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## INFORMAL EDUCATION FOR MANAGEMENT IN HEALTH TOURISM

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**Abstract:** Republic of Serbia recently adopted “Strategy of tourism development until 2015”, in which, among the other long-term goals, is indicated the urgent need of the development of human resources and long term education for the needs of prospective and faster tourism development. Both are considered, improvement of formal, as well as informal education which are under the strong influence of Bologna process, that the republic of Serbia joined. It is necessary to understand the fact that in the first domain a longer time range of adjustment from the point of organization contents will be necessary, as long as the results, and that in the second domain the results can be expected much faster.

Bearing that in mind, the Ministry of Tourism in the year 2006 and 2007 from the NIP funds (National Investment Plan), separated the certain amount of finance and assigned them to a larger number of educational programs (Seminars) which are realized by relevant high education and other institutions.

This article is dedicated to the educational seminar which, under the name of „Management in the Health Tourism“, was realized by Faculty for Business in Services from Sremska Kamenica in cooperation with HMS (Hotel Management Solutions), from Belgrade, with the intention of sharing our experience as the professors who led, organized and participated in the above mentioned seminar, with our colleagues who will take part in 19<sup>th</sup> Biennial International Congress (Tourism and Hospitality in 2008), and with the aim of collecting suggestions and recommendations for our further activity, since this will be our duty on the continuous base.

*Key words:* Informal education, health tourism, management.

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## INTRODUCTION

Services today dominate the world economy. More and more indicators lead to this conclusion, but the most significant of all are the ones that point to this fact through the degree of contribution to Gross National Product and National income as well as employment. In economically most developed countries, the involvement of services in the mentioned indicators is from 3/4 to 4/5. In these cases, tourism is, not only by its economic, but also its many other influences, a N<sup>o</sup>1 services industry. The phenomenon of tourism, that has been developing since the dawn of mankind through all social and economic formations, and that has, over the course of thousands of years, been an individual phenomenon, since the World War II has slowly begun to grow into a mass phenomenon that has, over the last 30 years, begun a new individualization, but on the broader aspect of tourist customers that are very sophisticated, with a clear idea of their demands in all aspects of spending their free time, and their demand for adequate and very high quality services in return for the money they spend on customization.

The Competitive advantage that has, up to recent times, been measured by the number of built capacities for accommodation and care for tourists, their fun, recreation and leisure, in the situation, where there is a high competitiveness in all areas of infrastructure and superstructure of tourism in many developed countries, today leans toward competitiveness based on successful management. Hence the education, development and training of managers on different levels of tourism management (from leadership and strategy, to middle and operative management) becomes „conditio sine qua non“ of successful business on micro- and macro level i.e. on the level of tourism industries' company as well as tourism destinations of different geographical and tourist range.

Acknowledging these facts, the Ministry of Tourism of Serbia has, based on accepted *Tourism development strategy to year 2015*, marked several priorities, among which are, sublimed and paraphrased, two crucial: a) building of necessary capacities of infra- and superstructure, as well as upgrading the existing capacities, and b) education i.e. training and development of human resources needed for implementation of this strategy in the following period.

The State of Serbia was aware of the fact that without managers as a modern “social technology”, the development of tourism will not be successful, so it has conceived several programs of education in following areas of expertise:

- 1) Hotel business
- 2) Executive hotel business program
- 3) Tourism agencies business
- 4) Financial business management in tourism
- 5) Tourism destinations management
- 6) Organization of tourism destinations management
- 7) Health tourism management
- 8) Rural tourism management education program

### **FORMAL AND INFORMAL EDUCATION IN TOURISM**

The abovementioned education programs are realized through the year 2007 as a form of informal education in cooperation with college institutions and other institutions that have relevant experience in this area. At the same time this was the beginning of creation of “open model” for education in tourism also, where the knowledge was up to now acquired mainly through formal educational facilities i.e. formal education (high schools, colleges and tourism faculties).

The importance of permanent education is recognized i.e. the fact that development of human resources i.e. development of management structures can be achieved through training, various innovations of knowledge, mastering different skills and tools needed for decision making process and realization of strategic and tactical goals in tourism business during the entire career of management structure.

A Phrase, which has become so popular and has been regarded relevant also in tourism industry “Training is for skills and education is for life”, can not be considered as such anymore. Today, the permanent education progress, the so called “knowledge expertise”, has begun, which will develop those management structures that will be adapted and skilled for application of new technological knowledge, fast response to changes from environment and tourism market, and above all, able to offer the present and future tourism customers what they demand. It is plausible that in tourism practice of Serbia, considering the number of participants in education program that was undertaken, management will be quickly accepted in all it’s forms, mainly as a need for business activities planning in a strategic way, upgrading of organization as a structure, better leadership and permanent control of all activities, programs, plans and strategies. Beside this, the management (in all aspects tourism business in Serbia, i.e. on micro- and macro level) will be understood and defined the following way:

- a) As an ability to get every business activity in an organization and/or tourism destination done through people
- b) As the most important factor or manufacture
- c) As a consequence, but also the reason for industrial i.e. tourism growth
- d) As being of immeasurable importance to both tourism organizations and tourism destinations
- e) That achieving management superiority (in tourism) is the key of competitive advantage.

### **HEALTH TOURISM DESTINATIONS**

It is understandable that one of the abovementioned programs of informal education is called “Health tourism management”, considering the resource possibilities of Serbia in this tourism form.

However, in order to create tourism offer in the first place, even in health tourism, the basic criteria must be met, without which the formed tourism offer cannot be considered.

A new framework for creating tourism content that is adjusted to the new demands on the market becomes a necessity. It is about “tourism destination”, which can be defined as more or less complete geographic region that has attractiveness, accessibility and facilities i.e. all those natural, social, cultural, historical and traffic, means for accommodation, nourishment, rest, relaxation and fun for tourists.<sup>2</sup> It can be a small location, tourism place, region, country or even wider geographic and tourism areas. The mentioned elements must be mutually attuned to the level of unique and integrated tourism product.

Health tourism also means specifics of secondary elements i.e. specific infrastructure such as resorts, hospitals, recreation centers, sport facilities, accommodation facilities, nourishment etc. Thereby, Meler<sup>3</sup> speaks about “healthcare software” and “healthcare hardware” where “...”healthcare software” is represented by a necessary infrastructure such as sanitariums, hospitals, recreation centers, sports facilities, accommodation and catering facilities and the like, while “healthcare hardware” is represented by natural conditions of a concrete destination, i.e., by climatic, balneological, thalassotherapeutic and other natural medicinal factors of a tourism destination. Logically, it is important that the presupposed qualitative hardware level is accompanied by an appropriate software qualitative level.”

In other words, if integral tourism-industry product is dominated by partial products based on health tourism, whether it is about broader or wider range of tourism destination, then the destination can be called “health tourism destination”. If health tourism is such form of tourism that is made in order to promote, stabilize and eventually return physical, mental and social well-being using natural remedies, health services, sport, recreational and wellness content, provided that the people being there do not live on the destination, but are visiting, then the health tourism destination is the one that in its offer has such an integral tourism product that comprises mainly of those partial products that will motivate those tourists that seek this for health reasons, whether the reason is prevention, cure or rehabilitation.<sup>4</sup>

Integrated product of health tourism destinations should have original offer, which not only has comparative advantages, but must also be competitive to similar tourism destinations. Having this in mind, management of tourism destination must develop and combine all the elements of tourism offer on all levels, i.e. it must manage the destination (plan, organize, lead and control) as competitive unit. “The most important difference, and simultaneously the problem of management of tourism destination instead of a company, is the fact that usually it is not clear who is responsible for destination management. Whether it is municipality, most important companies of the destination or it is tourist bureau, some other organization or other system of interest joining (association, agency, corporation, and consortium). That is

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<sup>2</sup> Bakic,O.: Marketing menadžment turističke destinacije, Cigoja, Beograd, 2005.pp.216.

<sup>3</sup> Meler, M. Marketing Design of Health Tourism Destination Identity, Conference Proceedings of Third Conference with International Participation "Health Tourism for 21st Century" Opatija: Thalaliotherapia Opatija, 2000. p.p.263-273

<sup>4</sup> Hrabovski-Tomic E.: Destinacije zdravstvenog turizma sa osvrtom na banje Vojvodine”, Prometej, Novi Sad, 2007.p.47.

why it is important to precisely determine which instance is responsible for which functions.”<sup>5</sup>

Of course, we are aware in this context that there is a need to transform the tourist organization that now exists in Serbia (first of all into DMO - Destination Management Organization, and then later into DMC- Destination Management Company).

The problem with modernizing destination management in health tourism of Serbia is partially because of the fact that, up to now spa tourism (the “future” health tourism) was developed as monolith tourism i.e. the tourism that only needs to offer thermo-mineral water springs, healing mud or air, some souvenirs and meek accommodation, since the guests were mostly visitors that were ill.

Long term insurance of successfulness and sustaining vitality and ability of tourism destination, and health tourism destination, must be achieved through pleasing the desires and needs of guests and society in the best possible way in the terms of dynamic environment. Strategies should point out visions of goals and to determine guidelines for the measures that must be undertaken in all hierarchy level, while following the modern trends of the tourism market, and that is transformation of classic spa tourism into broader concept of health tourism, and its connection with other forms of tourism. As the number of all interested subjects (stakeholders) is often very large, a high level of accordance when setting goals is not easy to achieve, so there is need to be realistic when setting them, giving the general frame that the goals of all interested subjects can be realized within, while taking care of adequate resources, and weigh opportunities and threats of the environment an the market versus the strong and weak points of the destination.

The Republic of Serbia has significant resources for health tourism development, which has largely contributed to the tourism flow and tourism spending. Serbia has approximately 7.500 employees in this sector, with participation of 50% of medical staff (various medical specialists: cardiologists, rheumatologists, physiotherapists etc, as well as many nurses). This is one of significant advantages regarding the surrounding countries that are developing the same kind of tourism (Slovenia, Bosnia and Herzegovina...). They are mostly organized in 23 prevention, cure and rehabilitation facilities (2 of which are Institutes for rehabilitation, and 21 specialized hospitals – former Rehabilitation centers), that are located at spas and resorts of Serbia (they all use the natural remedies – water, air, peloid etc). It has about 8.000 beds, 3.000 of which are property of national health care, and about 5.000 are for commercial use, meaning they are free for sale on domestic and foreign tourism market. Beside the health treatment, these facilities offer the classis tourism services, and as of lately also those services that respond to changes of customer needs and demands to have Fitness and Wellness services in all, and especially spa and health destinations, different programs of upgrading and preserving heath.

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<sup>5</sup> Magas, D.: Management of tourism destination and organization, Faculty of tourism and hotel management, Opatija.2003.

Considering the fact that “the successful development of health tourism depends on will and intention of local community to use their resources for development of health tourism and overall prosperity as well as devising a higher level of tourism product”<sup>6</sup> it becomes clear the adequately educated managers are essential on all levels of organization, but also on all levels of destination.

### **REALISATION OF HEALTH TOURISM EMPLOYEE EDUCATION**

The specifics of health tourism business in order to combine employee profiles (health and tourism), as well as great dispersion of services that have their own specific characteristics regarding other forms of tourism, have developed a special health tourism employee education program. Hence this education was primarily intended for employees in the abovementioned institutions, but also for a great deal of employees in classic tourism, especially those employed in hotels, restaurants, tourism agencies, traffic and communal companies, as well as tourism organizations on a given level of tourism management (mostly LTO).

The main goal of the “Health tourism management” program, regarding tourism employees’ education, was to gain new knowledge and skills in health tourism through lectures and training.

By the contract between Ministry of Trading, Tourism and Services and Faculty of service business (FABUS) in Sremska Kamenica, the Faculty was obligated to employ foreign lecturers beside native ones, so there were 8 foreign lecturers from England, Germany, Australia, Croatia and Slovenia and 36 native ones covering the abovementioned lectures.

The lectures were organized in two turns of four days (spring and summer time), with the whole day lectures. The subjects covered destination management, hotel business management, service marketing, price policies, PR and business communication, interest interlocking to destinations etc, as well as subjects that define and practice realization of *wellness, fitness*, etc. Altogether 44 different theoretical, methodical, expert and applicative subjects were covered.

The lectures were identical in every cluster, with minor adaptations of subjects according to interest, and the attendants were arranged according to the place in cluster that their organization is. The attendants were informed over the media of the beginning of lectures, conditions of attendance and time. The lectures were free for all attendants, and for those that had to travel to the lectures, all the accommodation and nourishment expenses were covered. All attendants received literature – books, monographies, and appropriate scripts which covered the whole subjects of the education program. Upon the demand of the attendants, the CD presentations of the lectures were available. Ministry of Trade, Tourism and Services overlooked and

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<sup>6</sup> Hrabovski-Tomic, E: *Clusters as a possible strategy of health tourism destination development*, Hotellink, A Journal for theory and practice of Hotel Industry, Beograd, 2005. No.6. pp.514-520

controlled the quality and the mode of conducting all the programs of tourism employee education, as well as health tourism employee education.

This program has, beside theoretical and practical lectures, consisted also of a study trip to Slovenia as a country that has highly developed and modern approach concerning health tourism with rising prosperity tendencies on tourism market.

Forty five attendants that showed best results (attendance, involvement, and score on the final test of knowledge) went to this study trip. The attendants were introduced with the potentials, tendencies and experiences of health tourism development in Slovenia (visits and conversations in Catez, Olimija, Lasko and Portoroz thermae, with the possibility of using wellness and fitness services). The goal of the trip was to get a realistic and general place of health tourism of Serbia, as well as to see the positioning of Serbian spas as main resources of health tourism and to determine what steps could the attendants, as managers of all levels, could undertake to enhance the position of domestic spas in international market.

Faculty of service business and Ministry of Economics and regional development) awarded the appropriate certificates of the attended course (Health tourism management), with the names of the candidates, education duration as well as the place the education was held in.

### **MAIN INDICATORS OF EDUCATION**

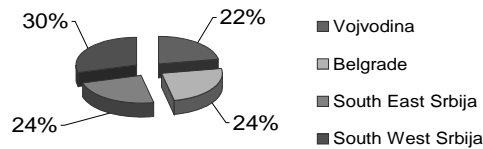
*Tourism development strategy to year 2015*, in Serbia identified 4 tourism clusters: Vojvodina, Belgrade, South East Serbia and South West Serbia.

Regarding this fact, the group for education was comprised of 523 candidates. This was the relevant base for gathering data of the attendants. Data was gathered from application forms that the attendants filled when registering at the beginning of education and the questionnaires after the end of education. The survey was conducted from February 28<sup>th</sup> to September 30<sup>th</sup> 2007.

Content analyses of the surveys were devised to determine the percentage of attendants based on manager level, what organizations they come from regarding their fields of expertise, their jobs as well as to identify the impressions and experiences of attendants.

According to registers of Faculty for service business, the education was attended in following clusters: Vojvodina 116, Belgrade 127, South East Serbia 126 and South West Serbia 153 attendants i.e. almost the same number in every cluster. Fig.1.

**Figure 1:** Percentage of participants by clusters



Source: According to the authors' research

Although it is common in tourism to observe four levels of management<sup>7</sup>: a) leadership level, b) strategic level, c) middle level and d) operative level, the attendants of all four clusters were classified into three groups according to the demands of ministry – high, middle and operative level:

*I group of attendants* - Directors and owners of hotels, rehabilitation centers, managers of local regions (or their representatives), tourism organization directors, directors and owners of tourism agencies, owners of small and middle companies in spa and resort centers, as well as other directors interested in service/product forming (fitness, wellness, sport, recreation, therapy etc) as an additional offer of tourism destination.

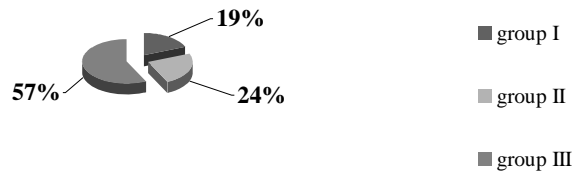
*II group of attendants* – Marketing, sales and other operative hotel and rehabilitation center sector directors, employees of government spa organizations for tourism development, spa and resort tourism agencies and organizations employees as well as all others interested in this subject.

*I group of attendants* – The direct service providers in hotels, rehabilitation centers, sport, fitness and wellness/spa centers, as well as all others interested in directly providing services (fitness, wellness, sport, recreation, therapy etc) as additional offer in tourism destinations.

<sup>7</sup> Bakic, O.: *Edukacija menadžera kao strateški cilj unapređenja razvoja turizma Srbije*, Turisticki pregled br 7, 2007, Ministarstvo trgovine, turizma i usluga (Sada Ministarstvo ekonomije i regionalnog razvoja) Vlade Republike Srbije, Beograd.



**Figure 2:** Percentage of attendants by management levels



Source: According to the authors' research

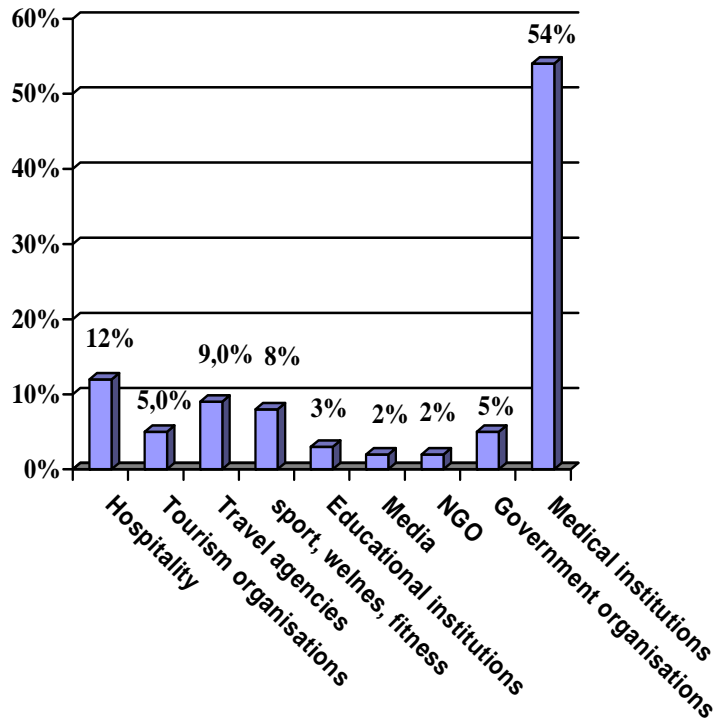
It is noticeable that attendants from third group dominate with 57% of the sample. Next is the middle level group, followed by direct providers group. It is important to notice that the first group had 99 attendants (19%), 4.5% of which were owners of tourism agencies, owners of small and middle companies (fitness, wellness, sport, beauty salons, private medical ordinations etc). Also the attendance of large number of various medical experts (17% in all clusters).

The further analysis shows that the most attendants came from medical institutions (54%) such as Rehabilitation Institute, Rehabilitation centers, private ordinations etc, while other fields of expertise made altogether 46% of attendants (12% hospitality services, 9% tourism agencies, 8% fitness, wellness, sport, beauty salons, 5% tourism organizations (NTO, RTO, LTO) and local government, 3% education, and 2% media and Non Government organizations (NGOs).

The important thing to accent, when talking about health tourism development, is the fact that this education was attended by the representatives of NTA (National Tourist Administration, i.e. members of Ministry of economics and regional development (sector of tourism), Ministry of health and Ministry of education.

The analysis of the questionnaire given to the attendants at the end of education showed that 99.8% of participants were very pleased with the choice of subjects as well as quality of lecturers and their skills in presenting the subject.

Figure 3: Attendant's organizations of origin



Source: According to the authors' research

Of all the participants, 89% believes that many new issues from theory and from practice were presented and addressed, and we would like to quote some of the comments from the participants: "...many new information was given that are applicable in practice", "new knowledge about connecting health care and tourism", "...80% of what we heard is applicable in practice immediately", "...education was the place of experience and idea exchange, a meeting place for people and exchange of their attitudes, as well as a possibility to make direct contact with eminent lecturers". Also several suggestions and propositions were made regarding the education: 7% of participants believe that workshops should have been organized, a small number of people suggested subjects regarding nutrition etc. An important addition is that 96% of participants believe that this form of education should be continued. In the end, we would like to accent, with pleasure, that for the next year a sequel to the education of tourism employees is planned suggested by the Ministry of economy and regional development as an open competition funded by the Government of Republic of Serbia from National Investment Plan, which will give new opportunity to further explore and study wide specter of subjects that were opened through informal education that the State conducts in order to upgrade the quality of Serbian tourism.

## CONCLUSIO PRO FUTURO

Regarding what is said, we could sublime several basic conclusions.

Serbia has decided to give significance to the informal education for the purposes of accelerating tourism development. It is absolutely very important and useful activity, especially in these conditions of very modest infra- and superstructure and unfinished privatization process in this industry, and still very modest strength of many stakeholders (especially private tourism business), which are expected to take this initiative from the State once they get "stronger" with the tendency to create continued activity out of management structures.

Informal education in tourism, with country's support, will be conducted in the following years with a selective approach, and according to needs that emerge from the "Tourism development strategy to year 2015" i.e. the emerging Master plans that are being made for priority tourism destinations, that is, the ones that are already built, but also those that are going to be new on the tourism market. Health tourism strategically has a g. In this context, education will include currently employed as well as the unemployed attendants, for purposes of gaining educated and trained managers that will implement the Strategy.

The participants of the education showed great interest in this kind of their manager career development. Especially well received among them is the combination of theoretical and practical subjects as well as the possibility of permanent interactive relationship with the lecturers, not only during lectures, but also in the attendant's free time. At the same time, an important issue of the education is communication of attendants and their interactivity, meeting and mutual socialization and thus creating the "network of business acquaintances", that should have synergetic effect on tourism business of Serbia.

Faculty for service business from Sremska Kamenica has gained valuable experience in organization and realization of informal tourism education in Serbia in 2007, and it is expected that this new college institution, with its infrastructure (lecturers, associates, literature, business contracts with domestic and especially foreign partners, promptness in getting the job done, flexibility, transparency etc.) will be engaged in tourism education in the following years.

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