



DIMENSIONS OF WELLNESS TOURISM IN HUNGARY

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Abstract

Our research has focused on analysing Hungarians' free-time habits, their conscious life-style as well as other factors. Nowadays considerable global problems burden the functional mechanism of our live globe and Hungary is not an exception in terms of feeling the impact of those problems. In the process of our research we were also interested in finding out about the range of parameters within which wellness could be pursued in a sustainable way. We were curious to see the environmental factors to which attention should be paid, while developing the branches of tourism or simply during our daily, free-time activities.

Key words:

Wellness,
tourism, survey,
Hungary.

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1. Introduction

It is the proof of the strengthening of the significance of Hungary's inland health tourism that every third guest night spent at a hotel is realised at a health and wellness hotel (Napi Turizmus Hírlevél 2009/190) The cash flow of the world's health industry can be estimated to be \$5.5 billion. The world's health tourism has reached 100 billion which means a global growth of 9-10 percent at a yearly level (Tourism Panorama Bulletin, 2015/178).

In the home tourism of Hungary the weekend holidays of 2-3 days have an outstanding role. The holiday cheque system enables, encourages that the tight leisure timeframes be filled with active content within the frame of the practical regeneration. In Hungary, wellness hotels after wellness hotels are being built, the renovation of the older hotels is done in terms of wellness. The supply of wellness tourism also defines the 1-2 week long holidays of the height of the season. The health-conscious behaviour, however, affects our entire life, not only the leisure time activities outside of our everyday life. Thus one who takes this philosophy of life, cannot separate the behaviour of the tourist and the 'everyday person'. According to our supposition the wellness cannot be effective if our leisure and everyday view of life conflicts. But is the wellness "wellness in the minds of the people" or is it just a fashion of the moment to 'go wellness', empty phrases behind which the content vanishes?

Therefore in our present research we examined to what extent do the participants of wellness tourism regard the wellness as a philosophy of life, to what extent do the basics defined in the wellness appear in their lifestyle. That is, whether the wellness in their cases is 'real wellness' (E-AWR, 2013), or this phenomenon can be regarded as just a 'wellness patchwork' in the wording of the authors.

This dilemma has already been outlined in earlier foreign and home studies (Aquaprofit, 2007, Boedeker, 2008, Chen et al., 2008, Priszinger-Pénzes, 2009, E-AWR, 2012, E-AWR, 2013).

So we asked our tourists to what extend to they identify themselves with the hypothesis above. Do they strive for a healthy life in their daily life and, during their holidays, what services do they use and why.

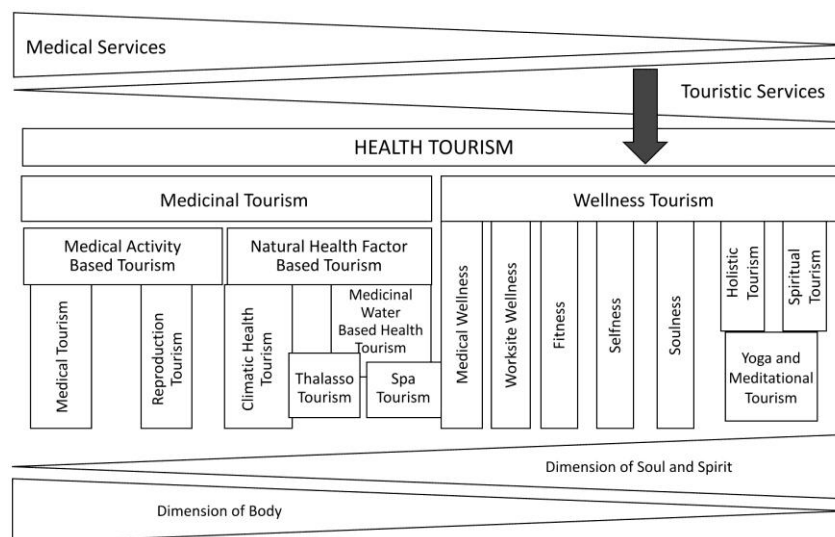
2. CONCEPTUAL BASICS

The **health tourism** is an exceptionally complex concept since the researchers and the professional organizations of this specialty interweave the definition with their respective national features and use certain related technical terms as synonyms of each other. In case of foreign and home researchers it is an important connection point to show the usage proportions of the health and touristic services during the terminology creation (Bywater 1990, Porter et al., 2006, Kincses et al.,

2009, Molnár 2011). **When defining health tourism, two base pillars appear, these are the medicinal tourism and the wellness tourism** (Müller-Kaufmann, 2000, Rätz, 2004, Albel-Tokaji 2006, Ruszinkó, 2006, Aquaprofit, 2007, Smith-Puczko, 2010, Molnár, 2011, Resiak-Urbanowicz-Printz-Markó, 2011, Michalkó, 2012). To synthesize the above, for the more effective positioning of the health tourism, by

framing the weighting of the dimensions of body-soul-spirit as a novelty, the spectrum of the health tourism is defined by Printz-Markó as follows.

Fig. 1. The spectrum of health tourism based on the usage ratio of medical and tourism services and the unity of body-soul-spirit in Printz-Markó's approach



(Source: Own edition based on Printz-Markó's own research, 2016.)

At first the wellness philosophy of Dunn (1959) contains the holistic view. Manlga (Kenney, 2015) emphasizes, from among the trends, that the offerings of the spa destinations tends to focus more and more apparently to the body-soul-spirit balance.

Figure 1 proportionally displays the usage of the health and touristic services, and the dimension of body-soul-spirit in case of certain types of health tourism. The forms of health tourism appear according to their articulation. Their sizes indicate not their demand or supply weight but mean a solution for model construction.

The research from here focuses on one of the two constituents of the health tourism, – as it is indicated by the arrow in Fig. 1. – the wellness tourism.

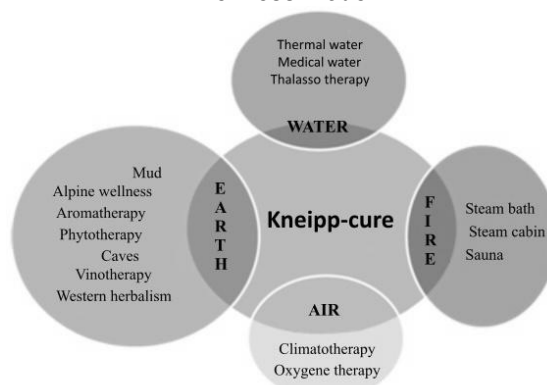
According to Lee (2004) the European medicinal and wellness model is built around the four primal elements. The four elements are the water, the fire, the earth and the air. The elements of the model are the following services.

The thermal, spa and sea water (thalasso therapy) represents the water element. The steam baths, steam chambers and sauna are represented by the fire element. A part of the air element is the climatotherapy and oxygen therapy – focusing on the crystal clear mountain and country, and seaside air. The earth element is symbolized by the mud from various sources e.g. swamps, marshes, volcanoes and seabed; the hay (Alpine wellness technique); the herbs and herbal extracts, flower essences, essential oils (aromatherapy, phytotherapy and Western herbalism); the caves visited during climatotherapy; the wine therapy (vinotherapy).

The means for finding of the balance between the individual elements is the Kneipp-cure. Kneipp, the 19th country priest suggested the alternating application of cold and warm bath, compress, steam bath, shower bath, mask, foot bath and herb therapy, healthy diet, fresh air, sunlight and rest for the patients.

Fig. 2. arranges the European medicinal and wellness model of Lee based on the four primal elements

Fig. 2. The service set based on the four primal elements according to Lee’s European medical and wellness model



(Source: Based on Lee’s (2004) European medical and wellness model, edited by Printz-Markó, 2014.)

The treatment procedures and services appearing in the Lee-model (2004) are contained in our research survey.

The main features of **the wellness tourism**—as one of the fundamental pillars of the health tourism besides medicinal tourism (Rátz, 2004, Albel-Tokaji, 2006, Ruzinkó, 2006, Michalkó, 2012, Darabos, 2015)—can be summarized as follows.

For the examination of the wellness tourism we have to know the conceptual approaches of this young topic. The word wellness came into being in the USA in 1959 with the fusion of the words “well being” (that is “to be well (healthy), feel good”) and the “wholeness” (completeness). The topic was deeper looked into by Halbert L. Dunn, an American doctor who conceived the “high-level-wellness”-concept which means the high-level practice of none other than the healthy life. Dunn tried to draw his patients’ attention to the importance of his theory, its teachings. According to him the wellness

is none other than conscious preservation of health, a balanced and active lifestyle. According to his opinion: “It is the assortment of the human body, soul and mind, which depends on its environment”. Dunn called this human feeling a **“high level well-being” (wellness)**.

Certain professionals definitely consider Sebastian Kneipp to be the father of wellness. The balneologist operating in Bad Wörisofen suspected the secret of the health to be in the water treatments, healthy diet, regular exercise, herb therapy and the disciplined life.- According to Darabos in his study titled ‘The Role of Environmental Impacts in Wellness Tourism’ of 2007.

Ardell (2010) defined five dimensions of the wellness (Fig. 3.):

1. Nutritional Awareness
2. Physical Fitness

Fig. 3. The five dimensions of wellness based on the approach of Ardell (2010)



[Source: http://www.seekwellness.com/wellness/wellness_models.htm (2014.08.04)]

From the side of Hungarian researches, Kiss and Török (2001) in their tourism-approach publication provide the following modern summary: the Wellness –such way of life which strives to reach the optimal state of body, soul and spirit by obtaining knowledge related to health, positively affecting the state of health. The main criteria of the wellness are the conscious health preservation, regular exercising, healthy diet and avoidance of harmful substances.

The relations of tourism and the branch can also be examined from a conceptual approach. The Wellness tourism – temporary staying outside the permanent residence during which the goal of the tourist is to reach an optimal state of health and the prevention of diseases. Its constituents: regular medical screening, regular exercising, healthy diet, refraining from bad habits, conscious stress-reduction, environmental sensitivity, harmonic lifestyle. These travellers stay in special hotels where suitable professional competence and personal care is available. They need a wide scope of services which includes the fitness /beauty care, healthy menu/diet, relaxation, meditation and the spiritual activity, study as it appears at the website titled www.utazasitanacsado.hu/wellness-_fogalmak.php (2007.08.13). The treatment procedures, services appearing here are also included in our primary research.

It is deduced from the above definitions that the wellness, as a basic concept, has escalated to a lifestyle during the times. On the other hand, however, the foreign touristic approach needs to be updated since the modern concept interprets the tourism itself on a wider scope. According to the newer theories the being outside the work, being outside the residence, in a narrower sense, being outside the lodging and being outside the everyday life is becoming more and more emphasized. However, the health conscious behaviour affects our entire life, not only our leisure activity outside the everyday life. Thus, whoever will take this philosophy, cannot separate the behaviour of the tourist and the 'everyday person. The wellness cannot be effective if our philosophy of life on leisure and that of everyday conflicts (Darabos, 2007).

According to Kiss and Török the clientele of the wellness tourism consists primarily of middle aged and young adults, travelling typically with a spouse, family, friend or partner. Among the guests women

have the majority but the proportion of the men is constantly increasing. The group of wellness guests are characterized by higher solvency, less of them request the various supports and allowances than the medicinal tourists (KPMG, 2002, Kiss – Török, 2001).

3. METHODOLOGY

Our primary research was done with questionnaire survey between May 2014 and November 2015. Our questionnaire sheet containing 22 questions was filled in by 547 persons. The questionnaire was conducted primarily in the multiple-generation spas –Hajdúszoboszló, Lipót, Kehidakustány, Bükfürdő and the Annagora Aquapark in Balatonfüred–since we presumed that we could access higher number of those who participate in journey, journeys combined with or expressly aimed to wellness. Unfortunately, the willingness to answer was quite low.

The items of the questionnaire were based on Ardell's five dimensional wellness model and Lee's European medical and wellness model. In the research, two and multiple output closed and five-stage Likert-scale questions were used to examine the respondents' participation in wellness tourism, motivation, services used, their approach to nutritional awareness, environmental sensitivity, stress management, physical fitness and self-responsibility.

The questionnaire was analysed with the SPSS program. The data were analysed with frequency and cross-table analysis, chi-square test was applied where the level of significance was defined at 95%.

3.1. Characteristics of Sample

Women were more willing to fill in the questionnaire, thus their proportion in the sample is significantly higher, 70 %. The age of respondents were asked for with open question then transcoded based on the categories of the study of Budai–Székács (2001) (Table 1). Later on, our investigations have shown that further refinements are needed so we formed 4 age groups: ages of 18-25, ages of 26-40, ages of 41-55, ages of 56 and more. Their distribution is shown on Fig. 4. The analyses were conducted according to this new categorization

Table 1.
 Target Groups of Health Tourism according to Budai–Székács (2001)

Service Age Group	Fitness	Adventure Bath	Wellness	Spa
18-35 years	1. Active Youth	2. Youth Seeking Entertainment	3. HEALTH CONSCIOUS YOUTH	7. To Be Rehabilitated Post-Operation
35-55years from 55years on		4. Middle-aged With Family	5. HEALTH PRESERVING MIDDLE-AGED	
			6. HEALTH CONSCIOUS ELDER	8. Elder Seeking Recovery

(Source: Budai – Székács, 2001.)

Budai and Székács (2001) were the first to deepen the market segmentation of the Hungarian health tourism. For the definition of target groups they sorted the characteristics of the services and the age of the users.

Relating to present research, the target groups matching to the wellness service are highlighted on Table 1., the main features of which are the following

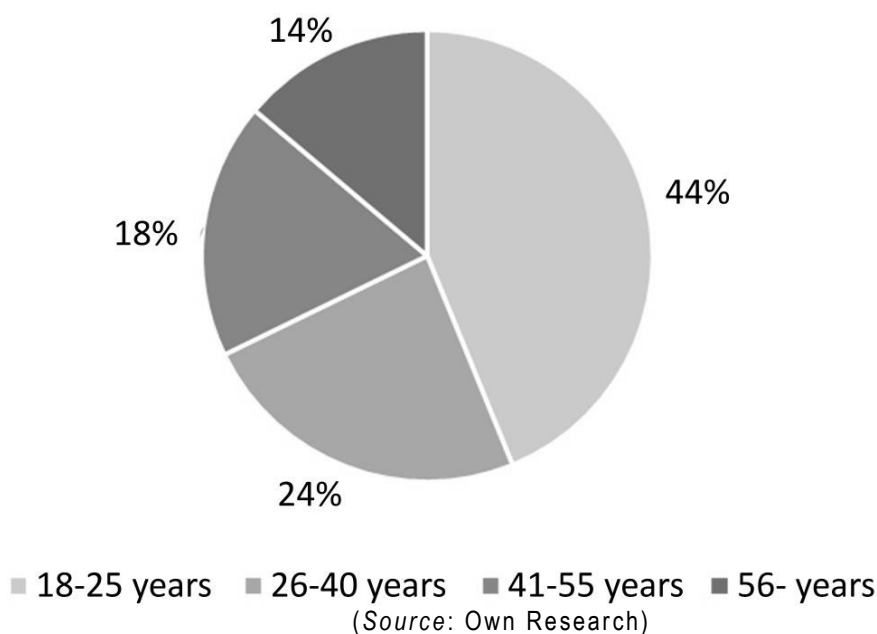
Parallel to the increase of the health, the number of **health conscious youth** is also increasing, for whom the health preserving active leisure is of primary importance. They usually lay more importance on the beauty care than on

exercise. This segment has not started a family in this stage of their life.

The **health preserving middle-aged** already have a family, however, they usually arrive at the given destination without children and prefer the possibility of the regeneration, relaxation. They seek a quiet, calm environment, the beautiful landscape. This target group is growing in parallel with the increase of the leisure time.

The **health conscious elder** are usually in good health condition, they feel youthful. They consider the beauty care, the pleasant environment, the active leisure and the high-standard services important. Members of this group have presumably had travelled a lot in their young age. Their increased liking to travel and willingness to spend may be related to this.

Fig. 4. Age Distribution of Respondents



In the questionnaire the respondents' income positions were also examined. 45% of the questioned have outlined that they can make a living and can save some. 40%, though they can get by but cannot save. 10% of the questioned have difficulties to get by and 5%, by their own admission, cannot cover their monthly needs.

This fact has a great influence on the demand side of tourism, since besides free time and motivation, one of the most important factors is the discretionary income. This is particularly true to the wellness tourism where rather expensive services are used and the healthy nutrition is commonly known to cost much more.

4. KEY RESULTS OF THE RESEARCH

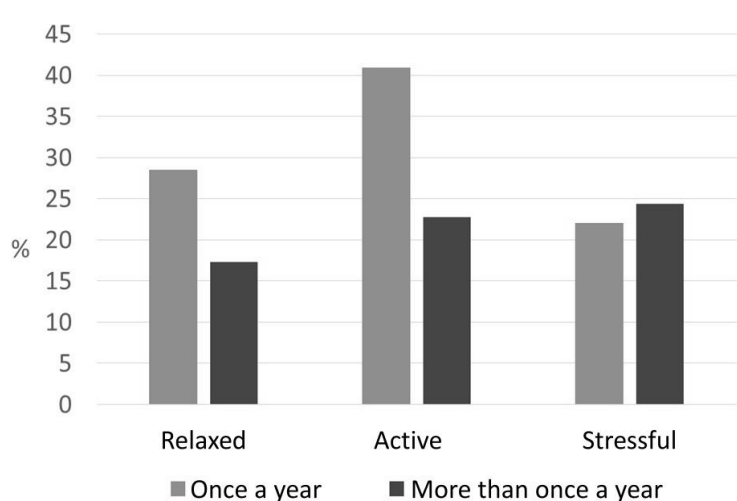
4.1 Frequency of Wellness Travels, Interpretation of Wellness

The first question of our research was related to the frequency of staying in a wellness hotel. The results showed a high scatter, 21% of the respondents travel to rest in a wellness hotel more than once a year, 32% of them participates in such travel once a year, 28% of them does so less than once a year and 19% do not participate in this form of tourism at all.

The frequency of staying in a wellness hotel was related significantly to the age, income and lifestyle of the respondents. It can be stated that less than half (48%) of the respondents between the age of 18 and 25 participates in the wellness tourism, and even they usually once a year at most. Contrary to this, 58,6% of the aged between 26 and 40, and 62,2% of the aged between 41 and 55 travel with the purpose of wellness. In case of these two age groups, the proportion of those 'wellnessing' once a year and of those who do more than once was almost identical. Ones above the age of 56 travel in significantly lower percentage for the purpose of wellness, just 43,3% of them are being recharged by wellness and just 17,6% of them had made to a wellness hotel more than once a year.

With regard to lifestyle, as shown in Fig. 5, mostly the ones considering their live active do use the services of wellness hotels, but, like the ones considering their life relaxed, more of them travel only once a year than more than once, contrary to the ones considering their life stressful.

Fig. 5. Frequency of Staying in Wellness Hotels in Percentage of Respondents of Different Lifestyles



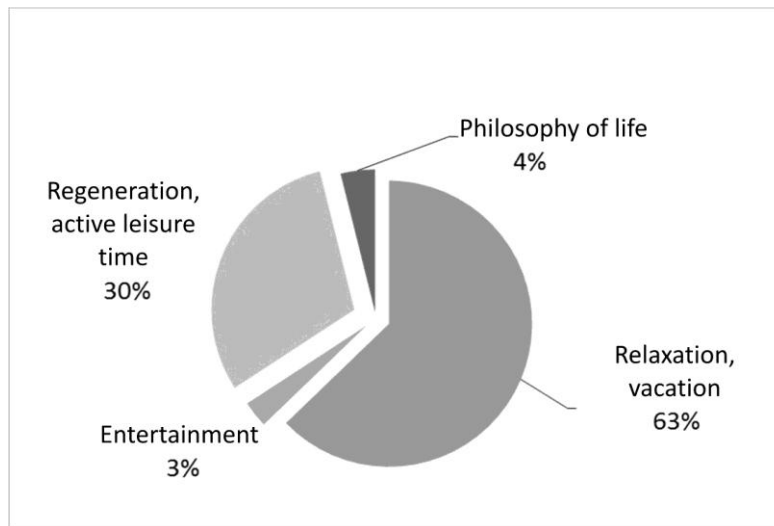
(Source: Own Research)

We asked in our questionnaire what people mean by the notion of wellness. Analysis has shown that

for the majority of the respondents these occasions serve the relaxation (60 %), for only scarcely more than one- third of them means recreation as well,

and only 4% (!) of them stated that for them the wellness is a philosophy of life (Fig. 6).

Fig. 6. Meaning of Wellness for Respondents



(Source: Own Research)

4.2. Ardell's Dimensions: I. Nutritional Awareness

The previous results already show that a paradigm shift, a change of view would be necessary. The misinterpretation of wellness, its use as a trendy expression can be traced in the answers given to the other questions. To verify this, we examined the Ardell's dimensions, first of all the nutritional awareness. We analysed the frequency of consumption of vegetables, fruits, nutritional supplements, the smoking, alcohol consumption and what kind of drinks they usually consume. According to the answers it can be stated that less than two-third (60,9 %) of the responders eats fruit every day. Further examining nutritional awareness it turned out that almost 80% of the responders consumes nutritional supplements only rarely or never. A major part of people, in our opinion, does not even have a clear concept of nutritional supplements, they even use the word in a pejorative sense, as a bad thing, owing to the earlier dubious interpretation related to body building.

The above is particularly interesting from the aspect of the Likert-scale evaluation where 77% of the responders agreed the statement that the nutritional awareness is important for them. Bio foods, however, are chosen only by 22% of them if they can afford it and 37% of them are not

interested at all in the composition of the food consumed.

The drinks consumed daytime were also examined. The majority of the responders drinks mineral water (37%), or tapped water (32%) – latter were marked in higher proportion by the ones having classified themselves to be in worse financial conditions –, 10% of them consumes cleaned tapped water. According to the data of Magyar Ásványvíz, Gyümölcslé és Üdítőital Szövetség (2013) the consumption of the mineral water has doubled since the millennium and our country is at the 5th place in Europe based on the individual consumption.

According to Kiss (2007), due to the shift in the consumers' needs the demand for the so-called light products with reduced sugar or low energy content, owing to campaigns for the prevention of obesity. In our research we stated that the majority of the respondents tend to avoid the purchase of sweets. We have asked about the use of sweeteners. This latter is less typical presumably due to his recent negative toned publications on – mainly – the artificial sweeteners.

Therefore, in the nutritional trends, there is the need for the healthy nutrition, which is strongly influenced by the trends, this way the wellness philosophy of life fails to be fully realized.

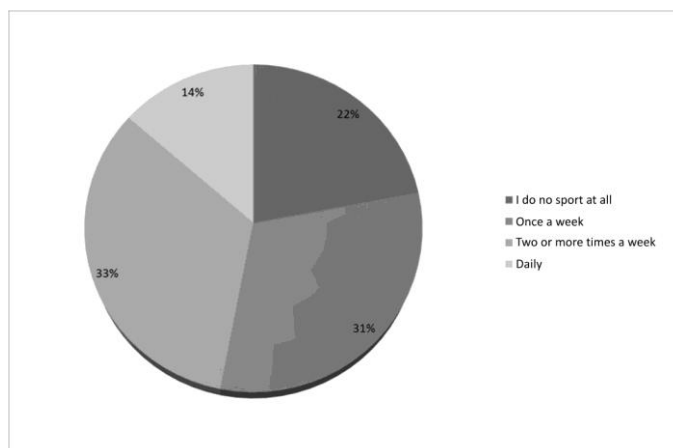
4.3. Ardell's Dimensions: II. Physical Fitness

Enumerating the Ardell's dimensions, in our research we covered the responders' relation to movement, sport, exercising. At first we examined the frequency of these. The results are stunning, 22% of the respondents are not doing any sport at all, 31% of them does so only once a week (Fig. 7).

There was a significant correlation between the frequency of the sport and the age, sex and lifestyle of the respondent. It is an interesting, and, from the aspect of the wellness as philosophy idea, an important conclusion that although in general the proportion of those who are doing sports is greater among the young, in case of the elder the

consciousness can be found in the fact that among all who indicated that they do sports, the proportion of those doing it more frequently – more than once a week or daily – is greater. One quarter of the women do no sports at all, men are more active in this field. It is an important correlation that doing sports was the least characteristic to those who defined their lifestyle as relaxed. Based on this it can be stated that the relaxed way of life is not necessarily identical to the health conscious one. In the answers the need for exercise hardly appears, however, the financial causes cannot be grounds for refusal, running, cycling, walking can be done anywhere. Cycling and swimming is hardly typical to the respondents.

Fig. 7. Frequency Of Responders' Sport

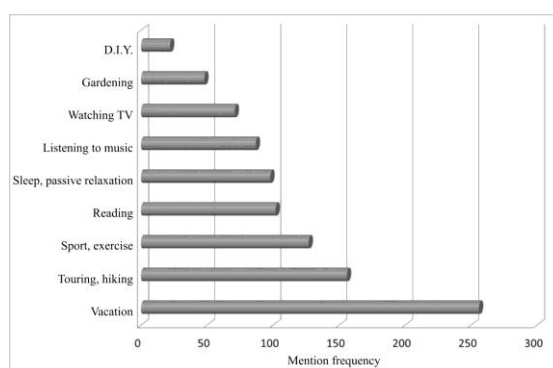


(Source: Own Research)

The way of leisure was also examined from multiple aspects. Among the answers given, we can differentiate according to activity and the mode of recreation whether it is physical or intellectual (Fig. 8).

For the majority of the people the real recreation is definitely the holiday far from home.

Fig. 8. What Does Recreation Mean for Responders



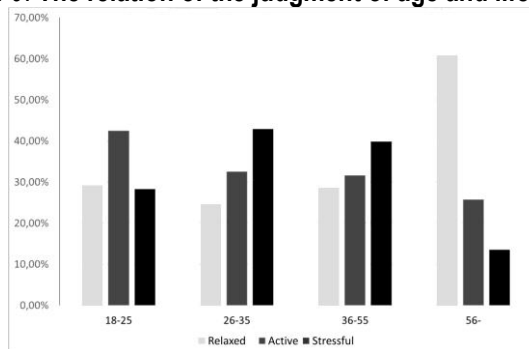
(Source: Own Research)

**4.4. Ardell's Dimensions:
 III. Stress Management**

The exercise as recreation would be important also from the aspect of stress release. According to our research – though at first only 16% of the respondents considered their lifestyle to be stressful, and 16% of them found it rushing, further on at the Likert-scale questioning, almost 41% of them entirely or mostly agreed on that their life was stressful, further 30% were positioned within the indifferent zone, that is they could not decide

whether their life was stressful or not. Based on our research results it can be stated that the stress means a serious burden mostly for the middle-aged (Fig. 9). Contrary to this the stress management, specified among the wellness services, are used in an exceptionally low number, only 2,6% of them indicated this answer. A large portion of the responders haven't even thought of managing this stress somehow, although according to their own admission, 50% of them regularly, 46% of them often gets into a stressful situation.

Fig. 9. The relation of the judgment of age and lifestyle



(Source: Own Research)

**4.5. Ardell's Dimensions:
 IV. Protection Against Different Harms, Environmental Sensitivity**

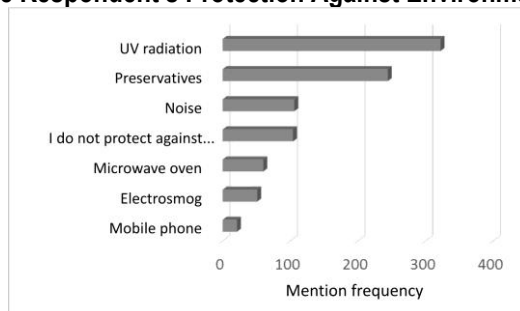
A fundamental element of the sound mind in a sound body philosophy is the healthy nutrition with healthy food. The tourist striving for a really healthy lifestyle, however, must be aware of other environmental effects.

Related to the Ardell's dimension IV., we analysed how much sensitive are the tourists participating in the wellness, we examined what environmental hazards do they protect themselves against. The result is stunning: 19% of the respondents do not protect themselves at all against environmental hazards. They presumably

do not even notice the danger of them. 59% of them protect themselves against UV radiation. In this, the continuous campaign, the daily warnings in the weather reports have a significant role, however, despite this, the 33% cannot be considered to be a high value. 45% of the respondents protects themselves against preservatives presumably by choosing foods without them – here, however, we refer back to that 37% of them does not care at all for the composition of foods—and 13,6% of them protect themselves against noise pollution (Fig. 10).

Overall, it can be stated that our respondents care quite little for the environmental harms.

Fig. 10. The Respondent's Protection Against Environmental Harms



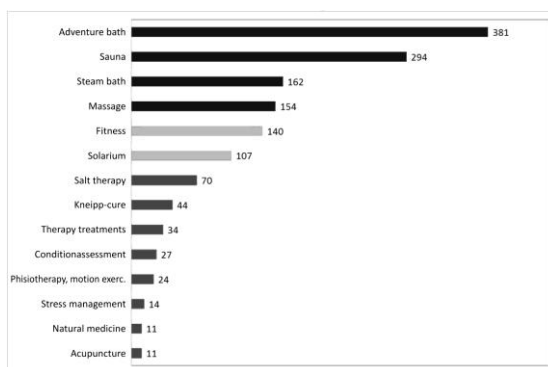
(Source: Own Research)

4.6. Ardell's Dimensions: V. Self Responsibility

In this part of our research, besides Ardell's dimensions we considered Lee's European medicinal and wellness model as well. Based on the questionnaire survey it was outlined that the wellness in our country is not regarded as a philosophy of life but a form of relaxation,

recreation, in accordance with this from among the basic principles of wellness only some factors appear in their lifestyle. From among the wellness services they tend to use the trendy, experience-like ones in the first place, on the second place the ones related to the maintenance of physical state, and people do not care about the mental health (Fig. 11).

Fig. 11. Mention Frequency of the Services Used by Respondents

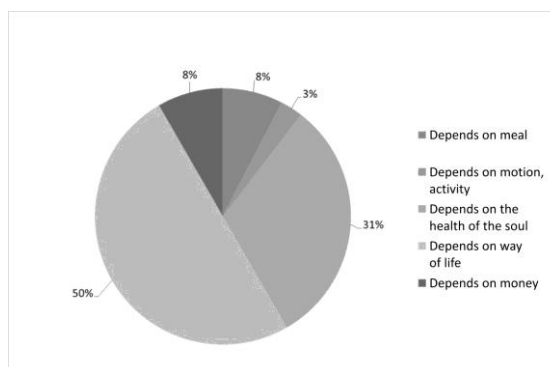


(Source: Own Research)

Finally we asked the respondents to choose a expression specified by us to finish the sentence below: 'Our health depends chiefly on'. 50% of the respondents presumed that it depends on the lifestyle, 31% of them presumed it

to be the health of the mind but on the filled questionnaires some of them wrote a separate remark – as there was only 1 answer to be marked – for example, besides all this it depends on the money as well! (Fig. 12)

Fig. 12. According to respondents' judgment, what health depends on



(Source: Own Research)

5. SUMMARY

As a secondary research result, besides the usage ratio of the medical and touristic services, in our research as a novelty we categorized the types of health tourism by weighting the dimension of body-soul-spirit.

In our research the wellness tourism was examined with a questionnaire survey. We wanted to know whether there is only the trend or, corresponding to the original health conscious view and concept range, a philosophy of life lays behind.

Our analysis has verified the earlier research results: the wellness tourism for the majority of the tourists is none other than a holiday spiced with

experience elements, preferably at a hotel having a wellness section.

A basic barrier of the spread of the wellness as lifestyle in our country in case of near half of the respondents is the lack of discretionary income. Partly due to the above their participation at leisure programmes as real wellness tourists fails to be complete and reduces to one occasion a year.

The second setback factor can be related to the mind factors. Vast majority of the respondents identify the leisure with relaxation, recreation is forced to the background. The members of the sample on the plane of thoughts usually failed to identify with the philosophic dimension of the wellness. They consider healthy life important, however, the acceptance of the stereotypes has a greater effect on them. Among the good points the high proportion of mineral water consumption and the avoidance of sweets are to be mentioned. However, a ratio of only 1/3 is typical to the consumption of bio foods and the consideration of food composition in case of the segment examined. At the same time the decrease of the fruit and vegetable consumption of the Hungarian population and, parallel to this, the minimal spread of the application of nutritional supplements is an alarming phenomenon. The problem lies in the lack of vitamin supply.

It is to be highlighted from our primary research results that the middle aged respondents defining their lifestyle as active had participated at least one or more wellness travels a year.

The respondents appearing in our research sample who get near any wellness pay service, usually choose the experience, sauna and massage elements that can be called trendy. The usage ratio of selfness, stress management and therapies falls under 10%. The recognition of environmental hazards and the protection against them is in a totally rudimentary state.

To sum up, some kind of paradigm shift would be necessary to be able to participate on conscious health preservation programmes effectively and to serve our health, thus shaping our lives. The paradigm shift is related both to the supply and demand side.

Based on our research it became obvious that the different age groups have different needs regarding wellness services.

People should be made aware of that the healthy life consists of not only the healthy nutrition.

The emphasis should be put on the campaign, training, explanations related to healthy life, in which process the role of the non-governmental organizations, education institutions is indispensable. As the final objective of the process, the people in our country should realize that their expenses spent on prevention will return in medium term, and they can even qualify as useful 'investment' into their health.

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