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Presentation

Journal of Tourism Challenges and Trends (JTCT) aims at providing both professionals and academics with an overview of theories and practices in the tourism industry, while focusing on challenges and trends currently manifest throughout the world. Equal interest and attention will be given to both established tourism destinations and to areas only now making a name for themselves on the market.

JTCT is a bi-annual publication of the Romanian-American Association of Project Managers for Education and Research. The Journal accepts for peer revision both papers presented at international events which have not been yet submitted for publishing, and original article proposals submitted directly to the editorial board.

Subject coverage

Topics suitable for JTCT cover a wide range of issues, among which but not exhaustively, the following:

- In the field of tourism studies: ecotourism; rural tourism and agro-tourism, cultural tourism, event and sports tourism, mountain tourism, etc.
- In related or cross-disciplinary areas: sustainable development and globalization; human resource management and training; PR, advertising and branding in tourism; innovation and technological advances in the hospitality industry, etc.
- Case studies and best practices, specific national policies and legislation, analysis of regional and resort development.

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FOREWORD

Tourism Destination Management

Tourism destination management is a truly multi-faceted pursuit. This special issue of six papers draws together a number of tourism's contemporary critical issues and pertinent challenges, based upon experience from several different tourism destination cultural and economic environments.

In relation to the structure and functioning of tourism destinations, crucial issues that are highlighted in this special number include: product development, place branding, strategic alliances, linkage of peripheral attractions, cross-border cooperation, accessibility, and infrastructure development. Sectoral foci embrace health tourism, sport, business and conventions, and culture. Destination challenges include management for disabled visitors, collaborative responses to seasonal employment problems, and infrastructure investment priority in a rapidly changing society. Physical environments encompass lowland and alpine Europe and northern India, cities, borders and winter resorts.

In their paper Product Development for Health Tourism in Alpine Regions, Christof Schalber, Anita Zebrer and Wolfgang Schobersberger examine challenges for alpine destinations in the development of health and wellness tourism products. They do this through literature review and empirical study including an online questionnaire sent to directors of alpine tourism destinations. The stated prime destination goal is to support visitors in their health consciousness and define individual measures for health support. The paper highlights several implications for destination-based product development.

Prerequisites for health tourism products in such regions range from basic and accessible natural resources to specialized tourism services and specific medical treatments. Accommodation providers, human capital and highly qualified employees are seen as most crucial in supporting the provision of specialized products and services. Such requirements can raise costs considerably above less specialized forms of alpine tourism.

Close cooperation among single service providers along the destination value chain is necessary to generate a competitive advantage. At a destination level, added value can be generated by involving additional qualified local service providers such as mountain and hiking guides, Nordic walking guides and skiing instructors, by processing local agricultural products and by obtaining sports equipment from local sports shops. Thus sectors such as winter sports and mountain holidays are seen to be well placed for being combined with health and wellness tourism services. The authors conclude that such integration offers substantial development potential for alpine destinations.

The second paper, Sport and Tourism as Elements of Place Branding. A Case Study on Poland sees Adrian Lubowiecki-Vikuk and Agata Basinska-Zych focusing on the relationship between sport/tourism and place branding. They suggest that the role of sport and tourism in place branding demands greater attention in Polish public administration, and point to the potential importance of such branding for competitive advantage at local, regional and national levels.

The authors contend that Poland needs a systematic and consistent process for building awareness of a national brand, although they recognize that branding cities and regions is less problematic, with potentially lower levels of conflicting aspirations, than trying to brand a whole country. Further, improving the quality of life of local communities is seen as an important objective in the process of harnessing sport and tourism for place identity.

The Polish case illustrates how difficult place branding processes can be as an element of tourism destination management. In the case of Poland, this paper notes an absence of synergy in the actions of state bodies and the lack of a clear vision and direction of development. According to the authors, this can be partly ascribed to the fact that (at the time of writing) Poland has not yet organized and hosted any significantly large international sports events. Close attention is therefore being paid to the role of branding and (national) identity in relation to organizing and co-hosting the European Football Championship EURO 2012.

Jody Shipton and Maureen O’Crowley’s paper An Investigation on two Strategic Alliances in the Business and Convention Industry: BCGA and

FCCI, seeks to determine how the alliances' stated goals compare to those of their fifteen city destination members. Adapting Wang and Xiang's theoretical framework on collaborative destination marketing, such critical dimensions for destination management as local area benefits and customer attendance are seen to be variable between the alliances. This case study comparative evaluation could be usefully supplemented by analyses of other such alliances.

The fourth paper, Destination Development in Amritsar– a Regional View of Peripheral Attractions, by Manjula Choudhary and Abbasbek Aggarwal examines tourism development in the periphery of Amritsar city. Recent rapid growth in tourist numbers has tended to focus on the area around the city's core attraction, the Golden Temple. By contrast, little attention has been paid to the development of potential attractions spread around the periphery of the city. Employing Gunn's model of regional tourism planning and management, the authors set about assessing the city's peripheral attractions and identifying clusters. From this analysis, new circulation corridors with attraction complexes have been planned, with the regional hinterland of Amritsar being divided into seven new tourist circuits. Enhanced place identity, the diffusion of employment opportunities, tourism market expansion and the prolonging of visitor stays are all envisaged in this process. The applicability of this model to other heritage walled cities is also considered.

This paper, therefore, represents an interesting example of the practical application of 'academic' formulation by practitioners in a rapidly developing destination context. One can envisage future developments needing to respond to changes in the balance, and thus types of demand, between international, regional cross-border and domestic visitors. The challenges that such changes may bring will offer further opportunities for the authors' consideration.

In her detailed paper Hungary and Austria: Cooperation in Seasonal Employment, Margit Biermann addresses the interesting issue of cross-border complementarity in seasonal attractions and employment, and highlights the opportunities for international synergies and cooperation that this represents. The paper examines the perspectives of both employers and employees, and details cross-border partnerships that could act as

models for destination management elsewhere. Being able to satisfy variable employment demand, reduction of seasonal unemployment, improved skills acquisition and knowledge transfer are some of the benefits highlighted as resulting from such cooperation.

Finally, the paper by Lóránt Dávid and Nicoletta Kiss entitled Destination Development and Management for Disabled People, highlights the fact that despite eight years' membership of the European Union, the creation of equal opportunities for all people with disabilities in Hungary appears to be a long way off. The paper points to this being no less true for those wishing to participate in 'accessible' tourism.

A primary objective of this paper, therefore, is to draw attention to the tourism destination needs of disabled people and to the importance of developing accessible tourism for the improved health and wellbeing of both tourism destinations themselves and of their many potential visitors who are currently denied access because of disablement. Constraints on raising the participation rates of disabled people that are identified include physical infrastructure and accessibility, information availability, decision-makers' perceptions, and appropriate product development. The authors claim that disabled visitors tend to travel away from home for longer than average periods, and that this should be an important factor for destination managers to consider.

The paper goes on to examine the development of a Hungarian 'ability park' as a case study example of good practice. The authors conclude by emphasizing the interrelated destination management requirements of reducing social exclusion, enhancing accessibility and mobility, and exploiting fully the possibilities of information and communications technology.

These six papers, therefore, offer the reader a stimulating range of tourism destination management experiences and challenges. Further, in guest editing this special issue, it is gratifying to be able to promote the work of young and emerging scholars and practitioners, some of whom may not be readily familiar to a wider English language audience.

Finally, after reading these papers we can, perhaps, reflect on one or two thoughts concerning globally dynamic factors that are continually shaping

our perceptions of the world, our behaviour, and the ever-changing interrelationships between tourism markets, products and destinations.

First, while marketing theory and brand promotion emphasize competition between destinations/attractions, there is now increasing emphasis in reality on partnerships, collaboration and network development between destinations in a region and between attractions within a destination. This is well articulated in a number of the papers in this collection.

Second, however, are the complicating factors that some destination promoters may prefer to ignore: (a) tourist behaviour is becoming less rooted in 'places' and more responsive to 'activities', potentially reducing the role of individual destinations; (b) places, as destinations, are becoming more complex in needing to respond to different market segments and at different times; and (c) the wide range of stakeholders with interests in a particular destination may find it difficult to agree on a place brand/image or future strategy for that destination.

Do these factors suggest that the focus of our attention should be on discussing the promotion and branding of activities (products) per se, rather than destinations, or should tourism destinations, as tangible places embracing varying types of clusters of activities and attractions, remain the focus of imagery, identity and branding? In other words, does tourism destination management continue to remain the crucial element in the healthy development and promotion of tourism in an increasingly mobile and connected world?

*December 2011,
Prof. Derek Hall*

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PRODUCT DEVELOPMENT FOR HEALTH TOURISM IN ALPINE REGIONS

Christof SCHALBER *, **Anita ZEHRER ****, **Wolfgang SCHOBERSBERGER *****

Abstract: *The paper deals with approaches and challenges within the development of tourism product in health tourism, especially in medical wellness. Three areas of the literature serve as a foundation of this study: product development and competitiveness of destinations, health tourism and its development in the Alpine region, and health tourism destinations as a place for product and service development. The empirical study reports the results of an online questionnaire which was sent to 58 directors of Alpine tourism destinations. The results reveal which components a health tourism product consists of; furthermore, the findings show that prerequisites and requirements for health tourism products in the Alpine regions range from specialized tourism services over specific medical treatments to natural resources functioning as a fundament or basic requirement for health products. Finally, implications for product development in Alpine health tourism destinations are discussed.*

Keywords: *product development, health tourism, competitiveness, tourism destination.*

Introduction

The tourism industry is still one of the most significantly growing branches worldwide (Adjouri & Buettner, 2008). The WTTC assumes an annual economic growth of more than 4.3% by 2017, which is higher than the expected growth rate of the overall economy. The global overnight and arrival statistics also mirror these facts with approximately 880 million international tourist arrivals in 2009. Although a decline of 4.3% in international arrivals was recorded, for the upcoming years compared to 2008, the UNWTO expects an increase of international arrivals (UNWTO, 2010).

Locations as tourism destinations are the most important basis for all forms of tourism (Freyer, 2006). The customer chooses a location or destination according to his/her needs and wishes (Bieger, 2008), i.e. “a destination is a location with a pattern of attractions, related tourism facilities and services, which the tourist

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or a group chooses for a visitation and which the service provider markets” (Schucan, 1998). Within a destination, the customer consumes a bundle of products and services delivered by a variety of service providers, which fulfill his needs. The consumption of the service and its production coincide (*uno actu* principle) and is depending on the location or destination. And although the services are provided independently by different service providers within a destination, the customer perceives the destination product as a whole and rates his/her satisfaction according to his expectations (Bieger, 2008). The expectation level then becomes a standard against which the product’s performance is ultimately judged. That is, once the product or service has been consumed, each consumer will compare outcomes against expectations to make a judgment regarding his satisfaction (Woodruff & Gardial, 1996; Inskip, 1991).

In all kinds of economic fields, it is the product, which is the differentiation criterion for identifying competitive advantages (Kotler *et al.*, 2011). And within the positioning and strategic direction of a destination, it is the tourism product which plays a crucial role. According to Bieger (2005) positioning in tourism means to differentiate a region or a service provider for a target market by means of specific product characteristics, which differentiate the destination from its competitors. In tourism and in the Alpine area especially, a variety of homogeneous products and services (e.g. hiking, winter sports, etc.) can be identified; and it is these products and services which contribute to an increasingly intense competition. Besides the products and services, it is the decreasing demand and over-capacities due to higher costs and financial bottlenecks, which also influence the competition among destinations (Ullmann, 2000). Therefore, new and innovative tourism products and services are needed to differentiate from competitors. Positive developments in the field of health tourism, in particular, show high potential for differentiation.

According to experts, longer life expectancy and modified leisure behavior mainly contributed to the increase of health consciousness in the population (Haederlien *et al.*, 2007). Furthermore diseases such as diabetes or back complaints are responsible for the rising demand for health tourism products (Rulle, 2008). Also, a rise in the populations’ willingness to pay for health treatments was recorded, since the statutory health insurance does not cover these expenses (Rulle, 2008).

The growing potential of health tourism products can be underpinned by the demographic development and the increasing expenditure on health. In Austria, the age group of 60 years and above represents over 23% of the population nowadays. This proportion will increase up to 26% in 2020 and up to 30% in 2030. As a consequence, augmentations in health expenditures will become notable. From 1990 to 2009, expenditures in the public health insurance sector

increased by 65.3% and by 55.6% in the private health insurance industry (Statistik Austria, 2011). Especially in the wellness tourism sector, which represents a central part of the whole wellness industry, a rapid expansion could be observed (Voigt *et al.*, 2011). Nefiodov (1999) considers health and health-related products and services as one of the mega trends in the twenty-first century.

Therefore tourism providers, especially in Alpine regions have a unique possibility to develop novel health related tourism products or adapt existing offers to reach a unique position in the competitive tourism market (Bieger, 2008). Over the past years health tourism with all its subgroups (in terms of medical and spa tourism) has developed into an independent tourism segment, which is expected to grow even more in importance and impact. A large number of experts expect a disproportionately strong growth compared to the whole tourism sector (Rulle, 2004).

The aim of the present paper therefore is (1) to define characteristics of health tourism products, especially medical wellness, and (2) to see if these particular products are appropriate to clearly position health tourism in Alpine destinations. The focus of this paper is on relaxation and regeneration holidays, i.e. the holistic regeneration of body and soul. However, health is not the central motive – it is rather physical activity and health promotion as well as prevention. Medical services, such as check-ups, are seen as an additional offer, which upgrade the tourism product (Hall, 1992). Although the range of medical services varies according to location, they can be seen as health-conscious programs and behaviors in the field of nutrition and physical activities to balance physical and mental well-being while in a leisure setting. It is crucial though that these medical services can easily be contributed at home. Specifically, this form of health tourism could be defined as classical wellness holidays with a medical component (health prevention for healthy people).

Specifically, the following research question will be answered: *what are the product-specific characteristics and prerequisites for positioning Alpine destinations as a health destination?* The paper reports a literature review that reveals characteristics of health tourism products, which are then tested in a quantitative survey among tourism directors of Alpine tourism destinations.

Literature review

Following this introduction, there are three areas of the literature that serve as a foundation of this study: (1) product development and the competitiveness of destinations, (2) health tourism, medical wellness tourism, and its development in the Alpine region, and (3) health tourism destinations as a place for product and service development – which will be briefly discussed in this section.

Product development

Although the concept of the tourism product is understood in different ways, many definitions (Freyer, 2006; Bieger, 2008) share the fact that the tourism product consists of an original offer (i.e. nature, landscape, socio—cultural aspects, etc.) and a derived offer (i.e. tourism and leisure infrastructure). The product development is influenced by factors such as the society (norms, values, social structures, etc.), the environment (climate, landscape, etc.), the economy (resource allocation, prices, infrastructure, etc.), the state (laws, politics, etc.), the customer (motives, taste, etc.) as well as single service providers (willingness to serve, human capital, etc.). To sum it up, factors from the micro and macro environment are influencing the tourism product development and are shaping it in the end. The tourism product is subject to change and further development as any other product, in order to fulfill the customers' changing needs and to remain competitive (Cooper, 2002). Innovation is a way of keeping pace with a changing environment and competitors (Müller, 1993; Fuchs & Pikkemaat, 2003; Pikkemaat & Weiermair, 2004). Wöhler (2006) points out that innovation therefore is a necessity to increase competitiveness in destinations, given the changing economic conditions (e.g. globalization, internationalization) and shorter product life cycles. This becomes true for both companies and destinations.

Although innovation used to be a rather under-researched field in the tourism industry for a long time (Pikkemaat & Peters, 2005), it has become the center of attention in the last few years. Since the beginning of the new millennium in particular, researchers have increasingly begun to discuss innovation in tourism (Hollenstein, 2001; Jacob *et al.*, 2003; Flagestad *et al.*, 2005; Volo, 2005; Keller, 2006; Hall & Williams, 2008). Nowadays, little doubt remains about the importance of innovation for the tourism industry (Pechlaner *et al.*, 2005; Walder, 2006; Keller, 2006) with single tourism businesses as well as destinations competing for new product to gain strategic advantages. Ritchie and Crouch (2003) state that tourism destinations have increasingly started to intensify their orientation on the market, so has the competition for market shares.

Health tourism: definition, typology and examples

In the scientific literature a wide range of different approaches and perspectives towards health tourism as an independent form of tourism can be found. Definitions and demarcation criteria vary according to occupational groups. Richter (1993) describes health tourism as a combination of holiday pleasure, and individual, specialized and scientifically substantiated tourism health programs. In the German speaking area especially, health tourism is associated with healing spa springs. Therefore, Nahrstedt (1997) reduces health tourism to a visit of healing spa springs by national and international guests, who are using these health offers voluntarily and spend their private money on it. In contrast to the focus on healing spas, Kaspar (1996) in his definition includes

all health services, which aim to preserve, to stabilize or to recover physical and mental health. In addition to Kaspar, Illing (2000) emphasizes on the importance of these services. A broad definition of health tourism goes back to Hall (2003):

[...] a commercial phenomena of industrial society which involves a person travelling overnight away from the normal home environment for the express benefit of maintaining or improving health, and the supply and promotion of facilities and destinations which seek to provide such benefits.

Looking at the various services in the health tourism sector two forms can be identified according to Smith and Puzkó (2009), who divide health tourism in wellness and medical tourism.

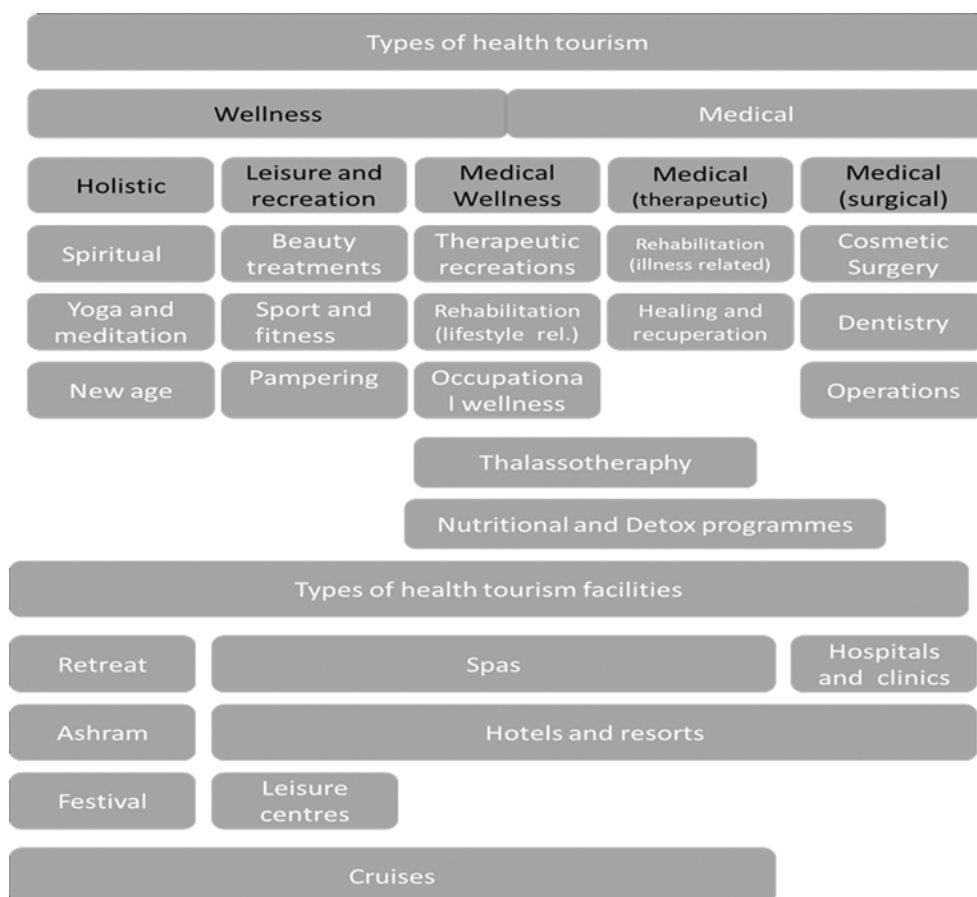


Fig. 1 Spectrum of Health Tourism
Source: Smith & Puzkó, 2009

In contrast to wellness tourism, Illing (2009) points out that medical tourism is characterized by therapeutic measures. People with diseases and ailments represent the target group of medical tourism. Besides health promotion, it can be differentiated into three forms of prevention - primary, secondary and tertiary prevention. Primary prevention deals with healthy people who are associated with higher risk factors. Medical services are essential for the secondary and tertiary prevention, dealing with early and chronic illness (Lanz Kaufmann, 1999). On the contrary, wellness tourism focuses on the harmony between body, spirit and soul through elements like self-responsibility, fitness and body care, healthy nutrition, relaxation, spiritual activity, social relationship and environmental awareness (Lanz Kaufmann, 2002). For Balaban and Marano (2010) medical tourism can be described as *“foreign travel for the purpose of seeking medical treatment”*. Recently, the term of “Medical Wellness” is frequently used and anchored in peoples mind. Medical wellness is absolute autarky and combines wellness and medical treatments or medical care. Illing (2009) defines medical wellness as:

[...] a bundle of high complex health products, well-being and bodystyling under the supervision of medical science.

Healing of diseases, staying healthy and improving quality of life are essential key aspects within medical wellness (Illing, 2009). The paper at hand defines medical wellness as a cross-over additional product that offers medical check-ups and health screening as preventive medical services. Authors would like to mention that additional definitions about health tourism can be found in the scientific literature of tourism and health, however, will not be covered in the present article.

In other words, medical wellness and the whole health tourism market require different services packaged in bookable offers and provided by particularly qualified employees. In Alpine tourism destinations, tourism providers have recently created a wide range of special offers in the sector of health tourism. These treatments range from physical healing (e.g. surgery trips, rehabilitation retreats, etc.) over beauty and relaxation to therapies in the field of life work balance and psychology (Smith & Puczkó, 2009).

On the accommodation level, most offers and facilities are already implemented in this sector, especially in the field of wellness (e.g. special treatments, saunas, etc.). Germany and Austria count for over 2,200 hotels with wellness facilities (Werner, 2010). Besides these offers in the accommodation sector, some other facilities and companies on the single corporate level are part of the health

tourism industry (e.g. day spas, thermae, healing springs, fitness studios, private hospitals, etc.) (Illing, 2009). Furthermore, a small range of associations in the field of marketing, especially in the wellness hotel sector can be observed over the last years (e.g. Best Health Austria, Best Wellness Hotels Austria, Premium Spa Resorts, etc.). Alpine destinations especially on the level of single service providers, offer a wide range of services in the field of wellness. However, medical services - as defined above - are rarely offered in single tourism companies. Those who offer medical services provide a range of services, including medical checks, medical sports examinations and surgeries (e.g. aesthetic surgeries). Also, on a destination level, only a few approaches in health tourism can be identified (e.g. special hiking trails, baths, etc.), especially in the field of Alpine health tourism in Austria, Germany and Switzerland.

Upon closer inspection of the development and success of the above-mentioned destinations in the health tourism sector, it can be said that only some destinations will be known as real health tourism destinations, with exception of the traditional spas in Bavaria. In fact, our analysis shows that quite a large proportion of these destinations is able to offer some health tourism related facilities (e.g. hiking baths, trainers, specialized hotels, etc.) but mostly these destinations are known for other activities and competences (e.g. Bad Kleinkirchheim, Adelsboden, Gstaad are more famous for winter sports and skiing than for health tourism). Furthermore, it could be noticed that the majority of products and offers in the health tourism sector are limited to different special providers (e.g. hotels, etc.) and are available for their guests only.

Health tourism destination - place of service development

A tourist destination can be seen as a geographic area (village, region, hamlet), where the customer finds everything for his holiday (e.g. lodging, food, entertainment, etc.) (Bieger, 2008). Transferred on a health tourism destination, a health tourism destination can then be seen as a hotel or a region, where the customer finds everything for his holiday (e.g. lodging, food, entertainment, etc.) with special consideration of his health situation (Illing, 2009).

In order to meet the requirements of health tourism customers, a destination needs to have a wide range of offers in the various tourism related areas, i.e. a primary tourism product and associated secondary services have to fulfill the needs of the customer.

That leads us to another important aspect - the condition of the tourism product in general. A product in general can be seen as a bundle of services which intends to satisfy the needs of a customer (Walder, 2007). It is the declared aim

of every product to donate benefits. As already stated, the tourism product itself consists of several different services, which are needed to fulfill customers' expectations. Furthermore, the tourism product is characterized by immateriality, abstractness, transience, stationary consumption and the interaction between producer and consumer (Freyer, 2009). In general, a tourism product contains material goods as well as (personal) services (Illing, 2009). Rudolph (2002) adds that a tourism product contains components in the field of booking, lodging, food, transport, infrastructure and nature. Freyer (2006) divided the tourism product in two parts: the initial (e.g. natural resources, socio cultural aspects, etc.) and the deducted (e.g. tourism related infrastructure, attractions, etc.) offer.

Regarding the deducted offer, it is the service providers themselves, who deliver medical wellness, i.e. in a decentralized way. However, the packaging of offers can be delivered centrally by a superior authority, i.e. the tourist organization. In the end, it is each single service provider and component which is responsible for delivering the tourism product. In terms of demand, wellness and holistic tourists are likely to be "active health seekers" (House of Lords Report, 2000), who are highly motivated and determined to play a role in their own health. Especially the Baby Boomer market (now the mid 40s to mid 60 years old) is a key target for wellness. These consumers are often at their peak earning potential, have high education levels, enjoy greater freedom from debt, have more time to travel and greater desire for self-fulfilling activities (Cleaver & Muller, 2002). In addition to the aforementioned specifications three central components towards the tourism product can be identified (Kaspar, 1996; Rudolph, 2002; Freyer, 2006):

- tourism related infrastructure and services;
- non-tourism related infrastructure and services;
- nature and landscape.

Tourism-related infrastructures and services: relate to tourism infrastructure as well as all kinds of services that are important for delivering the tourism product. In this research, this component consists of accommodation, tourism organizations, gastronomy, specific winter and summer infrastructure such as cable car companies, swimming pools, golf courts, as well as shopping facilities. In Alpine tourism, ski schools and mountain guides are also subsumed under this component.

Non-tourism related infrastructure and services: subsume medical services and infrastructures, private services from other branches as well as basic infrastructure provided by the public authority. Regarding medical services, these are services with a concrete additional value for the tourism product and relate to services

delivered by medical personnel (doctors, masseurs, nutritionists, nurses, physio and psycho therapists, etc). Medical emergency treatments need to be guaranteed in any case, but are not subject to this paper. Besides medical services and infrastructure on a local (e.g. infrastructure of daily demand such as food stores, tobacconists, etc.) and regional level (e.g. roads, public transport, etc.), medical basic services (e.g. hospitals, medical centers, etc.), also public therapeutic and leisure infrastructure (e.g. thermal baths, swimming pools, etc.) are the subject of this research. Besides medical services and public infrastructure, private services such as insurances, consulting companies, R&D facilities, educational services, agriculture, retail, construction industry and manufacturing industry are also subject of this research.

Nature and landscape are the basis for Alpine tourism. Nature plays a significant role in health and wellness in many countries. Mountains are another feature which has always attracted health visitors, especially the Alps in Europe (Smith & Puczkó, 2009).

For the sake of completeness the authors would like to mention that besides these identified components other factors like social cultural aspects, politics, quality of life of the locals, etc. can equally be relevant for the development of the tourism product, but are not the subject of this research.

Methodology

The study made use of an online questionnaire (programmed with Unipark), which was sent to all regional tourism directors in the Alpine regions of the Tirol, South Tirol, Bavaria and Grisons. The reason for choosing these regions was the almost similar structure of the regional tourism organizations, the similar tasks and activities, their proportion of the Alps as well as their German speaking origin. The reason for making use of survey research was that the researchers could select a sample of respondents from a well-known population and administer a standardized questionnaire. Among other reasons, an electronic web-based survey was chosen due to cost-savings, ease of analysis, faster transmission time, and higher response rate.

The pilot study demonstrates a crucial step in the research process; conducting a pilot study does not guarantee success in the main study, but it does increase the likelihood (Van Teijlingen *et al.*, 2001). The pilot study of the present work was sent to five former tourism directors in the Tirol. All of them filled in the questionnaire. Nearly all of the questions produced results which reflected the assumptions taken in the literature. However, the measurement scales were revised and additional questions were added to the final questionnaire. Altogether, the majority of the elaborated questions and the revealed outcomes of the pilot test produced a satisfactory result for the main survey.

The link to the final online questionnaire was sent out in July 2011 to all 58 tourism directors of the regional tourism organizations. After four weeks a reminder was sent out. The study produced a response of 36 questionnaires, i.e. a response rate of 62%.

The aim of the study was to identify critical components for the development of alpine wellness products with medical services and to define the key challenges for this development. Within the survey all relevant factors and components for listed and rated by participants.

Findings

The following paragraphs and the summarizing table at the end show the most important findings. For data analysis SPSS statistics were used.

Respondents

The response rate was 62% (n=36). Amongst the 36 respondents, 63% (n=34) were from the Tirol/Austria (response rate of 21%), 6% (n=6) from Grisons/Switzerland (response rate of 6%), 21% (n=11) from South Tirol/Italy (response rate of 19%) and 9% (n=7) from Bavaria/Germany (response rate of 8%). 11% of respondents did not indicate their destination. 33% of the destinations surveyed record more than 2 mio. overnight stays per year.

Importance of tourism related infrastructure and services

In the questionnaire, a 5 point Likert scale¹ was applied. On behalf of the regression analysis the lodging (B=0.824) like hotels, guesthouses, etc. can be identified as one of the most important providers towards the tourism related infrastructure in health tourism. Beside the lodging even tourism organizations (B=0.297) are considered as relevant. Other providers like gastronomy, shops (e.g. sportshops, skirentals, etc.), tour operators, cable cars, golf courses show no relevance.

Taking the mean values (MV) into consideration, according to tourism providers lodging with a mean value of 4.59 is stated as very important. Other variables such as tourism infrastructure and attractions (MV=3.65), tourism organizations (MV=3.62), tour operators (MV=3.62) and shopping (MV=3.00) are considered as less important.

Importance of non-related tourism infrastructure and services

Three major fields or providers within the not tourism related infrastructure and services can be identified: medical providers, public infrastructure and companies outside the sector.

¹ 5-point Likert scale: 1=important to 5=unimportant

For these services and providers in the medical sector a regression analysis shows that doctors for general medicine ($B=0.449$) on the one hand and specialists ($B=0.393$) on the other hand are necessary for a health tourism product. All other variables derived from the literature such as medical specialist staff (e.g. nurse, therapist, etc.), private medical institutions (e.g. private hospitals and spas), medical wellness facilities as well as other medical services (e.g. transportation, pharmacy) are statistically not significant.

A closer look at the mean values of medical service shows that medical wellness treatments are seen as highly important ($MV=4.51$). Health care, especially general medicine ($MV=4.24$) and specialists ($MV=4.27$), are also highly rated. Private hospitals ($MV=4.14$), other medical services ($MV=4.08$) and medical staff ($MV=4.05$) are seen as important as well. Other medical infrastructure (e.g. therapy infrastructure, laboratories, etc.) are moderately rated with a mean of 3.22.

Regarding public infrastructure only the local infrastructure ($B=0.496$) can be identified as relevant by the regression analysis. The local infrastructure comprises basic facilities like water, sewer, townscape, etc.. Other facilities (public hospitals, spas, public thermal baths and general infrastructure) besides the local infrastructure are statistically not significant.

Looking at the mean values of the public infrastructure, especially public spas ($MV=4.36$) and hospitals ($MV=4.33$) seem to be important. The local infrastructure ($MV=3.69$) and general infrastructure (3.69) is rated by the participants as less important.

Towards companies outside the tourism sector (not directly affected by tourism) the regression analysis shows that particularly the field of consulting and insurance ($B=0.245$) is relevant for the tourism product. However companies in the transportation, agriculture, finance, education, research, trade, building sector and manufacturing industry seem not to be very important.

The mean values of companies outside the tourism sector range from $MV=3.78$ for the transportation to $MV=2.17$ for financial services. Within these services, education and research ($MV=3.61$), agriculture ($MV=3.50$), cultural institutions ($MV=3.31$), insurance and consulting ($MV=2.83$), as well as trade ($MV=2.72$), building ($MV=2.36$) and manufactory industry ($MV=2.50$) can be found.

Importance of nature and landscape

With regard to nature and landscape the participants identified an intact environment ($B=0.702$) as highly relevant. Other factors like the climate and

natural attractions (e.g. mountains, hot springs, glaciers, etc.) were not marked as very important towards the tourism health product.

In addition to the regression analysis and the evaluation of the mean values a factor analysis towards different components (tourism and medical providers, public infrastructure, companies of other sectors and nature and landscape) was made. As extraction method the Principal Component Analysis and Rotation Method Varimax Rotation with Kaiser Normalization was applied. The analysis shows that all components are needed to develop a product in health tourism. Table 1 illustrates the main results of the study.

Discussion and interpretation

The results of the factor analysis show that all three identified components play a vital role towards Alpine health tourism products, especially for offers with a medical focus. In particular therapies and medical services (doctors) are essential for classic spa- and rehabilitation holidays as well as medical wellness offers (Illing, 2009). But it should be noted that different health complaints need special services. In the health tourism sector, different complaints have always been the principle motive for traveling (Goeldner, 1989). Every one of the three identified components consists of many parts which offer a wide range of different services. In the field of *tourism-related infrastructure*, the lodging industry is identified as the central component. The lodging industry in Alpine destinations ranges from 5 star hotels to bed and breakfasts. Customers, who have to pay their health stay out of their own pocket, make a value judgment of the hotel, its facilities, food, etc. (Berg, 2008; Illing, 2009). It is hotels in the upper quality category which may provide additional wellness offers, as they have the financial capability to provide a touch of luxury. On the other hand side, customers (baby boomers) prefer these categories due to their overall high quality awareness and are also in a phase of their life where they can afford it (Smith & Puczko, 2009). A wide range of different sports facilities and offers (e.g. golf, swimming, etc.) are also important for health tourism guests, as it becomes part of the tourist experience and is regarded as a pleasurable way of combining tourism and well-being (Connell, 2006). Gibson (2002) stresses the importance of a strong association between sports and the intention to go on health tourism holidays; this is an ideal prerequisite for Alpine regions with its nature and mountains, which have always attracted health visitors, especially in the Alps in Europe. Public infrastructure, such as thermal baths and leisure facilities can be useful on the destination level to develop a health tourism product. Equally, in the case of public thermae, an individual treatment for health tourism customers can't be offered in the majority of cases.

Table 1 Overview study results

components	n	sig. (<0,05)	regression coefficient B	mean value (1 = very important to 5 = unimportant)	standard deviation	factor analysis - faktor 1 (maximum likelihood)
tourism related infrastructure and services						
tourism providers					4.24 0.96	0.27
lodging ¹ (e.g. hotels, guest houses, bed & breakfast, apartments, etc.)	36	0.00	0.824	4.59	0.69	
tourism organization ¹ (e.g. regional or local tourist board)	36	0.02	0.297	3.62	0.92	
gastronomy (e.g. restaurants, bars, coffee bars, etc.)	36			3.97	0.73	
shopping / trade (e.g. fashion shops, tour operator)	36			3.00	0.91	
other tourism services (e.g. skischool, mountain guides, etc.)	36			3.05	1.08	
tourism infrastructure and attractions (e.g. golf courts, cable cars, ski slopes, etc.)	36			3.11	0.84	
				3.65	0.79	
not tourism related infrastructure and services						
medical providers					4.16 0.928	0.171
doctors (general medicine) ²	36	0.013	0.449	4.24	0.863	
specialist (medicine) ² (e.g. internist, cardiologist, etc.)	36	0.32	0.393	4.27	0.838	
medical wellness offers (e.g. medical checks, TCM, etc.)	36			4.51	0.607	
private hospitals and spas	36			4.14	0.918	
other medical services (e.g. transportation, etc.)				4.08	0.954	
medical staff (e.g. physiotherapist, nutritionist, etc.)	36			4.05	0.78	
other medical infrastructure (e.g. radiology, therapy-rooms, swimming pools, etc.)	36			3.22	1.566	
public infrastructure					3.59 0.762	0.93
local infrastructure ³ (e.g. supermarket, drugstore, etc.)	36	0.002	0.496	3.69	0.786	
public thermae	36			4.36	0.789	
public hospitals	36			4.33	0.756	
general infrastructure (e.g. airport, railwaystation, highways, etc.)	36			3.69	0.786	
companies of other sectors					2.86 0.673	0.043
insurance and consultancy ⁴ (e.g. private health insurance, consultancy in health tourism, etc.)	36	0.035	0.247	2.83	0.971	
transportation (e.g. busses, railway, taxi, etc.)	36			3.78	0.898	
education and research (e.g. training programmes in tourism and medical services/ nutrition, research in health tourism, etc.)	36			3.61	0.934	
agriculture (e.g. organic products from local farmers, maintenance of the landscape, etc.)	36			3.50	0.941	
trade (e.g. wholesalers, etc.)	36			2.72	0.779	
cultural infrastructure (e.g. theatre, concerts, etc.)	36			3.31	0.889	
manufacturing industry	36			2.50	0.971	
financial services (e.g. banks, etc.)	36			2.17	0.775	
building/ construction industry (e.g. construction companies, electricians, carpenters, etc.)	36			2.32	0.990	
nature and landscape						
nature and landscape					4.11 0.809	0.563
intact environment ⁵ (e.g. water, air, pollution, natural resources, etc.)	36	0.000	0.702	4.81	0.668	
climate / location (e.g. altitude, weather, etc.)	36			4.69	0.856	
nature attractions (e.g. mountains, waterfalls, landscape, etc.)	36			4.64	0.867	

1= dependent variable: all tourism providers and services; 2= dependent variable: all medical providers and services ; 3= dependent variable: whole public infrastructure and services, 4= dependent variable: whole companies of other sectors and services, 5= dependent variable: all aspects of nature and landscape

The empirical study shows that insurance companies, which are only indirectly involved in the tourism sector, also play an important role in the production of health tourism; private insurance companies remunerate check-ups and medical treatments, which can easily be consumed during holidays. Additionally, customers from private insurances have higher expectations concerning accommodation and food compared to customers from public insurances. Hume and DeMicco (2007) mentioned factors like costs, access, expertise, as well as quality and service as decision criteria for the choice of medical care or treatment. Recreation and experiencing nature is one of the oldest reasons for traveling (Hachtmann 2007). Especially movements and sports (e.g. hiking, etc.) in the air are recommended by doctors to prevent a lot of discomforts. Therefore, it is not surprising that an intact environment as well as the climate is mentioned by the participants as highly important.

It should be mentioned that besides the identified components of health tourism products other factors like different demographic characteristics, travel motives and travel behavior play an important role (Hallab, 2006; Voigt *et al.*, 2011). Laesser (2011) also emphasizes that physical activities (e.g. hiking, biking, golfing) as well as psychological terms are important for health tourism providers and destinations.

Limitations

Before summarizing the results, it is important to reiterate the study's limitations. The major limitation of the study is that only tourism directors (supplier side) in four Alpine regions were part the research. A consideration of the demand side, especially health tourism customers, would provide further knowledge and should be considered in future research. The present study is not meant to be complete - the results reflect the situation in the four interviewed regions (Tirol, South Tirol, Bavaria and Grisons) but do not represent the whole European Alpine area. However, some implications for the development of health tourism products can be deduced.

Conclusions

As already stated in the very beginning, tourism destinations are in a highly competitive market. Gaining market shares and fulfilling customers' needs is a big challenge for tourism destinations. Moreover, guests are becoming more mobile and critical, but less loyal. Guests are also more prices sensitive, compare offers, tend to spend more but shorter vacations, and decide later leading to a decreased time span between booking and consumption. These changes in the consumer behavior structure claim for new and innovative tourism products. The search for niche offers however often ends in the ME TOO strategy which

is of limited success. Innovative products on the other hand can provide a relevant thematical focus for destinations that makes them more competitive. Health tourism, especially the wellness sector shows potential for developing innovative products, although one must admit that standardized wellness products might very likely not produce the desired result. Solely innovative and customer-tailored products which are in line with the requirements of the respective Alpine destination will gain success.

This study produced findings that we believe are noteworthy. First, it was confirmed that a wide range of different providers with special services are needed (bundle of services) to create the tourism product. In particular, five groups of providers could be identified by the literature: tourism providers, medical providers, public infrastructure, companies of other sectors and nature and landscape.

Second, each group of the providers could be specified by the empirical study, although the discussion has shown that the ratings of some providers towards a health tourism product are not always obvious.

Third, accommodation providers, human capital and highly qualified employees as well as specialized products and services in the medical wellness area are the most crucial services that need to be provided for the Alpine health tourism product. Quality in hardware and software are prerequisites or basic factors for the health tourists, as the tourist primarily finances his holidays on his own expenses. In Alpine regions, especially in touristic areas, a number of companies already provide wellness offers which can easily be enlarged in terms of medical services and support. Generally, the upper hotel industry already provides wellness facilities which attract special target groups; these target groups are very likely attracted by medical wellness products, too. The running costs of medical services can be especially high - because medically trained staff is needed (Smith & Puczkó, 2009). However, the delivery of medical services could be supplied by people of the surroundings (e.g. public hospitals, local doctors and therapists); it would not be necessary to appoint full-time employees. Especially in the field of nutrition and diet therapies, the demand is increasing. From a cost perspective, it is currently discussed how much money private insurance companies could reimburse for such services. With regard to the continuing increase in health-oriented life style this needs to be taken into consideration, especially for health-related follow-up costs. Right now, some private insurance companies already take over these costs via the active health supports and checks. Besides incentive systems for insurance companies in the field of active health checks, it can be observed that there is an increasing shift

towards self-responsibility and a balanced approach to life by Alpine tourists. In order to provide this holistic relaxation for tourists, medical services in the form of health screenings, active exercises, nutrition advice contribute to an added value for tourists. However, the customer should not have the impression of physical deficits or illness, but rather receive a solid way to dispose of deficits. And, even more important after the holidays, these measures of health promotion need to be realized at home, too. Altogether, making holidays unattractive or restricted needs to be avoided all time. Therefore, the prime goal is to support the customer in his health consciousness and define individual measures for health support.

Fourth, close cooperation among single service providers along the destination value chain will be a competitive advantage for providing the tourism product. Specifically this relates to common tasks, goals, objectives, visions and synergies resulting from the bundling of resources. The development of products in the field of medical wellness is limited due to high investment and running costs for individual service providers. On a destination level, added value can be generated by involving additional qualified local service providers such as mountain and hiking guides, Nordic walking guides and skiing instructors, by processing local agricultural products and by obtaining sports equipment from local sports shops. Furthermore, existing holiday themes and types such as winter sports and mountain holidays in Alpine destinations are very much suitable for being combined with services in the field of medical wellness and therefore can be seen as an interesting field for future development. However, providing a destination which solely focuses in the field of medical wellness will neither be possible nor purposeful.

Altogether, it can be summed up that the present study provides important insights and cues for the development of the medical wellness product for Alpine destinations. Alpine destinations especially provide the following prerequisites:

- due to their long standing experience, developed Alpine tourism destinations have available a high degree of professionalism in delivering the tourism product;
- Alpine tourism destinations already dispose of a large number of wellness hotels and spa offers;
- Alpine tourism destinations are very well accessible for its core markets (Germany, Benelux, Switzerland, Austria and Italy);
- Alpine tourism destinations dispose of well-appointed public and tourism infrastructure;
- Alpine tourism destinations are settled in a unique landscape and scenery which is appropriate for health services due to the climate, altitude and pure unpolluted mountain air;

- Alpine tourism destinations dispose of a wide range of offers related to sports and outdoor activities in all seasons (winter sports, hiking, climbing, swimming, etc.);
- Alpine tourism destinations are known in their core markets above-average; and
- Alpine tourism destinations dispose of a well-developed tourism product – a clear winter and summer product – which can be easily combined with medical wellness services.

Further research examining an alternative array of potential product characteristics would considerably advance the understanding of product development in health tourism, especially in medical wellness.

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