

What can Tourism Destination Management do in Health Tourism Destinations? – An Empirical Analysis¹⁵

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ABSTRACT The present paper summarises the outcomes of a research co-financed by the European Union through the Hungary-Croatia IPA Cross-border Co-operation Programme, within the project 'Health & Rural Tourism DM Model' (project no.: HUHR/1101/2.1.3/0006). The research was aimed at analysing the management of health tourism destinations, the physical and human resources of such destinations, aspects of sustainability and competitiveness, the main factors of success, and the importance of efficient destination management organisations. The analysis was based on surveys and interviews carried out in six spa towns of Western Hungary. The main findings specified that the major natural endowment is medicinal water, the tourism infrastructure and superstructure are sufficient, but the range of services should be expanded, and marketing of health tourism services need improvement. The tourism stakeholders in successful destinations do not see the advantage of joining a TDM organisation, while smaller, less successful destinations are more inclined to cooperate within the framework of such organisations.

KEYWORDS Rural tourism, destination management, health tourism

Introduction

The present paper describes some results of a larger research project which was aimed at developing a tourism destination management model for health

¹⁵ The project was co-financed by the the European Union through the Hungary-Croatia IPA Cross-border Co-operation Programme, within the project 'Health & Rural Tourism DM Model' (project no.: HUHR/1101/2.1.3/0006).

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tourism destinations in general, and for such destinations in Western Hungary, in particular. The research project was co-financed by the European Union through the Hungary-Croatia IPA Cross-border Co-operation Programme (project title: Health & Rural Tourism DM Model, project no.: HUHR/1101/2.1.3/0006). Tourism destinations compete for tourists, and the 'product' they can offer to their visitors is a complex experience, which incorporates attractions and entertainment, accommodation and food, accessibility and means of moving around the area, as well as the hospitality and friendly attitude of local people. Such a complex supply requires the harmonised action of all contributors, not only the businesses working in the tourism industry and earning their income by receiving tourists, but the municipalities, public authorities and local inhabitants as well. The special attractions of the area must be treated with great care to guarantee sustainable utilisation, and development plans should concentrate on all the above aspects. Thus the success of these tourism destinations depend on many stakeholders, whose co-operation cannot be left to spontaneous initiatives, but requires conscious, target-oriented approach. The emergence of tourism destination management organisations is a process that tries to address this issue, and the results and experiences have been rather convincing so far. General aspects of tourism destination management organisations have been well established in the relevant literature but relatively little is known about specific aspects of special destinations.

The objective of the present paper is to describe the results of a research targeted at health tourism destinations, with the aim of identifying their specific resources (natural, physical and human alike), and of defining the key components of destination management organisations in such destinations. The paper summarises the main concepts of destination competitiveness and sustainability and the theory of destination management, then introduces the health tourism destinations of the project area, Zala, Somogy and Baranya counties. Then the findings of a research carried out in six health tourism destinations are presented and assessed. Finally, based on these findings, conclusions are drawn about the structure and efficient operation of tourism destination management organisations in such destinations.

Explaining the issue and relevant literature

Tourism destinations: concept, competitiveness, sustainability

The system of tourism contains two key components: supply and demand. Supply is defined by the following items: the tourism products, the attractive component (e.g. natural endowments) behind the tourism product, the travel and transport system and other necessary infrastructure, the providers of

accommodation, food and entertainments, and the presence of security, hygiene, and the hospitality of the local population. The destination is therefore the location that is capable of offering a complex tourism product, being able to attract the tourists, and to provide all the services tourists may require: accommodation, food and beverage services and the facilities to access the attractions, including travel and transport. A crucial component of success is the marketing activity of the destination towards the targeted tourist segments (Lengyel, 2008).

A location is required to provide a complex network of all the above facilities and services in order to offer a complex experience which the tourists of the present day look for (Pike, 2008).

As the UNWTO (2007, p.1) defines: 'A local tourism destination is a physical space in which a tourist spends at least one overnight. It includes tourism products such as support services and attractions and tourist resources within one day's return travel time. It has physical and administrative boundaries defining its management, and images and perceptions defining its market competitiveness. Local destinations incorporate various stakeholders often including a host community, and can nest and network to form larger destinations.'

Tourism industry is characterised by the strong competition among destinations. A destination can keep up its success if it can maintain or improve its competitiveness. Therefore competitiveness is one of the major areas of tourism research.

Pike (2008) summarises several approaches of tourism destination competitiveness, underlining its multidimensional character. This includes sustainability, prices, management, response to competition, the tourism product and its perception by tourists, accessibility and public transport, integrated quality management, regional positioning, and marketing the competitive destination for the future. Pike (2008) states that currently there is no generally accepted causal model for destination competitiveness, but there is general understanding that such a model should incorporate economic, social, cultural and environmental dimensions. To build such a causal model a general system of indicators is needed to measure the level of success for a destination, but currently no such system of indicators exists (Papp, 2012).

Ritchie and Crouch (2003) defines the competitive tourism destination as one with the ability to increase tourism expenditure, to increasingly attract visitors, to provide them with satisfying, memorable experiences in a profitable way, to enhance the well-being of destination residents and to preserve the natural capital of the destination for future generations.

Many attempts have been made to create models of tourism competitiveness. The majority of general models (Papp, 2012; Enright-Newton, 2004) are based on the model by Ritchie és Crouch (2003), which, on the other hand, builds on Porter's diamond model of competitiveness (Porter, 1990), identifying the

following key components: core resources and attractions, supporting factors and resources, destination management, destination policy, planning and development, qualifying and amplifying determinants.

Besides the general purpose models other approaches focus on specific aspects of competitiveness. The model by Dwyer and Kim (2004) is aimed at measuring the price competition among destinations, underlining aspects less emphasised by the Ritchie&Crouch model: the distinction between primary natural, environmental endowments, and purpose-built tourism facilities and developments, as well as the importance of demand in destination competitiveness.

A destination is competitive if tourists regularly choose it as a place to visit, and recommend it to other tourists and return to it. Sustainability is crucial for the competitiveness of a destination, because a destination cannot be successful in the long run if the current success is based on the exploitation of its endowments. Recent tourism developments are rich in examples when the rapid growth of visitor numbers overloaded the capacities of the area, quickly destroying the attractions of the destination. And this is true not only for the ecologically sensitive destinations, because overcrowding, mass tourism and the overuse of infrastructural capacities may decrease the attractiveness of the place in the near future.

The core principle of sustainable tourism is to keep the visitors' impact on the destination within reasonable limits, so that it serves the true present and future interests of all stakeholders (local population and tourists (Climpson, 2008). Climpson summarises the aspects of sustainable development of tourism destinations in the well-known VICE model, as follows.

The model comprises four components: V is for visitors of the area, I stands for the service providers and businesses involved in the tourism industry, C (community) represents the local community, the population of the area who may or may not be directly related to tourism, but living in the area they experience the benefits or harms caused by tourism developments, and by their lifestyles influence the tourism experience offered to visitors. E (environment) includes the natural and the built environment that is available for the visitors, the industry and the local community, and this environment keeps changing in response to the activities of these groups (Climpson, 2008).

Tourism is sustainable only if its interests do not conflict with the interests of any of the above four components. To guarantee this, the management of tourism should make efforts to keep visitor flows beneficial to the present and future state of the destination community, economy, and environment (Lengyel, 2008). This means: satisfaction and fulfilling experiences for the tourist; growing economy and prospering tourism -businesses; enrichment of the community and its culture; protection for the natural and built environment.

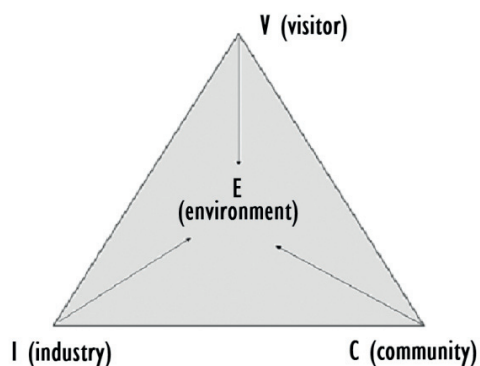


Figure 1: The VICE model (Source: Climpson, 2008.)

Tourism destination management: structure, tasks, management

Sustainability and competitiveness requires the cooperation of many stakeholders often having conflicting interests, and beside this the thorough knowledge of the system and governance of tourism is also needed. Therefore to achieve these aims, it is necessary to establish an organisation which will manage and coordinate the relevant tasks and involves all the stakeholders in the activities. The organisation will generate cooperation, and thus the decisions will be made together involving all the stakeholders. At the same time the organisation should have the freedom and independence, resources and instruments to implement these decisions. Therefore a bottom-up approach (involving the stakeholders) and professionalism, partnership, and financial resources for independent action are all needed (Lengyel, 2008). Permanent success cannot be hoped for without professional skills and knowledge, so while a TDM organisation may include all the stakeholders as members of the organisation, for managing the day-to-day practical work an operational working body of staff led by a professional manager is needed. This operational unit should professionally handle implementation of the organisations's decisions.

The bottom-up approach is justified by the fact, that it is only the local level, where all the actors and stakeholders of the tourism sector are present, so the components of the VICE model are present at the local level. In practice, the aspects of sustainable competitiveness are handled at the local level, by the conscious activities of local stakeholders: accommodation providers, owners of restaurants and pubs, providers of entertainments and programmes, and the local population. Therefore the key to successful TDM systems is the involvement of these local stakeholdes, and generate cooperation between them. This is the reason why the establishment of a TDM system should start from below, with direct participation of local actors. The process of building a TDM organisation should, however,

be supported and encouraged from above, providing support from the national government (Lengyel, 2008).

Ritchie and Crouch (2003), when stressing the multidimensional character of tourism policy, consider destination management to be the key to sustainable competitiveness of a destination. Summarising the organisational issues and functions of destination management, the authors declare, that the most important components are:

- marketing, marketing, identification of targeted markets, the positioning of the destination, market segmentation, the design of logos and promotional material,
- building a destination image, branding the destination, evaluating brand efficiency,
- monitoring the activities, search for information and research,
- the attraction of private capital for financing tourism-related developments,
- human resource management, visitor management and the responsible stewardship over natural resources.

For efficient destination management the cyclical flow of a series of steps should be followed, which lead to permanent sustainable development in the destination. The process is divided into 8 separate steps, which are complementary and are closely related to each other (Nyírádi-Semsei, 2007): searching for attractions (values of the area), development of attractions towards creating tourism products, building tourism products and product group, embedding the developed tourism products into the destination, introducing the destinations and the embedded tourism products to the market, selling the products, providing perfect experience for visitors, and keeping the satisfied customers as visitors for the future.

Destination management organisations may be created by the public sector or solely by private actors, or they may be established as the result of joint action of public and private partners. As the approach, goal structure and operation logic of the public sector considerably differs from the private sector, it is recommended to include both sectors in destination management. However, careful considerations are needed to decide about the most suitable organisational form and involved actors at various destination management levels to ensure the most efficient operation and the interests of the destination community (Panyor et al, 2011).

According to the current legislation in Hungary the most suitable organisational form for the purpose is the non-profit company, or possibly the association. At the local level the association seems to be the best form because of the need for local organisation and the large number of potentially involved actors. Moving to higher levels the need for professional expertise becomes increasingly important in managing professionally and economically sound decisions, and this makes the running of the organisation more similar to the running of a business company, so the choice of the company structure seems reasonable. The company form is

also better suited for destinations where the economic sizes and weights of the involved actors are very different (Panyor et. al, 2011).

Methodology

A questionnaire-based survey was carried out, in the project area – counties of Zala, Somogy and Baranya. The selection of the sample was done with the aim of involving the main actors and stakeholders of the tourism industry in the survey, who play decisive roles in the tourism supply of the destinations researched. Therefore the service providers of the tourism superstructure, the key actors of health and medical tourism decision makers of the public sector, and local inhabitants were questioned.

The destinations involved in the sample were selected in the following way: the Central Statistical Office of Hungary published the statistical data of settlements (towns and villages) involved in health tourism in Hungary (KSH, 2013). According to this, in the three counties of the project area altogether 19 settlements are involved in health tourism, 18 of which possess a spa with medicinal water as the healing resource, and one settlement (Abaliget in county Baranya) possesses a medical cave. Thus the key healing resource was assumed to be the medicinal water in the region (Table 1).

Table 1: Statistical data of health tourism destinations in counties Zala, Somogy and Baranya

	No. of settlements	Population	Number of commercial accommodation places	Accommodation per 1000 inhabitants	Number of guests in commercial accommodations	Guest nights in commercial accommodations	No. of accommodation and food service provider businesses	Accommodation and food service providers, % of all businesses
Zala	5	16 976	12 880	759	378 157	1 581 625	1 254	30,0%
Somogy	9	130 911	16 421	125	252 596	688 199	2 991	13,1%
Baranya	5	180 845	7 897	44	158 338	384 565	1 731	5,8%
Total of 3 counties	19	328 732	37 198	928	789 091	2 654 389	5 976.00	48.9%

Source: KSH, 2013

The selection of the destinations was done by the indicators of tourism demand and tourism supply. The indicator for tourism supply was chosen to be the number of commercial accommodation places per 1000 inhabitants. The population sizes of the settlements involved in health tourism are strikingly different, 60 % of the total guest nights of the 3 counties belong to 5 small villages located in county Zala. Therefore the data of tourism service providers were adjusted

to population, to reflect the importance of the tourism sector in the life of local people. The demand side was represented by the number of guest nights spent at commercial accommodation providers.

Table 2: Supply-side and demand-side indicators of settlements involved in medical tourism

	Number of involved towns, villages	Supply-side indicator: accommodation per 1000 inhabitants	Demand-side indicator: Guest nights in commercial accommodations	Mean of supply-side and demand-side indicators	The share of the county in the survey sample
Zala %	26,3%	81,8%	59,6%	70,7%	70%
Somogy %	47,4%	13,5%	25,9%	19,7%	20%
Baranya %	26,3%	4,7%	14,5%	9,6%	10%
Total, %	100,0%	100,0%	100,0%	100,0%	100,0%

Source: Authors' own construction based on KSH, 2013

The shares of the above two indicators give the respective weights of the three counties in the tourism demand and tourism supply of the project area. These shares were calculated as the means of the above two indicators. Based on these, 70 % of the questionnaires were surveyed in county Zala, 20 % in county Somogy, and 10 % in county Baranya. The destinations were selected by random sample, one-third, i.e. 6 destinations were chosen of the 19 settlements, 4 (67%) from county Zala, one in Somogy and one in Baranya (16,7% each), as we wanted to include at least one settlement from each county. Marcali in Somogy, and Siklós in Baranya were randomly selected, the 4 settlements in county Zala (Hévíz, Zalakaros, Kehidakustány, Lenti) were selected of the 5 settlements listed by KSH (2013), leaving out the least significant settlement, Alsópáhok.

Table 3 gives the main statistical data of the selected settlements as published by KSH (2013).

It is clear, that there are 10-fold differences in the population numbers (Marcali and Kehidakustány are the two extremes), while the tourism superstructure shows a completely different picture, the larger towns (with larger population) have considerably less accommodation and food service providers than the much smaller towns Hévíz and Zalakaros.

The composition of the sample was determined relying on a survey by Kontaktia (2011) that assessed the composition of 26 TDM organisations in Hungary. Their results show, that the greatest weight in TDM organisations is represented by accommodation and food service providers (they represent an approximate 75% of all businesses involved in TDM organisations). Therefore we constructed our sample having 3-times as many accommodation and food service providers as other enterprises. The number of accommodation and food service providers was altogether

1449 in the 6 sampled settlements by KSH (2013), and 3 % of these businesses were planned to be included in the sample, therefore 43 such enterprises were selected. Then the planned number of other businesses was to be one third of this number, i.e. 12. As the key tourism attraction in the destinations is the spa, we planned to involve all spas (6) in the sample (ultimately 5 remained, as one spa was unable to participate in the research). As the municipalities are important generators of TDM cooperation, naturally the municipalities of the 6 selected destinations were also involved in the survey (ultimately, Lenti was not able to participate, so we questioned only 5 municipalities). Representatives of TDM organisations, and Tourinform organisations were also included (1 or 2 participants, in each settlement). This left us with a sample of 75 respondents. The sample was complemented by 25 local inhabitants – they are not key actors of the TDM organisation, but their opinions and attitudes towards tourists are important factors in the image and appeal of the destination. Finally we decided to divide the sample into 6 groups, by the destinations: 20 questionnaires were taken to the more popular destinations in Zala: Hévíz, Kehidakustány, Zalakaros, and 10 to the least popular Lenti. The remaining 30 questionnaires were divided between Marcali (20) and Siklós (10) to keep the proportions of counties Somogy and Baranya in the sample.

The survey was made in September and October 2013. The data were processed by the MS-EXCEL 2010 package, and by the OpenStat statistics package (Miller, 2013). The analysis included simple descriptive statistics, frequencies, analysis of variance, correlations, and crosstabulation and contingency analysis with Chi²-test, and Cramér's V.. Graphical representation of data and results was made by the graphics module of OpenStat and by MS-EXCEL 2010. The significance tests were done at 5% error probability.

Table 3: The statistical data of the surveyed towns and villages

	Population (person)	Population per 100 houses and second homes used permanently	Total places in commercial and noncommercial accommodations	Food service providers	Commercial accommodation places per 1000 inhabitants	Other accommodation places per 1000 inhabitants	Guest nights per inhabitants in all accommodations
Hévíz	4 715	224	9 181	151	1310	636.90	228.00
Kehidakustány	1 189	265	1 952	22	650	991.59	41.74
Lenti	7 940	247	1 297	71	99	63.85	4.14
Zalakaros	1 756	245	7 596	84	2 312	2013.67	259.58
Marcali	11 736	242	180	44	5	10.22	0.30
Siklós	9 574	251	187	63	6	13.47	0.23

Source: KSH, 2013

Table 4: Respondents by settlements

Job status	Total	Local inhabitants	Tourism service providers				Public sector		
			Accommodation and food service	Spa	Other services	Total	Municipality	Tourinform, TDMO	Total
Town, village									
1:Hévíz	19	5	6	1	4	11	1	2	3
2:Kehidakustány	20	5	11	1	0	12	1	2	3
3:Lenti	10	5	2	1	2	5	0	1	1
4:Zalakaros	20	5	11	1	0	12	1	2	3
5:Marcali	20	5	7	1	4	12	1	2	3
6: Siklós	10	0	6	0	2	8	1	1	2
Total	100	25	43	5	12	60	5	10	15

Results

Attractions – the role of natural endowments

The respondents considered medicinal and thermal water the main natural attraction of their home town or village. The respondents also mentioned the pleasant natural environment, clear air, good climatic characteristics, and the rich flora of the region, but in much lower proportions. The attitude towards natural endowments was mainly positive, two-thirds of the responders said that the natural resource should be protected, and they were very proud of the resource, or stressed the aspect of sustainability in utilising the resource. Unfortunately one third of the respondents think that the resource is used without care, or even exploited excessively without appreciating its true value. All of the employees of the municipalities, and 90% of the employees of Tourinform bureaus an TDM organisations said that the natural endowments are protected, people are proud of them, and these are utilised sustainably. The tourism service providers and local inhabitants showed more scepticism about the question, only 58 % of the former and 48% of the latter group agreed to the above statements.

Components of attractions

Respondents assessed and ranked the tourism attractions and tourism resources of their locations. Medicinal water was found to be the most important and typical natural endowment in every researched settlement, and the popularity of the settlement was also highly valued. Among general tourism attractions and special health tourism characteristics the trait most highly ranked was hospitality, while the value-for-price for services was found to be the least satisfactory. The assessment was done on a 1-to-5 scale, where 1 indicated the worst value and

5 the best one. Generally, the respondents attributed higher values to the role, quality and value-for-price of health tourism services than those of the general tourism services. The traditional tourism endowments and services (cultural heritage, accommodation) were ranked lower than health tourism attractions and services (medicinal water, health tourism services). The only exception is hospitality, which was top-ranked.

Generally the scores given to preference for health tourism services were higher than scores to the quality and value-for-price of these services, so these services seem to be popular and appreciated, although their quality, and values may need some improvement.

The assessment was done on a scale of 1-to-5, 1 meaning very poor, or not acceptable, and 5 meaning excellent (Table 5).

Assessment of tourism infrastructure and superstructure

Respondents were asked to assess the availability of tourism infrastructure and tourism superstructure on a 1-to-5 scale (1 indicated the worst opinion and 5 the best one, as usual), evaluating food service, accommodation, transport and parking, shopping, entertainment and sports facilities.

Table 5: Assessment of attractions of the area on the 1- to- 5 scale

	Hévíz	Kehida- kustány	Lenti	Zala- karos	Marcali	Siklós	<i>Average of the attribute</i>	<i>Rank</i>
Hospitality	4.28	4.22	3.76	4.41	3.48	3.81	3.99	1
Medicinal water	4.58	3.70	3.18	4.10	3.00	3.60	3.69	2
Preference for health tourism services	4.43	3.64	2.96	4.11	3.27	3.52	3.66	3
Role of health tourism	4.51	3.44	3.31	4.36	2.78	3.22	3.60	4
Quality of health tourism services	4.36	3.22	3.00	4.09	3.09	3.37	3.52	5
Value-for-price for health tourism services	4.06	3.00	3.22	4.14	3.12	3.17	3.45	6
Popularity of settlement	3.94	3.30	2.82	4.10	2.50	3.4	3.34	8
Settlement AVERAGE	3.99	3.31	2.93	3.82	2.66	3.28	3.33	-
Accommodation	3.84	3.30	2.46	3.90	1.50	2.80	2.97	9
Service quality	3.64	3.00	2.64	3.40	1.70	2.80	2.86	10
Cultural heritage	3.22	2.80	2.64	2.30	2.60	3.40	2.83	11
Value-for-price generally	3.00	2.80	2.28	3.10	2.20	3.00	2.73	12

Altogether the respondents were most satisfied with food service facilities, and the worst opinions were given about shopping opportunities and entertainment and sports facilities. Lenti and Marcali were different from the average as shopping opportunities were found to be more satisfactory, but respondents were much less satisfied with the availability of accommodation, than elsewhere. All settlements gave similar (negative) opinions about entertainments and sports facilities, and similar (positive) scores for food service facilities. The responses of Kehidakustány were nearly always more negative, while responses from Marcali and Lenti more positive than of the other settlements.

Transport and parking facilities were considered good by respondents in Hévíz, Lenti, Zalakaros and Marcali (values above 4), respondents in Siklós and Kehidakustány gave medium values (values somewhat below 4). Accommodation facilities received the highest scores in Hévíz and Zalakaros (values above 4.5), the respondents in Siklós, Kehidakustány and Lenti considered this trait good (values between 3.6 and 4.5), respondents in Marcali gave only medium scores (3.42). Regarding food service facilities Kehidakustány is much weaker than the other five settlements. The respondents of Lenti, Marcali and Siklós are the most satisfied with shopping opportunities (values between 3.9 and 4.3), respondents in Hévíz are less satisfied, and the least satisfied are the respondents in Zalakaros and Kehidakustány. The facilities of entertainments and sports are very poor in Kehidakustány and Marcali (about 2.5), and of medium level (2.8 to 3.47) in the other four settlements (Figure 2).

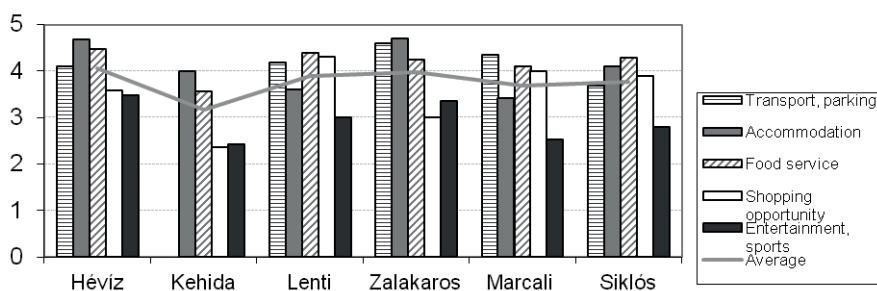


Figure 2: Assessment of tourism infrastructure and superstructure

Target groups, the expected visitor segments

Relying on the appeal of the destinations the respondents were asked to identify the targeted segments of tourists, for whom the conditions are most suitable.

Generally the main targeted segment is that of the families, followed by – not mentioning the non-specified group of „everyone” - the sick people coming for

treatments, then the segment of elderly visitors, the foreigners, and the retired people, pensioners (Figure 3). With the exception of Hévíz all the other settlements focus on the target groups looking for recreation and relaxation, while for Hévíz the primary target group is the sick and the elderly people.

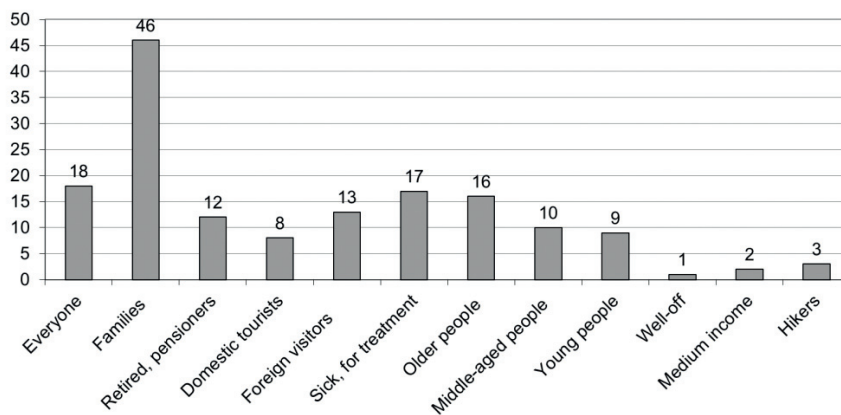


Figure 3: Targeted segments of tourists (number of answers)

-Comparing the responses by settlements significant differences were found in the proportions of families, sick people and retired people, as main target groups. In the case of families the very high proportions of Kehidakustány (60%) and Zalakaros (85%) and the very low proportion (12%) of Hévíz are the two extreme values.. The sick people, as target groups are specific for Hévíz, 47% of the respondents mentioned this segment, which is much higher than elsewhere. Hévíz is definitely showing the traits of a renowned medical destination, where treatments are the top priority, Zalakaros and Kehidakustány are family-oriented spa destinations, the other 4 settlements are unable to choose a primary target group, and seem to attract all kinds of accessible tourists. It is worth noting that the destinations with clearly defined target groups are the more successful ones in health tourism as was seen in the number of guest nights per inhabitants in Table 3.

Tourism-related developments, future vision for the destination

The respondents were asked to list the most important factors that should be developed in their settlements, and to assess the success of tourism-related developments completed in the area. The expansion of available services was

mentioned as the most needed factor to develop, followed by the development of medical treatments, the expansion of services available within the health insurance system, and finally the need for more hotel accommodation.

Respondents were asked to list the most missed opportunities and facilities in their settlements. The entertainment opportunities were most frequently mentioned, followed by marketing activities, then the transport and parking facilities, and the applied information tools and instruments. Then the expansion of tourism infrastructure and superstructure is mentioned, and the last two items are the proper attitude of stakeholders, and money.

The respondents assessed the *tourism-related developments*, their opinions differ slightly by settlements. The average of the six settlements is somewhat above medium level (3.31) in a 1-to-5 scale. The level of satisfaction is the highest in Zalakaros (4.1), where developments were considered good, and the lowest value was measured in Marcali (2.5), which is just sufficient, but Kehidakustány was also marked below medium level (Figure 4).

The availability of information about the area was somewhat better valued by respondents, the average value is better than medium (3.78) although it is still below the good level. Hévíz received the best marks (4.53), respondents consider this feature excellent, but Zalakaros and Siklós also got good scores. Marcali is found at the other end of the scale with a slightly lower than medium score (2.9), and Kehidakustány is only a little better (3.3).

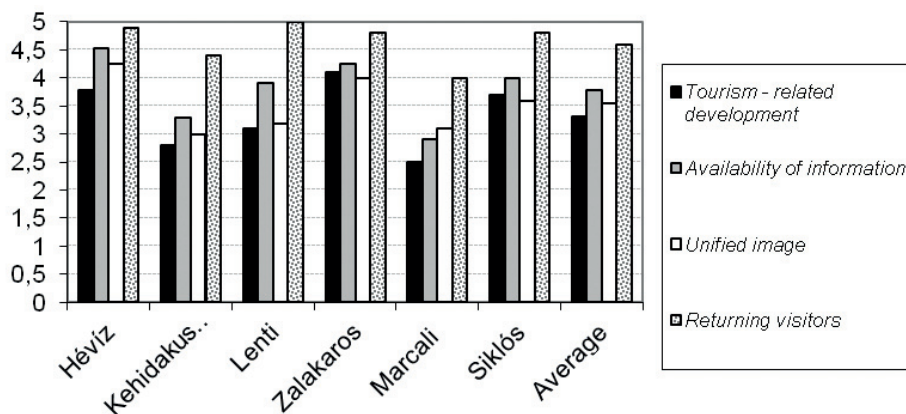


Figure 4: Assessment of the success of tourism-related developments

Note: Assessment by 1-to-5 scale, 1 is the worst and 5 is the best opinion

The average value measured about *unified image* of the destinations (3.54) indicates a medium level performance in this respect. There are differences, however,

between settlements, respondents in Hévíz and Zalakaros are much more satisfied with the image of their town, than the respondents in Kehidakustány, Lenti and Marcali. Looking at the values by respondents' job status the employees of Tourinform bureaus and TDM organisations were the most satisfied (4.1), while the representatives of spas (3.0) and accommodation and food service providers (3.5) considered this aspect only medium level or a little better than that.

The *presence of returning visitors* was marked very high by respondents, therefore returning visitors are generally typical for all the assessed towns and villages. The representatives of spas and of municipalities perceive the presence of these visitors more often than other respondents, but altogether every respondent group gave high scores to this aspect. Significant differences were found neither by settlement, nor by job status.

Respondents were asked about their *future vision of the region/settlement* in 10 years time. Nearly half of the respondents imagined their place to be a developing area in the following 10 years, and expect growing visitor numbers, while the proportion of responses indicating stagnation or decline is rather low, only 10 % of the respondents.

The role of TDM in the tourism of the area

Respondents were asked to evaluate the performance of TDM organisations in their settlements, focusing on the key functions of such organisations:

- the regional marketing activities done by the local TDM organisation,
- application of targeted promotional actions to various segments of tourists,
- complex tourism development and management activities,
- advice and assistance the organisation provides for preparing project proposals and managing projects,
- ability to attract investors to the destination,
- coordination and management of tourism stakeholder cooperation,
- professional interest representation of tourism stakeholders, provision of trainings.

Respondents were most satisfied with the interest representation of the profession and the training activities carried out by these organisations, followed by the complex tourism development activities, and the targeted promotional actions, and the coordination of the stakeholders' cooperation. All these aspects were assessed very good, with scores above 4 on the 1-to-5 scale. Respondents were the least satisfied with the ability of TDM organisations to attract investors, the average level of satisfaction was 3.71. There are striking differences between the settlements, the best values were found in Hévíz and Zalakaros, both above 4.0, while the poorest performance was measured in Kehidakustány, with an average value below 3.0 (Table 6).

The accommodation and food service providers are completely satisfied with nearly all aspects, the scores given were excellent, except the regional marketing activities of the TDM organisation (although this aspect was also considered very good), but the targeted promotional actions scored considerably lower (only at medium to good level). Representatives of the spas valued all the activities of the organisation below the good level, and local inhabitants considered only two aspect – the targeted promotional actions and the professional interest representation – good. The employees of the Tourinform bureaus and TDM organisations are much less critical about their own activities, their scores are at least good for all aspects, except one. This exception is the ability to attract investors, here the respondents valued their own activities as medium to good (Table 6).

Respondents considered marketing activities to be *the most important function of a health tourism TDM organisation*, it was mentioned by 11 % of the 100 respondents. The representatives of accommodation and food service providers, and local inhabitants have hardly given any answer to the question, and no answer was received from other service providers. Other tasks were mentioned by one or two respondents only, which is not enough to draw conclusions.

**Table 6: Satisfaction with various activities of TDM organisations
(1-to--5 scale)**

	Marketing activities	Targeted promotion	Complex tourism development	Advice on projects and proposals	Attract investors	Coordinate stakeholders	Professional representation, trainings	Mean
Mean	3.95	4.17	4.24	3.94	3.71	4.12	4.27	4.06
Hévíz	4.38	4.75	4.50	4.00	4.00	4.50	4.83	4.42
Kehidakustány	3.00	2.50	2.67	2.67	3.00	2.67	3.00	2.79
Lenti	-	-	-	-	-	-	-	-
Zalakaros	4.75	5.00	5.00	4.75	4.25	4.50	4.50	4.68
Marcali	3.00	3.50	4.00	4.00	2.50	4.00	4.00	3.57
Siklós	-	-	-	-	-	-	-	-
<i>Municipalities</i>	4.33	4.67	4.67	4.33	3.67	4.33	4.33	4.33
<i>Spas</i>	3.67	3.67	3.67	3.33	3.67	3.33	3.33	3.52
<i>Accommodation and food service</i>	4.50	3.50	5.00	5.00	5.00	5.00	5.00	4.71
<i>Other services</i>	2.00	-	-	-	-	-	-	-
<i>Tourinform – TDM</i>	4.29	4.29	4.43	4.29	3.71	4.43	4.57	4.29
<i>Local inhabitants</i>	3.33	4.33	3.67	3.00	3.33	3.67	4.00	3.62

Satisfaction with the TDM organisations is also well represented by the inclination of respondents to join these organisations. More than half of the respondents (57%) expressed *disinclination to join a TDM organisation*. Refusal was extremely high (two thirds to three-quarters of respondents) among local inhabitants (76%), and representatives of municipalities (80%) and of other service providers (67%). The majority of other actors (spas, Tourinform bureaus and TDM organisations) gave positive answers to the question. Comparing the settlements Marcali differs from the rest, because here the majority (60%) was inclined to join a TDM organisation.

Tourism performance and health tourism service availabilities

Finally the research assesses the relationship of the role and performance of tourism in the selected destination with the key components of the complexity of health tourism services they offer. The role, place and performance of settlements as health tourism destinations were evaluated by the capacities to receive visitors and the number of visitors received, therefore the indicators introduced at the beginning of this chapter were used: the available places of accommodation per inhabitants, and the guest nights per 1000 inhabitants. The strength of the relationships was assessed by the coefficient of correlation (R). As Table 7 shows, the relationship of the health tourism service components (appreciation of the natural healing resource, preference, quality, value-for-price, hospitality) to the accommodation capacities and to guest nights is very strong. The destinations, where tourism plays a crucial role, seem to be more sensitive to the value of their natural endowments. The higher the accommodation capacity and guest nights in the settlement, the more preferred the health tourism services are, and the more satisfied the respondents are with the quality and the value-for-price of the services. The same is true for the hospitality and respect for visitors. The coefficients of correlation are always above 0.8, therefore the relationships are very strong. Therefore destinations more specialised to tourism seem to be able and willing to provide better health tourism services for visitors.

Table 7: Correlations between various components of health tourism

<i>Coefficient of correlation (R)</i>	Accommodation per inhabitant	Guest nights per 1000 inhabitants
Protect resource, proud of it	0.755	0.826
Preference for health tourism services	0.8933	0.8886
Quality of health tourism services	0.9515	0.9435
Value for price of health tourism services	0.9475	0.9643
Hospitality and respect for tourist	0.8095	0.8255
Inclination to join a TDM organisation	-0.4522	-0.3561

The willingness to join a TDM organisation shows just the opposite. The coefficients of correlation to both the guest nights and to the accommodation capacities are negative, showing medium level opposite relationships. The more successful the tourism destination (i.e. the more nights visitors spend there and the more accommodation places are provided for them relative to the population), the less inclined local stakeholders are to join the local TDM organisation. Obviously the membership of a TDM organisation is attractive to local stakeholders if they do not hope to achieve success in the health tourism market on their own, so they are willing to trust a team of tourism professionals to improve their performance.

Summary / Conclusions.

The analysis of the survey results revealed the following features of the health tourism destinations in counties Zala, Somogy and Baranya: The most important natural endowment, resource is medicinal and thermal water. The main components of the tourism attractions are hospitality and respect for tourists, the medicinal water, and the preference for health tourism services. The most suitable, available components of tourism infrastructure and superstructure are food service and accommodation facilities, and facilities of transport and parking. The main targeted segments of tourists are families, sick people coming for treatments, elderly people, and foreign visitors. The main areas that require development are service availability in general, the range of treatments and information about treatments, range of treatments available within the health insurance system, availability of accommodation. The facilities and opportunities most missed are entertainment opportunities, marketing activities, transport and parking facilities in some of the settlements, information tools and information availability, infrastructural developments and reconstructions, water sports facilities, cycle tracks, and sports facilities.

Development ideas correspond to the existing components of tourism supply and are based on the available resources and attraction items, or are aimed at complementing them. The development ideas are also in agreement with the demands of targeted tourist segments, although they are focused on medical treatments, while the specific needs of families coming for recreation, relaxation and entertainments are not taken as top priorities. These aspects are more emphasised in the list of missed facilities and opportunities, better focusing on the targeted tourist segments.

Among *the activities performed by TDM organisations* professional interest representation and with trainings are the most satisfactory, followed by the complex tourism development activities of the local TDMO, and the coordination and management of stakeholder cooperation. TDM organisations were much

less successful in attracting investors. Respondents were not very well capable of assessing the roles and tasks expected of TDM organisations, many stakeholders have little knowledge about the functions of such organisations. Those who answered to the questions mentioned marketing activities, developments, and coordination of cooperation and maintaining contacts, as the main roles of such organisations. Most of the responses were given by employees in Tourinform bureaus and TDM organisations.

Although the majority of respondents were involved in tourism in a day-to-day basis, most of them expressed no willingness to join a TDM organisation. It may not be surprising to find the highest proportion of negative answers (76%) in the respondent group of local inhabitants, as compared to tourism service providers, they do not feel the impacts of a TDM organisation, and altogether, of a successful tourism sector very strongly in their everyday life. More than half of the tourism service providers also refuse the idea of joining a TDM organisation, they do not see clearly the significance of cooperation, partnership, and concerted action.

Generally speaking, better performance of the tourism sector in the destination comes together with better opinions on health tourism service components, and less willingness to join a TDM organisation, as the better performance of the tourism sector makes them less motivated to cooperate within the framework of such organisation.

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