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European spa resorts in the perception of non-commercial and commercial patients and tourists: the case study of Poland

The growing interest in improving and maintaining the health has focused attention on spa resorts and how the visitor perceives this kind of tourism destination. To advance understanding of European spa resorts, this paper reviews the literature and characterizes five levels of a tourism product of a spa resort from a demand perspective, then proceeds to examine their significance as perceived by patients and tourists. This study explores the perceptions of Polish non-commercial and commercial patients and tourists visiting spa resorts in Poland based on the idea of the tourism product structure.

Keywords: perception, non-commercial, commercial, patient, spa resort, Poland

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Introduction

In the area of continental Europe we can distinguish different types of spa resorts (medical, medical wellness type and wellness type of a spa resort) (Dryglas, 2012). This state of affairs is the result of the existing laws in different European countries or their absence, as well as health-related trends. Medical spa resorts performing classical (traditional) approach to therapeutic treatments represented by the European Spas Association (ESPA) occur only in the countries of the former Eastern bloc and in Germany, Switzerland and Austria, and partly France. According to the definition of a spa resort by ESPA it is said to be the highest level of a health resort as recognize by the state according to the legal regulations for health cures of the country based on natural healing assets, such as: medicinal water (healing, mineral, thermal), healing gases, peloids, healing climate, proved by scientific evidence and being part of scientific medicine (Kirschner, 2005, p. 319). In Poland, the classical model of spa resorts based on natural healing resources and financed with public funds by the public health insurer (National Health Fund – NFZ) or public social insurer (Social Insurance Company – ZUS) and private funds dominates. Issues of funding for visitor's stay in a spa resort were referred by Glied and Zivin (2002) Glazer and McGuire (2002), Hadzik, Szromek, and Sadowska-Krępa (2012), Szromek and Romaniuk (2014). In order to format the complex tourism product of a spa resort, which does not lead to conflicts among people visiting a spa resort market was divided due to the funding source of treatment into non-commercial customers (i.e. those whose visits are financed by the insurer with a doctor's referral) and commercial ones (i.e. those who visit a spa resort on their own and pay for it). This division is important in destination management of a spa resort and management of a spa enterprise in Poland both in operational and financial terms. Although it has primarily economic importance (stays of patients financed with public funds require co-financing from spa enterprises and cause lower income for spa enterprises as well as for spa resorts as non-commercial patients spend less money than commercial ones), it may be particularly relevant for marketing activities, due to

the diversity of components for the two groups in particular layers of the tourism product of a spa resort.

So far in the literature devoted much space to supply side of spa resorts (e.g., Smith, Puczkó, 2009; Crebbin-Bailey, Hacun, Harrington 2005; Cooper, Cooper, 2009; Cohen, Bodeker, 2009; Bengel, 2014), and to a lesser extent, the issue of spa resorts from the demand side (e.g. Smith, Puczkó, 2014). In response to this gap in the literature, the authors in their research focused on the perception of spa resorts from the side of consumers on the example of traditional medical spa resorts in Poland. The aim of this article is to rate the Polish spa resorts by two groups of visitors regarding to the different layers forming the structure of the tourism product as well as to show existing in this context differences between non-commercial and commercial patients and tourists. Proposed research framework can be used to estimate medical spa resorts located in other European countries (e.g. Slovakia, Germany) which in turn permit a multidimensional comparative analysis of medical spa resorts.

Literature review and hypotheses

In tourism literature some authors developed levels of tourism product which are used to plan marketing strategy and prepare market offer that meets and even exceeds the expectations and preferences of customers (e.g., Kotler et al., 2006; Middleton, 1988; Smith, 1994).

According to the concept of Kotler, Bowen, Makens (2006) tourism product of a spa resort is a combination of five levels, which they call in order core benefit, core product, facilitating product, supporting product and augmented product. The basis of tourism product of a spa resort design is core benefit, that is constitute by purpose of travel to a spa resort causing satisfaction which result from the meet of needs determining the purchase of the product. Such satisfaction of staying in a spa resort is associated with achieving the therapeutic, preventive or recreative aim (Burzyński et al., 2005).

H1a. Opinion of people coming to a spa resort on the purpose of their stay is different depending on the source of its financing.

H1b. In the opinion of non-commercial patients the most frequently therapeutic purpose is mentioned, and commercial ones preventive and recreative.

For the creation of core benefit the basis is core product. From a destination point of view we can distinguish in spa resorts natural resources (natural environment, medicinal water, bottled mineral water), built environment resources (spa services and infrastructure), socio-cultural resources (cultural attractions, silence, hospitality, safety, cleanliness, ecology) (Davidson, Maitland, 1997, p. 21).

H2a. Evaluation of people coming to a spa resort on its resources varies depending on the source of financing their stay.

H2b. In the assessment of non-commercial patients the most important in a spa resort is medicinal water and commercial is natural environment.

For the realization of the core product, it is necessary to offer facilitating product, which includes infrastructure and services, enabling stay and use of the resources in a spa resort. In spa resort we can distinguish tourist services (receptionist, animator of free time, waiter, cook, cleaning staff) and medical services (physician, nurse, psychologist, dietician, physiotherapist, balneotherapist, masseur, beautician), which were assessed by patients and tourists.

H3a. Evaluation of people coming to a spa resort on the quality of staff varies depending on the source of financing their stay.

H3b. In the assessment of non-commercial patients the quality of medical and tourism staff is lower than in the assessment of commercial ones.

Patient and tourist can also benefit from other goods and services considered to be desirable but not essential. These components form supporting product which is treated as added-value. They are designed to enhance stay in spa resort and it is they which constitute

the attractiveness and competitiveness of spa resort. Traditional offer of the Polish spa resorts is limited to attractions addressed to non-commercial patients. This is due to the investment restrictions and bans imposed by a number of spa, geological and environmental laws (Dryglas, 2013). In the era of focus on well-being, longevity and quality of life expanded offer in the form of additional, new attractions (consulting and educational center for health, healthy food center, center of regional culture, center of natural medicine, sport complex, thermal baths, natural/ geological sites, casino, amusement park) would not only allow to meet the needs but liberate deeper experiences, impressions, emotions and satisfaction.

H4a. Opinion of people coming to a spa resort on the additional attractions, from which they would be happy to benefit varies depending on the source of financing their stay.

H4b. In the opinion of non-commercial patients the most frequently among additional attractions, of which they would benefit willingly is thermal baths is and commercial ones is consulting and educational center for health.

Kotler, Bowen, Makens (2006) propose a complex structure of tourism product on augmented product level pointing out to such elements as: product availability, physical environment, interaction and participation (involvement) of the consumer. The authors focused on the availability of spa resort from the side of tourism infrastructure (cultural and entertainment facilities, new spa equipment, thermal baths, restaurants, tourist rental equipment, spa hotel, divination, bioenergotherapist), environmental (water and energy saving devices, segregating waste baskets, spa park facilities, sewage treatment plant, infrastructure with organic food) and technical (ability to pay by credit card, access to internet, package tourist card, cash machine, modern treatment equipment) as well as services that determine how product of a spa resort is delivered (Grönroose, 1983).

H5a. Opinion of people coming to a spa resort on deficiencies relating to infrastructure and services varies depending on the source of financing their stay.

H5b. In the opinion of non-commercial patients the most frequently deficiencies relate to tourism infrastructure and commercial ones to services.

Methodology

Data collection

The research material for the study was obtained through surveys carried out from March to June 2013 among randomly selected guests at the spa and tourist accommodation located in all 45 statutory spa resorts in Poland where authorizations from managers were achieved. In the study 2.050 respondents took part, refusal ratio to the total number of requests was 18%. In order to obtain representative results for the whole population number of conducted surveys in the various spa resorts resulted from the criterion of the volume of tourist traffic. The process of questionnaires was conducted by trained under the project interviewers who served with the filling of questionnaires. A pilot sample on 110 patients and tourists personally interviewed was used to ensure that the questionnaire is understandable.

Measurement

Data were collected by using a two-page self-administered questionnaire which comprises both closed and open-ended questions. Based on literature review (Smith, Puczkó, 2009, 2014; Štrba et al. 2015), some earlier research in Polish spa resorts (Burzyński et al., 2005), the information provided by municipality of spa resorts and the information collected from managers of infrastructure in a spa resort, researchers built a set of 62 items to measure the perception of a spa resort relating to five levels in tourism product structure. In the structure of the tourism product of a spa resort core benefit associated with purposes communicated by patients and tourists occupies a central place and was measured with 3 items derived from studies conducted in Polish spa resorts in 2005 (Burzyński et al.). The next layer is the core product related to resources in spa resort which were described by 11 items adapted from Davidson, Maitland (1997) and rated by respondents on a five-point

Likert-type scale, ranging from "not at all important (=1)" to "very important (=5). The possibility of the use of resources gives facilitating product covering services provided at a spa resort which were measured by 13 items based on studies conducted in Polish spa resorts in 2005 (Burzyński et al.) and rated by respondents on a five-point Likert-type scale, ranging from "very bad (=1)" to "very good (=5). The components of supporting product in the form of additional goods and services that are designed to make the stay attractive and make spa resort is distinguished on the market were described by 9 items derived from previous studies carried out in 2005 (Burzyński et al.). The last level constitutes the augmented product relating, among others, to the availability of spa resort in terms of tourism infrastructure (8 items), ecological (5 items), technical (5 items) derived from the information provided by municipality of spa resorts and the information collected from managers of infrastructure in spa resort as well as service quality (8 items), adapted from Parasuraman, Zeithaml, Berry (1985).

Data analysis

Data were analyzed in two ways which is determined by measuring scale on which responses are measured (metric or non-metric scales). Calculations are performed in the package Statistica ver. 10 and the Excel. In the first approach (more general) variants of answers the questions posed to respondents are measured on the non-metric scale. In this case, the following procedure is used involving the examination of:

- significance of the relationship between the answers the questions in the survey and source of funding for patients and tourists stay (the Chi-square test of dependence),
- compatibility of the response structure of non-commercial and commercial patients and tourists (structure similarity measure).

In the second approach (more detailed) the significance of differences between the percentage of indications of selected reply's variants by respondents was checked, using:

- Student's t-test *for Comparing Two Means* (data measured on metric scale),
- Mann-Whitney U Test (data measured on ordinal scale).

This made possible to examine the significance of differences between the average score of reply's variants given by non-commercial and commercial patients and tourists.

Analyzed data were tested by two hypotheses: the zero hypothesis (H_0) (there are no significant differences between structure indicators, $H_0: s_1=s_2$) and the alternative hypothesis (H_1) (there are significant variations in the examined structure indicators, $H_1: s_1 \neq s_2$) with statistical significance defined as $p < 0.001$ and $p < 0.05$.

Results

Statistical analysis of the respondents' answers indicated differences between non-commercial and commercial patients and tourists visiting Polish spa resorts in terms of purpose of visit (core benefit) (Fig. 1) which supported H1a. To investigate whether belonging of patients and tourists to a group of non-commercial or commercial is related to purpose of visit, the Chi-square test of dependence was used. The value of the Chi-square test of dependence for the data in Fig. 1 is 1071.86, and the value of probability test, $p = 0.000$, which means the basis for rejecting the zero hypothesis and acceptance of the alternative hypothesis, which states that belonging of patients and tourists to a group of non-commercial or commercial has a significant relationship with defining purpose of travel to a spa resort. The structure similarity measure's value on the level of 28.70%, indicates low similarity between the structure of non-commercial and commercial patients and tourists because of purposes of visit to a spa resort. Hypothesis H1b was supported because non-commercial patients significantly the most often chose therapeutic target of visit (34.0%) and commercial ones preventive (16.2%) and recreative (19.4%) purpose (at the significance level of 0.05).

Fig. 1 Statistically significant purpose of visit differences between non-commercial and commercial patients and tourists

Purpose of visit to a spa resort	non-commercial (60.4%)	commercial (39.6%)	Total (100%)	χ^2	sig.
therapeutic	1 787 (34.0)	519 (9.9)	2 306 (43.9)	1071.86	p<0.001
preventive	706 (13.4)	853 (16.2)	1 559 (29.6)		
recreative	372 (7.1)	1 021 (19.4)	1 393 (26.5)		

In order to investigate whether the assessment of people coming to a spa resort on the resources varies depending on the source of financing (H2a) nonparametric Mann-Whitney U test was used (Fig. 2). Fig. 2 shows that the difference of opinions on resources is generally significantly different depending on the source of financing stay in a spa resort (at the level of significance 0.001). Only for three rated categories: hospitality, old spa infrastructure and cultural attractions significant differences between non-commercial and commercial patients and tourists were not detected (at the significance level of 0.05).

Fig. 2 Statistically significant resource differences between non-commercial and commercial patients and tourists

Resources in a spa resort	Sum of ranks		U	Z	p	Z adjusted	p
	non - commercial	commercial					
<i>natural resources</i>							
natural environment	997263	589608.5	316917.5	6.35550	0.000000	7.10529	0.000000
medicinal water	1073769	588807.0	306431.0	8.68770	0.000000	9.71528	0.000000
bottled mineral water	795925	502541.0	268271.0	5.28355	0.000000	5.56400	0.000000
<i>built environment resources</i>							
spa services	600477	402759.0	221858.0	3.03069	0.002440	3.13432	0.001723
old spa infrastructure	807527	648544.5	341431.5	-1.59640	0.110402	-1.65377	0.098176
<i>socio-cultural resources</i>							
cultural attractions	748272	566359.0	315373.0	0.83751	0.402305	0.87192	0.383250
silence	1123136	740279.5	413443.5	3.29883	0.000971	3.59280	0.000327
hospitality	868819	668562.0	356241.0	-1.78658	0.074006	-1.88625	0.059262
cleanliness	1054744	562557.0	282431.0	10.16204	0.000000	10.83673	0.000000
safety	958167	568711.5	300433.5	6.83018	0.000000	7.28584	0.000000
ecology	597155	331048.0	178420.0	6.33414	0.000000	6.60382	0.000000

Hypothesis H2b was supported (Fig. 3) because non-commercial patients attribute the greatest importance to medicinal water (3.50), while commercial ones to natural environment (3.14) (0.05 significance level).

Fig. 3 Means of individual items relating to resources in spa resort among non-commercial and commercial patients and tourists

Resources in a spa resort	Mean	
	non-commercial	commercial
<i>natural resources</i>		
natural environment	3.46	3.14
medicinal water	3.50	3.11
bottled mineral water	3.02	2.70
<i>built environment resources</i>		
spa services	2.69	2.54
old spa infrastructure	2.61	2.71
<i>socio-cultural resources</i>		
cultural attractions	2.75	2.68
silence	3.34	3.12
hospitality	2.99	3.03
cleanliness	3.23	2.88
safety	3.32	2.83
ecology	2.92	2.52

Note: 1= not at all important, 5= very important. $p < 0.05$

To investigate whether the assessment of spa patients and tourists on the quality of staff in a spa resort varies depending on the source of financing (H3a) Student's t-test *for Comparing Two Means* was used (Fig. 4). From Fig. 4 we can conclude that in the case of most evaluated items differences between non-commercial and commercial patients and tourists were statistically significant (at the significance level 0.05). Commercial patients and tourists significantly higher assess the work of receptionist, waiter, cook, cleaning staff, physician, nurse, physiotherapist, balneotherapist and masseur. There are no significant differences (at the 0.05 significance level) between non-commercial and commercial patients and tourists in evaluating work of animator of free time, psychologist, dietician and beautician. Hypothesis H3b was positively verified because non-commercial patients rate significantly lower tourist staff (4.41) than commercial ones (4.47), as well as medical staff (4.27) than in the opinion of commercial patients and tourists (4.47) (at the significance level 0.05).

Fig. 4 Means of individual items relating to personnel quality in spa resort among non-commercial and commercial patients and tourists

Personnel in a spa resort	Mean		t	df	p
	non-commercial	commercial			
<i>tourist staff</i>					
receptionist	4.62	4.52	3.189814	1887	0.001447
waiter	4.59	4.52	2.378519	1798	0.017486
cook	4.50	4.42	2.382000	1760	0.017325
animator of free time	4.13	4.13	-0.069910	1483	0.944275
cleaning staff	4.48	4.30	5.012770	1750	0.000001
<i>medical staff</i>					
physician	4.52	4.29	6.095438	1738	0.000000
nurse	4.60	4.32	8.012658	1663	0.000000
psychologist	4.22	4.11	1.919123	849	0.055304
dietician	4.27	4.22	0.994958	1116	0.319972
physiotherapist	4.57	4.26	7.588862	1298	0.000000
balneotherapist	4.56	4.27	6.897255	1362	0.000000
masseur	4.54	4.32	5.153800	1181	0.000000
beautician	3.98	4.05	-0.890160	539	0.373778

In order to verify hypothesis H4a due to qualitative nature of the data we used the Chi-square test of dependence. It allows to check whether there is a significant relationship between the type of spa guests (because of the source of funding) and the opinions on additional attraction, from which they would be happy to benefit (Fig. 5). The value of the Chi-square test of dependence for the data is 87.403, and the value of probability test, $p = 0.000$, which means the basis for rejecting the zero hypothesis which states that belonging of patients and tourists to a group of non-commercial or commercial does not have a significant relationship with the opinion on additional attractions in spa resort, for the hypothesis which states the occurrence of significant correlation between the type of spa guests and the opinion on the use of additional attractions in a spa resort. The structure similarity measure's value on the level of 43.88%, indicates moderate similarity between the structure of non-commercial and commercial patients and tourists because of the opinion on additional attractions in a spa resort. Hypothesis H4b was partially supported because the largest percentage of non-commercial patients pointed out thermal baths, as additional attraction,

which would like to use (15.23%) and is significantly smaller than the percentage of commercial patients and tourists (11.70%), who also most frequently chose among the additional attractions thermal baths (at the significance level 0.05). The percentage of non-commercial patients who are willing to benefit from consulting and educational center for health is 4.5% and is higher than the percentage of commercial patients and tourists (3.9%). Test of significance for the two structure indicators revealed no significant difference between the percentage (p-value = 0.3309).

Fig. 5 Statistically significant additional attractions differences between non-commercial and commercial patients and tourists

Additional attractions in a spa resort	non-commercial (60.4%)	commercial (39.6%)	Total (100%)	χ^2	sig.
consulting and educational center for health	196 (4.5)	169 (3.9)	365 (8.4)	87.403	p<0.001
healthy food center	325 (7.0)	311 (7.1)	635 (14.6)		
center of regional culture	222 (5.1)	275 (6.3)	497 (11.4)		
center of natural medicine	178 (4.1)	184 (4.2)	362 (8.3)		
sport complex	240 (5.5)	191 (4.4)	431 (9.9)		
thermal baths	671 (15.4)	512 (11.8)	1 182 (27.2)		
natural/ geological sites	154 (3.5)	261 (6.0)	415 (9.5)		
casino	49 (1.1)	93 (2.1)	142 (3.3)		
amusement park	141 (3.2)	182 (4.2)	323 (7.4)		

To examine hypothesis H5a the Chi-square test of dependence was used, which was conducted separately for deficiencies in tourism, ecological, technical infrastructure and services.

The value of the Chi-square test of dependence for the data is 98.04991, and the value of probability test, $p = 0.000$, which means the basis for rejecting the zero hypothesis which states that belonging of patients and tourists to a group of non-commercial or commercial does not have a significant relationship with the opinion on deficiencies in tourism infrastructure for the hypothesis which states the occurrence of significant correlation between the type of spa guests and the opinion on deficiencies in tourism infrastructure in a spa resort (Fig.6). The structure similarity measure's value on the level of 41.76%, indicates moderate similarity between the structure of non-commercial and commercial patients and tourists because of the opinion on deficiencies in tourism infrastructure at a spa resort.

The value of the Chi-square test of dependence for the data is 63.90012, and the value of probability test, $p = 0.000$, which means the basis for rejecting the zero hypothesis which states that belonging of patients and tourists to a group of non-commercial or commercial does not have a significant relationship with the opinion on deficiencies in ecological infrastructure for the hypothesis which states the occurrence of significant correlation between the type of spa guests and the opinion on deficiencies in ecological infrastructure in a spa resort (Fig.6). The structure similarity measure's value on the level of 41.69%, indicates moderate similarity between the structure of non-commercial and commercial patients and tourists because of the opinion on deficiencies in tourism infrastructure at a spa resort.

Fig. 6 Statistically significant deficiencies in infrastructure and services differences between non-commercial and commercial patients and tourists

Deficiencies in a spa resort	non-commercial (60.4%)	commercial (39.6%)	Total (100%)	χ^2	sig.
<i>tourism infrastructure</i>					
cultural and entertainment facilities	277 (8.2)	253 (7.5)	530 (15.6)	98.04991	$p < 0.001$
new spa equipment	288 (8.5)	186 (5.5)	474 (14.0)		
thermal baths	641 (18.9)	390 (11.5)	1 031 (30.4)		
restaurants	221 (6.5)	223 (6.6)	445 (13.1)		
tourist rental equipment	161 (4.8)	186 (5.5)	347 (10.2)		
spa hotel	94 (2.8)	114 (3.4)	208 (6.1)		
divination	57 (1.7)	101 (3.0)	158 (4.7)		
bioenergotherapist	140 (4.1)	56 (1.6)	196 (5.8)		
<i>environmental infrastructure</i>					
water and energy saving devices	77 (3.5)	143 (6.4)	220 (9.9)	63.90012	$p < 0.001$
segregating waste baskets	244 (11.0)	218 (9.8)	462 (20.9)		
spa park facilities	100 (4.5)	100 (4.5)	200 (9.0)		
sewage treatment plant	93 (4.2)	1 136 (51.3)	1 230 (55.5)		
infrastructure with organic food	0 (0.0)	102 (4.6)	102 (4.6)		
<i>technical infrastructure</i>					
ability to pay by credit card	147 (8.6)	102 (5.9)	249 (14.5)	36.79677	$p < 0.001$
access to internet	184 (10.7)	251 (14.6)	435 (25.2)		
package tourist card	145 (8.4)	84 (4.9)	229 (13.3)		
cash machine	274 (15.9)	203 (11.8)	477 (27.7)		
modern treatment equipment	182 (10.6)	149 (8.6)	331 (19.2)		
<i>quality of services</i>					
competence	86 (5.2)	53 (3.2)	139 (8.4)	20.76268	$p = 0.187$
communication	67 (4.0)	78 (4.7)	146 (8.7)		
responsiveness	54 (3.3)	64 (3.9)	118 (7.1)		
reliability	115 (6.9)	162 (9.7)	277 (16.6)		
credibility	99 (6.0)	149 (8.9)	248 (14.9)		
empathy	160 (9.6)	177 (10.6)	337 (20.3)		
courtesy	85 (5.1)	104 (6.3)	190 (11.4)		
understanding	92 (5.5)	118 (7.1)	210 (12.6)		

The value of the Chi-square test of dependence for the data is 36.79677, and the value of probability test, $p = 0.000$, which means the basis for rejecting the zero hypothesis which

states that belonging of patients and tourists to a group of non-commercial or commercial does not have a significant relationship with the opinion on deficiencies in technical infrastructure for the hypothesis which states the occurrence of significant correlation between the type of spa guests and the opinion on deficiencies in technical infrastructure in spa resort (Fig.6). The structure similarity measure's value on the level of 41.93%, indicates moderate similarity between the structure of non-commercial and commercial patients and tourists because of the opinion on deficiencies in technical infrastructure at a spa resort.

The value of the Chi-square test of dependence for the data is 20.76268, and the value of probability test, $p = 0.187$, which means no grounds for rejecting the zero hypothesis which states that belonging of patients and tourists to a group of non-commercial or commercial does not have a significant relationship with the opinion on service quality (Fig.6). The structure similarity measure's value on the level of 43.67%, indicates moderate similarity between the structure of non-commercial and commercial patients and tourists because of the opinion on service quality at a spa resort.

Hypothesis H5b is supported because the largest percentage of non-commercial patients (55.5%) pointed to gaps in tourism infrastructure and was larger than the percentage of commercial patients and tourists (44.51%) (at the significance level of 0.05). In turn, commercial patients and tourists the most often among deficiencies in infrastructure and services in spa resort mentioned quality of service (54.35%), which was significantly less often mentioned by non-commercial patients (45.65%)(at the significance level of 0.05).

Conclusions, discussion and implications

Increasing pro-health trends related to "return to nature" make the importance of spa resorts as tourism destination growing (Loureiro et. al, 2013) which in turn implies a look by the manufacturer at a spa resort from the demand side on several levels (core benefit, core product, facilitating product, supporting product, augmented product). The formulated hypotheses H1a, H2a, H3a, H4a, H5a, whose measurement allowed us to determine the degree of relationship between opinions of consumers on the components of five levels in product structure of a spa resort (purpose of visit, resources, infrastructure and services, additional attractions, availability) and sources of funding stay in a spa resort as well as H1b, H2b, H3b, H4b, H5b, which verification allowed to demonstrate differences between non-commercial and commercial patients and tourists in terms of mentioned above five levels were statistically confirmed, except for H4b, which was only partially supported.

As resulted from the research spa resorts are not limited to non-commercial patients traveling to a spa resort for therapeutic purposes and remaining under the care of medical staff within the spa treatment. In spa resorts also other groups of commercial patients and tourists who come for preventive and recreative purposes are present. Differences in purpose of visit (core benefit) for both groups of respondents due to their socio-demographic profile, according to which persons benefiting from the public health or social insurance are mostly older and chronically ill, and people who pay for stay at a spa resort with private resources are mostly younger and healthy. However, at this background in spa resorts conflicts may rise because of presence of many groups coming in different purposes. Non-commercial and commercial patients and tourists agree on the importance of natural resources in a spa resort constituting core product, without which under the spa laws a spa resort could not arise. Two groups of respondents differ in assigning significance to natural resources categories. Non-commercial patients mostly appreciate the medicinal water because of medical functions attributed to it while commercial ones regarded as the most important natural environment,

which allows for the implementation of predictive and recreative purpose. Moreover, we evaluated personnel (facilitating product) at a spa resort whose services allow to use of resources. It turns out that the elderly persons, diseased, who do not pay for the stay in a spa resort but the state are more demanding in terms of customer service than those who pay for services from their own funds.

Despite statistically significant differences between the two groups of respondents the most frequently among the additional products, which they are eager to benefit thermal baths were indicated, differently from the assumptions of the authors. According to previous observations it seemed reasonable to assume that those diseased and older people most willingly benefit from thermal baths while younger and healthy people from consulting and educational center for health in order to prevent disease. Non-commercial patients most often pointed to deficiencies within tourism infrastructure especially concerning thermal baths which only confirm the conviction of the priority of this infrastructure for them. In turn, commercial patients and tourists most frequently mentioned deficiencies within quality of services especially in terms of empathy, which is significant for people using health-related services. Although commercial patients and tourists generally higher than non-commercial ones assessed medical and tourist personnel in a spa resort, it turned out, that they would like to improve service quality. The above-mentioned deficiencies result from the fact, that Polish spa resorts are focused on non-commercial patients funded by the state.

It should be emphasized that the scope of the product individual levels of a spa resort is not constant due to the new needs for physical, mental and psychological well-being (core benefit) resulting from the physical, emotional and spiritual crisis of civilization. This what until recently was constitute supporting and augmented product and distinguished it from competing products, as a result of the aforementioned factors, is becoming the standard, and thus enters the sphere of facilitating product. As for the implications for the management of a spa resort, they should take more attention to supporting and augmented product that

contribute to the competitiveness and attractiveness of the product of a spa resort. The expansive market policy requires therefore permanent verification of core benefit and core product and the correctness of facilitating, supporting and augmented product structure.

Together these results support the conceptualization of non-commercial and commercial patients and tourists perception of spa resorts based on the five levels of tourism product structure in a spa resort. Spatial optics perception of product in spa resort implies multiplicity and variety of elements included in each of its layers, which in turn entails a multiplicity of actors responsible for its co-creation and shaping (local government, private and non-profit entities).

The results achieved in this study do not only clarify the distinction between non-commercial and commercial patients and tourists in the context of perceived components of product in spa resorts but also enable entities responsible for its formation to plan their marketing efforts and product offerings more efficiently as they know what kind of attributes has the level and how they are evaluated by two groups of recipients. The opinions and estimations of components contained in the product structure of a spa resort on the five levels made by non-commercial and commercial patients and tourists can be use to develop product strategies of spa resorts. Product strategies of a spa resort will be different for both groups with the exception of additional tourism product (supporting product), from which they would be happy to benefit. Those traveling for therapeutic reasons (non-commercial patients) use mainly medicinal products, are eager to benefit from the tourist products (thermal baths) preferred by people arriving for preventive and recreative reasons (commercial spa guest). Lastly, the framework of findings based on five tourism product levels may indeed be useful in practice on an European scale, as it is certainly possible that entities formulating product of a spa resort would like to have knowledge about particular levels from demand side.

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