

CHARACTERIZATION OF HEALTH-RELATED HOTEL PRODUCTS ON THE SLOVENIAN COAST

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Health services in tourism are usually provided in hotels with complementary offers and centres without accommodation. The focus of this study is on hotels on the Slovenian coast, a traditional health destination. The research is aimed at the identification of hotels that offer health services in order to analyse and determine product clusters; the paper focuses only on the structure of the coastal health products through which providers generate revenue. A total of 25 up-scale, luxury and comfort hotels with health services were identified (population) and included in the analysis. Through qualitative comparative analysis, the following clusters of hotel health products were created: (1) medical therapy, (2) physical activities, (3) spiritual and mental activities, (4) psychological and physical relaxation. The results suggest that hotels should pay attention to constructing complete health-related products by putting more energy into the reinforcement of spiritual activities, and the typical local natural healing factors related to climate and sea. It is also necessary to point out that excessive commercialization should not obscure the primary purpose – to offer preventative and curative programmes to ensure health.

KEY WORDS: hotel products, health services, wellness, spa, natural resources, Slovenian coast, clustering

INTRODUCTION

Stress, burnout, and fast lifestyle in a predominantly urban environment – also known as public health issues – dictate that today's tourists seek tailored tourism products with different (non)material properties (ROBINSON, NOVELLI, 2005). In terms of supply, health-oriented products are those that enable year-round fulfilment of the needs of guests/tourists as well as continuous business operation.

This paper is focused on hotels on the Slovenian coast, which is, as well as the Croatian part of the Adriatic (VRKLJAN, HENDIJA, 2016, 80), well-developed in terms of health tourism. This is consistent with Koncul's claim that in 'Central and South-east Europe there is emphasis on sunshine, sea air, and thalassotherapy' (KONCUL, 2012, 527); geographers U. Horvat (2010) and D. Cigale (2012), on the other hand, identified only 'continental' health resorts in Slovenia (this is compatible with the classification of municipalities introduced by Statistical Office of the Republic of Slovenia).

Health-related tourism services of the Slovenian coastal area generally rely on the favourable climate, brine and salt mud, and some other service based on local healing substances (e.g. medicinal plants). All this is semantically separate from the term 'seaside spas', which means the spas where the treatment is based on the combination of use of specific sea climate and waters (WIDAŃSKI, 2017, 76). However, the beginnings and development of health-related tourism in Istria is traditionally a subject of scientific investigation, specifically of health/medical science researchers, e.g. A. Fischinger et al. (2007), A. Fischinger et al. (2008), A. Muzur (1998; 2010), A. Muzur and A. Škrobonja (2007), tourism historians, e.g. P. Kavrečič (2009; 2015) or tourism, e.g. I. Jurinčič et al. (2011), M. Šuligoj (2015), T. Brezovec and A. Brezovec (2019). The results of their research show that the tradition of health tourism in the region, which was, paradoxically, in the past, from the perspective of public health, a rather problematic region: cholera and malaria before the Great War (ŠKROBONJA, 2010; ŽELEZNIK, 2013) and malaria, tuberculosis and Spanish flu after the war (VINCI, 2012; RADOŠEVIĆ, 2015; ŠKROBONJA, 2015). Natural healing factors combined with tradition justify separate analysis of well-developed

health tourism on the Slovenian coast.

Unlike S. Vrkljan and Z. Hendija (2016), who aimed to analyse the business performance of specialized hospitals for medical rehabilitation and health resorts in Croatia and S. Vrkljan and S. Grazio (2017) who analysed service providers (personnel) and related business performance, this paper focuses on the structure of the health products through which providers generate revenue. Consequently, the main objectives of the research are:

- identification of hotels that offer health services on the coastal part of Slovenia, which is internationally positioned as a destination of health tourism (URL 4; URL 5; MILIĆEVIĆ, JOVANOVIĆ, 2015; VRKLJAN, HENDIJA, 2016, 84);

- analysis of the offer of health-related products in order to determine products' clusters.

The analysis includes hotels that are distinctly profit-oriented and market-oriented, which, according to the contracts to health insurance companies, also offer services to guests who are not self-payers.

THE CONCEPT OF HEALTH TOURISM AND HEALTH-RELATED HOTEL PRODUCTS

Wellness, for example, is nowadays very common in relation to healthy eating, body care, and exercise. The promotion seeks to create the impression that the products are healthy and beneficial to the well-being of the individual (GOJČIČ, 2005). This has led to the development of wellness, which is considered to be one of the fastest-growing types of tourism in Europe (often seen as a megatrend) (SMITH, PUCZKO, 2009; SUESS ET AL., 2018; URL 1); it is often associated with alternative medicine, including acupuncture, reiki, homoeopathy, and esoterics (CVIKL, MEKINC, 2011). Wellness derived from natural healing factors needs to be emphasized. Climatotherapy, thalassotherapy, and balneotherapy rely on the natural healing factors of the sea, land, and atmosphere (GUTENBRUNNER ET AL., 2010; IVANIŠEVIĆ, 2016). Folk medicine, which also evolved from them, led to the development of healing medicine and, from the second half of the 18th century, to scientific medicine. Certain specialized

establishments such as spas, institutes, and hospitals developed simultaneously (IVANIŠEVIĆ, 2016). The development of the pharmaceutical industry influenced the reduced use of natural healing factors in conventional medicine. However, their primary value and usefulness have been recognized by health tourism, which can be delineated as the synergy between medicine and the tourism industry. The primary purpose of health tourism is the improvement of health and quality of life. Thus, the part that relies on the scientific findings of medicine advocate services implemented 'under medical supervision, professional and controlled use of natural healing factors and physical therapy to treat, improve, rehabilitate and preserve health' (VRKLJAN, HENDIJA, 2016, 80). It is a cross-section of accurate medical diagnoses, therapy techniques and soft wellness elements. It promotes an active attitude and concern for health; therefore, it is classified as a health-oriented tourist activity (REPNIK, 2011).

It should be, however, pointed out that medical wellness programmes, for example, need to be medically justified and services individually tailored (URL 2) – examples of the 17 different services identified by geographer K. Widawski (2017) in Poland include the treatment of rheumatological diseases, orthopedic-traumatic diseases, upper respiratory tract diseases, lower respiratory tract diseases, digestion system diseases, etc. He also found that providers rely on natural resources and that they offer accommodation.

An especially interesting part of classic wellness (as an additional form of wellness and health tourism), in addition to the methods of conventional and alternative medicine, is fitness, which can be, according to the World Health Organization (WHO), divided into physical, mental, and spiritual. The physical fitness is at the forefront, and is focused on psychic and motor skills, which thus covers various sports and is also suitable for rehabilitation (GOJČIČ, 2005; ROSCOE, 2009). In Slovenia, all these services have been developing as part of natural spas since 2004, based on the long balneological tradition, traditional treatments, as well as rehabilitation in the natural environment and holistic treatment of the human being (GOJČIČ, 2005). Fundamental aspects of mental wellness, in contrast, are mental and emotional health

(GOJČIČ, 2005), which is synonymous for well-being and plays a vital role in balance and satisfaction in an individual's life. Wellness service providers offer a variety of mental activity programmes, such as education (health-education or self-education), cultural offerings (concerts, literary evenings, exhibitions), and opportunities for various activities (creative workshops) (GOJČIČ, 2005). In addition, they include relaxation techniques such as autogenic training, active muscle relaxation, yoga, and stress management programmes, breathing exercises, muscle relaxation, posture change, and massage (GOJČIČ, 2005). The basic aspects of spiritual wellness are spiritual and emotional health and related activities are similar to those listed for mental wellness (GOJČIČ, 2005). It can be summarized that in addition to natural resources, which are the most important elements, the health infrastructure as well as the tourist values (cultural and natural ones) (TRIHAS, KONSTANTAROU, 2016; WIDAWSKI, 2017, 83) and not less important mental activities (MUELLER, KAUFMANN, 2001; CHEN ET AL., 2013; MILIĆEVIĆ, JOVANOVIĆ, 2015) together form health-related products in tourism. In this context, M. Spasojević and V. Šušić (2011, 856), according to Scopel, pointed out the following characteristics of these products:

- services such as psychological and physical relaxation, traditional therapies, wellness activities, rehabilitation, cosmetic and spa treatments create contemporary health-related products;
- the possibility of accommodation represents a critical part of the product and is consistent with the concept of the wellness/spa facility and wellness/spa environment. A network of complementary services co-create the product according to the needs of the guests;
- competent/professional staff and managers are an essential condition for product quality.

In Slovenia and the rest of Europe all these principles were firstly adopted by health resorts, which in turn led to a confusing situation with a number of concepts, such as health tourism, spa tourism, healing tourism, and wellness tourism (SMITH, PUCZKO, 2009; REPNIK, 2011; KONCUL, 2012; FETSCHERIN, STEPHANO, 2016; SUESS ET

AL., 2018). P. Hunter-Jones (2003, 170) summarized some key definitions of health-related tourism (see Table 1), which indicate a relatively diverse field. An additional form (not in Table 1) is medical tourism, which means travelling to another country to receive medical, dental or surgical care, because of affordability, better access to services or their higher level of quality (VUKONIĆ, ČAVLEK, 2001; SMITH, PUCZKO 2009; FETSCHERIN, STEPHANO 2016; SUESS, ET AL., 2018), as well as description of Medical Tourism Association (URL 3). Consequently, due to the problematic lack of uniformity (universally accepted definition) of health tourism and its subforms (which can be further connected/overlapped), definitions depend on authors (JURINČIČ ET AL., 2011; VRKLAN, HENDIJA, 2016) as well as on contexts and country (KONCUL, 2012., 527). For example, in Europe it is primarily associated with thermal waters and spas but in Asia with spiritual components (JURINČIČ ET AL., 2011). However, terminological issues are not the focus of this research. The term 'health tourism', is generally a hypernym of all the above-mentioned forms (MUELLER, KAUFMANN, 2001). It is a part of a larger system that providers (hotels), which are directly (e.g. physiotherapists and institutes for rehabilitation, different therapists and dentists, etc.) and indirectly (e.g. hair and beauty salons) connected to health. It includes providers which are introduced into the public health system, or just offer these services as their supplementary activity, (e.g. swimming pools, and fitness centres etc.) (CVIKL, MEKINC 2011, 54).

Different forms of health-related tourism are then reflected in heterogeneous guest groups (pa-

tients) and their needs, which can be self-payers as well as those whose treatments are paid by the health insurance. N. Trihas and A. Konstantarou (2016, 34) cite a number of studies that indicate the motives for the visit, which can be summarized as relaxation, physical health improvement, and beauty treatments. The findings of U. Horvat (2000) are similar. If we consider wellness guests as an example (89 % of wellness trips and 86 % of expenditures represent 'secondary wellness travellers' – they use wellness services only as part of a trip) (URL 1), they require comprehensive service packages, which consist of physical fitness and beauty care, healthy nutrition (diet), relaxation, meditation and mental activity/education (MUELLER, KAUFMANN, 2001; SPASOJEVIĆ, ŠUŠIĆ, 2011; MILIĆEVIĆ, JOVANOVIĆ, 2015, 7). Accordingly, the main motives for service users visiting the wellness centres in Slovenia are 'the effortless activity (physical rest), the enhancement of the quality of life and the relaxation' (RANČIĆ ET AL., 2016).

Health services in tourism are usually provided in hotels with complementary services and centres without accommodation. When health services are offered in hotels, the comprehensive health infrastructure and good guest-care range must be available to the guests (MUELLER, KAUFMANN, 2001, 8). Professional guest-care is provided by licensed medical personnel, who offer alternative/holistic health care and multidimensional services (CHEN ET AL. 2013, 1093–1094). Other front-office and back-office employees having typical hotel professions should also not be neglected. Hence, hotels with health-related services are compatible with the description of a health resort. However, no consen-

TABLE 1 *Health tourism-related key definitions*

Term	Definition
Health tourism	'The provision of health facilities utilizing the natural resources of the country, in particular mineral water and climate.'
Spa tourism	'A place in which scientifically approved deposits of therapeutic substances may be used and in which the necessary spa facilities exist.'
Health-care tourism	'The attempt on the part of a tourist facility or destination to attract tourists by deliberately promoting its health care services and facilities, in addition to its regular tourist amenities'
Wellness tourism	'The sum of all the relationships and phenomena resulting from a journey and residence by people whose main motive is to preserve or promote their health. They stay in a specialized hotel which provides the appropriate professional know-how and individual care'

Source: HUNTER-JONES, 2003, 170

sus has been reached on the uniform meaning of the term 'resort' (GUTENBRUNNER ET AL., 2010); the term is sometimes used as a 'destination' or, sometimes, as an individual property (PRIDEAUX, 2009) (see also the definition of 'health-care tourism' in Table 1). Within this research, the latter is considered. Thus, the focus is on the hotels on the market which are not fully formally integrated into the public (state) health system (HARTWELL ET AL., 2012), but regulated with specific standards (laws) (CVIKL, MEKINC 2011) and aimed at economic profit (GUTENBRUNNER ET AL., 2010, 497). Rules/standards can be defined by specialized associations (e.g. European Spas Association (URL 2) or the government/parliament, which not only regulate the industry but also take care of health security and promotion (HUNT, 2012; LA PLACA, KNIGHT, 2014). The Slovenian legislation for hotel categorization does not stipulate any specialization (*Pravilnik o kategorizaciji nastanitvenih obratov*, 2018) which means that hotels with health-related products do not have specific standards and/or a special symbol in order to differentiate them from others.

METHODOLOGY

The research work was carried out in phases. In Phase 1, hotels with health-related services were identified with the help of the coastal municipal tourist information centres. Hotels with health-related services, such as wellness/spa centres, health therapy practices or guided exercises and similar were taken into account; the products can form 'leisure programmes' (relax, prevention) or physician-prescribed therapy as part of complementary therapy/treatment. A total of 38 hotel companies, of which a total of 25 hotels (N) were included in the analysis. Six of them are part of the 'LifeClass Portorož' company, and their guests visit the thermal centre 'Terme Portorož', as the hotels do not have their own wellness or similar centres (except for the Hotel Slovenia, which has a swimming pool on its terrace). These hotels were considered as one unit, namely 'LifeClass Portorož', so a total of 19 hotel companies were considered in the survey (see Table 2). In addition, the first coding sheet based on theoretical framework was also created in this phase.

Phase 2 includes fieldwork. The preparatory activities for the fieldwork included a brief analysis of the hotels' websites and their offer. With the coding technique, we created a set of health services and upgraded the primary coding sheet. This was followed by fieldwork, in which each hotel from Table 1 was visited. In order to gain a better insight into the offer and to clear up any confusion, we collected promotional material at the front desk and conducted unstructured interviews with the receptionists, which lasted from 10 to 30 minutes. During the research process in hotels, we found that the described set of services (extended coding sheet) was incomplete; consequently, missing activities were added. Using ethnographic approach (used by many researchers in medicine/health-related studies (HANSEN ET AL., 2013; STORENG, MISHRA, 2014; BARKER ET AL., 2017) as well as in geography (partly used by WIDAWSKI, 2017)), a qualitative comparative analysis with clustering was conducted (Phase 3). Into how many different theoretically grounded clusters hotels' health products of the Slovenian coast can be classified and which part of the range of services on offer is the weakest were the main research questions.

Definitions and descriptions of wellness by L. J. Roscoe (2009) and especially by S. Gojčič (2005), already mentioned in the chapter '2 The concept of health tourism and health-related hotel products', served as a (theoretical) background for services' clustering. In addition, some other authors, i.e., K. Widawski (2017), N. Trihas and A. Konstantarou (2016), S. Miličević and D. Jovanović (2015), Chen et al. (2013), M. Spasojević and V. Šušić (2011), M. Smith and L. Puczkó (2009), and H. Mueller and M. L. Kaufmann (2001), were also followed. This resulted in created four 'theoretical clusters'. They offer enough robust framework for the next step within Phase 3 – clustering of the health-related hotel products – that was actually confirmed during the quite complex clustering process.

RESULTS

Through qualitative analysis, which was based on the data obtained through a revised coding sheet, all the perceived elements of health-products were first

TABLE 2 *Hotels included in the analysis*

Code	Hotel	Quality (No of stars)	No. of rooms & apartments	Municipality
A	Convent + 4 hotel annexes	4	108	Ankaran
B	Aquapark hotel Žusterna	3	139	Koper
C	Carnevale	4	30	Koper
D	Delfin	3	219	Izola
E	Haliaetum	4	52	Izola
F	Cliff Belvedere	4	18	Izola
G	Salinera	4	101	Piran
H	Svoboda	4	128	Piran
I	Piran	4	92	Piran
J	Art hotel Tartini	3	46	Piran
K	GH Bernardin	5	241	Piran
L	Histrion	4	276	Piran
M	Lifeclass Portorož	**	**	Piran
N	Palace Portorož	5	182	Piran
O	Grand hotel Metropol	5	103	Piran
P	Lucija	3	182	Piran
R	Boutique Hotel Portorose	4	86	Piran
S	Tomi	3	29	Piran
T	Rezidenca Čeligo	4	34	Piran

Source: URL 6

Note: ** Company 'Lifeclass Portorož' consists of 6 hotels with 773 rooms & apartments: Hotel Slovenija (5 stars), Grand Hotel Portorož (5 stars), Hotel Apollo (4 stars), Hotel Riviera (4 stars), Hotel Mirna (4 stars) and Hotel Neptun (4 stars). The figures are for the year 2019.

compared and then synthesized into the following clusters/products:

1. Medical therapy;
2. Physical activities;
3. Spiritual and mental activities,
4. Mental activities with psychological and physical relaxation.

Cluster 1: Medical therapy

Table 3 shows that medical services are offered by only four hotels: Aquapark Hotel Žusterna (B), Hotel Delfin (D), Lifeclass Portorož (M), and Hotel Svoboda (H). The latter two offer therapeutic and rehabilitation activities and have an extended range of services (they also have an agreement with a Slovenian health insurance company), while the

Delfin Hotel offers limited outpatient examinations (especially for the elderly) and the Aquapark Žusterna Hotel provides limited care for athletes (but not exclusively for them). Other hotels do not provide health services. Outpatient examinations, pain therapy, laser therapy, magnet and ultrasound therapy were found at all hotels, which indicates these products' heterogeneity. The identified services mainly affect the physical component of health.

Cluster 2: Physical activities

As can be seen in Figure 1, most hotels offer the possibility of walks ($f = 17$ or 89.5%), which takes place in the public areas of the destination (in nature and/or by the sea); this also applies to cycling ($f = 6$ or 31.6%) and Nordic walking, which is less

TABLE 3 Structure of the medical therapy programme

Service / Code	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	R	S	T	Σ
Outpatient examinations		+		+				+					+							4
Blood Pressure Measurement				+				+					+							3
Lab research								+					+							2
Hormonal analysis													+							1
Food intolerance test													+							1
Diagnosis of body structure								+					+							2
Anthropometry													+							1
Pain therapy		+		+				+					+							4
Prolotherapy								+					+							2
Laser therapy		+		+				+					+							4
Magnetotherapy		+		+				+					+							4
Ultrasound therapy		+		+				+					+							4
Physiotherapy services		+						+					+							3
Therapeutic massage		+						+												2
Muscle imbalance test		+																		1
Kinesio taping		+											+							2
Acupuncture		+											+							2
Respiratory assessment and treatments								+					+							1
Rheumatic disease treatments								+												1
Back pain diagnosis and treatment		+						+												2
Osteoporosis treatment								+												1
Orthopaedic treatment		+		+				+												3

Note: + ... available.

common ($f=1$). The swimming pool complexes are very common and also very diverse: indoor, outdoor, with sea or fresh water, prehistoric seawater, and for the children. Eight hotels offer fitness facilities, while non-guided or guided workouts are surprisingly not offered by more than three providers. Other physical activities are less frequent.

Cluster 3: Spiritual and mental activities

From Figure 2, we can see that the supply of spiritual and mental activities is scarce, especially

considering that some of these services could also be classified into some other cluster. Park (nature; $f=3$), for example, offers an opportunity for physical activity and therefore could be placed into Cluster 2. At the same time, it also offers a place for spiritual activities, e.g. yoga and meditation, or relaxation (Cluster 4). In addition, a spiritual or mental dimension can characterize cultural events/singing evenings/social evenings (all relevant to this cluster only), although only one (dimension) is indicated in Figure 2. Traditional (local) products, lectures and workshops are important from an educational

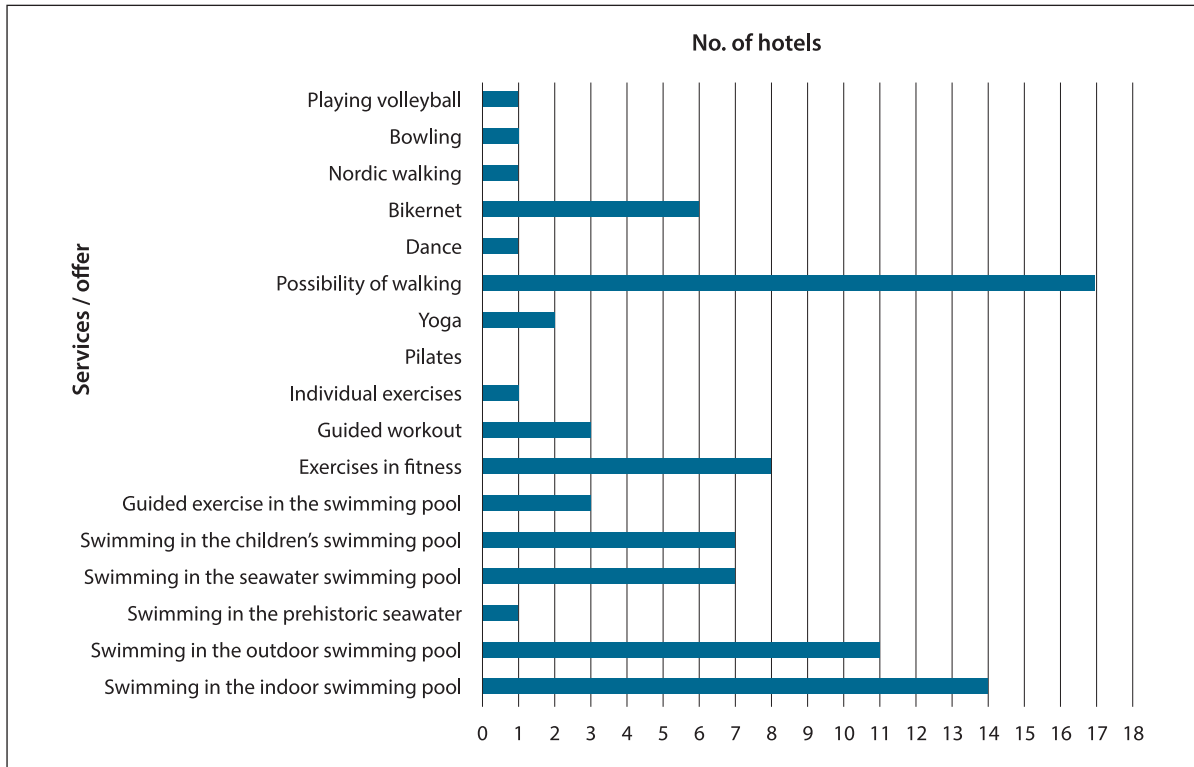


FIGURE 1 *Physical activities*

point of view (mental activity).

It is entirely obvious that most hotels do not consider and market their spiritual and mental activities intended for guests. They actually ignore the two of three elements of health stated in the WHO definition. This is evidently the weakest part of health-related hotel products. Methodologically speaking, because of such a scarce supply, they are all placed in one cluster.

Cluster 4: Mental activities with psychological and physical relaxation

Figures 3 to 5 show the part that is the most developed of all health-related activities on the Slovenian coast. The following groups of elements are highlighted: massages (Fig. 3), saunas (Fig. 4), baths and related services (Fig. 5). The most common are massages. Only one hotel does not

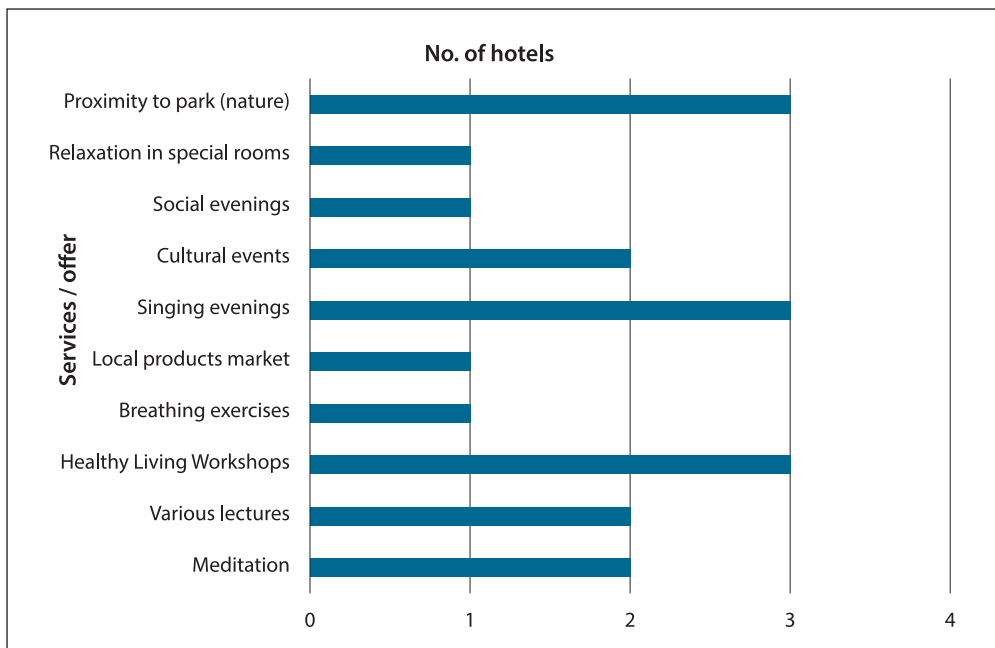


FIGURE 2 *Spiritual and mental activities*

offer at least one type of massage, which shows that the Slovenian range of massage services is well developed. Anti-cellulite ($f = 14$), foot reflexology massage ($f = 14$), massage with aromatic oils, lymphatic drainage, classic, facial massage, head and décolletage massage, and relaxing massage (all with $f \geq 10$) stand out. Baths (Fig. 5) are not very common, while saunas, in contrast, are very often part of the programme, with Finnish ($f = 14$) and Turkish steam sauna ($f = 14$) being the most popular (Fig. 4). In addition to swimming pools (Fig. 1), guests have the option of relaxing in a jacuzzi ($f = 10$). It is not surprising that ten seaside hotels

have a sun terrace. Surprisingly, traditional Kneipp therapies (Fig. 5) are probably more common in continental hotels with health-related products.

In the end, a 'beauty & body programme' could also be created. Beauty remains very important today and has a significant psychological impact on personal satisfaction and well-being. However, these services are beyond the scope of this research.

DISCUSSION

This paper investigates the intersection of health services and tourism (hotel industry) in the coastal

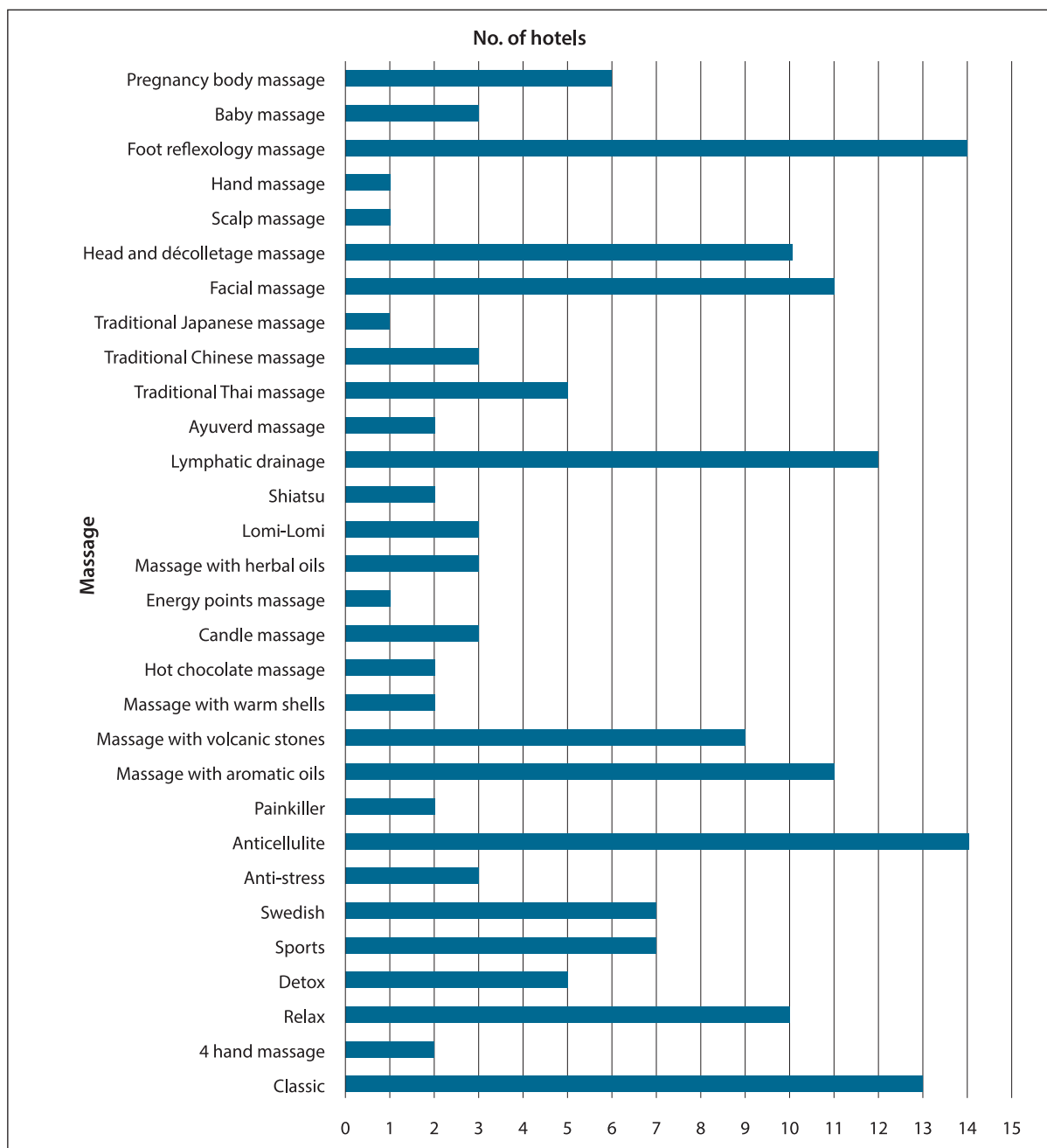
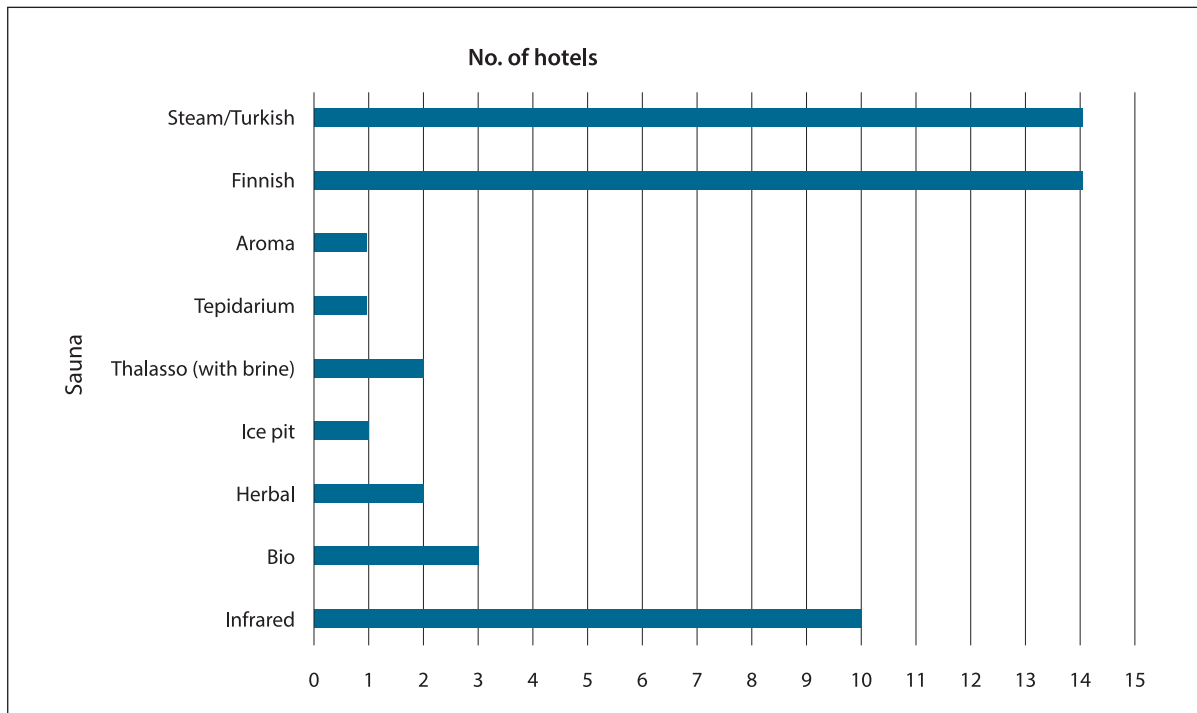
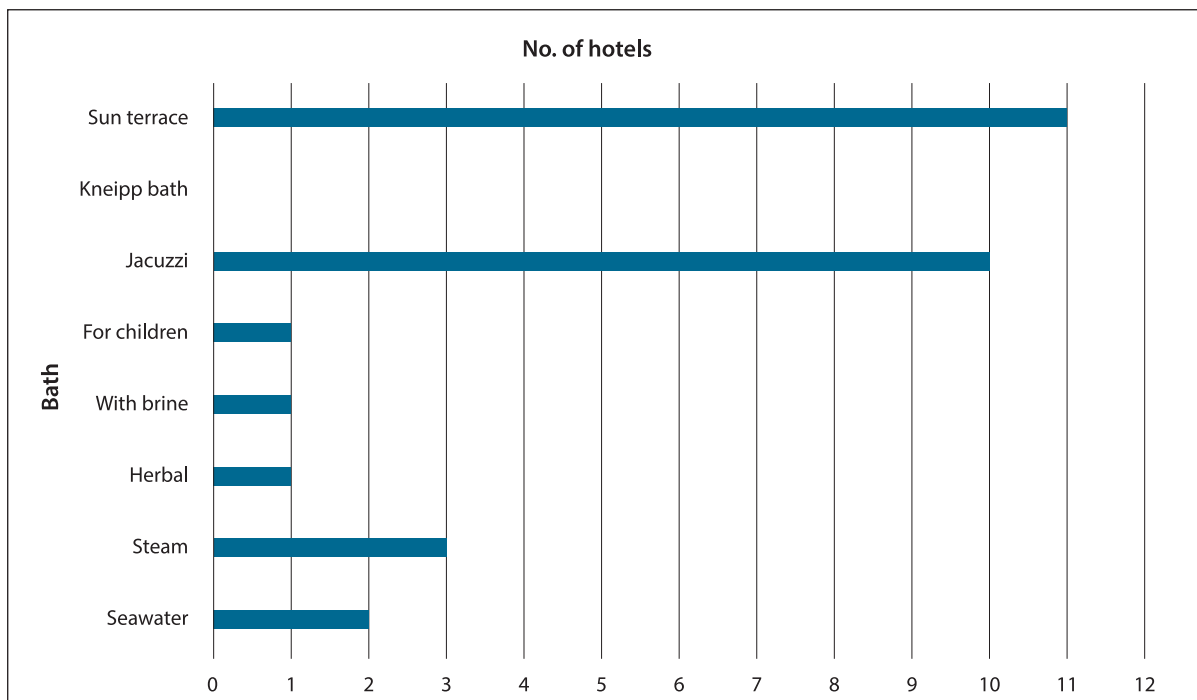


FIGURE 3 Types of (body) massage

FIGURE 4 *Types of saunas*FIGURE 5 *Types of baths and related offer*

environment. This intersection has been very well known and explained (GOJČIČ 2005; REPNIK 2011) albeit without particular emphasis on the seaside specialties with a long tradition in healing in Slovenia (KAVREČIČ 2009; 2015; ŠULIGOJ, 2015). Additional factors, which stir curiosity/interest in services offered, are natural healing factors that enable climatotherapy, thalassotherapy, and balneotherapy (GUTENBRUNNER ET AL., 2010; IVANIŠEVIĆ, 2016;

WIDAWSKI, 2017). Swimming in prehistoric seawater or a seawater swimming pool, the possibility of walking, Nordic walking, and bike rental are physical activities available at hotels, and they all rely mainly on natural conditions. Hence, proximity to nature, cultural events, and local product markets are related to the local natural and socio-cultural environment. However, the range of all services (many of them with complex names) indicates that the

share of local natural resources and related services is surprisingly lower; it should be further explored how important these services are to guests.

The domination of four-star hotels shows that up-scale and comfort hotels in addition to luxury hotels (five-star) are especially appropriate for health-related products. A higher level of quality of hotel equipment and services ensures comfort, relaxation and overall guests' satisfaction; this is also relevant in terms of Clusters 3 and 4. However, at the same time, this means that services are not accessible to all self-payers due to higher prices.

Seaside health-related products consist of accommodation, as well as preventive and curative services, which is consistent with the claims of S. Vrkljan and Z. Hendija (2016, 80), S. Gojčič (2005) and M. Spasojević and V. Šušić (2011, 856). On the basis of the theoretical framework (MUELLER, KAUFMANN, 2001; CHEN ET AL., 2013; MILIČEVIĆ, JOVANOVIĆ, 2015; TRIHAS, KONSTANTAROU, 2016; WIDAWSKI, 2017) and the four identified different clusters, it can be summarized that in addition to natural resources, tourist values (cultural and natural), spiritual and mental activities together form health-related (tourism) services of the Slovenian coastal area. Nevertheless, spiritual activities should be more developed as these activities represent a weak point in the supply of coastal hotels with health-related products.

The question is also how much these findings are consistent with the WHO's definition of wellness (ROSCOE, 2009) and of health (URL 7). Both of them include three components of wellness/health: physical, mental, and social. The social state is not an independent cluster, but some relevant services were nevertheless identified elsewhere: the group of sport activities in Cluster 2 and social and singing evenings in Cluster 3. Consistency with definitions is thus not questionable, which means that all clusters are also theoretically well grounded. Consequently, all the research questions are answered.

CONCLUSION

Through this research, we classified the identified characteristics of health-related hotel products into four different clusters. The results suggest

that hotels should pay attention to constructing complete health-related products by putting more energy into the reinforcement of spiritual activities, and the typical local natural healing factors related to climate and sea; the differentiation based on 'professional terminology' and the associated complexity does not contribute to this. It is also necessary to point out that excessive commercialization should not obscure the primary purpose – to offer preventative and curative programmes to ensure health. In the case of self-payers, these programmes are not accessible to people from the social periphery. Health in a dysfunctional public health system also loses its status as a shared value in this way. Further research is needed to determine how hotels contribute to the health and well-being of the people in a country. Other questions are raised regarding how effectively they complement public health systems and how they at least help to sustain the national health-care system with income from foreigners. All of these questions are of interest to health policymakers, health resorts and destination managers.

This research has some limitations, as it encompasses only a geographically limited area, the coast, although all the hotels with health-related products in this area were analysed. In this context, the results are more relevant to similar areas, for example in the Adriatic/Mediterranean. Hence, due to large number of different health-related services with small differences between them (in some examples) and commercially-oriented names, the analytical work becomes considerably complex (due to a misunderstanding). Regardless of these limitations, the above mentioned findings provide a valuable reference point for future studies of related topics.

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BIBLIOGRAPHY AND SOURCES

- BARKER, J. C., GUERRA, C., GONZALEZ-VARGAS, M. J., HOEFT, K. S. (2017): An ethnographic study of salt use and humoral concepts in a Latino farm worker community in California's Central Valley, *Journal of Ethnobiology and Ethnomedicine*, 13 (1), 1-15, DOI: 10.1186/s13002-017-0140-4
- BREZOVEC, T., BREZOVEC, A. (2019): Looking for health at the seaside: development of health resorts in Istria during Habsburg monarchy, in: *Resorts - cultural - historical landscape and cultural space: conference papers. Jurnala*, Sava grāmata, Riga, 123-150.
- CHEN, K.-H., CHANG, F.-H., WU (KENNY), C. (2013): Investigating the wellness tourism factors in hot spring hotel customer service, *International Journal of Contemporary Hospitality Management*, 25 (7), 1092-1114, DOI: 10.1108/IJCHM-06-2012-0086.
- CIGALE, D. (2012): Development patterns of Slovene tourist destinations, *Geografski vestnik*, 84 (1), 187-197.
- CVIKL, H., MEKINC, J. (2011): Safety and Security as Systematic Component of Wellness Centres in Slovenia, *Academica Turistica - Tourism and Innovation Journal*, 4 (2), 51-63.
- FETSCHERIN, M., STEPHANO, R. M. (2016): The medical tourism index: Scale development and validation, *Tourism Management* 52, 539-556, DOI: 10.1016/j.tourman.2015.08.010.
- FISCHINGER, A., FISCHINGER, D., FISCHINGER, J. (2007): Health resort Opatija and its headmaster professor Julius Glax (1846 –1922), *Acta Medico-Historica Adriatica*, 5 (1), 43-54.
- FISCHINGER, A., FISCHINGER, J., FISCHINGER, D., ŠKROBONJA, A. (2008): Die Kurorte In Der Steiermark, Kärnten Und Istrien Einst (1897) Und Heute (2007), *Acta medico-historica Adriatica*, 6 (1), 55-66.
- GOJČIČ, S. (2005): *Wellness. Zdrav način življenja. Nova zvrst turizma*, GV založba, Ljubljana, pp. 169.
- GUTENBRUNNER, C., BENDER, T., CANTISTA, P., KARAGÜLLE, Z. (2010): A proposal for a worldwide definition of health resort medicine, balneology, medical hydrology and climatology, *International Journal of Biometeorology*, 54 (5), 495-507, DOI: <https://doi.org/10.1007/s00484-010-0321-5>.
- HANSEN, H., HOLMES, S., LINDEMANN, D. (2013): Ethnography of Health for Social Change: Impact on public perception and policy, *Social Science & Medicine*, 99, 116-118, DOI: <https://doi.org/10.1016/j.socscimed.2013.11.001>.
- HARTWELL, H., HEMINGWAY, A., FYALL, A., FILIMONAU, V., WALL, S. (2012): Tourism engaging with the public health agenda: Can we promote 'wellville' as a destination of choice?, *Public Health*, 126 (12), 1072-1074, DOI: 10.1016/j.puhe.2012.08.013.
- HORVAT, U. (2000): Motivi, potrebe in ravnanje turistov v Rogaški Slatini, *Geografski vestnik*, 72 (1), 21-40.
- HORVAT, U. (2010): Health resorts and their importance for the development of less developed areas in Slovenia, *Revija za geografijo*, 5 (1), 147-159.
- HUNT, P. (2012): Health and well-being: The role of government, *Public Health*, 126 (Supplement 1), S19-S23, DOI: 10.1016/j.puhe.2012.05.017.
- HUNTER-JONES, P. (2003): Managing Cancer: The Role of Holiday Taking, *Journal of Travel Medicine*, 10 (3), 170-176, DOI: 10.2310/7060.2003.35762.
- IVANIŠEVIĆ, G. (2016): Natural preconditions for health tourism in Croatia, *Radovi Zavoda za znanstveni rad Varaždin*, 27, 11-23.
- JURINČIČ, I., PLANINC, S., LUK, N., GOMEZELJ OMERZEL, D., JERE JAKULIN, T., RUŽIČ, P., LESKOVEC SINDIČIČ, M., ŠTINE, S., BUGARIN, V., PLANINC, S. (2011): *Istra: avtentična destinacija dobrega počutja*, Fakulteta za turistične študije - Turistica; Institut za poljoprivredu i turizam, Portorož, Poreč, pp. 511.
- KAVREČIČ, P. (2009): Biseri avstrijske riviere: Opatija, Gradež, Portorož. Začetki modernega turizma na severnem Jadranu, *Kronika*, 57, 113-128.
- KAVREČIČ, P. (2015): *Turizem v Avstrijskem primorju: zdravilišča, kopaljšča in kraške jame (1819–1914)*, Založba Univerze na Primorskem, Koper, pp. 376.
- KONCUL, N. (2012): Wellness: A New Mode of tourism, *Economic Research-Ekonomska Istraživanja*, 25 (2),

- 525-534, DOI: 10.1080/1331677X.2012.11517521.
- LA PLACA, V., KNIGHT, A. (2014): Well-being: its influence and local impact on public health, *Public Health*, 128 (1), 38-42, DOI: 10.1016/j.puhe.2013.09.017.
- MILIĆEVIĆ, S., JOVANOVIĆ, D. (2015): Wellness tourism – competitive basis of European health tourism destination, *DIEM : Dubrovnik International Economic Meeting*, 2 (1), 851-863.
- MUELLER, H., KAUFMANN, E. L. (2001): Wellness tourism: Market analysis of a special health tourism segment and implications for the hotel industry, *Journal of Vacation Marketing*, 7 (1), 5-17, DOI: 10.1177/135676670100700101.
- MUZUR, A. (1998): *Kako se stvarala Opatija: prilozi povijesti naseljavanja, grada i zdravstvenog turizma*, Kat- edra čakavskog sabora, Grad Opatija, Opatija, Rijeka, pp. 191.
- MUZUR, A. (2010): Kako se kali(o) Kurort: Povijest problema lječilišne regulative na primjeru Opatije i Lovrana u posljednjih stotinu i pedeset godina, *Zbornik Lovranščine*, 1 (1), 197-214.
- MUZUR, A., ŠKROBONJA, A. (2007): Opatija: Spa Tradition Transforming into Modern Health Tourism?, *Croatian Medical Journal*, 48 (1), 1-3.
- Pravilnik o kategorizaciji nastanitvenih obratov*, Uradni list RS 22/2018, Ljubljana.
- PRIDEAUX, B. (2009): *Resort Destinations. Evolution, Management and Development*, Elsevier Ltd, Oxford, pp. 288.
- RADOŠEVIĆ, M. (2015): *Smrt na krilima siromaštva: tuberkuloza i malarija u Istarskoj provinciji 1918.-1940*, Srednja Europa, Zagreb, pp. 330.
- RANČIĆ, M., BLEŠIĆ, I., ĐORĐEVIĆ, J., BOLE, D. (2016): The motives for service users visiting the well- ness centres in Slovenia, *Acta Geographica Slovenica*, 56 (2), 194-208, DOI: [https://doi.org/10.3986/ AGS.723](https://doi.org/10.3986/AGS.723).
- REPNIK, S. (2011): *Wellness turizem*, Zavod IRC, Ljubljana, pp. 75.
- ROBINSON, M., NOVELLI, M. (2005): Niche tourism: an introduction, in: *Niche Tourism. Contemporary issues, trends and cases*, (eds. Robinson, M., Novelli, M.), Butterworth-Heinemann, Oxford, 1-11.
- ROSCOE, L. J. (2009): Wellness: A Review of Theory and Measurement for Counselors, *Journal of Coun- seling & Development*, 87 (2), 216-226, DOI: 10.1002/j.1556-6678.2009.tb00570.x
- SMITH, M., PUCZKO, L. (2009): *Health and Wellness Tourism*. Butterworth-Heinemann, Amsterdam, pp. 416.
- SPASOJEVIĆ, M., ŠUŠIĆ, V. (2011): Savremene tendencije u razvoju zdravstvenog turizma u svetu i Srbiji, *Teme*, XXXV (1), 149-162.
- STORENG, K. T., MISHRA, A. (2014): Politics and practices of global health: Critical ethnographies of health systems, *Global Public Health*, 9 (8), 858-864, DOI: <https://doi.org/10.1080/17441692.2014.941901>.
- SUESS, C., BALOGLU, S., BUSSE, J. A. (2018): Perceived impacts of medical tourism development on com- munity wellbeing, *Tourism Management*, 69, 232-245, DOI: 10.1016/j.tourman.2018.06.006.
- ŠKROBONJA, A. (Ed.). (2010): *Epidemične bolesti v Istri v 19. in 20. stoletju / Le malattie epidemiche in Istria tra '800 e '900 / Zarazne bolesti u Istri tijekom 19. i 20. stoljeća: prispjevki s študijskega dneva, relazioni della giornata di studio*, Izola - Isola, 6-10-2009, Histria Editiones, Koper.
- ŠULIGOJ, M. (Ed.). (2015): *Retrospektiva turizma Istre*, Založba Univerze na Primorskem, Koper, pp. 370.
- TRIHAS, N., KONSTANTAROU, A. (2016): Spa-goers' Characteristics, Motivations, Preferences and Percep- tions: Evidence from Elounda, Crete, *Almatourism - Journal of Tourism, Culture and Territorial Develop- ment*, 7 (4), 17-38, DOI: 10.6092/issn.2036-5195/6300.
- URL 1, *Statistics & Facts*, Global Wellness Institute, <https://globalwellnessinstitute.org/press-room/statistics-and-facts/>, 30. 9. 2019.
- URL 2, *Medical Wellness*, EuropeSpa, <https://europespa.eu/medical-spa-wellness/medical-wellness/>, 10. 9. 2019.
- URL 3, *Medical Tourism FAQs*, Medical Tourism Association, [https://medicaltourismassociation.com/en/ medical-tourism-faq-s.html](https://medicaltourismassociation.com/en/medical-tourism-faq-s.html), 1. 9. 2019.

- URL 4, Ivandić, N., Kunst, I., Telišman Košuta, N., Marković, I. (2014): *Nacionalni program - Akcijski plan razvoja zdravstvenog turizma*. Republika Hrvatska, Ministarstvo turizma, https://zdravlje.gov.hr/UserDocsImages//dokumenti/Tekstovi%20razni//Akcijski%20Plan_%20Zdravstveni%20turizam_cjelokupni%20sadr%C5%BEaj.pdf, 10. 9. 2019.
- URL 5, SNZ 2020. *Strategija razvoja in trženja slovenskih naravnih zdravilišč 2015 – 2020*, Javna agencija SPIRIT SLOVENIJA - Sektor za turizem, Skupnosti slovenskih naravnih zdravilišč, http://www.slovenia-terme.si/data/upload/Strategija_razvoja_in_trzenja_SNZ___koncna.pdf, 22. 9. 2019.
- URL 6, RNO - Register nastanitvenih obratov, AJ PES, <https://www.ajpes.si/RNO/Ajpes.RNO/vpogledIskanje>, 30. 9. 2019.
- URL 7, Constitution of the World Health Organization, 1946, World Health Organization (WHO), https://apps.who.int/iris/bitstream/handle/10665/121457/em_rc42_cwho_en.pdf, 9. 9. 2019.
- VINCI, A. M. (2012): Una lunga emergenza sociale: le terre “redente” tra le due guerre mondiali, in: *Carità pubblica, assistenza sociale e politiche di welfare: il caso di Trieste* (ed. Vinci A. M.), Trieste, EUT Edizioni Università di Trieste, pp. 41-62.
- VRKLJAN, S., GRAZIO, S. (2017): Business Performance of Health Spa Tourism Providers in Relation to the Structure of Employees in the Republic of Croatia, *Acta Clinica Croatica*, 56 (4), 681-688, DOI: 10.20471/acc.2017.56.04.15.
- VRKLJAN, S., HENDIJA, Z. (2016): Business Performance of Health Tourism Service Providers in the Republic of Croatia, *Acta Clinica Croatica*, 55 (1), 79-85, DOI: 10.20471/acc.2016.55.01.12.
- VUKONIĆ, B., ČAVLEK, N. (2001): *Riječnik turizma*, Masmedia, Zagreb.
- WIDAWSKI, K. (2017): Spa and Wellness Tourism in Poland - A New Geographical Analysis, *Czech Journal of Tourism*, 6 (1), 69-92, DOI: 10.1515/cjot-2017-0004
- ŽELEZNIK, U. (2013): Koper in kolera leta 1855: družbeno-demografski pogled v mestno tkivo in: *Bertoš in zbornik II*, (ed. Jurković, I.), Sveučilište Jurja Dobrile u Puli, Državni arhiv u Pazinu, Pula, Pazin, 583-605.