European Research Studies Journal
Volume XXII, Issue 4, 2019

pp. 241-261

Destination Management Organizations and Health Tourism Visual Identification in Central and Eastern Europe

Submitted 15/08/19, 1st revision 11/09/19, 2nd revision 13/10/19, accepted 02/11/19

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Abstract:

Purpose: *The purpose of this paper is to identify and diagnose the activities of national destination management organizations (DMOs) from Central and Eastern European countries (CEEC) in the scope of a visual identification of health tourism destinations.*
Design/Methodology/Approach: *The investigations were conducted on three stages: (1) a verification was performed of the existence of national DMOs in CEEC; (2) when making targeted selection, a questionnaire interviews were performed with 16 DMO representatives; (3) desk research was conducted, i.e. an analysis of the contents of the official websites/ portals and social media of DMOs.*
Findings: *The role of health tourism is to grow in the coming years in the opinion expressed by the DMOs examined. The organizations under examination try to address this trend by indicating that health tourism, even at its current stage, constitutes a fairly important tourism product. The current status of the visual identification of HTD created by DMOs in the states under examination is rather poor. A small part of organizations identify themselves directly with the health tourism product. A significant part of the organizations do not undertake any activities in this area. In turn, those that do undertake such activities rely primarily on fairly common elements such as: an internet website, possibly a logo and an advertising slogan.*
Practical Implications: *The results may serve as a point of departure for taking adequate activities aimed promotion at the health tourism product not only by other national DMOs but also by similar organizations on the regional or local level.*
Originality/Value: *The variety of health tourism products available at CEEC puts new tasks for DMOs. The article highlights the important role of the entity that is responsible for the management of the HTD brand.*

Keywords: *Health tourism, destinatation management organization, destination marketing, visual identification, Central Europe, Eastern Europe.*

JEL code: *M38, Z33.*

Paper type: *Research Paper.*

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1. Introduction

In 2014, in the EU Member States, 56 million domestic trips and 5.1 million international trips were registered; out of this, the share of health tourism in these trips was 4.3%, and it contributed ca. 0.3 per cent to the EU economy (Mainil *et al.*, 2017). The highest average annual increase of trips for this purpose was related to countries outside of the EU (World Tourism Organization, 2018). In the opinion of Mainil *et al.* (2017), health tourism in the EU will be developing on an annual average of 2 per cent. Those states that are connected with the development of this type tourism, apart from France, Germany, Italy and Sweden, include the following: Central and Eastern European countries (CEEC) (Kiss, 2015; Lubowiecki-Vikuk and Kurkowiak, 2017; Lubowiecki-Vikuk and Dryglas, 2019; Popescu, 2017). Currently, the tourists' interest in the opportunities of combining travel and receiving health or medical services is increasingly enhancing throughout the world (Nikitina, 2018).

Nowadays, one of the main aspirations of any country is arguably to create their own positive image in the eyes of the world community (Nametova and Tolymbek, 2018). Tourism is one of more important sectors of economy that contribute to the creation of a positive image of a given place. It is used in the promotion of areas through highlighting specific tourist products (Hajdaš Dončić *et al.*, 2018). A combination of tourist and health/ medical services might seem impossible, yet today it is a determinant of an innovative approach (Aydin and Karamehmet, 2017; Connell, 2013; Crooks *et al.*, 2011; Kušen, 2002; Medhekar *et al.*, 2019).

Today many countries are creating their image on the basis of health tourism, and promotion and building of a positive image on the international market (Dryglas and Lubowiecki-Vikuk, 2019; Ghose, 2010; Jónás-Berki *et al.*, 2014) is of great importance for the success of health tourism destinations (HTD). National marketing slogans, which are not so essential distinguishing feature in some cases, support this (Smith and Puczkó, 2009). What is more, it is evident from what is stated by Sziva *et al.* (2017) that many of CEEC still fail to use their potential for the development of HTD. In the research literature (especially from the CEEC), little attention is devoted to the issues of the creation of something so elusive as tourist and health services, which are most frequently offered in the form of a tourist product by a destination management organization (DMO). The fact that this product is a conglomerate of various products and their subproducts created in this manner by companies and HTDs, makes this situation even more difficult (Dryglas, 2018). There is no doubt that medical tourism, besides wellness tourism and therapeutic tourism (Dryglas, 2018; Smith and Puczkó, 2009) as the specific products of health tourism, constitute a magnet for foreign patients, particularly in developing countries such as CEEC.

It was accepted based on Kłoczowski (1995) and based on the United Nations Group of Experts on Geographical Names (UNGEGN, 2016), that the following are

included among the CEEC: some EU countries – Bulgaria, Croatia, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia andcountries outside the EU: Albania, Belarus, Bosnia and Herzegovina, Kosovo, Moldova, Montenegro, North Macedonia, Serbia and Ukraine.

"While developed countries dominate in the global medical market with capital, know-how, technology, and education opportunities, developing countries have advantages in the lower costs of labour, property, business operations and related tourist services. The same position countries have in access to the cutting edge medical equipment, education, and international health care market" (Kesar and Rimac, 2011, p. 125). The following *"natural healing resources, for example thermal water springs, healing climates or caves, and the price levels are still under the levels guests from the sender countries may have to pay in their home countries"* constitute an additional distinguishing feature for CEEC compared to global HTDs (Smith and Puczkó, 2009, p. 109). All of this requires specific organizational conditions and an involvement of the representatives of DMOs in building the HTD image as one that is open to cooperation and development of entrepreneurship based on the provision of health tourism services.

The purpose of this paper is to identify and diagnose the activities of national DMOs from CEEC in the scope of a visual identification of HTD. This article is of a utilitarian purpose, which corresponds to UNWTO recommendations that it is to be indicated that *"facilitate, guide and support step-by-step […] DMOs in their effort of developing and managing any form of health tourism"* (World Tourism Organization and European Travel Commission, 2018). The following research questions were accepted for this aim:

RQ_1: What is the significance of health tourism in actions taken by DMO?
RQ_2: What activities are realized by DMOs from CEEC in the area of the visual identification process of HTD?

The present investigation, at least partially (an example 20 CEEC) fills the cognitive gap in a theoretical and empirical perspective, particularly in the context of marketing management. This paper is organized as follows. The first section presents a review of literature in the area of DMOs and their competences. Furthermore, the research process was described, results were discussed and a discussion was carried out. Finally, the last section presents conclusion, implications and limitations.

2. Literature Review

2.1 The Idea of DMO

The tourist policy of the particular states is based on the determination of specific objectives and a selection of proper instruments in this scope. In the majority of

states, it is realized by specific entities, among which the so-called destination management organizations (DMOs) play a particularly important role. DMOs may occur on different levels, and thus national, regional and local DMOs are distinguished. In general, the competent national tourism organizations (NTOs), which are mainly responsible for the tourist marketing of the destination country, chiefly including promotion, perform the functions of national DMOs (Borzyszkowski, 2015). According to other sources, a DMOs can occur as: NTOs, regional/provincial state tourist organizations, city tourism organizations, coastal resort organizations, ski or other sport organizations (Mintel, 2005).

The issue of the functioning of DMO was and is still quite frequently presented in foreign literature. Particularly in the recent years, this subject has been gaining popularity. As stated by Morrison (2013), in the years of 1970–2012, 6,235 publications were issued in the area of destination management and 7,954 publications in the area of destination marketing. The author confirms that there has been an evident increase in the number of these publications since the year 2000: in this period, 96.4% publications appeared in the area of destination management and 95.2% publications in the area of destination marketing.

In the literature, there is no complete agreement as to the full name of this organization: these entities are defined as *Destination Management Organizations* (DMOs) or *Destination Marketing Organizations* (DMOs). Some authors (e.g. Pike, 2008) talk about organizations for destination marketing, while others (e.g. van Harssel, 2005) point to entities which are responsible for destination management. Differences in the nomenclature result mainly from the scope of tasks which are attributed to these organizations. Those researchers who opt for the formulation of *destination marketing organizations* point out that these are those entities which are responsible chiefly for marketing (or even mainly – promotion) of a specific destination (Mendling *et al.*, 2005). The advocates of *destination management organizations* state that the scope of DMO objectives has evidently expanded over the past years and it involves not only tasks connected with promotion (or in a broader sense: with marketing) of the destination. Those researchers believe that at present these entities are responsible for broadly understood destination management (Batarow *et al.*, 2008).

Nevertheless, it is accepted that marketing activities (and, frequently, mainly promotional activities) constitute the basic area of undertakings on the part of DMOs. This view is maintained by many scientists. For example, the significance of marketing activities conducted by DMOs was emphasized by Morgan *et al.* (2011). According to them, these should rather focus on emotional aspects, and not on emphasizing tangible benefits resulting from visiting a destination. The scope of the functions of DMOs is also emphasized by Getz *et al.* (1998), who state that their basic objectives concern marketing and sales. Other research hold similar views (e.g. Gretzel *et al.*, 2006; Kaplanidou and Vogt, 2004; Zach, 2012).

In the case of DMOs' activities aimed at image building, the creation of the system of visual identification is of the primary significance. The graphic sign, i.e. the logo, forms the basis of such a system (Blain *et al.*, 2005). Particularly nowadays, with an abundance of standardization and globalization, the logo plays a key role in the creation of an easily recognizable image (Henderson *et al.*, 2003). The essential significance of the logo is also attributed to individual destinations and DMOs. In a situation where consumers may choose from thousands of destinations, the logo may stimulate the awareness and emphasize the specific attributes of the area (van Riel and van den Ban, 2001).

The logo is ubiquitous in the sector of tourism, also in the context of DMOs. The investigations carried out by Blain *et al.* (2005) on a group of 409 DMOs (mainly from the United States and Canada) indicate that 97% of the organizations possessed a separate logo of the destination. In general, the logo is a specified symbol of destinations.

Another element that is used in visual identification by DMO includes slogans, which, as it were, "accompany" the graphic elements and possess a "strengthening" nature for the logo. It is worth remembering that slogans have an optional nature, while they never have an obligatory nature. They are supposed to add a specific message or emotions to the graphic sign. Above all, it is the graphical sign that is particularly essential, and not the slogan (World Tourism Organization and European Travel Commission, 2009).

2.2 Health Tourism Policy

Owing to the growing interest on the part of the government and various organizations in relation to the issues of tourism, the involvement in the development and promotion of various forms of tourism is becoming more and more visible. Such activities are broadly referred to as "tourism policy". (Ackovski and Ackovska, 2003). In general, all instruments of tourism policy can be divided into four groups: legal regulations, administrative instruments, economic instruments and contracts and agreements (Metodijeski and Temelkov, 2014).

It may be observed that activities in the scope of tourism policy focus to a significant extent on actions related to health tourism (or sometimes: medical tourism alone). This is the result of the growing role of health tourism on the demand side. At the same time, the globalization of the tourism market exerts a significant impact here (Chandran *et al.*, 2018). Therefore, Edgell (2017) included health issues into the "top 10 issues in tourism". The consequence of this is an increased interest on the part of numerous states in the issues of the development of health tourism. An increasing number of countries have been aggressively developing a health tourism sector to meet the needs of patients from targeted countries or regions (Hamlin, 2012; Schiano and Rhodes, 2010).

A review of tourism development strategies performed by Metodijeski and Temelkov (2014) in 11 Balkan states pointed to a fairly high amount of interest in health tourism; it became evident that 5 out of these (Serbia, Slovenia, Bosnia and Herzegovina, Bulgaria and Turkey) pointed to this type of tourism as one of their priorities. As stated by the authors *"[…] due to lower the costs of health services and the availability of thermal mineral waters, most of the Balkan countries have successfully developed this kind of tourism"* (Metodijeski and Temelkov, 2014, p. 238). In some cases (e.g. Croatia), a special document has been developed with the sole purpose of health tourism (National Programme – Action Plan of Health Tourism Development) (Vodenska, 2018). The example of Hungary demonstrates that health tourism is treated as "leading tourism product" (Jónás-Berki *et al.*, 2014).

Apart from the provisions related to health tourism in specific planning and strategic documents, there are practical actions related with the promotion and development of health tourism. Some governments have all sought to promote their comparative advantage as health or medical tourism destinations at large international trade fairs, via advertising within the overseas press, and official support for activities as part of their economic development and tourism policy (Reisman, 2010; Whittaker, 2008).

Also, one should not forget about the great significance of legislative solutions (Kowalska-Bobko *et al.*, 2016; Polyzos *et al.*, 2008). Marketing undertakings play a significant role in these actions. If the marketing segment is strengthened by public and private participation in the host country, that could increase the frequency of medical tourists arriving at the host country (Nasab *et al.*, 2018).

Such activities can also be observed in the case of international organizations and institutions. A more systematic attempt at regulating medical travel was carried out in the EU, where the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare was created by the European Parliament and Council and implemented by member states (Rugerri *et al.*, 2018) as well as a number of EU initiatives that are indirectly or directly related to health tourism (Blazevic, 2016).

At the same time, what is frequently noted is the occurring errors and shortcomings in activities pursued by specific organizations, among others in the context of research into the behaviour of those tourists who travel for health purposes, or an insufficient consideration of the rank of health tourism in their activities (Chanin *et al.*, 2015). Owing to taking these factors into account, together with the specific resources of individual destinations, many states and regions have predispositions for the development of health tourism (Andriotis, 2000) which, in turn, may constitute an important element of competitive advantage (Schalber and Peters, 2012), all the more that destination competitiveness plays an important role in the health/medical tourist's mind (Sarwar, 2013). Accordingly, health tourism, as a tourism product, requires more attention from all levels of government (Han *et al.*, 2018) and all medical stakeholders (Mainil *et al.*, 2012).

2.3 Health Tourism Visual Identification

Many researchers have noted that the number of destinations – taken into consideration by tourists when making decisions on their purchase – is limited (Crompton, 1992; Pike, 2006; Woodside and Lysonski, 1989). Accordingly, special attention is paid to competitiveness. This relates to a long-term and slow process of changes in the position of the destination (Buhalis, 2000; Pike, 2009). In this context, Qu *et al.* (2011) proved that unique image regarded as a brand association, "is the essence of destination positioning for its ability to differentiate a destination from competitors to get into the consumers' minds" (Qu *et al.*, 2011, p. 466). The aforementioned competitiveness also concerns the areas of health and medical care (Al-Amin *et al.*, 2011). As a result, it translates into a product, at the basis of which there is a given medical service (Junio *et al.*, 2017). Its provision in a comprehensive perspective – through access to infrastructure and highly specialized medical personnel – has an impact on the competitiveness of a given product and thus on HTD (Das and Mukherjee, 2016).

Reaching health tourists, including foreign patients, may differ from the standard approach to tourism. According to Smith and Puczkó (2009, p. 228), a very personal and sometimes very risky nature of health tourism services causes the choice of appropriate communication strategies and practices to be difficult. Therefore, it translates into destinations where DMOs use various marketing activities, while simultaneously striving to become distinct on the global market. The effects of their activities, even though they vary, are based on the conception of an implementation of the system of visual identification.

The HTD visual identity system can be considered to be a comprehensive, idealogically and graphically coherent, comopund project that combines unique word and graphical designations, colouring and topography in an arranged set of elements that constitute the identity of a destination (Morrison, 2013). By accepting the general assumptions from Manhas *et al.* (2016) concerning the tourist destination brand image and taking into consideration the specificity of health tourism, we may accept that the image of a HTD branddepends on the specificity of a destination and innovations used in it, the social and demographical profile of a health tourist and their experiences, as well as marketing activities including those from people who are responsible for its creation (Chomvilailuk and Srisomyong, 2015; Dryglas and Salamaga, 2018; Ghosh and Mandal, 2018).

Generally speaking, the following is to be consideree as HTD brand design:

- name and logo: adapted to the specificity of HTD taking into consideration the colours,topographics and the graphical language. The logo, which is appreciated chiefly from the practical perspective (Blain *et al.*, 2005; Hem and Iversen, 2004; Lee *et al.*, 2012), is considered to be "the most relevant tangible artifact, resulting from intentional branding by DMOs" (Beritelli

and Laesser, 2018), whereas its colour and saturation play an important role in the creation of the brand (Ghaderi *et al.*, 2015);

- advertising slogan: simple to pronounce, easy to remember, standing out compared to competitive destinations, and emphasizing the HTD idea. Galí *et al.* (2017) observed that that the slogan should possess an exclusive appeal.

Nowadays, the HTD visual identity is most frequently realized through the destination's website: enabling to a significant extent the promotion of the HTD. This is not only because it is the first and simultaneously influential source where one may seek information on the HTD (Frederick and Gan, 2015; Viladrich and Baron-Faust, 2014). This is also because it has a primary influence on trust which, as a result, encourages health tourists to choose a specific destination (Abubakar and Ilkan, 2016). A responsive website should constitute an integral element of the marketing strategy of a DMO taking the attributes of the HTD into account.

3. Methodology

The investigations were conducted on three stages. In the first one of them, based on data from the European Travel Commission (2018) and an analysis by Borzyszkowski (2015), a verification was performed of the existence of national DMOs in CEEC. It turns out that national DMOs (known as national tourism organizations) from all the states in the region examined function in the following ones: Albania, Belarus, Bosnia and Herzegovina, Croatia, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Moldova, Montenegro, North Macedonia, Poland, Serbia, Slovenia and Ukraine. There are no such organizational forms in Bulgaria, Kosovo, Romania and, starting from January 2017, in Slovakia. Accordingly, these countries were excluded from further research. The analysis is finally based on sixteen national DMOs from individual CEEC.

On the second stage, when making targeted selection, a questionnaire interviews were performed with DMO representatives. The questionnaire included four closed-ended questions and two semi-open-ended questions. The questions were about the significance (increase, no change, decrease) of health tourism to a given state in the time scale of 5 to 10 years and an evaluation of the importance of health tourism in the generic structure of tourism products in the contexts of the activities undertaken by individual DMOs, whereas in the second case, a five-item scale was used (1 — "unimportant", 2 — "little important", 3 — "average weight", 4 — "quite import ant", 5 — "very import ant"). Another question was whether DMOs possess a system of visual identification that takes health tourism into account; if so, what elements (a logo, a slogan, a website, etc.) are used by them and which of these are the most important ones. In the case of a negative answer, the reasons were requested why DMOs have not so far taken any efforts aimed at building a visual identification system based on health tourism.

The correctness of the questionnaire (regarding its content and the English language) was verified on the example of two DMOs. It was then improved and sent to the official e-mail addresses of the previously selected DMOs. In the invitation, we asked the directors, brand managers, coordinators or other members of the personnel to carefully fill in the questionnaire and to present any possible comments. Participation in the survey was completely voluntary. The data collection process took place from 1 March 2019 to 31 July 2019. The return of the questionnaires was on the level of 56.25% (i.e. 9 replies obtained from 16 organizations).

While predicting that not all of the DMOs would accept the invitation to participate in our survey (in spite of the prompts on three occasions, seven of these did not reply at all), we went on to the third stage; desk research was conducted, i.e. an analysis of the contents of the official websites/portals (Lunt *et al.*, 2010; Maguire *et al.*, 2016; Pongwat, 2017) and social media: YouTube, Facebook of DMOs. This is the data which already exists, was previously collected, processed and elaborated by somebody in a form that enables its use (Bednarowska, 2015). It is quite diversified, hence the necessity of its selection and reduction with a critical orientation onto information concerning health tourism. The websites (official and/or profiled sub-websites) were analysed in relation to the image and visual identification of the HTD.

Attention was paid to the contents of e-brochures available on these websites and references to active links to promotional videos. The exploration of data was conducted in the third quarter of 2019, whereby the status of the information from the internet sources analysed of the individual DMOs is as at 31 July 2019.

4. Results and Disscusion

Based on the nine DMOs included in the survey, it is evident that the significance of health tourism for the majority of the organizations (six) will be growing in the coming years (Table 1). It was only DMOs from Estonia and Slovenia that stated that the role of health tourism would not change in the near future, whereas CzechTourism did not determine its significance at all.

The views held by the representatives of the DMOs somewhat corresponded with their assessment of the significance of health tourism in the structure of tourism products by type in the context of their activities. Four organizations (DMOs from Croatia, Montenegro, Poland, Slovenia) stated that health tourism is a "very important" tourism product. For the DMOs from the Czech Republic, Lithuania and Serbia, health tourism constituted "quite an important" tourism product. In the opinion held by representatives from the Estonian Tourist Board – Enterprise Estonia and Investment and Development Agency of Latvia, this product was given an "average weight". Therefore, health tourism was a significant tourism product for the majority of the organizations covered by the survey.

Table 1. *Significance of health tourism in the opinion of the surveyed DMOs*

Issues		Croatian National Tourist Board	CzechTourism	Estonian Tourist Board – Enterprise Estonia	Investment and Development Agency of Latvia	Lithuanian State Department of Tourism	NTO of Montenegro	Polish Tourist Organization	NTO of Serbia	SlovenianTourist Board
Significance of health tourism in the perspective of the coming 5–10 years; Its role will…:	be increasing	+	na		+	+	+	+	+	
	remain unchanged		na	+						+
	be decreasing		na							
The importance/rank of heath tourism in the generic structure of tourist products in the context of the activities of organization	Very important	+					+	+		+
	Quite important		+			+			+	
	Average weight			+	+					
	Little important									
	Unimportant									

Notes: *na – no answer; NTO – national tourism organization.*
Source: *Own study.*

Next, information was requested as to whether a given organization possesses a system of visual identtification that takes into consideration health tourism. A positive answer was given to this question by four DMOs from: Croatia, Latvia, Lituania and Slovenia (Table 2). The DMOs analysed pointed to the elements of visual identification connected with health tourism in varying scopes. The broadest scope (a logo, an advertising slogan, a website and other elements) was used by the Croatian National Tourist Board. The DMO from Lithuania used only other elements of a system of visual identtification. The remaining two organizations used

Table 2. *The use of visual identification elements among DMOs*

Issues		Croatian National Tourist Board[a]	Investment and Development Agency of Latvia	Lithuanian State Department of Tourism[b]	Slovenian Tourist Board[c]
Elements of the system of visual identification related to health tourism used by organization	Logo (what attributes of the identity of the state are taken into account?)	'Croatia full of life – health and wellness'	-	logo of Lithuania connected with the logo: 'Improve health'	-
	Advertising slogan (what is the wording of the slogan?)	'Full of well-being – Spa/ Wellness/ Medical tourism'	-	Health for everyone!	wealthy waters; this slogan was only used in 2016 and 2017. Now Feel the power of the therapeutic water /Good well-being = Self-care in Slovenian spas / LOVEnianSPAS
	Website (what elements of the visual identification of health tourism are displayed on the website?)	+	creation of internet subpages targeted at medical spa, wellness / or spa and wellness, medical tourism (photos)	+	creation of internet subpages targeted at medical spa, wellness / or spa and wellness, medical tourism
	Other elements (what are these?)	promotional film for each of the segments of health tourism, spa, wellness and medical tourism	promotional film		presence in digital media
The most important elements in building a system of a visual identification of health tourism		logo and advertising slogan	film, photos	website	logo and advertising slogan

Notes: *[a] – strong support from the Zagreb Health Tourism Cluster, Croatia – leader of the Adriatic Health Tourism Platform (the objective is the development and promotion of health tourism products with the Adriatic Health logo); [b] – portal and e-brochure: 'Lithuania: Health tourism guide' divided into wellness travel and medical travel, support from the Health Resorts Association of Lithuania, National Spa Association and the Lithuanian Medical Association; [c] – e-brochures: 'Healthy waters' and 'Slovenian spas and health resorts', support from the Slovenian Spa Association.*

Source: *Own study.*

the elements available in a more limited extent, while paying attention to: advertising slogan (Slovenia), website and others elements. Opinions as to which elements are most important in buliding of a system of a visual identification of helath tourism are not unequivocal, either. The organizations from Croatia and Slovenia pointed to logo and advertising slogan, in Latvia – videos and photos, and in Lithuania – website.

It is to be noted that the organization from Latvia, even though health tourism was not a priority product for them, currently attributes a great significance to it, while stating that *"[…] health tourism is based on trust, therefore visual identity and communication also should reflect trust and quality of services. In Latvia we see the potential of health travel, but more as a niche tourism product. Although it is only niche product we should (and hope that we will do that in near future) devote more efforts to create better visual contents and communication about health tourism in Latvia".*

From among the organizations covered by the survey, Serbia, the Czech Republic, Estonia, Poland and Montenegro stated explicitly that they did not use a visual identification system that would take health tourism into account. The organizations from Serbia, the Czech Republic, Estonia, Poland and Montenegro stated that the following was the reason: *"[…] our system of visual identification is based on different attributes/elements".* Estonian Tourist Board – Enterprise Estonia said that *"[…] it is coordinated by other organisation Estonian Spa Association".* Furthermore, it was emphasized that *"[…] Estonian Spa Association is developing health tourism and doing marketing".*

The Polish organization, in turn, pointed to an important aspect related with the organization of activities in the area of health tourism promotion: *"[…] the Polish Tourism Organization is implementing the Industry Programme of Promotion for the sector of pro-health services as part of the implementation of Sub-Action 3.3.2: Promotion of economy based on Polish product brands: Polish Economy Brand, PO IR 2014–2020. Considering the function of the partner in this undertaking assigned by the Ministry of Entrepreneurship and Technology, we are obliged to conform to uniform visualization, which follows the so-called identity manual for those projects that are co-financed from the European Regional Development Fund".* Therefore, this organization uses a logo *"Polska – Health"* and slogan *"Poland – your health destination".* Their activities are additionally supported by Lublin Medicine – Medical and Wellness Cluster, the Association of Polish Spa Communities and Institute of Research and Development of Medical Tourism.

Based on our results, it is to be noted that even though health tourism is treated as a fairly important tourism product in the actions undertaken by DMOs, this is not completely reflected in the creation of a special visual identification system related to health tourism. It seems that the organizations under examination create a visual

identification system based on other elements even though they treat health tourism as a significant element of their marketing activities.

Furthermore, the authors undertook an analysis of the contents of the official website and selected social media of the organizations under examination in the context of visual identification elements in relation to health tourism. Allowed one to distinguish and discuss the essential results related to the significance of health tourism.

As mentioned before, seven organizations did not participate in the survey. Analyses of their portals lead to a general conclusion that the Belarussian, Macedonian and Moldavian DMOs do not undertake any activities in this area. In the case of the Tourism Agency of the Republic of Moldova, we additionally observed that their tourist brand based on the *"Tree of Life"* symbol makes no references to the health tourism product. The organizations from Albania and Bosnia and Herzegovina are based only on cooperation with other national DMOs (Croatia, Montenegro, Serbia, and Slovenia) or, as in the case of Ukraine, with the national association. It is worth noting that in the case of the Hungarian Tourism Agency, we identified a profiled internet subpage and an e-brochure: *"Medical tourism and spas in Hungary",* yet these elements do not completely fall within the scope visual identification.

We also compared the results of the analyses of the portals with the results obtained from nine representatives of the individual DMOs. A majority of these are consistent, whereas the analysis itself permitted additional supplementations (cf. notes under Table 2).

Nevertheless, we noted some deviations in some cases:

- It was pointed out that the NTO of Serbia does not possess any visual identification elements related to health tourism, yet an analysis of the portals demonstrated that this organization possesses profiled internet subpage and promotional film using visual identification. What is more, there is a support from the Health, Wellness and Spa Tourism Cluster in Serbia (benefiting from Adriatic Health logo) and has e-brochure *"Serbia: Health, spa &wellness";*
- The NTO of Montenegro possesses a profiled internet subpage (just as does the Estonian Tourist Board – Enterprise Estonia), and it is a member of the Adriatic Health Tourism Platform, which was not indicated in the survey questionnaire;
- The CzechTourism comes as the greatest surprise, as we identified the slogan *"The Czech Republic is a Safe Place Where You Will Receive the Best Care", profiled internet page and e-brochures: "Medical tourism in the Czech Republic", "Spas and health resorts in the Czech Republic".* What is more, the organization jointly with Hungary, Poland and Slovakia promotion

of the tourist products of spa and health in one portal. These elements of visual identification were not mentioned in the survey questionnaire.

It seems that the aforementioned divergencies may be the result of the competencies possessed by the personnel, who are also unaccustomed to working in the area of a diversified health tourism product (Henderson, 2004).

Considering the results collected from DMO representatives and the analyses of the portals, the activities of the DMOs from the Czech Republic and Slovenia – the states with the greatest development potential for medical tourism (Lubowiecki-Vikuk and Kurkowiak, 2017) – appear to be satisfactory. The lack of a logo or a promotional video is compensated by an advertising slogan and profiled internet websites. This is where the health tourism product is distinguished, which can be clearly seen from three internet subpages. Each of these is related to different services: (medical) spas, (medical) wellness, medical tourism. Apart from this, these organizations publish thematic e-leaflets and establish transborder cooperation in the area of the health tourism product promotion, which directly translates onto HTD promotion. At this point, it is worth to emphasise that the Slovenian organization stated clearly that they posses an (incomplete) visual identification system that takes health tourism into account (Table 2).

The following are definite leaders as regards the use of a visual identification system that takes health tourism into account: Croatian National Tourist Board and Lithuanian State Department of Tourism. It seems that the Croatian and Lithuanian DMOs perceive not only their HTD potential but also the possibility to increase their competitive advantage in CEEC which, in the opinion of Al-Amin *et al.* (2011), is in line with the issue of the management of health and medical care areas. The development and implementation of the industry management strategy and setting up a public private partnership (Ganguli and Ebrahim, 2017), including cluster activities (Smith, 2015) is advantageous to this. This may be clearly seen through the cooperation between Croatia (the only European state) and the Medical Tourism Association – an international organization, an affiliate member of the UNWTO, which supports destination branding. Measurable benefits follow from this cooperation: (1) "*Health and wellness destination guide"* with the logo of Croatia, (2) press articles and social media contents, and (3) promotional videos. The Croatian National Tourist Board is responsible for the promotion of health tourism. For this purpose, it uses a multi-lingual portal with a well displayed logo and the *"Full of life"* slogan supported with the slogan: *"Full of well-being"* in reference to spa, wellness and medical tourism. Furthermore, it is to be noted that the Croatian and Lithuanian DMOs, as the only ones from the CEE, have created an HTD logo in relation to the brand's architecture (Datzira-Masip and Poluzzi, 2014), where it is the brand (chiefly the logo) that is of a decisive significance. This is evident in the case of information portals and e-leaflets. The activities of these DMOs are supported by sectoral associations and clusters. Apart from this, Croatia is the leader of the

Adriatic Health Tourism Platform. In the case of the Lithuanian DMO, what is missing is a promotional video.

As compared to the Croatian and Lithuanian DMOs, the Polish organization has worse results. However, in spite of this, it is Poland that was found as the only CEEC in the international *"Medical Tourism Index".* This was owing to such factors as the following: overall country image and environment,healthcare and tourism attractiveness and infrastructure, andavailability and quality of medical facilities and services (Fetscherin and Stephano, 2016). This situation obliges national DMOs to make concrete efforts aimed at the promotion of health tourism in these states. In the case of Poland, the elements of the visual identification were originally created to build the brand of the Polish economy. Medical tourism was one of the priority industries promoted by the Ministry of Economy in the years 2012–2015, and in the years 2017–2019 with the 2022 perspective, it is going to be promoted by the Polish Tourism Organization, with the use of the previously prepared elements of the visual identity of HTD.

To conclude: firstly, the role of health tourism is to grow in the coming years in the opinion expressed by the DMOs examined. Secondly, the organizations under examination try to address this trend by indicating that health tourism, even at its current stage, constitutes a fairly important tourism product (RQ_1). It is to be noted that the current status of the visual identification of HTD created by DMOs in the states under examination is rather poor. A small part of organizations identify themselves directly with the health tourism product. Croatian National Tourist Board and Lithuanian State Department of Tourism, among others, may serve as one of the rare examples. Some other organizations, like those from the Czech Republic and Slovenia, take some of brand design elements into consideration, i.e. the advertising slogan and the profiled website. The identification on the part of the DMOs under examination with the health tourism brand design is still poor. This evaluation translates into an answer to the further research question that takes into account the spectrum of activities in relation to the visual identification process of HTD (RQ_2). It is worth remembering that a significant part of the organizations do not undertake any activities in this area. In turn, those that do undertake such activities rely primarily on fairly common elements such as: an internet website, possibly a logo and an advertising slogan.

The present paper has practical implications. It points to DMOs being interested in the health tourism product. This serves to a significant extent as an explanation of the care exercised by some of them in relation to the creation and development of the health tourism product. The results may serve as a point of departure for taking adequate activities aimed promotion at the health tourism product not only by other national DMOs but also by similar organizations on the regional or local level. This solution makes sense only when health tourism is in fact of a great significance to a given destination. Thereby, the analyses conducted and conclusions may not be treated as a point of reference to all DMOs. Those that are intending to create brand

design based on health tourism, in turn, may be based in part on the solutions used by some national DMOs.

The present article has limitations that are the result of the analysis of the cases examined. It was based on specific entities, i.e. national tourism organizations that perform DMO functions in the states under examination. No other entities were taken into consideration that occur on national, regional or local levels.

5. Conclusions

Considering the growing interest on the part of society in undertaking treatment both at home and abroad, and thereby an increased competition on the health tourism market – which is the result of healthcare being treated as a profitable business (Vrkljan and Hendija, 2016) – DMOs need to perceive new possibilities and the need of a strategic approach to building a strong brand. These conclusions may be related to all tourism organizations.

An identification with HTD or lack of this identification does not determine the effectiveness of the activities on the part of DMOs. Some organizations may build their identity based on other tourist products. It was the authors' intention to determine which of the organizations under examination emphasize the significance of health tourism and in what manner they use visual identification for this purpose.

These results are consistent with the scientific discourse related to HTD. Owing to this, one may note the significant role of the entity that is responsible for the management of the HTD image and the involvement of others in the process, among others in the context of cooperation between DMO stakeholders (Buchholz and Rosenthal, 2005). This may not be an easy task as there are many stakeholders on the market of health tourism. Considering their specificity and the commercial nature of medical and tourist entities, the coherent image may be blurred. Consequently, one should believe that is would not be advantageous. It is possible that further activities need to focus on the idea of the destination leader, which takes into account broadly understood cooperation between DMOs and the individual groups of stakeholders (Borzyszkowski, 2015), also in the area of health tourism. For this reason, further research in this area needs to continue.

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