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Therapeutic Landscape as Value Added in the Structure of the Destination-Specific Therapeutic Tourism Product: The Case Study of Polish Spa Resorts

Abstract

The aim of the paper is to describe how therapeutic landscape creates value added for tourists in spa resorts. Survey data were collected from 184 tourists to Swoszowice spa resort in Poland using a self-administered questionnaire. The results indicated that the way the therapeutic landscape creates value added for tourists differs concerning socio-demographic, behavioural and psychographic factors. The conclusions have important implications for scholars, allowing them to understand the importance of the therapeutic landscape and its determinants for tourists. Knowledge of how tourists assess landscape aesthetics, which constitute value added in the structure of the destination-specific therapeutic tourism product (DSTTP), is essential for local government entities and managers of treatment enterprises to develop and manage a therapeutic product that meets the needs of their customers. The present paper fills the gap in the subject literature, which lacks studies assessing the therapeutic landscape as one of the elements in the structure of DSTTP.

Keywords: destination-specific therapeutic tourism product, therapeutic landscape, health tourism, spa resort, Poland

1. Introduction

Today, spa resorts, as an example of DSTTP, operate in increasingly complex circumstances. This is the consequence of the COVID-19 pandemic, social and economic changes, technological development, and the increasing globalisation of health awareness, which, on the one hand, offers new possibilities for creating and improving DSTTP but, on the other hand, results in a rising competitive tension in the therapeutic tourism market (Doughty et al., 2022). Spa resorts that want to gain a competitive advantage in the turbulent, dynamically growing market of therapeutic services must become attractive (unique and authentic) DSTTPs which address the needs and expectations of customers (Derco, 2017).

Destination Management Organisations (DMOs) should seek not so much to include and stress all the advantages of a given DSTTP but to research and show the so-called vital elements that make it more attractive than the products offered by its competitors. The literature identifies this procedure as product differentiation, an activity closely associated with product positioning. In contrast to positioning, this process concerns changes in the product's composition and focuses on shaping the desired product image in the minds of the buyers (Lubowiecki-Vikuk & Dryglas, 2019). The essence of product differentiation is, therefore, to distinguish it from the products offered by the competitors by endowing it with additional values depending on the different needs and requirements of the buyers (Buhalis, 2000). Differentiation often takes place at the augmented product level based on features, such as the uniqueness of natural resources; properties, such as enhanced flexibility in response to changing demand and tastes presented by tourists; attributes, e.g., varied

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experiences and activities, which have a more significant potential for customised products that meet tourists' individual needs and interests; synergistic relationships and cooperative arrangements, such as creating thematic linkages and securing improved coordination and shared costs through joint marketing, and finally “alternative” products that potentially are more socially and environmentally sustainable for tourism destinations (Benur & Bramwell, 2015). According to Dryglas and Miśkiewicz (2014), the first three levels of the tourism product (core benefits, core product, expected product) determine what the customer receives.

In contrast, the extended level (augmented product) includes what is offered to customers and how the offer is delivered. Dupre (2019) suggests that the physical environment, atmosphere, and aesthetics reflect how the destination is supplied as a tourism product. Study results found in the health tourism literature indicate that therapeutic landscapes formed by therapeutic tourism facilities with a natural environment and resources (e.g., Frost, 2004; Hoyez, 2007; Lea, 2008; Marušić et al., 2018; Nikoli & Lazakidou, 2019; Smith & Kelly, 2006a, b) constitute value added in DSTTP. The perception of therapeutic landscapes in spa resorts not only through the prism of their natural assets and therapeutic infrastructure but also using the word *zdrój, bad, Teplice*, is a source of additional values (e.g., clean air, clean water, green areas, healing climate) in creating an augmented product of DSTTP. Furthermore, it is worth underlining the intangible aspect of the physical environment in the form of a hospitable attitude and atmosphere in a therapeutic tourism destination and its authenticity (Beganović et al., 2021). Thus, the competitiveness and attractiveness of DSTTP can be created by the therapeutic landscape as value-added, responsible for how those products are delivered. However, the literature dedicated to health tourism only indicates the existence of a therapeutic landscape (e.g., Taheri et al., 2021), which in the case of therapeutic tourism destinations (e.g., spa resorts) deserves particular attention.

Moreover, the existing studies of the therapeutic landscape are usually descriptive. In contrast, very few conceptual and empirical studies could contribute to developing the therapeutic product management theory, particularly on the issue of DSTTP. The analysis of theoretical-conceptual and analytical-empirical publications dealing with therapeutic product management supports the thesis that there is a significant cognitive gap in theoretical and empirical studies on the therapeutic landscape as value added in the structure of DSTTP. Besides, a therapeutic landscape in European spa resorts is shaped by specific acts of law and regulations (e.g., legislation on spa resorts, spatial management plans, environmental law), whose execution allows for merely a selective, instead of a holistic and coherent, view on it.

Therefore, this study aims to thoroughly assess the importance and impact of therapeutic landscape on tourists visiting spa resorts.

The value added in the paper, which contributes to the development of therapeutic product management, particularly DSTTP management, encompasses the cognitive (theoretical and empirical gap) and empirical dimensions. First, the present study will contribute to extending the knowledge about the therapeutic landscape in spa resorts through the unification and systematization of incoherent terminology connected with the subject. Secondly, the study will contribute to discussing the empirical results related to the importance and impact of therapeutic landscape on tourists visiting spa resorts. Thirdly, the study's results can be applied by entities responsible for shaping DSTTP and may impact the decisions of DMOs that shape the therapeutic product in spa resorts.

2. Theoretical background and hypothesis development

2.1. Specificity of spa resorts

Destination-specific health tourism products are complex spatial products with an intricate multidimensional and multilevel internal structure. It encompasses specific types of health tourism destinations, which pertain to spatial systems at the level of a country, region or municipality (town), such as medical tourism destinations

(DS medical tourism product-DSMTP), therapeutic tourism destinations (DS therapeutic tourism product-DSTTP), and wellness tourism destination (DS wellness tourism product-DSWTP) (Dryglas, 2022). The present research focused on one of the health tourism destination types, namely therapeutic tourism destinations, best exemplified by spa resorts. Given the products and infrastructure of spa resorts, three groups of spa resorts may be distinguished: medical (therapeutic) spa resorts, medical wellness spa resorts and wellness spa resorts (Dryglas & Salamaga, 2018). Spa resorts understood in the medical (therapeutic) sense can be found in Europe. More specifically, such resorts are mainly found in German-speaking countries, some parts of France, the Baltic States (Estonia, Latvia, Lithuania), Central and Eastern Europe, and Russia (Vetitnev & Dzubina, 2013). In order to unify the terminology for European spa resorts, the ESPA (European Spas Association) has defined spa resorts as "health resorts of the highest status as recognised by the state according to the legal regulations for health cures of the country based on natural healing assets such as medicinal water (healing, mineral, thermal), healing gases, peloids, healing climate, proved by scientific evidence and being part of scientific medicine" (Kirschner, 2009, p. 319). Thus, according to the definition by the ESPA, spa resorts are understood, in the spatial sense, as areas which carry therapeutic connotations. In Poland, a site may fulfil spa resort functions if it is granted the status of a spa resort, which is associated with additional legal obligations and restrictions.

2.2. Characteristics of therapeutic landscape

Gesler (1992) introduced the term "therapeutic landscape" to the literature, defining it as one associated with treatment or healing. In 1996, he formulated a more extensive definition of therapeutic landscape: "Therapeutic landscapes are healing places that include such things as natural and human-made environments, historical events, cultural beliefs, social relations, and personal experiences. In many societies, they are closely linked to religion" (Gesler, 1996). A therapeutic landscape is also defined as a place based on the physical and psychological environment (surroundings) connected with curing or healing, known for its healing properties for the body, mind and spirit (Williams, 1998). Williams highlighted that even though in his research, Gesler (1993) focused on specific places with a healing reputation, such as Epidauros, Lourdes, or Bath, the concept of therapeutic landscape was beginning to move in a different direction. Considering relations between holistic health and place, Williams (1998) depicted the therapeutic landscape as a place with healing properties and one associated with maintaining health and well-being. Palka (1999) presented a slightly different point of view on a therapeutic landscape from the one demonstrated by Gesler (2003), focusing more on the specificity of the place. In this case, the therapeutic landscape was defined as a place of wellness that promotes a healthy lifestyle through the facilitation of relaxation, renewal (regeneration) and improvement of physical, mental, and spiritual well-being. Such places include, for example, pristine natural landscapes with no human impact. Finlay et al. (2015) researched how green and blue spaces affect older adults' health and well-being. In that case, they used a definition referring to Gesler's ideas, connected with specific and symbolic elements of the therapeutic landscape, which supported healing. The landscapes embedded with therapeutic qualities which influenced the research participants' perceived physical, mental, and social health included parks, gardens, street greenery, lakes, and the ocean. Thus, they were perceived as places of renewal and therapeutic environments. Williams (1999) broadened her earlier definition to include an environment that provides a strong sense of place and promotes health consciousness. Chronologically, Kearns and Barnett (1999), based on the definition by Gesler (1992, 1993), also discussed the therapeutic landscape. Therapeutic landscapes are places where environmental, individual, and social factors/conditions promote healing. All the subsequent definitions of therapeutic landscape (Kearns & Collins, 2000; Scarpaci, 1999; Williams, 2002; Wilson, 2003) are based on the definition by Gesler (1992, 1993, 1996, 1998). They emphasise that the therapeutic landscape is where environmental conditions, individuality and social factors contribute to healing. What is also crucial for healing and general well-being are the cultural and physical properties of the landscape (Scarpaci, 1999) and properties that can heal the spirit (Doughty et al., 2022).

Many researchers (e.g., Lou & Xie, 2020) noted that what counts is not only the visual aspect of the place but also its role and all associated actions, which form its identity and authenticity. Therapeutic landscape derives from such an approach, i.e., the relation between health (healing) and place. Hence, a therapeutic landscape is a healing place consisting of natural and built elements, historical events, traditional and religious beliefs, social relations, and personal experience (Khachatourians, 2006).

According to Gesler (1998), the therapeutic landscape consists of several components that can be divided into three main categories: natural environment, social environment, and spiritual environment. The natural environment consists of territory, beautiful nature, water, identity of the place, location (area) separated from everyday stress, and role of the site. The social environment encompasses a reputation for healing, social relations, daily activities, historical context, relative equality, contested reality, pilgrimage, and shared rituals. The spiritual environment includes symbolism, the healing power of God (faith), supernatural healing powers, the origin of spiritual nature, the role of religion, (spiritual) transformation, beliefs, philosophies, expectations, and perception.

2.3. Therapeutic landscape in spa resorts

Even though the definitions demonstrated above suggest many places within which one can distinguish a therapeutic landscape, such places are all characterised by healing properties as opposed to “regular” places of relaxation, recreation, or renewal. Among such places, Gesler (1996) mentions those connected with religion (e.g., Lourdes), mythological beliefs (e.g., Epidaurus) or spa resorts (e.g., Bath) associated with healing powers. On the other hand, others find healing properties of the landscape in communal gardens for the elderly (Milligan et al., 2004), First Nations’ cultural beliefs regarding health (Wilson, 2003), healthcare settings (Williams, 1998, 2002), specially designed children's hospitals (Kearns & Barnett, 1999), children's health camps (Kearns & Collins, 2000), wilderness of national parks (Palka, 1999), or urban environment (Scarpaci, 1999).

Based on the components of therapeutic landscape previously demonstrated by Gesler (1998) and several studies in the therapeutic tourism literature (e.g., Dryglas & Różycki, 2017), one can conclude that therapeutic landscape in spa resorts consists of the following elements: natural environment (e.g., forests [Konu, 2015], hot springs [Erfurt-Cooper & Cooper, 2009], medicinal water, healing gases, peloids and a healing climate as well as silence and quiet [Dryglas & Różycki, 2017]), built environment: therapeutic infrastructure (spa hospital, sanatorium, promenade, spa park, walking hall, bathhouse, band shell, amphitheatre, pump room, graduation tower, caves, baths) as well as spiritual environment (shrines and images of saints surrounded by nature, narratives and legends about healing in spa resorts, health events, health traditions, rituals and ceremonies) and social environment (organised cultural life, healing image, atmosphere and history of spa resorts). However, no study addresses the question of the importance and impact of the therapeutic landscape on tourists.

Consequently, this gap in the literature led to the following research hypotheses:

H1: *Therapeutic landscape has a positive impact on the well-being of most tourists visiting the Swoszowice spa resort.*

H2: *Tourists visiting the Swoszowice Spa resort evaluate the extent of the impact of the therapeutic landscape on them differently, depending on selected socio-demographic, behavioural and psychographic features.*

H3: *Therapeutic landscape has a more significant impact on the well-being than the senses of tourists visiting the Swoszowice spa resort.*

H4: *Respondents’ associations with a therapeutic landscape in Swoszowice differ depending on socio-demographic, behavioural and psychographic features.*

3. Methodology

3.1. Description of the research object

The present research was conducted in Swoszowice, one of the 47 statutory spa resorts in Poland, located in Małopolskie Province, along with eight other spa resorts (Figure 1).

Figure 1
Spatial distribution of statutory spa resorts in Poland



3.2. The procedure of data collection, measurement, and data analysis

In order to ensure a representative sample, simple random sampling, a ‘probability sampling strategy’ (Dattalo, 2008, p. 4), was used. A total of 200 questionnaires were distributed among tourists at therapeutic accommodation facilities (spa hospital, sanatorium) where authorisations from the managers were obtained and in other places that form therapeutic infrastructure (spa park). One hundred eighty-four usable questionnaires were received, yielding a response rate of 92%. The research material for the study was obtained through

surveys carried out from May to June 2021. These summer months were chosen because of the more significant number of tourists and the more evident features of the therapeutic landscape.

The structured questionnaire for tourists consisted of two parts. Part one was an instrument to measure the influence of the therapeutic landscape on tourists visiting Swoszowice, which was rated by respondents on a five-point Likert-type scale, ranging from "not important at all (=1)" to "very important (=5)". Questions 1-4 referred to the evaluation of the impact of therapeutic landscape on tourists: how it affected them, to what extent it influenced their well-being, to what extent it stimulated their senses and what kind of emotions it evoked. The next question was related to associations, i.e., tourists had to determine to what extent they associated a given element of therapeutic landscape listed in the questionnaire with the landscape itself. A set of 11 associations with the therapeutic landscape in Swoszowice spa resort was formulated based on Gesler (1998) and a thorough review of the therapeutic tourism literature (e.g., Dryglas & Salamaga, 2018). Part two comprised questions related to selected socio-demographic parameters: gender (2 items), behavioural features: repeated visits (2 items) and psychographic characteristics: motives of arrival (5 items).

Based on empirical research (Smith & Yael, 2016), an analysis and evaluation of the influence of the therapeutic landscape on tourists visiting the spa resort in Swoszowice were performed using statistical tools. To verify the study hypotheses (H1, H2, H3, H4), the data were analysed using PQStat software ver. 1.6.6.202. H1 was analysed with a one-proportion Z-test, whereas H2 H3 with a χ^2 test and Fisher's exact test. Statistical tests for multiple independent samples were used to verify H4, stating that respondents' associations with the therapeutic landscape in Swoszowice differ depending on socio-demographic, behavioural and psychographic features. A test for two independent samples was used when comparing two respondent profiles. Tests for normality of distribution (Shapiro–Wilk test and Kolmogorov–Smirnov test) showed that the respondents' assessment scores did not have a normal distribution; thus, non-parametric tests were applied: the Kruskal-Wallis ANOVA (for multiple samples) and the Mann–Whitney U test (for two samples), which are alternatives to the classical parametric ANOVA and Student's t-test, respectively.

Furthermore, multiple comparison Z tests on mean ranks were conducted when comparing various samples. Probability values at $p < 0.05$ and $p < 0.01$ were considered significant and highly significant, respectively. The adopted maximum estimation error was 7.5%, with CI 0.95. The sample size allowed for reliable generalisation of the findings and their application to the general population.

4. Results

The questionnaire was completed by 123 women (66.8%) and 61 men (33.2%). There were 25 foreigners among the 184 respondents. The total number of tourists who visited Swoszowice for the first time was 37 (20% of the surveyed). The number of repeat visitors was 147 (80%). It is essential to emphasize that foreigners constituted 48.6% (18 people) of the 37 tourists who visited Swoszowice for the first time. The therapeutic motive was the prevailing purpose of all visits to the Swoszowice spa resort (23.4% of all answers). Cultural experience was the second most frequent purpose of the visit (21.7%). Other purposes included relaxation (20.6%), knowledge-seeking (19.0%), and family togetherness (16.8%).

The data presented in Table 1 indicate that 28.26% of tourists visiting the Swoszowice spa resort positively assessed the impact of its therapeutic landscape on their wellbeing. Moreover, 48.37% of the respondents considered the impact highly positive. Overall, positive answers were given in 76.63% of the cases. If this percentage, given entirely random answers provided by the respondents, equals $100\%/5=20\%*2=40\%$, the result obtained (i.e., 76.63%) differs highly significantly ($Z=10.08$, $p < 0.0001$) from the hypothetical random result. It follows that the therapeutic landscape positively impacts the well-being of tourists visiting the Swoszowice spa resort, which allows for a positive verification of H1.

Table 1
The impact of therapeutic landscape on the wellbeing of tourists visiting Swoszowice spa resort

Impact of therapeutic landscape	N	%
Highly negative	7	3.80
Negative	17	9.24
Neither negative nor positive	19	10.33
Positive	52	28.26
Highly positive	89	48.37

The study demonstrated a significant relationship ($p < 0.05$) between the respondents' gender and their evaluation of the extent of the impact of the therapeutic landscape (Table 2.1). Generally, women's scores were higher than men's, meaning women found the therapeutic landscape's impact more important.

Table 2.1
Evaluation of the extent of the impact of therapeutic landscape depending on gender

	Women		Men	
	N	%	N	%
	0	0.00	3	3.30
	7	7.53	15	16.48
	10	10.75	15	16.48
	30	32.26	18	19.78
	46	49.46	40	43.96
Chi ²	10.3072			
Chi ² test	df	4		
	p	0.0356		
Fisher's exact test	p	0.0335		

A significant relationship ($p < 0.05$) was observed between the respondents' repeat visit and their evaluation of the extent of the impact of the therapeutic landscape (Table 2.2). In general, first-time visitors rated the impact higher than repeat visitors.

Table 2.2
Evaluation of the extent of the impact of therapeutic landscape depending on repeat visit

	First time		More times	
	N	%	N	%
	0	0.00	7	4.76
	0	0.00	17	11.56
	2	5.41	17	11.56
	9	24.32	43	29.25
	26	70.27	63	42.86
Chi ²	11.9732			
Chi ² test	df	4		
	p	0.0176		
Fisher's exact test	p	0.0160		

The study did not show a significant relationship ($p > 0.05$) between the respondents' motives and their evaluation of the extent of the impact of the therapeutic landscape (Table 2.3).

Table 2.3
Evaluation of the extent of the impact of therapeutic landscape depending on motives

	Relaxation		Cultural experience		Therapeutic		Family togetherness		Knowledge-seeking		
	N	%	N	%	N	%	N	%	N	%	
	2	3.28	0	0.00	0	0.00	3	4.84	3	6.67	
	2	3.28	1	4.55	0	0.00	8	12.90	6	13.33	
	3	4.92	2	9.09	3	5.17	9	14.52	6	13.33	
	16	26.23	5	22.73	14	24.14	14	22.58	9	20.00	
	38	62.30	14	63.64	41	70.69	28	45.16	21	46.67	
Chi ²	26.2064										
Chi ² test	df	16									
	p	0.0512									
Fisher's exact test	p	0.0642									

The well-being of tourists visiting the Swoszowice spa resort was influenced by the therapeutic landscape to a significantly greater extent ($p < 0.01$) than their senses (Table 3). The exception is eyesight, which was influenced by the therapeutic landscape to a significantly greater extent ($p < 0.01$) than well-being.

Table 3
Evaluation of the extent of the impact of therapeutic landscape on the well-being vs. senses of tourists visiting Swoszowice spa resort

Influence's extent	Well-being		Eyesight		Smell		Earing		Taste		Touch	
	N	%	N	%	N	%	N	%	N	%	N	%
	3	1.63	0	0.00	42	22.83	38	20.65	98	53.26	120	65.22
	22	11.96	6	3.26	50	27.17	32	17.39	49	26.63	28	15.22
	25	13.59	20	10.87	35	19.02	28	15.22	10	5.43	13	7.07
	48	26.09	41	22.28	35	19.02	45	24.46	9	4.89	11	5.98
	86	46.74	117	63.59	22	11.96	41	22.28	18	9.78	12	6.52
Chi ²	17.9830		86.3176		47.9414		177.1984		194.8831			
Chi ² test	df	4		4		4		4				
	p	0.0012		<0.0001		<0.0001		<0.0001				
Fisher's exact test	p	0.0008		<0.0001		<0.0001		<0.0001				

There were 61 men and 123 women among the respondents. Most of the associations received higher scores from women (Table 4.1). These were *History of a spa resort* (mean score 1.593 ± 0.088), *Therapeutic infrastructure* (mean score 2.886 ± 0.099), *Chapels and saints' images* (mean score 2.943 ± 0.101), *Traditional Therapeutic Architecture* (mean score 2.935 ± 0.102), *Healing climate* (mean score 3.902 ± 0.086), *Forests and green* (mean score 3.943 ± 0.086), *Healing water* (mean score 4.065 ± 0.080) and *Silence and quiet* (mean score 4.821 ± 0.046). Men, on the other hand, gave higher scores to the following associations: *Atmosphere of a spa resort* (mean score 2.656 ± 0.130), *Healing image* (mean score 2.869 ± 0.152) and *Health events, traditions, rituals* (mean score 2.820 ± 0.151).

Table 4.1
Numerical characteristics for respondents' scores as regards their associations with therapeutic landscape in Swoszowice by gender

Associations	Gender			
	Numerical characteristics	Male N=61	Female N=123	Total N= 184
History of a spa resort	Social environment			
	Mean	1.525	1.593	1.571
	Stat. error	0.111	0.088	0.069
Atmosphere of a spa resort	Mean	2.656	2.545	2.582
	Stat. error	0.130	0.095	0.077
	Mean	2.869	2.610	2.696
Healing image	Stat. error	0.152	0.116	0.093

Table 4.1 (continued)

	Spiritual environment			
Health events, traditions, rituals	Mean	2.820	2.659	3.250
	Stat. error	0.151	0.095	0.540
Chapels and saints' images	Mean	2.869	2.943	2.918
	Stat. error	0.141	0.101	0.082
	Built environment			
Therapeutic infrastructure	Mean	2.639	2.886	2.804
	Stat. error	0.136	0.099	0.081
Traditional therapeutic architecture	Mean	2.770	2.935	2.880
	Stat. error	0.143	0.102	0.083
	Natural environment			
Healing climate	Mean	3.689	3.902	3.832
	Stat. error	0.135	0.086	0.073
Forests and green	Mean	3.590	3.943	3.826
	Stat. error	0.131	0.076	0.068
Healing water	Mean	3.852	4.065	3.995
	Stat. error	0.121	0.080	0.067
Silence and quiet	Mean	4.607	4.821	4.750
	Stat. error	0.105	0.046	0.047

A non-parametric two-sample Mann-Whitney U test was used to test the significance of differences in the mean assessment scores between men and women (Table 4.2). The test results indicate that significant differences in the scores analysed were observed only in the case of *Forests and green* and *Silence and quiet*. As for the other associations, there were no statistically significant differences between the genders.

Table 4.2
The Mann-Whitney U test results by gender

Associations	U	Z	p	Z adjusted	p
History of a spa resort	3701	-0.147	0.883	-0.177	0.859
Atmosphere of a spa resort	3564	0.550	0.582	0.571	0.568
Healing image	3267	1.425	0.154	1.466	0.143
Health events, traditions, rituals	3505	0.725	0.469	0.749	0.454
Chapels and saints' images	3637	-0.337	0.736	-0.349	0.727
Therapeutic infrastructure	3271	-1.411	0.158	-1.484	0.138
Traditional therapeutic architecture	3394	-1.051	0.293	-1.088	0.276
Healing climate	3371	-1.119	0.263	-1.208	0.227
Forests and green	3086	-1.957	0.050	-2.290	0.022
Healing water	3279	-1.389	0.165	-1.509	0.131
Silence and quiet	3275	-1.401	0.161	-2.101	0.036

Two groups of respondents were identified concerning the frequency of their visits to the Swoszowice spa resort: first-time and repeat visitors, with the first group including 37 respondents and the other 147 respondents (Table 5.1). Most of the associations received higher scores from the group of repeat visitors to the Swoszowice spa resort. These were *History of a spa resort* (mean score 1.612 ± 0.082), *Atmosphere of a spa resort* (mean score 2.599 ± 0.084), *Healing image* (mean score 2.748 ± 0.103), *Health events, traditions, rituals* (mean score 2.850 ± 0.091), *Therapeutic infrastructure* (mean score 2.823 ± 0.091), *Healing climate* (mean score 3.905 ± 0.076), *Forests and green* (mean score 3.884 ± 0.071), *Healing water* (mean score 4.048 ± 0.074) and *Silence and quiet* (mean score 4.769 ± 0.050). The other associations received higher scores from the group of first-time visitors. These were *Chapels and saints' images* (mean score 3.162 ± 0.196) and *Traditional therapeutic architecture* (mean score 3.081 ± 0.175).

Table 5.1

Numerical characteristics for respondents' scores as regards their associations with therapeutic landscape in Swoszowice by repeat visit

Associations	Repeat visit			
	Numerical characteristics	First time N=37	More times N=147	Total N=184
	Social environment			
	Mean	1.405	1.612	1.571
	Stat. error	0.106	0.082	0.069
History of a spa resort	Mean	2.514	2.599	2.582
Atmosphere of a spa resort	Stat. error	0.188	0.084	0.077
Healing image	Mean	2.486	2.748	2.696
	Spiritual environment			
	Stat. error	0.207	0.103	0.093
Health events, traditions, rituals	Mean	2.162	2.850	3.250
	Stat. error	0.176	0.091	0.081
Chapels and saints' images	Mean	3.162	2.857	2.918
	Built environment			
	Stat. error	0.142	0.091	0.540
Therapeutic infrastructure	Mean	2.730	2.823	2.804
	Stat. error	0.196	0.090	0.082
Traditional therapeutic architecture	Mean	3.081	2.830	2.880
	Natural environment			
	Stat. error	0.175	0.094	0.083
Healing climate	Mean	3.541	3.905	3.832
	Stat. error	0.200	0.076	0.073
Forests and green	Mean	3.595	3.884	3.826
	Stat. error	0.180	0.071	0.068
Healing water	Mean	3.784	4.048	3.995
	Stat. error	0.156	0.074	0.067
Silence and quiet	Mean	4.676	4.769	4.750
	Stat. error	0.123	0.050	0.047

A non-parametric two-sample Mann-Whitney U test was used to test the significance of differences in the mean assessment scores between first-time and repeat visitors to Swoszowice (Table 5.2). The test results indicate that significant differences in the scores analysed were observed only in the case of *Health events, traditions, and rituals*. As for the other associations, there were no statistically significant differences between the groups.

Table 5.2

The Mann-Whitney U test results by repeat visit

Associations	U	Z	p	Z adjusted	P
History of a spa resort	2592	-0.439	0.661	-0.528	0.597
Atmosphere of a spa resort	2506	-0.737	0.461	-0.766	0.443
Healing image	2420	-1.033	0.302	-1.063	0.288
Health events, traditions, rituals	1727	-3.427	0.001	-3.542	0.000
Chapels and saints' images	2281	1.513	0.130	1.569	0.117
Therapeutic infrastructure	2598	-0.420	0.675	-0.441	0.659
Traditional therapeutic architecture	2399	1.105	0.269	1.144	0.253
Healing climate	2305	-1.430	0.153	-1.544	0.123
Forests and green	2361	-1.238	0.216	-1.449	0.147
Healing water	2279	-1.519	0.129	-1.651	0.099
Silence and quiet	2588	-0.452	0.651	-0.679	0.497

Data in Table 6.1 show that the study included five respondents representing the following motives: cultural experience, therapeutic, family togetherness, knowledge-seeking, and relaxation. Respondents who visited the Swoszowice spa resort for therapeutic purposes primarily held associations with the natural environment. In this group, the highest scores were recorded for *Silence and quiet* (mean score 5.000±0.027), *Healing water* (mean score 4.300±0.260), *Forests and green* (mean score 4.100±0.180) and *Healing climate* (mean score 4.00±0.333). The family togetherness group mainly appreciated the built environment and spiritual environment categories. Respondents from this group gave the highest scores to *Traditional therapeutic architecture* (mean score 3.226±0.190), followed by *Chapels and saints' images* (mean score 3.032±0.188) and *Therapeutic infrastructure* (mean score 3.000±0.185). The *History of a spa resort* category as an element of the social environment received the highest scores from the relaxation group (mean score 1.943±0.205).

Table 6.1
Numerical characteristics for respondents' scores as regards their associations with therapeutic landscape in Swoszowice by motives

Associations	Motives						
	Numerical characteristics	Cultural experience N=40	Therapeutic N=43	Family togetherness N=31	Knowledge-seeking N=35	Relaxation N=38	Total N= 184
	Social environment						
History of a spa resort	Mean	1.475	1.900	1.774	1.229	1.943	1.571
	Stat. error	0.119	0.348	0.201	0.109	0.205	0.069
Atmosphere of a spa resort	Mean	2.575	2.300	2.839	2.457	2.743	2.582
	Stat. error	0.138	0.367	0.180	0.161	0.202	0.077
Healing image	Mean	2.500	3.000	2.839	3.029	2.400	2.696
	Stat. error	0.221	0.394	0.241	0.181	0.202	0.093
	Spiritual environment						
Health events, traditions, rituals	Mean	2.600	3.300	2.935	3.314	2.143	3.250
	Stat. error	0.167	0.260	0.179	0.168	0.160	0.540
Chapels and saints' images	Mean	3.025	2.400	3.032	2.714	2.886	2.918
	Stat. error	0.162	0.221	0.188	0.177	0.235	0.082
	Built environment						
Therapeutic infrastructure	Mean	2.900	2.600	3.226	2.686	2.914	2.880
	Stat. error	0.175	0.400	0.190	0.204	0.202	0.083
Traditional therapeutic architecture	Mean	2.775	2.800	3.000	2.743	2.714	2.804
	Stat. error	0.158	0.200	0.185	0.180	0.234	0.081
	Natural environment						
Healing climate	Mean	3.325	4.000	3.968	4.257	3.543	3.832
	Stat. error	0.187	0.333	0.127	0.111	0.206	0.073
Forests and green	Mean	3.675	4.100	3.903	4.029	3.657	3.826
	Stat. error	0.154	0.180	0.134	0.112	0.209	0.068
Healing water	Mean	3.575	4.300	4.000	4.171	4.143	3.995
	Stat. error	0.179	0.260	0.161	0.133	0.131	0.067
Silence and quiet	Mean	4.550	5.000	4.806	4.829	4.800	4.750
	Stat. error	0.147	0.021	0.108	0.065	0.080	0.047

A non-parametric Kruskal-Wallis ANOVA was used to test the discriminating power of associations among the groups distinguished by motives (Table 6.2). The test results indicate that significant differences in the scores analysed were found only for *Health events, traditions, rituals*, and *Healing climate*. Regarding the rest of the associations, the groups had no statistically significant differences. Thus, the two associations listed above had the most significant discriminating power among the groups studied. The multiple comparison test on mean ranks found substantial differences in the scores for *Health events, traditions, and rituals* between the knowledge-seeking and relaxation groups ($Z= 4.284$, $p= 0.000$) and between the knowledge-seeking and

family togetherness groups ($Z= 3.137$, $p= 0.026$), and for *Healing climate* between the knowledge-seeking and cultural experience groups ($Z= 3.568$, $p= 0.0054$).

Table 6.2
The Kruskal-Wallis ANOVA results by motives

Associations	H	p-value
History of a spa resort	11.779	0.0379
Atmosphere of a spa resort	6.077	0.2988
Healing image	5.9677	0.3094
Health events, traditions, rituals	27.0692	0.0001
Chapels and saints' images	5.8175	0.3244
Therapeutic infrastructure	1.3799	0.9265
Traditional therapeutic architecture	5.0512	0.4097
Healing climate	19.014	0.0019
Forests and green	4.219	0.518
Healing water	9.214	0.1008
Silence and quiet	5.415	0.3674

5. Discussion

The study results allow for a conclusion that hypothesis H1 was fully confirmed, whereas hypotheses H2, H3, and H4 were partially confirmed.

During the empirical research, the influence of the therapeutic landscape on tourists was evaluated based on the example of DSTTP (Swoszowice spa resort). Based on the empirical material collected, it was concluded that the therapeutic landscape in the Swoszowice spa resort evokes positive emotions in most tourists. Such positive feelings indicated by respondents depend significantly on gender, as women tend to have a more positive attitude to the natural environment than men (Plavsic, 2013), manifesting higher-than-average health consciousness and care for health, as indicated by numerous studies (e.g., Tuominen-Taipale et al., 2006; World Health Organization [WHO], 2009). As for the frequency of visits to Swoszowice spa resort, tourists who see the landscape for the first time report its more significant impact on health than repeat visitors. The fact that initial impressions have a significantly more potent effect than subsequent ones has been demonstrated by several psychological studies (Gilron & Gutchess, 2012). When analysing the extent of the influence of the therapeutic landscape on tourists' health in terms of the purpose of their visit, it can be concluded that the most significant impact is seen in those tourists who come to the spa resort for therapeutic purposes, for whom therapeutic landscape performs the 'operational "living" construct' function (Kearns & Moon, 2002, p. 69) involved in the health processes. As demonstrated by Wolf and Flora (2010), landscape's therapeutic role manifests itself in improving the mental condition of people suffering from various mental problems (e.g., depression). According to Velarde et al. (2007), natural landscapes have a more positive impact on health than urban, closed landscapes. Next, it transpires that therapeutic landscape has a more significant impact on the well-being of tourists than on their senses, which is related to the concept of therapeutic landscape as a metaphor describing a particular type of well-being experience associated with healing, recovery, restoration, and place' (Andrews, 2017, p. 59). What is particularly worth highlighting is that the therapeutic landscape in the Swoszowice spa resort stimulates the eyesight and hearing of the surveyed, which stems from the fact that it is mainly associated with natural and built environments, particularly silence and quiet.

Furthermore, the present study indicated that women associate the therapeutic landscape in the Swoszowice spa resort more with the natural environment (silence, peace, forests and green areas, healing waters and healing climate). The fact that therapeutic landscape is mainly associated with the natural environment has been reflected in several previous studies (e.g., Dryglas & Różycki, 2017), suggesting that the natural and

built environment plays a significant role in the perception of spa resorts. What is more, it has been claimed that not only specific natural healing resources but also nature itself has a therapeutic effect, which has been proven by numerous studies in this field (e.g., Deery et al., 2014; Hartig et al., 2003; Herzog et al., 2003). According to Kaplan's (1995) Attention Restoration Theory and Ulrich's (1983) Stress Reduction Theory, the natural environment provides recovery from fatigue and any form of stress. On the other hand, men more often associate the therapeutic landscape with the social environment, which has been corroborated by previous studies on this subject (Dryglas & Salamaga, 2018). Women and men often arrive in a spa resort alone, looking for a life partner, which is the hidden purpose of their visit. Associations of repeat visitors to the Swoszowice spa resort are to the greatest extent related to the natural, social, built, and spiritual environment, as these visitors know what to expect.

On the other hand, associations of first-time visitors are related to the built and spiritual environment. The motives for visiting the Swoszowice spa resorts correspond with tourists' associations with a given destination, which aligns with previous research (Dryglas & Różycki, 2017). Respondents who visited Swoszowice spa resort for therapeutic purposes primarily held associations with the natural environment. The family togetherness group mainly appreciated the built environment and spiritual environment categories, and the social environment received the highest scores from the relaxation group. Furthermore, the respondents' associations with the therapeutic landscape depend significantly on such motives as knowledge-seeking only in the case of the spiritual environment.

6. Conclusion and implications

The present study showed that the therapeutic landscape comprises places with healing properties and those associated with maintaining health and well-being. Thus, examples of such landscapes also include well-being tourism destinations (e.g., Alpine Wellness, Lake Wellness), apart from spa resorts, where therapeutic landscape constitutes value added. Such a detailed demonstration of the impact of the therapeutic landscape on tourists visiting the Swoszowice spa resort, along with its attributes, is essential for destination managers and marketers of spa resorts in Poland, as it helps them to (1) gain an in-depth understanding of the significance of therapeutic landscape for tourists, (2) identify its specific features, (3) plan and design therapeutic landscape to reach value added in the structure of DSTTP (4) determine the direction of revitalisation activities aimed towards shaping high therapeutic quality of the landscape as well as (5) shape landscape architecture with health-promoting design. It is also worth continuing research, e.g., aimed towards determining the pattern of therapeutic landscape in European spa resorts and making an economic assessment of landscape in the context of its effect on health and quality of life.

Due to the COVID-19 pandemic and the financial limitations of the project, the empirical research was conducted only in reference to the case study of the Swoszowice spa resort. The obstacles mentioned do not diminish the cognitive value of the research. It constitutes a starting point for further research studies, which should aim especially at a deeper exploration of the therapeutic landscape in health tourism destinations. First, the research framework could be supplemented with an assessment of the therapeutic landscape from the perspective of the local governments and managers, which would allow for identifying correlations between the reactions of the entities mentioned and the already researched entities. Second, it should include the impact and assessment of therapeutic landscape components other than the social, spiritual, natural, and built ones. This would allow for a holistic approach to building a competitive advantage for the DSTTP. Third, it seems that research allowing for a comparative analysis of the impact of therapeutic landscape on tourists in space (considering other therapeutic enterprises located in the territory of Europe) could help create universal solutions for DSTTP managers in Europe. Finally, since there is a potential for creating new theories based on health tourism destination management, the research strategy employed should be based on longitudinal

research. The research on the therapeutic landscape in therapeutic tourism destinations could be used by other scientists researching the field of health tourism destination management, thus increasing the chances for conducting more replication and comparative research in the future. Further research that builds upon and clarifies the impact of the therapeutic landscape on tourists would be valuable for academics and practitioners.

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