INFLUENCE OF WELLNESS IN SELECTING TOURISM DESTINATION

ABSTRACT

Wellness as a lifestyle refers to special state of health incorporating the harmony of body, mind and spirit. This kind of lifestyle is also dominant during vacation. The main aim of this paper was to determine the differences among three groups of tourists: high-level wellness consumers, moderate level wellness and low level wellness consumers with respect to selecting tourism destination and their personal characteristics. Data was collected from July, through September 2009 as a part of a research on tourists’ behavior on a sample of tourists staying in five seaside tourist resorts in the Istria County. Differences were tested using chi square test and one way ANOVA. Significant differences between three groups were found from the aspect of sample characteristics, traveling with a party, usage of information sources, travel motives, length of stay, overnight stay in other places, visiting other tourism destinations, priorities in life, influence of economic crisis on perception of vacation and appropriateness of prices in restaurants. These results suggest that there are differences among the three groups of tourists
based on their preferences towards wellness that can be used in further development of wellness tourism in Istria County.

**Keywords:** wellness tourism, tourism destination, decision-making process, strategy, Istria County

1. INTRODUCTION

Since time immemorial people have sought treatments to help them look and feel better. The complementary and alternative medicines that are now becoming commonplace were in many cases used before the development of conventional medicine. Of course traditional medicines are not simply used to treat diseases but are also designed to help individuals remain healthy and vibrant. Ayurvedic medicine originated in India over 2000 years ago and is now followed by practitioners throughout North America. Ayurveda is a holistic medical system which teaches practices that create harmony between the mind body and spirit. Ancient practices are used to not only prevent illness but also to promote wellness (NCCAM, 2009). Popular treatments being used right now, such as yoga and massage, are both integral parts of Ayurvedic medicine. It is apparent that health and wellness professionals incorporate traditional (non-conventional) medical practices from a variety of cultures. A native healer’s herbal remedy for a common cold and the revitalizing hydrotherapy treatments offered in a Western European spa are both examples of health and wellness therapies. On the surface the practices mentioned above may not appear to be interconnected however many practitioners believe that they are both part of a wider trend commonly referred to as the wellness movement (Supapol, Barrows, 2007, 6).

Wellness tourism is regarded as a subcategory of health tourism. According to Kaspar (1996), health tourism is "the sum of all the relationships and phenomena resulting from a change of location and residence by people in order to promote, stabilize and, as appropriate, restore physical, mental and social well-being while using health services and for whom the place where they are staying is neither their principle nor permanent place of residence or work". Since we feel that the holistic approach to wellness during vacations can best be observed in a hotel specializing in wellness services, we define the concept of "wellness tourism" in a narrower sense.
Mugomba and Caballero (2006, in Hun Kim, Batra, 2009, 2) pointed out that health care tourism encompasses both wellness tourism and medical tourism and is thus on the top tier, while medical tourism and wellness tourism are both on the second tier. Likewise, wellness tourism is a sub-sector of health care tourism, although unlike medical tourism, wellness tourism doesn’t include elective surgery.

Although a wellness vacation may well be spent in a cure institution, Mueller and Kaufmann (2001, 7) pointed out a clear distinction between wellness and cures, above all from the health policy angle. On the demand side they assumed that wellness is pursued solely by "healthy" people, their prime aim being prevention. However, a line should be drawn between this wellness with its comprehensive service package (consisting of physical fitness/beauty care, healthy nutrition/diet, relaxation/meditation and mental activity/education) and illness prevention proper. What is more, these wellness guests can claim services which are very similar to those used by "normal cure guests", but with the motive of preserving or promoting their health which contrasts with the cure guests (see Figure 1).

Figure 1: Demarcation of wellness tourism in terms of demand

It is even harder to demarcate the supply side, because various requirements
can be met by the same provider. In particular, cure institutions can house
both cure and wellness guests offering them similar services, and at least a
similar infrastructure, plus their know-how. According to Mueller and
Kaufmann (2001, 8), wellness hotels must have a comprehensive health
infrastructure as well as a good guest-care range. In other countries, wellness
cooperation in the hotel industry have different criteria which are controlled.
“These are criteria for such things as nutrition, exercise, relaxation and
beauty, but to different extents and in varying combinations”. The
International Spa Association (ISPA) defined spas as «entities devoted to
enhancing overall well-being through a variety of professional services that
courage the renewal of mind, body and spirit» (Mak, Wong, Chang, 2009,
186). ISPA further classified spas into eight major categories according to the
facilities and treatments provided: club spa, cruise ship spa, day spa,
destination spa, hotel spa, medical spa, mineral spring spa and resort spa. The
definition provided by resort spa developer and health and wellness
specialist, Mel Zuckerman of Canyon Ranch in Arizona, is one that is
frequently cited by experts and practitioners: «Today’s total spa-places
[provide] programs devoted to an individual’s health and fitness, are designed
to make the guest feel significantly better than when they arrived. The
combination of fun, exercise, a healthy and balanced diet, pampering
relaxation, and education on managing stress offers magnificent chance for
renewal. A spa is a comfortable environment [for a person] in which to learn
how to use the tools of life enhancement and get motivated to go back into
the real world and practice what they have learned» (Supapol, Barrows, 2007,
6-7). By considering this definition, we can see how hard to drow the
abovementioned demarcation line is.

The concept of "wellness", and along with it wellness philosophy, was
developed by the American doctor Halbert Dunn in 1959 when “he wrote for
the first time about a special state of health comprising an overall sense of
well-being which sees Man as consisting of body, spirit and mind and being
dependent on his environment” (Dunn, 1959, in Mueller, Kaufmann, 2001,
6). Dunn called this condition of great personal contentment "high-level
wellness". Other authors of the English speech area like Ardell (1986), Travis
(1984), Benson and Stuart (1992) or Greenberg and Dintiman (1997) take up
the term “wellness” in their health related publications. Travis (1984) for
example stresses the dynamic aspect of wellness, defining it as “a state of
being, an attitude and an ongoing process, not a static state which we reach
and never have to consider again. (...) There are degrees of wellness as there
are degrees of illness”. Witmer and Sweeney (1992, 140) defined wellness as
a total person’s approach towards improving the quality of his or her life,
health and psychological strengths in proactive and positive ways - both as member of a community and as an employee. This definition was later modified by Myers and Sweeney (2005): they defined wellness as a way of life aimed at optimal health and well-being in which an individual integrates body, mind and spirit so as to live more fully within the human and natural context. Puczk and Bachvarov (2006) stated that wellness is supposed to create harmony in mental, physical, spiritual, and biological health in general; it has stronger ties with changing lifestyle or doing something healthy than with curing a particular disease, or ailment. Lutz Hertel (1992) of the German Wellness- Association comes to the conclusion that the numerous definitions of wellness in the American-English language region share certain common features: the key importance of lifestyle, self-responsibility for health, the multi-factoral roots of health as well as the exploitation of our potential for a better quality of life. Expanding Ardell's (1986) interpretation, we can see wellness as a state of health featuring the “harmony of body, mind and spirit, with self-responsibility, physical fitness/beauty care, healthy nutrition/diet, relaxation (need for destressing)/meditation, mental activity/education and environmental sensitivity/social contacts as fundamental elements. This understanding includes what Americans also call mind/body health, meaning that the mind helps control one’s health” (Mueller, Kaufmann, 2001, 6).

Figure 2: Expanded wellness model

Taking Kaspar’s (1996) definition of health tourism as a point of departure, Mueller and Kaufmann (2001, 7) adopted the following definition: “Wellness tourism is 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. They require a comprehensive service package comprising physical fitness/beauty care, healthy nutrition/diet, relaxation/meditation and mental activity/education.”

Wellness hotels services should be based on preserving health and beauty (look good - feel better), physical strength (physical exercises), mental strength (mental exercises and meditation), healthy food, use of natural factors and resources i.e. natural sources of health and strength (mineral water, sea, lake, river) in whose vicinity the hotels are situated. Wellness opposes material values; it implies spiritual value that enriches man with interior wealth and return of faith to its own being. This is how the balance within the individual and between the individual and the external world is re-established. There are numerous and varied components integrated in wellness, differently affecting the quality of life, work efficiency and fitting into the social environment. The above mentioned components include (Andrijašević, Jurakić, 2005):

- Emotional - recognizes positive emotions, optimism and constructive solutions to problems,
- Intellectual - represents a wish to study and use information with the aim of the body's better functioning for a better quality of life. A person with intellectual wellness is characterized as being informed, which is contrary to the lack of interest.
- Physical - implies work efficiency and good use of free time. It includes fitness and optimal level of bodily abilities. The person is "fit", which is contrary to "unfit" (low level of physical abilities),
- Social - implies a person who is capable of good communication with other people, with a positive attitude towards other people, which is contrary to loneliness.
- Spiritual - represents personal riches in the interior life, which constitutes a basis for self-satisfaction and constructive thinking about one's own values and fulfillment. Spiritual wellness is a basis for good quality life, which is contrary to the feeling of emptiness.

Wellness tourism deals with healthy people who care about health and fitness and focus on more preventive activities during journey. However it is often hard to divide the categories of health care tourism, medical tourism and
wellness tourism, because it is easy for destinations of healthcare, medical, and wellness tourism to provide similar healthy services such as massage, yoga practice, spa and healthy foods (Hun Kim, Batra, 2009, 2).

“Most tourists require adequate activities during their holiday; the activities should be close to their needs, interests and wishes, with emphasis on health. Leisure time significantly contributes to the creation of quality of life, and this is increasingly related to the concern about one's own health. Needs, wishes and abilities are reflected and focused on the time of holiday and have the aim of regeneration, refreshment and renewal of general abilities.“ (Andrijašević, Jurkić, 2005, 87).

A minimal wellness infrastructure involves high professional skills of the personnel, good-quality service, a swimming pool, sauna, diet programs, fitness programs and anti-stress programs. The basic core of professionals should include a medical doctor, a wellness instructor and a sports coach.

Table 1: Basic elements of wellness - base for creating programs

<table>
<thead>
<tr>
<th>NATURAL AGENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, sea, air, sun, minerals, aromatic</td>
<td></td>
</tr>
<tr>
<td>herbs, peloids</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL ACTIVITY</td>
<td></td>
</tr>
<tr>
<td>morning exercises, targeted exercises,</td>
<td></td>
</tr>
<tr>
<td>corrective exercises, aerobic exercises,</td>
<td></td>
</tr>
<tr>
<td>thalassotherapy, hiking, walking</td>
<td></td>
</tr>
<tr>
<td>ANTI-STRESS PROGRAMS</td>
<td></td>
</tr>
<tr>
<td>autogenetic training, aromatherapy, massages,</td>
<td></td>
</tr>
<tr>
<td>thalassotherapy, baths, yoga, sauna, water</td>
<td></td>
</tr>
<tr>
<td>massage</td>
<td></td>
</tr>
<tr>
<td>CURING - THERAPY</td>
<td></td>
</tr>
<tr>
<td>diagnostic procedures, therapeutic treatments,</td>
<td></td>
</tr>
<tr>
<td>post-operative treatments, rehabilitation,</td>
<td></td>
</tr>
<tr>
<td>psychotherapy, diet</td>
<td></td>
</tr>
<tr>
<td>BEAUTY PROGRAMS</td>
<td></td>
</tr>
<tr>
<td>cosmetic treatments, pedicure, manicure,</td>
<td></td>
</tr>
<tr>
<td>anti-cellulite treatments</td>
<td></td>
</tr>
</tbody>
</table>


Wellness tourism is a relatively new concept in Istrian tourism, although the centennial presence of traditional health-care oriented spa centres in Istria (Istrian Spa) as well in the rest of Croatia (Daruvar Spa, Topusko Spa, Stubice Spa, Varaždin Spa, Tuhelj Spa, Krapina Spa). The attractiveness of health-related travel is increasingly popular across the Istrian tourism destination, as evidenced by the varied locations of the wellnes centres in
Umag (Kempinski hotel Adriatic, hotel Sol Melia Coral, hotel Sol Umag, hotel Sol Garden Istra); Poreč (Valamar hotel Diamant, Valamar hotel Luna, hotel Palazzo, hotel Parentium); Vrsar (hotel Pineta); Rovinj (hotel Monte Mulini, hotel Istra, hotel Eden, hotel Park); Pula (hotel Valsabbion, Poliklinika Peharec, hotel Villa Letan, hotel Villa Phasiana); Medulin (hotel Arcus Residence, hotel Belvedere); Novigrad (hotel Nautica, hotel Maestral); Duga Uvala (hotel Duga Uvala), Rabac (Valamar hotel Sanfior, hotel Mimosa) and in Motovun (hotel Kaštel, Istarske toplice).

Market segmentation involves the entire process of sharing heterogeneous markets into smaller homogeneous markets with the result of product and services differentiation (Smith, 1956). Getting as much as possible homogeneity within the segment, as well as greater heterogeneity between segments, represents the aim of market segmentation. In that process, the selection of segmentation criteria is extremely important. Swarbrooke and Horner (2007) have divided the traditional segmentation criteria, which include tourist segmentation based on geographic, socioeconomic, demographic, psychographic and behavioral factors, and criteria specific to tourism (e.g. travel goal, needs, motivations, benefits, etc.). Considering the criteria for segmentation Dolnicar (2008) states that there are two approaches to segmentation: a priori, a posteriori, but emphasizes the possibility of combining several different criteria. From the aspect of wellness tourism and wellness segmentation of tourists, several authors conducted a segmentation of this market segmentation using different criteria such as awareness and the importance of individual wellness components and parameters of stay (Mueller and Lanz Kaufmann, 2001), tourists’ benefits (Voigt, 2008), travel motivations combined with socio-demographic characteristics of wellness tourists (Mak, Wong and Chang, 2009), attitudes toward wellness (Hallab, Yoon and Uysal, 2003) etc.

The main aim of this paper was to determine the differences among three groups of tourists: high-level wellness consumers, moderate level wellness and low level wellness consumers with respect to selection of tourism destination and their personal characteristics.

2. METHODOLOGY

A study focused on tourists behavior was conducted from July through September 2009. In this study the target population included those tourists who visited five tourism towns in Istria County: Medulin, Pula, Rovinj, Poreč
and Vrsar. These sites were visited by more than 50% of tourists visiting Istria County in 2008 (Istria Tourist Board, 2008). Survey was carried out in 17 hotels through a self-complete questionnaire. Tourists were approached by trained researcher and asked to participate in the survey. Researcher explained the purpose of the survey, said that the survey was anonymous and handed a questionnaire in appropriate language. In that process convenient sample was used. Hotels were preselected based on location and capacity.

For the purpose of gathering data, the questionnaire was constructed. It consisted of 22 questions which were divided into four sections. The first section of questions was designed to gather respondents’ sociodemographic characteristics (country of origin, age, gender, income level, occupation, size of settlement, family members) and trip characteristics (first or repeat visit, length of stay and sources of information). The second section of questions involved questions relating to tourists’ perception of services offered and used during their vacation. In the third section, responder were asked to rate certain life priorities and to choose which motives were important in selecting Istria County. The last section focused on determining extends of current crises on tourists’ behavior. Questionnaire was originally designed in Croatian and then translated into following languages: English, German, Italian, Russian and Slovenian.

The responders were grouped based on expressed importance of wellbeing in their life. They were grouped in three groups: high level wellness, moderate level wellness and low level wellness. Responders in group high level wellness stated that wellbeing is a very important part of their life, tourists in group moderate level wellness said that wellbeing is important part of their life while for low level wellness group wellbeing was not very important part of their lifestyle. Differences among three wellness groups and variables related to selecting tourism destination and personal characteristics of responders were determined using chi square test and one-way analysis of variance. In order to determine the differences between the three group series of post hoc tests were done. To determine differences between the groups and variables where chi square test was applied methodology proposed by Schwab (2004) was applied. In the case of one-way analysis of variance two post hoc tests were applied depending on whether the assumption of equal variances was met, so Tukey post hoc test was used for vacation perception and years of age, Games Howell post hoc test was used for other variables (Field, 2005)
3. RESULTS AND DISCUSSION

A total of 1,249 questionnaires were distributed and collected, but 1,130 were accepted because they were properly filled.

The proportion of female responders (53%) was higher than that of male (47%). The mean age of the responders was 45.39 years, and the standard deviation was about 14 years. Most of the responders were between 34 and 58 years of age. The majority of responders obtained some kind of higher education level. The responders had different background and occupation, most of the responders stated that they were employees, while about 17% were managers and about 13% were entrepreneurs/owners. Most of the responders were from Germany (30%), 18% were from Austria, about 12% from Italy and UK, 10% from Russia and 18% from other countries with a share of less than 5% in total sample. Regarding the number of visits to Istria County, most responders (53%) have already visited Istria County, but there is large proportion of first time visitors in comparison to number of repeat trips which is consistent with results of Tomas summer research 2007 (Marušić et. al, 2005, 2008). Most of the responders were traveling with a partner and every third responder (33%) with at least one child.

In order to determine significant differences among the three groups of responders, chi square test (Table 1) and one way analysis of variances (Table 2) were conducted.

Statistically significant relationship was determined between three groups of tourists and 16 variables related to tourists’ and traveling characteristics (Table 1). The size effect was the greatest for country of origin showing moderate strength while for other variables the size effect was low. In order to determine the differences among groups for each variable, series of post hoc tests were done (Schwab, 2004).

Significant differences among groups were verified for settlement size, traveling with children and/or partner/spouse, usage of brochures and/or television for gaining information about tourism destination, sun and the sea travel motive, evaluation of prices for food and drink in restaurants, visitation of Spain, gender, profession, first or repeat visit, country of origin and education. Tourists grouped as high level wellness tourists were more likely not to live in villages (28%) and not to travel with children (44%), compared to the other two groups. They were more likely to use brochures (53%) for obtaining information about tourism destination and visit Spain (51%).
Tourists grouped as low level wellness that came to Istria County accompanied by partner/spouse (21%) were fewer than expected compared to other two groups. Low level wellness group which used television for gathering information (13%) about tourism destination were fewer than expected. Moderate level wellness group (17%) who stated that sun and the sea is not a motive for choosing Istria County as tourism destination were fewer than expected, while in the case of high level wellness group (59%) number of tourists not choosing this motive were more than expected. There was less number than expected of those tourists who stated they were managers and that wellness is not important part of their life (12%). Tourists who came from Germany (38%) and Italy (40%) and have stated that wellbeing is a very important part of their lifestyle were fewer than expected, while on the other hand they were more of those tourists than expected who stated that wellness is not an important part of their life (26%). There were more responders from Russia (54%) and United Kingdom (71%) who stated that wellbeing is a very important part of their life than it was expected and less than expected of those said that wellness is not important (11%, 14% respectively). There were also less than expected British tourists who stated that wellness is important part of their life (15%). Those responders who obtained elementary or high school level of education (33%) were more than expected in group low level wellness. There were tourists in high level wellness group that stated that prices of food and drink in restaurants were higher (28%) than it was expected.

Although chi square test showed an over all significance, post hoc tests did not show statistically significant relationships between wellness groups and cultural heritage and events as travel motive, intention to stay in another site in Croatia and visitation of Greece. Examining these variables it can be concluded that high level wellness tourists compared to other two groups slightly more intended to stay in another site in Croatia (49%), showed a bit more interest in cultural heritage and events (46%), were more interested in visiting Greece (52%), were more likely to be a first time visitors (50%) and female (45%).
Table 1. Relationship between tourists’ and traveling characteristics and wellness groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>$\chi^2$</th>
<th>df</th>
<th>CC</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Settlement Size</td>
<td>878</td>
<td>16.75</td>
<td>8</td>
<td>0.137</td>
<td>0.033</td>
</tr>
<tr>
<td>Traveling with children</td>
<td>1078</td>
<td>14.81</td>
<td>2</td>
<td>0.116</td>
<td>0.001</td>
</tr>
<tr>
<td>Traveling with partner/spouse</td>
<td>1078</td>
<td>14.77</td>
<td>2</td>
<td>0.116</td>
<td>0.001</td>
</tr>
<tr>
<td>Usage of brochures for information about destination</td>
<td>1078</td>
<td>14.15</td>
<td>2</td>
<td>0.114</td>
<td>0.001</td>
</tr>
<tr>
<td>Usage of television for information about destination</td>
<td>1078</td>
<td>6.21</td>
<td>2</td>
<td>0.076</td>
<td>0.045</td>
</tr>
<tr>
<td>Sun and sea as travel motive</td>
<td>1078</td>
<td>22.73</td>
<td>2</td>
<td>0.144</td>
<td>0.000</td>
</tr>
<tr>
<td>Cultural heritage and events as travel motive</td>
<td>1078</td>
<td>6.04</td>
<td>2</td>
<td>0.075</td>
<td>0.049</td>
</tr>
<tr>
<td>Intention of stay in another site in Croatia</td>
<td>1058</td>
<td>6.29</td>
<td>2</td>
<td>0.077</td>
<td>0.043</td>
</tr>
<tr>
<td>Evaluation of prices for food and drink in restaurants</td>
<td>621</td>
<td>11.10</td>
<td>4</td>
<td>0.112</td>
<td>0.026</td>
</tr>
<tr>
<td>Visitation of Spain</td>
<td>1078</td>
<td>9.08</td>
<td>2</td>
<td>0.091</td>
<td>0.011</td>
</tr>
<tr>
<td>Visitation of Greece</td>
<td>1078</td>
<td>6.56</td>
<td>2</td>
<td>0.078</td>
<td>0.038</td>
</tr>
<tr>
<td>Gender</td>
<td>1024</td>
<td>10.70</td>
<td>2</td>
<td>0.102</td>
<td>0.005</td>
</tr>
<tr>
<td>Profession</td>
<td>1014</td>
<td>14.59</td>
<td>6</td>
<td>0.119</td>
<td>0.024</td>
</tr>
<tr>
<td>First/repeat visit</td>
<td>1063</td>
<td>11.95</td>
<td>2</td>
<td>0.105</td>
<td>0.003</td>
</tr>
<tr>
<td>County of origin</td>
<td>1057</td>
<td>121.98</td>
<td>10</td>
<td>0.322</td>
<td>0.000</td>
</tr>
<tr>
<td>Education</td>
<td>1000</td>
<td>10.02</td>
<td>2</td>
<td>0.100</td>
<td>0.007</td>
</tr>
</tbody>
</table>

Source: Data processed by authors.

Table 2. Characteristics of tourists by wellness group

<table>
<thead>
<tr>
<th>Variable</th>
<th>High level</th>
<th>Moderate level</th>
<th>Low level</th>
<th>F (df1, df2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Importance of owning a house/flat</td>
<td>4.53</td>
<td>0.90</td>
<td>4.48</td>
<td>0.83</td>
</tr>
<tr>
<td>Importance of owning a car/cars</td>
<td>4.08</td>
<td>1.11</td>
<td>4.08</td>
<td>1.05</td>
</tr>
<tr>
<td>Clothing and footwear possession</td>
<td>3.83</td>
<td>1.03</td>
<td>3.80</td>
<td>0.91</td>
</tr>
<tr>
<td>Importance of taking vacation</td>
<td>4.09</td>
<td>0.90</td>
<td>3.94</td>
<td>0.74</td>
</tr>
<tr>
<td>Importance of entertainment</td>
<td>3.54</td>
<td>1.06</td>
<td>3.37</td>
<td>0.83</td>
</tr>
<tr>
<td>Length of stay</td>
<td>9.13</td>
<td>3.81</td>
<td>8.63</td>
<td>3.69</td>
</tr>
<tr>
<td>Vacation perception</td>
<td>2.34</td>
<td>1.18</td>
<td>2.06</td>
<td>1.08</td>
</tr>
<tr>
<td>Years of age</td>
<td>46.97</td>
<td>14.46</td>
<td>43.44</td>
<td>13.84</td>
</tr>
</tbody>
</table>

Note: Mean with subscripts differ at p < 0.05 (Tukey post hoc test was used for vacation perception and years of age, Games Howell post hoc test was used for other variables), * significant at 0.01
Source: Data processed by authors.
Three groups of tourists differed significantly with respect to importance of owning a house/flat, car/cars, clothing and footwear possession, taking a vacation, entertainment, length of stay, vacation perception and years of age (Table 2).

Owning a house/flat, owning a car/cars, possession of clothing and footwear was the least important to those responders that stated that wellness is not important part of their life. Importance of taking vacation and entertainment differed among all three groups. Both variables were the most important to high level wellness group, while they were the least important to low level wellness group. Length of stay differed significantly between high and low level wellness groups, so tourists in high level wellness group usually stayed longer than those responders in low level wellness group. Influence that economic crisis had on changing tourists’ perception of vacation was significant in the case of high level wellness group compared to other two groups. Considering differences in average years of age among the three groups, significant differences were found between high and low level wellness groups. In average, high level wellness group was the oldest group.

4. CONCLUSION

Although there is a tradition of health tourism (spa) in Istria, wellness tourism as a segment of tourism offer was actuated in the last decade in most hotel companies because previously the accent was on curative aspects of health tourism. Taking into consideration than the majority of tourist stays in Istria are connected to sea and sun preferences and most of them are income created, wellness tourism became a market segment which covers this two components. Wellness packages were offered in all destinations (Medulin, Pula, Rovinj, Poreč, Vrsar) that were included in the survey.

Wellness is usually connected to peace, serenity and isolated environments so the users of wellness services usually lead a different lifestyle compared to those consumer that do not use this kind of services. Wellness tourists have emerged as a tourism niche with particular preferences and sociodemographic characteristics. Based on these assumptions our responders were divided into three groups according to their preference towards wellness and differences among the groups with respect to selecting tourism destination and personal characteristics were examined. The most differences were determined between high level wellness group and other groups for most of the variables. High level wellness tourists were more likely to be of English and Russian
origin, higher educated, with higher material needs (housing, car, clothes etc.). The perception of the destination was higher for high level wellness tourists and their stays in the destination was longer.

Considering the results there are several recommendations that should be taken into account. There are certain number of tourists that considered wellness as important part of their life, so Istria should include wellness tourism as one type of specific kind of tourism in its tourism offer. This would comprise inclusion of different activities related to wellness and well-being, promoting an active way of spending summer holiday, expansion of tourism season, identification of suitable target niche, and other marketing activities.

There are some limitations of this study. Since these results are based on convenient sample of tourists that visited five tourism towns in Istria County and stayed only in hotels, the results may not be generalized to the overall Istria’s tourism market. Data were collected on site where the responders were already in Istria and the results may not truly reflect their actual preferences for taking a wellness based vacation.

5. REFERENCES


Myers, J.E.; Sweeney, T.J. (2005): Counselling for wellness: theory, research and practice, American Counselling Association, Alexandria


