay. Indicated art. 17 par. 1 sets collecting local fees for each day of stay in the indicated places, which means that the amount of that fee shall be determined by the actual rather than the declared period of stay in these destinations. Also, the provisions of par. 4.2 of the resolution were taken in violation of the provisions of the Act – Tax Code, as it was decided that the collector will be accountable to the local tax collected by 10th of the following month with the fees collected in the previous month. That provision of the Tax Code defines the term of payment for tax collectors (the day following the last day on which, according to the provisions of tax law, tax payment should be made, unless the body of the relevant local government bodies appointed later). The provisions of the resolution does not fill disposal that provision, setting instead of later payment deadline for the tax collectors, the maturity of the collector of the collected tax.¹

5. Charging fees

The municipal council may order in resolution conditions for charging the fee through the collection and determine collectors and amount of remuneration for the collection. This is the result of art. 19 point 2 upol. As pointed RIO Wroclaw in the resolution of 21 December 2011 [Sign. 105/2011], the implementation of the powers of the municipal council under art. 19 point 2 impairments should be done by identifying the collectors in the form of a resolution, which marks the

¹ www.lublin.rio.gov.pl/?p=document&action=save&id=1972&bar_id=1827 [access: 1.09.2016].

features individualizing collectors in a sufficiently precise manner, so as not to pose a problem, on whom the duty was imposed.

The case-law emphasizes the need to define the characteristics of individualizing entities. It can be recalled here the resolution of RIO in Gdansk, September 8, 2011 [Sign. 241/G322/P/11], which assumes that the action of determining the tax collectors by the council may take place through the appointment of specific entities, for example by mentioning their names, description performed by the individual functions or their positions.

In the case of climate fees it is difficult to indicate collectors by name. As indicated by the Administrative Court in Olsztyn in its judgment of 25 February 2015 [Sign. I SA/OI 38/15] most effective way of collecting this fee is to establish a tax collector anyone who enables the individual to stay longer than a day by providing accommodation. The court found that in the case of local tax sufficient feature of individualizing collectors may be an indication in the resolution, that these are entities which, for example have or manage resorts, hotels, guesthouses, apartments, farmhouses, camping, campsites. Given the fact that the municipal authority is also the governing authority records of operators, fixing collectors will not cause difficulties. At the same time court stated that according to art. 19 point 2 upol the resolution of the municipal council may indicate collectors by their name without agreement of the entity. Any entity described in the resolution of the municipal council as a collector is required to perform the duties of toll. Indication of collectors by the municipal council does not exclude the application of the law of 29 August 1997 Tax Code. According to this act, a legal person or an organizational unit without legal personality, which is the tax collector is required to determine and report the tax authority a specific person to whom responsibilities will include charging and timely depositing taxes to tax authority.

For example, in Sopot city on the basis of a resolution [Resolution No. XXX-VI/499/2014 Sopot City Council] clarified the issue of toll collection by collectors and their remuneration: "4. Toll charges are made on printed paper used to receive cash in collectors units or on printed paper made by City of Sopot. The fee collectors should make a payment of the fee to the account of Sopot City Hall No. 84 1160 2202 0000 0000 6194 7954 for the fifth day of the month following the month to which the fee applies and in the month of December to 31 of this month. Collectors salary is 10% of charges and is paid by the City of Sopot within 14 days after issued a bill or invoice. The payment date is the day of debiting the payer."²

The municipal council determine by resolution collection and payment dates and amount of fees specified in the Act.

² http://g.ekspert.infor.pl/p/_dane/akty_pdf/U79/2014/37/985.pdf#zoom=90 [access: 1.09.2016].

6. Exemption from the levy

According to the art. 17 par. 2 upol visitor's and resort taxes are not collected:

- on condition of reciprocity - from members of the staff of diplomatic missions and consular offices and other persons equalized with them on the basis of acts, agreements or international customs, if they are not Polish citizens and have permanent residence in the Republic of Polish,
- from people staying in hospitals,
- from blind people and their guides,
- from the taxpayers of property tax from ownership of holiday homes located in the village,
- from organized groups of children and teenagers.

In practice, a lot of doubt has arisen in connection with the people staying in the hospital spa. The basic problem is the question of whether it is a hospital within the meaning of art. 17 par. 2 point 2 upol.³ The issued during the term of the Act of 30 August 1991 On health care, it was considered that any plant spa treatment is a health care facility, with the difference that the operating area of the spa and using their natural condition when granting health benefits. Spa treatment plants include sanatoriums and spa hospitals, which must consequently be assumed that the legal status of sanatoriums and spa hospitals is aligned with the status of a healthcare facility. This view has not changed with the repeal of the abovementioned Act by the Act of 15 April 2011 On medical activity (hereafter: UDL). As pointed out by the Administrative Court in Szczecin of 14 March 2013 [Sign. I SA/Sz 921/12], there is no basis for differentiation in the light of impairments hospitals in the general concept of other hospitals of a specialist in the spa. In the opinion of the court in Szczecin, if lawmakers wanted to eliminate spa hospitals with the exemption provided for in art. 17 par. 2 point 2 upol, it is done so expressly in that provision. Meanwhile, the control uses the general term "hospital," without differentiating in any recipe types of hospitals that are or are not exempted [The judgment of the Administrative Court in Krakow on July 7, 2013].

Ministry of Finance commented the case in a letter dated 3 October 2014 [Sign. PL/LS/838/9/SIA/14/RD88286]. According to the Ministry, the Law on local taxes and charges does not differentiate people staying in hospitals because of the purpose of the stay and the type of services. Therefore, pursuant to art. 17 par. 2 point 2 upol, persons residing in the spa hospitals are not obligated to pay fee [The judgment of the Administrative Court in Szczecin on July 4, 2014].

³ <http://samorzad.pap.pl/depesze/rio/131873/Nielegalna-naleznosc--Oplata-uzdrowiskowa-pobierana-w-szpitalach-jest-niezgodna-z-prawem> [access: 1.09.2016].

The Act of 14 May 2014 on local taxes and fees in the art. 17 par. 2 point 2 uses the general term hospital without differentiating in any recipe types of hospitals that are or are not exempted. Hospital stays notion of collective, broader, which includes its various types. Should be regarded as unfounded argument to exclude from the notion of the hospital – hospital spa, due to the type of service. spa municipalities have an obligation to their own tasks associated with maintaining therapeutic function. Municipality spa in order to accomplish the above tasks, have the right to charge a fee by the rules specified in separate regulations. The legislator decides on the collection of such fees, and separate regulations here are the provisions of the Act on local taxes and charges, which in the art. 17 par. 2 point 2 provide relief from these charges people staying in hospitals, making no exception for spa hospitals.

As pointed out by Administrative Court in Szczecin in its judgment of 14 March 2013. I SA/Sz 921/12, the use of the phrase “hospital”, whether in art. 2 par. 1 point 1 of the Act of 30 August 1991 on health care, whether art. 2 point 10 of the Act of 15 April 2011 on medical activity or art. 8 of the Act on the spa, or in the most important for the present case of art. 17 par. 2 point 2 of the Act of 12 January 1991 on taxes and local fees, offers no reason to differentiate hospitals because of the type of services services or the place of their provision. It should also be pointed out that in accordance with the provisions of the Constitution (articles 167, 168, 217) the municipal council may make other exemptions, but no individual exemptions or mixed exemptions. It should also be noted that the exemptions specified in upol are a closed list.

7. Summary

Local fees supply local budgets. Among them can be distinguished visitor’s and resort tax. Their collection is dependent on the existence of certain factual circumstances. The problem poses the question of resort tax of people staying in hospitals in spas – however jurisdiction, clearly indicates that such a facility is a hospital in the strict sense, and therefore of its patients, on the basis of the Act on fees and local taxes the tax should not be collected. Fees visitor’s tax spa and cannot be combined. Toll rates shall be adopted by the municipal council and charged by clearly defined tax collectors.

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Opłaty lokalne na przykładzie opłaty miejscowej i uzdrowskiej

Streszczenie. Uzdrowisko jest miejscem, gdzie prowadzi się leczenie kuracjuszy, przy założeniu z korzystania i zachowania naturalnych produktów medycznych, dzięki którym dane miejsce uzyskało status uzdrowiska. Opłaty lokalne: miejscowa i uzdrowska zasilają lokalne (gminne) budżety. Niniejszy artykuł prezentuje kwestie związane z prawnym statusem uzdrowisk w odniesieniu do opłat z nim związanych, nakładów na kuracjuszy (ich uchwalaniem czy pobieraniem). Powinny one być przyjmowane przez radę miasta/gminy i pobierane przez wyraźnie wskazane podmioty, tzw. inkasentów. Przedstawienie zobowiązań związanych z opłatami lokalnymi zostało dokonane na podstawie metody dogmatycznej, analizy przepisów prawnych i wybranego orzecznictwa.

Słowa kluczowe: uzdrowisko, opłaty lokalne, opłaty uzdrowskie

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Tourism as a Way to Reduce Stress – Opinions of Professionally Active Persons

Abstract. The intensity of stress in life is treated as the main factor differentiating mental well-being. The aim of the paper is to analyse opinions and behaviours concerning the choice of place and form of holiday trips in the context of stress reduction. The research was conducted in 2016 among 100 working adults. The method applied was the one of a diagnostic survey, with an authorial questionnaire. The results show that the desire of health improvement and a reduction of the negative influence of tension both have a significant influence on the choice of holiday destination. Over half of the respondents experience stress several times a week, or even every day. The main reason for nervous tension, pointed out by both men and women, is their work. The respondents confirmed experiencing numerous somatic symptoms of stress. The majority of the interlocutors perceive positive influence of a vacation on their mental condition. Expanding tourism offers towards improvement of the mental dimension of health may constitute an important element in promotion of pro-health lifestyle.

Keywords: stress, health, mental well-being, health tourism

1. Introduction

Stress is an inherent element of human life in the 21st century. It is caused by various situations and agents, which occur both in professional work, as well as in personal life [Grochmal 1992: 38-64; Trauer 1992: 10; Terelak 2001: 218;

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Terelak 2005: 16; Winstanley 2008: 194-195; Uszyński 2009: 21; Zimbardo, Johnson & McCann 2010: 126-144]. In the contemporary world stress is present at every level of human existence. Quick pace of life, high population density, competition accompanied by long-lasting anxiety, increase likelihood of civilisation diseases [Hartley 2003: 12; Ogińska-Bulik & Juczyński 2008: 63; Maciewicz, Szopa & Ulfik 2014: 183-200]. Naturally, difficult and stressful situations occurred also in the past, but there were fewer agents that triggered them, and the phenomenon itself was not analysed. Scientists have been studying it for a relatively short time, attempting to investigate its causes, effects, which also leads to new concepts of this issue. Besides, it has become more popular to consider stress in the context of various phenomena and factors.

This paper attempts to deal with the notion of vacation trips as a means of coping with stress. It is interesting whether reduction of nervous tension remains an essential motive for tourist trips or whether it influences preferred form of recreation. An ability to deal with stressful situations is crucial in pro-health lifestyle. Therefore, it is important to work out various strategies of stress reduction and eliminating its effects [Potocka 2010: 12; Terelak 2005: 145; Zimbardo, Johnson & McCann 2010: 193-194]. One of methods for stress relief is change of the environment. Even a short trip to a place different than that in which one remains every day (work, home) may efficiently reduce influence of stress factors. Pro-health effects of tourism may be observed in several dimensions:

- social – through change of social environment, establishing new contacts and interpersonal relations;
- mental – isolating from everyday stress, duties at work has a prophylactic function within the area of mental health;
- physical – taking care of physical activity, looks; tourists during trips are more eager to accept any offers of physical activity which significantly improves general condition of an organism [Boruszczak 2009: 45-69].

In connection to the abovementioned, the aim of this paper is to analyse opinions and behaviours concerning choice of place and form of holiday in the context of stress reduction. Carrying out the aim of the research, the following questions were posed: How often the examined people experience stress? What are the sources of stress among the respondents? How do they deal with stressful situations? Does the reduction of stress play a significant role as far as decision about form and way of spending vacation is concerned? Does the decision concerning choice of place for holiday cause nervous tension among the respondents? Do the respondents experience health effects resulting from stress? Can stress occurrence be differentiated with reference to the sex?

2. Material and method

The research was conducted in 2016 (January – March) in Toruń, among 100 adults – 65 women and 35 men, working professionally. The research method used in carrying out the aim was a diagnostic survey, with an authorial questionnaire consisting of 23 questions. The social-environmental characteristics of the respondents is presented in Tables 1-4.

Table 1. Age groups of the respondents

Age	Women		Men		Total	
	N	%	N	%	N	%
18-30	24	36,92	6	17,14	30	30,00
31-40	26	40,00	10	28,57	36	36,00
41-50	10	15,38	14	40,00	24	24,00
51-60	5	7,69	5	14,29	10	10,00
61 and more	0	0,00	0	0,00	0	0,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

In the group of women those aged up to 40 years prevailed, while the most numerous group of men are those aged 41-50 years.

Table 2. Educational background of the respondents

Education	Women		Men		Total	
	N	%	N	%	N	%
Primary school	0	0,00	2	5,71	2	2,00
Secondary school	5	7,69	3	8,57	8	8,00
Vocational school	9	13,85	3	8,57	12	12,00
High school	15	23,08	17	48,57	32	32,00
B.A.	26	40,00	7	20,00	33	33,00
M.A.	10	15,38	3	8,57	13	13,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

The majority of female answerers are graduates with B.A., while almost half of male answerers are high-school graduates.

Table 3. Place of residence of the respondents

Place of residence	Women		Men		Total	
	N	%	N	%	N	%
City over 200 000 residents	19	29,23	8	22,86	27	27,00
City 50 000-200 000 residents	13	20,00	14	40,00	27	27,00
Town below 50 000 residents	20	30,77	8	22,86	28	28,00
Village	13	20,00	5	14,29	18	18,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

Vast majority of answerers are city residents. No differences on the grounds of sex were noted.

Table 4. Marital status of the respondents

Marital status	Women		Men		Total	
	N	%	N	%	N	%
Single	15	23,08	14	40,00	29	29,00
Partnership	24	36,92	5	14,29	29	29,00
Married	26	40,00	16	45,71	42	42,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

In the examined group prevail married people. Women more often than men declare remaining in an informal relationship.

3. Results

3.1. Occurrence of stress in the examined group

Carrying out the aim of the research, first issues to analyse were those concerning frequency of stress exposure, duration of stressful condition, agents causing stress, somatic symptoms accompanying nervous tension, as well as ways of dealing with stress.

In the light of the above empirical data (Tables 5-6), it turns out that as many as two thirds (66%) of the respondents experience stress every day, while about one fifth (21%) – a few times a week. Such tension has been experienced by the majority of the respondents for a few years, or even for over a decade. The results are similar for both sexes, though women tend to have been dealing with stress for a longer period of time.

Table 5. Frequency of stress exposure

Frequency of experiencing stress	Women		Men		Total	
	N	%	N	%	N	%
Every day	43	66,15	23	65,71	66	66,00
A few times a week	14	21,54	7	20,00	21	21,00
A few times a month	6	9,23	2	5,71	8	8,00
Not at all	2	3,08	3	8,57	5	5,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

Table 6. Duration of stressful conditions

Duration of stressful conditions	Women		Men		Total	
	N	%	N	%	N	%
Over ten years	30	46,15	12	34,29	42	42,00
Several years	26	40,00	17	48,57	43	43,00
Over a year	4	6,15	2	5,71	6	6,00
A few months	3	4,62	0	0,00	3	3,00
A few weeks	0	0,00	0	0,00	0	0,00
Shorter than a week	0	0,00	1	2,86	1	1,00
No stressful conditions	2	3,08	3	8,57	5	5,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

Career is the most stress-inducing element (Tables 7-8). As many as 51% of the respondents pointed to a very high level of tension (level 5) related to their work duties, with no significant differences with reference to their sex. Financial situation has a negative influence on well-being of 40% of the respondents (20% – very high level of stress, 9% – high level of stress, 11% – average level of stress), but this issue seems to be more important for women than for men (23,08% of women and 14,29% of men pointed to level 5). Another significant agent causing tension is illness, one's own or of somebody in the family, again it was more often pointed out by women.

The most often selected method of dealing with stress was eating sweets (49,23% of women; 68,57% of men) and asking for other people's support (55,38% of women; 45,71% of men). Almost a half of all the answers (44%) referred to a walk (38,46% of women; 54,29% of men). Among the other ways of coping with stress women have chosen: 29,23% – smoking and taking medicines, 23,08% – drinking alcohol, 16,92% – going away, 15,38% – doing sports, 9,23% – hobby, 7,69% – taking illegal substances. Slightly different are men's answers to

Table 7. Agents causing stress and their level at the respondents (work and home conflicts)

Agents causing stress	Work						Home conflicts					
	Women		Men		Total		Women		Men		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
0	11	16,92	5	14,29	16	16,00	26	40,00	12	34,29	38	38,00
1	0	0,00	1	2,86	1	1,00	10	15,38	5	14,29	15	15,00
2	4	6,15	3	8,57	7	7,00	4	6,15	9	25,71	13	13,00
3	9	13,85	2	5,71	11	11,00	8	12,31	2	5,71	10	10,00
4	9	13,85	5	14,29	14	14,00	3	4,62	3	8,57	6	6,00
5	32	49,23	19	54,29	51	51,00	14	21,54	4	11,43	18	18,00
Total	65	100,00	35	100,00	100	100,00	65	100,00	35	100,00	100	100,00

Source: own research.

Table 8. Agents causing stress and their level at the respondents (financial situation and illness)

Agents causing stress	Financial situation						Illness					
	Women		Men		Total		Women		Men		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
0	26	40,00	13	37,14	39	39,00	32	49,23	21	60,00	53	53,00
1	8	12,31	3	8,57	11	11,00	0	0,00	1	2,86	1	1,00
2	6	9,23	4	11,43	10	10,00	4	6,15	3	8,57	7	7,00
3	5	7,69	6	17,14	11	11,00	6	9,23	4	11,43	10	10,00
4	5	7,69	4	11,43	9	9,00	3	4,62	2	5,71	5	5,00
5	15	23,08	5	14,29	20	20,00	20	30,77	4	11,43	24	24,00
Total	65	100,00	35	100,00	100	100,00	65	100,00	35	100,00	100	100,00

Source: own research.

this question: 45,71% – smoking, 25,71% – taking medicines, 17,14% – hobby, 11,43% – alcohol, and doing sports, 8,57% – going away, 5,71% – taking illegal substances.

As far as somatic symptoms related with stress are concerned, the respondents could select several answers. The most common symptom is trouble sleeping (49%). Moreover, women have headache (35,38%), fatigue (33,85%), problems with digestive system (26,15%), palpitation and muscle tension (16,92%), dry mouth (12,31%). Men pointed to: fatigue (48,57%), headache (42,86%), muscle tension (22,86%), problems with digestive system (20%), palpitation (17,14%). Lack of any somatic symptoms was the least often selected answer (2,86%).

Table 9. Ways of dealing with stress by the respondents

Reaction to stress	Women (N = 65)		Men (N = 35)		Total (N = 100)	
	N*	%	N*	%	N*	%
Smoking	19	29,23	16	45,71	35	35,00
Drinking alcohol	15	23,08	4	11,43	19	19,00
Eating sweets	32	49,23	24	68,57	56	56,00
Asking others for support	36	55,38	16	45,71	52	52,00
Doing sports	10	15,38	4	11,43	14	14,00
Going for a walk	25	38,46	19	54,29	44	44,00
Doing hobby	6	9,23	6	17,14	12	12,00
Taking medicines	19	29,23	9	25,71	28	28,00
Taking illegal substances	5	7,69	2	5,71	7	7,00
Going away	11	16,92	3	8,57	14	14,00
Other	1	1,54	1	2,86	2	2,00

N* – number of answers given to a multiple choice question

Source: own research.

Table 10. Somatic symptoms of stress in the respondents

Somatic symptoms	Women (N = 65)		Men (N = 35)		Total (N = 100)	
	N*	%	N*	%	N*	%
Palpitation	11	16,92	6	17,14	17	17,00
Dry mouth	8	12,31	1	2,86	9	9,00
Trouble sleeping	35	53,85	14	40,00	49	49,00
Headache	23	35,38	15	42,86	38	38,00
Fatigue	22	33,85	17	48,57	39	39,00
Problems with digestive system	17	26,15	7	20,00	24	24,00
Muscle tension	11	16,92	8	22,86	19	19,00
None	1	1,54	1	2,86	2	2,00
Other	0	0,00	0	0,00	0	0,00

N* – number of answers given to a multiple choice question

Source: own research.

3.2. Holiday trip as a way of dealing with stress by the respondents

The results of research concerning holiday as a way of dealing with stress. What was taken into consideration was choice of place for holiday, way of spending

time, expectations and if stress reduction is a decisive factor in selecting type of holiday (Tables 11-22).

Table 11. Selection of place for holiday as a stress-inducing agent

Selection of place for holiday as a stress-inducing agent	Women		Men		Total	
	N	%	N	%	N	%
Definitely yes	11	16,92	8	22,86	19	19,00
Sort of	12	18,46	10	28,57	22	22,00
Not really	27	41,54	13	37,14	40	40,00
Definitely no	15	23,08	4	11,43	19	19,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

For the majority of the respondent selection of place for holiday is not stress-inducing – 40% of all the respondents believe so, including 41,54% of women and 37,14% of men. On the other hand, as many as 28,57% and only 18,46% of women declared that this issue does influence negatively on their well-being. Whereas every fifth man admits to experiencing nervous tension while making decision concerning place of holiday.

Table 12. Motives for going on holiday

Motives for going on holiday	Women		Men		Total	
	N	%	N	%	N	%
Rest	12	18,46	2	5,71	14	14,00
Change of the environment	18	27,69	10	28,57	28	28,00
Visiting new places	4	6,15	3	8,57	7	7,00
Health improvement	8	12,31	7	20,00	15	15,00
An opportunity to de-stress	22	33,85	13	37,14	35	35,00
Other	1	1,54	0	0,00	1	1,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

The most common reason for holiday is willingness to relax (33,85% women, 37,14% men). Lesser significance had willingness to change environment (27,69% women, 28,57% men). Moreover, women go on holiday to rest (18,46%), while men – for health purposes, as 20% of them declared.

Nearly half of the respondents (46%) confirmed that willingness to eliminate nervous tension is an essential factor influencing choice of place for holiday trip (44,62 per of women, 48,57% of men), while 39% stated that such dependency does occur.

Table 13. Reduction of symptoms/effects of stress vs. choice of place for holiday

Willingness to reduce stress through choice of place for holiday	Women		Men		Total	
	N	%	N	%	N	%
Definitely yes	29	44,62	17	48,57	46	46,00
Sort of	26	40,00	13	37,14	39	39,00
Not really	8	12,31	4	11,43	12	12,00
Definitely no	2	3,08	1	2,86	3	3,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

Table 14. Season for holiday trip

Season for holiday trip	Women		Men		Total	
	N	%	N	%	N	%
Spring	11	16,92	5	14,29	16	16,00
Summer	37	56,92	17	48,57	54	54,00
Autumn	6	9,23	3	8,57	9	9,00
Winter	11	16,92	10	28,57	21	21,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

Over a half of the respondents (54%) go on holiday in summer, men choose also winter, more often than women do.

Table 15. Place for holiday

Place for holiday	Women (N = 65)		Men (N = 35)		Total (N = 100)	
	N*	%	N*	%	N*	%
I do not go on holiday	0	0,00	0	0,00	0	0,00
Seaside	44	67,69	12	34,29	56	56,00
Mountains	22	33,85	21	60,00	43	43,00
Mazury Lakes	13	20,00	9	25,71	22	22,00
Lake	16	24,62	12	34,29	28	28,00
Agritourism	10	15,38	10	28,57	20	20,00
Other	8	12,31	3	8,57	11	11,00

N* – number of answers given to a multiple choice question.

Source: own research.

Results of research show that women choose seaside more eagerly (67,69%), while men prefer going to the mountains (60%).

Table 16. Types of tourism preferred by the respondents

Preferred types of tourism	Women		Men		Total	
	N	%	N	%	N	%
Spa & Wellness	13	20,00	5	14,29	18	18,00
Adventure tourism	9	13,85	5	14,29	14	14,00
Spa & Wellness combined with adventure tourism	20	30,77	17	48,57	37	37,00
I plan holiday myself	23	35,38	8	22,86	31	31,00
Other	0	0,00	0	0,00	0	0,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

It turns out that men prefer combination of Spa&Wellness with adventure tourism (48,57%), while women prefer organising plan of holiday on their own (35,38%).

Table 17. Way spending holiday by the respondents

Way of spending holiday	Women		Men		Total	
	N	%	N	%	N	%
Travelling	5	7,69	5	14,29	10	10,00
In a hotel	8	12,31	3	8,57	11	11,00
Mixed	32	49,23	18	51,43	50	50,00
On my own	18	27,69	7	20,00	25	25,00
Survival	1	1,54	1	2,86	2	2,00
Other	1	1,54	1	2,86	2	2,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

Half of the respondents decided on a mixed type of holiday – among both women (49,23%) and men (51,43%) it was the answer most often selected.

Table 18. Stress reduction in the respondents after the recent holiday

Stress reduction after the recent holiday	Women		Men		Total	
	N	%	N	%	N	%
No	1	1,54	0	0,00	1	1,00
A little bit	6	9,23	3	8,57	9	9,00
To some degree	14	21,54	5	14,29	19	19,00
Yes	25	38,46	11	31,43	36	36,00
Very much	19	29,23	16	45,71	35	35,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

What is important is that stress reduction after the recent holiday is declared by 29,23% of women and almost a half of men (45,71%). Nearly 10% of the respondents felt reduction of stress effects after holiday only slightly.

For the biggest group of respondents an ideal stress-reducing holiday is a one week trip with family, spent actively near water or abroad (Tables 19-22).

Table 19. Fellow travellers preferred by the respondents

Ideal holiday – fellow travellers	Women		Men		Total	
	N	%	N	%	N	%
Alone	13	20,00	10	28,57	23	23,00
Family	38	58,46	23	65,71	61	61,00
Friends	11	16,92	2	5,71	13	13,00
Other	3	4,62	0	0,00	3	3,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

Table 20. Preferred duration of holiday

Ideal holiday – duration	Women		Men		Total	
	N	%	N	%	N	%
A few days	11	16,92	4	11,34	15	15,00
A week	31	47,69	17	48,57	48	48,00
Two weeks	23	35,38	14	40,00	37	37,00
Other	0	0,00	0	0,00	0	0,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

Table 21. Preferred place for holiday

Ideal holiday – place	Women		Men		Total	
	N	%	N	%	N	%
Water	22	33,85	10	28,57	32	32,00
Mountains	12	18,46	8	22,86	20	20,00
Abroad	21	32,31	12	34,29	33	33,00
Agritourism	9	13,85	5	14,29	14	14,00
Other	1	1,54	0	0,00	1	1,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

Table 22. Preferred type of holiday

Ideal holiday – type	Women		Men		Total	
	N	%	N	%	N	%
Spa	22	33,85	12	34,29	34	34,00
Active recreation	29	44,62	17	48,57	46	46,00
Educational trip	10	15,38	6	17,14	16	16,00
Other	4	6,15	0	0,00	4	4,00
Total	65	100,00	35	100,00	100	100,00

Source: own research.

4. Conclusion

In our times, there has been a growing interest in tourism, which is treated as an important element of healthy lifestyle. Such a way of spending leisure time helps to rest, regenerate physically and mentally, reduce stress, but also implement modification in a diet and learn new forms of physical activity. A crucial element in tourism development is changing profile of diseases [NPZ na lata 2007-2015; Wojtyniak, Goryński & Moskalewicz 2012: 34-52]. It should be underlined that this refers mainly to civilization diseases, involving the locomotor system, the circulatory system or the nervous system. These ailments may be constrained by active participation in health tourism. In Poland, as well as abroad, typical health resort treatment is being abandoned in favour of spa and wellness treatment. Modern health strengthening centres are built in Europe. In America and Asia there is a tendency to transform big medical centres into prophylaxis facilities. These facilities are to serve health purposes, but also offer psycho-physical recreation, including yoga. Goodrich [1993: 36-41] in his concept of health tourism suggests including yoga and relaxation exercises into basic medical services.

The aim of presented research was to analyse opinions and behaviours concerning choice of place and type of holiday trip in the context of stress reduction. The results obtained show that willingness to improve health, limit negative effects of nervous tension such as: headaches, fatigue, trouble sleeping, have influence on selected place of holiday. Over a half of the respondents experience stress a few times a week, or even every day. As the main stress-inducing agent both women and men point to work. It turns out that also the process of choosing place for holiday may be a stress-inducing agent, particularly for men. The respondents confirmed experiencing many somatic symptoms of stress. It is optimistic, however, that as many as 71% of the respondents experience positive influence of holiday on their mental condition. In their opinion, holiday is a means for

de-stressing, releasing tension, distancing from everyday problems. Such is also the criterion while selecting place for holiday. It should be underlined that going on holiday may in itself be the reason for improvement of well-being and mental comfort, on the other hand, it may contribute to increasing physical activity by undertaking various form of adventure tourism, which, in turn, may positively influence a human being and reduce stress. Stress cannot be eliminated completely, that is why it is so important to take actions to limit its effects. Even a short trip, taking a few days or a week, when properly organised – according to one's expectations and preferences – may give numerous health benefits, regeneration of vital and mental strength.

This research may become an introduction to a broader issue – thorough analysis of holiday preferences concerning place, form, time and duration in bigger and more diversified group of respondents. This may contribute to expanding tourist and recreational offers directed towards improvement of mental health. Holiday is to be a way of returning balance to an organism, preferably through active recreation, since it favourably influences one's condition and health. It is optimistic that so many respondents pointed to adventure tourism and active recreation as ways of spending holiday and reducing stress.

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Turystyka jako sposób na obniżenie poziomu stresu w opinii osób aktywnych zawodowo

Streszczenie. Natężenie stresu życiowego uważane jest za główny czynnik różnicujący dobrostan psychiczny. Celem pracy jest analiza poglądów i zachowań dotyczących wyboru miejsca i formy wyjazdu urlopowego w kontekście redukcji stresu. Badania przeprowadzono w 2016 r. wśród 100 dorosłych osób, pracujących zawodowo. Zastosowano metodę sondażu diagnostycznego, technikę ankiety z wykorzystaniem autorskiego kwestionariusza. Uzyskane wyniki wskazują, że chęć poprawy zdrowia i ograniczenie negatywnych skutków napięcia nerwowego mają istotny wpływ na wybór miejsca urlopu. Ponad połowa badanych osób przeżywa stres kilka razy w tygodniu lub codziennie. Jako główny czynnik powodujący napięcie nerwowe zarówno kobiety, jak i mężczyźni wskazują pracę zawodową. Respondenci potwierdzili odczuwanie wielu somatycznych objawów stresu. Większość z nich dostrzegło pozytywny wpływ urlopu na kondycję psychiczną. Rozszerzenie ofert turystyczno-rekreacyjnych ukierunkowanych na poprawę psychicznego wymiaru zdrowia może stanowić ważny element promocji prozdrowotnego stylu życia.

Słowa kluczowe: stres, zdrowie, dobrostan psychiczny, turystyka zdrowotna

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Health Tourism Spas as Places of Physical Recreation for Families

Abstract. Today, practicing physical recreation together as a family is gaining importance, which is influenced by many factors. Physical recreation as a family plays a role in the education of young generations to value recreation, but is also important for the maintenance of health. A big factor of this is social conditions. One opportunity to participate in the practice of recreational physical activity is during various tourist stays, for example, in a spa. The aim of the work was to demonstrate the feasibility of physical recreation as a family in spas.

Keywords: family physical recreation, spa areas, recreational health services

1. Introduction

Nowadays, practicing the family physical recreation together is gaining importance, which is influenced by many factors. Sports activity of this type does not only play a role in the education of young generations for recreation, but it is also important for the creation of health. Social conditions should be also taken into consideration. Common physical recreation in the family is often a means to rebuild family ties undermined by the current dynamic lifestyle in which different kinds of responsibilities mean that parents do not have time not only for themselves but also for their children. Therefore, systematic and shared physical rec-

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recreation has an impact on the integration of the family. In addition, it allows you to “vent” different stresses and psychosomatic tensions, at the same time, having the meaning for “rebuilding” the appropriate level of relaxation of a person.

However, the above positive and varied impact on practicing physical recreation for family members is possible if this type of recreational behavior is systematic and takes place over a period of time. Of course, it is the best if the process of physical recreation is present within a person's life. However, it is not always possible. Therefore, it is not rare that even a common practice of recreational physical activity during a tourist trip, e.g. the holiday has a broad positive impact on the family. One of the destinations of the optimal “parameters” for active rest is a spa area. The aim of the work is to demonstrate the importance and feasibility of family physical recreation in spa areas. Hence the following research questions were posed:

1. What conditions do health resorts create for the realization of recreation and active tourism in the family?
2. How important are the selected forms of physical recreation for the surveyed families in the Upper Silesian spas?
3. Why spas are a source of creating awareness of health and recreation for families?

2. Material and methods

In connection with the purpose of research and posed research questions, the following test methods: analysis of literature, diagnostic survey and observation surveys were conducted during the summer of 2012 among randomly selected guests of the statutory Upper Silesian spas (Ustroń and Goczałkowice). The questionnaire consists of 14 thematic questions and 7 demographic questions handed over to three hundred respondents – representatives of the families.

Questions had mostly closed and open nature. For statistical analysis 223 correctly completed questionnaires were taken into consideration. This article uses only questions where respondents had to assess the validity of the recreational offer given to family in resorts in Upper Silesia on a 0 (an offer not valid) to 5 (a very important offer) scale.

3. The family and other conditions of participation in physical recreation

Despite many changes which a family has experienced and are experiencing, it remains one of the most important social institutions, especially in the implemen-

tation of the younger generation in systems of values and social norms ...including those patterns relating to recreation and leisure. T. Wolańska [1994] thinks indeed that “patterns [in terms of physical recreation and tourism] learned from the family home leave a lasting impression for the whole life” [Wolańska 1994: 8]. Even if this statement is a little bit offensive by its radicalism – especially considering the hard, sometimes divergent results of empirical research – it does not alter the fact that the “flood” of impacts which we consciously and unconsciously are subject to and the impact we have on other people, those impacts which are “exchanged” between the family members have a huge influence on us. This is determined by such factors as the highly emotional nature of the relationship between family members, the frequency of mutual contacts and their long duration, and for children and teenagers also it is an early start to exert influence on their socializing characteristic for the period of the most vivid personality development.

Taking the latter into account G. Szymańska [1995] claims that “structures” which a child acquires within the family, although they may be modified in the course of establishing their new social contacts, they never cease to exert influence on the shape of their personality, even in adult life. T. Wolańska [1994] quoted earlier, believes that the importance of family within the field of education to participate in physical culture is noted mainly in arousing and satisfying the needs of physical activity in children, and encouraging adults to overcome barriers to participation in sport, tourism and recreation maintaining and developing physical fitness and motor skills of family members. Mechanisms through which such effects occur are usually reduced to two categories: modeling, so an increase in readiness to behaviors that are observed in significant people, becoming a kind of examples to follow, and social support, which is a concept referred to all kinds of influences created by some people, which lead to the strengthening of the behavior of other people [Gracz 1993; Gottlieb 1994].

Although the data on the impact of the first of these mechanisms is only empirical, they are also quite divergent (see e.g. Trost 2003), but it is difficult to question the significance of his impact especially in relationships between generations, because “personal example of parents [...] in particular their participation in the making active forms of recreation by family, for a generation of children is not only an additional opportunity to participate in sport and tourism in their spare time, spend in the family circle, but also a role model for the future [Marczewska & Wolańska 1988: 31]. In addition to giving a personal example of behavior in the field of recreation, people also affect their behavior through activities such as the supply of sports-tourist equipment, being interested in the pastime and encouraging to spend their free time in an active manner. Moreover, there are other impacts for example: motivating and helping to break down the barriers in recreation, providing positive feedback about changes in appearance, behavior etc.

They are referred to as instrumental, emotional, informational and evaluation support. Although not all of them were the subject of empirical research, however, at least for instrumental (including logistics) and emotional support it can be said about the documentation of their importance for the behavior of free time people. For example, in the international study conducted by a team of T. Stahl and others [2001] it has been concluded that among people declaring receiving little support from family (family, friends) the probability of passive leisure time was almost twice higher than among those declaring high level of received social support.

The social environment, even the most supportive and which is the best example for the behavior of recreational, however, will have a limited impact on people demanding formation and/or changes in forms of spending their free time, if they will not have a place to pursue these behaviors. Therefore, the physical environment, especially being a product of human hands, urban solutions supporting the activity, proximity and safety of use of the sports and recreation infrastructure, health-promoting potential of various values, etc. are factors perceived as even stronger determinants of human choice behavior than cognitive mechanisms [Owen et al. 2004].

Even if this view is somewhat exaggerated, considering after all, a large diversity of behaviors of people living in the same environment, they reside in an environment defined in the literature as “stimulating” [Stahl et al. 2001] facilitates the promotion of physical activity and its role cannot be underestimated. First of all, according to McElroy [2002] two factors are decisive here: firstly, that the environment is such a rich source of visual stimuli as “reminder” for active recreation, directing the attention of a man and thus it could increase the likelihood of its adoption. Objects such as walking paths, parks, swimming pools, fitness, family recreation areas and etc., which are located near the place of residence, they provide the stimuli which increases the availability of attitudes toward active behavior, and thus the likelihood of behavior to which they pertain. Secondly, such an environment reduces some of the barriers to recreation, as the time to reach the place of exercise, a lack of ability to organize activities, or simply a lack of places where one could enjoy preferred forms of activity.

The aforementioned family behaviors in their free time in such an environment can be defined as a family form of physical recreation.

4. The notion of family physical recreation

Recreation as it is emphasized in the literature is an integral part of leisure time [Kwilecka 2006]. The term “recreation” comes from the Latin word *recreo*, or

“bring to life,” “revive,” “enhance” [Plezi 1974]. Contemporary literature gives three meanings of recreation i.e.:

- team of behaviors carried out in their free time,
- the process of relaxation after work includes recuperation, removing the effects of fatigue, restitution of the body,
- the socio-cultural phenomenon associated with an increased amount of free time and a lot of forms of human behavior [Winiarski 1989].

The features of recreations include:

- recreational activity undertaken only in their spare time,
- the existence of various forms of recreation, the choice of which is determined by individual preferences and social influences,
- the voluntary behavior of leisure,
- making the analyzed activity for leisure and not being idle or bored
- difference to activities related to work, family responsibilities, and others,
- selflessness, or the lack of economic motives,
- fun and entertainment provided through participation in recreation,
- the socialization and educative role of recreational activity [Winiarski 1999].

In the literature, taking into account the type of free time activity, the division of recreation is made:

- physical recreation (physical),
- creative recreation,
- cultural and entertainment recreation,
- recreation through social activities [Kielbasiewicz-Drozdowska & Siwiński 1998].

The practice of recreation, taking into account the level of involvement of psychophysical it forces the division between active and passive recreation¹ [Toczek-Werner 1998]. Active recreation is also divided into:

- activity of predominant mental effort,
- forms of predominant exercise called as physical recreation (physical) [Winiarski 1989].

To sum up this part of the work bearing in mind a frequently cited definition of recreation by T. Wolańska [1997] we can say that “family physical recreation is all these activities of mobility – sport or tourism content, when family members together dedicate themselves to their own desire in their free time, for leisure, pleasure and developing their own personality treated autotelicly or utilitarian as an expression of concern for health, fitness and physical condition.”

Physical recreation is performed at the place of residence, but often a good place is the area where the family goes on a holiday break or a leisurely stay. Tak-

¹ Examples of passive recreation are: listening to music, watching TV, or sunbathing.

ing the defined concept of “family physical recreation” into consideration, it seems that spa areas are the best from the tourist areas.

5. Spa areas as the venue of family physical recreation

Spa areas belonging to the tourist village², next to the statutory functions of healing, have the potential for the realization of tourist services, especially health tourism, in which recreational behaviours are also present. This is done especially by the specific conditions of the natural resorts, which together with the spa socioeconomic determinants differ from those in urban areas and industrialized countries.

Healing areas are the main forms of implementation of health tourism, hence the spa area (spa) is one of the most important tourist destinations. The main goal is therefore to improve the health or maintaining an appropriate level through prevention (including wellness and spa), rehabilitation or spa treatment, which provided naturopathy treatments are essential for guests.

Health tourism in spas, in addition to typical forms of healing, is moreover carried out by the rest tourists, qualified tourism and wellness tourism with many services of physical recreation. In these forms of tourism care to attain a high state of health often it proves to be more possible than in the tourism health treatment. This is due to the fact that in these types of activities the people who have no visible disease, including people using recreation are mainly involved. Leisure tourism in the form of holidays, camps, winter camps, weekend stays, outdoor schooling allows areas to realize the need for a health and psycho spa of a person, using the existing natural factors, primarily climate and water [Golembki 2005]. Such forms of health tourism provide opportunities for behavior as a part of the family physical recreation.

From the economic point of view in the resorts there are different behaviors, including physical recreation, “are implemented in the form of pro-health services, which are valuable – useful product in socioeconomic terms, mainly intangible, produced by human labor (eg. doctors, physiotherapists, trainers) in

² The term “tourist” in the literature is controversial because there are discernible different approaches to the nature of the problem. Generally speaking, the tourist town “... is such a settlement unit, which is due to tourist attractions and transport accessibility is the destination point or staged migration tourist” [Gaworecki 2007]. Types of tourist attractions, their functions and the type of tourist development permit to distinguish the tourist village from next to the spa, the village of a therapeutic-recreation and holiday resorts (holiday-the vacation, villages of interest), village tourism sightseeing and village tourism transit [Warszyńska & Jackowski 1978].

the production process, as a result of exposure to a man (their state of health, psychological, physical, emotional state), by activating the potential of aiming to meet the previously identified needs including especially the motive for human health.”

Services of physical recreation in spa areas are mainly feasible at a high level due to the requirements of “being” a resort. Spa area status is given for tourist locations:

- having deposits of natural medicinal resources of proven medicinal properties on the terms specified in the Act,
- an area where there is a climate of medicinal properties proven under the terms of the Act,
- where plants and equipment of spa treatment are located, prepared to conduct spa treatment,
- fulfill those regulations on environmental protection requirements in relation to the environment,
- having technical infrastructure in the field of water and wastewater, energy, transport, and waste management facilities.

It can be argued that many of the aforementioned “factors” are important not only for spa areas, but also give them the feasibility of family physical recreation.

6. Results

In this work the diagnosis the individual elements validity of the recreational and sport offer (forms and infrastructure recreational sports and proposals in the field of active tourism) was performed on the basis on a survey of families representatives among spa guests (Table 1).

Analyzing the importance of infrastructure offers for recreation and sports it should be noted that, by far, indoor swimming pools were given the highest validity by visiting families in resorts in Upper Silesia (rating 3.83). In turn, the very low importance for the respondents was an offer of potential use of golf course in their spare time.

In the next study group of a recreational and sports activities offer walks turned out to be the most important. This is probably due to the popularity of this type of activity in the resorts, the appropriate conditions (spa gardens) and the domination of the elderly in spas.

The last analyzed bid group were selected forms and types of active tourism, which, as illustrated by the concept of Wolańska [1994, 1997] are part of physical recreation. Studies have shown that families visiting Upper Silesian spas appreci-

Table 1. The validity of the potential offer elements of sports in the opinion of surveyed families guests in Upper Silesian spas ($n = 223$)

Elements of the offer	The average importance of offer meaning		
Recreation and sports infrastructure			
Indoor swimming pool	3,83	Fitness gym	2,91
Jacuzzi	3,71	Volleyball court	1,97
Salt cave	3,33	Bowling club	1,85
Sauna	3,27	Tennis court	1,81
Outdoor swimming pool	3,25	Billiards	1,69
Indoor thermal pool	3,08	Football pitch	1,67
Outdoor thermal pool	2,91	Golf course	1,22
Recreation and sport activities (altogether)			2,61
Recreation and sports activity			
Walking	4,20	Dancing	2,31
Aerobik	2,73	Tai Chi	1,70
Yoga	2,32	Horse-riding	1,29
Recreation and sport activities (altogether)			2,42
Types and forms of active tourism			
Nordic walking*	3,35	Downhill skiing*	1,11
Lowland hiking	3,03	Sailing*	1,05
Mountains hiking	2,86	Canoeing*	1,05
Bicycle trips	2,48	Cros-country skiing*	0,96
Kinds and forms of active tourism (altogether)			1,99
I + II + III (altogether)			2,40

* depending on the covered space it can be a recreational and sports activity (in the area of the spa) or active tourism (moving outside the resort).

Source: own elaboration.

ate the opportunities of Nordic Walking the most. Furthermore, they prefer different forms of trips, especially hiking lowlands.

7. Discussion

In most of the analyzed validity components of sports offer was below 4. This means that, for various reasons, the recreation and sports elements did not have too much significance for respondents. The study of consumer behavior concerning the validity not only proposed, but also the future spa tourism offer results in a better adaptation of the components of the curative product to the needs and preferences of families. The offer spa based only on typically medical com-

ponents is not modern enough from the point of view of the needs of families who go to spas. Now, families 'demand' more diversified basket of benefit, not only in the field of balneology and physical medicine, as well as other services, including wellness. This is confirmed by studies of Polish spas [Hadzik, Kantyka & Szromek 2009; Górna 2011]. Families motives of "trips to the waters" do not only apply to therapeutic and rehabilitation motives, but also more and more important for many of these travelers is the preventive motive, which is an important form of physical recreation. This is important because the implementation of the preventive motive in spas can be done through the use of various forms of physical activity and active tourism.

Probably not the highest importance of many analyzed elements of the potential offer results from a small experience of the respondents in terms of the possibility of using various forms of recreational sports and active tourism for example golf. However, if we want to compete with other destinations for family arrivals Polish resorts are forced to diversify their offer by introducing new offers to spas often, also in the field of physical recreation.

8. Summary

The main conclusions of the study are:

1. Family physical recreation in spas is one of the important activities of increasing importance, and is one of the tools of creating physical culture in the society.

2. The practice of family recreation in resorts provides opportunities for the implementation of many recreational functions and human needs, especially in terms of human health. In particular, family recreation resorts fulfills the need: rest and relaxation, psychophysical activity (traffic, excess energy discharge), change mode and living environment (variety), contact with nature, emotion and pleasure sensations, reduce the level of self-control (spontaneity, freedom, carefree, fun), contacts (informal), achievement, competition, and new experiences, knowledge and skills [Piotrowska 1995].

3. The best conditions in terms of family physical recreation the tested spas create for a family active tourism (hiking, biking), Nordic walking and walking.

Among the potential offers in the field of physical recreation walking had the highest importance, which has been highly rated in terms of importance (score above 4).

4. Indoor swimming pools and a Jacuzzi were the most preferred recreational and sports infrastructure among the respondents in Upper Silesian spas.

In the future, more research is needed for assessing the validity of potential forms of recreational physical activity in order to create optimal spa offer designed for families.

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Uzdrowiskowe obszary turystyki zdrowotnej jako jedno z miejsc rodzinnej rekreacji fizycznej

Streszczenie. Wspólne uprawianie rekreacji fizycznej w rodzinie nabiera dziś coraz większego znaczenia, na co wpływ ma wiele czynników. Rekreacja fizyczna w rodzinie odgrywa istotną rolę w wychowaniu do rekreacji młodych pokoleń, ale jest również ważna dla zdrowia. Znaczenie mają ponadto uwarunkowania społeczne. Jedną z możliwości uczestnictwa w tego typu aktywności jest wspólne uprawianie rekreacyjnej aktywności fizycznej podczas pobytów turystycznych, np. uzdrowiskowych. Celem pracy jest pokazanie możliwości realizacji rodzinnej rekreacji fizycznej w uzdrowiskach.

Słowa kluczowe: rodzinna rekreacja fizyczna, obszary uzdrowiskowe, rekreacyjne usługi zdrowotne

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Enhancing Health Through the Bodystyling Method – An Opinion of Female Residents of Leuven in Belgium

Abstract. The aim of this paper is to present and promote pro-health benefits offered by the Bodystyling method, highlighting opinions of female residents of Leuven in Belgium. In order to characterise the method of Bodystyling, the following research methods were used: document analysis, analysis of material from web pages concerning the subject matter, interviews, and observation. The authorial survey questionnaire was carried out in November of 2015 among a group of female residents in Leuven, Belgium. The majority of the group constituted women aged 20-30 years who were university graduates, performing sedentary work with salary of 2000-4000 EUR, married and with children. The main reasons for undertaking the Bodystyling exercises were: health improvement and weight reduction. The majority of women observed a positive influence of the Bodystyling exercises on physical and mental dimension of their health. The offer of Bodystyling is an interesting one for the purpose of prophylaxis, and as a support, in treatment of the diseases of civilization.

Keywords: health, physical activity, nutrition, Bodystyling, civilization diseases

1. Introduction

The contemporary society is vulnerable to various civilization diseases, described as common health problems of mass range, which stem from and spread as a result of development of modern technology, industry, and urbanization. Diseases

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of the 21st century are responsible for deterioration of quality of life, and are the cause of about 80% of all death cases [Bąk-Romaniszyn 2013: 5]. In accordance with health promotion assumptions, condition of a contemporary man depends mainly on individual health behaviour [Ottawa Charter for Health Promotion 1987: 382-384; Taylor 1995: 33-37]. Properly dosed physical activity is one of the most effective methods of preventing early incapacity caused by civilization diseases. Physical activity is considered to be the key element of healthy lifestyle, potentially integrating its other elements [Aaranio et al. 2002: 360-364; Sokołowski et al. 2012: 37-43]. This particularly refers to modification of eating habits. Scientists highlight influence of a poor quality diet on improper body composition. Lack of physical activity results in increased level of fat component, which in turn increases risk of disease [Jakcic & Otto 2005: 226S-229S; Sun et al. 2003: 331-40; Wadden, Butryn & Wilson 2007: 2226-2238]. On the other hand, maintaining proper body weight contributes to decrease of risk of diseases. Death rate is also higher among overweight people than slim ones [Wadden, Butryn & Wilson 2007: 2226-22388-9; Tao et al. 2006: 101-107]. Changes which pose new challenges and open new opportunities forced human beings to live fast, and necessitate constant adaptation to new conditions. This results in improper diet and lack of time for physical activity. Research on pro-health behaviours show that the cognitive component significantly exceeds the behavioural one [Nowak et al. 2009: 165-169].

Health is a dynamic process. A contemporary human being may enhance his/her health potential using various offers which use innovative programmes and modern technologies. The aim of this paper is to present and promote an offer of the Bodystyling, particularly stressing the opinion of female residents of Leuven in Belgium, who often participate in those programmes. The women were asked about specifics concerning the following issues: what is their opinion about the Bodystyling method? How often do they participate in such programmes, and which do they choose? Does the Bodystyling method, in their opinion, influence their health potential?

2. Material and method

In order to characterize the Bodystyling method the following research techniques were used: document analysis, analysis of material from the web pages concerning the subject matter, interview, and observation. Opinions of female residents of Leuven about the Bodystyling were gathered with use of a diagnostic survey carried out in November 2015. The research tool was authorial survey questionnaire. Selection of research sample was intentional. In consultation with

the Bodystyling staff in Leuven the women received questionnaires to fill in before and after activities. Ninety two women took part in the survey. Their social and environmental characteristics is presented in Table 1.

Table 1. Social and environmental and features of the answerers

	Variables	%
Age	20-30 y.o.	46
	31- 50 y.o.	45
	51-70 y.o.	9
Education	University	56
	Secondary education	16
	Vocational	28
Kind of work	Sedentary	51
	Standing	13
	Movement	28
	Other	5
	I do not work	3
Earnings	Over 4000 €	6
	2000-4000 €	52
	1400-2000 €	34
	Below 1400 €	5
	I do not work	3
Marital status	Married, with children	38
	Married, without children	23
	Single	33
	Widow	6

Source: own research.

As Table 1 shows, among the answerers dominated women of 20-30 years old (46%), graduates of a university (56%), performing sedentary work (51%), earning between €2000 and €4000 (52%), married, having children (38%).

3. Results

3.1. Characteristics of the Bodystyling

The Bodystyling is a method of taking after health which combines healthy nutrition and exercises shaping body in a Thermo+ cabin. The Bodystyling centres are placed mainly in the northern and northwestern part of Belgium, in provinces such as Antwerp (Borem, Heist-op-den-berg, Kapellen, Mechelen, Mol, Schilde, Turnhout, Westerlo), West Flanders (Oostkamp), Limburg (Beringen, Bilzen, Bocholt, Genk, Hasselt, Lommel, Maasmechelen), Liège (Liège), East Flanders

(Aalst).¹ A person who enters the Bodystyling facility undergoes a preliminary examination, including amongst others, analysis of body composition and detailed measurement of body parts. Exercises are prepared individually for every person. Exercises are performed in a heated Thermo+ cabin, under the trainer's supervision, who observes progress and prepares potential changes in the programme of exercises (Picture 1).



Picture 1. Exercises in a Thermo+ cabin

Source: the author's archive.

The rules for exercising in Thermo+ cabin, heated to 37°C, are that exercises should be performed accurately. It is the so-called, thermo-physical method, which takes into consideration general principles of sports medicine, physiotherapy and nutrition.² Heat which is produced by the cabin stimulates circulation, so that no muscle pain is felt, and loss of weight is accelerated. Exercises in the cabin are performed in lying position, which releases back and joints from additional load, thanks to which effective work on body is achieved.³ Exercising in the cabin is good for people with back- and neck aches, or rheumatism, because they allow for painless strengthening of muscles. Positive results of exercising in Thermo+ cabin are: faster burning of fat tissue (the effect of a 30 minute-exercise in the cabin equals to one hour of exercises outside of it), improvement of metabolism and

¹ www.bodystyling.be/onze-vestigingen/ [access: 7.12.2015].

² www.powerfit.nl/nl/index.php?page=tfm [access: 8.12.2015]

³ www.veroligne.be/tfm.php [access: 8.12.2015]

circulation, positive influence on high blood pressure, fatigue, stress, headaches and sleep disorders, alleviating rheumatic problems and joint aches, strengthening and building muscles, cellulite reduction, lack of pain after training.⁴ After the exercises, a so-called ozone bath follows (Picture 2).

Picture 2. Ozone cabin

Source: the author's archive.



This intensive treatment allows for quicker regeneration of skin cells. Ozone treatment works favourably on the body, and is particularly recommended for such ailments as: acne, allergies, mycosis, cold sore, overweight, cellulite, excess of water, fatigue, sinusitis, rheumatic diseases of muscles and joints, severe and chronic intestine infections, stress, migraine, attention deficit, depression.

In the Bodystyling method it is essential to observe a nutritionist's recommendations, so that long-lasting effects are achieved. The main goal of the Bodystyling specialists is to help their customers develop healthy eating habits. Consultations and recipes serve this purpose. The Bodystyling experts prepared seven programmes, depending on health needs:

- **Pnatal programme** – a programme prepared in co-operation with gynaecologists, for pregnant women or those who plan to get pregnant. Particular attention is paid to strengthening abdomen and pelvis muscles, and preparing for natural childbirth;⁵

- **BMI programme** – a programme for overweight people. Specialists determine fitness and health potential of a customer, and arrange frequency and intensity of trainings. It is assumed that 50% loss of excessive weight may be achieved through exercises, while further 50% is a balanced diet. An ozone cabin plays

⁴ www.powerfit.nl/nl/index.php?page=tfm [access: 8.12.2015].

⁵ www.bodystyling.be/programmas/pnatal/ [access: 9.12.2015].

a significant role in this programme. After the exercises a 15-minute relaxation in the cabin is recommended, which helps the skin to adapt consistently to a slimmer figure;⁶

– **HeltiPro programme** – combined with the BMI programme, was created for overweight women. It is designed to burn calories significantly already in the first sessions, which is important for exercising women and gives them motivation to lose weight and maintain final weight. The diet eliminates carbohydrates, and focuses on high quality food decreasing appetite.⁷ Also in this programme the ozone cabin plays an essential role, preventing excess of skin, reducing stretch marks and cellulite;

– **Spot programme** – a programme which works on selected groups of muscles (hips, abdomen, arms, buttocks, thighs, legs). The diet in this programme focuses on providing large amounts of proteins, and avoiding fat. In addition, the Bodystyling specialists prepared the BodyPro treatment, which involves use of low frequency ultrasounds on selected body parts. It does not require medical intervention and is utterly painless;

– **Meno programme** – a programme prepared for women in menopause period. Well-suited diet and exercises reduce symptoms of menopause. The programme focuses on basic exercises oriented towards muscle building, and strengthening the body. The programme does not require a low-calorie diet. Using the ozone cabin is recommended, because skin of 50-year olds is less elastic. Ozone helps to toughen it and prevents appearance of wrinkles;⁸

– **Health programme** – a programme for people suffering from fatigue. It is designed to focus of mental condition, satisfaction from exercises, not on loss of weight. A dietician helps in selecting suitable nutrients. Use of the ozone cabin is recommended as ozone makes one feel energised;

– **Med + programme** – is designed for those, who suffer from various ailments hindering everyday functioning: back- and neck aches, arthritis, diabetes, MS. In such cases medics often recommend exercises in order to ease symptoms of disease. A trainer first considers all limitations of a participant, and then assigns suitable exercises. Thermo+ cabin helps to relax muscle tone, and high temperature softens pain during exercises. All exercises are performed in lying position, which allows to distribute load on the whole body evenly. While preparing a diet, a nutritionist should take into consideration: age, weight and degree of ailment.

⁶ www.bodystyling.be/programmas/bmi/ [access: 9.12.2015].

⁷ www.bodystyling.be/programmas/bmi/ [access: 9.12.2015].

⁸ www.bodystyling.be/programmas/meno/ [access: 9.12.2015].

3.2. Analysis of experience of women participating in the Bodystyling programmes

The first question referred to source of information about the Bodystyling method (Fig. 1).

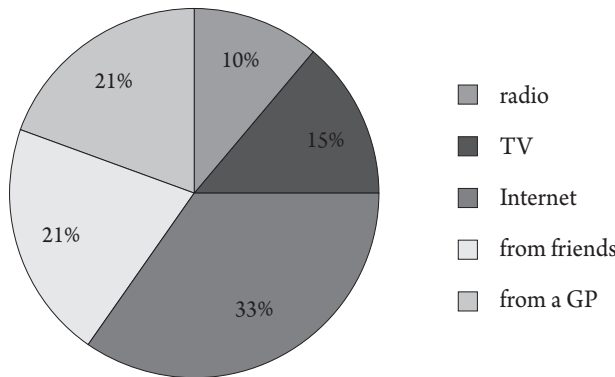


Figure 1. Source of information about the Bodystyling method

Source: own research.

The data received show 33% of the women found the information about the method on the Internet. Second group constitute 21% of the answerers who heard about it from their friends, while 21% received this information from their GP.

Furthermore, the women answered how long they participate in the Bodystyling programmes (Fig. 2).

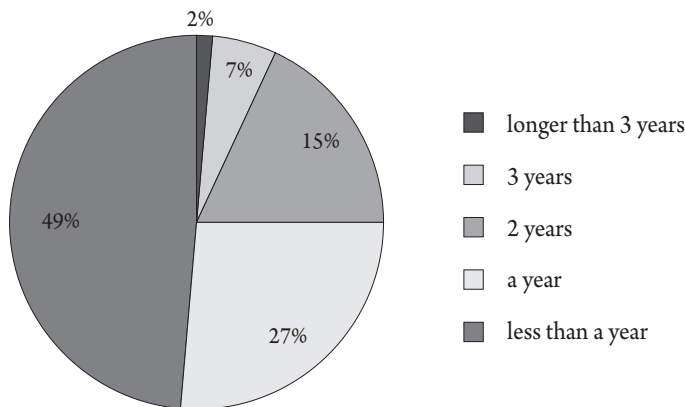


Figure 2. Participation in the Bodystyling programmes

Source: own research.

The most numerous (49%) was the group participating in it for less than a year. The least numerous – those who were using it for longer than three years.

It was interesting to learn about the motives in deciding on the Bodystyling offer (Fig. 3).

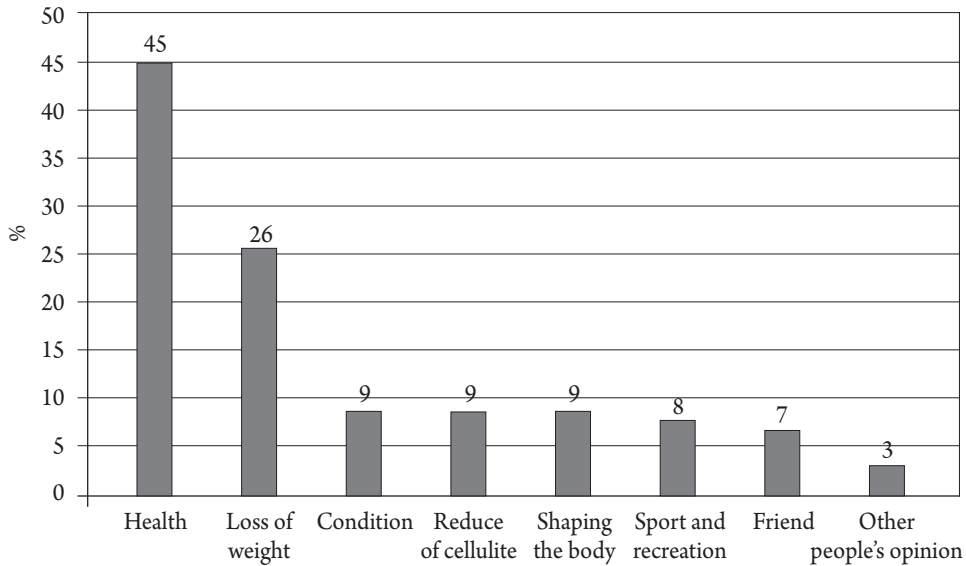


Figure 3. Reasons for participation in the Bodystyling programme

Source: own research.

The majority of the women visited the Bodystyling facilities motivated by their health. The second large group constituted those who wanted to lose weight. Others pointed to: improving condition, reduction of cellulite, shaping the body, sport and relaxation. Those who decided to take part in the Bodystyling programmes at friend's prompting or because of other people's opinion were in minority.

Another question was about the selected programme of exercises (Fig. 4).

The main group (30%) were women who chose the BMI programme. Participants of the Meno programme constituted 13%, while Med+ programme – 12%. The least numerous was the group participating in the Pnatal programme – 2%.

The answerers were also asked how much time in a week they spend on the Bodystyling exercises (Fig. 5).

Almost half of them responded: 3-4 hours. Another 28% of women spend 5-6 hours exercising, while 26% – 1-2 hours. None of them spends more than 6 hours on the Bodystyling programme.

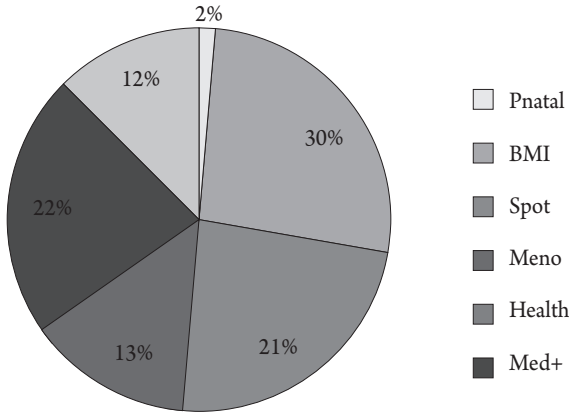


Figure 4. Selected programme

Source: own research.

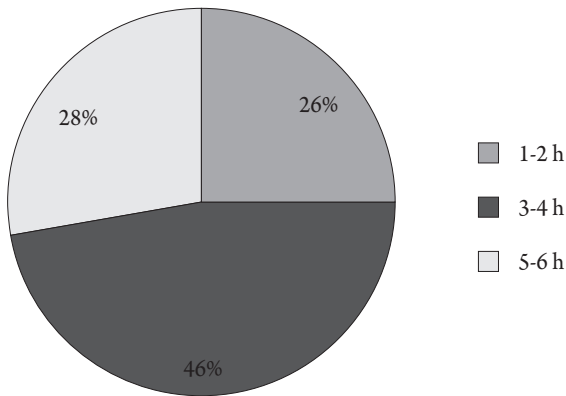


Figure 5. Time devoted to the Bodystyling exercises

Source: own research.

Another question concerned modification of nutrition. The majority of women (58%) participating in the Bodystyling programmes have a diet prepared by specialists.

In the questionnaire there was also a question regarding evaluation of trainers' professionalism (Fig. 6).

Half of the group evaluated it as "very good," while 47% – as "good." Asked if there was anything they would alter, all of them responded that they would not change anything.

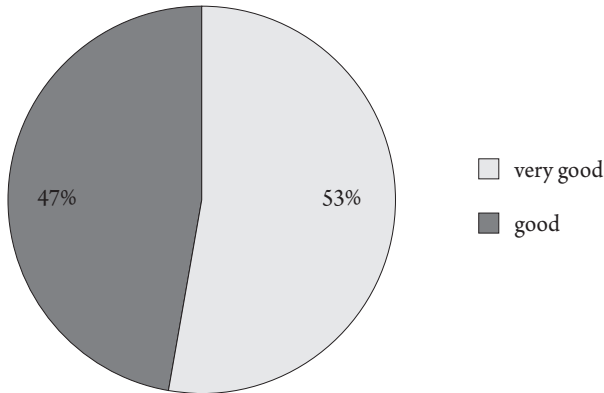


Figure 6. Evaluation of trainers' professionalism

Source: own research.

Another question referred to effects of performed exercises. As many as 99% noticed effects of the Bodystyling training. The most numerous (45%) was the group of women who perceived the effects after one month, while further 37% – after two months.

The women were also asked if the Bodystyling training influenced their health and wellness (Fig. 7).

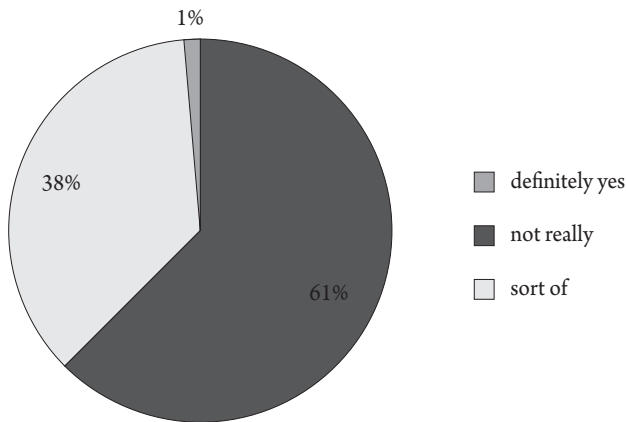


Figure 7. Influence of the Bodystyling exercises on health/wellness improvement

Source: author's own research.

The majority (61%) answered "definitely yes." Asked what effects they noticed, some of them mentioned more than one (Fig. 8).

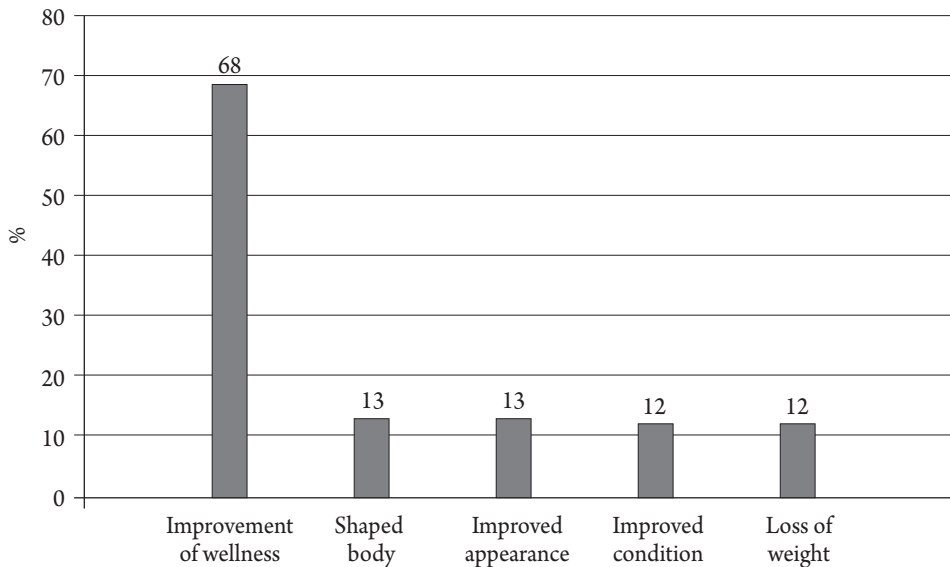


Figure 8. Effects of the Bodystyling exercises

Source: own research.

The most common answer referred to improvement of wellness and health. Others pointed to shaped body, improvement of appearance and condition, as well as loss of weight.

4. Discussion

Physical activity is one of more important factors influencing health, wellness and quality of life of a contemporary human being. It is a crucial element of healthy lifestyle [Aaranio et al. 2002: 360-364]. People exercising regularly are less prone to civilization diseases. Whereas for patients who already struggle with symptoms of those diseases physical activity is an excellent therapy enhancing effects of treatment. Research results prove that physical activity plays an essential role in reducing weight, and counteracts negative effects of excessive fat tissue [Bensimhon, Kraus & Donahue 2006: 598-603; Lee & Skerrett 2001: 459-71; Wessel et al. 2004: 1179-1187]. Excess of fat tissue is an originator of various diseases. Obesity increases the risk of high blood pressure, heart attack, diabetes, or some tumours. Special Eurobarometer Research has shown that the number of people (in Europe) who never exercise or engage in sport increased by 3%

within the previous five years. A similar increase has been registered in Poland. Approximately 35% of Polish people do not willingly engage in daily physical activities, e.g. bike riding, gardening, dancing etc. which is greater than the EU-average of 30% inactive [Special Eurobarometer Research 2014].⁹ Low level of physical activity and bad eating habits of Polish people were also highlighted in the National Health Programme, pointing to main causes of diseases and deaths in our society [Narodowy Program Zdrowia na lata 2016-2020].¹⁰

Therefore, it is essential to promote various modern forms of physical activity. The aim of this paper was to present the comprehensive Bodystyling offer in which physical activity is combined with pro-health modifications of eating habits. The research shows that the most numerous group were women having sedentary work, which is connected with health problems resulting from such body position and lack of movement. Main reasons for participating in the Bodystyling programmes was health improvement and loss of weight. The data gathered in the questionnaire demonstrate that the answerers consider the Bodystyling method to be very efficient, 99% of them noticed effects of training and would recommend it to their friends. The majority declares that, regardless of programme selected, the exercises positively influenced their wellness.

5. Conclusions

The offer of the Bodystyling is an interesting one for the purpose of prophylaxis and as a support in treatment of civilisation diseases. The Bodystyling method may become an interesting complement to recreation opportunities offered in Poland. It may also encourage to increase physical activity and modify eating habits.

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Wzmacnianie zdrowia poprzez bodystyling w opinii mieszkanek Leuven w Belgii

Streszczenie. Celem niniejszej pracy jest przedstawienie i popularyzacja prozdrowotnej oferty bodystyling, z uwzględnieniem opinii mieszkanek Leuven w Belgii. W pracy wykorzystano następujące techniki badawcze: analiza dokumentów, analiza materiałów z tematycznych stron internetowych, wywiad oraz obserwacja uczestnicząca. Badania sondażowe z zastosowaniem au-

torskiego kwestionariusza ankiety przeprowadzono w listopadzie 2015 r. w grupie mieszkanek Leuven w Belgii. Wśród respondentek przeważały kobiety w wieku 20-30 lat, z wykształceniem wyższym, wykonujące pracę siedzącą, zarabiające między 2000 a 4000 euro, będące mężatkami posiadającymi dzieci. Głównymi motywami podjęcia ćwiczeń bodystyling przez respondentki jest poprawa zdrowia oraz redukcja masy ciała. Zdecydowana większość badanych kobiet zauważyła pozytywny wpływ bodystyling na fizyczny i psychiczny wymiar zdrowia. Oferta obiektów bodystyling jest ciekawą propozycją mającą na celu profilaktykę i wspomaganie leczenia chorób cywilizacyjnych.

Słowa kluczowe: zdrowie, aktywność fizyczna, żywienie, bodystyling, choroby cywilizacyjne

MARIA LIPKO-KOWALSKA*

The Effects of Pilates Exercises on Some Elements of Physical Fitness and Body Composition

Abstract. The primary goal of this paper is to assess the effects of Pilates exercises on some elements of physical fitness, such as flexibility, trunk muscle strength, general balance, and body composition during a 6-month observation period. The experimental method was used in the study. The variables were verified using selected elements of an internationally used test called “Eurofit” for adults, namely, trunk muscle strength, flexibility, and general balance. The study was comprised of 17 women with an average age of 50.65 ± 13.74 , who met the inclusion criteria. Average study results show that class participants made the greatest progress with regard to flexibility and trunk muscle strength. The study results show that Pilates classes are an effective training method, especially as far as improving flexibility and trunk muscle strength is concerned.

Keywords: Pilates, physical activity, flexibility, trunk muscle strength, general balance

1. Introduction

The contemporary lifestyle is associated with a number of stressors that are increasingly responsible for a sense of discomfort, especially due to reduced quality of life [Sas-Nowosielski 2003]. At the same time, numerous types of targeted physical activity have been shown to stimulate both mental and physical well-being. Recognition of the value of the impact of Pilates exercises is economically optimal and easy to implement in Poland. The promotion of Pilates classes may help encourage society to improve their health through health-oriented measures. Therefore, estimating the value of these classes may have a tangible effect on people of both sexes and all ages with regard to physical fitness.

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Joseph Pilates established a system of exercises based on his belief that a good state of the body is achieved through the combination of physical fitness and positive thinking. The Pilates method is highly effective when principles such as breath, control, concentration, centring, precision and flow of movements are observed. Conscious and appropriate breathing is essential to these exercises as it helps to achieve concentration, more effective learning, and relaxation within the pelvis [Gavin 2006]. Each exercise has its breathing rhythm and begins by inhaling or exhaling; breathing must therefore be regular and fluent. Additionally, all movements start with a stable and contracted centre. This is the main, invisible centre of strength called the powerhouse made up of the transverse abdominal muscle and the multifidus muscle [IFFA training material 2014]. The common problem of low back pain and bad posture may be suggestive of a weak core, which is why strengthening the abdominal muscles is one of the fundamentals of Pilates exercises. Moreover, precision and constant focus on the performed exercises are also essential. This way, the movements are both conscious and fluent. Motivation and a positive attitude are also of key importance. Establishing the image of the desired effect and keeping it as a source of inspiration and motivation may become an important stimulus for further exercises [Gavin 2006].

In the case of contemporary people who are at risk of non-infectious diseases, such as chronic fatigue, stress and depression, the type of physical activity that one engages in is particularly important. Pilates exercises are performed with great precision, with the body and mind well balanced and connected [Gavin 2006]. Exercises that are aimed at strengthening muscles, especially those of the abdomen [Korzeniewska 2004: 13-15] as well as muscles that support the spine, shoulder girdle and pelvis [Gavin 2006: 21] help reduce back pain while additionally improving participants' psychological health [Ellsworth 2011]. Pilates classes significantly reduce tension and everyday stress and are therefore an excellent way to relax [Ellsworth 2011]. These classes help improve participants' mood and increase their ability to concentrate [Mazur & Marczewski 2011]. Moreover, Pilates exercises play an important role in improving functional performance [Lange, Unnithan, Larkam & Latta 2000: 99-108]. During a 4-week training scheme, Russ Jago et al. [2006] found that blood pressure was regulated and BMI reduced, suggesting that Pilates exercises may help prevent overweight and obesity.

The philosophy of Pilates classes focuses on the improvement of some elements of physical activity, such as trunk muscle strength and flexibility. It's directly linked with health-related fitness (H-RF concept) [Grabowski & Szopa 1991]. Lower back pain relief is an important element of these classes. Studies by Hildebrandt [1987] and Frymoyer and Cats-Baril [1987] quoted by Winand Osiński [2003] point to the measurement of trunk muscle strength as an important index of low back pain. Additional studies [Osiński 2003, quoted after Jørgensen and Nicolaisen 1986; McNeil et al. 1980; Smidt et al. 1987; Thorstensson and Arvid-

son 1982] have confirmed the importance of trunk flexor and extensor muscle endurance and strength in back pain occurrence. Moreover Osiński [2003] believes that limited spinal mobility co-occurs with the risk of low back pain. Pilates classes also play a role in positive aging which explains the importance of general balance measurements. This issue is especially important for women in their senior years due to the elevated risk of osteoporosis. Poor motor fitness is often a significant risk factor associated with increased numbers of falls and serious complications of femur fractures [Osiński 2003, quoted after Sattin 1992; Oja & Tuxworth 1995].

With all of the above in mind, it seemed interesting to assess the impact of Pilates classes on some elements of physical fitness – trunk muscle strength, flexibility and general balance – during a 6-month observation period. It was also of interest to ascertain which of the selected components of physical fitness changed the most during a systematic training scheme. The study was supplemented by an analysis of body composition.

2. Study group and methods

In early December 2011, female residents of Nowy Dwór Mazowiecki were enrolled for Pilates classes in collaboration with the Cultural Centre of Nowy Dwór Mazowiecki (Nowodworski Ośrodek Kultury). Information on the classes was conveyed via posters and webpage. The following inclusion criteria were applied:

- specific gender (women),
- specific age (35-60 years old),
- specific place of residence (the town of Nowy Dwór Mazowiecki),
- no previous experience with organised fitness classes,
- no previous experience with Pilates classes.

The study comprised healthy, middle-aged women with no chronic diseases. According to [Harwas-Napierała & Trempała 2004], middle adulthood refers to the ages of 35-40 through 55-60. This is in line with the classification by Erik Erikson [2004] who identifies the following:

- Early adulthood between the ages of 21 and 34,
- Middle age adulthood between the ages of 35 and 60/65,
- Senior adulthood after the age of 60/65.

The experimental method was used in this study. The protocol for the study was approved by the Bioethics Committee. Twenty women aged 50.65 ± 13.74 applied to participate in the classes and 17 of these (who met the inclusion criteria and completed the 6-month Pilates training programme) were included in the study. The 60-minute classes were held regularly, twice a week, between January

and June 2012, and led by a certified Pilates instructor. The focus was on exercises on mats only. The training programme was based on the first 7 Pilates exercises along with preparatory exercises:

- The Hundred,
- The Roll Up,
- One Leg Circle,
- Single Leg Stretch,
- Shoulder Bridge,
- Side Leg Series,
- Swimming.

In the initial phase of the programme, the focus was on gradually preparing participants' bodies for the original versions of exercises. Exercises were introduced step by step, beginning with the Single Leg Stretch, Swimming and Shoulder Bridge, followed by the Side Leg Series and the Roll Up. The last exercises to be introduced were the Hundred and One Leg Circle.

In the first week of January, selected elements of physical fitness were measured using the Eurofit for adults test, namely flexibility (sit and reach test), trunk muscle strength (dynamic sit-up test) and general balance (single leg balance test).

Additionally, bioimpedance analysis of body composition was performed using a Tanita scale (Medical Approved Analyser) with CE0122 certification and compliant with the Medical Device Directive 93/42/EEC. The tests were performed once again in the last week of June, after the programme was completed. The following parameters of body composition were included in the study:

- BMI (body mass index),
- body weight,
- fat tissue content,
- PMM (predicted muscle mass),
- FFM (fat-free mass),
- bone tissue mass,
- TBW (total body water).

The Wilcoxon signed-rank test for two related samples was used for statistical analysis with the significance level at $p < 0.05$. This test was used as a non-parametric equivalent of the paired sample t-test which may be used for small samples. Calculations were made using Statistica 10.

3. Results

The variables were verified using selected elements of an internationally used test called Eurofit for adults, namely trunk muscle strength, flexibility and general

balance. Average study results showed that participants made the greatest progress in flexibility and trunk muscle strength. Detailed data is shown in Table 1. No statistical differences were found in general balance measurements.

Table 1. Analysis of some components of physical fitness

Selected elements of test Eurofit for adults	January 2012 (average±SD)	June 2012 (average±SD)	p-value
Flexibility	6.6±8.5	10.4±7.9	0.000438***
Trunk muscle strength	10.9±5.0	12.1±4.9	0.017961**
General balance	1.2±1.5	0.9±1.6	0.386271

Legend: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Source: The Wilcoxon signed-rank test.

No statistical differences in the group were found in body composition. However, an analysis of particular parameters showed minimal but positive changes with regard to fat-free mass and muscle mass. Detailed results are shown in Table 2.

Table 2. Bioimpedance analysis of body composition during the 6-month observation period

Period of time		BMI (kg/ m ²)	Body weight (kg)	Fat tissue		Muscle tissue (kg)	Fat free mass (kg)	Bone tissue (kg)	Total body water (TBW) (%)
				%	kg				
January 2012	Standard deviation (SD)	24,8	66,2	31,3	21,5	42,5	44,7	2,3	45,0
	Average	4,6	13,0	7,2	9,0	4,2	4,5	0,2	12,3
June 2012	Standard deviation (SD)	24,7	66,3	30,2	20,8	43,2	45,5	2,3	48,4
	Average	4,6	13,0	7,4	8,9	4,8	5,1	0,2	4,7
The Wilcoxon sig- ned-rank test (p)		0,70	0,43	0,42	0,71	0,22	0,20	0,13	0,20

Source: The Wilcoxon signed-rank test.

4. Discussion

A review of literature reveals that very few papers analyse the effects of Pilates exercises in healthy adults using the experimental method. This was confirmed e.g. by Lisa Marie Bernardo [2007: 106–110] who found that only 10 out of

277 such papers were published in professional journals. Moreover, five of these dealt with dancers and gymnasts, two with special groups, and only three referred to the population in question, i.e. healthy adults. The author saw the need to take on the issue of the effectiveness of Pilates exercises, mainly due to the small number of experimental projects, small study populations and some irregularities in defining Pilates exercises [Bernardo 2007: 106-110]. Most studies that deal with the effectiveness of Pilates exercises seek to assess variables such as strength, muscular endurance, flexibility, and balance. A smaller number of publications focus on body composition measurements.

According to Claudia Lange et al. [2000: 99-108], the positive effects of Pilates exercises may be divided into three categories. These include enhanced physiological functioning, enhanced psychological functioning and learning or re-learning of functionally effective postural sets and motor patterns.

The primary goal of these studies was to verify the effect of a particular factor, i.e. targeted physical exercises in the form of Pilates on physical fitness and body composition, as well as the positive effect of the improvement of these on quality of life. Our own studies suggest significant changes in two of the studied parameters: flexibility and trunk muscle strength. A marked improvement was observed during systematic, six-month Pilates training. These findings were confirmed by studies by Lee Herrington and Rachel Davies [2005: 52-57]. Women who took part in regular Pilates classes held once a week for 6 months. Study results showed better stabilisation of the transverse abdominal muscle in class participants compared with the control group who did not exercise. Moreover, women in the experimental group were shown to be able to use deep muscles and pelvic muscles more effectively. Neil A. Segal et al. [2004: 1977-1981] observed the greatest improvement in flexibility in a study assessing 16 individuals who took part in weekly 60-minute classes held over a period of 6 months. Participants also pointed to improved posture and flexibility. Betül Sekendiz et al. [2007: 318-326] performed a 5-week observation study. Study results showed significant differences in muscular strength and endurance, as well as flexibility measurements compared with the control group. The Pilates method is effectiveness due to enhanced abdominal muscle strength and improved posture in class participants [Emery et al. 2009: 124-130].

Bernardo [2007: 106-110] suggests that Pilates exercises may be of critical importance for individuals seeking a successful training method that is not associated with a health risk for joints and muscles while at the same time employing multiple muscle groups.

Our own studies covered a short observation period of 6 months. No significant changes in body composition were found with regard to any of the discussed parameters during this time. However, a detailed analysis reveals positive albeit statistically insignificant changes in fat-free and fat mass. Studies by other

authors (Seagal et al., Sekendiz et al.) also showed no effect of Pilates exercises on changes in body composition.

The elements of physical fitness most commonly studied by authors include flexibility, strength and balance [Bernardo 2007]. The importance of balance is most pronounced in older women with a greater risk of femur fractures due to osteoporosis. Although our own studies revealed no significant statistical differences in general balance measurements, the effectiveness of Pilates classes with regard to this parameter was confirmed by studies by other authors. Erik G. Johnson et al. [2007: 238-242] observed a significant improvement in the experimental group. The authors also highlighted that Pilates classes could offer an effective way to improve dynamic balance in active adults as well as sportsmen and sports-women seeking new, cheap tools to improve particular motor features [Johnson et al. 2007: 238-242].

With regard to the main assumption of Pilates classes, i.e. improved physical fitness in terms of trunk muscle strength and flexibility, these classes may be said to significantly influence respondents' quality of life. This is manifested first and foremost by reduced lower back pain due to improved flexibility and the strengthening of the powerhouse, i.e. core muscles. This in turn translates into improved performance of daily activities and improved quality of life in respondents. These findings were confirmed by Vijay B. Vad et al. [2007: 577-582]. Here, the authors stated that 70% participants of Pilates class reported significant pain reduction and improved satisfaction with life after completing a training scheme compared with the control group. On the other hand, reported improved overall health, improved possibilities for participating in sports activities, enhanced flexibility and reduced pain in the group that took part in Pilates classes compared with the control group [Gladwell et al. 2006: 338-350]. Another authors [Rydeard et al. 2006: 472-484] showed that the Pilates group achieved significantly reduced functional impairment and reduced pain intensity compared with the control group. The health benefits of Pilates exercises were also acknowledged by Susan Sorosky et al. [2008: 39-47]. The authors state that since these exercises aim to improve trunk strength and flexibility and to develop the ability to relax, they may be very helpful and highly recommendable especially in patients with chronic low back pain.

It can also be noted that Pilates classes help strengthen trunk muscles, including pelvic floor muscles Culligan et al. [2010: 401-408]. The authors compared the effects of specialist pelvic floor muscle training (PFMT) and Pilates classes that were also aimed at strengthening pelvic floor muscles. Both exercise programmes turned out to be effective (significantly improved) and may be beneficial e.g. for individuals with urinary incontinence.

The authors of the abovementioned studies suggested that Pilates exercises offered better therapeutic effects than standard healthcare such as pharmacologi-

cal treatment. However, the authors added that very few papers were available concerning experimental studies of Pilates exercises and as a result, proof of their effectiveness seemed unclear. Our own studies also confirm that a thorough analysis of Pilates classes using the experimental method with a larger study group is necessary. Unfortunately, in our study the small sample size of 17 participants and lack of control group do not allow for a reliable assessment of these classes. Therefore, further research should refer to the holistic effects of Pilates classes on the psychology and physiology of participants. In summary, there is a need for more detailed measurements, analyses and clinical studies.

5. Conclusions

Study results show that Pilates classes are an effective training method, particularly with regard to improved flexibility and trunk muscle strength. Due to the health-oriented nature of Pilates exercises, their promotion may turn out to be an effective tool in pain management, especially low back pain.

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Wpływ zajęć pilates na wybrane elementy sprawności fizycznej i skład ciała

Streszczenie. Głównym celem pracy było zdiagnozowanie wpływu zajęć pilates na wybrane elementy sprawności fizycznej, takich jak: gibkość, siła mięśni tułowia, równowaga ogólna oraz skład ciała w trakcie pół rocznej obserwacji. W badaniach posłużono się metodą eksperymentalną. W celu zweryfikowania zmiennych zastosowano wybrane próby z międzynarodowego testu Eurofit for adults: siły mięśni tułowia, gibkości i równowagi ogólnej. Do badań wzięto pod uwagę

17 kobiet w wieku $50,65 \pm 13,74$ lat, które spełniały określone kryteria włączenia. Średnie wyniki badań wskazują, że ćwiczące uzyskały największy postęp w gibkości oraz sile mięśni tułowia. Badania wskazują, że zajęcia pilates są skuteczną metodą treningową, szczególnie w odniesieniu do poprawy gibkości ciała i wzmocnienia siły mięśni tułowia.

Słowa kluczowe: pilates, aktywność fizyczna, gibkość, siła mięśni tułowia, ogólna równowaga

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