The relationship between tourism and residents' quality of life: A case study of Harkány, Hungary

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Abstract

The paper delineates the connections between tourism and the local population's quality of life in Harkány, a spa-town located in Southwest Hungary. During the spring of 2011, a questionnaire survey of 297 residents was undertaken in the town, in order to investigate their participation in tourism, and associated quality of life issues. In addition, residents' attitudes related to thermal spa development in the town were analysed, together with the use of spa facilities by locals. The data analysis suggested that whilst the spa has a significant presence in the everyday life of the residents, the development of spa tourism has had very limited effects on their quality of life.

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Keywords: quality of life, well-being, health tourism, medical geography, spa, Hungary

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Introduction

Hungary is one of the leading health and wellness tourism destinations in Europe (Smith and Puczkó, 2009), and for a number of years, medical bath development has been given high priority in Hungary's tourism policy. The National Tourism Development Strategy (2005–2013) and Hungary's most important strategic programme on economic and social renewal, the New Széchenyi Plan (2011–2020),

and specifically its sub-programme 'Healing Hungary – Health Industry', places great emphasis on tourism's impact on a better quality of life (MTH, 2005), acknowledging the potential of tourism development in achieving broader social goals (Crouch and Ritchie, 1999). These strategies also demonstrate that, besides its presence in related social science publications (e.g. Hankiss and Manchin, 1976; Andorka, 1997; Kopp and Kovács, 2006; Utasi,

2006), the recognition of the non-material elements of life can also be detected in current Hungarian political thinking. Tourism is, undoubtedly, a factor which can markedly increase the quality of life in a community (Cecil et al, 2008, 2010), and so, its support is a matter of serious political interest (Kopp and Skrabski, 2008). Both national and local government can boost the quality of life, not only by encouraging travel in different ways (Richards, 1999), but also by broadening and improving tourism supply in individual settlements (Sirgy, 2010; Sampson and Gifford, 2010).

Considering that health is, perhaps, life's most important single desirable factor, we may assume that health travellers who can successfully satisfy their physical and mental needs are the most contented in the world. On that basis, we could also theorize that those who live in health and wellness tourism destinations are happier than the average, due to their constant access to health-maintaining facilities and services. By combining the two, we may conclude that in a country as rich in the supply of the basics of health tourism as is Hungary, only happy people live. Sadly, reality

is different. Between 2007-2011, the Geographical Research Institute of the Hungarian Academy of Sciences, together with the Kodolányi János University of Applied Sciences, undertook an in-depth examination of the topic. The project, supported by OTKA (Hungarian Scientific Research Fund) was entitled '*Health and Wellness Tourism and the Quality of Life in Hungary: A Geographical Synthesis of the Social, Economic and Environmental Problems of Health-oriented Mobility*'. First results based on national samples and secondary data analysis proved that, compared to other tourism products, involvement in health and wellness tourism did not affect participants' quality of life to the expected extent (Michalkó et al, 2009). Therefore, neither health seekers nor the inhabitants of health tourism destinations in Hungary could be considered significantly happier than their respective counterparts (Rátz and Michalkó, 2011).

This study examines the most important elements of the symbiosis between tourism and Quality of Life (QoL) of the local inhabitants based on the case of a spa resort, Harkány, which is located near the Hungarian-Croatian

Figure 1. The location of Harkány in Hungary

border and is also known as the '*Mecca of Rheumatism*'¹ (Figure 1). We attempt to analyse the impact of the renovated (with the help of EU funds) medical spa on the general sentiments of the local population: essentially, on their perceived quality of life. The results of a questionnaire-based survey conducted in 2011 with 297 respondents from Harkány show us the connection between tourism and the local residents' attitudes and opinions on the medical spa and the impact of its services on their own QoL.

Within the overall health tourism field, the main tourist product of Harkány may be defined as medical spa tourism (Smith and Puczkó, 2009) based on treatments using thermal mineral water with healing properties. Following the typical Central European traditions (Smith and Jenner, 2000), the chemical and hydrodynamic effects of the water rich in sulphur and other minerals are complemented by physiotherapeutic, gynaecological, dermatological and other kinds of medical treatments. Harkány represents a classic example of the European spa concept, offering cures combining thermal mineral water, favourable climate and landscape with medical treatments, where many guests arrive with prescriptions from their doctors (Marvel, 2002). However, similarly to most Hungarian medical spas, Harkány also offers swimming pools, as well as aesthetic and wellness services, such as massages and beauty treatments, thus widening their appeal to wellness and leisure segments (Michalkó and Rátz, 2011).

Theoretical background

Tourism and quality of life

Quality of life is the joint product of objective factors which define our human existence and their subjective reflection (Royo, 2007). This widely defined concept is based on objective notions that are in themselves very diverse: examples include way of life, physical living conditions, standard of living, lifestyle, life situation and life terms, among others. Its subjective pillars are complacency, hope, happiness and priorities (Csíkszentmihályi, 2001; Easterlin, 2010). '*Welfare*' refers to objective elements in quality of life (such as income, state of health, technological infrastructure, educational system or public

safety), whilst '*well-being*' refers to subjective factors such as happiness, appreciation or love. The related literature differentiates between Objective Well-Being (OWB) and Subjective Well-Being (SWB) that together form the two pillars of QoL (Veenhoven, 2009). The notion of QoL is undoubtedly of a dynamic character (Smith and Puczkó, 2009; Dolnicar, Yanamandram and Cliff, 2012), and the factors taken into consideration in the assessment framework of issues within this domain are defined by the nature of the specific research problem. For example, research into quality of life using a health-focused approach (e.g. Kopp and Kovács 2006) will certainly be dominated by indicators related to a person's physical and mental state.

Happiness is the subjective manifestation of quality of life. According to Lennart Nordenfelt, if a person's life plans are realised over the long term, then their QoL can be regarded as high, irrespective of any outside opinion (Nordenfelt in Kovács, 2006). This view is related to Ruut Veenhoven's (2003) simplified thesis which states that Subjective Quality of Life can be measured by one's perceived level of happiness, asking the question: '*How happy are you?*' Happiness, therefore, is nothing but the level of general satisfaction with one's life ('*How satisfied are you with your life?*'). This, in the related literature, is usually treated as a synonym for SWB (Bruni and Porta, 2007). In our interpretation though, happiness is not determined simply by the current emotional state (joy, love, sadness, anger etc.), but by the overall balance of positive and negative experiences over a longer term as perceived by the individual. The measurement of happiness, similarly to the measurement of QoL, has proved to be a challenge in social science studies, resulting in a variety of attempts with partly contradictory findings. Kammann et al (1984), for example, understood happiness as a sense of well-being which might be defined either as a lasting and complete satisfaction with life as a whole or as prevalence of positive feelings over negative ones. In an earlier study Shin and Johnson (1978) highlighted the importance of not mistakenly identifying the concept of happiness with feelings of pleasure, suggesting instead that happiness is a result of the favourable assessment of life situations and

the positive comparison of these life situations with past conditions and with those of others. The methods used to measure happiness show a great degree of diversity, from a single-item scale used by Abdel-Khalek (2006) through various compound factors of multiple affective and cognitive components (see e.g. Fordyce, 1988; Hills and Argyle, 2002; Linley *et al.*, 2009) to highly complex indices of quantifiable QoL dimensions (e.g. Tambyah and Tan, 2013), often investigating the connection of happiness and different social phenomena such as generosity (Konow and Early 2008), sexual activity (Blanchflower and Oswald 2004), travel (Filep, 2008; Nawijn and Peeters, 2010; Nawijn 2011) or even watching soap operas on television (Lu and Argyle, 1993). In our 2007-2011 research project, both quantitative (e.g. Michalkó and Rátz, 2010) and qualitative (e.g. Michalkó *et al.*, 2009) approaches were used; in this particular case study of Harkány, residents' perceptions of various QoL components were examined.

QoL is influenced by tourism, whether the people affected be travellers or residents of a destination (Kim, 2002; Samli *et al.*, 2003; Sirgy *et al.*, 2011). Both business and leisure tourism have a number of factors which will be activated in satisfying human needs (Maslow, 2003). The tourism-related aspect of QoL is generated by subjective transformations, although we cannot simply ignore specific objective factors. In the case of Harkány, the latter would include visits to the spa and other facilities – the use of 'touristic space' –, and the local residents' existential connection to the tourism industry. For the tourists themselves, it means the activities deriving from their motivation. Touristic space and the scope of tourism can be defined as intangible resources, which both tourists and local residents can utilise and, ideally, the build-up of the 'touristic space' (including qualitative factors) should improve both tourists' and residents' quality of life.

Although residents of destinations are often relatively unaffected by the presence of tourism in their social surroundings, their general experiences of mobility and of changes in their environment can produce stimuli which can modify their outlook or attitudes. In a research

conducted by the authors in Hungary in 2008, the major single factor of life satisfaction on the local level proved to be the quality and availability of medical services. Tourism, on the other hand, was not among the major QoL factors: it seems that the Hungarian society in general does not perceive any advantages derived from domestic and international visitor demand, either on their level of community well-being or in their individual tourism-related opportunities. Neither does the traffic or business arising from tourism in their environment really affect their general outlook or attitude to life (Michalkó, 2010).

However, another survey carried out within the framework of our 2007-2011 project, focusing on the assessment of individual persons' perceived happiness level, showed that the more important role tourism plays in a person's life, the happier they are. In other words, the more individuals can benefit from the advantages of tourism development, the happier they will be, whether as tourists or as residents of a tourist destination. Without attempting any far-reaching conclusions, the results suggested that the people who live in tourist destinations seem to be more satisfied with their lives than the rest of the population: e.g. 26.8% of residents of established tourist destinations considered themselves very happy or happy, as opposed to 11.6% of residents of settlements without any tourism activity (further findings of this particular survey are presented in Michalkó, 2010).

Methodology

Most research that aims to explore the QoL of the population of a tourist destination approaches the problem from a subjective point of view, not giving enough consideration to the objective circumstances (Perdue *et al.*, 1999; Tomljenovic and Faulkner, 2000). The use of objective factors is less relevant in the case of a single settlement; it is more widespread in territorial analysis (Curran *et al.*, 2006; Ágoston, 2007). In our case we were motivated to concentrate on the effects of the spa development and the locals' consumption of medical spa services and treatments on the subjective quality of life in Harkány. The town of Harkány was selected for a variety of

reasons. Firstly, it is a traditional and mono-functional spa settlement whose development was almost entirely due to the medical spa; secondly, the settlement had received substantial EU subsidy; thirdly, the authors of this study have a high level of site-specific knowledge.

Table 1. Socio-demographic characteristics of the survey participants (n=297)

Age	N	%
18–24 years	36	12.1
25–44 years	126	42.4
45–64 years	90	30.3
Above 65 years	45	15.2
Gender		
Male	138	46.5
Female	159	53.5

After a secondary analysis of the capacity and guest statistics of the hotels and other accommodation services, together with the visitors to the spa, a questionnaire-based survey was carried out in spring 2011. The questionnaires were distributed in two different ways: through the major commercial and service outlets of Harkány and in an online form, accessible on the official website of the town. Completion was voluntary and only local residents could participate. We repeatedly informed the public about the importance and availability of the survey through all local media channels. The applied methodology does not guarantee the representativity of the results, but data collected from app. 8% of local residents is adequate for conducting an analysis and drawing conclusions (Table 1).

Results

The tourist market of Harkány: factors affecting the quality of life

Despite the fact that Harkány, which was awarded 'town' status in 1999, has been a well-known spa resort since 1824 (although being formally recognised as a 'medical spa' only in 1933), it is not a particularly popular tourist destination in Hungary. Harkány was only ranked 15th on the list of Hungarian spas (based on the number of nights spent in hotels and other accommodation) in 2010. The town's population is app. 3,990. Harkány is situated

245 km from the Hungarian capital, Budapest and can be reached in 2.5 hours by car on a recently completed motorway. In terms of public transport, there is no longer a railway station, but the town can be reached by bus (leaving at 30-minute intervals) from the regional centre, Pécs (a European Capital of Culture in 2010). To reach Harkány from Budapest by public transport would include a Budapest-Pécs InterCity train, which takes 2 hours 40 minutes, followed by a bus from Pécs to Harkány, a further 40 minutes. The total travelling time (including changing and waiting times) approaches 3.5–4 hours. Considering that Harkány is a destination for elderly people travelling for health and medical reasons, accessibility cannot be regarded as a competitive feature. The town's geographical location provides pleasant weather conditions for the spa destination. Harkány is the southernmost town in Hungary and its relative closeness to the Adriatic Sea gives the area a Mediterraneanish climate. This can be also felt in the town's atmosphere where nicely decorated balconies are a pleasant feature from spring to autumn.

The town's spa culture dates back to the early 19th century. After the recognition of the water's favourable physiological effects, demand started to increase and, to meet the growing need for sulphurous water baths, a hotel with 28 rooms and a surrounding park were established in 1828. Although during the last 150 years the more troubled periods of history interrupted the growth of the spa, with its parkland and relaxing environment, it has provided good conditions for therapeutic establishments based on artesian water. An expansion in 1960 was also based on these conditions. (During this 'golden age', the therapeutic hospital, i.e., the rheuma clinic, had 220 beds.) However, the main breakthrough came in 2003 when the renovated, European-level spa was re-opened. Following a total investment of 1.7bn Hungarian forints (some 7 million euros), partly funded by the EU, a modern establishment was born. Currently the spa complex has two separate sections: the indoor medical spa which is open year-round and meets all the requirements of the 21st century, and the open-air spa which operates only during the summer.

Figure 2. Annual demand of the spa complex in Harkány (2003–2010)
Source: Harkányi Gyógyfürdő Zrt. (Harkány SPA Ltd)

Figure 3. Average seasonality of the demand in the spa complex in Harkány (2003–2010)
Source: Harkányi Gyógyfürdő Zrt. (Harkány SPA Ltd)

However, the modernisation of the complex in 2003 has not yet fulfilled hopes. Contrary to expectations, the billions invested have not led to increased visitor numbers (Figure 2). Between 2003 and 2010 the number of visitors to the open-air spa decreased by 50.0%, and to the medical spa by 22.5%. The average

number of visitors per day during this period was 2,000 (only estimates are available due to an overlap in the use of the two sections of the spa), which, nevertheless, is a considerable figure compared to the population size of Harkány.

Whilst demand for the open-air spa shows strong seasonal variation due to the weather (the difference between the most and the least visited months of July and December is 35.6%), seasonality in the medical spa shows a difference of only 9.5% (Figure 3). Looking at total visitor numbers for the whole spa complex, a significant seasonal variation of 18.6% is seen. This also has a major effect on reservations at hotels and other accommodation, as well as on other tourism-related enterprises. The overall situation is one of insecure employment, difficulties in calculating incomes and an unbalanced load on transportation networks, public places and retail units.

The number of visitors to hotels and other commercial accommodation services has plummeted by 2/3 during the twenty years since the change of regime. In 2010 the registered number of guest nights in Harkány was 140,000, indicating the collapse compared to 1990 (Figure 4). In the background to this

drastic change lies a serious decrease in foreign demand. In 2010 there were 79.0% fewer foreign visitors to Harkány than in 1990. The Yugoslav crisis, which started in 1990, had a considerable effect on international visitor numbers to the town, which lies only a few kilometres from the Hungarian-Croatian (ex-Yugoslav) border. Likewise, price has increased since the change of regime. It has also had a negative effect on the formerly favourable price-value ratio, with the result that foreign visitors accustomed to low prices simply turned away from the spa. In domestic demand there was also a drastic decline which can be explained by the socio-economic crisis after the change of regime. A further notable drop occurred in 2002, although this can be explained by the partial shutdown necessitated by the renovation process. However, following the re-opening of the renovated spa in 2003 the number of visitors increased only slightly, and so neither the investments nor Hungary's EU accession in 2004 resulted in positive changes in international demand, contrary to previous

Figure 4. *The demand and supply of commercial accommodation facilities in Harkány between 1990-2010*

Source: Hungarian Central Statistical Office

expectations. The decline was intensified by the 2008 financial crisis. Concerning the commercial accommodation facilities of Harkány, being largely concentrated in the immediate vicinity of the spa complex, the number of available beds has also decreased since 1990, with a slight increase in bed capacity only in 2007. However, this decrease in quantity was accompanied by an increase in quality: today, three four-star wellness hotels operate in the town. The Hotel Dráva was opened in 2006, on the site of an old, 2-star establishment, the Thermal Hotel was re-opened in 2010 after the modernisation of the old facility, and the Hotel Kager, which originally opened in 2000, was awarded its 4th star in November 2011. In addition, a further ten 3-star hotels, a large number of high-quality apartments and rooms are available.

One specific element of Harkány's tourism supply is that the accommodation capacity in the private sector (i.e. rooms to rent in family houses, bed & breakfast facilities) is much higher than in the commercial (hotel) sector. In 2010, 7575 beds were offered by 1748 private providers, which is 4.5 times higher than those offered by commercial establishments. As there are also 1814 apartments or individual houses in Harkány, there must, in theory, be at least one 'bed-to-rent' in every household. In practice, this means that local residents are deeply involved in tourism. If we calculate that 68.7% of Harkány's total real estate stock (4606 properties) is used as a 'weekend-house' (their owners primarily using them for recreational purposes, as a 'second home'), we can see that, besides the local residents, second-home owners are also beneficiaries of

the settlement's tourism supply. The competitiveness of the spa is an essential issue for both the local population and for the weekend-house owners. The former are linked to the spa by the fact that their livelihood depends on its traffic, whilst the latter can see the efficiency of the spa not only through the quality of their own (and their relatives' and friends') recreational activities but through the value and marketability of their property.

The 'internationality' of Harkány can be seen not only in the turnover generated by the tourism industry, but also in foreign demand on the real estate market. Between 2001 and 2009, 143 foreign citizens purchased property in the town, most (53.1%) were from Germany. One segment of foreign property owners live here year-round, while others use their property seasonally (as spa visitors). Sometimes they invite their relatives and friends to visit, and in some (rare) cases, they use their property for private accommodation purposes. The properties, owned by foreigners, are usually renovated and well-maintained, thus increasing the settlement's aesthetic attractiveness.

The effects of tourism on the residents' quality of life in Harkány

We intend to compare our indices showing the subjective quality of life and the effects of tourism on it to the results of a representative survey carried out by the Hungarian Central Statistical Office (HCSO) in 11500 households in 2007. Since we adopted the questions of the HCSO, the outcome of the Harkány-survey can be compared to the HCSO results at national and county levels.

Table 2. Relationship factors between tourism and subjective Quality of Life in Harkány (1-5 scale rating)

Factor	Hungary*	Baranya county*	Harkány**
Own happiness	3.32	3.22	3.56
The importance of tourism in one's hometown	2.16	2.73	4.37
The effects of tourism in one's hometown on one's outlook or attitude	3.15	3.19	4.02
Personal use of employment and business opportunities related to tourism	1.48	1.73	2.91

Source: *Hungarian Central Statistical Office (n=11,500), **own survey (n=297)

Residents of Harkány are happier and more satisfied with their own lives (3.56) than the national and county average (Table 2.) The positive difference is likely to be attributable to the advantages derived from tourism (employment, additional income from letting rooms, the outdoor and medical spa facilities, well-kept surroundings) as well as to the higher quality of public services (hospital, sports centre, community centre, market). Residents of Harkány are aware of the importance of tourism in the life of their town. Ranking this factor on a 1-5 scale they evaluated it far higher (4.37) than the national and county average. Related to this, tourism in one's hometown also has a more positive effect (4.02) on the general outlook of Harkány's population than the same index for national and county results. Although the respondents rated their personal use of employment and business opportunities lower (2.91), this index is still higher than the indices measured at national and county levels. However, the lower level of this index compared to the other factors shows

that tourism in Harkány does not stimulate employment and does not provide business opportunities to the desired extent.

The spa's role in Harkány's life: reflections by the locals

May 1st 2003 is a significant date in Harkány's history, since the renovated spa was then re-opened, starting a completely new chapter in the history of the town's development. Harkány was enriched by a new supply element in the burgeoning field of health and wellness tourism and was able to generate further investment. Beyond the changes appearing in the hotel and other tourism-related sectors (the opening of new units, the modernisation of old ones, and an increase in quality), the surroundings of the spa were also cleaned and improved.

The residents of Harkány were able to follow the different stages of the investment personally or through the local media, and they could experience the changes following the re-opening. 9.3% of the respondents said they had not noticed any changes since the

Figure 5. *The perceived benefits of spa development in Harkány (% of respondents)*

Source: own survey (n=297)

modernisation in 2003; 33.0% of respondents had seen only slight change; 39.2% had considered the changes modest; 14.4% of the respondents felt that there had been significant changes and 4.1% graded these as outstanding. The residents are divided concerning the effects of the investment on the town's life, and the numbers noticing only slight or modest change is significantly higher than those of the other groups.

The spa development can influence Harkány's everyday life and the quality of life in both direct and indirect ways. Its role can be perceived in the local economy, at a social level, and in the everyday operations of the town. 15 variables were identified as potential benefits brought about by the development of the spa which respondents were asked to rate on a 1 to 5 scale. During the data analysis, responses of 1 and 2 as well as 4 and 5 were grouped into variables of 'rather insignificant' (1+2) and 'rather significant' (4+5) in order to facilitate the interpretation of findings.

According to the respondents, the spa

development has not generated any substantial social or economic changes in the settlement. The perceptions of 9 out of 15 variables were rather negative, 4 were neutral and only 2 were positive (Figure 5). The opening of the renovated spa had the most insignificant effect on the renewal of public institutions (11.4%), on the increase in the number of tourism facilities (17.8%), on the increase of jobs (17.8%) and on the improvement of Harkány's transport connections (17.7%). The modern establishment contributed to improving the conditions of bathing (45.8%) and helped to enhance the town's reputation (39.6%). Only 18.8% of the respondents connected the improving quality of life to the spa development, 40.6% gave a neutral answer and 40.6% rejected a connection between the two factors. The unfavourable opinion on moving to Harkány shows that the locals do not consider their town a very 'liveable' community (only 18.7% of the respondents agreed with the statement).

Attitudes and opinions related to the spa affect the level of usage of the spa by the locals and

Figure 6. Attitudes related to the spa (% of respondents)
Source: own survey (n=297)

also the intensity of recommendations: they have a direct or an indirect impact on the approval of the developments by residents, and influence the individual and collective ways of feeling. In order to explore their opinions, respondents were asked to rate 10 attitude statements on a 1-5 scale. During the data analysis, responses of 1 and 2 as well as 4 and 5 were grouped into variables of 'rather disagree (1+2) and 'rather agree (4+5) in order to facilitate the interpretation of findings.

Most respondents (56.9%) are proud of Harkány and are happy to live in the '*Mecca of Rheumatism*' (Figure 6). Besides a high sense of identity, they also agree that the main brand component of Harkány is the spa (53.7%), and factors associated with the settlement are mainly related to its health and wellness tourism product. The survey participants have a clear opinion on the spa's function, 52.7% agreeing that the establishment only aims to satisfy the town's visitors. Consequently, only a small proportion (6.3%) believes that the spa is operated mainly for the locals. The opinions are divided on the spa's role in the life of local families; nevertheless, the usage of the spa by locals in their leisure time does not play an important role (22.1%). There is a low level of agreement on the spa's role in improving people's general feeling (30.5%) or their living conditions (21.1%), and only 10.5% of the respondents perceived themselves healthier than Baranya county's inhabitants on average. The locals' relatively favourable attitude is well illustrated by a low level of consensus (11.5%) on the spa's operation as a luxury service that only wastes the town's money.

The subjective QoL of local residents is perceived by respondents as lower than of those living in the capital, Budapest or in the regional centre, Pécs, although they believe it is higher than in the centre of the neighbouring micro-region, Siklós. On a 1 to 200 scale of Quality of Life, where Harkány was allocated a base value of 100, respondents gave a mean value of 134 to Budapest, 121 to Pécs, and only 92 to Siklós.

Consumption of the Harkány medical spa services

During 2001-2002, health and wellness spa development was defined as a key economic priority area by the country's then effective economic master plan, the so-called Széchenyi Plan. The medical spa development programme of the Széchenyi Plan led to a significant expansion of capacity in Hungary, even in settlements where the level of local and regional consumption, without the additional demand of tourists, was clearly insufficient to guarantee the profitability of a spa. However, in addition to quantifiable target objectives in terms of visitor numbers, guest nights and revenue from health tourism, the Széchenyi Plan also included, to a limited extent, qualitative aims with respect to improving local communities' living conditions through the development of spa tourism services (Budai, 2001). Since Harkány also benefited from direct financial support in the framework of the Széchenyi Plan, it is interesting to investigate the spa consumption habits of the town's residents. Considering the strong correlation between health and QoL (Michalkó and Rátz 2011), intensive use of the medical spa might also contribute to the general well-being of the local population.

89.6% of respondents claimed to have visited the medical spa at least once since it was re-opened in 2003. Those residents of Harkány who had not paid a visit (10.4%) blamed high prices for deterring them. Residents who do visit the spa usually go at a seasonally changing frequency (Table 3). The proportion of non-users is higher in the season between October and April (17.0%) than in the season between May and September (5.6%). The usage of the spa is more intensive in the summer season; the proportion of local residents who use the spa monthly or even more frequently is higher between May and September than between October and April. The biggest difference can be seen in the group of weekly visitors; 22.5% of these respondents visited the spa in the summer season but only 9.1% went regularly in the winter season. From the higher proportion of monthly (or more frequent) visitors in the summer season, we can conclude that the residents of Harkány also prefer to go to the spa when the weather conditions are good.

Table 3. The frequency of visiting the spa among local respondents (%)

Frequency	In season (May-September)	Out of season (October-April)
	Total	Total
Never	5.6	17.0
Once every 6 months	9.0	19.3
Once every 2/3 months	19.1	28.5
Monthly	28.1	15.9
Weekly	22.5	9.1
Once every 2/3 days	10.1	7.9
Daily	5.6	2.3

Source: own survey (n=297)

As most of the spas built or modernised from resources provided by the Széchenyi Plan, the Harkány spa has also become a multifunctional establishment offering services for all generations. The medical spa contains of indoor and outdoor pools, with limited availability during the winter season (the outdoor pools only operate during the summer). The spa complex offers a wide range of services all year around, in order to satisfy the needs of every age group.

The outdoor spa (77.9%), the medical spa (66.3%) and the swimming pool (57.7%) are the most popular facilities of the establishment. These are used by, at least, half of the residents who are visitors to the spa. The hospitality units adjacent to the bathing facilities are used by 45.3% of the locals. The pools with relaxation or fun facilities are also in high demand, as are the saunas (each with 31.4%). Beauty care services (e.g. a solarium, a hairdressing salon or a beautician) and therapeutic services (e.g. massage), the so-called complementary services, are of limited interest to locals, 31.6% of whom received financial assistance from the social security system when using the medical spa. The respondents evaluated the services of the spa as 3.1 on the 1-5 scale – in other words, a mediocre grading.

Discussion and conclusions

In order to show the connection between Hungarian health and wellness tourism and Quality of Life (QoL), we first examined the national picture from a general tourism point of view, prior to undertaking research in a spa settlement, where the general benefits of tourism development were expected to be combined with the additional physical and

mental advantages of improved health and wellness services. The study conducted in Harkány revealed the nature of the relationship between the local population and the tourism industry, its effect on the subjective QoL, the opinions and attitudes concerning the spa development financed by the Széchenyi Plan and, finally, the characteristics of the usage of the spa establishment.

Regarding the fact that tourism was one of the bases of Hungarian socio-economic policy in the socialist era, and also in the decades following the 1990 change of regime (Puczkó and Rátz, 2011), it might have been hypothesised that, in a leading spa-town such as Harkány, the targets set by the government in the Széchenyi Plan, both in terms of objective visitor numbers and subjective community benefits, were met. However, our results have underlined the point that a major spa development project does not automatically lead to an improvement in the QoL for all residents of a given settlement: those who are directly affected by the development either as employees or as consumers of the spa facilities are more likely to perceive favourable changes (Michalkó *et al.*, 2011). Furthermore, due to the highly ambitious nature of the Széchenyi Plan, several spa destinations experienced sudden and significantly growing competition in a stagnant or only slowly growing market: the capacity of the medical baths and wellness spas doubled between 2002-2006 in the country, while utilisation rates decreased by 8% (Állami Számvevőszék, 2008).

Consequently, in Harkány, a traditional spa destination at a rather peripheral location within Hungary, the modernisation of the spa in 2003

has not produced a great effect on tourist demand, although it has contributed to a quality increase in the accommodation sector. This fact in itself could have produced a positive change in the QoL of the local population, as the renovated bath with its enhanced services could improve wellbeing both mentally and physically. However, the lack of an increase in tourist traffic, in this small town with a strong spatial identity as a medical tourist destination, led residents to believe that their very livelihood was under threat. Medium-term expectations of growth were unfavourably affected by the economic crisis starting in 2008, so altogether, the taxpayer investment in tourism embodied by the Széchenyi Plan did not seem to bring about neither objective economic results nor subjective QoL benefits. In fact, a somewhat contradictory situation emerged in terms that an attractive health tourism establishment was developed in a friendly spa town with an economically sustainable level of tourism traffic, but with the result that the local residents were not happy since they did not see their livelihood as being secure or guaranteed.

The health tourism investments, focusing on the spa, have had little impact on the residents' perceived quality of life, which can be explained by the investments' inability to boost the local economy and to create additional jobs, and also by the modest usage of the spa by local residents. Their subjective judgment of their own health suggests that the usage of the spa as a single QoL factor does not result in a higher-than-county-average quality of life perception.

The residents of Harkány are aware of the important role of the traffic generated by visitors to the spa; their demand, in itself, improves the general mood of the community (it is good living in a place which is also attractive to others), but the real beneficiaries of tourism, who enjoy a higher quality of life, are in a minority. On the one hand, these findings support the national results, whilst, on the other hand, they show that, although locals regard Harkány as a famous spa, this is not enough to improve their perception of their everyday quality of life. They consider the QoL of residents of Budapest or Pécs (the regional

centre) to be higher than their own, although they accept that the spa gives them a higher QoL than that enjoyed by residents living in similar settlements in the neighbouring micro-regions.

Subjective QoL is the result of a process of comparison which is influenced by the identity of the individual connected to their place of residence (Schwartz *et al.*, 2011), and so the sense that one can live in the '*Mecca of Rheumatism*' can affect one's QoL in a positive way. At the same time, of course, this is counterbalanced by a comparison with similar, usually nearby locations; although, in the view of Harkány residents, this comparison also produces a higher QoL in terms of their everyday life.

The spa is used by locals and tourists mainly in the summer season; they do not take advantage of the quieter winter season. Apart from their relatively frequent use of the pools, the therapeutic treatments and the beauty-care services are in low demand. This may be explained by their relatively high prices, but it shall also be noted that the spa, despite its strong medical orientation, has not become an acknowledged component of the local healthcare system in the eyes of Harkány residents, it is seen rather as a tourist facility. Considering that leisure travel is perceived as a luxury by many Hungarians (Puczkó and Rátz, 2011) and illness prevention is generally not a priority either (Bánky, 2009), it is hardly surprising that the potential QoL benefits of the spa go unnoticed by the majority of local residents. The political decision-makers of the town need to understand – and rapidly – that their medical spa has key importance for any increase in the QoL of Harkány residents, and they need to make significant efforts to ensure not only that bath-related services contribute to the level of employment, but also to encourage increasing numbers to enter the (legitimate) private accommodation market, and to increase the numbers of locals using the bath facilities year-round. As health is one of the most important factors in QoL, the local authorities in all spa towns have the same basic interest in having their bath play a greater role in the life of the local population.

Endnotes

¹ Harkány has been known as the 'The Mecca of Rheumatism' for decades, and this epithet has become widely used in destination marketing as well.

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