

WellSpaV4 Project Report

Opportunities and Challenges for V4 Spas: Slovakia



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1. Table of Contents

2. Executive Summary	p.3
3. Overview of Spa Development in Slovakia	p.4-7
4. Literature review	p.7-8
5. Research Methods and Data Collection	p.8
6. Analysis of Findings	p.8-11
7. Summary of main challenges and opportunities	p.11-12
8. Recommendations	p.12
9. References	p.13-14
10. Appendices	p.15-18

2. Executive Summary

Within the WellSpaV4 project, the Delphi Study method was used. On behalf of the Slovak Republic, groups of experts from the academic and commercial spheres took part in it, who performed evaluations independently of each other. A standardised questionnaire sent by e-mail was used. The procedure was then repeated once until there was an approximate agreement. The results point out the main challenges of natural medical spas since 1990, changes in demand over the last 5 years and the impact of international tourism. They emphasise the financing of spa treatment from public health insurance (in the historical context since 1993), but also an increase in the number of self-payers. The connection of natural healing resources with high-quality medical facilities and provided medical care is also reflected in the definition of wellness in Slovakia. In natural medical spas, medical wellness is important as a result of the promotion of a healthy lifestyle and increased health care. Besides, it also presents the most suitable tools for measuring the satisfaction of clients of spa companies, the forms of cooperation and networking (e.g. the Slovak Spa Association, public-private partnerships in the existing destination management organisations) and the assessment of priorities in the next five years.

3. Overview of spa development in Slovakia

a. History

The history of the Slovak spa industry is mainly dealt with in works by authors like Mulík (1981), Eliašová (2009), Potočná & Cmorej (2012). The publishing activities of the Balneological Museum in Piešťany are significant. Wernher (1980) is the first Slovak translation of a work by a humanist scholar and physician from the first half of the 16th century, dedicated to both known and less known mineral and thermal springs in the region of Spiš and its surroundings. The book - On the Admirable Forces and Properties of Waters, written by Szentiváni (1981), is a translation of the Latin original *De admirandis virtutibus et proprietatibus lacuum* dated 1689. Scherer (2000) gives a picture of the Piešťany spa and spa buildings and provides a lot of interesting information about its thermal water and mud, as well as methods of treatment in Piešťany in the first third of the 19th century. The book by famous doctor F.E. Scherer, coming from Piešťany, first came out in German in 1837. Duka – Zolyómi (1980) contains a bibliography of articles, works, books, copies, brochures and various printed materials dated between 1850 and 1920, dealing with balneology in Slovakia. Rebro (1971, 1996, 2002, 2016) presents an important work mapping the spa history. As for the publishing activities of the Balneological Museum in Piešťany, it is necessary to mention the publication of the Balneological Bulletin.

b. Geography / location of main spas

Spa locations (Figure 1) are (under Section 2, Subsection 9 of Act No. 538/2005 on natural healing waters, natural medical spas, spa locations and natural mineral waters) “the areas of municipalities or parts thereof in which natural healing resources, natural medical spas, spa treatment facilities and other facilities necessary for the provision of spa care are located and which are recognised under the cited Act”. Section 35 of the said Act sets forth the requirements for a spa location and a spa area. In addition, the legislation stipulates requirements for the recognition of natural healing waters, natural mineral waters, and the recognition of climatic conditions suitable for treatment and their protection.

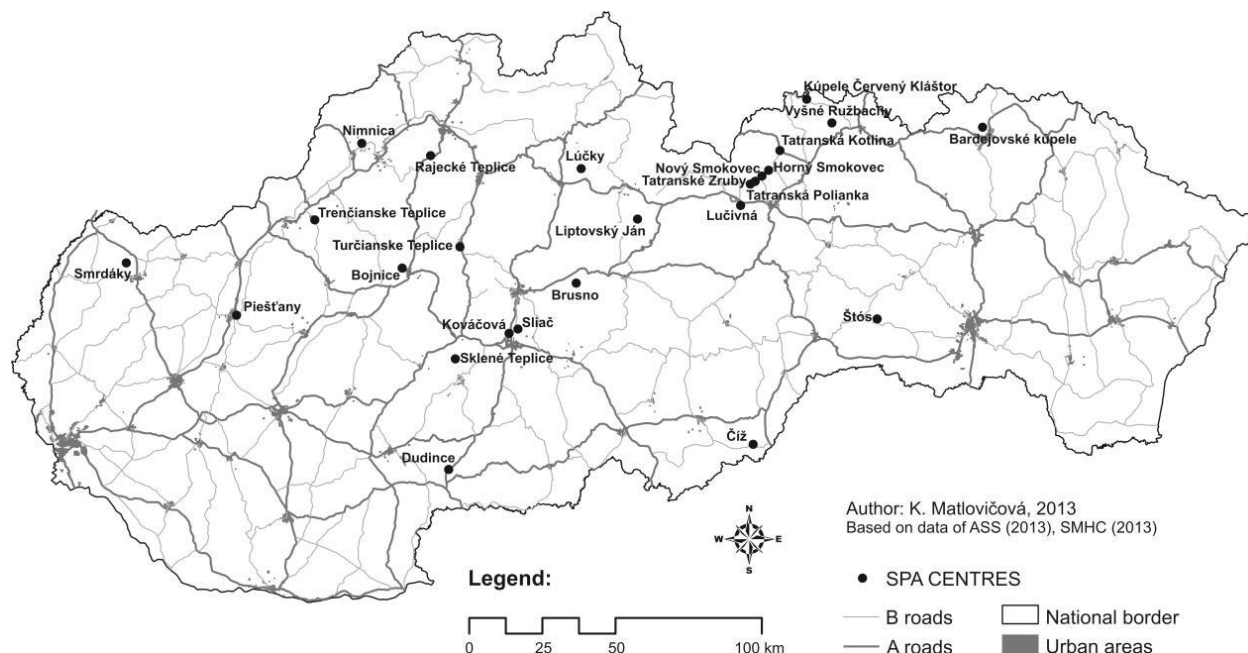


Figure 1: Spa locations in Slovakia

Source: Matlovičová K., Kolesarová J., Židová A. (2013): Slovak spas in the context of change –current conditions, issues and challenges, In Dej M., Huculak M., Jarczewski W. (Eds) (2013): Recreational use of geothermal water in Visegrad Group countries, © Copyright by Institute of Urban Development, Kraków 2013, ISBN 978-83-89440-67-9, pp. 161 –173

c. Political support and funding

For the purposes of this project, Derco (2020) mapped the development of a system for the financing of spa care and targeted support for spa tourism.

On the date of the coming into existence of the Slovak Republic, i.e. on 1 January 1993, Act No. 7/1993 on the establishment of the National Insurance Company and on the financing of health insurance, sickness insurance and pension insurance entered into force. The National Insurance Company established a special account for spa allowance payments. Such payments were transferred by the Ministry of Finance of the Slovak Republic from the state budget. From 1 January 1995, the financing of (1) sickness insurance, pension insurance and (2) health insurance were separated. The Social Insurance Agency (responsible for sickness insurance and pension insurance) and the General Health Insurance Company (responsible for health insurance) were established as separate entities. In addition, Act No. 273/1994 on health insurance, the financing of health insurance, on the establishment of the General Health Insurance Company and on the establishment of departmental, sectoral, corporate and civil health insurance companies allowed the establishment of private health insurance companies. The health insurance market has become stabilised gradually, and there are currently only one state-owned health insurance company (General Health Insurance Company) and two private

health insurance companies (Dôvera and Union) in Slovakia. Pursuant to Section 49 of Act No. 274/1994 on the Social Insurance Agency, the state transferred funds to a special account of the Social Insurance Agency to cover spa care costs.

Before 2004, according to Act No. 98/1995 Coll. on treatment regulations, spa treatment was financed from two sources (health insurance companies and the Social Insurance Agency). Health insurance companies paid for those patients who underwent spa treatment immediately after hospital treatment, after an injury or serious disease. The scope of responsibility of the Social Insurance Agency included all other indications for chronically ill patients, long-term consequences after injuries and operations. These indications were financed from the state budget. A significant change was the adoption of Act No. 579/2003, according to which, since January 2004, spa care has been reimbursed by the General Health Insurance Company and private health insurance companies from compulsory health insurance funds and from special-purpose state funds. The indications for which policyholders are provided with spa care, the natural medical spas providing such spa care and the length of a medical stay are set forth in the Spa Care Indication List (Annex 4 to Act No. 98/1995 Coll. on treatment regulations).

The currently valid Act No. 577/2004 on the scope of health care reimbursed based on public health insurance and on reimbursements for services related to the provision of health care was part of a comprehensive health care reform and entered into force on 1 January 2005. Based on public health insurance, spa care is currently fully or partially reimbursed, provided that it is a follow-up to previous outpatient or inpatient health care. Diseases for which spa care is fully or partially reimbursed based on public health insurance, the indication conditions and the length of a medical stay are listed in the Indication List, which forms Annex 6 to the said Act. The provision of spa care is subject to approval by the respective health insurance company upon a proposal from doctors named for the individual indications on the list. Spa care is still considered to be health care provided in natural medical spas and spa treatment facilities. "In the case of medical spa stays under Category A, the insurance companies reimburse the costs of accommodation, catering services and spa care. However, clients have the option to pay for a higher standard of these services. The clients only pay a statutorily prescribed charge (€1.70 per night) and a local accommodation tax. In the case of indications of Category B, the insurance companies only reimburse the costs of health care (medical examination including diagnostic services, three treatment procedures per day on average and the administration of medicines in the case of acute diseases or deterioration of the state of health). Accommodation and catering services are chosen and paid by the clients themselves" (Derco, Romaniuk & Cehlár, 2020).

To foster the development of Slovak tourism, since 1 January 2019, (1) the VAT rate on accommodation services has been reduced from the original 20% to 10% and (2) a system has been introduced to support domestic tourism through recreational vouchers. An

employer that employs more than 49 employees is obliged to provide a recreation allowance or recreation vouchers to its employees. An employee recreation allowance may be included by the employer in tax deductible expenses and this allowance is exempt from tax and (health and social insurance) contributions both for the employer and the employee. The recreation allowance payable by the employer amounts to 55% of the amount of eligible recreational expenses, but shall not exceed €275 per calendar year. (3) For spa buildings, since 1 January 2018, it is possible to choose a depreciation period ranging from 20 to 40 years (in order to increase investments in these buildings). (4) Since 1 January 2018, the non-taxable part of the tax base of a natural person (plus spouse and children) has also entailed payments demonstrably made in connection with spa care and related services, expended in the relevant taxation period in natural medical spas and spa treatment facilities. However, they may not exceed EUR 50 per year for each person. (5) Employers that had to close their establishments based on the decision of the Public Health Authority due to COVID-19 could apply for a contribution to compensate for an employee's wage for the amount of 100% of his/her labour costs, up to a maximum of EUR 1,100 (as of March 2021).

4. Literature review

Derco (2014), Derco, Romaniuk & Cehlár (2020), Derco (2020), Kasagranda & Gurňák (2017), Kotikova & Schwartzhoffova (2013), Marčeková, Pompurová & Gúčík (2015), Matlovičová, Kolesarová & Židová (2013), Mitříková et al. (2017), Šenková & Mitříková (2020) present the historical context of the development of spa tourism, the process of transformation of spa care, its legislative framework, and the system of financing from public health insurance in the Slovak Republic. They also mention other changes that had an impact on the management of spa companies at the time of publishing or preparing the given works.

After the entry into force of Act No. 91/2010 Coll. on the promotion of tourism, then came the establishment of Regional Tourism Organisations (DMOs) in spa locations (Derco, 2014). Other challenges included the economic crisis in 2008 and the adoption of the euro in the Slovak Republic in 2009, which resulted in a decline in the number of foreign visitors to Slovak natural medical spas (Derco & Pavlisinova, 2017). Changes in spa care adopted in the Czech Republic (Spa Treatment Indication List, COVID-spa program) and Germany also had an impact on the number of foreign visitors to Slovak spas (Derco, 2014; Derco & Pavlisinova, 2017; Derco, 2020). If we do not take into account measures aimed at compensating for the loss of income during the COVID-19 pandemic, targeted tools to support domestic tourism include a system of recreational vouchers and tax measures aimed at supporting natural medical spas (Derco, Romaniuk & Cehlár 2020; Derco, 2020).

The above-mentioned works mapping the state of spa tourism in Slovakia are based on secondary data. The analysis itself is based on data from the National Health Information Centre (data on completed spa treatment in the Slovak Republic), the Health Care Surveillance Authority (spa treatment expenditures of the health insurance companies), the Statistical Office of the Slovak

Republic (accommodation statistics), the Register of Financial Statements (or selected economic indicators on the portal www.zisk.sk), and contracts between the health insurance companies and health care providers. Derco, Romaniuk & Cehlár (2020) use Spearman's correlation test and Kendall's tau test to point out the relationship between sales, after-tax profit of natural medical spas, and selected factors that influence these indicators. Derco & Pavlisinova (2017) present the medians of selected financial indicators of spa companies for 2012-2014. The subsequent inter-company comparison of individual spa companies in 2015 was based on a multi-criteria assessment using the standardized variable method (Derco, 2017). Derco, Romaniuk & Cehlar (2020) dealt with the currently set amount of reimbursements from the health insurance companies to natural medical spas and the financial situation (Čabinová & Onuferová, 2019; Litavcová et al., 2018; Štefko, Jenčová & Vašaničová, 2020). It should be noted that in Slovakia, employee wage costs have grown recently (increase in the minimum wage, extra pay for work during weekends, at night and on holidays).

5. Research Methods and Data Collection

A Delphi Study was undertaken in 2020-2021 as part of a project that focused on the challenges and opportunities for spas in the V4 countries (Hungary, Poland, Czech Republic and Slovakia). In the first round of questions, five experts answered (two working in the academic sphere and three working in natural medical spas). In the second round of questions, five experts answered again.

6. Analysis of Findings

a. Summary of the overall dataset

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

b. Summary of data from Slovakia

The main challenges of natural medical spas since 1990 include:

- targeting and creating services for new markets (especially the self-payer market),
- the need to improve the infrastructure,
- meeting the level of quality required by foreign visitors.

“We would also add the stability of the business environment, which we would rank second” (assessment by an expert working in a natural medical spa).

In the first round, the respondents commented on changes in demand over the last 5 years. In the second round, on the basis of the Likert scale, they assessed the most frequently reported

changes in demand which were found on the basis of the answers from the first round. In the case of the Slovak natural medical spas, there was no decrease in the medical use of the spas. On the contrary, the quality of services provided has improved and comprehensive service packages have been created in response to the increasingly higher demands of customers. Over the past five years, there has been an increase in domestic demand. In addition, there was an increase in wellness services and the recreational focus of natural medical spas. There were also the expectations that after the end of the COVID-19 pandemic, people would be more likely to visit the spas to recover, prevent and strengthen their immune system.

In the case of Slovak natural medical spas, the domestic clientele predominates. The foreign clientele mostly includes visitors from the neighbouring countries. These are mainly individual clients who use medical and balneological services as well as wellness. Four out of five experts stated that the quality of our spas is sufficient for foreign tourists. Foreign clients prefer larger (more known) spa facilities to other small and less known spas. Although foreign guests' demand is growing, marketing communication with this target group is still insufficient.

The connection of natural healing resources with high-quality medical facilities and provided medical care is also reflected in the definition of wellness in Slovakia. Experts had the opportunity to mark only 3 options in their order of priority, where the most appropriate definition is given first. In natural medical spas, medical wellness is growing as a result of the promotion of a healthy lifestyle and increased health care.

Wellness products are available in the Slovak natural medical spas to a varying degree. The percentage of self-payers in medically-oriented spa treatments in relation to the number of clients whose spa treatment is reimbursed by a health insurance company also varies. This was also reflected in the answers taking account of the current situation of the particular spa companies or the available statistical data. In Slovakia, for example, there are also climatic spas which, according to indications, treatments and stays, specifically focus on children and adolescents aged 3 to 18 (not on wellness stays for self-payers and foreigners). One of the experts described the current situation of natural medical spas as follows: "clients of health insurance companies form a substantial part of the clientele, but in the recent past the company's financial and profit base was a foreign clientele. Today - in a COVID-19 pandemic situation - the opposite is true." Measures of the Public Health Authority of the Slovak Republic issued in the spring of 2020 prohibited the operation of wellness centres (including swimming pools in accommodation facilities), natural and artificial swimming pools. These measures did not apply to natural medical spas and spa treatment facilities according to Section 7, Subsection 4, letters e) and f) of Act No. 578/2004 Coll. and Act No. 538/2005 Coll. on the basis of a doctor's proposal (i.e. they did not allow self-paying stays, only stays covered by public health insurance). Most guests are still partially or fully funded from public health insurance (three out of five experts). The percentage of self-payers is a growing trend, but most domestic clients cannot afford to self-finance spa treatment. It was the issue of self-financing of spa treatment that all five experts concurred in.

In the 1st round, the respondents responded to conflicts between groups of clients and it turned out that there might be some conflicts. The answers concurred in stating that separate spaces, facilities or time periods should be earmarked for clients on treatment stays and those on wellness stays. Because these are different segments that have different preferences in services. For example, in the provision of catering services, there are separate areas for clients whose treatment is financed by public health insurance and self-payers, or they are provided with food at different times (an example given by one of the respondents). Conflicts have naturally been prevented for years by allocating different times for procedures (e.g. for children), thus preventing dissatisfaction of adult clients (possible noise), and with respect to intimacy of some procedures, certain areas are naturally reserved only for women and others only for men. This is nothing new and stems from the long tradition of treatment (an example given by one of the respondents). According to previous experience, experts do not see any obstacles or problems in resolving these conflicts in some way.

When evaluating the most suitable tools for measuring the satisfaction of clients of spa companies, the experts selected three tools, ranking them 1 to 3, where 1 was allocated to the most useful tool. In the case of Slovak spa companies, regarded as the most suitable tools are on-line questionnaires, social media feedback, constant monitoring, guest satisfaction surveys (on paper) and, finally, monthly evaluation (in that order).

Experts designated the national spa association as the most important form of cooperation and networking. In the case of Slovakia, it is the Association of Slovak Spas. According to experts from the commercial sector, the advantages lie, for example, in the promotion of spas or in negotiating better conditions for locations where a uniform procedure is needed. This association negotiates prices with insurance companies on behalf of its members (spas), publishes articles in economic and professional magazines. The Association of Slovak Spas presents the requirements of Slovak medical spas concerning tax and legal regulations. Currently in the COVID-19 pandemic crisis, it prepares a number of press releases and responds to a large number of questions and motions, whether from the public or the media. According to experts, the European Spa Association and destination management organisations (DMOs) follow in terms of the importance of mutual cooperation. At present, there is a partnership between municipalities and natural medical spas in the following Regional Tourism Organisations (DMOs): NORTHERN SPIŠ -PIENINY (Pieniny resort, limited liability company), Dudince Tourism (Dudince Spas, joint-stock company, SLOVOTHERMAE, Diamant Spas Dudince, state-owned enterprise), Regional Tourism Organisation „ŠARIŠ“ -BARDEJOV (Bardejov Spas, joint-stock company), Regional Tourism Organisation Trenčianske Teplice (Trenčianske Teplice Spas, joint-stock company), Horné Považie Tourist Association (Nimnica Spa, joint-stock company), Rajecká dolina (Slovak Medical Spas Rajecké Teplice, joint-stock company), Central Slovakia Tourist Board (Sliač Spas, joint-stock company, Kováčová Spas, limited liability company), Resort Piešťany (Slovak medical spas Piešťany, joint-stock company), REGION LIPTOV (Lúčky Spas, joint-stock company), TATRY –SPIŠ –PIENINY (Pieniny resort, limited liability company), Regional Tourism Organisation Záhorie (Slovak medical spas Piešťany, joint-stock company). The Slovak natural medical spas are also related on the basis of ownership interest or the right to use a common brand. For instance, in 2020, Darkov Spas, joint-stock company (Czech Republic) acquired Brusno Spas, joint-stock company. The company

Medical Spas Mariánské Lázně, joint-stock company (Czech Republic) has a 24% interest in the registered capital of Slovak medical spas Piešťany, joint-stock company. Until 30 June 2019, the company Slovak medical spas Piešťany, joint-stock company, 2020 used the DHG trademark and had a trademark licence agreement concluded with Danubius Hotels Zrt. Since 1 July 2019, the company has been presenting itself on the market under the brand name ENSANA (KPMG Slovensko, limited liability company & Slovak medical spas Piešťany, joint-stock company, 2020).

As to assessing priorities for the next five years, infrastructure development and quality improvement are considered extremely important. This is followed by the creation of an epidemiologically safe environment for guests (after the COVID-19 pandemic wave subsides), digitalisation and improvement of on-line presentation of the spas.

7. Summary of main challenges and opportunities

The impact of good infrastructure and availability (regular air connections) is significant (opinion of two experts). For example, when Tel Aviv - Košice flights were introduced, the number of tourists from Israel increased noticeably in Pieniny. At the same time, visa procedures need to be simplified (e.g. for Russian clients) (expert's opinion).

“As far as self-payers are concerned, there is no stable institution for tourism with clear visions and long-term goals of promoting Slovakia abroad” (expert's opinion). The project and proposal for establishing Slovakia Travel envisages the establishment of an independent contributory organisation that exist in comparable markets, for example in the Czech Republic. It should be established in 2021. Until 2016, the Slovak Tourism Agency operated in Slovakia.

“The development of the spa industry would certainly be facilitated by reconditioning stays and prevention, which can ultimately be cheaper and less burdensome, e.g. also for the public budget, than the treatment itself” (expert's opinion).

“The services of natural medical spas in Slovakia are based on the existence of recognised natural healing resources (on this competitive advantage). Wellness services (swimming pools and saunas) are used by clients during their stays as a bonus (they are included in the price of the package)” (expert's opinion).

“The challenge is the current pandemic situation (Covid-19). Like other companies operating in the sector of tourism, aqua parks as well as natural medical spas were confronted with the consequences of the pandemic. For several months, they were not allowed to provide their services due to supervised state anti-epidemic measures. Even at the time when the services were or are provided, demand for them has fallen sharply. As in other countries, the pandemic in Slovakia has significantly hit the companies and we cannot yet assess the extent of the losses responsibly. We cannot predict the future situation with certainty” (expert's opinion). Post-COVID stays could be currently offered on the basis of an exemption that applies to natural medical spas or spa treatment facilities performing medical procedures upon a physician's

recommendation. Currently, some spas already offer this type of stay on their websites. In mid-February 2021, the Ministry of Health and spa representatives discussed the primary diagnoses which should be paid for by the health insurance companies within post-covid spa treatment. Following the discussions, information was published on extending the list of indications (they currently suggest one indication concerning respiratory problems). To this end, it is necessary to adopt an amendment to Act 577/2004 on the scope of health care reimbursed based on public health insurance and on reimbursements for services related to the provision of health care.

8. Recommendations

- stable conditions for entrepreneurs (e.g. amendments to laws once a year, always as of 1 January, reduction of taxes and fees to the level of countries that are the main source markets, reduction of bureaucracy in dealing with authorities)
- improvement of road infrastructure and availability (regular air connections)
- simplified visa procedures
- the establishment of Slovakia Travel, which would be responsible for the promotion of Slovakia (as a tourist destination) abroad
- emphasis on reconditioning stays and prevention
- Post-COVID stays (their inclusion in the list of spa treatment indications covered by public health insurance)
- creating an epidemiologically safe environment for guests
- improving the quality of services provided
- laying an emphasis on the provision of preventive care and healthy lifestyle counselling
- digitalisation and improvement of on-line presentation of spas
- improving marketing communication with potential clients
- using on-line questionnaires, social media feedback, constant monitoring, guest satisfaction surveys (on paper) to measure the satisfaction of clients of spa companies
- maintaining the system of recreational vouchers

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10. Appendices

Interview Questions for the Delphi Study

Round 1 Questions

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

Round 2 Questions

1. In the first round, respondents were asked to summarise the main challenges for spas since 1990. Do you agree that the Top 3 challenges (in order of importance) are the following?
 - a) The need for infrastructure improvements
 - b) Targeting and creating services for new (often self-paying) markets
 - c) Meeting the quality levels required for international guestsIF NOT, PLEASE ADD YOUR COMMENTS HERE

2. In round 1, respondents commented on changes in demand. Below is a summary of the responses. Which of these statements do you agree with the most for the past 5 years? (1. Totally agree, 2. Somewhat agree, 3. Neither agree nor disagree, 4. Somewhat disagree, 5. Totally disagree)
 - a) The quality of spa services has improved
 - b) Customers have become more demanding
 - c) Medical use of the spas has declined
 - d) Wellness services and recreational experiences have increased
 - e) Customers are unwilling or unable to pay more for higher quality services
 - f) Domestic demand has increased
 - g) The average age of customers is getting younger
 - h) Paying customers want separate spaces from state-funded guests
 - i) People want to go to spas which are in a peaceful and clean natural environment
 - j) Paying customers are demanding more and more service packages (e.g. including treatments and wellness activities)
 - k) Post-COVID, people are more likely to visit spas for recovery, prevention and to boost their immune system

3. In round 1, the effects of international tourism (pre-COVID-19) were listed by respondents. Based on these ideas, which of the following statements do you agree or disagree with?
 - a) The majority of the spa guests in my country (60% or more) are foreign now
 - b) Most of our foreign guests (60% or more) come from neighbouring countries
 - c) The majority of international tourists are independent travellers
 - d) Foreign tourists use medical services more than wellness ones
 - e) Tourism affects price increases more than any other factor
 - f) The quality of our spas is high enough for foreign tourists
 - g) Foreign clients prefer larger (more well-known) spa facilities to other small and lesser-known spas
 - h) Although the interest of foreign guests is growing, marketing communication with this target group is still insufficient

4. Respondents were asked to define wellness in Round 1. Please select the definition(s) below that come closest to the meaning of wellness in spas in your country (Top 3 only in order of preference where 1 is the closest).
- a) Wellness means beauty services, massage and saunas mainly
 - b) Wellness means relaxation and recreation (pampering is less important)
 - c) Wellness is more about leisure and recreation than improving lifestyle, balance or self-development
 - d) Wellness includes sauna, massage and fitness
 - e) Medical wellness (e.g. healthy lifestyle recommendations by a doctor) is not popular
 - f) Medical wellness is on the rise because of healthy lifestyle promotion and increased care for one's health
 - g) Wellness functions more as a short experience than a lifestyle
 - h) Wellness is about having fun!
5. In Round 1, respondents were asked about funding and financing of spas. Which of the following statements do you agree or disagree with:
- a) The majority of guests are now self-funded (over 60%)
 - b) The majority of guests are still supported by state health insurance (over 60%)
 - c) The share of self-paying guests is not dominant but it is growing
 - d) EU funding has led to major improvements in spas in my country
 - e) The role of self-financing and private insurers is growing
 - f) The majority of domestic tourists in my country cannot afford to self-fund
6. Respondents were asked about conflicts between user groups in Round 1 and it emerged that there can be some conflicts. Do you agree that separate spaces, facilities or time slots should be created for the following groups? If so, please select which group(s) and explain your choice(s):
- a) State-funded and self-financing guests
 - b) Medical and wellness guests
 - c) Domestic and international tourists
 - d) Eastern European and Western tourists
 - e) Generations (i.e. older and younger guests)
 - f) Different nationalities
 - g) Men and women
 - h) Families and individuals or couples
7. Based on the responses about measuring spa guest satisfaction, which of the following tools work best, in your opinion? Please select maximum 3 and rank them 1-3 where 1 is the most useful.
- a) Online questionnaires
 - b) Monthly evaluation
 - c) Constant monitoring
 - d) Visitor management strategy
 - e) Guest satisfaction surveys (on paper)

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