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THE EMERGENCE OF LEISURE TRAVEL AS PRIMARY PREVENTIVE TOOLS IN EMPLOYEE HEALTH BEHAVIOR

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Abstract: In our current modern world, it can be said that it is very difficult to live a balanced and healthy life, and to always perform well in the world of work, so it is very important to pay attention to our leisure time and our primary prevention activities, which can help preserve our health and improve our fitness. The purpose of the research is to examine the appearance of leisure tourist trips among employees, and how tourist trips appear among the primary prevention tools. Our research found answers to the main questions of what activities employees try to regain their ability to work, and whether trips are popular as primary prevention activities. The recreational activities of the employees are primarily filled by various obligations, but at the same time, the use of primary prevention activities is pushed into the background during everyday life. During the research, we established that medical and wellness holidays are very popular among the respondents, as 22.5% of the sample (133 people) take part in medical tourism holidays and 50.3% of the respondents (297 people) take part in health care on a focused wellness holiday. The quiet, calm environment and the closeness to nature, which helps the employees to regenerate, appeared prominently in the motivation for the choice of destination. Among primary prevention tools, leisure activities spent with family, relationships, and friends, healthy eating, and walking and nature walks are the ones that appear dominantly in the everyday life of employees. In order to reduce the problem of burnout, pressure to perform, and stress among employees and to enable them to perform well in their tasks, it is very important to assess their needs and provide them with programs that contribute to improving their health and regaining their ability to work, such as appropriate recreation programs and various trips.

Key words: travel, employees, primary prevention, recreation.

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INTRODUCTION

Everyday stress, overwork, and nervousness are not considered foreign concepts these days. As time progresses, many researches highlight the negative effects of workplace stress and pressure to perform, which not only endanger the health of employees, but also affect their work. In addition, the absences resulting from these also involve expenses for employers, and at the same time they also impose serious burdens on the health care system (Soós, 2008; Bajsz et al., 2013; Hassard et al., 2017). Salavecz (2013) in his research, came to the conclusion that the harmful health consequences of workplace stress in the Hungarian labor market have threatened more and more workers in recent years. That is why he draws attention to the urgent need to comply with the legal requirements for reducing workplace stress and to introduce interventions aimed at improving workplace mental health. According to a 2018 survey by the European Union Occupational Safety and Health Information Agency (EU-OSHA), 440 billion forints in Hungary and 136 billion euros in the European Union are lost due to absences caused by untreated stress at work. In order to preserve and improve the state of health, the health awareness of employees needs to be developed, and employers can also do a lot to achieve this process (Molnár, 2012; Pázmán et al., 2020), however, the primary key to creating a healthier lifestyle is in the hands of the employees.

The numerous external factors and stimuli that affect us every day, such as everyday tasks, challenges, stress, pressure to perform, after a while have a negative effect on our mental health if we do not take care of them and do not take time to rest and regenerate (Fodor, 2013). Mental illnesses, the rate of which is rising sharply compared to other illnesses in our world today, are long-lasting and their treatment also imposes serious economic burdens.

Prevention, both physically and psychologically, would be a much more cost-effective method for everyone, since it does not matter how the individual processes the various stressful situations and how he handles the upcoming changes and challenges (Juhász, 2014; Fodor, 2014). In order to achieve organizational unity and completeness in companies, individual health and completeness must be placed in the center of attention, since the totality of individuals makes up the organization as a whole (Madarász and Bácsné, 2016; Bácsné et al., 2017). Among the health determinants of the 21st century, Kickbusch (2021) listed the rush virus, unsustainable lifestyles, growing health inequalities and the flow of people in a 2012 study. Although employees have a need to spend their free time as meaningfully as possible, their free time is very limited, since they spend most of their time at work (Princz, 2020). It is extremely important to recognize recreational

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opportunities (Beregi, 2021), since various recreational activities, sports activities, relaxation, massage, sauna, and various trips can help in establishing and maintaining emotional balance (Révész et al., 2015; Molnár et al., 2021; Pálinkás et al., 2022). As a result of little free time and overworked lifestyles, people are looking for services in their free time where the focus is on rest, recreation, relaxation and recharge (Lengyel, 2015, 2016; Hidvégi et al., 2019; Bíró et al., 2019; Lengyel 2019, 2020). According to Lőrincz and Sulyok (2017), nowadays we have to consider tourist activities as one of the defining forms of spending free time, which is why surveys of the motivational factors for choosing a destination are very important. Thanks to the accelerated lifestyle, for the health-conscious person, tourism becomes one of the important factors of recreation in order to achieve rest and recharge (Tütünkov et al., 2021) and activity is becoming more and more important not only in recreation, but also in tourism (Szabó et al., 2022). Nowadays, however, it can be said that travel has also become a very important factor in shaping the quality of life (Gonda et al., 2019).

Rácz (2020) in his research examining 5,002 randomly selected people, came to the conclusion that 73.9% of the Hungarian adult population took a trip of one or more days between May 2018 and June 2019, for which the primary motivation was none other than rest and recreation, but also active leisure activities, bathing and sightseeing. The results of the research by Bíró et al. (2018a, b) showed that people mostly visit spa services in order to relax and also use the relaxation and well-being improvement services associated with spa services (Bíró et al., 2019). However, the restrictive measures and uncertainty caused by COVID reduced the desire to travel (Váczi et al., 2022) and changed leisure habits (Rice et al., 2020; Hansen et al., 2022; Agybetova et al., 2023). In his study, Sivan (2020) drew attention to the lifestyle changes caused by Covid: the transition to home activities, the spread of online supply and use, the need for connectivity, the increase in inequality, the survival of the leisure industry, the increased need for psychological support, and helping hands and increasing volunteerism. In this regard, the COVID-19 pandemic disrupted visits to the natural environment, outdoor leisure activities and natural healing (Spennemann-Whitsed, 2021; Liu et al., 2022). As a result of changes in leisure habits, the popularity of various sports or outdoor activities that can be practiced in nature has increased (Yang and Smith, 2023; Mertzanis et al., 2023). We also experienced this change in leisure activities in tourism during the COVID, as among the tourist trips, the activities taking place in the natural environment increased (Buckley and Westaway, 2020) and the health tourism activities (Cheng andYin, 2022; Csobán et al., 2022).

Mai and Nguyen (2023) developed a framework for push and pull factors influencing the wellness tourism experience. They found that multiple factors together influence participation in wellness tourism, including destination characteristics, social impacts, and the tourist's motivation for a healthy lifestyle. Garjan et al. (2023) consider the quality criteria of wellness services and available discounts as factors influencing destination choice. Li and Gao (2023) also highlight service quality, as well as the availability of environmentally friendly services and healthy food options, as factors in consumer decision-making or destination choice. Author couple Praprom and Laipaporn (2023) considered the gastronomic offer, the favorable natural features of the destination and the development of creative tourism products and services to be important in attracting wellness tourists. Lyulicheva et al. (2023) emphasize the importance of personal transformation and self-discovery among the motivations of tourists participating in holistic wellness retreats. Gan et al. (2023) highlight the perceived value of wellness vacations, which can increase the intention to participate in wellness tourism. Li and Huang (2023) examined how COVID-19 risk perception affected wellness tourism intention among Chinese Generation Z and found that a higher perceived risk level is associated with an increased intention to participate in wellness tourism. Li and Wen (2023) examined forest-based health tourism based on online questionnaire data collected from 383 Chinese respondents. They found that during COVID, knowledge of health preservation, rather than disease prevention, had a positive effect on urban residents' use of forest-based health tourism services. Therefore, the implementation of health preservation, primary prevention, was the main reason for engaging in health tourism.

MATERIALS AND METHODS

The topic of our research was the examination of employees' recreational and travel habits, focusing on their primary prevention activities. Our goal was to assess the activities with which employees try to regain their ability to work, and to be able to provide data that can be used to determine the direction of different health improvement strategies. The purpose of the research is to examine the appearance of leisure tourist trips among employees, and how tourist trips appear among the primary prevention tools. Examining leisure habits is also important, since these leisure programs are also used by consumers during travel and tourism, i.e. the leisure pattern also determines the recreational offer related to travel. Another goal was to find out at what intervals the employees take time to travel in order to improve their health, and to what extent health and related services appear during their trips, in terms of travel motivation. In our research, we also examined the elements involved in the motivation of choosing a destination. These results can be considered important from a tourism point of view and can be used to develop the range of holiday programs.

In relation to our topic, we formulated two hypotheses: H1: Primary prevention activities take a back seat in employees' free time. H2: The majority of employees make time for a holiday trip 1-2 times a year, and the quiet, calm environment plays a role among the most important motivational factors for choosing a destination.

In our research, we used the opportunities provided by both primary and secondary research. As the basis of our primary research, we conducted a quantitative, online and paper-based questionnaire survey among current employees who have already reached the age of 18. In order to reach our target group, we first of all visited online groups that were made up of employees, and we managed to deliver our paper-based questionnaire to various workplaces. Filling out online and on paper was anonymous and voluntary. The final number of respondents, after data filtering and data cleaning, was a total of 591 people, from whose answers we calculated basic statistics and frequency. We also used chi^2 and independent t tests to

examine the various relationships. Our secondary research was used to compare our results with the results of other domestic and international literature, and at the same time to support the topicality and key importance of our research topic.

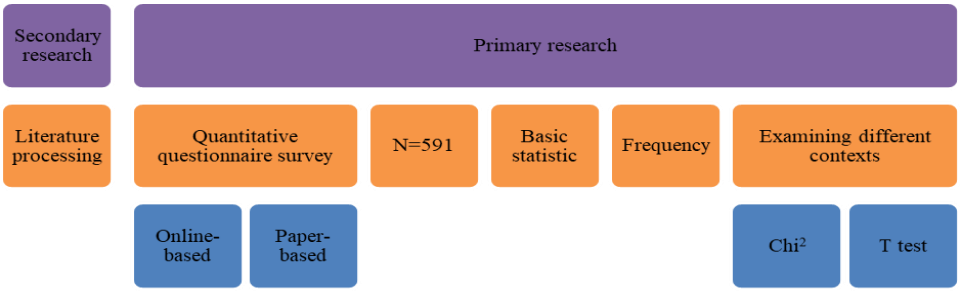

Figure 1. Research methodology (Source: Authors)

Presentation of the test sample

Looking at the gender distribution of the 591 people, it can be said that the female respondents were more dominant, since they give 73.3% (433 people) to the respondents, while men make up the remaining 26.7% (158 people). According to age, the applicants can be classified into the following groups: 40.4% (239 people) 18-24, 33.2% (196 people) 25-39, 20.1% (119 people) 40-54, and 6.3% (37 people) 55 years or older. Assessing the highest level of education, it can be said that 0.5% (3 people) of those who completed less than eight classes, 1.9% (11 people) completed eight classes, 8.5% (50 people) graduated from vocational training/vocational school, 39.6% (234 people) have a high school/high school diploma, 10.8% (64 people) have a higher vocational qualification, and 38.7% (229 people) have graduated from a college/university.

Table 1. Distribution of gender, age group and highest educational level of the examined persons (Source: Own editing)

Criteria		Total	
		Frequency	Percentage
Gender	Male	158	26.7%
	Female	433	73.3%
Age-based Group	18-24 year	239	40.4%
	25-39 year	196	33.2%
	40-54 year	119	20.1%
	55+	37	6.3%
Education	Less than 8th grade	3	0.5%
	8th grade	11	2.2%
	Vocational school	50	8.5
	Secondary school/ high school graduation	234	39.6%
	Tertiary qualifications	64	10.8%
	College/University	229	38.7%

Since our target group was employees, at the beginning of our survey we also asked the respondents some general questions about work. 63.6% (376) of the examined persons work in subordinate positions, and 13.7% (81 people) are occasional workers, as they are also studying in addition to working. 4.6% (27 people) as a group leader, 7.3% (43 people) as a middle manager, 2.0% (12 people) as a senior manager, 2.9% (17 people) as a company owner, 3.4% (20 people) as a freelancer, as an individual entrepreneur, and 2.5% (15 people) as an expert main) works. In terms of their job, 43.1% of the respondents (255 people) had mixed (both physical and mental activities), 25.4% (150 people) heavy mental work, 17.1% (101) light mental work, 9.1% (54 people) light physical activity, 5.2% (31 people) perform heavy physical activity. In terms of sectors, a truly colorful range can be described, however, most of them perform their daily tasks in the fields of manufacturing, construction, production, child care, social care, sales, trade, hospitality, tourism, and healthcare.

RESULTS AND DISCUSSION

The health status of employees is affected by many factors, among which the tasks during work and the working conditions must also be taken into account. 68.5% of respondents (405 people) are exposed to the harm of unilateral use, while 52.6% (311 people) are affected by excessive stress and pressure to perform at work. In addition, 53.1% (314 people) eat irregularly, 43.7% (258 people) suffer from some kind of locomotor system complaint and pain, and 42.6% (252 people) live a sedentary lifestyle. For 33.8% of the total sample (200 people), it is true that they take some kind of cognitive supplement, for 33.2% that they consume more than two coffees a day, for 27.7% that they struggle with frequent headaches and high blood pressure, for 23.0% (136 people) that they smoke, while 14.0% (83 people) that they drink at least one energy drink a day. In terms of gender, significant differences were detected in some of the aforementioned results. A higher proportion of women suffer from some form of locomotor complaints and pain ($t=-2.250$, $p=0.000$), they are more likely to have frequent headaches and high blood pressure ($t=-1.123$, $p=0.011$) and take dietary supplements ($t=-1.467$, $p=0.002$). On the other hand, the statements that they smoke ($t=5.812$, $p=0.000$), that they consume more than two coffees a day ($t=1.898$, $p=0.001$) and that they consume at least one energy drink a day ($t=2.094$, $p=0.000$). Despite all this, similar to the 2019 data of the National Statistics Office, according to which 6 out of 10 Hungarians considered their health to be good or very good in the year of the survey, 52.6% of the employees I interviewed considered their health to be good and 14.2% to be very good. . With the increase in educational level, a very strong significant decrease was observed regarding disordered eating ($chi^2=28.842$, $df=5$, $p<0.001$). A very strong significant decrease in smoking was also detected with increasing education ($chi^2=59.048$, $df=5$, $p<0.001$).

After the end of work, the free time of the employees is mostly filled, based on the answers given on a Likert scale ranging from one to five (1-not at all, 5-completely), dealing with family and relationships (average=4.13, standard deviation=1.048). This is followed by the time devoted to housework and chores around the house (average=3.84, standard deviation=1.134), then Internet access, mobilephone, online games and TV (average=3.58, standard deviation=1.136).

After that, spending time with friends and peers was the most chosen recreational activity (average=3.38, standard deviation=1.189), while passive relaxation (average=2.99, standard deviation=1.240), sports and nature walks (average=2.87, standard deviation=1.241) the employees we interviewed take little time. Overtime and doing special work are not considered to be very regular (average=2.52, standard deviation=1.368), as is the use of relaxation, massage, and wellness services (average=2.00, standard deviation=1.133).

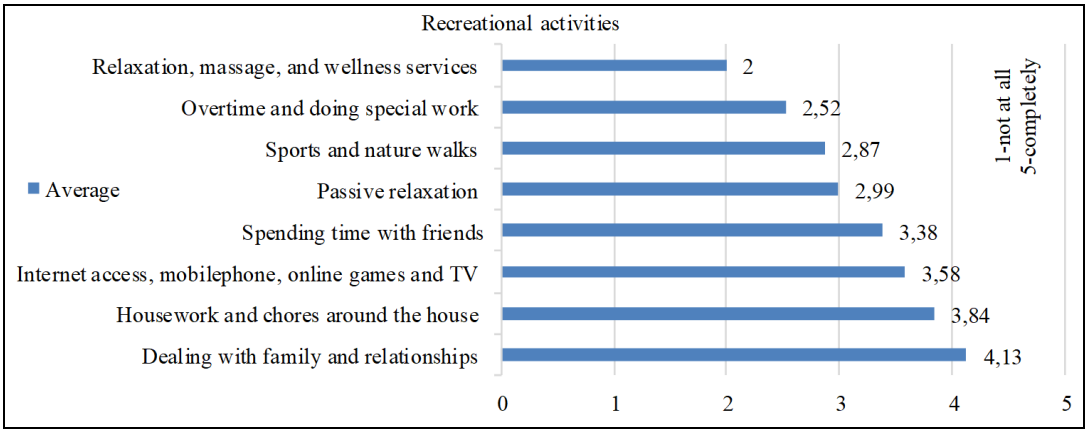

Figure 2. Average distribution of employees' leisure activities (Sourche: Authors)

In terms of gender, significant differences were observed in recreational activities. Dealing with family and relationships (t=3.681, p<0.001), as well as housework and activities around the house (t=8.036, p<0.001) appear in a larger amount of time in women's free time, while for men internet and phone calls are more typical , online games and watching TV (t=-2.489, p=0.012), playing sports, nature walks (t=-2.949, p=0.003), at the same time overtime, doing separate jobs (t=-4.322, p<0.001) in the time left after work.

Table 2. Appearance of recreational activities in the light of gender (Source: Own editing)

Recreational activity	Mean, standard deviation (1-not at all, 5-completely)		Difference by gender
	Female	Male	
Dealing with family and relationships	4.22; 1.017	3.87; 1.089	t=3.681, p<0.001
Housework and activities around the house	4.06; 1.051	3.25; 1.145	t=8.036, p<0.001
Surf the Net, mobilephone, online games, TV	3.51; 1.143	3.77; 1.100	t=-2.489, p=0.012
Dealing with friends and peer groups	3.36; 1.217	3.44; 1.109	p>0.05
Passive rest	2.94; 1.246	3.11; 1.221	p>0.05
Sports, nature walks	2.78; 1.176	3.11; 1.378	t=-2.949, p=0.003
Overtime, doing separate jobs	2.38; 1.343	2.92; 1.359	t=-4.322, p<0.001
Use of relaxation, massage, wellness services	2.00; 1.114	1.98; 1.186	p>0.05

Among the primary prevention activities, also based on the results assessed with a Likert scale ranging from one to five (1=not at all, 5=completely), leisure activities spent with family, relationships, and friends (mean=4.02, standard deviation=1.042) are the most used methods, which is also confirmed by other Hungarian research (Kiss and Laoues, 2022). Healthy eating (average=3.10, standard deviation=1.076) and walking and nature walks (average=3.08, standard deviation=1.140) can also be considered primary prevention activities that appear in the everyday life of employees. However, regular exercise and physical training (average=2.88, standard deviation=1.319), regular screening tests (average=2.53, standard deviation=1.230), development of self-confidence and competence (average=2.47, standard deviation=1.290), relaxation, meditation, yoga (average=2.02, standard deviation=1.206) and the use of wellness services (average=1.91, standard deviation=1.081) received a lower average value.

Table 3. Travel habits of employees (Source: Own editing)

Type of trip	Regularity					
	Not at all		Monthly		1-2 times a year	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Resort tourism	124	21.0	82	13.9	385	65.1
Medical tourism	458	77.5	35	5.9	98	16.6
Wellness tourism	294	49.7	67	11.3	230	38.9
Event tourism	186	31.5	124	21.0	281	47.5
Visitor tourism	91	15.4	268	45.3	232	39.3

Based on these, it can be said that our first hypothesis has been confirmed, since we stated that primary prevention activities take a back seat in employees' free time. A very strong significant difference can be observed in terms of regular exercise and physical training (t=-3.702, p<0.001), as primary prevention activity is more typical for men (average=3.21,

standard deviation=1.396) than for women (average=2.76, standard deviation =1.270). Similarly, a significant difference was discovered in regular screening tests (t=2.041, p=0.042) and it can be said that women (average=2.59, standard deviation=1.220) go for regular screening tests more often than men (average=2.36, standard deviation= 1.248).

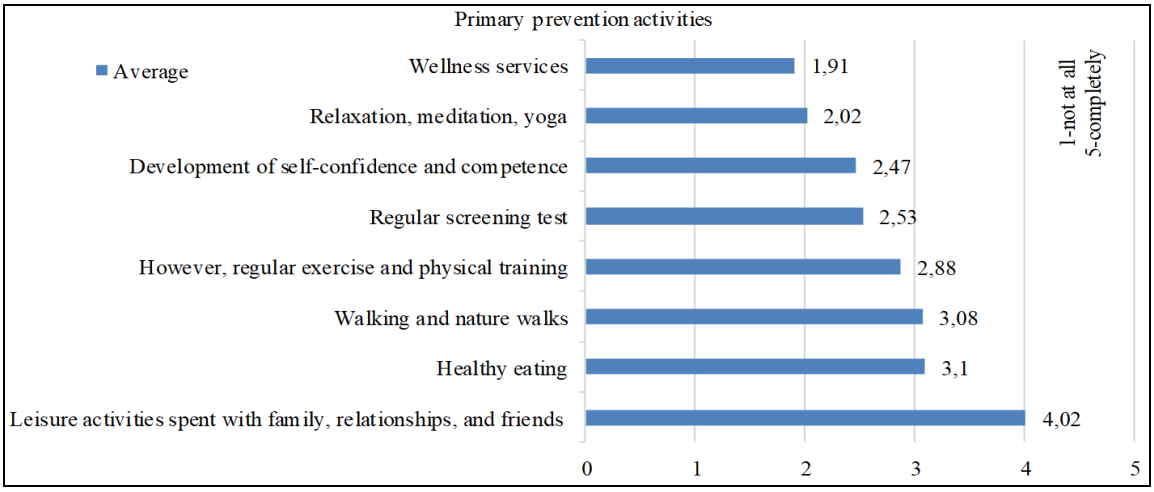

Figure 3. Average distribution of primary prevention activities used (Sourche: Authors)

In our research, we examined whether and, if so, how often the employees we interviewed used to take time for various trips, the detailed results of which are illustrated in Table 3. 22.5% (133 people) of the examined sample participate in medical tourism, and 50.3% (297 people) spend time on wellness trips on a regular basis. Visiting tourism is the most popular type of travel on a monthly basis, for almost half of the respondents (45.3%, 268 people). 65.1% of the respondents (385 people) devote time to holiday tourism and 47.5% (281 people) to event tourism 1-2 times a year.

In choosing the destination, the biggest motivating factor was the quiet, calm environment (mean=4.10, standard deviation=1.089). The second most popular motivational factor is proximity to nature (average=3.87, standard deviation=1.097), followed by tasty, varied, healthy food (average=3.69, standard deviation=1.116). The availability of water services and wellness elements (average=3.48, standard deviation=1.261), and the offer of entertainment and animation programs (average=3.22, standard deviation=1.221) can also be classified as more important motivational factors. Sports opportunities have the least motivational role (average=2.78, standard deviation=1.292) among the respondents. In terms of gender, significant differences were also observed in this question. Proximity to nature (t=2.285, p=0.023) and the presence of water services and wellness elements (t=2.174, p=0.030) had a greater motivational role among women, while sports opportunities among men (t=-3.300, p=0.001) play a greater motivational factor.

Table 4. Motivational factors for choosing a destination (Source: Own editing)

Motivational factor	Mean, standard deviation (1-not at all, 5-completely)			Difference by gender
	Total	Female	Male	
A quiet, calm environment	4.10; 1.089	4.12; 1.109	4.02; 1.031	p>0.05
Close to nature	3.87; 1.097	3.93; 1,070	3.70; 1.155	t=2.285, p=0.023
Tasty, varied, healthy food	3.69; 1.116	3.68; 1.118	3.70; 1,115	p>0.05
Availability of water services and wellness elements	3.48; 1.261	3.55; 1.155	3.29; 1.278	t=2.174, p=0.030
Entertainment opportunities, animation programs	3.22; 1.221	3.23; 1.242	3.20; 1.165	p>0.05
Sport facilities	2.78; 1.292	2.68; 1.246	3.07; 1,374	t=-3.300, p=0.001

Based on the results detailed above, our second hypothesis was also confirmed, since the majority of employees spend time on holiday travel 1-2 times a year, and the quiet, calm environment that ensures relaxation plays a role among the most important motivational factors in choosing a destination. The exploration of the role of the environment in the field of sports, leisure and travel is also confirmed by other international researches (De Valck et al., 2016; Ilies et al., 2018).

CONCLUSION

The main goal of our research was to assess among currently working employees over the age of 18 what activities they use to try to regain their ability to work, and whether trips are popular for them as primary prevention activities. Our results revealed data that show that there is a real need to examine and improve the health of employees in our current world, perhaps even by introducing as many workplace health improvements as possible, and by promoting various activities and trips that help improve health (Dongen et al., 2011; Hidvégi et al., 2017; Molnár and Müller, 2021a; Molnár and Müller, 2021b).

More than half of the respondents, 68.5% (405 people) are exposed to the harm of unilateral use and 52.6% (311 people) face the problem of excessive stress and pressure to perform at work. The confirmation of our first hypothesis confirmed that the employees' free time is largely filled by various obligations, and that primary prevention activities are pushed into the background. Most of the employees' free time is spent dealing with family and relationships (average=4.13, standard deviation=1.048), but this activity is also the primary primary prevention activity for them (average=4.02,

standard deviation=1.042). Trips can help employees break away from the grind of everyday tasks and help restore their ability to work. 22.5% of the respondents (133 people) take part in a medical tourism holiday and 50.3% of the respondents (297 people) take part in a wellness holiday focusing on health preservation. Visitor tourism is also popular, which was experienced by almost half of the respondents (45.3%, 268 people). 65.1% of the respondents (385 people) spend time on holiday tourism 1-2 times a year, while 47.5% (281 people) spend time on event tourism. When choosing a destination, the quiet, calm environment (average=4.10, standard deviation=1.089) and proximity to nature (average=3.87, standard deviation=1.097) play the role of the biggest motivational factor.

The health status of employees is influenced by many factors, so it is not surprising if after a while they feel stressed, tired, exhausted, and nervous. Taking all of this into account, it is very important to make everyone aware that in order to achieve health, you are the first person who can do something about it. In leisure activities, priority should be given to those that promote refreshment and rest (De Valck et al., 2016; Scholte et al., 2018) and those that encourage physical activity and sports (Kavanagh et al., 2002; Sorensen et al., 2003, Gilson et al., 2008; Flynn et al., 2010; Ojo et al., 2013; An et al., 2015; Bredahl et al., 2017; Casey et al., 2017), but it takes time to spend on trips, as they have many beneficial effects (Kardos, 2011; Tütünkov et al., 2021), as they tear employees away from their usual surroundings. The restrictions during covid and home office work had a negative effect on the health and well-being of employees by strengthening the lack of exercise and sedentary behavior (Ráthonyi et al., 2021a, b). Health-related travel is popular among employees. The role played by travel and leisure programs in health has been recognized by the government and workplaces and is supported and encouraged in the form of non-wage benefits provided to employees (Széchenyi rest card).

Limitation

We examined the group of employees, the leisure activities they pursue, the primary prevention tools used to maintain health, and their travel habits. In the group of employees, those working in the construction industry, performing clerical office work or raising children dominated. The dominance of the circle of employees does not change, this can affect the results.

The questionnaire was filled out by the respondents based on self-report, so in the answers the accurately with which they remember certain leisure activities, primary prevention tooland travel habits influences the answers. Another limitation of the present study is derived from the cross-sectional study design, which cannot be used to analyze behavior over a period to time and does not help determine a cause and effect relationship. The well-known drawbacks of online survey data collection can also be a limitation of this study. These limitations should be considered in future studies.

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REFERENCES

An, S.H., Lee, J.S., & Ahn, S.E. (2015). Effects of a pedometer-based workplace health program on cardiovascular and metabolic parameters. *Workplace Health & Safety*, 63(12), 556-562.

Agybetova, R., Zhakupov, A., Berdenov, Z., Abishov, N., Ylemessov, A., & Gizzatzhanova, A. (2023). Assessment of Recreational Suitability of Lake Alakol in The Republic of Kazakhstan on Hydrological Indicators. *Geo Journal of Tourism and Geosites*, 46(1), 118-123. DOI 10.30892/gtg.46113-1007 https://doi.org/10.1177/2165079915603895

Bácsné, Bába, É., Szabados, G.N., & Madarász, T. (2017). *Munkavállalók fizikai állapotfelmérésének tapasztalatai a KKV szektorban [Experiences of assessing the physical condition of employees in the SME sector]*. Taylor gazdálkodás és szervezéstudományi folyóirat a virtuális intézet Közép-Európa kutatására közleményei, 2017. évsz., 2 sz. pp.28.

Bajsz, V., Sió, E., Tóthné Steinhausz, V., Karamánné Dr. Pakai, A., & Császárné Gombos, G. (2013). *Egy multinacionális cég egészségfelmérése a munkahelyi stressz tükrében [Health assessment of a multinational company in the light of workplace stress]*. Egészségfejlesztés, 54 (2013/5–6) 40–47, ISSN 2498-6666.

Beregi, E. (2021). *Iskolai egészségnevelés lehetőségei a testi-lelki egészségmegőrzés érdekében, különös tekintettel a rekreációs tevékenységek alkalmazására [Possibilities of school health education for the preservation of physical and mental health, with particular regard to the use of recreational activities]*. In: Kihívások és megoldások a XXI. század pedagógiájában: Válogatás a Pedagógiai Szakbizottság tagjainak a munkáiból. Eszterházy Károly Katolikus Egyetem Líceum Kiadó, Eger, 145-158, ISBN 978-963-496-218-2..

Bíró, M., Hidvégi, P., Tatár, A., Pucsok, J.M., & Lenténé, P.A. (2018a). Possibilities for improving the quality of life in Hungary in the northern great plain region. In Jaromír, Šimonek; (Szerk. Beáta, Dobay). Sport science in motion: proceedings from the scientific conference. Mozgásban a sporttudomány: válogatott tanulmányok a konferenciáról Komárno, Szlovákia: *Univerzita J. Selyeho*, 227-235.

Bíró, M., Lenténé, P.A., Dobay, B., & Müller, A. (2018b). *Az Észak-alföldi fürdők szerepe a wellness turizmusban [The role of the North Great Plain spas in wellness tourism]*. In: Fókuszban az egészség. (Szerk. Balogh L.). Debreceni Egyetem Sporttudományi Koordinációs Intézet, Debrecen, 38- 49, ISSN 2631-0910 ISBN 978-963-490-120-4,

Bíró, M., Tatár, A., Pucsok, J.M., Lenténé Puskás, A., Mikhárdi, S., Hidvégi, P., & Molnár, A. (2019). *Az Észak-alföldi régió szállodáinak egészségturisztikai trendjei [Health tourism trends of hotels in the Northern Great Plain region]*. In Sokoldalú sporttudomány. (Szerk. Balogh L.) Debreceni Egyetem Sporttudományi Koordinációs Intézet, Debrecen. p. 9-20.

Bredahl, T.V.G., Sørensen, O.H., Johansson, K., Vinther, A., & Krustrup, P. (2017). Walking football as sustainable exercise for older adults–A pilot investigation. *European Journal of Sport Science*, 17(5), 638-645. https://doi.org/10.1080/17461391.2016.1277300

Buckley, R., & Westaway, D. (2020). Mental health rescue effects of women's outdoor tourism: A role in COVID-19 recovery. *Annals of tourism research*, 85, 103041. https://doi.org/10.1016/j.annals.2020.103041

Casey, M., Eime, R., Harvey, J., Sawyer, N., Craike, M., Symons, C., & Payne, W. (2017). The influence of a Healthy Welcoming Environment on participation in club sport by adolescent girls: A longitudinal study. *BMC Public Health*, 17(1), 1-11. https://doi.org/10.1186/s12889-017-4431-y

Cheng, Y., & Yin, J. (2022). Has COVID-19 increased the intention to undertake health tourism? Examination using a conditional process model. *Tourism Tribune*, 4-4.

Csobán, K., Szőllős-Tóth, A., Sánta, Á.K., Molnár, C., Pető, K., & Dávid, L.D. (2022). Assessment of The Tourism Sector in a Hungarian Spa Town: A Case-Study of Hajdúszoboszló. *Geo Journal of Tourism and Geosites*, 45, 1543-1551. https://doi.org/10.30892/gtg.454spl02-973

De Valck, J., Broekx, S., Liekens, I., De Nocker, L., Van Orshoven, J., & Vranken, L. (2016). Contrasting Collective Preferences for Outdoor Recreation and Substitutability of Nature Areas Using Hot Spot Mapping'. *Landscape and Urban Planning*, 151, 64–78.

Dongen, J.M., Proper, K.I., Van Wier, M.F., Van der Beek, A.J., Bongers, P.M., Van Mechelen, W., & Van Tulder, M.W. (2011). Systematic review on the financial return of worksite health promotion programmes aimed at improving nutrition and/or increasing physical activity. *Obesity Reviews*, 12(12), p. 1031-1049. https://doi.org/10.1111/j.1467-789X.2011.00925.x

EU-OSHA (2018). *Prevention of work-related diseases*. https://osha.europa.eu/en/highlights/ prevention-work-related-diseases-eu-osha-launches-newwebsite-section?pk_ campaign=OSHmail%2003%202018

Flynn, M.A., Wickramasinghe, N., & Burke, E. (2010). An evaluation of the effectiveness of a physical activity intervention in a community setting: The Travelling Green Prescription. *Journal of Primary Health Care*, 2(1), 34-39. https://doi.org/10.1071/HC10034

Fodor, L. (2013). *Az egészségnevelési programok jellemzői [Characteristics of health education programs]*. Magiszter 11. évf. 2. sz. (2013) 27-40, oldal 27.

Fodor, L. (2014). *A testi és lelki egészség egysége [The unity of physical and mental health]*. Magiszter 12. évf. 3. sz. (2014) 16-25. oldal

Gan, T., Zheng, J., Li, W., Li, J., & Shen, J. (2023). Health and Wellness Tourists' Motivation and Behavior Intention: The Role of Perceived Value. *International Journal of Environmental Research and Public Health*, 20(5), 4339.

Garjan, H.S., Paydar, M.M., & Divsalar, A. (2023). A sustainable supply chain for a wellness tourism center considering discount and quality of service. *Expert Systems with Applications*, 211, 118682.

Gilson, N.D., Puig-Ribera, A., McKenna, J., & Brown, W.J. (2008). The Effects of a Workplace Leisure Time Physical Activity Program on Cardiovascular Disease Risk Factors: The Apples Health and Wellness Program. *Journal of Occupational and Environmental Medicine*, 50(7), 777-785. https://doi.org/10.1097/JOM.0b013e31816fd53b

Gonda, T., Nagy, D., & Raffay, Z. (2019). The impact of tourism on the quality of life and happines. Interdisciplinary Management Research / *Interdisziplinare Managementforschung* 15, 1790-1803.

Hansen, A.S., Beery, T., Fredman, P., & Wolf-Watz, D. (2022). Outdoor recreation in Sweden during and after the Covid-19 pandemic–management and policy implications. *Journal of Environmental Planning and Management*, 1-22. https://doi.org/ 10.1080/09640568.2022.2029736

Hassard, J., Teoh, K., Visockaite, G., Dewe, P., & Cox, T. (2017). The cost of work-related stress: A systematic review. *Journal of Occupational Health Psychology*. 23(1), 117. https://doi.org/10.1037/ocp0000069

Hidvégi, P., Biró, M., Lenténé, P.A., Pucsok, J.M., Tatár, A., & Bárdos, K. (2019). *Wellness szolgáltatást igénybevevők felmérése az Észak-alföldi régióban [Survey of users of wellness services in the Northern Great Plain region]*. In: Sokoldalú sporttudomány. (Szerk. Balogh L.). Debreceni Egyetem Sporttudományi Koordinációs Intézet, Debrecen, 1-8.

Hidvégi, P., Bíró, M., Müller, A., & Váczi, P. (2017). *Testnevelési program a munkahelyi egészségfejlesztésben [Physical education program in workplace health promotion]*. Acta Academiae Paedagogicae Agriensis Nova Series: Sectio Sport. 44, 115–138.

Ilies, D.C., Buhas, R., Ilies, M., Ilies, A., Gaceu, O., Pop, A.C., Marcu, F., Buhas, S.D., Gozner, M., & Baias, S. (2018). Sport activities and leisure in Nature 2000 protected area-Red Valley, Romania. *Journal of Environmental Protection and Ecology*, 19(1), 367-372

Juhász, É. (2014). *Munkahelyi mentálhigiéné [Workplace mental health]*. In: Szabó, J. (szerk.): Mentális egészségvédelem munkahelyen. Pécsi Tudományegyetem, Egészségtudományi Kar, Pécs, 2014, 25–45, ISBN: 978 963 642 652 1.

Kardos, Z. (2011). *Turisztikai ismeretek [Tourist knowledge]*. Keszthely, 117 p.

Kavanagh, K., Buffington, J., Palermo, T., & Kaufman, A. (2002). An Employer-Sponsored Exercise Program for Workers with Chronic Low Back Pain. *Journal of Occupational and Environmental Medicine*, 44(9), 827-831. https://doi.org/10.1097/00043764-200209000-00010

Kickbusch, I. (2012). 21st century determinants of health and wellbeing: a new challenge for health promotion. *Global Health Promotion*. 19 (3), 5-7.

Kiss, A., & Laoues-Czimbalmos, N. (2022). *Az egészség szerepe hátrányos helyzetű romák körében [The role of health among disadvantaged Roma]*. Oxipo: Interdiszciplináris E-Folyóirat 4(4), 35-46.

Központi Statisztikai Hivatal (KSH) (2019). *Egészségügyi helyzetkép [Health picture]*. https://www.ksh.hu/docs/hun/xftp/idoszaki/ elef/egeszsegi_allapot_2019/index.html

Li, C., & Huang, X. (2023). How Does COVID-19 Risk Perception Affect Wellness Tourist Intention: Findings on Chinese Generation Z. *Sustainability*, 15(1), 141.

Li, Z., & Gao, Y. (2023). Better Wealth, Better Health: Wellness Hotel Attributes and Consumer Preferences in China. *Journal of China Tourism Research*, 1-23.

Li, Y., & Wen, T. (2023). Impact of Cognition and Social Trust on Forest-Based Health Tourism Intention during COVID-19. *Sustainability*, 15(1), 714.

Liu, J., Wyver, S., & Chutiyami, M. (2022). Impacts of COVID-19 Restrictions on Young Children's Outdoor Activity: A Systematic Review. *Children*, 9(10), 1564. https://doi.org/10.3390/children9101564

Lengyel, A. (2015). Mindfulness and sustainability: utilizing the tourism context. *Journal of Sustainable Development*, 8(9).

Lengyel, A. (2016). Tourism, meditation, sutainability. *Apstract - Applied Studies in Agribusiness and Commerce*, 10 (1), 81–91. https://doi.org/10.19041/apstract/2016/1/11

Lengyel, A. (2019). *A mindfulness és liminalitás felértékelődése: spirituális elvonulási központok, a fenntartható jövő desztinációi? [The appreciation of mindfulness and liminality: spiritual retreat centers, destinations of a sustainable future?]*. Turizmus Bulletin, 19(1), 14-24. https://doi.org/10.14267/TURBULL.2019v19n1.2

Lengyel, A. (2020). Authenticity, mindfulness and destination liminoidity: a multi-Level model. *Tourism Recreation Research*, 1-16, 47(1). https://doi.org/10.1080/02508281.2020.1815412

Lőrincz, K., & Sulyok, J. (2017). *Turizmusmarketing [Tourism marketing]*. Budapest: Akadémiai Kiadó Zrt. Magyar Turizmus Rt. (2003): Turizmus Magyarországon 1990-2002, 114 p.

Lyulicheva, M., Yap, S.F., & Hyde, K. (2023). Identity transition process: a study of the holistic wellness retreat experience. *Journal of Consumer Marketing*, ISSN: 0736-3761.

Mai, X.T., & Nguyen, T.D.T. (2023). Push and pull factors for wellness tourism experience: framework development and implementations. *International Journal of Tourism Policy*, 13(1), 18-34.

Madarász, T., & Bácsné, Bába, É. (2016). Survey on the Employees' Fitness Condition and the Employers' Health Preservation Possibilities in Case of small and medium-sized Enterprises. Sea: *Practical Application of Science IV*: 2 (11). 205-212.

Mertzanis, C., Papastathopoulos, A., Koutra, C., & Marashdeh, H. (2023). COVID-19, mobility, leisure, and travel around the world. *Journal of Leisure Research*, 54(2), 227-249.

Molnár, A., Borbély, S., Oláh, D., & Vajda, I. (2021). *Testkultúra és egészségmagatartás vizsgálata a Nyíregyházi Egyetem dolgozói körében [Research of Body Culture and Health Behaviour among the workers of University of Nyíregyháza]*. In: Kovács, Zoltán (szerk.) Kutatások és látásmódok a Nyíregyházi Egyetemen. Nyíregyháza, Magyarország: Nyíregyházi Egyetem (2021) 260 p., 154-167.

Molnár, A., & Müller, A. (2021a). *A béren kívüli juttatások hatása a lakosság egészséges életmódra való ösztönzésében [The effect of fringe benefits in encouraging the population to lead a healthy lifestyle]*. Acta Carolus Robertus, 11 (2). pp. 91-104. ISSN 2062-8269

Molnár, A., & Müller, A. (2021b). *A vállalati társadalmi felelősségvállalás (CSR) és a munkahelyi egészségfejlesztés kapcsolata [Workplace Health Promotion With Regards To Corporate Social Responsibility (CSR)]*. Acta Carolus Robertus, 11 (1), 71-81.

Molnár, E. (2012). Supervision in social work: experiences as a college supervisor of social worker training. *Economica* (Szolnok) 5, 2. különszám, 29-35.

Ojo, S.O., Bailey, R.L., & Blair, S.N. (2013). The United States Physical Activity and Fitness Collaborative (PAFC) travel-to-treat strategy: A model for promoting physical activity in the workplace. *Preventive Medicine*, 57(6), 874-877. https://doi.org/10.1016/j.ypmed.2013.09.009

Pálinkás, R., Kinczel, A., Váczi, P., Molnár, A., & Müller, A. (2022). Recreational activities among students aged 14-18. *Geosport For Society*, 16(1), 1-11. https://doi.org/10.30892/gss.1601-079

Pázmán-Iski, A., Bauerné, D., & Gáthy, A. (2020). *A munkavállalói egészségtudatosság és a munkahelyi egészségfejlesztési lehetőségek többszempontú vizsgálata debreceni munkavállalók körében [A multi-faceted examination of employee health awareness and workplace health improvement opportunities among employees in Debrecen]*. Régiókutatás Szemle 2020 V. évf. 2. sz. https://doi.org/10.30716/RSZ/20/2/6

Praprom, C., & Laipaporn, J. (2023). Betong: A potential wellness tourism destination in the deep south of thailand. *Geo Journal of Tourism and Geosites*, 46(1), 55-62. https://doi.org/ 10.30892/gtg.46106-1000

Princz, A. (2020). *Civilben a munkahelyi egészségért [Working as a Civilian for Workplace Health]*. Hadtudományi Szemle, 13 (1), 159-179, ISSN 2060-0437.

Rácz, A. (2020). *A magyar lakosság utazási szokásai 2018 májusa és 2019 júniusa között [Travel habits of the Hungarian population between May 2018 and June 2019]*. Turizmus Bulletin, *20*(2), 42–51. https://doi.org/10.14267/TURBULL.2020v20n2.5

Ráthonyi, G., Bácsné, Bába, É., Szabados, G., & Ráthonyi-Ódor, K. (2021a). *A COVID-19 pandémia hatása a munkavállalók fizikai aktivitására [The impact of the COVID-19 pandemic on the physical activity of employees]*. International Journal of Engineering and Management Sciences / Műszaki És Menedzsment Tudományi Közlemények 6(2), 72-84.

Ráthonyi, G., Kósa, K., Bács, Z., Ráthonyi-Ódor, K., Füzesi, I., Lengyel, P., & Bácsné Bába, É. (2021b). Changes in Workers' Physical Activity and Sedentary Behavior during the COVID-19 Pandemic. *Sustainability*, 13(17), 9524.

Révész, L., Müller, A., & Bíró, M. (2015). *Bevezetés, fogalmi alapok [Introduction, conceptual foundations]*. In: Révész, L., Bíró, M. (Szerk.) A rekreáció elmélete és módszertana 1. A rekreáció kialakulása, története. A rekreáció felosztása. 6–21. Eger: EKF Líceum Kiadó, ISBN 978-615-5621-06-2.

Rice, W.L., Mateer, T.J., Reigner, N., Newman, P., Lawhon, B., & Taff, B.D. (2020). Changes in recreational behaviors of outdoor enthusiasts during the COVID-19 pandemic: analysis across urban and rural communities. *Journal of Urban Ecology*, 6(1).

Salavecz, G. (2013). *Munkahelyi stressz és egészségi állapot összefüggése a Hungarostudy 2013-as felmérés alapján [Correlation between workplace stress and health status based on the Hungarostudy 2013 survey]*. In: Magyar Lelkiállapot 2013. Semmelweis Kiadó és Multimédia Stúdió, Budapest, 89-105.

Sivan, A. (2020). Reflection on leisure during COVID-19. *World Leisure Journal*, 62(4), 296-299.

Soós, J.K. (2008). *A stressz kettős (építő és romboló) természete, és ennek érvényesülése a team munkában [The dual nature of stress (constructive and destructive) and its effect in teamwork]*. Munkaügyi Szemle, 2008/3. 26.

Sorensen, G., Barbeau, E., Stoddard, A.M., Hunt, M.K., Goldman, R., Smith, A., Brennan, A.A., & Wallace, L. (2013). Tools for Health: The Efficacy of a Tailored Intervention Targeting the Construction Trades. *American Journal of Industrial Medicine*, 44(5), 476-483. https://doi.org/10.1002/ajim.10296

Spennemann, D.H., & Whitsed, R. (2021). The impact of COVID-19 on the Australian outdoor recreation industry from the perspective of practitioners. *Journal of Outdoor Recreation and Tourism*, 100445. https://doi.org/10.1016/j.jort.2021.100445

Szabó, K., Hőnyi, D., Kinczel, A., Tütünkov-Hrisztov, J., Molnár, A., & Müller, A. (2022). *A magyar utazók attitűdjei a bolgár turizmussal kapcsolatban [Hungarian travelers' attitudes towards Bulgarian tourism]*. Acta Carolus Robertus, 12 (2), 3-12. ISSN 2062-8269.

Tütünkov-Hrisztov, J., Szabó, K., Kinczel, A., Molnár, A., Bujdosó, Z., & Müller, A. (2021). *A Z generáció utazási szokásai [Travel habits of generation]*. Z. Recreation, 11 (3), 27-29, ISSN 2064-4981.

Váczi, P.E., Dobay, B., & Pálinkás, R. (2022). Impact of Covid-19 on The North American Professional Basketball Championship and European Football Leagues. *Selye E-Studies* 13(2), 21-30.

Yang, E., & Smith, J.W. (2023). The spatial and temporal resilience of the tourism and outdoor recreation industries in the United States throughout the COVID-19 pandemic. *Tourism Management*, 95, 104661.

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