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THE ANALYSIS OF COSTUMER SATISFACTION IN RECREATIONAL TOURISM

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Abstract: Due to increased health awareness and the growing amount of assistance to boost it, health tourism research has gained significance in our days. The present study focuses on the analysis of customer needs for recreational tourism and their habits; moreover, it interviews the guests of 15 Hungarian wellness hotels through a questionnaire survey. Next we attempt to explore the rate of guest satisfaction with health-preservation services. The study presents the findings of this research activity until now, whereas the results of further data processing will be published in the future.

Keywords: recreation, health tourism, consumer satisfaction

Introduction

The past years saw health tourism come to the fore again as the sector which can revive economic activity, create jobs and improve competitiveness. As a result of increasing health awareness manifesting partly in customers’ diverse use of preventive services and the influences of foreign trends, the ever-changing needs of health tourism consumers are difficult to meet. The need to satisfy these diverse demands has multiplied the number of health tourism companies. It is the common interest of both customers and service providers that the volume and quality of recreational services should comply with the highest possible demands.

The concept of health tourism

The present research focuses on recreational tourism including wellness tourism; however, first we discuss the term coined from a definition by Dr. Gyula Kincses and another one by Melanie Smith and László Puczkó with the authors’ supplements and then we present the definition of health tourism. (Figure 1.)

The creation of a more complex concept seemed to be important as neither service providers, nor customers are unable to provide a precise answer to the question what certain health-tourism related expressions or services mean that are recommended for them, or they wish to use as consumer demands change constantly and the concept of health tourism goes hand in hand with this development. Moreover, several publications underline the problem posed by the lack of a uniform concept

in tourism and this might lead to severe misunderstandings of communication and function.

As for a standard definition of *health tourism* in Hungary “Health tourism is a concept embracing medical and wellness tourism, the area of tourism where the key motivation of visitors is to improve or to preserve their state of health, i.e. recovery and/or prevention; accordingly, they use health tourism services during their stay in the given destinations (ÖM /Ministry of Local Government/, 2007).

As Figure 1. shows, our system differs from the most widespread definition of health tourism, since it displays wellness tourism as one of the sub-categories of preventive, recreational tourism, as recreation, based on a definition by Kovács (2004), is a civilised way of spending our free time,

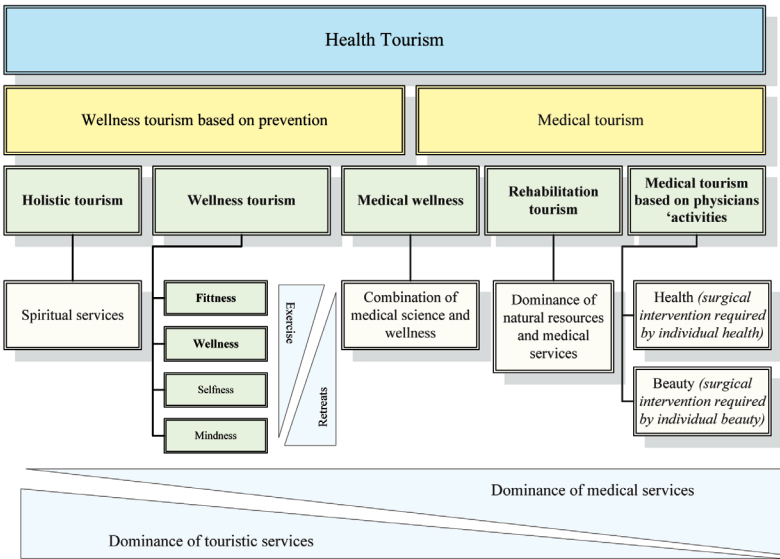


Figure 1. The concept of health tourism

Source: Author’s own research

i.e. all the activities that lead to recreation and refreshment, constituting a broader category. However, due to – among others – burgeoning consumer needs, it includes not merely wellness tourism as a touristic sector, but holistic tourism as well and also the part of medical wellness where touristic services dominate.

Figure 1. highlights the area emphasized by the present study. *Recreational tourism* is a complex service package to improve and to preserve health in general, which might include health care services (e.g. medical massage (I1) in addition to health-improvement services (e.g. wellness, fitness).

Wellness tourism focuses both on the improvement of harmony in body and mind by using complex health touristic services used in one's free time.

Trends of recreational tourism

The lack of a uniform data measurement system and the existence of terminological differences in various countries hinder the analysis of data referring to the use of recreational and wellness services in the world. Both the tourism sector and its consumers need more information, data and various resources so that wellness services can become competitive and authentic.

The goal of this chapter is to introduce health tourism, including the European and domestic trends of recreational tourism.

The past decade saw the emergence of massive changes and related new trends in the international demand-supply relations of health tourism. In addition to traditional medical and thermal tourism in the 90s, wellness-fitness services emerged and became increasingly popular among customers (Kiss & Török 2001; Rátz 2004). Being aware of the looming trends of these new areas in the third millennium (demand for a healthy lifestyle, individual responsibility for the preservation of health on a large scale, highly stressed lifestyle, the development of civilisation diseases etc. experts predict a more dynamic growth rate than that of health tourism (Kiss & Török 2001).

Europe

Europe is the continent with still the largest share of international tourism; however, its share from the travels of feeder markets outside their regions is decreasing continuously. 51.6%, i.e. 534.7 million international arrivals were registered here in 2012. As for international touristic revenues, the share of Europe (42.1%, 453.4 billion USD) was the largest. Compared to 2011 (calculated in local currency) touristic revenues grew by 1.8%, i.e. at a slightly lower rate than the number of international tourist arrivals (I2). According to data by STR Global European Hotel Review, European hotels were moderately successful in 2012: the survey showed that European

hotels were full at a 0.1% higher rate. In this process, the slump in Southern Europe and stagnation in Northern Europe played leading roles throughout the year. The average price calculated in EUR expanded by 4.7%, RevPAR¹ by 4.8% (I3).

Hungary

The majority of Hungarian service providers seek to become medical tourism destinations and only few recognize the hidden potentials of increased demand for lifestyle-based services (I4).

In developed countries, which are the major feeder markets, the rising growth rate of the elderly population has become the most characteristic demographic trend. Increasingly health-conscious seniors with rich travel experience might provide purchasing power for the sector of health tourism. In addition, in welfare societies the demand for combining privately financed medical services with touristic experience is also on the rise (I2).

The emergence of wellness in Hungary can be dated to the second half of the 1990s. This type of health tourism is becoming increasingly popular today. The growing demand is triggered by social and economic changes domestically or at international level, and also by growing health and environmental awareness (Varga & Molnár 2011).

An increasing number of enterprises launched their business in the previous years, providing preventive and wellness services, adjusting to international trends.

Today wellness and fitness services can be used in the following localities in Hungary:

- wellness-hotels or the wellness-departments of commercial accommodations with various qualifications (e.g. medical hotels)
- units specially intended for these purposes in medical, thermal and experience baths
- health centres,
- daily wellness-providers, including wellness-centres: these are facilities which provide a wide range of wellness, bath, sauna, relaxation, fitness, sport and beauty services (I5).

Material and method

Our primer research applied the method of questionnaire survey and focused on two areas: the sub-areas of preventive, recreational tourism and wellness, fitness customs, attitudes. The visitors filled in altogether 677 questionnaires in Hungarian wellness hotels after using their services. Out of them, 445 questionnaires surveyed wellness, whereas 232 ones fitness habits. The questionnaires included mostly closed questions, but respondents could also develop their personal opinion in answers to open questions. Data gained in this way were analysed by the SPSS 20.0 statistical programme.

¹Revenue per available room

Research findings

The age profile of the sample

The age profile of the sample (Figure 2.) suggests that wellness and fitness services are dominantly used by the age group of 41-60 (40.2%), and the rate of those between 26 and 40 (33.4%) is also high in terms of the use of preventive medical services. Under 18 (1.9%) and above 60 (8.8%) the level of prevention consciousness is lower.

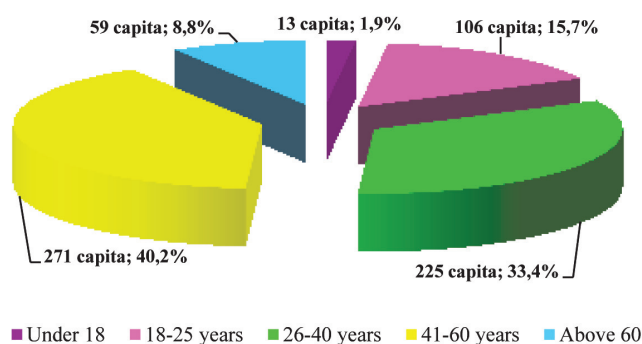


Figure 2. Age of respondents

Source: Authors' own research

School qualifications of survey participants

The rate of participants with higher education certificates is high (55.2 %), including 50-50 % of university and college graduates, respectively (24.6%-30.6%). The number of graduates with secondary degrees is 161 (24.1%), that of participants with OKJ (National Qualifications Register) is 66, whereas 6.3% of the visitors seeking relaxation and recreation were qualified workmen. Merely 2.7%, i.e. 18 people completed primary school and 13 visitors (1.9%) refused to answer questions about their school qualifications.

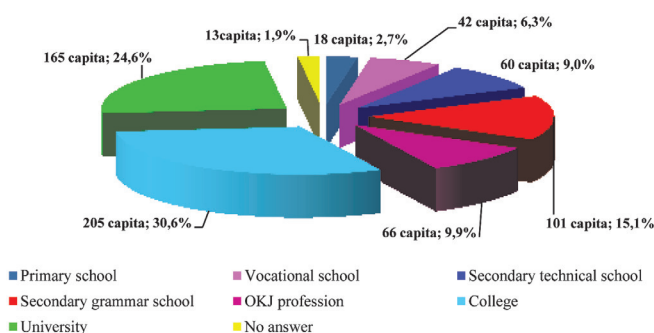


Figure 3. School qualifications of respondents

Source: Authors' own research

The breakdown of participants by educational attainment underpins the plausible hypothesis that the customers of healthcare service providers are mostly highly qualified individuals.

The number of members in the families of respondents

Healthcare providers' services are mostly used by families of four (33.7%). 23.9% of families of three use these services, but couples also prefer preventive medical programs (25.8%) (Figure 4).

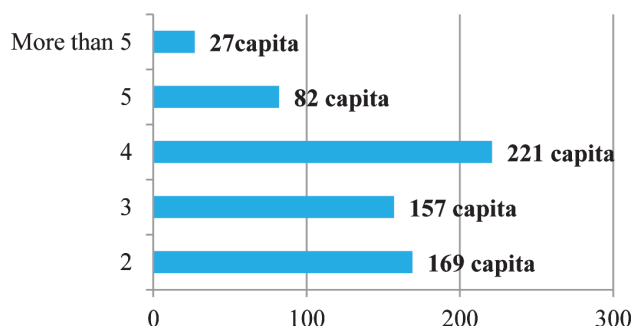


Figure 4. The number of respondents' family members

Source: Authors' own research

To sum it up, it can be stated that families with two children have a strong preference for preventive, experience-rich services.

Income of respondents

Taking foreign citizens into account, income-related categories were calculated in HUF and EURO as well. Out of 677 individuals, 496 people answered the questions about their incomes, adding up 73.3%. Visitors who use recreational services are mostly from families whose net monthly income exceeds 280 thousand HUF (28.4%). The studied sample includes 109 visitors where the net family income is 130 001-180 000 HUF, i.e. 22% of visitors. 98 individuals belong to the category of 180 001-230 000 HUF. There are merely 42 people whose net family income is below 130 000 HUF (Figure 5).

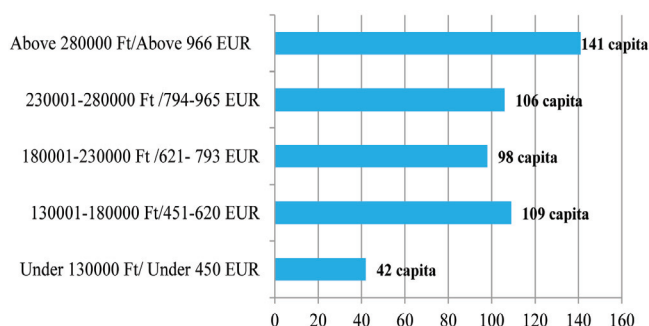


Figure 5. Distribution of the sample by income category

Source: Authors' own research

The examination of income categories reveals that wellness hotels are typically chosen for free time activities by high income families.

The additional objective of the present research is to explore the use of the following services and related customer satisfaction:

- adventure pool,
- Finnish sauna,
- steam chamber,
- restaurant,
- playhouse,
- massage,
- sport programs,
- Jacuzzi,
- water jets.

Our methodological research applied the Chi square test to find out the correlations between two variables, i.e. between the use of given services and wellness or fitness “customer presence”. As for steam chambers, sport programs and water jet services, there was a significant² deviation in terms of wellness and fitness customers.

This means that *steam chamber* use depends on the fact whether the concerned guests used wellness or fitness services earlier. Those visitors, who prefer fitness activities, used the steam chamber to a greater extent (44.6%), whereas this extent for wellness consumers is 36.6%.

Fitness lovers tend mostly to be the participants of *sports programs* (20.8%), set against wellness service users (13.3%); however, neither group tended to pursue these activities from the whole sample, merely 15.9%.

As for *water jets*, correlation can also be detected between the two variables. Fitness fans used it at a 10% higher rate, i.e. 36.8% of them. Wellness visitors are less likely to use this service (26.2%). The overall usage rate is 30%.

With regard to gender differences, the Chi square test results have not revealed a correlation between the two variables, suggesting that they're the respondents' gender failed to impact the usage of services.

Our research used variance analysis³ to explore the impacts of age on the usage of services.

85% of guests under 18 used the experience pools, their volume ranked the top of the list. The 18-25 age group of visitors used them in 69%, that of 26-40 in 74%, 41-60 in 80%, whereas visitors above 60 preferred experience pools at the lowest rate (63%). Within the studied services, the usage of this service is the highest of all age groups.

Finnish sauna (60%), steam chamber (46%), and massage (54%) are mostly preferred recreation types by the 26-40 age group. Children's playhouses and sports programs are visited by those under 18, as the rate of users among the age groups is the highest for these two groups, i.e. 38% and 23%, respectively. Water jet facilities are mostly visited by guests above 60, as 41% use these services (*Figure 6*).

To sum it up, it can be concluded that visitors under 18 use experience pools significantly more dominantly as compared to older ones (18-40) and above 60 who rather stay away from experience pool services.

The various age groups use restaurant services at a very high rate:

under 18 years	69%
18-25 years	58%
26-40 years	80%
41-60 years	77%
above 60 years	49%

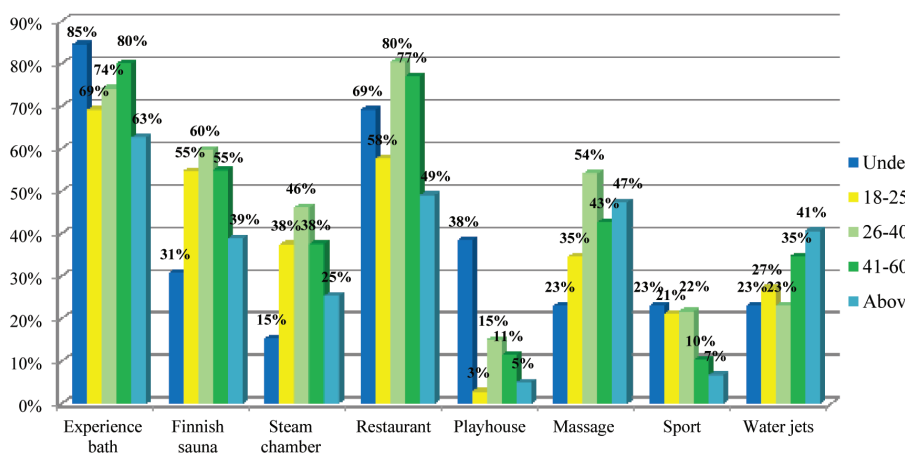


Figure 6. Distribution/deviation of service usage by age group
(Findings of variance analysis)

Source: Authors' own research

²p<0,05

³Our variance analysis compared the mean values of more than two populations in terms of the sample. It is used for the solution of problems where the value of the dependent stochastic variable depends on one or more systematic effects or on random events. Furthermore, the explained variable is of high measurement level or a binary one, and explanatory variable(s) are low-value categorical variable(s). Significance exclusively belonging to the values of F test is <0.05)

Our research focused on the satisfaction level of guests in relation to the investigated services. Our findings revealed that they are mostly satisfied with these services, as the value of the main average measured on a scale of 5 was 4.47%. The youngest age group proved to be the most satisfied, as the mean value of their answers measured on a scale of 5 was 4.92. They were followed by guests above 60 with an average of 4.73. Assessment in the 25-41 age group was stricter: their average values were 4.39 and 4.38, respectively.

Summary

Our research findings suggest that the visitors of health care service providers are mostly highly qualified people. Moreover, families with typically high incomes opt for wellness hotels to spend their free time.

Our research supported the assumption that those families prefer preventive services full of experiences where there are two children in the family.

Visitors under 18 use experience pools significantly more dominantly as compared to older ones (18-40) and guests above 60 who rather stay away from experience pool services and prefer water jet.

All age groups seemed to use complementary services such as restaurants actively.

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