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## PREFACE

We present the Proceedings of the Sixth International Congress HOTELPLAN 2016. to the professional and academic community in our country and abroad. The Congress will be held on 4<sup>th</sup> November 2016. in Belgrade. It is organized by the College of Hotel Management together with its foreign partners and co-organizers from Poland (Old Polish University in Kielce) and Slovakia (University of Prešov, Faculty of Management), with whom we started the cooperation in 2003 in Belgrade when the first congress was organized on 13<sup>th</sup> and 14<sup>th</sup> November. Since then, every two years, we organize the International Congress about the hospitality and tourism theory and practice named "Hotelplan" in Belgrade.

This year, 59 papers were positively reviewed and accepted for publication, 30 of which are in English and 29 in Serbian. Of the total number of papers published in the Proceedings there are 15 papers on the topic of tourism (quality, information technology, politics, branding, culture, economy), 22 papers are about the hotel industry (marketing, management, organization, franchise, quality, finance, education, staff training, evaluation, information technology, innovation), 10 papers deal with gastronomy and nutrition (planning the menu, comparative gastronomy analysis, healthy nutrition, culinary tourism), 6 papers are related to the restaurant industry (current trends, interpersonal conflicts, innovation) and 6 papers are about language and communication (intercultural communication, negotiation skills, language competences, terminology).

Congress participants come from 12 countries (Thailand, Macedonia, South Korea, Greece, Albania, Bulgaria, Russia, Slovenia, Croatia, Montenegro, Slovakia and Serbia). Therefore, it can be concluded that this is the pre-eminent international conference that goes beyond regional frameworks. Moreover, the invited plenary session keynote speakers are prominent authors from Great Britain, France, Croatia, Russia and Germany, as well as from our country.

This Congress also coincides with the completion of works on reconstruction, extension and upgrading of the College building, which overall surface is doubled resulting in new offices, lecture theatre, classrooms, a kitchen, a library and reading room, computer classroom, student services, etc. Furthermore, newly installed equipment significantly improved the conditions for the students' practical training and theoretical lectures in the College building. This practically means that the entire process of education can take place in the College building, which represents a significant qualitative and quantitative leap compared to the previous situation, as well as the key date in the history of the development of the College.

Belgrade, October 27<sup>th</sup> 2016.

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The College of Hotel Management, Belgrade, Serbia

***HOTELPLAN 2016***  
*THE SIXTH INTERNATIONAL BIENNIAL CONGRESS*

**HOSPITALITY AND TOURISM - INTERDIS-  
CIPLINARY APPROACH**

Venue: The College of Hotel Management  
Belgrade, Serbia, November 4<sup>th</sup>, 2016.

**P R O G R A M M E**



**P R O G R A M**

**THE COLLEGE OF HOTEL MANAGEMENT, BELGRADE, SERBIA**  
**UNIVERSITY OF PREŠOV, FACULTY OF MANAGEMENT, PREŠOV,**  
**SLOVAKIA**  
**OLD POLISH UNIVERSITY IN KIELCE, KIELCE, POLAND**

***HOTELPLAN 2016***  
**ŠESTI MEĐUNARODNI KONGRES**

**UGOSTITELJSTVO I TURIZAM - INTERDIS-  
CIPLINARNI PRISTUP**

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Beograd, Srbija, 4. novembar 2016.

# TRANSFORMATION OF HOTEL OFFER IN THE SERBIAN SPA RESORTS: PRESENT STATE AND PERSPECTIVES

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## Abstract

Serbia has a long tradition in thermal baths tourism development. In the second half of the twentieth century this branch of tourism attracted a significant segment of tourist demand, both domestic and foreign. Serbia has many Special hospitals for rehabilitation in its spa resorts. In the last two decades the emphasis is not on treatment (rehabilitation). The health improvement has taken priority over "classic balneological treatment of disease". Wellness/spa has become a key tourism product in such destinations. Therefore, the aim of this paper is to determine the effects of transformation of rehabilitation hospitals into wellness centers, in several, most visited Serbian spa resorts.

**Key words:** tourism, Serbia, spa resorts, rehabilitation, transformation, wellness

## INTRODUCTION

Wellness industry represents megatrend on the tourism market. Since the human need for healing through thermal and mineral springs has been present for a long period, but the wellness concept is a contemporary phenomenon. Spa services were established in Europe and they are connected to healing and rehabilitation, unlike the US, where these services are oriented to the healthy lifestyle (Dimitrovski & Todorović, 2015). Foundations of coeval wellness were established just before World War II, when The First International Balneological Congress was organized in Budapest (Smith & Puczko, 2008). Nevertheless, modern understanding of wellness concept has originated from 50's of XX century and it was created by Halbert L. Dunn, a doctor from US. His idea was published in the book "High Level Wellness"(1961), which was used for further development of this concept.

At European level, main areas of wellness and spa tourism are Central and Eastern, as well as, Western Europe. Besides these areas, important role has Scandinavian countries, which have adequate natural bases (volcanic activity) for development of spa and wellness tourism (Dovgun & Tsyshek, 2014). European travel monitor data demonstrate how important wellness tourism is. According to this organization, 15% of all European movements represent traveling for health (Vitner-Marković & Birkić, 2012).

In SFR Yugoslavia and other communist countries, spa tourism was based on healing and rehabilitation and was subsidized by the state. Most of the facilities were state-owned and were built by state companies which enabled the holidays at affordable prices. The rise of touristic functions started in 1970s,

when free treatments were abolished (Гавриловић, 2010). Republic of Serbia has a long tradition of spa tourism, associated to the period of Roman rule, from which originate numerous archaeological sites in its spas. More than 300 mineral and thermal springs were discovered and more than 50 spas have been established (Станковић & Јовановић, 2006). Although Serbia was called "Republic of Spas", because of numerous healing springs, the best results among former Yugoslavian republics has been reached in Slovenia. Its tourism development has been based on active vacations (mountains, rural areas, and baths). Croatia is oriented to seaside tourism, but Serbia still doesn't have uniformed tourism product. In the Low on Spatial Planning of the Republic of Serbia (2010) and Tourism Development Strategy (2006), key touristic products that should be developed are extracted – city tourism, touring, business tourism + MICE; spa tourism (health, climate, wellness and recreational tourism); mountain tourism; nautical; events; rural tourism. Proposed products are defined, because they may bring best results in short term.

The aim of this paper is determination of the spas which classical offer has been complement with wellness facilities. Further, the impact of transition from rehabilitation hospitals to wellness centres will be highlighted. And finally, future tendencies of tourism development in Serbian spas will be indicated.

#### THE CONCEPT OF WELLNESS

In some cases terms health and wellness tourism have been used to designate the same phenomenon, despite the fact that these concepts are different. Muller and Kaufmann (2000) distinguish these terms and have determined wellness as subtype of health tourism. They also make difference between "cure" tourists and those who are seeking for wellness. There are many definitions of wellness tourism. It is considered that term "wellness" was derived from the two terms "well-being" and the fitness concept. It has different meaning in different countries and it is used in several contexts (Koncul, 2012).

According to the general definition of wellness, it is state of being in good health (<http://www.oxforddictionaries.com/>). The first doctor who talked about this concept was Dunn (1959). He defined wellness as specific state of health, including complete well-being of the person– body, mind and spirit. This philosophy implies proactive approach to human health, thanks to higher level of education and awareness of this concept (Berg, 2008). As Myers, Sweeney and Witmer (2005) accentuated, wellness is a lifestyle, which includes balance of body, mind and soul united for the sake of life of man in his social and natural environment. This concept is contained of four basic elements – physical activity, spiritual activity, healthy and natural nutrition and relaxation. Travis (1984) described wellness as "a state of being, an attitude and an ongoing process, not a static which we reach and never have to consider again". He pointed out that role of wellness is not healing of the disease. It should help with increase of awareness, personal growth and attitude towards new and healthier

lifestyle (Travis, 1984). Due to stressful contemporary lifestyle, this concept has become imperative. It is important because of physical and mental relaxation and inner peace (Milicević & Jovanović, 2015).

In the contexts of tourism, wellness has been mentioned since mid-1990s. Firstly, it was contained of therapies existing within health tourism, like hydrotherapy, wave therapy and balneotherapy. According to the definition of Centre for Regional Economic Development in Bern, wellness tourism represents "the sum of all relationships and phenomenon that include travel and residence of people whose main motivation is to preserve and improve their health" (<http://www.cred.unibe.ch/>). Main principles of wellness are that it is: 1. Multidimensional, 2. Holistic, 3. Individual (subjective), relative, but also influenced by the environment, 4. About self-responsibility. Wellness is a journey, not a destination (Smith & Kelly, 2006; GSS, 2011). Among wellness tourism, stands out "medical wellness" which has been positioned between health and wellness tourism, because it includes presence of the doctors.

There are many factors for "wellness industry growth". Among them, hectic pace of living, high levels of stress among workforce, the loss of traditional community structures and growing skepticism of orthodox western medicine are the most important (Voigt, Brown & Howat, 2011). There is a need for transformation of the offer through introducing additional services, because spas are important part of wellness tourism, but wellness is much more than just spas.

The majority of wellness users are female; economically active and perform occupation, highly educated and well-paid (Voigt, Brown & Howat, 2011). They are mostly younger people who are seeking for adventure and activities connected to relaxation, physical fitness and recreation. Main reasons for attending a retreat are „unwinding and de-stress, followed by desire to improve health“. Besides, spiritual and social reasons are common for wellness tourists (Kelly, 2012). These tourists are most interested in "core" (traditional) spa services (massages, body treatments, meditation/spiritual/mind-body programs, facial treatments, exercise facilities, water based and nutrition programs) (GSS, 2011). The major benefits of spa/wellness visitors are: 1. Escape (pressures of everyday life), 2. Indulgence and 3. Self-improvement (some aspects of body, emotional state) (Voigt, 2008).

#### SPA TOURISM IN SERBIA – PRESENT STATE

Main roll in health tourism development in Serbia have Institutes and Special hospitals for rehabilitation due to their long tradition and capacities. They possess more than 7,000 beds in rehabilitation and commercial part. Over the 2,400 employees work in these facilities. In Table 1, the analysis of current situation in major RH centers has been presented. According to Health Insurance Fund data, the highest number of beds has Niska Banja, Melenci and

Vrnjacka Banja, while Ribarska Banja has the largest number of hospital days. Average capacity utilization in these objects ranges from 70 to 90 per cent.

Table 1. Health institutions for extended rehabilitation

| Institution <sup>1</sup> | No. of hospital beds | No. of patients | No. of hospital bed -days | Average capacity utilization (%) |
|--------------------------|----------------------|-----------------|---------------------------|----------------------------------|
| Melenci*                 | 386                  | 4,088           | 107,077                   | 76                               |
| Kanjiza *                | 130                  | 1,549           | 39,168                    | 77                               |
| Vrdnik*                  | 70                   | 694             | 19,180                    | 75                               |
| Ribarska Banja*          | 260                  | 8,527           | 149,725                   | 85                               |
| Banja Junakovic*         | 60                   | 1,942           | 25,308                    | 80                               |
| Vrnjacka Banja*          | 320                  | 5,532           | 52,730                    | 45                               |
| Niska Banja**            | 550                  | 13,099          | 140,414                   | 70                               |
| Sokobanja*               | 290                  | 7,385           | 95,314                    | 90                               |
| Novopazarska Banja*      | 180                  | 4,019           | 59,819                    | 91                               |
| MataruskaBanja*          | 140                  | 1,495           | 38,474                    | 75                               |

Source: Institutes for Public Health

According to the trends in health tourism, Serbian spas could be divided into three categories: 1. Spas-hospitals (patients whose costs are covered by health insurance), 2. Tourist-spas (in addition to treatment and rehabilitation offers, there are offers connected to rejuvenation and health preservation), 3. Market-oriented spas (organized as wellness/spa center destination) (Šušić & Dimitrijević, 2015).

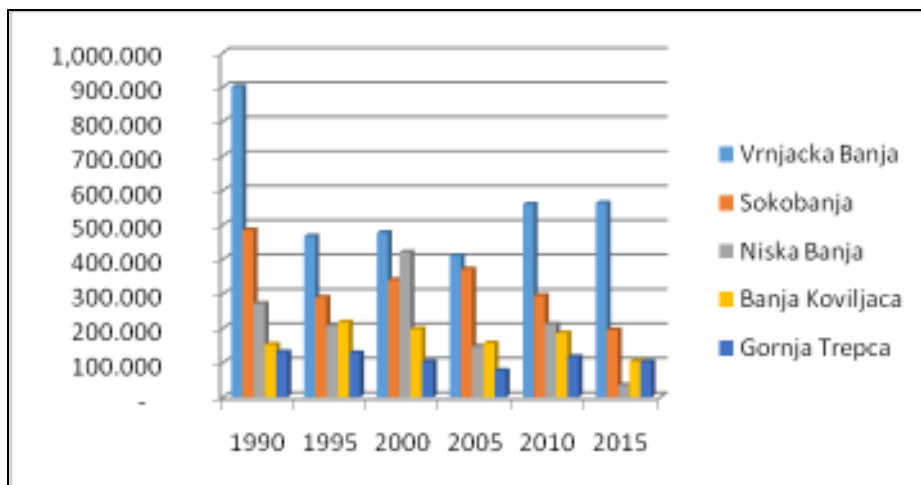
Our statistics emphasize five categories of tourist resorts: 1. Main administrative centers; 2. Spa resorts; 3. Mountain resorts; 4. Other tourist resorts and 5. Other resorts. During the period of 1990 to 2015, spa resorts took fourth place according to the number of tourist arrivals and first position according to the overnight stays. The share of spa resorts in total arrivals in Serbia was 11.5% in 1990, 15.2% in 2000; 16.7% in 2010, and 17.5% in 2015. The results in overnight stays were better: 29.7% in 1990, 32.6% in 2000, 34.5% in 2010 and 27.9% in 2015. A longer stay is a result of medical functions of the spas. It is evident that the number of arrivals and overnight stays decreased from 1990 to 2015, but some positive impacts are obvious (P3C, 1991-2016).

Vrnjacka Banja, Sokobanja and Koviljaca (1990-2005) were the most visited spa resorts. With more than 900,000 overnight stays (1990) and 562,000 (2015), Vrnjacka Banja is the leader in spa (health) tourism. Sokobanja with 485,000

<sup>1</sup> \* Special Hospital for Rehabilitation, \*\* Institute

(1990) and 195,000 (2015) overnight stays is highly positioned on the second place. In last few years, positive changes are more evident in Gornja Trepca, Prolom, Bukovicka and Ribarska Banja, while Mataruska and Niska Banja are near the bottom (Денда, 2014).

Graph 1. The number of overnight stays in the most visited spas (1990-2015)



Source: P3C, 1991-2016

An insufficient number of foreign visitors represent a significant problem. For example, foreign visitors stay in city centers (63-65%), especially Belgrade (57%) and Novi Sad, while domestic tourists are prevalent in spa and mountain resorts. On the other side, domestic tourists make the majority in Vrnjacka Banja, Sokobanja and Niska Banja (over 91% in overnight stays during the period 1990-2010). From 2010, the number of foreign visitors is constantly increasing (share of foreign stays in Vrnjacka Banja 17%, Koviljaca 19% and Gornja Trepca 17%) (Denda & Stojanović, 2016).

#### PRIVATIZATION PROCESS – PROS AND CONS

Government of Serbia has approved the initiation of privatization process on February 21<sup>st</sup>, 2008. This process is regulated by the new Law on Privatization, the Law on Spas and Spa Development Strategy. In 2015, Agency hired a consulting company "Beoconex" that should analyse the situation and then propose sales model. At the recently held meeting, it was concluded that 3,500 out of 7,288 beds in special hospitals are surplus (<http://www.privreda.gov.rs/>). Ministry of Health announced that surplus capacity will be reviewed for each spa centre separately. Also, the hospital needs will be taken into account, together with their regional importance. A question that appeared at once was – How to sell spa resorts (only accommodation facilities or whole health centers)?



Many are against privatization of these facilities and their transformation into spa/wellness centres.

On the one hand, head of Pension and Disability Insurance Fund (PIO) believes that they are the owners of specialized hospitals in spa resorts. In favor of this belief is the fact that the Fund has invested several hundred million Euros in hospital development over the past decades (Spasojević & Šušić, 2011). On the other hand, according to the Serbian Spas Association<sup>2</sup>, that represents spa workers and patients, all medical activities should stay in state ownership. In their opinion, related facilities should be excluded from privatization and the primary activity for expansion of accommodation facilities should be increasing the capacity for treatments. According to the sales opportunities assessment, it is possible to sell 50% of spa resorts capacities (7,000 beds in 28 RH centers). In this way 3,000-3,500 beds will remain available for Health Insurance Fund users (<http://www.serbianspas.org/>).

Beside that problem, the privatization showed that many social and economic problems haven't been solved properly. This situation has brought many negative effects related to hotel products, as well as, the position of the domestic hotel businesses in the global tourist market. Also, many hotels still wait for renovation and facilities improvement. Further, financial performances of these hotels are very bad – no funds inflow, inadequate social benefits and mass job loss. The lack of well-educated and skilled personnel is a huge problem, too.

Four health institutions in spa resorts Prolom, Lukovska, and GornjaTrepca (Atomic Spa) have been privatized as public companies in compliance with the Law on Privatization. In 1999 Joint-stock company "Planinka" (employees have 95% of capital) bought capacities in ProlomBanja (hotel "Radan") and Lukovska Banja (hotels "Kopaonik" and "Jelak"). They also possess factory of Prolom mineral water (<http://www.planinka.rs/>). On the other side, Atomic Spa GornjaTrepca was privatized in 2008. The private owner fully reconstructed all the existing capacities. At the beginning of 2012, a new hotel "Vužan" was completed. In 2010 the Special hospital for rehabilitation of patients with rheumatic and neurological diseases was founded (<http://www.atomskabanjagornjatrepca.rs/>). These are successful examples of privatization with preserving the healing function of the spas.

All RH centers are divided into three groups: 1. National Health Insurance Fund, with 10-20% capital participation; 2. National Health Insurance Fund, with 40-70% capital participation (priority for privatization); 3. Centers for the treatment of severe patients (they are not for sale) – Selters, Stari Slankamen and Banja Rusanda (Melenci). During 2017 sale of 10 Special hospitals for Rehabilitation in most famous spas has been planned, according to the data of

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<sup>2</sup> It was established in Vrnjacka Banja on June 12, 1970. It has more than 78 members including 26 municipalities, 26 Institutes, 17 companies and few Faculties from tourism and hospitality management area.

Ministry of Economy and Agency for Privatization. The list includes capacities in Banja Koviljaca, Ribarska Banja, Niska Banja, Vrnjacka Banja, Sokobanja, but also in Sijarinska Banja, Bujanovacka Banja and Banja Vrdnik.

#### TRANSFORMATION OF SERBIAN SPA RESORTS

There is a need for "service transformation" in wellness tourism. Hotel managers have tried to improve their facilities in accordance with international standards and guest's expectations. Wellness centers have become an important component of the hotel recreational facilities. Water facilities are the main part of wellness center (various size pools, hot tubs, Whirlpool). Modern centers include other activities such as massage rooms, Finish sauna, Russian bath, Turkish bath (hamam), Kneipp bath, Tepidarium and Ice cave. Fitobar (served food and drinks) is a part of wellness offer too (Rančić, Popov-Raljić&Pavić, 2013).

Currently, some spa resorts offer wellness and anti-stress programs, massages and fitness trainings. Natural resources have a primarily role in spa/wellness tourism products: 1. Mineral springs spa (thermal/mineral waters used in hydrotherapy treatments); 2. Medical spa (complete health care + wellness concept); 3. Destination spa (lifestyle transformation through comprehensive programs – spa services, wellness education, healthful cuisine, etc. (<http://experienceispa.com/>). These products represent future trends in spa/wellness tourism.(Spasojević & Šušić, 2011).

Table 2. Wellness offer in Serbian Spas

| Center  | Property         | Services  |
|---|------------------|---|
| Fons Romanus - Vrnjacka Banja                 | public ownership | The "Kavifit" and "Kavilift" new methods for liposuction without surgical operation, The "Water Fall" Aqua Centre with indoor swimming-pool |
| The "Hamam Bath" - Special hospital Sokobanja | public ownership | The "Soko Life" programme for the reduction of body weight  |
| The "Sokoterme" Wellness Centre - Sokobanja   | private property | Classical program   |
| Kovilje - Banja Koviljaca                     | public ownership | Classical program   |
| Hotel Izvor - Bukovička Banja                 | private property | Aqua park, wellness and spa center  |
| Spa center–Ribarskabanja                      | public ownership | Queen Draga's pearl bathtub, tepidarium   |
| RUC Zdrelo - Banja Zdrelo                     | private property | Aqua park, wellness and spa center  |

Source: National Tourism Organisation of Serbia

In most Serbian Spas there aren't many wellness centers. Several wellness and spa centres exist in the most visited spas – Fons Romanus (Vrnjacka Banja), The Hamam Bath (Special hospital Sokobanja), The "Sokoterme" Wellness Centre (Sokobanja), The "Kovilje" (Banja Koviljaca), Hotel "Izvor" (Bukovička Banja), Spa center (Ribarska Banja) and RUC Zdrelo (Banja Zdrelo) (Table 2). Among the classical program, they offer some specific services, such as liposuction programs, programs for body weight reduction, aqua parks, etc. Some wellness and spa activities (like massages, saunas, pools) are available as a part of hotel offer (e.g. Hotel "Radan" in Prolom Banja, Hotel "Premier Aqua" in Banja Vrdnik, Hotel "Aquapanon" in Banja Kanjiza, Atomic Spa Health Centre in Gornja Treпча spa, Hotel "Jelak" in Lukovska Banja), but they are not organized as wellness centers.

## CONCLUSIONS

Wellness represents a new lifestyle, which arose from a new perspective towards human health. Due to increasing popularity of this concept and its importance for human health, most people have recognized that spending holidays fulfilled with wellness activities is crucial for a long and happy life (Koncul, 2012). Because of this, the significance of wellness activities in spas has increased. Actually, wellness tourism could be an effective strategy for revitalization of the spas, especially for those which have structural and financial problems (Dimitrovski & Todorović, 2015). This is of high importance for Serbian spas, which are mostly oriented towards healing and rehabilitation. Besides, there is considerable number of beds in state-owned RH centers, but they are run-down and adjusted to convalescents. Only in several, most visited spas transformation process has been started, in order to attract wellness tourist demand (oriented towards prevention) and to try to survive in modern tourist market. Therefore, the main goal in the next period should be empowerment of wellness centres, while preserving traditional, medical function. The establishment of wellness clusters represents the first step towards that goal which would facilitate the offer presentation on the turbulent tourism market.

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