Directions and prospects for the development of health resort tourism in Poland

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Research Article

Keywords: health resort clientele, health, rehabilitation, services, health resort, sustainable tourism

Posted Date: March 25th, 2024

DOI: https://doi.org/10.21203/rs.3.rs-4115855/v1

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Additional Declarations: No competing interests reported.
Abstract

Background: The objective of the study was to evaluate the current level of the functioning of health resort tourism, and identify factors which exert the greatest influence on this type of tourism. The authors attempted to determine the tasks and directions of the development of health resort tourism, and define factors which may have the greatest positive impact on the standards they provide.

Materials and methods. Of the 258 health resorts, 154 establishments were selected for research purposes taking into account a proportional distribution of health resorts throughout Poland. An authorial questionnaire was developed and it included five questions with multiple answers, each answer being assessed on a 5-point Likert scale.

Results. Younger people expect a high standard of holiday resort infrastructure and better conditions for disabled people. The older the respondents are, the more likely they are to seek diverse forms of active relaxation which affect the physical and mental condition as well as regeneration of the body.

Conclusions. The awareness of the Polish society that healthy lifestyle is a necessity is increasing and is related to the age of treatment-seekers, their state of health and needs, which confirms the validity of the study reported here. The segmentation of customer profile obtained in the study reported here and individual monitoring ought to be systematic as this is the only way to evaluate the functioning, level and needs of visitors, and strengthen the potential of health resorts.

Introduction

Health tourism has become one of the most important activities undertaken by tourists in the 20th century (1, 2). It is defined as an activity aiming at offering non-standard services such as tourist trips in order to improve health (3), and health-related services using specialist equipment and natural resources for relaxation purposes (4, 5).

Modern health tourism strives for restoration of mental, social and physical comfort of people (6, 7). Such an attitude changes paradigms of the existing vision of health tourism sector from the model based on health and wellbeing to a holistic approach to health (8–10).

Health tourism includes medical tourism, wellness tourism and health resort tourism (11, 12), the latter form offered within ecological settings of health resorts (13, 14) and its goal being to meet human needs related to health, wellbeing and happiness (15, 16). The main objective of health resort tourism is to preserve or improve physical and mental health (17) as well as consumption of high-quality healthy food (18). Health resort tourism also offers the possibility of getting to know new places of high geological and ecological potential (19).

The type of stay at a health resort is to a great extent affected by curative treatment forms selected by visitors, spa treatments on offer based on such criteria as age, level of education, the visitor's history of
stays and experiences at a health resort, type of visitor, length of stay and expected benefits generated during the stay (20, 21). It is important that health resort tourism should combine two types of activities: health-oriented activity and tourist activity, plus new offerings of spending free time (22). By staying at a health resort, people in a distinctive way learn how to lead a healthy lifestyle so as to alleviate stress and prevent the development of diseases of civilisation (23, 24).

Health resorts are providers of medical, prophylactic and relaxation-related (tourist) services, thus becoming more effective and competitive on the domestic and foreign market (25). The tourist and prophylactic functions should become the second pier of health resort tourism, the first one being curative treatment (26, 27). In Poland, the role fulfilled by health resorts is fairly peculiar as it mainly comes down to social functions related to health preservation and prophylaxis. Although the role is undergoing systematic changes, there is still a clear discrepancy between the potential of Polish health resort establishments and its utilisation, as well as between demand on the market and what is offered by health resorts. Some of health resorts remain bound to the social purposes they are attached to whereas others strive to pursue economic effects, society-related ones being secondary as they are accomplished due to their inclusion into the healthcare system (28, 29).

In Poland, the dominant type of health resorts is a classical model which relies on contracts with the National Health Fund (NFZ), the Social Insurance Institution (ZUS), the Agricultural Social Insurance Fund (KRUS) and the State Fund for the Rehabilitation of the Disabled (PFRON), all of which provide public funds, private funds being used only narrowly (30, 31).

The objective of the study was to evaluate the current level of the functioning of health resort tourism, and identify factors which exert the greatest influence on this type of tourism. Also, the authors attempted to determine the tasks and directions of the development of health resort tourism, and define factors which may have the greatest positive impact on the standards they provide. Evaluation was conducted by the most interested parties, that is treatment-seekers, patients and tourists availing themselves of the services of health resorts.

Methods

Study Population

In the study, the diagnostic survey method was employed using a questionnaire as a research technique. The method is frequently utilised in research into tourism and hotel industry. It was chosen due to the fact that the method allows testing of a larger population of respondents and is reliable (32–34).

The survey was conducted from April to October 2022, and resulted in a final number of 2,864 questionnaires being completed by adult treatment-seekers and tourists. The survey was conducted during the respondents’ stay at a health resort which was at least 10 days long, to make sure the questionnaire was completed in an objective manner. The period of 10 days was assumed to be sufficient to become fully acquainted with the health resort facilities, and evaluate the spa treatments, staff’s
qualifications and factors which, according to the respondents, should be changed. The validity of such an assumption is supported by the fact that, in Polish health resorts, a typical stay period ranges from 2 to 3 weeks, being sometimes extended to as many as 26 days (35). A total of 117 questionnaires were excluded from analysis due to mistakes made while completing. The following age at retirement is 60 years for women (females constituted over 60% of all the respondents), this age group will objectively disclose needs and opinions held by such people. The youngest age group (40 years and under) includes young adults whose health is usually good, and the group 41–60 years is made of middle-aged persons who are members of the working population and who are more likely than the young adults to suffer health issues and work-related tiredness.

**Research procedure**

Samples were taken from a total of 258 fully residential health resorts operating in Poland (as of December 2021) (36), this number being used to establish the size of a sample. Of those, 154 resorts were chosen in such a way as to make sure they were proportionally distributed over the area of Poland. The confidence level, estimated fraction size and maximum error are given in (37) which also gives detailed information on the respondents, including the ethical aspects of the experiment including human subjects. Socio-demographic data obtained from questions in the questionnaire (gender, age, education, professional activity, place of residence) are presented in Table 1.
Table 1
Socio-demographic characteristics of respondents

<table>
<thead>
<tr>
<th>Type of determinants</th>
<th>Division within a determinant</th>
<th>Number</th>
<th>% of the total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>women</td>
<td>1600</td>
<td>64.9</td>
</tr>
<tr>
<td></td>
<td>men</td>
<td>1264</td>
<td>35.1</td>
</tr>
<tr>
<td>Age</td>
<td>40 years and under</td>
<td>472</td>
<td>16.5</td>
</tr>
<tr>
<td></td>
<td>41–60 years</td>
<td>937</td>
<td>32.7</td>
</tr>
<tr>
<td></td>
<td>61 years and over</td>
<td>1455</td>
<td>50.8</td>
</tr>
<tr>
<td>Education</td>
<td>pupil, university student</td>
<td>120</td>
<td>4.2</td>
</tr>
<tr>
<td></td>
<td>primary and vocational</td>
<td>298</td>
<td>10.4</td>
</tr>
<tr>
<td></td>
<td>secondary</td>
<td>1272</td>
<td>44.4</td>
</tr>
<tr>
<td></td>
<td>tertiary</td>
<td>1174</td>
<td>41.0</td>
</tr>
<tr>
<td>Professional activity</td>
<td>pupil, university student</td>
<td>120</td>
<td>4.2</td>
</tr>
<tr>
<td></td>
<td>working</td>
<td>991</td>
<td>34.6</td>
</tr>
<tr>
<td></td>
<td>retired/disabled pensioner</td>
<td>1753</td>
<td>61.2</td>
</tr>
<tr>
<td>Place of residence</td>
<td>country</td>
<td>676</td>
<td>23.6</td>
</tr>
<tr>
<td></td>
<td>town up to 30 th</td>
<td>1074</td>
<td>37.5</td>
</tr>
<tr>
<td></td>
<td>town over 30 th</td>
<td>1144</td>
<td>38.9</td>
</tr>
</tbody>
</table>

Data Collection

Based on the literature on the subject (2, 38–41), an authorial questionnaire was developed and it included five questions with multiple answers, which were then referred to the Likert scale of 1 to 5 where the lowest score − 1 means 'strongly disagree' and the highest score − 5 denotes 'strongly agree'.

The assumed objectives of the study were achieved based on answers given by the respondents. There were:

- 7 questions concerning the functioning of the health resort establishment,
- 6 questions about factors affecting the development of the establishment,
- 6 questions related to the profile of services offered by health resorts,
- 8 questions concerning key tasks fulfilled by health resorts,
− 9 questions about factors which might possibly influence an improvement in the standard of functioning of health resort establishments.

It should be noted that answers which were either disliked by treatment-seekers or treated as insignificant were not included in discriminant function models created.

A preliminary survey, including 124 treatment-seekers and tourists, was conducted to make sure the questionnaire was comprehensible to the respondents who completed the questionnaire.

The preliminary test was also carried out to validate the questionnaire. In this test, internal validation of the instrument was performed, and the design was adjusted accordingly in order to obtain the best results. In the internal validation of the questionnaire, a Cronbach’s Alpha value of 0.876 was obtained, which confirmed the instrument was reliable as it scored well over the ideal value of 0.7.

**Statistical Analysis**

A detailed description of the statistical procedure and methods is presented in [37].

**Results**

In order to evaluate the present-day level of health resort tourism in Poland, a discriminant function model was developed. The majority of treatment-seekers pointed to the fact that state policy contributes to the development, and health tourism-related mobility is regulated in a satisfactory way. It was confirmed by values of classification function which were the lowest for the youngest age group and the highest for the oldest group, the difference being significant at $p \leq 0.001$. Health tourism was deemed developing in view of the number of health resort establishments. Also in this case such answers prevailed in the oldest group of respondents, them being the rarest for respondents who were no more than 40 years old. The difference was significant at $p \leq 0.001$. The positive tendency for development was significantly more often indicated by respondents representing the young adult and middle-aged groups as their classification function values were significantly higher at $p \leq 0.001$ compared with the group of respondents who were 61 or older. High values of classification function were reached for the statement that demand for health resort services in Poland is continually on the increase. Such a tendency was in particular mentioned by respondents who were 41–60 years old, followed by the youngest group and the oldest participants. The respondents from the youngest group most frequently pointed to an increase in the number of foreign visitors staying at Polish health resort establishments. Such a tendency was significantly least frequently mentioned, at $p = 0.023$, by respondents from the oldest group. The discriminant function model created did not include the factor indicating that the location of health resorts in Poland is appropriate, which testifies to the fact that the factor was not important for health resort visitors (Table 2).
Table 2
Functioning of health resort establishments in Poland as evaluated by their visitors

<table>
<thead>
<tr>
<th>Factors relating to the level of functioning of health resort establishments</th>
<th>Wilks' lambda: 0.483</th>
<th>Classification function</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F = 17.274, p ≤ 0.001*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wilks' lambda</td>
<td>F value</td>
</tr>
<tr>
<td>Legal and administrative factors regulating health tourism mobility</td>
<td>0.534</td>
<td>43.728</td>
</tr>
<tr>
<td>Sufficient number of health resorts</td>
<td>0.053</td>
<td>11.128</td>
</tr>
<tr>
<td>The health tourism market in Poland is developing</td>
<td>0.520</td>
<td>42.769</td>
</tr>
<tr>
<td>Upward tendencies of demand for health resort services in Poland</td>
<td>0.484</td>
<td>25.452</td>
</tr>
<tr>
<td>An increase in the number of foreign tourists participating in health tourism</td>
<td>0.572</td>
<td>3.763</td>
</tr>
<tr>
<td>Constant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*– level of significance at p ≤ 0.050

It was also attempted in the work to indicate the factors which affect the development of health resort tourism. The most important factor pointed out by respondents was an even greater involvement of the state in the development of health resort establishments, despite previous indication that the state policy sufficiently supported their development. It should be noted that classification function values were high for all the age groups. The respondents indicated sedentary lifestyle as the reason for them having to make use of health resort services. Such a declaration was the most frequent among the oldest respondents, followed by the middle-aged group (41–60). The youngest participants deemed this factor less important. Of significance for all the age groups (similar values of classification function) was the factor relating to a higher awareness of health issues in the Polish society.

Civilisation advances as a factor contributing to people's taking care of their health was significantly more often pointed to, at p ≤ 0.001, by visitors aged 40 years and under and those at least 61 years old. Healthy lifestyle popularity was declared with similar frequency by all the respondents regardless of their age. The created model of discrimination function did not include the factor pertaining to increasing concern of the society for healthy and attractive appearance, which means this factor was less important (Table 3).
Table 3
Factors affecting the development of health tourism in Poland

<table>
<thead>
<tr>
<th>Type of factor</th>
<th>Wilks' lambda: 0.464</th>
<th>Classification function</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F = 17.106, p ≤ 0.001*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wilks' lambda</td>
<td>F value</td>
</tr>
<tr>
<td>Even higher involvement of the state in the development of health resort</td>
<td>0.440</td>
<td>4.684</td>
</tr>
<tr>
<td>establishments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A need for health tourism resulting from sedentary lifestyle</td>
<td>0.484</td>
<td>73.431</td>
</tr>
<tr>
<td>Increased health awareness of the Polish society</td>
<td>0.389</td>
<td>1.515</td>
</tr>
<tr>
<td>Civilisation advances as a factor contributing to people's taking care of their health</td>
<td>0.486</td>
<td>18.673</td>
</tr>
<tr>
<td>Fashion for healthy lifestyle</td>
<td>0.440</td>
<td>2.203</td>
</tr>
<tr>
<td>Constant</td>
<td>19.11</td>
<td>16.99</td>
</tr>
</tbody>
</table>

*– level of significance at p ≤ 0.050

The needs which were the most frequently mentioned by health resort visitors were rehabilitation services and relief of pain associated with pain dysfunctions and disorders. Such opinions were expressed most frequently by respondents aged 41 to 60 years, followed by the youngest respondents, the oldest participants being the least likely to hold such an opinion, at p ≤ 0.001. In all the study groups, high importance was ascribed to prophylaxis to prevent diseases as well as social stays which were particularly mentioned by the youngest group. It is also this group that significantly most frequently declared the need to treat addictions as the their reason for staying at a health resort. Similarly often, and with a high value of classification function, respondents mentioned escape from stress as an important offering of health resorts in Poland. Rehabilitation after an operation or medical procedure was significantly more important, at p = 0.004, for the older respondents compared with those aged 40 and under (Table 4).
Table 4
Profile of services offered by Polish health resort tourism

<table>
<thead>
<tr>
<th>Type of service offered</th>
<th>Wilks' lambda: 0.464</th>
<th>Classification function</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F = 17.106, p ≤ 0.001*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wilks' lambda</td>
<td>F value</td>
</tr>
<tr>
<td>Rehabilitation and pain management to ease local pain dysfunctions and disorders</td>
<td>0.432</td>
<td>50.456</td>
</tr>
<tr>
<td>Prophylaxis to prevent diseases</td>
<td>0.457</td>
<td>2.761</td>
</tr>
<tr>
<td>Social stay</td>
<td>0.429</td>
<td>2.209</td>
</tr>
<tr>
<td>Addiction treatment</td>
<td>0.412</td>
<td>16.167</td>
</tr>
<tr>
<td>Escape from stress</td>
<td>0.420</td>
<td>2.378</td>
</tr>
<tr>
<td>Rehabilitation after an operation or medical procedure</td>
<td>0.417</td>
<td>5.582</td>
</tr>
<tr>
<td>Constant</td>
<td>24.12</td>
<td>23.96</td>
</tr>
</tbody>
</table>

*– level of significance at p ≤ 0.050

According to the respondents, the primary task of health resorts is to educate on rational relaxation by creating favourable conditions. Such an approach is confirmed by high values of classification function in each study group, there being a significant difference between the group aged 41–60 years and 40 years and under, at p ≤ 0.001. High values of classification function were also obtained for the factor reflecting importance of health-oriented prophylaxis disseminated by health resort institutions. For this factor, a significant difference occurred at p ≤ 0.001 between the age group 41–60 years and the youngest group of respondents. Alleviation of everyday stress as an important offering of health resort establishments was significantly more often opted for by respondents aged 40 and under, at p ≤ 0.001, compared with the oldest group of participants. The youngest group the most frequently pointed to importance of post-traumatic and post-discharge rehabilitation. An important role of health resorts, particularly for the older groups of respondents, was associated with health education and promotion, significant differences being spotted at p ≤ 0.001. The youngest group pointed to treatment of chronic conditions as an important task of health resorts. In this case significant differences occurred at p ≤ 0.001. The created model excluded two tasks associated with health resorts, that is enabling families to spend free time together, and sightseeing in interesting places (Table 5).
Table 5
Tasks to be performed by Polish health resorts

<table>
<thead>
<tr>
<th>Type of task</th>
<th>Wilks' lambda: 0.461</th>
<th>Classification function</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F = 17.106, p ≤ 0.001*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wilks' lambda</td>
<td>F value</td>
</tr>
<tr>
<td>Rational relaxation education</td>
<td>0.442</td>
<td>35.845</td>
</tr>
<tr>
<td>Health-oriented prophylaxis</td>
<td>0.472</td>
<td>4.992</td>
</tr>
<tr>
<td>Alleviation of everyday stress</td>
<td>0.398</td>
<td>6.871</td>
</tr>
<tr>
<td>Post-traumatic and post-discharge rehabilitation</td>
<td>0.436</td>
<td>7.709</td>
</tr>
<tr>
<td>Health education and promotion</td>
<td>0.411</td>
<td>6.408</td>
</tr>
<tr>
<td>Treatment of chronic conditions</td>
<td>0.476</td>
<td>8.499</td>
</tr>
<tr>
<td>Constant</td>
<td></td>
<td>33.68</td>
</tr>
</tbody>
</table>

*– level of significance at p ≤ 0.050

The question concerning factors which drove health resorts to improve their standards was most frequently answered by pointing to extension of rehabilitation treatments involving usage of state-of-the-art technologies offered during the stay. Such an answer was the most frequently provided by visitors aged 41–60 years, followed by the youngest group, it being significantly the least typical, at p ≤ 0.001, for respondents from the oldest group. Infrastructure modernisation of health resort establishments and more consultation time with a psychologist or psychiatrist were significantly most often, at p ≤ 0.001, mentioned by respondents aged 40 years and under, compared with the remaining two age groups. Similar responses given by participants from all the age groups pertained to the need to expand available tourist attraction choices, in particular those connected with sightseeing in interesting places located in an ecological environment. More prophylaxis, consultation time with the physician providing medical supervision and improved catering facilities at the health resort were more frequently, at p ≤ 0.001, opted for by respondents from the older age groups compared with the youngest group. The latter group the most often, at p ≤ 0.001, pointed to the need to improve facilities for the disabled. The created model of discriminant function did not include the following factors: the need for a greater number of water-based treatments and for a higher accommodation standard (Table 6).
Table 6
Factors which may increase the standard of health resort functioning

<table>
<thead>
<tr>
<th>Type of factor</th>
<th>Wilks' lambda: 0.408</th>
<th>Classification function</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F = 19.968, p ≤ 0.001*</td>
<td></td>
</tr>
<tr>
<td>Wilks' lambda</td>
<td>F value</td>
<td>P level</td>
</tr>
<tr>
<td>----------------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Expansion of the range of rehabilitation treatments using new technologies</td>
<td>0.452</td>
<td>14.190</td>
</tr>
<tr>
<td>Modernisation of the infrastructure of health resort establishment</td>
<td>0.411</td>
<td>7.284</td>
</tr>
<tr>
<td>More consultation time with a psychologist or psychiatrist</td>
<td>0.451</td>
<td>40.613</td>
</tr>
<tr>
<td>More tourist attractions (sightseeing in interesting places located in an ecological environment)</td>
<td>0.421</td>
<td>2.092</td>
</tr>
<tr>
<td>More prophylaxis and consultation time with the physician providing medical supervision</td>
<td>0.387</td>
<td>40.786</td>
</tr>
<tr>
<td>Expansion of the range of catering facilities of the health resort establishment</td>
<td>0.417</td>
<td>28.242</td>
</tr>
<tr>
<td>More facilities for disabled people</td>
<td>0.417</td>
<td>11.620</td>
</tr>
<tr>
<td>Constant</td>
<td></td>
<td>11.37</td>
</tr>
</tbody>
</table>

*– level of significant difference at p ≤ 0.050

Discussion

The objective of the study was to determine factors which have the greatest effect on functioning of health resorts in Poland, and evaluate the level of their activity. Profiles and tasks realised at health resorts were determined, and factors which may increase standards of their functioning were defined. All the objectives assumed in the study were achieved. Conclusions were drawn based on the analysed material (42, 43). In the study, the most reliable source of information was used, it being opinions of treatment-seekers and tourists staying at health resorts who were asked to complete a questionnaire.

According to the respondents, particularly belonging to older age groups, organisational and legal means directed at functioning of health tourism in Poland are sufficient. The youngest group believed the need existed to increase these means, the need resulting from the desire to make the most of the stay at a holiday resort while receiving effective treatment, relaxing and alleviating stress (44–46). There was confirmed a growing interest in healthy lifestyle which, when combined with physical and intellectual
activity, results in changed expectations of treatment-seekers (47). Such needs associated with health resorts have been confirmed in research conducted in many countries, e.g. Greece (48), Japan (49), the USA (50) and Finland (51).

Older respondents tend to be pleased with health resort services whereas younger treatment-seekers expect far better conditions than those they are offered now. In the survey, respondents found the number of health resort facilities sufficient – there are 258 fully residential establishments in Poland now, and they are situated in 45 localities renowned for their health-enhancing properties (36). The sufficiency of the number of these institutions was confirmed by lack of the factor pertaining to the location of health resorts throughout Poland in the created model. Respondents, particularly middle-aged ones, pointed to a dynamic development of health resort tourism and a noticeable increase in demand for services offered by health resorts. It was undoubtedly associated with offerings of new services aiming at mental relaxation, or environmental and social balance (52). The study confirmed an increase in the number of foreign tourists participating in health resort tourism in Poland, them staying at health resorts for health improvement, medical purposes (53, 54), better wellbeing and spiritual restoration (8, 9). A reason for increasing numbers of foreign tourists may also be due to a high quality of services and their lower prices in Poland (55).

Sedentary lifestyle, particularly among older age groups, has a substantial effect on participation in health resort tourism. People seek activities which positively affect the body and its mental and physical balance, or alleviate stress (9, 56, 57). Results indicate the Polish society is highly aware of the need to take care of one's health, which was previously confirmed for European societies (58, 59). A positive approach to health was declared by respondents from all age groups. The health-oriented attitude is also associated with civilisation advances of the Polish society, in particular since 1989 (communism collapse in Poland). Health has become an individual's asset and private value ascribed to a human being (60, 61). An increased interest in healthy lifestyle combined with physical and intellectual activity directly contributed to transition in the existing leisure activity patterns (47, 62). All the aforementioned factors have a substantial effect on the development of health resort tourism in Poland.

Polish health resort establishments mainly aim at rehabilitation and relief of pain associated with pain dysfunctions and disorders as well as prophylaxis to prevent diseases. Such an opinion was predominantly expressed by respondents from the young adult and middle-aged groups, which confirms that Polish health resort establishments accomplish tasks set by ZUS, KRUS and NFZ which are the main principals and, simultaneously, subjects of health resort services in Poland (63). Poland is one of few European countries where treatments received at health resorts are covered by social insurance, which means treatment-seekers benefit from public funds (29). According to Cassens et al. (64), only extraordinary cases are awarded such privilege in Germany where the remaining cases are remunerated by additional services mainly associated with wellness (16, 65) and well-being (66, 67).

Changing lifestyle affects the need for changes to the profile of services offered by the health resort tourism (68). In Poland, curative rehabilitation, prevention and guaranteed services related to health resort
treatment are the basic profile of health resorts although wellness services are becoming increasingly popular just like in western countries. Similar numbers of answers provided by respondents from all the age groups were declarations of the need for a stay at a holiday resort due to stress-related reasons, work being the main cause of the stress. Too much stress may lead to negative health outcomes (69, 70). Post-operative or post-treatment rehabilitation was also an important need met during health resort stays (17, 71). Stays which were social in character and aiming for enjoyment were more often sought out by older persons although, to a lesser degree, they were indicated by respondents with medical conditions (72). The youngest respondents more frequently pointed to the need for a stay at a health resort to treat an addiction.

According to health resort visitors, particularly the older ones, tasks executed by health resorts include relaxation and health-oriented prophylaxis by providing health-related education and health promotion, that is teaching habits necessary to preserve good health and wellbeing. There is a growing tendency for tourists to travel to health resorts because they are interested in relaxation, enjoyment and prolonging their youth (51, 73). However, in Poland, each form of therapy at a health resort seems to include health promotion regardless of who it was commissioned by (35), the promotion being the key element of the therapy especially when it is medical in character (74). Such responses were most often made by older treatment-seekers. Such a function of health resorts also results from the need to alleviate everyday stress, which was often pointed to by respondents from the two younger groups. Important tasks performed by health resort establishments include post-traumatic and post-discharge rehabilitation as well as treatment of chronic diseases.

The need for health resorts to introduce a wider range of rehabilitation treatments was mentioned mainly by respondents aged 41–60 years whereas the youngest participants pointed to the need for modernisation of health resort facilities. According to Hadzik et al. (75), treatment-seekers attach more importance to contact with professional personnel than facilities which are taken for granted. Proper functioning of a holiday resort should include care for the environment and surroundings at the health resort setting, that is involvement in the control of natural areas (30). Another important factors indicated by respondents were also health-related and included an increased consultation time with a psychologist or psychiatrist, more health prophylaxis and more consultations with the physician providing medical supervision, the last one being predominantly pointed to by respondents from the middle-aged and elderly groups. Catering services belong to key activities of a health resort establishment. All the age groups equally often mentioned the need to expand an availability of tourist attractions, mainly interesting places for sightseeing in the area. It is one of reasons why health resort tourists, searching for attractions and better quality of life, give up mass tourism (76), particularly in view of Polish holiday resorts expanding their services and becoming attractive places where one can enjoy various forms of tourism (77).

Physical factors are one of barriers to disabled people's participation in tourism (78). They include lack of appropriate accommodation, transportation or facilities enabling access to rehabilitation (79, 80). The needs of people with a disability were also noticed by respondents. Younger participants the most
frequently pointed to the fact that more facilities for persons with a disability increase a holiday resort's standard (81, 82). This factor was less important for the two older groups of respondents.

Conclusions

In recent years, there has been observed growing interest and role of health resort tourism in Poland. The popularity of healthy lifestyle, which is at present booming worldwide, and social transformations that occurred in Poland lie at the bottom of promotion of physical fitness and mental capability in the society. The profile of health resort tourism is changing at the moment from tourism associated with mere stays at a holiday resorts to tourism focused on taking care of one's health as well as physical and mental relaxation. The awareness of the Polish society that healthy lifestyle is a necessity is increasing and is related to the age of treatment-seekers, their state of health and needs, which confirms the validity of the study reported here. Younger people expect a high standard of holiday resort infrastructure and better conditions for disabled people. The older the respondents are, the more likely they are to seek diverse forms of active relaxation which affect the physical and mental condition as well as regeneration of the body.

The authors believe the segmentation of customer profile obtained in the study reported here and individual monitoring ought to be systematic as this is the only way to evaluate the functioning, level and needs of visitors, and strengthen the potential of health resorts. It is of particular importance when health resort tourism in Poland is undergoing transformation from state-funded central management to free market conditions which are a standard in the majority of European countries. Perspectives for further development of health resort tourism in Poland will be influenced by advanced and innovative solutions combining modern treatment methods, health-oriented prophylaxis and tourist relaxation.

Declarations

Acknowledgements

Not applicable

Author Contributions

All authors listed have made a substantial, direct, and intellectual contribution to the work and approved it for publication.

Funding

The results of the research carried out under the research theme No. 155/23/B were financed from the science grant granted by the Ministry of Science and Higher Education.

Availability of data and materials
The data supporting our findings are found at, kept in confidentiality and stored at the corresponding author both in hard and soft copies. If someone wants our data, we are voluntary to share it and the corresponding author should be contacted through the email address on the cover page.

**Ethics approval and consent to participate**

The ethical approval was granted for the study by Ethics Committee of Siedlce University of Natural Sciences and Humanities (No. 2/2020). Participants were informed about the research aim and methods before signing the informed consent form. The investigation conforms to the principles outlined in the Declaration of Helsinki.

**Consent for publication**

Not applicable.

**Competing interests**

The authors declare that they have no competing interests.

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