

Dr. Đurđica Zoričić, Associate Professor
Lorena Mošnja, Junior Assistant
Faculty of Economics and Tourism Pula

HEALTH CARE AS A TOURIST RESOURCE

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Technical paper

Nowadays it is beyond all doubt that the health care activity in its entire volume, on the one hand, represent parts of the global economic system, developing in a considerable mutual dependence. In the paper, within the scope of the development of tourism, one of its narrower segments is perceived: the health care of the tourist population. The research work has been done in Istria, one of the most outstanding tourist destinations, where scientists and experts have been working intensively on the tourism development forecast up to 2010.

In addition to healthy food, clean sea and environment, a tourist has to have certainty that in case of illness he/she will get a service corresponding to the world standards. The concourse of tourism and health care gives answers to the question what should be done to achieve a harmony in the development of both activities, and in this way the general progress of the Croatian State.

For the requirements of this paper adaptation possibilities of the health system to the new situation have been researched on the basis of perception of the institutional condition of the health care activity, staff and material supply and equipment for the work in new conditions. In the first part the population health condition is researched on the basis of relevant indicators such as morbidity and mortality of the inhabitants, movement of the number of born and deceased, volume and structure of sick leaves and the like. In the second part an analysis is made and the health care development degree stated for Istria as the tourist resource.

On the basis of the entire research work it could be concluded that the health care of Istria has at its disposal staff potential and capital objects that enable a fast adaptation in harmony with the development of tourism.

Key words: health care, tourism, tourist resource, adapting health care system, harmony of development

1. APPROACH

A new approach to the problem of health, which is not understood anymore as a biomedical problem, has prevailed entirely in the world, and in our circles, too. There is a series of phenomena that point out to that. Health is - as it is well-known - the fundamental prerequisite of certain productivity and basic condition of happy and satisfying life, so that every community is engaged

with particular attention in the satisfaction of needs for the health protection of its members, but in the new conditions of economy in the tourist doing business also with the members of that new population group: tourist. However, it should be added immediately that it is almost impossible to identify precisely the volume of health needs not only of the narrower community (inhabitants with the permanent residence), but also of the tourist population. The basic reason for that is that there is a great degree of unpredictability and uncertainty of illness emergence, so that it is frequently claimed that only uncertainty of health risk is certain. As a rule neither the delay in the satisfaction of the health care needs without heavier consequences for an individual as the whole community is not possible.

2. INTERACTION OF THE TOURIST AND HEALTH CARE ACTIVITIES

By nature of its activity the health care is connected firmly with a number of elements from its environment, among which are the most substantial the population characteristics of the region, the extent of preservation of the human environs and the economic power of the certain community. That connection has always two-way direction so that all those, and certainly numerous other factors not mentioned here, influence forcefully upon the health of population, organization of the health care and the diffusion of the health care institutions, but at the same time they are a prerequisite of the growth of the economic and general development and as harmonious as possible richer life in consonance with the traits of the environment we are only a part of.

In the conditions of sudden increase of the health care users at the time of tourist season, when considerably bigger number of the population is included in the health care system, so that the versatility of the health care needs widens, the possibility of the qualitative health care, means at the same time a direct entry of the medical activity into the tourist system. In that point their interdependence begins which - as it will be evident later - has been demonstrated in the research work done on the Istrian paradigm.

The research subject matter is health care, but from the aspect of its influence upon the efficiency that tourist realises. In the case the health care should be understood as one of the services offered in such a heterogeneous group conventionally called a package of tourist services. A qualitatively given health care also means a stimulus to tourists at the time of making decision of prolonging their stay or coming again to our country. The questions of potential tourists very often, particularly when it is the question a longer period of absence from their country and home, are related to possible cases of giving health care services for unexpected illness or injuries. In addition to that, it is not rare that tourists suffer of some chronic disease, but of such a character it is possible to stay out of their own circles, and they ask to be given specialist, subspecialist, and even hospital services (e.g. dialysis, physiotherapeutic and other services) at the time of their stay in a tourist destination. Therefore the

first research problem can be established: how and how much the quality of a given or potentially given health care services has influence upon the arrival and stay of home and foreign tourists and in that way upon the results of the work of the tourist activity. And, secondly, how the existing organization and the actual degree of the development of health protection in one of the strongest tourist destinations, in Istria, can fulfil the expectations of the contemporary level of tourists needs, but also the future expectations in a longer period of time, e.g. up to 2010. And all that with the fundamental purpose that our country takes as soon as possible that place among the European environments which it deserves in accordance with all objective indicators.

3. HEALTH CARE AS A TOURIST SERVICE

In professional and scientific circles nowadays it is beyond all doubt that the health care activity in its entire volume, on the one hand and tourism in all of its forms and kinds, on the other hand, represent parts of the global economic system, developing in a considerable mutual dependence. Among other things, their common trait is that a service cannot be housed - stored, but it must be provided in a given moment - a need has to be satisfied by a service (new work) in order to be used immediately. Because of that both activities are directed in their development primarily towards a well prepared tourist season, meaning towards a good organization of the total human resource that has to participate in that as well towards a good interinstitutional co-operation.

With the rapid development of tourism as an activity and because of the fact that there are growing number of people who become tourists, a need emerged to identify as clear as it is possible who and under which circumstances enter that category. In accordance with the Hague Declaration a tourist is every visitor who stays in the visiting country longer than 24 hours or realises at least one bed-night stay because of the reasons that may be qualified as recreation or holiday, health, study, sport, religion, family, business, public meetings and missions.¹ Therefore in recent times a special and independent branch of medicine has developed, tourist medicine, of which the fundamental task is to clarify its subject of research work, in the first place as a health and medical phenomenon. Doing it, the knowledge is distinguished that tourism besides desired economic effects also brings some negative ones such as a hygienic - epidemic danger because of the increased gathering of people of different cultures and habits from different regions.

It is worth-while also to add to that a phenomenon that on the holiday tourists' behaviour slackens the self-control, that changes emerge in the nutrition chain, that sports life: running, walking and mountaineering is strengthened.

1 K. Lazararić: Turistička medicina i turizam, Priručnik turističke medicine, Znanstvena jedinica Medicinskog centra u Puli, Pula, p. 4

Heat, traffic-jams, fatigue during the long driving periods, up to sudden death alongside with a series of versatile facts which cause health condition disturbances. Those are only some of more fundamental indications that tell illustratively what are the real frames of the development of the named branch of medicine and of what necessity is the development of health institutions which will enable a qualitative health protection to the tourist population and in this way increase the possibility of making a decision in the tourist destination selection. Numerous problems emerge from the fact that in tourist resorts and towns at the time of the tourist season the population very often is increased manifold. In the first place a variance emerges between the planned volume of the health protection, which is based upon the indicators about the domestic population, and increased requirements, which are not always easily forecast in a satisfactory volume. The phenomenon is even more complex since it is limited in time to five or less number of months in a year, and because in the health care it is not always possible, because of a number of reasons, to employ seasonal workforce, which is done in other tourist services regularly. Still, on the long-run level in the estimation of the increase of the number of health institutions and health workers (doctors, stomatologists and other medical workers) it is useful to take into account plans about the tourist development of certain region, too.

Out of a series of indicators that show objectively the state of development of the health activity, for the needs of this paper those ones have been selected which give answers to the established problems in the most direct way. In the first place those are the data about the number of inhabitants per a doctor and the number of inhabitants per a hospital bed, all that comparing with the situation in Croatia and a number of other countries with developed tourist economy. In this way and simultaneously the health care activity in its structural-organisational part is studied on the one hand, and on the other hand the health conditions of the population on the basis of characteristic indicators is pointed to. Such a research work is necessary because at least for two reasons, and that, firstly, because of the potential tourist's need to know reliably to which country he/she goes to, what is the health condition of the population like there, which diseases dominate in that ambience, if vaccination protection is necessary, and, secondly, in case of illness or injury which quality level of the health care can be expected.

On the basis of the analysis of the former tourism development in Istria it has been found out that it is possible to achieve the optimum from the point of view of the tourist traffic if it is hypothesized that 2.300.000 tourists will visit that region in 2010, out of which 80% of foreign tourists, and that all of them will realize at the end of the period about 20.000.000 bed-nights.² In accordance with these figures the number of foreign tourists would increase for about 63%. If the indicators about the health care development is added to that (table 1 and graph 1), a number of problems is easily noticed. First of all, if it is wanted to retain the present proportion of physicians per an inhabitant it

² Koncepcija razvoja Županije istarske do 2010. godine (manuscript)

would be necessary to increase the number of physicians 3,5 times (if private ones are also taken in consideration) at the time of the most intensive tourist traffic (in July), namely to increase that number more than 6,5, i.e. with private physicians 5,5 times if it is wanted to reach the standards of Germany and Sweden stated in the table 1. Those results have been obtained on the basis of the insight into the tourist traffic for a number of years, where it has been understood that to July, as the most intensive month of the season, belongs in average 30% of the total tourist traffic of the whole year. It means that about 690.000 tourists would be visiting the country in that month, and if we add to that the population projection in the Region of Istria in 2010, according to which there would be then in that area 213.700³ inhabitants, it results that in July the number of users needing of health care services would be even 903.700. If we take the data from the analysis of the health care of the European countries and Istria in certain years (for the needs of this work only two of them are given), another parameter is recognized. In 1994 in Istria there were 1.72⁴ physicians per 1000 inhabitants, which means that in 2010 in the high season 1,554 would be necessary for 903.700 potential users. If it is taken into account that in 1995 in Istria there were been 369 physicians and interns, it means that the growth of the number of physicians would be necessary at an average annual rate of 10,0% i.e. 8,6% if also privately employed physicians are taken into consideration (there were 79 of them on 31.12.1994). The comparison with the two European developed countries (Germany and Sweden), where the coefficient of the number of physicians per 1000 inhabitants is 2,73 (compare table 1), point out to the fact that in Istria on the stated number of 903.700 potential users there should be at a given moment today almost inconceivable number of 2467 physicians. And that means further if we want to achieve such a development of the health care in the staff segment, it would be necessary to have the growth of the number of physicians at an average annual rate of 13,5%, namely 12% if the employed in the private sector are taken into consideration.

Naturally, only one parameter out of the whole series of identical ones is mentioned here for the sake of illustration, and that in its numerical statistical expression and taken out of the totality of the whole situation, so that the resulted values cannot have a thorough reliability. With a detailed description of all the material and human resources that exist in the health care system and the tourist economy, to which the strategic goals of the whole community should be added, the data which will indicate with quite a certainty to the direction of the future changes, can be obtained.⁵

3 Đ. Minčir: Stanovništvo, in: Konceptija razvoja Županije istarske do 2010. godine (manuscript)

4 A. Bartolić: Zdravstvo, in: Konceptija razvoja Županije istarske do 2010. godine (manuscript)

5 Exactly such an approach has been selected for the research work requirements mentioned in the note 2.

4. CONCLUSIVE CONSIDERATIONS

The possibility of the health care activity adaptation in harmony with the needs of tourism is the fundamental starting point of all the practical and theoretical, organisational and professional approaches to the relationship between the tourist and health care managerial system. And it is completely clear in that that every more serious examination from that area starts from the picture of the current situation.

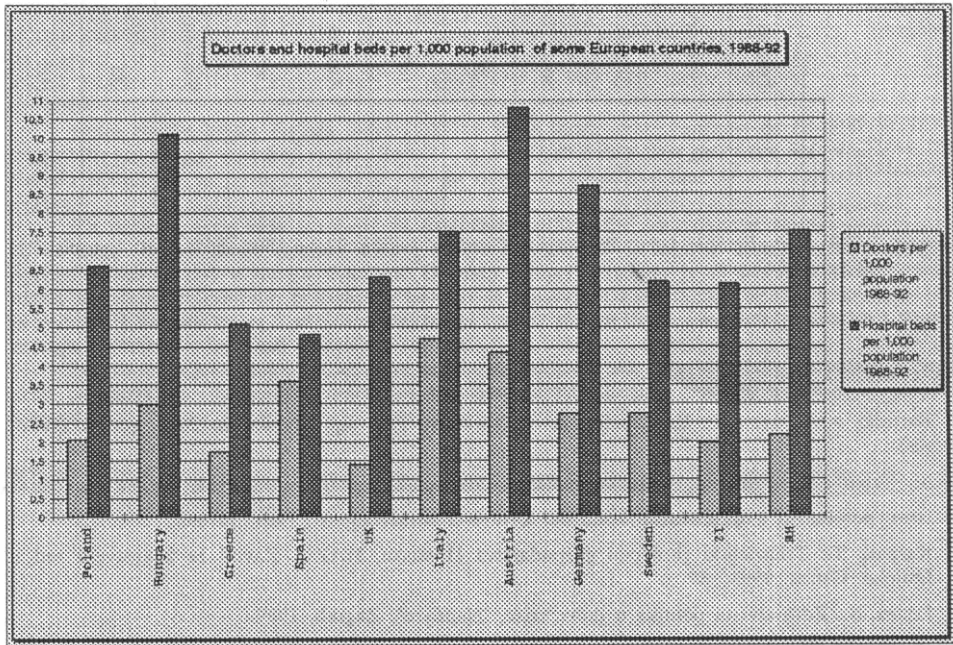
In Croatia as a totality, consequently in its part that belongs to the Istrian region, from 1981 to 1991 a growth of the net and capacities of the health care institutions was recorded, as well a growth in the number of the health care workers and the number of given services. However, in the primary health care protection, in which sphere of activity there are also points where services are given to the tourist population, the development is mainly adequate to the needs, having in mind that the construction of particular capacities moves even above the average standards, especially in the health centres of the littoral Istria. From 1991 up to the present day there has been a stagnation and decrease of all the stated indicators due to quite expected and understandable reasons.⁶

In addition to that, the research work showed that it was difficult to prove reliably why the health care in its principal part in Istria had been so far developing on the more or less average level of Croatia when the region was not of such a shape in its economic strength. It is quite possible that one of the reasons is in the former concept of development of the health care which in its significant part is based on the principle of solidarity and social justice, even in some areas where such an approach has not serious reasons for application. The current transitional condition between the former constitution of the health care protection and searching for the new one which would be in the most possible degree in harmony with our traditions, needs and material possibilities, give some hope that between the health care and the general progress will be established even stronger and more direct relationship in which the global and regional peculiarities will be clearly recognized.

In the projection of the future development of both activities there have to exist clearer defined co-operation in the functioning of both systems. In the first place, the system of the health care in its information part should follow the needs and record the services in a more adequate way than it is nowadays, for without that it is almost impossible to establish more seriously any segment of the development projection. In addition to that, the health care will have to make a new plan of its own development taking in account also the health care needs of the tourist clientele. The health care can do that task thoroughly only if it includes in its activity all those who participate in working out the strategy of the development of tourism. With the same co-operation the developmental harmony can be realised and be adequate to our total needs and material pos-

6 Ibidem, p. 152

sibility. At the same time and in this way it is possible to achieve, within a reasonable period, the development that is nowadays existing in other environments similar to ours, which is after all a desirable objective of our total social and economic efforts.



Source: World Bank Report, Stat. ljetopis RH 90., p. 478, 479, Stat. ljetopis Istre, Primorja i Gorskog kotara 92., p. 504, 505; Stat. ljetopis RH 93., p. 420.

Table 1. Doctors per 1000 population of some European countries, 1988-1992

Elements	Countries										
	Poland	Hungary	Greece	Spain	UK	Italy	Austria	Germany	Sweden	ŽI	RH
Doctors per 1,000 population 1988-92	2,06	2,98	1,73	3,60	1,40	4,69	4,34	2,73	2,73	1,97	2,17

Source: WBR, Stat. ljetopis RH; 90., p. 478, 479

Table 2. Hospital beds per 1000 population of some European countries, 1988-1992

Elements	Countries										
	Poland	Hungary	Greece	Spain	UK	Italy	Austria	Germany	Sweden	ŽI	RH
Hospital beds per 1,000 population 1988-92	6,6	10,1	5,1	4,8	6,3	7,5	10,8	8,7	6,2	6,13	7,52

Source: WBR, Stat, ljetopis Istre, Primorja i Gorskog kotara 92., p. 504, 505; Stat. ljetopis RH 93., p. 420

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Sažetak

ZDRAVSTVO KAO TURISTIČKI RESURS

Danas nema nikakve dvojbe o tome da zdravstvena djelatnost u svom cjelokupnom opsegu, s jedne strane, i turizam u svim svojim oblicima i vrstama, s druge strane, predstavljaju dijelove globalnoga gospodarskog sustava koji se uporedo razvijaju u međusobnoj ovisnosti. U radu se u sklopu razvoja turizma prati jedan njegov uži segment koji predstavlja osnovni resurs - zdravstvena zaštita turističke populacije. Istraživanje je izvršeno u Istri, na jednoj od najpoznatijih turističkih destinacija u kojoj znanstvenici i stručnjaci intenzivno rade na predviđanju razvoja turizma do 2010. godine.

Osim zdrave hrane, čistoga mora i okolice turist mora imati sigurnost da će u slučaju bolesti dobiti uslugu na svjetskoj razini. Susret turizma i zdravstva daje odgovore na pitanje: što bi trebalo učiniti da se postigne sklad u razvoju obiju djelatnosti, a time i opći napredak hrvatske države.

Za potrebe ovog rada istražene su mogućnosti prilagodbe zdravstvenog sustava novom stanju na osnovi spoznavanja institucionalnog stanja zdravstvene djelatnosti, kadrovske i materijalne opremljenosti za rad u novim uvjetima. U prvoj dionici istraženo je zdravstveno stanje stanovništva na osnovi relevantnih pokazatelja kao što su morbiditet i mortalitet pučanstva, kretanje broja rođenih i umrlih, opseg i struktura bolovanja i sl. U drugoj dionici izvršena je analiza i stupanj razvoja zdravstva u Istri kao turističkog resursa.

Na osnovi cjelokupnog istraživanja moglo se zaključiti da zdravstvo Istre raspolaže kadrovskim potencijalom i kapitalnim objektima koji omogućavaju brzu prilagodbu u skladu s razvojem turizma.

Ključne riječi: zdravstvo, turizam, turistički resurs, prilagodba zdravstvenog sustava, razvojni sklad