

# INNOVATION IN HEALTH TOURISM – CREATION OF SPAHEALTHY APPLICATION

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**Abstract:** This primary research examines the introduction of an innovative health promotion service into the market. Given the assumption that healthcare costs should be part of one's budget, the survey reveals two trends: 1. Health concerns are more observed by consumers having higher social statuses, this means that they are ready to pay money for health preservative services; 2. Health turns into a precious value when we are running short of it. This assumption is well asserted by the finding of the survey that it is those suffering from chronic diseases that would be ready to pay the highest of all sums to buy the service.

**Keywords:** health tourism, innovation, spa, spahealthy concept

## Introduction

An ever growing number of people in the postmodern societies are becoming conscious of their health – in both physical and mental terms. The protection and “maintenance” of one's health status is, therefore, a necessity; for the reason that it is associated with value, health is considered to be a basic need of men living in a consumer society. When their health is lost, modern people can easily be turned into the economic also-rans of the consumer society. It is health that can equip them with the potentials of a consumer, and it is health that can determine the position they will take in the hierarchy of that society [1].

Several representative national surveys are dealing with the health and the health consciousness of the Hungarian population (TNS Hungary, Béres Egészség Hungarikum Index, 2007; a joint survey by Millward Brown Healthcare and the division of the TGI in 2010, GfK LHS HealthCare).

Although the survey prepared by the Millward Brown Healthcare – TGI could identify a low level of health consciousness among the Hungarian population as it currently stands, yet, there is a solid number of groups of people seen that can potentially become health conscious consumers once they are provided with proper information on that [2].

“Outcome Measurements” is a trend toward accountability. There will be efforts to define and track outcomes to prove that a selected program actually works. Measurements are necessary to determine the benefits of health and fitness programs in disease management and to document success in changing negative lifestyle habits. The proliferation of technology will aid in data collection to support these efforts. This trend did not appear in the top 20 for the past couple of years. Accountability to owners and operators of health and fitness facilities will provide important metrics to determine

if new programs are cost-effective and if old programs are actually working [3].

Pulse measurement has an important role in recreational sports and fitness, as it may help the guests in evaluating the efficiency of the training and the physical performance.

Checking the pulse rate (the resting pulse) helps to determine the physical fitness level, as well [4].

Health promotion and recreation have gained a higher prestige among people in recent years; this is shown by the growing popularity of spas, health, and medical and wellness services. A growing interest can be seen in the high standard and convenience services of the health promotion programs, e.g. in wellness services.

Together with the widening of the range of the guest-focused wellness services of the hotels and spas, the demand for services backed by smart watches is also expected to grow rapidly in the prospective years.

Incorporating a health information system, the SpaHealthy is designed to meet exactly this very market challenge by targeting the health conscious consumers of health preservation services offered by aqua parks, thermal spas, and wellness centers.

SpaHealthy is a smart application that can be downloaded on Android smart phones, and linked with a pulse-rate-check smart watch for easy use ([www.spahealthy.eu](http://www.spahealthy.eu)).

*SpaHealthy is designed to:*

- Test the physical fitness of the user;
- Develop personalized spa service packages;
- Select and schedule tailored wellness programs;
- Indicate the treatment time passed;
- Check the pulse rate, and
- Check the physical condition of the user;
- Warn user to lower loading, or to break.

## Methodology

A large sample (1006 samples) of representative gender and age data of adult population was processed with the omnibus CAWI (Computer Assisted Web Interview) research method. The questionnaires were made available for the interviewees on a professional health website having 2.5 million visitors on a monthly average.

In the sample, individuals having secondary school and university degrees are over-represented. The sample is not representative in terms of settlement type: cities with county rights are over-represented, while small size settlements are somewhat under-represented.

The respondents of the questionnaires were requested to comment on the SpaHealthy concept development. They could choose from among four response options: (1) It is a very good and useful idea. (2) I consider it a good idea rather than a bad one. (3) I consider it useless rather than useful. (4) I consider it absolutely useless.

## Results

### Evaluation of the SpaHealthy concept by the respondents

The SpaHealthy service received a positive overall response from the respondents. 85% of the respondents considered it a useful, or a good idea (Figure 1). 52% thought it was a definitely good/useful idea; 36% thought it was a useful idea rather than a useless one, while one out of ten respondents considered it useless rather than useful. Only a small portion (3%) of the respondents assumed it was absolutely useless.

### Evaluation of the SpaHealthy concept in terms of demographic characteristics

The Figures demonstrate the deviations from the total sample population averages in percentages.

Figure 2 shows the survey results in relation to gender distribution: the %values of the deviation show a nearly uniform distribution rate of genders in nearly each of the responses. Women tend to judge the concept a useful one, while men mostly think that the SpaHealthy concept is useless.

As a second step, the responses were evaluated in relation to age. For this see Figure 3.

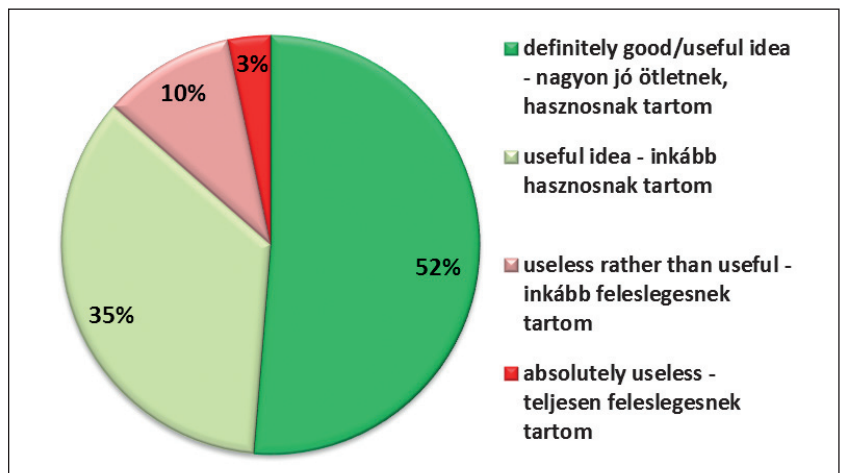


Figure 1. Evaluation of the SpaHealthy concept by the respondents

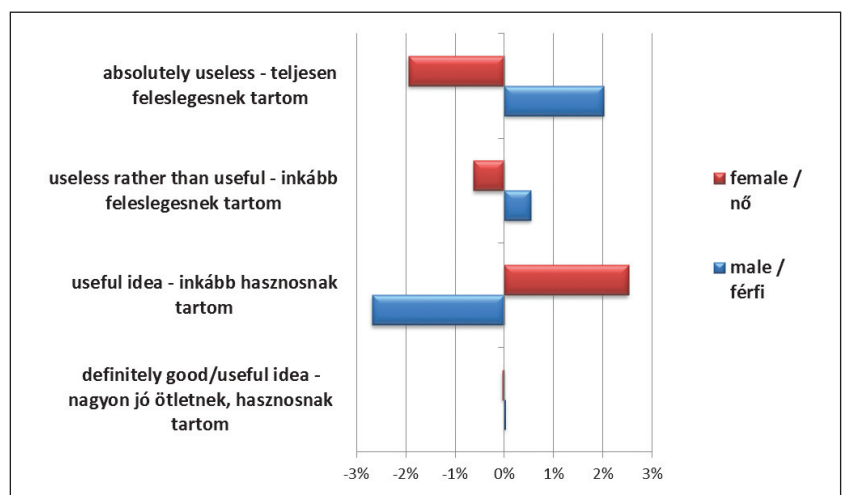


Figure 2. Deviations from the total sample population average in relation to gender (Evaluation of the SpaHealthy concept)

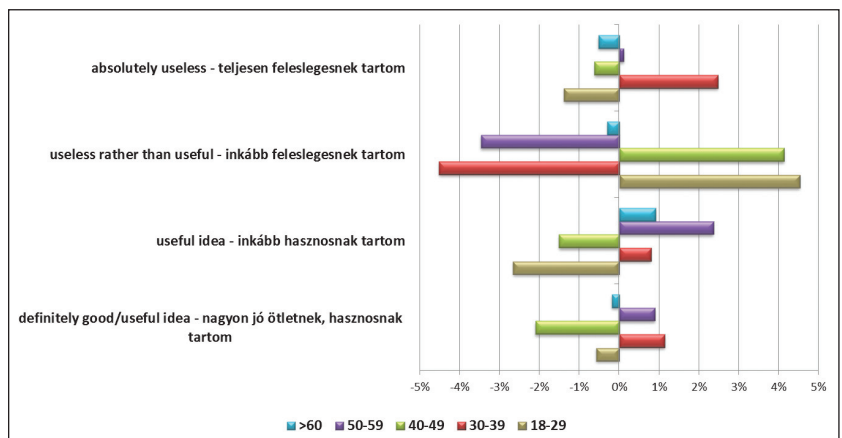


Figure 3. Deviations from the total sample population average in relation to age (Evaluation of the SpaHealthy concept)

The distribution of the age groups was nearly equal among the sample population giving a positive response to the SpaHealthy concept, except for the non-significant deviation of the 40-49 age group from the average. More significant deviations were observed among those who considered the

concept to be useless. Among the respondents of considering the concept useless rather than useful, the younger generation, and age group 40-49 were found to be dominant. Similarly, the respondents assessing that the concept was absolutely useless were over-represented by age group 30-39.

Figure 4 shows the deviations in relation to education. Due to their very low representation rate in the sample, respondents with a low level of education are not shown in the figure. It can be seen, however, that the group of respondents with different level vocational type training do not have a homogenous attitude.

Attitude to the SpaHealthy concept in relation to income is demonstrated by Figure 5. Respondents having higher than average, and significantly lower than average incomes were found to consider the concept mostly useful.

Figure 6 demonstrates the evaluation of the SpaHealthy concept in relation to residence. Respondents residing in the capital and in cities with county rights consider the concept useless rather than useful, whereas those coming from smaller settlements assess it useful rather than useless.

**Evaluation of the SpaHealthy concept in terms of health status characteristics**

We were curious to know what price the respondents would be ready to pay for the services. Hardly more than one third of the respondents would not buy a service like that at all, while the rest of the respondents would be ready to pay sums between the end values of 500-50.00 HUF, which gives an average sum of 3.719 HUF.

In reference to gender, women would be ready to pay 3.620 HUF, and men 3.835 HUF on the average to buy the service.

When age groups are assessed, the picture is heterogeneous: it is the age group of 40-49 that would be ready to pay the highest sums per hour, in contrast to age group 30-39 who would be paying the less.

The survey reveals a linear correlation between education and the hypothetical price payable for the service, i.e. the higher the level of education, the higher is the price named. Respondents having university degrees specified 4.200 HUF, while those having not more than eight years of general education would be ready to pay hardly more than 1.300 HUF to buy the SpaHealthy service.

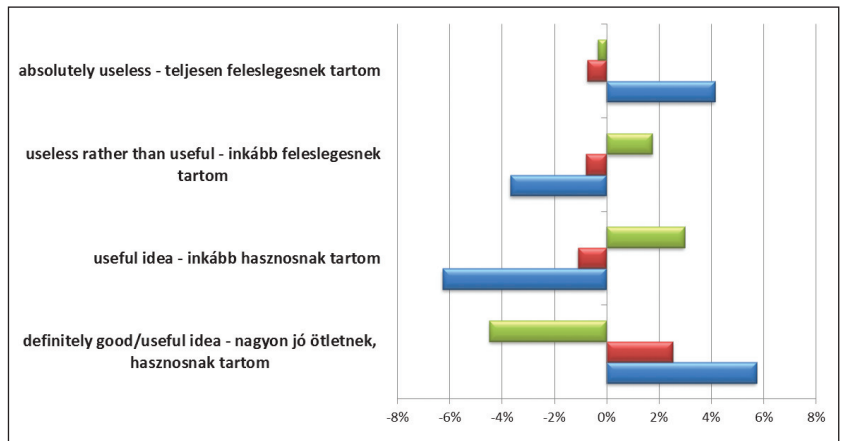


Figure 4. Deviations from the total sample population average in relation to education (Evaluation of the SpaHealthy concept)

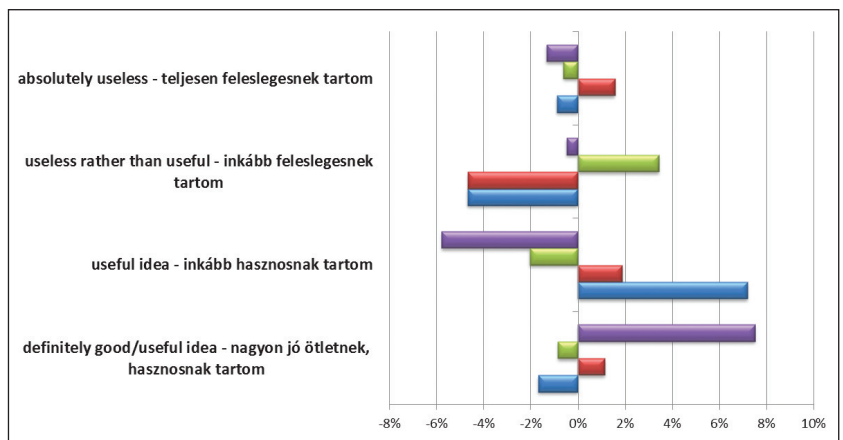


Figure 5. Deviations from the total sample population average in relation to income (Evaluation of the SpaHealthy concept)

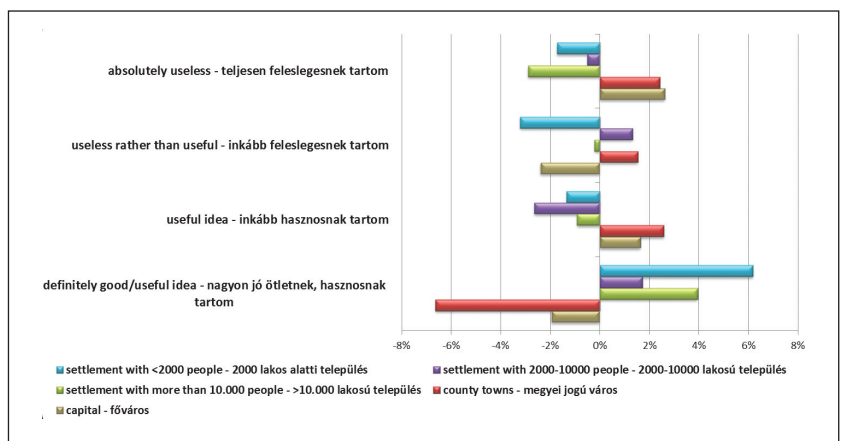


Figure 6. Deviations from the total sample population average in relation to residence (Evaluation of the SpaHealthy concept)

A similar correlation was found between the respondents' income and the hypothetical payable price of the service: the higher the income, the higher is the price specified. Respondents having incomes above the average would be ready to pay more than 5.500 HUF to buy the service, while those having incomes significantly below the average would be ready to pay about half of this sum only.

As for residence, no such clear-cut differences and trends could be identified as were found with education and income. It is obvious, though, that the residents of larger settlements would be ready to pay somewhat higher sums than those coming from smaller locations.

In relation to health status, the average sums specified by the respondents make up a heterogeneous overall picture: it is respondents suffering from chronic diseases who would be ready to pay the highest sums for the service.

## References

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