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Editorial to the Special Issue ‘Health, Sport and Tourism: Searching for Future Synergies’

Andreja Trdina

University of Maribor, Slovenia

andreja.trdina@um.si

Miha Lesjak

University of Primorska, Slovenia

miha.lesjak@fts.upr.si



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Tourism has become a significant modality through which our social life is organized. While more and more research has been undertaken on sport tourism and well-being tourism, there is still a strong need to enrich tourism studies with social and cultural theories, providing an alternative to the ‘existing positivist and managerially oriented material which predominates in the current literature in tourism’ (Franklin & Crang, 2001, p. 20). This Special Issue with the title ‘Health, Sport and Tourism: Searching for Future Synergies’ thus approaches tourism as a social phenomenon and sets out to examine the relationship between tourism and related fields of social inquiry, those of health and sport, investigating what wider ramifications they carry for each other under today’s unsettling circumstances. Similar to participation in tourism, health promotion and sport engagements are nowadays facing many significant challenges that are reflected in rising socio-economic inequalities, epidemiological pressures, and changes in patterns of communication and technological development, as well as in the shifting expectations, motivations and attitudes of local communities and tourists alike. By addressing these topics, the Special Issue seeks to broaden the existing knowledge and challenge the dominant views in order to enrich our understandings of (future) junctures of tourist practices, physical activity, and health and well-being.

The idea for this Special Issue grew from the fruitful discussions at the Bet on Health online interna-

tional conference 2020, organized by the Faculty of Tourism University of Maribor, which offered a forum for leading researchers and experts to share their experiences and research results on sports, well-being and health issues and the role of local communities in planning, implementing and evaluating public health policies and practices.

Academica Turistica: Tourism and Innovation Journal (AT-TIJ) kindly welcomed our initiative for inviting the most high-impact and compelling conference papers, in terms of theoretical richness and methodological rigorousness, to be considered for publication, whilst extending the call for papers and hoping to gather a few additional innovative contributions on the topic in order to put together a coherent issue. To this end, the Faculty of Tourism University of Maribor teamed up with the Faculty of Tourism Studies – Turistica University of Primorska in editorial efforts and brought together the present issue.

Mobilities scholars have been amongst the most convincing in suggesting that mobility is the defining feature of contemporary societies (Urry, 2000; Sheller & Urry, 2006; Larsen et al., 2016). Diverse mobilities are becoming of crucial significance in negotiating the growing complexity of modern living and thus in understanding one’s relation to the world. As such, these are essentially indicative of material reconstruction of the ‘social as society’ into the ‘social as mobility’, as suggested by Urry (2000, p. 2). According to Cohen and Cohen (2012, p. 2181), the progressive blur-

ring of boundaries between different types of mobilities has provoked a de-differentiation of the domain of tourism from other mobilities, such as for example commuting, labour or retirement or lifestyle migration, second home visits, volunteering, and also sporting activities. These accounts destabilize conventional tourism scholarship by generating constructive insights into the complexities and variations of movements in contemporary societies. What is more, the basic dichotomies on which the sociological theories of tourism have been so far unreflectively formed have been amply problematized to the very promotion of radical ideas about the 'end of tourism' (Hannam 2009). However, in their cutting polemic, Doering & Duncan (2016) argue that a more nuanced re-reading of philosophical assumptions of the new mobilities paradigm ultimately signals a return to tourism studies rather than moving beyond it. According to them, thinking through the mobilities paradigm means a critical return to tourism studies, this time by multiplying the meanings, uses, functions and movements of tourism(s).

Tourism scholars have been used to demarcating tourism as the opposite to 'everydayness.' Yet, many tourist endeavours are mundane and informed by everyday habits, thus not particularly dissimilar to our everyday life. Or, to echo Larsen (2019), much tourism is strikingly ordinary, no longer antithetical to routines and everyday life, as tourism practices are actually, in part, fuelled by our daily practices and everyday socialities. In general, the advanced blurring of boundaries between tourist practices and everyday practices has been likewise widely discussed. In this context, Franklin and Crang (2001, p. 10) note 'the routinization of touristic sensibilities in everyday life' in a globalizing society where people are becoming more routinely mobile, while Craik (1997, p. 125), in her discussion of the culture of tourism, points out the trend towards de-differentiation among all sorts of social and cultural spheres, resulting also in 'a convergence or blurring between tourist and everyday leisure activities' (p. 125). This implies that tourism scholars should also become more sensitive to how tourism intersects with everyday leisure and sport activities as well as omnipresent concerns for one's health

and wellbeing. Therefore, this Special Issue reiterates arguments about the de-differentiation of social life and the weakening of the conventional boundaries between distinct domains, such as work and leisure, study and entertainment, ordinary life and extraordinary holidays (Cohen & Cohen, 2012). The main aim is to present current insights into the fields of tourism, health and sports, and address their significant intersections at the background of complex cultural and social processes.

Current profound cultural, social, economic, and technological transformations undeniably bring about weighty implications for travel and tourism as well. It is the research that can help us make sense of these transformations for the likely future of scarcity and insecurity, not necessarily by allowing us to foresee the future prospects in their totality but by equipping us with analytical tools to comprehend the complexity of the processes taking place. As emphasized by Caletrío (2019), in light of the growing awareness about our impact on climate, significant segments of the population in western societies are relocating their activities around their home, which certainly also implies the resetting of coordinates of what is considered ordinary and extraordinary in tourism, leading to a re-discovery of holidays near home (the so-called staycation phenomenon). What is more, with flight shaming discourse or the so-called Greta Thunberg effect, the normative discourses of what constitutes a legitimate (low-carbon) holiday that stands as a green credential are changing, while desires to slow down the accelerated pace of life, or 'the culture of speed' (Tomlinson, 2007) we live in, spill over to our travel styles and vacation habits. According to Euronews Travel (2020), the point-to-point holiday, whereby travellers fly to a single location and then return home, will be rivalled by an emerging trend for trips that take in multiple domestic locations, occur at a slower pace, and are as much about the journey and the immersive experience as the ultimate destination. Such analyses of profound redefinitions of holidays and tourism today are thus of growing importance as (im)mobility becomes increasingly significant to various ways of life.

Within this context, we argue for the acknowledgment of the transformative role of tourism in global

society. Unlike what the prevailing marketing logic sustains, by designing the offer the providers not only address the already existing needs and motives of tourists, but also co-create or construct them. Through tourism products, practices and travel styles that promote sustainable and healthy living, well-being and mindfulness, we as tourists practice sustainability, reinforce our environmental awareness and embody the so called 'return to nature.' From this perspective of imagining tourism with its regenerative potency, we support a wider conceptualisation of tourism as a social force and its role in today's global community that goes beyond the hegemonic discourse of tourism as an industry only (Higgins-Desbiolles, 2006). It is thus urgent to revive and reinforce not only the idea of the restorative function of tourism for an individual (in terms of purposeful and meaningful activities restoring our well-being), but also its broader transformative role in today's society. The reason that such an agenda is vital and promising might be seen in the power of tourism practices making important contributions to the values of social and environmental justice, rebuilding the renewed framework of our future society. This, in turn, assumes that it is imperative, to borrow the concluding remarks of Hosta and Plevnik from their contribution, 'to support the efforts of the industry to realign its trends to the service of humanity and nature as joint venture.'

Divided into 3 thematic sections below, the contributions in this Special Issue, authored by scholars from diverse scientific and geographical backgrounds (from Europe, Asia and North America), take different starting points to consider the interactions of tourist practices, health issues, and physical activity or sport engagement. This in turn allows each paper to uniquely contribute to the broadening understanding of these intersections, providing comprehensive and rigorous examinations of many related issues and concepts, whether on the micro level of individuals, mezzo level of local communities or providers, or macro level of destinations. Grounded in the perspective that tourism today is performed and not experienced antithetically to our everyday life, and should thus be understood through a variety of temporal and spatial frames, the different papers in this issue begin

to articulate the dynamic nature of intersections between everyday sport/leisure activities, health issues and tourist practices, with special attention being paid to the promising synergies resulting from these intersections. Whilst at times they may not be able to provide the full answer to the pressing questions posed, they, nevertheless, do offer alternative lenses and less conventional methods through which to consider the complexities of travel and tourism in relation to well-being, sport and health issues today.

Complexity of Tourism's Impacts on Well-Being and Health

Most tourism research has not sufficiently grasped the complexity of tourism's impacts on health and well-being. The contributions in this first section address the urgent need to confront the matter more subtly and within a number of different contexts to reveal rather more nuanced understandings of the interweaving of tourism practices, health and well-being. In their compelling and insightful conceptual paper that is grounded within the current cultural debates in praise of slowness in the otherwise accelerated pace of life, Farkić, Isailović, and Lesjak argue that places of *otium*, where 'doing nothing' is encouraged, may in many ways enhance tourist well-being. By employing in tourism studies the so-far neglected concept of idleness, they discuss spatial, temporal, and existential dimensions of tourist idleness, and ultimately expose the potential for the development of a new well-being experiential tourism product in a natural environment based on the benefits of being idle. In this manner they unsettle predominant conceptualisations of an active holiday in nature, arguing that 'doing less, not more' can be an equally meaningful and restorative tourist activity. Their reflection on the topic is in line with the above argument about the transformative role of tourism in today's accelerated society governed by the dictate of time and the imperative of being always active and performance orientated, and for that reason is of immeasurable value in thinking about the redefined ways of being and living in the future society.

Related to this, the next article similarly acknowledges the rising interest in nature-based experiences as an antidote to modern urban life, claiming that the

quest for well-being and therapeutic tourism will essentially open new opportunities, especially for rural areas. In her in-depth discussion of forest well-being and forest therapy tourism, based on an extensive review of literature and an overview of global good practices, Cvikl proposes responsible use of socio-cultural forest values in tourism for therapeutic and well-being purposes, indicating high prospects for implementation of forest therapeutic tourism in Slovenia. According to Cvikl, the main problem in the practice of forest therapeutic tourism that still remains is how to capture 'empirical knowledge and horizontal integration in the field of different professions such as health, tourism, environment, and social sciences with research groups from different disciplines and professions, such as forestry, psychology, and landscaping.'

Reverting the focus to local communities, Godovykh, Fyall, Pizam and Ridderstaat's study aims to explore the direct and indirect effects of tourism development on residents' health through income and environmental pollution in the case of three neighbouring European countries: Slovenia, Croatia, and Hungary. The article clearly and convincingly proves that the effects of tourism on residents' health might have different valence and power in the short term and the long run. In addition to its significant contribution in the development of new composite metrics for tourism impacts on residents' health and well-being that is based on the secondary data, the implications of the study are of equal importance and relate in particular to the reflection about determining the balance between the negative short-term impacts and positive long-term impacts of tourism development on residents' health. According to the authors, long-term health impacts should be considered as more important outcomes of tourism development and thus taken into account by tourism statistics, tourism bodies, and destination management organizations.

Embedded in broader debates on scientific production of knowledge, built dominantly around Knorr Cetina's idea (1999) of epistemic cultures, the article of Rančić Demir and Zečević provides a bibliometric analysis of academic research covering the field of wellness tourism. Through understanding of past research undertakings and by mapping the areas that

have been of special importance to researchers over time, they reveal the development of the wellness tourism research field, detecting important patterns and journals in this field. Therewith, Rančić Demir and Zečević problematize the broader issue of knowledge production that often remains unquestioned, and convincingly demonstrate a significant increase in the number of publications in wellness tourism in the last ten years, while detecting four thematic clusters within wellness tourism research. Their contribution highlights the importance of becoming more reflective of the ways and frameworks within which we produce and legitimize scientific knowledge.

Meaningful Physical Activity in the Context of Values, Motivations, and Promotions

The following section brings together discussions on issues related to physical activity, especially with regard to either tourists' perceived barriers inhibiting it on one side or their values informing it on the other, while examining also the role of the tourism sector in promoting it. In their comprehensive conceptual paper, Hartnett and Gorman address the issue of an ageing population and the significance of active leisure. Reflecting on these issues, they develop a framework of meaning-making to active leisure, focusing on perceptions and motivations of a rural based population in Ireland. Although their study is geographically and culturally situated in rural Ireland, their conclusions resonate globally, as they highlight the significant role of various social categories (age groups, gender and rural-urban distinction) in structuring people's activities, amplifying each other's effect also on the perception of freedom in leisure, perceived subjective health and, thus, physical activity. Building on this, they further examine the impact of being physically active on participating in tourism. Finally, at the background of the so-called longevity revolution today, they argue for the necessity of understanding perceived barriers to physical activity (in terms of motivation, social support, and lack of time) having an impact on participation levels in order to develop more effective 'active ageing' strategies that would improve the health and quality of life of people living an ever longer life.

Grounding their research in a prominent concept

of physical literacy as crucial for establishing a healthy lifestyle, Kokot and Turnšek investigate the role of health resorts in increasing the physical literacy of their elderly patients undertaking medical rehabilitation. Employing a qualitative approach, they analyse the experiences of rehabilitation patients in Slovenian health resorts before, during, and after medical rehabilitation. The research opened an important question on how to extend the habits connected to physical activity to the period after the medical rehabilitation and addressed it systematically with reference to what precisely are the factors hindering or promoting this process. Their findings imply that the actions of health resorts target two dimensions of physical literacy in particular (the competence and the knowledge/understanding dimension), while the motivation dimension of physical literacy is ignored and should thus be addressed more in the future.

Addressing the topic of outdoor activities and undertaking a quantitative study of Slovene mountaineer tourists, Špindler, Lesjak and Gorenak investigate the significant differences between groups of respondents of different generations, gender and membership in mountaineering associations in terms of their mountaineering values. On the basis of their results, they conclude that in order to increase the effectiveness of promoting sustainable tourist behaviour in mountains, a different approach for tourists with different characteristics is needed. By providing an in-depth understanding of the values of sports tourists, more precisely active sports tourists in the mountains, their research is of great value. Namely, the findings can certainly help in 'attracting new members to mountaineering organizations, mountaineering pedagogical work, preserving mountaineering culture and sustainable development of tourism in the mountains,' as convincingly put by the authors.

In order to understand the importance of high-performance centres as a support for the development and growth of sports tourism in destinations, the article of Costa et al. takes the case of Portugal. It highlights the importance of infrastructure of recognized quality for international travel and stays of professional athletes (whether for sports internships, the maintenance and/or improvement of their

performances or for participation in sports competitions/events). Costa et al. use qualitative methodology to highlight that, although there is a sport offer in the Central region of Portugal, the number of sports experiences or activities offered is limited, concluding that it is vital for the destination to diversify the types of sports offered to meet the needs of different visitors who seek sport, either as the main motivation for visiting a destination or as a secondary one.

Imagining Healthy, Safe and Resilient Tourism Future(s)

The final three contributions deal specifically with the implications of the COVID-19 pandemic for tourism, and from diverse perspectives follow a common central idea of charting a resilient and healthy tourism future. Using the very illustrative analogy of COVID-19 acute respiratory collapse and the concept of hyper-ventilation to describe the hyperinflated mass tourism boom in recent years, Hosta and Plevnik's paper offers an organic interpretation of the crisis that hit the industry in the recent pandemic. Using a case study methodology and reasoning by the analogy, they, in a very unconventional and original manner, discuss a healthy and resilient future of the tourism sector. Proposing resilient solutions for tourism recovery in the post-COVID period (comparable to the recovery of an organ within a living organism – society), their outcomes can be used in designing preventive and post-COVID health regenerative retreats as innovative tourist products, and as a model to support the tourism industry with an organic understanding of sustainable niche-market solutions.

Chersulich Tomino and Perić take a different approach as they deal with predicting future participation in the sport-tourism event industry on which significant restrictions have been imposed by the COVID-19 pandemic. Their empirical study, based on a survey among the running community in Croatia, investigate active runners' intention to attend future running events, and their perception of the importance of safety-related protective measures at those events. The findings suggest that the safety-related measures are not recognised as distinctly important for runners; at the same time there are no major differences in atti-

tudes between the groups of runners, which supports optimism for the future of sport tourism. Nevertheless, the authors reasonably qualify the main findings and carefully place them in the context of safety concerns (for participants and organizers as well as host communities) being of utmost importance in any event planning.

The final contribution discusses public health strategies in Taiwan's hospitality industry, again in the context of the COVID-19 pandemic crisis. Chang and Kim undertake an extensive empirical study in which they explore the public health strategies that hotel companies have been adopting to restore customer confidence and to protect the hotel staff and customers, and investigate if these strategies differ with respect to hotels' different locations, customers, and performance. The paper concludes with important recommendations for crisis management and crisis preparation for the hospitality industry.

In sum, the collection as such provides a unique and balanced view of both theoretical discussions and empirical studies from different cultural contexts, thus offering a global perspective on issues, while at the same time undertaking very diverse methodological approaches. Overall, the diversity and interdisciplinary nature of the contributions within this issue invite us to re-examine our understandings of tourism in relation to other social domains and, as Larsen argues (2019), encourages us to remain attentive to more mundane, trivial forms of tourism, and relate them to other fields of social inquiry, in our case that of well-being, health and physical activity in particular. Here, we thus maintain that tourism needs to be explored in relation to other types of mobilities as well as to everyday leisure activities and health concerns in general. All of these need to be brought together within research in order to better understand their complex interrelationships and the perplexities arising from it. We strongly believe that, by accentuating the ways in which our tourist choices contribute to, and are representative of, persistent processes of de-differentiation in present-day social life, this collection of papers is valuable reading for students, researchers, and professionals in the fields of tourism, health and well-being, and sport.

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Conceptualising Tourist Idleness and Creating Places of *Otium* in Nature-Based Tourism

Jelena Farkić

University of Greenwich, UK
j.farkic@gre.ac.uk

Gorana Isailović

Academy of Applied Studies, Serbia
isailovic.gorana@gmail.com

Miha Lesjak

University of Primorska, Slovenia
miha.lesjak@fts.upr.si

This paper conceptualises tourist idleness as a temporary engagement in slow, slothful and entirely unstructured holiday activities. We aim to extend the studies that prioritise the modalities of holidays in nature that encourage simplified, slower, immersive experiences, and which celebrate mindfulness, slowness and stillness as part of a tourist journey. In framing idleness as a relaxing, creative and recuperative holiday practice, we suggest that creating places of *otium* which encourage ‘doing nothing’ can in many ways enhance tourist wellbeing. To this end, we discuss the significance of spatial, temporal and existential elements of tourist idleness, whilst arguing that this ‘practice’ should be more celebrated in our modern, high-speed societies.

Keywords: wellbeing, idleness, leisure, *otium*, slowness, nature-based tourism



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Introduction

We live in a busy world. It is characterised by digitalisation and acceleration in the pace of life, despite the expectation that technological advances would increase people’s free time and reduce working hours (Rosa, 2013). Over-dependence on digital devices and constant connectivity has resulted in people seldom finding time to switch off and disengage from work. Instead, they use their leisure time to maintain being busy and overscheduled. Our free time is overloaded with activities, planning and achievement, so that it does not feel like free time at all, but evolves into one more stress factor, thus exacerbating people’s impression of a lack of time and lack of relaxation (Fludernik, 2021). Packer (2021, p. 1) opines that ‘digital technologies do not only increase the pace and

intensity of work but also allow the boundaries of the working week to expand.’ Things have become even worse during the COVID-19 pandemic. Social distancing has yielded new concepts of working which have led to the blurring of the boundaries between home and work environments, leading to de facto ‘living at work’ (Waizenegger et al., 2020), which has resulted in digital distress and exacerbated various mental health issues (Xiao et al., 2021).

To escape their busy realities, people have long purchased holidays. Travel can ‘fix’ us after long periods of repetitive work and allow space for engaging in restorative, purposeful and meaningful activities (Kieran, 2012). And yet, even when they are on holiday, people bring along mindless speed, work, worries and everyday habits, which in turn makes tourism

largely replete with the mundane (Cohen & Taylor, 2003). Tourists create familiar spaces through carrying quotidian habits on their holidays whilst performing unreflexive, habitual and practical enactions (Edensor, 2007, p. 200). Coupled with the activity choice overload during holidays, which has been claimed to lead to demotivation, dissatisfaction and the diminishment of the tourist experience (Sthapit et al., 2019), there is a danger of a person's holiday becoming yet another busy day.

In recent years, to combat the negative effects of acceleration and digitalisation, ever more emphasis has been placed on the enhancement of people's health and wellbeing through tourism (Everingham & Chasagne, 2020; Prayag, 2020). Although the restorative effects of holidays have been long explored (Packer, 2021; Filep, 2014; Smith & Diekmann, 2017; Lehto & Lehto, 2019; Molz, 2009), people's wellbeing, safety and peace of mind have become priorities in more recent times, particularly in the face of the COVID-19 pandemic. In nature-rich spaces, tourists can recreate, recuperate and rejuvenate after long periods of social isolation and tourism immobility, with blue spaces (Kelly, 2021) and green spaces being increasingly 'prescribed.' Facilitation of quality time, personal reflection and renewal of the self is seen as pivotal in the context of the tourism experience. To this end, staycations (Bafadhhal, 2021), hyperlocal experiences, microadventures or slow adventures have been prioritised in order to engage people in slower, more mindful and responsible practices (Mackenzie & Goodnow, 2020; Farkic et al., 2020).

In this conceptual paper, we suggest that idleness is a neglected concept in tourism studies. We argue that tourist connectivity, over-activity and hecticness should be un-mobilised in favour of mobilising idleness as part of a tourist journey. We therefore aim to extend the studies that prioritise the modalities of holidays in nature that encourage simplified, slower, immersive experiences, and which celebrate mindfulness, slowness and stillness. To this end, we add to these debates by suggesting tourist idleness as a holiday 'practice' that can bring multiple wellbeing benefits for tourists. The purpose is not to counter the busyness and eventfulness of tourism, but to pave new

avenues for understanding and thinking about idleness as an equally creative, rewarding, rejuvenating and fulfilling holiday pursuit, which can, in its own way, enhance people's wellbeing.

In joining the debates on the future of tourism, this study essentially explores what may encourage tourist idleness and how engaging in seeming 'non-events' can positively affect tourists emotionally, existentially and psychologically. We found inspiration in Löfgren's and Ehn's (2010) work which sought to redefine the act of doing nothing by explaining that structured and routinised practices, which restrict idleness, greatly diminish people's innate potential for improvisation, flexibility, spontaneity or creativity. Unlearning busyness and learning how to (temporarily) do nothing should therefore become the priority in achieving wellbeing, purpose and meaning in modern, high-speed societies.

Tourism has long been about doing something rather than nothing; doing, rather than being. This is reflected in tourism boards of countries worldwide normally promoting the eventfulness of a destination through offering programmed activities delivered by experts. To illustrate our ideas, we use the example of nature-rich areas, which can encourage being idle or 'doing nothing' as yet another way of holidaying. Through the concept of idleness as a theoretical lens, we aim to lay the foundations for the discussion on how else natural spaces can be utilised by tourists. We then move on to suggest the potential for the development of a new wellbeing experiential tourism product based on the benefits of being idle. In doing so, we focus on the importance of the spatial, temporal and existential dimensions of idleness, as a less recognised, yet increasingly important, aspect of holidaying in nature, aimed specifically at busy, stressed, time-poor urbanites.

We argue, however, for tourists' 'being;' we suggest that tourists should *do* nothing (in abundance, either programmed or physically demanding); instead they should minimise bodily movements as a way of recharging and re-energising the body, and more frequently practice *being* idle, an activity that is very much 'longed for and desired-and enjoyed for its own sake' (Rantala & Valtonen, 2014, p. 19).

Slowness, Stillness and Sleep in Tourism

The notion of 'slowness' is crucial in our understanding of tourist idleness. It gained importance in the tourism context as it represented a shift towards a simpler, less alienated (and alienating), and more sustainable way of life. The slow movement was a manifestation of the necessity for slowing down the accelerated tempo of living and countering globalisation, consumerism, and standardisation of services, as well as fast and unhealthy food consumption (Honore, 2004). It began in Italy as the slow food and slow cities movement, and was later expanded to include travel, incorporating the same principles of localism, authenticity, connection, or interaction in tourism practices. Slow movements 'have found their niche within the material and cultural economy of western modernity' (Tomlinson, 2007, p. 147), as an increasingly desired, and more considered and mindful form of consumption of material pleasures.

Slow travel has greatly redefined the way we think about and 'do' holidays. Essentially, it aims to address the issue of time poverty and instantaneous experiences through extending the time for people to feel the benefits of a holiday by making meaningful connections with people, places and life in general (Heitmann et al., 2011). Slow travel does not only have the potential to enable meaningful immersion but also to encourage sustainable development of a destination by having multiple positive impacts on the local environment, society and economy of the region. Slow tourists are encouraged to linger in a destination for extended periods of time; they stay in local accommodation, family-run hotels, or B&Bs. Instead of racing to see the top sights before they return home, time is taken to explore the flavours, sounds and the lesser-known attractions in the area in more considered ways (Serdane et al., 2020; Walker et al., 2021; Fullagar et al., 2012). Minimising bodily movement in favour of maximising engagement with the traditions of the land, natural landscapes, local foods and people, are suggested as the main postulate of slow tourism, which we found helpful in our conceptualising tourist idleness.

In making stronger links between slowness, travel and idleness, Kieran (2012) proposed an idea of idle or deep travel as a particular philosophy of holiday-

ing which in many ways resonates with slow travel. In this context, idleness has nothing to do with fun, entertainment, or a temporary escape from our ills; it is more to do with a frame of mind and an attitude that a traveller is taking. The author suggests that 'we want to feel we have achieved something when we travel, but the structure we impose seems to make that impossible [...] as most of us herd ourselves through an itinerary that includes the predictable sights' (Kieran, 2012, p. 171). In many cases, people want to experience the exotic and the unknown through familiarity and order. However, through defying clichés and a sense of order tourists might be able to deepen the connection with a place. In this vein, being slow, idle, or not doing much on holiday may allow for different ways of experiencing and knowing. It may be a productive way for tourists to achieve something good for themselves, including their inner growth, spiritual transformation, or self-actualisation (Sheldon, 2020).

Similarly, adventure tourism scholars, such as Varley and Semple (2015), have built on the idea of slowness to conceptualise slow adventure, a way of slow bodily movement through and embeddedness in wild nature. Whilst contrasting slow to fast adventure, the authors highlight the wider experiential dimension of slow journeys, explaining that this blend of slowness and outdoor adventure may appear counter-intuitive, as adventure is generally associated with thrill, adrenaline, and excitement. However, experiencing spatial, temporal and natural rhythms through slow, immersive bodily engagement with a place is claimed to be both the luxury and necessity of the urbanised 21st-century inhabitants (Farkic & Taylor, 2019; Farkic et al., 2020).

Slow adventure has come a long way from the natural concept to consumer desire, as well as a marketable and consumable tourism product which has been implemented in several European countries thus far. Slow adventure may be a particularly useful marketing concept in lightly populated areas, such as the Arctic circle, where tourism development may be somewhat more difficult to realise (Varley et al., 2020). Despite this, it was recognised that in openness, vastness and remoteness lies the latent potential of these places, as 'their emptiness, the lack of development, where the

lives lived are imagined as simpler, closer to nature, less alienated [...] and slower' (p. 3) may represent a unique selling point of such destinations. The seeming 'nothingness' is therefore seen as a competitive advantage rather than a problem, in which the manic busyness of everyday life seems to be easily countered through engaging in (un)mediated slow adventures. Tourists may create their own, personal space, experience solitude or escapism, and easily become oblivious of the passage of chronological time and distractions imposed by omnipresent digital technologies. Varley et al. (2020) propose that slow adventure experiences encourage feelings of oneness and connection with nature in wild places, and this ontological connection with place could potentially restore the broken ties between people and nature – but only if they move through spaces not at slow, nor fast, but at the *right* speed.

Green spaces have been increasingly utilised for therapeutic purposes. In particular, the wellbeing benefits of arboreal environments have been highlighted (Konu, 2015), with a particular focus on slow immersion and mindful utilisation of forests through the Japanese practice of forest bathing – *shinrin-yoku*. A structured, mediated forest walk combines forest medicine and traditions of the land, and for most of programme requires bodily and mental presence and continual attention to the senses (Farkic, Isailovic, & Taylor, 2021). The aim of forest bathing is not to cover long distances while walking, but rather to engage in diverse activities in more mindful, deeper, and spiritual ways, which enables self-treatment with the help of the healing properties of the forest (Forest Therapy South-Eastern Europe, 2021).

This relatively new tourism product – forest wellness – is largely premised on forest therapy, suggesting the immense restorative powers and anti-stress effects of forests (Cvikl, 2016; Isailovic et al., 2014). In recognising that forests are ideal settings for therapeutic programmes, the spa concept of the Forest Spa was developed around the idea of authentic Turkish hammams. What is pivotal here is the slow movement of the sun across the *hararet* (the central place of hammam) in which activities take place. While the sun's rays filter through the treetops, they illuminate the

space in which programmes take place. The interplay of shadows and light then becomes the indicator of time, a category that easily becomes relative, bent, extended, fluid, and subjectively negotiated. The activities facilitate the power of presence through meditative practices and noticing what is in motion by walking at a snail's pace. They are usually followed by selfness workshops in which participants are free to unleash their creativity and innate need for play (Isailovic et al., 2014).

Tourism researchers have also moved beyond the slow-moving body, to explore the stilled body and the body that is asleep as a medium through which we can learn about the human condition. By way of example, Rantala and Valtonen (2014) opined that regular, normative rhythms of everyday life, cities and big tourist centres are disrupted on nature holidays, which allows tourists to get attuned to different modes of being *with* nature. To this end, they observed tourists as waking and sleeping beings, arguing that this very existential human condition assumes a temporary absence from waking life. In offering novel insights into being asleep and doing sleep in nature, Rantala and Valtonen (2014) illuminate the importance of lying down, a posture that is not particularly appreciated in industrialised, capitalist societies. Learning how to 'do' sleep requires skill and techniques that must be learned in accord with the surrounding space and natural rhythms. This, in turn, assumes unlearning to sleep indoors, in the bedroom, in bed, on a pillow and under a blanket. Learning is a process that requires time; people need to understand how things work in hitherto unusual environments and to become comfortable with different ways of doing things. Doing sleep, similar to doing slowness, therefore requires time and commitment to be understood, attuned to and meaningfully practised.

It is here where we can begin to understand the wellbeing potential of slowing down the passage of time and stilling the tourist body in developing the idea of tourist idleness. To date, limited studies have argued against stillness as a moment of emptiness or missed productivity, as something that needs to be filled with productive work (Bissel & Fuller, 2011). Rather, they observed it beyond the conditions of stasis and immobility, as a powerful 'activity' that can

meaningfully fulfil people's leisure time. However, the significance of slowness and bodily inaction (such as stillness or sleep) have been sufficiently explored (Yang et al., 2021; Valtonen & Veijola, 2011; Rantala & Valtonen, 2014; Bissell & Fuller, 2011; Löfgren & Ehn, 2010); however, there is little understanding of the implications of idleness for tourism. The abovementioned studies have been useful for our conceptualisation of tourist idleness as a way of rest, recuperation and slow immersion in natural rhythms, and as a practice that allows modern urbanites a space for much yearned-for switching off and doing nothing, albeit temporarily.

In aiming to add to the existing conversation on achieving wellbeing through tourism, we therefore draw attention to the idle body which can be enacted through activities in natural spaces, sitting around the meadow, romanticised gazing at the surrounding landscapes, engaging in creative workshops, or aimless wanderings over the pastures. These activities may be perceived as inefficient, un-ordered or irrational; however, they may be the non-verbal reaction to the regimented-ness of modern life and eventfulness of tourism. We propose that escaping the rules of everyday life and relocation to natural areas to 'do nothing' on purpose may provide a compensatory arena in which people can temporarily withdraw from hecticness and busyness, and enter that recuperative space described by Löfgren and Ehn (2010, p. 208) as 'a bohemian flipside of Western modernity'.

Idleness and Otiose Leisure

Philosophers and writers have long celebrated and consistently configured the notion of idleness. For example, William Wordsworth (1995), having escaped from the vast city where he long pined, compared it to a feeling of liberty and ease. Kierkegaard (2004) advocated for idleness as a way of a truly divine life, as it 'brings liberty and a quiet enjoyment of rural scenes which are thus framed as the seeds of creative production' (Huber, 2020, p. 403). Similarly, Bertrand Russell (2004) explored the virtues of being idle in modern society, arguing that human happiness would increase with the increase in leisure time, further resulting in increased involvement in arts, sciences and hobbies. This should encourage modern humans to think of

the good life and accomplishment not only in terms of achieving tangible, measurable goals, but also in relation to unquantifiable, quality time that we spend doing things we enjoy, and which make us feel well, fulfilled, – and essentially human (Fendel et al., 2020).

There are various cultural manifestations of idleness. By way of example, the German concept of *Muße*, denoting leisure, signifies mental space for introspection and reflection (Gimmel & Keiling, 2016). It was originally translated as an 'opportunity,' not only to escape from work, but also to engage in meaningful leisure activities. In the state of *Muße*, the goal is not achievement and efficiency, but rather to be content with what is happening in the present moment. Similarly, the Dutch philosophy of *Niksen* advocates the pleasures of leisure time. It suggests the elysian pleasantness of performing idle activities, such as sitting in a chair and staring through the window, enjoying long mealtimes or aimless perambulations. To 'do niks' does not mean to work, perform emotional labour or be attentive and mindful (Mecking, 2021). The idea is to take time to relax completely and contemplate nothing serious or thought-provoking (Alpert, 2014). It is therefore suggested that entering the state of *Niksen* has wellbeing benefits for its power to encourage people to do good to themselves by not doing much (Tufvesson, 2020). Likewise, the Italian concept which strongly advocates for idleness is *Il dolce far niente* (literally translated as 'the sweetness of doing nothing'). It refers to the pleasure one gets from being idle, allowing for a celebration of time free of work, when the mind unwinds and the body rests (Carver, n.d.). The importance of letting the mind wander at will is acknowledged in this concept, as energy is thus replenished and priority is given to freedom, play and creativity.

To better understand idleness as a tourism practice on holiday, we explore it here through the dialectic of the Ciceronian Latin concepts of *otium/negotium*. The origins of these two terms can be traced back to the Roman state, in which Cicero's conceptualisation of *otium* was associated with the Roman political elite's retreat to their country houses, as documented in Cicero's works (Fludernik, 2021). In the Roman state, *otium* was not meant for everyone, rather it was

only aimed at the privileged. Authors such as Bragova (2016) explored the ambiguous concept of ‘cum dignitate otium,’ suggesting that it needs to be studied in relation to the context in which Cicero used this term. It can therefore be understood as both a political and social concept with multiple meanings, such as ‘peace with dignity’ or ‘tranquillity with honour’ (Radford, 2002). By *otium* Cicero assumed both ‘peaceful leisure full of studies’ and ‘peace in private affairs.’ In our study, however, we refer to *otium* as a social space, which encourages leisure, relaxation, creativity and freedom.

Otium/Negotium Dialectic

The Latin term *negotium* (translated as business, employment, occupation, labour or difficulty) signifies chores; duties that need to be done within certain working hours or by a certain deadline. This is embodied in the concept of *Homo Faber* (Frisch, 1959), which encapsulates people’s dependence on technologies and their urge to produce something by way of their labour (Ihde & Malafouris, 2019). The capitalist ideology is largely premised on productivity and achievement of goals, and endorses motivation and initiative for work and production. It frames speed as positive and desirable whilst suppressing effortless activities like waiting, lying, or daydreaming. Waiting time is considered ‘dead time’ which prevents the regular flow and development of modern life. Being idle is a moment of inactivity, that unproductive moment in between movements, a period when people ‘do nothing’ but briefly recuperate and energise, in order to re-engage in work. In our workaholic society, an idle person is normally described as slothful, that is, wasting time by doing nothing of (economic) value, instead engaging in ‘empty labour’ (Paulsen, 2014). Unfortunately, modern humans have learned to deny stillness and dismiss idleness as trivial, uneventful, unproductive, unnoticed, and unimportant. Instead, the frenetic, dramatic, eventful, productive, laborious way of life is privileged. Despite the more recent concerns for people’s health and wellbeing, being idle continues to be seen as a negative and stillness has been regarded as something that punctuates the flow and disrupts the frenetic motion of things.

Otium, on the other hand, denotes the opposite – the non-working time, the time for leisure, inactivity, quietness, and recuperation from hard work. In the past, the time of *otium* was considered a leisure activity that excludes intensive physical activity and movement in favour of bodily stillness and an active mind. It was filled with simple habits, pleasures, pastimes, and hobbies, but it also allowed time for nature appreciation, research, intellectual activity, meditation, or contemplation (Vickers, 1990). More recently, the idealisation of the original meaning of *otium* (leisure) has been understood as a reaction to globalisation and digitalisation and its effects on the postmodern digital societies who may have fewer opportunities for leisure, thus developing nostalgic feelings about the ‘lost way of life.’

The experience of *otium* can also be explained as a state of mind. In contemporary societies, idleness has mostly been seen as a luxury rather than a virtue, as rare moments of idleness allow us to find harmony within ourselves, and to appreciate the significance of contemplation, compassion, gratitude, or deep reflection. To embrace idleness means to enable the mind to wander – it is a conscious act of living that restores a sense of freedom and inspires creativity and imagination (Russell, 2004). During a period of idleness, the mind wanders and resorts to its default mode, generating stimulus-independent thoughts that are typically internally oriented yet not specifically focused (Yang & Hsee, 2019). Even while being bodily still, one can have a busy, active mind, which daydreams. Löfgren and Ehn (2010, p. 2015) term this as ‘stationery mobility,’ the condition in which people are free to roam between different mental worlds or disappear into memories.

Being idle is not a complete absence of activity, however. It may often involve both mental and physical processes. For example, Fludernik (2021) uses the term ‘otiose leisure’ to explain the idea of *Muße*, suggesting that in these segments of leisure people can ‘meditate or listen to music; relax while hiking, dancing, or swimming; one can also engage in a burst of musical composition or in a workflow of concentrated reading or writing’ (p. 17). *Muße* may therefore assume anything from relaxation and doing little or nothing to

slightly more demanding activities, both physical and intellectual. What is crucial here is that otiose moments are largely determined by time and freedom to do something creative or to achieve a qualitatively different experience of that time. Fludernik (2021) explains that for one to enter the state of *otium*, they need to be liberated from imposed constraints (deadlines or schedules) and have the freedom to choose an activity they wish to undertake. For the consumers, the author states, the passage of time appears slower, as people then do not worry about the measurable, calculable goals they need to achieve; instead they engage in spending time at a slow, leisurely pace. This perception of deceleration becomes possible ‘only when one withdraws into a bounded space or temporal slot without interruptions or outside interference’ (Fludernik, 2021, p. 17). Such retreats allow one to shut out potential disturbances, obligations and distractions, to more meaningfully engage in the act of *being*.

The situations in which people express and enact idleness can in many ways be found liberating, purposeful and meaningful. People’s freedom, wellbeing and development of the self could then be encouraged by places of *otium*, in which they are free to do nothing, waste time, wait, fantasise or daydream in unfettered, fulfilling ways. To Löfgren and Ehn (2010, p. 208), ‘routines sink into the body and become reflexes, daydreams drift past unnoticed, and waiting becomes a state of mind.’ Places of *otium* in nature surely have the power to encourage such states, and help people to take a different perspective on life, to unwind, relax and ultimately, to feel well.

Drawing on the extant literature that encapsulates the act of idleness as a way of living or being, we suggest that elements of these constructs could be implemented in the development of nature-based tourism. In framing idleness as the act of doing nothing which encourages bodily stillness, contemplation, freedom or creativity, we echo Varley’s and Semple’s (2015) view that immersion in places of *otium* may be viewed beyond the escape from the frenetic, grinding hypermodernity; it can also be understood as the metaphorical process of coming home. Although the choreography of doing nothing may resonate with emptiness and may sound like a set of oxymorons, such as active

Table 1 Dimensions of Places of *Otium*

Spatial	<ul style="list-style-type: none"> • Natural environment • Hospitality establishments in quiet/remote areas • Locally grown food • Traditions of the land
Temporal	<ul style="list-style-type: none"> • Undertaking unstructured activities • Attuning to circadian rhythm of living • Independence of clocked, chronological time
Existential	<ul style="list-style-type: none"> • Self actualisation through engaging in creative, playful and hedonic activities • Achieving freedom through introspection, daydreaming or inquiry

passivity, productive laziness, or contoured freedom (Fludernik, 2021), it is undeniably rich, and may offer a quality experience through which humans come to self; reconnect with their inner beings, embark on inward journeys, relax, self-actualise, develop and grow.

We now turn to discuss how places of *otium* can be created and consumed in nature-based tourism through the triumvirate of spatial, temporal and existential dimensions, which we argue can contribute to the construction of the idle holiday experience (Table 1).

Places of *Otium* in Nature

The Spatial Context

Places of *otium* in nature-based tourism are designed in such a way to encourage tourist idleness. For example, rural, mountainous, forested or coastal areas are ideal settings for activities to be undertaken in a uniquely localised way and which tourists may experience with a pair of completely new eyes (Mackenzie & Goodnow, 2020). Against the backdrop of natural landscapes, hospitality establishments (such as country houses, lakeside cabins, mountain huts, camping/glamping units, or commercial farmhouses) have a competitive advantage due to their location in natural and relatively remote areas with less noise and pollution than in urban environs. Such environments could be termed as ‘moorings’ (Hannam et al., 2006), that is, spaces to settle in, to just be still and ‘do nothing.’ What they have in common is their distinct spa-

tiality that draws clear boundaries between noise and silence, activity and calm, easy access and seclusion. These places offer an atmosphere different from that found in urban environs and foster a different kind of attention, one that does not need to be focused, won or retained; just what most modern urbanites need and search for (Figal, 2014). The slow, extended immersion in the landscapes and attentiveness to the dynamics different from busy, structured everydayness allows for the opportunities for creative absent-mindedness, learning, and deep appreciation of the traditions, the foods, the land, and people of that land.

We can learn from the example of slow tourism, which celebrates simple, organic, local, traditional, affective and emotional dimensions of the experiences gained through immersion in the destination and local way of life (Dickinson & Lumsdon, 2010). To this end, services in commercial hospitality establishments should be delivered in traditional, intimate, authentic ways, as is encouraged in any slow tourism context (Fullagar et al., 2012). The meals, prepared according to old recipes and from homegrown ingredients, may deepen the connection with the history, culture and identity of the regions. For example, on the mountain plateaus, where herdsmen spend their summers grazing sheep, tourists can enjoy the flavours of corn porridge, or soup made by roasting and browning flour. Shepherds, while serving homemade cheese, tell their visitors the story of its production. Similarly, farmsteads could offer opportunities for encounters with tradition through slow food cooked on the old wood-burning stove on the porch. Country houses nested in a rural ambience, and glamping in vineyards or wine cellars also offer ideal spots for escaping busy realities.

Some of the props to encourage idleness in these places are comfortable hammocks spread between pine trees, hay bales, benches by the waterfall, deckchairs at the riverbank or mats laid out on the meadows. Whilst reclining in sofas in front of the fireplace, in ergonomic deckchairs or swaying in hammocks, sipping mulled wine or munching on homemade cheese, tourists may let their minds wander and observe the dynamics of the natural world around them: the clouds forming in the sky, the ants crawling in the grass, the water flowing down the riverbed, the

sheep grazing in the pastures. Such seemingly 'slothful' activities represent the antidote to the prevalent workaholicism in high-speed societies. Engaging in so-called 'empty labour' (Paulsen, 2014) may encourage us to think about a different way of *being* in this world, however. The value of idleness moves beyond its role in constructing the deeper, richer and more meaningful tourism experience, to also be considered as a way of relaxing the tense tourist body, shaped by the mechanical repetition of everydayness.

Qualitative Time

Being idle on holiday also means having the alternative concept of time in mind. We argue here that it is the kairological time of an idle holiday that renders it pleasurable and meaningful. The Greek term *Chronos* expresses a measure, a quantity of duration, whilst its counterpart, *Kairos*, is more qualitative and has a special temporal position. As Weber (2014, p. 7) suggests, 'with Kairos we are always "on time," naked in the timeliness of opportunity, as it were.' In contrast to chronological time, qualitative time is what matters; there are no time constraints nor scheduled tourist itineraries. When we take out everyday life's repetition and predictable routines, our consciousness makes more space for new experiences; we are aware of new spaces, people and things, smells and flavours. Being in natural environments is recuperative per se; however, idling the body allows for different perspectives of observing and being in the world around us and within us, which can be additionally refreshing, rejuvenating and liberating.

In places of *otium*, tourists have the freedom to consume activities in whatever order they want, and for however long they want (Fludernik, 2021). Time is perceived differently, particularly owing to the temporary independence from clocked time. There are no errands to run, tasks to complete, deadlines to meet. Time becomes decompressed (Varley & Semple, 2015), and can be filled up in more kairological and meaningful ways (Farkic et al., 2020). Places of *otium* have agency of their own and might influence the way tourists consume a place and where chronological time materialises only in the rhythms of nature and the dynamics of the more-than-human world.

Tourists may observe the movement of the orb across the horizon to tell the part of the day; they may follow the circadian rhythms of light and dark to wake up and go to sleep (Rantala & Valtonen, 2014). Following the circadian clock means that the timing of biology is something that should be measured and managed, thus, aligning our inner clocks with the natural, cyclical shifts of dark and light may positively impact our wellbeing (Global Wellness Summit, n.d.). Tourists do not need to go anywhere; rather they are grounded in place, while, on their own or in the company of others, they engage in daydreaming, deep wonder, aesthetic delight, silent talks, or reveries (Sinclair & Watson, 2001; Schinkel, 2017).

Freedom, Liberty and Creativity

Otium is not only a physical space, but also an approach to *being*; it is a way of human existence, a condition that enables freedom of the individual. In our capitalist, consumerist society, we can observe freedom as ‘getting away from it all’ (Caruana & Crane, 2011); leisure time spent away from work and daily chores becomes freedom in itself. To Carr (2017, p. 139), leisure is ‘a journey of self-exploration and development with the aim of enlightenment,’ a process which is simultaneously an expression of and search for freedom. O’Connor (1966, p. 35, cited in Carr, 2017) suggested that ‘in our leisure we may meet ourselves’ and that ‘it is doubtful that you can live well in leisure if you have overlooked the development of self’ (p. 68). Therefore, delving deeper into the notion of freedom as central to leisure experiences can partially inform us what it may mean in the context of tourist idleness. Acquiring new existential experience through otiose leisure, favouring self-actualisation through meaningful and creative activities, are the priorities of an idle holiday. The periods of idleness are bounded and in this context our observation of freedom is reduced to the holiday’s timeframe. However, despite this ‘contoured freedom,’ tourists undertake activities at their own, slow pace (Fludernik, 2021). For some, a simple, undisturbed stroll in the hills or sitting by the waterfall may be perceived as freedom after having spent months of being chained to the workplace in one of the world’s metropolises; they can feel more

alive and closer to themselves, being focused on their own thoughts and the immediate environments which unleash their creative potential.

As Fludernik (2021) suggested, otiose leisure is embodied in active passivity. Bodily grounding in places of *otium* may be achieved through creative activities such as writing prose or poetry, finding contemplative siting spots, knitting, yoga or walking the *Muße* trails. Green spaces offer opportunities for escape from the city in order to temporarily co-exist with the more-than-human world, often in proximity to wildlife. An example of this could be wildlife watching in forests, in which tourists are required to sit in silence, while at the same time they can savour the luxury of being embedded in pristine nature, enjoy the healing sounds of nature, and attune themselves to the extended process of waiting (Kočevsko, n.d.). In engaging in simplified activities afforded by the land and the season, bodily movement is to be minimised in favour of creating comfortable personal and physical space, which allows for extended periods of ‘focused non-doing.’

To this end, relinquishing digital technologies can help us escape information overload which characterises the digital era in which we live. Big and small screens forever remind us of what else is there to be ‘done,’ or that life happens elsewhere, in another tourist resort, at home or the workplace. In recent times, however, digital-free tourism (Li et al., 2018) and the digital detox trend (Cai & McKenna, 2021; Cai et al., 2020) have gained importance due to the increasing number of individuals who choose to digitally disconnect on holiday. The abovementioned studies have shown that switching off digital devices has multiple benefits, one of them being a more frequent and immediate interaction among travel companions, which allows for bonding and building a sense of community, and, ultimately, overcoming social estrangement.

In encouraging the experience of *otium*, hospitality establishments in natural areas should discourage the usage of smartphones, tv, or frequent influx of the news through digital media by limiting access to Wi-Fi, or even offer opportunities for locking one’s phone away to completely unplug and recharge (Buzzoffski, n.d.; Unplugged, n.d.). Tourists should not look

at their phones, sleep watches or other wearables to track their sleep patterns. Also, learning how to detach from artificial light and flickering screens in the evenings (for example Netflix, online games or social media at bedtime) in favour of enjoying the moonlight or flickering light of the campfire at dusk while chatting away with sojourners, may be liberating in itself, unlearning to use digital devices and acknowledging the fact that a meaningful event *is* actually unfolding right there and then, with us being the protagonists of the idle holiday story.

Therefore, to embrace idleness means to enable the mind to do what it wants and attune to the simplicity of *being* – it is a conscious act of living that inspires creativity and imagination. Succour can be found in a simplified way of living, often afforded by natural and rural areas, away from the world of busy humans concerned with technologies, prestige, status or business attire. When we enter a place of *otium*, we can simply *be* – existentially, ontologically free. Through idle walking and meandering through the landscapes, taking on the role of an absent-minded flaneur can afford us enough time to indulge in our favourite pastimes, such as the process of thinking. Moments of idleness allow us to find harmony within ourselves, and to appreciate the significance of deep reflection in the context of our inner peace and subjective wellbeing. More importantly, by becoming idle we empower our freedom to do so without feeling a sense of pressure, nor within the constraints of the high-speed world.

Conclusion

Throughout this paper, we aimed to extend the works of the tourism scholars concerned with slow(er) forms of nature-based tourism through discussing idleness as a particular modality of holidaying, which can in many ways contribute to people's wellbeing. We presented the act of idleness as a wrong, strange, or difficult-to-realise practice in contemporary, urbanised, digitalised societies, which are largely premised on speed, workaholism and productivity. To this end, we conceptualise tourist idleness as a temporary detachment from the structured and busy everyday life, and engagement in entirely unstructured holiday activities. Through 'doing nothing,' tourists should let go

of the guilt for not producing or measuring the success of the day by the achievement of economic goals. While on holiday, a new measuring system is to be considered: rather than counting the number of museums visited or photos taken and shared on social media, tourists should try to count the number of times they have seen a new species of bird, count the number of sheep in a herd, breaths they took while crossing the field, or smiled about nothing. Doing nothing is hard work, nevertheless. The first few days of their vacation, people normally find it difficult to decompress and let go of work, emails and a busy life. They have trouble breaking up with quotidian routines, such as checking emails or social media; however, this could gradually shift towards the enjoyment and pleasure of being entirely unproductive and, dare we say, productively bored and lazy.

Doing nothing, although it resonates with emptiness, is imbued with meaning. In defying servile activities and mindless speed, idleness widens the space of existence beyond utility, achievement and labour. It enables people to enter liberal activities in which they are internally free from the chains of the necessities of life (Pieper, 1950, p. 420). In places of *otium*, people may bracket themselves out from busyness, organised work and frameworks, and immerse in the world where things they see, do and feel do not yet have names; where mystery and magic are bound together; where the universe becomes more intimate and personal (Jenkins, 2000). It is argued here that people should recognise the reflective or restorative potential of being still in the outdoors and embrace inactivity as a process of ontogenic transformation (Bissell & Fuller, 2011). Tourists should therefore embrace idleness as a noble holiday activity and as a way of revival and renewal of the self.

In this paper, we used the example of natural environments to illustrate how idleness can be incorporated in the tourism offer, hoping, however, that tourism destinations worldwide can recognise the potential of idleness for improving people's wellbeing. National tourism boards normally promote events, recreational activities, or active tourism, alongside encouraging visitation of multiple destinations during tourists' stay. However, non-events, inactivity and idle

time have been less favoured categories, as they are considered less profitable, hospitable, productive or memorable (Fludernik, 2021). In expanding the approach to marketing destinations through offering idleness, local destination management organisations and national tourism boards can offer novel ways of being on holiday. The product could potentially create possibilities for hitherto unknown experiences for modern-day *Homo Faber* (whether urban dwellers, millennials or any other time-deprived market segment), premised on inactive journeys or active non-action.

We suggest that the existing activity portfolio of nature-based destinations could be expanded to also include idleness as an equally meaningful and restorative tourist activity. It is, however, distinct from other recreational, organised or expert-led outdoor activities, such as hiking, kayaking, rafting, cycling or mountain biking, in that it is entirely unstructured, unguided and requires minimal physical effort and independence from chronological time. Learning from the Nordic countries, 'selling nothing' to tourists should be seen as an opportunity for tourism development in nature-rich destinations as it is largely premised on sustainability. Such an approach works towards the achievement of the United Nation's Sustainable Development Goals through promoting responsible, sustainable and universally accessible tourism (UNWTO, n.d.).

The paper adds to the literature that disrupts the conceptualisations of holidays in nature as an assemblage of active participation in recreational activities or consumption of high-octane experiences (e.g. Rantala & Valtonen, 2014; Varley & Semple, 2015; Farkic et al, 2021). It does so by extending the studies which propose that minimal, slow-paced movement and idleness in natural settings may also account for tourism activities in their own right. More substantial research is needed into tourist idleness within the sustainability framework, and how it can contribute to people, the planet and prosperity of humankind. Our study opens the way for empirical explorations of the ways in which people perceive and experience idleness, and the plural effects doing nothing on holiday may have not only on our physical, mental and

emotional wellbeing, but also on determining our personal and social worlds. Happiness, creativity, meaningfulness and prosperity may therefore come from doing less, not more, on holidays. Idleness, by its nature, is both eudaimonic and hedonic, and should be savoured with delicacy.

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Forest Therapy and Well-Being Tourism Literature Review – With Assessment of Potential for Slovenia

Darija Cviki

Vocational College for Hospitality, Wellness and Tourism, Slovenia

darija.cviki@vgs-bled.si

In addition to the fact that in Slovenia we nurture sustainable development and are committed to enforcing the principles of endogenous policy, we are also increasingly striving for innovative development solutions. This opens up new opportunities for the development of forest well-being tourism and forest-therapy tourism. The research problem refers to the growing tourist use of socio-cultural forest values for therapeutic tourism purposes on the one hand and an insufficient amount of literature on the other. The aim of the paper is to present a literature review that defines the beneficial effects of the forest on humans, and also to connect these findings with a tourism practice activity. We highlighted the potential and importance of forest therapy tourism and forest well-being tourism. Based on the 29 relevant papers from the Scopus database and studied examples of good practices, we gave an assessment of the potential for the development of therapeutic forest tourism in Slovenia. Examples of good practice are given. Opinion on the applicability of the implementation of forest therapeutic tourism in Slovenia is included.

Keywords: forest therapy, forest tourism, well-being



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Introduction

During the last decade, new and innovative sustainable development solutions in the field of traditional as well as non-traditional tourist use of nature, especially the forest, have been created. Sensual pleasures in audible and visual perception of the forest as well as of wild bee honey and beeswax (Sanesi et al., 2010; Ohe et al., 2017; Ikei et al., 2015; Nilsson et al., 2011, p. 3) are considered to be traditional relaxing and leisure activities as well as beekeeping, hunting and photo-hunting, gathering fruits, herbaceous plants, mushrooms, and wild animals (Article 5 of the Zakon o gozdovih, 1993). On the other hand, new tourist forest practices have emerged, such as forest bathing, called shinrin-yoku. In Europe and the western world, it is a rather new tourist experience (but not in Japan and China) which has increased the number of forest tourist well-being products (Farkic et al., 2021). Forest selfness (Konu,

2015), reflexology, naturopathic elements (Marselle et al., 2021), etc., are considered to be non-traditional relaxing and leisure activities. They refer to physical, mental, and social well-being dimensions such as quality and performance of bodily functioning, both cognitive and emotional. A significant positive factor influencing the development of non-traditional tourist and recreational forest use is also the rise of the green consumption movement (Collier et al., 2004).

Non-traditional relaxing and leisure activities are rapidly growing, and, in some places, they have even become a trend, such as restorative trips into areas rich in nature, which have become a leading wellness trend (Global Wellness Summit, 2019). Furthermore, spending time in green space is suggested as an important adjunct therapy to clinical therapies (Koselka et al., 2019). At the same time, researchers and service providers have focused on the valuation of the

tourist use of forests and the challenges posed by the increased extent of tourist activities in the forest along with sustainable and multi-purpose forest management, and tourism has finally been defined as a specific type of destination (Cvikl, 2020). A greater understanding of the therapeutic potential of profound use of nature can contribute to the reduction of all sorts of modern diseases such as respiratory diseases, psychosomatic diseases, mental illnesses, cardiovascular diseases, lifestyle disorders, oncological diseases, neurological diseases and some orthopedic diseases, and preventively strengthens human physical and mental health (Schuh & Immich, 2019). There have been many beneficial effects of biodiversity on human health, such as reducing harm (e.g. provision of medicines, decreasing exposure to air and noise pollution), restoring capacities (e.g. attention restoration, stress reduction) and building capacities (e.g. promoting physical activity, transcendent experiences) (Marselle et al., 2021). As a result, new and innovative sustainable development solutions in the field of traditional as well as non-traditional tourist use of the forest have emerged. It is claimed on the Forest-based Sector Technology Platform (2020) that the added value from new markets for non-wood forest goods such as mushrooms, berries, and clean water as well as services such as recreation, tourism, and climate change mitigation has increased tenfold. Non-wood forest products include food, decorative and ornamental plants, other plant products, extracts, dyes, raw materials for medicines, aromatic products, meat of wild forest animals, wild honey and beeswax, tanned hides, and trophies. The market value of non-wood products in Europe is estimated at € 2.3 billion and the value of social, ecological and biosphere services at € 619 million (Ministerial Conference on the Protection of Forests in Europe, 2015, p. 26).

This shift has been initiated by significant development documents (Ministerial Conference on the Protection of Forests in Europe, 2015; Food and Agriculture Organizations of the United Nations, 2015; Millennium Ecosystem Assessment, 2005, 8). They indicate the importance of sustainable development and management of natural resources which, in addition to economic indicators, also take into account other

indicators such as environmental, social and climate. Furthermore, recent development documents drafted by some institutions and countries (European Commission, n.d.; The World Bank, 2016; Ministerial Conference on the Protection of Forests in Europe, 2015; GoS, 2014) encourage development of non-wood forest products, innovative solutions (European Commission, n.d.), strengthening the multifunction value of forests from the aspect of economic and social benefits and ask managers to apply more up-to-date methods of forest management in the sense of exploiting all forest ecosystem services. Last but not least, there have been some big changes in the economic sector, especially in the tourism industry, due to restrictions caused by the COVID-19 pandemic. Turnšek et al. (2020) also find that the COVID-19 lockdown has changed Slovenian tourists' perceptions. They suggest that the recovery of tourism should focus on domestic tourists and on local attractions. These changes are not only current but should also be taken into account in development plans as the effects of global change will require a transformation of sustainable tourism business (Gössling et al., 2020).

On the other hand, due to restricted travelling conditions since 2020, destination management has been striving for the transformation of the activity. A regional approach has become more important, activities have been redirected from distant destinations to domestic, often underestimated, destinations. To this, we can add the finding that transformations take place not only in terms of activities but also in terms of the perception of residents (Juvan et al., 2021). Destination organisations and tourism providers should investigate which aspects of tourism lead to higher levels of contentment and enjoyment of hosts. Satisfied and happy residents may become an important destination attribute. Entrepreneurship has created completely new and innovative market approaches on the supply as well as on the demand side (Brouder, 2020, p. 486). This is also reflected in the increased tourist use of forests, as in the last 18 months public use of forests has increased substantially. On the one hand, spending time in the forest is a counterbalance to tiresome and fast everyday work and on the other as escapism, as a result of the epidemiologic measures. Forests pro-

vide a passive as well as active experience, and give the feeling of being connected with ourselves and with the nature around us. Those changes are not only momentary but also have to be taken into account in development plans as the effects of global changes will require sustainable tourism activities to be transformed (Gössling et al., 2020).

Forest well-being tourism and forest therapy tourism belongs to these new tourist activities, posing challenges to researchers during last five years. They are both based on innovative use of those forest attributes which have healing and beneficial effects on people: the non-wood potential of forest products, and on social and cultural resources, provided by ecosystem services. Some examples of good practice concerning the potential for the development of forest therapy and well-being tourism in Slovenia have been given. On the basis of the results obtained and the review of literature, we provide some avenues for the development of this particular form of tourism based on forest bathing.

Forest Therapy Tourism and Well-Being Tourism

Over the past ten years, researchers in various fields of expertise, such as environmentalists, geographers, psychologists, and public health professionals, have addressed in depth the beneficial effects of forests on humans (Marselle et al., 2021). Nevertheless, very few articles have been published on the topic of therapeutic or well-being forest tourism. At first, the researchers studied nature as a unique attribute, which represents 25% of the whole well-being experience (Konu et al., 2011), but later on, they started to think about what aspect of nature makes it so special and gives added value to tourists as a well-being destination, and mention the wholesomeness of forest berries and the health effects of exercising in forest areas (Konu et al., 2011). On the other hand, many researchers from the medical field started to study forests from the therapeutic point of view. A major natural resource and tourist capital source for the development of forest therapy and well-being tourism are phytoncides. They are also called natural antibiotics or air vitamins. During their evolution, trees have developed unique chemical defence systems which are based

on advanced functional molecules. Therefore, they are extremely rich in bioactive, protective substances, which are found in antioxidants, anticanceroid substances and oestrogens, which have an extremely positive affect on the human immune system and mental well-being. They include bioactive compounds, found in trees, and which contain flavonoids, lignans, stilbenes, terpenoids, phytosterols, fatty acids and vitamins. Bioactive compounds, obtained from wood, are used as additives or independently in the pharmaceutical and food industry; such products, derived from wood, are considered non-wood products (Nilsson et al., 2011, p. 7). Researchers discovered that forests are therapeutic and relieve numerous symptoms of respiratory diseases; psychosomatic, mental, and cardiovascular illnesses; disorders connected with lifestyle; oncological, neurological and some orthopaedic diseases; and have a preventive function of strengthening physical and mental health (Schuh & Immich, 2019). Li et al. (2007) was the first to prove the positive and healing effects of the forest on people by medically conducted physiological and psychological research.

The reason why forest therapeutic tourism and the well-being forest type of tourism have developed is because of relaxation in the forest as a respite from various stress factors. It is a relatively new tourist activity, although therapeutic tourist activity has been a well-established practice in the last 30 years. Some countries, with Japan and China being among the first (Chen & Nakama, 2013), and also Sweden (Nilsson et al., 2011), promote public health in the forest in addition to forest tourist activities. Konu defined forest well-being tourism in 2015, and six years later forest therapy tourism was defined by Ohe et al. (2017), and is becoming trendy.

Forest therapy tourism originates from Japan, emerging when the providers of tourist activities included forest therapy. It is focused mainly on preventive medicine, and unlike well-being forest activities, it is based on medically conducted research and well-founded evidence. It is a profitable tourist activity, focused mainly on relaxation effects, with the emphasis mostly on relaxation activities rather than healing (Ohe et al., 2017; Ochiai, Ikei, Song, Kobayashi, Miura et al., 2015; Ochiai, Ikei, Song, Kobayashi, Takamatsu et

al., 2015). Forest therapy programmes include walking in the forest, anti-stress exercises which stimulate all the senses, visualisation and other psychological techniques, music therapy, chromotherapy, climate therapy, heliotherapy, aromatherapy, eating organic food, art therapies and workshops, massage techniques and various other activities which bring us closer to nature, culture, and the tradition of the forest where forest therapies are provided.

Examples of Good Practice

In accordance with the World Health Organisation (WHO),¹ health is regarded as complete physical, mental, and social well-being and not only absence of illness or helplessness. Consequently, a genuine relationship with nature has to be established for a healthy life (Mlakar Močilnik & Pirnat, 2010, p. 180). Japan offers a relatively new tradition of maintaining personal health and well-being, the so-called 'forest bath' (or *shinrin-yoku*), a type of forest relaxation theory, combined with recreation (Li, 2010; Konu, 2015, p. 6). It belongs to tourist products of well-being on the basis of forest. This theory explains how natural environments can help people renew exhausted capacities for focusing, mutual flexibility and merging (Nilsson et al., 2011, p. 9) and to eliminate or mitigate psychosomatic illnesses and mental stress. The forest is the first among green natural environments where people can relax most easily as connection with the forest increases the level of psychological well-being (PWB).

The Medical Spa Association of Serbia² offers a product in well-being tourism, developed recently, called forest hamam. It is practiced in the form of workshops conducted in protected forest areas. The author attended one of those workshops in Serbia (Belgrade) on 24 and 25 May 2016.³ It was conducted by Amos M. Clifford, the founder and director of the Renovation Process Centre in California. He is a psychotherapist with 40 years' experience in connecting people with nature. In Finland, Sweden and Norway the forest is included in the regular school curriculum.

In Sweden a network of therapeutic gardens has been developed over a long period of time (Nilsson et al., 2011, p. 3). A similar practice is also implemented at the Faculty of Forest Industry in Belgrade where students do a three-day practical work on the mountain meadow Goč at Kraljevo in order to learn about the protection of trees and strengthening humanity as a value (personal communication, June 1, 2016).

Forest therapy and well-being tourism has also been developing in the institutional sense. In 2007 the International Association for studying the effects of forest on human health was founded within the international organisation IUFRO, followed by the International Organisation for Forest (INFOM), founded in 2011. In the field of forest medicine, the International Society of Nature and Forest Medicine,⁴ and International Society of Forest Therapy (ISFT),⁵ have been founded. Within the programme, Public Health Ludwig-Maximilians-Universität from Munich opened a department for medical climatology, medical spa medicine and prevention, and also founded a Competency Centre for forest medicine and therapy in the natural environment.⁶ Forest therapy and forest bathing are offered as forest tourist products, and certain forest areas also as forest health resorts. For example, in the north of Germany in the coastal beech forest Heringsdorf, the first certified European forest, offering the programmes of forest medicine, was opened in 2016. The situation in Korea is similar. In 2021 the first healing forest for children in Europe⁷ was opened due to the fact that in Germany more than 30% of children, who spend too much time in the digitalised world, suffer from anthropogenic sleeping disorders, which has resulted in completely different clinical images of children. Therapeutic forest activities which have already been carried out include naturopathic elements such as water immersion (e.g. Kneipp therapy) and climatotherapy (climatic terrain cure, heliotherapy, fresh-air rest cure) to enhance the health benefits

¹ <https://www.who.int/>.

² <https://mspaasrbije.wordpress.com/>.

³ <https://www.youtube.com/watch?v=CHKj-FlusNQ>.

⁴ <https://www.infom.org/aboutus/introduction.html>.

⁵ <https://www.natureandforesttherapy.org/>.

⁶ <https://www.komp-wald-natur.de/>.

⁷ <https://www.heilwald-heringsdorf.de/en/Children-s-Healing-Forest>.

(Stier-Jarmer et al., 2021, p. 2), forest mindfulness and nutritional therapy (p. 29).

We can also include atmospheric healing (Rikli & Zolam, 1895; Schuh & Immich, 2019, p. 52) in therapeutic forest activities, as well as colour and music forest therapy (Vukin & Isailović, 2018) and the so-called boulder forest therapy within the Rehabilitation Center for the Treatment of Non-Chemical Addictions, which is currently still in the project phase (Lukovac, 2020). All of the above can be considered as examples of forest therapeutic tourism activities.

In Slovenia, there have been or were also some tourist practices which offer(ed) forest-oriented therapeutic tourist products and services. Climate healing and strengthening of the body with natural attributes, which took place in forests for tourist-healing purposes, was started in the 19th century. In 1854, Arnold Rikli (born in 1823, died in 1906) developed the first wellness spa for strengthening of health and healing illnesses with the help of forest, air, water and sun. In 1857 he wrote a book *Aufruf an die kranke Menschheit an Körper und Geist, nach den Gesetzen der Natur-Heillehre zu genesen, oder leicht faßliche Darstellung der Natur*. He founded and directed a Natural Healing Centre in Bled in Slovenia for helio-hydrotherapy climate healing in the heart of forests and other natural characteristics of the Gorenjska region. The tourist forest product called forest selfness has received a lot of international attention in the last few years, including the award Snovalec 2014 as the most innovative tourist idea; it is among the first to apply an innovative tourist approach in forests in the field of well-being tourism in Slovenia.⁸ The first presentation of the project abroad was at the conference of the Japan Society for Science Policy and Research Management in Kusatsu, Japan in October 2014.

The fact is that Slovenia has 99.2% or 1,237.40 million hectares of forest area (measuring a total of 1,184,526 hectares of forest) accessible for recreational purposes and for the use of public benefit (Ministerial Conference on the Protection of Forests in Europe, 2015, p. 311). Of this, only 2.2% or 27,900 hectares have been originally designated and managed for recre-

ational and leisure purposes. Slovenian forests provide a fairly good production capacity, which is also systematically recorded, while there is no recorded data on annual tourist visits in the entire tourist and recreational forest area in Slovenia. There are 96 forest learning trails registered in Slovenia, according to The Slovenia Forest Service, which performs public forestry service in all Slovenian forests of which 16 are directly included in the tourist offer. Two European footpaths (E6 and E7) run through Slovenian forests. Within the register of immovable cultural heritage by type of unit, Slovenia also has 226 units of registered cultural landscapes, 228 units of garden-architectural heritage and 23 units of historical landscapes within the register of immovable cultural heritage. By type of heritage, there are 217 units of registered immovable cultural heritage of parks and gardens and 318 registered cultural landscapes.⁹

Methods

The research problem refers to the growing tourist use of socio-cultural forest values for therapeutic tourism purposes in practice on the one hand, and to the insufficient amount of literature that would link therapeutic forest practices with forest therapeutic tourism on the other. Despite the fact that many articles have already been published on the topic of the physiological and psychological effects of forest baths or forest therapy, we find that very few of them are related to the tourism industry, although most of the findings point to the development of such leisure activities based on the perception and enjoyment of the natural resources of the forest. That is why we decided to create a literature review related to forest therapy or forest well-being effects with connection to tourism activity.

We anticipated that forest therapy and the practice of forest bathing are justifiably associated with tourism due to the growing trend. To this end, we first presented the definition of forest tourism, forest therapeutic tourism and well-being forest tourism. For this purpose, we looked for the literature that first defines the beneficial effects of the forest on humans, and also the main literature dealing with healing and benefi-

⁸ <https://www.gozdni-selfness.si/en/home/>

⁹ <http://www.zgs.si/eng/homepage/index.html>

cial effects of the forest on people in connection with tourism practice activity. The study protocol for the selection of literature was designed to present some relevant findings from the field of medical research proving the healing effects of the forest on humans. In the first place, we wanted to show the connection between medical studies of forest bathing, and then connect them with tourist activity. In order to be able to connect the beneficial and healing effects that are obtained through forest bathing, we also presented some of the contributions that were among the first to actually recognise their tourist potential.

Systematic review protocol was based on the following steps. The first step was to formulate a research problem and define research objectives. The research problem refers to the absence of literature dealing with forest therapy in connection with tourism activity. Secondly, the relevant literature and search strategy are identified through the Scopus database, which is also used in several relevant reviewed papers, and presented in results (Stier-Jarmer et al., 2021; Doimo et al., 2020; Grilli & Sacchelli, 2020; Hansen et al., 2017). Two other databases were also used for searching relevant articles at the beginning: Web of Science and ScienceDirect. However, due to a large number of irrelevant hits, we finally focused on Scopus hits as the most relevant ones. The review period from 1998 to 2021 is covered.

By using the Scopus database, current literature on forest therapy tourism and forest well-being tourism has been reviewed. First, we entered keywords relevant to our research area: forest 'and' therapy 'and' tourism and obtained 11 documents and 4 secondary documents. Then we entered the keywords: forest 'and' wellbeing 'and' tourism and received 12 scores and 5 secondary documents. 16 articles from the Scopus database were searched manually and 1 article from 2021 was found in *Annals of Tourism Research Empirical Insights*. We focused on contributions highlighting the positive psychological and physiological effects of the forest and the forest atmosphere on human health. Within these, we further searched those articles where findings are related to forest therapy or forest well-being effects with tourism activity.

All together 49 paper abstracts from obtained hits

were screened. After abstract screening, study data were consolidated and extracted in order to obtain three types of papers. The search identified and selected 29 relevant papers. We divided them into three different tables. In Table 1, review articles are presented. Table 2 presents contributions with medical findings of psychological and physiological effects on human well-being. Table 3 provides an overview of contributions where forest therapy or forest well-being effects are related to tourism activity. Information about the author, year of publication, the examined parameter and main findings are given in each table. The connection of forest therapy with tourism and/or forest well-being with tourism potential is given.

For the basic forest therapy tourism papers criterion selection, we followed the definition given by Ohe et al. (2017) and were looking only for tourist activities with forest therapy included. We also followed the definition given by Konu (2015) about well-being forest tourism activities.

Ohe et al. (2017, p. 323) defined forest-therapy tourism as one of the emerging tourism activities. Forest-therapy tourism originates from Japan, and it was created with the emergence of the providers of tourist activities in combination with forest therapy. Forest therapy programmes are based on medically guided research and substantiated evidence and therefore should be accompanied by implemented protocols to confirm the effects of forest bathing. Forest-based well-being tourism, according to Konu (2015, p. 6), can be defined as based on the forests as the core resource. It takes place in or near a forest environment. The aim of forest therapy tourism is to develop a range of well-being tourism products highlighting the special characteristics of forests and focusing on how to use natural resources for well-being purposes. *Shinrin-yoku* is the term originally created in Japan and it represents one of their traditional forest relaxation practices. Literally translated, it means 'forest dive' or 'diving into the forest atmosphere.' It is a good example of using the socio-cultural values of the forest for tourism and relaxation purposes.

The selection criteria for particular papers mentioned below is the connection between medical and well-being findings and the *shinrin-yoku* method with

forest tourist activity, especially therapy tourism and well-being tourism. Therefore, the first article is placed chronologically in 2007, when the connection between forest bathing and the beneficial effects on human psychophysical well-being began. There is a huge amount of literature on the healing effect of nature (not just the forest) on human public/environmental health, but Lee was the first to prove these effects based on shinrin-yoku practice. This information is important because shinrin-yoku is the basis on which international centres of restorative and therapeutic forest practices in the Western world have developed since then (they have existed in Japan and China for much longer). Those criteria were chosen because shinrin-yoku practice is the link which stimulated Konu in 2015 and Ohe et al. in 2017 to connect these practices with new tourism products and point out the potential of the forest as a destination for therapeutic and well-being forest tourist activities and the tourist use of non-timber forest products in general. It means that we were looking for papers based on medically conducted research, with measuring of the effects of forest and the natural environment on the human immune system. As a result, 29 relevant papers were reviewed and presented. It includes information on the author, year of publication, the examined parameter of effect, main findings, and the connection of individual research with forest therapy tourism and/or forest well-being tourism.

Results

The results of browsing the Scopus database show that contributions where forest therapy is linked to tourism are derived from different subject areas, such as Forestry, Tourism, Leisure and Hospitality Management, Public Health, Social Science, Medicine, Environmental and Occupational Health, General Arts and Humanities, Nature and Landscape Conservation, General Environmental Science and Physical Therapy, Sports Therapy and Rehabilitation. The results of 29 papers are given in Table 1, Table 2, and Table 3. 7 papers represent review papers (Stier-Jarmer et al., 2021; Roviello et al., 2021; Andersen et al., 2021; Doimo et al., 2020; Rajoo et al., 2020; Yau & Loke, 2020; Hansen et al., 2017). Medically conducted research with psycho-

logical and physiological responses after a forest therapy programme was carried out in many papers, but we decided to present the most relevant 9 (Peterfalvi et al., 2021; Grilli & Sacchelli, 2020; Bielinis et al., 2019; Schuh & Immich, 2019; Korpela et al., 2017; Ochiai, Ikei, Song, Kobayashi, Miura et al., 2015; Ochiai, Ikei, Song, Kobayashi, Takamatsu et al., 2015; Li et al., 2009; Li et al., 2007). 13 papers promote forest therapy or forest well-being tourism as new promising and dynamic types of forest tourism (Buckley et al., 2021; Wajchman-Świtalska et al., 2021; Zhao & An, 2021; Gurbey, 2020; Sacchelli et al., 2020; Wu et al., 2019; Dzhabarova et al., 2018; Huang & Xu, 2018; Farkic et al., 2021; Ohe et al., 2017; Cvikl & Vodeb, 2016; Konu, 2015; Konu et al., 2011). In all the cases concerned, forest bathing or forest therapy is included.

Papers dealing with a systematic review of physical activity as well as forest-bathing on the immune systems and general human well-being are given in Table 1.

However, some limitations have been underlined. Small sample sizes and skewed distributions in the age and/or gender of study participants were found. Secondly, some of the results of physiological tests were not statistically significant (Andersen et al., 2021). Also, it is insufficiently researched whether a particular forest or tree species composition or environmental feature, such as microclimate, have specific benefits. There is a lack of consideration for the synergic effects of the numerous features composing a forest ecosystem that are simultaneously experienced by all the five senses. Also, the timing and duration of forest bathings were different, as well as the weather. A limitation of the research is also the fact that a systematic review of papers did not take place in several databases. We found that a huge number of hits were obtained when we browsed the posts on the phrase: forest 'and' therapeutic 'and' 'tourism' and on the phrase: forest 'and' well-being 'and' 'tourism,' but not many relevant ones. We also found that the relevant hits in both databases were identical to those obtained in the Scopus database.

Papers dealing with medically conducted research are given in Table 2. The healing powers of forests were first researched by Li et al. (2007). It is primarily due to

Table 1 Papers with Review of Systematic Review of Physical Activity as Well as Forest-Bathing on the Immune System's and General Human Well-being with Some Healing and Beneficial Effects of Forest on People

Paper	Parameter examined	Main finding	Connection
Stier-Jarmer et al. (2021) 'The Psychological and Physical Effects of Forests on Human Health: A Systematic Review of Systematic Reviews and Meta-Analyses'	Systematic review of systematic reviews was conducted in eight databases to identify, summarise, and synthesise the available evidence of systematic reviews (SRS) and meta-analyses (MAS) on the preventive and therapeutic psychological and physical effects of forest-based interventions.	Authors argue that forest-based interventions have a positive impact on the cardiovascular system; some immunological and/or inflammatory parameters; and mental health in the areas of stress, depression, anxiety, and negative emotions.	Forest therapy; forest bathing; shinrin-yoku; forest medicine.
Roviello et al. (2021) 'Forest-Bathing and Physical Activity as Weapons Against COVID-19: A Review'	The effects of particular immune-strengthening activities performed in forest areas have been reviewed.	Physical exercise in forests, as well as 'forest-bathing,' has strengthening effects on the immune system's ability to fight disease, especially as it relates to COVID-19.	Some activities typical of outdoor tourism are recommended. Aerobic and resistance training like respiratory muscle gentle strengthening exercises, such as tai chi and yoga have been suggested as stress-reducing and immune-boosting exercises that should be practised in forests for individuals who are in good health, for the prevention of COVID-19.
Andersen et al. (2021) 'Nature Exposure and Its Effects on Immune System Functioning: A Systematic Review'	Systematic review of papers by measurements of physiological and psychological effects of forest on people, conducted in the period from 1995 to 2018.	General anti-inflammatory effects of volatile substances of plants in the selected forest ecosystem on people and strengthening of immune system have been proved.	Some of the research concerned was conducted in the forest with a Japanese forest bath or shinrin yoku, identified as an anti-stress forest product.

Continued on the next page

human exposure to phytoncides, a volatile substance emitted by plants. Measurements were mostly focused on stress markers. Results were obtained from physiological parameters that measured systolic and diastolic blood pressure, pulse rate, heart rate and heart rate variability, salivary or serum cortisol levels, cardiovascular and metabolic parameters. The psychological measurements included different parameters such as mood state, depression, anxiety, negative emotions, anxiety level, happiness level and quality of life. For example, physiological measurements included measuring systolic blood pressure (Peterfalvi et al.,

2021), stress hormones, most often cortisol (Ochiai, Ikei, Song, Kobayashi, Miura et al., 2015; Ochiai, Ikei, Song, Kobayashi, Takamatsu et al., 2015), and pulse and movement of natural killer (NK) cell activity (Li et al., 2007). The most common subject of psychological testing was measuring feelings, for example tension, anxiety, depression, anger, stress, hostility, tiredness, and confusion. Most often, medically conducted research measured the healing and beneficial effects of the volatile substances, phytoncides, on the human immune system and general well-being.

Healing and beneficial effects of forest bathing and

Table 1 Continued from the previous page

Paper	Parameter examined	Main finding	Connection
Doimo et al. (2020) 'Forest and Wellbeing: Bridging Medical and Forest Research for Effective Forest-Based Initiatives'	An overview of existing literature on the emerging topic of human well-being with forest contact.	Summary of results of the literature analysis showed that all papers have measured more than one health parameter. The most mentioned effects are psychological (82%), while physiological effects (77.4%) and social effects (10.7%) are followed. Medicine and forestry discipline are included in coding criteria, but tourist industry is not.	Findings provide a preliminary framework of users' well-being in connection with forest contact.
Rajoo et al. (2020) 'The Physiological and Psychosocial Effects of Forest Therapy: A Systematic Review'	Systematic review of literature of forest therapy physiological and psychosocial effects (2010–2020), such as cortisol level, systolic blood pressure, diastolic blood pressure and pulse rates.	Based on the research data forest therapy plays an important role in preventive medicine and stress management for all age groups.	The aim of the research is not only to evaluate the psychosocial and physiological effects but also to encourage healthcare professionals and the general public to fully utilise forest therapy as a form of preventive medicine.
Yau & Loke (2020) 'Effects of Forest Bathing on Pre-Hypertensive and Hypertensive Adults: A Review of the Literature'	To explore the physiologically and psychologically therapeutic benefits of forest bathing on adults suffering from pre-hypertension or hypertension.	The natural atmosphere of forests is beneficial to human health. Exposure to forest-derived phytoncides could increase NK cell activity and improve overall immunity function.	
Hansen et al. (2017) 'Shinrin-yoku (Forest Bathing) and Nature Therapy: A State-of-the-Art Review'	A thorough review of papers that evaluated the use of shinrin-yoku for various populations in diverse settings.	Nature therapy as a health-promotion method and potential universal health model is implicated for the reduction of reported modern-day 'stress-state' and 'technostress.'	Shinrin-yoku as a practice to decrease undue stress and potential burnout.

socio-cultural values of forests in connection with forest therapy tourism or well-being tourism is shown in Table 3.

To sum up, the findings show that on the basis of the healing and beneficial attributes of forests, forest therapy tourism and well-being forest tourism are developing rapidly (Zhao & An, 2021). Forest tourism (Cvikl, 2020; Chen et al., 2019; Chen & Nakama, 2013,

p. 2), forest well-being tourism (Konu, 2015) and forest therapy tourism (Ohe et al., 2017) are defined. Other tourist forest products, such as therapeutic forest trails (Gürbey, 2020; Ohe et al., 2017), forest selfness and mindfulness (Farkic et al., 2021; Cvikl & Vodeb, 2016), are developing extremely fast all around the world, even for disabled individuals (Wajchman-Świtalska et al., 2021).

Table 2 Positive Physiological and Psychological Effects of Forest Climate on General Well-Being and on the Immune System

Paper	Parameter examined	Main finding	Connection
Peterfalvi et al. (2021) 'Forest Bathing Always Makes Sense: Blood Pressure-Lowering and Immune System-Balancing Effects in Late Spring and Winter in Central Europe'	Systolic blood pressure.	Forest baths, conducted in late spring in May and in winter in January, showed statistically significant decrease of systolic blood pressure.	Forest bathing; forest walking.
Grilli & Sacchelli (2020) 'Health Benefits Derived from Forest: A Review'	Activities ('walk') and performances ('concentration') are investigated in general terms ('subject') or for specific age and status ('student').		It appears that the tourism tendency of forest bathing, i.e. shinrin-yoku, is emphasised from the results, particularly for 'Japan.'
Bielinis et al. (2019) 'The Effect of Recreation in a Snow-Covered Forest Environment on the Psychological Well-being of Young Adults: Randomized Controlled Study'	The young adults were exposed to a snow-covered environment.	Forest recreation, during winter and with snow cover, continues to have a significant influence on the psychological relaxation of young females.	Findings contribute to seasonality elimination. Such therapy practice recreation could be successfully conducted during winter in a forest with snow cover, and there should still be a positive effect on psychological parameters.
Schuh & Immich (2019) <i>Waldtherapie: Das Potenzial des Waldes für Ihre Gesundheit</i>	Examination of healing and beneficial effects of forest climate on people.	Definition of healing and therapeutic forests and their effects on human health.	Dealing with forest bathing and shinrin yoku as a global trend.
Korpela et al. (2017) 'Enhancing Wellbeing with Psychological Tasks along Forest Trails'	Significant <i>F</i> -test values in the change in restorative experiences, overall satisfaction with the trail, willingness to recommend the trail to friends, and satisfaction with the number of signposts.	Experience on a well-being theme trail showed positive and statistically significant changes in two measurements: restorative change and willingness to recommend the trail to friends.	Well-being theme trails in different countries.

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Forest therapy is recognised as a mental health activity with beneficial effects on human well-being and a powerful tourism attraction and economic opportunity (Buckley et al., 2021). For example, in Japan as many as 59 forest therapeutic bases in each of the provinces and 6 therapeutic trails have been registered since the foundation of the Forest Therapy Programme in 2004. China founded 500 forest therapeutic bases in the period from 2015 to 2020 (Wu et al.,

2019; Gurbey, 2020; Ohe et al., 2017, p. 326). South Korea, China, the USA, Finland, Sweden, Northern Ireland, England, Slovenia, Croatia, and Montenegro have also started developing forest therapeutic procedures and medical tourism.

Findings

Based on the findings of the literature review and in relation to what is already happening in Slove-

Table 2 Continued from the previous page

Paper	Parameter examined	Main finding	Connection
Ochiai, Ikei, Song, Kobayashi, Miura et al. (2015) 'Physiological and Psychological Effects of a Forest Therapy Program on Middle-Aged Females'	Physiological and psychological parameters (pulse, level of cortisol in saliva and psychological indexes) were measured one day before the forest therapy and on the day of the forest therapy.	Forest therapy resulted in significant decrease of pulse rate, decrease of the level of cortisol in saliva, increase of positive feelings, and decrease of negative feelings.	Guided and controlled programme of forest anti-stress therapy.
Ochiai, Ikei, Song, Kobayashi, Takamatsu et al. (2015) 'Physiological and Psychological Effects of Forest Therapy on Middle-Aged Males with High-Normal Blood Pressure'	Physiological and psychological parameters (pulse, level of cortisol in saliva and psychological indexes) were measured one day before the forest therapy and on the day of the forest therapy.	Forest therapy resulted in decreased systolic and diastolic blood pressure (BP), adrenaline in urine and serum cortisol ($p < 0.05$). Similarly, negative parameters, such as tension/anxiety, confusion, anger/hostility, and mood swings improved.	Guided and controlled programme of forest anti-stress therapy.
Li et al. (2009) 'Effect of Phytoncides from Trees on Human Natural Killer Cell Function'	The effect of inhaling various phytoncides – essential oils of trees – on human immune function, namely on enhanced human natural killer (NK) cell activity.	The examined physiological test proved significant increase of natural killer (NK) cell activity, but without statistically significant results. The psychological test concerned (POMS) showed decrease in tension, anxiety, depression, anger, hostility, tiredness, and confusion. Only statistically significant were the results of the factor of tiredness.	Forest therapy tourism and forest well-being tourism deal with stress factors in order to decrease their effects on human spiritual well-being (131 citations).
Li et al. (2007) 'Forest Bathing Enhances Human Natural Killer Activity and Expression of Anti-Cancer Proteins'	Effects of the forest bath conducted on natural killer (NK) cell activity.	Report, researching direct effect of forest baths on human activity. A physiological test, which showed substantial increase of natural killer (NK) cell activity and positive effect of forest bathing on the human immune system, was conducted for the first time.	Forest bath as therapeutic activity (161 citations).

nia, we can conclude that forest therapy could provide several benefits for the Slovenian tourism industry. Biodiversity-health framework references with an environmental and socio-cultural context are needed (Marselle et al., 2021) such as registered cultural land-

scapes and garden-architectural heritage units. Rich Slovenian forests provide all of the above, as they have exceptional geomorphological, atmospheric, and climatic conditions. On those bases nature therapy, nature-based rehabilitation and nature-based treat-

Table 3 Healing and Beneficial Effects of Forest Bathing in Connection with Forest Therapy Tourism or Well-being Tourism

Paper	Parameter examined	Main finding	Connection
Buckley et al. (2021) 'Mental Health Key to Tourism Infrastructure in China's New Megapark'	Conflicts between road and roadless-access tourism in the Sanjiangyuan National Park, Qinghai, which offers jing hua xin ling to domestic tourists from eastern-seaboard cities.	In Western nations currently, there is widespread recent recognition of the value of nature for mental health and of digital detoxification. These factors create the health services value of parks and the resulting new opportunity for nature tourism.	Mental health benefits provide a powerful tourism attraction, and hence economic opportunity, for the region around the park.
Farkic et al. (2021) 'Forest Bathing as a Mindful Tourism Practice'	Sensory ethnography was used to study the ways in which the senses were engaged, activated and deepened through guided forest bathing walks, but also what the experience meant in the broader context of the participants' well-being.	Findings suggest how forest practices that induce well-being states exhibit latent potential as touristic experiences.	The processes of awareness, attentiveness, focus and reflection that were distilled in the analysis have ultimately led to conceptualise the Japanese practice of forest bathing as a mindful tourism practice.
Wajchman-Świtalska et al. (2021) 'Recreation and Therapy in Urban Forests – The Potential Use of Sensory Garden Solutions'	15 gardens and one sensory path have been studied. The inventory was carried out on the basis of the features considered important in spatial orientation by blind and partially sighted people.	The results showed that the solutions used were only partly adequate for the needs of selected users. We found neither tactile walking surface indicators (e.g. communication lines and terrain), spatial models, nor applications in mobile devices.	Forest therapy leisure activity for disabled individuals.
Zhao & An (2021) 'Behavioural Intention of Forest Therapy Tourism in China: Based on Health Belief Model and the Theory of Planned Behaviour'	The study aimed at verifying a new behavioural attitude pattern after the peak of the epidemic on the basis of the health belief model (HBM).	This study expands the health belief model (HBM) with the variable of attitude. Practical implications are offered for the government suffering from the epidemic and for the tourism industry.	The study provides the benefits of forest therapy in tourism.

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ment programmes can be developed (Schuh & Im-mich, 2019). It is evident from findings that socialising in the forest not only increases natural killer (NK) cell activity, decreases tension, anxiety, depression, anger, hostility, tiredness, confusion, systolic and diastolic blood pressure (Peterfalvi et al., 2021; Ochiai, Ikei, Song, Kobayashi, Miura et al., 2015; Ochiai, Ikei, Song, Kobayashi, Takamatsu et al., 2015) etc, but also that

forest habitat along with forest climate is one of the basic attributes for the development of forest therapeutic and well-being tourism. Furthermore, exercise in forests has strengthening effects on the immune system's ability to fight against viral diseases, especially as it relates to COVID-19 (Roviello et al., 2021). Significant improvements in depressive symptoms were also found in almost all the primary studies (Stier-Jarmer et

Table 3 Continued from the previous page

Paper	Parameter examined	Main finding	Connection
Gürbey (2020) <i>New Trends in Ecotourism: Forest Bathing/Forest Therapy in the World and Turkey</i>	Therapeutic forest centres and trails in the world.	Forest therapy provides benefits and beneficial effects on physiological and psychological health, protects forest biodiversity and offers diversification of economic effects arising from tourist and recreational activities.	Development of therapeutic forest trails and forest centres in the world.
Sacchelli et al. (2020) 'Neuroscience Application for the Analysis of Cultural Ecosystem Services Related to Stress Relief in Forest'	In order to analyse stress relief, the study applies a Restoration Outcome Scale (ROS) questionnaire and a neuroscientific technique grounded on electroencephalographic (EEG) measurement.	Results show different outcomes for coniferous and broadleaf forests. The self-assessed stress levels before and after exposure to different types of forest show that a forest with a high density of conifers and a low density of broadleaves seems to be the proper combination for stress recovery.	A categorisation of forest for health promotion and disease prevention, mindfulness and forest bathing, outdoor activities and tourism is needed.
Wu et al. (2019) 'Assessing and Mapping Forest Landscape Quality in China'	Assessing and mapping forest landscape quality in order to establish an evaluation index system.	In 2018, the number of tourists to forest parks exceeded 1.6 billion in China, accounting for nearly 30% of the domestic tourist market.	Forest tourism has become the most dynamic and promising sector in China.
Dzhabarova et al. (2018) 'The medical-recreational and balneotherapeutic regions of the Krasnoyarsk Territory'	Systematisation of the available data characterising the balneotherapeutic and recreational conditions of the Krasnoyarsk Territory were studied.	Comprehensive assessment of the landscape and climatic conditions of the medical-recreational regions of the southern part of the Krasnoyarsk Territory with favourable bioclimatic conditions and unique therapeutic resources.	Balneotherapeutic regions represent great potential for the development of climatic spa and health resort facilities.
Huang & Xu (2018) 'Therapeutic Landscapes and Longevity: Wellness Tourism in Bama'	Conducted interviews concerning the therapeutic landscape theory.	The results provide a multi-scale interpretation of wellness tourism to explore how wellness tourists achieve health in healing places.	Conceptualisation and interpretation of the therapeutic landscape within wellness tourism.

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al., 2021). To sum up, the physiological and psychological relaxation effects of forest therapy and well-being tourism are verified. According to Ohe et al. (2017) and Li et al. (2007), these effects last three to five days.

Regardless of the identified advantages, certain

negative aspects and findings have to be mentioned as well. The limitations mentioned in the results should be also taken into account, especially regarding the methodological approach and the protocol of further researches. Although positive findings were reported

Table 3 Continued from the previous page

Paper	Parameter examined	Main finding	Connection
Ohe et al. (2017) 'Evaluating the Relaxation Effects of Emerging Forest-Therapy Tourism: A Multidisciplinary Approach'	A multidisciplinary collaborative approach was used to conduct medical research of physiological and psychological relaxation effects of forest-therapy tourism.	The results verified physiological and psychological relaxation effects, which lasted from three to five days after forest therapy.	Forest therapy tourism definition.
Cvikl & Vodeb (2016) 'The Potential of Non-Wood Products for Development of Forest Tourism'	Use of forest socio-cultural values as natural tourism capital for the development of forest tourism.	Social and cultural benefits of forest tourism. New green tourist product – Forest Selfness.	Forest selfness as a tourist product.
Konu (2015) 'Developing a Forest-Based Wellbeing Tourism Product together with Customers – An Ethnographic Approach'	Case study of involving consumers in NDS – new service development in tourism.	Developing a forest-based well-being tourism product.	Forest well-being tourism definition.
Konu et al. (2011) 'Wellbeing Tourism in Finland: Finland as a Competitive Wellbeing Tourism Destination'	Destination product features of the Nordic countries and Nordic Well-being concept.	Definition of Nordic Well-being concept.	Forest Nordic Well-being activity.

in almost all studies, in some cases the results of physiological tests were not statistically significant, sample sizes were too small and the range of exposure time to the forest atmosphere was very different. In summary, forest-based interventions are beneficial to the cardiovascular system, immune system, and mental health in adults and to atopic dermatitis with children. To be able to develop climatic spa and health resort facilities (Dzhabarova et al., 2018), categorisation of forest for health promotion as well as conceptualisation and interpretation of the therapeutic landscape within wellness tourism (Huang & Xu, 2018) is needed (Sacchelli et al., 2020).

The potential for service providers and the tourism industry in Slovenia is huge as none of the above-mentioned types of forest tourism activity is developed or systemically monitored at the institutional level. If a destination wants to systematically develop this specific type of tourism, it has to make an assessment of the potential healing forest attributes and determine the sufficient interest of providers to certify forests and develop a compatible destination offer. In addition, in order to start forest therapy tourism practice implementation in Slovenia, it is necessary to assure plan-

ning and development of marketing activities, such as segmentation of target groups of tourists. Service providers can then develop products for a new innovative type of tourism and highlight the special characteristics and comparative advantages of this specific type of tourism. As can be seen from the findings, the use of forest socio-cultural values as the natural tourism capital for the development of forest tourism is highly applicative. With the development orientation towards therapeutic forest tourism, which is sustainable and based on ecoremediation principles, Slovenia can gain a completely new competitive advantage in the tourism market.

Appropriate funding for further research under the auspices of the state institution is needed in order to reach an understanding of relations between biodiversity and health (Marselle et al., 2021).

Conclusion

Based on the results of the review of literature, the healing and beneficial effects of the forest do affect people in a positive and healthy way. Also, the connection between forest therapy and well-being activity and tourism is evident. Medically conducted

researches usually measured the positive physiological (i.e. included measuring systolic blood pressure, stress hormones, most often cortisol, etc.) and psychological (i.e. measuring feelings, for example, tension, anxiety, depression, anger, stress, hostility, tiredness, and confusion) effects of the forest climate on general well-being and on the immune system. However, better-designed studies with appropriate parameters are needed. Sufficient exposure to the forest healing atmosphere, terpene concentration, microbial diversity, biodiversity, noise or quiet (psychoacoustics), light conditions, forest composition, and climatic factors should be included in studies.

Slovenia provides the most suitable environment for the development of forest therapy and well-being tourism with anti-stress practices. With many registered cultural landscapes and garden-architectural heritage units for recreational and leisure purposes, Slovenia can develop a unique competitive advantage over other tourist destinations and countries whose attractiveness relies on natural resources. Therefore, it would also be reasonable to develop forest therapeutic tourism in Slovenia on the above-mentioned basis. Practitioners should be involved in research because they are already implementing some good practices around the world, but it seems they are not aware that they could also be applied internationally. From the results in Table 1, it is evident that there is a tourist forest therapeutic potential, which can be said to have healing, therapeutic, or beneficial properties.

The problem, associated with the practice of forest therapeutic tourism, refers to capturing empirical knowledge and horizontal integration in the fields of different professions such as health, tourism, environment, and social sciences with research groups from different disciplines and professions, such as forestry, psychology, and landscaping. It can be concluded that forest therapy tourism is a type of tourism which is in demand and that forest-therapeutic and well-being tourism have a great development potential. The facilitated opening of forest therapeutic bases in Japan and China and Korea reflects high demand for therapeutic forest tourist products that could also be applied in Slovenian forests. By orienting towards the development of forest therapy and well-being tourism, Slovenia could achieve extreme advantages in comparison

with other green outdoor destinations. By developing forest tourist infrastructure and competency centres for the verification of forest health tourism, Slovenia could become a leading destination for forest therapy tourism in the world. Last but not least, it is obligatory to underline, in order to preserve the integrity of the ecosystem services, that forest managers must make tourism development and management an important part of their work.

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Evaluating the Direct and Indirect Impacts of Tourism on the Health of Local Communities

Maksim Godovykh

University of Central Florida, USA
maksim.godovykh@ucf.edu

Alan Fyall

University of Central Florida, USA
alan.fyall@ucf.edu

Abraham Pizam

University of Central Florida, USA
abraham.pizam@ucf.edu

Jorge Ridderstaat

University of Central Florida, USA
jorge.ridderstaat@ucf.edu

Tourism brings with it both positive and negative health impacts on local communities. Although the topic of health in tourism is traditionally associated with tourists' health, there are potential opportunities to study the influence of tourism on residents' health as well. This study aims at exploring the direct and indirect effects of tourism development on residents' health through income and environmental pollution in the case of several European countries. The long-term and short-term relationships among tourism arrivals, emissions, residents' income, and health were estimated using a generalized least squares (GLS) approach. The results demonstrate that tourism arrivals bring significant short-term and long-term impacts on residents' health directly and indirectly through environmental pollution and residents' income. Several important theoretical and practical implications are related to considering the long-term health impacts as more important outcomes of tourism development and providing recommendations for destination management organizations and governmental authorities.

Keywords: tourism, impacts, health, well-being, income, emissions



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Introduction

Tourism brings with it both positive and negative impacts on tourist destinations. The traditionally described domains of tourism impacts are economic, socio-cultural, and environmental dimensions (Sharp-ley, 2018; Woo et al., 2018). The economic impacts of tourism include higher revenues, new employment

opportunities, investments, and lower levels of poverty (Johnson et al., 1994; Seetana, 2011).

However, the negative impacts are associated with an increase in the cost of living, chronic stress, higher prices of goods and services, dependence on seasonality, and economic inequality, as well as the socio-cultural and environmental costs of tourism develop-

ment (Postma & Schmuecker, 2017; Uysal et al., 2016).

At the same time, the main values in human life are described as health and well-being rather than income or welfare (Bowling, 1995). The topic of health in tourism is traditionally associated with medical tourism experiences (Connell, 2006). However, there are potential direct and indirect avenues of research on the effects of tourism on residents' health. Tourism can positively impact the health of local citizens through better access to medical services or better food, while the transmission of diseases from tourists to residents, road accidents, poor working environments, or pollution brings about negative effects on local communities (Bauer, 2008; Postma & Schmuecker, 2017).

Residents' health can be also impacted by positive experiences, novelty, and social interactions with tourists, which also demands empirical attention in tourism research. Several studies in positive psychology and neuroscience suggest that positive emotions influence blood pressure and vagal tone, decrease the levels of blood sugar, and increase longevity (Fredrickson et al., 2008). At the same time, the emotional components of tourism experiences are widely described in the previous tourism literature (e.g. Hosany et al., 2015; Godovykh & Tasci, 2020a; 2020b). As tourism activities are inseparably connected with providing positive experiences and interaction between tourists and residents, tourism may bring better health and well-being outcomes for both tourists and residents.

The effects of tourism development on residents' health might have different valence and power in in the short and long run (Godovykh & Ridderstaat, 2020). Although the short-term impacts may be associated with spreading viruses or increasing stress levels of local people, the long-term effects might be attributed to psychological, social, and physical resources associated with social interactions, novelty, and positive emotions (Fredrickson & Joiner, 2018). This study aims at exploring the direct and indirect effects of tourism development on residents' health through income and environmental pollution in the case of several European countries. Several important theoretical and practical implications of the study are related to determining the balance between the negative short-term impacts and positive long-term

impacts of tourism development on residents' health, considering the long-term health impacts as more important outcomes of tourism development, and providing recommendations for destination management organizations and governmental authorities on developing new programmes and policies aimed at improving the health and well-being of local communities.

Literature Review

Indirect Health Impacts of Tourism

The health impacts of tourism can be associated with residents' income and environmental concerns. On the one hand, increased revenues allow local people to afford medical care and better food (Bauer, 2008). Tourism is traditionally described as a contributor to Gross Domestic Product (GDP) that generates revenues, creates new employment opportunities, attracts investments, and reduces poverty (Sharpley & Telfer, 2015). The traditionally applied evaluations of tourism economic impacts are collected from border statistics and tourist accommodation establishments for the number of tourist arrivals and expenditures. The secondary data on tourist arrivals, departures, nights spent, expenditures, receipts, employment, and other indicators of tourism statistics can be collected from the United Nations World Tourism Organization (UNWTO, 2020), the World Bank Development Indicators,¹ and OECD tourism statistics,² as well as from national tourism offices and other sources.

The most widely applied measure of residents' income is gross domestic product (GDP), which includes consumption expenditures, gross investment, and government spending. The annual residents' income can be measured by GDP per capita from the World Bank Indicators and national statistics. The direct, indirect, and induced effects of tourism can be analysed by using Input-Output analysis and Tourism Satellite Account statistics based on all goods and services consumed by tourists (Baggio, 2019). The economic impacts of tourism also include employment, which can be evaluated by the number of jobs in tourism or full-time equivalent employment. The pri-

¹ <https://data.worldbank.org>

² <https://www.oecd.org/cfe/tourism/tourism-statistics.htm>.

mary data collection can also include survey questions about residents' income, as well as perceived positive and negative economic benefits from tourism.

At the same time, the increased usage of destination resources brings negative environmental impacts that also influence residents' health. The environmental outcomes include air pollution, wildlife destruction, water pollution, plant destruction, etc. (Andereck, 1995; Postma & Schmuecker, 2017). These environmental impacts of tourism can be quantitatively assessed through the data on greenhouse gas emissions, PM 2.5 pollution, air quality indexes, ecological footprint, human-wildlife conflict monitoring, land management metrics, and a variety of other techniques (Mikayilov et al., 2019).

Direct Health Impacts of Tourism

Negative health impacts of tourism are mostly associated with the transmission of diseases from tourists to residents. The recent situation with the COVID-19 pandemic demonstrated the potentially harmful impacts of tourism on residents' health. Other health risks for local communities from tourism include road accidents, poor working environments, substance use disorders, and other physical health conditions (Bauer, 2008; Doocy et al. 2007; Godovykh et al., 2021; Walker & Page, 2004).

At the same time, human health has a dynamic nature affected by the mix of biological, social, and psychological factors (George & Engel, 1980; Sarafino & Smith, 2014). Among the main psychological factors are social skills, family relationships, mental health state, self-esteem, etc., while social factors are related to social interactions with family members, peers, and other people (Bolton & Gillett, 2019; Lehman et al., 2017). The positive role of psychological factors affecting health can be also conceptualized within the broaden-and-build theory of positive emotions (Fredrickson, 2001; Fredrickson & Joiner, 2018). Based on the broaden-and-build theory, positive emotions bring physical, psychological, intellectual, and social resources that increase people's well-being and contribute to health by regulating the levels of hormones, reducing autonomic nervous system activity, fostering immune responses, and eliminating negative out-

comes of stress. Tourism activities are connected with positive experiences and interaction between tourists and residents. Therefore, tourism may bring better health outcomes for residents through positive emotions, novelty, and social interactions with new people. Considering the previously discussed health impacts of tourism on local communities together with the potential effects of psychological factors on residents' health, this study suggests that the number of tourism arrivals influences residents' health directly and indirectly through environmental pollution and residents' income.

Methodology

The study used data on national tourism arrivals, income, CO₂ emissions, well-being, and health in three neighbouring countries, Slovenia, Croatia, and Hungary, which are member countries of the EU and have common borders. The panel data on national tourism statistics, arrivals, income, CO₂ emissions, well-being, and health were used in the study. The data on tourism arrivals, departures, and receipts were obtained from the United Nations World Tourism Organization (UNWTO, 2020). Tourism arrivals are the number of tourists who travel outside their usual country of residence, for business, leisure, or other personal purposes, for less than 12 months for a purpose not related to employment (UNWTO, 2010). Tourism departures are the number of departures people make from their country of residence to any other country for a purpose not related to earning money.

The data on income were collected from the World Bank indicators in the form of GDP per capita. GDP per capita is the gross domestic product or a sum of gross value added by all a country's residents, divided by the country's population. The GDP per capita is often applied as a proxy for income. The data on CO₂ emissions, which include carbon dioxide produced during consumption of liquid, solid, and gas fuels and gas flaring, were collected from the World Bank indicators. The data on residents' wellbeing were collected from the *World Happiness Report* (Helliwell et al., 2021) that uses data from the Gallup World Poll. The data on health was represented as the life expectancy at birth, which is considered an impor-

tant indicator of health status on a national level.

The data analysis consisted of several phases. The initial phase of the study provides descriptive statistics of the collected data. The data were also visualized by using line charts and GIS maps. Descriptive statistics and data visualization helped in understanding data trends and to conduct comparisons at different time points. In the second phase, the applied variables were decomposed into trend and cycle components by using the Christiano-Fitzgerald filter (Christiano & Fitzgerald, 2003). The logarithm transformation was used to control for data skewness and narrow the range of the data. In the third phase, the variables were tested for stationarity by using unit root tests. The final phase of data analysis applies a generalized least squares (GLS) approach to estimate a set of structural equations since the GLS estimator is considered more efficient than the ordinary least squares in the case of heteroscedasticity, as well as serial and cross-sectional correlations (Bai et al., 2021). The estimated equations can be indicated as follows:

$$health_{it} = \alpha_1 \times arrivals_{it} + \alpha_2 \times emissions_{it} + \alpha_3 \times income_{it} + \varepsilon_{1it} \quad (1)$$

$$emissions_{it} = \alpha_4 \times arrivals_{it} + \varepsilon_{2it} \quad (2)$$

$$income_{it} = \alpha_5 \times arrivals_{it} + \varepsilon_{3it}, \quad (3)$$

where i = cross-section, t = time, α = coefficient, and ε = error term.

Results

The recent data on tourism arrivals, departures, income, health, and well-being for Slovenia, Croatia, and Hungary in 2018 are provided in Figure 1. Hungary and Croatia demonstrate the highest numbers of international tourism arrivals (57.67 million visitors in 2018). The biggest number of international tourism departures is in Hungary (22.81 million departures in 2018). At the same time, Slovenia shows the highest levels of GDP per capita (26,116 USD), happiness score (6.25), and average life expectancy (81.4 years).

The graphical representation of the standardized panel data for 1995–2019 is shown in Figures 2–4. The charts generally show increasing trends for tourism

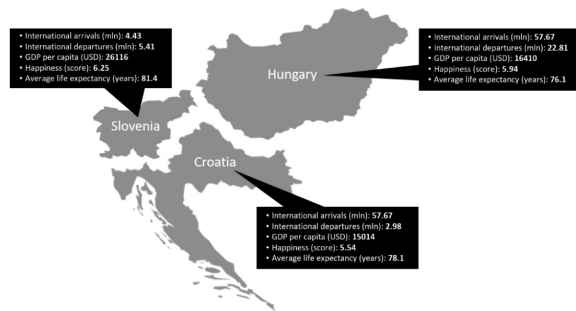


Figure 1 Tourism Arrivals, Departures, Income, Health, and Well-Being in Slovenia, Croatia, and Hungary

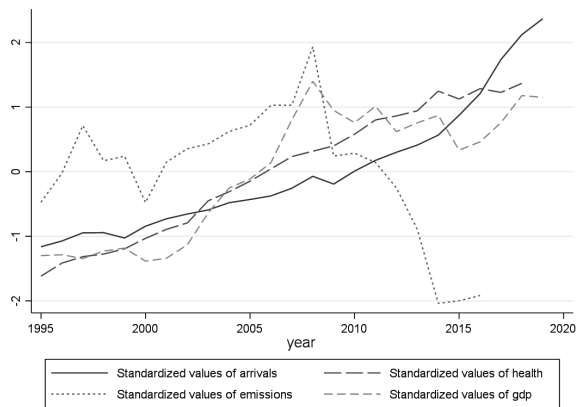


Figure 2 Tourism Arrivals, Health, Emissions, and Income in Slovenia in 1995–2019

arrivals in 1995–2019. The level of health in Slovenia, Croatia, and Hungary is constantly growing between 1995–2019. The level of income demonstrates an increasing linear trend in 1995–2007 with fluctuations after 2007, which can be explained by the consequences of the economic and financial crisis. The levels of CO₂ emissions have been decreasing in Hungary from 2004 and in Slovenia and Croatia from 2008, which can be associated with the EU legislation to reduce greenhouse gas emissions.

The data were transformed into logarithms, and the Christiano-Fitzgerald decomposition approach was applied to estimate the trend and cyclical components of tourism arrivals, income, emissions, and health. The trend and cycle components for health, arrivals, emissions, and income in Slovenia, Croatia, and Hungary are presented in Figures 5–8 (pp. 48–49). While residents’ health and income, and tourist

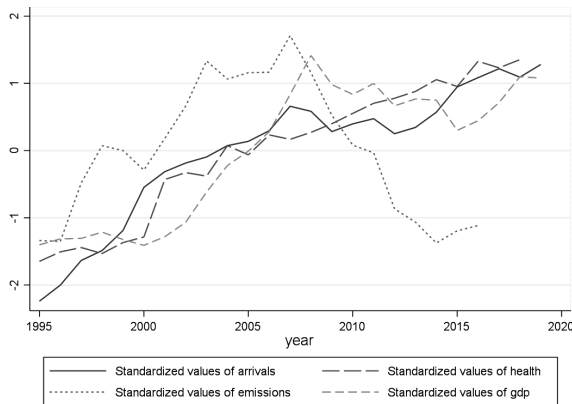


Figure 3 Tourism Arrivals, Health, Emissions, and Income in Croatia in 1995–2019

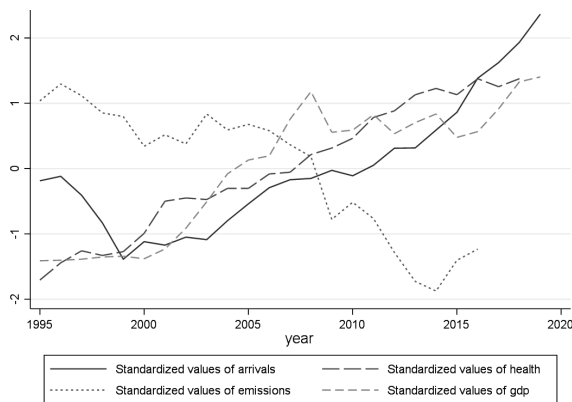


Figure 4 Tourism Arrivals, Health, Emissions, and Income in Hungary in 1995–2019

arrivals showed an increasing pattern in the discussed time frame (with varying cycle distributions), the trend of CO₂ emissions showed a decreasing long-term shape, indicating that the CO₂ releases were gradually reducing.

The study applied the cross-sectional dependency (CD) test to evaluate the level of correlation of the units in the same cross-sections (Pesaran, 2021). The test results provide enough evidence to reject the null hypothesis of the lack of cross-sectional dependence (Table 1). The cross-sectional dependence means that units in the same cross-section are correlated, which can be caused by the effects of some unobserved factors common to all units, such as an economic or financial crisis. The literature suggests that the data should be demeaned to control for cross-sectional de-

Table 1 Test for Cross-Sectional Dependence

	Long-Run (trend)	Short-Run (cycles)
Arrivals	7.40***	0.20
Income	8.10***	7.69***
Emissions	3.66***	5.85***
Health	8.07***	0.83

Notes Under the null hypothesis of cross-section independence. The symbol *** indicates the 1% significance level.

pendence in the case of correlation across the panel (De Hoyos & Sarafidis, 2006).

The variables were tested for stationarity using both the Levin-Lin-Chu and the Harris-Tzavalis tests (Tables 2 and 3 on p. 49). The null hypothesis in both tests is that all the panels contain a unit root. Taking into account the cross-sectional dependency, the data were initially corrected for their cross-sectional mean in order to control for correlation (Levin et al., 2002). The results demonstrate that all variables are stationary at the level forms, which means that they have a constant mean, variance, and covariance. Therefore, the study used the level forms of the variables for further analysis.

The study estimated the long-term and short-term relationship among tourism arrivals, emissions, residents' income, and health using a generalized least squares (GLS) approach. The GLS estimator is considered more efficient than the ordinary least squares in the case of heteroscedasticity and cross-sectional correlations (Bai et al., 2021). The generalized least squares approach's results are demonstrated in Table 4 (p. 49).

The results show that tourism negatively influences residents' health in the short term. More specifically, a 1% growth in tourism arrivals negatively impacts residents' health by 0.28%. At the same time, tourism arrivals, emissions, and residents' income significantly influence the health of local people in the long run. A 1% growth in tourism arrivals leads to a 0.19% increase in residents' health, while a 1% growth increase in residents' income has a 0.76% increase in health. However, emissions have negative long-term effects on health. A 1% growth in emissions leads to a 0.77% decrease in residents' health.

Figure 5
Trend and Cycle Components
of Residents' Health

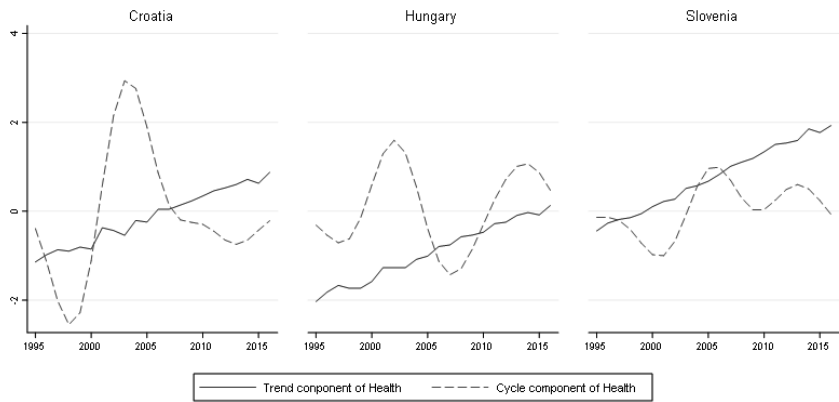


Figure 6
Trend and Cycle Components
of Tourism Arrivals

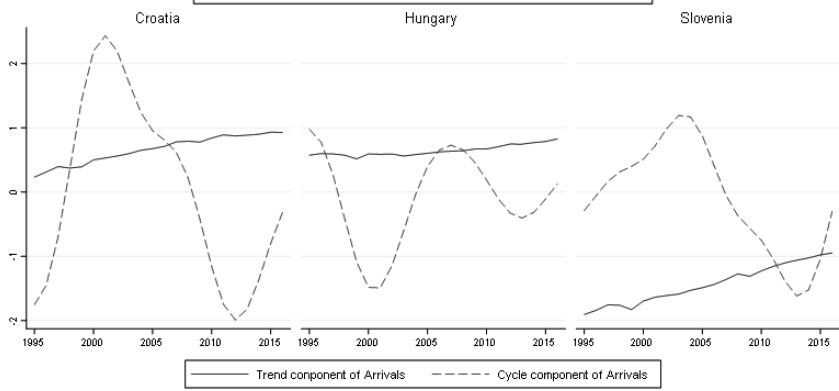
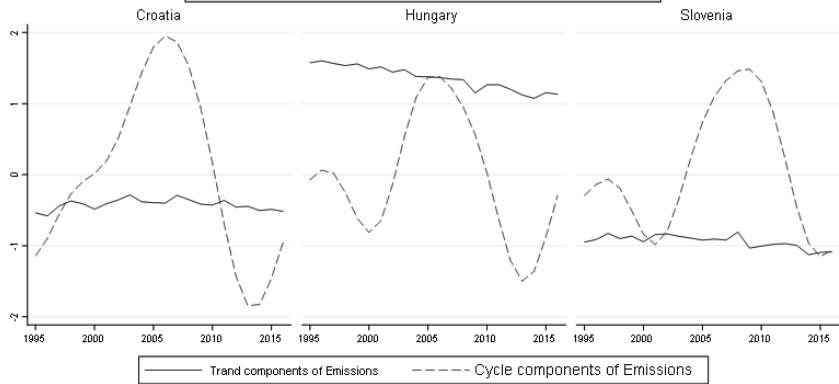


Figure 7
Trend and Cycle Components
of CO₂ Emissions



In addition to the direct impacts of tourism arrivals on residents' health, the study revealed significant relationships between tourism arrivals and CO₂ emissions, as well as between tourism arrivals and residents' income. A 1% growth in tourism arrivals leads to a 0.39% increase in CO₂ emissions in the short term and a 0.29% increase in CO₂ emissions in the long term. At the same time, tourism arrivals have not demonstrated significant short-term impacts on

residents' income but showed significant impacts on income in the long term. A 1% increase in tourists' arrivals leads to a 0.50% increase in residents' income in the long run.

Discussion

The results indicate that tourism brings both short-run and long-run impacts on residents' health. The study found that tourism development negatively in-

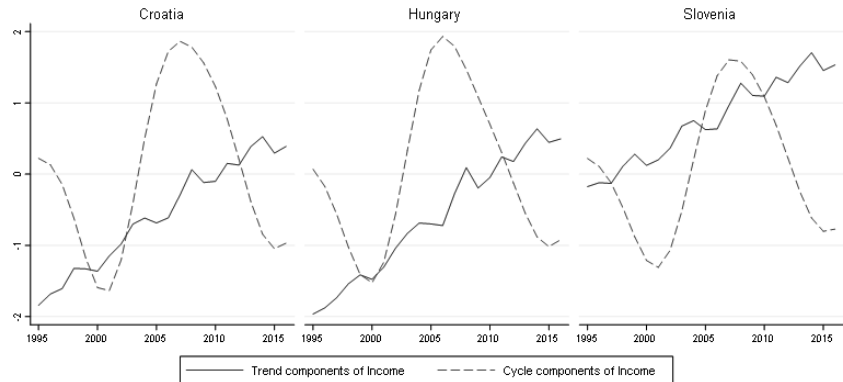


Figure 8
Trend and Cycle Components
of Residents' Income

Table 2 Stationarity Test Results for Trend Components

Item	LLC		HT		Integration
	Level	First difference	Level	First difference	
Arrivals	-6.7075***	-69.00***	0.8778	-13.1968***	I(0) or I(1)
Income	-4.6532***	12.4168	0.1195	-17.3846***	I(0)
Emissions	-1.6742***	1.4288	-1.3366*	-15.4438***	I(0) or I(1)
Health	-8.4947***	94.2606	-4.5159***	-18.5289***	I(0) or I(1)

Table 3 Stationarity Test Results for Cyclical Components

Item	LLC		HT		Integration
	Level	First difference	Level	First difference	
Arrivals	-18.2159***	-9.6280***	-0.2498	-0.4314	I(0) or I(1)
Income	-9.0666***	-14.6856***	0.1473	-0.5628	I(0) or I(1)
Emissions	-39.7573**	-12.7601***	0.4324	0.5850	I(0) or I(1)
Health	-12.0917***	-13.8619***	-0.1000	-01.1012	I(0) or I(1)

Table 4 The Influence of Tourism Arrivals on Health

Item	Health		Income		Emissions	
	Long-term	Short-term	Long-term	Short-term	Long-term	Short-term
Arrivals	0.1882***	-0.2829**	0.5003**	-0.0303	0.2967*	0.3883***
Income	0.7693***	-0.0958				
Emissions	-0.7693***	0.0839				

Notes The symbols ***, **, and * indicate the 1%, 5%, and 10% significance levels.

fluences residents' health in the short run and has positive impacts in the long run. These short-term results are consistent with the previous studies by Godovykh and Ridderstaat (2020) and can be explained by res-

idents' negative feelings and stress from overcrowding, noise, environmental pollution, traffic congestion, crime rates, etc. The recent situation with the COVID-19 pandemic also demonstrates that tourism

mobility is associated with the spreading of disease. At the same time, the long-term positive health effects of tourism can be related to positive experiences received by residents and the social interactions between residents and visitors (Chida & Steptoe, 2008; O'Connor & Gartland, 2019).

In addition to the direct effects of tourism arrivals on residents' health, tourism may have indirect effects on the health of local people through environmental and economic impacts. The study found significant relationships between tourism arrivals and CO₂ emissions, as well as between tourism arrivals and residents' income. The influence of tourism arrivals on carbon dioxide emissions can be explained by the intense transportation and increased demand for energy from hotels, restaurants, and tourist attractions (Katircioglu et al., 2014; Paramati et al., 2017). The effects of tourism arrivals on residents' income are consistent with the previous studies that describe the direct, indirect, and induced economic impacts of tourism on local economies (e.g. Eeckels et al., 2012; Chatziantoniou et al., 2013; Qin et al., 2018). Tourism brings new jobs, attracts investments, increases tax revenues, etc. which positively affects the welfare of local people (Comerio & Strozzi, 2019).

These results bring important theoretical, methodological, and managerial implications. The recent situation with the new coronavirus disease reveals the negative health outcomes of tourism, while there are potential long-term benefits of tourism development for public health. Destination stakeholders should analyse the effects of tourism development on residents' health and develop new programmes and policies aimed at improving the health and well-being of local communities. The balance between the negative short-term impacts and positive long-term impacts of tourism development on residents' health can be determined to develop strategic plans for destination development. However, long-term health outcomes that are different from short-term impacts should be considered as more important effects of tourism and be taken into account by tourism statistics, tourism bodies, and destination management organizations. The proposed methods and models will also be useful in increasing the resilience and sustainability of tourist

destinations and allow community decision-makers to model and pretest sustainable interventions and policies during and after the COVID-19 outbreak. The current pandemic situation makes it possible to explore the impacts of tourism progressively at different levels of tourism development as tourism destinations will reopen and attract more visitors. The optimal level of tourism development for each type of destination can be determined based on the maximum positive impacts on residents' quality of life, health, and well-being.

Exploring both the long-term and short-term impacts of tourism makes it possible to better understand the impacts of tourism in comparison with considering undecomposed results. The decomposed trend and cycle components represent the long-term and short-term behaviour of the data on tourism arrivals, CO₂ emissions, income, and health. The tourist destinations' characteristics, tourist density and intensity, growth rate, tourism contribution to GDP, the intensity of transportation, etc. can also be included in the proposed models. In addition to measuring destination community residents' outcomes, tracking techniques can be pretested to receive information on visitors' behaviour based on geopositioning data, geolocation devices, geo-referenced photos, and the analysis of specific sites in a tourist destination (Padrón-Ávila & Hernández-Martín, 2020). The new composite metrics of tourism impacts on residents' health and well-being can be developed based on the secondary data from the national, regional, and local statistics and primary data collected from residents' surveys and social media analytics.

The selection of independent variables can be considered as a limitation of the study as it was limited by the availability of data. First of all, the average life expectancy does not represent the whole spectrum of health evaluations, including its physical, mental, social, and well-being components. Future studies of residents' health might include subjective, self-reported evaluations of residents' general health, physical distress, and mental distress, as well as additional psychophysiological and psychosocial indicators. Second, the GDP index as a measure of income can be influenced by government policies, unemployment levels,

inflation, and other causes (Aitken, 2019). Therefore, the distribution of income can also be taken into account in the case of the availability of the data. Third, future studies can also investigate the effects of additional determinants of residents' health, including access to health services, governmental policies, and residents' healthy behaviours. It will also be useful to apply subjective self-reported indicators of residents' health and income by conducting surveys of local people. Additionally, similar studies should be conducted in different countries and tourism destinations to explore the effects of destination types and cultural dimensions.

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Wellness Tourism Research: Bibliometric Study of the Scientific Field

Milica Rančič Demir

University of Maribor, Slovenia

milica.rancic1@um.si

Mila Zečević

University of Ljubljana, Slovenia

mila.zecevic@ef.uni-lj.si

The paper presents the results of a bibliometric analysis of academic research covering the field of wellness tourism. The purpose of the article is to identify the structure of relationships between topics that were current in the past and topics that are current now. The aim of the research was to better understand the development of the field of wellness tourism, important constructs, authors, and resources with the help of bibliometric methods. For detailed research of the field of literature on wellness tourism, some two set bibliometric strategies were used: co-citation and keyword co-occurrence. In our bibliometric mapping of the wellness tourism research field, we have investigated the scientific production of articles over the years, the most important journals in the field, and keyword co-occurrence patterns. The obtained results of the study showed a significant increase in the number of publications related to wellness tourism. When it comes to the importance of individual journals, we have identified the 20 best journals that have published the most articles in this field. In wellness tourism research, we identified four clusters: health tourism research, tourism research, wellness topics, and wellness tourism research.

Keywords: wellness tourism, bibliometrics, keyword co-occurrence, literature review



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Introduction

The modern time that we live in has shaped wellness to be regarded as a part of niche tourism, where modern technologies are used to promote global awareness of wellness, and its main focus has become the body and the brain in order to achieve wellness via the tourism experience. The concept of wellness tourism has not always looked like it does today; its characteristics have changed over time (Smith & Puczko, 2008). With the very development of wellness tourism as an industry, the scientific research area that deals with this topic has started to develop more and more. Well-

ness tourism research in recent decades has gained relevance due to the increased efforts and search for well-being by tourists (Rančič Demir et al., 2021). Nevertheless, the concept of wellness in tourism is not completely novel. Basic ideas of wellness tourism were actually researched in older studies as well, through certain elements of medical and health tourism. The increase in researchers' interest in wellness tourism has caused changes in the terminology used.

The aim of the research is to better understand the development of the field of wellness tourism, the most important constructs, and sources and authors, using

bibliometric methods. In order to better understand the development of research in wellness tourism literature, we have decided to apply science mapping methods while striving to answer the following questions:

1. Has wellness tourism research grown over time?
2. Which are the most relevant journals for publishing wellness tourism research studies?
3. Which fields of wellness tourism have mostly been explored in the existing literature?

Revealing the historical development of the wellness tourism research field is highly relevant for understanding past research undertakings, and to be able to spot areas that have been of special importance to researchers over time. As tourism researchers often seek inspiration in tourist interests and behaviours, this field review also implies the areas that have been of interest to tourists as well and have as such motivated increased research efforts. To our knowledge, this is one of the first studies that aim at providing a bibliometric overview of the wellness tourism research literature field.

The paper first provides a detailed review of the literature, which defines the basic concepts related to the research area, such as wellness, wellness tourism, wellness tourists, wellness hotel, and wellness service. After that, a review of bibliometric studies in the field of tourism was performed. The scientific research methods used in the paper are described in detail, and then the results, discussion, and conclusion based on the results are presented.

Literature Review

Wellness

Wellness used to be considered as an 'absence of sickness' for a long time (Dunn, 1957). Many scholars and organizations have provided definitions of wellness since the mid-20th century. While these definitions are heterogeneous, the majority of them centre on the following: how humans interact with wellness and the wellness dimensionality (Chi et al., 2020). The World Health Organization has always deemed wellness as 'the fulfilment of one's role expectations in the family, community, place of worship, workplace, and other settings,' and this has been one of the key factors

of wellness (World Health Organization, 2006). It is rather challenging to provide a definition and explain the meaning of the word 'wellness' even today owing to the fact that its nature is so subjective. There are different definitions for this term and the reason why this is the case has to do with who promotes them (Rančić Demir et al., 2021).

Wellness is sometimes used as another word for well-being but is a broader and more complex concept. According to the definition provided by the World Health Organization, health entails the following description: 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (World Health Organization, 2006), and as such, involves both psychological, social, and physical health (Kahneman & Krueger, 2006). Well-being, on the other hand, denotes a general satisfaction when it comes to life (uni-dimensional measurement) or being satisfied with its different areas (a multi-dimensional approach). It should also be noted that well-being massively contributes to health (Nawijn, 2010).

The wellness model, developed by Dr. Bill Hettler (co-founder of the American National Wellness Institute) represents six dimensions of wellness: physical, intellectual, emotional, spiritual, social, and occupational. The emotional dimension is the level to which people are aware of their feelings and able to control them, including a realistic assessment of limitations. The physical dimension represents life habits that help prevent disease, such as healthy food, physical activity, etc. The spiritual dimension is a constant effort in search of the meaning of human existence, which respects the forces of nature in the universe. The intellectual dimension is the inclusion of thoughts in creative mental activities while sharing personal potential with others. The social dimension is a contribution to the collective well-being of the whole community, coexistence with others, and nature. The occupational dimension refers to personal life satisfaction through work (Hettler, 1980).

Wellness Tourism

Not only are wellness and tourism old concepts, but they have also been connected with the stimulation

of tourism development for a very long time. Also, well-being and guest wellness were the centres of the development of spa tourism and the early stages of the evolution of inland and coastal tourism resorts in a great number of countries, which involved hydro-pathic treatments (Page et al., 2017).

There are numerous ways to classify and define health and wellness tourism. Health tourism, in its broadest sense, involves healing, medical and wellness tourism. Healing tourism is connected to the act of preventing, treating, and rehabilitating. Medical tourism is about visiting another country so as to be subjected to a medical procedure. Wellness tourism, nevertheless, focuses on preserving good health using preventive activities, and these include a balanced diet, recreation, relaxation, etc. (Mueller & Kaufmann, 2001).

Mueller and Kaufmann (2001, p. 7) provided the following definition of wellness tourism: 'The sum of all the relationships and phenomena resulting from a journey and residence by people whose main motive is to preserve or promote their health. They stay in a specialized hotel that provides the appropriate professional know-how and individual care. They require a comprehensive service package comprising physical fitness/beauty care, healthy nutrition/diet, relaxation/meditation, and mental activity/ education.'

Medical tourism is normally defined as going to another country in search of medical intervention so as to cure a sickness, which is very different from how wellness tourism is perceived. The latter is seen as a holistic way of contributing towards the betterment of one's health without using medicines; it involves both body and mind and takes place while one is on holiday. Healthy people who pursue a healthy lifestyle are its primary target, and are given the chance to enjoy treatments such as spas and other therapy establishments (Page et al., 2017).

Wellness Tourists

The focus of wellness tourists is on different programmes and treatments which centre on the preservation and promotion of health. These can also involve segments such as those related to spirituality and social interaction. This is why the wellness tourism as-

pects can be rather versatile (Težak Damijanić, 2020). Wellness tourists actively work on finding ways to improve their health. They are often motivated by the desire to spend time outdoors, experience different cultures, customs, and communities or other activities offered as part of the wellness services (Smith & Kelly, 2006; Smith, 2007).

A report under the name of *Global Wellness Tourism Economy* which comes from the Global Wellness Institute (Florida, USA) states that the wellness tourism market can be divided into two categories of visitors: primary wellness visitors, who are driven to travel and select their destination because of what is offered to them (e.g. they can visit a wellness resort or take part in a yoga session); and secondary wellness visitors, whose goal is to maintain wellness or participate in its activities during the course of any travelling experience (e.g. a person visiting a gym, enjoying a massage, or choosing to focus on healthy food during a trip). Secondary wellness travellers make up the majority of this kind of tourism, as many as 89% of its trips and 86% of funds spent in 2017 (Yeung & Johnston, 2018). The wide definition of this type of wellness travel makes up the vast value placed on wellness travel in this report, and involves almost all healthy activities, e.g. swimming or indulging in healthy food which is seen as a peripheral portion of a trip (Yeung & Johnston, 2018).

Wellness Hotel

The GWI (Global Wellness Institute) report states that wellness visitors invest more money in every trip than average tourists. In the year 2017, international wellness visitors spent on average \$1,528 on every trip, 53% more than the regular international visitor. The amount of money spent by domestic wellness visitors is greater, as they spend \$609 on every trip, which is 178% more than the typical domestic visitor. The report further explains that the fact that wellness visitors are inclined to spend a lot of money on this industry provides it with many chances to 'infuse wellness into their offerings and capture spending.' It lists examples that include airports and airlines, which offer spa treatments, wellness lessons and the possibility to select healthier food. In the meantime, 'healthy ho-

tels' have now become popular and accepted, with in-room fitness equipment, healthy snacks and cooperation with wellness brands. We can see something very similar in the cruise department, with travels related to wellness, according to the GWI (Yeung & Johnston, 2018).

Although wellness tourism has been increasingly researched, the studies focusing on investigation of wellness in different tourist settings (e.g. hotels) are not frequent at all (Mueller & Kaufmann, 2001). A wellness hotel centres on its guests who are primarily motivated by the prospect of improving and boosting their health and ways of life. It also provides an extensive service package in order to fulfil the needs of its visitors, who crave physical, mental, and environment-related wellness activities (Chi et al., 2020).

In the present hotel market, the number of hotels which maintain to be providing wellness-connected services is growing. Wellness hotels have received significant attention from this industry, which leads to the development of concrete products and services which would serve to meet the needs of wellness customers. This could refer to something such as in-room yoga equipment or things that tend to be more experimental; an example in point could be a sensory deprivation tank – an isolation tank used for restricted environmental stimulation therapy. Nevertheless, the occurrence of the wellness hotel has, to a large extent, not been neglected by scholars. Their attention is mainly focused on hotels in order to address the importance of wellness tourism generally, and not the hotels as units.

Wellness Service

Mueller and Kaufmann (2001) analysed the significance of wellness facilities and services in this area of tourism. The past several decades have seen a rise in the number of people travelling abroad for wellness in the international tourism industry. It transpires that the wellness tourism market surpassed the tourism domain itself in the last several years (Han et al., 2017). This goes to show that interest in obtaining a healthy lifestyle has been growing and wellness is deemed as a vital part that can lead to achieving this very goal (e.g. massage and spa) (Kiatkawsin & Han, 2017).

The past several decades have witnessed the rise and development of wellness spa tourism. This has all been a direct reaction to the needs of its travellers and their determination to contribute to their healthier lifestyles. Tourists of all ages have been more and more willing to do what it takes to improve their health using the services provided by this branch of tourism. They are motivated by the fact that they are the ones responsible for their own health. In order to fulfil these needs, the focus of this domain of tourism has been on maintaining both the physical and psychological health of these individuals, as well as putting a stop to any health conditions. Nowadays, international visitors are more active when it comes to finding spa and massage treatments and want to take part in these kinds of activities, so much so that it has become the main part of how they experience tourism (Kucukusta & Guillet, 2014).

Wellness is equated with lifestyle, and it denotes 'a special state of health, incorporating the harmony of body, mind, and spirit.' On the other hand, the term 'spa' is seen as water/non-water-based facilities that provide one with different kinds of treatments/care for health, relaxation, and beauty (Hashemi et al., 2015). Activities such as spa-visits and others are common and prevailing during the holiday season. This suggests that these activities are invariably connected to the way tourists act or to tourism activities (Han et al., 2017).

Bibliometric Studies in the Tourism Research Literature

Over the last decade, researchers have given extensive effort to systematizing and structuring knowledge in tourism research. In this process, the use of quantitative literature reviews techniques and bibliometric methods was very common. In their recent study, Rodríguez-López et al. (2020) provided an extensive overview of studies that use bibliometric methods in researching different aspects of leisure, sports, tourism and hospitality. They have identified over 20 studies conducted in the past 20 years. Those include studies conducted in the field of sports research (e.g. Ciomaga, 2013; Lindahl et al., 2015), adventure tourism (Cheng et al., 2018), sustainability in tourism (e.g. Niñerola et al.,

2019) and ethics in tourism and hospitality (Köseoglu et al., 2016).

In their research efforts in bibliometric analysis and mapping of tourism research, authors have used different methods. Intellectual structure and research networks in tourism have been mapped using co-citation analysis (e.g. Benckendorff & Zehrer, 2013). Researchers have bibliometrically mapped the areas of restaurant, food and gastronomy literature in tourism and hospitality (e.g. Rodríguez-López et al., 2020; Okumus et al., 2018), sustainable and eco-tourism (Shasha et al., 2020; Ruhanen et al., 2015), hospitality management (García-Lillo et al., 2016) and strategic management in hospitality (Köseoglu et al., 2019).

To date, the authors of the current study have not encountered a specific study that applies the bibliometrics approach to wellness tourism literature. Nevertheless, bibliometric studies have been undertaken in the literature areas close to wellness tourism. De la Hoz-Correa et al. (2018) researched past medical tourism research and identified the future trends in this area, focusing on co-word analysis. In this study, the authors have identified a strong interconnection between research in wellness tourism and medical tourism. The additional study provided a deeper field investigation of health tourism (Del Río-Rama et al., 2018), focusing on spas, thalassotherapy, and thermalism in the health tourism context.

Methodology

Bibliometric methods are commonly used to analyse established information in a research area, as well as hidden trends and associations, and to measure (to some extent) descriptive knowledge available in the literature. These approaches are well known for using bibliographic data from current databases of publications (e.g. Scopus, WoS). In view of this information, bibliometric strategies are primarily used to evaluate and better understand elements and connections between and within the research fields (Župič & Čater, 2015). In this interaction, these strategies uncover hidden connections of creators, the significance and effect of distributions, as patterns and important themes in logical zones. The capacity to bring quantitative meticulousness into subjective writing and its assess-

ment have made these techniques established and extremely pertinent in logical field surveying. As well as organizing the current information and field qualities (creators, fundamental discourses, coordinated efforts, and so on), bibliometric techniques are generally utilized for recognizable proof of hidden spaces of examination, uncovering subjects as well as areas of interest and patterns in research fields (Pritchard, 1969).

Visual bibliometric maps use charts and organizations to portray the associations existing among things. Hubs (i.e. nodes) and edges are utilized to picture the organizations' fundamental fields of writing. Hubs address the things of significance (for example, articles, books, journals, authors, or keywords), while edges show the relations between the hubs. The size of the hub demonstrates its recurrence of appearance in the dataset (bigger hubs show that the given item was more regularly referenced in the dataset and as such has more weight in data organization and presentation), while the thickness of an edge shows the strength of a connection between two hubs. The distance between the hubs and bunches they structure (generally set apart by shading) shows the recurrence of their common presence in research introduced by hubs (Van Eck & Waltman, 2014).

For our investigation of the wellness tourism literature field, a couple of bibliometric strategies have been applied: co-citation and keyword co-occurrence. In writing, co-citation investigation is clarified and characterized as the recurrence with which two units are referred to together (Small, 1973). The bigger number of things in which the two units are referred to together (co-cited) suggests a more grounded co-citation connection between the two units (Small & Griffith, 1974). This examination (its subtypes) can be utilized for estimating likeness or more referenced recurrence between authors, sources, and documents. While document co-citation investigation makes associations between explicit distributed reports (articles, books, or other distributed material), sources reference examination recognizes inert relations between logical journals (sources) referred to in the dataset (Župič & Čater, 2015).

Keyword co-occurrence is a procedure that aims

at building a theoretical construction of the field by setting up connections between the words in articles. While co-citation utilizes meta-information (references, authors, sources, and so on) of articles to make associations between them, keyword co-occurrence is a technique that utilizes the real substance of the archive to quantify similitude and make a network between pertinent catchphrases. The primary point of this examination is to make an organization of topics and their connections, addressing the applied space of a logical field (Župič & Čater, 2015).

Bibliometric Examination of the Field: Process Portrayal

During the process of gathering materials and making a dataset for wellness tourism bibliometric study, a few standard steps in bibliometrics were carried out (Župič & Čater, 2015):

1. Data assortment:

- Selecting publications database. To gather distributions and their metadata for bibliometric investigation for this study, the Scopus data set was consulted because of its exhaustiveness. Scopus is an electronic scientific database. It is evaluated as an appropriate and comprehensive source of articles for science mapping and bibliometric analysis (Mishra et al., 2017). Additionally, the Scopus database is more extensive in comparison with other similar datasets.
- Identification of significant articles. In order to collect bibliographic records on wellness tourism, searches in Scopus were conducted in August 2020. Based on the previous usage of keywords in previous wellness tourism studies, we have selected 6 combinations of keywords for research item identification in Scopus: 'Wellness hotel*', 'Wellness service*' AND hotel*, 'Wellness service*' AND touris*, 'Wellness center*' AND hotel*, 'Wellness center*' AND touris*, and 'Wellness touris*.' For the purpose of this research, only articles and reviews written in English were taken into account. All titles and abstracts were reviewed for relevance and relation to wellness tourism.

Articles with explicit or causal relation to wellness tourism were taken into account for the final database, which consisted of 212 items.

2. Data investigation and visualization:

- Creating and saving the meta-information. To conduct further analysis, we downloaded articles' metadata (titles, authors, abstracts, references, etc.) in Bibtex and csv format, and used it in the bibliometric analysis. In order to analyse the given dataset, we used the programs vosviewer and biblioshiny package in R, both of which are frequently used in such studies.
- Cleaning and changing information. Saved information was screened and rectified for possible duplicate values or irregularities (for example, utilization of both journal abbreviations and complete names).
- Conducting investigation and obtaining results. After saving and adjusting steps, the dataset was imported in the programs and the calculations of desired analysis were conducted.

Results

Wellness Tourism Literature: Annual Scientific Production

The development of wellness tourism literature shows an increase in the number of publications over the years. The first articles were published in the 80s and 90s, where the focus of the research was on medical characteristics of wellness tourism and health rehabilitation (e.g. Spivack, 1998). Publications in the early 2000s extensively researched wellness and spa offers specifically for different regions, dominantly in Europe (e.g. Magdalini & Paris, 2009; Lebe, 2006).

A larger increase in the number of articles published in wellness tourism literature can be noticed from 2010 onwards (Figure 1). Under the influence of the increase in general publicity of wellness and its beneficial effects on health and well-being, scientific research interests flourished. In the last decade, attention has been increasingly paid to researching the impact of wellness tourism on holistic consumer

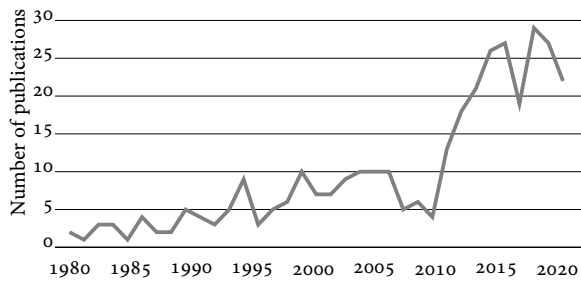


Figure 1 Evolution in the Number of Publications

wellness (Dillette et al., 2021) and spiritual characteristics of wellness tourism (Öznlbant & Alvarez, 2020; Alkhmis et al., 2020), as well as the connection to sustainability (Wang, Hu et al., 2020).

Most Prominent Journals

When it comes to the relevance of individual journals for publishing wellness tourism research, we have identified the top 20 journals which have published the highest number of articles in the field (Table 1). Journals from tourism dominate in this list, which is not surprising taking into account the research area of this bibliometric study. Some of the journals are geographically determined and publish studies specific for particular regions (e.g. Scandinavia, Africa).

Out of the top 20 journals that publish wellness tourism research manuscripts, *Tourism Recreation Research* is the journal with the most wellness tourism-related publications (11), followed by *Journal of Hospitality and Tourism Management* and *Journal of Travel and Tourism Marketing* (9 publications each). The lowest number of publications in the top 20 journals was 2.

Keyword Co-Occurrence Analysis

Analysis of the most frequently used keywords identified 22 keywords that were marked by authors as relevant for their research in 5 or more publications. According to keyword co-occurrence analysis, these keywords can be classified in four clusters (Figure 2).

In the first, the biggest cluster, we can observe keywords that are specific for wellness tourism research in general. These keywords are the following: wellness tourism, rural tourism, lifestyle, health, well-being,

Table 1 Top 20 Journals that Publish Wellness Tourism Research Manuscripts

Journal	Number of publications
<i>Tourism Recreation Research</i>	11
<i>Journal of Hospitality and Tourism Management</i>	9
<i>Journal of Travel and Tourism Marketing</i>	9
<i>Tourism Review</i>	8
<i>African Journal of Hospitality Tourism and Leisure</i>	7
<i>Asia Pacific Journal of Tourism Research</i>	7
<i>International Journal of Hospitality Management</i>	7
<i>Journal of Vacation Marketing</i>	7
<i>Tourism Management</i>	6
<i>Scandinavian Journal of Hospitality and Tourism</i>	5
<i>Current Issues in Tourism</i>	4
<i>Journal of Destination Marketing and Management</i>	4
<i>Tourism</i>	4
<i>Tourism Management Perspectives</i>	4
<i>Tourismos</i>	4
<i>International Journal of Tourism Research</i>	3
<i>Journal of Quality Assurance in Hospitality and Tourism</i>	3
<i>Sustainability</i>	3
<i>Tourism Analysis</i>	3
<i>Acta Clinica Croatica</i>	2

and quality of life. This cluster briefly represents several relevant constructs in wellness tourism literature such as well-being, quality of life, health, and lifestyle.

The second-largest cluster contains keywords that strongly connect to tourism research in wellness tourism literature. The keywords tourism, lifestyle segmentation, cluster analysis, motivation, satisfaction, and personal health belong to this cluster, that strongly connects wellness research to consumer research, as it captures research that aims at better understanding the motivation and satisfaction of tourists, as well as their segmentation (Lee et al., 2020; Chrobak et al., 2020; Thawornwiriyaatrakula & Meepromb, 2020).

The third cluster represents wellness tourism research focusing on health and medical tourism. Keywords from this cluster are health tourism, medical tourism, health and wellness tourism, spa, and

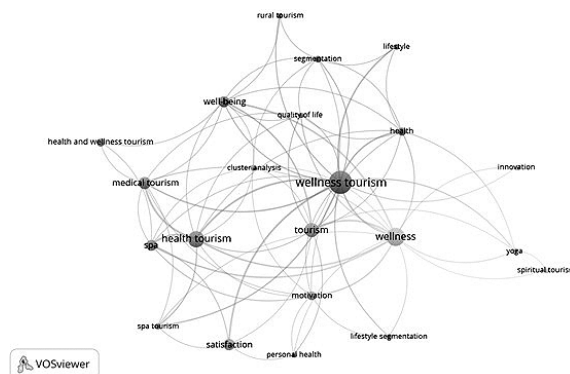


Figure 2 Map of Keyword Co-Occurrence in Wellness Tourism Research

spa tourism. The importance of physical health for overall individual well-being is well known and researching health tourism from the perspective of wellness tourism is therefore somewhat expected. In this branch of wellness research, spas and spa tourism take one of the most important places due to their connection with wellness and relaxation treats in general (Chrobak et al., 2020; Dryglas & Salamaga, 2018). Spa facilities are important for tourists' well-being, loyalty, and overall positive feeling in health tourism (Huang et al., 2019).

Finally, the fourth cluster accounts for wellness tourism research specific for wellness elements of this branch of tourism. The keywords wellness, innovation, yoga, and spiritual tourism imply that this cluster is among the newest ones, as these as these topics have become heavily researched in the past five years. Researchers are extensively trying to elaborate on the concepts of yoga, spiritual elements and the holistic approach to vacation (including stress relievers and mind relaxation) necessary for achieving wellness in tourism (Kim et al., 2020; Dilletta et al., 2021; Telej & Gamble, 2019).

Discussion and Conclusion

Wellness tourism has recently managed to draw the attention of researchers due to its fast development. When it comes to the supply side, the focus of research has been on the potential limitations and strategies of development for the wellness tourism industry. On

the other hand, when it comes to the demand side, the focus has been on the socio-demographic and behavioural aspects, the drive and the expectations of visitors, and also elements that boost their well-being and affect the way decisions are made (Wang, Xu et al. 2020).

There used to be stress on the recovery and relaxation of our body, which was normally achieved by attending spas or going to the seaside. The emphasis was very small when it came to other aspects of our health, such as the mental, spiritual, and emotional ones. Even though medieval pilgrimage might be seen as an early form of spiritual tourism, it was founded on concrete, organized religions, and its destinations. Modern societies are much different and are gradually starting to be attracted to options enabling them to engage in activities characterized by physical, spiritual, and mental balance and integration (Smith & Puczkó, 2008).

It is evident that wellness is a concept involving multiple dimensions and that it involves both physical and mental health, along with social and environmental elements. Before, what was more important was to cure problems connected to health using conventional or traditional medicine that would be prescribed by a doctor, while now, it has become more normal to attempt to have a healthy life and preclude medical conditions by taking measures into our own hands without the help of a medical professional and thus being independent. The growing wellness business allows people the opportunity to use all kinds of activities that put our body, mind, and soul in balance.

The Global Wellness Tourism Economy report maintains that in 2015–2017, the department of wellness tourism increased by 6.5% yearly from 2015–2017 (which is more than double the increase rate for general tourism). Visitors went on 830 million wellness trips in 2017, 139 million more than in 2015 (Yeung & Johnston, 2018).

Considering the fact that the interest in wellness tourism has been growing by the year, it is not surprising that the same can be said for researchers in this field. This is, of course, directly connected to natural and social changes. A rapid way of life means that there is a need to rest and relax, which is most effectively achieved by engaging in wellness trips and ex-

periences. Also, the money gained through this type of tourism has grown significantly. In order to maintain and improve this trend, there needs to be a constant need for researching natural, social, economic, cultural and other elements, which have an effect on the course of wellness tourism.

Our study results show an evident increase in the number of publications related to wellness tourism. Analysis of the annual scientific production of articles in the field of wellness tourism shows a significant increase in the number of publications in the last ten years. Over 80% of the articles from this research field have been published in the last decade. This increasing trend is evident from the field's beginnings in the late 90s. The rise of the importance of wellness and well-being in the lives of tourists is followed by enlarged research efforts by academics, resulting in a larger number of wellness tourism research items being published. Apart from this, we can observe journals from both tourism and hospitality in the top 20 most important journals in the field, implying that the research is extensively gathering both perspectives of wellness tourism. Co-occurrence of keywords analysis detected the patterns of connections between author keywords. We have identified four clusters within wellness tourism research: health tourism research, tourism research, wellness topics, and wellness tourism research. Health tourism research covers both health and medical-related tourism topics, while tourism research keywords mostly focus on consumer research (e.g. motivation for a visit, satisfaction). Wellness topics mostly refer to personal wellness (e.g. yoga, spiritual tourism), while the biggest cluster, wellness tourism, depicts many relevant keywords in this research field (e.g. well-being, quality of life).

Implications and Research Limitations

The findings of this wellness research bibliometric study have several implications for both academics and practitioners. Implications of this study for academics can be seen in answering some of the important issues researchers should take into account when researching wellness tourism and aiding researchers in understanding and detecting important patterns and

journals in this research field. When it comes to the practical point of view, this research identifies several areas in wellness tourism in which attention is needed from practitioners as well. Keyword analysis showed multiple aspects of wellness that are provided specifically from practice (e.g. venues like spas).

While we aimed at conducting rigorous research, this study is not without limitations. First, the dataset was created using a single database (Scopus) in the English language. This is a usual procedure in such studies, but it brings certain limitations with it. The inclusion of additional sources and articles in local languages could identify different patterns of research and contribute to broader applicability and generalization of the results obtained.

Additionally, this study conducted a one-time analysis of the wellness tourism research field. Replications or repetitions of this study at different points in time might be able to identify new phenomena, research interests, and issues that are appearing in this research topic.

Finally, this study aimed at providing an overview of the wellness tourism research field. Future studies might benefit from in-detail studies of sub-fields (e.g. spiritual wellness tourism, well-being in wellness tourism). Such future research endeavours could enable us to more deeply understand the chronological development of this research field, as well as to understand trends and their shifts and emergence over time.

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Active Leisure and Ageing in Rural Ireland: Exploring Perceptions and Motivations to Facilitate and Promote Meaningful Physical Activity

Angie Hartnett

*Technical University Dublin, Grangeegorman, Ireland
d16127666@mytudublin.ie*

Catherine Gorman

*Technical University Dublin, Grangeegorman, Ireland
catherine.gorman @tudublin.ie*

The life expectancy of the world population is increasing and the art of aging well is of global interest (European Commission, n.d.). In Ireland, the number of people over the age of 60 will increase from 1.1 million currently, to 2.44 million by 2041, constituting nearly one third of its total population (Institute of Public Health, 2018). Despite the benefits of regular physical activity (PA), particularly with the frail (≥ 65 years and requiring a walking aid), rates of participation remain low (Colley et al., 2011). Health concerns raised, such as smoking and weight issues, are more prevalent in this cohort (Witcher et al., 2016). Currently, when they reach a certain age, PA is not seen as beneficial and older adults refrain from participating in PA (Witcher et al., 2016), particularly post-retirement (Chaudhury and Shelton, 2010). Education of the older population concerning the benefits of PA is critical, and PA perceptions and behaviours must be examined both contextually and historically (Witcher et al., 2016) to provide greater clarity and understanding. In order to develop a more comprehensive, inclusive policy for active ageing in Ireland, particularly rural Ireland, we need to reflect on the research to date. This conceptual paper develops a framework of meaning-making to active leisure, focusing on perceptions and motivations of a rural based population. It also examines the impact of being physically active on participating in tourism in this population and how Ireland is targeting this growing older market for various forms of tourism activity. An unhealthy population brings a financial burden to the country. Encouraging a healthier lifestyle which includes more meaningful active leisure, facilitating an engagement with tourism, is required to enable this cohort to age healthily and well and thus reduce the cost associated with an ageing population.

Keywords: ageing population, rural, physical activity, perceptions, motivations, tourism



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Introduction

Ireland is a small island situated on the north-western edge of Europe on the north-eastern fringe of the

Atlantic. The Republic of Ireland measures 70,273 square kilometres whilst Northern Ireland measures approximately 14,136 square kilometres (Irish Geneal-

ogy Toolkit, n.d.). In April 2021, Ireland had an estimated population of 5.01 million, which is the first time since the 1851 census that the population has risen above 5 million (Central Statistics Office, n.d.b). The industry is broken down into agriculture (0.9%), industry (35.18%) and services (56.72%) (Statista, n.d.) and the current minimum wage is estimated to be €1,755 (Eurostat, 2022).

The State Pension (Contributory), often referred to as the old-age pension, is paid to people from the age of 66 who have enough Pay Related Social Insurance (PRSI) contributions. Most employers and employees (over 16 years of age and under 66) pay PRSI contributions into the national Social Insurance Fund, which is generally accepted as a compulsory contribution, and the weekly State Pension payable to eligible individuals is €248.30 per week (Citizen Information Board, n.d.). In addition, 65% of workers in employment aged 20–69 years have occupational and personal pension cover of some form outside of the State Pension to supplement this income (Central Statistics Office, n.d.a).

The profile of the Irish population is changing and becoming more aged. The number of people over the age of 65, will increase from an estimated one in seven (14%), totalling 696,300 in 2019, to one in 4 (26%), doubling to almost 1.6 million by 2051 (Sheehan and O'Sullivan, 2020).

In the Republic of Ireland, 44% of rural dwellers are over the age of 65 (Walsh et al., 2012), and there is a stark difference in distribution between men (44,040 or 18.8%) and women (190,217 or 81.2%), which contrasts significantly between the general population distribution of 2,354,428 men (49.44%) and 2,407,437 (50.56%) women recorded in the 2016 census (Central Statistics Office, 2017).

Lack of studies of physical activity and older adults in a rural context makes this area of research challenging. The studies to date either focus on active leisure or sports participation of the older adult in an urban context (Etman et al., 2016; Sugimoto et al., 2014) or retirement community (Vaitkevicius et al., 2002), or, where the study takes place in a rural setting, the participants are either not older adults, or over the age of 65 (Mitchell et al., 2014), or the studies do not test or assess leisure and sport activity programmes, tending

rather to focus on factors contributing to exercise or the lack thereof (Boehm et al., 2013). Where studies occur in a mixed population of both urban and rural older adult dwellers, the studies focus on identifying correlates of sport participation (Murtagh et al., 2015; Yamakita et al., 2015).

Definitions differ between the different scientific disciplines and need to be considered. Most research papers refer to the elderly as being 65 years and over (Yamakita et al., 2015), with the Japanese further categorising this group into young old (65–74 years old) (Sugimoto et al., 2014), old (over 75 years) (Ouchi et al., 2017) and those above 80 years of age referred to as old-old (Asher, 2013). In Ireland the term 'older people' was historically applied to individuals of state pensionable age (Walsh & Harvey, 2011), which increased to 66 years in 2018 (Citizen Information Board, n.d.) as a means of coping with the ageing population. As the Central Statistics Office uses 5-year age increments in Ireland we now class those over the age of 65 years as 'elderly', which is line with the system employed in the rest of Europe (Walsh & Harvey, 2011).

A further classification by the National Council for Ageing and Older People in Ireland describes those over the age of 80 years as 'older elderly' or 'frail elderly' (Walsh & Harvey, 2011). However, studies do vary with definitions of ≥ 60 years (Roh et al., 2015; Murtagh et al., 2015; Asher, 2013) being referenced. Discrepancy exists as to the definition, with older adults referred to in Australian research (Boehm et al., 2013) as 50 years or over whilst in Finland, Sarvimäki and Stenbock-Hult (2000) describe old age as 75 years and older – a difference of 25 years.

Despite the definition of 'elderly' varying between countries, the World Health Organisation (WHO) uses 65 years of age to describe the older person, and this is the most commonly accepted definition.

Language is also of the utmost importance when describing an older population with terms like 'elderly', 'old' or 'aged' seen as discriminatory or offensive and alternatives like 'seniors', 'older' or 'mature' adults recommended (Flinders University, n.d.). Older adults, 65 years and over, will be used to describe this cohort going forward.

Terminology is also a limiting factor with lack of

clear definitions of terms resulting in the interchangeable use of ideas or concepts like physical activity (PA), leisure time physical activity (LTPA) and sport participation. Definition of PA across studies vary which makes comparison of data difficult according to a systemic review of PA in older people by (Sun et al., 2013). The definition and meaning of the term PA need to be clarified in regard to individuals as currently a broad definition is accepted to include a variety of activities outside of the definition of PA, where being active and busy is deemed to be synonymous with PA (Witcher et al., 2016). 'Physical activity is defined as any bodily movement produced by skeletal muscles that requires energy expenditure' and physical inactivity (lack of physical activity) has been identified as the fourth leading risk factor for global mortality (World Health Organization, n.d.).

This definition is purposefully broad to encompass all modes of PA. 'All types of PA are of interest, including active play, walking or cycling for transport, dance, traditional active games and recreational games, gardening and housework, as well as sport or deliberate exercise' (*Get Ireland Active! National Physical Activity Plan for Ireland*, n.d., p. 5). Sun et al. (2013) assert that PA comprises leisure-time PA (LTPA), occupational PA, household PA and transport PA and yet studies in Ireland do not focus on LTPA, focusing rather on participation in sport, recreational walking, cycling for transport and walking for transport (Sport Ireland IPSOS & MRBI, 2019). This makes analysis of PA engagement difficult.

In order to develop a more comprehensive, inclusive policy for active ageing in Ireland, particularly rural Ireland, we need to reflect on the research to date. This conceptual paper, by examining existing data (secondary research), develops a framework of meaning-making to active leisure in a rural, older (65 years and older), Irish population, by focusing on perceptions and motivations to exercise. Furthermore, it examines the impact of being physically active on participating in tourism in this population and how Ireland is targeting this growing older market for various forms of tourism. This has been highlighted in a recent report conducted by Golden Ireland (Irish travel website exclusively for the actively retired) ex-

Table 1 Estimated PAFs, Calculated with Adjusted Relative Risks, for Coronary Heart Disease, Type 2 Diabetes, Breast Cancer, Colon Cancer, and All-Cause Mortality Associated with Physical Inactivity, by WHO Region and Country

Disease	Global average	European average	Ireland
Coronary Heart Disease	5.8	5.5	8.8
Type 2 Diabetes	7.2	6.8	10.9
Breast Cancer	10.1	9.3	15.2
Colon Cancer	10.4	9.9	15.7

Notes In percent. Adapted from Lee et al. (2012).

amining the seniors travel market between September 2020 and June 2021; 75% of those surveyed planned to travel in Ireland during this period and 75% take 2–3 leisure trips per annum, 61% in Ireland and 14% abroad (McGlynn, n.d.).

Importance of PA and Irish Participation Levels

Ageing encompasses both the biological changes (molecular and cellular damage) and life transitions (retirement, experience of death) as one advances in age (World Health Organization, 2021). An aging population makes increased demands on the government in terms of healthcare. Prince et al. (2015) have reported that 23% of the total global burden of disease can be attributed to those aged 60 and above and these challenges are heightened by a lack of PA (Murtagh et al., 2015). Being physically active maintains health and reduces the decline in physical function (Etman et al., 2016) which in turn reduces health costs. Disturbingly, Irish statistics are worse than both the global and the European average for coronary heart disease, type 2 diabetes, breast cancer and colon cancer, with lack of PA deemed responsible (Lee et al., 2012). This is highlighted in Table 1, which uses the population attributable fraction (PAF), a measure used by epidemiologists to estimate the effect of a risk factor, in this case lack of PA, on disease incidence in a population (Lee et al., 2012).

Numerous benefits to PA have been explored by The Irish Longitudinal Study on Ageing (TILDA). Irish adults who report high levels of PA have higher levels

of self-rated health, enjoy better quality of life (QOL), display clinically depressive symptoms less commonly, have lower loneliness scores, engage more frequently in active and social activities and volunteer more in comparison to adults with low levels of PA (Donoghue et al., 2016, p. 16). There are also numerous social, physical and psychological benefits to enjoying an active lifestyle and there is a direct link between PA and life expectancy, with physically active individuals or populations living longer than inactive or sedentary ones (*EU Physical Activity Guidelines*, 2008, p. 3).

Participation rates are influenced by age as can be observed by the significant difference in activity levels between those aged 50–64 years classed as highly active (31%) compared to 18% of the ≥ 65 year olds (Perceptive Insight, 2015). Rural and urban discrepancies in PA have also been highlighted (Van Dyck et al., 2010; Witcher et al., 2016), demonstrating that irrespective of age and life experiences, rural dwellers tend to walk or exercise less than urban dwellers. In rural communities particularly, where PA has been largely shown to be at its lowest in the older population, health concerns are also raised as smoking and weight issues are more prevalent in this cohort (Witcher et al., 2016).

Lack of Knowledge

Despite the benefits of regular PA, particularly with the frail and rural populations, rates of participation remain low (Colley et al., 2011). This could possibly be explained by the fact that despite acknowledging the benefits of PA, when the seniors reach a certain age they feel that there would be limited improvement in their physical strength or ability, and subsequently refrain from participating, feeling that it would be 'pointless' for them (Witcher et al., 2016). Broderick et al. (2015) echoed this sentiment, determining that outcome experiences were directly related to age and that those aged between 79 and 85 years deemed exercise to be something beneficial for younger people, rather than for themselves, who were seen to be beyond it. It could also be due to a lack of knowledge on what constitutes adequate PA for their age group.

Guidelines for adults aged 18–64 years are at least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week) which is consistent with that

recommended for adults ≥ 64 , with an additional focus to be placed on aerobic activity, muscle-strengthening and balance (The Department of Health and Children, Health Service Executive, 2009, pp. 13, 15). Of concern is that not even half of the Irish individuals (≥ 50 years) surveyed by Perceptive Insight (42%) had heard of the National Physical Activity Guidelines and of those that had heard of them, only 13% could cite them correctly (Perceptive Insight, 2015, p. 5). There is, therefore, an urgent need to educate the Irish population as to the recommended levels of PA per week and the benefits of this regular engagement to promote and enhance our national PA levels. In wave 1 of the TILDA study (Donoghue et al., 2016, p. 6), 2009–2011 results show that only 33% of the Irish population over the age of 50 are meeting the required levels of high activity with men (41%) achieving substantially greater standards than women (26%). When comparing Ireland's levels of PA to fifteen European countries, Piątkowska and Pilsudski (2012) determined that Ireland ranked 9th out of 16 countries in high PA levels (29% vs 31.3% European average) and 11th (34.7%) compared to the European average of 31% when examining low PA levels. In both instances Ireland is performing below the European average.

Perceptions of Active Leisure and PA

PA is influenced by our own views and perceptions of ageing and the older adult. 'Perception is the process by which individuals select, organize, and interpret stimuli into a meaningful and coherent picture of the world' (Schiffman & Wisenblit, 2015), and differs among individuals as each person processes these stimuli based on their own personal needs, values and expectations. Individuals then carry biased pictures in their minds of the meanings of various stimuli, which are termed stereotypes (Schiffman & Wisenblit, 2015).

The *Oxford English Dictionary* defines a stereotype as a 'widely held but fixed and oversimplified image or idea of a particular type of person or thing.' When age stereotypes become directed at oneself in old age, they can be classified as self-perceptions of ageing (Levy, 2009).

Stereotypes and how we perceive ourselves and others influence if and how we exercise. Negative per-

ceptions of the older adult can be internalised from a young age so that these beliefs are seen to be true of themselves as they age. Negative stereotypes originally about others then become negative self-perceptions of aging in later life (Robertson et al., 2015) and the effect of self-perceptions increases with age (Levy et al., 2002).

How the older adult perceives they are viewed in society also impacts on their PA behaviour. Egan et al. (2014) reported that negative public perceptions of older people, influenced by stereotypical views of ageing, created a barrier to participation.

Misconceptions regarding the effects of PA on illness or functional limitations hinder participation as some individuals deem PA to be contra-indicated for conditions like arthritis and joint or heart problems when actually the converse is true and PA is strongly recommended for older adults with chronic diseases or functional limitations (Nelson et al., 2007).

Sargent-Cox et al. (2012) have provided insight into the dynamic relationship between expectations regarding health and resultant physical function, with general negative perceptions of ageing associated with a decline in physical function. This phenomenon was also observed by Robertson et al. (2015), who determined that middle aged and older people who express stronger beliefs regarding negative perceptions of ageing and lack of control in the process, exhibit a greater decline in walking speed over a 2-year period than those with a more positive outlook. Wurm et al. (2008) take this one step further and demonstrate how an optimistic view of ageing has a positive effect on subjective health and life satisfaction, even in the face of a serious, unexpected health event. The authors explain this observation as a result of the older adult's acceptance of a serious health event. They possibly see it as an inevitable and concomitant part of the ageing process, which thus causes them to be impacted far less by the event than younger individuals may be, for whom a sudden worsening of health may be unexpected.

Burke et al. (2012) found co-morbidity to be a predictor of perceived health status, indicating that subjective health is dependent on physical health, making self-assessed health a good predictor of objective health. Interestingly, in this sample of 60–92 year-old

Irish participants, functional health or instrumental activities of daily living (IADL) was the strongest predictor of self-assessed health. Murtagh et al. (2014), when examining the relationship between PA participation and health status, found that individuals who had poor perceptions of their health and ability to be active were far less likely to meet PA guidelines than those with more favourable perceptions about their health. This has also been observed by Stewart et al. (2012), who noted that the more an individual attributed age to the onset of illness, the less likely they would be to engage in routine health maintenance behaviours (PA, nutritious diet, adequate sleep) and that mortality rates more than doubled (36 vs. 14%) between individuals who ascribed old age to an illness, to those who did not.

Janke et al. (2011) have determined that whilst life events may shape and alter our behaviour with regards to leisure in order to accommodate such events, our actual attitudes and perceptions remain fairly stable over time. However, an adult's life experiences do also have the ability to change perceptions of leisure. Moreover, factors influence perceived freedom in leisure, particularly among women, where reduced responsibility for children as they enter adulthood allows them more time for personal leisure. Thus, it seems that leisure attitudes, both for individuals and society as a whole, are influenced more by life experiences, whilst life structure or interpretation of events is more influential when considering perception of freedom in leisure or perceived ability to engage in leisure (Janke et al., 2011). Previous participation within a plan or structured programme by the frail older adult seemed to influence their current perception of exercise and how they defined exercise, with those taking part in a rehabilitation or exercise-therapy programme having a positive perception of exercise as a result of perceived positive outcomes. However, those who participated in sports or the military when they were younger with perceived high levels of fitness, had negative perceptions of their current exercise levels as they defined exercise in terms of the vigorous activities of the past (Broderick et al., 2015).

In a study exploring the perceptions and expectations of exercise in frail and pre-frail older adults in

Ireland, this theme of exercising for purpose was also highlighted (Broderick et al., 2015). This population felt exercise to be incidental to a particular type of an activity, be it necessary, like manual labour, or for fun, like dancing or riding their bikes. Although PA was acknowledged to have benefits in maintaining one's health, promoting confidence and enhancing moods, exercise was perceived as a by-product of purposeful activities and occurred incidentally rather than being undertaken as a health-related activity (Broderick et al., 2015). The benefits to PA in this generation seem not to be understood and PA was not valued for its own sake. This poses a challenge to promoting exercise in the rural, older adult population as LTPA is completely alien to them.

Motivation to Engage in PA

'Motivation is the driving force that impels people to act' (Schiffman & Wisenblit, 2015). As described by Homans' Rational Choice Theory (RCT), individuals are motivated by personal preferences and goals that express these preferences, and base their decisions on what will provide them with the greatest benefit, satisfaction or fulfilment (De Guzman et al., 2015). Whilst an individual's disposition provides a signature for personality, a motivational agenda is established by one's life goals or strivings and illustrates what a person aims, dreams or hopes to achieve in the future, with purpose and direction (McAdams, 2015).

Gender and age are often considered when exploring motivation to exercise. In later years, goals are more prevention-focused and outcomes are geared towards avoiding negative outcomes such as physical decline (McAdams, 2015). Older men expressed awareness and management of their aging bodies and overcoming physical challenges as motivation to engage in intentional PA, as a result of the value they placed on health (Liechty et al., 2014). Participation in PA was also guided or motivated by the desire to maintain or improve the ability to engage in enjoyable activities or pastimes as well as for the sense of identity acquired through participation and being a physically active person in later years (Liechty et al., 2014). This desire to be independent and not be a burden on family members was also echoed as a prominent mo-

tivator for PA by frail older adults (Belza et al., 2004; Broderick et al., 2015), who also identified a sense of enjoyment and personal fulfilment as a driving force to exercise (Broderick et al., 2015).

Despite the awareness of the benefits of PA and the possible positive physical changes that may have occurred as a result of the exercise, unless an individual has enjoyed the experience, they will be unlikely to continue. Conversely, when a positive affect is experienced, individuals are far more likely to negotiate possible constraints or barriers to exercise, thus ensuring continued participation and the health benefits associated with it. Involvement at a younger age also predisposes people to engage in certain activities as they age, therefore the exposure to PA skills and enjoyable activities is paramount in forming positive attitudes to PA and increasing the likelihood of continued involvement as we age (Henderson & Ainsworth, 2002).

Older adults invest more in intrinsically valued ends, and place greater emphasis on goals focusing on their health and social connections, particularly those related to family and close friends, rather than goals that promise future rewards (McAdams, 2015). They choose activities they enjoy and not those they see as exercise (Liechty et al., 2017).

Breheeny and Stephens (2017) explored the concept of time as a motivating factor for PA in the older adult (63–93 year-olds). Although these individuals are encouraged to use their time 'productively' by participating in sports activities in order to age healthily and contribute to society, this form of engagement can be excluding when they can no longer maintain the level of health required. 'Personal time,' in contrast to the productive ageing concept where long-term activity plans promoted health and well-being, constructs the notion of time as short and uncertain and as such activities that brought immediate enjoyment to the individual were prioritised in recognition of mortality and inevitable decline (Breheeny & Stephens, 2017). The 'personal time' discourse is 'an available resource that incorporates the inevitability of decline and supports participation and pleasure while there is still time' (Breheeny & Stephens, 2017), and this notion can also be broadened to incorporate leisure time and tourism with 'bucket lists' and '30 things to do before

you die' (*The Travel Bucket List: 30 Things To Do before You Die*, n.d.) as an incentive to travel and seek immediate fulfilment. This sentiment of instant gratification has been echoed by Lenneis and Pfister (2017) in their exploration of the motivation of middle-aged (45–55 years) women to play a team sport (floorball), where cooperation with others and experiences of immediate success are motives to participate.

The motivation to initially commence a PA programme and then maintain it, are often quite different. Seekamp et al. (2016) determined that the physical benefits of walking, as well the accountability (reporting back) and pedometers (increasing step count), prompted rural, inactive Australians (40–65 years) to engage in a six-week walking intervention programme, whilst the mental benefits, in conjunction with positive self-talk and focusing on personal goals, motivated them to continue walking. PA self-efficacy and social support are considered to be key factors when adopting and maintaining a PA regime. 'Physical activity and self-efficacy refers to an individual's confidence in his/her ability to engage in physical activity, even when encountering barriers, whereas social support encompasses various types of encouragement and assistance for engaging in PA' (Becofsky et al., 2014). Mode of delivery of an intervention is an important consideration as group programmes foster and increase both self-efficacy and social support, whereas one-on-one feedback merely facilitates an increase in self-efficacy. It is noteworthy that self-efficacy mediates programme effects and is vital in PA adoption regardless of how the programme is delivered (Becofsky et al., 2014).

According to social cognitive theories, the most important factor determining whether an individual will engage in exercise, is whether or not they believe they can perform the activity, even in adversity, and whether they deem there to be sufficient rewards or benefits from participating, e.g. fitness gains or fun (Warner et al., 2011). 'Perceived self-efficacy is defined as people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives' (Bandura, 1994). Warner et al. (2011) highlight the synergistic relationship between self-efficacy and social support. Older

(≥65 years) individuals with low self-efficacy were unlikely to be active even if they had social support, and individuals with low social support were less likely to be physically active even if they had high self-efficacy. This emphasizes the need to consider both resources when moderating behaviour change as the likelihood of engaging in exercise is dependent on support from friends, coupled with a strong self-belief in one's ability to succeed (Warner et al., 2011).

Gender Differences

Davis et al. (2012) have determined that gender, age and level of education influence the type and level of participation in rural areas, with women more regularly engaging in social activity, with the exception of sport which is favoured by men.

Kozakai et al. (2012) have noted gender differences in popular activities throughout the life course, with men preferring ball sports and women favouring dance or gymnastics. This gender difference has also been observed by Giuli et al. (2011), who note aerobics as a popular choice of PA in women, with interest or preferences for different activities varying from culture to culture. Whilst running, swimming and exercise are the most popular activities amongst both men and women in Ireland, differences in PA preference then emerge with team based sports (rugby, soccer, hurling and Gaelic football) favoured by men and yoga or Pilates preferred by women. Younger women are also now spending more time indoors, with gym based (weights) and class activities (Pilates) the preference for the 25–34 year-old age bracket. In the older population, golf (men) and dancing (men and women) is the preference for those aged ≥65 years which highlights gender differences in PA throughout the life course (Sport Ireland & Ipsos MRBI, 2015, pp. 18, 21).

Initiatives

Despite numerous national initiatives to promote Active Leisure (AL) and PA in the older population, uptake and participation rates, particularly in the frail and rural populations, remain low (Colley et al., 2011). There is an issue with engagement with this cohort and previous studies examining the barriers and exclusion of older adults in community initiatives noted that the

most commonly cited risk factor was the mind-set of the older people themselves (O'Shea et al., 2012). Local Sports Partnerships (LSPs) work in conjunction with Sports Ireland, 'the authority tasked with the development of sport in Ireland' (Sport Ireland, n.d.a), yet the programmes are not targeted for our older population, but rather geared towards all adults over the age of 55. Communication of programmes is also limited as it is directed online via newsletters or websites which the majority of this cohort would not access, which contributes to the lack of knowledge of, and thus engagement with, local initiatives. Programmes are also often far too generic and aimed at 'older adults of all abilities' (Sport Ireland, n.d.b) rather than catering for a wider range of age groups, fitness abilities and physical health.

Tourism and the Older Adult

Developed by the economist Max-Neef in 1991, the Human Scale Development identifies idleness time or leisure as one of the fundamental needs of human beings (Max-Neef, 1992, p. 32). Leisure has been described as 'activity – apart from the obligations of work, family and society – to which the individual turns at will, for either relaxation, diversion, or broadening his knowledge and his spontaneous social participation, the free exercise of his creative capacity' (Veal, 1992). As we get older, the ability to engage in leisure time is determined by our ability to function both physically and mentally. A physically active older person can engage far more than one who has limitations.

'Individuals become tourists when they voluntarily leave their normal surroundings, where they reside, to visit another environment' (Camilleri, 2018, p. 3). This physical and mental requirement of 'being a tourist' acts as a stimulus, thus providing an adventure and a time for leisure and relaxation in surroundings different to one's own.

Harper (2014) describes future generations of older adults as having 'higher levels of human capital in terms of education, skills, and abilities and better health profiles, and this will enable them to remain active, productive and contributory for far longer.' Patterson and Balderas (2020) assert that travel provides

the means to achieve a better health profile, adjust to retirement and improve quality of life, and seniors, defined as empty nesters (55–64 years), young seniors (65–79 years) and seniors (80+ years), now constitute a prime market segment as they tend to have more spare time, more capital and be more independent than younger adults (Nimrod & Rotem, 2010; Gu et al., 2016; Patterson & Balderas, 2020).

Numerous benefits in an older population can be attributed to tourism. Gu et al. (2016) found while researching an older Chinese population that those that engaged in tourism reported better self-rated health which is a valid indicator of their overall health condition. They advocate that tourism participation may improve cognitive function through new learning opportunities and encourage a positive psychological state with reduced depression, increased social connection and spiritual well-being. The amount of physical activity (e.g. walking) during a trip may also be sufficient to promote and improve the physical health of older adults, highlighting the importance of tourism in promoting healthy ageing (Gu et al., 2016). The participation in nature-based tourism, activities with a focus on enjoying natural attractions (e.g. bird watching, fishing and walking in forests), may promote the health of active tourists as they involve PA (Chang, 2014). They can also promote relaxation, thereby relieving stress, through exposure to natural environments (Chang, 2014) which in turn promotes general well-being.

Nimrod and Rotem (2010) have described the heterogeneity of the older adults' tourism segment, with significant variability between subgroups, based on motivations, in this older cohort. They described associations between destination activities and benefits gained, with the 'physical destination activity factor' (exercise and wellness activities) correlating highly with the benefit of 'relaxation' (restful, healthful and the feeling of being relaxed).

In Ireland, a recent 2021 campaign aimed specifically at the older market, 'Golden Ireland,' seeks to attract the over 55s to various forms of soft (active and passive) tourism. As identified by Patterson & Balderas (2020), the seniors or older adult market is one that in many cases has experienced travel and knows what

they want in terms of experience. This is a growing market, with the Central Statistics Office in Ireland predicting that those aged over 65 will increase to almost 1.6 million by 2051 (Central Statistics Office, 2017). An older person's decision and ability to participate in tourism requires a degree of independence that can be enhanced by remaining physically active. Thus, PA opens up or rather keeps open the world of leisure and tourism, contributing to better quality of life (QOL).

Discussion

Perceived barriers to PA, in terms of motivation (lack of enjoyment), social support (neighbourhood safety, opportunities for socialising) and lack of time (poor time management, access to facilities, lack of family support) have a huge impact on participation levels, and understanding these influences may contribute to more effective strategies in removing barriers in different social groups and modifying PA behaviour, thus increasing participation levels (Cerin et al., 2010). When examining the barriers and exclusion of older Irish adults in community initiatives, stakeholders noted that the most commonly cited risk factor was the *mind-set of the older people* themselves (O'Shea et al., 2012). They offered three possible explanations for the lack of engagement in local activities: older people not wanting to accept what may be construed as charitable assistance due to a negative stigma, feelings of being unworthy of public assistance due to perceptions of having more than previous generations, and simply preferring to live in isolation, all of which combine to keep them marginalised and outside of public and social spheres of influence (O'Shea et al., 2012). It must also be noted that when this population are presented with an opportunity to contribute to research in this area, they choose largely to abstain, as was the experience of the researcher when conducting a refinement exercise with a rural, active retirement group. Only 25% of respondents to a survey, conducted to narrow down a PhD research question, volunteered to be contacted for future research into the respondents' preferred area of research, highlighting their general ambivalence to contributing to a possible solution.

Sargent-Cox et al. (2012) advocate that the ageing

stereotypes informing our expectations surrounding health outcomes in old age tend to be negative, focusing on frailty, disability and dependence, yet normal ageing is not characterised by declining mobility or physical function. When targeting the older adult in terms of interventions to foster and encourage PA, it must be acknowledged that the age-related stereotypes of participants may actually undermine the efforts to modify behaviour, thus necessitating an initial challenge of negative beliefs about ageing in order to optimise the health promotion (Stewart et al., 2012). Programmes that challenge and combat ageing misconceptions may be an important strategy to counteract negative age expectations and self-fulfilling prophecies (Sargent-Cox et al., 2012). Yet Liechty et al. (2014) determined that participation in PA is not undertaken to challenge ageing stereotypes or to change the discourse of ageing, but rather for the individual's own agenda of reducing age-related decline in health and ability.

A study by Witcher et al. (2016) exploring PA perceptions and influences among older, rural adults in Nova Scotia found that patterns of activity were related to participants' earlier life experiences. Activity was confined more to work and productive tasks, with leisure-time activity participation (LTPA) a relatively new concept. People walked for a purpose, not just for 'the sake of things.' A lack of awareness as to what constituted exercise and facilities was also highlighted. Previously no place to exercise existed in this population with walking and running being the norm, although these activities were not perceived as exercise. Historical context is, therefore, a huge factor when considering PA in any given population and seems to determine current experiences and perceptions of exercise (Witcher et al., 2016). These adults placed a value on work-related activity, often continuing this ethic into their current lives, with leisure activity lacking purpose or usefulness. This poses a challenge to promoting exercise in the rural, older population, prompting the exploration of exercise programmes focusing on functional outcomes, such as community gardens and dog walking, as more suitable for this population.

The Local Sports Partnerships (LSPs) categorised

the primary effect of each of their initiatives under the pillars of the COM-B Behaviour Change Model, in order to determine the effect of their programmes in increasing participation in sport and PA (Sport Ireland, 2019, p. 22). This model suggests that an individual should have Capability (Physical and Psychological), Opportunity (Physical and Social) and Motivation (Reflective and Automatic) in order to change behaviour. LSP initiatives to date have largely targeted Physical Capability (skill development – 55%), with Psychological Capability (knowledge development – 6%), Physical Opportunity (facilities, access, discounts, etc. – 13%), Social Opportunity (development of PA culture – 10%), Reflective Motivation (PA goals – 6%) and Automatic Motivation (habit development – 7%) making up the remaining 43% (2% not stated), highlighting the need for increased focus on these latter five pillars if behaviour is to be modified (Sport Ireland, 2019, p. 22).

Despite the success of the LSP initiatives in targeting the correct individuals, with 8 out of 10 participants not meeting the National Physical Activity Guidelines at registration and more than 25% being classed as inactive, the participant figures for our Go For Life (national programme for sport and physical activity for older adults in Ireland – 2,746) and Older Adult Initiatives (9,168) are quite low, yet it must be acknowledged that older adults may have participated in other programmes offered by the LSPs (Sport Ireland, 2019, p. 21). This could perhaps be explained by the difficulties expressed by the LSP network in building awareness of opportunities amongst the hard-to-reach target groups, like the rural, older population. This challenge will be addressed by the provision of Building Awareness and Promotional Guidelines by Sport Ireland to the LSPs and the support to implement them, in order to ensure ‘the broadest possible participation ensuring quality and accessibility for all groups’ in line with the National Sports Policy (p. 67).

Choice has been shown to make activity rewarding and meaningful (Davis et al., 2012), highlighting a need for a range of leisure time physical activities (LTPAs) that cater for a wide variety of needs, abilities and preferences (Nimrod & Rotem, 2010). This has also been highlighted in the tourism literature with

motivations to participate in tourism varying between older adults based on their interests and preferences. According to Rowiński et al. (2017), health conditions associated with aging might be related to disability and lead to decreased independence. PA assists in maintaining independence throughout life as well as improving quality of life. In a study conducted on older people of over 65 years in Poland both with and without disabilities, the most frequently indicated barrier to participation in sport PA and tourism were health conditions. They suggest common strategies and programmes to increase PA among older people may be utilized for both individuals with and without a disability, thus increasing older adults’ independence and ability to participate in both tourism and sport physical activities.

In an Irish context, Egan et al. (2014) highlighted the fact that meaningful PA engagement at both ends of the age spectrum (12–18 years; 65 years and over) as well as for individuals with physical, intellectual and sensory disabilities, is hindered by structural factors and public unawareness of the Irish population’s diversity, emphasizing the importance of tailoring PA to different age groups and specific needs throughout the life course.

Whilst the health benefits of exercise may initially motivate individuals who do not exercise regularly to engage in PA or leisure activities, unless they enjoy the experience they are unlikely to change this inherent behaviour. Negative experiences of PA in the past have resulted in abstinence from leisure time exercise as they age. Facilitating opportunities to find and participate in enjoyable activities is paramount in ensuring that barriers to exercise are negotiated and healthy living for the entire family and community is promoted (Henderson & Ainsworth, 2002).

Liechty et al. (2017) highlighted that whilst retirees valued physically active leisure and intended to be active in retirement, incorporating it into daily life and maintaining routines was not always easy, particularly if the activity was disliked. This highlights the importance of making PA meaningful and enjoyable for older people as preferences for casual, unstructured activities that were driven by goals other than health and fitness (e.g. gardening) were identified. Liechty

et al. (2017) suggested that participants valued PA as part of ageing well and selected meaningful activities that would contribute to physical well-being in later life, provided those activities were enjoyable and did not interfere with other valued activities. Participants require more from leisure than health benefits and will exchange PA activities for less active ones if they are deemed to bring more pleasure and fun, therefore the vast range of personal preferences and sources of meaning and value in leisure experiences needs to be considered (Liechty et al., 2017).

As described by Arnadottir et al. (2009) in Casarino and Setti (2015), location of residence may dictate the type of activity individuals engage in, with urban dwellers participating in more leisure-oriented activity, versus the increased work or manual-related activity, like farming, performed by their rural counterparts. Witcher et al. (2016) and Broderick et al. (2015) have also highlighted the effects of life experiences and exercising for purpose as a challenge to promoting PA in rural populations with a need to either educate this population as to the benefits of LTPA, or instigate initiatives like community gardens where patterns of activity would be work-related or purposeful. Activity would be thus be meaningful for rural adults and they would be far more likely to engage.

The ideology of positive ageing was advocated by the World Health Organisation (WHO) in their Active Ageing Policy framework that embraced the opportunities for health participation and security to enhance quality of life, whilst continuing to be productive members of society through economic, social and cultural contributions (Boyes, 2013).

Active ageing is described as 'the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age' (World Health Organization, 2002). There are 4 pillars of active ageing viz. health (enhancing physical and mental health and reducing health inequalities), lifelong learning (to remain relevant and engaged in society), participation (engagement in work or pursuits that bring fulfilment) and security (physical and social protection) that underlie and guide the definitions and policies (International Longevity Centre Brazil, 2015). It is conceptualised as a multidimen-

sional phenomenon which was supported by Rowe and Kahn (1987) who proposed that successful ageing included not only the physical factors such as lifestyle, habits, age and health but the psychosocial factors like feelings of autonomy and social support.

Active ageing stimulates and promotes the ongoing participation of older adults during the oldest phase of life, rather than equating it with rest (Boudiny, 2013) and is also supported by Liechty et al. (2017) who maintain that 'successful ageing' occurs when older adults engage in a variety of activities, including being a tourist.

Conclusion

Older, rural adults are not aware of the benefits of PA and perceive it as something meant either for younger people or to fulfil a particular function (Broderick et al., 2015; Witcher et al., 2016). Current initiatives to promote PA in this population are not working. Perhaps the focus of future initiatives should rather be placed on the social aspect and enjoyment of the activity rather than the health benefits as enjoyment of PA has been shown to be a primary motivator in engagement (Henderson & Ainsworth, 2002; Broderick et al., 2015) and activities that brought immediate enjoyment to the individual were prioritised in recognition of mortality and inevitable decline (Breheny & Stephens, 2017). Tourism offers a further alternative to promoting activity as it has been shown to improve the health of older adults, even the oldest old, and is thus an effective way of stimulating healthy ageing (Gu et al., 2016). Choice has also been shown to make activity rewarding and meaningful (Davis et al., 2012), highlighting a need for a range of LTPAs that cater for a wide variety of needs, abilities and preferences. It is also important to be aware that the meaning of an active life may change over the life course and that this dynamic process needs to be both adaptable and accessible in order for adults to age actively and successfully (Boudiny, 2013).

The factors that hinder PA in older adults also impact tourism participation. Stereotyping of older adults may prevent them from participating in social activities like tourism as they tend to disengage from society, and rural older adults are less likely than

their urban counterparts to engage in tourism (Gu et al., 2016). Tourism has also been negatively associated with poor self-rated health, which is impacted by PA, as Irish adults who report high levels of PA have higher levels of self-rated health (Donoghue et al. 2016, p. 7) and tourism promotes relaxation (Nimrod & Rotem, 2010) which in turn decreases stress and thus increases self-rated health. Men have also been shown to participate in tourism more than women (Gu et al., 2016) which is consistent with the significantly higher levels of PA reported by older men than women (Sun et al., 2013; Nolan et al., 2014).

Despite differing motivations for travel, older adults seem to choose a combination of activities that yield similar benefits (Nimrod & Rotem, 2010). Due to the growth in the older market, the motivations for travel by seniors will have to be accommodated by all stakeholders in order to meet their travel needs. Further research needs to be undertaken to explore the types of choices senior tourists want in the future, in order to account for these changes in a proactive way and specify practical implications for the industry (Patterson & Balderas, 2020).

Further research and evidence of PA in older people is needed, so that public health sectors can formulate initiatives and strategies to extend the lives and health of this population (Sun et al., 2013). A lack of input from our senior population to date highlights the importance of recommending that awareness and information should precede any future research. This would ensure that this cohort take responsibility for their ageing and willingly participate in the formation of a solution or national framework to guarantee the likelihood of all older adults in rural Ireland participating in PA initiatives, and having the means and ability to age successfully in place.

In order to explore older populations a dynamic approach is required. Future research will be underpinned by Responsible Research and Innovation (RRI): 'a dynamic, iterative process by which all stakeholders involved in the R&I practice become mutually responsive and share responsibility regarding both the outcomes and process requirements' (Kupper et al., 2015). The concepts of meaning-making to leisure, focusing on perceptions and motivations of a rural

based population, is a gap that needs to be explored further. Collaborating with a stakeholder group, the Men's Health Forum in Ireland (an organisation that principally 'seeks to promote and enhance all aspects of the health and well-being of males on the island of Ireland' yet also promotes the education of the general Irish population with regards to health and well-being) and the local community, and using RRI as a methodology, the research outcome will provide engaged depth and realism. The four key themes of RRI are: diversity and inclusion (researching the older cohort that is largely excluded), openness and transparency (communication and dissemination plan to increase involvement, encourage input and inform), anticipation and reflection (reflections from all stakeholders are incorporated to pursue a common goal and potential challenges identified) and responsibility and reflective change (adaptability to changing societal needs and evaluation strategies implemented continuously) (Kupper et al., 2015).

The legacy of the 20th century is the gift of a longer life, an unprecedented privilege that can be viewed in the form of a revolution, a longevity revolution (International Longevity Centre Brazil, 2015). In order to embrace a longer life, it is imperative that older people remain physically active so they may stay independent and productive, which will then enable them to participate in tourism and enjoy the new adventures and experiences it brings, to the full.

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Health Tourism and Physical Literacy: A Qualitative Exploration of Elderly Visitors' Experiences after Rehabilitation at Slovenian Health Resorts

Katja Kokot

University of Maribor, Slovenia
katja.kokot1@um.si

Maja Turnšek

University of Maribor, Slovenia
maja.turnsek@um.si

The promotion of physical literacy is an opportunity to multiply significant health benefits in an ageing society. In Slovenia, health resorts are one of the most common prime areas for health enhancement, offering numerous services for individuals to improve their health and forming an important pillar of the social tourism and healthcare sector. The aim of this research is to explore the role of medical rehabilitation at Slovene health resorts in the processes of increasing the physical literacy of their patients. Twenty-one semi-structured interviews were conducted with previous guests of Slovene health resorts who have undertaken medical rehabilitation. The analysis indicates that the most common approach is providing lectures about physical activity followed by group or individual physical regimes organised for patients with similar health concerns. These actions target two dimensions of physical literacy: the competence and the knowledge/understanding dimension. However, the eventual omission of prescribed physical activity following the rehabilitation is an issue concerning the motivation dimension of physical literacy, which should thus be addressed more in the future. The findings contribute to understanding the role of medical rehabilitation at Slovene health resorts by applying the physical literacy model for older adults. The study provides valuable insights regarding the long-term benefits of rehabilitation at the health resorts on individuals' level of physical literacy. The results are helpful for both the tourism and medical sectors.

Keywords: health resorts, physical literacy, health tourism, rehabilitation, health literacy, elderly



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Introduction

As health resorts are an essential part of the Slovene tourist industry, and also owing to the ageing of the European population, it is essential to learn more about the future role health resorts may play in the active ageing process. According to Gerling et al. (2010), ageing affects the quality of life in three different ways:

cognitive impairments, a resulting decline in existing motor skills and a negative impact on motor learning of new skills. As of 2014, Slovenia was below the average of the Active Ageing Index for the European Union (UNECE & DG EMPL, 2015). As Europe's population is getting older, Slovenia faces a similar problem; for example, only 42% of Slovenes between 65 and 74

years do not have mobility problems, and only 26.1% aged 75 years or more (Ministrstvo za javno upravo Republike Slovenije, n.d.a). When creating physical exercise programmes for seniors, it is vital to address the fact that 54.5% of Slovenes aged 55 or more never exercise or play sport, and 50% do not even participate in light physical activity such as gardening (European Commission, 2018). The term 'physical literacy' describes the motivation, confidence, physical competence, knowledge, and understanding that individuals develop to maintain physical activity at an appropriate level throughout their lives (Whitehead, 2010). Physical activity has been consistently demonstrated to generate considerable health benefits, such as reducing the likelihood of cardiovascular disease, diabetes, and cancer (Warburton et al., 2006). Developing and maintaining physical literacy is consistent with the goal of healthy ageing and optimises opportunities for good health at all stages of life. Hence, the promotion of physical literacy has been identified as a pivotal opportunity to generate significant health benefits in adults (Almond, 2013). Furthermore, improving individuals' physical literacy may have the potential to reduce financial expenses in healthcare systems (Wang et al., 2005).

Health resorts are suitable locations for physical literacy improvement during medical rehabilitation. In addition, a thermal environment is an optimal place for promoting health education and patients' well-being in a comfortable setting. Many countries in the EU, including Slovenia, have already emphasised the potential health resorts have for active ageing of the local community (Blain et al., 2016; Lindner et al., 2021). In Slovenia, certified health resorts are not only part of the economic sector but also part of the public healthcare sector. Therefore, health resorts have a potentially significant role in increasing the physical literacy of the older Slovene population, predominantly through publicly financed rehabilitation treatment. However, research surrounding the question of whether rehabilitation services and the corresponding information exchange with medical personnel influence the level of physical literacy among the visitors has not yet been conducted. Furthermore, researching physical literacy in the health tourism sector can offer great potential

regarding the necessary innovative changes in future offers of the health resorts.

Combining the Tourism Industry with the Public Health Care Sector

According to Mueller and Kaufmann (2001), health tourism is the sum of relations and phenomena resulting from the change of location and stay of people, undertaken to provide support, achieve balance, and restore physical, mental, and social comfort through the use of health services. For this research, the definition proposed by Rulle (2004, p. 20) is the most suitable: 'This form of tourism is characterised by the aspect of health. The restoration or maintenance of personal health is in the foreground. The decision to take the journey may be influenced by constraints such as illness or the need for rehabilitation or by a doctor's recommendation.' Health resort therapy involves all medical activities originating and employed in health resorts and aims at health promotion, prevention, therapy, and rehabilitation (Gutenbrunner et al., 2010). Rehabilitation can be defined as 'a set of interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment' (World Health Organization, 2021). The medical treatment in health resorts combines the effect of natural healing resources with medical care to facilitate the rehabilitation process.

In Slovenia, health resorts offer treatments that use the healing effects of thermal waters and mineral waters, followed by seawater and brine, aerosols for inhalation, healing muds and mineral peloids, peat, and the different micro-climates (Horvat, 2014). Certified health resorts are part of the healthcare sector as the Health Insurance Institute of Slovenia enables and covers medical rehabilitation expenses. A similar funding mechanism is also present in other European countries with a strong health tourism sector such as Poland (Woźniak-Holecka et al., 2017), Germany (Pforr & Locher, 2013), Romania (Surugiu et al., 2020), the Czech Republic (Attl & Čertík, 2011) and Slovakia (Derco, 2014). The Health Insurance Institute of Slovenia often covers the cost of overnights and food for a particular number of Slovene residents, which is regulated yearly.

In the year 2017, Slovene health resorts realised rehabilitations that totalled 351,960 overnights (Skupnost slovenskih naravnih zdravilišč, 2018) with an average duration of the total stay of 15.1 days (Ministrstvo za javno upravo Republike Slovenije, n.d.b), which is 11.4% of all overnights in Slovene health resorts (Skupnost slovenskih naravnih zdravilišč, 2018). Medical rehabilitation is an important segment of Slovene health resorts due to financial benefits; for example, Thermana Laško, one of the oldest health resorts in Slovenia, generated 35.76% revenue from sales due to the contract with the Health Insurance Institute of Slovenia in 2019 (Thermana Laško, 2020).

Physical Literacy and Health Resorts

Physical literacy has become an increasingly influential concept in the past few decades and is woven into education, sport, and recreation policy and practice. Whitehead (2013, p. 29) proposed the definition of physical literacy as ‘the motivation, confidence, physical competence, knowledge and understanding to value and take responsibility for maintaining purposeful pursuits/activities throughout the life course.’ According to Whitehead (2010), the concept of physical literacy can be depicted by six dimensions: (1) motivation (desire to be active and to persist with the activity), (2) competence (movement capabilities), (3) environment (having an appropriate everyday setting), (4) sense of the self (perceives oneself as a physically active person with appropriate experience), (5) expression and interaction (being capable of fluent self-expression and empathic listening to others about and through physical activity) and (6) knowledge and understanding (regarding all other above dimensions, and including a clear understanding of the benefits of physical movement regarding the quality of life).

In the literature, physical literacy itself is frequently seen as the outcome or endpoint, with a primary focus on fundamental movement skills in school-age children, rather than as a unique and individual process that evolves across the life course as conceived initially by Whitehead (2013) (Young et al., 2020). Most articles pertaining to physical literacy in the scientific literature have shared information relative to the sectors of youth sports and childhood education (Roetert &

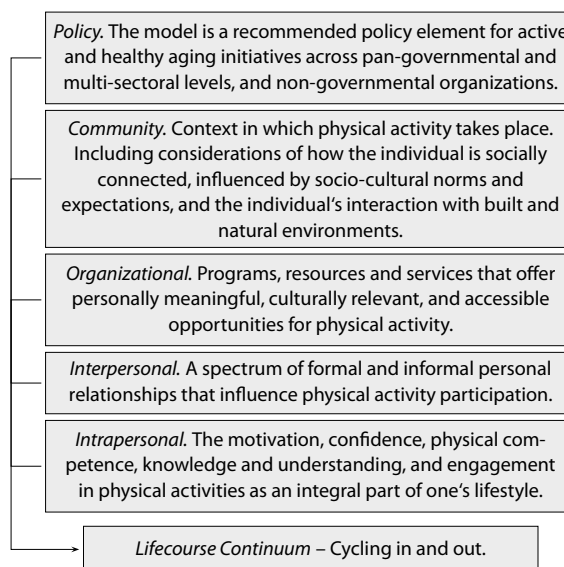


Figure 1 Physical Literacy Model for Older Adults (adapted from Jones et al., 2018, p. 10)

Ortega, 2019). Thus far, physical literacy has not been extensively investigated among the older adult population, and consequently, older adults are often an overlooked audience of the programmes that promote physical literacy. From a physical literacy perspective, successful agers compensate and modify their activity by optimising choices, thereby maximising success and maintaining higher levels of functioning across all dimensions (Roetert & Ortega, 2019). A physical literacy model for older adults (see Figure 1) has been developed by Jones et al. (2018), pointing to the need to adapt the intrapersonal, interpersonal, organisational, community and policy elements to the specifics of the older adult population (Jones et al., 2018, see Figure 1). The model is one of the few that take into account the individual or organisational level and approaches the issue of physical literacy of older adults from a broader holistic perspective, also incorporating the community and national policy level. While this is primarily a theoretical model developed for the whole range of elderly experience and social context, it is a useful analytical tool for analysing and providing recommendations about the role of health resorts in improving the physical literacy of their elderly patients.

A limited amount of research has investigated the role of health resorts in increasing the physical literacy of their elderly patients. Stevens et al. (2014) reported that physical activity counselling and prescriptions delivered in the health care setting are more effective if they include an assessment of individual needs, motivation and preferences and if social supports are available. A study in French health resorts (Maitre et al., 2017) investigated the level of physical activity after three weeks of thermal treatment with additional physical education sessions. The main results indicated that the participants' volume of physical activity was significantly higher at two weeks, two months, six months, and one year after the end of their active thermal treatment than their baseline level. Even one year after the end of the thermal healthcare, 64% of the participants still had a higher volume of physical activity than at baseline. The participants improved their physical fitness components (i.e. BMI, flexibility), psychological parameters (i.e. global self-esteem, physical self-worth, intrinsic motivation, and mood states) and the intrinsic regulation of exercise behaviour. It is likely that the physical and psychological status of participants at the end of the intervention was better and may further support their engagement in an active lifestyle (Kamioka et al., 2006; Kamioka et al., 2009; Zijlstra et al., 2005). The study by Maitre et al. (2017) implies that combining physical education sessions with thermal treatment could positively and longitudinally affect the levels of physical activity of patients and consequently could serve as an example for implementing such activities in the rehabilitation process. Previous research by Carpentier and Satger (2009) similarly stresses that balneotherapy treatments combined with educative workshops impact patients' quality of life in the long term. However, the study from Gay et al. (2020) showed a limited effect of a self-management exercise programme when added to spa therapy for increasing physical activity in patients.

These previous studies, however, were limited, all focused on quantitative assessment of the effect, either with self-administered questionnaires and/or physical fitness tests (measuring BMI, walk test, and other physical measures/exercises). Still missing are qualita-

tive, phenomenological insights into the participants' experiences and memory of the thermal treatment and their understanding of the longitudinal effects of the treatments. An in-depth understanding of these experiences is a valuable input regarding testing and improving the physical literacy model for older adults for health resorts.

Considering these facts, it is necessary to research this issue; therefore, the main objective of the research is to explore the personal experiences of patients who have previously undertaken medical rehabilitation at a health resort, focusing on the health resort services that affect their physical literacy levels. The analysis will serve for future research as it is anticipated that health resorts will have a prominent role in post-pandemic times, as the COVID-19 pandemic will change the role of health resorts, strengthening their preventive, therapeutic, rehabilitative, educative, and social role (Masiero & Maccarone, 2021).

Methodology

In order to understand the experiences of rehabilitation patients in Slovene health resorts, we employed semi-structured interviews with 21 previous guests of Slovene health resorts. The condition was that they had undertaken at least one medical rehabilitation in the last four years. The interviews were conducted in June and July 2020. Snowball sampling or chain-referral sampling was used to identify potential subjects. The sample consists of 7 males and 14 females, primarily seniors, that have stayed at a total of 11 out of 14 accredited Slovene health resorts, either once or multiple times. Detailed information about the sample is presented in Table 1.

All the interviewees stayed at the health resort hotels during rehabilitation, and most of them stayed there for 14 days. The description of the average day spent at the health resort did not vastly differ among the interviewees.

The interviews included questions about the stay at the health resorts (health condition, duration, time of stay), description of their stay (daily routine at the health resort, medical treatments carried out, accommodation and amenities), satisfaction with the health resort (amenities and personal) and still-memorised

Table 1 Sample Characteristics

(1) Thermal resort	Health problems
A Ptuj Thermal Spa	Leg fracture
B Olimia Podčetrtek Thermal Spa Dolenjske Toplice Thermal Spa Šmarješke Toplice Thermal Spa	Spine surgery Hip replacement
C Terme Zreče	Leg fracture
D Čatež Thermal Spa	Knee surgery
E Čatež Thermal Spa Thermana Laško	Knee surgery Hip replacement
F Terme 3000 Moravske Toplice	Spine surgery
G Radenci Thermal Spa	Heart surgery
H Ptuj Thermal Spa	Spine surgery
I Terme Zreče	Leg fracture
J Terme Zreče Talaso Strunjan	Spine surgery Arthritis
K Ptuj Thermal Spa	Leg fracture
L Terme 3000 Moravske Toplice	Spine surgery
M Terme Zreče Terme 3000 Moravske Toplice Radenci Thermal Spa	Knee surgery Hip replacement Heart surgery
N Terme Zreče	Knee surgery
O Čatež Thermal Spa	Knee surgery
P Dolenjske Toplice Thermal Spa	Hip replacement
Q Ptuj Thermal Spa	Hip replacement
R Olimia Podčetrtek Thermal Spa Terme 3000 Moravske Toplice Radenci Thermal Spa	Knee surgery Spine surgery
S Terme Zreče Thermana Laško	Aseptic necrosis
T Medical center Rogaška Ptuj Thermal Spa	Colorectal surgery Spine surgery
U Terme 3000 Moravske Toplice	Arthritis

Notes (1) Interviewee.

received information about their health condition (knowledge, daily routine, and restrictions at home).

A suitable method for analysing the transcripts seemed to be thematic qualitative content analysis (Mayring, 2014). For the present qualitative content analysis, structuring and filtering the relevant content out of the material as a whole and analysing it re-

garding the categories specified in advance (thematic blocs) seemed to be the most appropriate way. Defining the categories serves to filter the interviews for statements fitting into the categories. The categories were developed inductively, guided by the conducted data. For qualitative content analysis, Atlas.ti 8 computer software was used, which is commonly used for coding and analysing transcripts. In the discussion, each quotation is labelled with a letter that indicates the interviewee.

Results and Discussion

The findings from the transcript analysis and corresponding discussion are divided into three parts following the natural narrative progression of the participants' stories: experiences before the rehabilitation, experiences during the rehabilitation, and physical experiences after the rehabilitation. The discussion of the results in this section interconnects the findings with Jones et al.'s (2018) physical literacy model for older adults to provide recommendations for further development of health resorts as an active partner in the societal striving for increasing physical literacy of the elderly.

Experiences before the Rehabilitation

The majority of the interviewees have undergone medical rehabilitation as part of the post-surgical programme of re-establishing joint motion, developing muscle strength and restoring joint function. Many have had prescribed sessions with physiotherapists before undergoing rehabilitation at the health resort; however, they preferred the treatment at the health resort: 'After the surgery, before I went to the spa, I had eight sessions with the physiotherapist in the health centre. [...] However, they show you more exercises at the spa; everything is more holistic I would say, better definitely.' (L)

Health literacy is a concept connected to an individual's responsibility to understand and act on health information in everyday environments (Sørensen et al., 2012). It is perceived as one of the significant components in the preparations of individuals in taking responsibility for their health. Although the terms physical and health literacy differ in their focus, develop-

ing literacy skills is key in ensuring that individuals have the skills to adopt a healthy lifestyle. The analysis has indicated lower health literacy levels among the respondents as their knowledge about whether they have the right to rehabilitation at a health resort varies. Some do not know they are entitled to rehabilitation unless their physician mentions it to them: 'I do not know about these laws and if you are entitled or not. Even before, when I had my ovaries removed, I did not go anywhere. However, supposedly I was entitled to rehabilitation because I was talking with my doctor about the upcoming rehabilitation for my hip. She said that I should know how it is during the rehabilitation, and I told her that I have yet not been at any spa rehabilitation. And she was surprised by this fact.' (P) Limited health literacy is also shown through limited knowledge about the procedures of the medical commission, which is responsible for the assessment of people's applications for rehabilitation at health resorts: 'When I had a hip replacement, my surgeon wrote that he advises rehabilitation in Terme 3000 thermal spa, which was written in my report. But I got the rehabilitation at Thermana Laško. When I came back, my surgeon was angry about why I went there if he advised another spa. I said that Laško is what I got. And when I had knee surgery, my surgeon advised that I go to Čatež Thermal Spa, and I again got Thermana Laško. And then I thought that something was not right. I called the commission to ask why they would not send me to the spa that the surgeon advised. Then I got the instructions on how to write the complaint. So, I sent a complaint and got Čatež Thermal Spa as I should have at the beginning.' (E)

Experiences during the Rehabilitation

Physical literacy is arguably an antecedent of physical activity, while also being developed through physical activity (Giblin et al., 2014). Physical exercises during rehabilitation are crucial in affecting physical literacy levels. However, the physical exercises at the health resort are adapted to the patients' physical, cognitive, and sensory limitations. Adapted physical activity was executed daily by participating in the obligatory group exercises in the thermal pool or the gym supervised by the head physician. The medical personnel not only

demonstrate the exercise but also supervise the execution and warn about possible injuries: 'In the morning, from nine to twelve, there are also physiotherapists with you that show you how to correctly perform the exercises, and they always warn you if you are doing something wrong. Your every move is supervised, basically.' (N)

Depending on their health condition, some of the interviewees had individualised physical regimes with the physiotherapists, which was generally seen as beneficial for their rehabilitation process: 'When you arrive, you get your therapist for the entire period. I had a young woman; we had already become colleagues in those fourteen days, and we were able to talk about everything in a completely relaxed way. I find this better than having a different physiotherapist every day.' (C)

Medical personnel at the health resort often strongly advise the patients to perform the physical exercises in their free time at the health resort as well: 'In the afternoon we had individual exercises. Everything that we did in the morning, we had to repeat in the afternoon alone; there was no physiotherapist to guide us. One of them was there on duty, usually the head of physiotherapy, and he sometimes came to see us, but we were mainly alone. Usually, I was there from four to seven in the evening. So, I was in the gymnasium or fitness until seven p.m.' (D) The aim is thus that the patients take advantage of the infrastructure and strive for regular physical exercise to become a part of the patients' lifestyle as it is expected that after repetitive exercise, patients realise its importance not only for rehabilitation but overall health as well.

After the medical treatments, which usually occur in the morning, the patients have free time to schedule as they will. The analysis indicates that most patients try to remain active in their free time by being active in the natural environment or using other services available to hotel guests: 'There I went on short hikes several times. Every day probably. I have borrowed the poles for Nordic walking there.' (B) Previous research has shown that visitors with improved health as an expected benefit are more likely to engage in such activities (Koh et al., 2010; Kucukusta et al., 2013). We might stipulate here that the expected health benefits were also the main motivational factor for their activ-

ity in their free time. However, the interpersonal context seemed to have played the most important role here.

It is important to stress that the patients who had many social contacts during their rehabilitation were more likely to engage in physical exercise in their free time. This confirms previous research conclusions that social capital has an important impact on the physical activity of older adults (Chen et al., 2019): 'I had free time in the afternoon, but luckily, I found a group of women, my roommate among them, and we always went to the pool in the afternoon, and we always did additional exercises in the pool.' (P)

One of the processes of increasing the physical literacy levels of the patients is also the lectures organised for all rehabilitation patients. Patients see these lectures as educative and the information as applicable in everyday life. Lectures cover vastly different topics, such as common medical procedures, healthy diet, medical conditions, and suitable exercise for the patients: 'There they tell which sports are most suitable for you, which sports are the biggest burden for knee joints, what they advise you to do, which sports are not advised, and so on.' (N) With these lectures, health resorts try to directly increase the physical literacy level of their patients; previous research has also indicated the efficiency of combining patient education with a spa treatment on the health status of the patients (Kamioka et al., 2006; Kamioka et al., 2009; Maitre et al., 2017; Zijlstra et al., 2005).

All the patients stated that they received an exercise programme at the spa with the most suitable exercises to perform at home: 'We always receive an exercise programme at the spa. A single paper, where all the exercises are written and shown with pictures as well, the ones that we should do at home.' (S) Medical personnel also provide information concerning everyday activities that are important for successful rehabilitation, especially about how patients should behave after rehabilitation: 'I could say that I learned at the health resort what and how I should do, how to stand up from the bed, how to lift things, which movements I can make, which I should avoid. [...] The physician had said that I should avoid the movements that do not make me feel well. And that I was not allowed to

lift things. And that I should avoid cycling, the most recommended is walking and the exercises they had given me.' (F)

Experiences after the Medical Rehabilitation

Analysis of the transcripts revealed that interviewees could be divided into two groups: those who continued with exercise, which has been adapted due to their health concerns, and those who omitted the exercise once the pain had receded. It is assumed that the first group already had high levels of physical literacy before the rehabilitation; however, their knowledge has expanded, which is visible by their appropriate modification of the exercises after the rehabilitation.

Patients are instructed to keep performing suitable physical exercise at home after leaving the health resort. Some interviewees, especially those that had recently returned from the health resorts or those that still endure pain due to their health condition, follow these instructions as they see how regular exercise benefits their health condition: 'The most I remember are the exercises, I still perform them, and this is visible on my muscle mass.' (N)

Alarming information is that quite a few interviewees have admitted neglecting the physical exercise, especially those whose rehabilitation took place a longer period ago: 'I must admit, and I think that the same things can be said for other people as well, that I do these exercises for maybe three weeks and then they go to oblivion.' (S) The reasons for discontinuing the physical exercise are usually lack of time, equipment, or motivation: 'I have many steps at work, and that is enough for me. [...] They have also advised going to fitness to perform the exercises, but I do not have money or time for it.' (D) These findings implicate that the motivation dimension did not develop to such an extent as it did for some patients, and the strength of the habit of physical exercise diminishes over time. While patients were staying at the health resort, they were engaging in physical exercise because it was expected of them; therefore, the rehabilitation served as external regulation. The environment also plays a vital role in continuing the exercises once the patients leave the resort as people at home usually do not have suitable equipment. Additionally, the home

environment is not as motivating as the healing environment at the health resort. It is, however, visible that the interviewees are aware of the need for performing the physical exercise and the benefits they would gain. Thus, the knowledge and understanding dimension has evolved during the rehabilitation: 'I am aware that I should perform these exercises as they specifically target the knee, but so far there is no need for this' (D).

The analysis revealed that pain could also be a motivator for starting to exercise again: 'When it strains me, then I exercise [...] Even if I go for a walk in the morning, it is a little better. Now, when I feel that it starts to hurt me again, I do some exercise, and it helps.' (D). In contrast, the absence of pain, which is the primary goal of medical rehabilitation, affects the continuance of physical activity as it was before the medical procedure: 'I am also a swimmer. Before the problems with my knee started, I went swimming every day for the last six years. I have really missed it. I couldn't go swimming for a long time. But I have to be careful now as I am not allowed to bend my legs; I must swim with straight legs. It was a little harder at first, but eventually, I got used to this.' (N)

Furthermore, the analysis revealed that only one health resort invites the patients to an additional medical examination after the rehabilitation. The purpose of this examination is the observance of their rehabilitation process over a more extended period. 'When you finish your rehabilitation, after one month, I think [...] I even had an appointment, you could go back there for a check-up [...] As I heard, they put you in one room, and then they force you to perform some exercises to see your improvement in comparison to the results when you first came there.' (E)

Many interviewees admitted that even though they discontinued the recommended physical exercise, they remained physically active in other ways. However, the choice of sports that they perform has changed due to their health condition: 'I also changed the sports activities, now I cycle and play tennis while previously I was playing basketball and football, but now these two are too straining for me.' (L) Encouraging is the fact that especially the people who have already been physically active before the rehabilitation continued this habit

and also included the new exercises that they received at the health resort and incorporated them into their daily exercise regime that targets other parts of the body: 'I have also been previously going to the workout for osteoporosis and coronary diseases, so I not do only exercises for the knee but also for the upper part of the body. I try to combine these exercises in the way I feel it has the most positive effect on my condition.' (O) This behaviour indicates the high levels of physical literacy among some patients. For the execution of combining different exercises, high levels of almost all dimensions of health literacy are needed, especially the high-level competence and well-established sense of self.

Limitations

The first limitation of the study is the reflection of the small sample and a snowball sampling technique. Secondly, due to the characteristics of the sample, which consisted mainly of older adults that have undertaken medical rehabilitation at the health resort, the findings and proposed improvements may be relevant only to this particular population. Additionally, most of the patients of the health resorts do not have high medical knowledge levels, which may reflect the biased opinions, which could have been expressed in the interviewees.

During the time of the research, the Slovene tourism industry was significantly impacted by the COVID-19 crisis. Consequently, there might also be a limitation in the potentially greater focus of the interviewees towards more socially desirable answers in the form of expressing one's concern for health and physical activity due to the general concern over health in the COVID-19 crisis. Future research should consider how these trends will shift and the role of interpersonal influence, for example, via focus groups in specific health resorts, which was prevented due to current COVID-19 measures.

Future Recommendations and Research

Encompassing all findings from this study, the physical literacy model for older adults was applied to the case of medical rehabilitation at Slovenian health resorts (see Figure 2). As rehabilitation at the health

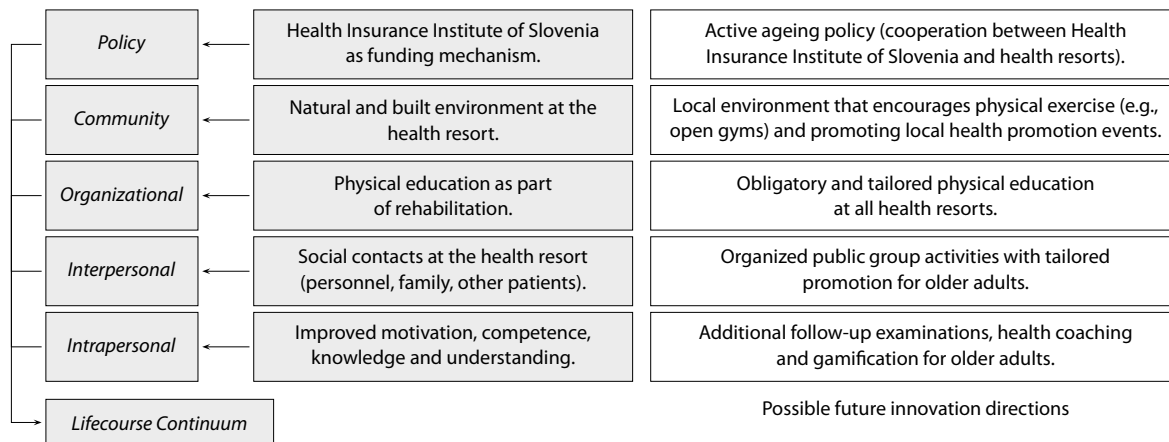


Figure 2 Physical Literacy Model for Older Adults by Jones et al. (2018) Applied to the Rehabilitation Processes at Slovene Health Resorts

resort is not enough to improve physical literacy, it is crucial to highlight possible solutions for positive long-term benefits after the rehabilitation experience. This issue should be the objective of interjoining the efforts of stakeholders from the tourism, healthcare and local development sector. Innovative solutions that will target the implementing of exercise in daily habits, taking into consideration the difficulties of the older generation, are needed. Here we discuss five interrelated areas connected to the domains of the physical literacy model for older adults for the future of innovative development of health resorts in collaboration with the public health care system and local governance.

First, intrapersonal elements of the model are related to the definition of physical literacy by Whitehead (2010). The analysis of transcripts indicates that, primarily, the competence dimension of physical literacy is targeted as patients learn, practice, and participate in physical activities that are beneficial for their rehabilitation, and additionally, the participants receive information about suitable exercise and sports options. The educational lectures also target the motivation and understanding dimension since the benefits of physical exercise are heavily implied (Whitehead, 2010).

The fact that many interviewees gradually omitted their physical activities in their everyday lives repre-

sents an important challenge to further target the motivation dimension of physical literacy. As patients, the interviewees saw physical exercise as an obligation as part of the rehabilitation process. At the health resort, it was associated with a part of the routine prescribed by a physician, and there was a strong social element to participation. In contrast, physical activity at home was seen as a work or personal care experience, and there were various negotiating constraints.

A possible solution for extending the motivation that could lead to implementing an exercise habit is additional follow-up examinations that would inform the person about the results of their rehabilitation. If the participation in this examination was somewhat connected to the additional offer of the health resorts (for example, a short package including some therapies), the health tourism industry would benefit from this as well.

A possible future solution is also the introduction of extensive health coaching otherwise used to promote healthy behaviour and achieve health-related goals (Palmer et al., 2003). Health coaching can be used in both a rehabilitative (Kivelä et al., 2014; Dejonghe et al., 2017) and preventive setting (Olsen & Nesbitt, 2010). Some patients expressed satisfaction with individual physical regimes, especially when the same therapist supervised them during the rehabilitation. Therefore, the individual approach is preferred

among the elderly population. Health coaching has also adapted to the digital era, meaning that the coaching is executed through mobile apps, often with the option for users to choose their health coaches based on personality matching and expertise from health coach biographies (Duscha et al., 2018) and supported by remote activity monitoring with technology solutions (Kitsiou et al., 2017). Tailoring coaching strategies is crucial for the long-term effect of coaching as many factors influence an individual's motivation (Beinema et al., 2021).

Another future direction is increasing intrinsic motivation via various elements of making the exercise a fun activity, such as gamification in the health tourism industry. Gamification reinforces and improves behaviours and user capacities, focusing on learning and health (Kasurinen & Knutas, 2018). In the context of digital health, gamification is typically employed in health and wellness apps related to self-management, disease prevention, medication adherence, medical education-related simulations, and some telehealth programmes. Gamification could positively affect health and well-being, especially when applied in a skilled way (Johnson et al., 2016), even on seniors (Koivisto & Malik, 2020; Martinho et al., 2020). Although gamification is a possible solution for engaging people in physical activity, it is important to adapt games to the older population's needs, the predominant segments of users at the health resorts (Gerling & Masuch, 2011).

Second, interpersonal elements that influence physical literacy are formal and informal personal relationships of the elderly population, both formed within the rehabilitation experience and before and after. Social benefits were a significant element for participants to engage in physical activity at the health resort during their free time. The majority of participants in this study were visiting health resorts with their family or friends or have developed a social relationship with other people also undertaking the rehabilitation.

Enjoyment and social interaction or enabling people to perceive their physical activity experiences as leisure might be the key to increasing participation in physical activity. Facilitating incidental physical activity associated with but not the focus of a pursuit

appears to be an essential dimension in achieving this (Sibson et al., 2010). Consequently, local and regional communities should further aim to provide multiple social gatherings that connect elders and at the same time incorporate physical activity tailored to their needs, such as public group exercises and organised hikes (Ward et al., 2020). Many associations organise such activities in Slovenia, yet the older population often does not know about these options, especially those with lower technological literacy levels. Therefore, the goal should be creating such activities and finding the right promotion channel to reach the desired audience. This could also be an opportunity to establish fruitful cooperations between health resorts, the healthcare system and local municipalities in a way that each partner provides suitable resources (for example, knowledge or financial resources).

Third, the organisational component of the medical rehabilitation at the health resort is the educational lectures organised for all the patients. Our findings currently indicate that some health resorts do not offer these lectures at all, while others provide lectures that cover vastly different topics. Some of them are targeted to the general public, and the provided information tends to be directly helpful for all the listeners, while others may not be helpful for all of the visitors even though it expands their general health knowledge (for example, a person with a skin disorder listening to a lecture about the replacement of heart valves). The solution to this issue could be changing the subject according to the current audience (such as content specifically designed for patients with locomotory problems) or putting more focus on content applicable for all guests (such as a healthy diet). Despite the fact that education is one of the basic services included in rehabilitation treatment, and as such, should be a mandatory component of any treatment, it is currently considered only as a supplement to the basic services. Therefore, medical treatment with a focus on health promotion might, and should be, a crucial component of the continuum of medical therapy (Gutenbrunner et al., 2010).

Fourth, community elements of the health resorts related to the physical literacy model for older adults are the built and natural environment. A healing and

easily accessible environment was a vital contributor to participating in physical activity during rehabilitation at the resort. The options for physical activity in the health resorts were accessible, and they were easy and convenient for people to use and engage in physical activity. The natural landscape and its developed components (i.e. availability of walking poles hire, use of walking paths, availability of walking tours) and their promotion at the health resort were all managed to encourage physical activity.

To extend the habits connected to physical exercise to the period after rehabilitation, the community-level government should focus on providing a local environment that encourages physical exercise, and is readily available and appropriate for older adults. Building open gyms and other similar facilities and health programmes that would be free for everybody could stimulate the older population to use these facilities. First, they would be close to their home, and second, usage does not mean any additional expenses. Additionally, such facilities are often already suitable for the needs of elders and allow them to adjust the intensity to their condition.

Finally, as medical rehabilitation is funded by the Health Insurance Institute of Slovenia, it is a vital, if not the most important, part of the policy domain of the physical literacy model. The findings of our study suggest that certain services that are part of medical rehabilitation at the health resort contribute to the higher physical literacy levels of the patients. However, this is not the primary goal of rehabilitation. While this system is beneficial and has existed in Slovenia for a long time, it is highly strained due to the larger share of the older population. Application of the procedures of curative medicine in the health system due to the lengthening of life expectancy might not be enough. For that reason, applying a wide range of health promotion activities on this basis appears to be an essential element of the national health policy to limit the risk of disease. Most importantly, health resorts might prove highly beneficial in the promotion of active ageing long before there is the need for curative medical rehabilitation – an area where the Health Insurance Institute of Slovenia and Slovenian health resorts should build strong cooperation in the future. An

important direction might be the new innovative approach of the so-called 'tourism coupons' introduced by the Slovenian Ministry of Economic Development and Technology as one of the measures for supporting the tourism industry at the time of the COVID-19 pandemic. In 2020, adult Slovenian citizens received 200 EUR coupons to spend at tourism facilities, health resorts included; in 2021, each adult was eligible for 100 EUR. Future analysis of the role of these coupons for Slovenian health resorts is needed.

Conclusion

Overall, this study provided many insights into the perception of rehabilitation at Slovene health resorts. The findings can be applicable to the field of health tourism and can be used in the medical and health-care fields of research. Furthermore, these results can also be applied to rehabilitation patients and self-paid services of health resorts (such as various health packages) as the target population does not vastly differentiate. The COVID-19 pandemic affected the perceived health-related risk of travelling (Turnšek et al., 2020) and caused redefining priorities of the population and highlighted health-related issues. The ongoing research by the Slovenian National Institute of Public Health shows that the COVID-19 pandemic negatively influences the daily physical activity of Slovene citizens (National Institute for Public Health, 2021). The findings of this research significantly contribute to the understanding of physical literacy, which will be more actual in the near future as individuals' physical literacy levels are crucial for establishing a healthy lifestyle.

This research, conducted qualitatively, provided insights into the phenomenon of medical rehabilitation at health resorts and its long-term effectiveness. Consequently, its findings could serve as the basis for creating a questionnaire as a quantitative method that would allow us to gather information from a large audience and perform statistical correlation analyses. Furthermore, to gain more insightful results about the researched phenomenon, a future study should further involve the longitudinal aspect, for example, via the diary study method, in order to gain more accurate information as in the present study, the accuracy of the results heavily relies on the memory of the guests.

The research has highlighted many open questions that should be addressed in the future. The first is how to secure the individualisation of physical education at the health resorts based on patients' health conditions. The current findings imply that some patients received information that cannot be applied in their everyday lives due to their health status. Additional research is needed to be able to fully understand the role and effect of the lectures received. Another open question has arisen after analysis of the transcript indicated that the patients' level of physical literacy before the rehabilitation might affect their physical activity after returning to the home environment. While this research has not measured their level of physical literacy before the rehabilitation, it would be suitable to include this measurement in future research to make more reliable conclusions. Finally, the role of the so-called 'tourism coupons' for the Slovenian health resort visitors should be analysed, and the study of their future implementation, with potential cooperation of the Health Insurance Institute of Slovenia.

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Changing Values Through Generations: The Case of Mountain Tourists

Tomi Špindler

University of Maribor, Slovenia
tomi.spindler@um.si

Miha Lesjak

University of Primorska, Slovenia
miha.lesjak@fts.upr.si

Mitja Gorenak

University of Maribor, Slovenia
mitja.gorenak@um.si

Mountain tourism is becoming an increasingly important part of tourism in the Alpine countries, so research among mountain tourists is necessary. The changing values of different generations of tourists play a major role in their behaviour in a high-altitude environment and consequently affect the condition of these areas. Therefore, the purpose of this study is to determine the values of different generations of mountain tourists, different genders of tourists and among members and non-members of mountaineering associations. To achieve this purpose, a quantitative approach was used. The data was collected through a self-completion questionnaire in physical form at locations of 1st category mountain huts in Slovenian mountains during the 2020 summer mountaineering season. As part of the research, the sample was divided into four groups according to the year of birth of participants. With multivariate analysis, the existence of significant differences between groups of respondents of different ages, gender and membership, according to their values, was determined. The results of the research demonstrate the correlation between prevailing mountaineering values of mountain tourists and their characteristics. The research helps us to understand the mountaineering values of tourists who visit the mountains and fills the knowledge gap in the field of the differences between the values of different generations of mountain tourists, different genders and among membership in mountaineering associations. As outdoor activities are also gaining in popularity during the Covid-19 pandemic, the results of this research can be useful for attracting new members to mountaineering organizations, preserving mountaineering culture and sustainable development of tourism in the mountains.

Keywords: mountain tourism, values, generations



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Introduction

In the modern way of life, tourism is closely connected with sports (Gorelski, 2019) as sport can function as an

attraction facilitating an authentic experience of a destination for a tourist (Takata & Hallmann, 2021). Compared to other types of tourism, sports tourism is one

of the driving forces of economic development. Due to its nature and strong involvement in society, culture, the economy and environment, sports tourism has become an important factor in shaping the tourism industry, as it represents and enables many development opportunities in this field (Lesjak, 2014). Just as tourism can contribute to sustainable development and the achievement of sustainable development goals if properly developed and managed, so can sports tourism as a segment of tourism also help to achieve sustainable development in a way that derives from its characteristics. Thanks to these characteristics, sports tourism can play an important role in achieving the various goals of sustainable development (UNWTO, 2019).

Sports tourism is often carried out outdoors, in nature, in sensitive and protected areas. Today, tourism is widely recognised as a strong factor in rural area development. Tourist activities not only affect the economy, but also have impacts on the spatial development of the destination, its social structure, social life, and psychological imprint (Rangus et al., 2018). Therefore, if a tourist destination changes over the course of time in accordance with changes in all the environments forming it (Žibert et al., 2017), and if protected areas around the world are seeing a growing public interest in visiting them, many places of valuable natural and landscape features are under threat from an overly heavy tourist burden (Pachrová et al., 2020).

One of the most dynamic components of outdoor recreation is adventure tourism (Hall, 1992). Adventure tourism combines travel, sport and outdoor recreation (Beedie & Hudson, 2003) and represents a wide range of outdoor tourism activities that are often commercialized and involve interaction with the natural environment outside the participants' home environment and contain elements of risk (Hall & Weiler, 1992). Academic interest in adventure tourism has increased in recent years given the exponential growth of this sector. The core dimensions of adventure tourism are risk and danger, the natural environment, thrill and excitement, challenge, and physical activity (Janowski et al., 2021). Therefore, adventure tourism benefits are positively related to subjective well-being (Hung & Wu, 2021).

Mountaineering is a long-established adventure sport based on physical activity, challenges and risk. It has long been reserved for experienced individuals, but today the social boundaries separating mountaineers from tourists are increasingly blurred (Beedie & Hudson, 2003). Mountaineering therefore represents a popular form of adventure tourism (Pomfret, 2006), which is considered a growing industry and exploits traditional mountaineering spaces (Beedie, 2003). UNWTO (n.d.) defines mountain tourism as a type of tourism activity that takes place in a defined and limited geographical area. This area includes hills or mountains with a distinct topography, climate, biodiversity (flora and fauna), local community and other characteristics and attributes that are specific to this particular landscape. It includes a wide range of leisure and outdoor sports activities. Tourists are attracted to mountain destinations for a number of reasons, including climate, clean air, unique landscapes and wildlife, natural beauty, local culture, history and heritage, and the opportunity to participate in snow activities or other nature-related activities (United Nations Environment Programme, Conservation International, & Tour Operators' Initiative, 2007). Mountain tourism is currently understood as a broad term that includes alpine skiing, mountaineering (hiking), climbing and other forms of activities such as cycling tours, canyoning, horseback riding, rafting, etc. In recent years, mountain tourism has been gradually increasing among tourism preferences at the international level. The main reason is the strong relationship to nature, more specifically with mountainous areas, as they are becoming destinations with a large tourist influx (Rio-Rama et al., 2019). People are continually searching for new forms of recreation and settings for it, and mountains have often provided suitable areas for such activities. Mountain destinations have commonly evolved as local recreation grounds and have become a magnet for all types of tourist and amenity migrants. Given global trends in tourism and recreation, new mountain destinations will be explored and developed in the future, as many mountain communities are looking for opportunities to develop their tourism industry (Nepal & Chipeniuk, 2005).

Strojin (1999) states that values are a central point in mountaineering, but it depends on how one conceives, treats them in practice and maintains them. Values influence the ways in which individuals behave, and the formation of values is influenced by the circumstances in which the individual finds himself at a certain moment (Gorenak, 2014). Thus, values change due to changes in the environment (Gorenak, 2019), therefore, values are changing through generations (Ovsenik & Kozjek, 2015). Regarding mountaineering, Strojin (1999, p. 131) notes that it is necessary to take into account intergenerational differences. The older generation has settled on its views and the younger is still experimenting. Musa et al. (2015) say that, from a theoretical point of view, changing values, attitudes, and other psychological aspects of mountain tourism experiences deserve constant attention.

Different profiles of tourists go to the mountains. They can be distinguished by age, gender, membership in a mountain organization and other characteristics. Based on the literature, we can see that there are differences in the values of different generations (Ovsenik & Kozjek, 2015; Gorenak, 2014; 2019) and gender (Beutel & Marini, 1995; Di Dio et al. 1996; Giacomino & Eaton, 2003; Boohene et al., 2008). However, these differences have not yet been researched in regard to mountaineering values of mountain tourists. According to Strojin (1999), the values of mountaineering are associated with both culture and sports. They cover values such as mountaineering tradition, patriotism, the message of important mountaineering people, sense of responsibility, and cultural attitude towards nature and nature conservation, as well as the impact of mountaineering on health, experience in the mountains, social adaptability, ingenuity, helpfulness, etc. Tourists have different views on mountaineering values. Therefore, the purpose of this paper is to explore the importance of mountaineering values among tourists with different characteristics. With this in mind, the goals of this paper are mainly to determine mountaineering values of different (1) generations of mountain tourists; (2) genders of mountain tourists; and (3) among members and non-members of mountaineering associations. Therefore, this research contributes to theory and practice by analysing values

of mountain tourists and presenting the differences in values among mountain tourists.

It is therefore established that the values of individuals are an important part of mountaineering and thus also mountain tourism. It has also been found that different generations of tourists come to the mountains with different characteristics and beliefs. In the continuation of the literature review, the previous findings of the authors in the field of values in connection with mountain tourism, and the characteristics of generations in connection with mountain tourism are presented.

Values and Mountain Tourism

A value is the enduring belief that a particular course of action or ultimate state of existence is personally or socially better than the opposite or reverse mode of behaviour or ultimate state of existence. A value system represents a permanent organization of beliefs that consolidates priority behaviours or final states of existence along a continuum of relative importance (Rokeach, 1973). Values are considered to guide actions, attitudes, and judgments and thus may be seen as the determinants of attitudes as well as behaviour (Moore & Asay, 2017). Values can differ among different generations (Ovsenik & Kozjek, 2015; Gorenak, 2014; 2019) and also gender (Beutel & Marini, 1995; Di Dio et al., 1996; Giacomino & Eaton, 2003; Boohene et al., 2008). Females are more likely to express concern and responsibility for well-being of others, less likely than males to be concerned with materialism and competition, and more likely than males to indicate that finding purpose and meaning in life is extremely important (Beutel & Marini, 1995). Also according to Giacomino and Eaton (2003), females were more oriented to serving others (versus serving self) and using moral (versus competence) means.

Values can also differ according to members or non-members of an association. Suter and Gmür (2018) state that expectations of association members change over time depending on age and length of membership. During membership, the bonds between the member and association become stronger and the services provided by the association are increasingly appreciated. By joining the Slovenian Mountaineer-

ing Association (PZS), members support the activities of mountaineering associations, mountaineering, sport climbing and other clubs united within the Mountaineering Association of Slovenia. PZS members are insured for performing numerous mountaineering activities. The insurance also covers rescue costs abroad with 24-hour assistance and medical assistance abroad, as well as private liability insurance. In Slovenian mountain huts they can spend the night with a 50% or 30% discount. They also have discounts in more than 1,250 huts of partner organizations in Europe and Canada. Numerous mountaineering, climbing and excursion guides, together with mountaineering maps and professional and literary literature, published by Planinska založba PZS, are more affordable. The oldest published Slovene magazine, *Planinski vestnik*, can be ordered at a quarterly discount for the whole year. As members of PZS, they also receive many benefits in many shops with mountaineering and climbing equipment (Planinska zveza Slovenije, n.d.). For associations, it is important to know what values are important to members and how these values will change in the future (Suter & Gmür, 2018).

Personal values can significantly affect tourism and the environment, attitudes toward conservation, and sustainable tourism (Xu & Fox, 2014). According to Mrak (2009), the motives and ethical values of mountaineers and mountain tourists play a major role in their behaviour in a high-altitude environment and consequently influence its condition. The high-altitude environment is specific, and at the same time human activities are specific to it, so the establishment of an appropriate system of values and perceptions is of key importance and can significantly contribute to the realization of sustainable development.

Values can be considered from many perspectives. The definitions by scholars agree on personal values' key features: (1) an individual's values reflect a belief on a particular end-state's desirability; (2) an individual's values transcend a particular situation since they are generally abstract; and (3) an individual's values are ordered in a value priorities system (Kim, 2020). Similarly, Strojín (1999) explains that values in mountaineering can be captured in three groups: (a) per-

sonal values (nobility, social sensitivity, upbringing, etc.); (b) interpersonal values (belonging to a group, connection, elimination, camaraderie, disaster relief, etc.); and (c) superpersonal values (patriotism, belonging to tradition, nature protection, etc.).

Slovenia is a country with a rich history of mountaineering, therefore in his writings, Strojín (1999) focuses on Slovenia and draws attention to: (a) The tradition of Slovene mountaineering, (b) Patriotism, which began with a defensive resistance to de-Germanization, and continued and was upgraded with a reference to tradition. (c) The message of the tradition of important people of Slovenian mountaineering. (d) A sense of responsibility for a comrade and a person in the mountains, whose ethically most valuable act was the establishment of the Mountain Rescue Service of Slovenia. Although disaster response is a general civilizational duty, it is especially emphasized in the mountains. (e) Cultural attitude towards nature and its values as a duty that binds everyone who walks in the mountains, regardless of whether they are a member or a non-member of a mountaineering organization; cultural attitude is reflected in respect for natural values, in the study of guide and other literature, self-education in mountaineering, etc. (f) Nature conservation in the active behaviour of people, which is reflected in the educational impact and teaching of those younger and less experienced than themselves, in the participation in cleaning campaigns, waste disposal in the valley, etc.

Among the values of mountaineering, which are the same as values of an intangible nature, Strojín (1999, p. 128) mentions: (a) The impact of mountaineering on health, on strengthening physical abilities, perseverance and strength. (b) The ability to experience oneself in the mountains in the form of meditation, relaxation, thinking and mental stabilization. (c) Increasing working capacity after an active trip. (d) Greater social adaptability, understanding at home and at work, in society and anywhere. (e) Life optimism with views and plans for the future, in short, in the impetus of life and nature. (f) Ingenuity and flexibility in life situations, finding ways out of problems and social mobility in life and society. (g) Helpfulness in social situations, which requires the responsiveness

of a fellow human being and self-sacrifice in dealing with an accident.

Generations and Mountain Tourism

Generations have been treated as a subject of research throughout history to understand the psychology of individuals and keep their behaviour under control. Understanding the generational phenomenon and its chronological differences, and the characteristics of members of generations is important, as different generations with different characteristics work together and coexist (Berkup, 2014). Members of a generation share experiences that affect their thoughts, values, behaviours, and reactions. Individuals bring their personalities, influences, and special backgrounds from their cultural background, class, gender, region, family, religion, and the like, but some broader generalizations about those born at about the same age are possible (Abrams & Frank, 2014). Through shared experiences, cohorts or generations develop. People born within a few years of one another are likely to experience similar economic, political, historical, and technological changes throughout the life course (Moore & Asay, 2017).

Dimock (2019), Gravett and Throckmorton (2007), AARP (2007) and AMWA (2012) define the Baby Boomers as those born between 1946 and 1964. For the case of this research, the Baby Boom generation will be represented by individuals born between 1946 and 1964. Tulgan (1997) defines the Gen Xers as those born between 1963 and 1977. On WJSchroer (n.d.), Generation X is defined as individuals born between 1966 and 1976. Some authors define Generation X as those born between 1965 and 1980 (AARP, 2007; Valueoptions, n.d.a). In this case, Generation X will include individuals born between 1965 and 1979.

Shroer (n.d.) defines Generation Y as individuals born between 1977 and 1994. AARP (2007) defines the Millennial Generation as those born between 1980 and 2000. Website Valueoptions (n.d.b) has defined Generation Y as individuals born between 1980 and 1994. In the case of this study, Generation Y will be defined as individuals born between 1980 and 1994. Further, Dimock (2019) defines Generation Z (also Gen Z, Post-Millennials etc.) as individuals born from

1997 onwards. Schroer (n.d.) defines Generation Z as individuals born between 1995 and 2012. In this study, Generation Z will be defined as individuals born between 1995 and 2009.

It was shown that the alternation of generations implies a certain continuity in various indicators: values, perceptions, behaviour, collective memory, information, discourses. The construct is a very mobile formation. The boundaries of generations cannot be less than 10 years, since the formation of basic values takes place in adolescence (Pishchik, 2020). The turbulent developments as a result of industrialization, modernization and globalization has created differences between generations (Bejtkovský, 2016). New generations profess a different lifestyle from that of the generations before (Grenčíková & Vojtovič, 2017); also, each generation has its own source of happiness (Abror et al., 2020). The findings show that differences in cohort-induced lifestyles and values permeate into vacation experience and activity. It would be unwise to assume that people in similar chronological age and life stages will always have similar travel preferences from generation to generation (Lehto et al., 2008). Differences in behaviour between generations are becoming increasingly apparent. The young generation of the moment, also known as Generation Z, is distinguished by many elements from the previous generations. There is a clear gap between the older and younger generations in their view toward tourism consumer behaviour (Băltescu, 2019). Generation Z seems to have the ability to discern the environment and decipher the role tourism plays. Their critical impressions of place in terms of infrastructure, sustainability, beauty, etc., force a rethink of traditional tourist typologies (Wee, 2019). However, tourism activities can still have positive effects on various aspects of the life of elderly generations (Medarić et al., 2016). Therefore, the value of travel, as an entire concept, changes among generations. Personally, individuals value travel experiences differently as they age and participate in the workforce (Moore & Asay, 2017).

Understanding the generation phenomenon and the characteristics of the members of generations is of importance for tourism providers as they need to know their guests in order to adjust the offer (Špindler,

2018). This also applies to the planning of sustainable tourist activities in the mountains. In Slovenia, awareness of sustainable development concepts in tourism is rapidly gaining momentum (Sasidharan & Križaj, 2018). The Mountaineering Association of Slovenia, which dedicated the International Day of Mountains 2019 to young people and runs under the slogan 'Mountains are important for young people,' also strives to encourage younger generations to visit the mountains and behave sustainably in the mountains. Ponebšek (2019) says that the mountain world is changing and is intentionally or unintentionally already largely imbued with mass tourism. He adds that 'if we focus on the Slovenian mountains, we can see that they still offer young people many opportunities for life and sports in the mountain world, of course aware of the need to constantly seek harmony between nature and man.'

A review of the literature shows that there is a gap in the research of mountaineering values of different generations of sports tourists in the mountains. Through the research and its results, this gap will be filled, which will help to better understand the characteristics of tourists in the mountains.

Methodology

Based on the literature review the following key research question was set: *Are mountaineering values of mountain tourists statistically significantly influenced by generation, gender and membership in mountaineering association of individuals?*

Three hypotheses were tested in this study:

- H1 *There are statistically significant differences in importance of mountaineering values of different generations of tourists in mountains.*
- H2 *There are statistically significant differences in importance of mountaineering values of different genders of tourists in mountains.*
- H3 *There are statistically significant differences in importance of mountaineering values of tourists in mountains that are members or non-members of a mountaineering association.*

A quantitative approach is often used in researching tourist values (Wen et al., 2019; Kim et al., 2006;

Woosnam et al., 2007), so the research in this study is also based on a quantitative approach. Data was obtained on the basis of a convenience sample, which is a type of non-probability sampling in which we include those units offered by the opportunity (e.g. place, access) (Terminološki slovar vzgoje in izobraževanja, n.d.). This pattern is often used in tourism for research conducted with the participation of groups of tourists on a tourist trip (Knežević & Bizjak, 2009). The data collection method was a survey that represents an established data collection method for researching the values of tourists (Wen et al., 2019; Kim et al., 2006; Woosnam et al., 2007). The data collection tool was a questionnaire that was also used in similar surveys (Wen et al., 2019; Kim et al., 2006; Woosnam et al., 2007).

The survey was designed based on the reviewed literature and previously conducted research. With the help of a designed survey, data on the predominant mountaineering values of an individual respondent was obtained. Tourists were invited to participate in the research at the locations of mountain huts of the 1st category. The criteria for mountain huts of the 1st category are (Planinska zveza Slovenije, 2017): (a) the location of the mountain hut is in the area of the Julian Alps, Karavanke, Kamnik-Savinja Alps or Snežnik; (b) walking time from the nearest starting point, accessible by public road, is at least one hour; (c) the mountain hut is not accessible by public road or by cable car for the transport of persons for the purpose of public transport; (d) the hut cannot be supplied with vehicles on the roads, but the supplies are carried by people, pack horses, a freight cable car or helicopters.

By including tourists in the locations of category 1 mountain huts in the research, we meet the criteria for defining sports tourists, as the travel of these persons includes sports activities, and we will also check overnight stays outside the place of their residence. The category of 1st category huts includes 31 mountain huts in Slovenia. Among these huts, Kocbek's home in Korošica and Frischauf's home are currently out of operation. The population of the research is defined as persons who spend the night outside their place of residence and visit a mountain hut of the 1st category in the area of Slovenia in the 2020 summer mountaineer-

ing season, from June to September. Mountain hut visitors were approached by the researcher and asked to participate in the survey. The researcher explained the purpose of the survey, stated that the survey was anonymous, and handed out a self-completion questionnaire in the appropriate language.

Mountaineering values were measured using a 5-point Likert scale ranging from very unimportant (1) to very important (5). The respondents were asked to indicate to what extent the values are important to them. Values from the field of mountaineering, which were included in the questionnaire, were taken from the work of Strojín (1999), as it is one of the few works that deals with or defines mountaineering values. The research of values was carried out as part of a broader research, which also included research on the motivation and lifestyle of tourists in the mountains.

The data obtained with the help of the survey questionnaire was processed with the statistical package SPSS for Windows. According to the obtained data, a series of statistical analyses were performed. For non-numerical data, base frequencies, percentages in individual categories, and cumulative percentages were calculated. In the first phase, a descriptive analysis was performed to present the characteristics of tourists in the mountains. As part of the research, the sample was divided into five groups and compared with each other. These groups are the Baby Boomer generation, Generation X, Generation Y and Generation Z. Individuals were classified into an individual group according to the year of birth.

To gauge the reliability of measure (Cronbach & Shavelson, 2004) of mountaineering values, Cronbach's alpha was used. Further, to reduce the number of variables (values) into fewer numbers of factors, factor analysis was used (Lawley & Maxwell, 1962). The Kruskal-Wallis H test was performed, as it is used to determine if there are statistically significant differences between different generations and mountaineering values (Kruskal & Wallis, 1952). To measure the strength and direction of association between generations and mountaineering values, Spearman's rank-order correlation was used (Bishara & Hittner, 2012). Next, a Mann Whitney U test was performed to compare gender and mountaineering values. A Mann

Table 1 Demographic Data

Variable		N	%
Gender	Male	236	58.7
	Female	166	41.3
Age according to generations	Baby Boom Generation	103	26.0
	Generation X	128	32.3
	Generation Y	105	26.5
	Generation Z	60	15.2
Education	Primary or incomplete primary education	4	1.0
	Secondary vocational education (3 years of secondary school)	17	4.3
	Secondary education (4 years of secondary education)	189	47.3
	Higher or university education	157	39.3
	Specialization, master's degree or PhD	33	8.3
Members of mount. assoc.	Yes	249	63.0
	No	146	37.0

Whitney U test was also performed to find out if there are statistically significant differences in mountaineering values rating between members and non-members of mountaineering associations (Mann & Whitney, 1947).

Results

Together, 407 responders from Slovenia were included in the analysis (Table 1). The proportion of male responders (58.7%) was higher than that of female responders (41.3%). The Baby Boom Generation (1946–1964) represents 26% of the responders, 31.4% were Generation X (1965–1979), 25.8% Generation Y (1980–1994) and 14.7% Generation Z (1995–2009). Most of them had obtained secondary education (47.3%) or higher/university education (39.3%). There were 63.0% of members and 37.0% of non-members of a mountaineering association.

To measure the scale reliability of our research in mountaineering values, Cronbach's alpha test was used. For the list of 16 values, Cronbach's alpha is calculated at 0.836 which represents an acceptable reliability coefficient (Cortina, 1993). According to the performed Shapiro-Wilk test of normality, the variables are not normally distributed in population that has been sampled ($p = 0.000$). To measure how suited

Table 2 Factor Analysis

Variable	(1)	(2)	(3)
F1 The message of the tradition of important people in mountaineering	0.811	3.485	1.101
Nobility	0.707	4.035	0.872
Belonging to a group, expedition	0.677	4.072	0.885
Patriotism	0.605	3.984	0.953
Social adaptability	0.505	4.177	0.719
Mountaineering tradition	0.463	3.794	0.917
F2 Health	0.934	4.748	0.509
Life optimism	0.648	4.713	0.519
F3 Experiencing yourself in the mountains	0.732	4.370	0.749
Ingenuity and flexibility in life situations	0.408	4.158	0.809
Working capacity (after an active trip)	0.269	3.909	0.890
F4 Helpfulness in social situations	-0.700	4.568	0.590
Comradeship	-0.555	4.534	0.606
Cultural attitude towards nature	-0.420	4.493	0.633
Nature protection	-0.349	4.719	0.479
Upbringing	-0.293	4.568	0.659

Notes Factors: F1 – tradition values (26.6% of variance), F2 – health values (8.4% of variance), F3 – personality values (5.0% of variance), F4 – upbringing values (3.4% of variance). Rotation Method: Oblimin with Kaiser Normalization. Column headings are as follows: (1) factor loading, (2) mean, (3) standard deviation.

the data is for factor analysis, the Kaiser-Meyer-Olkin (KMO) Test was performed. The KMO value of 0.822 indicated that the sampling is adequate. That a factor analysis is useful with the data, indicated also the Bartlett's test of sphericity, with significance of 0.000 (Tobias & Carlson, 1969).

Further, to reduce the number of variables (values) into fewer numbers of factors, factor analysis was used. Table 2 shows factor loadings for the factor analysis. The minimum factor loading was set to 0.25, so the final model includes 16 items. The four factors explained 43.4% of the total variation. The items in the table are sorted according to the size of the loading on each of the factors. The first factor was labelled 'Tradition values,' based on the first three items with the highest loadings on this factor. The second factor was labelled 'Health values,' the third factor 'Personality values' and the fourth factor 'Upbringing values.'

Table 3 Kruskal-Wallis H test

Generations	(1)	(2)	(3)	(4)	(5)
F1 Baby Boom	103	237.11	68.808	3	0.000
Gen X	126	228.88			
Gen Y	104	169.19			
Gen Z	59	104.60			
Total	392				
F2 Baby Boom	94	187.28	1.108	3	0.775
Gen X	118	183.17			
Gen Y	99	191.53			
Gen Z	59	177.21			
Total	370				
F3 Baby Boom	102	202.41	5.673	3	0.129
Gen X	128	208.38			
Gen Y	105	196.36			
Gen Z	59	167.43			
Total	394				
F4 Baby Boom	103	209.45	11.595	3	0.009
Gen X	128	198.93			
Gen Y	104	168.62			
Gen Z	59	224.47			
Total	394				
All Baby Boom	93	206.59	29.209	3	0.000
Gen X	116	206.42			
Gen Y	97	162.56			
Gen Z	58	129.38			
Total	364				

Notes Column headings are as follows: (1) N, (2) mean rank, (3) Kruskal-Wallis H, (4) degrees of freedom, (5) asymptotic significance.

Given that the calculated values by mountaineering values are abnormally distributed, nonparametric tests were used below. A rank-based nonparametric test – the Kruskal-Wallis H test – was performed, as it is used to determine if there are statistically significant differences between two or more groups of an independent variable on a continuous or ordinal dependent variable. In this case, different generations and mountaineering values were included in the test (Table 3).

The Kruskal-Wallis H test showed that there was a statistically significant difference in importance of mountaineering values between different generations, $\chi^2 = 29.209$, $p = 0.000$. However, if one looked more deeply into factors of values, a statistically significant difference in importance of mountaineering values be-

Table 4 Spearman's Rho

Item	F1	F2	F3	F4
Correlation Coefficient	-0.388**	-0.013	-0.088	-0.037
Sig. (2-tailed)	0.000	0.798	0.082	0.468
N	392	370	394	394

Notes ** Correlation is significant at the 0.01 level (2-tailed).

tween different generations is seen only with Tradition values and Upbringing values (Table 3).

Further, to measure the strength and direction of association between generations and mountaineering values, Spearman's rank-order correlation was used, as it is a nonparametric measure (Table 4).

A Spearman's rank-order correlation was run to determine the relationship between generations and mountaineering values. There was a moderate, negative correlation between

Generations and Tradition values, which was statistically significant ($r_s = -0.388$, $p = 0.000$). This indicates that as the age decreases, the importance of tradition values decreases.

Next, differences in gender of tourists were tested using a Mann Whitney U test, as it is a non-parametric test that is used to compare two sample means that come from the same population, and used to test whether two sample means are equal or not. In this case, gender and mountaineering values were included in the test (Table 5).

It is evident from the Mann-Whitney U test results that there are statistically significant differences between gender when ranking the importance of mountaineering values. Female respondents rated values more favourably than men ($p = 0.029$). However, as Table 5 shows, statistically significant differences appear only by Tradition values ($p = 0.032$) and Upbringing values ($p = 0.002$). The results show that females are ranking traditional and upbringing values statistically significantly higher than males.

A Mann Whitney U test was also performed to find out if there are statistically significant differences in mountaineering values rating between members and non-members of mountaineering associations (Table 6).

It is evident from the results that there are statis-

Table 5 Mann Whitney U Test: Gender

Gender	(1)	(2)	(3)	(4)	(5)	(6)
F1 Male	232	188.64	16735.50	43763.50	-2.141	0.032
Female	165	213.57				
Total	397					
F2 Male	220	182.81	15908.00	40218.00	-1.460	0.144
Female	156	196.53				
Total	376					
F3 Male	235	200.81	19313.50	33008.50	-0.066	0.947
Female	165	200.05				
Total	400					
F4 Male	233	185.44	15946.50	43207.50	-3.045	0.002
Female	166	220.44				
Total	399					
All Male	215	174.76	14354.00	37574.00	-2.181	0.029
Female	154	199.29				
Total	369					

Notes Column headings are as follows: (1) N , (2) mean rank, (3) Mann-Whitney U, (4) Wilcoxon W, (5) Z, (6) asymptotic significance (2-tailed).

Table 6 Mann Whitney U Test: Membership in Mountaineering Association

Memb.	(1)	(2)	(3)	(4)	(5)	(6)
F1 Yes	246	210.37	14053.500	24493.500	-3.416	0.001
No	144	170.09				
Total	390					
F2 Yes	227	193.05	14290.000	24443.000	-2.212	0.027
No	142	172.13				
Total	369					
F3 Yes	248	198.76	17542.500	28127.500	-0.410	0.682
No	145	193.98				
Total	393					
F4 Yes	246	205.34	15782.500	26513.500	-2.044	0.041
No	146	181.60				
Total	392					
All Yes	223	192.40	13067.500	22797.500	-2.514	0.012
No	139	164.01				
Total	362					

Notes Column headings are as follows: (1) N , (2) mean rank, (3) Mann-Whitney U, (4) Wilcoxon W, (5) Z, (6) asymptotic significance (2-tailed).

tically significant differences between members and non-members of mountaineering associations regarding all values ($p = 0.012$). The results show that significant differences occur in Tradition ($p = 0.001$), Health

($p = 0.027$) and Upbringing ($p = 0.041$) values. Mean Ranks by all mentioned values (Tradition, Health, Upbringing) are higher for members of mountaineering associations, which means that members are rating the values higher than non-members.

Based on the results, the set hypotheses were tested. In measuring the strength and direction of association between generations and mountaineering values it is evident that there was a moderate, negative correlation between Generations and Tradition values, which indicates that as the age decreases, the importance of tradition values also decreases. According to the differences in generations the hypothesis was H1: There are statistically significant differences in importance of mountaineering values of different generations of tourists in mountains. Based on the results, we can confirm this hypothesis and conclude that there are statistically significant differences in importance of mountaineering values of different generations of tourists in mountains. These differences are visible mainly in Tradition and Upbringing values.

When researching the importance of mountaineering values according to the gender of participants the hypothesis was H2: There are statistically significant differences in importance of mountaineering values of different genders of tourists in mountains. The participants were divided into two groups according to their gender. First, the Mann-Whitney U test results shows that there are statistically significant differences between gender when ranking the importance of mountaineering values. Regarding that, female respondents in general rank mountaineering values as more important. When observing in more detail, it is evident that statistically significant differences occur especially in Tradition values and Upbringing values. The results show that female respondents rank the importance of traditional and upbringing values statistically significantly higher than men. Based on the results we can confirm H2 and conclude that there are statistically significant differences in importance of mountaineering values of different genders of tourists in mountains. These differences are seen mainly in Tradition and Upbringing values.

The third hypothesis referred to importance of mountaineering values between members and non-

members of mountaineering organizations. It is evident from the Mann Whitney U test results that there are statistically significant differences between members and non-members of mountaineering associations regarding mountaineering values. The results show that significant differences occur in Tradition, Health and Upbringing values. By all these values, importance ratings of members of mountaineering organizations are higher than of non-members. From these results we can understand that the members of a mountaineering organization accept or approve of mountain values to a greater extent than non-members. Therefore, if the hypothesis was H3: There are statistically significant differences in importance of mountaineering values of tourists in mountains that are members or non-members of a mountaineering association, we can confirm this hypothesis according to the results. We can conclude that there are statistically significant differences in importance of mountaineering values of tourists in mountains that are members or non-members of a mountaineering association. These differences are mainly seen in Tradition, Health and Upbringing values, where members rate these values higher than non-members.

Discussion

In this study a total of 16 mountaineering values were included in the research. With the use of factor analysis, four factors were formed. In the first factor, called Tradition values, six variables (mountaineering values) were included. Those were: 'The message of the tradition of important people in mountaineering,' 'Nobility,' 'Belonging to a group, expedition,' 'Patriotism,' 'Social adaptability' and 'Mountaineering tradition.' Strojcin (1999) also mentions the emphasis on values related to the history and tradition of mountaineering in his work. The next factor was called Health values, as the variables ('Health,' 'Life optimism') included in this factor are connected to health and well-being. The third factor includes variables or values relating to oneself ('Experiencing yourself in the mountains,' 'Ingenuity and flexibility in life situations,' 'Working capacity (after an active trip)'), therefore it was named Personality values. The last factor refers to upbringing and behaviour in mountains, therefore it was named

Upbringing values. It includes the variables 'Helpfulness in social situations,' 'Comradeship,' 'Cultural attitude towards nature,' 'Nature protection,' and 'Upbringing.' We see that in Health and Personality values factors, the values are more linked to oneself, to the individual person. In Upbringing values, the emphasis is on interpersonal connections and behaviour values. In Tradition values, the emphasis is on values that are beyond the personal and which connect to the tradition and history of mountaineering. Similar to this, Strojín (1999) also mentions personal, interpersonal and superpersonal groups of mountaineering values.

As it is stated in the literature, that values are changing through generations (Gorenak, 2014; Ovsenik & Kozjek, 2015; Gorenak, 2019), this study researched if this is also the case among mountain tourists. The sample was divided into 4 generations (Baby Boomers, Generation X, Generation Y, Generation Z) according to the year of birth. It is evident that there are statistically significant differences in importance of mountaineering values between different generations. According to the Mean Rank, we can see that the elderly generation in general rank mountaineering values as more important than younger generations. These differences are particularly evident in Tradition values and Upbringing values. In Tradition values, the older the generation, the higher they rate the importance of tradition values. However, in Upbringing values, the highest ratings of importance are evident in Generation Baby Boom and Generation Z. Since the younger generation today is interested in nature protection, and education/upbringing is also important to them, such a result is recorded here. If personal values significantly affect tourism and the environment, attitudes toward conservation of nature, and sustainable tourism (Xu & Fox, 2014), the results of this study can be an encouraging indicator that the younger generation will strive for the preservation of mountain areas and their sustainable development. Fostering this way of thinking and behaving in the mountains is important for both younger and older generations.

Regarding gender differences, Female respondents in general rank mountaineering values as more important. The results show that female respondents mainly rank the importance of traditional and upbringing

values higher than males. These results are consistent with previous research that females are more oriented to serving others and caring for their well-being (Giacomino & Eaton, 2003; Boohene et al., 2008). Female respondents, compared to males, mainly described social adaptability, helpfulness in social situations, camaraderie, mountaineering tradition and nature protection as more important. From this we can assume that women in the mountains will be more willing to help in difficult situations, are more receptive to the mountaineering tradition and will put more emphasis on nature conservation in the mountains.

We can conclude that there are differences in importance of mountaineering values of tourists in mountains that are members or non-members of a mountaineering association. These differences are mainly seen in Tradition, Health and Upbringing values, where members rate these values higher than non-members. Similar results were presented by Suter and Gmür (2018), where survey data from members of a Swiss hiking trail association revealed that there are significant positive relationships with all member-value dimensions: enjoyment, affection, identity, power, participation, understanding, and safety. However, length of membership showed stronger effects than age. We see that the members of the mountaineering organization accept mountaineering values to a greater extent, therefore we can assume that their values are also built through membership in mountaineering associations. Promoting awareness of mountaineering values is largely in the hands of the mountaineering organization itself, which, through activities, promotion and programmes, brings mountaineering closer to the people.

Conclusion

This study explores mountaineering values and how they differ according to different characteristics of tourists in the mountains. The characteristics included in this study were generation of tourists, gender and membership in mountaineering associations. According to the key research question of this study, whether there are statistically significant differences in importance of mountaineering values of tourists with different characteristics, we can conclude that there are

differences. The differences are seen in different generations of tourists, gender and (non)membership in a mountaineering association. For Generation Z, the most important values are oriented to upbringing, helping others in social situations and cultural attitude towards nature. Generation Y is most oriented to preserving nature, experiencing themselves in the mountains and health. The most important values for Generation X are working ability (after an active trip), belonging to a group and the tradition of important people in mountaineering. Values that are most important for the Baby Boom generation are life optimism, ingenuity and flexibility in life situations, mountaineering tradition, social adaptability, nobility and patriotism. Regarding gender, only work ability after an active trip and patriotism are more important to men than to women. All the other values are of higher importance for women. Working ability after an active trip is also the only value more important to non-members than members of a mountaineering association.

The results of the research provide new information on the demographic profile of mountain visitors and their predominant mountaineering values. Based on the results, it is evident that the mountains are visited by tourists with different values, which differ according to age, gender and membership in a mountaineering organization. As a result, a different approach for tourists with different characteristics is needed to increase the effectiveness of promoting sustainable tourist behaviour. Therefore, these findings have certain implications for the development of sustainable tourism in mountains. A similar research can be transferred to other areas in Slovenia and abroad, and the research will also be able to serve as a basis for researching the values of different generations of tourists in the field of sports tourism. In further research, it is also possible to compare values in different areas. The identified differences in the importance of mountaineering values of tourists with different characteristics can contribute to the development of programmes of mountaineering organizations and the design of various sustainable activities in the mountains. With in-depth knowledge of the characteristics of mountain visitors, tourism organizers will be better equipped to create and advertise mountaineering

opportunities with certain combinations of attributes offered by mountain tourism destinations. This research on the example of Slovenian mountains will contribute to the theory of understanding the values of sports tourists, more precisely active sports tourists in the mountains.

There are certain limitations of this study and also opportunities for future research. The limitation is that the research with the methodology used is carried out on the example of sports tourists who spend the night outside their place of residence and visit a 1st category hut in the Slovenian mountains. Future research could also include conducting surveys in Category 2 and 3 huts. With the help of these results, we could identify the differences between tourists visiting different categories of huts. A limitation is also the area of research. The survey was conducted on a sample of respondents in the mountains in Slovenia. Future research could extend the scope of the research to other countries. This would provide an opportunity to compare the importance of values in different countries. In the research, we limited ourselves to the summer season (June, July, August, September) within which the survey was conducted. Future research could extend the survey to other parts of the year, allowing us to identify differences between tourists heading to the mountains at different times of the year. The limitation of the research also refers to the characteristics of tourists. We used generations, gender and membership in a mountaineering organization in the research. Future research could include other characteristics such as social status, material status, frequency of trips to the mountains, and the part of the year when they most often go to the mountains. In this way, in the future we could obtain even more detailed information about tourists in the mountains and get to know them better. With in-depth knowledge of mountain tourists, tourism organizers will be better equipped to create and advertise sustainable mountain tourism products with certain combinations of attributes offered by mountain destinations.

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Sports Tourism and High-Performance Centres in the Portugal Central Region

Rui Augusto da Costa

University of Aveiro, Spain
rui.costa@ua.pt

Inês Moleiro

University of Aveiro, Spain
i.moleiro@ua.pt

Maria Fernanda Brasete

University of Aveiro, Spain
mbrasete@ua.pt

Tourism and sports are both the fastest and largest growing sectors, and sports tourism has a positive impact on the development of tourism. Considering the overall potential of sports tourism, this research aims to understand the importance of High-Performance Centres as a support for the development and growth of sports tourism in destinations. A qualitative methodology was developed, structured in the following stages: (i) a characterisation of the High-Performance Sports Centres, (ii) a SWOT analysis and a TOWS analysis of this type of infrastructure, followed by (iii) six interviews carried out with the managers of seven High-Performance Centres of the Central Region of Portugal. It is possible to see that tourism has a positive role in the Central Region in terms of employment and in improving the living conditions of the locals, contributing to increased employment in the region which, consequently, leads to an increase in per capita income and an improvement in the quality of life of the population. The main conclusions have shown that sports tourism can be a differentiating product that meets the new needs of the visitor that no longer wants only passive holidays, but demands active ones, seeking to be emerged in differentiated experiences during a trip. In this way, it is crucial that tourism stakeholders be aware of the new visitor's profile, adapting its services to meet the tourist needs.

Keywords: tourism, High-Performance-Centres, tourism destinations, Central Region of Portugal



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Introduction

Tourism and sport have been intertwined in history for many centuries (Redmond, 1991) since the Olympic Games of Ancient Greece or the games held in the Roman Empire. However, as it is understood today, sports tourism had its genesis in the mid-twentieth

century and currently holds very significant importance. Sports tourism emerged at the time when the points of contact between sports and tourism grew significantly.

Thus, tourism and sport ended up intersecting with common activities, contexts, and practices, and

from this connection sports tourism was then born (Redmond, 1991), a term which began to be used in sports-related travel (Carvalho & Lourenço, 2009; Gibson, 2008).

Sports tourism has a positive impact on the development of tourism (Soedjatmiko, 2015). Sport influences the life cycle of destinations and can be a form of rejuvenation of tourist destinations, and the same occurs in relation to tourism which influences the life cycle of sports (Hinch & Higham, 2001; 2011). Tourism and sports activities are important sources of income and employment for many countries. Sport generates tourism flows in the destination (Higham, 1999), generates income (Yu, 2010), creates employment opportunities (Nezakati et al., 2013) and generates dynamics at the territorial level, namely through the improvement of the destination tourism offer in terms of facilities or infrastructure (Nordin, 2008; Nezakati et al., 2013; Quintas et al. 2021). Sports tourism uses the existing facilities and infrastructures in the destinations, like High-Performance Centres (HPCs) that can themselves generate attraction, contribute to visitor loyalty and increase the competitiveness of destinations.

Therefore, to develop the sports and tourism sector, various studies should be performed within the scope of sports tourism. This research aims to understand the importance of High-Performance Centres as a support for the development and growth of sports tourism in destinations. To achieve the intended goal, a qualitative methodology was developed. Six interviews were carried out with the managers of the High-Performance Centres of the Central Region of Portugal, to understand the importance of these types of infrastructures in visitor attraction, seasonality reduction, income generation and increase in the competitiveness of tourism destinations.

This paper is organised in eight sections. After the introduction, the second and the third section review the literature addressing the main topics under analysis, namely, sports and tourism and high-performance sports. The fourth section presents the definition of High-Performance Centres and its importance to the development of destinations. The fifth section is dedicated to the methodology used in the collection and treatment of information. The sixth section analy-

ses the High-Performance Centres, their geographical distribution and SWOT analysis. The seventh section discusses the results obtained, and finally, the main conclusions are presented in the eighth section.

Sports and Tourism: Conceptual Framework and Dimensions

Until the 1990s, sport was only addressed as a general or even incidental context in tourism research, rather than as its central focus (Hinch & Higham, 2001). Tourism and sport have walked side by side in history for many centuries (Redmond, 1991), for example, the Olympic Games in Ancient Greece or the Roman Games. But the origin of this concept is associated with the mid-20th century. Pigeassou et al. (2003, p. 6) argue that sport is a complementary activity which differentiates the tourist supply, thus becoming beneficial for tourism.

However, the points of contact between sports and tourism have grown dramatically and it has become essential to create a concept that conceptualises their junction (Redmond, 1991). Thus, we have witnessed the emergence of Sports Tourism, which comes to fill the need for a more detailed description of the sport practiced in leisure travel (Gibson, 1998; Kurtzman & Zauhar, 2003; Pigeassou, 2004), whose demand has been increasing over the years (Hinch & Higham, 2011).

Gibson (1998) defines sports tourism as the travels that people make from the place of their permanent residence to monitor or participate in sports activities. The concept of sports tourism thus implies a dynamic flow of travel that has hitherto been largely ignored by those interested in the field of tourism and sports. But, in turn, it does not go unnoticed by the public, nor by the industry which must respond quickly to every demand (Hinch & Higham, 2001).

As noted, sports tourism is a broad concept, and there is still no consensual definition of sports tourism (Sofield, 2003). Table 1 systematises the concepts most used.

According to Carvalho and Lourenço (2009, p. 123), four factors can be listed that are essential to understand the importance in society of the synergies between sports and tourism: (i) the increase in the

Table 1 Definitions of Sports Tourism

Definition	Author
Travelling away from home to watch or participate in a sports activity	Hall (1992)
Where the tourist is a temporary visitor, who stays for at least twenty-four hours around a sports event, with the purpose of participating	Nogawa et al. (1996)
The tourist comes with the intention of practising sport for leisure or for training without the intention of competing, in a place where physical availability is characterised	Goidanich & Moletta (1998)
A set of activities where sport is the basis of the tourism project	Pigeassou et al. (2003)
All sports activities in which tourists take part, either as participants or spectators	Lourenço (2008)
A leisure-based trip that temporarily removes individuals from their local community to participate in physical activities, to attend physical activities or to venerate attractions associated with physical activities	Weed (2006; 2008)

duration of leisure time; (ii) the concentration of populations around urban centres; (iii) the evolution of means of transport; and (iv) the increase in purchasing power.

Sports Tourism as a Support for the Development and Growth of Tourism in Destinations

Over time, there have been more and more studies and research about sports tourism. This growing interest, in the opinion of Kurtzman and Zauhar (1993) and Gammon and Robinson (2003), is essentially due to five reasons: (1) increased popularity of major sports events; (2) greater awareness of the benefits, in terms of health, linked to active participation in sports activities; (3) the value given by government and tourism authorities to sport, for its positive impact on the economy and international relations; (4) a more varied sports calendar, with a tourist offer of events throughout the year, free for participants and spectators; and (5) ease of communication and travel of people, due to the advancement of new technologies and infrastructures.

Although sports literature does not focus on destinations, it has nevertheless explored sustainability issues, which at the local level can be categorised in a holistic three-pronged approach, incorporating environmental, socio-cultural, and economic impacts (Andersson & Lundberg, 2013). Focusing on the socio-cultural realm, namely the forms of sustainability that can be addressed by sport development programmes (Lindsey, 2008, p. 2), suggests that sustainability 'has become ubiquitous in the politics and practice of sport development,' such as in the role of participatory sport programmes in community promotion (Schulenkorf, 2012).

This ability of sport to be a way to counteract the seasonality patterns of tourist destinations is fundamental since it can create heterogeneous demand flows in tourist destinations (Garau-Vadell & Borja-Solé, 2008; Higham, 2005; Hinch & Higham, 2001; 2011). Through strategies it is possible to counteract these seasonal fluctuations in demand, and sport, for Higham (2005, p. 159), can be a way to change or improve seasonality patterns. Furthermore, sports tourism has the capacity to bring tourists to more inland areas of the country. For example, nature sports tourism attracts tourists to less populated areas, but with footpaths and other factors of interest to practitioners. This allows less developed areas, through sports tourism, to grow and become more attractive to domestic and foreign visitors.

Sports tourism may also constitute a means of using already existing facilities and infrastructures and may contribute towards visitor loyalty which is another positive impact to be highlighted and which leads to an increase at destination competitiveness level (Podovšovnik & Lesjak 2016). Much of the image and atmosphere of a destination results in part from the tangibility associated with the destination and that, in turn, stems from the presence of infrastructures that can themselves generate the attraction.

To be recommended, a destination must build a favourable image, offering infrastructures and services that, at first, facilitate access to it and, subsequently, enhance the experience of differentiated experiences (Carvalho & Lourenço, 2009; Waškowski, 2016). This is in line with the opinion of Higham (1999, p. 83) when

he states that sports tourism can stimulate the image of a destination and promote the territory as a tourist destination, especially due to the media coverage that many of them manage to accomplish.

Thus, sport has come to play a leading role in terms of marketing and is used in advertising in which visitors can be seen watching or playing a sport at the destination as well as visiting tourist attractions (Hinch & Higham, 2001; 2004; Redmond, 1991). Sports tourism can also contribute to the identity of the destination. Several authors agree that sport is one of the elements that constitute the culture of a nation and helps to form its identity, reflecting and influencing the culture of a country and acting in certain cases as a symbol of that culture (Hinch & Higham, 2001; 2004; 2011; Torkildsen, 2005; Yu, 2010).

In relation to negative impacts, it is worth mentioning the costs that it brings or may bring to the destination. Some individuals also address the issue of managing and safeguarding the destination's resources, both natural and for local communities, preserving its authenticity and attractiveness, in line with that indicated by Hinch and Higham (2001, p. 55), who argue that the dependence of sports on the destination's physical resources must be taken into consideration, as well as the impact of sports tourism on the tourist landscape.

High-Performance Centres

A High-Performance Centre is 'an operational unit which combines a specific and diversified set of sports facilities and multidisciplinary support services, whose purpose is the improvement of sports performance, providing high performance athletes or those who are part of national teams with adequate conditions for sports preparation' (Marcolino & Baganha, 2011, p. 5). Its mission is primarily to meet the needs of sports federations and it aims to pursue objectives such as detecting and enhancing sports talent, enabling internships, evaluating, controlling and optimising training, scientific research and monitoring results (Fundação do Desporto, n.d.).

Böhlke and Robinson (2009, p. 81) argue that the results derived from the High-Performance Sports of a country are in line with the sports system of that

same country as well as appropriate to its specific reality. This is because a top sports model can only be defined with the presence of infrastructures and processes to identify, develop and train athletes for international sports success.

The European Charter for Sport (Conselho da Europa, 1992, p. 7), mentions that 'since the practice of sport depends in part on the number and diversity of facilities and on their accessibility, it is up to public authorities to make their overall implementation, taking into account national, regional and local requirements, as well as existing public, private and commercial facilities.' Infrastructure investment and critical consideration of civic investment in sports facilities will continue to be important (Scherer & Sam, 2008). To achieve the differentiation of the national tourist supply, investment has been made in the creation of specialised infrastructures with excellent conditions for the practice of sports for segments of High-Performance Sport.

The existence of High-Performance Sports Centres, with recognised quality, is associated with international travel and stays. The implementation of sports events in national territory attracts participants, but also tourists who are fans of the sport in question. This leads to a flow of people derived from sports tourism. Dwyer et al. (2000, p. 185) consider that the intangible economic impacts are the long-term promotional benefits, such as awareness of the destination and the creation of a positive image. The presence of High-Performance Sports Centres, associated with sports systems of recognised quality, motivates trips and stays of international segments, whether for the implementation of sports internships, aiming at the maintenance and/or improvement of their performances, or for the competition inherent to the participation in sports events. Sports events have been widely used as a strategic tool for the economic development of cities and regions (Jones, 2005; Ritchie et al., 2009; Ziakas & Costa, 2011).

Methodology

This research has as its main objective to understand the importance of sports tourism and High-Performance Centres for the growth and development of

tourism in destinations. To this end, a qualitative methodology was developed, structured in the following stages: (1) A literature review was carried out based on the importance of sports tourism in the development and growth of tourism in destinations and its future implications. The development of the empirical part was based on (2) a characterisation of the High-Performance Sports Centres in Portugal, and (3) a SWOT analysis and a TOWS analysis of this type of product and the existing infrastructures in the Central Region of Portugal. Furthermore (4) six interviews were carried out with the managers of the High-Performance Centres of the Central Region of Portugal.

Analysis of High-Performance Centres in Portugal Geographical Distribution

In Portugal, there are 14 High-Performance Centres, distributed from the North to the South of the country. There are already sixteen sports disciplines in High-Performance within the national High-Performance Centres: Athletics; Badminton; Canoeing; Cycling; Equestrian sports; Fencing; Gymnastics; Judo; Swimming; Modern Pentathlon Rowing; Surfing; Taekwondo; Tennis; Table tennis and Triathlon. Six of the 14 High-Performance Centres in Portugal are located in the Central Region, which shows that the region is committed to developing infrastructures that enable sports to be played at the highest level.

swot Analysis

A SWOT analysis was conducted and is presented in Table 2. The main strengths of the High-Performance Centres in Portugal are the infrastructures and equipment; the variety of the offer, as they cover different sports; and the country's capacity, in terms of hospitality and safety, which allows for attracting various markets. Regarding the weak points, we can highlight: the difficulty in internationalisation of the High-Performance Centres, which is described in several aspects, from communication to the lack of knowledge about them; and the outdated infrastructure. The opportunities are essentially related to the strong reputation of Portugal; the national achievements related to sport; and the growth of sports events and activities

held in Portugal, due to the country's strong capacity to host them. The threats are essentially related to competition from other High-Performance Centres at world level, with more modern infrastructures.

From the perspective of the High-Performance Centres, with the aim to understand the importance they consider to have in the development of the Central Region, several interviews were conducted with some of the directors/managers of High-Performance Centres of the Central Region of Portugal. The questions aimed at understanding the differences between the various High-Performance Centres in the region, but mainly to analyse their role in the development and growth of the territories.

In the Central Region, there seems to have been a positive evolution in terms of attractiveness given its growing prominence. However, there are still several markets where it is necessary to invest in the promotion of the destination. Thus, it is possible to conclude that this destination can still increase its attractiveness in several key-market segments, which will contribute in a positive way to the evolution of the Central Region's image and to the increase of its competitiveness. The capacity for innovation and differentiation of the supply of a tourist destination is crucial, since this differentiation is vital for the attractiveness of a given destination. A tourist destination must be able to innovate and differentiate its tourism products to attract other market segments to the destination and invest in an improvement of its tourism supply through differentiation. It is precisely through the importance of differentiation within the competitiveness of tourist destinations that the relevance of sport as a tourism product is highlighted since, as indicated by Ritchie and Crouch (2003), it can strengthen the tourism industry and increase the competitiveness of tourist destinations.

Discussion of Results

This section will analyse and discuss the questions the issues addressed in the interviews, based on the opinions of the managers of the High-Performance Centres regarding the importance of this type of equipment in attracting visitors, generating income, and increasing the competitiveness of the destinations.

Table 2 SWOT Analysis

<i>Strengths</i>	<i>Weaknesses</i>
<ul style="list-style-type: none"> • Infrastructures and equipment of the HPC Portugal Network; • Multidisciplinary of the joint offer resulting from the herd of the different High-Performance Centres of the HPC Portugal Network; • Complementarity resulting from the modalities offered by the different HPC Network Centres; • Existence of a leading organisation responsible for the joint promotion of all the High-Performance Centres in the HPC Portugal Network; • Geographical location of the HPCS; • Use of maritime and river resources with high added value for water sports; • Safety; • Hospitality; • Accessibility; • Presence of internationally renowned athletes based at the HPC Portugal Network HPCS. 	<ul style="list-style-type: none"> • Financial sustainability of the HPCS; • Low international awareness of the HPCS; • Reduced promotion and advertising of the HPC in external markets; • Lack of adequate marketing strategies to promote the national HPCS in foreign markets; • Little knowledge of foreign markets; • Heterogeneity of the supply of services directed towards High-Performance Sport; • Deteriorated or outdated equipment; • Scarce human resources with the necessary qualifications.
<i>Opportunities</i>	<i>Threats</i>
<ul style="list-style-type: none"> • Growing notoriety of the Portugal brand; • Portugal as a tourist destination of excellence; • Portugal's cultural links with various nations, namely the CPLP; • Socio-economic stability of the country; • Modern health systems; • Location – gateway to Europe and markets in South America and Africa; • Notoriety of national sport for having won the 2016 European Football Championship; • Possibility of integrating a large number of quality infrastructures and complementary equipment with potential for internationalisation; • Natural heritage of excellence; • Climatic conditions very propitious to the practice of sports; • High number of international sports events held in Portugal; • Availability of various support and/or complementary infrastructures to sports activities, of high quality, namely accommodation, restaurants and various services; • Growth of activities related to the sports economy; • Complementarity of sport with tourism activities. 	<ul style="list-style-type: none"> • International competition from strong and well-positioned markets; • European and global socio-economic instability; • Procedural and bureaucratic barriers to access international markets; • Rapid technological evolution, making national HPC infrastructures and equipment obsolete and outdated; • Difficulty in providing national HPCS with state-of-the-art equipment; • Building of HPCS in other countries, namely in the Mediterranean basin; • Instability in the development of the economy caused by adverse socio-economic conditions.

Importance of the HPCs for the Growth of the Sports Tourism Sector

The sports tourism sector is growing both worldwide and nationally. It is an increasingly visible sector both by the increase in the number of sports practitioners, and by the potential associated with the various aspects of tourism. The HPCS are recognised as fundamental to this growth, 'by providing periods of stay that usually extend beyond one night, [and] by

the need for services associated with these stays in the territories,' argues HPC 1. Allied to the practice of sports, there is also the mass of fans who, most of the time, seek in the regions the necessary services to be able to follow the sports activity. For the regions, this is an opportunity to attract new markets. This vision is also shared by HPC 2, which summarises it 'as the primary focus of attracting athletes and sports fans in general, being able to promote the

territory as a “sports tourism” destination’ throughout the year. In short, and sharing the idea of HPC 3, the quality service offered by HPCS ‘will be a factor of attraction of national and international tourists to the destination.’

The Increase in Demand for the HPC Associated with the Growth in Tourism

Although the growth of tourism boosts the demand for sports and specifically for the HPCS, there are some particularities when analysing the answers of the interviews. The individual characteristics of each HPC allow us to say that there is a growing interest in the use of these infrastructures. This fact, combined with the quality and specificity of the HPCS, allows HPC 2 to state that as it is ‘a facility with characteristics essentially devoted to high performance and, therefore, in full conditions for the practice of high-performance sport, there is currently a great demand from athletes.’ Similarly, it is clear that the level of demand of athletes is increasing and the facilities have to meet their requirements, which, according to HPC 3, is also related to the ‘wannabes (people who pay to have a certain lifestyle)’ that play a major role in the demand for HPCS.

However, HPC 1 has a different and quite interesting perspective, pointing out that the growth in demand for the HPC leads to the growth of tourism, arguing that ‘the growth of internationalisation of the HPC, related to the impulse of the digital connectivity era where the sharing of experiences and access to information are instantaneous, has triggered the demand for tourism in the areas surrounding these Sports Centres.’

Strategies for the Promotion of Sports Tourism, and in Particular the HPC

The need for support from public and private entities for the promotion of the HPCS is at the base of all the strategies suggested by the interviewed HPCS, either by ‘contributing in an organized way to an improvement of the existing supply,’ according to HPC 1, or by ‘responding to several modalities, where the distances between them are reduced, allowing the efficient management of the required technical resources,’

emphasises HPC 2. This lack of diversity of services is pointed out for improvement due to the impact it may have both in economic and social terms. From another point of view, HPC 3 mentions the need to ‘create specific legislation, which allows the regulation of teaching and practice of some modalities.’

Economic Impact of the HPC on the National and Regional Economy

The HPCS have a positive impact on the national and regional economy and, as stated by HPC 1 ‘the fact that most of the HPCS have been implemented in areas other than the large metropolitan centres, has increased their impact on the regions where they are located.’ It is clear that the implementation of events and competitions in these infrastructures allow for increasing ‘the flow of consumers of all kinds of services [...] benefiting local trade, but also generating opportunities for various service providers, individual or collective, which operate or consequently appeared in the region.’ Likewise, and as indicated by HPC 3, these infrastructures are ‘centres of job creation, [and] qualification of employees.’ In short, and referring to HPC 2, ‘with the internationalisation [...] in the national high-performance centres, it is possible to capture national and international internships and international sports events and, ultimately, to capture sports tourism.’

HPC’s Perspective: SWOT Analysis

With the analysis of the interviews, where each HPC responded individually, it is possible to verify that each one can identify its strengths, weaknesses, opportunities and threats. However, it is possible to find a similar factor in all of them: the natural features existing in each region where the HPC is located, are for all of them, a strength.

At the same time, they all see the growth in tourism demand as an opportunity, but on the other hand, HPC 3 mentions ‘more supply and with quality [...] is a threat for the HPCS.’ The weakness mentioned by HPC 1, the ‘lack of coordinated interdisciplinarity in decision making regarding the operation and service supply of the HPCS’ is in line with the need for specific legislation, mentioned above.

HPCs' Differentiating Factors

Each High-Performance Centre can clearly identify the factors that differentiate them within the tourism supply, either by their quality infrastructures, by the diversity of disciplines or by the fundamental natural resources for the practice of sports. However, common to all of them is the importance of the international recognition that the HPC has for attracting athletes. With a completely different supply, all the HPCs can identify that the international market brings them great visibility and translates into a tool to promote new markets. At the same time, the diversity of the supply is mentioned by HPC 1, which 'responds to five sports, all with different competitive calendars,' and also by HPC 3, which has 'a clear focus on other water sports, which has allowed [us] to diversify the supply.'

HPCs' Strategies for Constant Demand

A factor influencing demand is seasonality, and from the point of view of the HPCs, it is essential to come up with strategies that allow the infrastructure to operate all year round. The main strategies include promoting international training camps, promoting activities with local clubs, and attracting markets that do not have conditions for sports practice in certain times of the year.

Prospects and Strategies for Growing the Role of the HPC in Tourism

Finally, for the HPCs it is essential to implement some strategies that allow their development for local and regional tourism. These strategies include, according to HPC 1, 'combining stays in the centres with tourist itineraries that allow visitors to get to know the region in cultural, historical, gastronomic, and scenic terms.' There is a greater demand for complementary services to the stay in the HPC, which should also be used by municipalities to promote their tourism products. This promotion should also consider 'the development of promotional material and presence in newspapers and magazines of national and international relevance,' argues HPC 2. As previously mentioned, it would also be essential to invest in legislation capable of making entities cohesive. In the same way, the vision is unanimous that the HPCs should be open

to the local community, monitoring the growth of future high-performance athletes, from school sports onwards, as well as having the support of local entities for a greater diversity of supply. In conclusion, and making reference to HPC 3, 'HPCs should be considered as a partner and a player for municipalities and all local and national agents in the development of strategies for the sector.'

Considering the results obtained from the analysis of the interviews, a TOWS analysis was developed (Table 3), supported by the SWOT analysis, allowing us to construct strategies for the development of sports tourism in destinations.

Tourism seems to reveal itself as one of the sectors that presents a high level of potential in the destination under analysis, being considered a strategic sector in the region and even in the country, which reveals that it is seen as a key industry in territories. It is possible to see that tourism has a positive role in the Central Region in terms of employment and in improving the living conditions of the locals, contributing to increased employment in the region which, consequently, leads to an increase in per capita income and an improvement in the quality of life of the population. It is perceptible that there is already an evolution in this direction with an increase in the level of arrivals and income; however, it can be perceived that the region can further increase its competitiveness at this level, especially regarding tourism expenditure, and should rethink its strategy. Ritchie and Crouch (2003), in their study, address the issue of destination image in key market segments.

In the Central Region, there seems to have been a positive evolution in terms of attractiveness given its growing prominence. However, there are still several markets where it is necessary to invest in the promotion of the destination. Thus, it is possible to conclude that this destination can still increase its attractiveness in several key market segments, which will contribute positively to the evolution of the regions' image and to the increase of its competitiveness.

The ability to innovate and differentiate the supply of a tourist destination is crucial, since this differentiation is vital to the attractiveness of a given destination. A tourist destination must be able to innovate and

Table 3 TOWS Analysis

	<i>Strengths</i>	<i>Weaknesses</i>
<i>Opportunities</i>	<p>Maxi-maxi strategy</p> <ul style="list-style-type: none"> • Take advantage of the infrastructure of the HPCS to host sports events of great national impact; • Combine excellent natural conditions with the ability to generate value in water sports, through attraction strategies in these areas; • Taking advantage of the growth in tourism in Portugal, to stimulate the growth of activities related to sports tourism. 	<p>Maxi-mini strategy</p> <ul style="list-style-type: none"> • Associate the HPCS with the Portugal brand, for the international market; • Enhance tourism activities linked to the HPCS, to create better financial sustainability.
<i>Threats</i>	<p>Mini-maxi strategy</p> <ul style="list-style-type: none"> • Take advantage of the infrastructure capacity, hospitality, safety and accessibility of the HPCS to keep up with international competition; • Benefit from the existence of an organism responsible for the promotion of all the HPCS, to overcome the procedural and bureaucratic barriers to international markets. 	<p>Mini-mini strategy</p> <ul style="list-style-type: none"> • Invest in the promotion and dissemination of the HPC in external markets, through the construction of these in countries in the Mediterranean Basin; • To study knowledge of foreign markets by analysing the international competition of the HPCS; • Promote the financial sustainability of the HPC in order to empower national HPCS with state-of-the-art equipment.

differentiate its tourism products to attract other market segments to the destination and invest in an improvement of its tourism supply through differentiation. It is precisely through the importance of differentiation within the competitiveness of tourist destinations that the relevance of sport as a tourism product is highlighted since, as indicated by Ritchie and Crouch (2003), it could strengthen the tourism industry and increase the competitiveness of tourist destinations.

Main Conclusions

One of the major conclusions of this research shows that sports tourism can be a differentiating product that meets the new needs of the tourist demand that no longer wants only passive holidays, but active ones, seeking to be immersed in differentiated experiences during a trip. It is crucial that the tourism supply has information about the new visitor's profile, adapting its services to meet the tourist needs, namely in the sports supply, something that is already possible to be verified by the tourism supply in the sports area. In this sense, the importance that sports tourism has for the

tourism sector and for the competitiveness of tourist destinations is visible.

Thus, the supply of sports tourism has, in fact, been growing in the Central Region, which already has a specific supply of sports activities, with sport being seen as an important element in the region's tourism supply. However, it is important to focus on the organisation, development, and promotion of sports tourism and to increase the number of sports experiences and activities in the region, since although there is a sport offer in the Central Region, the number of sports experiences or activities offered is reduced. It is also relevant that the destination seeks to offer experiences to audiences of any age group, adapting its sports tourism offer and diversifying the types of sports offered to meet the needs of any visitor who seeks sport at the destination, either as the main motivation for visiting, or as a secondary one.

The growth of tourism stimulates the demand for the HPCS, and the development and investment in HPCS can also be a key factor for the growth of tourist destinations. This evidence should also serve as an in-

centive to municipalities to develop a strategy side by side with the High-Performance Centres, which aims not only to collaborate with the financing of infrastructures, but also with their promotion in the national and international market. With different strategies for different audiences, the High-Performance Centres need legislation that stimulates them to comply with fundamental requirements that, later, will be useful for planning new actions.

In an increasingly competitive market, both nationally and internationally, the High-Performance Centres in Portugal must pursue the technological advances of other countries and, for that, it is fundamental that they have the financial capacity. In economic terms, it will be more profitable if all the local entities cooperate in planning strategies for the HPCs. At the same time, with economic growth, these infrastructures will be able to compete with international markets by investing in high quality materials and innovation. Considering the growth of the sports sector, it becomes preponderant that Portugal, and more specifically the Central Region, invests in the development of infrastructure and then in hosting events/competitions that promote sport because it is a sector that attracts many participants and spectators.

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Inspiring Breathwork Retreats in the Post-COVID-19 Period

Milan Hosta


*University of Primorska, Slovenia
milan.hosta@fvz.upr.si*

Matej Plevnik

*University of Primorska, Slovenia
matej.plevnik@fvz.upr.si*

The impact of the global tourist lockdown due to the pandemic dimensions of COVID-19 in 2020 and the beginning of 2021 has shaken the industry to its core. The industry of mass tourism has certainly suffered a great knockout, a kind of acute respiratory constriction, a functional collapse that on an organic level would appear as coughing, wheezing, shortness of breath, tiredness, a life-threatening difficulty in breathing. In this paper, we used the concept of hyperventilation as understood by medicine to seek an organic understanding of the crisis that has hit tourist services. The study used a qualitative research technique, namely the single case study of a healthy man at the age of 51, who was going through a health-enhancing breathing protocol. The conclusions were derived based on inductive reasoning. The pattern and results of expected organic changes due to the breathing protocol were transferred by analogy to the institutionalized level of tourism. Since we focused on changes and patterns to be reflected organically, the detailed symptoms or initial disbalance of the individual in the case study were irrelevant for our conclusions. Physiologically, hyperventilation in humans results in tissue hypoxia, meaning that less oxygen is delivered to cells. Similar logic can be transferred to hyperinflated mass tourism booming in recent years, negatively impacting the indigenous social and natural environment. The results of the expert-based and scientifically justified 5-week breathing interventions are presented via a case study. The improvement of major factors and qualitative interpretation from the subject itself has provided us with sufficient outcomes that can be used (1) in designing preventive and post-COVID health regenerative retreats as tourist products and (2) as a model to support the tourism industry with an understanding of sustainable niche-market solutions.

Keywords: innovative tourism, preventive retreats, wellness, breathing programme, motivation, COVID-19

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Introduction

The global tourism industry is probably one of the hardest-hit industries with regard to the effect of the COVID-19 pandemic. In a sense, the whole pandemic

is breath-taking. It has literally taken the vital breath away from crowded cities, beaches, lakes, historic sites, and other tourist destinations. But before jumping to catastrophic conclusions regarding tourism and

tourism-related industries, we are hereby offering an organic perception and interpretation of the situation. The purpose of our exploration is (1) to regard the crisis in terms of an opportunity for a contemplative introspection of the tourism industry, (2) to reframe the business-centred narrative from the organic perspective with the support of a case study, and (3) to provide arguments for sustainable and niche-market health-related tourist services. The industry of mass tourism has certainly suffered a great knockout, a kind of acute respiratory constriction, a functional collapse that on an organic level would appear as coughing, wheezing, shortness of breath, tiredness, or a life-threatening difficulty in breathing.

Tourism is a dynamic and fluid system, which positively contributes to the quality of life of the travelling population. Research suggests that too much interaction with tourism may reduce hosts' quality of life. At the same time residents' quality of life is an essential aspect of sustainable tourism development (Juvan et al., 2021). The recent policy brief from the United Nations World Tourism Organization (UNWTO) provides the following statements regarding the huge economic impact of COVID-19 on tourism (UNWTO, n.d.):

- Tourism is one of the world's major economic sectors. It is the third largest export category (after fuels and chemicals) and in 2019, it accounted for 7% of the global trade.
- For some countries, it can represent over 20% of their gross domestic product (GDP).
- Tourism is one of the sectors most affected by the COVID-19 pandemic, which impacts economies, livelihoods, public services and opportunities on all continents. All parts of its vast value chain have been affected.
- Export revenues from tourism could fall by \$910 billion to \$1.2 trillion in 2021. This will have a wider impact and could reduce the global GDP by 1.5% to 2.8%.
- Tourism supports one in 10 jobs and provides livelihoods for several millions more in both the developing and the developed economies. Over 100 million jobs directly related to tourism are at risk.

- In some Small Island Developing States (SIDS), tourism accounts for as much as 80% of exports, while it also represents important shares of national economies in both the developed and the developing countries.

Since there is no doubt that tourism was estimated to generate 7% of global trade in 2019, and in some countries up to 20%, with the COVID-19 pandemic, we are dealing with a huge constriction of the system. The collapse in international travel represents an estimated loss of \$1.3 trillion in export revenues – more than 11 times the loss recorded during the 2009 global economic crisis (UNWTO, n.d.).

Economic Impact of COVID-19 on Tourism

At the moment, the total 2020 economic impact is not yet available. There are several reliable umbrella sources (UNWTO, n.d.; OECD, 2020) that have partial data already at hand and have issued relatively reliable forecasts. However, the final evaluation is not decisive for our research. The sole fact of lockdowns globally and the obvious impact that this has on tourism is an argument good enough to build our discourse on solid foundations.

The report from Tourism Economics (Trimble et al., 2020) estimated that the global pandemic devastated city tourism, with global city arrivals forecast to have declined by 58% in 2020, equivalent to the loss of 373 million visitor arrivals for the 309 cities covered in their global cities travel service. Most European governments have taken a proactive approach in encouraging tourism, easing international travel restrictions and encouraging domestic travel. However, COVID-19 continues to engulf the EU region, with travel restrictions changing continuously and, often, with little notice. This fluctuation dampens the tourist sentiment and endangers the travel recovery. International visitor arrivals to European cities will not exceed 2019 levels again until 2024, while domestic visitor arrivals will only reach 2019 levels by 2023 (Trimble et al., 2021).

Škare et al. (2021) suggest policy-makers and practitioners in the tourism industry need to gain knowledge of the impact of the pandemic crisis on the tourism industry and the economy. Therefore, an important part of the economic strategy is to protect produc-

tive capacity and use economic production capacity to the fullest extent as soon as the virus has diminished.

However, besides the pandemic's impact on the economy, there is consequentially also growing anxiety arising from the fear of the infectious disease spreading while travelling. The research also shows that COVID-19 risk perception per se influences typical forms of vacation behaviour, but this risk also leads to the development of travel anxiety, which additionally influences only some forms of vacation behaviour (Bratić et al., 2021; Turnšek et al., 2021).

Organic Interpretation of the Crisis

A crisis is always also an opportunity to rethink the tourism industry and its impact due to the exploitation of natural and cultural resources: an opportunity to reframe the issues at hand and come up with inclusive and resilient solutions. The breath-taking dimensions of sudden changes in tourism, such as lockdown and restrictions in travelling globally and locally are pushing us towards metaphoric thinking that might shed new light on compassionate understanding of the situation. In this regard, we can compare the tourism sector to an organ within a living organism (society), an entity with its own characteristics that collaborates with other entities/business sectors (different organs), which form a bigger, more complex organic whole, namely an organism (society).

In his 1653 *Lectures on the Whole of Anatomy*, William Harvey, the famous British physiologist, stated simply but profoundly: 'Life and respiration are complementary. There is nothing living which does not breathe nor anything breathing which does not live' (Stephen, 2021). It is obvious that this crisis took the vital and fully blooming tourist breath away, and many stakeholders are at the edge of survival due to lack of 'oxygen.' In organic terms, we refer to this as a constriction due to prior hyperventilation. Hyperventilation is an example of an extreme breathing pattern alteration that may be acute or chronic. The first description of hyperventilation in Western medical literature dates back to the American Civil War when a surgeon published a paper where he described the reasons for cardiac disorders among 300 soldiers who suffered breathlessness, dizziness, palpitations, chest

pain, headache and disturbed sleep. However, at that time they had not yet identified hyperventilation as the primary cause. The term *hyperventilation syndrome* was introduced later in 1937 and provided the physiological rationale to explain the findings of cardiac disorders from the surgeons' report (Chaitow et al., 2014).

Hyperventilation is today understood as the ill pattern of breathing, which is defined as breathing in excess of metabolic requirements, reducing carbon dioxide concentration of the blood to below normal. This causes an alteration in the body's pH, increasing alkalinity, and thereby triggering a variety of adaptive changes. One of the major changes is hypoxia, a reduced supply of oxygen to the tissues of the body below healthy physiological levels, despite adequate perfusion of the tissue by blood (Chaitow et al., 2014; Aliverti & Pedotti, 2014). The other major change is hypoventilation as compensation for inadequate gas exchange due to hyperventilation. In extreme form, hypoventilation is commonly associated with morbid obesity, and as a sleep or spontaneous acute apnea.

Translating these physiological laws onto socio-economic dynamics would mean that when the system is consuming more than needed to maintain the basic life-maintaining functions in order to make and accumulate bigger profit or is in a constant competitive battle-like mode, there will be a turning point which resembles the Bohr effect in breathing physiology. The system will shut down, collapse or, to a proportional degree, limit its major functions in order to compensate for the loss of balance due to low values of basic production units (cells). In short, we can draw a parallel as follows: when a person (organism) is greedy and is gasping for more and more oxygen in the air, but not sharing this with their inner world on a cellular level, the cells will either give up or stand up for their needs and call the immune system to protect their 'natural rights.' The immune system, as a 'court of justice,' will cause constriction of blood vessels (felt as a high blood pressure) or airways in lungs (felt as asthma) to stop the person from 'committing a crime.' In these terms, lockdown appears as an immune response due to the hyperventilation of the tourism industry, which was already showing signs of devastating natural and cul-

tural resources due to mass exploitation. We believe that such organic thinking and use of the language of physiology can provide us with great insights and opportunities for creative solutions that are already available with this reframing of the crisis. Following this analogy, we could for instance think in the proposed terms: person/body/organism = society, organs = different business sectors (one of them is tourism), air = goods, oxygen = money, cells = people, immune system = court of justice, hyperventilation = hyperinflation.

There is a strong historic background on the value of conscious breathing, a vast amount of research and an international body of knowledge that shows the health benefits of breathing-related protocols in terms of exercise and therapy. In 2016, Anselm Doll and his colleagues showed that this attention focus eases stress and negative emotions, in particular by activating the dorsomedial prefrontal cortex, a regulatory area of the brain, and by reducing activity in the amygdala (Doll et al., 2016). Doria et al. (2015) offered 10 training sessions of two hours each, spread across two weeks, to 69 patients with anxiety or depressive disorders. The training included a varied set of breathing techniques (such as abdominal breathing, acceleration and deceleration of rhythm, and alternate nostril breathing), combined with some yoga stretches. The researchers observed a significant (*p*-level) decrease in symptoms at the end of the protocol. Even better, improvement was maintained two and six months later, with follow-up sessions just once a week and some home practice during this period.

In this paper, the concept of hyperventilation as understood by medicine and physiology will be used to seek an organic understanding of the crisis that has hit tourist services. We will draw the conclusions from a single case study of a person who is going through a health-enhancing breathing protocol and transfer it by the analogy to the institutionalized level of tourism to show the similarities in the pattern of change. Physiologically, hyperventilation results in tissue hypoxia which means less oxygen delivered to cells. Similar logic can be seen with hyperinflated mass tourism booming in recent years, and negatively impacting the indigenous social and natural environment. Re-

garding the research available, our main claim is not based on a single case study that we are presenting, but on the understanding of the rationale of change that can be organically proven and used as an insight into new niche opportunities for tourist services in the post COVID-19 period. Therefore, it is the aim of this paper to emphasize the possibilities of designing preventive and post COVID-19 health-regenerative retreats as tourist products using a case study methodology and reasoning by the analogy.

Methods

In order to achieve the purpose of the study, we used a case study methodology, which is the ideal methodology when a holistic, in-depth investigation is expected and needed. On the other hand, case studies are designed to bring out the details from the viewpoint of the participants by using multiple sources of data (Baxter & Jack, 2008; Crowe et al., 2011; Tellis, 1997; Rashid et al., 2019). However, the case presented here is not directly related to the COVID-19 disease, which might be considered as a flawed attempt to support our thesis. To date, there have been no relevant cases that would enable us to research the direct impact of the Buteyko-method-based breathing rehabilitation on individuals with a history of COVID-19. However, the case of a former athlete presented here is of special value as well, since we might speculate that the benefits of the protocol that the subject gained over the intervention period, though he was initially healthy and physically fit above average, are indeed reported as impressive in terms of subjective change. Considering the relative importance of such interventions in relation to health and especially post-COVID-19-related tourist services, we are also including a patient report published in *BMJ Practice Pointer* by Greenhalgh et al. (2020).

Participant

The participant, a man aged 51, who performed a 5-week Integral Breathing programme in October and November 2020 was a former top athlete, biathlete, multiple Olympian, serviceman, coach and more. Other anthropometric data are irrelevant for the process and objective of this paper. During the years fol-

lowing the end of his sports career, he continued and persisted with a sporting lifestyle. He still engages in various endurance and long-distance sports such as running, cross-country skiing, mountaineering and road cycling, as well as some adrenaline sports like freeriding, wind-surfing, sailing and more. Prior to the study, he did not have any breathing problems, nor was he snoring. However, he was well aware of the benefits he might gain from the designed breathwork regime and was motivated to dedicate himself to it on a daily basis.

An informed consent on expected outcomes, limitations and potential risks was signed prior to the intervention. Regarding the research objectives, the personal athletic history of the subject is not of relevant importance, since we are aiming to show relative improvements induced by the protocol. However, since the subject was already in good health, the observed changes are even more encouraging and would probably be of higher degree with less fit post-COVID-19 individuals. This hypothesis is yet to be proven, of course, and further research is needed (Planinc et al., 2021).

Intervention Protocol and Study Design

The intervention that was proposed to the participant and that he agreed to follow for 5 weeks was part of the integral breathing training programme for breathing practitioners designed by the leading author of this article. The duration of the intervention is arbitrary but, based on the experiences from 20 years of practical breathwork teaching, the 5-week protocol has proved to be a safe period to show meaningful and tangible changes experienced by the subject performing the protocol. According to Baxter and Jack (2008), we hereby focus on the descriptive and intrinsic value of the case study, and its interpretative (Crowe et al., 2011) potentials to serve our objective. The leading author of this article has been doing breathwork sessions and breathing therapies for 20 years. One of the most common and successful methods of hyperventilation syndrome treatment is the Buteyko method, stemming from Russia in the mid-20th century and named after Dr. Konstantin Buteyko. This method, with scientifically proven results, is now largely accepted as an ef-

ficient complementary and self-treatment respiratory therapy to treat many inflammatory diseases arising from hyperventilation syndrome (McKeown, 2015).

The entire programme involved 20–30 minutes of breathing routine, 10–15 minutes of meditation and a 30–60 second cold shower every day for 5 weeks. The breathing routine used in this case was designed according to the subjective needs and preferences of the participant, namely to support his fitness. The breathing techniques were carefully chosen according to well-researched benefits. The first technique was the traditional Buteyko's breathing method (Bruton & Lewith, 2005), which basically comes down to very slow and small-in-volume breathing ('slow and low'), which is also known as 'reduced' breathing. The benefits of such a breathing regime are: (i) better tolerance to high CO₂ in lungs and blood, (ii) better tissue oxygenation, and (iii) higher vagal nerve tone which is a sign of an active parasympathetic autonomic nervous system (McKeown, 2015). The second breathing technique is often used by free divers to raise the capacity of blood to carry oxygen or by athletes to simulate high-altitude training. Apnea, breath holding, was introduced as the second technique (Elia et al., 2021).

In the initial phase, we explained to the participant the benefits of conscious breathing with a certain breathing pace (Table 1) using both techniques, and the important role of carbon dioxide (CO₂) and nitric oxide (NO) for good health. The aim of the intervention was to enable a better breathing pattern in everyday life and in sports activities, and consequentially to gain benefits from the possible qualitative changes and subjective feelings as narratively reported and recorded daily by the subject in his notes. Regarding meditation, the participant had his own 10–15-minute routine of calm sitting and breathing and observing inner feelings with no judgment or the need of intervention to change them. The cold shower routine included a minimum of 30 seconds and a maximum of 60 seconds (Buijze et al., 2016) with calm nose breathing standing under the shower.

To summarize, the intervention included 'slow and low' Buteyko breathing (15 minutes daily), maximum inhalation and exhalation retention (3–5 apnea repetitions daily), meditation, and a cold shower. The

Table 1 Breathing Pace

Day	Breathing pace		
	Inhalation	Exhalation	Breath hold after exhale
1–5	2	3	1
6–10	4	5	1
11–15	5	6	3
16–36	7	8	3

Notes In seconds.

subject was taking notes on (1) the pace of 'slow and low' breathing, (2) the pre-exercise breath hold time (known as 'control pause' in the Buteyko breathing method), and (3) subjective feelings and the assessment of the impact due to intervention.

Results and Discussion

In the beginning of the intervention breathing programme, the participant reported that he found it difficult to follow the 'slow and low' breathing routine for 15 minutes. He felt anxious and uncomfortable, especially in terms of feeling out of breath. Based on this initial feedback, we agreed to the principle of graduation, despite the fact that the participant already had experience with lower oxygen levels at high altitudes and the feeling of air hunger was not strange to him. Therefore, we started with the shortest possible breathing pace where he still felt comfortable, then gradually reducing the volume and/or extending the breathing cycle as the felt sense allowed as shown in Table 1, meaning 10 breaths per minute at the start of the regime, and 3.3 per minute starting on day 16. We also paid special attention to the daily cold shower routine because the reactions were initially expressed in the form of a shock (increased mouth breathing, discomfort, and aversion). Thus, we agreed that the procedure should start with warm water and then gradually turn into cold, starting with cold water at the feet, moving to the arms, torso and finally the head as well.

After a week of daily sessions, the client reported the first obvious changes regarding better sleep and reported that in the morning after the session, he

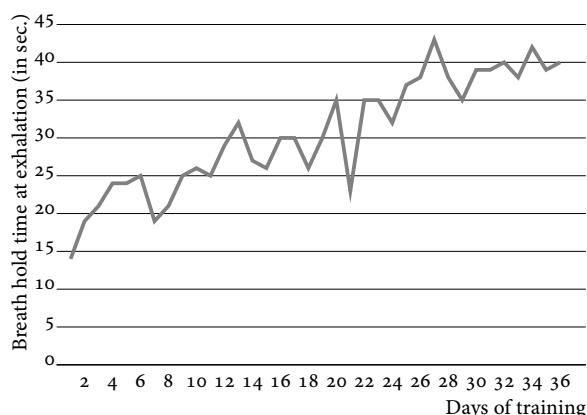


Figure 1 The Results of Pre-Exercise Control Pause Test

was feeling light and remained playful throughout the workday. Because he trained regularly over the period of intervention, subjectively by the felt sense, lactic acid most likely appeared in smaller amounts, and the body's regeneration was faster, as reported by the subject in the notes. The desire for hydration was greater and digestion was also better. Showering with cold water was no longer a problem after day 5. Further into the intervention, the participant reported that he had less desire for sweet products. He reported higher calmness and good focus throughout the workday. During the conversation, the client reported that cognition was clearer, the visual channel of communication was sharpened (he estimated situations better, read people faster, recognized 'fake behaviour' faster, etc.) and his intuition improved. He also reported that regular meditation induced new ideas and good thoughts, and he even noticed a better sense of humour, but did not know the reason why this occurred. Since this was reported during conversations, and might bring some anecdotal value to the transformation, we cannot draw any conclusions upon these very subjective impressions. Regarding the apnea or breathing retention training, the participant reported that his endurance trainings are much more effective this way, he does not feel as tired as usual, and that he can do longer workouts. However, the results of the daily pre-exercise 'control pause' test noticeably improved (Figure 1).

In general, after 5 weeks of daily routine, the par-

participant concluded that during his routine training, he felt more confident, his breathing pattern changed in a manner that his mouth was closed during a slow and moderate running or cycling pace, and his resting respiratory rate also included a natural pause after the exhalation. During daily work activities, the habituation of nose breathing was obvious. In conclusion, he was very satisfied with the impact of the intervention on his physiological and psychological performance resulting also in a better emotional condition and overall well-being.

The participant in this case study was a former top biathlon athlete, a healthy 51-year-old adult with an ambition to improve his athletic performance due to the promised positive effects of following the breathing-meditative-cold-shower regime (intervention protocol). The 5-week protocol included the following interventions daily: pre-exercise breath hold ('control pause') test, 15 minutes of slow and low volume breathing to the limits of feeling air hunger, 6 times repetitive apnea (breath holding), meditation and a cold shower. After three weeks, the participant reported the first tangible changes: sleeping better at night and experiencing a better flow state and playfulness in the morning after the breathwork as well as throughout the working day. Since the subject still trained regularly, the body's regeneration (subjective qualitative assessment) was enhanced over a period of four weeks of the intervention protocol. The desire for hydration became clearer and the digestion was also better. The participant found that the endurance training, which included prior proper breathwork, was much more effective; it did not feel so tiring, and the participant could do longer sessions. It was also observed by the subject and noted in daily narrative reports that his breathing pattern changed in the final part of the 5-week protocol. During exercise, the mouth was closed at a slow and moderate pace, and during sleep, the respiratory pattern also included a spontaneous pause after exhalation. During daily work activities, he held his mouth closed more often than before, and if he ran out of energy, he started doing Buteyko breathing exercises.

For the purpose of contextualization and further inductive reasoning, we are hereby also presenting a

COVID-19-related patient's account which was published in *BMJ Practice Pointer* by Greenhalgh et al. (2020).

A Patient's Account

40-year-old man, who was previously fit

Exercise, which I do a fair amount, was not at all possible. [...] My chest was painfully tight, and my breathing was slightly erratic; I began to experience shortness of breath in random waves that didn't leave me gasping for air but certainly made me uncomfortable and very worried. My glands were swollen to the point that it was physically challenging to swallow, and this was only possible with severe discomfort. I felt physically exhausted, mentally drained, and, for the first time in my life, began to consider asking for additional help. [...] As far as recovery goes, it has now taken a full seven to eight weeks to start feeling close to my normal self again. In the aftermath of this, I have continued to experience the following: fatigued to the point of having to sleep during day, inability to exercise, continued shortness of breath both motionless and when exerting, small waves of anxiety, considerable depression, continued loss of smell. These are all post-symptoms that I have had no experience or medical history with, and so it has been difficult to wrestle with the unexpectedness of them.

Learning and Empowerment via Breathwork Retreats: Opportunities in Tourism after the COVID-19 Pandemic Period

Since global policy recommendations regarding more resilient sustainable tourism have already been launched by economic (OECD) and tourism-related (UNWTO) umbrella organizations, we believe that besides tackling the challenges of a negative economic impact, the industry should also relate to a crisis as an opportunity to develop new products and services. That is why we believe that a rather unusual attempt shown as a case study in our research might show exactly the point that is relevant in both directions: (1) how to organically understand the pathologies of mass tourism, and

(2) where to look for resilience and sustainability. Below is the résumé of our intervention that will lead us to a discussion and implications for further suggestions regarding niche-market-oriented health services in post-COVID times.

Now that we have to a sufficient degree reframed our original tourist crisis onto an organic level, the breathing therapy used in cases of hyperventilation and in supporting individuals as presented in this case study might show us a way forward and one of the possibilities for a healthy and resilient future in the tourism sector. There are further research attempts and arguments (Korstanje, 2021; Gibson, 2021) that are challenging resilient and sustainable tourism in the post-COVID-19 era and are compatible with our thesis.

Regarding breathing, to frame our interpretation, a certain degree of breathlessness is apparently common after acute COVID-19. Severe breathlessness, which is rare in patients who are not hospitalized, may require urgent referral. Breathlessness tends to improve with breathing exercises (Greenhalgh et al., 2020). Many patients are still recovering spontaneously in the first six weeks after acute COVID-19 and do not generally require fast-track entry into a pulmonary rehabilitation programme. Those who have had significant respiratory illness may benefit from pulmonary rehabilitation, defined as 'a multidisciplinary intervention based on personalized evaluation and treatment which includes, but is not limited to exercise training, education, and behavioural modification designed to improve the physical and psychological condition of people with respiratory disease' (Brice, 2018; Barker-Davies et al., 2020). There is a vast amount of research that shows success in the treatment of chronic or acute stress hyperventilation via such protocols as presented above (McKeown, 2015).

Thus, if our organic interpretation and transfer of understanding of the breathing of the human being onto the 'breathing' of the tourism industry 'holds water,' then we are witnessing the lockdown as a bronchoconstriction. With narrative support of the observed and documented positive changes of the subject and science behind it, we can propose a pathway towards sustainable tourism that should not fall into

a trap of hyper-production, overcrowded sights, and the destruction of cultural and natural resources.

The growing awareness of personal responsibility for health and a clean environment has been a by-product of the COVID-19 pandemic and the consequential lockdown. The tourist services should take advantage of this and the industry should rethink and regenerate its agenda towards autopoietic capabilities. Healthcare quality innovation will certainly play an important role in building resilient and sustainable tourist services. So, this period, even though the industry is suffering, offers a great opportunity to design health-enhancing and regeneration-related retreats with similar healthcare protocols as described in our case study.

As an outline of the health-enhancing retreat programme based on our case study, we would propose to design a focused breathwork-related intervention within the holistically framed service that includes the following options: (i) bio-certified food and herbs (Chauhan et al., 2021) from local farmers, (ii) daily guided breathwork regime including the Buteyko method and yogic pranayama techniques, (iii) light to medium daily physical activity, and iv) social events and tours to honour natural resources and cultural heritage. We are already witnessing the COVID-19-related tourism and rehabilitation programmes. For example, the Thermana Spa (Laško, Slovenia; www.thermana.si) is offering a 6- or 11-day post-COVID-19 rehabilitation programme that includes the following treatments: physiotherapy, classical massage, salt room therapy, herbal therapy, acupuncture, and swimming.¹ The main objective of such programmes is to raise awareness of embodied experience and the socio-economic network that relies on natural resources, which should be carefully managed. The shift from mass tourism with huge investments towards localized co-natural and boutique-like health enhancing services has in our estimation a great perspective in bringing people from cities back to the rural environment. This reasoning is also aligned with the notion of 'healing tourism' expressed and justified by Siying et al. (2021), which

¹ <https://www.thermana.si/en/packages-offers/strengthen-your-health-after-covid-19>.

we also find appropriate for our suggestions. There is a body of knowledge and a vast amount of research in the domain of health, tourism, sport and recreation, kinesiology, and related disciplines claiming the benefits of outdoor and physically active tourism with close connection and intentional exposure to natural elements (water, sun, air, forest, etc.) and its positive impact on health. Recently, Buckley and Westaway (2020) published a review that showed the powerful positive impact of outdoor tourism on the well-being of women and families in COVID-19 recovery.

The ongoing COVID-19 pandemic has also influenced predefined health and wellness philosophies. This paper may help advance the recovery of health and wellness tourist destinations, promote renewed services, and encourage health and natural healing practitioners to cooperate closely with the tourism infrastructure. There is a need to revitalize the underperforming elements of health and wellness tourist destinations during COVID-19 and have further crisis management and recovery strategies in place.

Conclusive Thoughts

The organic shock due to the global lockdown has shed light on the tourism industry as never before. The realization of the natural recovery potentials became even more obvious as the sights of mass tourism were freed from crowds and a huge environmental burden. Since there was a huge deprivation of consumers, which can organically be illustrated as oxygen, the system went through a 'hypoxia' and related compensations. But the important lesson here should not be overlooked. The constriction in the organic language, or the lockdown in institutional terms, is the result of acute or chronic hyperventilation, and this leads to slowing down the breathing frequency and volume.

We believe that this comparison provides a good rationale to consider the importance of sustainable and in-depth tourism regeneration, meaning that the sole consumerism of tourist services without a meaningful and added value for the host and guest itself will not bring anything good to the cultural and natural environment. As Majeed and Ramkissoon (2021) conclude, a deeper understanding of people's perceptions

of their physical and psychological needs in times of crises and disasters is essential. This may help advance the recovery of health and wellness tourist destinations, promote place attachment, and encourage re-visitation.

The current trends in health-enhancing, preventive, regenerative and rejuvenating services due to the raised health-awareness effects of the pandemic provide a fertile soil for the breathwork and somatic-based retreats, rural and spa tourism (Pinos & Shaw, 2021) closely related to natural settings and landscape. The service industry of breathwork-based interventions is gaining momentum due to the awareness raised because of COVID-19 threats and its direct impact on lungs and related breathing difficulties. Again, we are well aware of important limitations of our case study due to a single subject in terms of justifying the breathwork intervention. However, this was not our goal, and for the purpose of analogy to bring an understanding that is more organic into the industry itself, we believe the message is well delivered and justified. The research in future should certainly consider and analyse a variety of post-COVID rehabilitation programmes with a larger sample of subjects and its success from a health perspective and from an economically sustainable viewpoint. Secondly, the article will also serve as a canvas for further explorations and contextualization in order to support the efforts of the industry to realign its trends to the service of humanity and nature as joint venture.

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Sport-Tourism Running Events in the Post-COVID-19 World: Any Sign of Change?

Ana Chersulich Tomino

University of Rijeka, Croatia
kersulica@gmail.com

Marko Perić

University of Rijeka, Croatia
markop@fthm.hr

The COVID-19 pandemic has led to significant restrictions on sports and the sport-tourism event industry. Consequently, event organisers must consider and implement new safety strategies to protect event attendees. This empirical study focuses on active runners and their intention to attend future running events following the COVID-19 crisis, and the perception of how important they find some of the non-pharmaceutical safety-related protective measures when attending sporting events (e.g. limited number of people, prescribed minimum distance, no-contact payment etc.). To collect data, a survey questionnaire was conducted in February 2021 among the running community in Croatia. Besides descriptive statistics, ANOVA and *t*-test were employed to test whether statistically significant differences exist in the perception of safety protective measures among participants depending on their motivation and the type of running event. Respondents are very impatient regarding events and it seems they do not perceive the safety protective measures as very important. The majority of respondents plan to attend one-day races in their home country within a few weeks and they are mostly motivated by competition and improvement of racing skills, socializing and fun. The type of motivation and the type of running event are not found to have a major influence on the perception of safety protective measures. Even though running is an outdoor sport, safety protective measures might be a challenge for event organizers in the future. Revealing the runners' intentions to visit running events and their attitudes towards safety protective measures, this study could shape event organizers' future managerial and security strategies.

Keywords: sport-tourism events, running, COVID-19, safety-related protective measures



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Introduction

Event tourism (culture, sporting and business-related events) has become a rapidly expanding segment of the leisure travel market in the last decades (Alexandris & Kaplanidou, 2014; Getz & Page, 2016; Maditi-

nos et al., 2021; Shifflet & Bhatia, 1999). The connection between sport and tourism is not new, and scholars have considered the rise of sporting events as one of the most significant components of event tourism and one of the most extensive elements of sporting

tourism (Getz, 1998; Gibson, 1998). The growing use of sporting events is an attempt to expand economic development opportunities and achieve tourism growth (Zhang & Park, 2015).

Given the contemporary circumstances, one of the earliest signals of the severity of the spread of the COVID-19 virus in countries was the swift cancellation or postponement of many highly prominent local, national or international amateur and professional sporting events (Borovcanin et al., 2020; Cooper & Alderman, 2020; Perić et al., 2021). The cancellation of such events due to the COVID-19 pandemic was to protect the health and safety of individuals and communities; but it resulted in economic loss in tourism revenue for local economies and deprived traveller-fans (Cooper & Alderman, 2020). Travel and tourism is among the most affected sectors with airplanes on the ground, hotels closed and travel restrictions put in place in virtually all countries around the world (Lapointe, 2020; Turnšek et al., 2020; UNWTO, n.d.). Sport participation, business activity and related travel have thus been significantly affected (Gössling et al., 2020).

Still, the sport events industry is a big business (ATM Team, 2017; UNWTO, n.d.; Weed, 2020) and in order to minimize the listed losses, organizers attempted to re-arrange the events while waiting for the population to be fully vaccinated. Many sporting events and professional leagues made plans to resume competition and bring attendees back to events, and some of them have already resumed (with or without a limited number of spectators inside the venue) with significant changes in the experience (DiFiori et al., 2020). Certain safety aspects such as technical features, security checks at entry and the presence of medical staff are common practice in the case of sporting events (Kaplanidou & Vogt, 2010; Pickering et al., 2010; Perić et al., 2019). However, in the light of COVID-19 and uncertainty about vaccination success and validity, some additional safety measures should be considered. For instance, non-pharmaceutical protective measures such as temperature checks for competitors, staff and spectators, no-contact payment for all services, prescribed minimum distance between spectators, limited food and beverage offer and limited

number of visitors in common places were considered (Perić et al., 2021).

When it comes to predicting future participation, some recent studies show that people are eager to participate in sport (and) tourism activities (Hemmons-bey et al., 2021), but not all participants share the same motivations to attend and attitudes towards safety protective measures might differ (Perić et al., 2019; 2021). It is assumed that outdoor competitions will resume faster than indoor, and this is especially true for competitions held in nature, that is, outside the stadiums. Given this, running events, which are very popular all over the world (Lee et al., 2017; Nowak, 2015; Zach et al., 2017; Scheer et al., 2020), might be a reasonable option to start with. Still, the attitudes of people belonging to the running community towards their participation in post COVID-19 running events and towards their perception of safety protective measures have not been analysed to date.

This empirical study therefore focuses on the intention of runners to attend future running races and the perception of how important they find some of the safety-related protective measures when attending running races in post COVID-19 times. It will also test whether perception of safety protective measures among participants depends on the type of running event they participate in and their motivation to participate. The results should be a guideline for event planners and organizers, practitioners and governing bodies, who should adopt safety measures which the attendees would like to see put in place before events resume.

This paper now turns to present a review of sport tourism during the pandemic as well as motivation to participate in sport and running as a popular type of sport activity. The next sections will then present the research methodology and main findings. The paper concludes with a discussion and some concluding remarks highlighting the theoretical and practical implications and future research paths.

Literature Review

Sport Tourism During the Pandemic

Sport tourism is a symbiosis between people, places and activities (Turco et al., 2002; Weed & Bull, 2009;

Perić et al., 2019). During the pandemic, social gatherings were strictly limited or forbidden, thus challenging the essence of sport tourism. The devastating impact of COVID-19 for each of the intersecting areas of professional sports events (Swart & Maralack, 2020) and global tourism became clearer during February and March 2020, when sports event hosts and administrators began to consider whether their events should be postponed or cancelled (Weed, 2020). The pandemic has clearly dealt an economic blow to many nations through the postponement or cancellation of sport tourism activities, especially in emerging nation contexts. The scale of the global disruption to the sector is highlighted by the postponement and potential cancellation or curtailment of sport mega-events (Hemmonsby et al., 2021). For instance, the UEFA Euro 2020, the Tokyo 2020 Olympic Games, and the 2021 IAAF World Championships were postponed and rescheduled while the 2020 Wimbledon Championships was cancelled. On the other hand, the list of cancelled small-scale sport events is endless.

The various levels of lockdown experienced by countries around the globe meant that domestic leagues and international sporting fixtures that would usually attract both a travelling live audience and large mediated television audiences stopped abruptly. This left television networks with gaps to fill in their schedules, and sports fanatics with gaps to fill in their lives (Hemmonsby et al., 2021). To satisfy the need of spectators and media houses, professional leagues (like the NBA and MLB leagues in the US, football leagues across the world, etc.) resumed competitions but in most cases without spectators inside the venue, and with additional non-pharmaceutical protective protocols implemented (Ludvigsen & Hayton, 2020; Perić et al., 2021).

Additionally, as more and more people are vaccinated, spectators are getting permission to participate at events, although in a limited number. However, the entire population cannot be vaccinated in this short time (and some people do not want to be vaccinated) and what the future of the sport tourism industry will look like and how it will change in order to adapt to changing global conditions remains to be seen (Hemmonsby et al., 2021).

Running as a Popular Type of Sport Activity

According to Nowak (2015), running is one of the simplest forms of human movement and the most natural way of experiencing psycho-physical fatigue. During the last few decades, running has been commonly recognized as an effective preventive measure against diseases of civilization. For many, running constitutes a permanent component of a healthy lifestyle; for others, it is a way of life and satisfactory leisure activity (Nowak, 2015). According to Lee et al. (2017), running is a popular and convenient leisure-time physical activity with a significant impact on longevity and in general, runners have a 25–40% reduced risk of premature mortality and live approximately 3 years longer than non-runners.

Besides being a leisure activity, running is also a competitive sport. For instance, in athletics, there are many short, middle and long courses disciplines. The marathon, a running race of 42.2 km, is an example of a long-distance race held as a rule in urban areas. Marathon races have become popular all over the world and they have been undergoing a unique revival (Borovcanin et al., 2020; Nowak, 2015), while the number of attendees determines the prestige of each race. Marathon participants include professional athletes and amateur joggers, the able-bodied and the disabled, and the old and the young, together forming a diverse and colourful crowd (Nowak, 2013). Global participation in running races, according to Andersen (2021), peaked in 2016 with a total of 9.1 million participants and then it declined to 7.9 million (a decline of 13%) in 2018; the change in participation in the last 10 years results as an increase in participation of 57.8% (from 5 to 7.9 million participants).

Additionally, there is a growing trend in the popularity of off-road races. Although the categories and terminologies are often used interchangeably and without precision, trail running, mountain running, sky running, fell running, orienteering, obstacle course racing and cross-country running all take place predominantly in nature and off-road terrain (Scheer et al., 2020). Despite the fact that there is no clear definition of nature sports in the academy (Krein, 2014), these sports could be included in this group because they are mostly practiced on off-road paths located in

natural spaces and, in many cases, in protected areas of high natural and ecological value.

The context and overall atmosphere of road and country races differ a lot, and runners are fully aware of traits as well as risks, including the safety issues, associated with the venues (Perić & Slavić, 2019; Perić et al., 2019). Hence, the runners' perception of safety protective measures might depend on the type of the event, that is, whether it is road (mostly in urban areas) or off-road (mostly in country) races. Still, regardless of the type of event, the common denominator for all long-distance running activities is that their effectiveness depends on the durability of one's psychological, physical and motor dispositions (Maditinos et al., 2021; Nowak, 2015; Scheer et al., 2020). In the case of ultra-marathons (any running event over marathon distance conducted in any terrain and surface), it is not clear whether they can be explicitly classified as a competitive sport event or extreme recreation because the overall classification relies more on its psychosocial context rather than on the type of activity (as sport or recreation).

Motivation to Participate in Sport and Running Events

Different theories like the needs theory of personality (Murray, 1938), hierarchy of needs theory (Maslow, 1943) or concept of optimal level of stimulation (Berlyne, 1960) might explain why people participate in various sport, leisure and tourism activities. Regarding spectators, that is, passive participants, the quest for fun and excitement, social interaction (with family members, friends, and business associates), self-actualization generated by team identification, and nostalgic association are the main motives to visit sport events (Cassidy, 2005; Duan et al., 2020). When it comes to active participants, the motives for participating in sport are manifold and can be divided into physical (e.g. refreshment of body and mind, health and weight control, and pleasure), interpersonal motivators (social interaction, sense of affiliation, to have fun, to seek new and different experiences), and psychological, status and prestige motivators (personal development, goal achievement and winning, and ego enhancement) (McIntosh & Goeldner, 1986; Hodeck & Hovemann, 2016; Xie et al., 2020). For nature sports,

enjoying nature is a strong motive, too (Hodeck & Hovemann, 2016; Perić et al., 2019).

Race runners share similar motives for participation. The motives of marathon runners have been widely explored and motives are mainly categorized as psychological (maintaining or enhancing self-esteem, coping with negative emotions), social (sense of affiliation and receiving recognition or approval from others), physical (general health, weight concern), and achievement (competition with other runners and personal goal achievement) (Masters et al., 1993; Deaner et al., 2011; Zach et al., 2017). The motivations of runners have been further analysed in different sport event contexts (i.e. different venues and course lengths), but the conclusions were very similar (Yates, 1991; Ogles et al., 2000; Shipway & Jones, 2007; Poczta et al., 2018; Malchrowicz-Moško et al., 2020).

Finally, previous studies confirmed that people driven by different motives usually have different expectations about event and destination attributes (Kaplanidou et al., 2012; Buning & Gibson, 2016; Perić et al., 2019), and therefore it might be expected that the type of motivation is the factor that influences participants' perception of safety protective measures. Hence, the different motivations displayed by runners might affect their attitudes towards competition in general as well as attitudes towards some event attributes including safety protective measures.

Methods

In order to fulfil the research goals, a survey questionnaire was conducted in February 2021 in Croatia.

Questionnaire Development

The first part of the questionnaire encompassed participants' intentions to attend running races, running race preference (cross country, mountain running, trail, ultra-trail, road and track running; according to World Athletics, n.d.), type and motives of participation, duration and the destination of the running race. Five different motives for participation at running races have been used, namely fun (Hodeck & Hovemann, 2016; Perić et al., 2019), socializing (Masters et al. 1993; Perić et al., 2019), competition and skills (Masters et al., 1993; Perić et al., 2019), to enjoy nature

Table 1 Non-Pharmaceutical Safety Protective Measures

Safety protective measures	Source
Availability of hand sanitizers/cleaners	Lee et al. (2012), Perić et al. (2021), Xiao et al. (2020)
Official personnel wearing personal prot. equipment (masks ...)	Lee et al. (2012), Perić et al. (2021), Xiao et al. (2020)
The spectators wearing personal protective equipment (masks ...)	Lee et al. (2012), Perić et al. (2021), Xiao et al. (2020)
Temperature checking for the competitors before the competition	authors
Temp. checking for the staff/employees before the competition	Perić et al. (2021)
Temperature checking for the spectators upon arrival	Perić et al. (2021)
Exclusive online registration	Perić et al. (2021)
Limited number of competitors	authors
Limited number of spectators	Gössling et al. (2020), Perić et al. (2021)
The start of the race at intervals in small groups	authors
The minimum distance between spectators is prescribed	Lee et al. (2012), Perić et al. (2021)
Limited food and beverage offer	Perić et al. (2021)
Limited number of visitors in common places (rest., toilets ...)	Perić et al. (2021)
No contact payment for all services	Perić et al. (2021)

(Hodeck & Hovemann, 2016; Perić et al., 2019), and to enhance health and to look better (Masters et al., 1993; Perić et al., 2019). The second part focused on respondents' perception of the importance of the COVID-19-related protective non-pharmaceutical measures when attending running races. Most items have been designed according to Gössling et al. (2020), Lee et al. (2012), Xiao et al. (2020), and Perić et al. (2021) (e.g. availability of hand sanitizers/cleaners), while a few items that reflect the context of running were amended by authors (e.g. the start of the race at intervals in small groups). The final version which included 14 items related to personal safety protective measures is given in Table 1, but respondents were left with an option to add any other safety measure they wished to identify.

Among safety protective measures, there was no item referring to respondents' opinion about how important they perceive vaccination before attending the running race, because the questionnaire was about non-pharmaceutical safety protective measures and, in the period of the empirical research, there was no possibility for people who were not part of vulnerable groups in Croatia to receive the vaccine. Respondents' perception was measured on a 5-point Likert-

type scale, meaning: 1 = not important at all, 2 = of little importance, 3 = of average importance, 4 = important, and 5 = very important/essential. The final part of the questionnaire comprised socio-demographic data. The questionnaire was prepared and conducted in the Croatian language. An independent certified translator carried out forward and backward translation to ensure the content validity of the questionnaire.

Data Collection

Data for this preliminary analysis were collected in February 2021 by an online questionnaire due to the limited mobility and recommended social distancing. The link leading to the electronic version of the questionnaire was active from February 4th 2021 until February 22nd 2021. The questionnaire was distributed within the social networks of five running clubs/groups thanks to the groups' leaders who allowed us access to share the link among members and followers.

Participation in the survey was voluntary and the answers remain anonymous. In total, 248 survey questionnaires were collected, but after additional check, 183 valid responses were acceptable and proceeded to further analysis.

Data Analysis

Descriptive statistics present respondents' characteristics and their preferences as well as their assessment of the importance of the safety-related protective measures when attending running races. Besides descriptive statistics, ANOVA and *t*-test were employed to test whether statistically significant differences exist in perception of safety protective measures among participants depending on their motivation and type of running event. Due to the similar contexts regarding types of running races or running styles, the respondents have been merged from six to two groups. Respondents that expressed their intention to participate at cross country running, mountain running, trail running and ultra-running events were classified as off-road running groups, while those who intend to participate at road running and track running events were classified as the road running group. To examine and analyse the research data, SPSS software was used.

Results

Sample Profile

The respondents' socio-demographic data show that 63% (115) of the respondents are women and 37% men (Table 2). Most of the respondents are middle aged 35–44 years (39%), living on the north coast of Croatia (57%) and central Croatia (36%). In general, respondents are highly educated, with around 70% of them having a university diploma. They are mostly employed, in either the private sector (55%) or public sector (38%).

Respondents' Intentions

By concluding the empirical part of the study and analysing the answered questions, it was easy to conclude that all the respondents are very eager to attend running races. The vast majority of respondents (140 or 77%) are ready to attend an event within 7 days while 13% (23) would like to attend a running race in 2 or 4 weeks. Only 11% (20) of the respondents would like to wait a couple of months (1–2, 3–4 or more than 6 months). For their next running race, most of the respondents prefer events in Croatia (171 or 93%). Further, a majority choose trail running (98

Table 2 Respondents' Socio-Demographic Data

Gender	Female	115
	Male	68
Age	19–24	4
	25–34	31
	35–44	72
	45–54	68
	55–64	8
Place	East Croatia	11
	Central Croatia	56
	Mount. Croatia	3
	North Coast	105
	South Coast	8
Education	Without education	0
	Elementary school	1
	High school	52
	College	95
	Postgraduate study (Special., PhD)	35
Employment	Without education	0
	Public sector	69
	Private sector	101
	Unemployed	2
	Retired	1
	Student	5
Other	5	

or 54%) and road running events (65 or 36%). Actually, 110 respondents (60%) belong to the group of off-road runners and 73 (40%) to the group of road runners (Table 3).

Regarding respondents' motivation for event participation, they are mostly motivated by competition and to improve racing skills (47 or 26%), socializing (45 or 25%) and fun (42 or 23%). Enjoying nature (27 or 15%) and health reasons (22 or 12%) were less-mentioned motives (Table 4).

Additionally, in most cases respondents will revisit the event (157 or 86%), meaning that they have already participated in the event in previous years, while for 26 respondents (14%) this would be their first visit to a chosen event. Respondents would usually travel with

Table 3 Type of Running Race Respondents Want to Visit First

Type of running race	(1)	(2)
Cross country running	6	3
Mountain running	4	2
Trail running	98	54
Ultra-running	2	1
Road running	65	36
Track running	8	4
Total	183	100

Notes Column headings are as follows: (1) frequency, (2) percent.

Table 4 Respondents' Main Motives for Attending the Running Races

Motives	(1)	(2)
Fun	42	23
Socializing	45	25
Competition and improv. of racing skills	47	26
Enjoy nature	27	15
Health and good looks	22	12
Total	183	100

Notes Column headings are as follows: (1) frequency, (2) percent.

friends (89 or 48%) or with a partner (36 or 20%). Around 17% (31) would travel alone and 15% (27) with their family. Since most of the events are one-day (140 or 77%) or two-day (34 or 19%) competitions, respondents will in most cases stay only for a day (52%) or two (25%) in the destination where the competition is held. Only 24% of respondents will stay three or more days in the destination of the event venue.

Respondents' Attitudes to Safety Protective Measures

The respondents do not find safety protective measures particularly important when attending running races. Table 5 shows that respondents do not find any of the proposed measures as (very) important. However, just five measures, that is, *Official personnel wearing personal protective equipment (masks ...)* (mean 3.2), *Registration of competitors exclusively online* (3.1),

Table 5 Respondents' Perception of the Importance of Safety Protective Measures while Attending the Running Races

Safety protective measures	(1)	(2)
Availability of hand sanitizers/cleaners	2.8	1.33
Official personnel wearing personal protective equipment (masks ...)	3.2	1.36
The spectators wearing personal protective equipment (masks ...)	2.7	1.37
Temperature checking for the competitors before the competition	2.9	1.46
Temperature checking for the staff/employees before the competition	3.0	1.45
Temperature checking for the spectators upon arrival	2.3	1.32
Exclusive online registration	3.1	1.30
Limited number of competitors	2.7	1.31
Limited number of spectators	2.5	1.37
The start of the race at intervals in small groups	2.7	1.40
The minimum distance between spectators is prescribed	2.7	1.38
Limited food and beverage offer	2.4	1.25
Limited number of visitors in common places (restaurants, toilets ...)	3.1	1.34
No contact payment for all services	3.0	1.35

Notes Column headings are as follows: (1) average, (2) standard deviation.

Limited number of visitors in common spaces (restaurants, bars, toilets ...) (3.1), *Temperature checking for the staff/employees before the competition* (3.0), and *No contact payment for all services* (3.0) are recognized as moderately important. All the other measures respondents evaluate as less important, with averages below 3.

The results of the *t*-test imply that statistically significant difference between groups exists in only one item (Table 6). Off-road runners find *Limited food and beverage offer* as a significantly more important safety protective measure than road runners ($p = 0.009$), but mean values of both groups are quite low implying this measure is of little importance.

Table 6 Road and Off-Road Runners' Perception of Importance of Safety Protective Measures

Safety protective measures	(1)	Group statistics				t-test for equal means		
		(2)	(3)	(4)	(5)	(6)	(7)	(8)
Availability of hand sanitizers/cleaners	Road	73	2.95	1.363	0.160	1.357	181	0.176
	Off-road	110	2.67	1.307	0.125			
Official personnel wearing personal protective equipment	Road	73	3.25	1.267	0.148	0.404	181	0.687
	Off-road	110	3.16	1.418	0.135			
The spectators wearing personal protective equipment	Road	73	2.70	1.340	0.157	-0.093	181	0.926
	Off-road	110	2.72	1.434	0.137			
Temperature checking for the competitors before the competition	Road	73	2.86	1.427	0.167	-0.209	181	0.835
	Off-road	110	2.91	1.481	0.141			
Temperature checking for the staff/employees before the competition	Road	73	3.00	1.462	0.171	-0.372	181	0.710
	Off-road	110	3.08	1.453	0.139			
Temperature checking for the spectators upon arrival	Road	73	2.19	1.221	0.143	-0.803	181	0.423
	Off-road	110	2.35	1.418	0.135			
Exclusive online registration	Road	73	2.93	1.251	0.146	-1.245	181	0.215
	Off-road	110	3.18	1.383	0.132			
Limited number of competitors	Road	73	2.71	1.184	0.139	0.199	181	0.842
	Off-road	110	2.67	1.395	0.133			
Limited number of spectators	Road	73	2.38	1.401	0.164	-0.901	181	0.369
	Off-road	110	2.57	1.384	0.132			
The start of the race at intervals in small groups	Road	73	2.73	1.294	0.151	0.244	181	0.807
	Off-road	110	2.67	1.539	0.147			
The minimum distance between spectators is prescribed	Road	73	2.51	1.324	0.155	-1.585	181	0.115
	Off-road	110	2.84	1.411	0.135			
Limited food and beverage offer	Road	73	2.11	1.087	0.127	-2.635	172.795	0.009
	Off-road	110	2.58	1.323	0.126			
Limited number of visitors in common places (restaurants, toilets ...)	Road	73	2.96	1.348	0.158	-0.583	181	0.561
	Off-road	110	3.08	1.428	0.136			
No contact payment for all services	Road	73	2.92	1.516	0.177	-0.215	181	0.830
	Off-road	110	2.96	1.340	0.128			

Notes Column headings are as follows: (1) running race, (2) *N*, (3) mean, (4) standard deviation, (5) standard error of the mean, (6) *t*, (7) *DF*, (8) significance (2-tailed).

Finally, the results of the One-way ANOVA implied that statistically significant difference in perception of safety protective measures among participants depending on their motivation exists only in one of the safety protective measures (Temperature checking for the spectators, $p = 0.039$). However, the Hochberg

GT2 post hoc test indicated that there are no statistically significant differences within groups. Therefore, it could be concluded that no statistically significant difference among the respondents in regard to different motives exists and that the recorded difference occurred by chance.

Discussion

This study's results showed that most respondents will attend sporting events in their home countries within a few weeks after all restrictions on movement and sporting event attendance have been lifted. This can be compared and is in line with previous studies (Perić et al., 2021; Reade et al., 2020) which together show the optimism not only regarding running events but sporting events and tourism in general in the post COVID-19 period.

This optimism is also visible through the respondents' perception of safety protective measures that they would expect to be implemented at running events. Both road and off-road runners share similar attitudes and there are almost no differences regarding the importance of proposed safety protective measures. What runners found moderately important are the safety protective measures regarding the staff they would be more in contact with (the wearing of personal protective equipment and temperature checking). At running races, competitors and spectators are usually quite dispersed along the course, but protection for all attendees (staff, competitors and even spectators) can be assured by a limited number of visitors in common spaces. In addition, the competitors are running in their running paths and are not in direct contact with the spectators. This is especially true for the off-road running events where the number of spectators is lower and the course through the country terrain is difficult to access (Krein, 2014; Scheer et al., 2020). This might explain why respondents did not give much importance to safety protective measures regarding spectators (their limited number, temperature, personal protective equipment, and prescribed minimum distance). On the other hand, euphoria before the start of the race can explain that the start of the race at intervals in small groups was not perceived as important for the runners. The only statistically significant difference between road and off-road groups was found in limited food and beverage offer at the event. Off-road runners do not expect an abundant food and beverage offer along the running paths during the race because of the country terrain (mountains, wood, mud, sludge) and found this safety protective measure more important than road runners. Never-

theless, both groups found this measure as less important. To summarize, although runners perceived these measures as moderately or less important, social distancing will remain a key non-pharmaceutical safety-related strategy in preventing the pandemic (Gössling et al., 2020; Perić et al., 2021). In addition, modern technologies such as online registration of competitors and no contact payment can help the organizers prevent the spread of COVID-19 infection. This means that organizations' existing business models will have to adapt and innovate, focusing on new strategies to generate revenue such as ticketing strategies, digitalization strategies, and media involvement (PwC, 2020).

Furthermore, although running is often perceived as an individual sport (Masters et al., 1993; Deaner et al., 2011; Zach et al., 2017), this study found that almost 83% of the respondents will not travel and visit the event alone. This indicates that people missed social gatherings during the pandemic. Many respondents motivated by socializing and fun also confirm the previous assertion. This is in line with other studies highlighting the social and entertainment factors as strong motives for participation in sports activities (Buning & Gibson, 2016; Perić et al., 2019; Xie et al., 2020). Still, a number of runners remain motivated by competition and improvement of their racing skills, focusing on their individual goals. However, regardless of their motivation, respondents' attitudes toward safety protective measures do not differ, suggesting that the running community might be a very homogenous group regarding risk aversion. Dominant optimistic intentions and attitudes towards safety protective measures might imply low perception of risks associated with travelling and attending events, especially when it comes to those few minutes spent all together sharing the same area during the race start. However, the fact that the vast majority of respondents would prefer to attend the next event in their home country might suggest a hidden safety concern. According to Maditinos et al. (2021), destinations far away from home that are not within a daily trip or convenient distances pose the need for accommodations for the participants, and they have to stay in unknown facilities. In addition, there are countries or

regions that are considered to be affected more than others by the epidemic, so restrictions on travel may be applied, or potential travellers and visitors are unwilling to go there in order to participate in a running event. The respondents' intentions to participate in events organized in their home country are also in line with contemporary tourism trends that suggest people are occupied by their jobs and families and favour shorter visits. To summarize, the relationship between the health risk perception and readiness to implement non-pharmaceutical interventions was found to be positive in previous studies (Lee et al., 2012). Also, the lower perception of risks usually results in higher intention to (re)visit a destination or attend an event (Karl, 2018; Reade et al., 2020; Yang et al., 2017) but this study did not examine this relationship directly.

Conclusion

In order to bridge the research gap of the lack of literature and researches on the connection between motivations, types of running races and safety protective measures in the post COVID-19 period and improve participation in running events, this empirical study focused on active runners' intentions to attend future running events following the COVID-19 crisis, and perception of how important they find some of the safety-related protective measures when attending sporting events depending on running motives and type of running event. The analysed non-pharmaceutical safety protective measures when attending sporting events are related to competitors (temperature check, online registration, limited number, start of the race in intervals), spectators (temperature check, wearing protective equipment, limited number, prescribed minimum distance), the staff (temperature check, wearing protective equipment) and to all of the stakeholders (availability of hand sanitizers, limited number in common spaces, no-contact payment).

The results suggest that the safety-related measures are not recognized as distinctly important by the running community in Croatia. It seems that runners do not care much about safety and that there are no major differences in attitudes between the groups of runners. It is possible that runners' attitudes regarding safety

could be misguided by the fact that running is an outdoor sport, but in this specific period where the world is still fighting against the pandemic (i.e. virus mutations), safety will remain the focal event attribute for organizers and governments. As argued by Kaplanidou et al. (2012), Mohan (2010), and Chersulich Tomino et al. (2020), it is necessary to focus on strategic elements necessary for efficient and effective event planning and organization in order to achieve positive and sustainable events. Safety for all stakeholders, the organizers, competitors and local population is a strategic event attribute of utmost importance. Proper and consistent implementation of safety-related protective measures, especially if these are confirmed by the running community and implemented at a higher level of safety than prescribed by public authorities, would be a value-added activity for event planners and organizers. In this special situation, they should point to some additional measures where safety protective kits are available for all involved in the event. Also, they should organize an automatic temperature check point to reduce the staff-spectator-competitor contact. The food and beverage offer should be packed into portions and served as closed packaging in outdoor spaces to reduce indoor gatherings. Registration should be exclusively online and the payments for all services without any contact, by credit or debit card or mobile phone. While primarily focused on event participants, all these activities should also consider the benefits of host communities that have become vulnerable during the COVID-19 context, as argued by Lapointe (2020).

There are a few limitations of this empirical study. The first limitation relates to the sample size and sampling method and the respondents, members of clubs and groups related to running, originating from one country, Croatia. Collecting data online using social networks can potentially lead to false data representations (Leiner, 2019), but due to cancellations of sporting events, limited mobility, and recommended social distancing during the data collection period, it was a reasonable choice. As has been argued by Alexandris et al. (2017) and Risitano et al. (2017), each sport, event or country is specific and it would be important for future studies to consider these particularities

when proposing or analysing safety-related protective measures. Future research should examine the importance of safety protective measures in other sports because the characteristics of running as an outdoor sport can impose some bias in runners' perceptions as mentioned above. Also, as suggested by Perić et al. (2021), studying larger samples from countries that experienced the pandemic differently (i.e. countries very successful and unsuccessful in the battle against COVID-19) would increase the generalizability of the results. Finally, it can be important to clarify the terms and develop a universal language for the running field in general, while overlaps exist between these running events (Scheer et al., 2020), mainly through the common denominator of off-road or road terrain, and distinctions need to be recognized.

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COVID-19 Public Health Strategy Implementation for the Hospitality Industry in Taiwan

Heidi H. Chang


I-Shou University, Taiwan
heidichang@isu.edu.tw

MiRan Kim

Michigan State University, USA
kimmi@broad.msu.edu

This study attempts to explore the public health strategies that hotels in Taiwan have applied during the COVID-19 pandemic crisis. This empirical study develops a list of public health strategy practices from a pilot study using in-depth interviews, followed by a questionnaire survey. The research samples are 4-star and 5-star hotels in Taiwan, which are the most popular hotel choices for domestic and international travellers. Out of 127 hotels, 76 hotel owners, general managers, or executive managers participated in the survey. The findings illustrate the frequency of public health strategies that hotels have used during the coronavirus crisis. It shows that the most popular strategy is strengthening hygiene and cleanliness in hotel operations to offer reassuring lodging services and accommodation products. The results also show there is no significance difference in implementation of the various public health practices regarding hotel location, nationality of main customers, hotel performance, annual F&B revenue, or annual room sales. This study suggests hotels implement public health strategies to limit the spread of disease, regain customers' trust and promote the hotel during and after the COVID-19 pandemic. The paper concludes with recommendations for crisis management and crisis preparation for the hospitality industry.

Keywords: COVID-19, public health strategy, crisis management, social exchange theory, hospitality industry

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Introduction

The global spread of the COVID-19 pandemic, large-scale travel restrictions, and social distancing norms have dramatically wreaked havoc on the hospitality and tourism industry. This global pandemic has caused the deepest recession of the global economy since World War II (The World Bank, 2020). The current COVID-19 pandemic crisis is perceived as an unexpected, random, shock, sudden stop to global society and the economy; a massive disruption of eco-

nomical activity causing long-lasting injuries to the labour force (Karabag, 2020; Orłowski, 2020). The rapidly evolving global pandemic caused international travel bans, affecting over 90% of the world population, and resulted in widespread restrictions on public gatherings and community mobility. Tourism has largely ceased since March 2020 (Gossling et al., 2020). The decline of tourism and travels, along with a slowdown in economic activity, has especially made hotels susceptible (Hoisington, 2020).

The COVID-19 pandemic crisis has caused the most serious and devastating effects, with the global loss of 6 million lives, including nearly 995 thousand deaths in the United States by May 22 (Johns Hopkins University, n.d.). Taiwan reported its first COVID-19 case returning from Wuhan, China, on January 21st, 2020. Statistics show that there were 173,942 confirmed COVID-19 cases and 876 deaths in Taiwan (Johns Hopkins University, n.d.). As early as December 31, 2019, Taiwan had issued travel alerts to China and imposed border controls, where direct flights arriving from Wuhan, China, were all screened onboard (Hsieh, 2020). Since March 2020, due to the continued spread of the COVID-19 pandemic, the Taiwanese Central Epidemic Command Centre (CECC) has implemented border control measures and flight bans, prohibiting foreign nationals from visiting Taiwan except for fulfilling commercial and contractual obligations. Consequently, compared with the same period in 2019, international arrivals declined by 98% during 2020; the occupancy rate in high-end hotels (i.e. 4-star and 5-star hotels) dropped approximately 70% (Taiwan Tourism Bureau, 2020a). With government policies, restrictions and bans regarding inbound travellers during the COVID-19 global health crisis, the Taiwanese hotel industry consequently has suffered significant loss from the severe drop in international travellers and domestic visits.

During the COVID-19 pandemic, many governments responded to the crisis by promoting measures aimed at containing infections, such as personal hygiene, social distancing, and wearing face masks and other protective gear. Hotel companies, as the private sector dealing with travellers, have served an important role. Some hotels have been used as quarantine hotels for international visitors and quarantined spaces for those exposed to COVID-19, such as healthcare workers (Rosemberg, 2020). Many hospitality scholars have put a great emphasis on the importance of public health strategies in the hospitality industry because these strategies serve the functions of protecting the employees and ensuring a safe environment for the customers (e.g. Hao et al., 2020; Jiang & Wen, 2020).

This study has two research objectives. Firstly, it

aims to explore the public health strategies that hotel companies have been adopting to restore customer confidence and to protect the hotel staff and customers. Secondly, this research investigates whether hotels with different locations, customers, and performance apply different public health strategies. Understanding how the COVID-19 crisis impacts Taiwan's hotel sector and management reactions to it would afford insights into the problems caused by the outbreak of infectious disease. The contribution of the study is to provide further implications and suggestions to the hospitality industry in dealing with COVID-19 and other health-related crises such as flu, H1N1, Ebola, etc. (see, for example, Cahyanto et al., 2016; Hung et al., 2018; Oaten et al., 2015).

Hospitality Industry in Taiwan

The hotel industry in Taiwan is reputedly one of the most competitive sectors and a major contributing factor toward Taiwan's economic growth (see, for example, Wu et al., 2008; Chen et al., 2007; Kim et al., 2006). The key for the tourism and hospitality industry in Taiwan is 4-star and 5-star hotels. These hotels offer multiple uses to visitors such as lodging, food services, social activities, conference facilities, health clubs, entertainment facilities, shopping centres, and other services (Taiwan Tourism Bureau, 2004; Wu et al., 2008). These two categories of hotels are popular accommodations for inbound and domestic travellers. They are often considered as 'high-end' hotels in the hospitality industry in Taiwan. The Taiwan Tourism Bureau operational performance report and analysis indicates that the service quality, the number of rooms, and the hotel business administration of these 4-star and 5-star hotels are the core of Taiwan's hospitality industry (Taiwan Tourism Bureau, 2004).

In 2003, Taiwan was one of the countries seriously affected by Severe Acute Respiratory Syndrome (SARS), experiencing the third largest global outbreak on record. Over the course of the SARS crisis, there were 674 cases and 84 deaths, fewer than mainland China (5,327 cases and 348 deaths) and Hong Kong (1,755 cases and 298 deaths). In late February 2003, Taiwan's first case of SARS occurred in a businessman having a history of travel to Guangdong Province,

China. The Taiwan governments, physicians, health specialists, health care facilities, media, and citizens took serious action after as a result of the experience of the SARS crisis. The SARS epidemic in Taiwan 'stimulated vast and very rapid improvements in the health infrastructure, especially in the areas of hospital infection control procedures, systems for data collection and reporting, mobilization of the public, and coordination of all agencies contributing to the outbreak response' (Chang, 2004). From the reviews and experiences of the SARS crisis, Taiwan has prepared a better structure for a command centre and developed some standard operating procedures (SOPs) to manage possible future epidemics (Huang, 2020). Hotel companies have adopted different crisis management strategies during different stages of the health crisis (e.g. Kim et al., 2005; Henderson & Ng, 2004).

There have been no global SARS outbreaks since 2003. However, in late 2019, COVID-19, which is caused by the 2019 coronavirus, became pandemic and influenced the tourism and hospitality industry. Impacted by COVID-19, many hotels, room sales, restaurants, and banqueting services in Taiwan have suffered particularly seriously since March 2020 (Wu & Tsai, 2020). The first case was confirmed on January 21st 2020, just before the Lunar New Year during which time millions of Chinese and Taiwanese were expected to travel for the holidays. As the Taiwanese authority closed the border, forbidding any international travellers, hotels in metropolitan area had an occupancy rate below 60%. With strict border controls and contact tracing, Taiwan was able to maintain a low number of cases and deaths, so the country did not apply lockdown, social distancing, or domestic travel restrictions until mid-May 2021 (Taiwan's Ministry of Foreign Affairs, n.d.). After an outbreak in an international brand-hotel in May, Taiwan faced a sudden COVID surge. The outbreak originated from the Novotel Taipei Taoyuan International Airport hotel, which accommodated crew from China Airlines during their quarantine. A total of 30 confirmed COVID cases and 1 death involved China Airlines pilots and hotel staff. The hotel was fined US\$45,660 for violating basic quarantine rules when it hosted domestic travellers and quarantined pilots in the same building

(Strong, 2021). The Health Department fined Novotel hotel because it did not provide appropriate rooms to guests who were required to be in quarantine under Taiwan's COVID-19 prevention measures. The airport hotel was at the centre of a cluster of COVID-19 infections due to mixing the general domestic hotel guests and flight crews in quarantine on the same floor. The five-star hotel's failure to carry out quarantine and health management measures related to the hotel guests caused the sudden COVID surge in Taiwan.

Public Health Strategy

It is considered that the SARS transmission was successfully contained by implementing strict public health measures, such as early case detection and isolation, contact tracing and isolation and social distancing (Schulman & Rowley, 2021). The Taiwanese government learned from its 2003 SARS experience and established a public health response mechanism for enabling rapid actions in preparing for the next epidemic crisis (see, for example, Wang et al., 2020; Yen et al., 2014). Strategy has been referred to as the overall approach to a problem (Quarantelli, 1988), so in this study, public health strategies are defined as the overall approach dealing with the COVID-19 pandemic. Public health strategy provides the approaches for 'translating new knowledge and skills into evidence-based, cost-effective interventions that can research [sic] everyone in the population,' and it aims to 'protect and improve the health and quality of life of a community' (Stjernswärd et al., 2007). These approaches can be incorporated by government into all levels of the health care system, public sector, and private companies. Hotels have accommodated inbound travellers, domestic travellers, and residents returning to the country during COVID-19. Hotels need to be more prepared for safety training, hygiene and cleanliness to ensure customers a safe and pleasant stay. In response to infectious diseases like COVID-19, organizations such as hotels need to have a higher standard to assure public health and meet the requirements for epidemic prevention (Chang, 2020; Gossling et al., 2020; Jiang & Wen, 2020; Kim et al., 2005; Yang & Wei, 2020).

The sudden outbreak in May happened in the air-

port hotel which violated the quarantine rules by housing quarantined flight crews and local guests in the same building (Nordling & Wu, 2021). It has reminded the Taiwanese hotel industry and the public health policymakers of the importance of border control with quarantine upon arrival in the hotels. From June 2020 until the current outbreak since May, life in Taiwan was pre-pandemic, except for the mandatory mask and temperature checks on public transportation and at large events (Nordling & Wu, 2021). During the pandemic crisis, hotels in Taiwan have applied different public health strategies while only face mask wearing is mandatory.

Social Exchange Theory

Social exchange theory (SET), rooted in economic theory and modified for the study of the social psychology of groups, focuses on the perceptions of the relative costs and benefits of relationships, and determines risks and benefits of two parties and their implications for relationship satisfaction (Thibaut & Kelley, 1959; Blau, 1964). Homans (1961) defined social exchanges as the exchange of tangible or intangible activities, and reward or cost between at least two parties. A growing literature theorizes employee safety activities as a product of organizational practices related to safety (Turner & Grey, 2009; Probst et al., 2013), and organizational support for a safe workforce for employees and customers is considered as a social exchange relationship (Reader et al., 2017). Utilizing SET, Reader et al. (2017) indicated the association between employees' health and the administration of personal protective equipment, development of safety protocols, and design of safe equipment. With high uncertainty regarding COVID-19, it is unknown which stage of the crisis this pandemic is in. As the number of confirmed cases and deaths are still increasing globally, hotel companies need to apply different strategies not just for business activities of mere selling and buying products and services during the crisis, but also for repeated patronage, loyalty, trust, and commitment exchange for the post-crisis long run.

SET hypothesizes that 'the more valuable to a person is the result of his action, the more likely he is to perform the action' (Homans, 1974). Public health

strategies like hygiene and cleanliness have proven essential to successful hotel operations, especially during and after public health crises such as SARS and COVID-19 (Chien & Law, 2003; Kim et al., 2005; Jiang & Wen, 2020). It is essential for hotel companies to implement public health strategies and spontaneously coordinate with the Government Health Department and CECC to restore customers' confidence. Public health strategies do not create economic exchange between hoteliers and customers, but they can lead to the development of trusting and committed long-term relationships during the post-crisis stage. Chang's (2020) study indicated that hotels need to apply 'epidemic prevention' practices including additional personnel hygiene and safety training (for example, mask-wearing, hand washing, body-temperature measurement), environmental sanitation, equipment disinfection, standard operation procedures for check-in guests, housekeeping, room service, garbage disposal, air conditioning, cleaning, etc. Governments and hotel companies need to develop and follow special regulations for epidemic prevention purposes, which are different from the usual hotel management standards and operation procedures (Chang, 2020). As a public service, the Taiwanese CECC made plans to assist schools, businesses, hotels, and furloughed workers to be prepared for the COVID-19 crisis; these reassurances and education for the public include when and where to wear masks, the importance of handwashing, personal hygiene, social distancing, etc. (Wang et al., 2020). This study hypothesizes that hotels with different locations, performance and revenues would apply different public health strategies. The hypotheses are as follows:

- H1 *There is a difference in public health strategies implementation with hotels in different locations.*
- H2 *Hotels with a majority of customers who are international or domestic show differences in the implementation of public health strategies.*
- H3 *There is a difference in public health strategies implementation in hotels with different performance.*
- H3a *There is a difference in public health strategies*

implementation in hotels with different occupancy rate, F&B sales, takeout sales, and catering sales.

H3b *There is a difference in public health strategies implementation in hotels with different annual room sales.*

H3c *There is a difference in public health strategies implementation in hotels with different annual F&B revenue.*

Methodology

The 4-star and 5-star hotels in Taiwan are the most popular hotel choices for both domestic and international tourists. There are one hundred and twenty-seven 4-star and 5-star hotels accredited by the star rating evaluation programme of the Taiwan Tourism Bureau (2020b). These hotels accommodate tourists with amenities and services such as luxury suites, fitness centres, spas, multiple restaurants (for residents and non-residents), 24-hour services, car services, etc. Compared to hotels below 3-star, the 4-star and 5-star hotels in Taiwan are large-scale hotel businesses, having more hotel rooms and restaurants to accommodate customers coming for lodging, events, and dining. There are more interactions between customers and employees, as well as more hotel rooms and public areas being used. As the Tourism Bureau considers the 4-star and 5-star hotels the key for the tourism and hospitality industry in Taiwan (Taiwan Tourism Bureau, 2004), these 127 accredited hotels are the research samples in this study.

To develop the survey instrument, this study firstly initiated in-depth interviews with two executive managers and one food and beverage director from 5-star hotels and one general manager from a 4-star hotel. From mid-January to the end of February, the researcher stayed in three 5-star hotels in the North, Middle and South part of Taiwan, using the participant observation method to explore how hotels accommodate customers during COVID-19. One hotel is an international chain-hotel, one is a local chain-hotel, and one is an individual-owned local hotel in Taiwan. With a literature review (e.g. Chang, 2004; 2020; Gosling et al., 2020; Hao et al., 2020; Isaeli & Reichel, 2003;

Tang, 2020), in-depth interviews and participant observation, this study developed items measuring the frequency of usage of public health strategies in the 4-star and 5-star hotels during the coronavirus pandemic. Out of 127 hotels, 76 hotel owners, general managers, or executive managers participated in the survey. The questionnaire uses a 5-point Likert Scale to examine the usage of public health strategies, from 1 (never) to 5 (always). The complete list of 23 practices is provided in Table 1. The second section includes questions about hotel information, such as location, changes of hotel performance in occupancy rate and F&B revenues, and annual total revenue.

Data Collection

The questionnaires were pre-tested by two experienced executives in the hotels and two professors in the hospitality department. The paper-and-pencil questionnaires, along with the online survey, were distributed to all 127 4-star and 5-star hotels in Taiwan. To increase the response rate, multiple types of direct and indirect contacts were adopted. Personal visits, phone calls, and contacts through the Bureau of Tourism were applied. From March to April 2020, the general manager or executive managers of 127 hotels in Taiwan were asked to provide information on public health strategies hotels have been using during COVID-19. Each participating hotel had one representative complete the survey. Seventy-six valid data sets were used for the analysis, yielding a 60% response rate.

Item Analysis and Reliability

The internal consistency of the public health strategy scale was high; the Cronbach's α is 0.841. The item-total correlations ranged from 0.31 to 0.63 and were all statistically significant ($p < 0.05$). The Cronbach's α coefficient did not increase if any item was deleted from the scale. It was decided to keep all the items in the public health strategy scale.

Results

No significant differences were found in the responses from the electronic and hard copy survey, based on

Table 1 List of Public Health Strategies, and Item-Total Correlation

Strategy/Description	Item-total correlation
1 Proactively provide employees with COVID-19 information for training purposes.	0.31**
2 For the pandemic, provide personal hygiene and safety-related training, such as appropriate ways of mask-wearing, hand washing, body-temperature measurement, etc.	0.51***
3 Provide staff with training in regards to 'customer service flow' during the pandemic.	0.52***
4 Provide staff with training in regards to environmental sanitation, such as equipment disinfection.	0.42***
5 Provide materials and supplies for employees for COVID-19 prevention mechanisms, such as face masks, forehead thermometers, hand sanitizer, disinfection wipes, alcohol spray, bleach, etc.	0.47***
6 Train and educate employees with standard operating procedures (SOPs) to handle suspected COVID-19 customers.	0.57***
7 During COVID-19 crisis, an 'epidemic command centre' in the hotel is established to integrate resources of the administration, different business units, medical, and public sectors.	0.63***
8 Prepare and assign special floors or specific rooms in advance for quarantine of suspected COVID-19 customers or employees.	0.41***
9 Prepare and reserve special floors or specific rooms for government departments (e.g. Centre for Disease Control and Prevention) as quarantine stations.	0.57***
10 F&B Department develops special menus for healthy and nutritious food, such as immunity herbal tea, immune-boosting meals, etc.	0.57***
11 Apply food safety strategies by providing takeout, delivery, kerbside pickup service, or special lunchbox deal.	0.61***
12 Establish a special kitchen section for handling packaged food and food preparation during COVID-19.	0.53***

Continued on the next page

chi-square and *t*-test so the two methods of data collection were combined for analysis. With 76 valid sets of data, the results indicate that most hotels encountered more severe profit loss, and are more heavily affected by COVID-19, compared to SARS. This demographic statistic is consistent with the percentage of hotel categories in Taiwan, indicating the participating hotels in this study are representative samples. Seventy-five percent of the participating hotels had their occupancy rate drop more than 51%; 58 percent had F&B sales drop more than 51%. Fifty percent of banquet services were cancelled, 35% postponed, and 3% transferred to other events, while 10% remained as scheduled during the pandemic. The majority (63%) of the participating hotels are located in the city's business district (CBD), 21% are located in tourist attractions, 8% are located in urban areas, and 8% are located around an airport. As for the hotel annual revenue, the majority (47%) has F&B revenue amounting to USD 3

to 10 million, 20% have 11–17 million; 40% have room sales amounting to USD 3 to 10 million, and 24% has 11–17 million.

Implementation of Public Health Strategies

Table 2 presents the top 10 strategies that almost all the star-hotels always use, which are (1) strengthen hygiene and cleanliness in hotel operations to offer reassuring lodging services and accommodation products; (2) provide the proper personal protective equipment (PPE) (such as mask, gloves, face shield) for the front-desk and front-of-house (service) employees to ensure employee health, cleaning, and sanitizing; (3) provide the proper PPE (such as mask, gloves, face shield) for the back-of-house (kitchen) employees to ensure employee health, cleaning, and sanitizing; (4) measure the employee's temperature and assess symptoms prior to their starting work on a daily basis; (5) provide materials and supplies for employees for COVID-19

Table 1 Continued from the previous page

Strategy/Description	Item-total correlation
13 Provide special process of room service for hotel guests, such as knock-and-drop deliver, in-room dining and food options.	0.57***
14 Strengthen hygiene and cleanliness in hotel operations to offer reassuring lodging services and accommodation products.	0.57***
15 Provide the proper personal protective equipment (PPE) (such as mask, gloves, face shield) for the housekeeping employees to ensure employee health, cleaning, and sanitizing.	0.51***
16 Provide the proper personal protective equipment (PPE) (such as mask, gloves, face shield) for the front-desk and front-of-house (service) employees to ensure employee health, cleaning, and sanitizing.	0.60***
17 Provide the proper personal protective equipment (PPE) (such as mask, gloves, face shield) for the back-of-house (kitchen) employees to ensure employee health, cleaning, and sanitizing.	0.60***
18 The Housekeeping Department builds action plans for guestroom cleaning procedures in response to the COVID-19 outbreak, such as altering the frequency of changing the bedding, room cleaning and disinfection, trash removal, etc.	0.54***
19 The Housekeeping Department change dishwashing and laundry SOP in response to COVID-19.	0.55***
20 Measure the employee's temperature and assess symptoms prior to their starting work on a daily basis.	0.32**
21 Measure the customers' temperature before they start the check-in process at the front-desk.	0.45***
22 Measure the customers' temperature before they enter the restaurants for dine-in services.	0.53***
23 Designate a specific department, office or staff to gather public health information on COVID-19 strategies, policies and statistics updates from the private and public sector.	0.53***

Notes ** $p < 0.01$, *** $p < 0.001$.

prevention mechanisms, such as facemasks, forehead thermometers, hand sanitizer, disinfection wipes, alcohol spray, bleach, etc.; (6) measure the customers' temperature before they start the check-in process at the front-desk; (7) provide staff with training in regard to environmental sanitation, such as equipment disinfection; (8) provide the proper PPE (such as mask, gloves, face shield) for the housekeeping employees to ensure employee health, cleaning, and sanitizing; (9) for the pandemic, provide personal hygiene and safety-related training, such as appropriate ways of mask-wearing, hand washing, body-temperature measurement, etc.; and (10) proactively provide employees with COVID-19 information for training purposes. In contrast, the public health practices that 4-star and 5-star hotels rarely use are (1) establishing a special kitchen section for handling packaged food and food preparation during COVID-19 (mean = 2.31), and (2) preparing and reserving special floors or specific rooms for government departments (e.g. Centres

for Disease Control and Prevention) as quarantine stations (mean = 2.50).

T-Test and ANOVA

T-test was used to compare the mean for public health strategy implementation regarding different hotel location and nationality of main customers. This study categorizes the hotel locations into two: city business district (CBD) and non-CBD. It is found that there is no significant difference in implementation of public health strategies ($t = -0.33$; $p = 0.74$). H1 is not supported. The nationality of main customers is categorized to Taiwanese (domestic travellers) and non-Taiwanese (international travellers). The results show that there is no significant difference in implementation of public health strategies ($t = -0.20$; $p = 0.85$). H2 is not supported.

One-Way ANOVA was used to compare the mean for public health strategy implementation regarding (1) hotel performance in occupancy rate, F&B sales,

Table 2 List of Public Health Strategies, and Item-Total Correlation

Strategy/Description	(1)	(2)
14 Strengthen hygiene and cleanliness in hotel operations to offer reassuring lodging services and accommodation products.	4.92	0.39
16 Provide the proper personal protective equipment (PPE) (such as mask, gloves, face shield) for the front-desk and front-of-house (service) employees to ensure employee health, cleaning, and sanitizing.	4.91	0.37
17 Provide the proper personal protective equipment (PPE) (such as mask, gloves, face shield) for the back-of-house (kitchen) employees to ensure employee health, cleaning, and sanitizing.	4.91	0.37
20 Measure the employee's temperature and assess symptoms prior to their starting work on a daily basis.	4.89	0.53
5 Provide materials and supplies for employees for COVID-19 prevention mechanisms, such as facemasks, forehead thermometers, hand sanitizer, disinfection wipes, alcohol spray, bleach, etc.	4.87	0.41
21 Measure the customers' temperature before they start the check-in process at the front-desk.	4.86	0.56
4 Provide employees with training in regards to environmental sanitation, such as equipment disinfection.	4.83	0.58
15 Provide the proper personal protective equipment (PPE) (such as mask, gloves, face shield) for the housekeeping employees to ensure employee health, cleaning, and sanitizing.	4.82	0.65
2 For the pandemic, provide personal hygiene and safety-related training, such as appropriate ways of mask-wearing, hand washing, body-temperature measurement, etc.	4.78	0.57
1 Proactively provide employees with COVID-19 information for training purposes.	4.72	0.62
3 Provide employees with training in regards to 'customer service flow' during the pandemic.	4.67	0.76
6 Train and educate employee with standard operating procedures (SOPs) to handle suspected COVID-19 customers.	4.61	0.73

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takeout sales, and catering sales; (2) annual room sales; and (3) annual F&B revenue. It is found that there is no significant difference in implementation of public health strategies among hotel performance, annual room sales, and annual F&B revenue. H₃, H_{3a}, H_{3b}, and H_{3c} are not supported.

Implications and Conclusions

The findings of this study are consistent with previous research on the epidemic that during the SARS outbreak, the Korean hotel industry offered employees education programmes concerning safety, security and health awareness, as well as training and operating new hygiene equipment (Kim et al., 2005). In Taiwan, the high-end hotels (i.e. 4-star and 5-star hotels) have often used public health strategies during the coronavirus pandemic, while intensifying employees' safety training is the most-adopted practice. In the education programme, hotels provide staff with COVID-19 information and hygiene equipment, and give training in

personal hygiene and safety, special customer service flow, and environmental sanitation. Providing PPE for front-of-house staff, kitchen staff, and housekeeping employees are almost always applied in the daily hotel operation.

The high implementation of public health strategies in the hotels in Taiwan can be attributed to the transparent, easily-accessed, and open information provided by WHO, the Taiwanese Central Epidemic Command Centre, the Tourism Bureau and city governors. Local governments in Taiwan like Taipei and Pingtung (Chang, 2020; World Health Organization, 2020; TPEDOIT, 2020) have provided operational considerations and SOPs for COVID-19 management in the lodging business. With the SARS experience, in early March, 2020, the Department of Information and Tourism of Taipei City Government where the Taiwan capital is, developed and launched the *Manual of Pandemic Prevention SOP for Hotel Businesses* and made it available to all the hotel companies in Tai-

Table 2 Continued from the previous page

Strategy/Description	(1)	(2)
22 Measure the customers' temperature before they enter the restaurants for dine-in services.	4.61	0.94
18 The Housekeeping Department builds action plans for guestroom cleaning procedures in response to the COVID-19 outbreak, such as altering the frequency of changing the bedding, room cleaning and disinfection, trash removal, etc.	4.32	1.11
7 During the COVID-19 crisis, an 'epidemic command centre' in the hotel is established to integrate resources of the administration, different business units, medical, and public sectors.	4.11	1.2
23 Designate a specific department, office or employees to gather public health information on COVID-19 practices, policies and statistics updates from the private and public sector.	4.04	1.3
11 Apply food safety strategies by providing takeout, delivery, kerbside pickup service, or special lunchbox deal.	4.03	1.22
19 The Housekeeping Department change dishwashing and laundry SOP in response to COVID-19.	3.66	1.36
13 Provide special process of room service for hotel guests, such as knock-and-drop deliver, in-room dining and food options.	3.58	1.48
8 Prepare and assign special floors or specific rooms in advance for quarantine of suspected COVID-19 customers or employees.	3.24	1.66
10 F&B Department develops special menus for healthy and nutritious food, such as immunity herbal tea, immune-boosting meals, etc.	3.04	1.59
9 Prepare and reserve special floors or specific rooms for government departments (e.g. Centres for Disease Control and Prevention) as quarantine stations.	2.5	1.68
12 Establish a special kitchen section for handling packaged food and food preparation during COVID-19.	2.31	1.37

Notes Column headings are as follows: (1) mean, (2) standard deviation.

wan. The manual contains general information about the coronavirus pandemic, outbreak prevention practices, hotel management during a pandemic, SOPs for customer check-in, hotel room cleaning, food safety, transportation arrangement, cleaning and disinfection (TPEDOIT, 2020).

This study also found the least-adopted public health strategy in the hotels is to establish a special kitchen section for handling packaged food and food preparation during COVID-19. Since April 12 until the time of writing this article, the Taiwanese government has successfully managed to maintain a record of no local COVID-19 transmission. Namely, local people's life has remained normal, the country has never instituted lockdown orders, and the vast majority of restaurant and hotel businesses have remained open (Aspinwall, 2020). One of the business characteristics of 4-star and 5-star hotels in Taiwan is that half of the hotel revenue comes from F&B sales, which is

mostly generated by domestic purchase, and the hotels have maintained their regular kitchen operations without particular food-safety practices during the coronavirus pandemic. Another rarely adopted practice is preparing and reserving special floors or specific rooms in the hotel for government departments (e.g. Centres for Disease Control and Prevention) as quarantine stations. It can be explained by the successful control for COVID-19 so the demand is not there.

This study not only explored the frequent implementation in employee safety training and employees'/customers' safety and protection, it also found there is no significant difference in implementation of public health strategies in regard to different hotel locations, annual revenue or nationality of customers (international or domestic visitors). Namely, almost all the 4-star and 5-star hotels frequently apply the strategies to protect the health and safety of its

staff and customers during the COVID-19 pandemic. The public information concerning COVID-19 management in the accommodation sectors provided by national and local governments in Taiwan has been a common platform of knowledge by contributing best public health practice experiences for better crisis preparedness and response. Knowledge-sharing concepts can explain the effectiveness of public health strategy implementation as part of crisis management in the hospitality industry in Taiwan (Racherla & Hu, 2009). In SET, Blau (194) indicated that the party anticipates what the reward would be in regards to their next social interaction. It explains that high-end hotels in Taiwan are highly engaged with public health strategies, without Government mandatory requirements, because they expect the customer will reward their strategy of implementation for preventing and limiting the spread of the coronavirus pandemic. Even those hotel companies that had more than 50% in occupancy rate and F&B sales have all implemented the public health strategies during the COVID-19 crisis to protect their customers and employees, and to regain trust from future customers. It is consistent with Jeong and Oh's study in the hospitality and tourism field (2017) that strategizing a business relationship requires not only economic exchanges but also additional social sharing of psychological rewards in the long run. Hotels strictly apply the public health measures regardless of location and annual performance because 'social costs and rewards drive human decision and behavior' (Blau, 1964). Social rewards like emotional satisfaction and sharing ideas is important, and even economic rewards are relevant (Lambe et al., 2001).

Four-star and 5-star hotels often have their employees trained in SOP dealing with suspected COVID-19, and having an epidemic command centre to integrate hotel, hospital and government has proved the importance of hotels having public health care facilities and services, which play imperative roles in pandemic prevention and control (e.g. Jiang & Wen, 2020; Chen et al., 2007). As Taiwan has never undergone lockdown during the pandemic, the often-used hygiene and cleanliness practices in a hotel property are essential to restore customers' confidence in dining and

lodging. As Jiang and Wen (2020) mentioned in their study, after a public health crisis like COVID-19, effective strategies are necessary to boost customers' confidence and to help hotel businesses recover in a timely manner.

This study suggests that hotel managers adopt different public health strategies for managing a pandemic crisis. The strategies could include:

1. Intensifying employee safety training (Strategy 1–5, see Table 1)
2. Providing hotel-based health-care services and facilities (Strategy 6–9)
3. Assuring food safety and providing healthy food choices (Strategy 10–13)
4. Enhancing hygiene and cleanliness (Strategy 14–18)
5. Providing safety and protection to employees and customers (Strategy 19–23)

During the abrupt health-based crisis of COVID-19, employers in the hotel industry have been obliged to safeguard their workers' health and safety, emphasizing the administrative control of changing the way people work, and the protection of workers with PPE (Rosemberg, 2020). The findings in this study are consistent with the recommended measures in hierarchy of controls from the National Institute for Occupational Safety and Health (NIOSH) and the CDC in the USA to protect hotel employees, in particular the front-line staff (Centers for Disease Control and Prevention, 2020; Rosemberg, 2020). Among all the public health strategies hotels adopted during the pandemic, only a few were enforced by CECC in Taiwan. All the hotel customers and employees have been required to wear masks in public areas. Face masks have been considered as the key factor making Taiwan limit the spread of coronavirus (Hsu et al., 2021). Consequently, people who do not wear a face mask in public must face a fine of up to US\$536. The rest of the public health strategies implemented by the hotel companies in Taiwan were voluntary.

Nevertheless, the results show that hotels frequently strictly adopt public health measures. The findings can be explained by SET that hotel companies consider the rewards of applying public health strategies

to prevent the spread of COVID-19 and carrying social responsibility are higher than the costs (Eggert et al., 2006; Walter et al., 2001).

Research Limitations and Future Studies

As hotels are prominently suffering from the pandemic, it is necessary to examine how hotels should establish contingency plans for infectious disease control. This study is an exploratory study investigating the public health strategy implementation in hotels and findings indicate the most and least frequently used strategy overall. However, there are only 127 high-end hotels in Taiwan. Even with the high response rate of 60% with executive managers participating in the survey, the sample size of this study is 76 hotels, which is considered as a small sample which leads to a few limitations in statistical analysis. EFA cannot be applied to test the validity of the questionnaire items. Secondly, the participants were not asked about hotel brand; thus, the results could not be analysed by brand or service level.

A future study is suggested to further investigate the relationship among crisis management strategy, crisis preparation and performance. It is needful to carefully examine the impacts of crisis strategy to find the best industry practices in handling a public health crisis such as COVID-19.

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Manuscript Preparation

Manuscripts should be prepared according to the style prescribed by the *Publication Manual of the American Psychological Association* (American Psychological Association, 2020; see also <http://www.apastyle.org>).

Language and style. The first author is fully responsible for the language and style in the context of the instructions. A good scientific standard command of grammar and style is expected.

Text formatting. Please, use the automatic page numbering function to number the pages. Use tab stops or other commands for indents, not the space bar. Use the table function, not spreadsheets, to make tables. Use

the equation editor or MathType for equations. Whenever possible, use the SI units (Système international d'unités).

The title page should include the title of the article (no more than 85 characters, including spaces), full name of the author(s), affiliation (institution name and address) of each author clearly identified; linked to each author by use of superscript numbers, corresponding author's full name, telephone, and e-mail address.

Abstract. The authors are obliged to prepare two abstracts – one in English and one (translated) in Slovene language. For foreign authors translation of the abstract into Slovene will be provided.

The content of the abstract should include the purpose, methods, results, and contribution of the research. It should only contain the information that appears in the text as well. It should contain no reference to figures, tables and citations published in the main text, and should not exceed 250 words.

Beneath the abstract, the authors should supply appropriate keywords (3–6) in English and in Slovene. For foreign authors the translation of the abstract into Slovene will be provided.

The main text should contain a coherent and logical structure preferably following the IMRAD format (Introduction, Methods, Research [and] Discussion). However, other structures are also welcome (e.g. Introduction, Development and Conclusions) as long as the text maintains its logical structure and focus. Acknowledgments are optional.

The length of the articles should not exceed 9,000 words (including tables, figures, and references), double spaced, using Times New Roman font sized 12.

Tables. Each table should be submitted on a separate page in a Word document after References. Each table shall have a brief caption; explanatory matter should be in the footnotes below the table. The table shall contain means and the units of variation (SD, SE, etc.) and must be free of nonsignificant decimal places. Abbreviations used in the tables must be consistent with those used in the text and figures. Definition symbols should be listed in the order of appearance, determined by reading horizontally across the table

and should be identified by standard symbols. All tables should be numbered consecutively (Table 1, Table 2, etc.).

Figures. Captions are required for all Figures and shall appear on a separate manuscript page, beneath table captions. Each figure should be saved as a separate file without captions and named as Figure 1, etc. Files should be submitted in *.tiff or *.jpeg format. Photographs should be saved at at least 300 dpi. Line art images should be saved at 1200 dpi. Lettering (symbols, letters, and numbers) should be between 8 and 9 points, with consistent spacing and alignment. Font face may be Serif (Minion) or Sans Serif (Myriad). Line width should be 0.5 point or greater. Any extra white or black space surrounding the image should be cropped. Ensure that subject-identifying information (i.e., faces, names, or any other identifying features) is cropped out or opaqued. Prior to publication, the author(s) should obtain all necessary authorizations for the publication of the illustrative matter and submit them to the Editorial Board. All figures should be numbered consecutively (Figure 1, Figure 2, etc.). The journal will be printed in black and white. If the paper contains graphs, we would appreciate that you also e-mail them in a separate Excel file.

References

References should be formatted according to the *Publication Manual of the American Psychological Association* (American Psychological Association, 2019).

The list of references should only include works that are cited in the text. Personal communications and unpublished works should only be mentioned in the text. References should be complete and contain all the authors that have been listed in the title of the original publication. If the author is unknown, start with the title of the work. If you are citing a work that is in print but has not yet been published, state all the data and instead of the publication year write 'in print.'

Reference list entries should be alphabetized by the last name of the first author of each work. Do not use footnotes or endnotes as a substitute for a reference list. Full titles of journals are required (not their abbreviations).

Citing References in Text

One author. Tourism innovation specific is mentioned (Brooks, 2010). Thomas (1992) had concluded . . .

Two authors. This result was later contradicted (Swarbrooke & Horner, 2007). Price and Murphy (2000) pointed out . . .

Three or more authors. Wolchik et al. (1999) or (Wolchik et al., 1999).

If two references with three or more authors shorten to the same form, cite the surnames of the first author and of as many of the subsequent authors as necessary to distinguish the two references, followed by a coma and et al.

List several authors for the same thought or idea with separation by using a semicolon: (Kalthof et al., 1999; Biegern & Roberts, 2005).

Examples of Reference List

Books

American Psychological Association. (2019). *Publication manual of the American Psychological Association* (7th ed.).

Swarbrooke, J., & Horner, S. (2007). *Consumer behaviour in tourism*. Butterworth-Heinemann.

Journals

Laroche, M., Bergeron, J., & Barbaro-Forleo, G. (2001). Targeting consumers who are willing to pay more for environmentally friendly products. *Journal of Consumer Marketing*, 18(6), 503–520.

Wolchik, S. A., West, S. G., Sandler, I. N., Tein, J.-Y., Coatsworth, D., Lengua, L., . . . Griffin, W. A. (2000). An experimental evaluation of theory-based mother and mother-child programs for children of divorce. *Journal of Consulting and Clinical Psychology*, 68, 843–856.

Newspapers

Brooks, A. (2010, 7 July). Building craze threatens to end Lanzarote's biosphere status. *Independent*. <http://www.independent.co.uk/environment/nature/building-craze-threatens-to-end-lanzarotes-biosphere-status-2020064.html>

Chapters in Books

Poirier, R. A. (2001). A dynamic tourism development model in Tunisia: Policies and prospects. In Y. Aposotolopoulos, P. Loukissas, & L. Leontidou (Eds.), *Mediterranean tourism* (pp. 197–210). Routledge.

Conference Proceedings

Price, G., & Murphy, P. (2000). The relationship between ecotourism and sustainable development: A critical examination. In M. Ewen (Ed.), *CAUTHE 2000: Peak performance in tourism and hospitality research; Proceedings of the Tenth Australian Tourism and Hospitality Research Conference* (pp. 189–202). La Trobe University.

Paper Presentation

Thomas, J. (1992, July). *Tourism and the environment: An exploration of the willingness to pay of the average visitor* [Paper presentation.] Tourism in Europe, Durham, England.

Theses and Dissertations

Sedmak, G. (2006). *Pomen avtentičnosti turističnega proizvoda: primer destinacije Piran* [Unpublished doctoral dissertation]. University of Ljubljana.

Working Papers

Salamon, L. M., Sokolowski, S. W., Haddock, M. A., & Tice, H. S. (2013). *The state of global civil society volunteering: Latest findings from the implementation of the UN nonproffitt handbook* (Comparative Non-profit Sector Working Paper No. 49). Johns Hopkins University.

Web Pages

Croatian Bureau of Statistics. (2001). Census of population, households and dwellings. <http://www.dzs.hr/Eng/censuses/Census2001/census.htm>

Manuscript Submission

The main manuscript document should be in Microsoft Word document format and the article should be submitted to <http://academica.turistica.si/index.php/AT-TIJ/about/submissions>

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