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Wellness Patchwork - A Wellness Phenomenon of Our Age

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Abstract

In our research we reviewed the spectrum of the health tourism, the models of the wellness tourism. Our questionnaire survey proceeds along Ardell's model, which we conducted at multiple-generation Hungarian spas. With the help of it we discovered the wellness tourism habits of the Hungarian population. Our research had 547 participants. According to our supposition the wellness cannot be done effectively if our leisure time and everyday philosophy of life conflicts. Is the wellness wellness in the people's minds as well or is it just a new fad that we 'go wellness', empty words, behind which the content vanishes? Our survey verified our earlier research results: currently, the wellness tourism for the majority of the tourists is still none other than relaxation spiced up with fun elements. A change of paradigm would be needed for us to be able to efficiently participate in health care programs, really serving our health, thus shaping our lives. This change of aspect applies both to the supply and the demand sides.

Keywords: Ardell's five-factor wellness model, wellness philosophy, wellness patchwork

1. INTRODUCTION

The theoretical part of the present study models the health tourism and within it, focuses on one of its constituents, the wellness tourism. In this respect, besides the general characteristics of the target groups using wellness tourism and wellness services, it shows the relation of the 547 persons participating in our spa guest questionnaire to wellness.

The objective of our research is to investigate the significance of the ‘real wellness’ (E-AWR, 2013), that is, the life philosophy of the wellness among Hungary’s inland tourists. According to our assumption it is rather only certain elements of the wellness philosophy that are present. Foreign and home researchers both worked on the issue. (Chen – Prebensen – Huan, 2008) We labelled this phenomenon as ‘wellness patchwork’. This is greatly influenced by the current trends of fashion and an internal human dilemma that can be described as the fact that one participates in wellness because others also do and if they did not, they would be left out, lag behind or be forgotten. All this decreases the binding to the community, the belonging to somewhere. For certain people, wellness is a ‘prestigious experience’, the feeling of belonging to a higher ranking society group.

These mean the feeling of belonging somewhere and the self-fulfilment levels of Maslow’s (Maslow, 1943) hierarchy of needs. This fits perfectly to the two step grades of wellness which were described by the futurology institute of Berlin and was briefly summarized by Árpási (2014), that the first grade means the consumer wellness and the second one means the connection with the environment.

In our research we conducted the questionnaire survey and evaluation along the constituents of ‘real wellness’ to prove or disprove our assumption.

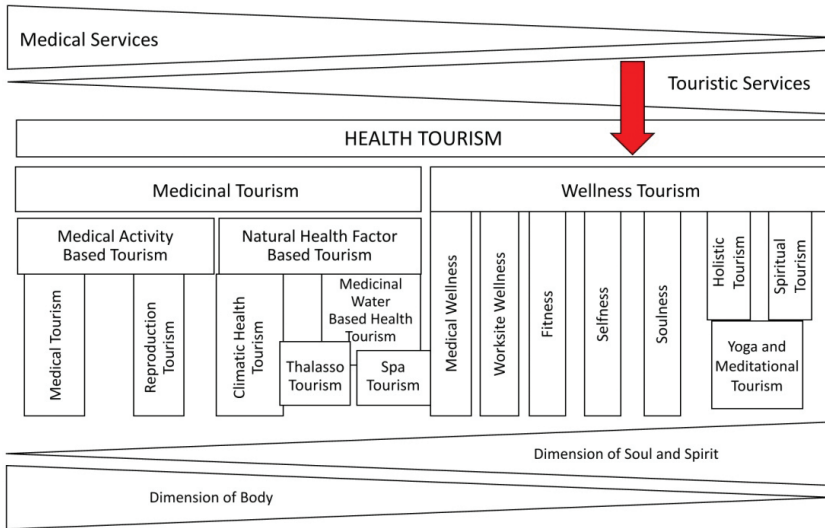
2. CONCEPTUAL BACKGROUND

The conceptual approaches relating to health tourism are both diverse and complex at the same time. Besides the fact that the terminology shows the national characteristics of the individual researchers and certain terms are used as synonyms, the foreign and home professionals suggest more and more markedly the usage ratio of the health and touristic services during the creation of definitions (Bywater, 1990, Kincses et al., 2009).

Essentially, the medicinal tourism and the wellness tourism provide the base for the health tourism. (Müller – Kaufmann, 2000, Rätz, 2004, Ruzsinkó, 2006, Smith. – Puczkó, 2010, Michalkó, 2012)

Synthesizing the above for the more effective positioning of the health tourism, the spectrum of the health tourism is modelled by Printz-Markó according to the following.

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



Source: Own edition based on Printz-Markó's own research

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

The novelty of the Printz-Markó model (Fig.1) is that the dimension of body-soul-spirit appears proportioned in the theoretical system of health tourism. Dunn was one of the first writers to state that the individual has to be handled as consisting of body, soul and spirit whose harmony is important. Among various wellness researchers, aside Dunn (1961), Hettler (1980), Opaschowski (1987), Greenberg – Dintiman (1997), Illing (1999), the Global Spa Summit (2010) and from Hungarian side Kiss and Török (2001) also display in their interpretation of wellness the unity and balance of body-soul-spirit. Devereux – Carnegie (2006), Pernecky – Johnston (2006), Steiner – Reisinger (2006) connect the essence of wellness to spirituality, and relate several of its esoteric aspects to the New-Age movement, as does Miller (1994), Heelas (1996), Green – Aldred (2002).

The trends also justify the incorporation of this unity into the model. From among the trends, for example, Manlga (Kenney, 2015) highlights that the offer of spa destinations focuses more and more apparently on the balance of body-soul-spirit. Michalkó (2012) sees that the establishment of wellness hotels roots in the fact that they, concentrated in time and space, contribute to the achievement of the optimum of body, soul and spirit.

Back to Dunn, it is worth mentioning that he is the author of the word wellness and its definition. (Nahrstedt, 2002). The word wellness came into being with the fusion of the words 'well being' (that is 'to be well (healthy), feel good') and the 'wholeness' (completeness). Furthermore, Dunn conceived the 'high-level-wellness'-concept which means the high-level practice of the healthy life. According to his opinion wellness is the conscious preservation of health, a balanced and active lifestyle (Darabos, 2007).

Related to this and the present topic of research – as indicated by the red arrow in Fig. 1 – the following part of the study focuses on one of the two constituents of the health tourism, the wellness tourism.

Among the wellness interpretations, beyond the Dunn's (1961) wellness model, the Travis (1972 in Travis-Ryan, 2004), the Ardell (1977), the Hettler (1980), the Haug (1991), the Müller and Lanz Kaufmann (2000), the Horx (2000), the Nahrstedt (2004) and the Lee's (2004) wellness models are definitive.

The establishment of the world's first wellness center, the Mill Valley Wellness Relaxation Center in the early 1970s (Berg, 2008) and the development of the illness-health continuum model in 1972, and in 2004 the development of 12 elements of the wellness wheel is related to Travis. Travis puts the emphasis on the individual's responsibility and developed a 8 months programme to assist in the acquisition of the wellness philosophy (Árpási, 2014).

Ardell, the 'wellness guru' is related to the wellness newsletter launched in 1984, the Ardell Wellness Report, the establishment of the www.seekwellness.com website and the foundation of a wellness center. In his first model of 1977 the individual responsibility was in the centre, then the norms and rules of society were emphasized. Hettler, in 1975, established the American National Wellness Institute, of which he became the president. He is related to the Testwell wellness self-assessment questionnaire which he developed under the health preservation program launched for university students in 1979. It defined the 6 dimensions of wellness.

The first European wellness model is related to Haug's name. Müller and Lanz Kaufmann complement Ardell's model with the concept of mental wellness. The novelty of Nahrstedt's wellness model is the insertion of the health interpretation of the Oriental cultures and their related methods and the emphasis of the social connections and the environmental sensitivity.

Basically each of the models above builds on the individual responsibility.

Lee (2004) constructs the European health and wellness model on the four primal elements such way that they are connected to the therapy procedures and services. In his system the balance among the individual elements is created by the Kneipp-cure.

Illing's concept and definition which is similar to Ardell's is oriented towards completeness and sets up a wellness model based on five pillars, but he defines wellness under the point of view of health tourism. According to Illing (2002) 'wellness is the entire effort made to achieve body-soul-spiritual well-being through

vitalising and relaxing means or programmes used in special health centres'. Illing defines 3 grades of the wellness:

1st Grade Wellness: Joy without the considering the consequences on the body and soul.

2nd Grade Wellness: The state of well being is tried to be achieved actively (training, consciousness), while considering the consequences.

3rd Grade Wellness: Sustained change in the behaviour with the objective of permanent achievement of the sustained well being for the body and soul (Laczkó, 2009).

Wellness tourism means to be temporarily away from your permanent residence and during that time your goal as a tourist is to achieve an optimal state of health and a balanced condition related to body, soul and spirit. The wellness services offer complex health care and prevention programme and provide possibility to acquire health-related knowledge in an attractive environment in a fun way. The active (sport, fitness) and the passive (beauty farms) wellness form part of wellness tourism. The wellness profile means the providers' specialization within the branch. The specialized service means that beside wellness an other function is linked. This makes the provider exceptional. Therefore its service is a Unique Selling Product on the market of touristic supply. Such things are for example the Turkish and Roman baths and the connection of the conference and the wellness (Aquaprofit, 2007). All this is stemming from that the tourists' expectations tend to be more and more complex. The needs of the tourists, the internal drives give the motivation of the tourists. This means the meeting point of Maslow's needs (1. physiological needs, 2. safety need, 3. love and belonging, 4. esteem, success, 5. self realization), and their levels expanded by Mill – Morrison (1992) (6. knowing and understanding - learning, 7. aesthetics – recognition of beauty), and the travel intentions (Table 1.).

Table 1. Maslow's (1943), and Mill – Morrison's (1992) Needs and the Related Travel Motivations

Level of Need	Need	Travel Motivation
1.	Physiology	Physical-intellectual relaxation, draining the pressure
2.	Safety	Calmness, prevention, regeneration, health
3.	Belonging	Maintaining cousinly and social relationships
4.	Esteem	Respect, personal development, prestige, achieving status
5.	Self-actualization	Self-discovery, sense of adventure, self-knowledge
6.	Knowing and understanding	Interests, studying, learning
7.	Aesthetics	Environmental beauty, sense of beauty

Source: Own edition based on Mill – Morrison (1992), Lengyel (2004)

According to Tasnádi (2002) it is the needs of relaxation, regeneration travel and social life that are most related to tourism. Kozma (2006) thinks that tourism may satisfy the lower levels of the hierarchy of needs.

Based on the needs, different travel motivations appear for spending the leisure time which generate different types of tourists. Deriving from the nature of our research topic, the leisure and life-purpose groups by F. Romeiss-Stracke (1989) can be linked here. Pursuant to this the lifestyle groups differentiate the four tourist types below in the connection system of the demands of tourists' leisure time and those of the touristic market:

Table 2. Tourist Types According to F. Rosmeiss – Stracke

Tourist Types		Characteristics
A	Active pursuer of experience	A demanding consumer in whose life-style travelling, well-being of the body, the active sport and enjoyment are determinant.
B	Trend-sensitive	Demanding consumer with a single-minded and environmentally conscious mind.
C	Tourists travelling with family	Price sensitive customer seeking the opportunities for group experiences in his leisure time with his family members, relatives, friends.
D	Relaxing	Less single-minded consumer preferring passive relaxation and having a relatively advanced environmental consciousness.

Source: Own edition based on Kaspar – Fekete (2006)

The consumers can be segmented according to several aspects but the most important is that for the groups which will form during segmentation, well separable service packages should be able to be developed even in the case of the same spa facilities, wellness providers, accommodation.

3. RESEARCH METHODOLOGY

The questionnaire survey was conducted between May, 2014 and November, 2015. The questioning was done partly with paper questionnaires at multiple-generation spas, Hajdúszoboszló, Lipót, Kehidakustány, Bükfürdő and the Anna-gora Aquapark in Balatonfüred, partly with sharing on the termálonline website. Our questionnaire sheet contained 22 questions and was filled in by 547 persons. Unfortunately, the willingness to answer was quite low, overall the younger people and within it women were more willing to assist.

The items of the questionnaire were based on Ardell's five dimensional wellness model and Lee's European medical and wellness model. In the research, two and multiple output closed and five-stage Likert-scale questions were used to examine the respondents' participation in wellness tourism, motivation, services

used, their approach to nutritional awareness, environmental sensitivity, stress management, physical fitness and self-responsibility.

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

4. CHARACTERISTICS OF RESEARCH SAMPLE

The proportion of the women among the respondents was 70%. The age of respondents were asked for with open question then transcoded based on the categories of the study of Budai – Székács (2001), (Table 3). Budai and Székács (2001) were the first to define the market segmentation of Hungary’s health tourism. According to the character of the services and the age of users 8 target groups were defined as indicated in Table 3. (1. Active Youth, 2. Youth Seeking Entertainment, 3. Health Conscious Youth, 4. Middle-aged With Family, 5. Health Preserving Middle-aged, 6. Health Conscious Elder, 7. To Be Rehabilitated Post-Operation, 8. Elder Seeking Recovery.) Árpási (2014) supplemented further 2 target groups to the segmentation (Table 3: 9. Young Couples with Small Children, 10. Grandparents with Grandchildren).

Table 3: Hungarian Target Groups of Health Tourism

Age	Service			
	Fitness	Adventure Bath	Wellness	Spa
18-35 yrs	1. Active Youth	2. Youth Seeking Entertainment 9. Young Couples with Small Children	3. Health Conscious Youth	7. To Be Rehabilitated Post-Operation
35-55 yrs		4. Middle-aged With Family	5. Health Preserving Middle-aged	
from 55 yrs and on		10. Grandparents with Grandchildren	6. Health Conscious Elder	8. Seeking Recovery

Source: Own edition based on: Budai – Székács (2001), Aubert – Csapó (2004), Árpási (2014)

Our present study focuses primarily on the wellness tourism thus the characteristics of the target groups using the wellness services from Table 3 are briefly detailed.

The target groups using wellness services, according to Budai and Székács (2001) consist of the health conscious youth between the age of 18 and 35, the health preserving middle-aged between the age of 35 and 55 and the health conscious elder above the age of 55. For the health conscious youth the health

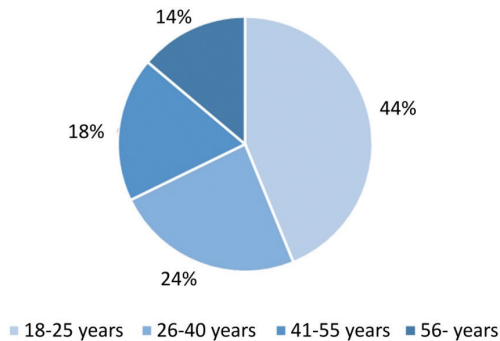
preserving active leisure is of primary importance. They usually lay more importance on the beauty care than on exercising. This segment usually has no children. Despite that the health preserving middle-aged already have a family, they usually arrive at the given destination without children. They prefer the quiet, calm environment, the beautiful landscape and their main motive is the regeneration, relaxation.

The health conscious elder consider the rich relaxation, high-standard services, the pleasant environment important. Their health condition is good. They feel youthful (Budai – Székács, 2001).

In our research we investigated whether these groups are identifiable after more than a decade.

Since the booking rate of wellness holidays is increasing in proportion among the age of twenties (Árpási, 2014) and our investigations highlighted the need for further refinements, we formed 4 age groups: age of 18-25, age of 26-40, age of 41-55 and age of 56 and on. Their distribution is shown in Fig. 2. The analyses were done according to this new categorization.

Fig. 2.: Age Distribution of Respondents



Source: Own research

86 % of the respondents, according to their own judgment, can make a decent living out of their income, 46% of them can even save which is an important factor since among the participants of wellness tourism the proportion of ones with a higher income is typical.

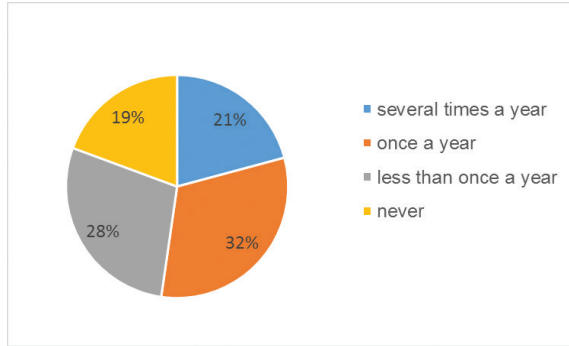
5. KEY RESULTS OF THE RESEARCH

5.1. FREQUENCY OF PARTICIPATION IN WELLNESS

At first we investigated the frequency of participating in wellness tourism. It is especially interesting in the light of the fact that one of the megatrends of our present age according to Jakopánecz and Törőcsik (2015), based on international

researches is the ‘health’, the ‘health boom’ and the ‘expansion of health market’ which incorporate the health conscious behaviour of the individuals. Our research has shown that hardly more than one-fifth of the respondents stay more than once a year in a wellness hotel. 32% of them does so once a year, 47% less than once a year or never did participate in the wellness tourism.

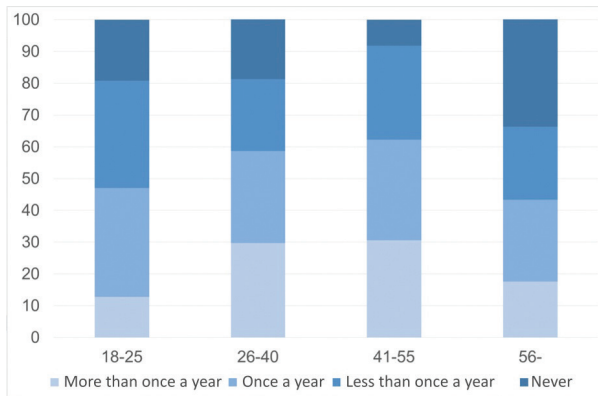
Fig. 3. Frequency of Staying in a Wellness Hotel



Source: Own research

Based on cross-table analysis, we found significant correlation between the participation in wellness tourism, the age and the income. As it can well be seen in fig. 4, the 41-55 year-olds take part in wellness more frequently compared to the older age group whose participation is less characteristic. This is partly explainable by the income and the fact that the elder tend to choose the spas instead where they can recover and relax, in many cases with Social Security support.

Fig. 4. Correlation of Frequency of Staying in a Wellness Hotel and Age



Source: Own research

During the wellness tourism, based on Ardell’s (2010) five-dimension model, the tourist should pay attention for the nutritional awareness, the physical activ-

ity, the proper stress management and should act responsibly for the environment and himself.

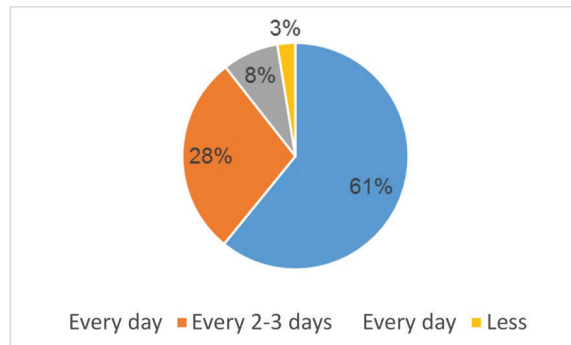
We investigated along these factors, to what extent do the respondents wellness consciously, that is whether the wellness is 'real wellness' or just a relaxation spent using services of high standard or as we call it, a kind of 'wellness patchwork'.

5.2. NUTRITIONAL AWARENESS

Based on our research we found that the respondents, in connection with nutrition, are relatively aware of what the healthy nutrition means/would mean, however, this is realized only partly. In the analysis of attitude, on a scale ranged from 1 to 5, a high value was given, an average of 4,2 - besides a relatively small dispersion - to the „To me healthy eating is important”, but food supplements were judged negatively and it was not common that they would use them (an average value of 2,4 with 1.479 of dispersion). Organic foods are consumed by very few, the related attitude is not really favourable, 2,4 (with a scatter of 1,365).

According own admission, only 61% of the respondents consume fruit and vegetable every day (Fig. 5.).

Fig. 5.: The Frequency of the Respondents' Fruit And Vegetable Consumption



Source: Own research

The women and the elder insert the fruit and vegetable more frequently into their diet. The fact that only 62.3 % of those who marked nutrition as the most important factor for preserving the health of the body and the soul consume these foods every day, supports the theory of „patchwork”.

Also a surprising result is that although the nutritional awareness is considered to be relatively important, the question 'To what extent do you agree about the following statement?: I always look at the ingredients of a food' received only a medium value, though with a quite high scatter of 1,451.

Concerning drinking most of them drink mineral water or tapped water (73,5%). The choice here was influenced mainly by the income.

The detrimental habits were analysed through the alcohol consumption and smoking. Based on the answers, only 6,2% of them consumes alcohol regularly and 31,6% of the respondents smoke time to time or regularly.

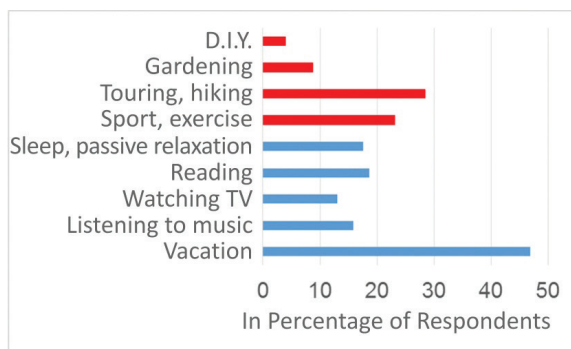
5.3. PHYSICAL ACTIVITY

The activity was examined using attitude questions related to the frequency of sports, the form of relaxation and the leisure movement forms.

Based on the research it can be stated that any activity (sport, hiking, gardening, D.I.Y.) means relaxation only for 65% of the respondents, for the others relaxation can only mean a passive mode (reading, listening to music, watching TV sleeping, etc.) (Fig. 6.).

The situation with sports is even worse. 46,8% of the respondents do not do any sports, exercise - not competitively - daily (13,5%) or two or more times a week. Among the elder there are the fewest to do sports or exercise, however, anyone participating in such an activity, does so regularly and is exceptionally active.

Fig. 6.: What Does Relaxation Mean For Respondents

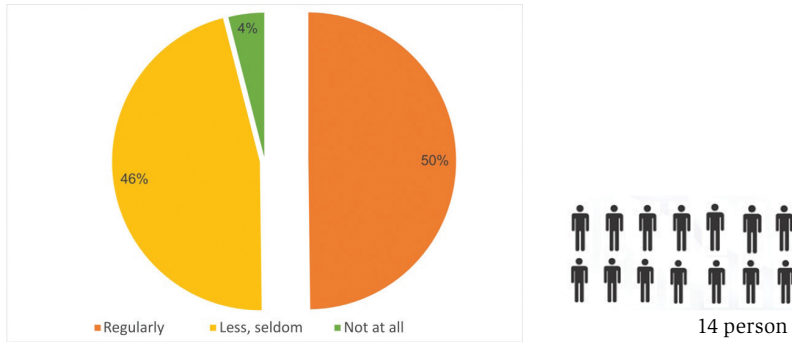


Source: Own research

5.4. STRESS MANAGEMENT

According to Ardell (2010) a part of the real wellness is the management of the stress. Although only 15,8% of the respondents consider their life stressful, analyzing the answers to an other question it turned out that 49,7% of them gets into stressful situation. The 41-55 years old group felt themselves to be the most stressful, in their cases we found the highest frequency in the wellness visits. However, stress control as part of wellness was used only by 14 persons out of the total sample (Fig. 7.).

Fig. 7.: Relation of Frequency of Getting Into Stressful Situation and Those Using Stress Control



Source: Own research

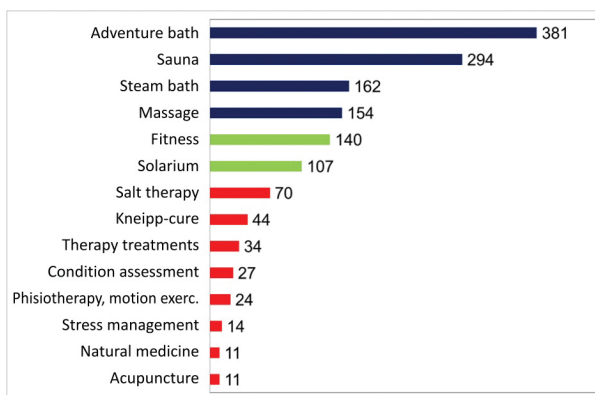
5.5. ENVIRONMENTAL SENSITIVITY

The environmental sensitivity was examined based on the behaviour towards the environmental hazards. During the research we asked what hazards do the respondents protect themselves against. The results verify that people consider those environmental hazards that are appearing in the media to be dangerous, they protect themselves against them, any other ones they practically ignore. This also proves the extent the people's thinking can be influenced by the media. There are two environmental hazards which trigger protective reaction: UV radiation, 58,9 % and preservatives, 44,6%.

5.6. REAL WELLNESS VS. WELLNESS PATCHWORK

According to the above it can be seen that the wellness in Hungary, like several other European countries, can be regarded more as 'wellness patchwork' than 'real wellness'. During the wellness relaxation it is the adventure elements which dominate. The majority of the respondents have only demanded these wellness services out of the full list of services included in the questionnaire (Fig. 8.). The wellness hotels would have a major role in confronting the traveller with the wellness as a philosophy of life. Under this, the restaurant should offer menu complying with the nutritional awareness. Their homepage could feature information on the real wellness and the media also should pay more attention to the essence of wellness.

Fig. 8.: Frequency of the Usage of Wellness Services as Percentage of Respondents



Source: Own research

6. SUMMARY

As a result of our primary and secondary research it can be stated that among Hungarian inland wellness tourists the elements of the ‘real wellness’ do predominate in equal proportion. Thus the wellness is not a philosophy of life for them but a kind of “wellness patchwork” phenomenon. During our questionnaire survey we also observed the body shape of the questionnaire subjects. Since the survey was done on paper in person, an interesting external personal observation can be recorded beside the statistical results. The observed body shape of the wellness tourists appearing in our research sample could be said less than fit or sporty. Therefore the nutritional awareness and physical activity also suffered damages also in this respect as ‘real wellness’, that is wellness philosophy of life constituent.

In the background of the development of ‘wellness patchwork’ phenomenon there is the frequent use of the expression wellness, which is encountered with in several fields of life. Illing (2002), Kickbusch (2003), Fóris (2007) highlight that up to our days besides tourism, the beauty care, fashion, everyday consumption sport, recreation, prevention, the alternative therapy and marketing all had the wellness as a trigger word. On the supply palette of Germany, for example, besides several others there appeared the wellness socks, the wellness shampoo, the wellness clothing, the wellness sausages, the wellness drink, the wellness cereal flakes, and Mercedes-Benz even developed a wellness truck (E-AWR, 2012).

The process seems to be less and less reversible. Change in the long run may be brought about by the clarification of concepts, the establishment of service packages meeting the requirements of the respective segments, and, with this, the diversification of wellness.

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