

**Hungarian University of Agriculture and Life Sciences**

**BRIEF SUMMARY OF PhD THESIS**

**dr. Adam Ruzinkó**

**Gödöllő  
2024.**





HUNGARIAN UNIVERSITY OF  
AGRICULTURE AND LIFE SCIENCES

# **The Success Factors of the Hungarian Health Tourism and Examination of the Effectiveness of Healing Tourism**

DOI: 10.54598/004500

**dr. Adam Ruzinkó**

**Gödöllő  
2024.**



**„Unless the LORD builds the house,  
the builders labor in vain.”  
(Ps 127,1)**

## **Table of Contents**

1. The antecedents of the work, the actuality of the topic, objectives .....	3
2. Methodology .....	5
3. Results and Discussion.....	10
4. Conclusions and Recommendations.....	14
5. New Scientific Results .....	17
6. Related Publications of the Author.....	20

# **1. The antecedents of the work, the actuality of the topic, objectives**

## **Antecedents, actuality**

Since the beginning of the first Széchenyi Plan, i.e. during the past two decades, health tourism has significantly strengthened, the number of guests of thermal-medicinal spas and the number of guest nights in accommodation has increased, so the growth in demand is clearly visible. While in 2000, healing spa hotels (there were no wellness hotels at that time) accounted for 10% of hotel guest nights, today healing and wellness hotels together account for  $\frac{1}{3}$  of guest nights. You can also observe a shift in demand towards quality, guests – especially regular guests – expect something new from the given service provider every year. This means smaller developments, innovations, and, where appropriate, gestures towards the guests, but at certain intervals it is also necessary to implement larger, more spectacular projects.

The thermal-medicinal spas operating in our country, using European Union and government resources, have almost without exception been developed or modernized during the past two decades, which causes development pressure on the players from the supply side as well. In this competition, the expansion of services and the finding of market niches can provide a real advantage, the basic condition of which is the mapping of future target groups appropriately.

Health tourism has thus become a strategic product of the domestic tourism sector, and the future prospects are also promising. On one hand, this is supported by the spectacular upsurge of wellness tourism and the ever-increasing demand for it, and on the other hand, the expected, balanced demand for healing tourism due to the aging European population – from the demand side. The abundance of our thermal waters and the diversity of our healing factors are the basis of our competitive offer.

The success of a strategic tourism product – not only in terms of contribution to GDP, but also in terms of the number of jobs and other important social aspects – is a national economic issue. Therefore, the examination of success factors, such as knowledge of the target groups, the developments that best meet their needs, profitable operation and human resources with the appropriate competencies, are current questions. In connection with these topics, a number of questions arose, which I scientifically examined with my own research, revealed important problems, reached new results, and I hope I made useful suggestions.

Narrowing the focus to healing tourism, I examined the travel and consumption habits of these tourists, their opinions on the effects of the treatments on their health, and the practice of medical treatments. I also prepared an analysis of the macro- and tourism-economic relations of healing tourism. And in order to speak a common language in the profession, and to make the meaning of concepts clear, I have dedicated a separate chapter to definitions and the precise use of notions.

More than two decades ago, in September 2003, I started my teaching activity in the Hungarian higher education, at the honorable invitation of the late Professor Márton Lengyel, I became the head of the health tourism specialization at Heller Farkas College. Today, I am a lecturer at the legal successor, Budapest Metropolitan University, still as the head of the health tourism specialization, in the position of college associate professor, I perform my duties related to education and research.

I am absolutely committed to domestic health tourism, I continue to do my work as a consultant and instructor with humility and enthusiasm, and I try to pave the way for those working in the profession with my insights and network of contacts. I also intended to increase the body of knowledge of health tourism through my consulting work, research and the publication of studies presenting the results. I sincerely hope that with my current dissertation I can also contribute to the development of the profession with my tools.

I consider it important that we can use our thermal waters for other purposes in addition to health tourism, that is why I undertook the development of the Thermal-Health Industry program of the New Széchenyi Plan announced in 2011. My life's professional dream is to connect the actors of the sub-sectors with each other as partners and work on the realization of this program.

### **Objective**

When I started my PhD studies in September 2011 at MATE's legal predecessor, Szent István University, in the Doctoral School of Business and Organizational Sciences led by Professor István Szűcs, my definite goal was to examine the multiplier effects of the medicinal water fund (part the National Health Insurance Fund) on medical tourism and, through this, on the economy. The multicentric research with a total of 1,000-1,200 questionnaires, which I planned in the spas with the largest medical traffic in our country, became more and more expensive and difficult to implement over the years. In the course of my doctoral research work – staying with the original topic – I tried to carry out investigations and ask research questions that, on the one hand, have a direct practical benefit for the development of the profession, and on the other hand, have an added value that can be interpreted scientifically. Finally, my present dissertation is based on the materials of my research carried out over the past decade, and provides a summary of the development of the most important success factors of domestic health tourism and the effectiveness of medical tourism.

The specific professional and scientific goals of the dissertation are as follows:

- creation of reliable definitions for the three main products – medical tourism, heling tourism and wellness tourism – and for their larger, increasingly specialized service groups, after a critical analysis of the profession's rather diverse and often somewhat confusing conceptual system, which causes misunderstandings;
- evaluation of the importance of health tourism in Hungary with the help of situation analysis based on statistics and expert interviews of the last two decades;
- comparative analysis of the profitability of domestic spas, using the results to make lucrative proposals;
- mapping the development needs of human resources working in health tourism, making practical suggestions;
- examine the travel habits of medical tourists, the effects of treatments on their health and the practice of medical treatments;
- to carry out correlation studies and draw conclusions from them regarding several macro- and tourism-economic connections of healing tourism;
- based on the above research examining the success factors of health tourism, by summarizing the results and synthesizing them, make the most obvious and useful suggestions.

## 2. Methodology

When examining the current processes of health tourism, a thorough examination of the specialist literature of the wider and narrower field is essential. I tried to do all of this critically, since this tourist product, as the leading product of domestic tourism, is more and more often the subject of scientific investigations, looking at the issue from the side of allied sciences. However, this also carries the risk that certain issues will be approached differently from other disciplines. Since the field is very closely related to health care, due to its nature, I considered the legislative determination to be primary. Although there may be inadequate, incomplete, and imprecise definitions in some legal documents, they must still be adhered to.

Practical goals have always been the focus of my two-decade-long research on health tourism. Through research, as well as the expansion of the supply and the appropriate allocation of development resources, I have tried to make the most of the excellent features. Given that the research covered a very long period of time, it was also possible to study historical changes immediately.

In addition to the evaluation of the professional literature, the most extensive research method was the field trip and documentation, which was naturally connected and supplemented with interviews with the relevant managers. The fieldwork extended to the study of the services of the individual spas, both from a technical, health, and tourism point of view. Since my research was closely related to my daily work and tasks, I had the opportunity to study most domestic spas. During this period, improvements were made in most of the spas, so I was able to closely examine the effects of the improvements, whether they were successful or less successful. Thanks to the spa manager interviews, I dealt with 66 of the 94 domestic, rural certified spas in more detail (*Table 1*).

In addition to the spa managers, I also conducted interviews with other professional leaders. This includes chairmen of professional organizations and representatives of local, destination-level organizations (e.g. municipalities, TDMs, etc.). The dissertation was written using all the research methods presented in this chapter, however, the opinions and professional positions expressed by the actors mostly shaped my research results. These were semi-structured interviews, in which the conversations took place along the framework of the interview and not specific questions. I recorded the interviews with a dictaphone and typed their text, then processed them with content analysis (BABBIE 2008). All in all, one of the basic values of the thesis may be that I developed the point of view of the health tourism profession using scientific methods, comparing it with economic and territorial processes.

In connection with the research, I owe thanks for the cooperation of so many professionals working in health tourism that I cannot list everyone by name. Therefore, I would like to express my gratitude in general to all the mayors, local government employees, professionals working in spas or hotels, and teachers who have contributed to any professional or scientific results during my almost 25 years in health tourism.



Table 1.  
Domestic spas examined as the subject of the investigations.

Settlement	County	Settlement	County
Kalocsa	Bács–Kiskun	<b>Eger</b>	<b>Heves</b>
<b>Kecskemét</b>	<b>Bács–Kiskun</b>	<b>Egerszalók</b>	<b>Heves</b>
Kiskunfélegyháza	Bács–Kiskun	<b>Mátraderecske</b>	<b>Heves</b>
<b>Kiskunhalas</b>	<b>Bács–Kiskun</b>	Parádfürdő	Heves
Kiskunmajsa	Bács–Kiskun	<b>Berekfürdő</b>	<b>Jász–Nagykun–Szolnok</b>
<b>Tizsakécske</b>	<b>Bács–Kiskun</b>	<b>Cserkeszőlő</b>	<b>Jász–Nagykun–Szolnok</b>
<b>Harkány</b>	<b>Baranya</b>	Karcag	Jász–Nagykun–Szolnok
<b>Békés</b>	<b>Békés</b>	<b>Kisújszállás</b>	<b>Jász–Nagykun–Szolnok</b>
Békéscsaba	Békés	Szolnok	Jász–Nagykun–Szolnok
<b>Gyomaendrőd</b>	<b>Békés</b>	Komárom	Komárom–Esztergom
<b>Gyula</b>	<b>Békés</b>	Cegléd	Pest
<b>Orosháza</b>	<b>Békés</b>	Visegrád	Pest
Szarvas	Békés	Barcs	Somogy
Tótkomlós	Békés	Csokonyavisonta	Somogy
<b>Bogács</b>	<b>Borsod–Abaúj–Zemplén</b>	Kaposvár	Somogy
<b>Mezőkövesd</b>	<b>Borsod–Abaúj–Zemplén</b>	Marcali	Somogy
Miskolc–Tapolca	Borsod–Abaúj–Zemplén	<b>Nagyatád</b>	<b>Somogy</b>
Tiszaújváros	Borsod–Abaúj–Zemplén	Kisvárd	Szabolcs–Szatmár–Bereg
Algyő	Csongrád–Csanád	Nyírbátor	Szabolcs–Szatmár–Bereg
<b>Csongrád</b>	<b>Csongrád–Csanád</b>	Nyíregyháza	Szabolcs–Szatmár–Bereg
<b>Makó</b>	<b>Csongrád–Csanád</b>	<b>Dunaföldvár</b>	<b>Tolna</b>
<b>Mórahalom</b>	<b>Csongrád–Csanád</b>	Paks	Tolna
<b>Szeged</b>	<b>Csongrád–Csanád</b>	Tamási	Tolna
<b>Szentes</b>	<b>Csongrád–Csanád</b>	<b>Bükfürdő*</b>	<b>Vas</b>
Agárd	Fejér	Celldömölk	Vas
Győr	Győr–Moson–Sopron	<b>Sárvár</b>	<b>Vas</b>
Balmazújváros	Hajdú–Bihar	Szentgotthárd	Vas
Debrecen	Hajdú–Bihar	Balatonfüred	Veszprém
Hajdúböszörmény	Hajdú–Bihar	Pápa	Veszprém
Hajdúnánás	Hajdú–Bihar	<b>Hévíz</b>	<b>Zala</b>
<b>Hajdúszoboszló</b>	<b>Hajdú–Bihar</b>	Kehidakustány	Zala
Püspökladány	Hajdú–Bihar	<b>Lenti</b>	<b>Zala</b>
Demjén	Heves	<b>Zalakaros</b>	<b>Zala</b>

\* Member of the board of directors between 2011 and 2017 (chairman between 2012 and 2017)

**Highlighted in bold are the settlements** whose spas were inspected over a longer period of time and in several stages

The background of the research was the analysis of supply and demand data. I collected the data partly from the Information Database of the Central Statistics Office, partly from the spas' and hotels' own, non-public databases, and then analyzed them using simple statistical methods. The scope of data covered tourism supply data and demand data at the settlement level. On the supply side, the official statistics measure accommodation capacities, but as a result of further investigations, I was able to reveal the service capacities of spas and the characteristics of other supply elements of spa towns as destinations. On the demand side, the

focus of the investigations was the guest traffic at the settlement and facility level (number of guest nights), further detailed, by examining data on sending areas (domestic and foreign, the latter further divided into sending countries) and seasonality. The problem of measuring health tourism has already been indicated by several researchers (MOLNÁR 2011). The main problem is that the individual service providers only comply with their legal obligations, so in the official and reliable statistics we only find guest traffic data for accommodation at the settlement level. The spas are not obliged to provide data, so the acquisition of data from them is only contingent, thus strongly dependent on personal relationships, and based on the summaries of the Hungarian Spas Association.

One part of my research was the examination of spas in the surrounding countries. These mostly took place in the framework of professional study tours. Most of the investigated spas are located in Germany, Slovakia, Austria and Italy. The experiences gained during these study trips and field trips have been indirectly incorporated into my personal knowledge materials, however, in this thesis, separate, direct research results on these are not presented, since in order to obtain acceptable results that can be used both scientifically and in practice, further, more detailed research is necessary.

During the study of the literature, I thought I discovered shortcomings in the previous studies in several areas, so the novelty of my research can be found mostly in the evaluation of additional, previously less investigated areas. This includes a very thorough exploration of the human resource needs of health tourism. The 2010 research was based on a questionnaire survey, individual expert interviews and group discussions examining the demand (healing spas, healing and wellness hotels) and the supply (education) side of the labor market. In the first part of the survey of the demand side, 63 spa units participated (*Table 2*), where 3505 employees worked. The proportion of seasonal workers in the spas participating in the research was 21.98%. Thanks to the developments of the 9 years prior to the research, the number of jobs increased, the proportion of seasonal workers decreased, and during five years, 207 new jobs were created in the spas, participating in the investigation.

*Table 2.*

*Regional distribution of the spas participating in the research and the number of employees*

Regional distribution	Number of spas participating in the research	Number of employees		
		Permanent, full-time	Permanent, others	Seasonal
Northern Great Plain	20	883	32	255
Southern Great Plain	13	435	55	122
Northern Hungary	6	243	2	58
Western Transdanubia	6	947	38	110
Central Transdanubia	4	182	10	26
Southern Transdanubia	4	263	6	38
Central Hungary	10	552	14	196
<b>Altogether</b>	<b>63</b>	<b>3505</b>	<b>157</b>	<b>805</b>

Source: own editing

In the survey related to accommodations, we sent the questionnaire to 108 healing and wellness hotels, Danubius Hotels and Hunguest Hotels, the information was returned from 20 of these hotels. A total of 400 employees work in the examined medicinal and wellness departments (Table 3).

*Table 3*  
*Number of employees in the medical and wellness department in the examined hotels*

Permanent, full-time	Permanent, others	Seasonal
327	36	37

Source: own editing

The number of employees naturally varies depending on the capacity of the wellness and medicinal department. Hotels in this area employ a minimum of 3-8 and a maximum of 40-50 people. In the five years preceding the survey, 36 new jobs were created in the surveyed hotels.

The higher education institutions involved in the survey were determined in accordance with the training structure and rules of Hungarian higher education. Basically, there are four basic courses in which health tourism knowledge can be taught, especially in this kind of specialization. Among the bachelor's courses, these are the following:

- In the economic sciences area
  1. tourism-hospitality bachelor's degree;
- In the area of medicine and health sciences, the
  2. bachelor's degree program in healthcare organizer, specialization in health tourism;
  3. bachelor's degree of nursing and patient care, specialization of physiotherapy and health tourism;
  4. bachelor's degree recreation organizer and health promoter.

The teaching of health tourism knowledge within the framework of a subject or thematic block cannot be ruled out in other majors either, but this cannot be a significant number of hours, because the Hungarian Higher Education Accreditation Committee does not allow the launch of so-called cross-major courses in the case of majors belonging to a specific field of study, based on the principle of professional distance. In addition to the above, there are four additional basic courses among the approved basic courses, which provide professional qualifications that make those who complete the course suitable for employment in various health tourism facilities. These majors in the sports science training area are the following:

- a. sports organization bachelor's degree,
- b. recreation organizer and health promoter,
- c. human kinesiology,
- d. physical education coach.

During the individual expert in-depth interviews, I asked the following specialists:

- the chairman of the Hungarian Spas Association,
- Hunguest Hotels, deputy CEO for operations and human policy,
- Danubius Hotels deputy CEO responsible for human resources,
- chairman of the Wellness section of the Hungarian Hotel Association,
- professional advisor of the Higher Education Department of the Ministry of Education and Culture.

The selection of the participants of the workshop-style group discussion was connected to the questionnaire survey, using the opportunity provided by the Spa & Wellness Exhibition. The research also took into account the available secondary sources, although their number was very limited. The reason for this is that today's (higher) education research focuses on the transformation process as a whole and how, compared to which the examination of the needs of a specific (narrower) sector has been pushed into the background. Actors in the economy (through their associations, etc.) still do not carry out sufficient lobbying activities in order to transform education, to create a system of rules that best suits their needs, but also matches the education system and is necessary for the creation of the appropriate training structure. It is noteworthy that during the 2000s, the National Tourism Commission discussed the situation of tourism education comprehensively only twice (in 2003 and 2009). In 1996, tourism education was also a special topic at the first Parliamentary Open Day on tourism, but no meaningful action plan was created after the event.

I consider the question of health-care financing of medical treatments to be of the greatest importance. In the latter area, I embarked on my scientific research with much more ambitious plans than the ones implemented, but I had to postpone these plans – primarily due to their growing need for resources.

As part of the nationwide survey of patients and doctors, interviews took place in various spas between May and September 2015. The number of respondents from patients was 284, while 64 doctors filled out the questionnaire from all over the country. The survey of the patients covered the use of spa treatments (in terms of their quantity and content), as well as the use of tourism services (accommodation, leisure services), and also the expenses related to all of these. I also asked about the characteristics of the diseases, but I expected even more useful results from the patients' opinions on the quantifiable and non-quantifiable results of medical treatments. These questions covered the changes in their drug costs after the spa treatments, as well as the general effects on the patients' subjective quality of life. Overall, the main goal of the survey was to shed light on the relationship between certain diseases and the effects attributed to balneological treatments. The focus of the inquiry of doctors was the appearance of diseases relevant to spa therapy in their practice, and closely related to this was the assessment of their spa treatment prescription habits.

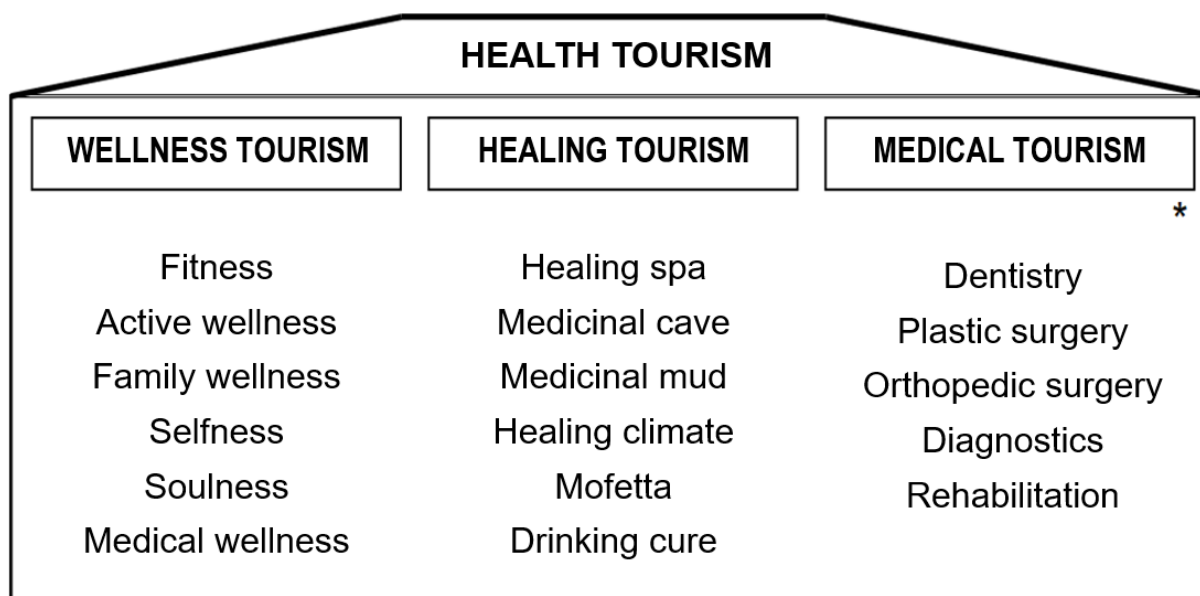
In the dissertation, I present 47 figures, 12 tables and 10 pictures. The research is based on 126 sources from literature, of which 103 are scientific works (of which 37 are in foreign languages, and 21 works were published within the last 4 years, i.e. since the outbreak of the pandemic).

### 3. Results and Discussion

Despite the fact that many studies have dealt with the **definition of the basic concepts** of health tourism, few have undertaken this task with due care. Meanwhile, among the basic problems, we can mention that in many cases the technical terms are not used precisely in the profession. It is particularly common for medical tourism to be referred to as „real health tourism”, even though both notions can be properly defined, but have different contents. It is not good for any profession, it does not help the productivity of those working in it, if they do not use and understand the basic professional terms accurately. The starting point for this is that even in education it is necessary to use a uniform terminology. Since the concepts used in health tourism are regularly used by specialists in economics, geography, and health science, it is necessary to get to know and accept the thinking and terminology of those working in the other profession(s).

In the gradually globalizing tourism competition, service providers cannot do without marketing communication, the success of which depends to a large extent on the appearance of clearly and unambiguously classifiable products and tourist destinations on the market. This is also important because, in order for potential tourists to consider a destination or a tourism product in their purchasing decision, a well-recognizable product that promises a clear benefit (experience, attraction) must be presented in marketing communication. But beyond that, it is also essential that the future guest understands exactly the terminology used by the service provider in marketing communication, which is why clear, understandable messages are needed.

In the period of total tourism, travelers appear everywhere, not only in the facilities originally created for them. A process similar to this was already observed in health tourism, since the use of medicinal water (or other natural healing factors) primarily served health purposes. Initially, its tourism aspect only arose because these healing factors are spatially limited, so those wishing to be cured were forced to travel. Nowadays, however, the situation has partially reversed, and the trip itself has become the primary goal, but all features and phenomena in the destination have become the object of interest. Thus, not only the healing water itself is an attraction for tourists, but also all other elements of the already existing (broadly understood) health infrastructure, such as cosmetic interventions, special medical treatments, or various forms of spiritual recreation. The appropriate, uniform application of the concepts (Figure 1) will greatly help the various specialist areas to be able to cooperate effectively with the operators of the basic infrastructure of tourism and to better serve the rapidly growing needs, partly from tourists and partly from future professionals.



\* There are the most typical medical services used by foreigners in Hungary

Figure 1

Modern categorization of health tourism

Source: own editing

The destinations themselves benefit from health tourism as a whole, as guests typically use other tourist services during their travels. One of the most important results of my research is that I not only revealed one of the biggest problems of domestic health tourism – the poor income-generating capacity of spas – but also made suggestions for maximizing the total revenue. By mapping out the possibilities and using them properly, you can do it in order to operate profitably. For the better profitability of a public spa, it is most worthwhile to diversify the range of services available within the spa, i.e. to increase the number of profit centers.

The 7R model (seven revenues model), or profit center maximization concept, which I developed and named, based on the examination of the economic operation of spas, does not by itself solve all the problems of domestic spas. But it might help the guests to feel better thanks to the colorful and consistent quality program offer, and the profitability of the service providers to improve. Of course, this means more work, but also higher pay, both from the point of view of the management and the employees. The possible profit centers examined through domestic and international examples are the following:

### I. Ticket revenue

The pricing policy must be designed appropriately, aiming for the best profitability. However, a spa cannot survive on ticket sales alone.

### II. Extra paid medical, wellness and beauty services

Since many functions are suitable for dual use (medical and wellness), e.g. massage or bath treatments, with a smart timing of these, very good utilization and significant sales can be achieved.

### III. Own accommodation

The direct connection to the spa means higher utilization for the hotel (or other type of accommodation), while the hotel means a permanent, more stable clientele for the spa.

#### IV. Gastronomy

If the restaurant and buffet is operated by the spa-company itself, it is not only possible to provide the guests with a consistent service that increases their satisfaction the most, but the operator can also gain significant revenue.

#### V. Events

A spa cannot be truly successful without good events that meet the tastes and expectations of the clientele. Own events (organized by the spa) do not necessarily bring extra income, but they certainly attract more guests on the day of the given program.

#### VI. Commerce

In addition to beach items, the shops of the spas also sell beauty and medicinal creams and other preparations made from the extract of their own medicinal water. There are also many foreign spas where they can double their ticket revenue by selling spa products made from their own medicinal water (e.g. France, Italy, Austria, Iceland).

#### VII. Sponsored ads

Advertisements do not mean an extra service for guests, but they certainly provide extra income for a spa.

During the above proposals, e.g. when planning and starting the own operation of gastronomic services or accommodation, maximum consideration must be given to local conditions and the expected proportion of guests using the services (Figure 2).

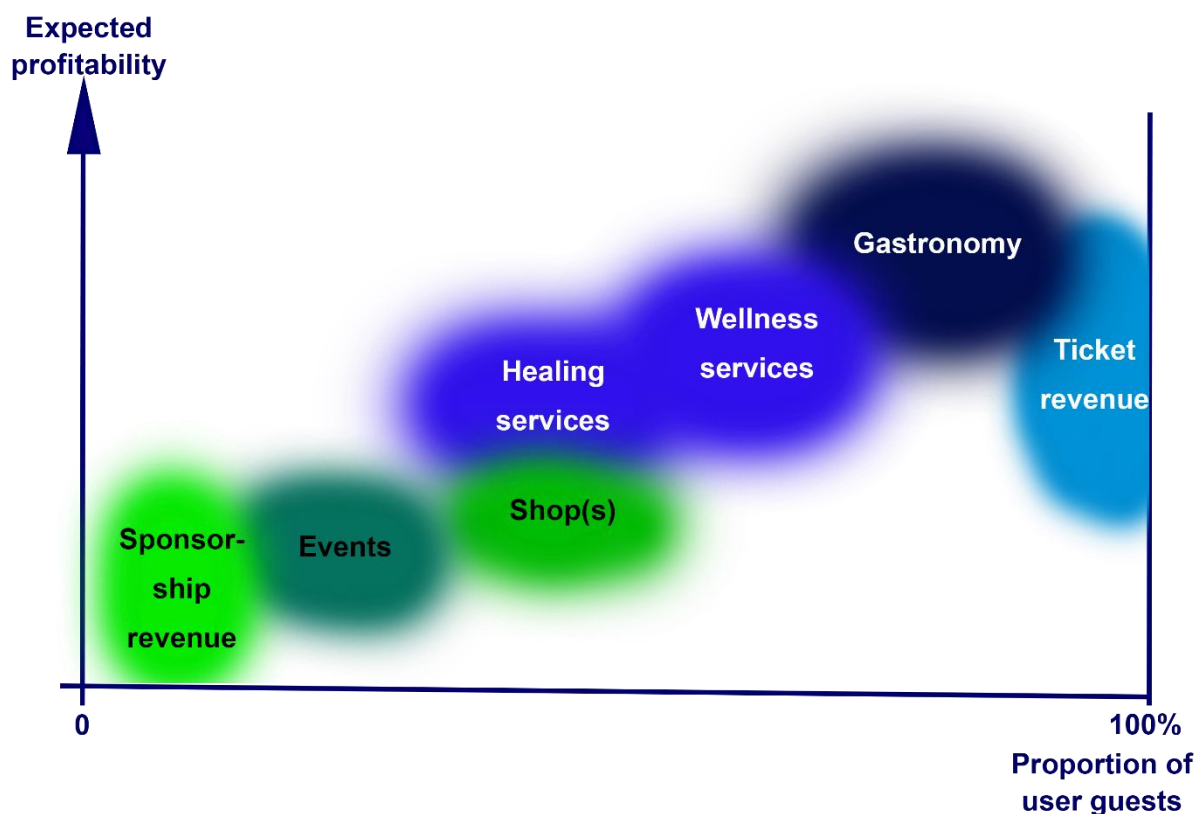


Figure 2  
Utilization and profitability of the potential profit centers of a spa  
Source: own editing

**By assessing the human resource needs of health tourism**, we came to the conclusion that the profession perceives similar shortcomings and strengths in tourism, health, and technical education. Theoretical education is considered adequate, but practical training is lacking both in terms of quantity and quality. Opinions are divided regarding communication training, but it needs to be strengthened as well.

- Language skills suitable for the target group, so language training is essential for those working in tourism, this must be strengthened in all levels of education. Service providers (mainly spas) must include in their continuing education system the language training of their employees and its regular renewal;
- It would be necessary to teach the basics of hospitality and tourism even from the basic level of education, but definitely in the specialized secondary education. The proposals also include that doctors and technical specialists working in spas and hotels receive „basics of tourism” training. Everyone must be aware of the basics of the industry in which they work – and even in the case of doctors working here, this is the tourism and leisure industry and not healthcare;
- The teaching materials of the professional courses need to be supplemented or written. As a result of the developments of recent years, there has been technical and technological development in the operation of spas, which the profession needs education and continuous training (for example, water technology, IT, corporate management system);
- Following the trends of health tourism and responding quickly to them would also mean that trainings are available through which those working in the profession can constantly update their knowledge - all this in a practical way;
- Language training is essential for front office workers. New markets are interested in our products, their language must be learned at a minimum level by all employees (even in housekeeping) who come into contact with guests;
- It is also necessary to promote the personal development and self-awareness of employees. Selfness – which is a new trend in health tourism – can only work really well and authentically if the employees also feel it is theirs.

During the **national patient survey**, doctors who prescribed spa services and patients who used them were interviewed. As a result, it turned out that a large proportion of doctors prescribe spa services, and they are well aware of the offer and the healing effect, so they try to use these opportunities as much as possible for the recovery of their patients. Patients are also satisfied in this area, so it can be concluded that the spa services are not only effective, but that the patients also feel that they are effective. In the course of further research, it may be worthwhile to deal in more detail with how much the spending of patients coming to spas for financed treatments contributes to the total income related to health tourism.

As the final part of the research, I examined the **macroeconomic relationships of health tourism**. The guest traffic of healing spas is highly dependent on additional services and the availability of infrastructure. Spas operate primarily on a market basis, one of the reasons for which is that the income from social security-financed services is not sufficient to maintain the spas' medicinal services. SS-funding is constantly decreasing in relative value – as the budget of the medicinal water fund and reimbursement fees have not increased since 2012 – so the loss from SS-financed treatments is compensated from other revenues. The number of spa visitors



depends to a lesser extent on the macroeconomic situation, the primary reason for this being the long history of spa culture and the widespread use and popularity of domestic spas. At the same time, the guest turnover of the accommodations shows a closer correlation with the unemployment and personal income indicators. Based on this, the price elasticity of demand for spas is lower, and the amount of discretionary income affects more the spending on additional tourism services, e.g. on accommodation. Therefore, the domestic population – in less favorable economic conditions – insists more on visiting spas than on commercial accommodations. It should also be noted that as inflation increases, the number of hotel guests temporarily decreases, meaning that consumer prices and incomes do not rise at the same pace.

Spas – as they have a large-scale infrastructure that can serve a relatively large number of people at the same time – can serve as a main attraction for a destination, which, based on this, can increase its tourism revenues with additional services (multiplication).

## 4. Conclusions and Recommendations

Most subfields of health tourism can still be said to be a new profession, the development is significant, there are many new concepts, and nothing has really crystallized yet. As a result, as many companies, educational institutions, and other organizations use so many different definitions. The **concepts and definitions I propose for uniform use** take into account professional consensus, however, in many cases we had to make significant clarifications in order to dispel misunderstandings and contribute to reducing incomplete or incorrect application.

In order to avoid the revealed problems affecting daily use and therefore causing misunderstandings during both professional work and education, we recommend the following solutions:

- I. We should approach not the Anglo-Saxon, but the German conceptual system, which is much closer to domestic usage.
- II. It must be made clear, and it must also be integrated into the usage, that healing tourism (based on healing factors) is not part of medical tourism. While the former is based on natural healing factors, the latter includes medical interventions carried out in a hospital-clinical setting – most often services related to surgeries and more complicated diagnostic procedures. So, healing tourism is not the same as medical tourism – at least the current, effective legislation and the service activities of the market players do not allow us to conclude that either.
- III. Let us have a uniformly accepted terminology! I make suggestions for this in the dissertation, considering the areas to be covered by each concept from a health, tourism and economic point of view.

Based on my research, in order to ensure the **sustainable operation of the spas**, it is necessary to take into account the following - primarily environmental - aspects:

- management and personnel committed to environmental awareness,
- conscious, economical and sustainable management of thermal water resources,
- multi-purpose utilization of thermal water (in addition to bathing, at least for heating),
- production of electricity from solar energy,

- modern, efficient building and water engineering systems and their automation,
- effective insulation,
- energy-saving electrical systems and their automation,
- environmentally friendly water treatment, cleaning agents,
- large green areas,
- selective waste collection,
- use of nature-friendly materials and chemicals,
- green marketing, environmentally friendly marketing communication.

As a result of the human resources research, the thesis contains the following proposals.

1. Synchronization of labor market needs and training capacities, so education and training should be continuously adjusted to the needs of employers. Recommendation: in order to consciously synchronize the potential (assessable, traceable) labor market needs and training capacities, the regions should prepare an annual summary for their area, and the Hungarian Tourism Agency should prepare an aggregated annual summary of the health tourism sector (thermal spas, healing and wellness hotels, other hotels providing wellness services and players in medical tourism) how many jobs within health tourism will be created by the service providers, or tender applicants. By monitoring the implementation and operation of tender projects (5-year maintenance period), we can form an accurate picture of the number of jobs actually created.
2. **Measuring the effectiveness of health tourism education and training:** it is necessary to strengthen the follow-up examinations of exit part of individual training courses (student satisfaction, successful placement, career tracking, employer opinions) and ensure the continuous adaptation of experiences into the training program. This requires the development and implementation of an appropriate quality assurance system on the part of the universities, which is more effective than the current one.
3. There should be **more practical training opportunities** for students: all parts of the research clearly revealed the lack of practice that can be obtained while studying. It is important that the student participates in a two-semester professional internship as meaningful as possible, preferably including an internship abroad. This is particularly important in light of the fact that recent legislative changes allow higher education institutions to conduct their courses without announcing specializations.
4. **Institutional and professional cooperation** for the sake of more complex service industry preparedness, since health tourism affects many different fields:
  - it basically affects the fields of tourism, economy, health science, sports science, as well as the previously highlighted technical field - knowledge of related professions is required;
  - higher education in the above-mentioned fields is of high quality in our country, taking advantage of this, it is recommended to make up for the missing knowledge in the related fields based on the given field and discipline;
  - health tourism requires complex knowledge, but in-depth, safe, thorough knowledge and background in a specific field is essential;
  - professional cooperation, joint content development and dialogue with the service providers are necessary in higher education related to health tourism. This is the only way

to ensure more effective adaptation to training needs, institutional specialization and quality education. **Proposal:** the state tourism management should create a permanent forum to strengthen the cooperation of the higher education institutions concerned, to present the demands coming from the economy in a coordinated manner, with the joint participation of representatives of the higher education institutions and the profession. Such cooperation could be facilitated by tenders that require the cooperation of several educational institutions and economic actors;

- tenders should be issued for educational institutions that aim to develop the curriculum of several different educational institutions in the field of health tourism (for example, technical, economic, tourism, health tourism). With joint curriculum development, it would be possible for both employers and employees to speak a common language. As a long-term result of this, the impact of health tourism on health preservation and health awareness would be significant.
5. **Creating the possibility of lifelong learning:** it is recommended to develop continuing education in the spa and spa-hotel professions as well. The economic crisis made it necessary to learn several professions together, and the employment and rotation of employees in several areas became essential. The revision of the health tourism professional training based on the European Qualifications Framework (EQF), which can be harmonized with the EU training structure.
  6. **Language learning:** every guest-related employee should know at least a basic level of a foreign language, mainly suitable for the typical foreign target group.
  7. **Information technology education:** knowledge of corporate management systems is important for everyone who comes into contact with them in the course of their work. The ability to communicate online is also essential in marketing jobs. IT skills that can be used in everyday practice must be included in the curriculum.
  8. **Regulation, accreditation:** a system must be developed so that in the field of applied economic sciences, during the accreditation procedures of the Hungarian Accreditation Committee, and in the educational process, practicing representatives of the profession can have a greater role. In addition to ensuring scientific knowledge, it is absolutely necessary to be more practically oriented (the results of science serve the needs of the economy more effectively), especially in the bachelor's degree program. The new regulation would include the applicability of practicing professionals as instructors. The current inflexible system of accreditation and employment requirements in this area serves quality only formally and often encourages higher education institutions to look for loopholes. The more flexible start-up of the specializations would give the opportunity to start smaller groups or individual trainings.

## 5. New Scientific Results

Without exception, the focus of my research was on the effective development of health tourism and its more effective operation than before. I tried for this and for better comprehensibility

- create reliable definitions;
- to contribute to the profitability of domestic spas both as a researcher and as a consultant;
- after understanding the development needs of human resources, make suggestions regarding education that better meets market needs (which I also keep in mind as a university lecturer); furthermore
- examine the important processes of medical tourism and draw macro- and tourism-economic conclusions by performing correlation studies.

By clarifying the *professional concepts*, it was possible to give a more precise picture and a better presentation of the relative role of the sub-areas. When clarifying the conceptual system, I highlighted *three suggestions* that will help to avoid problems that cause misunderstandings both during professional work and during education:

- 1) We should approach not the Anglo-Saxon, but the *German conceptual system*, which is much closer to domestic usage. The latter is also supported by the unquestionable primacy of our German-speaking sending markets.
- 2) It must be made clear, and it must also be integrated into the usage, that healing tourism (based on healing factors) is not part of medical tourism. While the former is based on natural healing factors, the latter includes medical interventions carried out in a hospital-clinical setting – most often services related to surgeries and more complicated diagnostic procedures. So, *healing tourism is far from being the same as medical tourism* – the current legislation and the activities of the service providers do not allow us to conclude that either.
- 3) Let us have a *uniformly accepted terminology*. This includes many branches, as I have made simple and precise suggestions regarding the areas to be covered by each concept, considering both the health, tourism and economic points of view.

One of the biggest problems of the domestic health tourism industry is the *weak income-generating capacity of our spas*. However, this is not an irrefutable axiom - by mapping the opportunities and exploiting them at the right time, it can be done in order to operate profitably. In order to improve the profitability of a spa facility, the range of services that can be used within the spa or connected to it (e.g. accommodation) should be diversified, i.e. the number of profit centers should be increased. The most important ones:

- ticket sales,
- extra paid services (medical, wellness, beauty or water slides),
- self-operated gastronomy,
- operation of own or related accommodation.

These are of minor importance, but worth mentioning:

- the commercial and
- from event organizing activities,
- the lease and

- revenues from sponsorship fees.

From the guest's point of view, all of this means that you can choose from a number of uniformly high-quality services. Examining specific spas that try to take advantage of these income opportunities, it has been proven that it is indeed possible to operate a spa owned by a municipality profitably, so the previous thesis that a municipal spa can only generate losses has been overturned.

Another main element of effective operation is *reducing costs* as much as possible. The main line here is the cost-effective use of renewable energy sources. My own research (Green Spa, 2021) also highlighted the importance of using thermal and solar energy in domestic spas.

My research examining the development needs of human resources was primarily looking for the answer to how to better coordinate the needs of employers with the activities of the education system. Numerous conclusions and suggestions are derived from the investigations, of which only the most important and most comprehensive implications are presented here:

- theoretical education is considered adequate by employers, but practical training is not considered satisfactory (students should have more opportunities for practical training);
- higher education institutions should also be interested in aligning themselves much more closely to these labor market needs, even in the short term - employers themselves are ready to help with the possibility of internships that can be obtained while studying;
- it is definitely necessary to strengthen communication training;
- language skills suitable for the target group(s), so language training is essential for those working in tourism;
- doctors and technical specialists working in spas and hotels should also receive tourism training, since tourism is basically the profession in which they also work;
- in the operation of spas, technical and technological development has taken place to such an extent that the profession needs education and continuous training, for example, knowledge of corporate management systems, online communication skills in marketing positions, IT skills that can be used in everyday practice should also be included in the curriculum.

Among the results at the professional policy level, the following should be highlighted:

- on one hand, there is a need for uniform, transparent information about all the training courses in each field;
- on the other hand, *the synchronization of labor market needs and training capacities* is indispensable from the point of view of a more precise labor supply of the profession, so that education and training should be constantly adapted to the needs of employers;
- thirdly, it is also important to measure the effectiveness of education and training: it is necessary to strengthen the follow-up examinations of individual trainings (graduations) and ensure the continuous integration and adaptation of experiences in the training program.

The national patient survey led to several interesting findings:

- the popularity of medical tourism is indicated by the fact that all of the respondents used balneological treatment in the past year and a half;

- the majority (54.2%) stated that they used the service in a settlement other than their place of residence and spent more than one day there;
- the majority of the respondents (62.7%) stated that they had average financial conditions, and an appropriate proportion (61%) also used commercial accommodation (hotels, guesthouses), which is a significant increase compared to the data of 5 and even more so 10 years ago;
- the same can be seen from the average spending data (spa admission, treatment, accommodation, meals, use of other services). These trends clearly indicate an increase in the domestic standard of living.

*From the point of view of the communication of healing tourism service providers*, important information is how loyal the medical tourists are. The most important factor in choosing the place of treatment is one's own favorable experience - this is what most people indicated. The doctor's recommendation, information on the Internet and the media, or information received from friends and relatives play a much smaller role in the choice.

Regarding the multiplicative effects of medical tourism, it is an important finding that the vast majority (93%) of those who received treatments away from their place of residence also performed additional leisure activities during their stay. They clearly like variety, as the respondents indicated an average of 2.56 activities out of a possible seven.

*The examination of the macro- and tourism-economic relations of healing tourism* pointed out that

- the number of spa visitors depends to a lesser extent on the macroeconomic situation, the primary reason for this being the wide spread of spa culture and the popularity of domestic spas;
- at the same time, hotel guest traffic is strongly influenced by unemployment and discretionary income indicators, i.e. even though the spa culture has been integrated into the population's lifestyle, the secure job and the level of income strongly influence the overall costs of accommodation and thus travel.

The reason for the different behavior patterns is that domestic guests – in less favorable economic conditions – insist more on visiting spas than on commercial accommodation. As inflation increases, the number of hotel guests decreases, which means that consumer prices and the population's income do not rise at the same rate, which may cause the temporary reverse effect.

Despite the previous intention, a research area for a better understanding of medical tourism, the investigation of the multiplier effects of spa treatments supported by the National Health Insurance Fund, was omitted from this dissertation. It is definitely recommended to carry out this research in the future, because in this way the economic effects of medical tourism can be more precisely substantiated. In preparation for this, contact has already been made with the largest healing spas in our country, and a detailed questionnaire has also been developed.

## 6. Related Publications of the Author

- 1) BÁNKI E.–LASZTOVICZA J.–KOVÁCS L.–RUSZINKÓ Á. 2003: Fürdő kultúra és egészség turizmus. A fürdő, mint turisztikai termék. In: KISS V.–NAGY Z. (szerk.): *Magyar Fürdő almanach*. Magyar Fürdő szövetség, Budapest, pp. 93-100.
- 2) RUSZINKÓ Á. (szerk.) 2006: *Egészség turizmus I.* Főiskolai jegyzet. Heller Farkas Gazdasági és Turisztikai Szolgáltatások Főiskolája, Budapest. 156 p.
- 3) RUSZINKÓ Á. 2011: Gyógyító Magyarország – Egészség ipari Program. In: Magyarország Kormánya: Új Széchenyi Terv. A talpraállás, megújulás és felemelkedés fejlesztéspolitikai programja, pp. 41-96.
- 4) RUSZINKÓ Á.–VIZI I. 2011: Az egészség turisztikai munkaerő piac helyzete. In: *Turizmus Bulletin* XIV. évf. 4. sz., pp. 44-52.
- 5) RUSZINKÓ Á.–VIZI I. 2012: Az egészség turisztikai humán erőforrás-fejlesztés irányai egy országos munkaerő-piaci kutatás eredményei alapján. In: SCHLEICHER N. (szerk.): *Felsőoktatás és munkaerő piac – tények, vélemények, tapasztalatok*. Budapesti Kommunikációs és Üzleti Főiskola, Budapest. Konferenciakötet, pp. 152-169.
- 6) RUSZINKÓ Á. 2013: Recenzió – *Egészség turizmus és életminőség Magyarországon*. In: *Turizmus Bulletin*, XV. évf. 1. sz., p. 80.
- 7) RUSZINKÓ Á.–DONKA A. 2014: A szakmai képzettség szerepe a fürdők modern és hatékony menedzsmentjében. In: RÓKA JOLÁN (szerk.): *Annales. Tomus VI.* A Budapesti Kommunikációs és Üzleti Főiskola Tudományos Évkönyve, Budapest. pp. 219-230.
- 8) RUSZINKÓ Á.–DONKA A. 2015: Fürdők jövedelmezőségének összehasonlító elemzése. In: GALAMBOS I.–MICHALKÓ G.–TÖRZSÖK A.–WIRTH G. (szerk.): *Fürdő városok*. TITE Könyvek 7. Történelmi Ismeretterjesztő Társulat Egyesület, Budapest, pp. 263-274.
- 9) RUSZINKÓ Á. 2015: A turizmus elmúlt éve és eredményei. In: *Nemzeti Érdek*, 11-12. sz., pp. 206-213.
- 10) RUSZINKÓ Á. 2016: Turizmus fejlesztési tapasztalatok az uniós támogatások tükrében In: *Orbán Balázs Akadémia – Kárpát-Haza Szemle 8. – Turizmus a régiófejlesztés szolgálatában*. A Nemzetstratégiai Kutatóintézet és a MÜTF Oktatási Központ által, a Budapesti Gazdasági Főiskola és a BGA Pro Transilvania partnerségével 2015. április 24–25. között Székelyudvarhelyen szervezett nemzetközi tudományos konferencia tanulmánykötete, Budapest, pp. 78-81.
- 11) RUSZINKÓ Á.–DONKA A. 2017: Az egészség turizmus értelmezése a turizmus változó rendszerében. In: *Turizmus Bulletin*, XIX. évf. 2. sz., pp. 47-57.
- 12) RUSZINKÓ Á.–DONKA A. 2019: Kísérlet az egészség turizmus fogalmi rendszerének egységesítésére. In: RÓKA J. (szerk.): *Annales. Tomus XII.* A Budapesti Metropolitan Egyetem Tudományos Évkönyve, Budapest. pp. 136-158.
- 13) RUSZINKÓ Á.–DONKA A. 2022: Az egészség turizmus reménykeltő helyzete a pandémia utáni időszakban. In: CSÁKVÁRI T.–VARGA Z. (szerk.): *V. Zalaegerszegi egészség turizmus konferenciakötet*. Pécsi Tudományegyetem Egészségtudományi Kar, Zalaegerszeg, pp. 163-173.
- 14) RUSZINKÓ Á.–DONKA A. 2023: A fürdő helyek, mint a hazai turizmus legjobb helyei. In: DONKA A.–MICHALKÓ G.–RÁTZ T. (szerk.): *IX. Magyar Turizmus földrajzi Szimpózium Absztrakt kötet*, Kodolányi János Egyetem–HUN-REN CSFK Földrajztudományi Intézet–Magyar Földrajzi Társaság, Székesfehérvár–Budapest, p. 67.