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# **Balkan Wellbeing and Health Tourism Study**

## **Final Report**

**by**

**Drs**

**Melanie Smith**

**László Puczkó**

**Gábor Michalkó**

**Kornélia Kiss**

**Ivett Sziva**

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## Executive Summary

This research focuses on eleven countries in the Balkan region, namely Albania, Bosnia and Hercegovina, Bulgaria, Croatia, Greece, Macedonia, Montenegro, Romania, Serbia, Slovenia and Turkey. The main aim of the project was to research the wellbeing levels of residents in these countries and the main factors that contribute to their wellbeing. A second aim was to identify which activities they enjoy most in order to develop future domestic and regional leisure and tourism products. Several research methods were used in this study including secondary data collection of academic sources and Quality of Life, Life Satisfaction, Happiness and Wellbeing Reports, and primary data in the form of a questionnaire from 11,000 respondents from the eleven Balkan countries. A Delphi Study was also undertaken with expert practitioners and researchers from seventeen countries. In order to analyse the image and promotion of the countries, research was also undertaken using TripAdvisor.

In the secondary data, most quality of life, life satisfaction and wellbeing studies rank the Balkan countries below average in the EU or OECD countries. In the Human Development Index (2014) the Balkan countries are ranked from 25th (Slovenia) to 95th (Albania) and in the World Happiness Report (2015) they range from 55th (Slovenia) to 134th (Bulgaria). Slovenia also performs best in most aspects of Gallup's Wellbeing Study (2013) and in the World Happiness Report (2015). However, there are some slightly different results when comparing objective (e.g. economic and political indicators) and subjective ones (e.g. feelings, perceptions). For example, the OECD Better Life Index (2013) suggests that Slovenians score lower than average in subjective wellbeing, but Eurofound (2013) noted that although Bulgaria ranks bottom in the EU in terms of life satisfaction, it ranks 16th out of 27 in terms of hedonic wellbeing (day-to-day feelings and moods). Some countries score very low in all domains of wellbeing in Gallup, 2013 (e.g. Croatia). Greece currently scores the lowest in many wellbeing and happiness studies.

In our study, it seems that health status declines slowly with age but people also make more effort to remain healthy as they get older. Albanians and Greeks consider themselves to be the healthiest in the Balkan countries. This is consistent with the fact that they have the longest life expectancies in the region along with Slovenia (HDI, 2014). Mediterranean diet is thought to have some influence (Ginter and Simko, 2011). However, in this study Slovenia is below average in terms of *feeling* healthy (ranking only 8th in the Balkans) and in terms of following a healthy lifestyle (ranking last). Bulgarians consider themselves to be the least healthy and they also have the lowest life expectancy. After Macedonia, Albanians claim to make the most effort to keep themselves healthy. Croatians make the least effort to keep themselves healthy of all of the countries in this study. This is perhaps not surprising given their low levels of physical wellbeing reported in Gallup (2013).

Bosnians and Hercegovians (perhaps unexpectedly) declare themselves to be the happiest people in the Balkans in this study. This is a contrast to the World Happiness Report (2015)

where they scored quite low. On the other hand, Bosnia and Hercegovina scored high in 'purpose wellbeing' in Gallup (2013). The difference can be explained by the fact that Gallup mainly measures perceptions of wellbeing rather than more objective factors like GDP and life expectancy. In accordance with other studies (e.g. Gallup, 2013; Eurofound, 2013; World Happiness Report, 2015), the Greeks state that they are the least happy in the Balkan region. Despite Turkey's relatively high ranking in the World Happiness Report (2015), the respondents in this study do not consider themselves to be particularly happy (8th/9th position with Romania).

Overall, there were no statistically significant differences between men and women or those who live in the countryside or towns with a few exceptions. However, it seems that younger people (aged 15-39) are happier than older ones, but those of middle age (40-49 and 50-59) are the unhappiest. Some other studies suggest too that middle aged people have lower levels of happiness with the so-called 'U-bend' of life reaching its lowest point at age 46 (The Economist, 2010). Those with higher levels of education are often unhappier than those with lower levels. It is assumed that the high unemployment levels, low salaries or lack of high level opportunities in many Balkan countries may be the reasons for this. Lower educated people may also have fewer expectations or aspirations. Like in many other studies, family, health and love are the most important factors of happiness. However, work and income seem to be less important in this region.

In most countries, use of spas, hammams and steam have decreased quite considerably when a comparison is made between what was learnt from parents and grandparents and what is still practised today (e.g. as much as 49% in Macedonia). Slovenia is the only country where use or interest seems to have increased by around 10%. On the other hand, natural healing resource use seems to be increasing (e.g. by as much as 41% in Bosnia). Going to the seaside has increased, but spending time in mountains, woods and forests or beside lakes and rivers seems to be as popular as it was with no significant increases or decreases except with one or two exceptions. Religious activities have increased everywhere but practising non-religious spiritual activities has declined dramatically even by as much 90% (e.g. Albania). Cooking and eating traditional food has increased in all countries and sometimes significantly by as much as 54% (e.g. Montenegro). Use of herbal remedies is increasing in Albania, Bulgaria and Slovenia but decreasing elsewhere. Dancing and singing have also decreased in most countries, although dancing is still as much if not more popular in Albania and Turkey.

Many countries see themselves as poor, expensive and often unstable but as friendly, hospitable and fairly green.

In terms of future leisure and tourism developments, it seems that the activities which would most enhance the wellbeing of Balkan people are connected to traditional food, religion, landscape (especially seaside) and natural healing resources.

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## Introduction

This research focuses on eleven countries in the Balkan region, namely Albania, Bosnia and Hercegovina, Bulgaria, Croatia, Greece, Macedonia, Montenegro, Romania, Serbia, Slovenia and Turkey. The main aim of the project was to research the wellbeing levels of residents in these countries and the main factors that contribute to their wellbeing. A second aim was to identify which activities they enjoy most in order to develop future domestic and regional leisure and tourism products. This was supported by research on the resources, products and services that wellbeing and health experts deem interesting for leisure and tourism development (Delphi Study), as well as collecting data on foreign tourists' perceptions of the Balkan countries in order to help develop a more positive image for the region (TripAdvisor Study).

## Geographical, Political and Economic Framework

The Balkan region is difficult to define geographically and culturally and is heavily contested politically (Tamminen, 2004). As stated by Tomka (2014) "From ancient civilisations to this day, the Balkans have been a region of dynamic developments, diversity of lifestyles, replete with conflicts, disputes and reconciliations". There have been many studies which have focused on trying to understand the Balkans and the psychology of being Balkan (e.g. Anastasakis, 2000; Mező, 2000; Bracewell-Drace-Francis, 2009; Nagy, 2011). Nedelcheva (2013:79) describes the Balkan Peninsula as "part of south-western Europe, a historical crossroads of the ancient cultures of Europe and Asia and a territory in which a multitude of ethnic and religious communities live." Delimiting the Balkan Peninsula geographically has triggered disputes among experts (i.e. as many as 17 different boundaries can be found in the literature) however the researchers agree that the Danube, Sava and Kulpa rivers represent a certain boundary (Pap, 2013). The Balkan Peninsula is surrounded by the Mediterranean, Adriatic, Black and Aegean Seas, and the rivers Danube, Sava and Kupa form the Northern border (Akova and Demirkiran, 2013). The Balkan region is culturally and ethnically diverse. Carter and Turnock (2000) show that minorities constitute more than 30% of the population in many Balkan countries, especially in former Yugoslavian countries. Ethnicity is based less on race in this region and more on language, religion and lifestyle. On the one hand, this has meant that local community life flourishes and is an important part of Balkan culture (Akova and Demikiran, 2013). On the other hand, it has led to conflicts and civil wars based on nationalism and separatism. Tamminen (2004:414) writes that "the Balkan countries are often referred to as weak states which cannot adequately control their state borders". In his work on post-communist transitology, Clemens (2010:246) notes that "Many Balkan communities (.....) suffered years of civil and cross-border violence", and Akova and Demirkiran (2013:7) refer to "a multitude of historical conflicts, civil wars and an environment of inconsistency". The collapse of Yugoslavia in the early 1990s precipitated the worst armed conflict in Europe since WWII, with war activities spanning between 1991 and 2001 (Matanov et al., 2013). Vujadinović (2004) suggests that in the Balkan region there is a collision between desires to realise state sovereignty on one side, and European integration on the other, which requires rule of law, democracy, minority rights, strong institutions and

a robust market economy. Clemens (2010) notes that in the two decades after the end of the Communist regime, with the exception of Slovenia, many Balkan countries registered low scores for democracy, media freedom and human development.

However, there are some significant variations between the Balkan countries. Tamminen (2004) stated for example that the countries of the southern Balkan peninsula wanted to feel assured of being part of the European integration process. Vujadinović (2004) describes how the EU classified the Balkan countries into different groups when considering accession procedures:

- 1) advanced countries (Slovenia)
- 2) promising countries (Romania and Bulgaria)
- 3) countries embraced by the EU's regional approach (Albania, Bosnia and Herzegovina, Croatia, Macedonia, Serbia and Montenegro)
- 4) Turkey which was associated with the EU through a bilateral customs union.

Carter and Turnock (2000:109) wrote that there is unease that European values are not being embraced unconditionally in some parts of the Balkans. Tamminen (2004) suggests that the term 'Balkanization' alludes to instability and conflict, whereas 'Europeanization' is understood as the adoption of 'Western norms' and 'European' values and practices. This seems to be true particularly of the the Western Balkans which were defined in 1998 by British Diplomacy and then the EU as the former Yugoslavian territories (excluding Slovenia)- Bosnia-Herzegovina, Croatia, Kosovo, Macedonia, Montenegro and Serbia as well as Albania (Csüllög and Császár, 2013). O'Brennan (2014:239) states that "the Western Balkans remains a region of great fragility, defined by inter-ethnic contestation for territory and power, mutually antagonistic nationalisms, incomplete state formation, deep and pervasive patterns of corruption and endemic economic mismanagement". El Ouardighi and Somun-Kapetanovic (2010) analysed the experiences of five (Western) Balkan countries—Albania, Bosnia and Herzegovina, Croatia, Macedonia, and Serbia-Montenegro and concluded that economic growth was accompanied by an aggravation of inequality and poverty and that the Balkan region relative to the EU-27 experienced a drop in the ratio of per capita GDP between 1989 and 2005. This led O'Brennan (2014) to conclude that both governance and EU policy had largely failed to improve life in the Western Balkans. However, Petrovic (2008) suggests that it was rather the rejection of the first post-communist political leaders in the Balkan states to continue the initiated democratic and economic reforms from 1989-1991 and to accept EU assistance and conditions in conducting these reforms.

Such an environment has therefore not always been conducive to developing wellbeing activities, let alone tourism. Matanov et al. (2013) write about the impacts of war in the Balkan region on quality of life and wellbeing, for example. They conclude that exposure to war has been associated with lower quality of life even after the end of the actual hostilities and that the effects of war-related events may persist for many years (as many as four or

five). This includes a high prevalence of mental disorders in war-affected populations, in particular post-traumatic stress disorder and depression.

Cultural, ethnic and religious relationships have traditionally been fraught in the Balkans, partly due to nationalistic tendencies, as well as a lack of democratic legal and political frameworks. Juhász (2014) highlights two further problems which are the social tensions stemming from the economic problems, especially the exceptionally high unemployment caused by the global stagnation and recession of 2008, which also affected the Balkans. The region has been unable to cope internally with the external changes that have been imposed upon it.

The Balkan region is not, of course, politically, socially, culturally or economically homogenous. There are significant differences in the economic performance, income levels per capita, unemployment and standard of living of those countries which were within the Socialist Bloc (or not), as well as between those which were part of it. These differences already existed before the system change in Central and Eastern Europe, and were increased further as a result of the wars and the consequences of them.



**Table 1: The most important economic indicators of the Balkan countries**

	Share of the world's GDP (1), (% , 2013)	GDP/capita (PPP) (2), (USD, 2013)	GNI/capita (PPP) (3), (USD, 2013)	Unemployment rate (4), (% , 2013)	Inflation (5), (% , 2013)	GINI-index (6), (% , 2013)
Albania	0,03	10 374	10 400	16,0	1,9	29,0
Bosnia and Hercegovina	n.a.	9 536	9 660	28,4	-0,1	33,0
Bulgaria	0,12	15 732	15 210	12,9	0,9	34,3
Croatia	0,09	21 366	20 830	17,7	-0,9	33,6
Greece	0,31	25 705	25 700	27,3	2,2	34,7
Macedonia	0,03	11 612	11 520	29,0	2,8	44,2
Montenegro	0,01	14 132	14 440	19,8	2,2	30,6
Romania	0,33	18 991	18 410	7,3	4,0	27,3
Serbia	0,09	13 020	12 480	22,2	7,7	40,3
Slovenia	0,07	28 996	28 780	10,2	1,8	24,9
Turkey	1,35	19 020	18 800	10,0	7,5	40,0

Note: GINI-index – Albania, Romania (2012), Bosnia and Hercegovina (2007), Bulgaria, Montenegro, Serbia, Slovenia, Turkey (2011), Greece (2010), Croatia, Macedonia (2008). Source: (1) – WEF (Schwab, 2014), (2) (3) (4) (5) – World Bank, (6) – WB estimate

Between 2000 and 2009 a number of macro-economic factors affected the Balkan countries:

- Between 2000 and 2007 the GDP in Greece grew by 4.2%. However, since 2010, the Central and Eastern European countries in post-1990 transition have been suffering from similar effects of the recession. According to Györfy (2014) the increase in consumption and the giveaway economy have exacerbated the kinds of problems which had already started in the global financial crisis in 2008. Greece's economic problems extend beyond the borders of the country and have had an impact on all of the Balkan countries.
- Slovenia's economy grew in 2014 after a recession, especially in terms of exports and the growth of domestic demand. A number of significant EU-financed projects were undertaken to improve infrastructure (EC, 2015b).
- Although Bulgaria and Romania may seem to be lagging behind the most in the EU overall, especially in terms of GDP per capita, their performance within the Balkan region is relatively good because of their membership of the EU. Romania has been through severe austerity measures, there is low domestic demand as well as low

public debt. The infrastructure in Romania is poor despite EU transfers of funds to improve it (Samu, 2015). Bulgaria's economic problems which started with the 2008 crisis have been exacerbated by outdated economic systems and infrastructure, severe workforce problems and political instability (EC, 2015a).

- There was fast growth in the Western Balkans between 2004 and 2008 compared to previous years and the GDP grew by 4-7%. However, in 2009 during the low point of the crisis, the Balkan countries experienced a slowdown once again, especially Albania. There was a brief stabilisation in 2012 in line with the Eurozone's economic processes, but after that, further decline. The current situation shows no sign of dynamism, neither in terms of investments nor exports. The vast majority of businesses, with the exception of a few efficient, profitable companies, are characterised by obsolete economic structures (Novák, 2014). Croatia's economic performance has declined in the past few years and is expected to stay weak in forthcoming years. The unemployment rate is high, but competitiveness and investment potential is low (EC, 2015c).
- Turkey has experienced enormous changes in recent years and has gone from lagging behind to becoming a regional economic power. Szigetvári (2013) states that Turkey has gone from being a closed economy to one which is aspiring to EU integration and is now part of the global economy.

Novák (2014) states that the economic downturn as well as the wars have had a cumulative negative effect on the region's economic situation. Although there are similarities between the countries of the region, there are diverging economic and financial problems within different countries. Despite the rapid economic growth in some countries during the 2000s, it has been impossible to catch up on the economic losses of the 1990s. This means that some countries are still far behind in terms of standard of living (e.g. Serbia, Bosnia and Herzegovina and Montenegro). Despite some optimism regarding GDP or rates of inflation, most countries are likely to take many decades to catch up in terms of GDP per capita which is anything from one third to one fifth of the EU average.

The World Economic Forum's Global Competitiveness Index which has been measured since 2005 demonstrates the level of economic development and future prospects of the region in question (Schwab, 2014). In 2014 the Index was compiled based on 144 countries using three indices. Within the Balkan countries Bulgaria has the best position (54th) and Albania has the worst (97th) which places them overall in an average position in the world. The countries' positions vary according to which index is used, however (e.g. 49th – 101st in infrastructure; 45th-95th in productivity; 50th – 121st in innovation).

## **Background to Balkan Wellbeing**

Wellbeing studies have become increasingly important in academic circles as well as policy and industry ones. Wellbeing can be conceptualized and measured in a number of different

ways. There are numerous academic and research-based studies which have attempted to define and measure wellbeing and differentiate it from quality of life, life satisfaction, happiness and other indicators of a good life. These are discussed further in the Research Methods section of this Report.

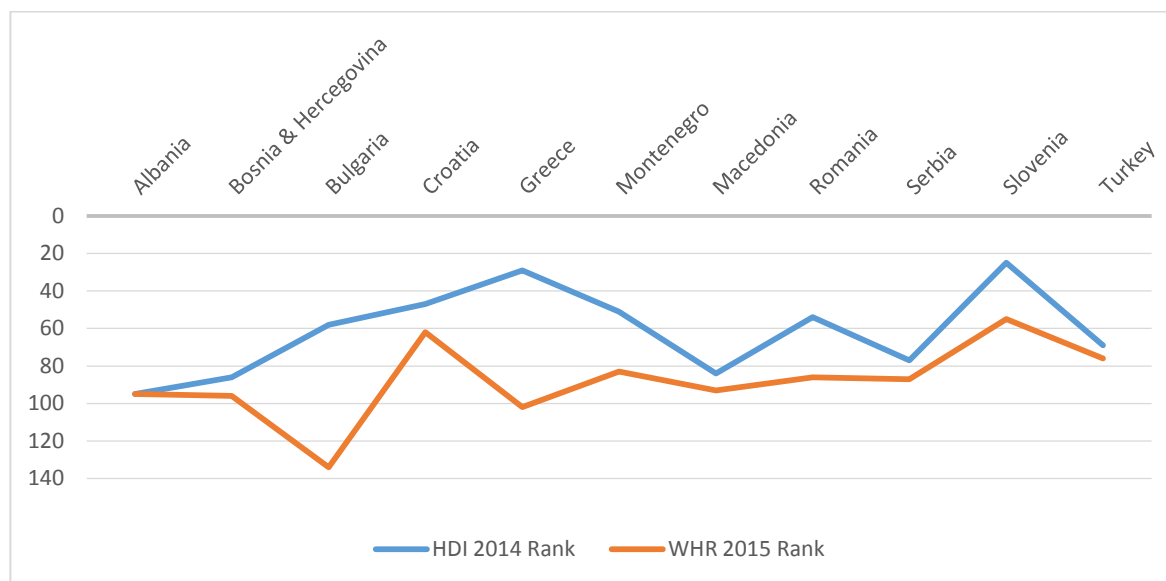
Çelebioğlu (2011) discusses how most Balkan countries have low per capita GDP, low level savings rates, slow population growth rate and a lower life expectancy than the EU average. Based on the MERCER (2014) index, Balkan cities (mostly capitals) present a rather diverse picture in terms of livability. None of the cities ranked in the first quartile of the list of cities studied i.e. the 50 most livable cities in the world. The second quartile included the Slovenian, the Greek and the Croatian capital: Ljubljana (75), Athens (83) and Zagreb (98) ranked among the cities in the medium range with better ratings than others. In the third quartile, cities of medium range can be found but with a less favourable rating: Bucharest (107), Sofia (113), Istanbul (117) and Belgrade (135). Lagging far behind the top range, the cities rated most unfavourably in terms of livability, ranking in the fourth quartile, were Skopje (151), Sarajevo (155) and Tirana (176). It should be noted that the capitals belonging to the European Union obtained better rankings than those outside.

Ginter and Simko (2011) summarise some of the health statistics in the Balkan countries. For example, CVD (Cardio-Vascular Diseases) is the main cause of premature and also general mortality in several Balkan countries. CVD increased under Communist rule. CVD mortality after age 65 is high among Bulgarian and Romanian men. Greece has lower CVD, it is thought because of the Mediterranean diet. Romania has the highest oncologic mortality, Greece has the lowest. The most fateful oncologic disorder in Balkan countries is cancer of the respiratory tract, larynx, trachea, bronchi and lungs, possibly linked to smoking. Becic (2014) notes that the country with the most doctors is Greece, with 6 per 1000 population- the worst is Albania with 1.15 doctors per 1000 population. Although Greeks and Slovenians have the highest levels of obesity in the Balkans (Becic, 2014), they also have the highest life expectancy (Human Development Index, 2014).

Several studies have since provided more detailed statistics on the levels of development, health, wellbeing and happiness in the Balkans. For example, the Human Development Index (HDI, 2014) is a summary measure of average achievement in key dimensions of human development:

The World Happiness Index (2015) includes six factors: GDP per capita, healthy life expectancy, social support, freedom, generosity and the absence of corruption. It also shows how measures of experienced wellbeing, especially positive and negative emotions, and judgments about life purpose can combine with life circumstances to support higher life evaluations.

**Figure 1: A Comparison of Balkan Country Rankings in the Human Development Index (2014) and World Happiness Index (2015)**



(Source: Researchers' Own)

It can be seen that there is not always a correlation between a high level of human development and happiness. Greece is a notable exception and so too is Bulgaria. Our research even showed that there is a negative correlation between the GDP per capita, employment rate and happiness levels.

**Table 2: Happiness-levels and the GDP per capita in the Balkans**

	Level of happiness	GDP per capita (in 1000s USD)
Bosnia and Herzegovina	4.21	9,5
Macedonia	4.16	11,6
Montenegro	4.13	14,1
Albania	4.00	10,4
Serbia	3.97	13,0
Croatia	3.90	21,4
Bulgaria	3.85	15,7
Romania	3.80	19,0
Turkey	3.80	19,0
Slovenia	3.72	29,0
Greece	3.55	25,7

(Source: Researchers' Own and the World Bank)

It can be seen that there is a negative correlation between GDP per capita and happiness in the Balkan countries. It is a somewhat surprising finding that the higher the GDP per capita, the lower the levels of happiness in the Balkan region. These results need further analysis

and research, but it gives an indication that the Easterlin paradox (1974) is still valid to a great extent in this region.

**Table 3: The rank of Balkan countries in the indices most frequently referenced in connection with quality of life/wellbeing**

	EQLS 2014	GW1 2014	HPI 2012	HDI 2014	WtBB 2013	WHR 2013
Albania	n.a.	47	5,3 (73)	0,716 (95)	n.a.	5,55 (62)
Bosnia and Herzegovina	n.a.	39	4,7 (104)	0,731 (86)	n.a.	4,81 (107)
Bulgaria	6,3 (27)	45	4,2 (120)	0,777 (58)	5,73 (61)	3,98 (144)
Croatia	7,3	39	5,6 (62)	0,812 (47)	6,06 (46)	5,66 (58)
Greece	6,5 (26)	47	5,8 (52)	0,853 (29)	6,65 (34)	5,43 (70)
Macedonia	7,2	54	4,2 (127)	0,732 (84)	n.a.	4,57 (118)
Montenegro	7,6	39	n.a.	0,789 (51)	n.a.	5,30 (80)
Romania	7,0 (21)	52	4,9 (92)	0,785 (54)	5,85 (56)	5,03 (90)
Serbia	7,1	50	4,5 (112)	0,745 (77)	5,86 (54)	4,81 (106)
Slovenia	7,1 (18)	59	6,1 (45)	0,874 (25)	6,77 (32)	6,06 (44)
Turkey	6,9	43	5,5 (67)	0,759 (69)	5,95 (51)	5,34 (77)
Note	Happiness – Average 1-10 (position in the EU27)	The % of the population who rates at least one domain of quality of life as good	Subjective wellbeing = the best possible life (Gallup – Average 1-10 (position))	HDI – Average (position)	WtBB Index – Average 1-10	Happiness = the best possible life (Gallup– Average 1-10 (position))

Note: orange marks the countries in the highest tier, grey countries belong to the lowest.  
Source: Happy Planet Index (2012), Kekic (2012), Eurofound (2013), Helliwell et al. (2013), Gallup (2014), UNDP (2014)

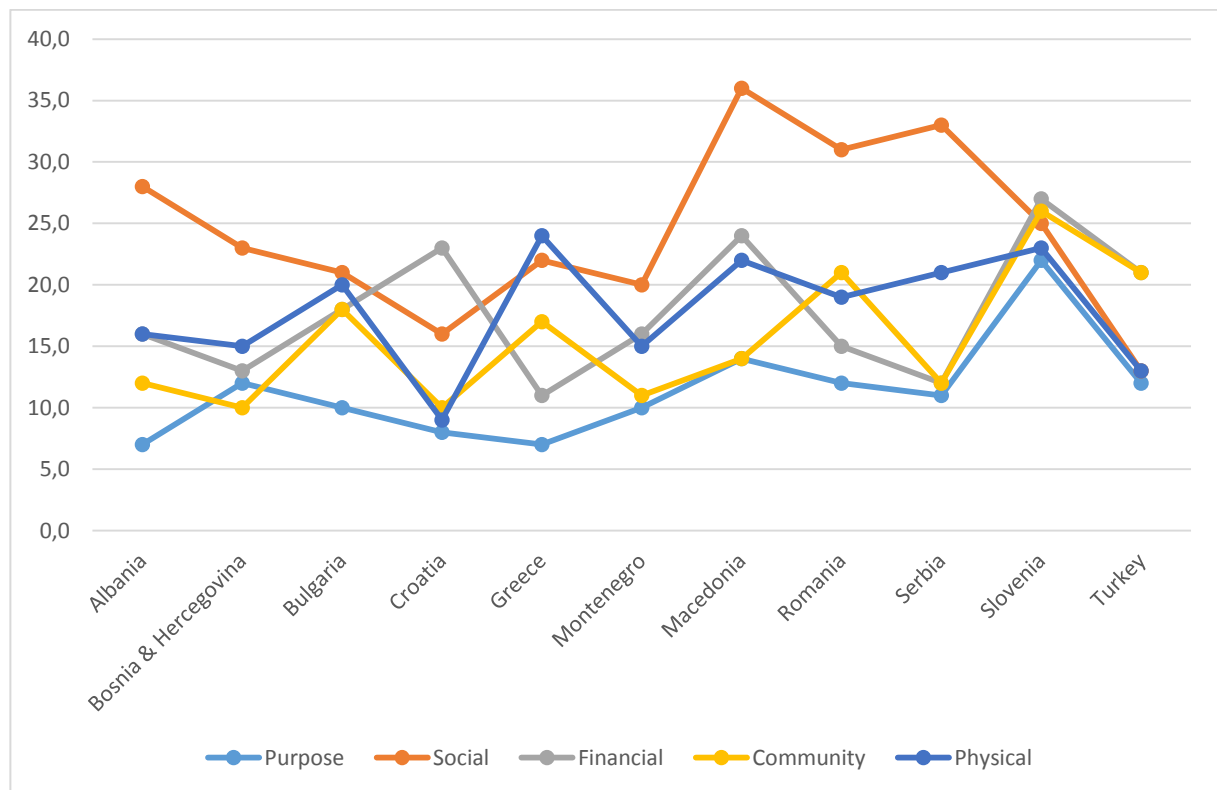
10 questions comprise the Global Wellbeing Index in the 2013 Gallup World Poll which allow for comparisons of element-level wellbeing at the individual, social network, organizational (e.g., employer, health plan, patient population), city, state, country, and global levels. The index includes five elements of wellbeing:

- Purpose: Liking what you do each day and being motivated to achieve your goals
- Social: Having supportive relationships and love in your life
- Financial: Managing your economic life to reduce stress and increase security
- Community: Liking where you live, feeling safe, and having pride in your community

- Physical: Having good health and enough energy to get things done daily

As an example, 22% percent of Europeans overall are thriving in purpose wellbeing. However, in southern and Eastern European countries such as Albania, Croatia, and Greece, where unemployment remains in the double digits, residents are much less likely to be thriving in this element (7% to 8%) than those in Western European nations such as Denmark (45%), Austria (36%), and Sweden (33%), where unemployment rates are much lower. As a whole, Europeans are most likely to be thriving in financial wellbeing, at 37%, although there is a broad range among individual countries, from 11% in Greece to 72% in Sweden.

**Figure 2: Gallup Global Wellbeing: The Balkan Countries**



(Source: Researchers' Own)

One of the most striking aspects of the Gallup Study is the high ranking of social wellbeing in many Balkan countries, especially those which score quite low in other areas of wellbeing (e.g. Serbia). It can be seen later in our research that family and friends are extremely important for happiness and even health. Physical wellbeing is variable but high in some countries (e.g. Greece, Slovenia, Macedonia) but purpose wellbeing is low in all countries except Slovenia. This means that mental, emotional or psychological health may not be good in this region even if physical health is apparently robust. There are numerous reasons for this, including economic, political and social factors.

Eurofound (2013) produced a study about subjective wellbeing in Europe. Examples for Bulgaria, Greece, Slovenia and Romania are given here:

- Wellbeing is highest in the social democratic countries of northern Europe (Denmark, Finland, the Netherlands and Sweden), and lowest in Bulgaria, Greece, and Romania (as well as Hungary and Latvia).
- Bulgaria and Greece (along with Hungary) have the lowest levels of life satisfaction in Europe.
- Greece (along with Estonia) has suffered the sharpest fall in wellbeing since 2007.
- Greece has the lowest score on hedonic wellbeing in Europe.
- Greece reported some of the highest levels of stress in Europe and has one of the lowest levels of eudaimonic wellbeing (sense of autonomy, relationships, meaning and self-esteem).
- Bulgaria and Romania have seen increases in wellbeing since 2007 and these increases have been greatest among lower income quartiles.
- Nevertheless, the largest difference between top and bottom income quartiles can be found in Bulgaria as well as between the oldest and the rest of the population.
- The highest level of wellbeing inequality is in Romania where the most satisfied 20% reported life satisfaction that was 6.6 points higher than the bottom 20%.
- Romania's GDP is only slightly higher than Bulgaria's, and yet the two countries differ in life satisfaction by 1.2 points (6.7 versus 5.5).
- Education satisfaction in Romania is the highest in Europe but health satisfaction is low.
- Bulgaria ranks bottom in the EU in terms of life satisfaction, but ranks 16th out of 27 in terms of hedonic wellbeing (day-to-day feelings and moods).
- Bulgarians were the most likely nationality in Europe to report feeling active and vigorous, and the second most likely to report feeling fresh and rested.
- In terms of loneliness, people in Greece, Romania and Bulgaria reported the highest levels of loneliness (along with Hungary and perhaps surprisingly, Italy).
- The biggest gender gaps in terms of wellbeing are in Romania (as well as Portugal and Cyprus).

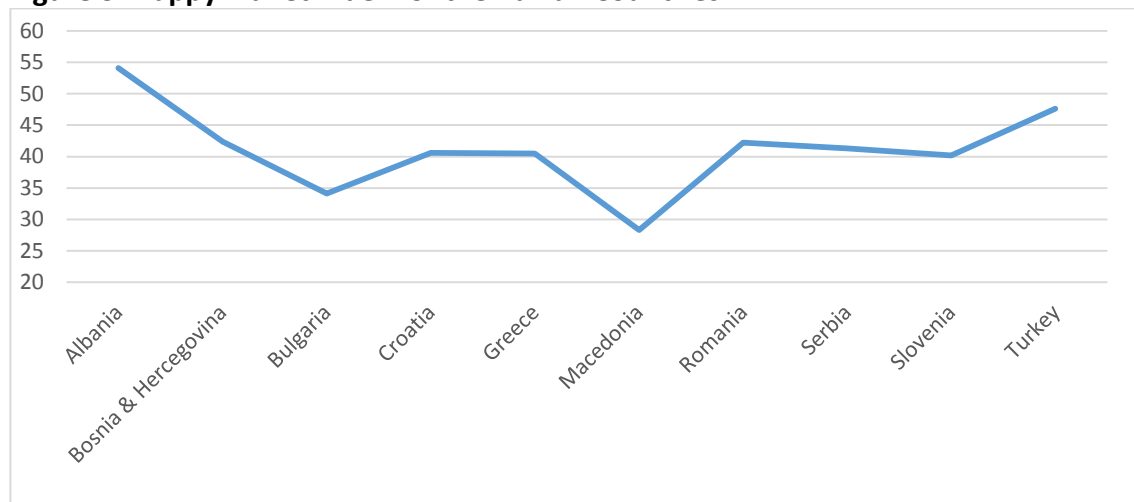
The Global Age Watch Index (2014) measured wellbeing in four key areas: income security, health, personal capability and an enabling environment. The Balkan countries which were included in the survey were ranked as follows:

Slovenia (29), Romania (41), Albania (53), Bulgaria (56), Croatia (67), Montenegro (68), Greece (73), Turkey (77), Serbia (78)

A slightly different picture is given of the wellbeing of the people in the Balkan

countries when looking at the data on the Happy Planet Index (NB. this study does not include Montenegro). This takes into consideration life expectancy, wellbeing and ecological footprint and the overall ranking that is derived from the weighting of these.

**Figure 3: Happy Planet Index for the Balkan Countries**



(Source: Researchers' Own)

This research is useful for measuring the relationship between wellbeing and sustainability in a country, but it can be slightly misleading because less economically developed countries tend to have a lower carbon footprint because of lower consumption rates. It does not always mean that they have clean, green environments or government policies which encourage green and sustainable practices. Albania is one example of this, which scores highly also because of the relatively long life expectancy.

### Health Tourism in the Balkans

The most important tourism products in the Balkan region have traditionally been the seaside, cultural and heritage tourism, as well as nature-based and active tourism. Sub-sectors include religious tourism, village and eco-tourism, gastronomy and hunting



(Michalkó, 2005; Metodijeski-Temelkov, 2014). Health tourism has also been a tradition in most countries. However, there are some significant differences between countries, with Turkey, Greece, Slovenia and Croatia becoming more focused on international tourism, whereas some of the other Balkan countries have so far mainly attracted domestic and regional tourists. On the other hand, in the context of sun-sea-sand tourism international packages have also commonly been offered to seaside destinations in Bulgaria and Romania, for example. Indeed, the seaside has tended to attract the highest numbers of tourists to the region, however MICE tourism is also growing which is mainly concentrated in large towns. According to the WEF Tourism Competitiveness Report (Blanke-Chiesa, 2013) the provision of natural and cultural resources in the region is fair. On a 1-7 scale, the region scored averagely with 3.3 for natural resources and 3.1 for cultural resources. In terms of natural resources, the least were found in Serbia (2.4) and the most in Greece (4.2), and for cultural resources the least are found in Albania (2.0) and the most in Turkey (5.2).

The relatively poor infrastructure, communications sector, safety and sanitation, as well as the low standard of living of local people are not deemed very attractive for visitors. It could be said about the tourism infrastructure that overall it is adequate for developing tourism especially in terms of a range of accommodation services from international hotel chains down to individually owned properties (Michalkó, 2005). However, in terms of some other services, the situation is more fragmented and diverse, although the differences between countries are slowly diminishing. Almost every country has a national tourism policy and some have separate ministries. Metodijeski and Temelkov (2014) show in their study that almost every country has a medium to long-term tourism development strategy or similar and that marketing is a very important dimension (both domestically and internationally). Eight of the countries in our study (Bulgaria, Croatia, Greece, Romania, Serbia, Slovenia and Turkey) are members of the European Travel Commission.

According to the WEF Tourism Competitiveness Report (Blanke and Chiesa, 2014) the Balkan countries score higher than they do in the Global Competitiveness Index (Schwab, 2014). Six of the eleven countries in our study (Bulgaria, Croatia, Greece, Montenegro, Slovenia and Turkey) featured in the Top 50 in the Tourism Competitiveness Report, whereas only Turkey comes within the Top 50 out of 144 countries in the Global Competitiveness Index. Out of the eleven countries, Greece scored highest with 4.8 and reached 32nd place out of 140 countries. Bosnia and Hercegovina was ranked lowest with 3.8 and 90th place. The position is adversely affected by the economic situation, infrastructure, human, cultural and natural resources. The greatest differences between the countries can be seen in terms of human, natural and cultural resources with Greece in 30th and Serbia in 109th position.

The Balkan region has a long history of health tourism, in many cases going back to Roman times. Vitic and Ringer (2008:128) stated that "Health-oriented tourists and spa visitors are (...) considered a potentially lucrative market, given the therapeutic role that sanitariums and allegoric treatments have long played in eastern Europe, Russia, and the Balkans". For many decades there was a major focus on balneology. Stăncioiu, Botos and Pargaru (2013) state that the Balkan Peninsula is dominated by the existence of balneotherapy resources in

an overwhelming proportion in comparison with other countries of Europe. Balneotherapy includes the treatment of diseases through the methodic use of thermal or mineral water and muds. Balkan traditional medicine may also be included, such as treatments involving medicinal plants. Karagülle (2013) suggests that a 'traditional Balkan spa' offers a combination between elements of balneology, climatology and environment. Stăncioiu et al. (2013) give the example of Romanian balneotherapy resorts where specific diseases are treated using therapeutic use of mineral waters, hydrotherapy, application of therapeutic mud and gases, kinetotherapy, occupational and massage therapy, electrotherapy and respiratory therapy. The study by Horwath (2013) analyses the situation of spas in Serbia and Bosnia and Herzegovina where the term health tourism is also associated with the use of curative thermal and mineral springs, gas and therapeutic muds primarily for rehabilitation and mainly for domestic visitors.

In addition to balneology, ethnobiological and botanical studies conducted in the Balkans in recent years have reported a rich biocultural diversity and a remarkable vitality of traditional knowledge concerning the local flora in this region. With about 6340 different vascular plant species reported, the Balkans, compared to 10,500 species accepted in the Flora Europaea, is one of the most important biodiversity centers of Europe (Šarić-Kundalić, Dobeš, Klatte-Asselmeyer and Saukel, 2010). Stăncioiu et al. (2013) state that plants are of great importance in health recovery or disease prevention in the Balkan countries, not only in balneotherapy destinations, but also throughout the entire region. Natural treatments are integrated into traditional medicine. They give the examples of the curative effects of local natural herbal teas such as the sedative actions of chamomile, the digestive actions of hyssop (pertaining to all Balkan countries), tonic effects of sage (Albania), stimulating effects on respiration and circulation centers of anise (Bulgaria) and antidepressive effects of cedar (originally from Turkey). Since ancient times, the majority of herbal drugs in the Balkans have been used for the treatment of respiratory illnesses, gastrointestinal disorders, skin conditions, urinary system infections, insomnia, nervous tension and stress (Redzic, 2010). Although more scientific research is needed on traditional medicine, several studies have focused on specific regions within the Balkan countries. For example, Pieroni, Giusti and Quave (2011) carried out a study in Serbia and Albania and recorded sixty-two botanical taxa used in 129 plant-based remedies and 204 folk plant uses. In addition, 31 animal-derived remedies and 27 mineral or non-indigenous products were also documented. Šarić-Kundalić et al. (2010) visited 34 places in Bosnia and Hercegovina including villages and mountain areas and 228 wild and cultivated species and 730 different preparations for use in human therapy were recorded. Redzic (2010) collected 96 wild plants in Bosnia and Hercegovina from 46 different plant families which are used in the preparation of up to 200 different ethno pharmaceuticals and used for 430 different treatments, mainly of chronic diseases: respiratory system (63 species), stomach and intestinal system (55 species), liver and gall bladder (60 species), urinary system (33 species), genital system (42 species), nervous system (30 species), cardiovascular system (27 species), skin conditions (56 species). After comparing species in Bosnia and Hercegovina with those used in neighboring countries (Redzic, 2010) concluded that there is high similarity among them, especially in Croatia,

Albania, Turkey and some other regions. Mustafa, Hajdari, Pajazita, Sylva, Quave and Pieroni: (2012) carried out a study on the traditional uses of medicinal plants, wild food plants, and mushrooms in 37 villages in the Gollak region of eastern Kosovo. The uses of 92 vascular plants and 6 mushrooms species belonging to 47 different families were recorded which are used in folk medicinal preparations such as infusions, most commonly for diseases of the respiratory system, skin, and gastrointestinal tract. Comparison with previously conducted studies in the surrounding Western Balkan areas showed that more than the half of Gollak's wild botanical genera quoted as medicines used are the same in Serbia and in Northern Albania.

Another dimension of health and wellbeing which seems to be growing in importance is the Balkan cuisine. Stăncioiu et al. (2013) suggest that an additional element for the future Balkan balneotherapy product could be gastronomy, especially the ingredients which are specific to the region. Of course, the regional cuisine varies considerably in terms of its healthiness. Those cuisines which are strongly influenced by the Mediterranean tend to be considered the healthiest. Šimundić (1997) suggests that healthy Croatian food could be the main driving force for health tourism and Renko (2010) adds that the domestic food offer in Croatia is based on nature, such as aromatic spices, wild growing plants, vegetables and seafood. Stăncioiu et al. (2013) mention bee products such as Croatian chestnut honey which can be used to regulate blood flow or the disinfecting power of Greek thyme or pine honey. Nedelcheva (2013) writes about wild edible plants in Bulgaria and states that many of the traditional foods have strong healing or strengthening qualities and are used for medicinal purposes and included in a prevention or healing diet.

Finally, Stăncioiu et al. (2013:13) mention the importance of religion in the everyday life of people in the Balkans, even though they do not all share a common religion. They state that an important part of health tourism is "aiming at the "health" of the spirit, by completing bodily health with the feeling of peace and purification of the soul".

Michalkó et al. (2015) undertook research which analysed the tourism resources and attractions which could fall broadly under the heading of 'wellbeing-enhancing' tourism in the Balkan countries. 450 elements were identified and they were then grouped into nine categories. It can be seen that those which could be considered part of health tourism in a narrow sense (e.g. thermal baths, wellness facilities) represent less than 20% of the total attractions. However, if gastronomy, religious and spiritual sites, nature-based recreation and healing herbs are also included (these are later seen to be very important for the wellbeing of Balkan residents), the percentage increases significantly.

The country case studies in this Report contain more specific details of health tourism in the different countries as derived from secondary data sources. However, the common points are the following:

- Almost all of the Balkan countries have thermal and mineral waters which have been used for healing in the past and often are still used as the basis for health or wellness tourism. However, it is often the case that a very small percentage of the available waters are actually used for health tourism. Some countries also have therapeutic mud or gas as well as a healing climate in places.
- Most of the countries have traditionally focused on rehabilitation for residents or domestic tourists which takes place in sanatoria or thermal baths with medical facilities. The move towards wellness is relatively recent and is more developed in some countries than others (e.g. Slovenia, Greece).
- Although there is potential for the development of international spa or wellness tourism, there is a need to improve the overall infrastructure of thermal bath or spa centres, including accommodation, facilities, services and treatments. The decline has mainly been the result of public or state funding ending and privatisation not yet taking place.
- (Surgical) medical tourism is a relatively recent development in the region as a whole, it is only offered in certain destinations, and currently represents the smallest segment of health tourists.
- There is a growing number of hotels with spa and wellness facilities, many of them in seaside locations or in cities.
- Although most of the Balkan countries promote health tourism, it is usually only on a sub-page of their online communication and health tourism represents a relatively small percentage of tourists overall (sometimes as little as 1%).

## Research Methods

The primary data collection methods used in this study were a combination of qualitative and quantitative approaches in order to gain a detailed picture of wellbeing levels of Balkan people and the activities that keep them happy and healthy, and the main leisure and tourism resources and products in the region. Questionnaire research was used in all of the eleven countries in order to collect representative data from the populations of these countries to assess their wellbeing levels and understand the activities which make them happier and healthier. This was complemented by a Delphi Study with expert researchers and practitioners working within the region to gain their opinions of the main resources, attractions and products which exist in leisure and tourism, as well as some of the challenges and opportunities for development, including image. A further study analysed tourists' perceptions of the term 'Balkans' on TripAdvisor and their main associations with the term.

## Questionnaire Research

It is exceptionally challenging to define and to measure wellbeing in any study. This study was an eleven country, multi-lingual research project and the questionnaires therefore needed to be translated into each of the national languages. It was important to choose those terms which would be well-understood by the general population of those countries and which could be easily translated. It was decided that due to time and financial

limitations the questionnaires could not deal with fully comprehensive definitions of wellbeing such as those that were used by Gallup (2013). Having reviewed the literature extensively, including many other surveys and indicators, it was noticed that health was one dimension that was always included in definitions of (human) wellbeing as well as quality of life (e.g. Eurofound Quality of Life Survey, 2013; Gallup Wellbeing Index, 2013; Gross National Happiness Index, 2010; Halleröd and Seldén, 2013; Human Development Index, 2014; King, Reno and Novo, 2014; OECD Better Life Index, 2013; Villamagna and Giesecke, 2014). Health was therefore a central focus of the questionnaire.

The word happiness was also used in preference to wellbeing, quality of life, life satisfaction or similar. Although the word 'happiness' is not always included in wellbeing studies, it was thought that this word is well-understood by all people, even though it may be defined or interpreted differently in different countries, cultures or languages (e.g. see Lu, 2001). It has also been considered to be synonymous with 'subjective wellbeing' and bears a close resemblance to Gallup's (2013) 'hedonic wellbeing'. Ryan and Deci (2001) identify that conceptualizations of wellbeing originate from two different philosophical traditions—the hedonic and the eudaimonic approach. The former is associated mainly with happiness, whereas the latter includes self-actualisation and fulfilling one's potential. Helliwell and Putnam (2004) suggest that the optimum notion of happiness or living life well should include both perspectives. Some studies emphasise the importance of one or the other. For example, Boniwell and Henry (2007) suggested that a hedonic approach is particularly influential in subjective wellbeing (SWB) studies. It has been argued that the hedonic approach allows individuals to determine what makes them happy rather than external researchers deciding what a good life entails, which often happens with the eudaimonic approach (Kesebir and Diener, 2008). This study only focused on hedonic perceptions of wellbeing (happiness and health), but it is recognised by the researchers that it can also be valuable to incorporate eudaimonic dimensions (e.g. Ryff and Keyes, 1995; Waterman et al. 2010; Kjell, 2011).

It was also decided that the research should focus mainly on individuals' subjective evaluations of their wellbeing in terms of health and happiness. Veenhoven (2002) sees subjective evaluation as being at the core of wellbeing. For example, The World Health Organisation (WHO, 1998) uses the WHO-5 scale to measure wellbeing, which includes:

- I have felt cheerful and in good spirits
- I have felt calm and relaxed
- I have felt active and vigorous
- I woke up feeling fresh and rested
- My daily life has been filled with things that interest me

The statements are considered for the past two weeks and ranked 1-5 ranging from 'At no time' to 'All of the time'. However, many studies have been undertaken on happiness, wellbeing and quality of life which use mainly objective and economic indicators, e.g. the

Human Development Index (HDI) uses only objective indicators. As pointed out by Wu (2013) HDI mainly measures physical wellbeing rather than psychological wellbeing. The problem with objective studies is that they do not take into consideration how people actually feel about their everyday life (despite low GDP, lack of faith in politics, corruption, poor environmental quality, etc).

One of the problems with undertaking research on happiness as suggested by Davidson and Begley (2013) is that researchers cannot trust respondents to honestly and accurately tell them how happy or satisfied they are. Feelings and emotions change from moment to moment depending on the weather or if people have had a bad day at work, for example. Therefore, it is always better to measure peoples' levels of happiness longitudinally and across multiple moments and to aggregate the data. Unfortunately, the researchers in this study did not have the resources or time-scale to undertake this kind of research. On the other hand, the samples are as large and as representative of the whole population of each country as they could be. Thorough secondary research was also undertaken on the current wellbeing, health and happiness status of all of the countries in the Balkans in order to compare and correlate the results of our questionnaire with existing studies. In most cases, the results were fairly consistent, but there were a few surprises.

Studying health has the same challenges as studying happiness. Davidson and Begley (2013) note that people with high levels of positive emotion tend to rate their health as better than those with low levels of positive emotion even if objectively they are no healthier. On the other hand, there is some evidence to suggest that happier people show better health outcomes and that positive thinkers may live longer. Halleröd and Seldén (2013) discuss how research shows that people with poor health tend to be less happy and suffer more economic hardship. There are also vicious and positive circles, e.g. healthy people have good income and career development and this keeps them healthy or makes them even healthier. In our study, there were some exceptions. For example, the Greeks rated their health the best in the Balkans along with Albanians (they also have the longest life expectancy) but they rated their happiness the lowest (due to economic and other factors). When discussing perceptions of health, it is possible that people feel healthy at the time of doing the questionnaire and therefore state that they are healthy. They may also have little or no idea about what actually constitutes a healthy lifestyle, e.g. in the Balkan countries, home-made food is often considered to be healthy regardless of the ingredients. There is also some confusion over food that makes people feel happy when they eat it and food that is unhealthy in the long term. Life expectancy is relatively low in many Balkan countries with the exception of some countries where it is thought that the Mediterranean diet might play a role (e.g. Greece, Albania).

The questionnaire was designed with limits in mind. It was suggested by the experienced research company who undertook it that the questionnaires should take no more than 10-12 minutes each. This limited the number of questions that could be asked. Secondly, they were undertaken over the telephone so they could not contain any complex questions which needed lengthy explanations or which used visual graphics. A panel of experienced



researchers from more than ten countries (Balkan and others) brainstormed the potential questions to decide how they should be constructed and what should be asked. This panel also agreed that the words 'health' and 'happiness' should be used instead of wellbeing to ease translation and avoid multiple interpretations. It was decided that it would be interesting to consider those factors which contribute to peoples' sense of happiness, as well as those activities which enhance happiness. It was thought that this approach would incorporate some of Seligman's (2002) work which proposed three essential elements of wellbeing or 'authentic happiness' which were pleasure, engagement and meaning. Later, he added two further elements—relationships and accomplishment (Seligman, 2011). The research could not incorporate too many elements of 'flourishing' as defined by Diener et al. (2010) and measured by Huppert and So (2013). This would have included purpose in life, positive relationships, engagement, competence, self-esteem, optimism, and contribution towards the wellbeing of others. Relationships were included and so was positive thinking, but the other dimensions were not specifically covered as the questionnaire was limited in terms of length and time.

A comparison was made between those activities which were learnt from parents or grandparents and those which are still practised. This generated some interesting insights into how participation in certain activities are changing over time. Some questions were also included about how the respondents view their country in terms of attributes and whether they like to be associated with the Balkan 'label' (the latter could have useful implications for internal and external image promotion and tourism). A five point scale was used for most questions where respondents had to rate the importance of certain factors or activities, e.g. ranging from 'Very much' or 'Completely' to 'Not at all'.

The questionnaire was undertaken in each Balkan country over the telephone with 1000 residents who were sampled representatively in terms of gender, age, education level and place of residence (town or countryside). The proportion of respondents corresponded to the population statistics (e.g. it was taken into consideration what percentage of the population live in a town rather than the countryside and the samples were taken relative to that percentage. So if 30% of the overall population live in the countryside, 30% of the questionnaires were undertaken with residents from the countryside).

### ***Delphi Study***

Hsu and Sandford (2007:1) describe a Delphi technique or 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". In this case, the Delphi aimed to identify which resources and products exist in the Balkan region and how they might be developed for health tourism. A Delphi Study offers an alternative to traditional face-to-face consensus-seeking research approaches, such as focus groups, group interviews, and think-tank committees (Gordon, 1994). The use of the Delphi technique for solving complex tourism problems has been recognised for many years

(Green, Hunter and Moore, 1990) and is especially relevant to tourism research because of the method's utility for consensus building, its flexibility and application to issues that are difficult to address with conventional survey research methods, its ability to access expertise that would otherwise be unavailable to the researcher, and its strength in informing the policy development/ enhancement process (Donohoe and Needham, 2009). Delphi Studies have also been used successfully in other health and wellness tourism contexts (e.g. the establishment of the Nordic Wellbeing network and a Baltic Health Tourism Cluster).

Best practice has been established for Delphi Studies including anonymity of experts and no information flow between them (Gordon, 1994). Most studies use panels of 15 to 35 individuals (Gordon, 1994; Miller, 2001) and Pan, Vella, Archer and Parlett (1995) recommended a Delphi study with not more than two rounds. This study included 33 participants and two rounds. Garrod and Fyall (2000) discuss the advantages and disadvantages of Delphi Studies in a tourism context. This can include the level of participant expertise, imbalance across the participants, clarity of questions asked, panel attrition after one round or more (which can imbalance the participants further), and conformation to the median judgement. In tourism research, attrition rates (i.e. drop-out rate in the second and subsequent rounds) are usually between 20 to 25% but can be as high as 45 to 50% (Miller, 2001).

Expert participants were recruited using the researchers' personal and professional contacts as well as snowball sampling with the assistance of existing participants. Thirty-three respondents from seventeen countries eventually took part in the first round and twenty-two respondents from eleven countries took part in the second. An online questionnaire was sent by email consisting of ten open questions in the first round and twelve in the second. It was estimated that the questionnaire should take no more than 20 minutes. The researchers allowed four to five weeks for the first round. The second ('convergence') round consisted of an online questionnaire accompanied by the results of the first round in information-graphic format (e.g. word clouds, tables, diagrams). The questions were directly related to the data and results and aimed to elicit either correction, critical comment or to identify omissions. The second round generated twenty-two responses in a period of four weeks which represented around 67% of the original sample, an attrition rate within normal range. The first round of the Delphi generated some detailed responses which were then analysed and returned to the second round participants for comments. The findings represent the cumulative responses from the first and second rounds. The main focus is on the respondents' views about challenges to development and suggested opportunities for overcoming these.

### ***Marketing and Image Study***

One objective of this branch of the research was to evaluate the generated image of the health tourism industry in each country based on their online communication. Structured content analysis was used to identify and evaluate how the countries highlight their



resources in health tourism, and whether they use health consciousness and wellbeing in their (main or themed) messages. The source of the analysis was the websites of the National Tourism Boards of the analyzed countries.

In order to capture tourists' perceptions of the term 'Balkans', the researchers used the popular travel portal TripAdvisor. TripAdvisor is an interface for rating tourist destinations and services used (travel rating), expressing opinions about them (review) and establishing a dialogue with the stakeholders and interested parties (forum), with excellent search options. The researchers conducted the research based on the information uploaded to TripAdvisor before the 7th March 2014. To collect comments related to the Balkans from the descriptions of tourist experiences, a relatively manageable database for the searched term had to be created from 3860 reviews. In the course of the analysis, only texts were used which contained the term Balkans/Balkan in the descriptions which rated tourist experiences. All comments were excluded in which the geographical terms analyzed were only used to designate the location (e.g. hotel located in the Balkans) or in the service providers' names (e.g. Hotel Balkan, Balkan Restaurant, Balkan Holidays). Furthermore, any comments were excluded which referred to a tourist destination outside the studied area (e.g. Balkan restaurant operated in the USA). Given that TripAdvisor is dominated by the English language only entries made in the English language were considered. For the reasons presented above, a much narrower database of 1182 longer or shorter comments was obtained and analysed using basic content analysis (Stepchenkova, 2012). Despite the methodological limitations to TripAdvisor research in terms of scientific conclusions (Ayeh et al. 2013), some useful data was nevertheless derived from the study

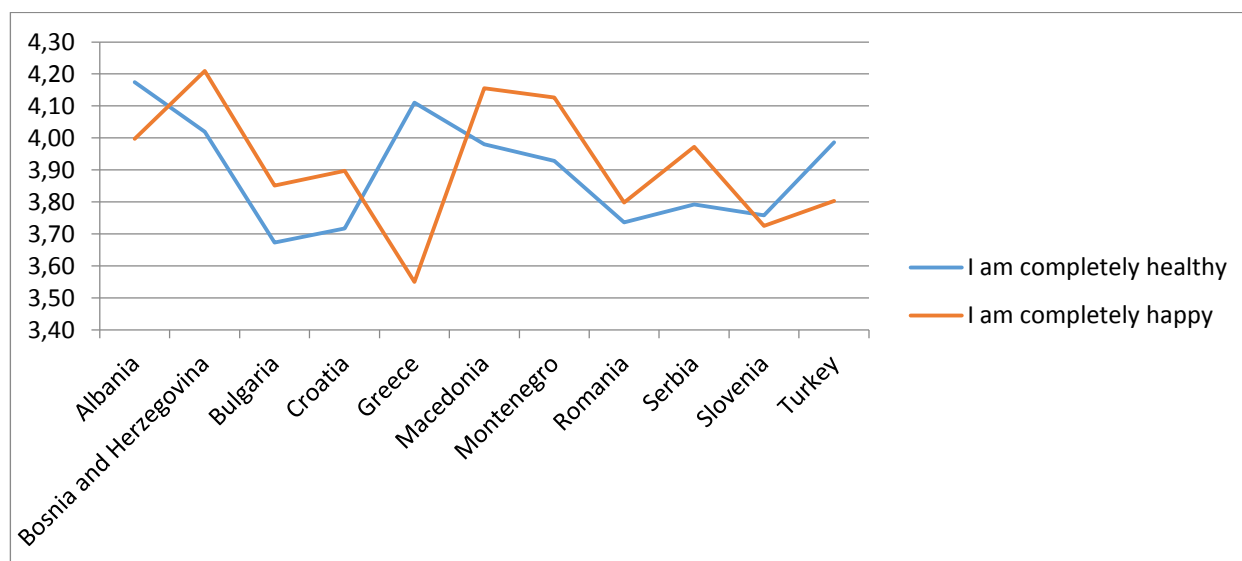
" In order to capture tourists' perceptions of the term 'Balkans', the researchers used the popular travel portal TripAdvisor. TripAdvisor is an interface for rating tourist destinations and services used (travel rating), expressing opinions about them (review) and establishing a dialogue with the stakeholders and interested parties (forum), with excellent search options. The researchers conducted the research based on the information uploaded to TripAdvisor before the 30th September 2013. To collect comments related to the Balkans from the descriptions of tourist experiences, a relatively manageable database for the searched term had to be created from 4487 reviews. In the course of the analysis, only texts were used which contained the term Balkans/Balkan in the descriptions which rated tourist experiences. All comments were excluded in which the geographical terms analyzed were only used to designate the location (e.g. hotel located in the Balkans) or in the service providers' names (e.g. Hotel Balkan, Balkan Restaurant, Balkan Holidays). Furthermore, any comments were excluded which referred to a tourist destination outside the studied area (e.g. Balkan restaurant operated in the USA). Given that TripAdvisor is dominated by the English language only entries made in the English language were considered. For the reasons presented above, a much narrower database of 64 longer or shorter comments was obtained and analysed using basic content analysis (Stepchenkova, 2012). Despite the methodological limitations to TripAdvisor research in terms of scientific conclusions (Ayeh et al. 2013), some useful data was nevertheless derived from the study.

## Research Findings

The findings will be analysed here firstly looking at the general questionnaire data for the Balkan region. This will be followed by a detailed analysis of each Balkan country in the study which will also take into consideration and compare some of the secondary data and previous research that has been undertaken in those countries on wellbeing, happiness and health levels. Each country case study ends with a summary of health tourism development in anticipation of the second piece of research which was the Delphi Study. It should be noted that the questionnaire data was not shared in advance with the Delphi participants as the researchers did not want to bias their responses by doing so. The Delphi Study mainly aimed to discover what resources, attractions and potential exist for health tourism in the Balkan region. The research in the country case studies sets the scene for this using secondary data about existing health tourism statistics, developments and challenges, again, in order to make some comparisons between previous data and the primary research in this study. The latter part of the data analysis section looks at the existing image of the Balkan region, but for general tourism rather than specifically health tourism. The TripAdvisor analysis, as well as some secondary data sources suggest that the image of the Balkan region has not always been very positive (it is acknowledged that specific country images might be very different, however time and funding did not allow these to be assessed in detail).

# Questionnaire Data

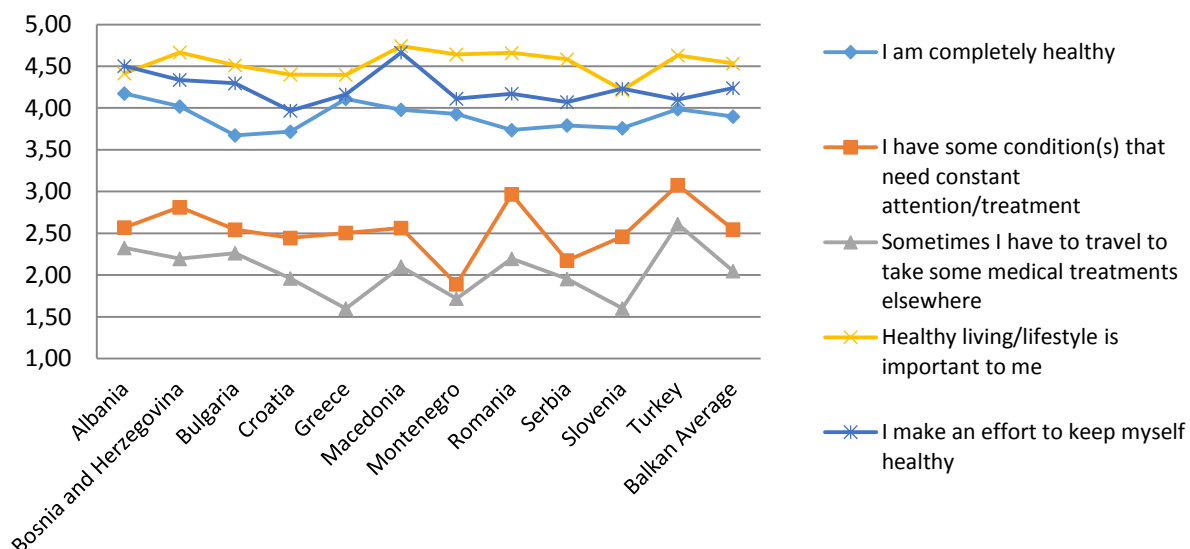
**Figure 4: The Relationship between Perceived Health and Happiness Levels in the Balkans**



Note: Based on a scale of 1-5 where 5 was the maximum

Similar to the earlier comparison of human development (HDI, 2014) and happiness (WHR, 2015), it can be seen that there is sometimes a significant difference between perceived health levels and happiness levels. Again, Greece is the most notable exception. In some countries like Slovenia, there seems to be a similar ranking of health and happiness, but both are surprisingly low given some of the other studies that have suggested that Slovenians are both healthier and happier than many other Balkan countries (e.g. Gallup Wellbeing, 2013; Global Age Watch, 2014; World Happiness Report, 2015). In most cases, Balkan residents rate their happiness higher than their health. This is not surprising given the relatively short life expectancies in the region, the growing cost of medicines relative to salaries, and the low number of doctors in many countries because of outmigration, lack of investment and incentives.

**Figure 5: Attitudes to Health in the Balkan Countries**

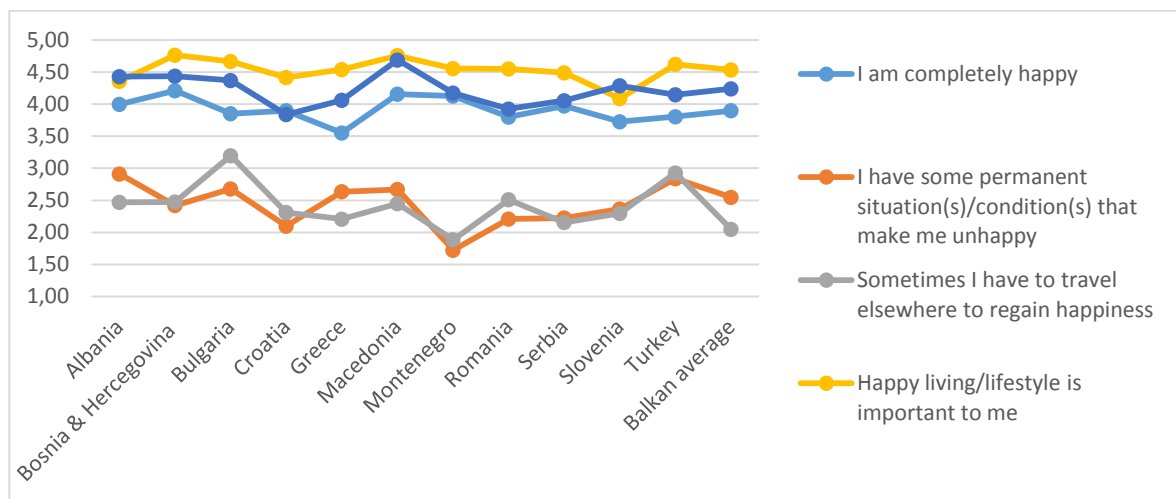


Note: Based on a scale of 1-5 where 5 is the maximum

- Albanians and Greeks consider themselves to be the healthiest. This is perhaps not surprising as they have one of the longest life expectancies in the Balkans along with Slovenia (HDI, 2014). However, Slovenians do not consider themselves to be completely healthy ranking only 8th. Greece has the lowest rate of cardio-vascular disease in the region, perhaps because of the Mediterranean diet (Ginter and Simko, 2011). Turkish and Romanians claim to have the most health conditions that need constant attention. Health satisfaction is also reported as low in Romania by Eurofound (2013). For example, Romania has the highest oncologic mortality in the region and CVD mortality is high amongst men after aged 65 (Ginter and Simko, 2011).
- Few respondents travel to receive medical treatments elsewhere, but the most are from Turkey.
- Healthy living is most important for Macedonians followed by Romanians and Bulgarians (life expectancy is average for Macedonia but low for Romania and Bulgaria according to HDI, 2014). Interestingly, it is least important for Slovenians even though they live the longest in the region except for the Greeks (HDI, 2014).
- Macedonians also claim to make the most effort to keep themselves healthy followed by Albania. Croatians make the least effort.
- In terms of age and health, there is not surprisingly a steady decline in feeling completely healthy as people get older and they have more conditions which need constant attention or treatment. On the other hand, healthy living becomes more important and people make more efforts to stay healthy.
- In all countries, young people (15-29) consider themselves to be the healthiest whereas older people (60-99) consider themselves to be the least healthy. They have more health conditions which need constant attention, they sometimes travel elsewhere for medical treatments, healthy living is more important to them and they make more effort to keep healthy.

- Although not statistically significant for the overall sample, women seem to have more health problems, consider themselves less healthy and travel more for medical treatments, but healthy living is more important to them and they make more effort to keep healthy.

**Figure 6: Attitudes to Happiness in the Balkan Countries**

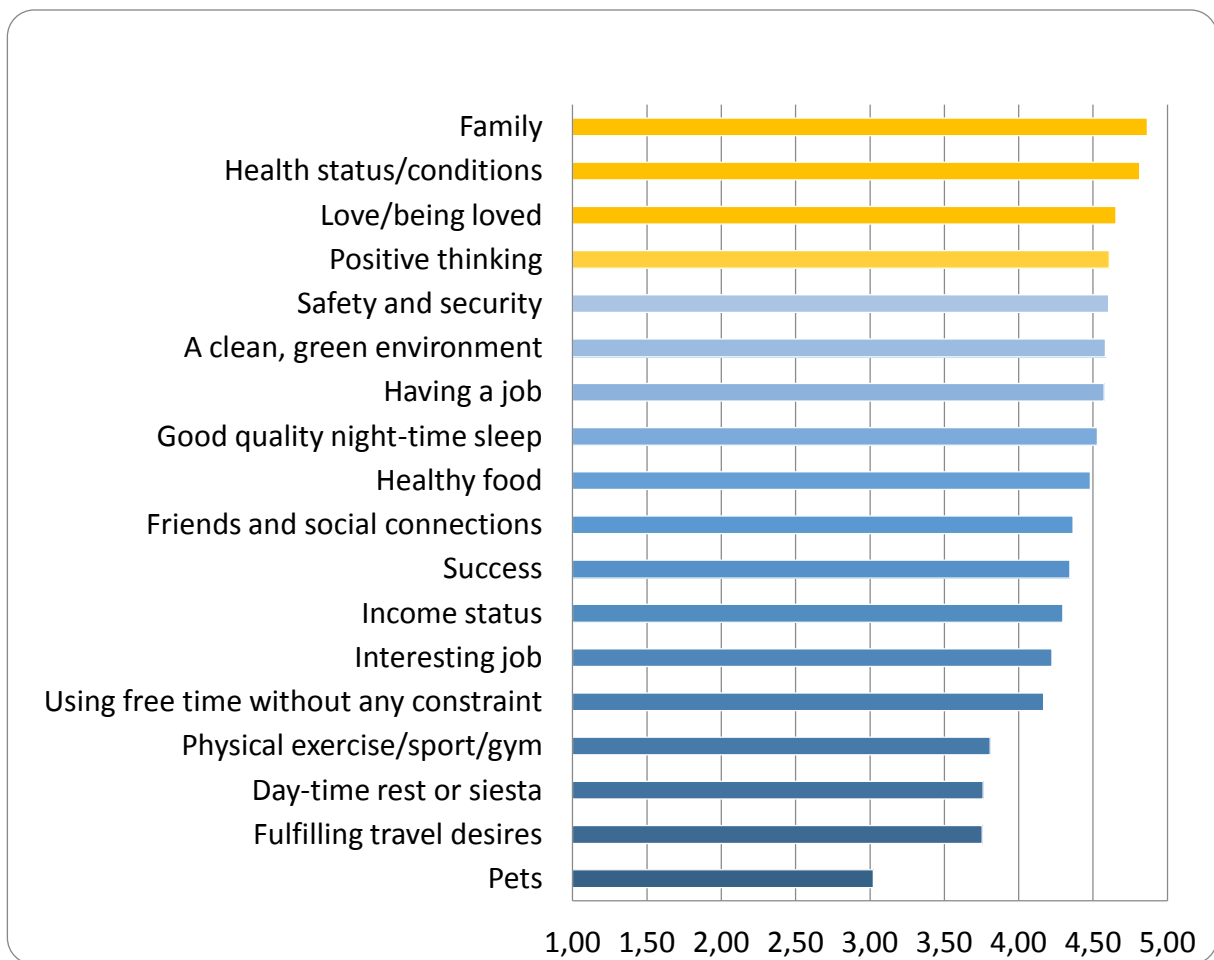


Note: Based on a scale of 1-5 where 5 is the maximum

- Bosnians, Macedonians and Montenegrins claim to be the happiest. In Gallup (2013) Macedonians score by far the highest in the region for social wellbeing and second highest for financial wellbeing. However, Bosnia and Montenegro score almost equally low in all domains of wellbeing.
- In the Happy Planet Index (2012) Macedonia had the lowest score in the region but partly because the ecological footprint is the highest in the region (as well as below average wellbeing levels and life expectancy for the region).
- Greeks are the least happy which is consistent with other recent studies (e.g. Eurofound, 2013; WHR, 2015). In Gallup (2013) the Greeks score the lowest in purpose wellbeing and as low as Serbia in financial wellbeing. Greece has the lowest score on hedonic wellbeing in Europe according to Eurofound (2013). It also reported some of the highest levels of stress in Europe and has one of the lowest levels of eudaimonic wellbeing (sense of autonomy, relationships, meaning and self-esteem).
- Albanians and Turkish have the most permanent situations which make them unhappy.
- Bulgarians claim to travel the most in order to regain their happiness. In other studies (e.g. Eurofound, 2013; WHR, 2015) Bulgaria is reported to be one of the unhappiest countries in the world. In this study, happiness levels are below average but not the lowest. Interestingly, in the question on country attributes, Bulgarians rated happiness levels in their country as higher than any other country's respondents. Eurofound (2013) also notes that although Bulgaria ranks bottom in the EU in terms of life satisfaction, it ranks 16th out of 27 in terms of hedonic wellbeing (day-to-day feelings and moods). Bulgarians were also the most likely nationality in Europe to report feeling active and vigorous, and the second most likely to report feeling fresh and rested.

- Bosnians and Macedonians state that happy living is the most important for them and Macedonians make the most effort to stay happy.
- There are no significant differences between men and women in terms of happiness, although men are slightly happier in Greece and Montenegro and women in Croatia, Macedonia and Slovenia.
- In terms of happiness and age, it seems that the youngest (aged 15-29) are the happiest, followed by the oldest (aged 60-69) with the middle generations especially 40-49 year olds being the least happy. Older people make a bit more effort to stay happy. There is little variation in travelling for happiness and a happy lifestyle is equally important for all age groups.
- People living in the countryside seem to be a little bit happier than those in towns with the exception of Montenegro.
- Education levels affect happiness in quite diverse ways according to country, and these will therefore be discussed in more detail in the later country profiles.

**Figure 7: Main Factors of Happiness in the Balkan Countries**



Note: Based on a scale of 1-5 where 5 is the maximum

Family, health and love are the three most important elements. This is consistent with other quality of life (QoL) surveys (e.g. Rahman et al., 2005). However, it is surprising that work and income do not feature as prominently as they do in some other studies. For example, Easterlin (2006) stated that according to most research on quality of life or subjective wellbeing income, family, health and work play the most important role. Michalkó's (2010) research in Hungary suggested that family, health and work are the most important domains for happiness, which was confirmed by Havasi (2009) in her research on values and quality of life.

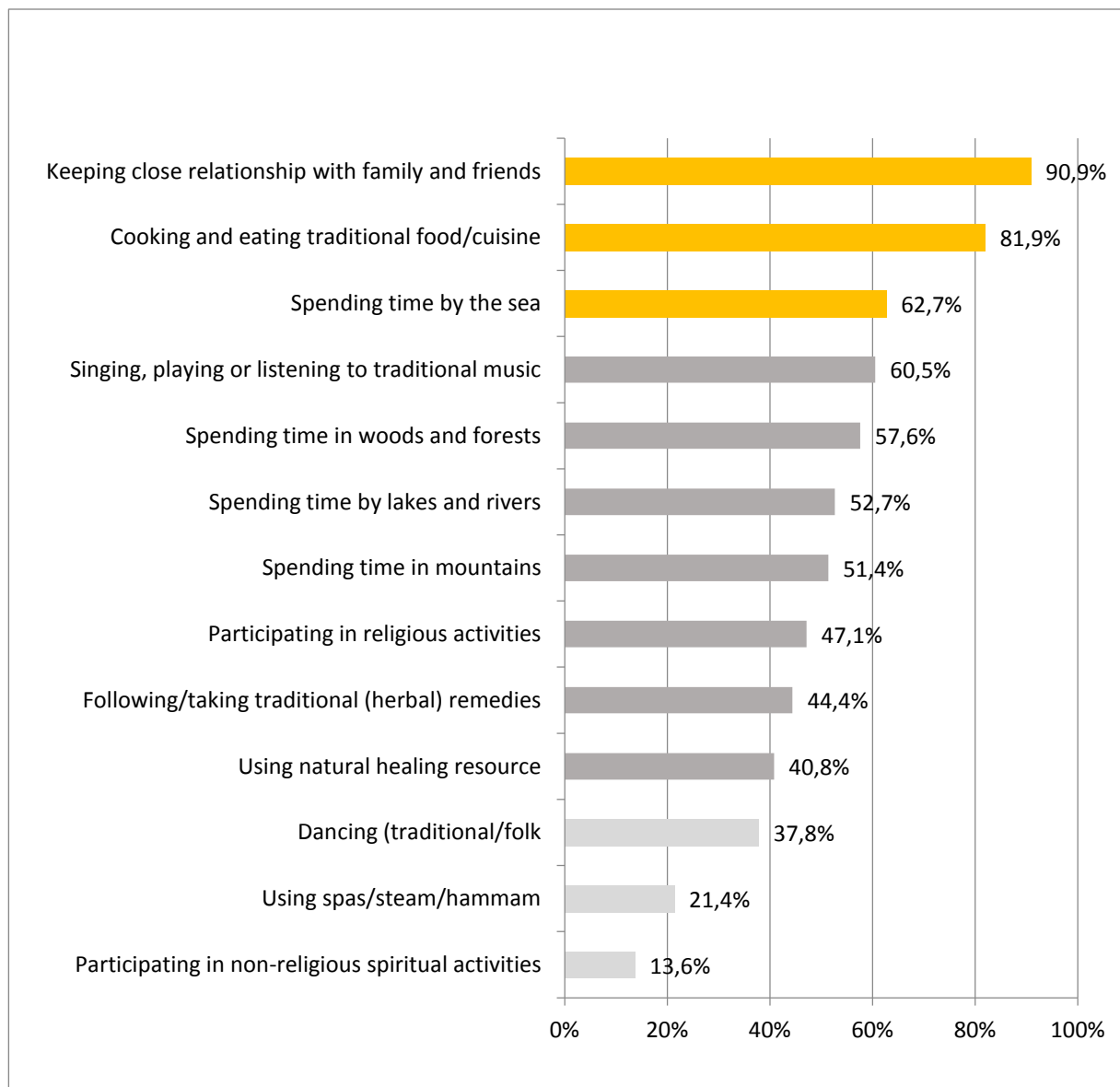
Travel is the least important (along with siesta). This is also consistent with other QoL studies where travel is not top-of-mind for respondents, but if it is mentioned by the researcher, they declare that it IS actually important, or at least the act of travelling regularly rather than individual trips (Puczkó and Smith, 2010). Filep (2014) suggests that travel only contributes to 'authentic happiness' rather than 'subjective wellbeing'. It also has to be remembered that in the majority of the Balkan countries salaries are very low and large numbers of local residents are unable to fulfil travel desires for financial reasons. It is



therefore unsurprising that travel may not be top-of-mind when discussing happiness or wellbeing.

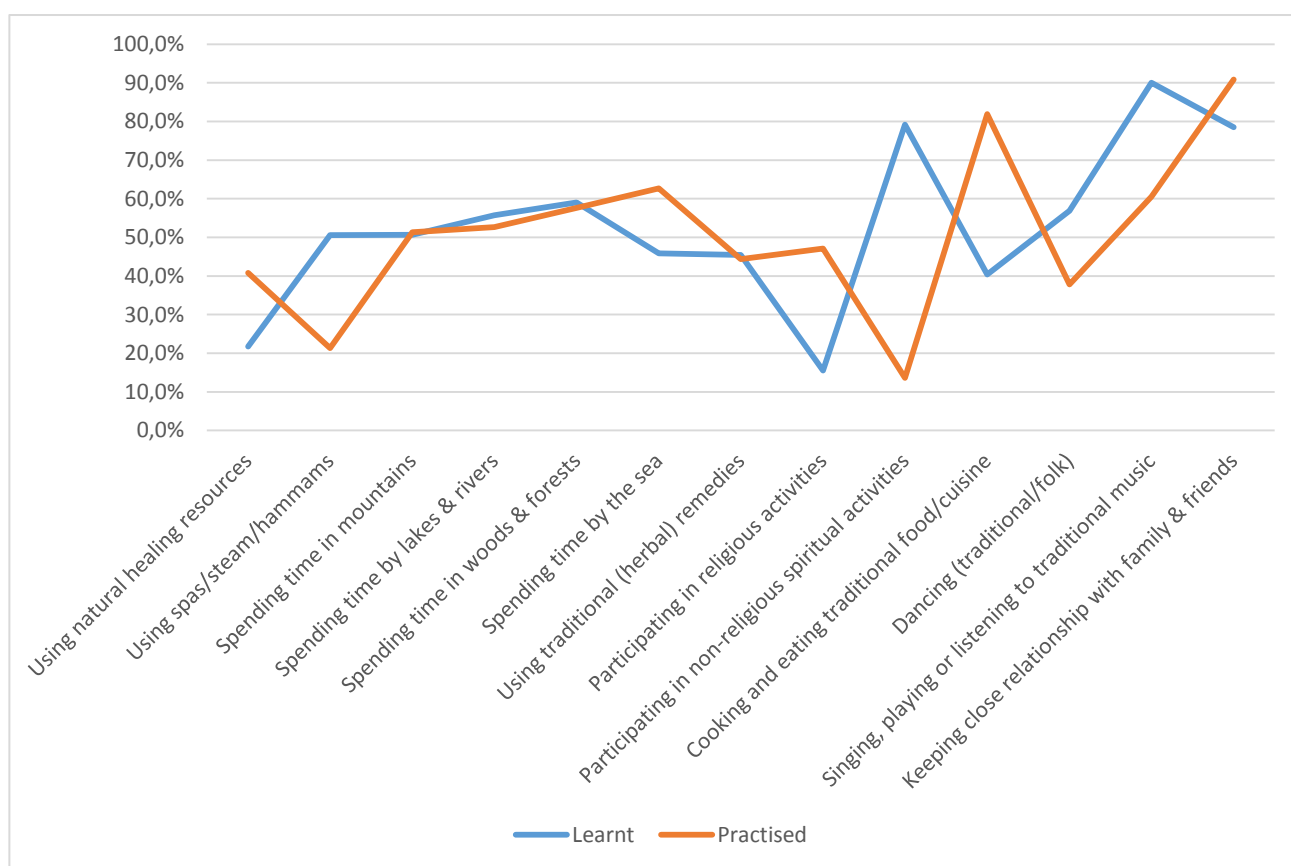
When they were asked about which activities were the most important for their happiness, family and friends were again ranked the highest. However, there are also several leisure activities which were also considered important. Unlike some other leisure studies in the Balkans (e.g. Brajša-Žganec, Merkaš and Šverko, 2011 in Croatia) activities such as watching TV, cultural interests (e.g. theatre, cinema) and sports were not included (with the exception of singing and dancing and nature-based activities which could include sports). Instead, the researchers tried to include those activities which are more directly associated with wellbeing, health improvement, and health, wellness or wellbeing tourism. These were derived from a brainstorming session with experts in these areas of tourism.

**Figure 8: Most Important Activities for Happiness in the Balkan Countries**



Note: Activities undertaken at least once a year

**Figure 9: Learnt and practised activities which contribute to happiness and wellbeing**

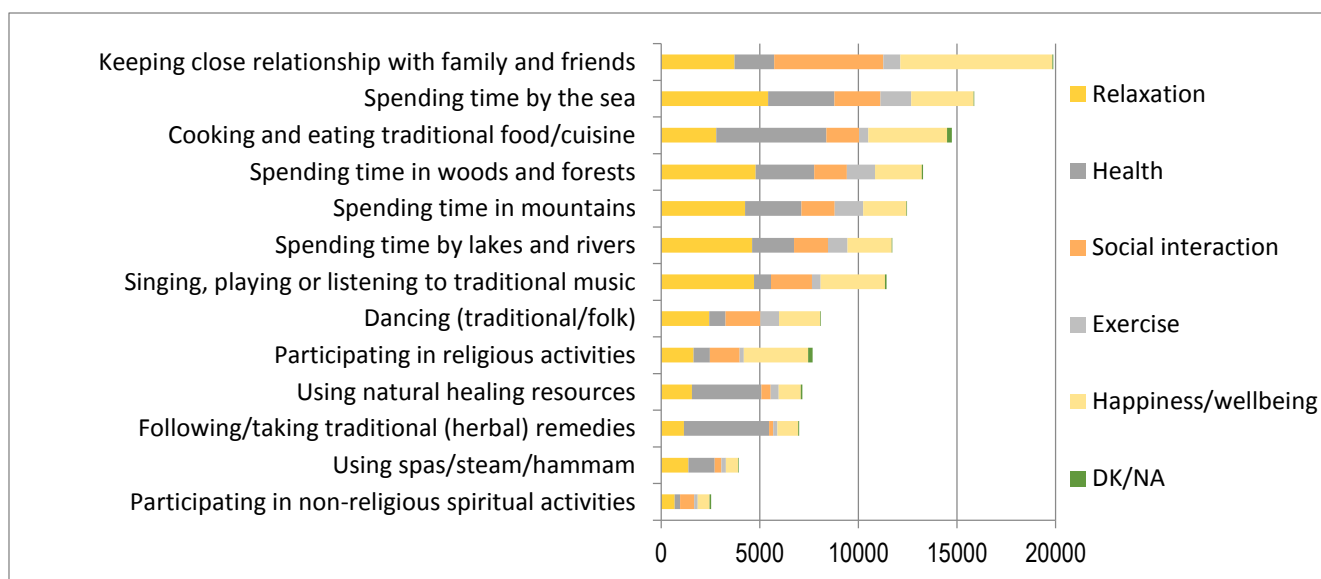


Note: Activities learnt and practised at least once a year

- Natural healing resources are used in all countries by respondents even though far fewer of them actually learnt about them from grandparents or parents. The biggest difference is in Romania with 39.8% who learnt about them but with 75.5% using them. The lowest usage is in Montenegro with only 11.4% (2.6% learnt about them).
- The use of spas, hammams or steam is surprisingly low considering the history of balneology in many of the Balkan countries. Usage is very low in Montenegro and Albania with 2.3% and 2.8% respectively (even though 35% and 44% learnt about them from grandparents or parents). Slovenia is the only country where usage has not decreased significantly, but has actually increased from 36.7% who learnt about them to 46% using them.
- With the exception of Montenegro, Bulgaria and Greece, respondents who learnt to spend time in mountains are not visiting in such great numbers. This may be a result of what Richard Louv (2005) identifies as 'nature deficit disorder' with new generations spending less time in nature and more time in cities, at work or in front of screens.
- Respondents are also not spending as much time by lakes and rivers as the learnt habits would suggest. Visits to the sea have increased, on the other hand, (probably resulting in a decrease in the number of visits to other types of water-based environments). With the exception of four countries, there is a decrease in the numbers visiting lakes and rivers. On the other hand, the figures for visiting woods and forests are actually increasing except for in three countries.

- With the exception of two countries (Macedonia and Serbia, which became landlocked in the 1990s), visits to the sea seem to have increased compared to the learnt traditions. This may be due to the increase in sun-sea-sand tourism over the past few decades. In some cases, there is a significant increase. For example, 24.2% to 78.7% in Greece and 26.6% to 60.7% in Montenegro.
- In some countries, the learnt tradition of herbal remedies seems to have increased significantly in terms of usage, for example 28.9% to 48.3% in Bulgaria, 25.9% to 48.6% in Albania, and 29.1% to 47.9% in Slovenia, but usage has decreased significantly in both Greece (44.3% to 25.2%) and Turkey (65.9% to 36.3%). The increase in use could possibly be the result of increases in prices and unaffordability of pharmaceutical medicines in many Balkan countries for poorer residents, especially those in rural areas where they might not be easily accessible either.
- Religious activities have increased considerably compared to what was learnt. This can be explained perhaps by the fact that religious practice was suppressed during the socialist period in this region. The greatest increase has been in Romania (from 25.1% to 65.6%) and Croatia (from 21.6% to 59%).
- Non-religious spiritual practices were learnt by large numbers of respondents in all countries but are practised by far fewer now. It is assumed that the official suppression of religion resulted in other forms of spiritual practice, but now religious activity has increased again therefore there is less need for non-religious spiritual practices.
- In all countries the respondents are cooking and eating traditional foods in far greater numbers than those who learnt. The average difference is 41%. In many cases, food supply was more limited during socialist times than it is today, only certain foods may have been grown or produced, and there were no doubt food shortages during these times and also during war time in former Yugoslavia.
- Traditional or folk music and dancing was learnt by far greater numbers of respondents than those who now practice it. Only in Albania has dancing increased. Singing, playing or listening to traditional music has decreased by 30% on average.
- In all countries, maintaining close relationships with family and friends has become more important. The most significant increase is in Montenegro from 48.7% to 86.7%. It is often the case that people turn more to their friends and family during economic, political and other crises.

**Figure 10: The main reasons for taking part in learnt and practiced activities**



Note: Multiple answers were possible

- Natural healing resources are used mainly for health reasons (almost 50%) which is not surprising, but spas, hammams and steam are used by slightly more people for relaxation rather than health (35% versus 34%).
- Nature-based activities such as being in mountains, woods and forests and spending time by lakes and rivers are undertaken mainly for relaxation (more than 30%) followed by health, happiness, social interaction, and lastly (perhaps surprisingly) exercise.
- People go to the sea mainly for relaxation (34%) followed by health and happiness (around 20% each).
- People take traditional herbal remedies mainly for health which is unsurprising.
- Religious activities are undertaken mainly for happiness (42%) but also to a lesser extent (around 20% each) for health and social interaction. Social interaction is marginally more important than health and happiness for non-religious spiritual activities.
- 38% of people cook and eat traditional food for health reasons, 27% for happiness or wellbeing.
- Dancing is done for relaxation, happiness and social interaction (25-30%) more than for exercise or health (around 10% each).
- Singing, playing or listening to traditional music is done predominantly for relaxation, happiness and social interaction.

## Individual Country Profiles

## Albania

**Total population:** 3,162,000 (World Health Organization, 2012)

**Life expectancy:** 77.39 (HDI, 2015) (third longest in the Balkans after Greece and Slovenia)

**Happy Planet Index (2012):** highest ranking in the Balkan countries

**Gallup Wellbeing Study (2013):** lowest in the Balkans in 'purpose wellbeing' along with Greece. Average or low in other domains except 'social wellbeing' (4th in the Balkans)

**95th in Human Development Index (2014):** ranking lowest of the Balkan countries

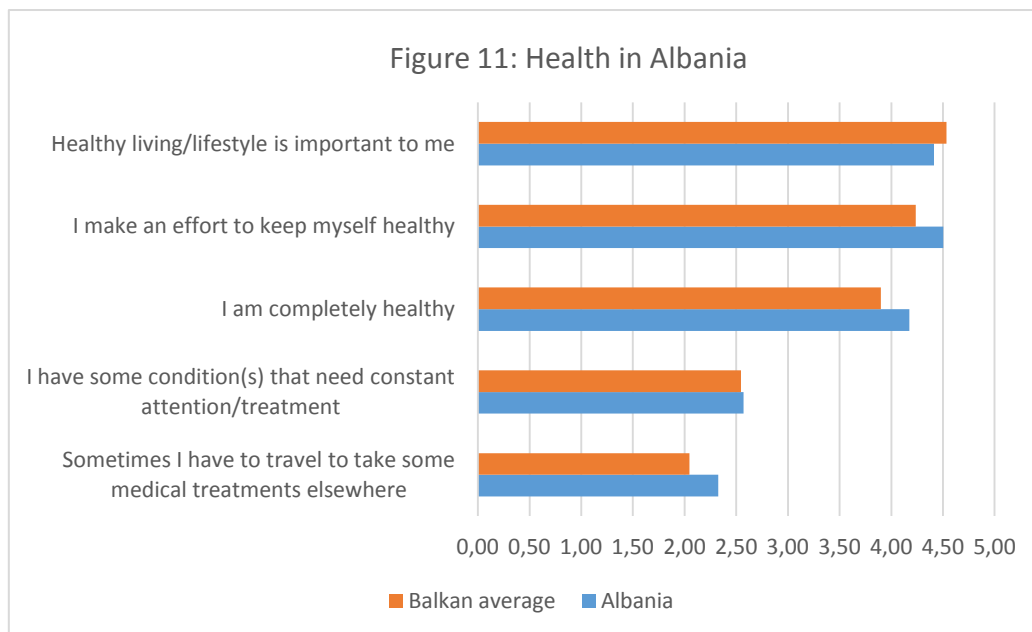
**53rd Global Age Watch (2014):** third best in the region after Slovenia and Romania

**95th in World Happiness Report (2015):** ranking 8th in the Balkan countries

### Summary of Secondary Data

Albania has one of the longest life expectancies in the region. Milanovic et al. (2006) suggest that the Mediterranean diet may be one of the main reasons. Albania scores low in the Human Development Index (2014) mainly because of standard of living and low in Gallup's Wellbeing Study (2013) for financial reasons and high unemployment. However, it is a relatively good place to be an older person according to Global Age Watch (2014). It ranks high in the Happy Planet Index (2012) partly because of life expectancy and also low carbon footprint (but consumption rates may also be low because of poverty). Happiness levels are low according to WHR (2015) mainly because of GDP. Recent Albanian history has been dominated by several negative aspects including internal political conflict, the collapse of pyramid schemes (causing a dramatic fall in GDP and skyrocketing inflation and deficits), widespread corruption and the problems in Kosovo (Litchfield, Reilly and Veneziani, 2010)

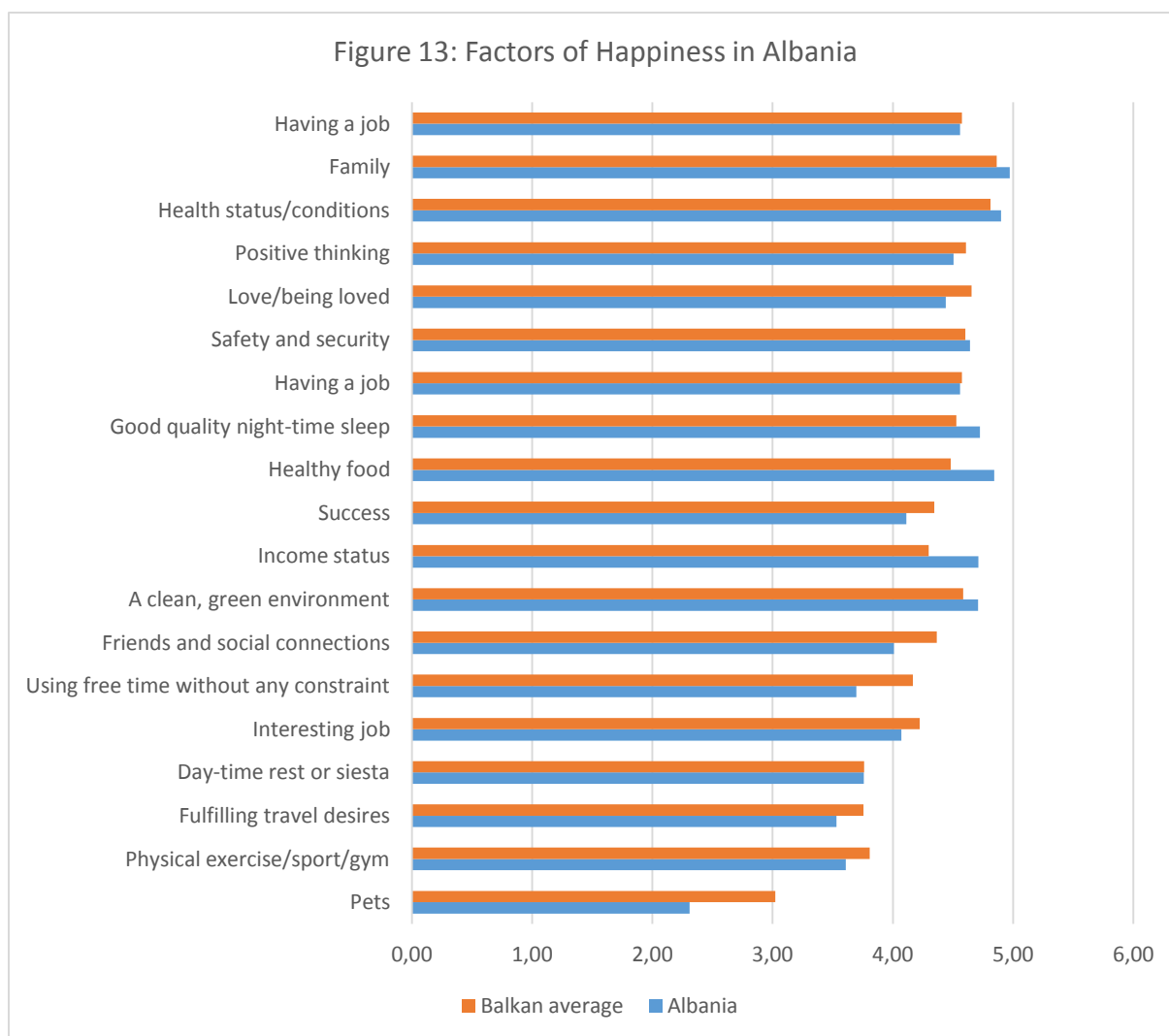
### Results of the Questionnaire



In this study, Albanians along with Greeks consider themselves to be the healthiest in the Balkan countries. This is perhaps not surprising as they have one of the longest life expectancies in the region along with Greece and Slovenia (HDI, 2014). After Macedonia, Albanians claim to make the most effort to keep themselves healthy.

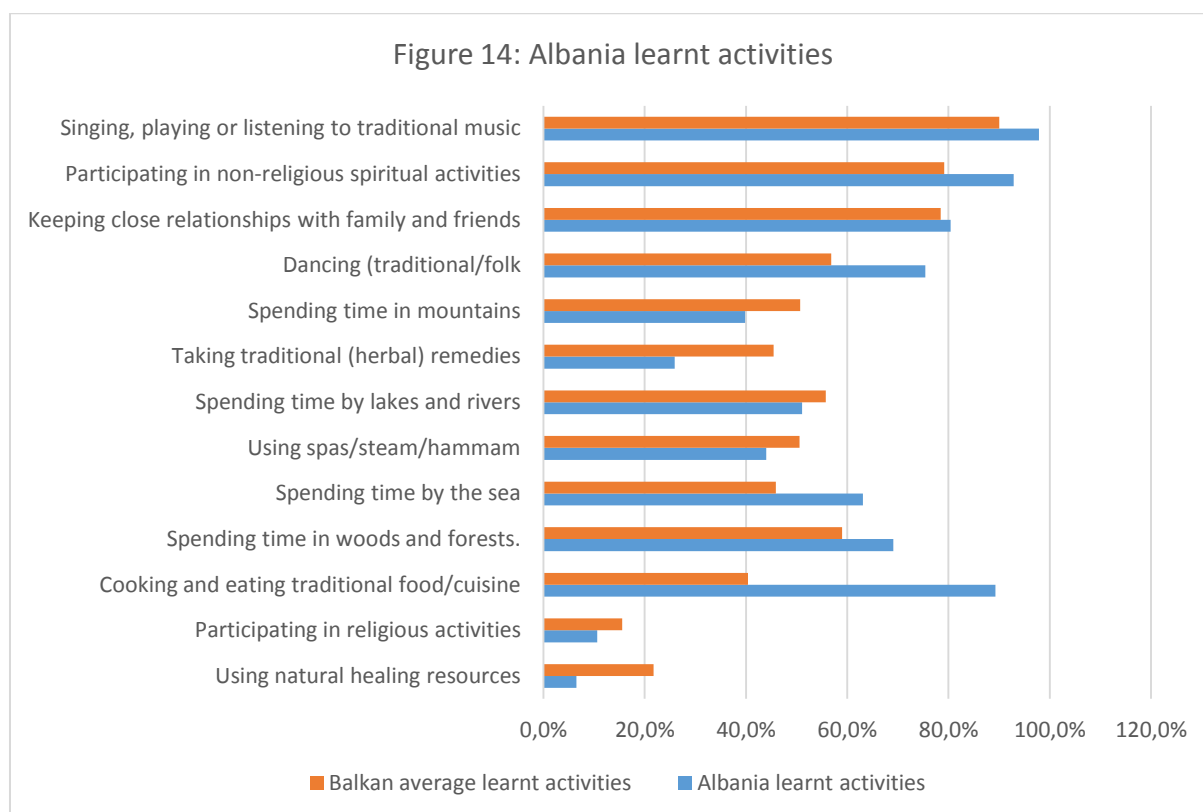






In the Balkan region Albanians are slightly happier than average, but along with Turks they have the most permanent situations which make them unhappy. Happiness levels do not appear to fluctuate much at all according to age group, unlike in many other Balkan countries. Along with Turkey, the levels fluctuate the least in the region. There are also no noticeable gender differences (i.e. men and women are equally (un)happy). Educational background and place of residence (e.g. town or country) also show little difference. The Economist (2012) suggests that the populations of Albania and Kosovo tend to be younger and therefore more optimistic than in many of the other Balkan countries. Albania has made progress in relation to quality of life. Referring to the Human Development Index for the period 2000 - 2011 it ranked among 68 to 78, where previously it was on level 80. According to The Economist Intelligent Unit, Albania has climbed 20 places and the country ranked 53 (2010), compared with 73 (2005 and 2007) (Ceko, 2013). Albania (along with Angola and Zimbabwe) experienced the largest increases in happiness across all the countries surveyed (World Happiness Report, 2013). Litchfield, Reilly and Veneziani (2010) showed that the unemployed in Albania are by far the individuals who suffer the largest subjective wellbeing

shortfall compared to the wage employed. They also note that Muslims have a higher probability of being fully satisfied with life compared to Catholics in Albania.



In terms of activities learnt and still practised, the use of spas, hammams or steam is surprisingly low in Albania with 2.8% even though 44% learnt about them from grandparents or parents. The learnt tradition of herbal remedies seems to have increased significantly in terms of usage from 25.9% to 48.6%. Spending time by the sea has increased by 16% but spending time by lakes and rivers has declined by 19% and in woods and forests by 23%. A similar amount of time is spent in mountains comparing what was learnt and what is practised. Cooking and eating traditional food has increased slightly. Dancing has increased by 5% but singing has decreased by 20%. As elsewhere in the Balkans, religious activities have increased (here by 13%) but non-religious spiritual activities have declined dramatically by 90%.

Figure 15: Albania practised activities

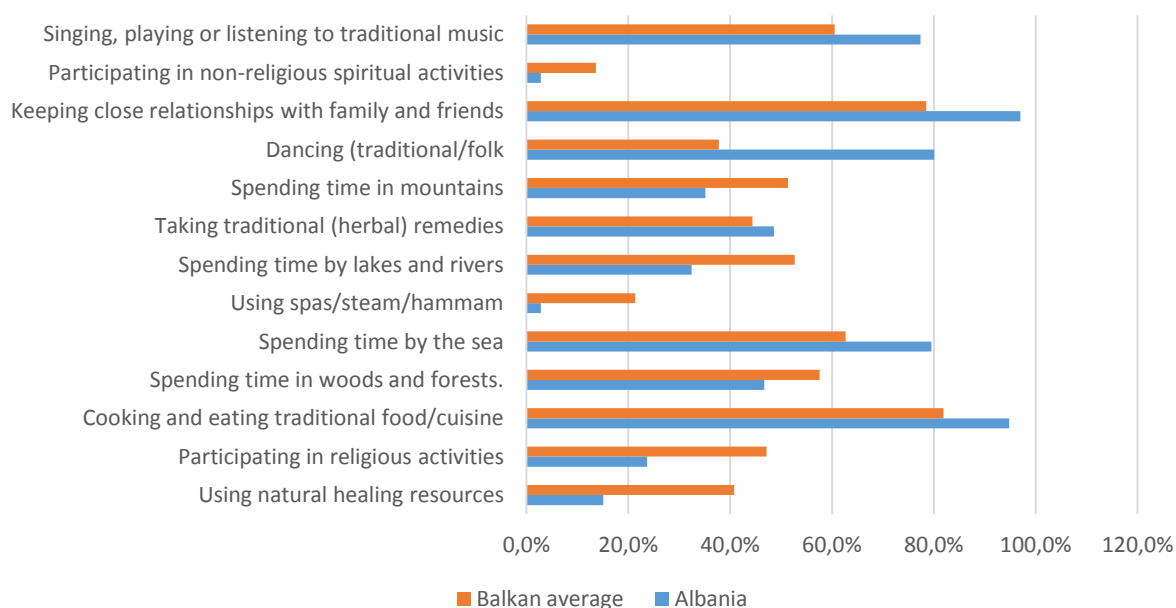
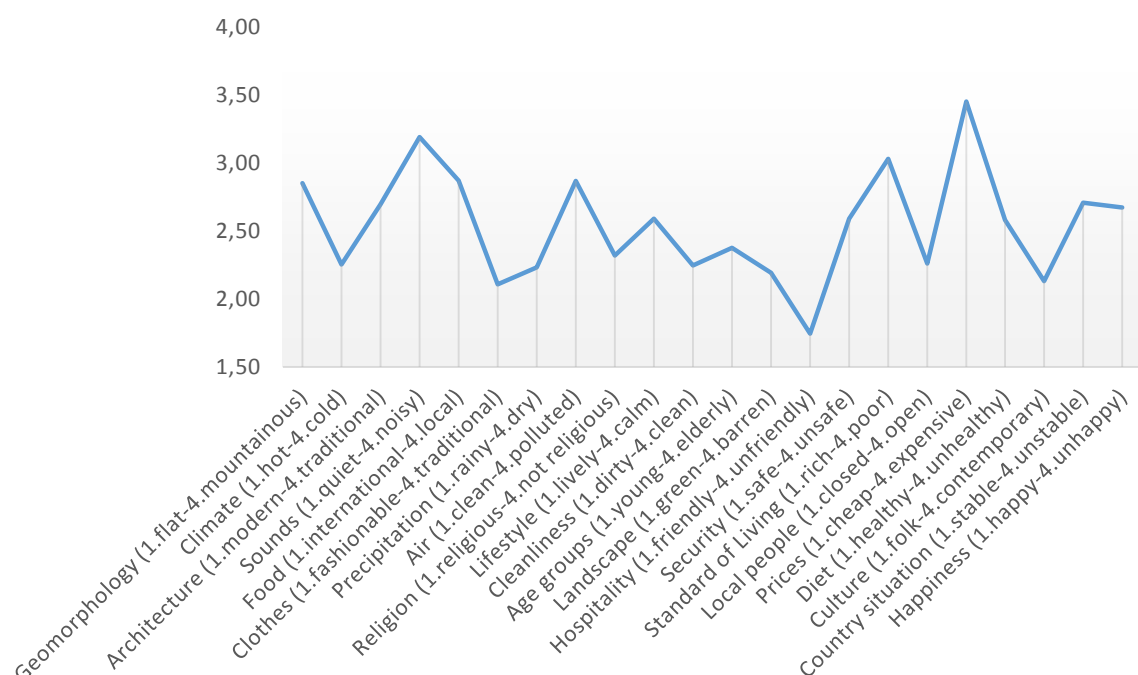


Figure 16: Country Attributes



The Albanians mainly see their country as poor, expensive, noisy and polluted, but also as friendly and green.

### A Brief Overview of Health Tourism in Albania

Albanian GDP is made up of approximately 20% from the agricultural sector, 20% construction sector, 30% the service sector (where tourism plays an important role), 10% the industrial sector, 10% transport and 10 % from other economic activities. As far as the tourism sector is concerned, in 2010 it was declared that about 3.5 million tourists (staying an average of 10 days) came to Albania and spent an average of 100 Euro per day. Roughly the same situation was reported for the summer tourism season of 2011 and 2012 (Ceko, 2013).

The tourism supply of Albania has been more focused on history, archaeology and other cultural attractions, as well as natural resources (e.g. mountains, national parks and seaside) (Marku, 2014). The tourism strategy of the country focuses on these features, but health tourism is not a current focus for the National Tourism Office. However, according to the Tirana Times (2013) a rising number of tourists, although still negligible, visits Albania for health tourism purposes. This includes medical tourism such as dentistry, plastic surgery and orthopedics (ATMA, 2014).

Albania has geothermal waters and quite a strong tradition of herbal remedies (for example, using sage as a tonic or acacia honey for combatting metabolic and nutritional disease (Stăncioiu et al., 2013). TripAdvisor also lists several spa and wellness hotels and resorts including four and five star properties (e.g. Hotel Butrinti, Sheraton Tirana, Rogner Hotel Europapark).

## **Bosnia and Hercegovina**

**Total population:** 3,829 (World Health Organization, 2012)

**Life expectancy:** 76.37 (HDI, 2015) fifth longest in the Balkans

**Happy Planet Index (2012):** third highest in the Balkan countries

**Gallup Wellbeing Study (2013):** in the Balkan region third lowest with Montenegro in 'physical wellbeing'. Third lowest in 'financial wellbeing'. Fifth in 'social wellbeing' and lowest in 'community wellbeing' with Croatia. High in 'purpose wellbeing' (second along with Romania and Turkey).

**86th in Human Development Index (2014):** 10th in the Balkans

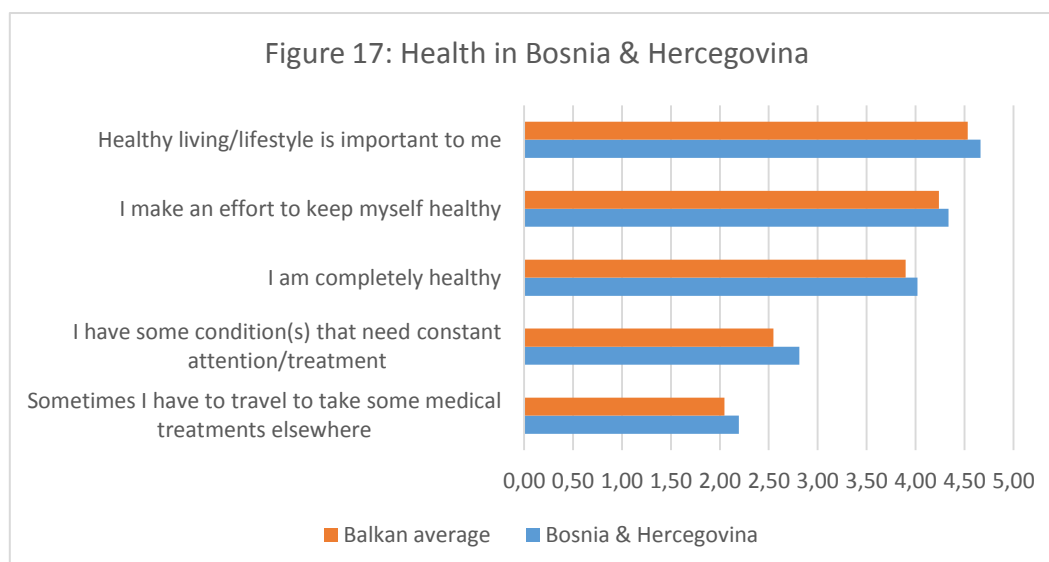
**Global Age Watch (2014):** No data

**96th in World Happiness Report (2015):** ranked 9th in the Balkans

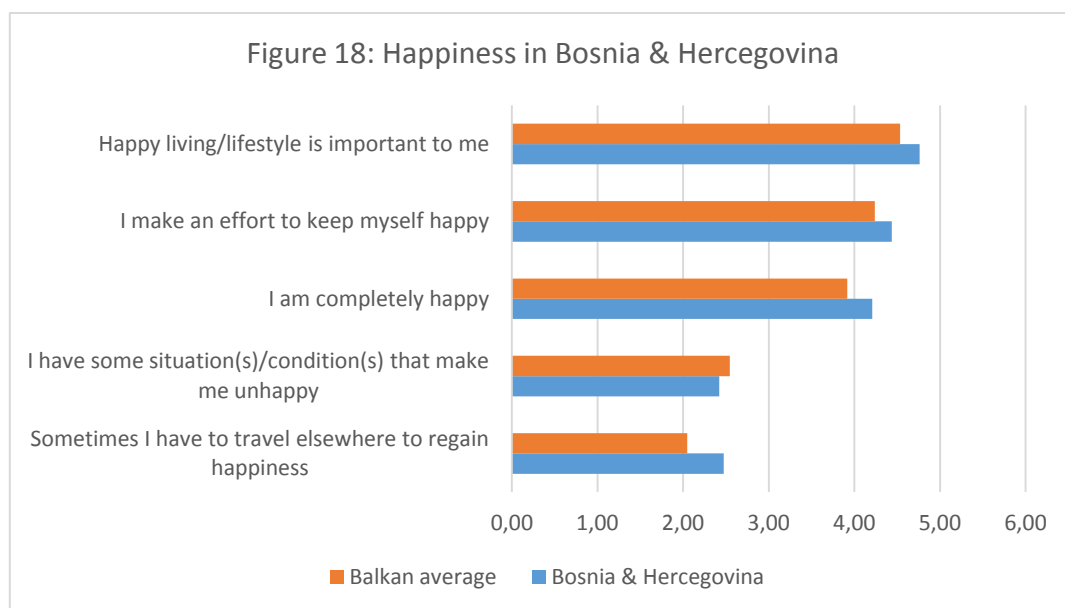
### **Summary of Questionnaire**

Bosnia is one of the lowest scoring countries in the Human Development Index (2014). Although Bosnian life expectancy is not exceptionally low compared to the Balkan average, Gallup (2013) suggests that physical wellbeing levels are not so high. Despite relatively low scores for overall wellbeing in Happy Planet Index (2012), financial and community wellbeing (Gallup, 2013) and happiness (WHR, 2015), Bosnia still scores high in 'purpose wellbeing' in Gallup (2013). This is an interesting finding worthy of further investigation. Çelebioğlu (2011) showed that Bosnia and Hercegovina (like many Balkan countries) has low per capita GDP, high level final consumption expenditures and low levels of savings. Unemployment tends to be high and population growth rate is very low. However, World Bulletin (2013) suggests that people in Bosnia and Hercegovina get divorced the least in the region.

### **Results of the Primary Data Questionnaire**

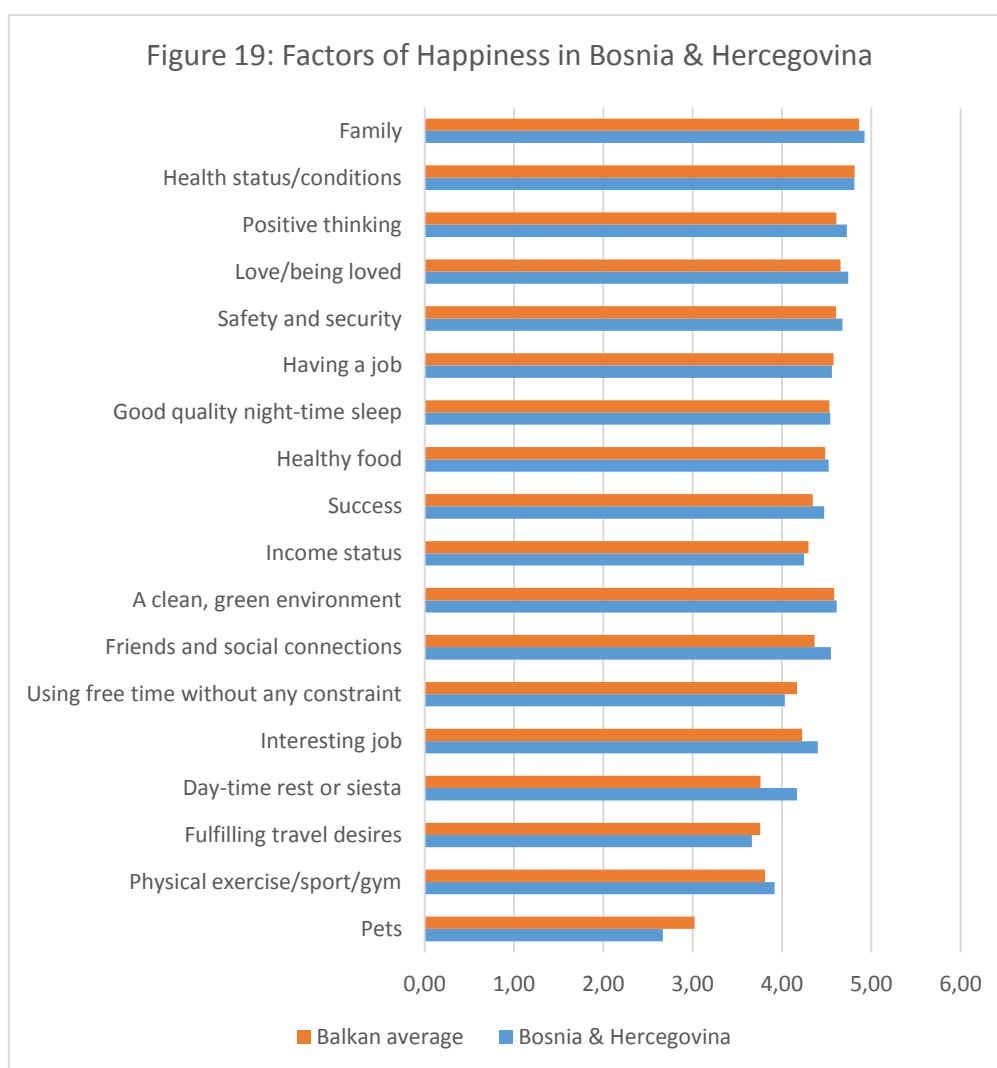


It can be seen that Bosnians rate their health status and healthy living as higher than the Balkan average. This is not perhaps surprising given that life expectancy is slightly above average. In terms of weight, it seems that the Bosnians are the least overweight in the Balkan countries (Becic, 2014) and in this study, healthy food is more than averagely important for them (see Factors of Happiness) and in country attributes they see their diet as relatively healthy. However, physical wellbeing was ranked quite low in Gallup (2013). Ivanković et al. (2010) documented how the war from 1991-1995 caused a number of diseases and disorders which did not exist before. Matovic-Miljanovic et al.'s (2014) study of 3843 adult inhabitants showed that although three-quarters of respondents assessed their health as good or very good, 37% of respondents were suffering from one or more chronic diseases, while 8.5% respondents stated that they have a long-term illness which prevents them from performing usual daily activities. It can be seen in this study that an above average number of Bosnians have a condition which needs constant attention or treatment. Despite 80% of respondents being satisfied with the health care services provided by their family doctor according to Matovic-Miljanovic et al.'s (2014), this study suggested that many Bosnians sometimes travel elsewhere for medical treatment (higher than average for the Balkans). Indeed, Becic (2014) states that Bosnia has the least doctors in the region per 1000 population.



Bosnians (perhaps surprisingly) declare themselves to be the happiest people in the Balkans in this study. This is a contrast to the World Happiness Report (2015) where Bosnia and Hercegovina scored quite low, but the WHR also measured objective (e.g. economic and political) factors. On the other hand, in Matovic-Miljanovic et al.'s (2014) study 76.3% of respondents said that they are satisfied with their lives and Bosnia scored high in 'purpose wellbeing' in Gallup (2013). Of course, it is possible that war-related trauma still affects the wellbeing and happiness levels of some members of the population. In this research, there were no differences in the happiness levels of men and women, but people living in the countryside were slightly happier than those living in towns. Averagely educated people are happier than lower or higher educated people. Those aged 50-59 are by far the unhappiest, followed by those aged 30-39. There were no differences between the rest.

In terms of factors which affect happiness, it seems that certain activities are slightly more important for Bosnians than they are for some other nationalities in this study. These include: having an interesting job, family, friends, love and social connections, doing exercise and sport, and having some daytime rest or a siesta. Bosnians seem to value positive thinking more than average (second highest after Montenegro) which might partly explain why they rank their happiness and health so high. As suggested by Davidson and Begley (2013) people with high levels of positive emotion tend to rank their health higher.



In terms of learnt and practised activities, use of natural healing resources has increased significantly (41%) but use of spas has decreased significantly (37%). As in most other Balkan countries, religious activities have increased considerably (by 43%) but non-religious spiritual activities have decreased by a high percentage (67%). Spending time in mountains, in woods and forests and using traditional herbal remedies have stayed more or less the same comparing what was learnt and what is still practised. Spending time by rivers, lakes or the sea has increased. Cooking and eating traditional food has increased enormously as elsewhere in the Balkans (here, by 57%). Dancing and singing have decreased on the other hand (by 26% and 29% respectively).



Figure 20: Bosnia & Hercegovina Learnt Activities

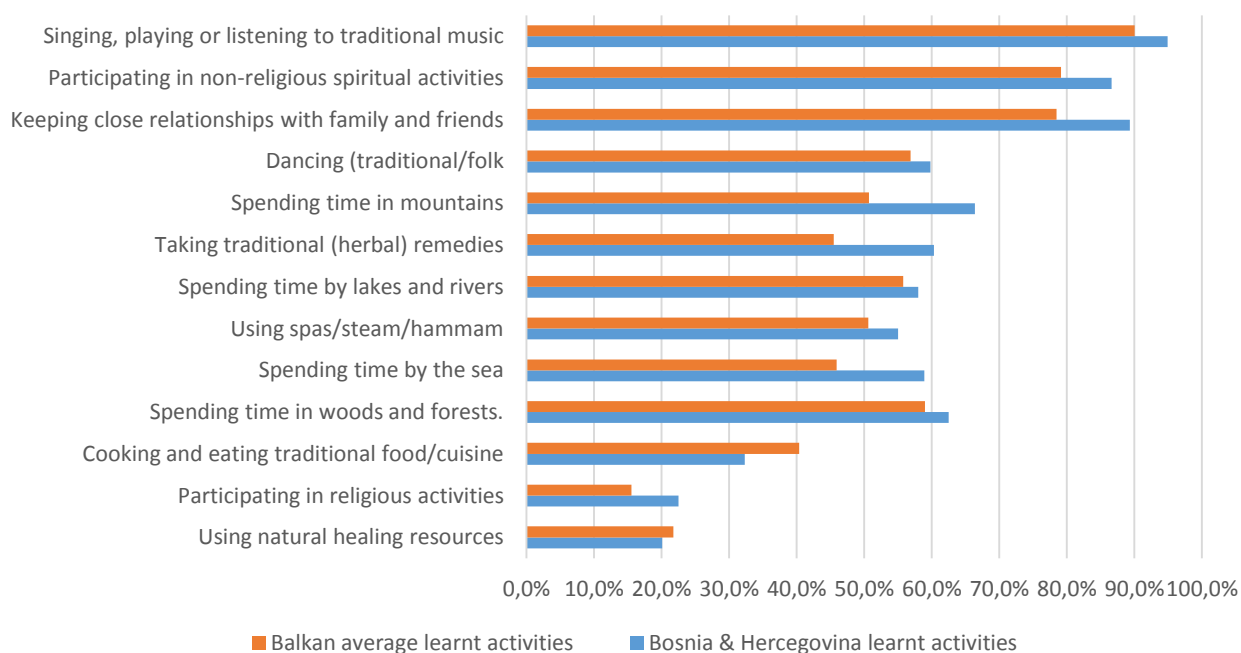
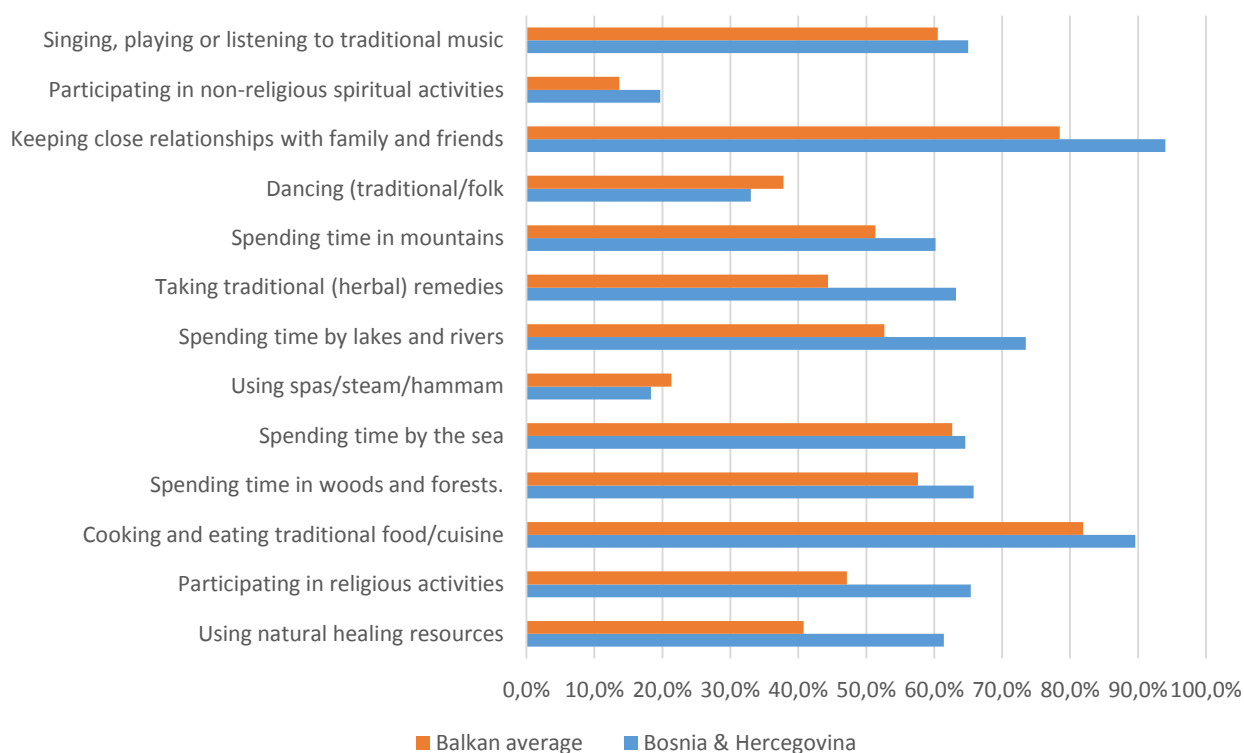
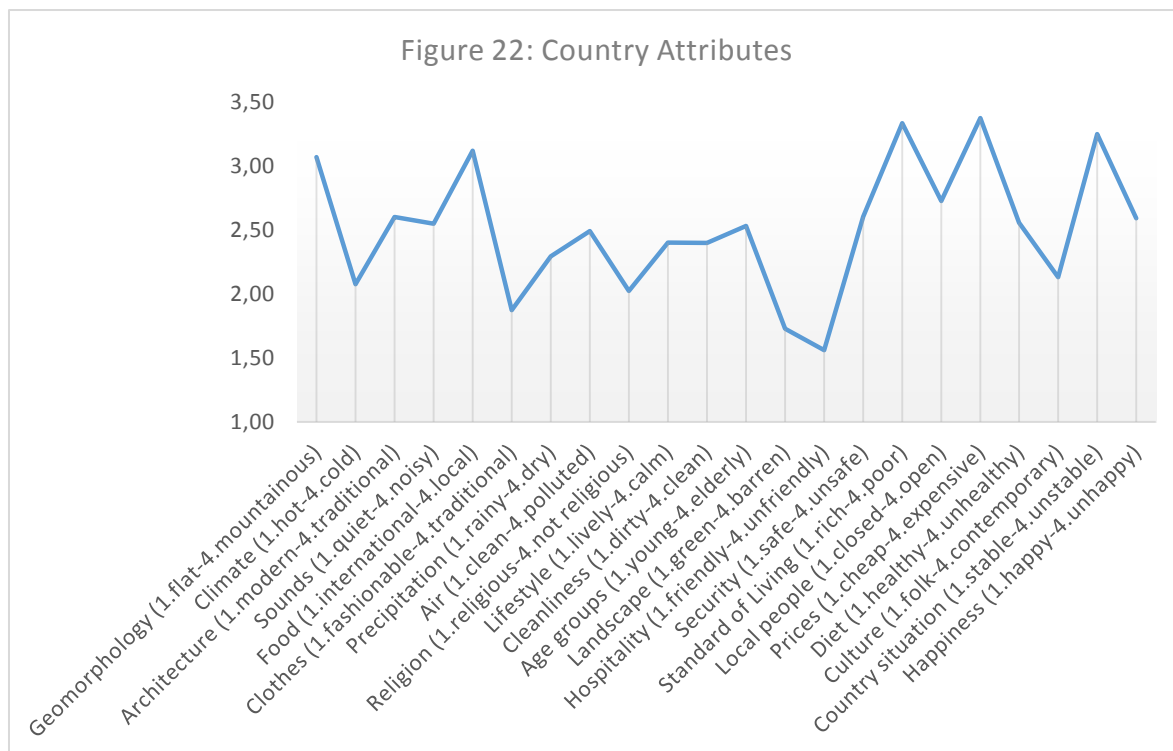


Figure 21: Practised Activities in Bosnia & Hercegovina





Bosnians see their country as poor, expensive and unstable, but also as friendly and hospitable and fairly green.

### A Brief Overview of Health Tourism in Bosnia and Herzegovina

It was estimated in the Institute for Statistics of FB&H (2013) that 495,537 visitors came in 2012, two thirds of whom were foreign especially from Croatia, Turkey and Slovenia. The online communication of the country features natural resources such as rivers, forests and mountain landscapes, including national parks. Religious tourism and pilgrimages are also a focus.

However, health tourism has been identified as one of the major opportunities for the development of the Bosnian economy (Felic, 2013). According to Horwath (2013) Bosnia and Herzegovina belong to the cluster of Central and Eastern Europe where the term health tourism is associated with the use of curative thermal and mineral springs primarily for rehabilitation. Bosnia and Herzegovina have hyper-thermal, thermo-mineral, calcic and sodic waters (Stăncioiu, 2013). The term 'banja' is used for areas with natural therapeutic factors (thermal and mineral water, gas and therapeutic mud, whose medicinal properties have been scientifically researched and proven. Spas or 'banja' accounted for only 5% of the total overnights in Bosnia and Herzegovina in 2012 of which 14% were domestic visitors. The average length of stay in spas was 4.8 days in 2012. All of these numbers represent an increase compared to the year before (Horwath, 2013). Horwath (2013:37) states that "we can conclude that the development of health tourism in Bosnia and Herzegovina and in Serbia is still at early stages in terms of the foreign market and it is completely functional at

the national level due to the existing healthcare system that limits the private sector access". The majority of spas have not yet gone through the process of privatization and conceptual restructuring in regard to modern market trends. Consequently, the majority of spas are still mainly treatment and rehabilitation centers for domestic visitors. Felic (2013) suggests that most of the users of health tourism services are local, although the number of foreign tourists is growing. However, there is a need to improve the overall infrastructure of spa centres, including accommodation, facilities, treatment and recreation opportunities.

## Bulgaria

**Total population: 7,223,000** (World Health Organization, 2013)

**Life expectancy (HDI, 2014): 73,55** (the lowest in the Balkan countries)

**Happy Planet Index (HPI, 2012):** ranked second lowest in the Balkan countries after Macedonia

**Gallup Wellbeing Study (2013):** Bulgaria scores 7th in the Balkans in 'social' and 'purpose' wellbeing, 5th in 'physical' and 'financial' wellbeing, 4th in 'community' wellbeing

**56th in Global Age Watch Index (2012):** 4th in the Balkans

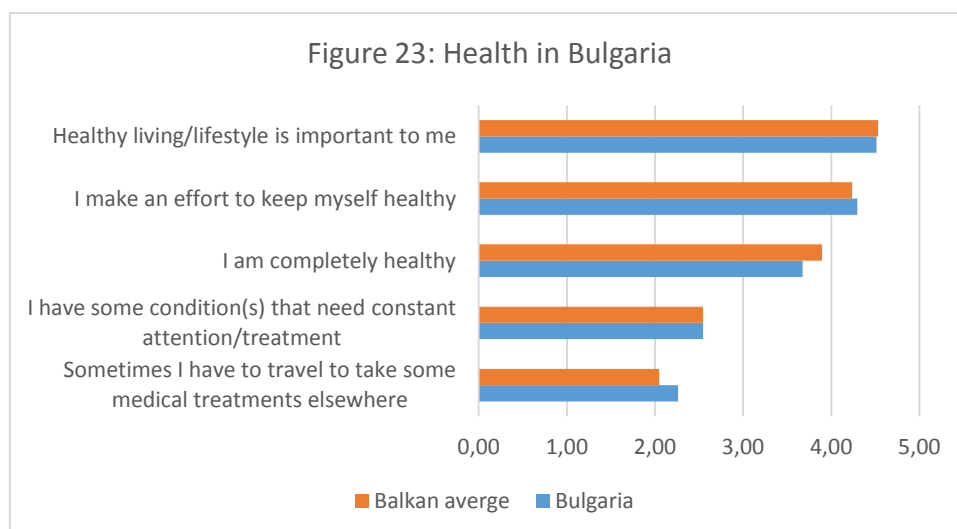
**58th in Human Development Index (HDI, 2014):** 6th in the Balkan countries

**134th in World Happiness Report (WHR, 2015):** lowest in the Balkan countries

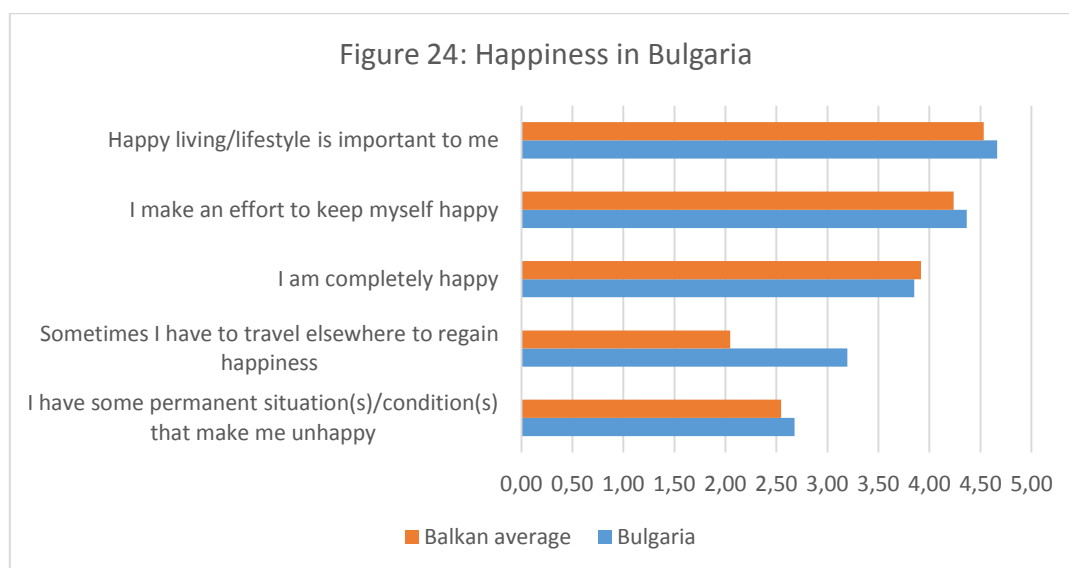
### Summary of Secondary Data

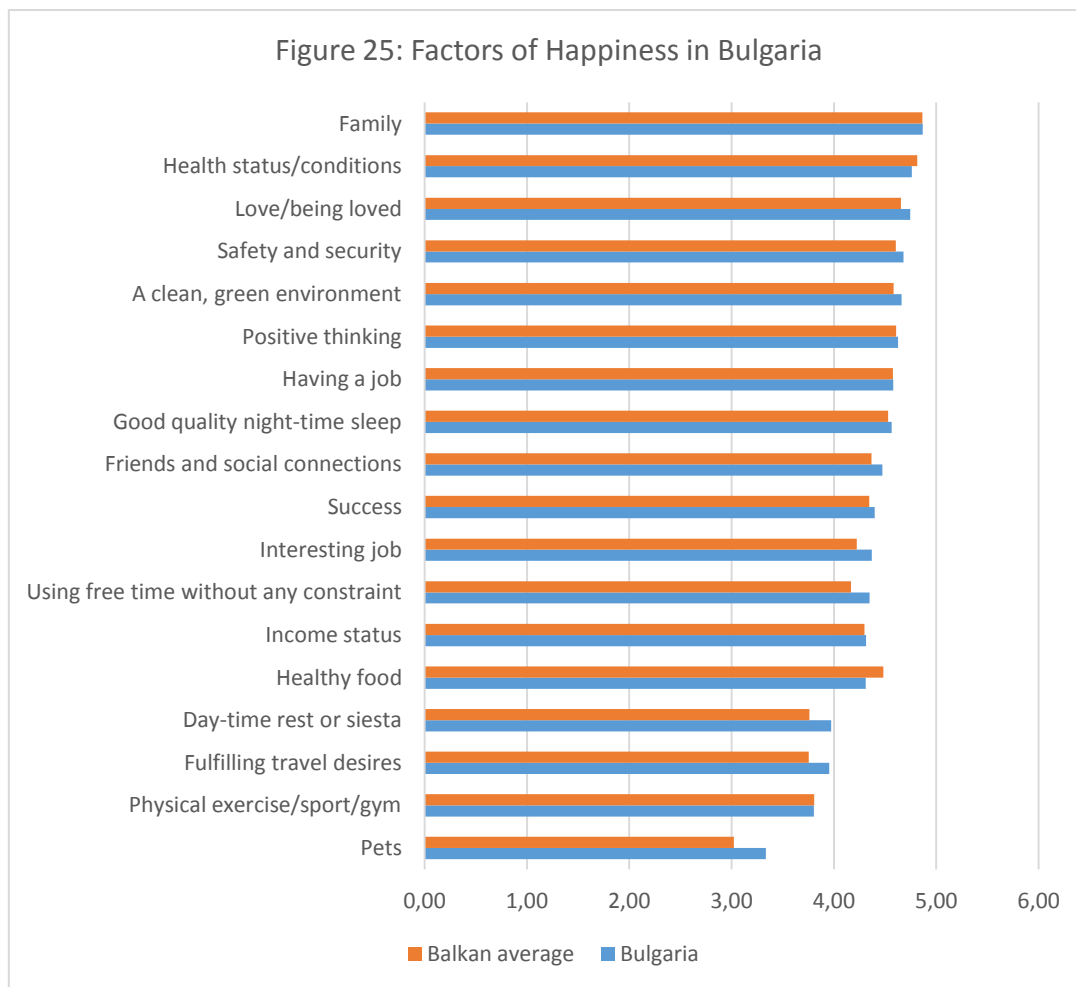
Life expectancy in Bulgaria is lower than almost any other EU country except Latvia and Lithuania (Sofia News Agency, 2014). Rombach (2012) describes the decline of the Bulgarian health system whereby fewer poor people can afford treatments. The number of doctors is falling as many are leaving the country. Life expectancy is lowest and infant mortality rates are especially high among Roma people. Poverty levels are growing as the average salary is less than €300 per month. Various sources report that Bulgaria has the lowest standard of living in the EU and one of the largest gaps between rich and poor. Many people cannot even meet basic needs. Working hours are long and work-life balance is poor because many people have two jobs in order to survive financially (Simeonova, 2015). Perhaps surprisingly, however, Eurofound (2013) noted that although Bulgaria ranks bottom in the EU in terms of life satisfaction, it ranks 16th out of 27 in terms of hedonic wellbeing (day-to-day feelings and moods). Bulgarians were also the most likely nationality in Europe to report feeling active and vigorous, and the second most likely to report feeling fresh and rested. On the other hand, the World Happiness Report (2015) ranks Bulgaria exceptionally low.

### Results of the Primary Data Questionnaire



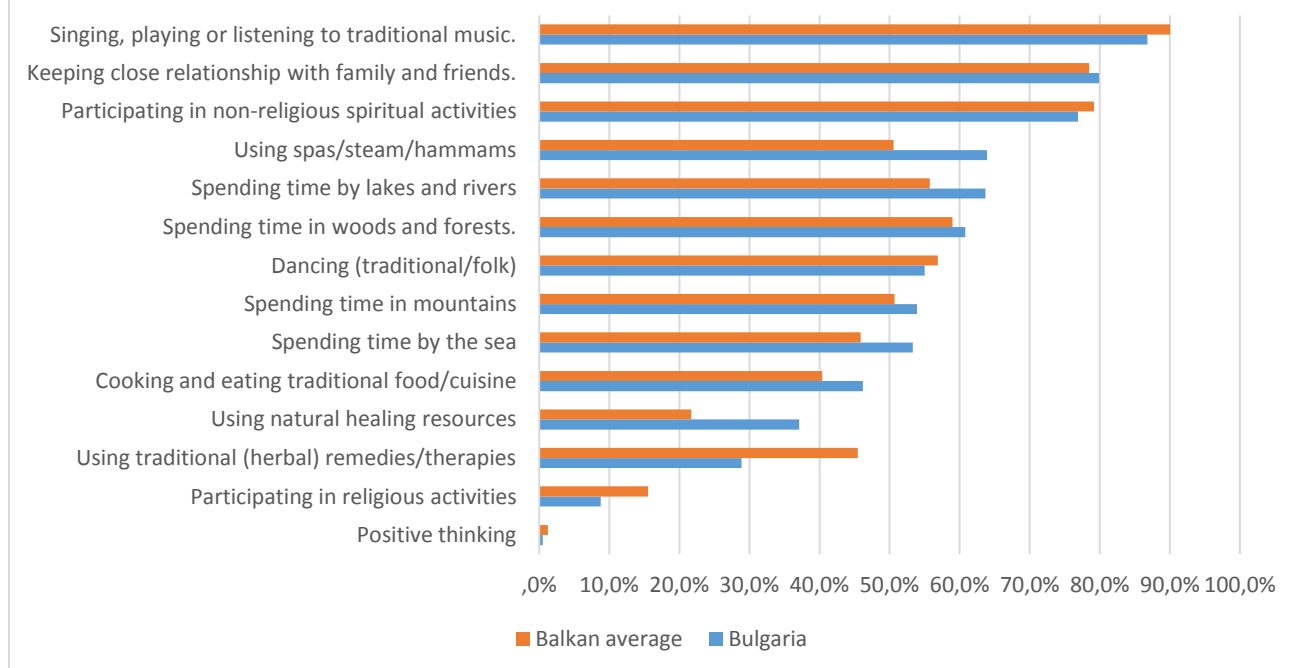
Bulgarians consider themselves to be the least healthy of all the Balkan countries, which is not surprising given that they have the lowest life expectancy. They are also the most likely to travel elsewhere for medical treatments (e.g. Germany, Austria) which may be due to the lack of doctors or relatively high cost of medical services, as well as wanting faster and more efficient treatment.





Bulgarians are perhaps surprisingly close to the average in terms of their happiness levels and it seems that they are trying hard to stay happy. On the other hand, their responses are way above average for travelling elsewhere to regain happiness. This often involves leaving the country for good, not only for holidays. In terms of age, Bulgaria is consistent with many other countries where younger people aged 15-39 are happier than older ones. Women are marginally unhappier than men and people living in the town are slightly unhappier than those in the countryside. Ditchev (2013) suggests that the reasons that Bulgaria scores so low on the World Happiness Index is because Bulgarians feel that there is no sense of direction for their country, that the welfare state has failed and they feel less sense of belonging as a result, and the gap between rich and poor is among the widest in the world and getting wider.

Figure 26: Learnt activities in Bulgaria



Spa use seems to have declined by 30% compared to what was learnt which is surprising for a country which specialises in balneology. This might be due to decreasing state subsidies for domestic thermal bath visits or lack of disposable income generally. However, use of natural healing resources has increased if only by 10%. Using herbal remedies has increased from 28.9% to 48.3%. This may be because the cost of treatments and medicines in Bulgaria have become relatively so expensive. Religious activities are increasing (by 20%) but non-religious activities have declined significantly (by 37%). This pattern seems to be typical of most of the Balkan countries. Bulgarians seem to spend more time in woods, forests and mountains and slightly more by the sea than their parents or grandparents, but they visit lakes and rivers less. Dancing and singing are also practised less (by 13% and 30% respectively). However, cooking and eating traditional food has grown by 32%.

Figure 27: Practised activities in Bulgaria

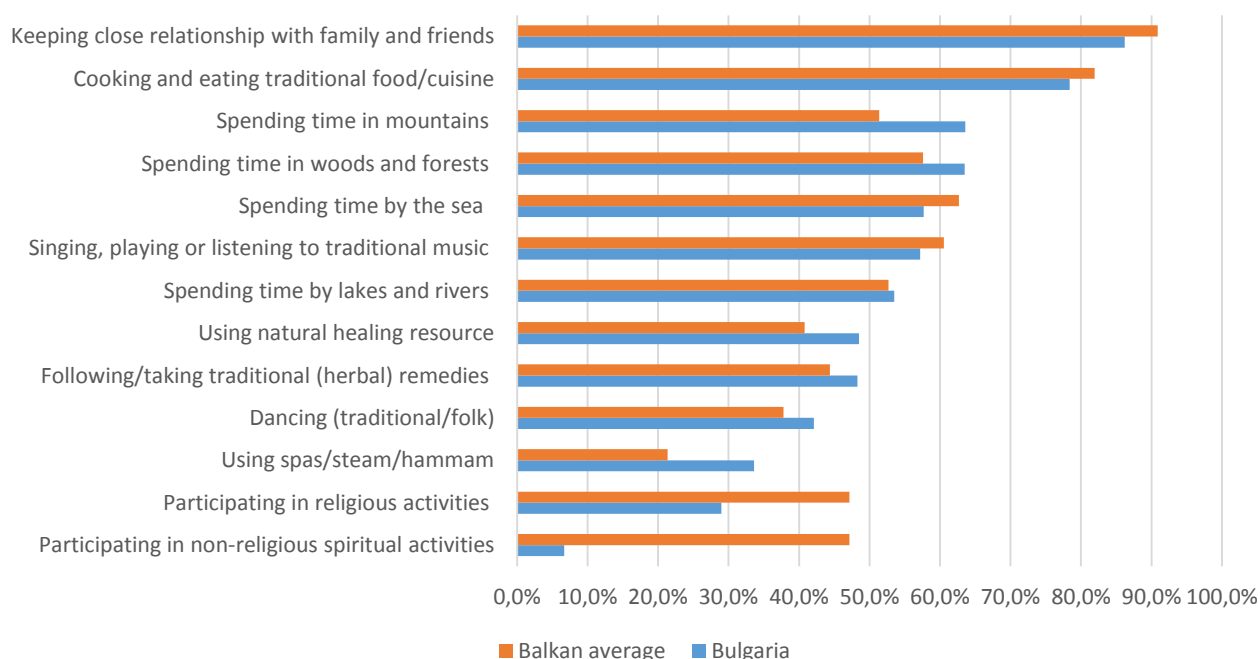
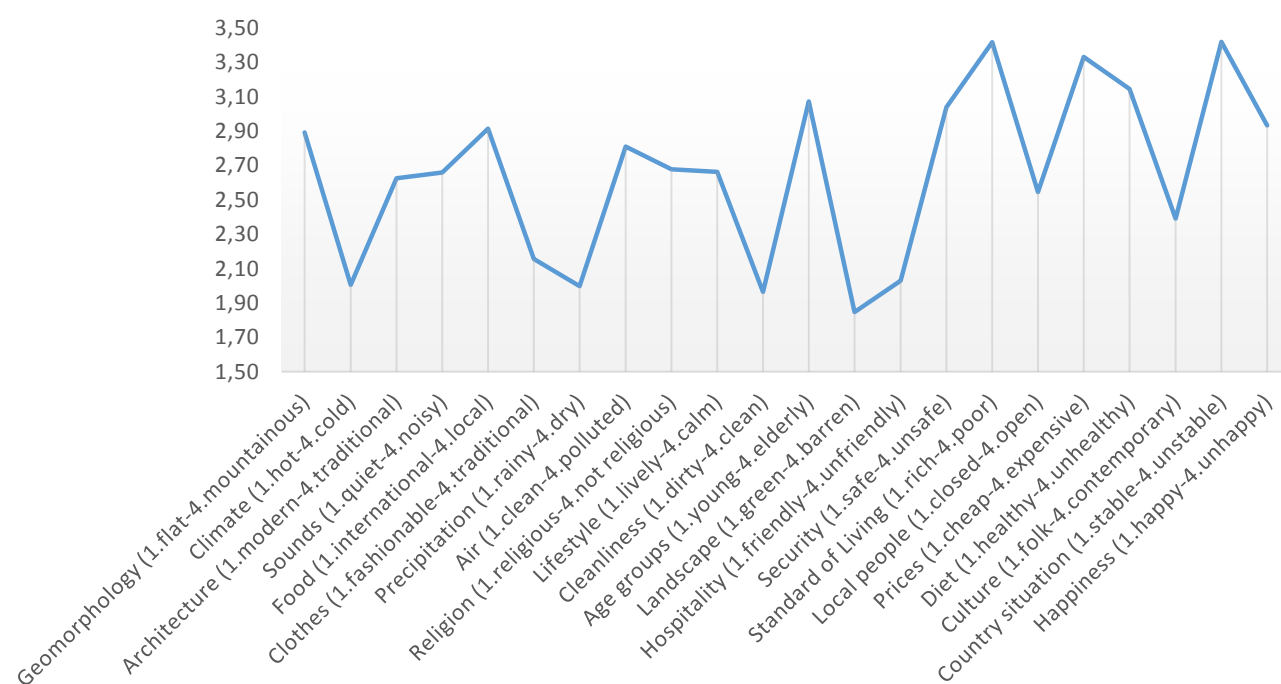


Figure 28: Perceived Country Attributes



The Bulgarians see their country as poor, expensive, unstable, dirty and polluted, but also friendly, green and mountainous.



## A Brief Overview of Health Tourism in Bulgaria

Two thirds of tourists in Bulgaria are foreign tourists. They mainly come from Germany, Romania, Russia and the UK. Bulgaria currently has 48 mountain resorts, 15 marine resorts, and 38 balneological resorts (Bulgaria Travel, 2015). Bulgaria is well known for its seaside and skiing tourism, as well as its national parks (some of which are World Heritage Sites). Health tourism is partly mentioned in its online communication (2014).

Bulgaria has a long history of balneology and spa tourism with over 600 mineral waters as well as curative gases, peloids and a favourable climate (Stăncioiu, 2013). InvestBulgaria Agency (2013) describes how Bulgaria ranks second to Iceland in terms of the number of mineral springs with 1600. However, only about 30% of them are being used. Hall et al. (2006) discuss how the supply of health tourism changed considerably with only 30 out of 200 sanatoria and hospitals operating after the year 2000.

There are around 65 balneological resorts. The country also has one of the highest number of hospitals and medical doctors in the EU and the dentist/population ratio is almost twice the EU average. Euromonitor International (2014a) showed that in 2013 health and wellness operators were trying hard to attract more consumers from the middle class and more inbound tourists from the economy segment, rather than being viewed mainly as expensive, luxurious venues and therefore expensive. Wellness-focused outlets have been opened on the Black Sea coast targeting the mass segment of inbound tourists. They also predict the returning popularity of thermal spas and sanatoria. However, the IMTJ (2015) suggests that Bulgaria currently lacks a clear development plan to make best use of its mineral springs to benefit local economies and improve the health of the population.

Geomedical tourism is growing in popularity. According to the Bulgarian Association of Geomedicine and Geotherapy (2015) geomedical tourism was defined in 2002 by the Industry Association of America and National Geographic as “tourism that supports or focuses on the geographic nature of the area, its environment, legacy, aesthetics, culture, as well as on the prosperity of the local population.” It includes therapeutic activities designed for human health and implemented by highly qualified specialists (medical rehabilitation specialists and ergotherapists) under natural geo-ecological conditions. It is based and focused on the geographic location, good ecological preconditions and learning about a healthy way of living including healthy nutrition. The objective is to provide tourists with an overall complex experience, which is a combination of various tourist elements including geotourism, eco tourism and spa tourism (Bulgarian Association of Geomedicine and Geotherapy, 2015).

## Croatia

**Total population: 4,290,000** (World Health Organization, 2012)

**Life expectancy:** 76.6 (HDI, 2015) fourth longest in the Balkans

**Happy Planet Index (2012):** lowest ranking in the Balkan countries after Macedonia

**Gallup Wellbeing Study (2013):** lowest by far in 'physical wellbeing' in the Balkans. Lowest with Bosnia in 'community wellbeing'. Second lowest in 'purpose wellbeing' after Greece/Albania. Second lowest in 'social wellbeing' after Turkey. Third highest in 'financial wellbeing'.

**47th in Human Development Index (2014):** third in the Balkans after Slovenia and Greece

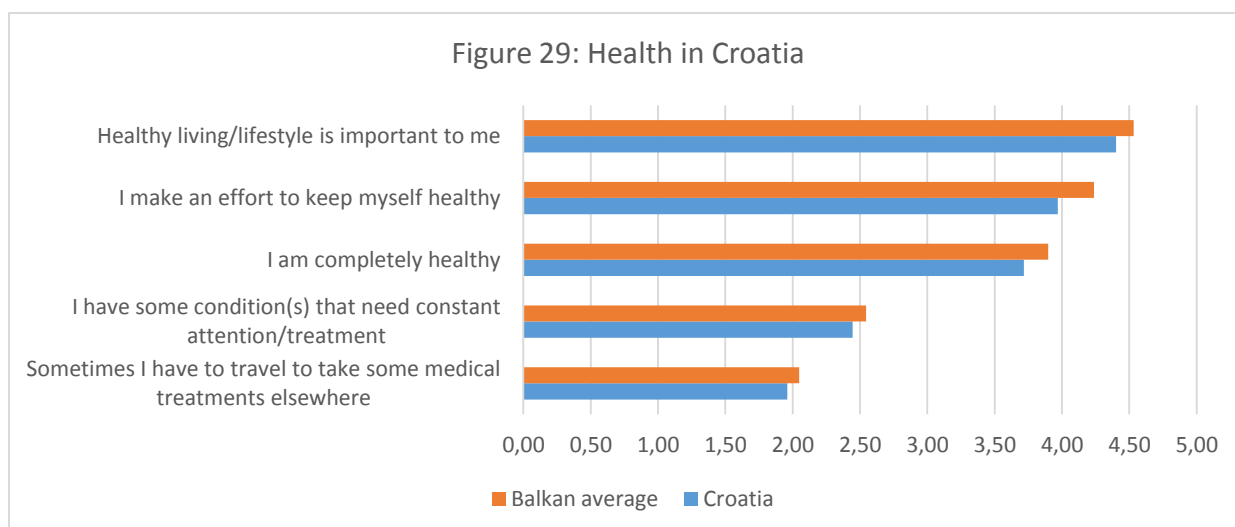
**67th Global Age Watch (2014):** fifth in the region

**47th in World Happiness Report (2015):** ranked second in the Balkans after Slovenia

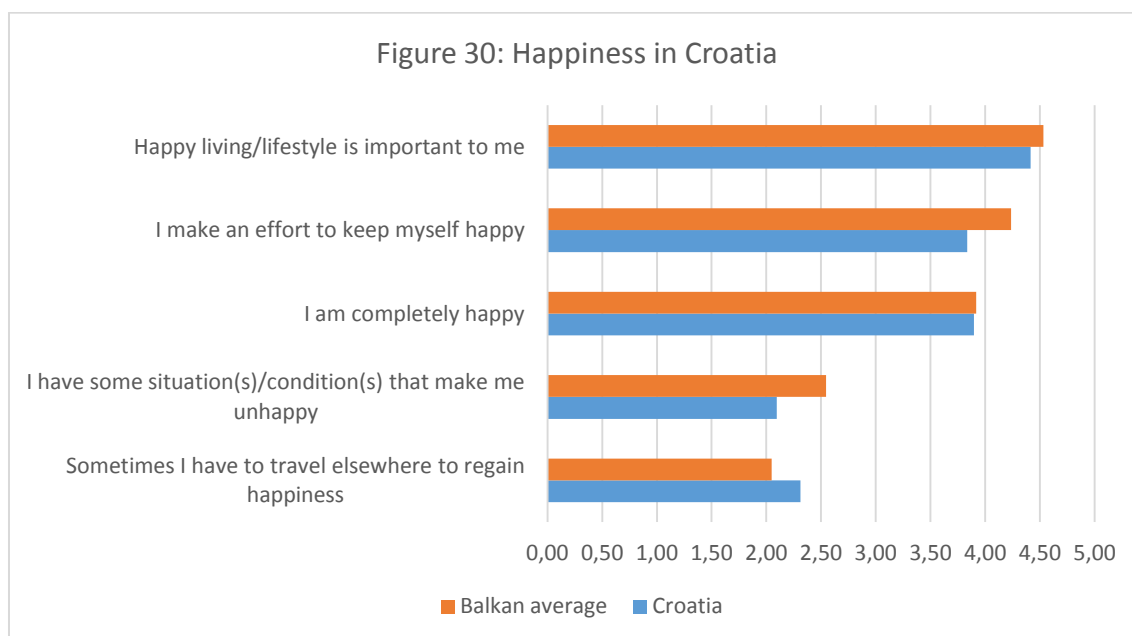
### Summary of Secondary Data

A 2007 study showed that Croatian citizens are most satisfied with their family life and relationships with friends, while they are most dissatisfied with their standard of living social conditions and the country's economic situation (European Foundation, 2007). Despite having an above average life expectancy, the country ranks extremely low in 'physical wellbeing' in the Gallup (2013) study. Human development and financial wellbeing are relatively high, and happiness levels are high according to the World Happiness Report (2015). However, all other aspects of wellbeing score very low in Gallup (2013). Balkan Insight (2012) discusses Croatia's 2012 National Happiness Index which shows most Croats feel no optimism about their prospects and have no faith in the government or political parties. As many as 60% of Croatians cannot see any future for themselves and for their families and as many as 64% expressed complete dissatisfaction with the developments in Croatia regarding the potential for a decent life. 65% were completely dissatisfied with the government's management of natural resources. In the Happy Planet Index (2012) Croatia's ecological footprint is evaluated as poor. Croatia also has the highest divorce rate in the Balkans according to World Bulletin (2013).

### Results of the Questionnaire



Croatia is below average in this study in terms of considering themselves completely healthy and Croatians make the least effort to keep themselves healthy of all of the countries in this study. This is perhaps not surprising given the low levels of physical wellbeing reported in the Gallup study (2013). Bodiroga-Vukobrat (2013) discusses how self-perceived health is very low and progresses with age and only 46.4% of the population rates personal health status as good or very good (compared to 68% in the EU27 on average). Džakula et al. (2014) note that the prevalence of overweight and obesity in the population has increased during recent years, with more than half of both men and women being overweight, and levels of physical inactivity low and getting lower.



Croatians appear to be averagely happy in this study but do not make as much effort to keep themselves happy as respondents in other countries. Brajša-Žganec, Merkaš and Šverko

(2011) suggested that Croatians report a high level of subjective wellbeing (at least when their study of 4000 Croatians was undertaken). According to Balkan Insight (2012) the happiest respondents in Croatia are aged between 15 and 24 and come from Zagreb and major Dalmatian cities, while the unhappiest are the jobless, pensioners and housewives aged over 55 who live in the central areas of Lika, Kordun and Banija and in the eastern area of Slavonia and have low education. In this research 15-29 year olds are by far the happiest and 50-59 year olds are marginally unhappier than other age groups. Women are happier than men but not significantly. Those with basic level education are happier than those with higher levels of education. There is almost no difference between town and countryside dwellers. In terms of factors which make Croatians happy, an interesting job, physical exercise and pets score above average compared to other countries. However, it can be seen from the learnt and practised activities that spending time with family and friends is by far the most important activity and well above average compared to other countries. Spending time in nature (e.g. by lakes, sea, woods and mountains) is also rated highly. Brajša-Žganec, Merkaš and Šverko (2011) showed that participation in leisure activities contributes positively to subjective wellbeing (SWB) of women and men as well as people of different ages. Family leisure activities (e.g. visiting friends and relatives, going to the church) significantly and positively contribute to SWB of men and women from all three age groups.

Figure 31: Factors of Happiness in Croatia

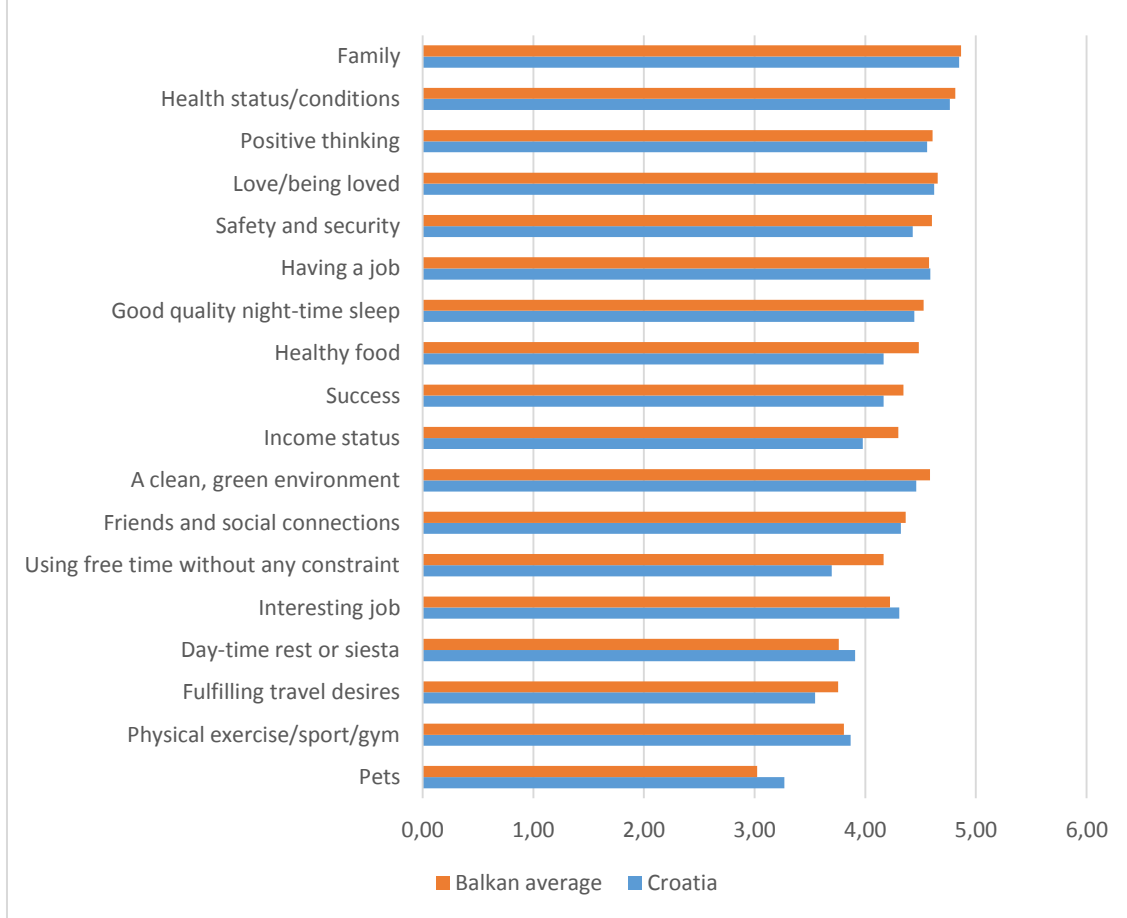


Figure 32: Croatia Learnt Activities

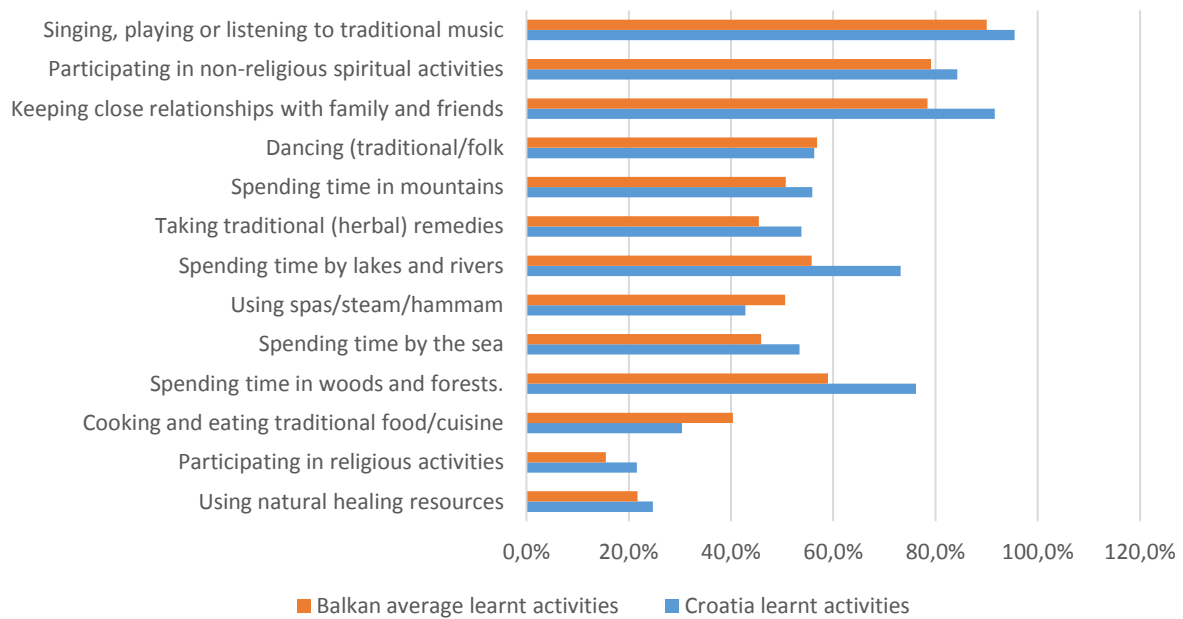
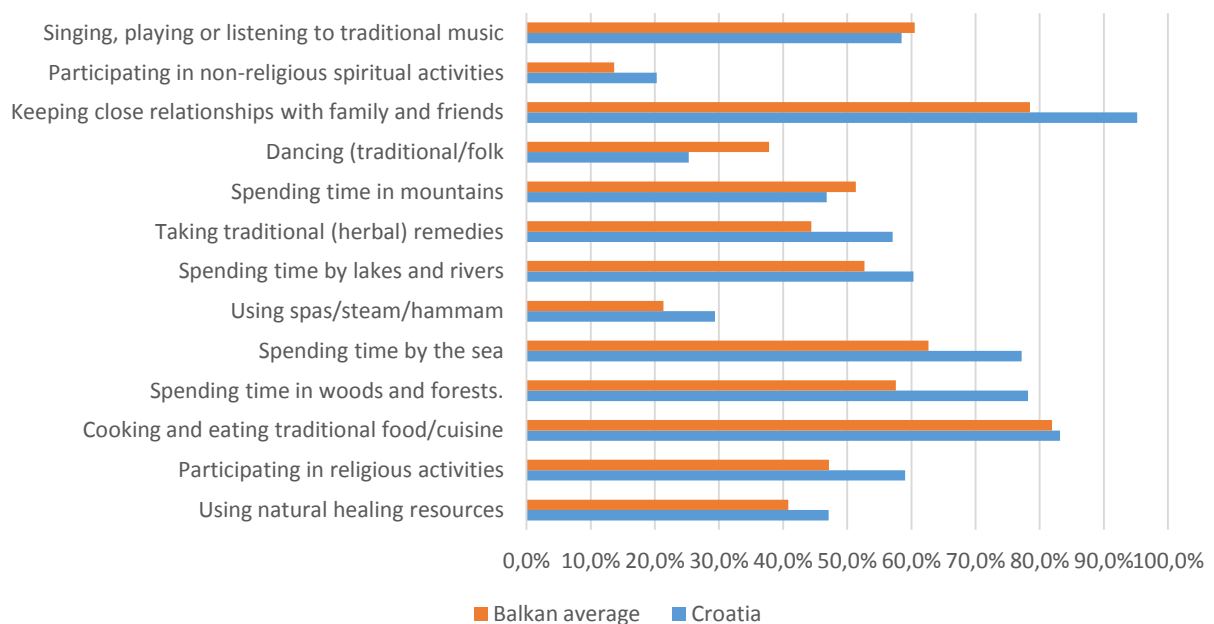
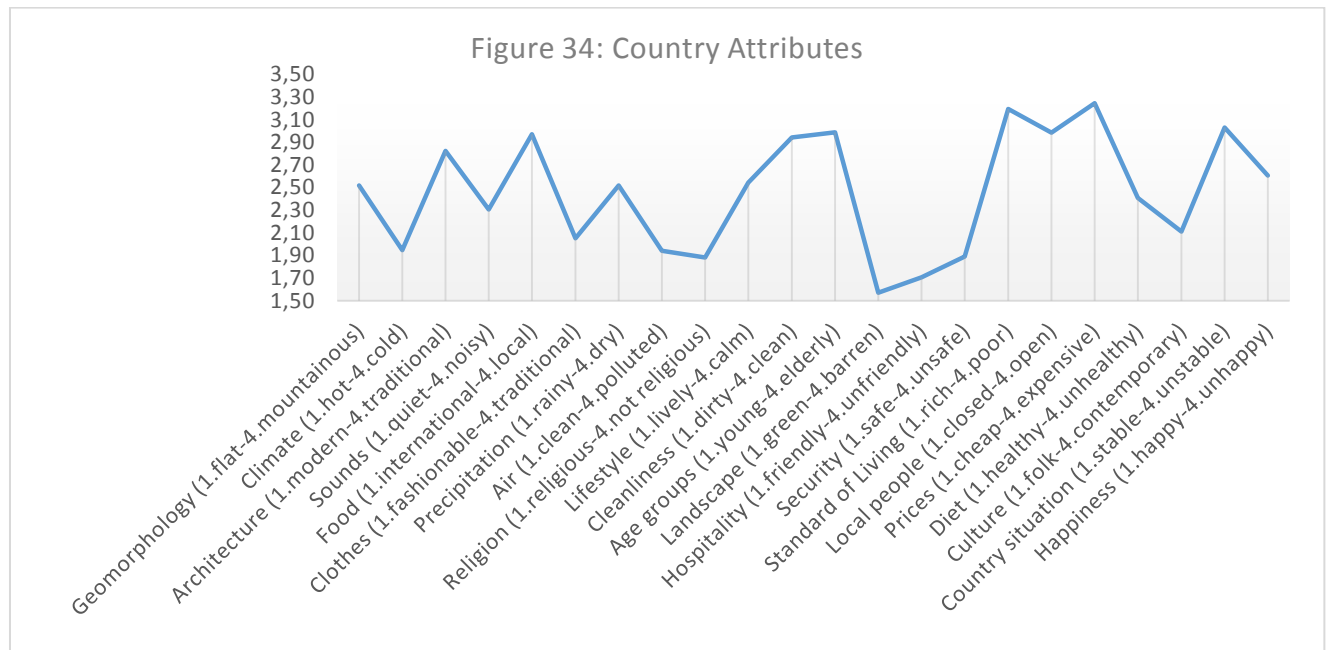


Figure 33: Croatia Practised Activities



It can be seen that compared to what was learnt and what is still practised, use of spas has declined but use of natural healing resources has increased. Like in many Balkan countries, religious activities have increased considerably (from 21.6% to 59%) but non-religious spiritual activities have declined (here by 64%). Visits to the sea have increased, perhaps in line with tourism development, but spending time by lakes and rivers has declined slightly.

Like in most other Balkan countries, cooking and eating traditional food has increased significantly (by 53%). Dancing and singing have decline quite radically however by 31% and 37% respectively.



Croatians see their country as mainly poor, expensive, unstable and not especially happy. However, they also consider it to be green safe, open and friendly.

### A Brief Overview of Health Tourism

Croatia is one of Europe's most popular destinations. In 2011, a total of 56 million tourist nights were recorded. More than 90% were foreign tourists especially Germans, Slovenians, Italians, Czechs and Austrians (Croatia.eu, 2012). It seems that tourism development is good for local residents in many places. Brajša-Žganec, Lipovčan and Poljanec-Borić (2014) showed that Croatian citizens living in tourist destinations report high levels of happiness and satisfaction, especially those living in higher quality tourism destinations. The main focus is on seaside tourism, as well as nature-based activities, however, wellness tourism is considered to be an important sub-product and features in online communication. Renko (2010) emphasised the importance of local food and regional cuisine for adding value to service offered to tourists in Croatia and for supporting the overall tourist experience. Food is important for sustainable ecotourism and cultural heritage tourism as well as health tourism (e.g. healthy Mediterranean cuisine). Šimundić (1997) had suggested earlier that healthy Croatian food could be the driving force for health tourism.

Euromonitor International (2014b) suggested that health and wellness tourism in Croatia continued with a positive trend throughout 2013. This is especially true of medical tourism but it is confined to certain destinations or regions only. Spa-orientated hotels which offer a

wide range of services are growing, and along with the well-known coastal destinations, it is thought that the spa tradition in the northern mainland could be of interest to future investors. Although several coastal destinations offer spa and wellness hotels or resorts, most of the thermal spas are in northern and eastern Croatia.

According to a study by Kesar and Rimac (2011) four segments of Croatian health tourism can be differentiated:

1. Medical tourists: who arrive for rehabilitation, mainly in one of the five biggest, famous sanatoria based on thermal and mineral springs
2. Spa-thermal tourists and thalasso tourists: These tourists visit the thermal-water based facilities and hospitals used by the locals and tourists.
3. Wellness tourists: The main target segments visit wellness centres and resorts and mainly have stress-management and relaxing treatments.
4. Clinical tourists: those tourists who use health care services. This type of tourism is less developed than the others.



## Greece

**Total population:** 11,128,000 (World Health Organization, 2013)

**Life expectancy (HDI, 2014):** 80.8 (1st in the Balkan countries)

**Happy Planet Index (HPI, 2012):** ranked 7th in the Balkan countries because of high eco-footprint (third highest in the Balkans)

**Gallup Wellbeing Study (2013):** highest in the Balkans in terms of 'physical wellbeing', but lowest in 'financial wellbeing' and joint lowest with Albania in 'purpose wellbeing'. Average in 'social' and 'community' wellbeing.

**73rd in Global Age Watch Index (2012):** 7th in the Balkans

**29th in Human Development Index (HDI, 2014):** 2nd in the Balkan countries after Slovenia

**102nd in World Happiness Report (WHR, 2015):** 2nd lowest in the Balkan countries after Bulgaria

### Summary of Secondary Data

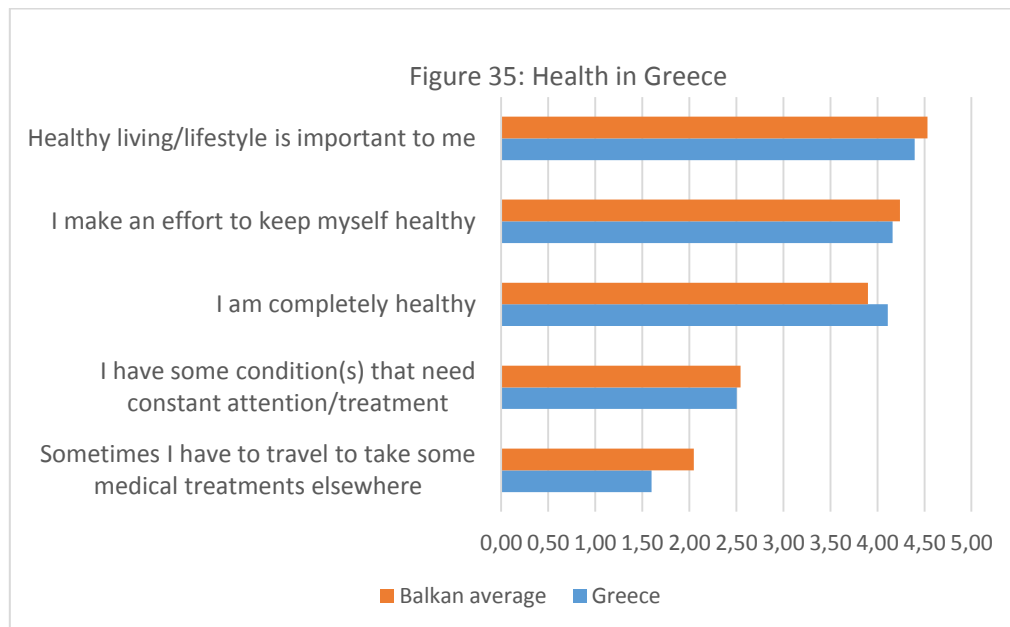
Life expectancy in Greece is the highest in the Balkans. Greece has the lowest rate of cardiovascular disease in the region, perhaps because of the Mediterranean diet (Ginter and Simko, 2011). One Greek island Ikaria is in one of National Geographic's identified 'Blue Zones' where people live the longest in the world. This is thought to be a combination of Mediterranean diet, herbal teas, active lifestyle, slowing down, afternoon naps and close family bonds (National Geographic, 2015). On the other hand, Becic (2014) reports that the Greeks eat the most calories and have the highest Body Mass Index (BMI) in the Balkans and also the highest level of obesity at 68.5%. However, it has to be assumed that people have fewer cardio-vascular diseases because it is still a healthy diet

In terms of wellbeing, because of the economic crisis in recent years the Greeks score the lowest in purpose and financial wellbeing in Gallup (2013). Greece has the lowest score on hedonic wellbeing in Europe according to Eurofound (2013). It also reported some of the highest levels of stress in Europe and has one of the lowest levels of eudaimonic wellbeing (sense of autonomy, relationships, meaning and self-esteem). Eurofound (2013) suggested that along with Estonia, Greece has suffered the sharpest fall in wellbeing since 2007. This is all reflected in its low ranking in the World Happiness Report (2015). Nevertheless, Greece is still the second most advanced country in the Balkans in terms of human development after Slovenia (HDI, 2014).

### Results of the Primary Data Questionnaire

In the Balkan region, Greece is above average in terms of feeling healthy (ranking 2nd after Albania) which is not surprising given that they have the longest life expectancy of any country. This means that they do not focus as much as some countries on healthy lifestyle or trying to stay healthy as it is already part of their culture. Along with Slovenians the Greeks

travel elsewhere the least for health treatments, perhaps because they have the highest number of doctors of all Balkan countries (Becic, 2014).



In accordance with other studies, the Greeks state that they are the least happy in the Balkan region. Those in the 40-59 age group are the most unhappy, presumably those who have been affected most by economic changes. Young people aged 15-29 seem to be happier than any other age group but this is also true of almost every other Balkan country too. Men are happier than women in Greece and the gender gap is the widest of all the Balkan countries. Those with the most education are the least happy but only marginally. Those who live in cities are slightly unhappier than those who live in the countryside. Most of the factors which create happiness are close to the average for the Balkan countries but Greeks mention having a job or an interesting job as being more important than average (probably due to the high unemployment rate and salary cuts).

Figure 36: Happiness in Greece

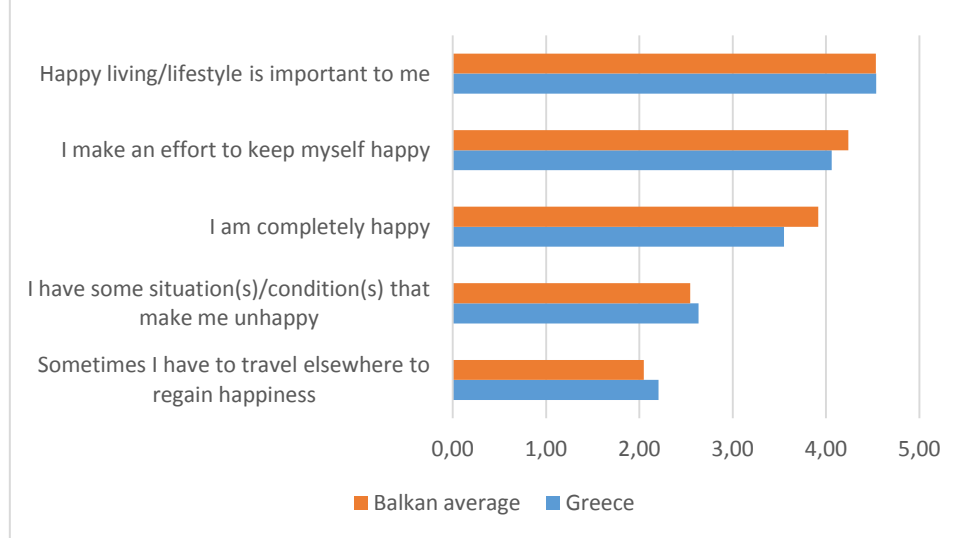


Figure 37: Happiness in Greece

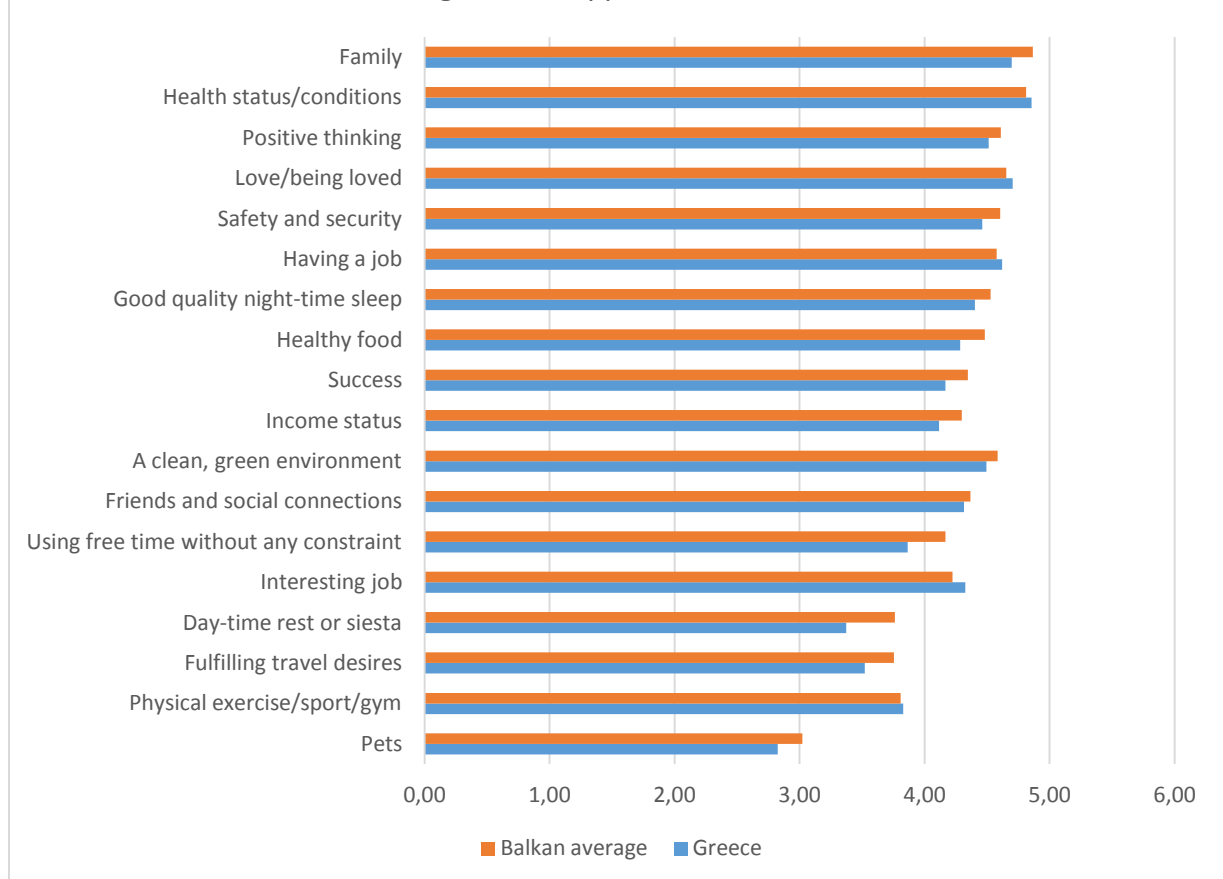


Figure 38: Learnt Activities in Greece

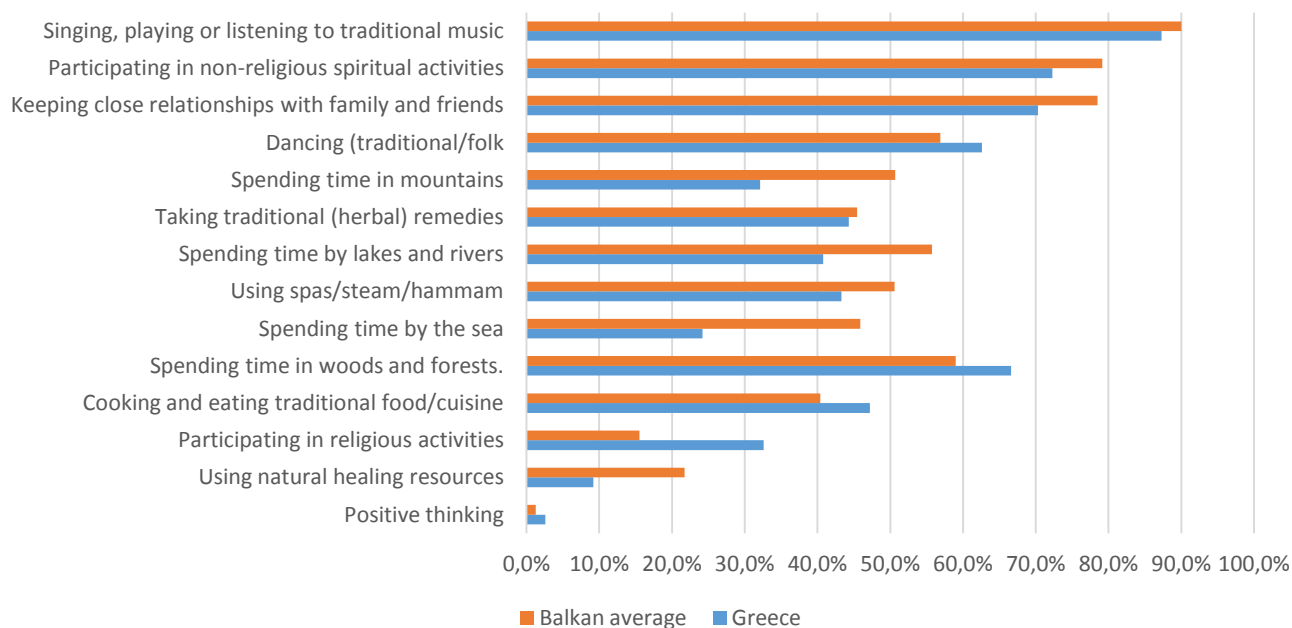
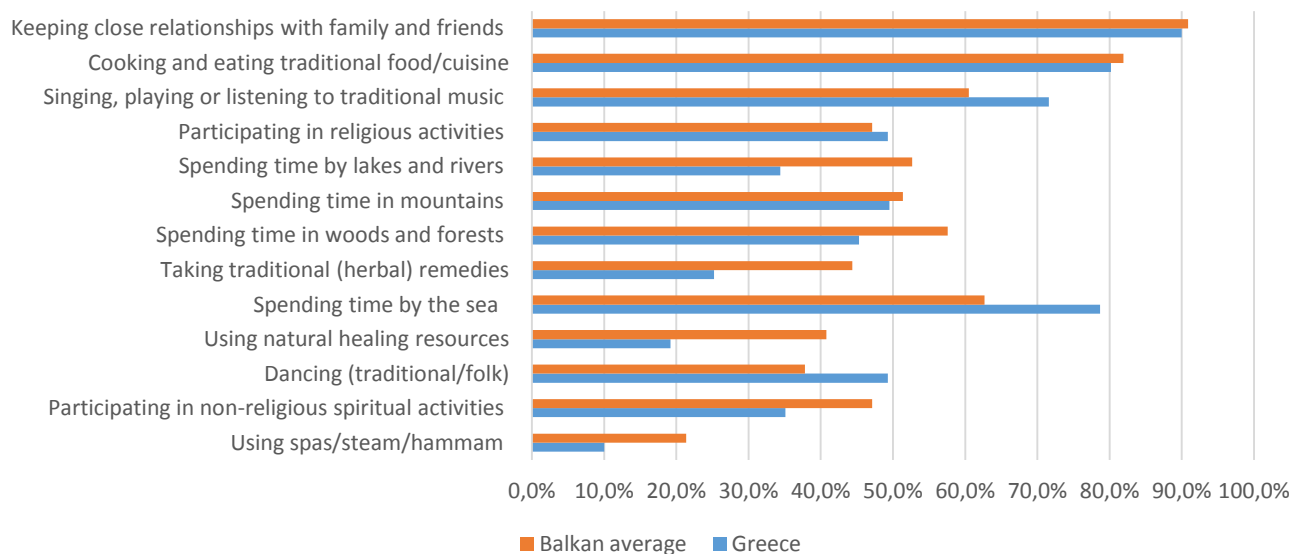
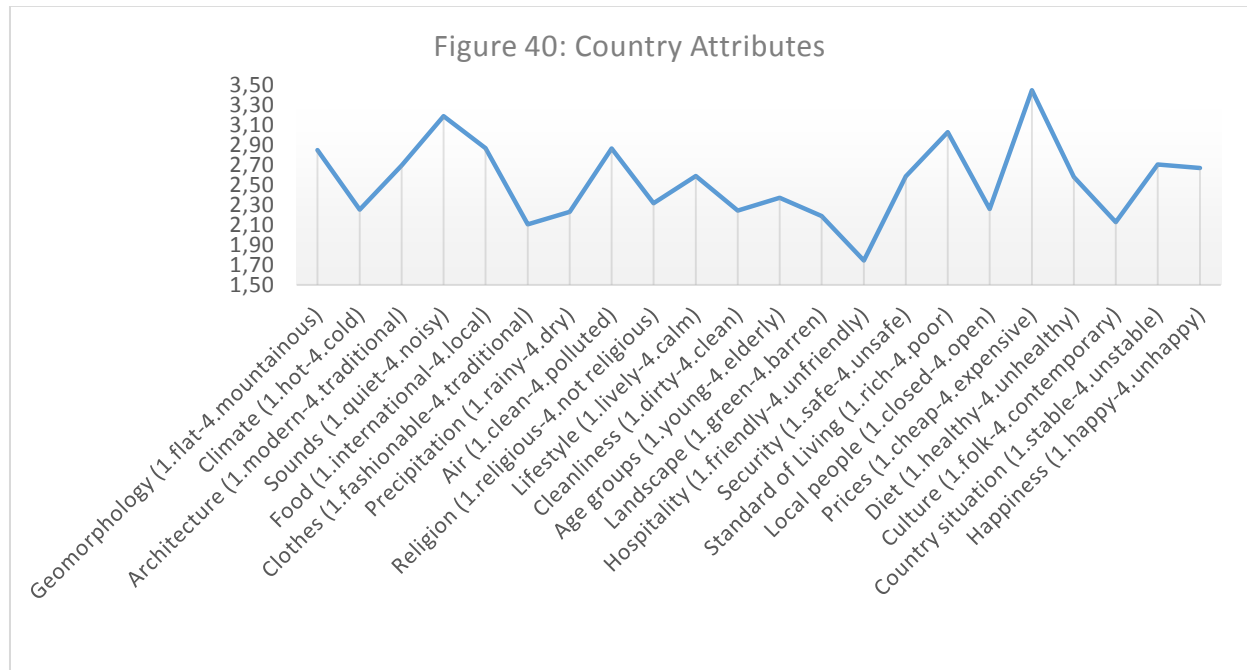


Figure 39: Practised Activities in Greece



Spending time in the mountains, woods and forests has remained equally as important when comparing learnt and (still) practised activities. Visits to the sea seem to have increased considerably compared to the learnt traditions (24.2% to 78.7%). This may be due to the increase in sun-sea-sand tourism over the past few decades in Greece. Perhaps as a result,

visits to lakes and rivers have declined slightly, and spa use has decreased significantly by 33%. The learnt tradition of herbal remedies has also decreased (44.3% to 25.2%). Religious activities have increased by 17% but non-religious spiritual activities have decreased by 37%. However, both religious and non-religious spiritual activities are more important in Greece than in any other Balkan country. Cooking and eating traditional food has increased by 33%, which may partly explain growing obesity levels. However, it is true of every other Balkan country too. Dancing and singing have both decreased by 13% and 16% respectively.



The Greeks see their country as expensive, relatively poor, quite polluted and noisy, but also friendly, green and fairly calm.

### A Brief Overview of Health Tourism

Greece has relatively large numbers of tourists. It was estimated that 18m tourists visited Greece in 2014 (Alloush, 2014), mainly from Germany, the UK, Italy and the Netherlands. Most of the focus is on beach or heritage tourism. Despite devoting a sub-page of its online communication to health tourism, Constantinides (2013) describes how Greece has, until recently, been one of the laggards in the health tourism sector. For example, GTP (2010) suggested that Greek spa resorts lacked highly trained professionals like spa managers and directors, aestheticians and, therapists. Although the Greek Medical Tourism Council started to promote medical tourism, due to the political and economic situation in Greece, major cuts to the healthcare system and poor infrastructure means that the growth of medical tourism may be temporarily hindered. Euromonitor International (2014c) showed that health and wellness tourism actually declined in current value terms in 2013. In contrast, the spa sector is set to continue growing reaching 370 outlets including growth in value sales by the end of the forecast period. Visit Greece (2014) declares that Greece is one of the richest countries in the world in terms of natural spas. Thermal and mineral springs appear at 850

different geographical locations. Many of these have therapeutic properties which have been known about since ancient times. The forms of hydrotherapy treatment applied in Greece are spa or mud therapy, drinking or inhalation therapy.

## Macedonia

**Total population: 2,107,000** (World Health Organization, 2013)

**Life expectancy (HDI, 2014): 75.2** (7th in the Balkan countries)

**Happy Planet Index (HPI, 2012):** ranked lowest in the Balkan countries

**Gallup Wellbeing Study (2013):** highest in the Balkans in 'social wellbeing', 2nd in the Balkans in 'purpose wellbeing' and 'financial wellbeing', 3rd in 'physical wellbeing'

**84th in Human Development Index (HDI, 2014):** 4th in the Balkan countries

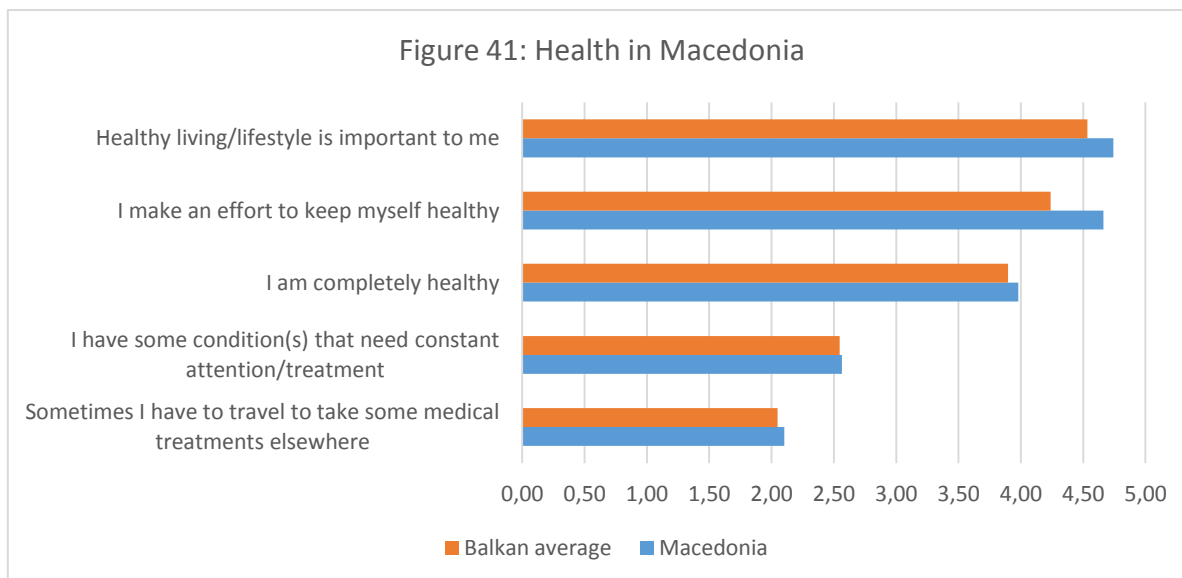
**Global Age Watch:** No data

**93rd in World Happiness Report (WHR, 2015):** ranked 7th in the Balkan countries

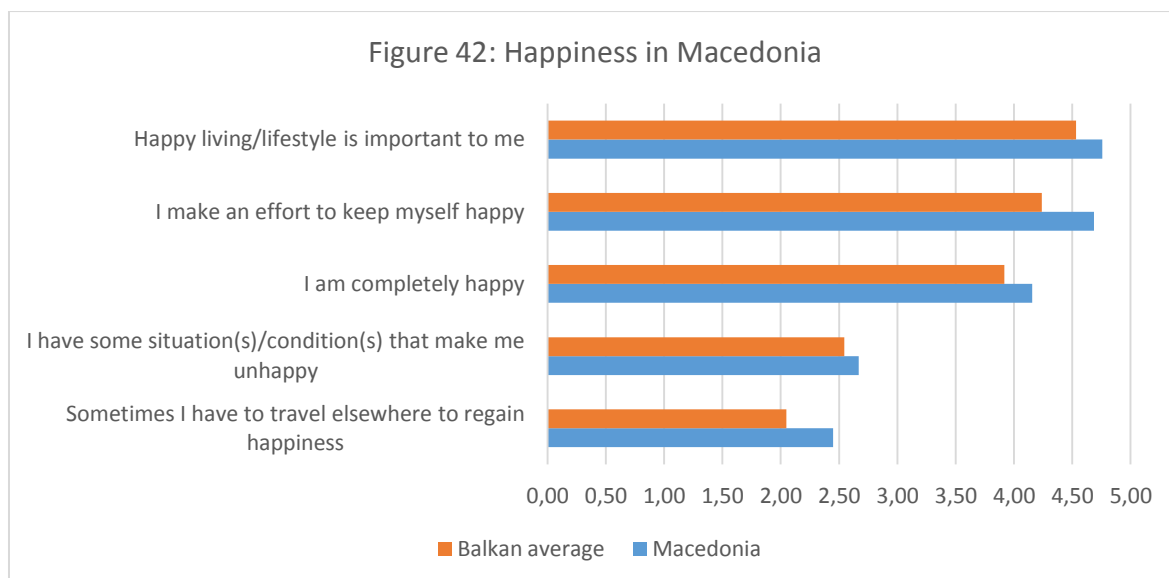
## Summary of Secondary Data

Life expectancy in Macedonia is average for the Balkan region but low compared to the EU average. Miceski and Fotov (2013) attribute this largely to cardiovascular diseases and high tobacco consumption. There is also thought to be a correlation between low GDP and low life expectancy. However, both life expectancy and GDP have been rising steadily over the past few years. Macedonia scores the lowest in the Balkans in the Happy Planet Index, mainly due to the high eco-footprint but also because wellbeing levels are the lowest in the Balkans along with Bulgaria. It is perhaps surprising then that Macedonia scores so highly for wellbeing in the Gallup (2013) study. Happiness levels appear to be average for the Balkan countries according to WHR (2015). It must be remembered, of course, that different measures were used for both so they are not directly comparable.

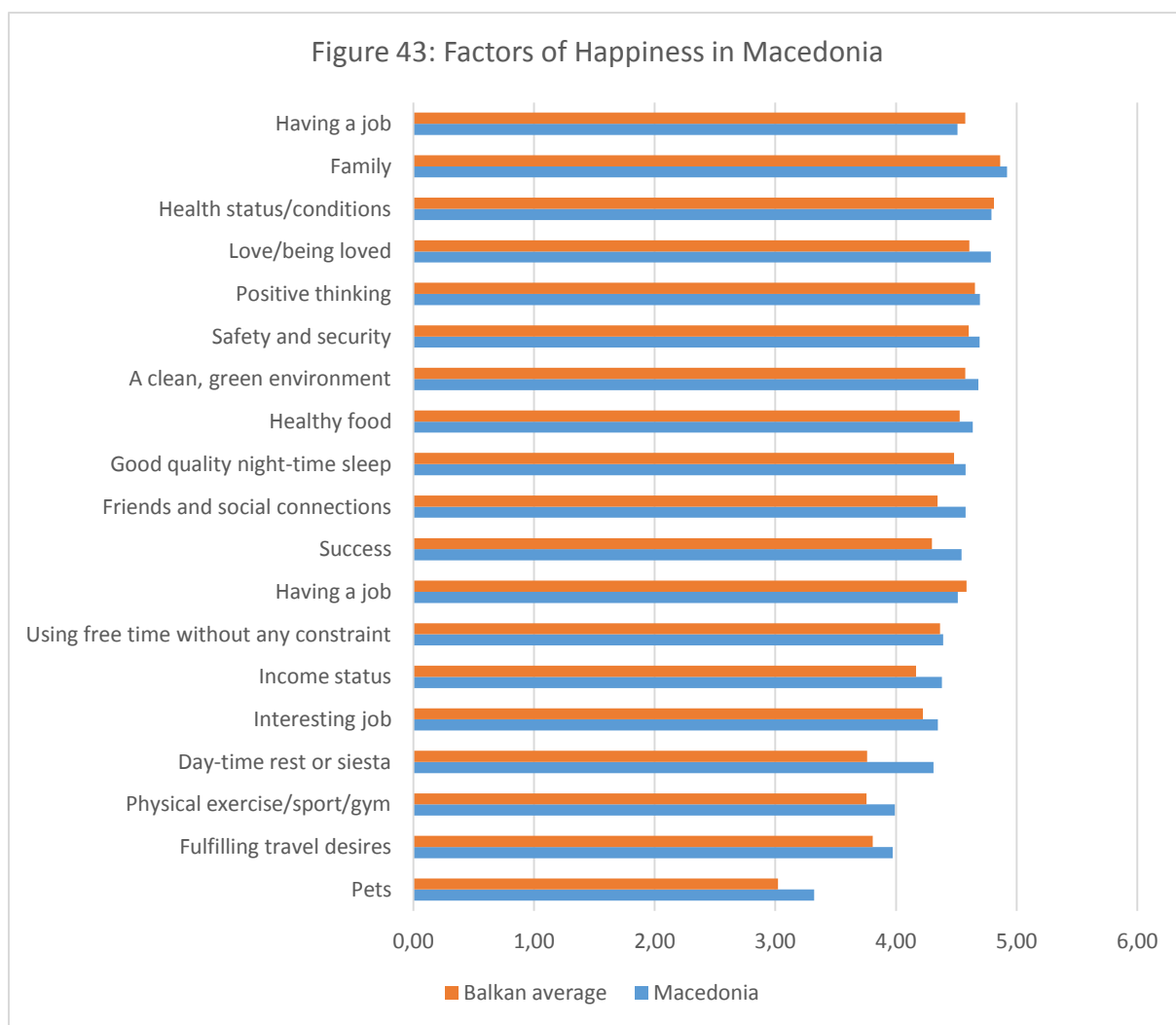
## Results of the Questionnaire



In the Balkan region, healthy living is most important for Macedonians and they also claim to make the most effort to keep themselves healthy out of all of the Balkan countries.

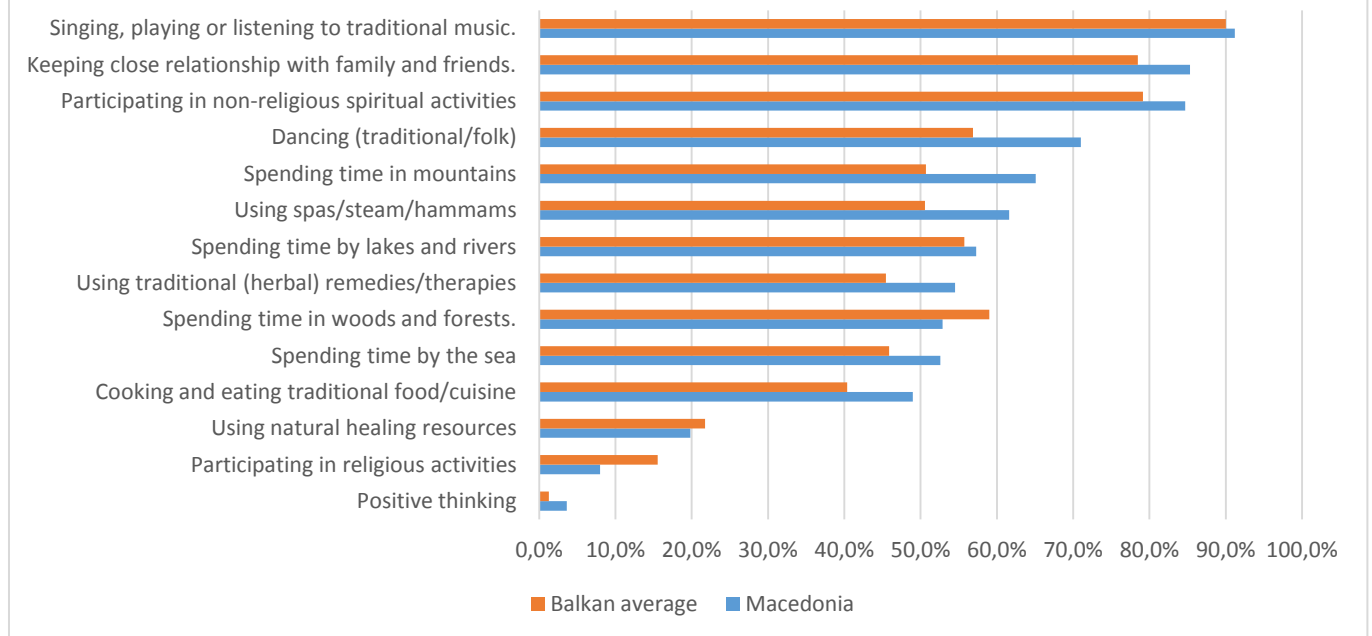






Macedonians, along with Bosnians and Montenegrins claim to be the happiest in the region. Macedonians (as well as Bosnians) state that happy living is the most important for them and Macedonians make the most effort to stay happy. It seems that happiness declines slowly with age as it does in all Balkan countries, but levels of happiness are still relatively high for all age groups compared to the Balkan average. Women seem to be slightly happier than men. There is no real difference between those who live in the town or countryside, but countryside dwellers are marginally happier. Those with a basic education are happier than those with higher levels, but this could be because of the lack of jobs, opportunities or good salaries for highly educated people. Lower educated people may simply have lower expectations and aspirations (as elsewhere).

Figure 44: Learnt activities in Macedonia



Using natural healing resources seems to be increasing by 25% whereas spa use is decreasing compared to what was learnt by 49%. Like in most other countries, religious activities are increasing (here by 45%) and non-religious spiritual activities are decreasing by 78% (it should be noted that going to church was prohibited during socialist times as it was elsewhere in many Balkan countries). Use of herbal remedies and visiting mountains have stayed more or less the same (i.e. people still practise what they learnt). Less time is being spent in woods and forests and by lakes and rivers, but more time is being spent by the sea perhaps instead (Macedonia is landlocked so it suggests an increase in regional or international seaside tourism which may actually be cheaper than holidaying in Macedonia). Singing, dancing and playing traditional music has decreased but cooking and eating traditional food has increased significantly by 37%.

Figure 45: Practised activities in Macedonia

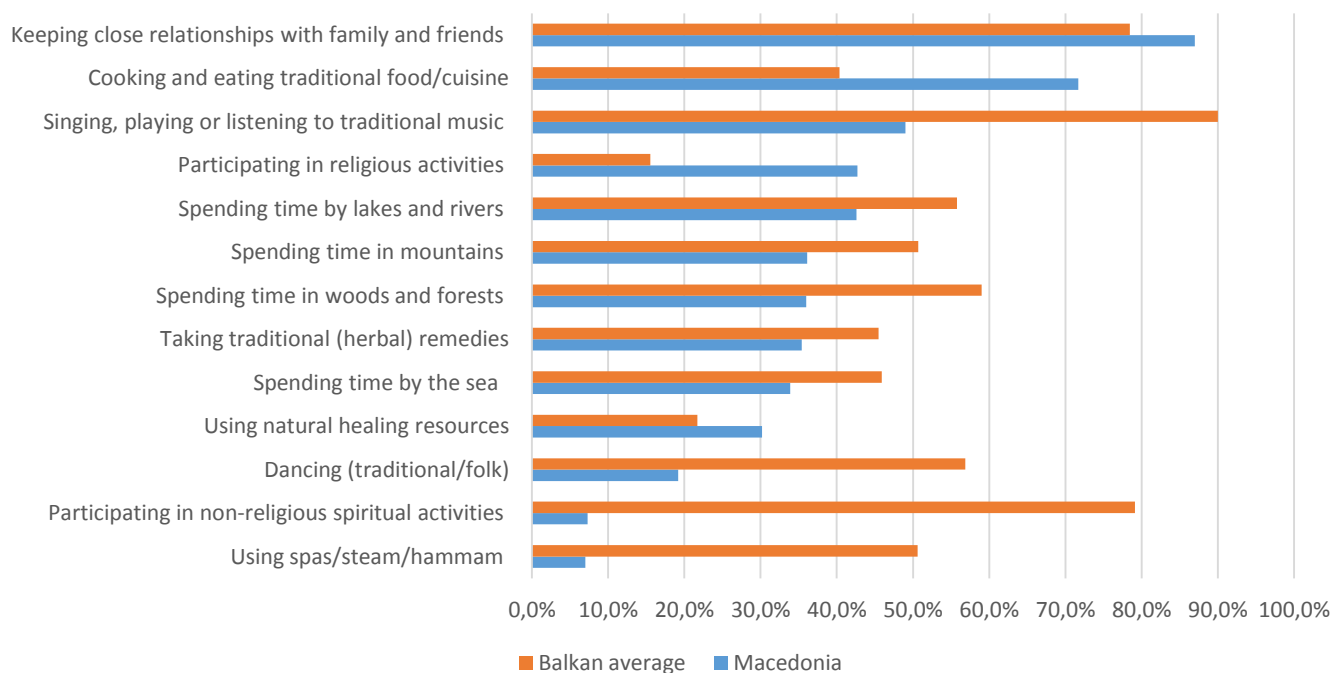
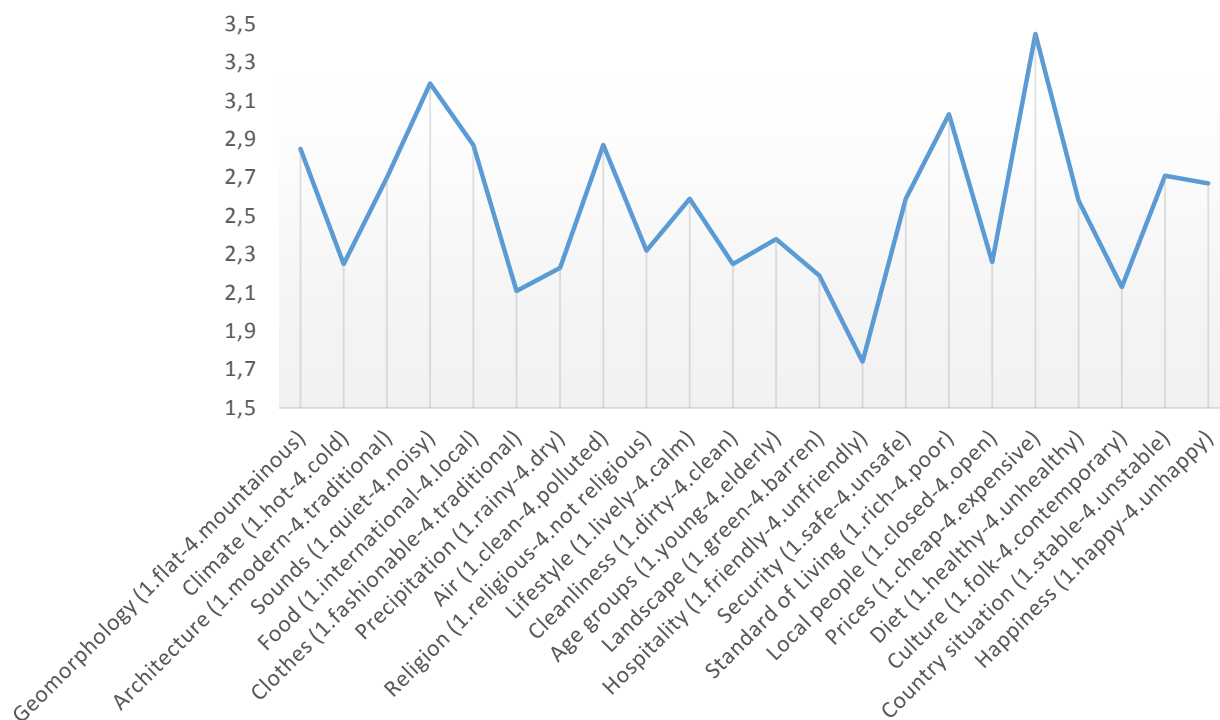


Figure 46: Country Attributes



The Macedonians see their country as expensive, poor, noisy and polluted, but also friendly, relatively calm and green.

### **A Brief Overview of Health Tourism**

Macedonia is well-known for its lakes, national parks and nature-based activities, as well as its gastronomy and wine-tasting. Health tourism is given relatively low priority in its online communication. However, Macedonia is a country which is rich in geothermal waters with healing effects. There are around 64 springs with different water temperatures between 20 and 72 degrees. The waters are rich in sulphur, phosphorus, arsenic, iodine, bromine – elements with huge healing and physiotherapeutic features. The spas are located in the best landscapes and picturesque areas in the country (e.g. mountains, rivers, lakes). However, Taleska et al. (2015) suggest that despite the rich resources, the great health tourism potential of Macedonia has not been fully realised. Spas in Macedonia were built between 1960 and 1980 and mostly offer only medical treatment for a range of conditions like rheumatism, skin complaints, blood circulation, etc. Four out of seven active spas offer only standard medical treatment. Only three wellness and spa establishments offer diversified products like massage, detoxification, mud treatments, facials, etc. According to the State Statistical Office of the Republic of Macedonia (2014) Macedonia has around 28,405 spa tourists (an increase of 4% in 2013 compared to 2012). 86% of these are domestic tourists and 14% are foreign. However, Taleska et al. (2015) suggest that the total percentage of international tourists who visited the spa resorts in Macedonia in 2014 was less than 1%. The number of overnight stays by domestic tourists is around eight times bigger compared to the number of international tourists. Foreign tourists mainly originate from the neighbouring countries Albania, Greece and Kosovo and tend to be aged 50+.

Spa and health tourism is one of the six niche tourism sectors promoted within the national strategy for tourism development (along with eco- and mountain tourism, wine tourism, cultural and religious tourism, rural tourism and lake tourism). The National Tourism Development Strategy (2009-2013) was updated to 2015 and a new Strategy is being prepared for 2015-2020. A National Strategy on Health Tourism Development 2012-2018 was also launched. According to Eurostat, revenue from health tourism including those from the thermal baths in 2013 was 73 million euro, higher than the neighbouring countries (e.g. Serbia or Bosnia and Hercegovina). This includes treatments of foreign citizens in specialized hospitals (Kurir, 2015). There is a fully liberalized health care sector with 10 private hospitals. Macedonia is planning to offer subsidies and tax breaks to foreign hospitals setting up facilities for treating private foreign patients in a bid to boost medical tourism (Marusic, 2014). Some of the challenges for Macedonia's health tourism sector include the low number of working spas, their poor technical condition, inadequate and worn out infrastructure, the scarcity of available accommodation and lack of financial resources and new investment opportunities. The spas are also not separated from the healthcare system

and are not treated as tourist resorts, and there are qualified medical personnel in the spas but they lack qualified tourism personnel (Taleska et al. 2015).

## Montenegro

**Total population:** 621,000 (World Health Organization, 2012)

**Life expectancy:** 74.8 (HDI, 2015) 8th in the Balkans

**Happy Planet Index (2012):** No data

**Gallup Wellbeing Study (2013):** in the Balkan region joint 5th with Albania in 'financial wellbeing', Joint 7th in 'purpose wellbeing'. Joint 8th with Bosnia and Hercegovina in 'physical wellbeing', 9th in both 'social' and 'community wellbeing'.

**51st in Human Development Index (2014):** 4th in the Balkans

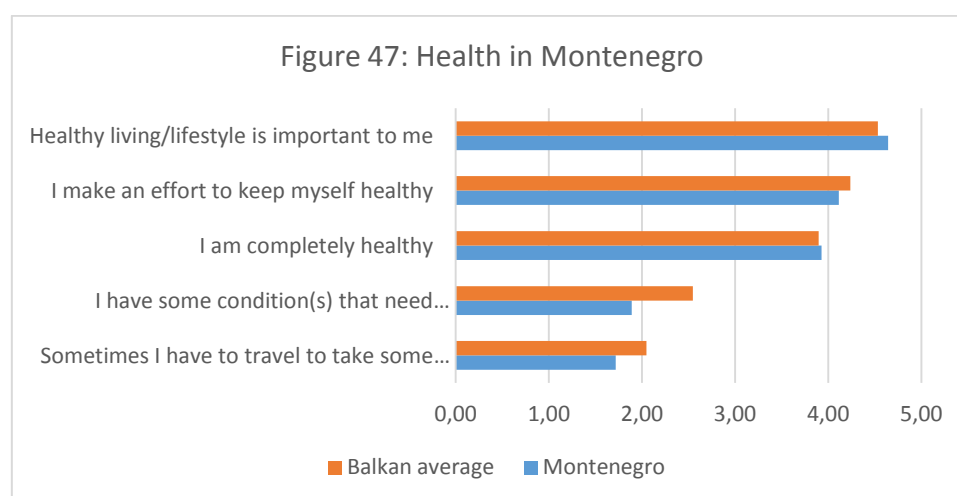
**68th in Global Age Watch (2014):** 6th in the Balkans

**83rd in World Happiness Report (2015):** ranked 4th in the Balkans

### Summary of Secondary Data

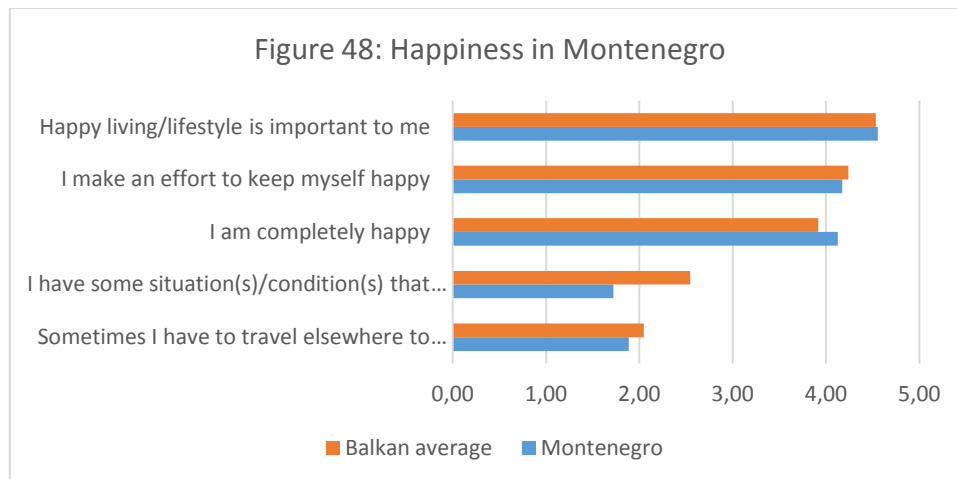
Montenegro scores relatively well in the Human Development Index (2015) and World Happiness Report (2015) compared to some other Balkan countries. Financial wellbeing is also rated higher than average (Gallup, 2013). However, the life expectancy is quite low, even by Balkan standards, and physical wellbeing is rated quite low too in Gallup (2013). Social and community wellbeing are also rated lower than average in the Gallup study.

### Results of the Questionnaire

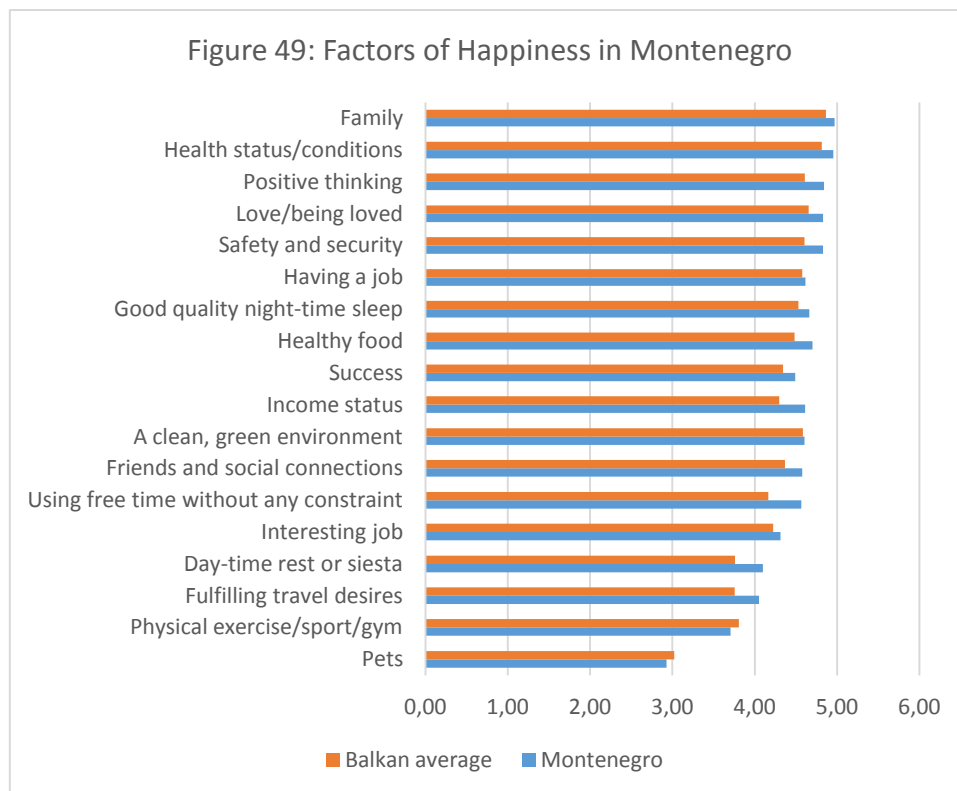


Montenegrins rank their health as slightly higher than average despite lower than average life expectancy and low levels of physical wellbeing in Gallup (2013). They also seem to be less bothered by ongoing or permanent health conditions requiring treatment than other nationalities in this study. Although healthy lifestyle is stated as more important than average for them, they actually make less effort to keep healthy!

It seems that Montenegrins are quite a lot happier than the Balkan average (3rd happiest in this study after Bosnia and Hercegovina and Macedonia). They have by far the least number of situations or conditions that make them unhappy and they are the least likely in the region to travel elsewhere to regain happiness. There seems to be a steady decline in happiness as respondents get older in Montenegro, which seems logical, but is not true of many other Balkan countries. Men are slightly happier than women but not significantly. Those with low levels of education are by much more unhappy than those with average or high levels of education. Those living in towns or cities are quite a lot happier than those living in the countryside.



In terms of factors which affect happiness, almost all listed activities are more important for Montenegrins than for many other nationalities in the Balkans except for pets and physical exercise. Travelling is more important for Montenegrins than for any other Balkan respondents. They also rated health, healthy food, love, safety and security, and positive thinking higher than all other countries.



Montenegrins are way below the Balkan average in terms of the activities that they learnt from parents or grandparents, with the exception of religious and non-religious spiritual activities. They are also well below average in all practised activities except for spending time with family and friends. These results are very surprising given the significantly above average ratings for all of the factors of happiness earlier.



Figure 50: Learnt Activities in Montenegro

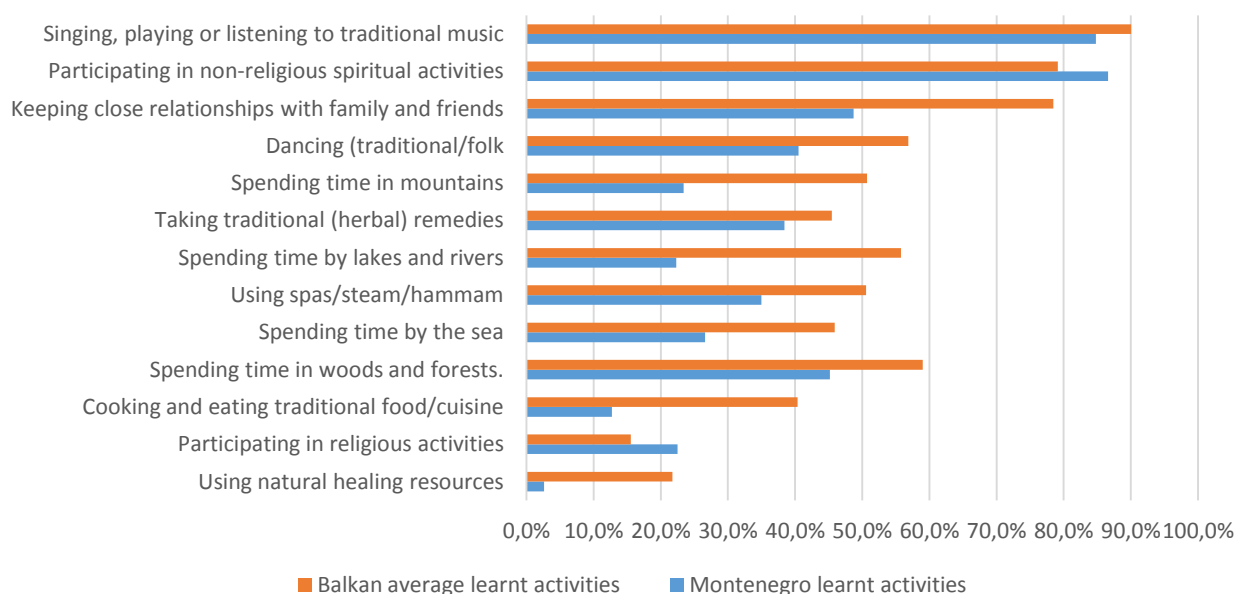
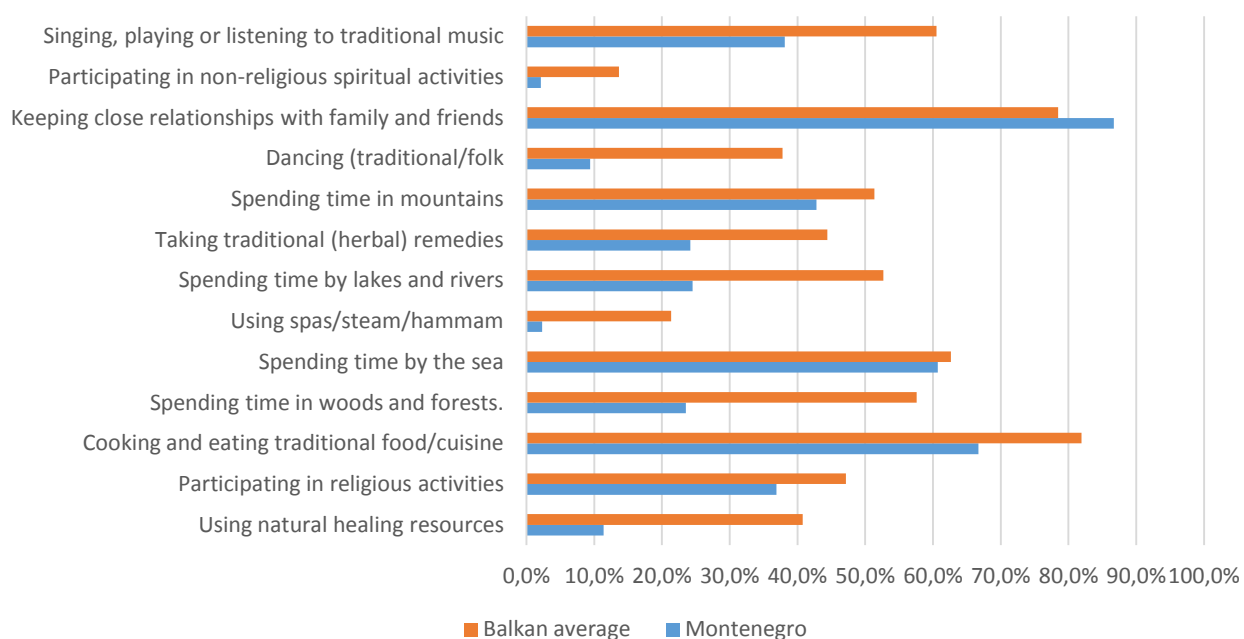
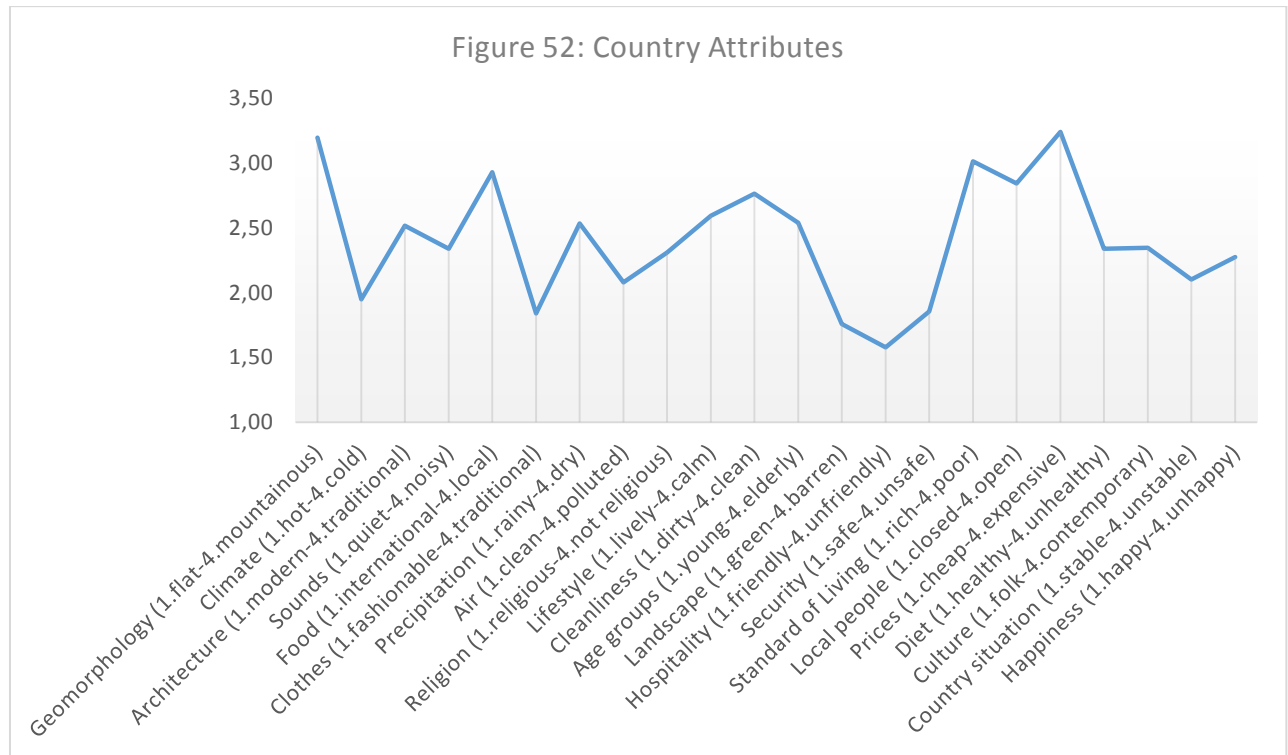


Figure 51: Practised Activities in Montenegro



In terms of learnt and practised activities, use of natural healing resources has increased slightly but use of spas has decreased significantly (by 33%). As in many other Balkan countries, religious activities have increased (by 34%) but non-religious spiritual activities have decreased dramatically (by 60%). Spending time in mountains has increased comparing what was learnt and what is still practised, but spending time in woods and forests has

declined by 22% . Spending time by rivers and lakes has stayed more or less the same, but spending time by the sea has increased (by 34%). Using herbal remedies has declined by 14% but cooking and eating traditional food has increased enormously as elsewhere in the Balkans (here, by 54%). Dancing and singing have decreased on the other hand by 31% and 46% respectively. Keeping a close relationship with family and friends has increased by 38%.



Montenegrins see their country as friendly, open, green, clean and safe, but also as expensive and not exceptionally stable or happy.

### A Brief Overview of Health Tourism

Greenhome (2012) show that in 2011 the total number of tourist arrivals to Montenegro was 1,373,454, which is 8,7 % higher compared to the year before. The distribution of arrivals during the year tends to be unequal, with the majority (more than 80 %) of the arrivals being concentrated from June until September, which is typical for sea, sun, sand tourism. 87 % of all arrivals are foreign tourists mainly from Russia, Serbia and Bosnia and Hercegovina (with smaller numbers from elsewhere, e.g. Croatia, Italy, Albania). The Ministry of Tourism is also focusing on health tourism, although the online communication is limited in comparison to the promotion of the seaside and natural resources. However, Riggins (2014) suggests that health tourism in Montenegro has increased by 20% in the past five years, mainly because of the medical tourism industry (e.g. dentistry, rheumatics, cardiac rehabilitation programmes). The Montenegro Tourism Development Strategy 2020 (Montenegro Ministry of Tourism and Environment, 2008) mainly focuses on Montenegro as a destination offering healthy outdoor

activities such as hiking and cycling in natural landscapes, as does Greenhome (2012). Spas and coastal wellness centres are starting to integrate experiences of the surrounding landscape (e.g. views, sunsets). The Strategy also suggests several approaches to introducing wellness programmes and products, which include using olive oil and derivative products, medicinal herbs and curative mud from Igalo (Ariwa and Syvertsen, 2010).

## Romania

**Total population:** 21,699,000 (World Health Organization, 2012)

**Life expectancy:** 73,83 (HDI, 2015) 10th in the Balkans

**Happy Planet Index (2012):** 4th in the Balkans

**Gallup Wellbeing Study (2013):** in the Balkan region joint 2nd with Turkey in 'community wellbeing'. 3rd in 'social wellbeing'; joint 3rd with Bosnia and Turkey in 'purpose wellbeing'. 6th in 'physical wellbeing'. 8th in 'financial wellbeing'.

**54th in Human Development Index (2014):** 5th in the Balkans

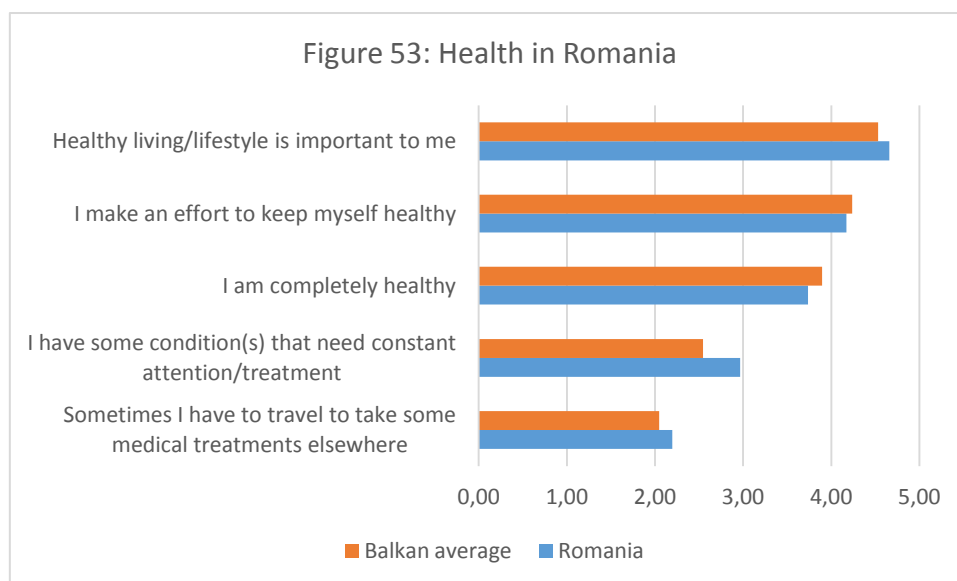
**41st in Global Age Watch (2014):** 2nd in the Balkans

**86th in World Happiness Report (2015):** 5th in the Balkans

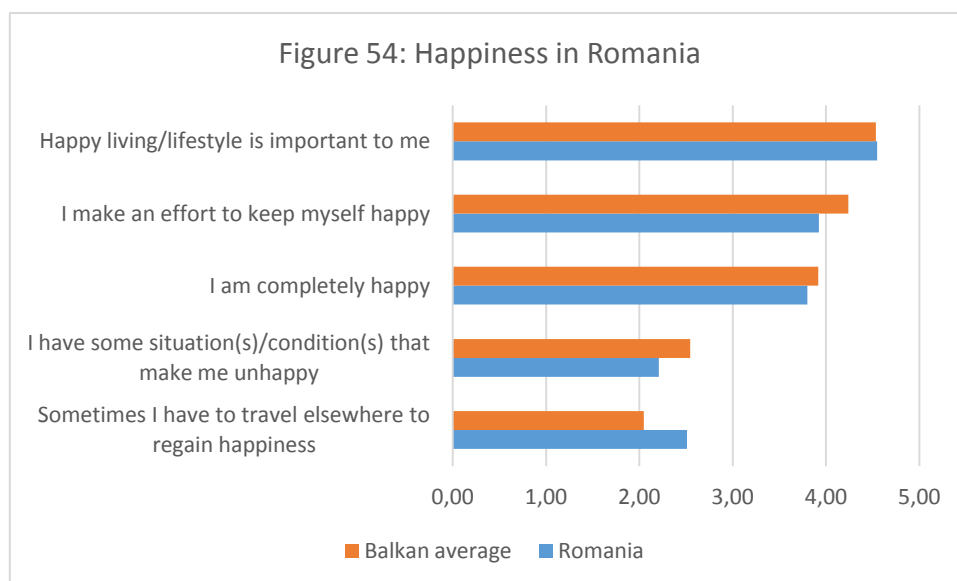
## Summary of Secondary Data

Romania scores above average in the Human Development Index (2015) and World Happiness Report (2015) compared to some other Balkan countries. The country also scores relatively well in the Happy Planet Index (2012) and Global Age Watch (2014). Social, community and purpose wellbeing are also rated higher than average (Gallup, 2013). However, the life expectancy is quite low, even by Balkan standards, and physical and financial wellbeing are ranked below average in Gallup (2013). Romania has low GDP per capita and population growth is very slow (Çelebioğlu, 2011).

## Results of the Primary Data Questionnaire

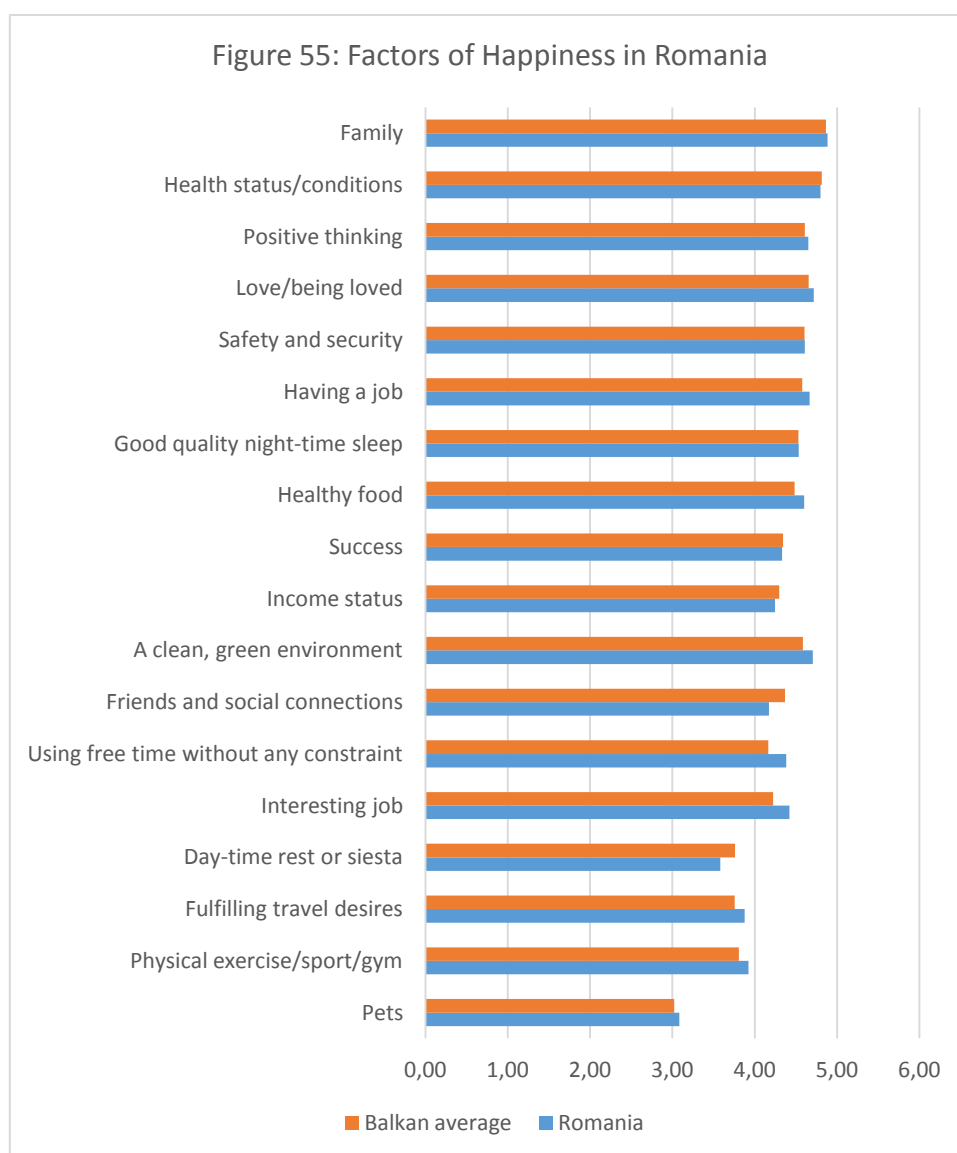


It can be seen that although healthy living is important to Romanians, they rated their health as below average and have more conditions than average which need constant attention. They also state that they sometimes travel elsewhere for medical treatments. This is not surprising, as it has been reported that Romanian doctors are leaving the country in high numbers because of the low salaries, high cost of medicine and corruption within the health system (Moisil, 2014; Stancu, 2015). Although Becic (2014) shows that Romanians have the lowest Body-Mass-Index in the Balkans for women and second lowest for men with Macedonia, this does not necessarily mean that they are healthy or that the diet is healthy. The fact that life expectancy is the second lowest in the Balkans suggests otherwise, and Ginter and Simko (2011) note that Romania has the highest oncologic mortality in the region, as well as (along with Bulgaria) the highest infant mortality, highest premature mortality from cardio-vascular diseases, ischemic heart disease and cerebrovascular accidents.



Romanians are below average in their happiness rating despite happy living being important for them. They are also likely to seek their happiness elsewhere. Although Eurofound (2013) states that Romania has seen increases in wellbeing since 2007 and these increases have been greatest among lower income quartiles, the highest amount of wellbeing inequality is also in Romania where the most satisfied 20% reported life satisfaction that was 6.6 points higher than the bottom 20%. Happiness declines steadily with age according to this study, but there is no difference between the stated happiness levels of men and women or those living in the countryside or towns. However, those with basic levels of education are by far the unhappiest (and far more than other lower-educated people in all other Balkan countries)

In terms of factors which affect happiness, not many stand out as being considerably different from the average, but having an (interesting) job is more important for Romanians than some other nationalities, as well as travel, sport and healthy food.



In terms of learnt activities, Romanians are way above average for all activities, especially using spas and spending time in mountains. Romania has a strong tradition of balneology and a mountainous landscape, so this is not surprising.

In terms of learnt and practised activities, use of natural healing resources has increased by 35% but use of spas has decreased significantly by 56%. As in many other Balkan countries, religious activities have increased by 40% but non-religious spiritual activities have decreased dramatically by 70%. Spending time in mountains and by lakes and rivers has decreased only slightly comparing what was learnt and what is still practised, but spending time in woods and forests has increased by 14%. Spending time by the sea has increased only a little. Using herbal remedies has declined only slightly too but cooking and eating traditional food has increased enormously as elsewhere in the Balkans (here, by 43%). Dancing and singing have decreased on the other hand by 11% and 30% respectively. Keeping a close relationship with family and friends has stayed more or less the same.

Figure 56: Learnt Activities in Romania

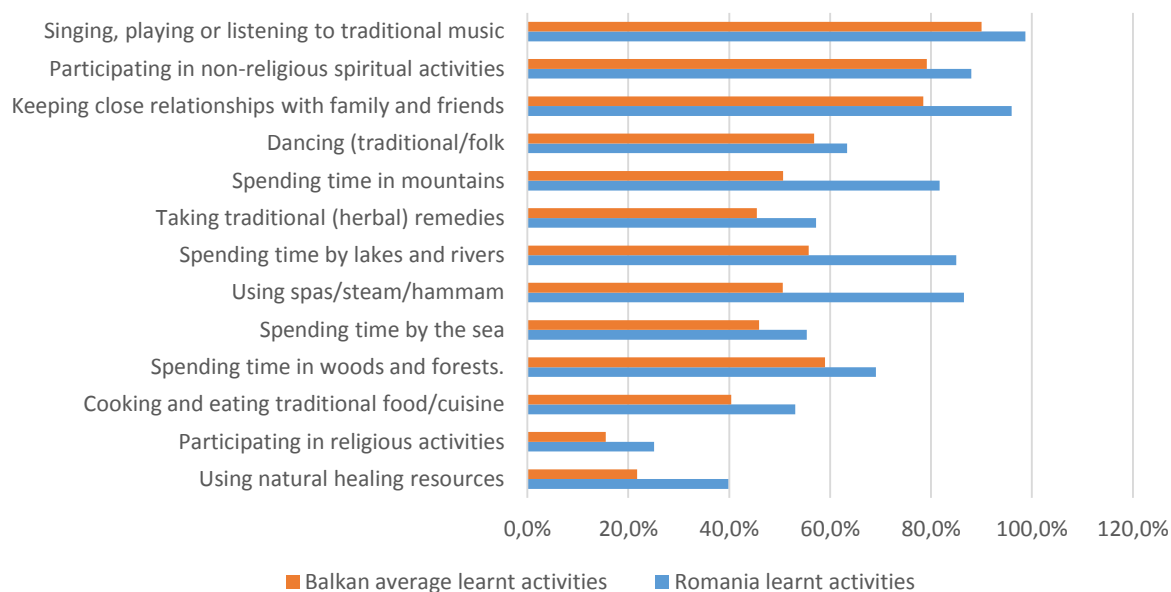
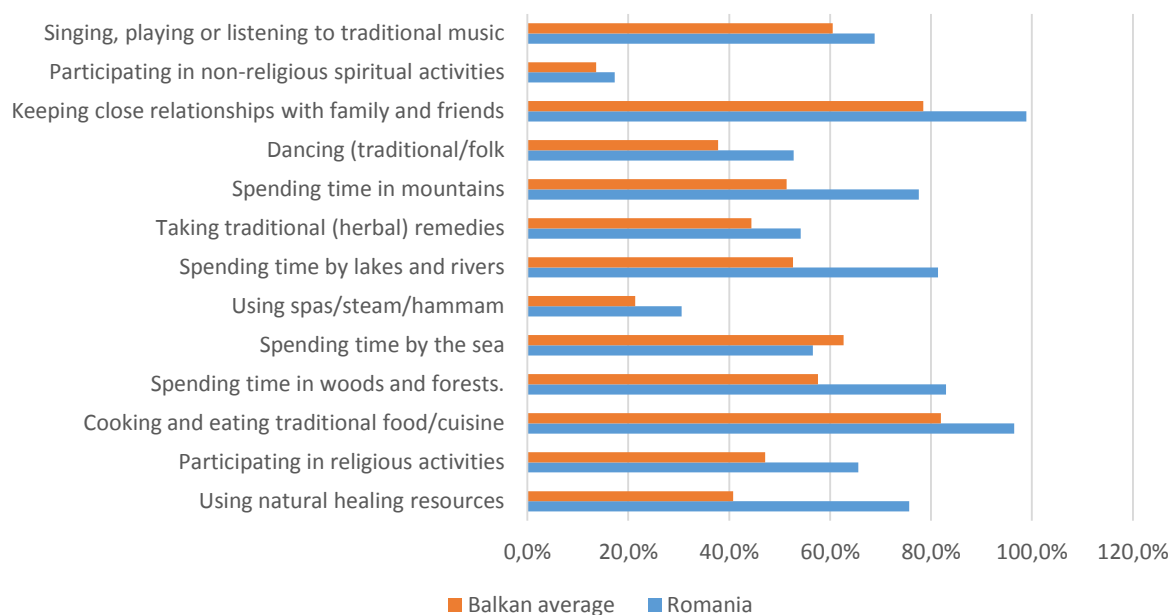
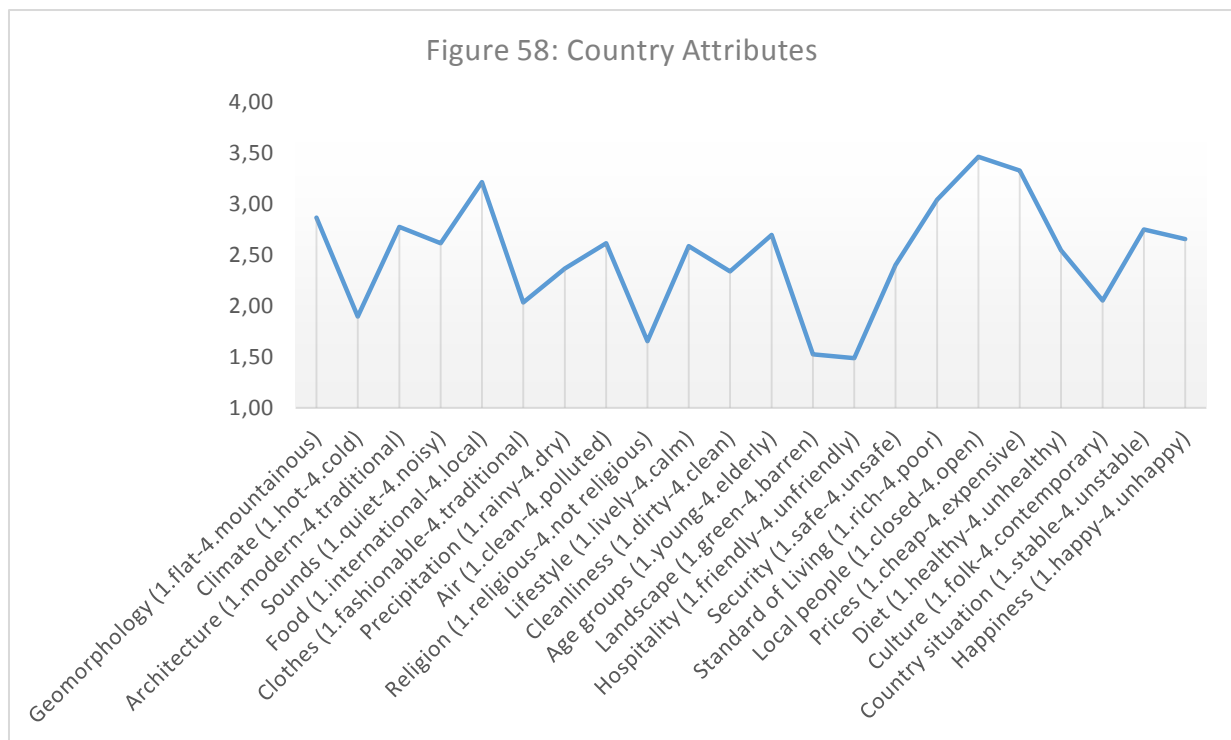


Figure 57: Practised Activities in Romania





Romanians see their country as poor and expensive and quite traditional and religious. They also see it as friendly and open, as well as green and mountainous.

### A Brief Overview of Health Tourism

Romania has a wealth of natural resources including seaside, lakes, mountains and national parks. In addition, religious tourism is an important product. Health tourism also features on a separate sub-page in online communication. Romania has a long history of spa tourism which goes back to Roman times. It is estimated that there are around 70 natural spas providing treatments for many medical disorders. This includes thermal and mineral waters but also muds. However, the interest in spa resorts decreased dramatically after 1990 as it was no longer supported by local or central administration. Domestic tourists could not afford it, and a research study in 2009 showed that only 3.5% of tourists to Romanian spa resorts were foreigners. Therefore, there was a National Strategy of the Development of Spa Tourism in 2009 which emphasised the need for new planning, infrastructural improvements and investment (Dinu, Zbucnea and Cioacă, 2010).

Euromonitor International (2014d) showed that the revenue generated by health and wellness tourism service providers increased by 5% in 2013. It seems that there is a rising demand for such services from the younger generation of domestic tourists. A few spas were also built across the country financed by EU structural funds which tend to attract increasing numbers of family tourists. It is thought that the market potential is large and more agencies will specialise in medical tourism in the future. However, substantial support from both state and private systems is required and infrastructure, accommodation options and services need to be improved.





## Serbia

**Total population:** 9, 553, 000 (World Health Organization, 2014)

**Life expectancy:** 74.06 (HDI, 2015) (third lowest in the Balkans above Romania and Bulgaria)

**Happy Planet Index (2012):** 5th in the Balkan countries

**Gallup Wellbeing Study (2013):** second lowest in the Balkans in 'financial wellbeing' after Greece. Average in other domains except 'social wellbeing' (2nd best in the Balkans)

**77th in Human Development Index (2014):** 8th in the Balkan countries

**78th in Global Age Watch (2014):** 9th in the region (of those Balkan countries included)

**55th in World Happiness Report (2015):** ranking 6th in the Balkan countries

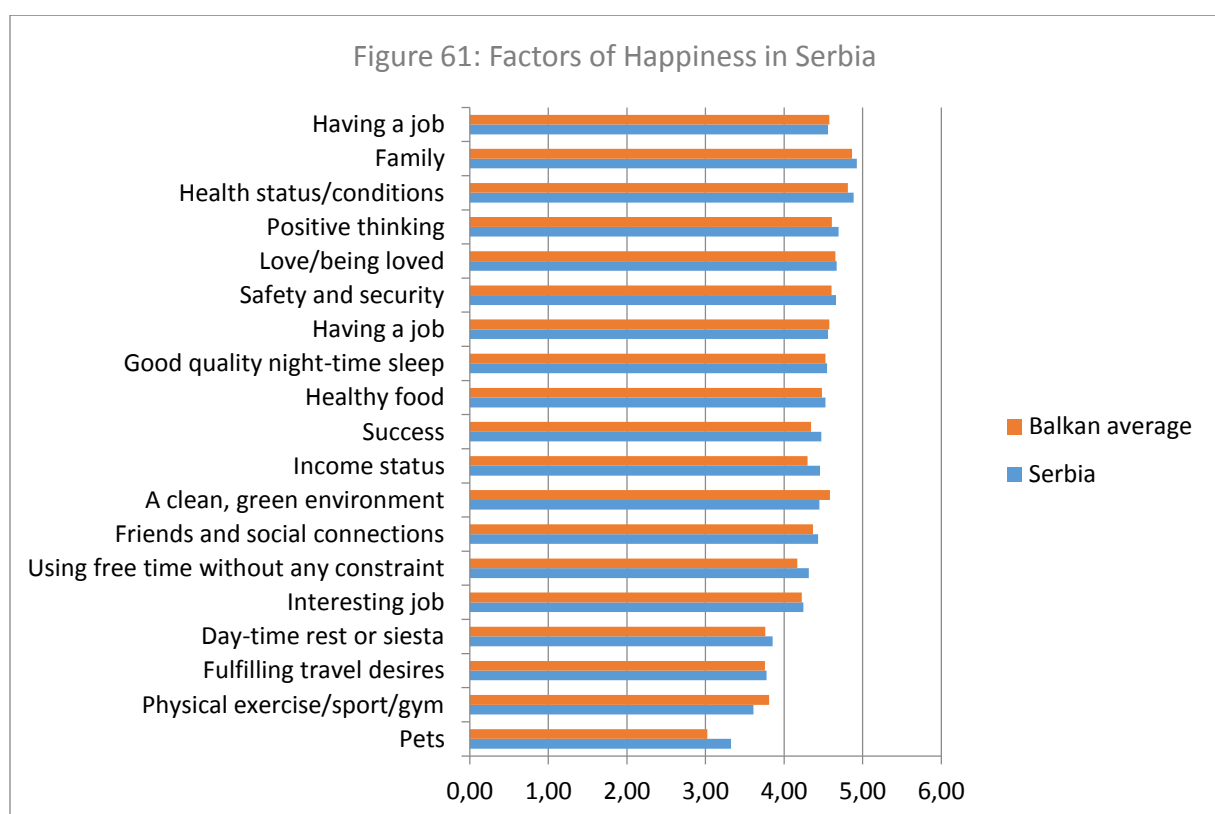
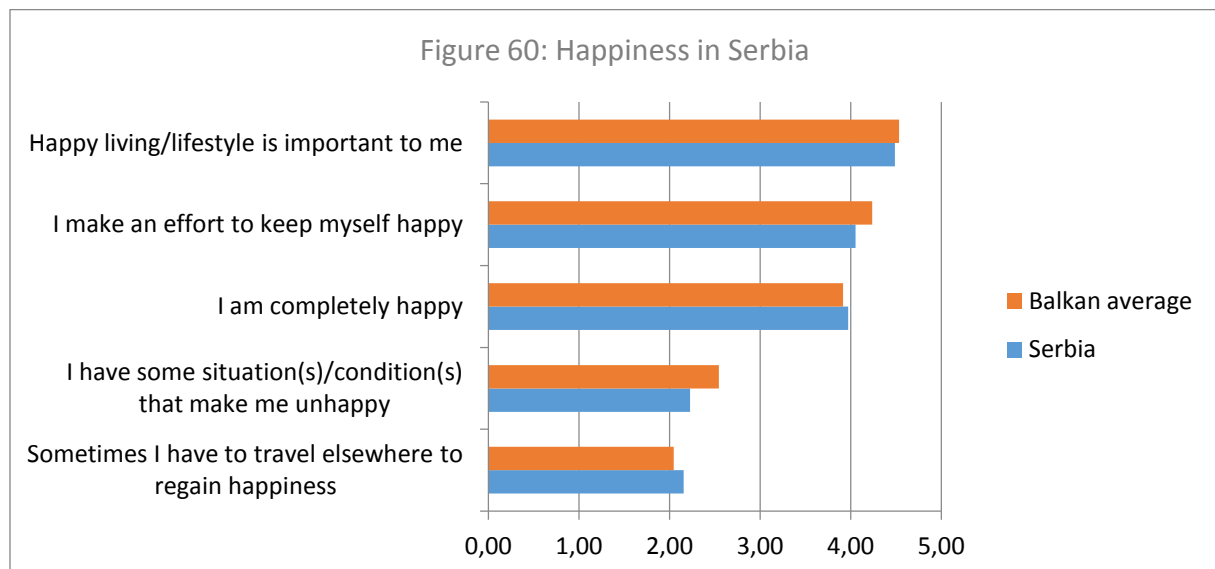
### Summary of Secondary Data

Serbia has one of the lowest life expectancies in the region. A large number of deaths are caused by cardiovascular diseases and it has the highest rate of cancer in the region, especially lung cancer (WHO, 2011). Relatively high levels of people smoke (32% according to WHO, 2014). Serbia scores relatively low in the Human Development Index (2014) mainly because of standard of living, and low in Gallup's Wellbeing Study (2013) for financial reasons. Life is apparently not easy for older people in Serbia compared to most other Balkan countries (Global Age Watch, 2014). It ranks averagely in the Happy Planet Index (HPI, 2012) mainly because of low levels of experienced wellbeing. Happiness levels are average for the region according to WHR (2015).

### Results of the Primary Data Questionnaire



Health statistics are fairly average for the region in Serbia. There is nothing unusual to note. Like in all the Balkan countries, health status declines slowly with age but people also make more efforts to remain healthy as they get older.



The Serbian data on happiness is very close to the average for the Balkans. Happiness levels generally decrease slightly with age, but in Serbia perhaps surprisingly given the 2014 Global Age Watch data 60-99 year olds seem to be happier than 50-59 years olds. There is

absolutely no difference in happiness levels between men and women, or between people who live in cities rather than countryside. Interestingly, those with a basic education are happier than those with higher levels, but this could be because of the lack of jobs, opportunities or good salaries for highly educated people.

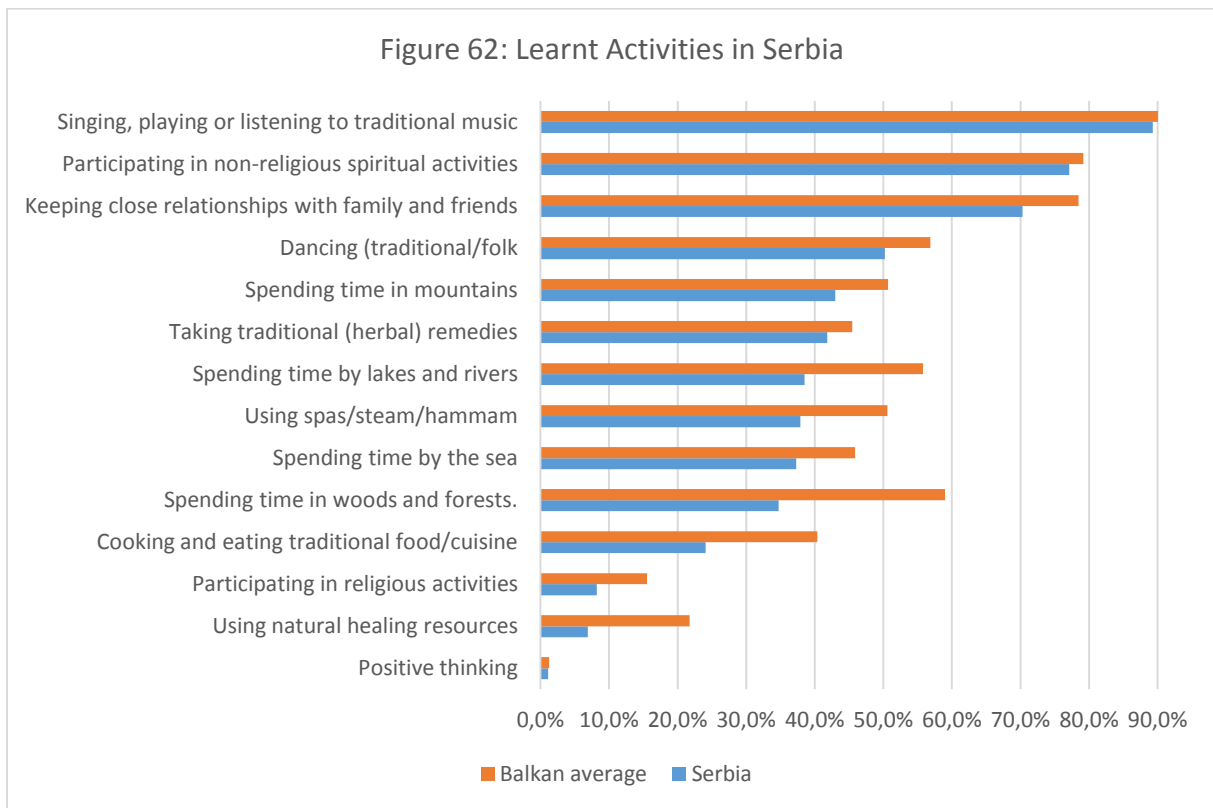
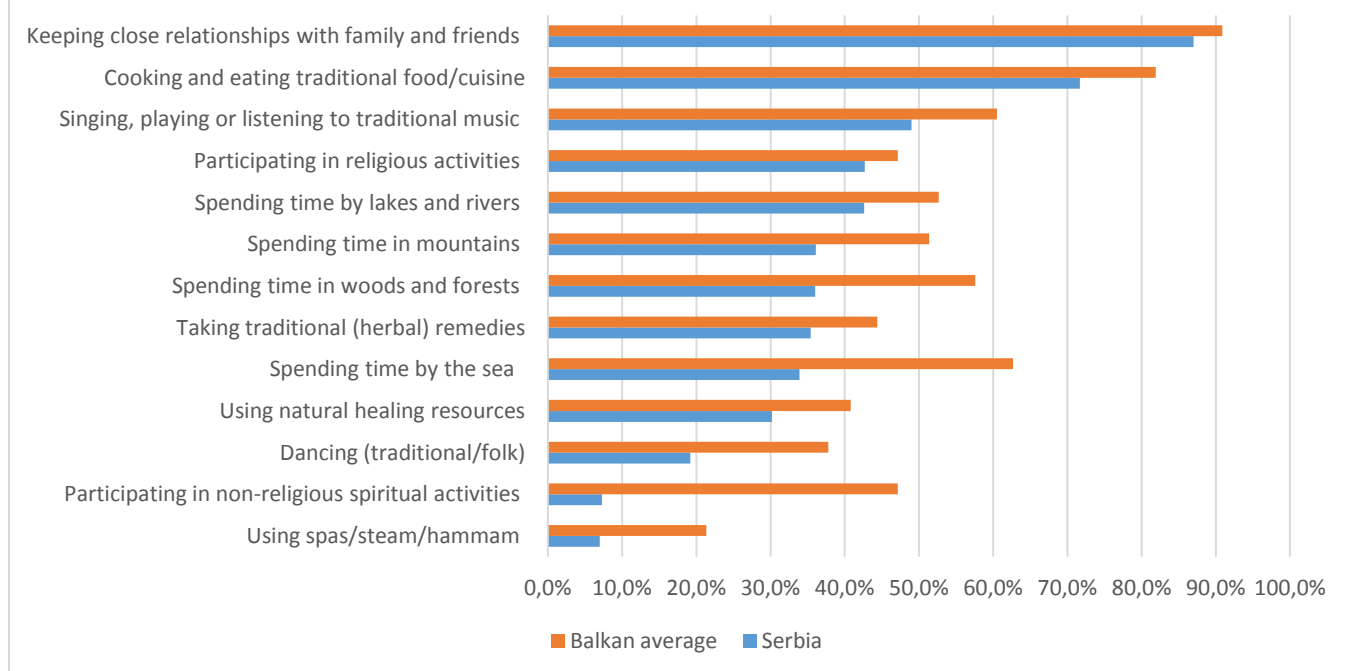
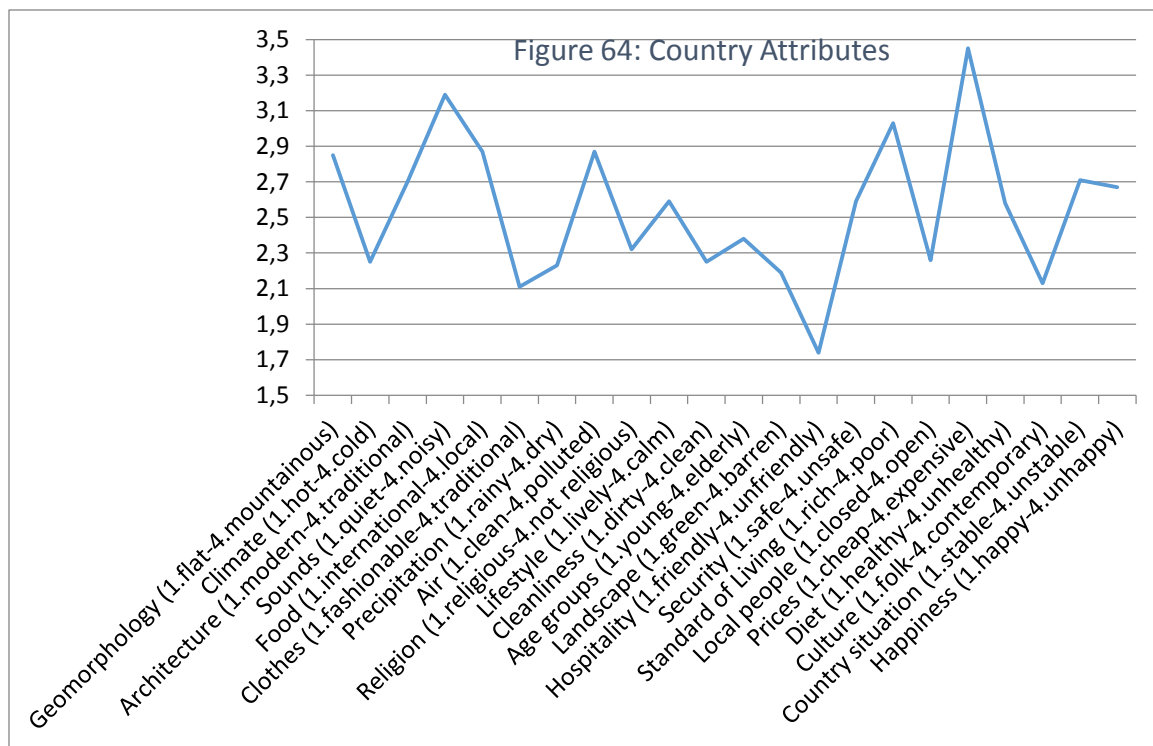


Figure 63: Practised Activities in Serbia



Serbia seems to be quite far below the Balkan average in terms of many activities learnt and practised. This may be for economic or financial reasons (i.e. lack of disposal income for leisure, the need to work in more than one job). Religious activities have increased by 34% and non-religious spiritual activities have declined by 70%, but this could be explained by the suppression of 'official' religious practices when parents or grandparents were young. Spa use is surprisingly low for a country with more than fifty thermal resorts and there is quite a big difference between what was learnt and what is now practised (30% decrease). On the other hand, the use of natural healing resources has increased by 23%. Spending time in mountains has increased as well as going to the sea (despite the fact that Serbia became landlocked in the 1990s). Traditional forms of music and dance seem to have become less popular having declined by 40% and 31% respectively, but cooking and eating traditional food has increased significantly by 47%.



The Serbians see their country as expensive, poor and noisy, but also as friendly and green.

### A Brief Overview of Health Tourism

Health tourism does not feature prominently in the online communication of Serbia, although there are over 1,000 cold and warm mineral water springs as well as natural mineral gases and medicinal mud. However, only around 5% of these are used. There are over 53 thermal resorts as well as climatic health resorts with favourable climates and geographic locations. Wellness programmes have become more popular in Serbian spas in recent years (National Tourism Organisation of Serbia, 2015). According to the Secretary General of the Serbian Spas Association 10% of total international travellers to Serbia come for spa tourism and it represents over 30% of all domestic tourism (Breaking Travel News, 2010). Horwath (2013) estimated that Serbian baths and spas attract 347,000 visitors and generated 2 million guest nights with an average length of stay of 5.86 days. However, Berber, Gajić and Dordević (2010) suggest that Serbian spas are lacking quality, partly because there has been relatively little or no investment in maintenance and construction of tourist infrastructure in spa towns. They note that only a very small percentage of foreign tourists go to Serbian spas. In 2010 a Serbian Medical Tourism Cluster was established for all interested state and private organisations involved in providing medical and tourist services, e.g. spas, hospitals, clinics, institutes, hotels, tourist agencies, restaurants, and others. One of the main aims was to improve and develop the medical tourism offer of Serbia (IMTJ, 2010).

## Slovenia

**Total population: 2,072,000** (World Health Organization, 2013)

**Life expectancy (HDI, 2014):** 79.59 (2nd in the Balkan countries after Greece)

**Happy Planet Index (HPI, 2012):** ranked 8th in the Balkan countries because of high eco-footprint

**Gallup Wellbeing Study (2013):** highest in the Balkans in 'purpose, financial and community wellbeing', 2nd in the Balkans in 'physical wellbeing' after Greece but only 5th in 'social wellbeing'

**29th in Global Age Watch Index (2012):** 1st in the Balkans

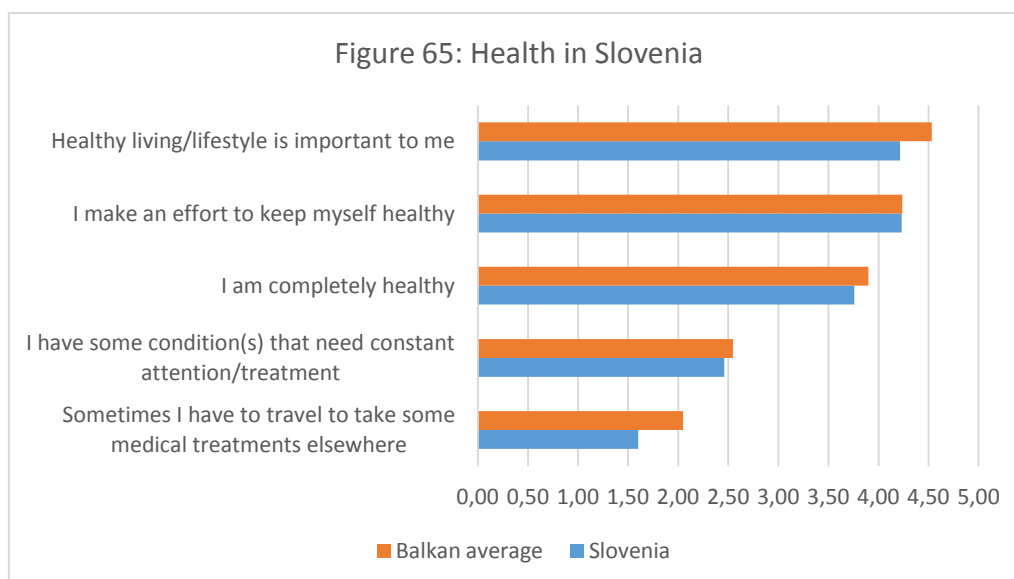
**25th in Human Development Index (HDI, 2014):** 1st in the Balkan countries

**55th in World Happiness Report (WHR, 2015):** 1st in the Balkan countries

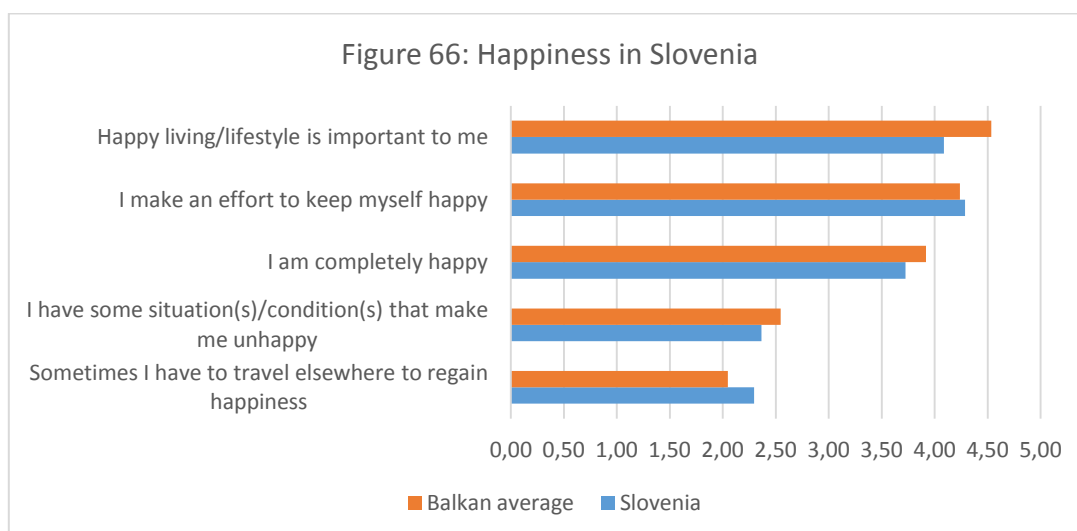
### Summary of Secondary Data

Life expectancy in Slovenia is high compared to the Balkan average and is second only to Greece. According to the OECD (2014) spending on health is close to or even above the OECD average and higher than in any other Balkan country. Unlike in many other Balkan countries, smoking is not so common (20.5% equal to the OECD average). Human development and happiness levels are the highest in the Balkans according to HDI (2014) and World Happiness Report (2015). It is a relatively good place to be an older person according to Global Age Watch (2012). The Happy Planet Index (2012) is lower because of the eco-footprint, but this is true of many of the more developed countries in the world. The OECD Better Life Index (2013) suggests that Slovenia ranks above the average in education and skills, below average in income and wealth, job and earnings and subjective wellbeing. In general, Slovenians are less satisfied with their lives than the OECD average (5.7 compared to 6.6)

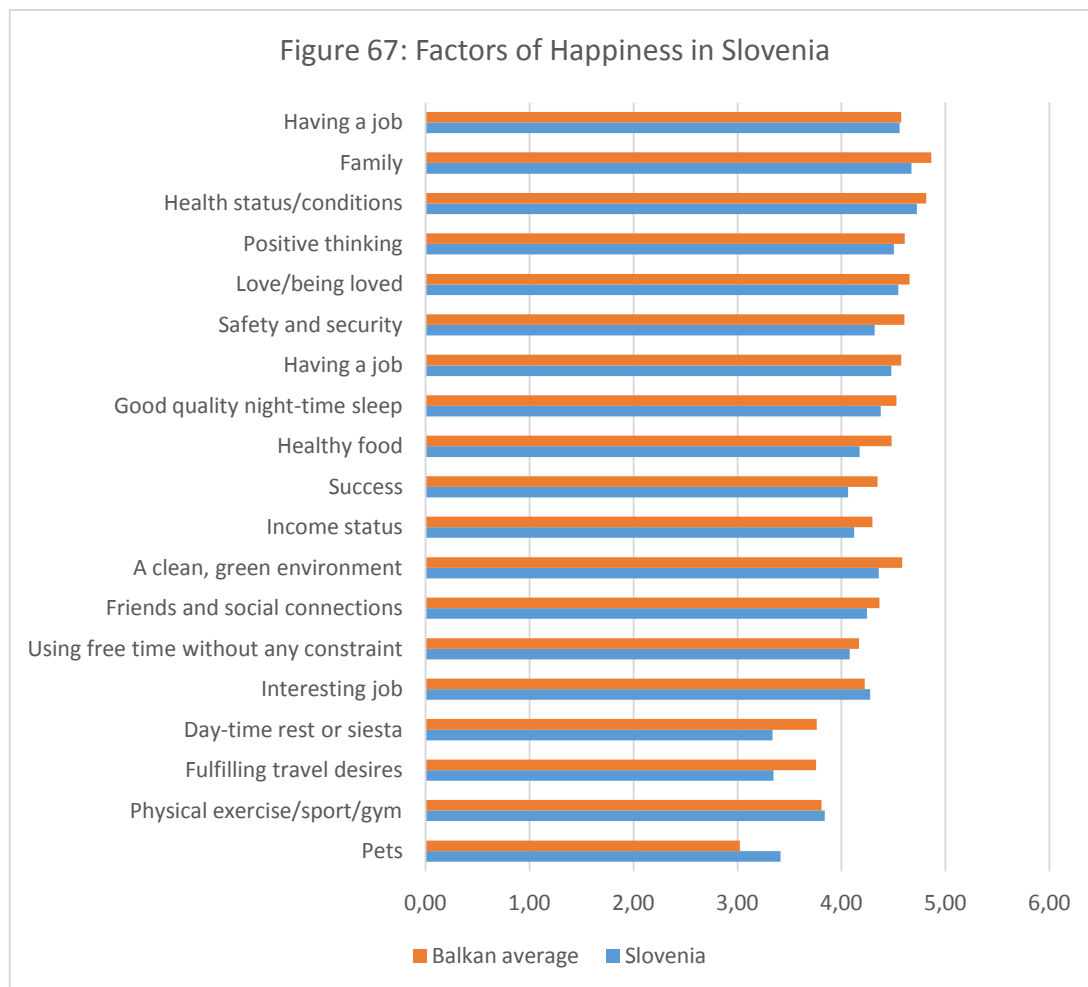
### Results of the Primary Data Questionnaire



In the Balkan region, Slovenia is below average in terms of feeling healthy (ranking only 8th) and in terms of having a healthy lifestyle (ranking last) which is perhaps surprising given that they have the longest life expectancy of any country except Greece. However, it is also possible that they have a better knowledge of what healthy living actually means than in some other Balkan countries and measure their activities against international rather than regional standards. Slovenians along with the Greeks travel elsewhere the least for health treatments. It is assumed that most needed treatments are available domestically.

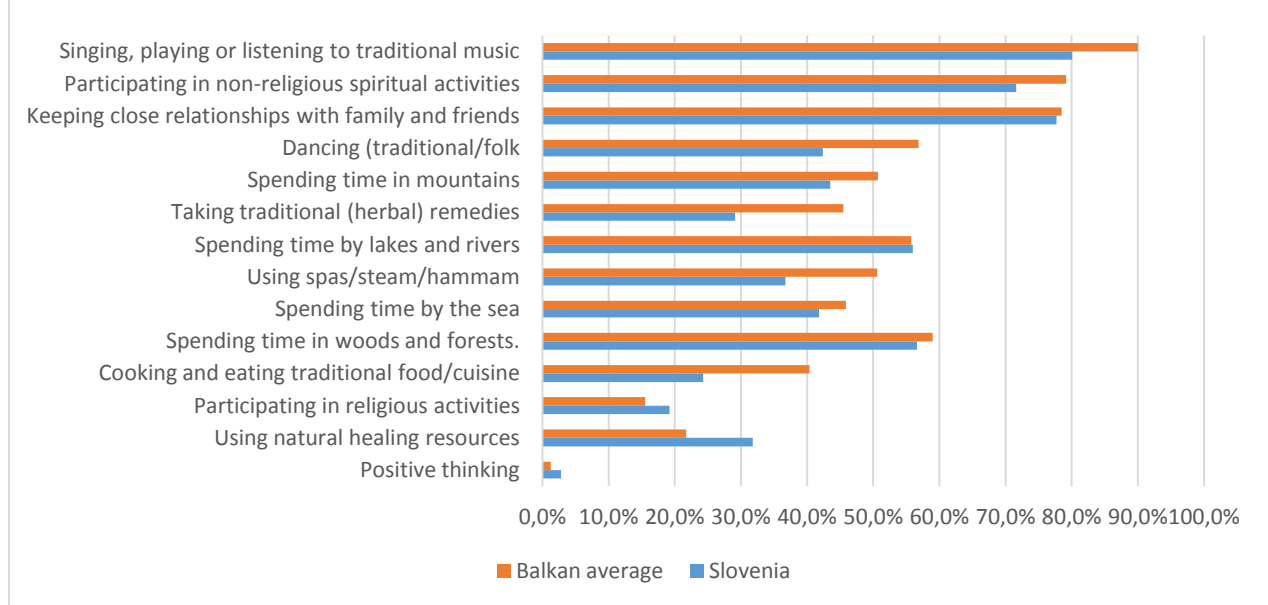






Slovenians are slightly less happy than average in the Balkans, which is surprising considering they perform best in most aspects of Gallup's Wellbeing Study (2013) and in the World Happiness Report. However, it should be noted that these also contain numerous 'objective' and economic indicators and measures too. The OECD Better Life Index (2013) suggests that Slovenians score lower than average in subjective wellbeing. GDP per capita is below the OECD average and the gap between rich and poor is relatively high. Interestingly, there are far smaller variations between age groups compared to some other countries. Older people aged 60-99 are as happy as young people aged 15-29. As suggested by Global Age Watch (2014) Slovenia is a good place to live for older people. Men are very slightly unhappier than women. Those with less education are a bit happier than those with more. There is no difference between those who live in towns and those who live in the countryside.

Figure 68: Learnt activities in Slovenia



The use of spas, hammams or steam is surprisingly low considering the history of balneology in many of the Balkan countries. However, Slovenia is the only country where usage has not decreased significantly, but has actually increased from 36.7% who learnt about them to 46% using them. The use of natural healing resources has also increased by 20%. The learnt tradition of herbal remedies seems to have increased significantly in terms of usage from 29.1% to 47.9%. Spending time in mountains or in woods and forests has not changed. Religious activities have not increased much but non-religious spiritual activities have decreased significantly by 48%. Visits to lakes and rivers have decreased slightly, but visits to the sea have increased considerably by 27%.

Figure 69: Practised activities in Slovenia

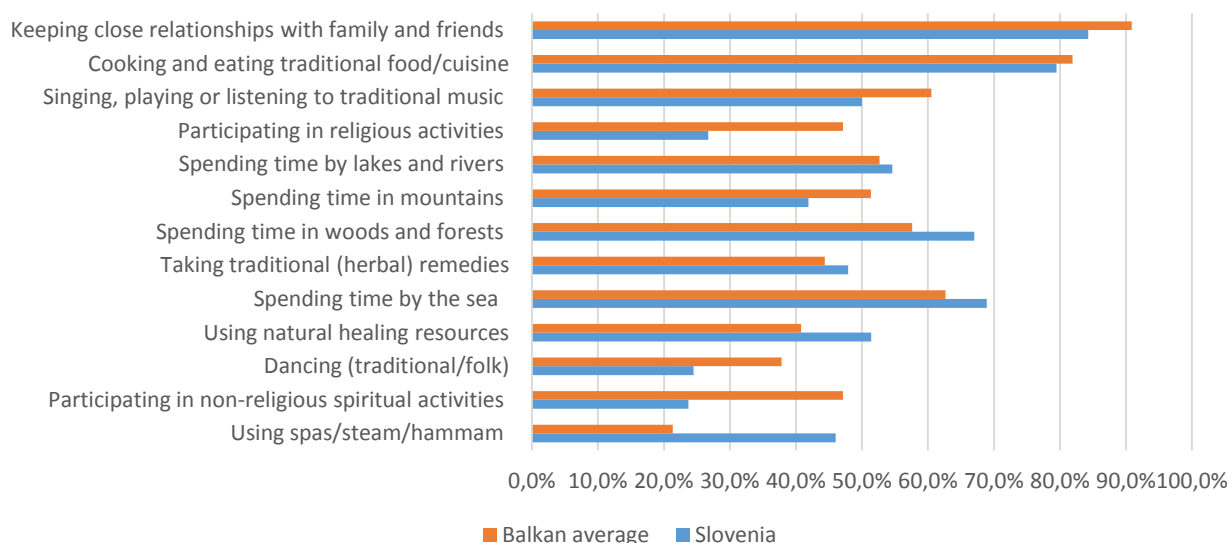
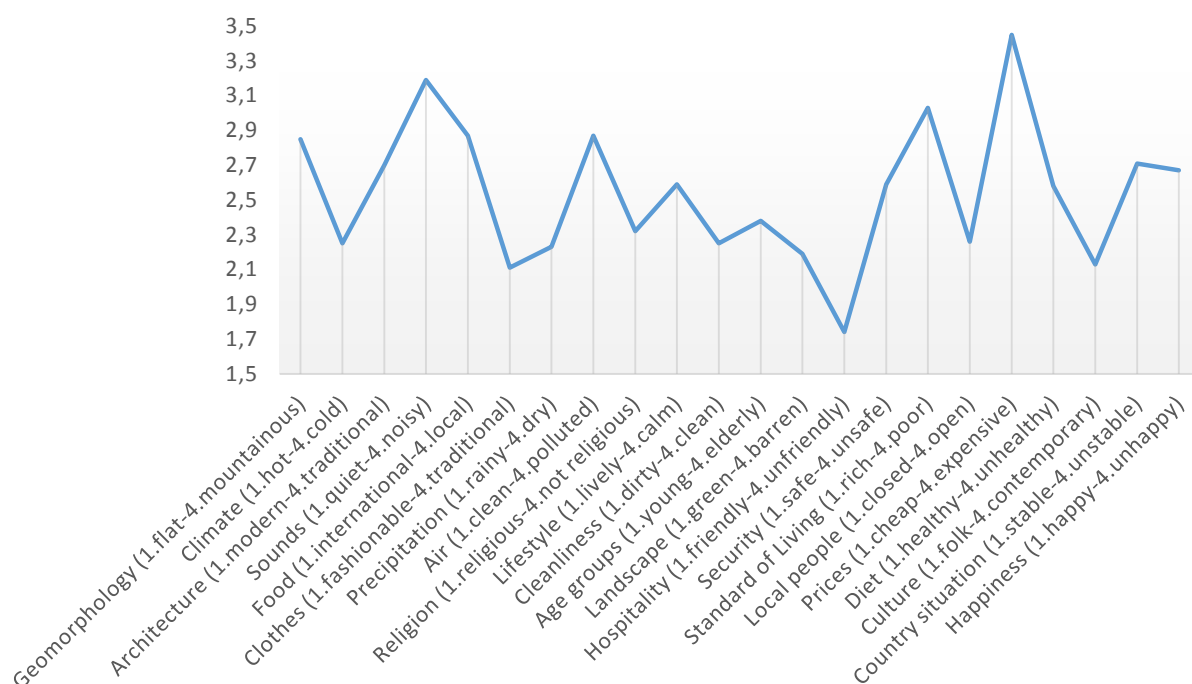


Figure 70: Country Attributes



Slovenians see their country as expensive, quite poor, a bit polluted and noisy, but also friendly, green and fairly calm.

## A Brief Overview of Health Tourism

Rančič, Pavić and Miljatov (2014) discuss how although Slovenia is a small country, it has many natural resources including healing thermal waters and good climatic conditions. Health tourism is promoted in online communication in addition to seaside, mountains, lakes and gastronomy, including healthy local food. There are fifteen spas and thermal baths which are represented by the Slovenian Spas Association. Lebe (2013) describes how 80% of spa guests were referred by insurance companies until 1990, but after that the spas had to find most of their business on the free market. This meant operating more like entrepreneurs, establishing marketing departments and attracting visitors. Between 1995 and 2010 all Slovenian spas renewed their swimming pools, upgraded and sometimes enlarged their accommodation facilities, and added wellness programmes to their offer. However, there was recognition that the health/medical service and wellness markets were not necessarily compatible

Pak and Altbauer (2014) estimate that 32% of overnights in Slovenia in 2013 were taken in spa resorts, 22% of total international overnights and 47% of total domestic overnights. The top five markets for spas come from Austria, Italy, Russia, Germany and Croatia. The average length of stay is about 3.98 days. Euromonitor International (2014e) suggested that health and wellness tourism declined by 4% in 2013 in terms of current value sales, mainly because fewer foreign visitors went to health and wellness centres. On the other hand, the number of local visitors marginally grew. Unfortunately, medical tourism also dropped by 5%. This could perhaps be attributed to the lower number of Russian tourists travelling to Europe at present. On the other hand, health and wellness tourism is one of the most promising areas in Slovenia despite the competition from Austria, Hungary and Germany. In our research, it was the only country where spa visits are growing amongst local people, for example.

## Turkey

**Total population: 74,933,000** (World Health Organization, 2013)

**Life expectancy: 75,26** (HDI, 2015) 6th in the Balkans

**Happy Planet Index (2012):** 2nd in the Balkans

**Gallup Wellbeing Study (2013):** in the Balkan region joint 2nd with Romania in 'community wellbeing'. Joint 3rd in 'purpose wellbeing'. 4th in 'financial wellbeing'. 10th in 'physical wellbeing'. 11th and last in 'social wellbeing'.

**69th in Human Development Index (2014):** 7th in the Balkans

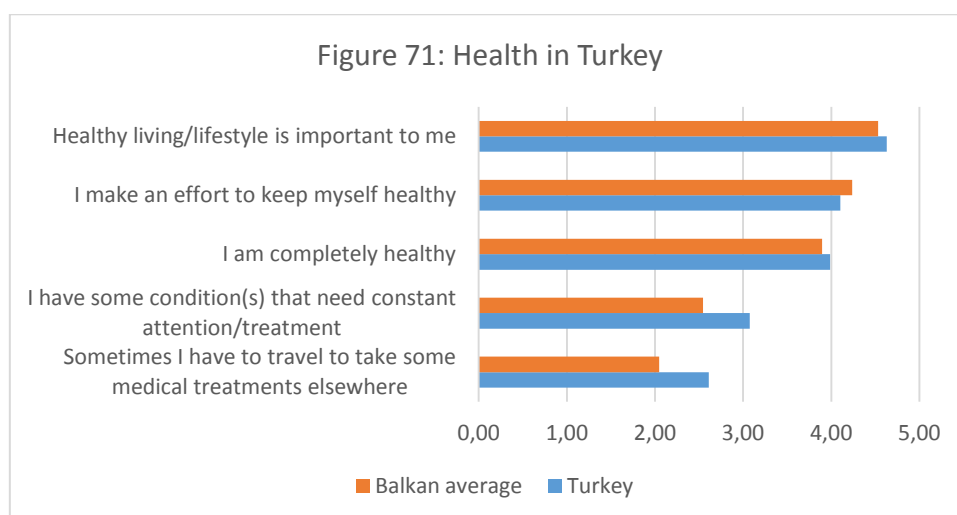
**77th in Global Age Watch (2014):** 8th in the Balkans

**76th in World Happiness Report (2015):** ranked 3rd in the Balkans

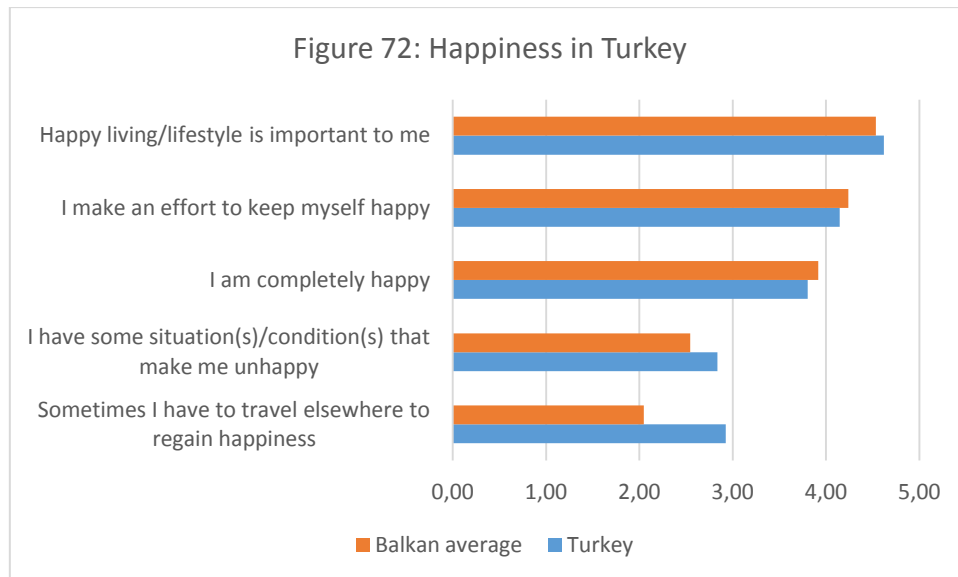
### Summary of Secondary Data

Turkey scores relatively well in the World Happiness Report (2015) and Happy Planet Index (2012). Turkey's eco-footprint is second lowest in the Balkans along with Serbia (this is probably due to lower consumption rates rather than environmental policy). Life expectancy and human development are below average for the region, however. Although Turkey has a higher than average GDP per capita, it also has the lowest literacy rates in the Balkans (Çelebioğlu, 2011). Turkey scores low in Gallup's (2013) physical wellbeing but relatively high in financial wellbeing. It is also perhaps surprising that social wellbeing scores the lowest in the Balkans but community wellbeing is one of the highest. The OECD (2013) Better Life Index shows that Turkey has improved quality of life in the past two decades, but still lags behind the OECD average in terms of life expectancy, income per capita, employment and education levels. They also work longer hours.

### Results of the Primary Data Questionnaire



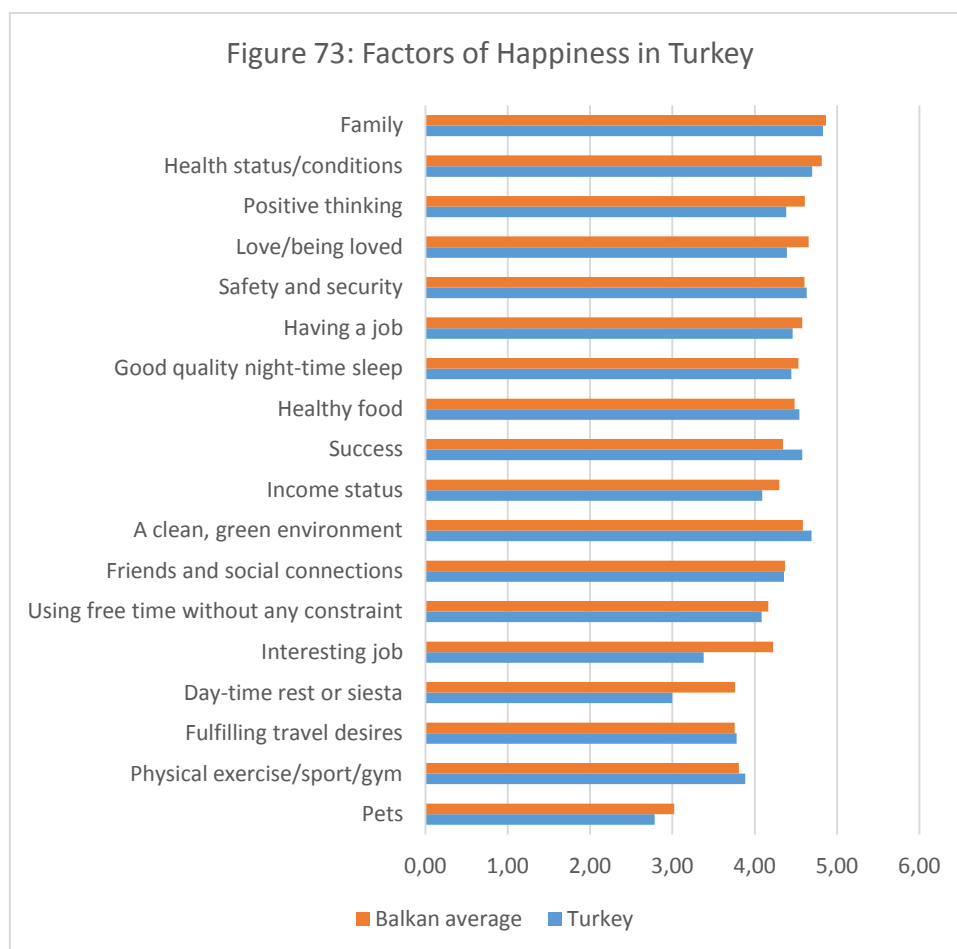
The Turkish rank their health as slightly higher than average despite lower than average life expectancy and relatively low levels of physical wellbeing in Gallup (2013). However, they are also more bothered by ongoing or permanent health conditions requiring treatment than all other nationalities in this study. They also state the need to travel elsewhere for medical treatments more often than respondents from the other countries. Although healthy lifestyle is stated as more important than average for them, they actually make less effort to keep healthy! According to the OECD (2013) air and water quality in Turkey is below the OECD average. The WHO (2013) suggests that the health status of Turkish people has improved in recent years but that the ratio of doctors and nurses per population is lower than in many other countries.



Despite Turkey's relatively high ranking in the World Happiness Report (2015), the respondents in this study do not consider themselves to be particularly happy (joint 8th/9th with Romania). Of course, WHR also contains objective measures of happiness (e.g. economic, political). They also have the second highest ranking after Albania for situations which make them unhappy and the second highest need after Bulgaria to travel elsewhere to regain happiness. Although happy lifestyle is important for them, they do not make as much effort to keep happy (perhaps their circumstances prevent them from doing so). According to the OECD Better Life Index (2013) Turks are less satisfied with their lives than the OECD average. Durmuş (2014) notes that according to the Turkish Statistical Institute's (2013) survey for life satisfaction the number of self-declared happy individuals decreased to 59 percent in 2013 from 61 percent in 2012, while the number of unhappy individuals rose to 10.8 percent from 10.2 percent in 2012. This is despite the fact that poverty has decreased significantly over the past ten years. There are minimal differences between ages, gender, and few differences according to education level or place of residence.

In terms of factors which affect happiness, the Turkish responses are very close to the Balkan average for the most part, but with slightly more emphasis on a clean, green environment,

exercise and sports, success and healthy food. The most important factors are family and health, but this is the same for most other Balkan countries too.



In terms of learnt activities, taking traditional herbal remedies, using natural healing resources and spending time by lakes and rivers are far beyond the Balkan average.

Figure 74: Learnt Activities in Turkey

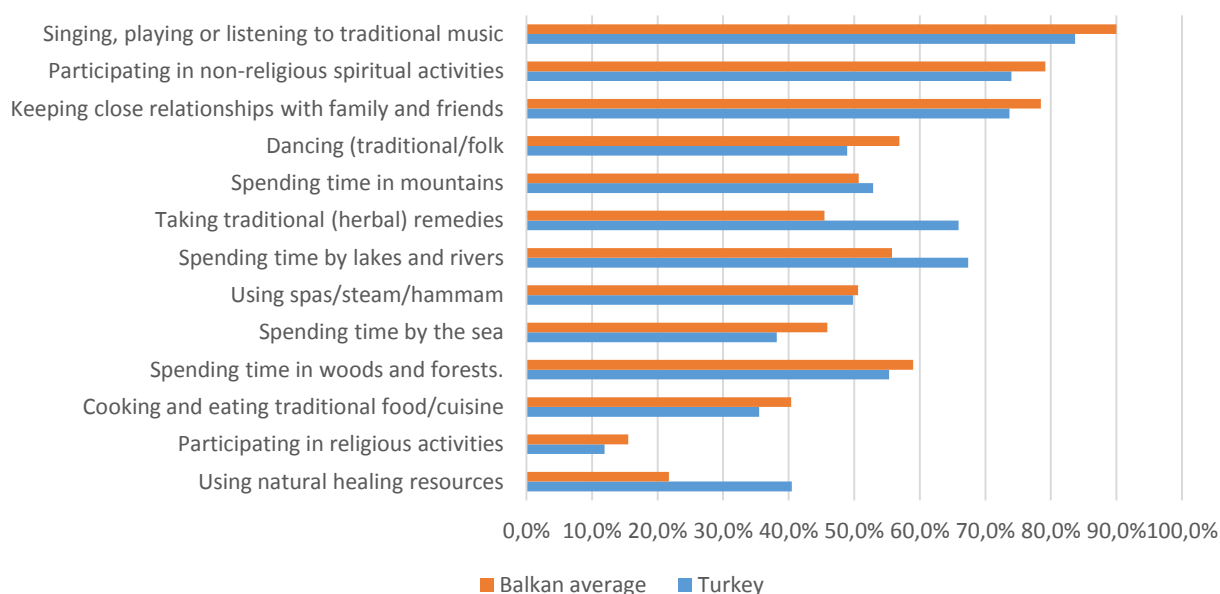
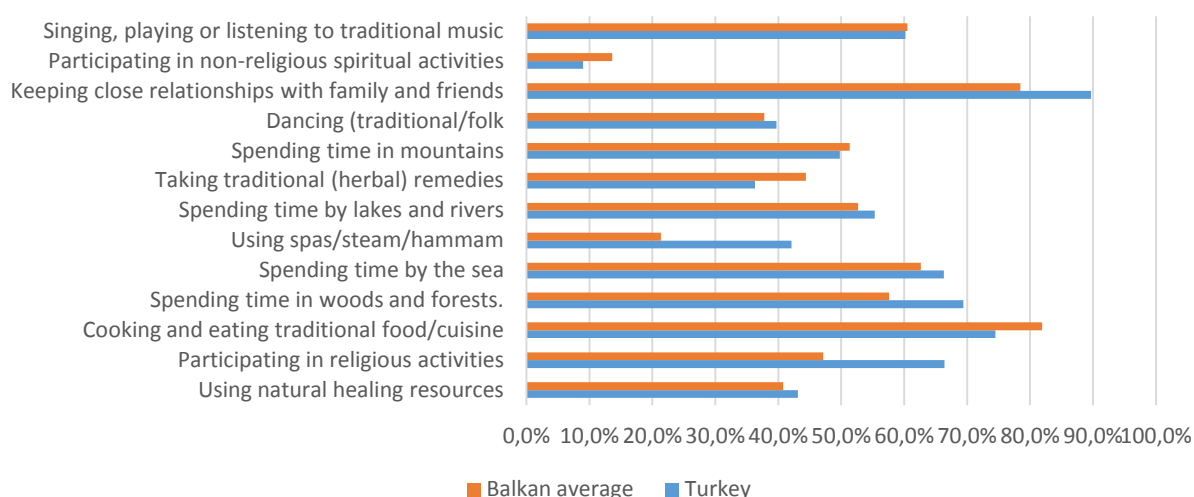


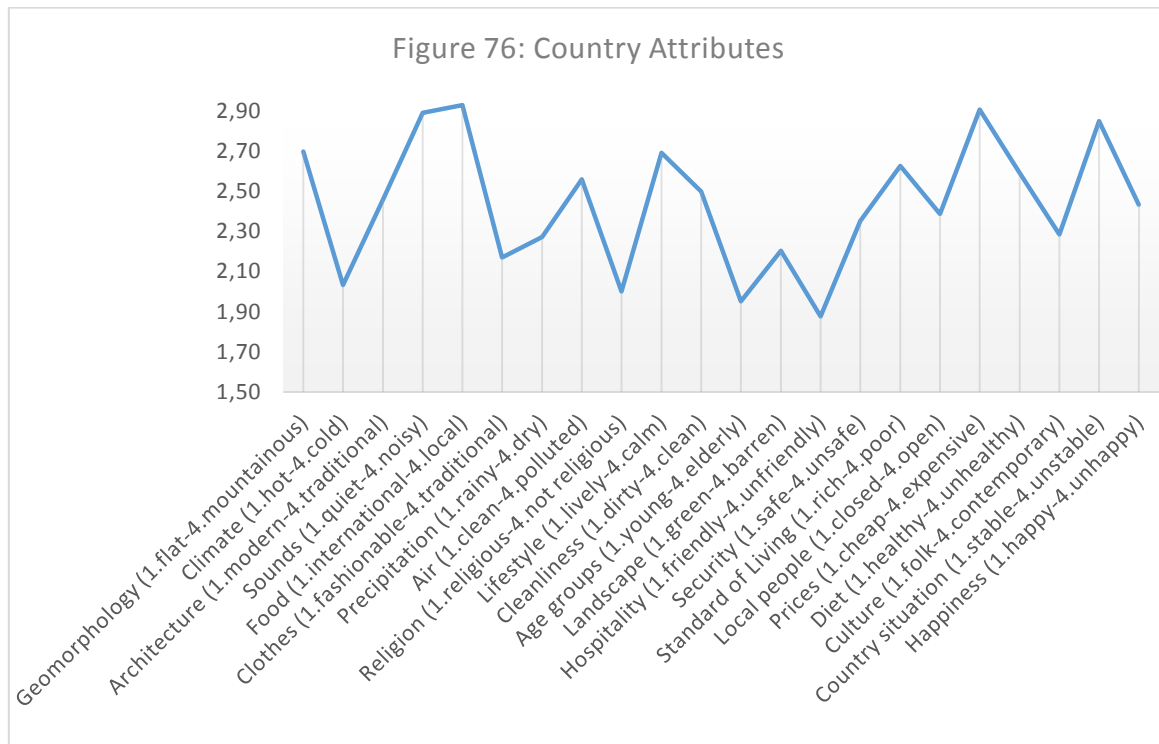
Figure 75: Practised Activities in Turkey



Like in other countries in the Balkans, keeping close relationships with family and friends is the most important activity. Although using spas, steam and hammams has declined slightly compared to what was learnt, it is still a far more important activity here than in other Balkan countries. Religion is also more important and has increased by around 55% whereas non-religious spirituality has declined significantly (as elsewhere) by 65%. Use of natural healing resources has increased slightly. Spending time in mountains and by lakes has decreased, but spending time in woods and forests has increased by around 14%. Spending time by the sea has increased by 28%. Using herbal remedies has declined slightly (although usage is still the highest among the Balkan countries), but cooking and eating traditional



food has increased significantly as elsewhere in the Balkans (here, by 43%). Dancing has increased slightly but singing has decreased by 20%. Keeping a close relationship with family and friends has increased by 16%.



The Turkish see their country as unstable, quite poor and expensive, but also calm, friendly and fairly open.

### A Brief Overview of Health Tourism

Under the Ministry of Health a Department of Health Tourism was established in 2011 and health tourism was one of the priority areas identified in the 2023 Draft Report of Tourism Strategy of Turkey. The Ministry of Health considers health tourism under three main titles (Barca, Akdeve and Gedik Balay, 2012):

- Medical (medicine) tourism
- Thermal tourism
- Elderly and disabled tourism

Turkey is one of the seven main countries in the world in terms of thermal source richness with almost 1300 thermal springs throughout Anatolia, however, only a small percentage of these are used (GoTurkeyTourism, 2015).

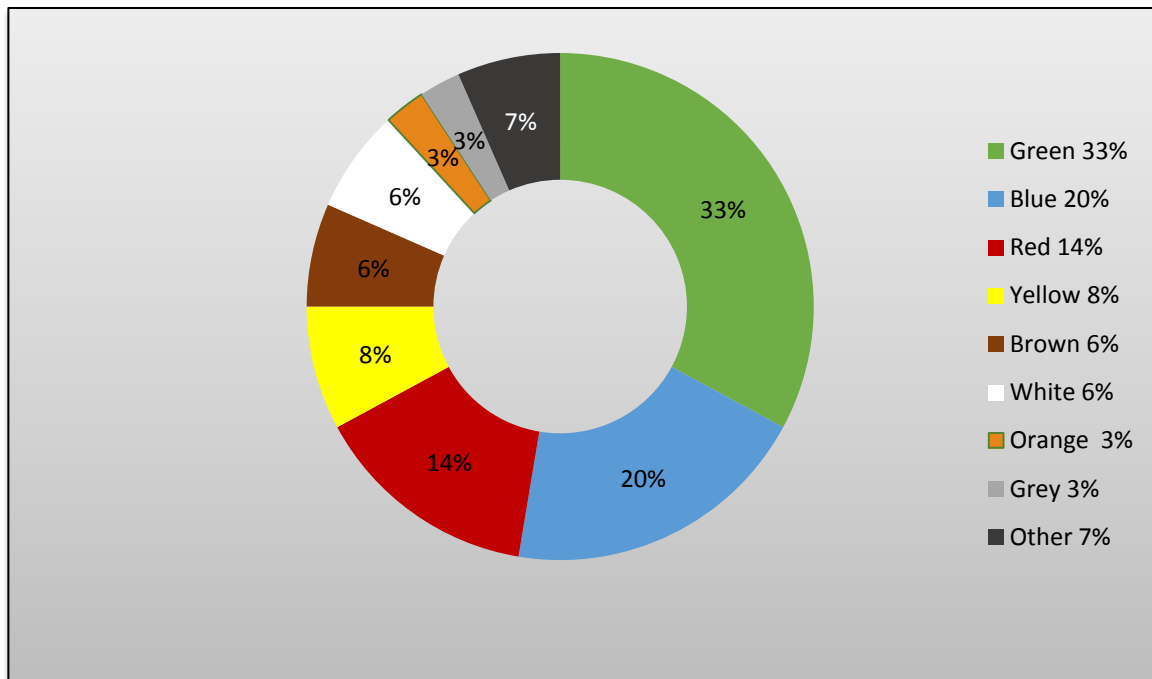
Turkey has a relatively strong reputation in the field of medical tourism including a large number of internationally accredited hospitals. It is supported by government and the Turkish Healthcare Council. According to Kormaz et al. (2014) IVF and ophthalmology are the

most popular areas of medical tourism. More than 100,000 international tourists use health care services yearly, stay for 4-5 days, and spend five times more than holiday tourists.

Euromonitor International (2014f) describe how in the previous two years the Turkish government introduced incentives to encourage growth in health and wellness tourism. These included issuing licences to a higher number of natural spas which attracted a high number of local and foreign tourists. The number of hotel/resort spa outlets increased by 17% to 106 in 2013.

## Delphi Study





In the second round, they were asked to select the three main colours that should be used. Green was the most popular colour which many associated with landscape, nature and olive trees. Blue was the second most popular, which tends to signify water (usually sea) and also blue skies. Red, the third most popular, was described as the colour of passion but can also indicate warmth (e.g. conflict but also hospitality).

Respondents were given a number of statements and asked whether they agree or disagree with them. These were based on some of the discussions that had taken place in preparatory workshops with several Balkan Wellbeing project members.

**Table 4: How far do you agree with the following statements about health tourism in the Balkans?**

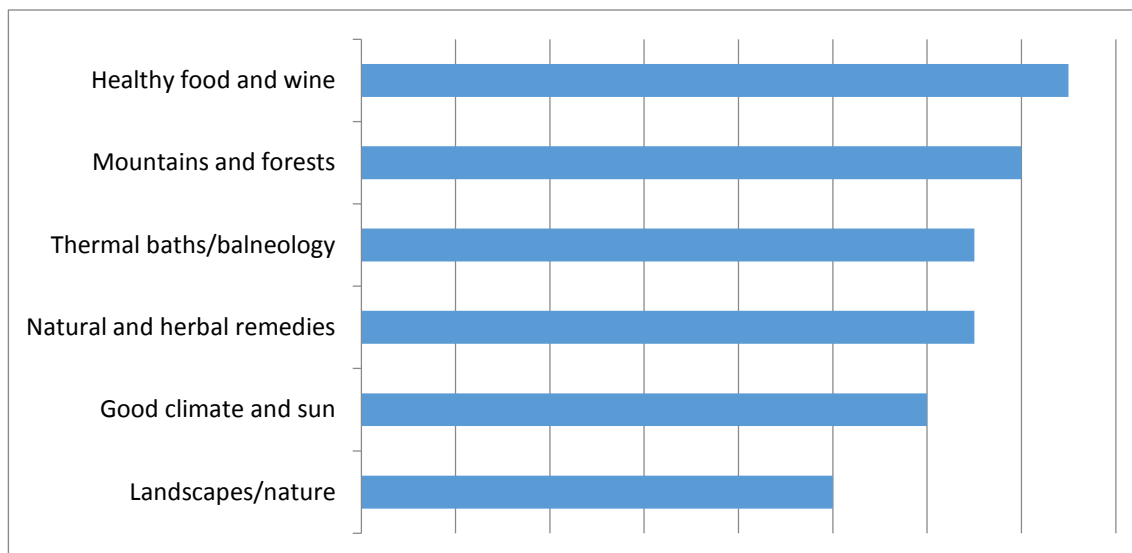
Statement	Agree	Disagree	Undecided
The Balkans provide mainly sun, sea and sand tourism. There is not much potential for health and wellbeing tourism development.	2	20	
The Balkans mainly offer good opportunities for spa and wellness tourism for leisure tourists.	15	2	3
The Balkans mainly specialise in thermal medical spas and rehabilitation for social tourists (e.g. government-funded).	12	4	5
The Balkans has good potential for health, wellness and spa tourism but the infrastructure and services need some development and improvements.	27		2

The majority of respondents thought that the potential for health and wellness tourism is quite considerable even if there has been a longer tradition of thermal medical and rehabilitation spas for domestic visitors. Some respondents thought that there were good opportunities for spa and wellness tourism in some countries but not in all. It was noted that if government funding ends, then it will be necessary to consider other options like wellness spas e.g. Slovenia already started this process of development (as discussed by Lebe, 2013). This is seen as a major challenge, as the region is still mainly known as being for medical or rehabilitation spas for local and domestic visitors rather than wellness spas for international tourists.

More detailed comments showed that sun-sea-sand tourism was not considered a strong enough unique selling proposition for the Balkan region as there is too much competition from the Mediterranean. The point was also made that not all countries have a seaside. Those without a seaside coast have perhaps even more incentive to develop health tourism. The potential for health tourism is seen as considerable but the product needs to be developed further. Respondents were in agreement that the region needs some improvements to infrastructure (especially accessibility and transport) as well as services. It was thought that service could be friendlier and of higher quality. It was suggested that a network of training centres for spa and wellness staff could help to improve this aspect. On the other hand, the medical staff are considered to be very well trained (it should be noted that the former socialist countries often followed the Soviet model of insisting on spa or thermal bath staff being medically trained). It was suggested that the development of public-private partnerships can be challenging in this region because private companies work faster and with more flexibility and innovation than governments. However, it is crucial for the two to work together.

In the first round of the Delphi respondents were asked to state what they thought were the unique selling propositions for the Balkan region, especially for wellbeing and health tourism. From a list of twelve main elements, the second round respondents were asked to identify their top six.

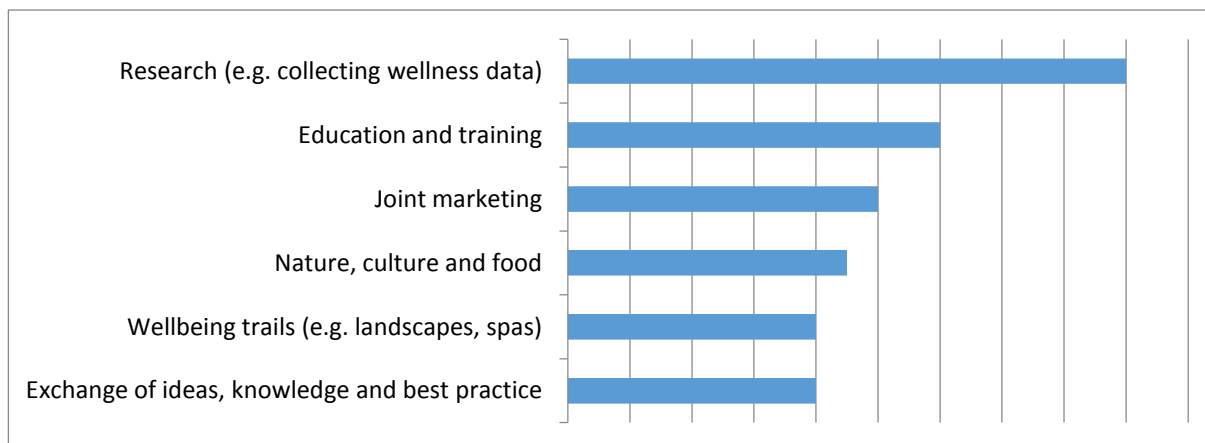
#### **Figure 79: Top Six identified Unique Selling Propositions**



It was something of a surprise that healthy food and wine were mentioned in first place by the respondents, but after the analysis of the questionnaire, it was obvious that cooking and eating traditional food have become one of the most popular activities for Balkan residents in recent years. It was the one area of leisure along with religion that has grown significantly compared to what was practised by parents and grandparents. Visits to forests also seem to have increased in recent years in some countries according to the questionnaire data and forest therapy is becoming a more popular activity especially in Serbia and Bulgaria. It is debatable as to whether balneology and thermal bath use is increasing or decreasing. The questionnaire data suggests that local and domestic spa visits are decreasing in all countries except Slovenia, but using natural healing resources is increasing. On the other hand, the brief analysis of health tourism in each short country case study suggests that most of the Balkan countries would like to renovate and promote their thermal baths and healing waters, especially to foreign tourists. At present, most of the use is by local residents, but this has declined since 1990 as state subsidies have decreased. The secondary literature shows that natural remedies and herbs are still used in a wide range of countries and some of the questionnaire data supported this, at least in Albania, Bulgaria and Slovenia where usage has increased.

Respondents were asked about future collaboration, especially as this has become more and more important in the area of health tourism (e.g. Locher, Voigt and Pforr 2014; Pforr, Pechlaner, Locher and Jochmann, 2014; Voigt and Laing, 2014). Pforr and Locher (2014: 266) state that "stronger local and regional collaboration amongst various health tourism providers will become a crucial prerequisite for the future development of health tourism destinations".

**Figure 80: Most interesting areas for future collaborations**



There is always a need for further research, especially on health tourism markets, but securing funding is challenging, especially in this region. Education and training in tourism may be needed for many thermal bath and spa managers and employees as they are more used to dealing with local and domestic guests than international tourists. Joint marketing can work well if there are high quality joint products or services, however, the countries are too diverse to consider marketing for the whole region. On the other hand, it is possible that the Balkan region could be branded as a region which is rich in thermal waters and natural landscapes which are good for health and healing. This is perhaps evident from the respondents' suggestion of working together to develop products and services based on nature, culture and food, as well as landscapes and spa trails. As for best practice, it is clear that some countries have gone further than others in developing health tourism products. For example, Slovenia is arguably the most advanced in having developed wellness spas which appeal to international tourists. Serbia is becoming strong in forest therapy, Bulgaria is promoting geomedical tourism, and Turkey has some competitive developments in medical tourism.

Delphi respondents were also asked to comment on some of the main problems and challenges of developing health tourism, some of which have already been discussed in the short country case studies.

**Figure 81: The Main Problems and Challenges of Developing Health Tourism in the Balkan Region**





More detailed comments were also given by respondents in the second round. They believe that the history of instability, conflict and mistrust in the Balkans hinders development in most countries in the region. Lack of funding is also a major issue, but is needed for renovations and upgradings as well as new developments. Respondents suggested that some education and training is needed to bring employees up to a similar standard across the whole region. Although the Balkan people are thought to be hospitable, they are not yet very service-orientated and can be resistant to change. The relatively low levels of wellbeing and health, including life expectancy, means that the region is not entirely conducive to developing health tourism. Even the persistence of unrestricted smoking in public places in some countries is perceived by a few respondents to be a problem. Salaries and disposable

income in the region are generally very low so although there is still domestic demand for government-funded health or rehabilitation spa tourism, most people would not be able to afford wellness and spa holidays.

Respondents suggested that more knowledge is needed about how to develop and manage tourism in a sustainable way to create maximum benefits for the Balkan countries and their economies. More research and data is needed on health and wellness tourism markets, as well as more up-to-date evidence-based research about the health benefits of thermal waters, for example (outside the region, the healing benefits of thermal waters are not always recognised or accepted). Wellness facilities and services were seen to be lacking in sophistication and infrastructure also needs considerable improvement. Lack of marketing was also seen to be a major problem, but the point was also made that it is hard to engage in effective marketing without a good quality, attractive product supported by a strong infrastructure and high level services.

The respondents were asked to make some suggestions for health tourism product development in the Balkan region. The following figure summarises their responses.

**Figure 82: Suggested Ideas for Health Tourism Development in the Balkans**

Spas	<ul style="list-style-type: none"> <li>• Medical</li> <li>• Rehabilitation</li> </ul>
Nature-based	<ul style="list-style-type: none"> <li>• Forest therapy / 'hammam'</li> <li>• Mountain resorts</li> <li>• Eco-villages</li> <li>• Outdoor recreation</li> </ul>
Spiritual	<ul style="list-style-type: none"> <li>• Mountain retreats</li> <li>• Monasteries</li> </ul>
Nutrition	<ul style="list-style-type: none"> <li>• Healthy food</li> <li>• Detox programmes</li> </ul>
Treatments	<ul style="list-style-type: none"> <li>• 4 Elements and 5 Senses</li> <li>• Medical mud</li> <li>• Local fruits</li> </ul>

The concept of eco-villages may not be widespread in tourism, but there is a Global Ecovillage Network which describes ecovillages as "an intentional or traditional community using local participatory processes to holistically integrate ecological, economic, social, and cultural dimensions of sustainability in order to regenerate social and natural environments". One of the main aims is to create areas where people can once more live in communities that are connected to the earth and live in a way that ensures the wellbeing for people and environment alike. There is also a Balkan branch of the network called the Balkan Ecovillage Network which lists ecovillages in Bulgaria, Croatia, Serbia and Slovenia. National Geographic (2015) also describes ecovillages in Montenegro and Bosnia and Hercegovina as part of so-called 'geotourism'.

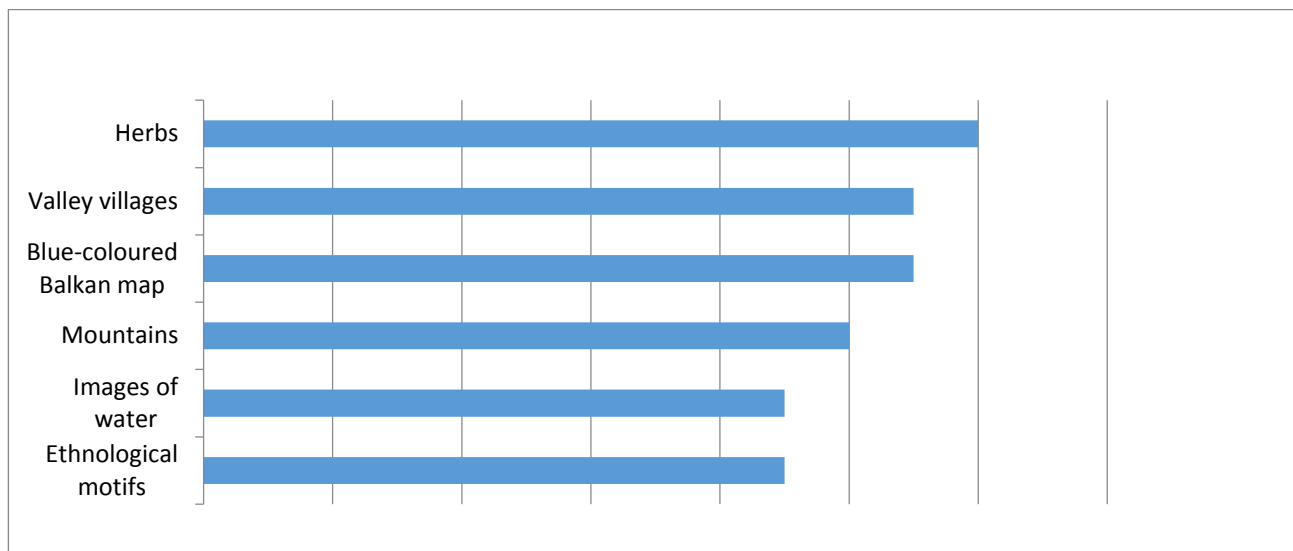
The outdoor recreation potential of the Balkans should clearly be developed further according to some respondents. It is certainly true that although the seaside areas have sometimes been over-developed, the inland and hinterland areas such as mountains and villages are relatively under-visited. One respondent stated "unfortunately the Balkans have limited themselves to this pattern of tourism, when the inland is actually the more authentic and real experience, with beautiful unspoiled nature and hospitable people". The emphasis on eco-villages by respondents shows the growing significance of environmentally and socially sustainable tourism development in this region. It is also important to note that forest therapy is of considerable interest to many health practitioners in this region, including Bulgarian and Serbian doctors who were respondents in the Delphi Study.

Some suggestions were made for marketing and promotion. Figure 85 shows the most frequently mentioned images that were thought to best represent the Balkans for marketing. These are largely consistent with the data presented earlier (i.e. a focus on herbs, villages, water and nature). As discussed earlier in the literature review, 30% of inhabitants in the Balkans are from ethnic minority groups (Carter and Turnock, 2000) which may explain the mention of ethnological motifs. There are also national symbols like the Serbian raspberry which is sometimes used in wellness tourism promotion.

**Figure 83: Serbian Raspberry Image**



**Figure 84: Selected images to represent the Balkans**



The respondents were finally asked to suggest some slogans for the promotion of health tourism and they suggested the following (in order of preference):

- The Balkans - the factory of body and soul delights
- Wellness in the Balkan cradle: warmth, care, inspiration
- The Nature of the Balkans: balance your inner self
- Feel well in the region of emotions
- Enjoy 5 senses in 11 countries
- Rough nature, soft wellness
- Come barefoot and feel the pulse of the Balkan land
- Where tradition has healed for thousands of years
- Become better in the Balkans
- Ancient source of life

Although the Delphi Study required respondents to comment on the Balkan region rather than individual countries, it is difficult to generalise as some countries are more advanced than others and they have developed in different directions depending on their resources (e.g. some for sun-sea-sand tourism like Greece and Croatia, others for balneology and medical thermal spa tourism like Bulgaria or Romania). Clearly, there are still many challenges to developing health tourism in the region, but there is considerable potential to

do so. Table 4 presents a SWOT analysis including the challenges and opportunities of developing health tourism in the Balkan region as discussed so far.

**Table 5: A SWOT Analysis of Health Tourism in the Balkans**

<p><b>Strengths</b></p> <p>Long history of health tourism in the form of balneology and rehabilitation spas          Strong traditions in herbal and plant medicine          Favourable climate          Beautiful and often pristine natural environment          Tasty and healthy gastronomy and wines          Accessible region from many countries          Competitive and sometimes cheap prices for international tourists</p>	<p><b>Weaknesses</b></p> <p>Relatively poor infrastructure          Lack of service quality          Low level of education, training and skills          Negative or unknown image          Mistrust and inability to work together</p>
<p><b>Opportunities</b></p> <p>Renovation of spas and balneological facilities          Promoting natural healing resources and landscape-based wellbeing          Including herbal and plant medicines and therapies in health and spa treatments          Developing health tourism clusters or collaborations</p>	<p><b>Threats</b></p> <p>Ongoing conflicts and instability          Outmigration of talented employees because of low salaries          Lack of government funding for domestic health tourism in the future          Political and other corruption</p>

One of the major challenges for health tourism development is the lack of a distinct image for many Balkan countries or even a negative one. The following section explores in more detail the issue of the Balkan image.

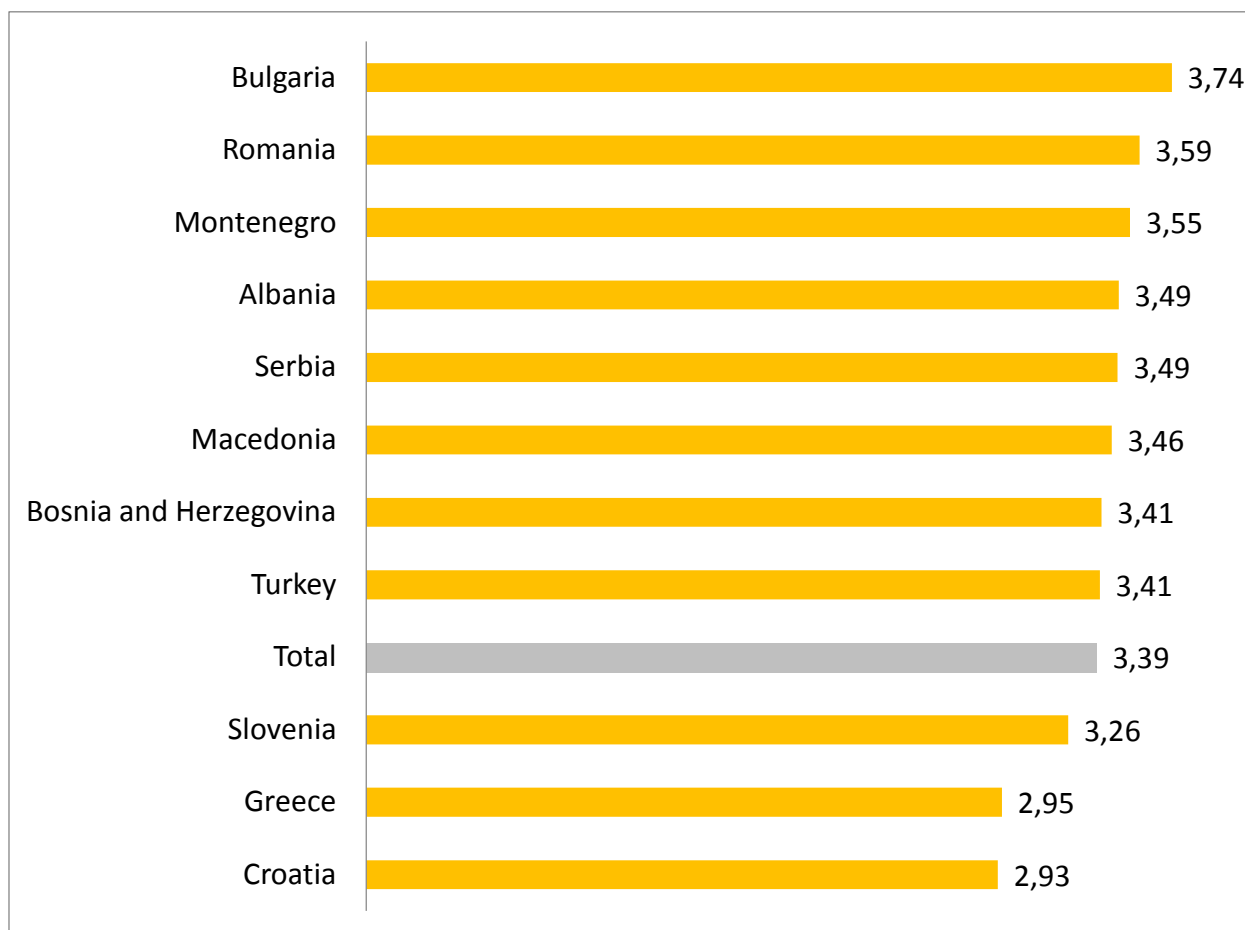
## Image of the Balkans and Marketing Opportunities

The Balkans as a region is often associated with negative connotations, especially those relating to hostilities, war and conflict. Pap (2010) suggests that the geography of the Balkans conjures up mental images of wild, pastoral, mountainous areas with an uncivilised religious diversity, a duality of poverty and opulence, and some violent conflicts. Some of these images go back to the 15th century when the Ottoman conquerors turned the region into a warzone. The Balkan history is defined by constant struggles for existence and territory which shaped the psychological state of the locals as well as outsiders' attitudes, contributing to maintaining poverty and under-development in the region (Mazower, 2004; Ábrahám, 2007). Hajdú (2007) describes how the pictures of the Balkans at the turn of the 19th/20th century often depicted the Balkans as 'the sick man of Europe' or 'a ticking time bomb'. The negative connotations of the Balkans are intensified by the term 'balkanization' which has become widespread in English and American social scientific literature, used to describe the fragmentation and dividedness of a community or a nation (Ellis and Wright, 1998).

It seems that the pejorative associations of the Balkans in public mentality are cultural rather than geographic (Redepenning, 2002; Garde, 2007). Changing the associations of such concepts poses quite a challenge (Csepeli, 2003). Seben (2007) pointed out that the central core of the cognitive content of social representation regarding the Balkans is full of negative connotations in spite of the fact that associations (mountains, seaside, holidays, cultural diversity) include several positive elements which can be leveraged in tourism. However, Vitic and Ringer (2008:128) suggest that negative perceptions of the Balkans may be somewhat unfounded "perhaps the most pervasive—and disruptive to tourism's revival in the Balkan states—are the dated, and often inaccurate, misperceptions and images of the civil wars and ethnic barriers that prevailed throughout the 1980s and early 1990s, yet still define the region for many international visitors and tour operators". Tomka (2014) even goes so far as to suggest that the power of attraction of the Balkans for tourists is connected to its diversity and unpredictability. For the modern tourist who is on a quest for new experiences and undiscovered places, the Balkans can offer something exciting and exotic.

Respondents in the questionnaire undertaken for this study were asked how far they associated their country with the term 'Balkans' (a scale of 1-5 was used where 5 represents the strongest association).

**Figure 85: Association with the Terms 'Balkans'**



It is interesting to note that those countries that tend to be more economically developed, at least in terms of the Human Development Index (HDI, 2014) seem less keen to associate themselves with the Balkans as a region. These are also the countries which tend to attract the highest number of international tourists.

The respondents in the questionnaire were also asked to rate a number of attributes in the context of their own country. The individual country attributes were already presented in the short country case studies. Figure 87 shows the overall results for the Balkan region. As a summary, it seems that the majority of respondents see their countries as poor, expensive, noisy, polluted, relatively unstable and not especially happy, but also friendly, open, green and quite calm.

**Figure 86: Balkan Country Attributes**





The image study based on the National Tourism Board websites of the Balkan countries showed that very few countries use their health tourism resources in their promotion. Although there are some lists of health tourism attractions and facilities in Slovenia, Serbia, Montenegro and Greece, only Greece actually promotes specialised offers for health and wellness. Other countries promote only a general image about health tourism rather than specific content, messages or packages.

The TripAdvisor research generated a number of comments which are summarised in Table 6.

**Table 6: Summary of the TripAdvisor Comments Relating to the Balkans**

Country	Number of comments	Type of service commented on	Specific places mentioned	Reference to the word Balkan
Denmark	4	restaurant	Hercegovina Ankara	Balkan atmosphere Balkan food
South Korea	1	restaurant	Zelen	Balkan food
Israel	4	restaurant	Montenegro Nanuchka Arnold	Balkan-Mediterranean near Balkan food Balkan touch
Columbia	1	restaurant	Bukara	Balkan cuisine
Hungary	2	restaurant	Montenegro	Balkan food Taste of the Balkans
Malta	1	restaurant	Transylvania	Balkan style
Poland	11	restaurant	Paros Banja Luka Maly Belgrad Bulgaria Magica Balbinka	Balkan night Balkan cuisine Balkan food Balkan and Turkish cuisine
<b>Examples of Comments</b>	<ul style="list-style-type: none"> <li>• <i>This is a <u>Balkan country</u> and if you don't know what this means from a cultural point of view you are missing the charm of visiting foreign places.</i></li> <li>• <i>Montenegro is a new country, following the hostilities in the <u>Balkan region</u> in the 1990s.</i></li> <li>• <i>We felt making the effort to visit Mostar was well worth it, after watching its demise in the <u>Balkan War</u>.</i></li> <li>• <i>After a whole day of visiting Belgrade, it is a perfect place to enjoy delicious <u>Balkan cuisine</u>.</i></li> <li>• <i>The only let down for me has been the coffee, which on at least 2 occasions is not up to <u>Balkan standard</u>.</i></li> <li>• <i>The evening started with international music with a Spanish theme and ended with <u>Balkan turbo-folk</u>.</i></li> <li>• <i>Middle-class hotel with <u>Balkan mentality</u>, at Monaco prices. No real service.</i></li> <li>• <i>Budva is definitely nice party city, <u>Balkan feeling</u> is in the air.</i></li> </ul>			

Many tourists commented on Balkan cuisine. Catering experiences were often described as being typically Balkan, but many comments were positive with the exception of one or two who criticised the coffee. Among the dishes mentioned most frequently were grilled meats (barbecue), fresh vegetables, enticing sweets, good wines and home-made liqueurs. The offers named specifically included čevapčići, rakia and šopska salad. Service to tourists, attitude towards customers and the price/value ratio of services used were dominant in the comments of tourists who visited the Balkans. Restaurant or hotel staff were described as typically Balkan based on friendliness and helpfulness on the one hand, but also as pushy and rude on the other. A similar dividedness characterizes the comments on the price/value ratio of services. In this case, tourists tended to describe their more negative experiences as being Balkan, including being tricked or cheated. People seem reluctant to pay Western prices for a 'Balkan experience' or 'Balkan mentality'. Chaotic experiences (e.g. disorganization or lack of proper queueing) were described as being typically Balkan too. Numerous reports emphasize the loud and unbearable music (especially techno-pop or turbo-folk) blaring out in many places, the lack of comfortable and modern facilities due to obsolete infrastructure, the lack of cleanliness and the garbage-ridden environment. Many hotels were also perceived as being in need of renovation with 'Balkan style' furniture. On the other hand, those tourists who mention the 'Balkan atmosphere' often do so with positive connotations.

## Conclusions and Recommendations

This research has demonstrated that although there are a number of significant challenges to developing health tourism in the Balkan region, there is considerable potential to do so. The area is rich in natural resources such as thermal waters, sea coasts, mountains, forests and an abundance of herbs and plants which can be used for both cuisine and healing. However, so far the development of health tourism, like in many countries in Central and Eastern Europe, has mainly been based on government-supported domestic rehabilitation spa and balneology-based tourism. Given the lack of funding for many development activities in the region, especially for non-EU countries, it is debatable how long the Balkan countries can continue to rely on government funding for health tourism. Because of the high levels of poverty and low salaries in many countries in this region, it is unlikely that the existing domestic tourists would be able to afford alternative forms of health tourism such as wellness hotels or leisure spas. New developments of this kind therefore depend on the interest that can be generated among international foreign visitors for whom the region is still relatively cheap and somehow 'exotic'. On the other hand, the continued presence of political, religious and economic instability and conflict in the region can affect adversely the region's image as a tourism destination. Moreover, images of conflict, crisis, poverty and seemingly unhealthy living are not very conducive to the attraction of (especially Western) health tourists, especially those seeking wellness facilities (i.e. they are not in need of rehabilitation or medical treatments). It may be possible to attract those visitors who are already familiar with the existing traditions of rehabilitation spas and balneology, such as Russian-speaking tourists. Indeed, many destinations in the region already accommodate large numbers of Russian or Russian-speaking visitors. In order to attract those tourists for

whom the region is unknown or has a negative image might be more challenging. However, countries like Slovenia and Croatia have already proved that it is possible to become highly successful tourism destinations, even for health tourism. It may therefore only be a matter of time before the other countries of the Balkan region manage to improve their offer, promote new products, and place themselves firmly on the map of European or even global health tourism.

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## Appendix One

### Questionnaire

(minus demographic questions about age, gender, place of residence, education level)

NR	QUESTION						OUT/ END
A01	<b>EVERYBODY</b>						
	To feel happy in your life how important do you think the following items are?						
		<b>Level of importance</b> Not important at all      <----->      Very important					DK/NA
_1	having a job	1	2	3	4	5	99
_2	family	1	2	3	4	5	99
_3	friends and social connections	1	2	3	4	5	99
_4	income status	1	2	3	4	5	99
_5	love/being loved	1	2	3	4	5	99
_6	success	1	2	3	4	5	99
_7	health status/conditions	1	2	3	4	5	99
_8	a clean, green environment	1	2	3	4	5	99
_9	safety and security	1	2	3	4	5	99
_10	using free time without any constraint	1	2	3	4	5	99
_11	fulfilling travel desires	1	2	3	4	5	99
_12	physical exercise/sport/gym	1	2	3	4	5	99
_13	healthy food	1	2	3	4	5	99
_14	good quality night-time sleep	1	2	3	4	5	99
_15	day-time rest or siesta	1	2	3	4	5	99
_16	positive thinking	1	2	3	4	5	99
_17	interesting job	1	2	3	4	5	99
_18	pets	1	2	3	4	5	99

NR	QUESTION										OUT/ END
A02	EVERYBODY										
	How far do you agree with the following statements?										
					Level of agreement					DK/NA	
			Not agree at all		←-----→			Completely agree			
	_1	I am completely healthy		1	2	3	4	5	99		
	_2	I have some condition(s) that need constant attention/treatment		1	2	3	4	5	99		
	_3	Sometimes I have to travel to take some medical treatments someplace else		1	2	3	4	5	99		
	_4	Healthy living/lifestyle is important to me		1	2	3	4	5	99		
	_5	I am making efforts of keeping myself healthy		1	2	3	4	5	99		
A03	EVERYBODY										
	How far do you agree with the following statements?										
					Level of agreement					DK/NA	
			Not agree at all		←-----→			Completely agree			
	_1	I am completely happy		1	2	3	4	5	99		
	_2	I have permanently some situation(s)/condition(s) that make me unhappy		1	2	3	4	5	99		
	_3	Sometimes I have to travel to someplace else to regain happiness		1	2	3	4	5	99		
	_4	Happy living/lifestyle is important to me		1	2	3	4	5	99		
	_5	I am making efforts of keeping myself happiness		1	2	3	4	5	99		

NR	QUESTION	OUT/END
A04	<b>EVERYBODY</b>	
EXCL.	<p>What kind of practices, traditions or activities did you learn from your grandparents, parents or other groups with which you can improve your happiness/wellbeing?</p> <p>I haven't learnt anything from my grandparents, parents or other group with which I can improve my happiness/wellbeing.</p> <p>using natural healing resources (e.g. water, climate, cave)</p> <p>using spas/steam/hammam</p> <p>spending time in mountains</p> <p>spending time by lakes and rivers</p> <p>spending time in woods and forests</p> <p>spending time by the sea</p> <p>following/taking traditional (herbal) remedies/Therapies (e.g. taking natural supplements, inhaling)</p> <p>Participating in religious activities</p> <p>participating in non-religious spiritual activities</p> <p>Cooking and eating traditional food/cuisine</p> <p>Dancing (traditional/folk)</p> <p>Singing, playing or listening to traditional music</p> <p>keeping close relationship with family and friends</p> <p>positive thinking</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p>
EXCL.	Nothing can improve my happiness.	96
A05	<b>EVERYBODY</b>	
	<p>Which of the following activities do you practice at least once a year?</p> <p>using natural healing resources (e.g. water, climate, cave)</p> <p>using spas/steam/hammam</p> <p>spending time in mountains</p> <p>spending time by lakes and rivers</p> <p>spending time in woods and forests</p> <p>spending time by the sea</p> <p>following/taking traditional (herbal) remedies/Therapies (e.g. taking natural supplements, inhaling)</p> <p>Participating in religious activities</p> <p>participating in non-religious spiritual activities</p> <p>Cooking and eating traditional food/cuisine</p> <p>Dancing (traditional/folk)</p> <p>Singing, playing or listening to traditional music</p>	<p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p>

EXCL.	keeping close relationship with family and friends	14
	positive thinking	15
	None of them	96

NR	QUESTION						OUT/ END
A06							
	What is the main reason(s) to take part of these activities/practices?						
		relaxation	health	social interaction	exercise	happiness/wellbeing	DK/NA
_2	using natural healing resources (e.g. water, climate, cave)	1	2	3	4	5	99
_3	using spas/steam/hammam	1	2	3	4	5	99
_4	spending time in mountains	1	2	3	4	5	99
_5	spending time by lakes and rivers	1	2	3	4	5	99
_6	spending time in woods and forests	1	2	3	4	5	99
_7	spending time by the sea	1	2	3	4	5	99
_8	following/taking traditional (herbal) remedies/Therapies (e.g. taking natural supplements, inhaling)	1	2	3	4	5	99
_9	Participating in religious activities	1	2	3	4	5	99
_10	participating in non-religious spiritual activities	1	2	3	4	5	99
_11	Cooking and eating traditional food/cuisine	1	2	3	4	5	99
_12	Dancing (traditional/folk)	1	2	3	4	5	99
_13	Singing, playing or listening to traditional music	1	2	3	4	5	99
_14	keeping close relationship with family and friends	1	2	3	4	5	99
_15	positive thinking	1	2	3	4	5	99



NR	QUESTION						OUT/ END
A07	<b>EVERYBODY</b>						
	I will now read out some pairs of attributes that can be combined with your own country. Please respond on a scale from 1 to 4 to what extent your country applies to one of these attributes?						
			<b>Attributes A</b>	<b>Attributes A</b>	<b>Attributes B</b>	<b>Attributes B</b>	
			<b>A</b>	<b>applies</b>	<b>applies</b>	<b>B</b>	
				<b>definitely</b>	<b>rather</b>	<b>applies</b>	
						<b>definitely</b>	
_1	Geomorphology	Flat/plain	1	2	3	4	Mountain
_2	Climate	Hot	1	2	3	4	Cold
_3	Architecture	Modern	1	2	3	4	Traditional
_4	Sounds	Silence	1	2	3	4	Noise
_5	Foods	International	1	2	3	4	Traditional/local
_6	Cloths	Fashionable	1	2	3	4	Traditional
_7	Precipitation	Rainy	1	2	3	4	Dry
_8	Air	Clean	1	2	3	4	Polluted
_9	Religion	Religious	1	2	3	4	Not religious
_10	Lifestyle	Lively	1	2	3	4	Calm
_11	Cleanliness	Dirty	1	2	3	4	Clean
_12	Age groups	Youth	1	2	3	4	Elderly
_13	Landscape	Green/lush	1	2	3	4	Barren
_14	Hospitality	Friendly	1	2	3	4	Unfriendly
_15	Security/safety	Safe	1	2	3	4	Unsafe
_16	Standard of Living	Rich/affluent	1	2	3	4	Poor
_17	Locals	Closed	1	2	3	4	Open
_18	Prices	Cheap	1	2	3	4	Expensive
_19	Diet	Healthy	1	2	3	4	Unhealthy
_20	Culture	Folk	1	2	3	4	Contemporary
_21	Country situation	Stable	1	2	3	4	Unstable
_22	Happiness	Happy	1	2	3	4	Unhappy



NR	QUESTION	OUT/ END														
A08	EVERYBODY															
	<div>What are your associations in related the term/brand "Balkans"?</div> <table><tr><td></td><td></td><td>Very negative</td><td>←-----→</td><td>Very positive</td><td>DK/NA</td></tr><tr><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>99</td></tr></table>			Very negative	←-----→	Very positive	DK/NA			1	2	3	4	5	99	
		Very negative	←-----→	Very positive	DK/NA											
		1	2	3	4	5	99									

## Appendix Two

### Delphi Questions (Round One)

1. How are wellbeing and wellness defined in your own country and language?
2. When you think of the Balkan region and countries, which words or images come to mind? (Please give at least 5 examples)
3. What colour(s) do you think of when you consider the Balkan countries? (Maximum 3)
4. What do you think are the MAIN Unique Selling Propositions of the Balkan countries in wellbeing and wellness? (Please give at least 5).
5. Do you know of any existing collaborations between two or more of the Balkan countries in the field of health and wellness/wellbeing? Please describe them if so.
6. Can you see any (more) potential for collaboration between two or more of the Balkan countries in the field of health and wellness/wellbeing?
7. What do you think are the main challenges to developing wellbeing and wellness activities in the Balkan countries?
8. If you had to develop some new Balkan health, wellbeing and wellness destinations and products, what would you suggest?
9. If you had to suggest a new slogan, image or logo for Balkan wellbeing and wellness, what would you suggest?
10. Which of the following statements do you agree or disagree with? Please explain your answer(s):
  - a. The Balkans provide mainly sun, sea and sand tourism. There is not much potential for health and wellness/wellbeing tourism development.
  - b. The Balkans mainly offer good opportunities for spa and wellness tourism for leisure tourists.
  - c. The Balkans mainly specialise in thermal medical spas and rehabilitation for social tourists (e.g. government-funded).
  - d. The Balkans has good potential for health, wellness and spa tourism but the infrastructure and services need some development and improvements.
  - e) Other ideas? Please specify