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Changing patterns in the health tourism services sector in Lithuania

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Abstract

This paper presents the changing patterns in the health tourism sector comparing to the changes of general tourism, including the tourism for the personal, business, health and leisure purposes. The comparative analysis of the secondary data, including the statistics of the health tourism services enterprises, number of the employees, occupation rate, the customer's profile, the duration of accommodation, and the health tourism services evaluation is done. The results show the specifics of changing health tourism in Lithuania that could be used by the actors of the tourism market, by Government of Lithuania for the positioning the country as the health tourism supplier.

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1. Introduction

Due to the growth of the health tourists in the global world and the turnover of the health and wellness services providers – more researches (Müller, Kaufmann, 2001; Sekliuckienė, Langvinienė, 2009; Konu et al., 2010; Pesonen, 2011) are dedicated to the specifics of the health tourism as a tourism business, its consuming patterns, the value for the health tourist as a customer, etc. The health tourism is related to the tourism with more tangible products (Chang, Beise-Zee, 2013), services and value, such as health improvement, prevention for illness, recovery after serious indisposition (Langvinienė, Sekliuckienė, 2012). The health tourists, who are looking for the health improvement possibilities, facilities in the medical care, professional consultations for the treatment, for the weight or alcohol, and tobacco reduce, for the healthy life style, fitness, sport, rehabilitation, etc., are not limited anymore to the borders of the country, as Services Directive opened entire European market for the EU citizens (Directive on

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services in the Internal Market, 2014). This is one of the motives to look for the treatment opportunities in other than native country. Other motive is the growing attention to the healthy life style, to the demographical trends, as senior people are caring about their longer quality of life, to the insurance politics for the illness prevention, and contracts with wellness and health services providers made by the business enterprises, etc.

The health tourism concept is used as a synonym to the medical or destination tourism in the academic researches (Hall, 2011; Pesonen, 2011). Tourists, who are traveling for the health or destination tourism purposes, appreciate the alternatives for their leisure, including the wellness tourism, the transplant tourism, the dental tourism, etc. As well as tourists, who are going for the wellness purposes, are looking for tangible value (Chen, 2013), too. People seek a healthy balance of body, mind, and spirit (Chen et al, 2013). Synergy for the healthy and sick travellers brings the larger perspective for the health and other tourism suppliers, global or local economy (Hofer et al., 2012). Health behaviour of the tourists improves the mental health and wellbeing (Dale et al., 2014). Healthy lifestyle, what is based on many tangible benefits, such as treatment, fitness, healthy food, procedures – brings a lot of intangible values, as mental rest, relax, pampering, too.

Health-promoted destinations attempt to prove medical benefits (Chang, Beise-Zee, 2013). The benefit of the health and medical tourism is similar enough, such as engaging in the healthy activities, motives for the travel, but it is not the same. Medical tourists are tourists travelling for fertility, abortion, even for cosmetic surgery (Hall, 2011); while wellness tourists are going for spa, pampering purposes what are more common to relax activity. The health tourism is somewhere in the middle of the medical tourism, what is usually a field of the doctors, and wellness, what is provided for the pampering uses. Tourists, who are travelling for the health improvement or wellness purposes, could be travellers of the same country, as the same-day tourists and tourists for a few days. However, researches notice (Jayawardena, Sinclair, 2010; Soteriades, 2012) that the health tourists are appreciating the foreign health tourism providers comparing to the local. They are travelling usually a little bit longer than wellness travellers both locally or abroad. Here the distinguish between the health and wellness tourism arises: the health tourists are leaving home usually for longer than one day for the health purposes, for three-four days, weekend, or even one-two weeks. The author of the paper uses the terminology of the health, as health travel, too. However it is related not only to the health improvement and medical treatment purposes for the travelling, but also to the leisure and wellbeing, pampering purposes. Trends in the health tourism industry show that the duration of the stay is going to be shorter. The growing price for the health tourism, for the accommodation (which is an obligatory service for the health tourism package), for the medical treatment, other procedures, professional consultations – forces the health services consumers to think how to get the same value for less money. The global financial crisis affected the tourism services sector at the large scale. The people economized their incomes for other purposes than leisure in this period. Recovering economy opened the opportunities to gather the entire tourism services sector (Kaynak, Kara, 2012; Niekerk, Saayman, 2013). More opportunities for the growth of the specific tourism subsectors, such as wellness, health care, leisure, conference tourism, are emerged.

Awareness of health tourism is growing in Lithuania, as in other developing and emerging countries (Lam et al., 2011; Hofer et al., 2012; Jayawardena et al., 2013). However, only a few studies are done due to the health tourism as a potential subsector of the tourism which has a lot of possibilities to help the Lithuanian businessmen to develop, as well as Government to shape the image of a country as the health tourism supplier.

The research problem, formulated in the paper is as follows: what changing patterns could be observed in the health tourism of Lithuania, comparing to the general tourism sector's trends? The aim of the paper is to identify the specifics of the changes in the health tourism services sector in Lithuania. The methodology of the research is scientific literature analysis, comparative analysis of the statistical data on the tourism services sector and the health tourism subsector trying to identify the changing patterns and the specifics of the latter.

2. Method

The task of the empirical survey was to disclose the specifics of the changes in the health tourism services sector in Lithuania. The sanatoriums and rehabilitation centres as the health tourism services providers in Lithuania as an object was chosen. The wellness services establishment, what supplies wellness services, beauty procedures, pampering massages, services of cosmetologists, etc., were not included into the survey.

The calculations of the sector's changes were done on the basis of the data 2008–2012, representing the changes covering the economic boom and recession. Three latter years (2010–2012) were analysed deeply. The means for comparing the health tourism and general tourism data were calculated, too: the mean of the size of the health tourism enterprise and the tourism enterprise, the mean of the incomes per tourist, dynamics of these indicators, etc.

All calculations of the changes in the room occupancy rate were done on the basis of the health tourism establishments' registration data. As statistics of tourism show (Tourism in Lithuania 2012, 2013), there are 4 health tourism establishments in Druskininkai, 1 in Varėna, 2 in Birštonas, 2 in Kaunas, 5 in Palanga, 1 in Biržai, and 3 in Vilnius. Totally 18 health tourism establishments, called in Lithuania as sanatorium and rehabilitation services enterprises, were included. The tourist profile was described upon the tourist's country and duration of stay in the health tourism establishment, too. Not all tables and charts were presented due to the limitation of the size of the abstract. The descriptive statistics analysis was provided instead them. The limitation of the empirical data analysis is related due to the delay of the statistics of the tourism services enterprises. The statistical data of 2013 will be issued only on August, 2014.

3. Results

The main indicators of the Lithuanian tourism services sector and the health tourism subsector are presented in the Table 1. Comparing the data of the statistics we can see the difference in the number of the establishment of the health tourism and all accommodation. We can observe the drop of the number of the health tourism enterprises (28 percent). Actually the number of all accommodation enterprises grew by 27 percent during five analysed years. The same situation is observed on the number of the rooms, beds, etc.

The situation changes on the tourists who lived in the health tourism and all tourism establishments. We can see the drop in the number of tourists in the health care institutions. The profile of the customers is different enough. The numbers of the foreigners in the health care enterprises grew (27%) together with growth of all tourism enterprises (24%). Thus, the presumption that more foreign tourists are coming to the health tourism establishments could be done.

Table 1. The changes in the health tourism and general tourism services sector of Lithuania

The main indicators of the tourism	Year					Change, %
	2008	2009	2010	2011	2012	
Sanatoriums and rehabilitation centres	25	22	22	20	18	-28
Number of the rooms	3064	3189	2870	2871	2786	-9
The mean of the number per establishment	123	145	130	144	155	+26
Number of the beds	6557	6843	6048	5987	6072	-7
Number of the tourists	132713	100665	106593	114219	111301	-16
the foreigners	26327	20317	24682	28790	33428	+27
Nights spend	1441947	1195670	1225759	1286048	1223780	-15
by the foreigners	366584	309640	354649	392153	415727	+13
Income, thousand euro	49580	40518	41414	47227	47190	-5
The mean of income per tourist, euro	374	403	389	414	424	+13
for the accommodation	47382	38778	39603	44109	43122	-7
Number of the employees	3339	2958	2807	2737	2709	-19
All accommodation establishments	810	807	908	966	1032	+27
Number of the rooms	20337	21179	21189	21771	22564	+11
The mean of the number per establishment	25	26	23	24	22	-13
Number of the beds	47665	49893	50087	51647	54163	+14
Number of the tourists	1825762	1426991	1552874	1792626	1977526	+8
the foreigners	909983	752389	840368	1003843	1125338	+24
Nights spend	5077363	4030109	4330005	4923793	5265563	+4
by the foreigners	2055953	1758447	1999251	2377346	2622298	+28
Income, thousand euro	215454	159509	165625	201300	213500	-1
The mean of income per tourist, euro	118	118	107	122	108	-9
for the accommodation	145677	107188	107553	138416	141786	-3
Number of employees	12140	10662	10144	10493	10985	-10

Source: contributed by author of *Tourism in Lithuania 2012* (2013). Note: The turnover of the health tourism and general tourism services enterprises was calculated on the Lithuanian currency exchange rate 1:3.4528.

The mean of the room number per establishment shows that the health tourism accommodation enterprises are much larger than general accommodation enterprises (6–7 times larger). The health tourism enterprises are going to be larger every year (26% growth during five years), while general accommodation size is going to be less (the drop is 13%).

The mean of income per tourist shows that the health tourism enterprise gets three or even four times more than general tourism accommodation enterprise. The incomes per tourist are growing only in the health tourism services sector (13%). The incomes decreased by 9 percent in general tourism enterprises during the period.

Getting deeply in the size of the health tourism establishment it should be noticed that the reduction of the number of sanatoriums and rehabilitation centres in Lithuania is due to withdraw of the smallest (with less than 10 rooms) and the largest actors (with more than 100 rooms) (Tourism in Lithuania 2012, 2013). A growth of the number of general tourism establishment is due to the new actors in the small and middle size accommodation enterprises (10–29 or 30–49 rooms), except the private sector.

The largest from all tourism establishments are sanatoriums and rehabilitation centres (Figure 1). As we can see from the Figure 1, 39 percent of the health tourism establishment are larger than 100 rooms. No one health tourism accommodation establishment is less than 10 rooms inside. The mean of the Lithuanian tourism accommodation establishment is 10–29 rooms.

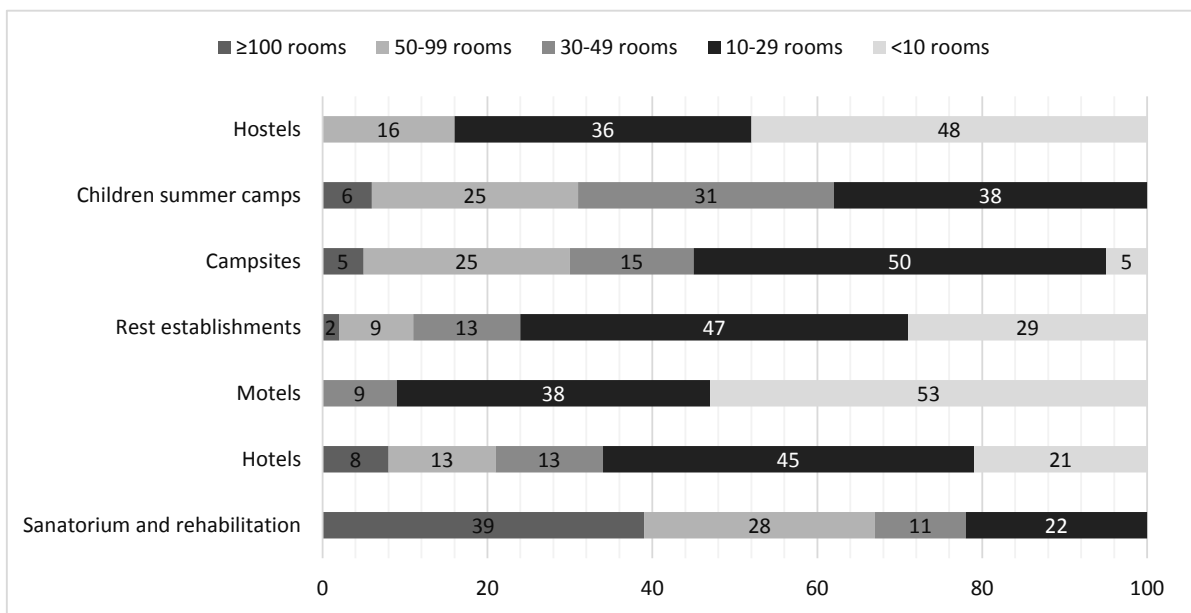


Fig. 1. The size of the tourism actors in the Lithuanian tourism sector in 2012, percent. Source: contributed by author of Tourism in Lithuania 2012 (2013).

The occupation rate in the health tourism accommodation establishment was very different upon the establishment location place (Table 2).

Table 2. The changes in the intensity of the room occupation and the tourist profile in 2010-2012, percent

The indicators of the tourism	Year			Change, %				
	2010	2011	2012					
Health tourism establishment room occupancy rate, %								
Druskininkai	37.2	48.0	55.7	+50				
Varėna	13.8	20.4	18.2	+32				
Birštonas	35.3	36.4	44.5	+26				
Kaunas	39.7	47.3	45.1	+14				
Palanga	28.4	30.7	34.3	+21				
Biržai	19.6	24.0	19.0	-3				
The mean of the occupation rate, %	26.3	30.9	33.9	+29				
All tourism establishment room occupancy rate, %	36.9	44.5	45.5	+23				
The tourist profile (in number of the tourists)	Health tourists				All tourists			
	2010	2011	2012	Change, %	2010	2011	2012	Change, %
From all countries	106593	114219	111301	+4	1552874	1792626	1977526	+27
Belarus	8380	7808	8077	-4	71436	92248	117037	+64
Estonia	129	302	362	+181	32527	37409	39712	+22
USA	89	66	66	-16	19666	24850	25079	+28
UK	36	41	30	-17	35398	32857	37752	+7
Latvia	1365	1730	2281	+67	66519	66145	76431	+15
Poland	1348	1382	933	-31	135856	139632	127033	-6
Lithuania	81911	85429	77873	-5	712506	788783	852188	+20
Norway	34	60	54	+59	16846	20092	26461	+57
France	35	24	46	+31	23248	25684	26423	+14
Russia	5129	7918	12685	+147	105869	148267	214337	+102
Sweden	25	30	35	+40	19747	25303	21694	+10
Ukraine	47	78	50	+6	9100	13274	19366	+113
Germany	7174	8718	8197	+14	105832	128930	144975	+37
Other countries	625	306	300	-52	198324	249152	249038	+26

Source: calculated by author of *Tourism in Lithuania 2012* (2013).

Note: The list of the countries was done on the basics of the health tourists as list of general tourists was wider.

On the Lithuanian statistics' data (Tourism 2012, 2013) the room occupancy rate was 36.9 percent (the mean of the occupancy) in 2010, 44.5 percent – in 2011 and in 2012 it reached 45.5 percent (the change is 8.6 percentage points per two years). Differences related to the location of the health tourism establishment arise, as there are four establishments in Druskininkai and five in Palanga. Thus their impact on the mean of the health tourism establishment occupancy is the largest one. On the ground of the comparative analysis of the room occupancy rate in the health tourism establishment and the tourism generally it should be noticed that the changes are similar during 2010 and 2012. The occupancy rate grew accordingly 29 percent for the health tourism services sector and 23 percent for general. However comparing the separate cases, the room occupancy rate in Druskininkai, Birštonas was higher than the mean of general occupancy rate.

We can observe the changes in the tourists coming to the Lithuanian health tourism establishment. Even there are some changes in the tourist profile; the majority of the coming tourists to the health tourism establishment are the Lithuanian people (70%), after that Russian (11%), German (7), and Latvian (2%). The best positive change is for the Estonian and Russian tourists. The number of the Lithuanian health tourists decreased by 5 percent, as well as from Poland (by 31%) and other countries (52%). General tourists in Lithuania differ a little bit, as the Lithuanian people make 43 percent, other countries 13 percent, Russian 11 percent, Belorussian 6 percent. The best positive change for general tourist is from Ukraine (113%) and Russia (102%). The drop of the tourists general could be seen only from Poland.

Due to the limitation of the abstract extent the descriptive statistics of other health tourist profile is provided. Such facts should be pointed out. The number of the same-day visitors and domestic tourists for the health improvement purposes did not changed dramatically (2%). The pattern of the stay has changed, as the number of the health tourists instead of the stay longer than for 4 night, more and more often chose to stay no longer than three nights. However, the majority of the stays in the health tourism establishment are longer (92%). Comparing to the

duration of the stay in all tourism establishment, it should be noticed that only 18 percent of the stays are longer than 4 nights (Tourism Lithuania 2012, 2013).

The outbound health tourism statistics provides the same data: the health tourists usually are coming to foreign countries for longer than 4 nights, while for the tourism general – the majority of the trips are shorter one. There is no difference in the tourism pattern changes, as the average of the stay in the health tourism establishment abroad prolonged from 6.1 to 6.9 nights per stay from 2010 to 2012, while in all tourism establishment from 7.6 to 10.8 nights. The numbers of nights spend in the journey by the domestic tourists' show that popularity of the health tourism establishment only for the accommodation service decreased, contrary to the general tourism establishment. As was mentioned before, the health domestic tourists start to prefer one day stay.

Evaluating the customers' opinion about the health tourism services quality, it should be noticed, that the coming health tourists estimate better the services in Lithuania, comparing to the evaluation of the health tourism services abroad. The outbound health tourists evaluate the services abroad as: "very good" 41.7 percent, "good" 52.7 and "satisfactory" 5.6 percent. All tourists (not only the health) evaluate the quality of the services accordingly "very good" 57.2 percent and "good" 39.1 percent. The incoming health tourists evaluate the services "very good" 66.9, and "good" 27.4, while all tourists evaluate the services in Lithuania a little bit worse: "very good" 60.7, "good" 35.5 percent.

A socio-demographic characteristic of the health tourist and general tourists differs. The majority of general tourists are individuals of 25–44 years old (52%), 45–64 (36) and 15–24 (8%). The health tourists are older: 45-64 (50%), 25-44 (36%) and older than 65 year 15 percent of the tourists. According to the gender, the health tourists are women and men equally. In general statistics of the tourism – men makes about 66 percent of all tourists.

4. Conclusions

The specific of the Lithuanian health tourism changes comparing to the changes in general tourism services sector is related to the growing size of the health tourism establishments, the growing incomes per tourist, the growth of the popularity of health tourism establishments among foreigners, better evaluation of the Lithuanian health tourism services than services abroad. The room occupation rate in the health tourism establishment is going to be better, but depends a lot on the location of the sanatorium or rehabilitation centre in regard to the Lithuanian tourism establishments. Unfortunately, the number of the health tourism establishment visitors from Lithuania, it is number for the local tourist, is decreased. However, the health tourism is more popular among the same-day health tourist visitors or visitors of short stay. Analysis of the trend changes in the health tourism market shows that there are a lot of opportunities to expand health tourism services for shorter consuming in the near future.

The health tourism establishments have more opportunities also to attract women than general tourism establishments. And this situation doesn't changes a lot. That is why for the ensuring the sustainable growth in the health tourism services sector, the women targeting marketing actions should be provided. Some initiative should be taken in order to attract younger people to the health improvement institutions, not only seniors "65+", "55+", etc., offering more than the health improvement programs, it is providing more intangible value, entertainment and leisure tourism services, too.

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