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**CHARACTERISTICS OF THE REGION
SPECIFIC WELLNESS IN THE SOUTH-
TRANSDANUBIAN REGION**

PhD-dissertation theses

Tamás Laczkó

Supervisor:

Dr. József Tóth
rector emeritus, university professor

Dr. Antal Aubert
Head of Department, senior lecturer

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Title of the doctoral school:

The Doctoral School of Earth Sciences

School leader: Dr. József Tóth D.Sc.

university professor, doctor of earth sciences,
rector emeritus

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Program leader: Dr. József Tóth D.Sc.

university professor, doctor of earth sciences,
rector emeritus

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Supervisor: Dr. József Tóth D.Sc.

university professor, doctor of earth sciences,
rector emeritus

Dr. habil. Antal Aubert C.Sc.

Head of Department, senior lecturer

I. INTRODUCTION

In recent decades, modern societies developed a growing and extended demand for a healthy lifestyle and a holistically interpreted physical-mental health alike – therefore contributing to the formation of wellness, a new and complex field (HORX, M 2001, FÓRIS Á. 2007). The wellness-related lifestyle and the expanding responsiveness to quality of life resulted in significant changes in many aspects of various economic, social and medical issues. Wellness became widely accepted, thus dynamically enhanced its market, and is expected to experience considerable further expansion by several economic and social researchers (ARDELL, D. 1985, NEFIODOV, L. 1996, HORX, M. 2001, SCHOLZ, J. 2003, PILZER, P. 2007). Besides the economic dynamism, this tendency is also supported and explained by the average trends characteristic for the developed regions of the world – e.g. increasing individualisation, demographic transformation, women’s changing social role, spiritualization, the alteration of work, spreading civilization diseases, as well as the growing worth of healthy lifestyle (FRIEDL, H. 2007, ZSIGMOND E. 2007).

Regarding the definition of the wide-spread term ‘wellness’ and its related concepts, noteworthy differences can be realized between Europe, Northern America and the other continents, hence there is still no valid consensus. While the American wellness concepts – as they were formed and developed by the authors Dunn, Ardell and Travis – base on individual initiation and responsibility, and their health developing characteristics are valid for everyday; the European wellness concept involves a narrower interpretation, limited to the fields of tourism and leisure time, characterised by prosperity and passivity. Unlike the case of the North American version, the term and concept of ‘wellness’ was introduced and generalized in Europe and Hungary primarily by tourism. In the previous two decades, numerous institutions and enterprises were founded in the European countries, which provided tourism, recreational and therapeutic services, thus connecting the various opportunities of relaxation, recreation, sport, healthy lifestyle and health care, and constructed a wellness tourism market exceeding the average expansion pace of tourism (KISS K. – TÖRÖK P. 2001, ILLING, K. 2002, RÁTZ T. 2004, FÓRIS Á. 2007, RUSZINKÓ Á. 2007).

Within this international health tourism market – the wellness tourism representing a product type with one of the most significant turnover – Hungary was and wants to remain a traditionally important actor. As a result of this, the different health tourism providers of every Hungarian region offer wellness services on a continuously widening scale.

Besides the economic and tourism interpretations and interests, wellness gradually becomes accepted outside the North American continent as well, representing a lifestyle and views of life connected to healthy life and health maintenance, and standing for an increasing importance in the field of prevention in many countries (HETTLER, B. 1998, ILLING, K. 2002).

This study analyzes the interpretations of tourism and the related lifestyle of the complex field of wellness, exemplified on national conditions and primarily on the South Transdanubian region.

II. OBJECTIVES

The thesis is structurally divided into three units: the first unit discusses the conceptual and terminological issues characteristic for the field of wellness; the second unit analyses the international, national and regional conditions of wellness as a tourism product; the third unit investigates the relations between health conscious lifestyle, physical condition and wellness consumption.

The principal aim of the study is to introduce the national conditions of the wellness tourism market – within it the emphasized South Transdanubian region¹ - to investigate the spatial inequalities, to highlight the relationship of economic, regional and socio-cultural conditions affecting the utilization of wellness services, as well as to analyze the interrelation of the population's physical condition, its

¹ The analysis was completed in the planning-statistical region, which was characterized – compared with the tourism division – by more advantageous tourism indexes and more significant spatial concentration. The working process of the study's primary research was completed with the support of the European Union-related ROP 3.3 application called "*Complex Developmental Programme in the South Transdanubian Region, in the Field of Wellness Services*". The author being the leader of both the project and the research, the research aims were conducted with the help of a researcher and four students.

health conscious activities with the wellness consumption as well as with the openness towards wellness lifestyle.

Based on the research questions and on the study's major and detailed minor aims, the following starting hypotheses were introduced:

1. The spatial concentration being present in both the supply and demand conditions of national wellness tourism does not show any difference.
2. The state of wellness tourism in the South Transdanubian region represents a more advantageous picture than the national average.
3. The nationally well-known social inequalities appear also in the wellness consumption.
4. The health status is more favourable among the groups characterized by wellness consumption.
5. The differences observable in the health-maintaining habits reflect the change of wellness demand.

III. RESEARCH METHODS

In order to be able to attain the objectives of the dissertation and to answer the hypotheses, a three-step primary and secondary data-collection was conducted; the interpretation of the resulting information based on qualitative and quantitative data analyzing methods.

1. The first phase of the data-collection included not only the elaboration of the topic-related national and foreign scientific literature and the provided statistics, but also some organized investigation for focus groups (including 15-15 people). The outcomes served as input for the preparation of further primary researches, applied questionnaires and for the formation and refinement of the questions of the half-structured interviews.

As the second step of the data-survey, the questionnaires were filled out regarding the adult population of the South Transdanubian region. The aim of the survey was to highlight their demands, notions, stereotypes and attitudes related to wellness services, and also to differentiate between the different segments of consumers. Besides these, the investigation of the adult population's health status, their health-related activities, as well as the exploration of the

relationship between health, wellness as lifestyle and health-maintaining lifestyle meant an emphasized issue. The method of the questionnaire was represented by face to face interviews. The data-survey was conducted in the second quarter of 2007, including the inquiry of 800 people. The sample represents the South Transdanubian population aged 18-74, according to age, sex, educational level and settlement type, which was provided by a multiple-stage, stratified sampling.

The development of the supply and demand conditions connected to the national wellness service providers was highlighted by the evaluation of a sample involving 230 web pages, and by the secondary analysis of the databases of several professional organizations, while the regional characteristics, the planned developments and market strategies were outlined with the help of 17 half-structured interviews completed with the leaders of the wellness service providers. As the third phase of the data-survey, a questionnaire survey was conducted with 200 wellness consumers, in which not only the wellness consumption habits, but also the questions related to the evaluation of the utilized providers and services were emphasized.

2. Because of terminological and classification deficiencies characteristic for the field of wellness, as well as due to the lack of standards related to the topic, it was necessary to individually conceptualize and operationalize the investigated factors and variables of several fields of the research. Therefore, the completion of the classification of the wellness service providers was needed to be able to analyze among others the supply conditions of wellness tourism, based on the expectations and service profiles defined in the minimum criteria system of the 54 / 2003 (VIII. 29.) Ministry of Economy and Transport order valid for wellness hotels. According to these, it was possible to differentiate between the hotels with wellness services, spas and daily wellness providers.

The demand for wellness services was measured by the individual evaluation of the consumers, while the basis and conceptual background for the segmentation of the consumers' openness and attitudes towards wellness lifestyle was represented by Donald Ardell's wellness model.

At the examination of the relationship between wellness consumption, the openness towards the field and health was based on

the health status as basic variable, and was measured by subjective self-estimation. The alteration of health-maintaining habits was analyzed with the “aggregated health-behaviour index” (representing various activities with a single value); the included factors were weighted together with their health-affecting features.

3. At the evaluation of the results – adjusted to the research hypothesis – descriptive and multi-variable relation-surveys were conducted. In the first phase of the elaboration of the data resulting from the quantitative research methods (in case of questionnaires), descriptive statistical methods (basic distribution, averages, cross-tabulation, khi- and Anova-test) were applied. The exploration of the correlation between social, demographic, socio-cultural and economic factors affecting wellness consumption and lifestyle was conducted by a multiple-variable logistic, as well as by multi-variable linear regressive model. The classification of people according to their attitude towards the basic dimensions of health and wellness was based on factor- and cluster analysis.

Along with the elaboration of the results of questionnaires, the extent of the spatial inequalities detectable in the relationship between the supply and demand of the national wellness tourism, the quantitative method was also represented by two concentration indexes (Hoover and Hirschmann-Herfindahl index), while the territorial dynamics was introduced with the focus-calculating method. The exploration of the relationship between travel habits, as well as the investigation of the factors affecting the spatial development of the supply and demand of wellness tourism (analyzing the impact of 45 social and economic factors) was completed with correlation matrix, while the comparison of the regions’ wellness tourism conditions was realized with cleared territorial ratios.

IV. RESULTS

1. The differences between the spatial inequalities detectable in the relationship between the demand and supply of the national wellness tourism.

In the last decade, the changes observable in the international health tourism markets appeared in Hungary to a remarkable extent.

Besides the traditional and internationally-known profile of medicinal tourism, Hungary has also a continuously growing wellness supply, and provides resources exploitable even in the future (RÁTZ T. 2004, RUSZINKÓ Á. 2007, KÖTELES L. 2008). Nowadays in Hungary, the utilization of wellness services primarily takes place in wellness hotels, in various kinds of commercial accommodations' wellness sections (e.g. in medicinal spas), in the special units of medicinal, thermal and adventure spas, as well as at the daily wellness service providers.²

The capacity of the wellness hotels registered by the KSH has continuously increased since 2004, even exceeding the mean value of the hotels. In contrast to the increase in the average hotel capacity of a few percentages, the number of wellness hotels rose by 410%, their number of beds expanded by 309% in the examined period. As a consequence of this tendency, in June 2008 the KSH kept a record of 82 qualified wellness hotels with 11.754 beds. Besides these registered wellness hotels, there are several other hotels, which provide extensive, high quality wellness supply for their guests, thus in 2007 altogether 153 hotels operated in Hungary with a wellness profile, providing more than 27.000 beds. Moreover, 77 spas with wellness services, 164 daily wellness service providers were present at the end of 2007. The increase observable in the supply of wellness tourism was also characteristic for the demand present in the wellness hotel turnover: the number of guests grew by 379%, the number of nights in 2007 exceeded the values of 2004 by 302%. Regarding the ratio of the foreign and domestic guests, the latter becomes more significant in the wellness hotels these days, since in year 2007, 78% of the registered guests and 72% of the nights was related to the domestic guest flow. Besides the lower values, the tendency of increase in the number of foreign guests and nights can also be considered as an advantageous process.

² Due to the continuous expansion of the circle of providers, terminological and classification problems, and because of the deficiencies of the registration of such providers, it is often difficult to draw an accurate and up-to-date picture from the relationship between the national wellness market's supply and demand. The most detectable factor is represented by the development of the capacity and turnover of the wellness hotels. The supply of the potential and other utilization locations was analyzed with primary methods, with the application of individual categorization.

Although the supply of wellness service providers is characteristic for the whole territory of the country, there are still considerable spatial differences both in the appearance of hotels with a wellness profile, and in the case of other types of providers. This inequality is also present in the demand, the spatial distribution of which closely follows some definite natural, social and economic regional structures.

In the case of the spatial distribution of wellness hotels, the supply of the Western Transdanubian region is outstanding, though a significant number of hotels can be found also in the regions of Northern and Central Hungary, and in South Transdanubia (*Figure 1.*). A large number of the daily wellness service providers are connected to the capital and its surroundings, while the supply of the other regions is much more limited. The regional distribution of spas providing wellness services shows smaller differences, than in the case of the other providers. The most noteworthy supply related to spas is represented in the regions of the Southern and Northern Great Plain, as well as in the Western and South Transdanubian regions.

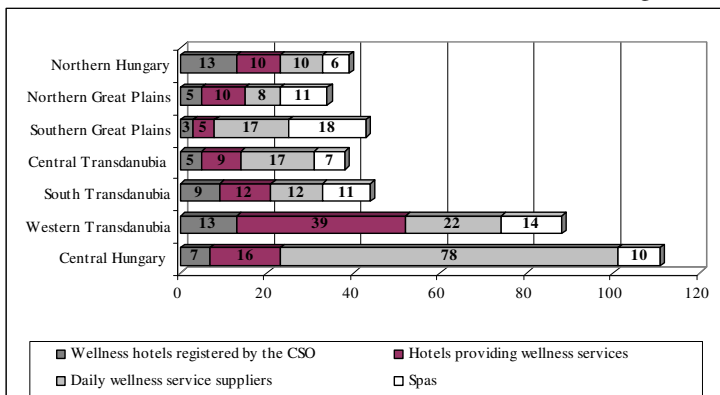


Figure 1. *The regional distribution of wellness service providers in Hungary (2007 – based on the number of providers)*
Source: KSH and own calculation

The analysis of the extent of spatial inequalities detectable in the regional distribution with the Hoover and the Hirschmann-Herfindhal indexes reveal the fact that the highest concentration was characteristic for the wellness hotels, while the daily wellness service

providers and the spas showed practically similarly low values in 2007. Regarding the spatial distribution and the volume of concentration of wellness hotels starting from year 2004, the continuous decrease and equalization of spatial differences is inevitably apparent (*Table 1.*).

Table 1. *The development of spatial concentration of the wellness supply*

	Wellness hotels					Daily wellness service providers	Spas
	2004	2005	2006	2007	2008	2007	2007
Hoover	0,485	0,391	0,369	0,366	0,274	0,257	0,260
Hirschmann-Herfindahl	0,120	0,086	0,086	0,079	0,074	0,141	0,062

Source: own calculation

Note: The higher values represented in the table indicate higher spatial concentration in case of both indexes

The investigation of the spatial displacement of concentration related to the distribution of the territorial focus highlights the fact that in year 2004, a western orientation was determinative in the wellness hotels' spatial distribution. This tendency has moved towards a regional equalization from 2005 onwards, since the territorial focuses shift to east, north-east from year to year, and signifies the appearance of wellness hotels exceeding the national average even in the eastern regions of the country. The focus of the daily wellness service providers is situated a few kilometres away from the capital, near the income focus, while the focus of the spas can be found south of these, near the geographical centre of the country, and represents a much more equalized spatial distribution.

Significant territorial differences can be also detected in the demand for wellness hotels (similar to the supply conditions). In 2007, nearly three-quarters of the nights spent by foreign guests in wellness hotels was realized in the hotels of Western (38%) and South Transdanubia (16%), as well as in Central Hungary (17%). The number of foreign guests in the Northern Hungarian (7%), the Northern and Southern Great Hungarian Plain region (altogether 14% of the foreign guest flow) is lower than it would be expected based on their ratio in the hotel supply. Regarding the distribution of the domestic nights in wellness hotels, the Western (37%) and South Transdanubian (19%) regions are significant again, though in this

category the Northern Great Hungarian Plain (13%) and the Northern Hungarian region (15%) are also characterized by a more considerable ratio. In 2007, the extent of spatial inequalities in the demand conditions exceeded that of the supply, since both in the case of foreign nights (value of the Hoover index takes 0,559; value of the Hirschmann-Herfindahl index takes 0,131) and in the case of domestic nights (Hoover=0,480; Hirschmann-Herfindahl=0,121) the values of the indexes represented significant spatial concentration compared with the supply conditions.

The differences apparent in the special inequalities also accentuate the fact that – despite some similarities – there are definite distinctions between the regional structure of supply and demand, since the demand is territorially more concentrated, and is characteristic for some parts of the country (Western and South Transdanubia, Central Hungary), therefore does not follow the more and more outbalanced supply structure. The differences detectable in the regional structure also appear in the case of factors affecting the spatial distribution. The territorial distribution of the wellness hotel supply follows the spatial patterns of several natural factors (e.g. curing factors, nature conservation areas), as well as the hotel supply, the subsidies directed into the sector, and the spatial distribution of the recreation cheque's turnover. On the contrary, in the case of foreign guests the regional distribution of the turnover realized in the wellness hotels was not determined by the natural capacities at all, but was influenced by the geographical distance from the Western countries and by the distribution of subsidies (much more than the demand did). As opposed to the foreign turnover, the spatial distribution of domestic nights rather equals the spatial structure of the supply, due to which the range of influencing factors shows also a similar pattern. Besides the differences, it is a noteworthy similarity that in the case of wellness hotels neither the demand, nor the supply's spatial distribution is affected significantly by the regional development, or by the regional differences observable in the tourism turnover.

Despite the territorial distribution of the hotel supply, the appearance of the daily wellness service providers (and presumably the demand for them as well) closely follows the differences in the national development and settlement structure.

Based on the results of the research, the hypothesis defining the similar spatial concentration of the national wellness tourism's supply and demand was rejected.

2. The evaluation of the South Transdanubian region's wellness tourism.

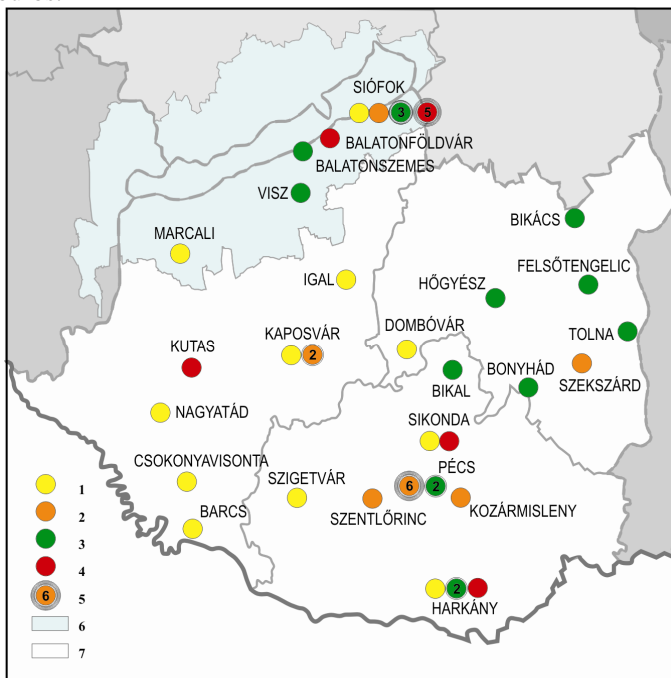
Similar to the international and national tendencies, the range of wellness service providers in the region also became more varied and complex during the last decade. In 2007 the South Transdanubian region counted 24 hotels with a wellness profile, providing altogether 3.121 beds. Out of these, 9 hotels were registered by the KSH, and represented a three-fold expansion compared with 2004. Regarding the region's total capacity of wellness accommodations, Tolna county has 5 hotels with 462 beds (14,8%), Baranya county counts 6 hotels with 600 beds (19,2%), while the majority of such hotels (13) are to be found in Somogy county (66% of the regional supply) (*Figure 2.*).

According to their foundation, the region's hotels with a wellness profile can be traditionally grouped into three types:

- Typically newly built hotels with a wellness profile (Hotel Azúr, Casa Perla, Sikonda Wellness Hotel).
- The extension and reconstruction of already operating hotels with a wellness profile (Hunguest Hotel Kikelet Pécs). These were mainly built before the change of regime, took part in the social holiday system, and provided significant number of accommodation. With the change of profile, they could become wellness and conference hotels (Panoráma and Magistern Hotel in Siófok).
- Primarily castles and mansions in the countryside, which were reconstructed to become hotels with a wellness profile (e.g. Bikal, Bikács, Hőgyész, Kutas, Visz).

In terms of the wellness supply of the region's spas, the traditional medicinal spas like Harkány and Gunaras can provide high quality, complex wellness services. Among the thermal spas, mainly the importance of the complexes of Bikal, Hőgyész, Sikonda and Siófok can be emphasized, though the spas undergoing total profile change (Barcs, Szigetvár) offer wellness services as well.

In 2007, the region counted 12 daily wellness service providers, which can be found principally in larger settlements and in their suburbs.



Legend:

1. spas with wellness services
2. daily wellness service providers
3. hotels with wellness services
4. wellness hotels registered by the KSH
5. number of providers
6. Balaton Tourism Region
7. South Transdanubian Tourism Region

Figure 2. *South Transdanubian wellness-tourism providers in 2007*

Source: based on own data ed. by Balassa, B. 2008.

In 2007, the region's registered wellness hotels realized 16,2% of the inbound nights spent in the Hungarian wellness hotels, and 19% of the domestic turnover. Among the national regions, this volume of guest flow represented the third best in the case of foreign guests (following the regions of Western Transdanubia and Central Hungary), and the second largest in the case of domestic tourists (following Western Transdanubia). In 2007, 86,4% of the total

number of guests registered in the region's wellness hotels was domestic tourist. Though the expansion of the domestic visitors' range took a slower pace, and lagged behind the national average, it was still continuous. 92,6% of the domestic nights spent in the region's wellness hotels can be related to the hotels of Somogy county. According to the data partially available about the guest flow of the spas, the period of 2003-2007 witnessed stagnation in the demand for the region's spas.

The wellness tourism of the South Transdanubian region was analyzed with cleared regional variables, the results showed an explicitly more advantageous picture both in terms of supply and demand as compared to the national average. Regarding the number of wellness service providers (4,58 per 100.000 inhabitants, as opposed to the national average of 3,95) and the capacity of wellness hotels (310 beds per 100.000 inhabitants in South Transdanubia; while the national average counts 267 beds), the region is characterized by higher values than the national averages, and has the second most advantageous supply index following the Western Transdanubian region. Compared with the average national supply, only the number of daily wellness service providers shows some backwardness (1,25 units as opposed to the national average of 1,63), though the total supply involves more favourable conditions than the calculated national average or the majority of the Hungarian regions.

According to the demand measured with the guest flow of the wellness hotels, in case of both the domestic and the foreign guests, the region owns values minimally twice as much as the national average (the second most favourable after the Western Transdanubian Region). The number of 7.265 foreign nights per 100.000 inhabitants spent at the region's wellness hotels is threefold higher than the value of Central Transdanubia following it in the regional rank. In the case of the domestic guest flow, the values vary similar to that of the foreign numbers, though the differences are somewhat smaller (17.966 nights per 100.000 inhabitants compared to 8.398 nights per 100.000 inhabitants).

Regarding the results of the comparison based on the regional variables, the second hypothesis about the region's more favourable wellness tourism conditions was accepted.

3. Measuring social disparities in wellness consumption

Results of the questionnaire focusing on the adult population of the region indicate that 26% of the population of the South Transdanubian region used wellness services in 2007. This happened most frequently in spas (20%), in special wellness departments of wellness or other hotels (4%) and in daily wellness service providers (2,6%). The use of wellness services did not entail overnight stay in half of the cases, furthermore, 77% of the consumers sought wellness suppliers within a two-hour-long journey distance, inside the region. Concerning the duration of the stay, 13% of the population of the South Transdanubian region travelled for at least two days for wellness, or used similar services during their journeys in 2006-2007. During the year examined, 3,5% of the adult population of the region spent several days in wellness hotels. 41% of this group spent their holidays in wellness hotels of the South Transdanubian region, 30% in the West Transdanubian region, 10,5% in the Central Transdanubian region, 7% in the North Hungarian region. Through the examination of the wellness consumption of the region's adult population nowadays the use of wellness turned out not to be a strataspecific feature for just a few privileged social groups, since the circle of the consumers extended and got more complex (compared to an earlier wellness research carried out in Hungary – KPMG 2002), which however, still show social inequalities concerning the access. On the grounds of the multi-variable logistic regression analysis we can state, that it is financial, income and housing factors that differentiate among consumers, while gender, age and qualification had no independent significant effect. Similar differences can be detected in demographic, social, socio-cultural and economical characteristics concerning knowledge, association and temper of people in reaction to the expression wellness. On the whole we can say, that similarly to the European concepts, they associate recreation, pampering, and passively spent passtime with wellness. There also came up a health promotion oriented lifestyle approach concerning weekdays, which is mentioned in almost every wellness conception, but this can only be associated with a small social stratum having specific characteristics. The results of the research concerning wellness journey habits show a predominance of individually arranged journeys, an interest of the wellness travellers

in the special facilities of the area, and also a demand for a medical certification of the effects of wellness programs and services, which can be observed in almost half of the consumers.

I accept my third hypothesis on the ground of the multidimensional coherence examination's results concerning the factors affecting consumer's habits, therefore it is proved, that in spite of the increasing recourse, certain social groups are – beyond their rate in the population – overrepresented in wellness consumption.

4. Relationships Between Wellness Consumption and Health Status Development

4.1. Background Analysis

I would like to introduce for the assessment of my two hypotheses concerning the examination of the relationships among wellness as a health-conscious lifestyle, health status, and wellness consumption the elements of high priority in wellness theory and the population arrangement on the basis of wellness lifestyle and health attitudes.

A common feature in different wellness approaches is that wellness defined as an active and conscious lifestyle aiming at „High Level Wellness” status, emphasizes the responsibility and holistic view of the individual (MILLER, J.W.2005, ZSIGMOND E. 2007). The most important elements and purposes of wellness theories can fit into the notion of the health science-based individual health promotion and to its theoretical and practical targets. Health promotion can be a connecting field purpose of which is to develop and maintain people's health status with the help of the change and improvement of lifestyle and environment. Considering these facts, I examined the possible relationships among wellness and health consumption, and health behaviour. Unfortunately the classification of wellness consumption is unable to provide adequate amount of information on the differences in the motivation of wellness utilization and the attitudes of people. It provides no information on the rates of people committed to wellness lifestyle or people pursuing wellness services for recreation or other purposes (custom) only. For this reason, I distinguished 6 groups in the adult population on the basis of their attitudes and orientation associated with health

and wellness dimensions. These groups differentiate from each other in demographic, socio-cultural and economic characteristics, as well as in health and wellness consumption patterns.

The groups are as follows:

Sports- oriented group (15.9% of the participants): This attitude is mainly characteristic of the younger age groups and people with higher qualification. They intend to maintain their health in active trainings and sports. They consider health, fit, and youthful appearance as an important and advantageous value. Their weekdays are felt to be hectic and stressful on the average, therefore they relax with sports and other spiritual recreation services. This group is considered to be the most open one for wellness activities.

Occupied-hectic group (18.6%): This group involves young and middle-aged people with average financial and educational background. Referring to their stress of work, they pay less attention on sports and proper nutrition. They are not characterized by health and environment consciousness. Wellness services are employed by them mainly for recreational purposes.

Appearance -oriented group (17.3%): Health is not one of the most important values for the members of this group. Appearance (satisfaction or dissatisfaction) motivates the attention on healthy nutrition, and exercising. These urban youngsters form the target group of cosmetic care for wellness service providers. It is by no means important for them among all the groups to spend their free time in natural environment.

Health and environment conscious group (15.8%): This group involving well-to-do middle-aged people with a family, pay considerable attention on nutrition, appearance, regular but not exhausting exercising, and spiritual recreations. They readily try complex wellness packages and besides the preferred spa services they are potential consumers for relaxation and therapeutical, cosmetic, sports, and multi-generation community programmes as well.

Fatalist-resigned group (16.3%): Health is a very important value for these people, but they see little chance to influence and change their condition. The members of this group with lower than average financial and educational level are interested in wellness to the least extent.

Believer- in- medical profession group (16.4%): This group involves mostly elderly or sickly people who are less open to wellness. They prefer medical to wellness services.

4.2. Health Status Development on Wellness Consumption Findings

On the basis of the available health statistical data I can claim that the health status of the adult population in the region falls behind the similarly unfavourable home statistics. Thus, our region belongs to those with the worst health indicators. Analysis of the questionnaires shows that besides demographic factors (age, education, financial status and habitation) significant differences can be found in the subjective judgement of health status in the groups above. Wellness consumers significantly have better health status than those without interest in wellness. However, there is no statistically verifiable difference between the health status of wellness consumers and wellness-interested people. Among the groups (4.1) the health status of the health and environment conscious group and that of the sports oriented group develop the most favourably. According to the multi-variable regression analysis the attitudes to wellness have an independent effect on the development of health status (after excluding other factors). This finding is in contrast with wellness consumption divergence of which in health status can be due to the effects of other factors or distribution (e.g. age, qualification). Considering these findings I rejected my hypothesis assuming the more favourable health status of the wellness consumers.

5. The Development of Health Behaviour Patterns and Its Relationships with Wellness Factors

The WHO- 2002 report emphasizes that in the tendencies of morbidity load and mortality a relatively small, individual-dependent lifestyle risk factor can be blamed for to a great extent. Estimates represent that in the developed world more than 30% of disease progression may be caused by the unfavourable tendencies of the health behaviour factors connected to lifestyle.

On examination the activities of health behaviour, it should be stated that the factors can be explained in the given demographic, social, and economic context. Thus, they influence the development

of the given health behaviour factor through the elements of chance and risk perception. (TAHIN T.-LAMPEK K.-JEGES S. 2000, BOROS J. 2005, FÜZESI ZS. 2005, LAMPEK K. 2007.). In my examination I emphasized lifestyle factors among health behaviour ones, such as smoking, alcohol consumption, exercising, doctor visits for preventive purposes, health-consciousness and obesity, which directly or indirectly influence the development of diseases, attaining and maintaining health. I examined the tendencies of these factors on the basis of the demographic, social, economic, and two wellness variables.

According to the individual examination of the health behaviour factors, I can claim that significant differences can be seen in the population assessments in case of two wellness variables with one exception on each occasion. Among the six health behaviour factors wellness consumers showed significantly more favourable values (with the exception for BMI) in five cases, than the group without interest in wellness or that planning wellness in sport activities. Utilization of wellness services had independent effect on regular sport and health maintenance activities, or smoking habits. The differences in the remaining three health maintenance factors were caused by the effect of the distribution of other variables.

Among the clusters on the findings of the attitudes in wellness lifestyle significant differences can be seen in all health behaviour factors. Coming from these facts, the most favourable health behaviour habits are characterized by the health and environment conscious and the sports -oriented groups. The fatalist-resigned and the occupied-hectic groups can be characterized by the least favourable health behaviour. According to the multi-variable logistic regression analysis the attitude cluster groups have an overall effect on the tendency of health behaviour factors (with the exception for body weight), besides the control of the effects of other factors. The individual examination of the health behaviour factors and their simple summary represented the frequency of these activities in people's lives. However, they give no information to what extent these factors influence health attainment and maintenance.

In the weighted „aggregated health behaviour index” I considered the six health behaviour factors numerically with their effects on health status.

According to the results of the multi-variable linear regression model, attitudes to wellness owned the most significant effect on health maintenance. It was followed by the utilization of wellness services that proceeded age, qualification and family status. The results of the analysis draw attention on openness to wellness and wellness consumption which give better explanation for the differences in health maintenance, than demographic, economic, and social factors. It can be assumed that the differences in health behaviour connected to wellness variables, and the differences in health status due to wellness consumption will increase in favour of the wellness consumers. Thus, an increase of the established inequality can be claimed.

As a summary, I can claim that health behaviour is strongly connected to the development of wellness consumption. Receptivity to wellness lifestyle can fit to this relationship fairly well (*Figure 3*).

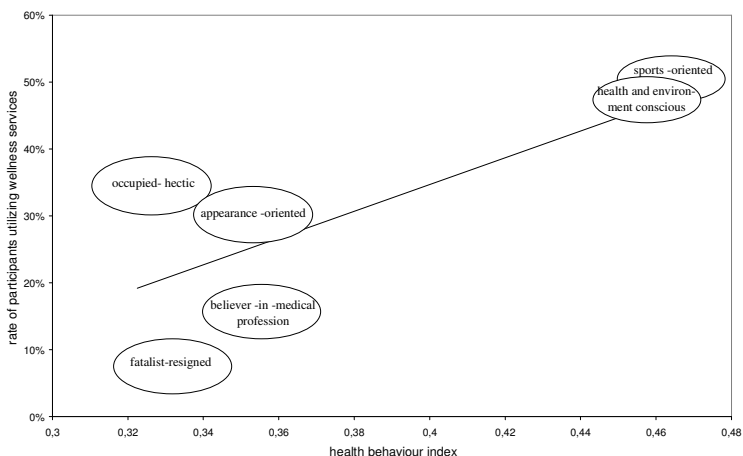


Figure 3. *The tendency of wellness consumption and health behaviour of groups defined by wellness attitudes*

Source: own calculation

Note: the discontinuous line (----) represents the linear trend indicating the connection between wellness consumption and health behaviour.

Figure 3. shows that the two cluster groups providing more than 50% of the wellness consumers are sports-oriented, while health behaviour of the health and environment conscious group develops

the most favourably. In case of the examined factors of the groups above there is a very small divergence in favour of the sports-oriented group. The occupied-hectic group deviates from the trend line to a great extent, whose health behaviour tendency is the least favourable of all. They pay little attention on health maintenance in their attitudes during everyday practice. This aim is not characteristic of their wellness consumption. The group members utilize wellness services for relaxation and other purposes. For the appearance-oriented group health maintenance is not of primary importance. In spite of this fact, average health behaviour is characteristic of the group, which is motivated by the maintenance and improvement of their appearance. Health maintenance develops fairly favourably in the „believers -in -medical profession group” owing to their health consciousness. Their wellness utilization is motivated by health maintenance and health status improvement. The fatalist group falls behind the average in health maintenance and wellness consumption. Considering the results of the analysis, I accept my hypothesis whereas „the differences in health maintenance habits reflect the tendencies in wellness demands”.

V. FURTHER DIRECTIONS OF THE RESEARCH

The complexity of the field of wellness, as well as its varied definitions draw the attention to the terminological and regulation problems and deficiencies characteristic for the research thesis. In order to be able to reach a successful, effective – based on minimal communicational and interpretational failures – cooperation between the scientific, economic and other fields related to wellness, it is inevitably necessary to unify the national and international terminology and standardization. The harmonization has to focus on the collection of terms and their synonyms utilized in the field of wellness, and has the aim to define the content of the terms, as well as to determine their relationship.

The research highlighted primarily the wellness tourism consumption and wellness lifestyle, not the presence of healthy lifestyle; therefore the further investigation necessarily needs to include the examination of consumption habits and attitudes towards the continuously expanding range of the products and services connected to wellness lifestyle. There is only little empirically

proven knowledge about the inhabitants' consumption habits, their attitude towards alternative and natural healing, organic and special food, natural cosmetics, or towards the products and services providing the home wellness experience. In the frames of a regional cooperation, all the products can be well connected to wellness tourism products also, which can even provide an individual image for the tourism supply of a given region.

The expectations of a further possible research topic is promoted by the results of this investigation, according to which a significant ratio (approximately 50%) of the consumers has a demand for an exact proof for the effects of wellness programmes and services, which rely on the construction and wide-spread introduction of programmes based on health- and medical researches. The foreign scientific literature of wellness and health science already worked out measuring tools, which have begun to be applied within and according to the national conditions (RÉTSÁGI E. – TÓTH Á. – TIGYI H. – SZOVÁK E. 2007, ZOPCSÁK L. 2007). With their help it is possible to investigate the effects of particular programmes both on the level of the population and the individuals, from the point of view of health care or even economics. Together with the local potentials, the connection of programmes with impacts proven by various scientific fields could establish the working out of unique trade names, which could reflect the local cultural and natural characteristics, and could identify the region – as in the successful cases of foreign examples (“alpine wellness” in Austria or “lake wellness” in Finland).

1. Publications based on the Ph.D. thesis

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