

**WellSpaV4 Project Report**

**Opportunities and Challenges for V4 Spas: Poland**



**Dr Diana Dryglas**  
**AGH University of Science and Technology**  
**Email: [ddryglas@agh.edu.pl](mailto:ddryglas@agh.edu.pl)**

**Kraków 2021**

## **Table of Contents**

1. Executive Summary	p.3
2. Overview of Spa Development in Poland	p.4-7
3. Summary of Recent Research Studies on Spas in Poland	p.8
4. Research Methods and Data Collection	p.8-9
5. Analysis of Findings	p.9-15
6. Conclusion and Recommendations for Spas	p.15-16
7. References	p.17-18
8. Appendices	p.19-22

## **1. Executive Summary**

This report focuses on the main challenges and opportunities for spas in Poland. The data was derived from a wider project which examined the situation of spas in the V4 countries (Hungary, Poland, Czech Republic and Slovakia). Data was based on a Delphi Study that was undertaken with 28 expert respondents who were asked two rounds of questions about the following themes: main challenges for spas in the post-Socialist era; government support and funding; factors affecting spa development; customer profiles and satisfaction; definition and role of wellness activities; growth of tourism; importance of spa networks and collaborations; and the impacts of COVID-19.

The results show that the future for spas in Poland lies in creating high enough quality services for the target segments, as well as building modern spa resort and tourist infrastructure which is environmentally friendly. This may require the development of new products addressing the needs of commercial customers, expansion of personnel competencies and creation of new marketing strategies. In the context of the increasing popularity of wellness services, Polish spa resorts are facing a challenge of combining these with future developments in medical wellness to intensify preventative approaches and increase healthy lifestyle awareness and practice. Government support, EU funding and network cooperation can help in these developments. Constant measurements of quality and satisfaction can also have an impact on this process of continuous improvement. This will be especially important in the post-COVID-19 period.

## 2. Overview of Spa Development in Poland

There are 45 statutory spas in Poland. They represent the medical spa model based on natural healing resources available also in German-speaking countries, the Baltic States (Estonia, Latvia, and Lithuania), Central and Eastern Europe, Russia and partly France. They are popular therapeutic tourism destinations in Poland, due to (Dryglas and Różycki, 2017):

- the special statutes and spa resort protection zones which secure a high-quality of the natural environment;
- the fact that Polish spa resorts are located in regions of the highest tourism and, what is even more important, natural values. Many Polish spa resorts are located in or in the vicinity of the most valuable preservation areas: national parks, landscape parks, nature reserves, protected landscapes or the Natura 2000 sites;
- the specific therapeutic infrastructure (spa hospital, sanatorium, promenade, spa park, walking hall, bath house, band shell, amphitheatre, pump room, graduation tower, caves, baths) with classical therapeutic treatments (balneotherapy, climatotherapy, physical therapy, kinesiotherapy and diet, psychotherapy, pharmacotherapy and health education);
- the high level of technical infrastructure as regards water and waste water management, energy management as well as waste management, safety and protection of the environment.

The borders of an area that has been granted the status of a spa correspond to the administrative boundaries of communes, cities or commune's auxiliary units. They are located in the thirteen voivodeships among the sixteen singled out as major Polish territorial subdivisions. The majority of the statutory spas (32) are located within the administrative borders of towns, most of which are small (Fig. 1). Three spas, which are different in that respect are Konstancin-Jeziorna, Sopot and Swoszowice, located in large city agglomerations: Warsaw, Cracow and Tricity (Gdańsk-Gdynia-Sopot). The other locations are villages, three of which are municipal villages (Goczałkowice-Zdrój, Horyniec, Solec-Zdrój). Although statutory spas can be found in all regions of the country, their distribution is quite uneven depending on the geological features of the area. That is why the distribution of natural medicinal resources such as medicinal waters and gases translates into a privileged position of southern regions where one can find the greatest number of water-based places (26), i.e. spas where medicinal waters are used in the majority of treatments. In north-eastern Poland, where peloid (healing muds) occur, the most popular type of spas are peat ones, i.e. spas where peloids are used in most of the treatments (Dryglas and Salamaga, 2017, 2018).



**Fig. 1. Spatial distribution of statutory spas in Poland**

**Source:** (Dryglas, 2018)

The period following World War II brought a change in the functioning of Polish spas. The development of spas under the communist regime was to a large extent determined by the nationalisation of most of them and the introduction of therapeutic treatments into the free health care system. They were a frequent destination for workers, whose holidays were organised and subsidised by their employers and trade unions (so-called 'social tourism'). Increasing numbers of tourists to spas in the post-war period created a need to develop therapeutic accommodation facilities (sanatoriums, spa hospitals). Massive investments in the second half of the 1960s allowed for building numerous sanatoria and spa hospitals (i.e. medical facilities in which medical personnel – a doctor or a nurse – carried out medical activities such as out-patient or in-patient and round-the-clock healthcare services, created in order to provide spa medicine services, or funded by employers and trade unions). The political and economic breakthrough of 1989 (political transformation) marked the beginning of difficult times for therapeutic enterprises and spas. In the 1990s, therapeutic enterprises and spas had to adapt to the new setting created by a market economy. This new reality entailed ownership transformation and the restructuring of Polish therapeutic enterprises and spa resorts, which began at the turn of the 20<sup>th</sup> and 21<sup>st</sup> centuries. Following the reform of the healthcare system introduced on 1 January 1999 and, specifically, following the entry into force of the Public Health Insurance Act, therapeutic services started to be financed by Sickness Funds and then, from 1 April 2003, by the National Health Fund (NFZ). This led to numerous negative consequences, especially financial ones, for therapeutic enterprises (e.g. low prices for therapeutic services offered by the National Health Fund). Therapeutic

enterprises can obtain revenues from contracts concluded with such institutions as the National Health Fund (NFZ), Social Insurance Institution (ZUS), Agricultural Social Insurance Fund (KRUS), State Fund for Rehabilitation of Disabled Persons (PFRON), district family support centres as well as associations and foundations providing care to the sick (Dryglas and Różycki, 2017). Furthermore, at the beginning of the healthcare reform process, the decision was made to reorganise 26 state-owned therapeutic enterprises via privatisation, understood here as indirect privatisation, i.e. a two-stage process comprising the commercialisation of an enterprise by transforming it into a sole-shareholder company of the Treasury and the sale of shares in the privatised company (Dryglas, 2018). The privatisation process of those companies continues to the present day. Similar to Germany and Slovakia, in Poland, spa medicine is a separate field of medicine focused on the healing properties of mineral and medicinal waters, peloids (therapeutic mud, silt), healing gases and climate as well as their use in treatment, rehabilitation, prevention and diagnostics (Derco and Pavlisinova, 2017; Kirschner, 2009). Up-to-date, therapeutic treatments in Poland have been provided based on referrals from doctors and may be financed under the so-called social system. Spa medicine uses its own methods of treatment, prevention, diagnostics and rehabilitation (balneotherapy, hydrotherapy, climatotherapy, physical therapy, kinesiotherapy as well as diet, psychotherapy, pharmacotherapy and health education) (Gutenbrunner, Neumann, Lemoine and Delarque, 2010). Spa medicine deals in particular with the treatment of chronic diseases.

Before the political transformation, treatment in spa resorts was accompanied by the strongly developed social aspect of such visits, which to a certain degree remains true to this day. The socialisation process in Polish spas under the communist regime took the form of organised cultural life including concerts in spa parks, artistic performances, dancing, meal sharing, tourist trips, organised strolls, etc. (Dryglas and Salamaga, 2018). Nowadays, therapeutic accommodation facilities in Polish spas include an ever-increasing number of spa/wellness hotels, where tourists can attain a balance between body, spirit and mind.

Many Polish spas and therapeutic enterprises face a serious problem of having financial difficulties due to unfavourable legal regulations. The status of a spa, related to additional legal obligations and restrictions, leads to the generation of smaller profits in comparison to other tourist destinations as a result of e.g. a significantly lower rate of property tax applicable to entities providing health services compared to the rate applicable for entities whose activities do not include the provision of health services. Therapeutic enterprises in Polish spas also experience severe financial difficulties caused by the falling budget expenditure earmarked for spa medicine. In the years 2000-2017, government expenditure on spa medicine was reduced from 4.5% (1998-1999) to about 1% of the annual National Health Fund (NFZ) budget. Moreover, the absorption capacity of the EU structural funds is limited (on the one hand, state-owned therapeutic enterprises do not have the status of a small-sized enterprise and, on the other hand, they cannot afford to provide the financial contribution that is required when applying for EU funding), and the state will not recapitalise therapeutic enterprises. This means that therapeutic enterprises have to co-finance the stay of patients together with the public health insurer (National Health Fund – NFZ) or public social insurer (Social Insurance Company – ZUS), which leads to a reduction in their profits.

Research conducted in the years 2003-2013 in all of Poland (Burzyński, Dryglas, Golba and Bartosik, 2005, Dryglas, 2018) indicates that in every Polish spa there are more non-commercial tourists than commercial ones. However, the percentage of non-commercial tourists visiting spa resorts decreased from 80% to 60% in those 10 years. This implies the need to adapt the facilities and services to the constantly growing group of commercial tourists. At the same time, we can observe a tendency of Polish spas gradually turning into multifunctional health, tourism, recreation, sport and cultural centres, losing their homogenous image (Hadzik, Ujma and Gammon, 2014). The changes that took place during the time of transformation not only included the diversification of the direct recipients of the services and the offer of therapeutic enterprises and spas, but they also included changes in the ownership of many spa treatment enterprises.

There are nine statutory spas in Poland, which use geothermal water for therapeutic purposes with maximum temperature at the outflow of around 19–44°C (Fig. 2). Merely 20%, that is 9 out of 45 spas in Poland use geothermal waters for therapeutic purposes despite the fact that the Polish tradition of using geothermal waters in spa resorts can be traced back to the 12th century. Furthermore, Poland has a small number of thermal centres (14) compared to Hungary or Slovakia, which started to emerge in 2006. There are seven geothermal bathing and recreation centres in the Podhale region and seven in the Polish Lowlands which use geothermal water for recreational purposes. Geothermal waters in the Podhale region and in the Polish Lowland have higher temperatures than geothermal waters in spa resorts (of 27–95°C) due to a favourable geological structure.



**Fig. 2** Location of statutory spa resorts using geothermal water and thermal centres in Poland  
**Source:** Dryglas and Hadzik (2016)

### **3. Summary of Recent Research Studies on Spas in Poland**

A review of the subject literature leads to the conclusion that despite the growing interest of researchers in the issues of spa management, studies conducted in this area have been rather fragmentary. To date, authors of studies on health tourism management and marketing have acknowledged the existence of health products, such as therapeutic tourism products (e.g. Dryglas and Salamaga, 2017, 2018; Hadzik, Ujma, and Gammon, 2014; Kapczyński and Szromek, 2008), medical tourism products (e.g. Dryglas and Lubowiecki-Vikuk, 2019a,b) or wellness tourism products (e.g. Dryglas and Hadzik, 2016). They have also developed a health tourism product structure model in the process of marketing management (Dryglas, 2018). Furthermore, some authors analysed the characteristics of the management boards of spa treatment facilities and the way of perceiving a visitor by the managers (Szromek and Romaniuk, 2014); others described the process of privatization of spa companies (Szromek, Romaniuk & Hadzik, 2016), as well as addressing the value Polish spas offer to customers (Szromek and Wybrańczyk, 2019).

The concept of push and pull motives for choosing medical (e.g. Lubowiecki-Vikuk and Dryglas, 2019a,b), therapeutic (e.g. Dryglas & Salamaga, 2017, 2018), and wellness tourism destinations (e.g. Dryglas, 2020) has been extensively examined in the health tourism literature. Furthermore, some authors have recently conducted studies, published in the subject literature, defining the profile of a tourist visiting spas in Poland (Dryglas and Różycki, 2016, 2017).

### **4. Research Methods and Data Collection**

A Delphi Study was undertaken in 2020-2021 as part of a project that focused on the challenges and opportunities for spas in the V4 countries (Hungary, Poland, Czech Republic and Slovakia). Hsu and Sandford (2007, p. 1) describe a Delphi study as “a group communication process that aims at conducting detailed examinations and discussions of a specific issue for the purpose of goal setting, policy investigation, or predicting the occurrence of future events”. It is undertaken with a group of carefully selected experts in a specific field. Delphi studies are used when addressing complex issues (Donohoe and Needham, 2009). They have been used successfully in other health and wellness research studies (e.g. Lee and King, 2009; Smith, 2015). Experts receive a first round of questions based on specific issues which the researchers then analyse. They send a second round of questions to the same respondents based on the analysis of their first round responses. Best practice for the method includes using a minimum of 10 expert participants and at least two rounds of questions (Gordon, 1994), however, it is most common for Delphi studies to use Panels of 15-35 (Miller, 2001). The aim is to reach a consensus of opinion, so a third round of questions might be needed if adequate consensus is not reached. However, it is common for respondents to drop out of subsequent rounds known as an ‘attrition rate’. An acceptable attrition rate would be between 20% and 25%, but can be as high as 45–50% (Miller, 2001).

In this case, the Delphi Study was designed with the purpose of identifying the main challenges for spas in the V4 countries as well as making recommendations for future developments. The

four main partners in the V4 project identified expert respondents who were spa managers and directors from their own country with the aim of balancing the sample between the four countries as far as possible. Opinions were gathered from 28 interviewees: 9 from Hungary, 7 from Poland, 6 from the Czech Republic and 5 from Slovakia plus one geothermal expert from Bulgaria. In the second round 22 participants responded, an acceptable attrition rate of 21%. A third round was not included because it was realized that it was not possible to reach further consensus on some of the issues raised (i.e. some points could not easily be ranked by respondents and differences of opinion were expected, especially as they work in contexts with different priorities). Respondents were asked questions about main challenges for spas in the post-Socialist era; government support and funding; factors affecting spa development; role of wellness activities; customer profiles and satisfaction; growth of tourism; importance of spa networks and collaborations; and the impacts of COVID-19.

Appendix 1 shows the questions that were asked in the two rounds of the Delphi Study. The detailed results of the study are presented in a wider report. Here, the focus is mainly on the results of the Polish data with a brief comparison of findings from the V4 data at the end.

## **5. Analysis of Findings**

This section provides an analysis of the interview responses from Round 1 of the Delphi Study as well as the consensus that was reached on the main issues discussed by the respondents in Round 2.

### **A Brief Comparison of the Polish and V4 Country Data**

The data from the V4 countries contained many similarities. This included the problems of meeting quality standards for paying and international guests, but not being able to fund this through health insurance funds; low salaries for employees and the difficulties in recruiting a qualified workforce; as well as addressing a few conflicts between groups of guests who ideally need to be offered separate spaces.

#### ***Challenges facing thermal baths and spas after the period of socialism (post-1990)***

After several years of operation in the new economic reality, spas had to adapt to the rules of a free market of health services and formed a competitive product. In the 1990s, Polish spas were characterized by insufficient funds for investment, underinvested and dilapidated housing, catering and treatment facilities and the lack of distribution channels outside the public authority (the Ministry of Health). In the minds of Poles, health spas meant inpatient treatments that required a referral from a doctor, but at the same time the stay itself was treated as a recreational one, oriented towards health purposes only to a minimum degree.

According to the respondents, the main challenges for spas, sanatoria and spa hospitals in Poland in the post-socialist era (from 1990) were as follows:

1. Transformation and adaptation to the needs of the changing market.
2. Commercial customer acquisition (promotion).
3. Development of the therapeutic and recreational base.

4. Development of infrastructure both in facilities and adjacent areas.
5. Meeting the requirements of environmental protection.
6. Raising the level of customer service.
7. Extension of the spa offer.
8. The new spa act.
9. Subsequent amendments to the regulations and requirements regarding the provision of spa treatment.
10. Sustainable development.

In Round 2 of the Delphi Study, respondents agree that the following three priorities were the most important ones:

1. The need for infrastructure improvements
2. Targeting and creating services for new (often self-paying) markets
3. Meeting the quality levels required for international guests

However, one respondent partially agreed with the order of the priorities, stating that:

“It depends on whether we look at it from the point of view of spa facilities (e.g. sanatoria) or municipalities and their individual strategies”.

### ***Funding and finance***

The share of the financial support for spa facilities is systematically decreasing and sanatoria are trying to attract full-paid patients. The EU support and subsidy programs play a considerable role in the development of spas, sanatoria and spa hospitals allowing them to develop (e.g. infrastructure – roads, pavements, lighting) and become more attractive (e.g. sports facilities, cultural offer), which attract visitors.

Over the years, spending on spa medicine has changed depending on the health policy of the State. Generally, these expenditures have oscillated between 0.7% and 2.37% of the total expenditures on health care. Currently, spa treatment is financed with 66% from the budget of the National Health Fund, and 34% is from commercial treatment. Spa communes have obtained a lot of funds from the European Union for investments in spa, tourist and municipal infrastructure. Such subsidies have also been given to sanatoria, spa hospitals, hotels and guest houses. Thanks to the EU funds, modern infrastructure has been built in numerous spa resorts.

In the past, spa visitors did not have to incur any additional costs for their stay, and even their transport was free of charge. This trend of co-financing should increase. Spa resorts are also active users of regional operational programmes. The beginnings were difficult but in the last two multiannual programmes, resources appeared which led to the improvement of the situation in spas. The beneficiaries were both municipalities (e.g. revitalization of spa parks) and service providers who obtained funds for the modernisation of spa facilities or hospitals.

In Round 2 of the Delphi Study, respondents agree 100% that:

- The majority of guests are still supported by state health insurance (over 60%),
- The share of self-paying guests is not dominant but it is growing,

- EU funding has led to major improvements in spas in Poland

In Round 2 of the Delphi Study, respondents agree with 71.4% and disagree with 28.6% that:

- The role of self-financing and private insurers is growing,
- The majority of domestic tourists in my country cannot afford to self-fund.

### ***Demand for thermal and spa facilities***

For several years there has been a growing interest in spas and natural spa medicine. People want to stay in smaller, quiet towns, where they can enjoy a calm atmosphere, clean air and nature. That is why spas are chosen by the elderly and families with young children. Certainly, this year, the increase in the interest in spas has been caused by the pandemic and the fact that people do not go abroad for holidays. Spas have promoted themselves as places of considerable prestige, which have above-average spa and tourist facilities as well as a high-quality para-tourist infrastructure. They have created their image of places intended not only for the elderly and the sick, but also destinations offering many tourist attractions and health and recreation centres. As they meet stringent environmental standards, they are seen as destinations with significantly higher levels of environmental protection than other places.

In Round 2 of the Delphi Study, interviewees agree that the quality of spa services has improved, customers have become more demanding, wellness services and recreational experiences have increased, people want to go to spas which are in a peaceful and clean natural environment and domestic demand has increased. Post-COVID, people are more likely to visit spas for recovery, prevention and to boost their immune system. But they do not all agree that customers are getting younger, that medical use of spas is declining, that paying customers are demanding more and more service packages (e.g. including treatments and wellness activities), that paying customers want separate spaces from state-funded guests or that customers are unwilling or unable to pay more for higher quality services.

### ***Impacts of international tourism***

Spa resorts, have also attracted foreign tourists, as they developed their additional offer aimed at promoting spa tourism, tourism and recreation. The significant impact of the development of international tourism has been especially noticeable in spa resorts located in the west and the north of the country, and partly in the south. Undoubtedly, the willingness to travel, visit other countries and learn about their values and cultures has contributed to the increase in tourist traffic in spa resorts. Interviewees mainly highlighted that in previous years, some spas, e.g., Kołobrzeg, prepared offers dedicated to German tourists. The opening of borders, high self-awareness, willingness to rest and regenerate the body have a significant impact on the Polish spas. They are also popular among foreign tourists, e.g. Germans and Slovaks. There are also guests from more distant places, such as Israel or countries in the Middle East. The persistent low level of knowledge of foreign languages, especially among the medical staff, constitutes a barrier to the development of international tourism. Visitors from other countries, who come here as patients, are still part of individual tourism.

In Round 2 of the Delphi Study, most respondents do not agree that the majority of guests are now foreigners, but they mostly agree that the majority of foreign guests (60% or more) come from neighbouring countries and that international tourists are independent travellers and that foreign clients prefer larger (more well-known) spa facilities to other small and lesser-known spas. They also agree that although the interest of foreign guests is growing, marketing communication with this target group is still insufficient. They mostly disagree that foreign tourists use medical services more than wellness ones. Results are mixed about whether tourism is the main cause of price increases and whether the quality of spas is high enough for foreign tourists.

### ***Conflicts Between User-Groups***

In the past, when spa resorts focused only on spa medicine, such conflicts were common. On the other hand, the media and some medical scientists often attempt to discredit the value of spa medicine. Wellness is treated as a kind of charlatanism. Homogeneous groups dominate in spa facilities, i.e., the stays of visitors who come for regeneration or relaxation are not combined with for example events for companies.

In Round 2 of the Delphi Study, the respondents indicated the following conflicts:

- State-funded and self-financing guests – due to the lower level of financing, the guests whose stay is funded by the NFZ feel neglected because they experience a completely different standard of the expected services and treatments (often also the conditions of stay). Self-financed visitors may have higher expectations of their stay.
- Eastern European and Western tourists for reasons of cultural diversity.
- Generations (i.e. older and younger guests) – due to the fact that the young and the old prefer a different way of spending their free time, there may be conflicts, e.g. related to noise nuisance at night. Full-paying guests – younger guests often come in groups and often integrate quite loudly, especially in the evenings, sometimes there are quarrels with older neighbours.
- Families and individuals or couples because elderly people should not be mixed with families with children due to different needs in terms of rest and relaxation. Solo guests may be disturbed by the presence of children.

### ***Meaning of Wellness in Poland***

In Poland, the concept of wellness is understood in many different ways. Even wellness offers in individual spa facilities vary greatly. Wellness is seen as a dynamically developing field. Treatments of this type are one of the most attractive and varied offers in all spa resorts. Most often they are used by women, commercial guests, foreign tourists, and younger people. One respondent stated that “This concept still functions in Poland as a short experience, not a lifestyle (spirituality, relaxation). It is understood rather as various types of attractions, without creating a comprehensive product or lifestyle”. However, there are Polish spas which place emphasis on shaping a wellness lifestyle. The wellness industry in Poland is not financed from the public funds, as this is not allowed according to the applicable legislation. Still, spa medicine in Poland is not perceived as an attempt to restore psychophysical balance or psychophysical health, but its sole purpose is to restore physical health. It was also thought

that the very word *wellness* is often overused. It is very often equated with a single relaxation or cosmetic service (e.g., a massage or cosmetic treatment). Only a small percentage of people think about prevention, about striving to be happy just for its own sake, without any particular reason.

In Round 2 of the Delphi Study the most popular definition is: “medical wellness is on the rise because of healthy lifestyle promotion and increased care for one’s health, wellness means relaxation and recreation (pampering is less important), wellness functions more as a short experience than a lifestyle”.

### ***Monitoring and Measuring Guest Satisfaction***

The quality and level of services are of fundamental importance, especially for commercial or foreign customers. Domestic guests who benefit from stays reimbursed by the National Health Fund make their choices depending on the spa resort's specialisation and attractive location. In most cases the measurement of guest satisfaction in Polish spas involves surveys or rating analyses in the social media.

In the second Round of the Delphi Study, results were very mixed in terms of first place responses about which forms of guest satisfaction measurements work best. The priorities listed included: online questionnaires, constant monitoring, social media feedback and guest satisfaction surveys (on paper).

### ***Collaborations Between Spas***

Polish spas cooperate with other business entities in terms of exchanging good practices, mutual promotion of spa tourism and knowledge acquisition. Thanks to Facebook groups (e.g. Polish hoteliers), ideas are exchanged and research is conducted with a wider group of people who were not known before. Facebook (i.e. health spa groups) is mainly used by patients who exchange information on the level of services in various sanatoria. This cooperation makes it possible to gain new partners and attract visitors. Various joint projects (promotional, educational ones, etc.) are carried out as part of the cooperation. Each exchange of experiences and collaboration will be beneficial to many parties.

However, there is no platform dedicated to the socio-economic functioning of Polish spas that would resemble the spa observatory existing in Hungary. In addition, opinions, observations, and results of scientific research are exchanged during the regularly held Congress of Health Resorts.

In Round 2 of the Delphi Study, the results were rather mixed. No one answer emerged strongly, although a national spa network which has an annual conference and regular meetings which offers training, certification and optional audits, as well as negotiating conditions with health insurance companies was chosen by almost all respondents.

## ***Future Challenges***

The main challenge is likely to be the transformation of spas from single or at most, dual-purpose facilities (medical treatment and tourism) into wellness spa resorts offering a diverse package of services in the field of alternative medicine. Another problem will be the change in the attitude of the state authorities towards spa medicine, which is still treated as a strictly medical field, without taking into account spiritual needs and well-being. There will be no problem with new technologies, infrastructure, environmental protection, but combining spa medicine with wellness would require a difficult change in attitude. Therefore, the wellness sector is likely to develop spa resorts independently of the State's participation.

It was thought that the key to the future of spas in Poland is the constant improvement of the offer, increasing quality of services and embracing innovations in products and technologies.

During and after the COVID-19 pandemic, emphasis should be placed on the development of spa medicine associated with services for post-COVID-19 patients, and with wellness services for all individuals who would like to focus on illness prevention. One respondent stated that “after the pandemic, people will pay particular attention to living in good health and shape. There should be greater co-financing of services that improve people's health (whether in the form of tax deductions or vouchers), so that the State is involved in helping people take care of themselves and, in consequence, becoming healthier. On the other hand, patients who have obtained their doctor's referral (whether it is under the National Health Fund, the Agricultural Social Insurance Fund or the Social Insurance Institution) should to a greater extent participate in financing the services they receive.”

In Round 2 of the Delphi Study, the following were ranked as Very Important or Important:

- Infrastructural developments and quality improvements
- Developing services for new markets
- Creating a hygienic environment for guests (Post-COVID)
- Digitalization and improving the online presence of spas
- Improving the marketing communication to potential clients
- Increasing the emphasis on providing preventive care and counselling in the field of healthy lifestyles

The following were also ranked as Very Important or Important or Neither important nor irrelevant:

- More research on and education for balneology
- Sustainable developments and greener energy sources
- Developing more medical wellness treatments connected to lifestyle improvements

## ***The Effects of COVID-19***

Due to the COVID pandemic, spa resorts in Poland were closed twice. The first time it happened was from mid-March to mid-June, 2020, and then until 24 October, 2020. Furthermore, the Rabka-Zdrój and Krynica-Zdrój spa resorts were closed due to the fact that they were located in the-then red zone. Between the closures, spa resorts functioned under a

strict sanitary regime and in accordance with the recommendations issued by the Main Sanitary Inspectorate. During the first period of closure, spa entrepreneurs used the governmental assistance in the form of remuneration subsidies to protect jobs and financing from the Polish Development Fund.

The pandemic has deeply shaken the Polish spa resort sector. Spa hospitals, sanatoria, hotels and guest houses were closed. The accompanying services (catering, transport and services operating based on tourism and spa treatment) also collapsed. The lack of spa visitors or tourists had a very negative effect on utility companies (there is no demand for water supply or waste water collection). This was also a blow to culture, sport and recreation. Sadly, spa resorts have not received any special assistance from the State, even though they lost most of their income. Only sanatoria receive funds from the National Health Fund for the so-called preparedness. However, this does not apply to hotels, guest houses, restaurants or cafes. The companies functioning within spa communes received the same support from the State as those operating outside spa resorts. This is a very meagre support, which does not allow for survival. It was stated that from a financial perspective, the situation is disastrous. State support at the level of 4-6% or 8% of last year's revenues is minimal. In addition, the subsidy is partially reimbursable. In the second half of the year there was no support provided, despite the statutory closure of sanatoria. The medical personnel were transferred from sanatoria to COVID hospitals. Without maintaining sanatoria over the years, the extensive medical infrastructure, which the State has readily used, would not have survived. Intensified sanitary procedures have always been applied in sanatoria (e.g. bath tubs / treatment stations were always washed and disinfected), however, the biggest change in this respect is the high availability of disinfecting liquids for the guests' use.

## **6. Conclusion and Recommendations for Spas**

The most important challenges for spas according to the Delphi Study include the need for infrastructure improvements, targeting and creating services for new (often self-paying) markets and meeting the quality levels required for international guests. This might necessitate addressing shortcomings in the area of human resources and training the personnel, developing product and technological innovations, as well as creating new marketing strategies.

The majority of guests are still supported by state health insurance (over 60%) but the share of self-paying guests is growing. EU funding has led to major improvements in spas in Poland. Interviewee responses suggest that the demand for wellness services and recreational experiences is growing and that customers have become more demanding. Even though respondents agree that wellness functions more as a short experience than a lifestyle, future developments might focus on improving knowledge of preventative healthcare and healthy lifestyles among Polish people, possibly using a medical wellness approach. People want to go to spas which are in a peaceful and clean natural environment.

Most respondents agree that the majority of foreign guests (60% or more) come from neighbouring countries and that international tourists are independent travellers. Interviewees also suggest that future developments should take into consideration conflicts

between user-groups (state-funded and self-financing guests, Eastern European and Western tourists, generations, families and individuals or couples) and consider separating spaces or targeting specific groups.

Monitoring and measuring of guest satisfaction should be undertaken on constant monitoring and ideally through online questionnaires or social media feedback. The co-operation at all levels, not only local, regional, and national, but also international with other entities, significantly affects the development of spas, allowing for the exchange of good practices, mutual promotion of spa tourism, knowledge acquisition (know-how), implementation of joint projects, obtaining new partners and attracting visitors.

During the COVID-19 pandemic, emphasis should be placed on the development of spa medicine associated with services for post-COVID-19 patients and with wellness services for all individuals who would like to focus on illness prevention. Post-COVID, people are more likely to visit spas for recovery, prevention and to boost their immune system.

## References

- Burzyński, T., Dryglas, D., Golba, J., and Bartosik, A. (2005) *Czynniki wpływające na jakość i konkurencyjność usług turystycznych w miejscowościach uzdrowiskowych (Factors affecting the quality and competitiveness of tourism services in spa resorts)*. Krakow: Institute of Tourism in Krakow & Association of Polish Spa Communities.
- Derco, J. and Pavlisonova, D. (2017) Financial position of medical spas – The case of Slovakia. *Tourism Economics*, 23(4), 867–873, <https://doi.org/10.5367/te.2016.0553>
- Donohoe, H. M. and Needham, R. D. (2009) Moving best practice forward: Delphi characteristics, advantages, potential problems, and solutions, *International Journal of Tourism Research*, 11(5), 415–437.
- Dryglas, D. and Hadzik, A. (2016) The development of the thermal tourism market in Poland, *Geotourism*, 3-4(46-47), 27-42,
- Dryglas, D., and Różycki, P. (2016) European spa resorts in the perception of non-commercial and commercial patients and tourists: the case study of Poland, *e-Review of Tourism Research*, 13(1/2), 382-400.
- Dryglas, D. and Salamaga, M. (2017) Applying destination attribute segmentation to health tourists: A case study of Polish spa resorts, *Journal of Travel and Tourism Marketing*, 34(4), 503–514. <http://dx.doi.org/10.1080/10548408.2016.1193102>
- Dryglas, D. and Różycki, P. (2017) Profile of tourists visiting European spa resorts: a case study of Poland, *Journal of Policy Research in Tourism, Leisure and Events*, 9(3), 298-317, <http://dx.doi.org/10.1080/19407963.2017.1297311>
- Dryglas, D. and Salamaga, M. (2018) Segmentation by push motives in health tourism destinations: A case study of Polish spa resorts. *Journal of Destination Marketing and Management*, 9, 234–246. <https://doi.org/10.1016/j.jdmm.2018.01.008>
- Dryglas, D. (2018) *Designing a health tourism product structure model in the process of marketing management*, PWN, Warsaw.
- Dryglas D. and Lubowiecki-Vikuk A. (2019a) Image of Poland as perceived by German and British medical tourists, *Tourism Review*, 74(4), 861-871, <https://doi.org/10.1108/TR-07-2018-0105>
- Dryglas D., and Lubowiecki-Vikuk A. (2019b) The attractiveness of Poland as a medical tourism destination from the perspective of German and British consumers. *Entrepreneurial Business and Economics Review*, 7(2), 45-62, <https://doi.org/10.15678/EBER.2019.070203>
- Dryglas, D. (2020) Wellness as a new direction of development of Polish spa resorts, *International Journal of Spa and Wellness*, [https://doi.org: 10.1080/24721735.2020.1857207](https://doi.org:10.1080/24721735.2020.1857207)
- Gordon, T. J. (1994) *The Delphi method*, *Futures Research Methodology*, accessed from [http://www.gerenciamento.ufba.br/downloads/delphi\\_method.pdf](http://www.gerenciamento.ufba.br/downloads/delphi_method.pdf) on 23 March 2021.
- Gutenbrunner, C., Neumann, V., Lemoine, F. and Delarque, A. (2010) Describing and developing the field of competence in Physical and Rehabilitation Medicine (PRM) in Europe – preface to a series of papers published by the Professional Practice Committee of the PRM section of the Union of European Medical Specialists (UEMS), *Annals of Physical and Rehabilitation Medicine*, 53, 593-597, <http://dx.doi.org/10.1016/j.rehab.2010.10.005>.

- Hadzik, A., Ujma, D., and Gammon, S. (2014) Wellness and spa provision in the Silesian health resorts of Poland, in M. Smith and L. Puczkó (Eds.) *Health, Tourism and Hospitality. Spas, wellness and medical travel*, Routledge: London, pp. 321-328.
- Hsu, C. and Sandford, B. A. (2007) The Delphi technique: Making sense of consensus, *Practical Assessment, Research & Evaluation*, 12(10), 1–8.
- Kapczyński, A. and Szromek, A. R. (2008) Hypotheses concerning the development of Polish spas in the years 1949-2006, *Tourism Management*, 29(5), 1035-1037, <https://doi.org/10.1016/j.tourman.2007.10.001>
- Kirschner, C. (2009) *Glossary Cure, Spa, Rehabilitation*. E. Schweizerbartsche Verlagsbuchhandlung: Stuttgart.
- Lee, C. and King, B. E. (2009) Using the Delphi method to assess the potential of Taiwan's hot springs tourism sector, *International Journal of Tourism Research*, 11, 415–437.
- Lubowiecki-Vikuk A, and Dryglas D. (2019a) Central and Eastern Europe as a medical tourism destination: A case study of Poland, *Almatourism - Journal of Tourism, Culture and Territorial Development*, 10(19), 25-43, <https://doi.org/10.6092/issn.2036-5195/8199>
- Lubowiecki-Vikuk A. and Dryglas D. (2019b) Medical tourism services and medical tourism destinations in Central and Eastern Europe – the opinion of Britons and Germans, *Economic Research-Ekonomska Istrazivanja*, 32(1), 1256-1274, <https://dx.doi.org/10.1080/1331677X.2019.1627892>
- Miller, G. (2001) The development of indicators for sustainable tourism: Results of a Delphi survey of tourism researchers, *Tourism Management*, 22, 351–362.
- Smith, M. K. (2015) Baltic Health Tourism: Uniqueness and Commonalities, *Scandinavian Journal of Tourism and Hospitality*, 15(4), pp.357-379.
- Szromek, A. R., and Romaniuk, P. (2014) The Management of Spa Tourism Centres in Poland Structure of Boards, and Their Perception of Different Types of Visitors, with Regard to the Funding Source of Treatment, *American Journal of Tourism Management*, 3(1), 9-16.
- Szromek, A. R., Romaniuk, P. and Hadzik, A. (2016) The privatization of spa companies in Poland – An evaluation of policy assumptions and implementation, *Health Policy*, 120 (4), 362–368, <http://dx.doi.org/10.1016/j.healthpol.2016.02.011>
- Szromek, A. and Wybrańczyk, K. (2019) Proposal of Value for Customer of Spas: Expectations of Spa Patients and Tourist in Polish Spas, *Sustainability*, 11(13), 3598 <http://dx.doi.org/10.3390/su11133598>

## Appendix

### Interview Questions for the Delphi Study

#### Round 1 Questions

1. Please identify what you think have been the main challenges for thermal baths and medical spas in your country in the post-Socialist era (1990 onwards)?
2. What is the share of government support (health insurance) in your thermal baths or medical spas compared to self-funding? Has this changed over time? Do EU or other subsidy programs play a role?
3. Has there been a growth or decline in the popularity of thermal bath and medical spa visits among local residents and/or domestic tourists? Which factors have affected this situation?
4. What impacts (if any) has international tourism development had on your country's thermal baths and spas?
5. What does wellness mean in your country (e.g. prevention, lifestyle, balance, relaxation, pampering, spirituality?) Have any kinds of wellness activities been introduced in the thermal baths and medical spas in your country? If so, what and who uses them currently (e.g. paying guests; international tourists; women; younger people; specific nationalities?)
6. Have there been any conflicts between user groups in your thermal baths and spas (e.g. medical and wellness guests; older and younger generations; men and women; international tourists and local residents; different nationality guests)? If so, please specify.
7. Do you use a client satisfaction evaluation system in your institution? Do you know whether the quality and service levels of your thermal baths and medical spas satisfy patients or guests (e.g. from reviews or other feedback)? Do you know which problems need to be addressed?
8. Are there any collaborations or networks between thermal baths and medical spas in your country or between the V4 countries? If so, what is their focus? (e.g. quality control, marketing, research, education, exchange of good practice). If not, would you find collaboration useful and if so, in which form and for what purpose?
9. Can you identify any future challenges, opportunities or development options for your country's thermal baths and medical spas (e.g. wellness developments; sustainability; technological innovation; customer service improvement)?
10. How did the COVID-19 situation affect your thermal baths and medical spas? How is the situation being handled (e.g. government support; new hygiene regulations)?

## Round 2 Questions

1. In the first round, respondents were asked to summarise the main challenges for spas since 1990. Do you agree that the Top 3 challenges (in order of importance) are the following?
  1. 1. The need for infrastructure improvements
  2. 2. Targeting and creating services for new (often self-paying) markets
  3. 3. Meeting the quality levels required for international guestsIF NOT, PLEASE ADD YOUR COMMENTS HERE
  
2. In round 1, respondents commented on changes in demand. Below is a summary of the responses. Which of these statements do you agree with the most for the past 5 years? (1. Totally agree, 2. Somewhat agree, 3. Neither agree nor disagree, 4. Somewhat disagree, 5. Totally disagree)
  - a) The quality of spa services has improved
  - b) Customers have become more demanding
  - c) Medical use of the spas has declined
  - d) Wellness services and recreational experiences have increased
  - e) Customers are unwilling or unable to pay more for higher quality services
  - f) Domestic demand has increased
  - g) The average age of customers is getting younger
  - h) Paying customers want separate spaces from state-funded guests
  - i) People want to go to spas which are in a peaceful and clean natural environment
  - j) Paying customers are demanding more and more service packages (e.g. including treatments and wellness activities)
  - k) Post-COVID, people are more likely to visit spas for recovery, prevention and to boost their immune system
  
3. In round 1, the effects of international tourism were listed by respondents. Based on these ideas, which of the following statements do you agree or disagree with?
  - a) The majority of the spa guests in my country (60% or more) are foreign now
  - b) Most of our foreign guests (60% or more) come from neighbouring countries
  - c) The majority of international tourists are independent travelers
  - d) Foreign tourists use medical services more than wellness ones
  - e) Tourism affects price increases more than any other factor
  - f) The quality of our spas is high enough for foreign tourists
  - g) Foreign clients prefer larger (more well-known) spa facilities to other small and lesser-known spas
  - h) Although the interest of foreign guests is growing, marketing communication with this target group is still insufficient
  
4. Respondents were asked to define wellness in Round 1. Please select the definition(s) below that come closest to the meaning of wellness in spas in your country (Top 3 only in order of preference where 1 is the closest). You only need to write the letter a), b), c) etc. and not the whole sentence.
  - a) Wellness means beauty services, massage and saunas mainly
  - b) Wellness means relaxation and recreation (pampering is less important)

- c) Wellness is more about leisure and recreation than improving lifestyle, balance or self-development
  - d) Wellness includes sauna, massage and fitness
  - e) Medical wellness (e.g. healthy lifestyle recommendations by a doctor) is not popular
  - f) Medical wellness is on the rise because of healthy lifestyle promotion and increased care for one's health
  - g) Wellness functions more as a short experience than a lifestyle
  - h) Wellness is about having fun!
5. In Round 1, respondents were asked about funding and financing of spas. Which of the following statements do you agree with:
- a) The majority of guests are now self-funded (over 60%)
  - b) The majority of guests are still supported by state health insurance (over 60%)
  - c) The share of self-paying guests is not dominant but it is growing
  - d) EU funding has led to major improvements in spas in my country
  - e) The role of self-financing and private insurers is growing
  - f) The majority of domestic tourists in my country cannot afford to self-fund
6. Respondents were asked about conflicts between user groups in Round 1 and it emerged that there can be some conflicts. Do you agree that separate spaces, facilities or time slots should be created for any of the following groups? If yes, please explain your choice below:
- a) State-funded and self-financing guests
  - b) Medical and wellness guests
  - c) Domestic and international tourists
  - d) Eastern European and Western tourists
  - e) Generations (i.e. older and younger guests)
  - f) Different nationalities
  - g) Men and women
  - h) Families and individuals or couples
7. Based on the responses about measuring spa guest satisfaction, which of the following tools work best, in your opinion? Please select maximum 3 and rank them 1-3 where 1 is the most useful:
- a) Online questionnaires
  - b) Monthly evaluation
  - c) Constant monitoring
  - d) Visitor management strategy
  - e) Guest satisfaction surveys (on paper)
  - f) Social media feedback
8. According to the round 1 responses, it seems that collaborations and networks bring some benefits. Which of the following interests you most and why? You only need to write the letter a), b), c) etc. and not the whole sentence.
- a) An international spa association with regular newsletters, meetings and events
  - b) A European spa association which offers guidelines and good practice case studies, as well as events and meetings.
  - c) A regional (multi-country) network which has meetings, shares good practice and includes some joint promotion

- d) A national spa network which has an annual conference and regular meetings. It offers training, certification and optional audits, as well as negotiating conditions with health insurance companies.
  - e) A regional (sub-national) spa network which shares resources and marketing budgets, as well as examples of good practice.
  - f) A local network like a Tourism Destination Management Organisation or similar where spas are part of a wider strategy. One main role is to lobby for government support and appropriate regulations.
9. Based on the Round 1 responses about future developments and challenges, which of the following do you think are the most important priorities in the next 5 years (please rank them where 1 -5 where 1 is most important)
- a) Infrastructural developments and quality improvements
  - b) Developing services for new markets
  - c) Creating a hygienic environment for guests (Post-COVID)
  - d) Sustainable developments and greener energy sources
  - e) More research on and education for balneology
  - f) Developing more medical wellness treatments connected to lifestyle improvements
  - g) Digitalization and improving the online presence of spas
  - h) Improving the marketing communication to potential clients
  - i) Increasing the emphasis on providing preventive care and counselling in the field of healthy lifestyles