

Specifičnost změn v průmyslovém odvětví služeb pro zdravotní turistiku v Litvě

The Specificity of the Changes in the Lithuanian Health Tourism Services Industry

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Abstract:

Purpose of the article: Even if the health tourism is one of the niche tourisms, it demonstrates successful growth comparing to the general tourism, other niches sectors, such as eco, medical, sport, adventure and other forms of tourism. The purpose is to disclose the specificity of the changes in the Lithuanian health tourism services industry comparing to the changes of the general tourism, what includes all kinds of tourism, including the health.

Methodology/methods: Scientific literature analysis in order to disclose the coverage, specifics of the health tourism industry, and comparative statistical data analysis on the general and health tourism are done.

Scientific aim: The article deals with the specificity of the health tourism services industry, its participators, value for the customer, distinguishing similar tourism subsectors, forms, trends in the development of health tourism in Lithuania.

Findings: The results of the survey show the idiosyncrasy in the changings in the health tourism services industry in the Lithuanian market comparing to the general tourism. The amount of the health tourism services establishments is decreasing, as opposite to the number of general tourism. It is not bad trend for the health tourism, as the size of the establishment is growing. Incomes per health tourist are larger comparing to the general tourists, as health tourists stay shorter, but pay more. There are some changes also in the profile of the health tourism services customer. The evaluation of the health tourism services quality is also better than the general tourism at all.

Conclusions: Findings show that here are some differences in the dynamics of analysed tourism forms. The health tourism becomes to be more concentrated; services centres are growing. The duration of the stay of the health tourist is shorter, but more profitable, and the quality is evaluated better comparing to the health tourism services used by Lithuanian tourists abroad. The positive future could be for attracting foreigners, who are looking for health services cheaper, quicker, as well as for better quality of the treatments and health procedures.

Keywords: Lithuanian health tourism industry, health tourism service, specificity of changes, general tourism, tourism niche

JEL Classification: I11, F23, L83, O14

Introduction

Because of the growing attention to the healthy lifestyle, individual's quality of life and necessity to prolong the active life being healthy – the health tourism has many opportunities to attract domestic people and people from other economically developed countries. Citizens of developed countries in Western Europe, USA, as well as in other Eastern and Central European countries, Asia are able to take care about their health, to look for better health care, for shorter rows near the cabinet of the health professionals, for higher perceived quality of the services (Mamun, 2013), for the wider services package.

Huge numbers of the tourists, who are moving globally for the health tourism purposes force the services providers to think about what they can do in order to attract more consumers, more the new one, who have never used the health tourism before, or to attract and keep the repeated one. More researches (Müller, Kaufmann, 2001; Sekliuckienė, Langvinienė, 2009; Konu *et al.*, 2010; Pesonen, 2011; Speier, 2011; Lunt *et al.*, 2014) are dedicated to the specifics of the health tourism as a tourism business, its consuming patterns, and value for the health tourist as a customer, etc.

The health tourism is related to the tourism with more tangible products (Chang, Beise-Zee, 2013; Lunt *et al.*, 2014), services and value, such as health improvement, prevention for illness, recovery after serious indisposition, etc. (Langvinienė, Sekliuckienė, 2012). The health tourists, who are looking for the health improvement possibilities, facilities in the medical care, professional consultations for the treatment, for the weight or alcohol, and tobacco reduce, for the healthy life style, fitness, sport, rehabilitation, etc., are not limited anymore to the borders of their living country. Issue of *Services Directive* opened entire European market for the EU citizens (*Directive on services in the Internal Market*, 2014). This is one of the motives to look for the health treatment opportunities in other than native country, where people are living and working.

The second motive for the visiting foreign health institutions in the entire European Union market is Directive on the application of patients' rights in cross-border healthcare what is generally called as Patients' Rights Directive (the PRD) (*Directive 2011/24/EU of the European Parliament and of the Council*, 2014). That Directive directly relates to the rights to get treatment in the countries, which specialize in the medical and health care. Any health services consumer is able to go for the health

treatment in any other country what is a member of EU. Better quality of the medical, health services, perceived higher value, shorter waiting lists accessing the doctor, professional, new products (Grazulis, Zuromskaitė, 2013), and any other attractive feature could be very important point in the attracting health tourists to come to Lithuania for the health enhancing purposes, recovering after illness, etc. Such countries as Lithuania, Latvia, Estonia, Czech Republic, Slovakia, Hungary, etc. are conditionally cheaper comparing to German, French and other old members of EU; that is why the niche of the health tourism could be one of the ways to attract the visitors from more advanced countries. Otherwise, Patient's Rights Directive opened more opportunities to go abroad for Lithuanian patients and customers for medical and health care purposes, too.

The third motive is ageing population, the growing attention to the healthy life style, to the demographical trends, as senior people are caring about their longer quality of life, to the insurance politics for the illness prevention, and contracts with wellness and health services providers made by the business enterprises, etc.

The health tourism concept is used as the synonym to the medical or destination tourism in the academic researches (Hall, 2011; Pesonen, 2011; Smith, Puczko, 2014). The tourists, who are traveling for the health or destination tourism purposes, appreciate the alternatives for their leisure, including the wellness tourism, the transplant tourism, the dental tourism, and other different forms of the tourism. As well as tourists, who are going for the wellness purposes, are looking for the tangible value (Chen, 2013), too. People seek a healthy balance of the body, mind, and spirit (Chen *et al.*, 2013). Synergy for the healthy and sick travellers brings the larger perspective for the health and other tourism suppliers, global or local economy (Hofer *et al.*, 2012). Health behaviour of the tourists improves the mental health and wellbeing (Dale *et al.*, 2014). Healthy lifestyle, what is based on many tangible benefits, such as treatment, fitness, healthy food, procedures – brings a lot of intangible values, as mental rest, relax, pampering, too; that prolongs the healthy state of any individual.

Health-promoted destinations attempt to prove the medical benefits for their consumers, visitors (Chang, Beise-Zee, 2013). The benefit of the health and medical tourism is similar enough, such as engaging in the healthy activities, motives for the travel, but it is not the same. Medical tourists are tourists travelling for fertility, dental, stem-cell tourism, abortion, even for cosmetic surgery (Hall,

2011). This form of the tourism is very popular in Brazil, other South American countries; while wellness tourists are going for spa, pampering purposes what are more common to relax and pampering activity, and these activities are more popular in the Nord American countries and becomes to be popular in Western Europe.

Thus, the health tourism is somewhere in the middle of the medical tourism, what is usually is a field of the doctors, and the wellness, what is provided for the pampering and relaxing uses.

Tourists, who are travelling for the health improvement or wellness purposes, could be travellers of the same country, as the same-day tourists and tourists for a few days. However, researches notice also (Jayawardena, Sinclair, 2010; Soteriades, 2012) that the health tourists are appreciating the foreign health tourism providers comparing to the local one. They are travelling usually longer than the wellness travellers both locally or internationally. Here the distinguish between the health and wellness tourism arises: the health tourists are leaving home usually for longer than one day for the health treatment purposes, for three-four days, weekend, or even for one-two weeks.

The author of the paper uses the terminology of the health, as health travel, too. However, the health tourism is related not only to the health improvement and to medical treatment purposes for the travelling, but also to the leisure and wellbeing, pampering purposes.

The changes in the health tourism industry show that the duration of the stay is going to be shorter. The growing price for the health tourism, for the accommodation (which is an obligatory service for the health tourism package); for the medical treatment, other procedures, professional consultations – forces the health services consumers to think how to get the same value for less money. The global financial crisis affected the tourism services industry at the large scale. The people were economizing their incomes for other purposes than leisure in this period. Recovering economy opened the opportunities to gather the entire tourism services sector (Kaynak, Kara, 2012; Niekerk, Saayman, 2013). More opportunities for the growth of the specific tourism sub-sectors, such as wellness, health care, leisure, conference tourism, are emerged (*The Global Wellness Tourism Economy' 2013*; 2014).

The popularity of the health tourism is still growing in Lithuania, as in other developing and emerging countries (Lam *et al.*, 2011; Hofer *et al.*, 2012; Jayawardena *et al.*, 2013; Lunt *et al.*, 2014). However, only a few studies are done due to the health

tourism as a potential industry of the tourism, which has many possibilities to help the Lithuanian businesspersons to develop, as well as Government to shape the image of a country as the health tourism supplier, as health tourism destination (Langvinienė, Bagdonienė, 2014).

The scientific problem, formulated in the paper is as follows: what specificity could be identified in the changes of the health tourism industry in Lithuania, comparing to the general tourism industry trends?

The purpose of the article is to identify the specificity of the changes in the health tourism services industry in Lithuania.

The methodology of the research is scientific literature analysis, comparative analysis of the statistical data on the tourism services industry and the health tourism trying to identify the changing specificity in the latter.

Limitations of the research: because of the delay of the statistical data for Lithuanian tourism services sector, the data for the end of 2012 were analysed with exception for some data from the Global wellness tourism economy report (2014).

The scope of the health tourism services industry

Analysing the changes in the health tourism industry we should disclose what exactly the health industry covers. According to *The Global Wellness Tourism Economy'2013* (2014), the health tourism is an industry somewhere between the medical and wellness tourism. The *health tourism* is used by many governments as being synonymous (*Wellness tourism and Medical Tourism: Where Do Spas Fit?* 2011), substitute with the medical tourism (Peršić, Janković, 2012).

Medical consumers are looking for the medical tourism services reactively; it is for such purposes as:

- treat and cure illness;
- corrective;
- episodic;
- clinical-responsible;
- and compartmentalized.

According Speier (2011), medical tourists would be tourists, who use “unpleasant” activities and services, such as paint areas massages, gas injections, surgeries, etc.

While *wellness tourism* services’ consumers are consuming such services because of such reasons:

- maintain and improve health;
- preventive;

- holistic;
- individual-responsible;
- and integrated into life.

Wellness tourists usually use pleasant activities; and most activities used – are relaxing, pampering (Speier, 2011). These tourists do not suffer from any disease, pain, etc. they are free to choose what they want. Consumers of wellness tourism services lie down during procedures, even sleep, but do not suffer from painful procedures.

The *health tourists* are in the middle of two categories of the services consumers listed above and could cover both of the lists of the purposes – from the medical, treatment – to the wellness and pampering services and (or) activities.

The overlap between medical and wellness tourism occurs in the growing expectations of consumers, their growing mobility and holistic health tourism industry what becomes to be global instead of local one, as individuals appreciate usually more than one on of the values provided by health tourism (Smith, Puczko, 2014).

The concept of the health tourism describing all three categories – medical, health and wellness – is often used as an umbrella concept of these services industry. The health tourism as umbrella was recognized by UNWTO; that defined this niche tourism

as tourism, related to travel to health spas or resorts destination, where primary purpose is the improvement the physical wellbeing of the tourist through a regiment of physical exercise and therapy, dietary control, medical services, which helps to maintain the health (Peršič, Janković, 2012).

In parallel *structured wellness* or *medical wellness* term is suggested for joining these services providers beyond one term (Smith, Puczko, 2014). However, classification, provided by ISPA (International Spa Association) (2007 Global Consumer Report, 2014) the term of *structured wellness* suggests to use for serious wellness, such as weight reduce programs, detoxification programs, it is services, what are rather sharply defined by their proposed value for a customer.

The high competition market forces the health tourism services providers, as well as the wellness tourism or medical tourism providers to think about the opportunity to gain any competitive advantage, niche in the market, what forces them to offer for their customers more and more services, more value added, and, of course, more appreciated by final consumer. Earlier narrow specialization medical services providers because of the reduced sponsorship from State funds, Health Care Ministries and other local authorities should think what other

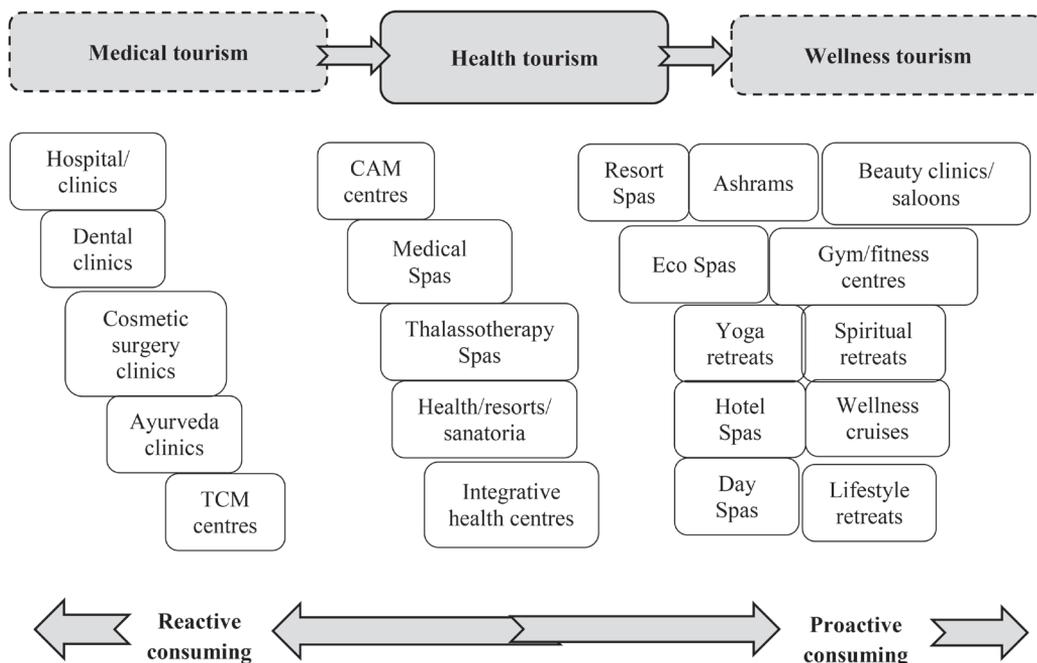


Figure 1 The scope of the health tourism services industry. Source: Own work. Notes: abbreviations TCM – traditional Chinese medicine, CAM – complementary and alternative medicine.

services they can offer for their consumers. That is why consumers, who are medical treatment buyers (patients), can obtain pampering, massages, beauty procedures, etc. And healthy people, who are going to the wellness hotels for their free weekends, or using other proactive services, could be offered the tangible service, such as healthy products, weight reduce or toxicology program as well.

The blurring boundaries between these three categories of niche tourism are one of the research objects of the academicians already for several years. It is rather difficult to define the purpose of the tourists, as primary motive could be, for example, cultural tourism, business trip, and something like that, but during their free time – the health procedures also are used. While some of tourists take a trip entirely for the wellness or medical purposes, other may want engage in the wellness, health related activities as a part of their trip (secondary purpose of tourism).

To say what the health tourism is – rather difficult task. The medical tourist usually is ill (Smith, Puczko, 2014) and the wellness tourist – a healthy individual. The healthy tourist is somewhere in the middle. The health tourism is not the same as the medical tourism (Reisman, 2010). The ill people are visiting the foreign countries not for single surgery procedure. The same is with wellness, as gym is not the only attractive tool for foreign tourists. The health tourism should combine tangible value such as medical, health treatment, recovery after illness, as well as intangible value, such as balance between the body, mental and spiritual rest, body and faces treatment (not necessary invasive, but it could be such as one).

The scope of the health tourism services industry is presented below (Figure 1).

As could be seen, consumers of the medical-health-wellness services could mobilize themselves from reactive consuming, when they are usually (not necessary) ill, with specific diseases, recovering after illness, etc., till the proactive one, when they feel themselves actually well and their use of services is a voluntary activity, unenforced by their health problems.

It is rather difficult to define which providers are representatives of the health, of the medical or of the wellness services industries. Hotels are more related to the pampering, clinics – to the treatment, while spa, sanatoriums could provide both of the values for the customer, depending on their wishes.

Medical travellers have often prescription from a doctor that they need a specific treatment for their illness, disease. However, they are free to choose procedure that is more expensive and to pay the

difference between appointed procedures and consumed. However, sick medical travellers also may enjoy relaxing, pampering procedures, swimming pools, facial or body care procedures that are chosen upon their choice, wishes and capabilities.

Thus, the health tourism services industry could be entitled as combining industry for different providers of the health and wellbeing services, for users of holistic wellbeing and quality of life.

Methodology of research

The task of the empirical survey was to disclose the specificity of the changes in the health tourism services industry in Lithuania.

The sanatoriums and rehabilitation centres as the health tourism services providers in Lithuania as an object was chosen. The wellness services establishment, what supplies wellness services, beauty procedures, pampering massages, services of cosmetologists, etc., were not included into the survey, as they are usually used by day users, local tourists, the same-city citizens, etc. The narrow medical services suppliers also eliminated from the sample. The health tourism services, provided by sanatorium and rehabilitation centres, were included only, as they more relate to the primary purposes of the health tourists, who are going abroad for health enhancing, medical treatment, and other related procedures.

The calculations of the industry's changes were done on the basis of the data 2008–2012, representing the changes covering the economic boom and recession. Three latter years (2010–2012) were analysed deeply. The means for comparing the health tourism and general tourism data were calculated, too: the mean of the size of the health tourism enterprise and the tourism enterprise, the mean of the incomes per tourist, dynamics of these indicators, etc.

All calculations of the changes in the room occupancy rate were done on the basis of the health tourism establishments' registration data. As statistics of the tourism show (*Tourism in Lithuania 2012, 2013*), there are four health tourism establishments in resort of Druskininkai, one in Varėna, two in Birštonas, two in Kaunas, five in Palanga, one in Biržai, and three in Vilnius. Totally eighteen health tourism establishments, called in Lithuania as sanatorium and rehabilitation services enterprises, were included. It should be noticed that Druskininkai, Birštonas and Palanga are resort areas in Lithuania. Palanga is located in seashore of Baltic Sea; while other two in the continent. Vilnius and Kaunas are

two largest Lithuanian urbanized territories with no resort status. Biržai is famous with its mineral spring water history, used for healing purposes, but lost resort status during soviet period.

The tourist profile was described upon the tourist's country and duration of stay in the health tourism establishment, too.

The comparative analysis of outbound and incoming tourists' evaluation of the quality of general tourism and health tourism services is done.

Descriptive statistics was used for the defining the changes in duration of stay for outbound tourists: general and health, and incoming tourists: general and health tourists as well.

For graphical demonstration of the results, MS Office Word and MS Office Excel used.

The limitation of the empirical data analysis is related due to the delay of the statistics of the tourism

services enterprises. The statistical data of 2013 will be issued only at the end of 2014.

Findings of the research

The main indicators of the Lithuanian tourism services industry and the health tourism niche industry are presented in the Table 1.

Notes: The turnover of the health tourism and general tourism services enterprises was calculated on the Lithuanian currency exchange rate 1:3.4528.

Comparing the data of the statistics we can see the difference in the number of the establishment of the health tourism and all accommodation. We can observe the drop of the number of the health tourism enterprises (28 percent). Actually, the number of all accommodation enterprises grew by 27 percent

Table 1 The changes in the health tourism and general tourism services industry of Lithuania in 2008–2012.

Indicator/year	2008	2009	2010	2011	2012	Change, %
Sanatoriums and rehabilitation centres	25	22	22	20	18	-28
Number of the rooms	3064	3189	2870	2871	2786	-9
<i>The mean of the number per establishment</i>	123	145	130	144	155	+26
Number of the beds	6557	6843	6048	5987	6072	-7
Number of the tourists	132713	100665	106593	114219	111301	-16
<i>the foreigners</i>	26327	20317	24682	28790	33428	+27
Nights spend	1441947	1195670	1225759	1286048	1223780	-15
<i>by the foreigners</i>	366584	309640	354649	392153	415727	+13
Income, thousand euro	49580	40518	41414	47227	47190	-5
<i>The mean of income per tourist, euro</i>	374	403	389	414	424	+13
<i>for the accommodation</i>	47382	38778	39603	44109	43122	-7
Number of the employees	3339	2958	2807	2737	2709	-19
All accommodation establishments	810	807	908	966	1032	+27
Number of the rooms	20337	21179	21189	21771	22564	+11
<i>The mean of the number per establishment</i>	25	26	23	24	22	-13
Number of the beds	47665	49893	50087	51647	54163	+14
Number of the tourists	1825762	1426991	1552874	1792626	1977526	+8
<i>the foreigners</i>	909983	752389	840368	1003843	1125338	+24
Nights spend	5077363	4030109	4330005	4923793	5265563	+4
<i>by the foreigners</i>	2055953	1758447	1999251	2377346	2622298	+28
Income, thousand euro	215454	159509	165625	201300	213500	-1
<i>The mean of income per tourist, euro</i>	118	118	107	122	108	-9
<i>for the accommodation</i>	145677	107188	107553	138416	141786	-3
Number of employees	12140	10662	10144	10493	10985	-10

Source: author's calculations based on Tourism in Lithuania 2012 (2013).

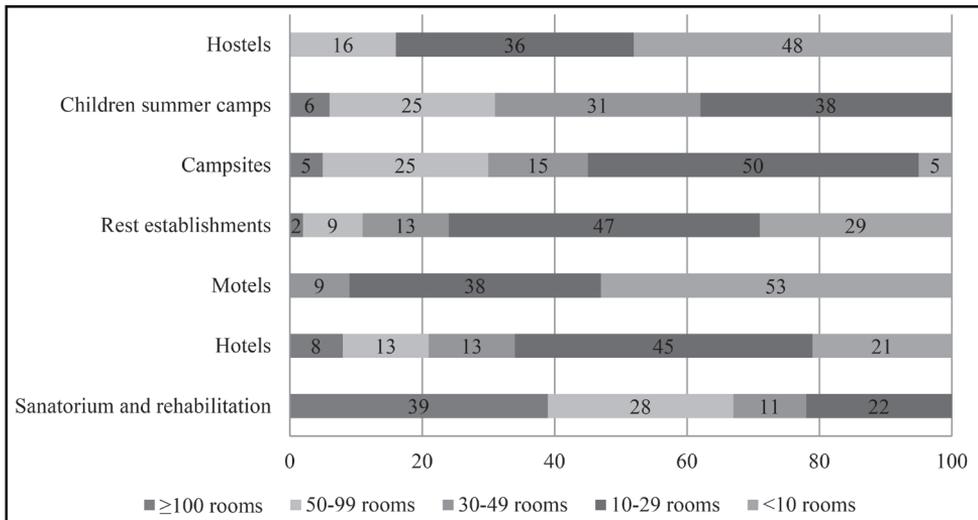


Figure 2 The size of the tourism participators in the Lithuanian tourism industry in 2012, percent. Source: Own work.

during five analysed years. The same situation is observed on the number of the rooms, beds, etc.

The situation changes on the tourists who lived in the health tourism and all tourism establishments. We can see the drop in the number of tourists in the health care institutions. The profile of the customers is different enough. The numbers of the foreigners in the health care enterprises grew (27 percent) together with growth of all tourism enterprises (24 percent). Thus, the presumption that more foreign tourists are coming to the health tourism establishments could be done.

The mean of the room number per establishment shows that the health tourism accommodation enterprises are much larger than general accommodation enterprises (6–7 times larger). The health tourism enterprises are going to be larger every year (26 percent growth during five years), while general

accommodation size is going to be less (the drop is 13 percent).

The mean of the income per tourist shows that the health tourism enterprise gets three or even four times more than general tourism accommodation enterprise. The incomes per tourist are growing only in the health tourism services sector (13 percent). The incomes decreased by 9 percent in general tourism enterprises during the period.

Getting deeply in the size of the health tourism establishment it should be noticed that the reduction of the number of sanatoriums and rehabilitation centres in Lithuania is due to withdraw of the smallest (with less than 10 rooms) and the largest actors (with more than 100 rooms) (*Tourism in Lithuania 2012, 2013*). A growth of the number of general tourism establishment is due to the new actors in the small and middle size accommodation enterprises (10–29

Table 2 The changes in the intensity of the room occupation in 2010–2012, percent.

Indicator/year	2010	2011	2012	Change, %
Health tourism establishment room occupancy rate, %				
Druskininkai	37.2	48.0	55.7	+50
Varėna	13.8	20.4	18.2	+32
Birštonas	35.3	36.4	44.5	+26
Kaunas	39.7	47.3	45.1	+14
Palanga	28.4	30.7	34.3	+21
Biržai	19.6	24.0	19.0	-3
The mean of the occupation rate, %	26.3	30.9	33.9	+29
All tourism establishment room occupancy rate, %	36.9	44.5	45.5	+23

Source: author's calculations based on *Tourism in Lithuania 2012 (2013)*.

or 30–49 rooms), except the private sector. The largest from all tourism establishments are sanatoriums and rehabilitation centres (Figure 2).

As we can see from the Figure 1, that 39 percent of the health tourism establishment are larger than 100 rooms. No one health tourism accommodation establishment is less than 10 rooms inside. The mean of the Lithuanian tourism accommodation establishment is 10–29 rooms.

The occupation rate in the health tourism accommodation establishment was very different upon the establishment location place (Table 2).

On the Lithuanian statistics' data (*Tourism 2012, 2013*) the room occupancy rate was 36.9 percent (the mean of the occupancy) in 2010, 44.5 percent – in 2011 and in 2012 it reached 45.5 percent (the change is 8.6 percentage points per two years). Differences related to the location of the health tourism establishment arise, as there are four establishments in the resort Druskininkai and five in Palanga. Thus their impact on the mean of the health tourism establishment occupancy is the largest one. On the ground of the comparative analysis of the room occupancy rate in the health tourism establishment and the tourism generally it should be noticed that the changes are similar during 2010 and 2012. The occupancy rate grew accordingly 29 percent for the health tourism services sector and 23 percent for general. However comparing the separate cases, the room occupancy rate in the resorts of Druskininkai,

Birštonas was higher than the mean of general occupancy rate.

We can observe the changes in the tourists coming to the Lithuanian health tourism establishment (Table 3).

Even there are some changes in the tourist profile; the majority of the coming tourists to the health tourism establishment are the Lithuanian people (70 percent), after that the Russian (11 percent), German (7), and Latvian (2 percent). The best positive change is for the Estonian and Russian tourists.

The number of the Lithuanian health tourists decreased by 5 percent, as well as from Poland (by 31 percent) and other countries (52 percent). General tourists in Lithuania differ a little bit, as the Lithuanian people make 43 percent, other countries 13 percent, Russian 11 percent, Belorussian 6 percent. The best positive change for general tourist is from Ukraine (113 percent) and Russia (102 percent). The drop of the tourists general could be seen only from Poland.

The comparative analysis of the statistical data of the general and health tourism shows that the growth of the general tourism is rather stable one according the number of tourism, both shorter or longer duration of stay (from 2 to 3 percent) (Table 4).

Such facts should be pointed out about the health tourists. The number of the same-day visitors and domestic tourists for the health improvement purposes did not change dramatically (–1 percent). The

Table 3 The changes in the health tourists' and the general tourists' profile in 2010–2012, percent.

The tourist profile (in number of the tourists)	Health tourists				General tourists			
	2010	2011	2012	Change, %	2010	2011	2012	Change, %
From all countries	106593	114219	111301	+4	1552874	1792626	1977526	+27
<i>Belarus</i>	8380	7808	8077	–4	71436	92248	117037	+64
<i>Estonia</i>	129	302	362	+181	32527	37409	39712	+22
<i>USA</i>	89	66	66	–16	19666	24850	25079	+28
<i>UK</i>	36	41	30	–17	35398	32857	37752	+7
<i>Latvia</i>	1365	1730	2281	+67	66519	66145	76431	+15
<i>Poland</i>	1348	1382	933	–31	135856	139632	127033	–6
<i>Lithuania</i>	81911	85429	77873	–5	712506	788783	852188	+20
<i>Norway</i>	34	60	54	+59	16846	20092	26461	+57
<i>France</i>	35	24	46	+31	23248	25684	26423	+14
<i>Russia</i>	5129	7918	12685	+147	105869	148267	214337	+102
<i>Sweden</i>	25	30	35	+40	19747	25303	21694	+10
<i>Ukraine</i>	47	78	50	+6	9100	13274	19366	+113
<i>Germany</i>	7174	8718	8197	+14	105832	128930	144975	+37
<i>Other countries</i>	625	306	300	–52	198324	249152	249038	+26

Source: author's calculations based on *Tourism in Lithuania 2012 (2013)*.

Notes: The list of the countries was done on the basics of the health tourists, as list of general tourists was wider.

Table 4 The changes in the health and general tourism upon the duration of stay of the visitors in 2010–2012, percent.

Indicator	Year	Health tourists				General tourists			
	2010	2011	2012	Change, %	2010	2011	2012	Change, %	
Number of tourism trips, thousands	78.3	82.7	77.2	-1	2148.4	2167.6	2204.5	+3	
Trips with 1–3 nights, thousands	0.2	3.5	5.4	+2700	1758.2	1779.5	1801.0	+2	
Trips with more than 4 nights, thousands	78.1	79.2	71.8	-8	390.2	388.0	403.7	+3	

Source: author's calculations based on Tourism in Lithuania 2012 (2013).



Figure 3 The evaluation of the health tourism and total tourism services quality on the viewpoint of the incoming tourists, percent. Source: Own work.

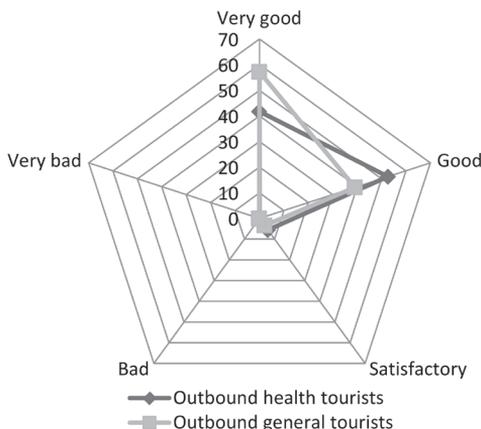


Figure 4 The evaluation of the health tourism and total tourism services quality on the viewpoint of the outbound tourists, percent. Source: Own work.

pattern of the stay has changed, as the number of the health tourists instead of the stay longer than for 4 night, more and more often chose to stay no longer than three nights.

However, the majority of the stays in the health tourism establishment are longer (92 percent total). Comparing to the duration of the stay in all tourism establishment, it should be noticed that only 18 percent of the stays are longer than 4 nights.

Thus, there is one of the differences among the duration of stay in general or health tourism establishment.

The outbound health tourism statistics shows that the health tourists usually are coming to foreign countries for longer than 4 nights; it is 6.1 nights in 2010 and 6.9 nights in 2012. Total outbound tourists stayed for 7.6 nights in 2010 and 8.0 in 2012. The duration of stay prolonged both for total tourism and health tourism.

The situation is totally different comparing the outbound tourism and the incoming tourism data. The average stay of the foreign tourists in Lithuania, according to the Statistics, is 4.4 nights in 2010 and 4.9 nights in 2012. The duration of the stay of the health incoming tourists is much longer: 12.4 nights in 2010 and 12.7 nights in 2012. The duration of stay prolonged both for total tourism and health tourism; however, the duration of stay in Lithuania in health tourism is three times longer than averagely.

Evaluating the customers' opinion about the health tourism services quality, it should be noticed, that the incoming health tourists estimate better the services in Lithuania (see Figure 3), comparing to the outbound tourists evaluation of the health tourism services abroad (Figure 4).

A socio-demographic characteristic of the health tourist and general tourists differs. The majority of general tourists are individuals of 25–44 years old (52 percent), 45–64 (36) and 15–24 (8 percent). The health tourists are older: 45–64 years old (50

percent), 25–44 (36 percent) and older than 65 year 15 percent of the tourists. According to the gender, the health tourists are women and men equally. In general statistics of the tourism – men makes about 66 percent of all tourists.

Discussion

The specificity of the Lithuanian health tourism comparing to the changes in general tourism services industry is related to the growing size of the health tourism establishments, the growing incomes per tourist that means, and growing benefit. The growth of the popularity of the health tourism establishments among foreigners, better evaluation of the Lithuanian health tourism services than services abroad helps to create an image of Lithuania as health tourism destination in Central and Eastern Europe, or even in the broader region.

The room occupation rate in the health tourism establishment is going to be better, but depends a lot on the location of the sanatorium or rehabilitation centre in regard to the Lithuanian tourism establishments. Such resort areas as Druskininkai, Birštonas and Palanga are attracting local and foreign health tourists for longer or shorter services' use because of well quality services, what are estimated rather good and even better comparing to health tourism used by Lithuanian people abroad.

The health tourism is more popular among the same-day health tourist visitors or visitors of short stay, especially among the Lithuanian people.

Findings of the survey showed, that the health tourists from foreign countries in Lithuania stay much longer than general tourists, even the numbers of tourists are not very huge. Analysis of the trend changes in the health tourism market shows that there are many opportunities to prolong health tourism services development.

Conclusions

The comparative analysis of the changes in the health and general tourism industry shows that here are some *differences* in the dynamics of tourism industry:

- the number of enterprises is growing in general tourism and decreasing in the health tourism services industry;
- the number of rooms and beds in the health tourism establishment is decreasing, opposite to the general tourism;

- the incomes per tourist is increasing in the health tourism industry, not in the general tourism;
- the size of the health tourism enterprises is growing;
- domestic tourists prefer the shorter use or even same-day trip for the health tourism, while general tourism is used usually longer;
- the profile of the general tourist and the health tourist differs, as the health tourist is spending more comparing to the general tourist; the health tourists are equally women and man in Lithuania, while general incoming tourists mostly are man.

There are also some similarities, such as:

- the duration of the stay of tourists incoming to Lithuania is prolonging (increasing): both general tourists and health tourists;
- actually visitors from the same countries are coming to Lithuania for general and health tourism purposes: both from Eastern and Western European countries, as well as new directions of tourism, changes are rather insignificant;
- the quality of general and health tourism services is evaluated better by foreign tourists in Lithuania than Lithuanian tourists going abroad for the same purposes.

Suggestions for the further researches could be as follows:

- A comparative analysis of the changes in the Lithuanian health tourism industry and other similar countries could be implemented: similar upon the geography (neighbouring countries, e.g. Poland, Latvia, Estonia); upon natural resources used for health, healing, treatment, wellness and medical (Czech Republic, Hungary, Slovakia, Austria); upon health sector sponsorship from state funds (CEE countries).
- SWOT (strengths, weakness, opportunities and treats) analysis of the Lithuanian health tourism services industry could be implemented.
- The strategy for Lithuanian providers, trying to win competitive advantages in the open EU health care market should be prepared and implemented. The European Directive on the applications of patient's rights in cross-border healthcare has opened more opportunities for the EU citizens to go for the health tourism services abroad, as well as challenges for the providers to attract the consumers from more diversified market.
- Qualitative researches getting more deeply in the customers surveys, interview with managers of the health tourism providers, representatives of authorities' institutions, tourism association also could be done.

References

- Chang, L., Beise-Zee, R. (2013). Consumer perception of healthfulness and appraisal of health-promoting tourist destinations. *Tourism Review*, 68 (1), pp. 34–47. doi: 10.1108/16605371311310066.
- Chen, K. H., Chang, F. H., Wu, C. (2013). Investigating the wellness tourism factors in hot spring hotel customer service. *International Journal of Contemporary Hospitality Management*, 25 (7), pp. 1092–1114. doi: 10.1108/IJCHM-06-2012-0086.
- Dale, H., Brassington, L., King, K. (2014). The impact of healthy lifestyle interventions on mental health and wellbeing: a systematic review. *Mental Health Review Journal*, 19 (1), pp. 1–26. doi: 10.1108/MHRJ-05-2013-0016.
- Directive on services in the Internal Market (2014). [online] [cit.2014-02-28] Retrieved from http://ec.europa.eu/internal_market/services/services-dir/index_en.htm.
- Directive 2011/24/EU of the European Parliament and of the Council (2014). [online] [cit.2014-10-20] Retrieved from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:088:0045:0065:EN:PDF>.
- Hall, C. M. (2011). Health and medical tourism: a kill or cure for global public health? *Tourism Review*, 66 (1/2), pp. 4–15. doi: 10.1108/166053711111127198.
- Hofer, S., Honegger, F., Hubeli, J. (2012). Health tourism: definition focused on the Swiss market and conceptualisation of health(i)ness. *Journal of Health Organization and Management*, 26 (1), pp. 60–80. doi: 10.1108/14777261211211098.
- Grazulis, V., Zuromskaite, B. (2013). Systematic Approach to Personal Travel Motives – Possibilities in Lithuania. *Socialiniai tyrimai*, 4, pp. 5–17.
- ISPA (2007). 2007 Global Consumer Report. [online] [cit.2014-05-30] Retrieved from www.experienceispa.com.
- Jayawardena, C., Pollard, A., Chort, V., Choi, C., Kibicho, W. (2013). Trends and sustainability in the Canadian tourism and hospitality industry. *Worldwide Hospitality and Tourism Themes*, 5 (2), pp. 132–150. doi: 10.1108/17554211311314164.
- Jayawardena, C., Sinclair, D. (2010). Tourism in the Amazon: conclusions and solutions. *Worldwide Hospitality and Tourism Themes*, 2 (2), pp. 201–210. doi: 10.1108/17554211011037895.
- Kaynak, E., Kara, A. (2012). Assessing tourism market potential in a dynamic emerging economy: Theoretical and empirical insights from Cambodia. *Asia Pacific Journal of Marketing and Logistics*, 24 (2), pp. 199–221. doi: 10.1108/13555851211218020.
- Konu, H., Touhino, A., Komppula, R. (2010). Lake Wellness – a practical example of a new service development (NSD) concept in tourism industries. *Journal of Vacation Marketing*, 16 (2), pp. 125–139. doi: 10.1177/1356766709357489.
- Lam, C., Cros, H., Vong, T. N. (2011). Macao's potential for developing regional Chinese medical tourism. *Tourism Review*, 66 (1/2), pp. 68–82. doi: 10.1108/16605371111127242.
- Langvinienė, N., Bagdonienė, L. (2014). Does Lithuanian resorts' branding as the medical, health and wellness destination differ from other Baltic States? 24th Annual RESER Conference: *Services and New Societal Challenges: Innovation for Sustainable Growth and Welfare*, September 11–13 2014, Helsinki, Finland. Helsinki: VTT Technical Research Centre of Finland. pp. 981–997.
- Langvinienė, N., Sekliuckienė, J. (2012). How offering innovations could improve the health and wellness services in Lithuania? In *Services and economic development: local and global challenges: the 22nd RESER international conference*, 20–22 September, Bucharest, Romania, pp. 1–19.
- Lunt, N., Smith, R., Exworthy, M., Green, S. T., Horsfall, D., Mannion, R. (2014). Medical Tourism: treatments, markets and health system implications: a scoping review. OECD, Directorate for Employment, Labour and Social Affairs [online] [cit.2014-10-20] Retrieved from <http://www.oecd.org/health/health-systems/48723982.pdf>.
- Mamun, MZ. (2013). Prospects and problems of medical tourism in Bangladesh. *International Journal of Health Services: Planning, Administration, Evaluation*, 43 (1), pp. 123–141.
- Müller, H., Kaufmann, E. L. (2001). Wellness tourism: Market analysis of a special health tourism segment and implications for the hotel industry. *Journal of Vacation Marketing*, 7 (1), pp. 5–17. doi: 10.1177/135676670100700101.
- Niekerk, M., Saayman, M. (2013). The influences of tourism awareness on the travel patterns and career choices of high school students in South Africa. *Tourism Review*, 68 (4), pp. 19–33. doi: 10.1108/TR-09-2013-0049.
- Peršić, M., Janković, S. (2012). The assessment of opportunities and assumptions of the Croatian health tourism development. *Journal of Business Management*, 6, pp. 88–104.
- Pesonen, J., Laukkanen, T., Komppua, R. (2011). Benefit segmentation of potential wellbeing tourists. *Journal of Vacation Marketing*, 17 (4), pp. 303–314. doi: 10.1177/1356766711423322.
- Reisman, D. (2010). *Health Tourism: Social Welfare through International Trade*. Edward Edgar Publishing Limited.
- Sekliuckienė, J., Langvinienė, N. (2009). Service perspectives in healthiness and sport tourism in Lithuania:

case of spa. *Economics and management*, 14, pp. 505–512.
Smith, M., & Puczko, L. (2014). *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*. Routledge, Taylor & Francis.

Soteriades, M. (2012). Tourism destination marketing: approaches improving effectiveness and efficiency. *Journal of Hospitality and Tourism Technology*, 3 (2), pp. 107–120. doi: 10.1108/17579881211248781.

Speier, A. M. (2011). Health tourism in a Czech health spa. *Anthropology & Medicine*, 18 (1), pp. 55–66. doi: 10.1080/13648470.2010.525879.

The Global Wellness Tourism Economy' 2013 (2014). Global Wellness Institute. The Global Spa Summit LLC. 102 p.

Tourism in Lithuania 2012 (2013). Statistics Lithuania: Statistical publication in Lithuanian and English, 126 p.

Wellness tourism and Medical Tourism: Where Do Spas Fit?(2011). Research Report Global Spa Summit. The Global Spa Summit LLC. 123 p.

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