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**German's attitude towards a health retreat in Denmark: A study
on development of a geothermal springs resort *Hawbad*, located in
Lønstrup**



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Abstract

The focus of this thesis is on discovering how do Germans perceive Denmark as a destination for a health retreat and their attitude towards Hawbad, a one-of-its-kind geothermal springs resort in the north of Denmark, which is currently in the process of development. Moreover, the research also focuses on factors which play a role in their decision making process. This investigation is done through an online survey, which is posted in various Facebook groups and shared with a guesthouse owner in Lønstrup, who further distributes the survey among German tourists. This thesis collects both qualitative and quantitative data, which means that it employs a mixed methods approach.

The findings of the research revealed that Germans mostly enjoy Denmark for its natural qualities, mentality and calmness and majority enjoys activities on the seaside. Germans seem to be a health-oriented nationality as they try to do something for their health even on vacation, however, visiting spa or wellness related facilities in Denmark is not popular. The tested sample expressed a general uninterest in health retreats, however, showed a high interest in a health retreat in Denmark, and in Hawbad in particular. Their level of interest in doing a health retreat is strongly impacted by the price factor, offer of treatments and possibilities for activities outside of the health retreat facility. When it comes to Hawbad in particular, the main motivations of the German respondents were trying something new, health benefits, and socialising. Moreover, the level of sustainability of Hawbad has been also identified as a potentially influential factor.

German health insurance companies offer the possibility of doing a health retreat in and outside of Germany, and cover the costs either fully or at least to some degree. The developers of Hawbad therefore consider an establishment of an official agreement with health insurance companies so that Germans could do an at least partially covered health retreat also in Denmark. However, the results of the survey showed that Germans are in general not aware of the possibility of doing a health-insurance-covered health retreat in a different country of the European Union. According to the findings, an establishment of an official agreement between Hawbad and the German health insurance companies could positively influence their interest of visiting Denmark for a health retreat.

Based on the results of the survey, the main recommendation that was given is to continue researching the low level of awareness among Germans of having the opportunity to do health retreats in different EU countries. This would be helpful not only for the development and marketing plans of Hawbad, but possibly also other Danish facilities that would like to increase their German clientele thanks to a cooperation with health insurances.

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Introduction

Current data on Danish tourism

Tourism in Denmark keeps on growing. *Turismen i Danmark*, a study conducted by VisitDenmark in 2020 showed that in 2018, tourism provided 169,000 job positions and created a revenue of more than 132 million DKK. When we compare the years 2008 and 2019, the number of overnight stays increased by 11,4 million. The growth has been quite steady, on average growing by approximately 2 million per year (*Turismen i Danmark*, VisitDenmark, 2020). The proportion of foreign and Danish tourists is almost equal, for example, in 2019, 28,9 million tourists came from outside of Denmark and 27,2 million were local (*ibid.*). Even though almost 9 million overnight stays were spent in the big Danish cities (Copenhagen, Aarhus, Odense, and Aalborg) in 2019, coast and nature tourism is still by far more popular (71% of all stays) (*ibid.*). Among 10 Danish municipalities, the one with the biggest tourism turnover is Copenhagen, placed as the first, and the Hjørring municipality (the future location of Hawbad) as ninth with a revenue difference of almost 30 million DKK (*Turismen i Danmark*, VisitDenmark, 2020).

Udviklingsplan for Vestkysten / Development plan for the Danish West Coast

Det Nationale Turismeforum states that within two statistical categories - city and business tourism, Copenhagen is the destination where tourists spend the biggest amount of money, and within nature and coastal tourism it is the Northwest Coast Destination (of which Lønstrup is a part of) (*Statusanalyse af turismens udvikling og konkurrenceevne*, Det Nationale Turismeforum, 2021). Despite being one of the Denmark's most popular regions, in 2018, the 11 west coast municipalities, the three West Danish regions, the tourism organisation 'Danish Coastal- and Nature Tourism' joined forces with the fund 'Realdania' and published a development and strategy plan, the so-called "West Coast Plan" to increase tourism along Jutland's west coast even more. According to the plan, the focus should not only be on guest satisfaction but also paying attention to sustainability, creating local growth, active business

communities and a basis for viable and livable local areas (Udviklingsplan for Vestkysten, Partnerskab for Vestkyst Turisme, 2018).

The main issues of the Danish West Coast which were identified thanks to the Development Plan of the West Coast' (from now on the West Coast Plan) collaboration are mass tourism in the high season, which results in a lack of accommodation, high prices which result in relatively low average daily consumption, insufficient investment, lack of skilled workforce, limited options for tourism experience and a strong competition from German destinations. The West Coast Plan therefore suggests that a number of designated and already attractive destinations should be strengthened and further developed by 2025, such as Blokhus, Skagen, Hvide Sande or Lønstrup. The plan then suggests several ways (examples listed in the following paragraph) of improving the West Coast and subsequently increase the revenue, the number of overnight stays, daily consumption and overall satisfaction (Udviklingsplan for Vestkysten, Partnerskab for Vestkyst Turisme, 2018).

The West Coast Plan considers the unspoiled nature of the West Coast as the most significant attraction. According to several researches, it is the most common reason why tourists choose destinations at this part of Denmark (Udviklingsplan for Vestkysten, Partnerskab for Vestkyst Turisme, 2018). The focus therefore should be on the nature and broadening the offer of experiences within it. Since the key of the plan is to achieve year-round tourism, the goal would be to offer experiences which could be enjoyed no matter the season or weather conditions. According to the plan, the qualities of the nature should be utilised more and if possible, be turned into unique products with local characteristics, however, it is absolutely crucial that it is done in a respectful and sustainable way (ibid.).

However, the West Coast Plan states that it is necessary to collect more data about individual municipalities and tourist sites in order to reach the plan's goals. There is a lack of data on tourist satisfaction, experience, etc. Insufficient knowledge creates a barrier to an efficient investment marketplace in coastal tourism (ibid.). According to the plan "common data and benchmark figures must be developed at destination level and benchmark data with e.g. Northern Germany, which can be used among the players and in dialogue with investors" (Udviklingsplan for Vestkysten, Partnerskab for Vestkyst Turisme, 2018, p. 75).

Hawbad

This study will focus on a specific project that lives up to all the recommendations in the West Coast Plan. A project that can serve as an example on how to bring the plan from words into action and set the direction on how to achieve the goals set in the West Coast Plan. The project consists of a sustainable and environmentally friendly geothermal spa with associated accommodation capacity. The spa is based on the - as of yet - untapped geothermal water, which is found in abundant amounts in the subsoil below Lønstrup and Hjørring (Guddat, 2019). The water is already used today as environmentally friendly renewable energy in a few places in Denmark such as Thisted, but the healing qualities of the water are not utilized anywhere else in the country. One of the reasons could be that as of now it is unknown whether the tourists are interested in visiting such this type of attraction, as there is no equivalent in Denmark and no relevant studies in the area have been made. Therefore, the plan is to investigate whether one of the primary tourist groups that visit Lønstrup - the Germans - would be interested in trying out this new experience and to explore which wishes and needs they might have in order for a natural wellness facility in Lønstrup to be attractive to them. Germans account for the biggest part of foreign tourists (more than 58% - 16,8 million out of 28,9 overnight stays by foreigners in 2019) and they are also the country with the strongest thermal/mineral springs industry in Europe (Turismen i Danmark, VisitDenmark, 2020; Global Wellness Economy Monitor, 2018). Moreover, German tourists are a particularly interesting segment since they are loyal tourists who come back year after year and wellness tourism has been on the rise in Germany for a long time (Turismen i Danmark, VisitDenmark, 2020). Therefore it is expected that Germans could also potentially account for the majority of Hawbad's customers.

VisitDenmark conducted a survey in which they asked the visitors about the activities they enjoy during their stay in Denmark. The most popular activities of Germans were spending time on the beach/by the sea (chosen by 83% of respondents), going for walks (77%), and relaxing at the accommodation (75%) (Turisterne i Nordjylland, VisitDenmark, 2019). One of the options which were provided to the respondents was also "treatment, spa, and wellness" which was chosen only by 6% of respondents. Similar numbers (between 6-8%) could be seen also by the Danish, Dutch, Norwegian and Swedish respondents (ibid.). However, when both Danish and foreign respondents were asked about their favourite attractions to visit during their stay in Denmark, "badelande" (water parks), was the most popular option (Turisterne i

Nordjylland, VisitDenmark, 2019). This means that it is known, approximately how popular it is to visit water parks among all activities and among attractions, however, as of now, there is no specific data on German tourist and their relation with spa/wellness tourism in Denmark, which could be used for development of Hawbad.

The German healthcare enables partial or full coverage of costs for health treatments at certified facilities (Hall, 2012). Besides Germany, the German citizens can participate on retreats also outside of Germany, in a different country of the European Union, as long as there is an official agreement between the health insurance company and the treatment facility (ibid.). Because of this, there is a plan to offer health retreats at Hawbad, thus stays which last longer than one day, and could be covered by certain German health care companies, once an official agreement would be made. However, in order to proceed with this, it is firstly necessary to know to which extent would this type of agreement impact the interest of German tourists to visit Hawbad.

Problem formulation & research question

The West Coast Plan was created in 2018 with the purpose of strengthening tourism in the entire area of the Danish West Coast. Even though it is statistically proven that the West Coast has some of the most visited destinations in Denmark, there is an initiative to attract even more visitors, improve the tourists' experience, and add more attractions (Udviklingsplan for Vestkysten, Partnerskab for Vestkyst Turisme, 2018). One of the main strategies, pointed towards fulfilling the plan, is enhancing the already existing, and creating new and unique nature-related experiences (ibid.). The idea, which contributes to fulfilment of the plan is developing Hawbad, which is the main inspiration for this thesis. The main issue recognised by the developer of Hawbad is the poor amount of information about German tourists and their relationship with spa/wellness tourism in Denmark. The information that has been found by the author of the thesis and the developer of Hawbad about German tourists and their perception of Denmark as a health retreat destination are not considered to be sufficient for a successful development of an one-of-its-kind type of wellness facility.

Germans account for the biggest percentage of foreign tourists in Denmark and Germany is as well the country with the strongest spa culture and the largest number of spa facilities in Europe

(Global Wellness Economy Monitor, 2018). However, despite of having many options for spa retreats, Germans travel for this purpose also to other countries (ibid.). This project will be focused on discovering what their decision making process is based on and if they feel motivated and interested in taking a spa retreat in Denmark, and at Hawbad in particular. Currently there is no information on this subject, which is the reason why it has been decided to attempt gaining it through this research.

The theoretical part of this thesis includes an analysis of existing theories and academic articles in order to discover which type of relevant information already exists, which was be used as a base for the formation of a data collection tool. The theoretical part also serves as a tool for comparison of already existing data with data retrieved by the researcher. In the practical part of the thesis the researcher published an online survey, which was be posted in various Facebook groups and shared with an owner of a guest house in Lønstrup.

Research question: How do German tourists perceive Denmark as a health retreat destination and what is their perception of Hawbad in particular?

- What impacts their decision making process of doing a health retreat?

1 Literature review

This chapter consists of reviewing academic data, theories, and various types of research, all of which are related to the topic of this thesis. The chapter begins with a general introduction to the health tourism topic which serves as an explanation of terms, health tourism's origin, and finally current trends in the industry in general and in thermal/mineral sector in particular. The literature review continues with going into more detail by examining different aspects of the researched subject such as explanation of the German health care and its impact on health tourism, specifics of German tourists and finally theories on tourist motivation and destination choice.

1.1 Introduction to the Health Tourism Industry

Traveling for health benefits has become increasingly popular in the past couple of decades, which resulted in health providers, tourist enterprisers, and holiday destinations producing new types and a bigger amount of health related services and products (Han et al., 2017). There are several reasons for this growth in demand mainly among the middle and upper classes, such as more concern about health, increased advertisement of Eastern medicine and new types of alternative medicine, and the amount of stress in daily life (ibid.). Wellness tourism has indeed become an important part of tourism, since it creates around 14% of global tourism revenues and is expected to keep growing by approximately 10% on average in the following five years (Global Wellness Economy Monitor, 2018).

1.1 Tourism categorization

Tourism is nowadays mainly associated with relaxation, exploration, or business (Hall, 2012). However, the most common reasons to travel have not always been the same, they have been changing and developing for thousands of years. Hall (2012) states that it is believed that there was never a single form of tourism. One of the first reasons to travel were closely connected to religion (pilgrimages), climatic change, and health. Erfurt-Cooper & Cooper (2008) describe that it is difficult to precisely state since when has *health tourism* been practiced, because of the lack of written records. It is described as whatever type of travel that makes a person or the people they travel with healthier. Health tourism is, in Europe (in France, Germany, and certain

ex-Soviet bloc countries in particular), deeply embedded in the healthcare system. Health retreats are often paid by the healthcare insurance and are not considered to be an extraordinary, luxurious treatment but a traditional way of healing one's problems (ibid.).

Medical tourism is considered to be very young and Erfurt-Cooper & Cooper (2008) define it as a form of tourism in which one travels to another country in order to receive desired health care. This can also include complex medical procedures such replacement of body parts which cannot be done at one's home country, or are offered at an unacceptable price which make them seek it elsewhere (ibid.). The authors note, however, that the participants of medical tourism can be terminally ill but also completely healthy, as those who travel for the sake of plastic surgeries. Han et al. (2017) provide a definition of medical tourism which states that it includes surgical treatments or therapeutic treatment for chronic illnesses or injuries. The Global Spa Summit (2011) claims that medical tourists are ill individuals who travel within their own country or to a different country and stay at a clinic or hospital and are treated by trained doctors or medical personnel.

At last, *wellness tourism* is defined as type of tourism which purpose is perservance or promotion of tourists' health (Erfurt-Cooper & Cooper, 2008). This can be achieved at various hotels or spa facilities which offer packages of services improving one's mental and physical wellbeing (ibid.). Traveling for wellness stands for performance of holistic activities such as yoga, meditation, spiritual healing and education, as well as more recreational activities such as spa treatments, sport and pampering (Han et al., 2017).

The authors note, however, that when reviewing the definitions of the three above mentioned terms, it can often be seen that there is a fair amount of discrepancies between scholars and the way they define each of these terms (Erfurt-Cooper & Cooper, 2008). The Global Spa Summit (2011) recommends establishment of clear definitions of health tourism related terms in order to minimise the confusion which occurs within the industry, between governments and among consumers. Moreover, in some cases health, medical, and wellness tourism are defined so similarly, that it cannot simply be chosen one category in which this research falls into. Han et al. (2017) state that both wellness and medical tourism are subcategories of health tourism, which covers every type of tourism related to health improvement in any type of way. When it comes to choosing the most suitable category for Hawbad according to the above given definitions, it seems that its characteristics fit for both. It is an attraction designed for well-

being/relaxation seekers with or without any health issues, however, the healing properties of the thermal water are expected to help also chronically ill visitors, e.g. suffering from psoriasis (an autoimmune disorder affecting human skin).

1.2 The past, the presence, and the future of the Wellness Industry

The spa industry as we know it, started blooming approximately in the last decade of the 20th century. Since then, as Erfurt-Cooper & Cooper (2008) state, it has not been showing any signs of decline. Even though significant growth was noticed only a few decades ago, it is important to note that the industry is, according to some researchers hundreds or even thousands of years old. Bodeker & Cohen (2008), for example, claim that certain spa therapies existed already in the ancient times - some established in the Middle East by Pharaoh Cleopatra in 25 BC and some by the Romans between 54 BC and 450 AD. For the spa purposes, the Romans were using mainly geothermal water resources, which is practiced even today. Even though *spa* nowadays does not have a singular, clear meaning, from an etymological perspective it points towards a Belgian town Spa, which has been visited for its healing springs since the 14th century AD. According to Erfurt-Cooper & Cooper (2008), nowadays the word spa can refer also to places which have no resources of hot springs. However, it is important to point out that even facilities with hot springs, referred to as spas, can be viewed differently. The authors mention that in the European context, a spa is viewed more as a place offering health treatments whereas a spa in Japan for example, is visited more as a place for relaxation after work with family members or other visitors (Erfurt-Cooper & Cooper, 2008). Interestingly, even though it is assumed that the word spa is inspired by the name of the Belgian town, it is also an acronym of *sanus per aquam*, in Latin literally meaning health for water, in other words - health achieved through water (Ivanova, 2019). Bodeker & Cohen (2008) state that another assumption is that originates from latin *spargere*, translated as to scatter, sprinkle or moisten.

Wellness, as well as the term spa, does not have a singular definition. In Europe, the assumption is that it is connected with the Romans and Greeks, where especially the wealthier people who were interested in "health, fitness and hygiene as well as socialising made use of public bathhouses and fitness temples to ensure wellness" (p. 31, Erfurt-Cooper & Cooper, 2008). Nowadays it is seen as a concept which helps to improve general health by education which suggests to choose a holistic approach, by taking into consideration physical, mental and

spiritual wellbeing. The origin of the word is also assumed to be a combination of terms *wellbeing* and *fitness*, coming from the US in approximately the 1950s. However, the German Wellness Association for example, rejects this by saying that wellness is just a new form of the archaic *wealnesse*, meaning wellbeing (ibid.). By some researchers it is also viewed as a state of being disease free, by others it is considered to be more than that, it is the state of finding the perfect balance between the body, mind and spirit (ibid.)

According to data from 2007, spas are a \$40 billion global industry, growing by 20% annually in the US. According to Bodeker & Cohen (2008), there are several ways in which this trend can be explained. The world that we live in is in many ways unfavourable for us, by harming our health and nature. Our lives are filled with industrial chemicals, pesticides, heavy metals and radioactive elements. It is in the water we drink, food we eat and the air we breathe. The toxins which are around us and enter our bodies are scientifically proven to cause serious illnesses, and impose great danger to the reproduction abilities of humans. Bodeker & Cohen (2008) claim that because of this and other big problems such as climate change, a radical shift in the way we live is undoubtedly coming. More and more people are paying attention to their health and want to improve their lifestyle. According to the authors, the desire for a different medical approach is increasing and a growing number of the population is becoming less interested in treating health related issues with the modern techniques of the Western world. Instead, people want to know how to maximize their health and prevent getting ill by taking a holistic approach towards their bodies (Bodeker & Cohen, 2008). However, a shift in the way people take care of their bodies is going to be in the near future not only optional but very likely also necessary. This can be explained followingly: in the US, it is expected that the next generation will live shorter than their parents because of the increasing amount of health issues. Just in 2003, it was estimated that the total cost of operations for the heart coronary disease only was approximately \$94 billion. With the frequency of such illnesses growing and the population expanding, the cost of needed medical procedures will keep increasing in parallel. The solutions we use nowadays will not be possible to sustain in the long run, according to Bodeker & Cohen (2008), and that is why a more sustainable health approach is necessary to be developed.

Another reason which contributed to the popularity of the global spa visitation is the availability of information. Bodeker & Cohen (2008) refer to the amount of health related information which can be easily accessed on the Internet. People with difficulties pay more attention also

to alternative, non-scientific recommendations of others - such as how balneology and hydrotherapy for example, affect autoimmune disease like rheumatism, osteoarthritis and psoriasis. As a result of recent increased demand for natural springs, numerous historic thermal spas updated their facilities with also other modern treatments such face and body beauty treatments, massages, slimming cures, aromatherapy etc. to satisfy the needs of more visitors (Bodeker & Cohen, 2008).

1.3 The Global Wellness and the Thermal/Mineral Springs industry

The Global Wellness Institute (GWI from now on) reports that "wellness trips account for 6,6% of all tourism trips but represent 16,8% of total tourism expenditures" (p. 23). The reason for this is that those who travel for wellness purposes have a tendency to spend significantly more than those traveling without a wellness purpose. GWI reports that an international wellness tourist spends up to 53% more money than an average international tourist. The number is even higher when it comes to domestic tourism, where a wellness tourist spends 178% more than the average one. However, the vast majority of the wellness travels (89%/739 million trips) are secondary, which means that a traveller goes on any kind of trip where they then take part in a wellness experience. According to GWI, thermal/mineral springs are one of the ten sectors of the wellness economy sectors. The other are Personal Care, Beauty, & Anti-Aging; Healthy Eating, Nutrition, & Weight loss; Wellness Tourism; Fitness & Mind-Body, Preventive & Personalized Medicine and Public Health; Traditional & Complementary Medicine; Wellness Real Estate, Spa Economy (Spa Facilities); and Workplace Wellness. When we compare 2015 with 2017, the entire Wellness Economy grew during this period by more than 6%. Even though Thermal/Mineral Springs are almost on the last (9th) place among the sectors, with a revenue of \$56,2 billion in 2017 and \$51 in 2015, its growth by almost 5% in two years suggests a positive future. It is even projected that the thermal/mineral springs sector will grow by another 6,5% by 2022 achieving up to \$77,1 billion of total annual revenue (Global Wellness Economy Monitor, 2018).

From a region perspective, Europe dominates with the largest number of wellness tourism trips, reaching almost 300 million in 2017. This suggests that Europeans are most interested in their health, and it can be assumed it might have something to do with the fact that the health cares

of several European countries pay for their inhabitants' wellness retreats (Global Wellness Economy Monitor, 2018). Europe is number one also in the Workplace Wellness Market chart, which represents the number of workers covered by workplace wellness programs and services and "expenditures made by employers to improve employee wellness" (ibid., p. 19). Considering our research, it is important to point out that Germany is the third biggest workplace wellness market in the world (expenditures-wise) and Denmark ranks as 19th biggest. The difference is quite considerate - over \$3 billion, however, the size of Danish population in comparison with Germany is significantly smaller as well (ibid.). Germany is also number 1 in Europe and number 2 in the world among top twenty wellness tourism destination markets in 2017. More than 66 million international and inbound trips were made in Germany in 2017 and they annually grow by more than 6%. It is not known how many were made in Denmark because it does not figure among the top 25 countries of the world which are listed in the research. This suggests that Denmark is not so popular for its wellness facilities, unless it has significantly changed since 2017 (ibid.).

When it comes to the thermal/mineral springs industry (TMSI) in particular, GWI provides their own definition: "revenue-earning business establishments associated with the wellness, recreational, and therapeutic uses of waters with special properties" (p. 37, ibid.). TMSI, as GWI reports encompasses many different kinds of facilities, some with a medical focus, other with recreational and other with "wellness-enhancing experiences" (p. 40). However, the one main difference between thermal/mineral springs establishments is whether they offer spa services (massages, facials, etc.) or not. Majority of the establishments around the world (74%) do not offer spa services, they focus on traditional procedures and the local market. It is important to point out that even though only 26% of the industry's establishments offer spa services, they account for 66% of the industry's revenue. Establishments with the additional services show an annual revenue growth by more than 7%, while those without only 0.5%.

As mentioned earlier, GWI expects TMSI to continue growing, due to an increasing number of consumers desiring connection with nature and alternative ways of healing and illness prevention. This trend results in an increased investment in thermal/mineral springs facilities by both the governments and private investors. GWI reports that the countries which have a long tradition with TMSI now focus on promotion and renovation of their facilities in order to also attract international travellers whose expectations are higher (ibid.).

When focusing on TMSI in Europe specifically, GWI reports the most frequently offered services are related to balneotherapy (bathing), thalassotherapy (use of sea water), use of mud, salts, and algae (ibid.). The report shows that European facilities heavily focus on further development and renovation, such as the popular Blue Lagoon in Iceland where "a subterranean spa, a Retreat Lagoon, hotel, and restaurant" were added to the attraction (ibid., p. 55). Another trend is an introduction of intercultural bathing traditions, at newly open or longer existing facilities. Since thermal/mineral springs in Europe are currently viewed as a crucial contributor for tourism growth and economic development, an increasing number of collaborations and campaigns can be seen as for example "Year of Healthy Waters", in Slovenia or "Roman Thermal Spas of Europe", where eight European countries partnered up to improve thermal tourism in their countries. As mentioned in the introduction of this research, Germany has indeed a very strong thermal/mineral springs culture, which is again proven by GWI. The report shows that it is placed as number 3 among top 20 thermal/mineral springs markets with more than one thousand establishments creating a revenue of more than \$7 million in 2017 (ibid.). According to a research done by Deutsche Heilbäder e.V. on "Number of guests and overnight stays in German spas and health resorts from 1999 to 2015" (2015) the numbers keep on growing each year. The most popular are thermal and mud spas where the number of arrivals grew from 5,7 million in 1999 to 8,9 million in 2015 (Deutsche Heilbäder e.V., 2015).

1.4 Reports and Predictions on Consumer Preference within the Spa Industry

This chapter serves as a tool for better understanding what the consumer current demand within the spa industry is, which will be later on used for comparison with the data obtained from the survey. This means that respondents will be asked about their personal preferences, which will be then compared with information given by Boekstein (2014) and The Global Spa Summit (2011).

The International Spa Association (ISPA) considers the year 2002 to be the beginning for trend changes in the spa demand trends (Boekstein, 2014). For a couple of decades, the main reason to go to a spa was for pampering and beauty focused treatments. However, nowadays consumers are more interested in the simple, classic 'old school' treatments which focus on

health improvement (ibid.). The previous years showed an increased interest in *hotels with spas*, however, the future prediction says that *spas with hotels* will attract travellers even more (ibid.).

Realisation that true spa benefits are more likely to be seen after a visit that lasts at least a few days also contributed to consumers being more interested in spas which offer more than a “couple of hours” stay (Boekstein, 2014). There is also a shift in demand from manmade facilities to natural spas, which make the use of healing waters (ibid.). The Global Spa Summit in 2011 reported that facilities, which offer “authentic location-based experiences” (e.g. thermal baths, yoga and spiritual retreats, resort spas, etc.) are only emerging or weakly developed in comparison with “standardised generic experience” (e.g. day spas, gyms, beauty clinics, etc.). Boekstein (2014) states that the growing interest in natural spa treatments and its consecutive larger market competition will 'force' countries to “differentiate themselves based on factors other than cost or quality...they will need to be increasingly location-specific, focusing on local natural assets and the environment, as well as being authentic and drawing on local traditions, skills and ingredients” (Global Spa Summit, 2011 as cited in Boekstein, 2014, p. 75).

The Global Spa Summit (2011) listed specific recommendations aimed at successful wellness tourism development. Some of them are:

- take advantage of the unique traditions and natural resources
- offer packages of spa/wellness services together mixed with different types of tourism experiences (adventures, cultures) for travellers not traveling specifically for health retreats (such as business and leisure tourists)
- pay attention to the importance of sustainability and eco-friendliness in offered services and products
- increase number of holistic treatments, which do not focus on solving a particular health issue only, but rather views the human body as a complex entity which needs to be treated with more of a 'body-mind-spirit' type of approach

The Global Spa Summit (2011) points out the fact that even though medical tourists and wellness tourists often look for similar treatments, there is still some degree of hesitancy and different outlook on spa/wellness treatments of certain medical conditions. This is due to the

fact that many alternative treatments which are offered at spa/wellness facilities have not received enough scientific attention to be officially accepted by the Western society (ibid.).

The Global Spa Summit suggests that an interconnection of medical and wellness treatments could be done by encouragement of scientific research looking for more evidence of the benefits of spa treatments which might later lead to acceptance of the alternative, spa/wellness methods by the Western medicine (The Global Spa Summit, 2011, as cited in Boekstein, 2014, p. 76-77). The summit provides a list of most popular offerings and shows that the wellness and medical tourism industry could indeed develop a successful cooperation, since some of the most popular treatments of both medical and wellness tourists are either very similar or same, as can be seen on figure 1:

Table 1 Source: The Global Spa Summit, 2011, p. 93. Own illustration

Medical tourists	Wellness tourists
Massage	Massage
Health assessment & consultations	Body treatments
Recovery from surgery	Meditation/mind-body programs
Medical testing	Facial treatments
Body treatments	Exercise facilities/programs
Preparation for surgery	Water-based treatments
Dermatology services	Nutrition programs
Facial treatments	Health assessments
Meditation/mind-body programs	Manicure/pedicure
Exercise facilities/programs	Healthy foods

An example of European resorts which successfully connected wellness and medical treatments are Bad Wildbad in Germany and Blue Lagoon in Iceland. In Bad Wildbad, the aim is to treat mainly musculoskeletal problems by different uses of thermal water but visitors can also enjoy beauty treatments such as oil and cream baths. In Iceland on the other hand, the mineral-rich geothermal water promises to heal psoriasis but offers as well various massages and beauty treatments (ibid.).

Boekstein (2014) summarises that an analysis of certain European thermal spring facilities shows that the number of offered medical services is still significantly large, however, there is an obvious shift towards wellness related services. He suggests that if thermal/mineral springs resorts wish to be recognised as tourist attractions as well as healing resorts, three types of activities need to be among their offerings: recreational, medical, and wellness (ibid.).

2 Germany as the second biggest market of Hawbad

As mentioned in the introduction of this thesis, Germans account for the biggest percentage of international tourists in Denmark (almost 60% of all tourists coming outside of Denmark) (Turismen i Danmark, VisitDenmark, 2020). Within Europe, they also rank as number one, as the country with the highest number of certified thermal/mineral spring facilities, and as third globally (Global Wellness Economy Monitor, 2018). Besides that, the country was placed third in the category of “Top Twenty Thermal/Mineral Spring Markets” in 2017 (ibid., p. 39). In order to understand Germans tourists' behaviour within the thermal/mineral springs industry, it is fundamental to have an understanding of their healthcare system. This is because we assume that the way a country's healthcare is regulated impacts the way people can take care of their health. In the following chapters the basics of the German healthcare and the main figures regarding the spa industry in particular will be examined.

2.1 German healthcare and spa tradition

Germany is the second most populated country in Europe, and the first in the European Union with almost 84 million inhabitants. It is as well among the top ten richest European countries which contributes to its high quality of healthcare (World Health Organisation, n.d.). However, Hall (2012) states that its healthcare system, as well as the ones of other developed countries, has been under a significant amount of pressure in the past couple of decades. At first, Germany's post-war rapidly growing economy was able to cope parallelly with the increase in healthcare costs, however, due to factors such as "slowing economy, globalisation pressures, demographic change towards an increasingly ageing population and their growing expectation to age well, technological advancements, rising costs of medical services" and an increased

number of health issues as well, it became more difficult for the state to cover the needed costs (Hall, 2012, p. 77). For comparison, the amount that the public spent on health care was in 1992 approximately €159 billion and in 2009, €278 billion. This has been solved with increasing the amount of contribution of private households and organisations to the state's health expenditures (ibid.). Hall (2012) informs that there are three basic types of healthcare approaches - market-driven (taken in the US), Beveridge system (mainly in Europe e.g. Denmark, Spain and the UK), and finally the Bismarck Model, used in Germany and in France. In practice it means that the vast majority (almost 90%) of the population in Germany is a member of the public health insurance (which is funded 50% from people's salaries and the other 50% is a contribution from the employers) and the rest of the population uses private insurance. This system is based on solidarity, ensuring that everyone gets needed treatment. Moreover, being health insured in Germany means that one's husband/wife is automatically covered as well. An automatic insurance also applies to everyone who is younger than 18 years old, or than 23 and unemployed or under 25 and still a student (ibid.). Even though the Bismarck Model is considered to be one of the best working ones, it can be easily impaired by a weakened economy, high unemployment rate and an increasingly aging society.

Hall (2012) reports that factors such as better health awareness enabled the growth of Germany's so-called "second healthcare market". This consists of highly demanded products and services which are fully paid by consumers and consist of various sport activities, unprescribed medication, and health/wellness tourism. These together form one of Germany's key industry sectors, in which more than 11% of the employed population was working in 2008 (ibid.). Hall (2012) reports that the interest of Germans in traveling for health benefits is indeed high, a research found that approximately 35% of them are interested in wellness tourism and 10% in medical and Kur tourism (which in Germany typically refers to visiting of "*Kurorte*" places of which natural properties or offered physiotherapeutic procedures improve or prevent human illnesses).

The high demand is predominantly on the side of Germans, but a part of their clientele are as well health treatment seekers coming to Germany to visit more than 300 certified wellness facilities mainly from other EU countries across the borders and the UK (Hall, 2012). Hall (2012) reports that when it comes to medical tourism in particular the number of inbound tourists is rather low, it is more the Germans who travel abroad to save on the treatment costs. When we take the Czech republic as an example, the costs of rehabilitation care is up to 40%

lower than in Germany. Traveling for treatments is not only initiated by Germans but also by public insurance companies mainly because of a “health-care reform in 2007, which allows statutory insurance funds to reimburse their members for parts of their premiums” (Hall, 2012, p. 88). Since 2013, patients of the states which are part of the European Union and wish to receive health treatments in a different EU country, are entitled to get the same amount of reimbursement from their health insurance as they would get for a health treatment in their own country (ibid.). It is estimated that around 300,000 Germans practice some type of health tourism annually, mainly in countries of Eastern and Central Europe, which results in €455.8 million of cross-border health expenditures (ibid.).

There have been several changes in the German healthcare-related policies such as shortening the duration of “Kurs” (= stays at earlier mentioned Kurorte) which are to some extent paid by the insurance, and allowing patients to go on a Kur only once in 4 years (unless they are willing to fully pay for it themselves) (Hall 2012). This resulted in almost 80% of the Kurorte visitors paying for the stays by themselves in 2008, which suggests that the amount of Kurs, partly financed by insurers, are insufficient for Germans. Hall (2012) reports on other changes in the market profile such as the number of stays, which has despite the stricter health-funding reforms increased between 1999 and 2008 by more than 20%.

3 Characteristics of German Tourists

Within this chapter, the author of this paper reviews several researches which give a better idea about German tourists and also show what is so far known about them. These researches investigate the nature of German tourists, their motivations to visit a destination, some of their favourite holiday activities, and needs.

Germany, as many other Western nations, faces the issue of an increasingly aging population (Pforr & Locher, 2012). According to Pforr and Locher (2012), the 60+ age group has been the primary driving force of tourism demand in Germany with an almost 30% market share in the past 30 years. This age group, also called the “best agers” are travelers with fairly high quality products & services expectations with a lot of experience and information. Germany's “best agers” are also those who drive the demand for health and wellness related products and

services, because of the ever growing desire to live long and healthily (Pforr & Locher, 2012). On the other hand, a research done by Deutsche Rehavversicherung Bund (Reha-Bericht, 2019) shows that the mean age of Germans that participate on health retreats is 53.4 for women and 53.4 for men. However, in certain categories is the mean age even lower, for example in the mental health retreats category where it is on average 43.2 (ibid.) Pforr & Locher (2012) further inform that health and wellness products and services influence the consumers not only when they are already on holidays but they also act as a driver for particular travel choices (Pforr & Locher, 2012). A survey from 2010 revealed that approximately 20% of Germans are intending to go on a specifically health-related holiday in the following three years and 9% plan to do health-related activities on their “normal” holiday (FUR, 2010, as cited in Pforr & Locher, 2012).

A research conducted by Kozak (2002), showed that Germans who travel to Turkey are mainly motivated by relaxation and physical activities (being active, engaging in sports, getting close to nature). Those who travel to Mallorca (Spain) are motivated by almost the same reasons: relaxation, physical motivation and pleasure-seeking. Kozak's research (2002) further shows destination based factors (pull motivations) for choosing Mallorca or Turkey which were acquired through open-ended questions: weather, sea, beaches, price & cost, flight time, and quiet.

Garms et al. (2017) on the other hand researched what are the motives of German tourists for spending their vacation in Scandinavia. The mean age of a German visitor is 44 years old and 96% of all visitors travel with family, using a private means of transport. They feel “pulled” mainly by the quality of nature, in particular by its unspoiled and primitive state. Garms et al. (2017) states that even previous research shows that Germans are mainly motivated to travel to Scandinavia because of its nature and their most popular activity is a day-long hike. This is explained by the fact that in Germany areas with pristine nature are hard to find and they desire to experience more wilderness elsewhere. The research by Garms et al. (2017) further shows that Germans (approx. 9 out of 10) consider “the scenic quality of nature” as the most important factor followed by “a clean and unpolluted environment and gaining physical health through exercise” (p. 249).

A research by Zhang & Marcussen (2007) on Tourist motivation, market segmentation and marketing strategies includes a part where German respondents were asked about their

motivation to visit Denmark. Factors such as nature, cleanliness and not many tourists were chosen by respondents the most and on the other hand, the ones that were chosen the least were theater/musical festival and possibility for yachting/playing golf/ spa/ health/ fitness (ibid.). The option nature has been chosen by 93% of respondents and possibility for spa etc. only by 5%, which shows how little are Germans motivated to travel to Denmark because of this option, however, there is no suggestion to what could be the reason.

The last research which is relevant to mention was conducted by Prebensen et al. (2003) on German Tourist's Self-Perception, Activities, and Motivations. This study has been chosen because it focuses on Germans visiting another Scandinavian country, Norway in particular. It revealed that almost 90% of the respondents considered themselves to be nontypical German tourists. It has also showed the three strongest motivations they have to travel to Norway: beautiful scenery, no mass tourism, the Norwegian mentality, and former experience (which again proves that Germans tend to be "loyal" tourists and keep returning to destinations) (Prebensen et al., 2003).

4 What influences the preference of a German tourists for a spa retreat destination?

According to the previous chapters, it can be concluded that Germans tourists practice health tourism and many of them visit thermal/mineral springs resorts for their proven health benefits either in Germany or abroad. For Germans it is more common to visit health resorts at their home country, or at countries in which the costs of treatments and stays are lower, which was stated by Hall (2012). In order to know if they would be willing to visit a thermal/mineral springs resort in Denmark, it is important to understand how destination related choices are made and what influences this decision making process. This will also lead us to understanding how tourist destination preference is built, and thus discovering why would a German tourist prefer a spa retreat in Denmark instead of Germany, for example.

4.1 Motivation theories

As Koseva (2014) claims, motivation cannot be fully understood unless we know what a person needs and how their needs can be fulfilled. Need is a feeling of lacking something to a degree in which a person realises it by feeling some type of discomfort. When a need occurs, it causes an imbalance in the motivational system which then leads a person to act in a way to achieve balance again (ibid.). One of the most popular need theories was developed by Maslow in 1943, and even though it was not created to explain tourists' needs in particular, years of tourism research led to certain adaptations of it (ibid.). The Maslow's hierarchy of needs will not be used directly for the analysis of the data, however, since it is a basis for a number of newer tourism motivation theories, it is considered relevant to have it briefly explained in this chapter.

Maslow's hierarchy of needs explains that an individual is first of all motivated to fulfil his/her basic needs (physiological and safety needs) before he/she moves to the next stages (love/belonging, esteem, self-actualization) (Maslow, 1943). Among the physiological, there is need for food, water, sleep, reproduction, reproduction, homeostasis, etc. When these are satisfied, a person can move on to the next stage - safety needs. This is the stage which is the most relevant to us, because besides the need for a “shelter”, employment, and resources, it also includes the needs for own body safety, thus a need for health (Maslow, 1943). Deriving from Maslow's theory, the motivation for health tourists to travel should be mainly impacted by the second stage of need fulfilment, however, other adaptations of the theory, such as Pearce's travel career ladder (TCL) suggests that a health tourist's desire to travel starts right with the first stage (Pearce & Caltabiano, 1983). His adaptation includes (starting with most important): 1) relaxation (need for bodily reconstitution) 2) safety/security (a concern for own and others safety) 3) relationship (group membership, receiving love) 4) self-esteem and development (glamour of traveling, skills development) 5) fulfilment (of a dream, finding harmony). However, even if it might be correct that health travellers are as well motivated to travel because they want to fulfil these needs step by step, the theory ignores the fact that the way one proceeds from one stage to another is as Bowen & Clarke (2009) state, strongly impacted by accumulation of travel experience.

The TCL theory was not well accepted and was therefore later revised and the name has been changed to travel career pattern (TCP). TCP will be also later used during the analysis of the collected data. The issue with the original TCL theory was that in some cases individuals do not follow the ladder step by step, they might skip some stages according to what is the most important to them (Lee & Pearce, 2005). The TCP theory consists of motive layers which are

divided into less important (isolation, nostalgia), moderately important (nature, self-development, host-site involvement, and self-actualisation) and very important (novelty, escape/relax, relationship) (Lee & Pearce, 2005). As Smed mentions, "the hypothesis was revised to open up for more arbitrary links" (2009, p. 6), and moves from focusing on steps on a ladder or hierarchy to emphasizing the pattern and structure of motivations (Lee & Pearce, 2005).

4.2 Travel Destination Choice

In the previous chapters it has been discussed what motivates a tourist to travel. In this chapter it will be examined how tourists choose a destination and what influences their preference of a destination, with a focus on health tourists. This is crucial for understanding how German tourists decide for a health retreat destination and having an idea what might make them consider or choose Hawbad for a visit.

Before discussing the process of choosing a destination, it is appropriate to first begin with a definition of the term destination. There is not only one definition of a destination, in fact it could be said that the term is usually explained in two, quite different ways (Han et al., 2009). A destination can be viewed as a certain geographically defined area, such as states, cities or national parks (Hall, 2012). However, other researchers such as Raaij (1986) consider a destination as a product which keeps on being sold to its visitors. This product is half "given" and half "man-made". The "given" are things that have been there before it became a tourist destination, such as nature and historic buildings, whereas "man-made" are the things which were developed specifically for the visitors. These include hotels, means of transport, sport activities, etc. (Raaij, 2000).

Destinations are thus commonly perceived as areas defined by their size or coordinates, as products, or even brands (Beerli and Mortin, 2004), however, Buhalis (2000) provides a definition which merges these different definitions. He agrees that destinations are geographically defined, however, are perceived by the tourists as unique entities which offer them various products and entities and are connotated with the destination's name (Buhalis, 2000). For this research, it has been considered as most suitable to follow Buhalis' definition, since Hawbad is seen as a tourist product by both developer and researcher, however, it is also

expected to be strongly associated with a geographically defined destination of North Jutland's West Coast.

The reasons why people travel to a destination are often attempted to be answered by various motivation theories, which as Garms et al. (2017) states, often lead to a conclusion that tourists want to satisfy their needs and wants. Mathieson and Wall (1982) explain that the way tourists behave and make decisions is impacted by four factors - needs, motivation, travel awareness and attitudes. Based on the findings of Hsu et al. (2009), the complex decision-making process is affected by various external & non-psychological, and internal & psychological factors. In 1990, Um and Crompton developed "A Model of the Pleasure Travel Destination Choice" which seems as a suitable model for this research since traveling for body treatments can be viewed as a pleasurable activity. The model consists of 5 stages, 2 inputs and three sets, which can be seen on Figure 1. External inputs can be described as influential factors or stimuli to which a potential visitor is exposed, such as significative stimuli (gained from an actual visit of a spa resort for example), symbolic (created purposely by tourism industry such as words or pictures), and finally social stimuli (coming from destination experience of other people), which form certain belief. The second group of inputs are internal, consisting of personal factors (such as age, lifestyle, gender, education, employment state, health state), motives, values, and attitudes, which initiate the choice. Between the two types of inputs there are "cognitive constructs" which Um and Crompton describe as "integration of the internal and external inputs, into the awareness set of destinations and the evoked set of destinations" (1990, p. 436).

The first, awareness set stands for all possible travel destinations which people are aware of even before they decide to travel. The authors state that these destinations are people's preferred, dream destinations and exclude destinations of which people are aware, but do not wish to travel to. The following, evoked set consists of all options people see as reasonable places when they are choosing a specific type of vacation. At this point, people's decision making is influenced by "their situational constraints as well as their preferences for alternative destinations" (ibid., p. 436). Finally the evoked set leads then to a final destination selection and the actual travel destination.

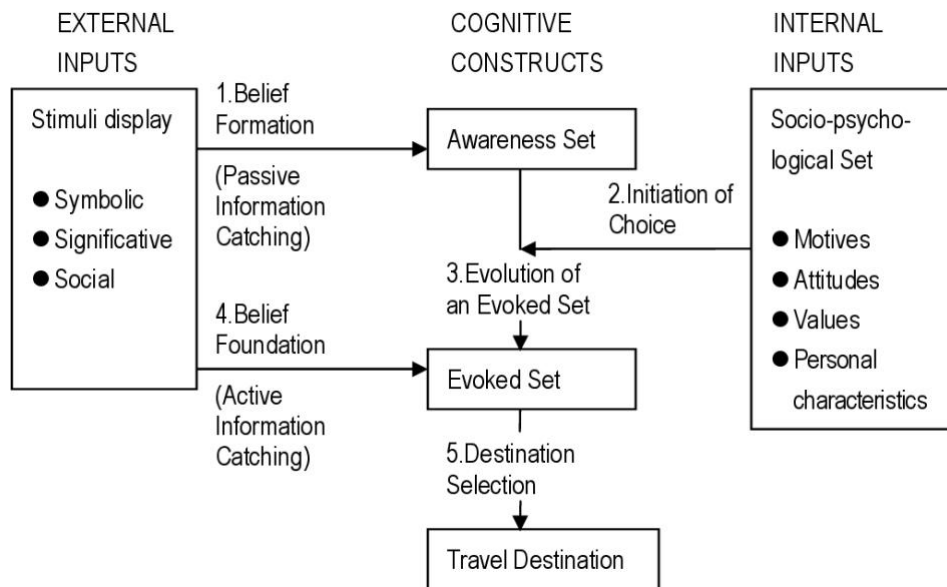


Figure 1 A Model of the Pleasure Destination Choice, Um & Crompton (1990).

4.3 The push & pull theory

When it comes to wellness destinations or attractions they are usually developed because of two factors - the pull and push, from an international perspective (Han et al., 2017). Han et al. (2017) claim that the pull stands for provision of “cutting-edge world-class medical facilities and services” and the push factor represents the insufficient or unsatisfactory wellness offerings at tourists' home country (p. 2). Han et al. (2017) identify four main reasons for why certain wellness travellers prefer to travel abroad for treatments: 1) better price 2) less waiting 3) certain medical procedures are subjected to strict regulatory controls 4) lacking cultural sensitivity at their home country. Besides these main reasons, people travel also because of the availability of desired procedures (e.g. organ transplants) or the opportunity to find wellness services while vacationing in a foreign land (ibid.).

Crompton (1979), the original developer of the push and pull theory explains that push factors are certain intrinsic forces which literally push the individual to a destination where (s)he can fulfil them. The push motivations, as Han et al. (2009) state, are those which explain the desire to travel, whereas the pull motivations explain how does one make the choice of actual

destination. Crompton (1979) lists seven push forces: escape, self-exploration, relaxation, prestige, regression, kinship-enhancement, and social interaction. The two pull forces are novelty and education.

The pull factor, as Garms et al. (2017) explain is what attracts the individual, usually the promising attributes of a destination created by marketing stimuli. Garms et al. (2017) as well as Koseva (2014) debate that it is difficult to make a general statement which factor (push or pull) overbalances the other. The suggestion is that both factors can be engaged at the same - e.g. arthritis pain makes an individual book a stay at a thermal spring resort, which means pain (as the push factor) and thermal resort (as the pull factor) create together the actual stay. For this research, an adaptation by Bowen & Clarke (2009) of the above mentioned push & pull theory, which has also been found in other health tourism research papers is appropriate to examine as well. According to them the push factors (tourist's intrinsic desires) are escape, rest/relaxation, health, adventure, and prestige. The pull factors represent the destination's attractiveness such as geographical proximity, accessibility, affordability, availability of attractions/services, peace, stability and safety (Bowen & Clarke, 2009). This suggests that German tourists might decide on which spa facility to visit based on how far it is located from their home, how much it costs, what type of services are offered and how easy it is for them to book a stay there.

One last adaptation of the push & pull theory that will be mentioned is the one by Uysal & Jurowski (1994). They make a division between internal (push) and external (pull) motivators. The internal include different psychological, physical, social and explorative factors such as “desire for escape, rest, relaxation, prestige, health and fitness, adventure, meeting new people, etc.” (Uysal & Jurowski, 1994 as cited in Hsu et al., 2009, p. 290). The external motivators are further divided into tangible factors (such as beaches, price, and environmental safety) and intangible factors (benefit expectations, marketing image). The theory version of Uysal & Jurowski (1994) helps us best to get an idea how German health seekers decide when they wish to travel to a thermal/mineral spring resort. It shows that a tourist takes into consideration a complex variety of factors, (s)he is influenced by more than just his/her current health condition or financial situation. However, it needs to be pointed out that the limitation of this theory is that it does not include an individual's knowledge and previous experience, which undoubtedly impact the way s(he) is pulled to destinations.

5 Methodology

The following chapter is dedicated to presenting and explaining the philosophy, design, and method of the undertaken research. These steps are crucial in order to make the reader understand the researcher's viewpoint for this particular research, together with the data collection techniques and the manner of analysis. As Igwenagu (2016) states, the main purpose of methodology is to justify that the methods chosen for a study are appropriate. Besides that, a methodological chapter is necessary for meeting requirements of an scientific paper. The last part of this chapter will discuss the methodological delimitations, in order to point out and boundaries that have been set for the study (Theofanidis & Fountouki, 2019).

5.1 Philosophy of science

Philosophical considerations serve as a tool to inform the reader of a research paper what type of perspective has been adopted by the author for collection of data, its interpretation, the nature of reality, and the way of gathering knowledge (Crotty, 1998). This in other words means that epistemological and ontological considerations, and the adopted research paradigm will be explained.

5.1.1 Ontological considerations

Ontology, term coming from the Greek language from the 17th century was created from two words coming from two Greek words "ontos" = being and "lógos" = reason. Nowadays it is considered as part of philosophy dealing with the nature of reality (Crotty, 1998). Its purpose is to decide if social entities should be considered either objective, meaning that they exist externally, separately from reality, or they should rather be considered as subjective, thus as constructors of the reality.

These two different views are referred to as either constructionism and objectivism. Objectivism suggests that social phenomena and their meanings are not dependent on social

actor, in other words, reality exists regardless of human observers (Crotty, 1998). Bryman (2012) claims that human perceptions are not able to influence the social phenomena. On the other hand, according to the constructionist point of view, social phenomena and their meanings are constantly being constructed and reconstructed by social actors and are thus dependent on them. Moreover, according to constructivism, social phenomena exist only because us, humans, make them real through social agreements (ibid.).

This research follows the ontological position of constructionism. The reason for this is that social actors (the researcher and the respondents of the survey), who are all a crucial part of this research, have different, subjective perceptions of reality, which results in creations of several, relative realities. A relative reality means that it is not constant and it can easily change, which is the opposite of absolute reality. In other words, the data gained through this research discover one of many truths about the reality and several perceptions and attitudes of the involved individuals (Crotty, 1998). It is important for the reader to understand that a research is everytime strongly impacted by the circumstances in which it is conducted. In other words it means that the result of this research shows a particular truth based on professional or personal opinions of its participants, however, in case a research on the same topic would be done in a different time, by a different researcher (who would give different value to the data) or with not exactly the same interviewees and survey participants, it would likely reveal a different truth (ibid.).

5.1.2 Epistemological considerations

Epistemology, same as ontology originates from Greek, from connection of the words "epistēmē" = knowledge and *lógos*, which has already been explained above. It is usually referred to as the theory of knowledge (Bryman, 2012). One of the main issues epistemology deals with is whether the social world can and should be studied in the same way as natural sciences. Positivism is the position, which suggests that social researchers should use the same type of methodology for data collection and explanation of phenomena which is used for research in natural sciences. According to positivism, objective knowledge exists already outside of the human minds. The opposite of this position is interpretivism, which says that "the subject matter of the social sciences - people and their institutions - is fundamentally different from that of the natural sciences" (ibid., p. 28). In interpretivism, the role of a social

scientist is to understand "subjective meaning of social action" (ibid., p. 30). Moreover, the interpretivist approach assumes that the meaningfulness of research findings always depends on the researcher's interpretation (Bryman, 2012).

This paper follows interpretivist approach. It means that it not only shows the findings of the research but it also adds subjective meaning to them, according to the researcher's knowledge and perception. This in other words means that conclusions that will be made from the same received data could be completely different if they were made by someone else. The researcher has an empathic outlook on the received data, which means she tries to understand why the respondents answer in the way they do. Meaning that the researcher does not only focus on what answers has been gained but also on reasons, meanings, and motivation for people's actions. This enabled thanks to the collection of both quantitative and qualitative data.

5.2 Research Approach, Strategy, and Design

After discussing the ontological and epistemological positions of this thesis, the next step will be explaining which particular methods and steps have been taken in order to answer the research questions. According to Bryman's (2012) structure for methodological chapter of a research paper, the reader should be at this point informed about the strategy chosen for data collection and the reason why the researcher decide to do so.

Firstly, it is important to state whether this research takes an inductive or deductive approach. Bryman (2012) describes deduction as the most common approach taken in social researches. It begins with researcher using certain, already known theory for hypothesis formation. As a next step, data are collected and subsequently, findings are analysed. After this, the hypothesis or hypotheses can be either confirmed or rejected and as last step, the theory is revised. Induction, as its name indicates, is a completely opposite process. Shortly explained, collection of certain data allows a researcher to create a hypothesis which is followed by a new theory. Therefore it is also called an exploratory research. Induction is thus a process which leads from specific observations to broad generalisations (Bryman, 2012). This master thesis takes a top down, thus deductive research. The research starts with a review of existing literature which

also includes finding relevant theories, which are then applied to particular phenomena (Bacik, 2019). During the analysis of the collected data, the researcher approves or disapproves the used theories. In other words, this means that the researcher looked for theories which could be used for both designing the tools for data collection, thus the survey, and for justification of the collected data. Bacik (2019) points out that there is a common belief that deductive approach does not bring any new information in the same way as an exploratory, thus inductive approach does. However, he claims that this is not true, and even in the case of this thesis, there might be unexpected findings which cannot be backed up and explained by any existing theories. Bacik (2019) emphasizes that even though the aim of a deductive approach is not establishment of new theories, certain types of findings might show that there is a need for them.

Next, the research strategy will be discussed. There are two main types - qualitative or quantitative (Bryman, 2012). Quantitative research, as its name suggests focuses on quantities, is objective from an ontological perspective and positivist from epistemological perspective. Bryman (2012) claims that a quantitative research tends to be deductive as well, as it aims to test a theory. However, he later point out that even though qualitative research "is typically associated with generating theories, it can also be employed for testing them." (Bryman, 2012, p. 37). For this research, it was the most appropriate to choose a mixed methods research strategy. In order to have the most accurate and detailed results it has been considered most suitable to have a combination of quantitative and qualitative data. According to Bryman (2012), collecting both quantitative and qualitative data helps to answer both types of questions - those starting with "what" as well as those starting with "why". Moreover, mixed type of data helps with balancing of each other's limitations (ibid.). For instance, in the survey of this the German tourists were asked to state where they prefer to go on a health treatment and why. This resulted in knowing the preferred destination, the number of people who chose it and the reason for choosing it.

An online survey was considered as the most suitable tool of data collection for this research, since it can easily reach a big amount of people. Besides that, it enabled collection of both quantitative (e.g. number of males, females, types of motivation...) and qualitative data (own explanation for a selected answer). To conclude, the research is undoubtedly a combination of both strategies since the received data can be numerically and statistically analysed (e.g. with

the use of charts), but also data that describes unquantifiable phenomena such as opinions, qualities, and feelings (Bryman, 2012).

As a last part of this subchapter, the author will discuss what type of design has been chosen for this research. According to Bryman (2012) there are five options: experimental, cross-sectional design, longitudinal, case study, and comparative design. Cross-sectional design, also known as a survey design has been used for data collection for this study. Even though survey is the most common tool of a cross-sectional design as Bryman (2012) claims, there are also other methods which can be employed, such as structured observation, content analysis, official statistics, diaries, etc. Its main characteristic is collection of data from a bigger group of people at one, specific point in time. A cross-sectional design is from this perspective an opposite of experimental and longitudinal design, where the same subjects are tested at least more than once, in order to detect changes caused by the time that passed. The main goal of a cross-sectional study is to provide a "snapshot" of current characteristics of a given population, which in this study, are information from a German sample on the health tourism topic. It is not needed to test the chosen sample multiple times, as the aim of this research is not observing how data can change over time, rather providing data which represent the current situation.

5.3 Method of data collection

Within this section, method chosen for receiving the needed data will be introduced and explained. It was previously mentioned that this research required both qualitative and quantitative data and therefore the author decided to construct a survey in a way that enables collection of both.

5.3.1 The Survey

As Bryman (2012), there are several advantages for using survey for collection of either qualitative or quantitative data. First of all, survey can be easily done in a way that is complete free of charge and is much quicker to administer as they can be sent to a large number of people within couple of seconds. Another important plus is that researcher has no possibility to see who exactly is responding to his/her questions and therefore has no chance to be biased because

of respondent's characteristics such as "ethnicity, gender, and the social background" (ibid., p. 233). The researcher made the survey anonymous not only to avoid bias, but to also ensure An online survey also offers convenience for respondents since they have the possibility to choose when they want to complete the survey and in their own tempo. A self-completion or also called a self-administered questionnaire was considered as the most suitable method for collecting missing data.

The survey was available for completion from the 1st of July until the 1st of September, in order to collect as many answers. The data collection was on the 1st of September when the number of respondents reached 280, which was considered a sufficient number by the researcher.

With this type of survey the participants are able to complete it by themselves and as Bryman (2012) mentions, there are two most common ways of its distribution, either postal or by mail. However, the options for survey distribution have increased since 2012, mainly thanks to technological development and growth of social media. The researcher decided to publish the survey on German Facebook groups related to Denmark, such as *Dänemark unseres Herzensland* (translated as "Denmark our heart country"), *Deutsche Auswanderer in Dänemark und die die es werden sollen* (= "German expats in Denmark and those who want to become ones"), *Deutsche Mütter/Frauen (jetzt oder bald) in Dänemark* (= "German mothers/women [now or soon] in Denmark"), *Deutsche Auswanderer in Dänemark* (= "German expats in Denmark"), *Dänemark unseres Lieblingsland* (= "Denmark our beloved land"). All of these groups can be found on Facebook and entered after one explains his/her agenda. These groups were chosen because the researcher wanted to find a combination of groups which have: a) predominantly German members b) more than 500 members c) members who have certain interest in Denmark. These factors combined were expected to ensure the highest possible interest in participating in the survey, and motivation in providing high quality answers. Besides distributing the survey online, on Facebook groups, the researcher had the opportunity to share a QR-code (which enabled access to the online survey) with a guest house owner in Lønstrup, who then informed German visitors about the possibility to participate in the research. Thus the method of sampling chosen for this research was non-probability sampling, which means that not everyone could participate in the survey because the researcher chose a specific sample for answering the questions (Daniel, 2012). Besides that, the survey adopted the self-selection or volunteer sampling method, which means that participants became part of

the study because they decided to volunteer after seeing the post on Facebook groups or when they were told about it during their stay in Lønstrup (ibid.).

The survey consists of 19 questions, divided into 4 categories (demographic data, general questions about vacationing in Denmark, questions on attitude towards health resort treatments, and specific questions about Hawbad), taking approximately 5 to 10 minutes to complete. The entire survey was created in German, to ensure maximum understanding and comfort of respondents. The questions were based on the information which was received through the interviews and secondly on two theories: push & pull by Bowen & Clarke (2009) and A model of the pleasure traveller (Um & Crompton, 1990). There were two types of questions - open and closed. This means that participants had the possibility to choose between several answers, or write their own answer if they did not relate with any of the offered, and in some cases were asked to explain why they chose one of the options, e.g. "a) yes, because: ...". In this way the researcher was able to collect both quantitative and qualitative data and explanations for certain choices of the respondents. The entire survey can be found in the appendix of this thesis, translated into English.

The quantitative data were processed by employment of univariate analysis, which as Bryman (2012) explains "refers to the analysis of one variable at a time" (p. 337). As a graphic tool it has been decided to use diagrams (bar charts, pie charts, etc.), which enable easy interpretation and understanding of data (ibid.). As it has been mentioned earlier, the participants were also asked to explain their choice of answer or to name a list of things based on their personal preference, opinion, etc. (e.g. favourite activities). For this type of answers, thematic analysis was chosen, as the most suitable technique (Bryman, 2012). The main advantage of thematic analysis is considered its flexibility, however Holloway & Todres (2003) claim that its flexibility can also result in not knowing which aspects of data to focus on and risk of missing nuances. Moreover, Bryman (2012) states that during a thematic analysis, "the language of the research participants should be kept as far possible" (p. 580). However, it can be argued that use of language can be considerably meaningful and not paying attention to it might result in unprecise interpretation of the data (ibid.). On the other hand, thematic analysis is according to Bryman (2012) one of the most popular approaches because it is not necessary to create thematic categories in advance and it simplifies the process of analysing big amount of data thanks to categorising the codes into broad themes.

Thematic analysis begins with familiarising with the data, reading and re-reading them. After that, the researcher starts choosing and coding the most relevant and interesting parts of the qualitative data. These are then grouped into various themes according to their similarities. For instance, when several people state the reason they like to visit Denmark is because of the beach or sea, it could be named as a "nature" theme (ibid.). Since there were almost 300 participants, the open-ended questions resulted in exhaustive amount of codes which needed to be divided into categories. This means that the researcher looked for and prioritised answers which appeared more frequently over the ones which appeared in lower numbers.

To conclude, the survey provided satisfying results, as it answered all research questions, and therefore it was decided not to continue data collection with another method.

5.4 Delimitations

As a last step before the analysis, the author will identify her set of choices and boundaries, which impacted the research and its outcomes (Theofanidis & Fountouki, 2019). This can also be seen as a reflection on the decisions and the possible deficiencies that they might have caused (ibid.). First of all, for the interview, the researcher contacted only companies which were found online. However, since the researcher was not located in Germany, researching companies online was considered as the most appropriate solution. However, it must be taken into consideration that there still might be companies (related to health retreats) that do not operate online, or do not provide any contact information on their websites.

When it comes to the survey, the researcher selected particular Facebook groups consisting of German tourists related to Denmark in various ways and shared the survey also with a guest house owner in Lønstrup, which is frequently visited by German tourists. In this case we can point out that only those who have Facebook and happen to be part of the selected Facebook groups were able to participate, and also only those German visitors who visited that particular guest house. Moreover, the researcher has chosen a specific time period during which people could participate in the survey, which means that a different time period would most probably result in a different number of respondents.

Lastly, since the researcher collected also qualitative data, it must be emphasized they are strongly subjective and cannot be regarded as generally applicable, to all German tourists. In relation to that, because of the chosen paradigm for this research, the analysis of the data and conclusion is subjective in character as well. Therefore it can be claimed that if the data were viewed and analysed by a different researcher, their interpretation would not be the same because of their perception of reality (Crotty, 1998).

5.5 GDPR

GDPR, the EU General Data Protection Regulation came into force on May 25, 2018. It is based on the concept of "privacy as a basic human right" and its main purpose is to protect personal information of individuals who are residents of the European Union. It is every citizen's fundamental right to be aware of how their data are being processed, thus collected, registered, stored, disclosed, and analysed (Goddard, 2017).

This research followed the rules of GDPR, and therefore every participant was informed right at the beginning about to anonymity of the survey and that the researcher had no access to their personal information. Indeed, the researcher did not consider collection of personal data such as name, address, contact details, etc. necessary (Goddard, 2017).

6 Data Analysis

Following the principles of a deductive approach brought us from review of theories to data collection and its analysis. As it was mentioned in the methodological chapter of this thesis, the tool chosen for answering research questions was an online, self-administered survey. The design of the survey was based on the presented literature, and during its analysis, the findings will be compared with the findings of mentioned researches and certain theories will be either be confirmed or rejected.

6.1 Survey

The results of survey will be analysed in 4 different question categories, which were based on their thematic similarities. The order of the categories aimed to start with introductory data (in this case demographic data about the respondents), continue with general data about perception of Denmark as a holiday destination and general attitude towards health retreats, and finalise with data on attitudes towards Hawbad in particular.

Throughout the survey analysis the term "health retreat" will be used several times. It was considered as the best equivalent for the German "Kur", which can mean all of the following: 1) treatment of one's current health problems at a "Kurort" thus a treatment facility or "Heilbad" which can be translated as a spa, 2) health strengthening 3) precautionary treatments for people with no health problems (Duden, n.d.; DWDS, n.d.).

6.1.1 Demographic / background data

The first part of the survey consists of data which serve as an identification of the participants. The focus of the research was entirely on the German market, which is why the respondents were asked right at the beginning about their nationality. The survey was shared with a description that only German nationals are asked to participate, and it was mentioned again at the introductory section of the survey. However, to ensure the precision of the results it was considered appropriate to clearly see whether indeed all participants were German. As Figure

2 shows, 99% percent of the respondents chose "German" as their nationality and only 1%, precisely 2 respondents were American. The software used for creation of the survey does enable seeing which response was given by which respondent, therefore it is not possible to eliminate the responses given by the two American respondents. This means that it cannot be claimed that the data were 100% created by German respondents, however, no survey of this type can guarantee that no one else besides the required sample participated. To conclude, the sample which took part in the survey is considered to have accomplished the goal of the survey since 2 different respondents out of 280 cannot have a significant impact on the final results.

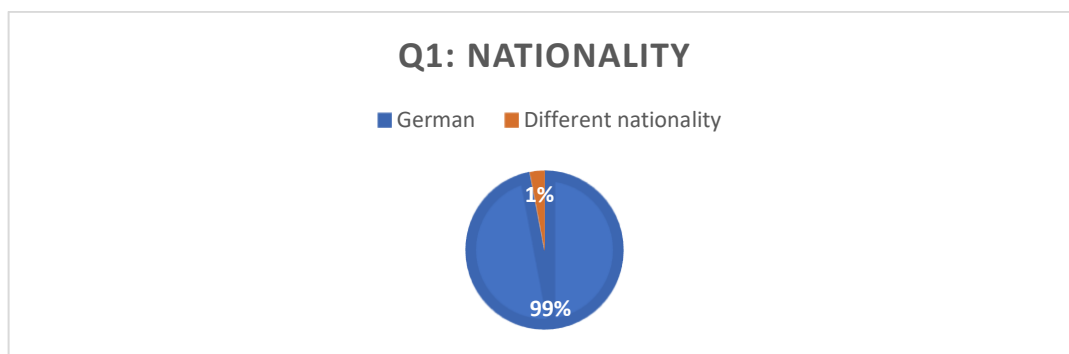


Figure 2 Nationality

As next step of the demographic section the participants were asked to state their gender. The decision to ask this question came from the Pleasure Travel Destination Model (Um & Crompton, 1990), which discusses the influence of aspects such as age, lifestyle, gender, employment status, etc. on how people perceive and choose destinations. The result of the second question showed that the sample consists of predominantly female respondents 72% (Figure 3). The rest of the respondents were clearly male, as there was no one who chose the option "other".

There is no clear explanation as to why is there such a distinct proportional difference between males and females, however there are few possible reasons that could have caused it. First of all, the survey was shared in various Facebook groups, one of which was a strictly female group - *German mothers/women in Denmark*. Secondly, Dimitrovski & Todorović (2015) state that majority of spa/wellness visitors are women, which in this case could mean that women had bigger interest to participate in a wellness related survey.

Following Um & Crompton's model, the participants were next asked to choose an age category to which they belong to. The result was that the majority (55%) is between 36 to 55 years, 24% between 56 to 67, 13% 26 to 35, 5% 15 to 25, only 3% 68+ and 0%, thus no respondent was aged between 0 to 14 (Figure 4). In the chapter of this paper "Characteristics of German tourists" it was mentioned that it is predominantly the 60+ category who has the biggest interest in health tourism, which was expected to be reflected in the results of this survey as well (Pforr & Locher, 2012). However, the older generations (60+) are less likely to be Facebook users, which probably impacted the number of respondents belonging to this age category.

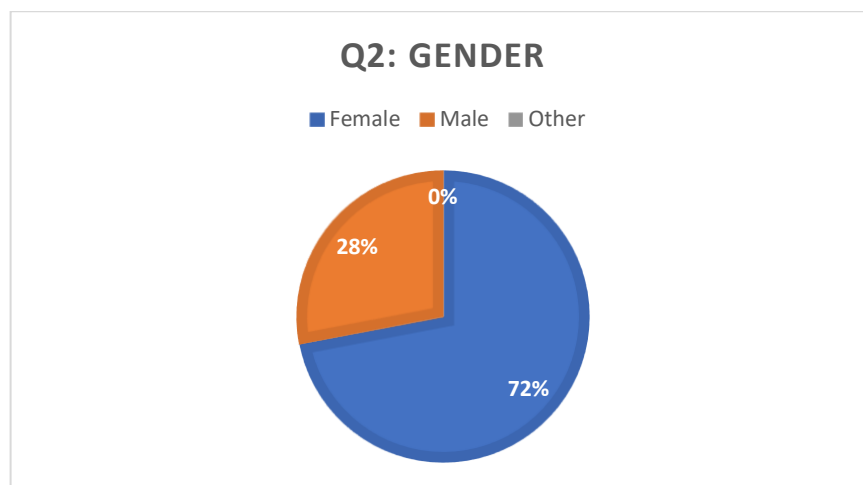


Figure 3 Gender

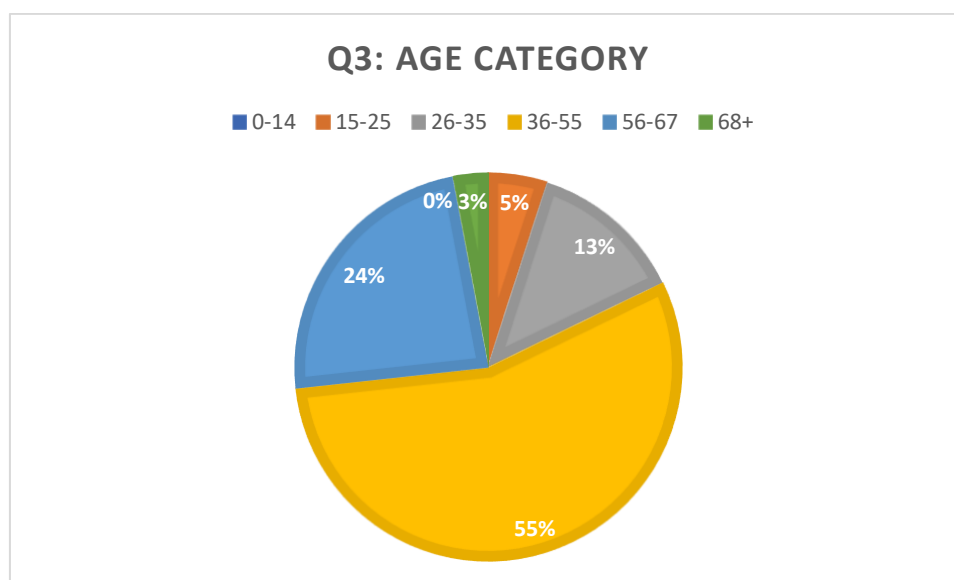


Figure 4 Age category

Last part of the demographic section was dedicated to identification of the employment status of the participants based on the model of Um & Crompton (1990). The participants were asked to choose between three options: employed, retired, or in case it was none of the above to write their own response. During the Facebook groups selection process, the researcher could recognise which groups of people would dominate in the survey. Posts and discussions in the groups showed it was mainly employed and retired people, and since the strategy of the survey was to make reading of the questions and selection of options as fast and easy as possible, it was decided provide those three options. 80% are employed, 11% retired and 9% chose option "other" (Figure 5). Among those 9%, most stated they were housewives or students.

To summarise the demographic section of the survey, the results show that the majority of the respondents are German, females, aged between 36 to 55 years old, employed at the time of responding.

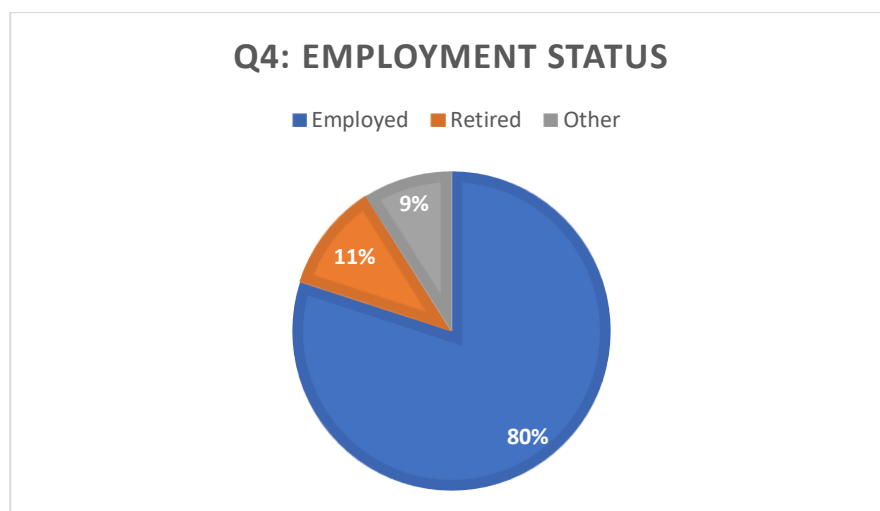


Figure 5 Employment status

6.1.2 Perception of Denmark

Discovering how is Denmark perceived by German students is one of the most important findings of this data collection. Within the literature review of this paper, it was discussed that German tourist are the largest foreign group in Denmark and it has also been identified thanks to previous researches what attracts them about Denmark and what are their favourite activities

during their stay. They were asked same questions within this survey, in order to gather most recent data and whether the trends are still the same.

The first question of this section was *What is your main motivation for visiting Denmark? / What do you like most about Denmark?* The result shows that vast majority (82%, Figure 6) have motivation and the examples will be discussed later and showed in table 2. 10% responded they have no motivation and the most common responses among those 8% who chose "other" was "I live in Denmark, therefore I do not visit it".

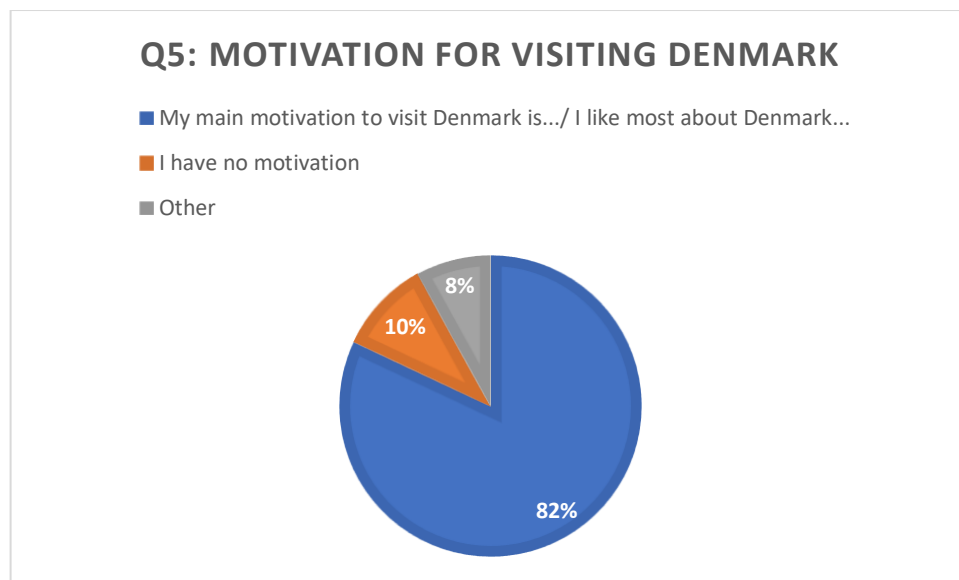


Figure 6 Motivation for visiting Denmark

Table 2 Motivations for visiting Denmark

Environment	Nature	People
few tourists (20)	sea (32)	Danes/ Danish mentality (50)
quiet (96)	beach (49)	friendliness (16)
"hygge" (15)	fresh air (15)	family residing in Denmark (14)

As it was mentioned in the methodological chapter of this thesis, the qualitative data were processed according to the principles of thematic analysis. After recognising themes and

similarities in the responses, three categories had been formed: calmness, nature and people, with three most common responses for each category. Table 2 also shows how many times each motivation appeared in the results, and it is clearly the quiet (appeared 96 times), Danish people and their mentality (50x) and beach (49).

In the following question respondents were asked about the actual activities they like to perform once they are on vacation in Denmark. Figure 7 shows that 92% chose the open-ended option which enabled listing of the favourite activities, which are displayed in Table 3. 1% has never been to Denmark and 7% chose last option, "other" where majority stated they have no favourite activities as they are Danish residents of German origin. Table 3 shows the most common answers, thus the most popular activities of German tourists in Denmark. When it comes to physical activities the favourite is going for walks (appeared 99 times), from the nature-related activities it is relaxing on the beach (105x) and from the last category "mixed" it is going to restaurants (70x). The mentioned research from VisitDenmark (Turisterne i Nordjylland, 2019) discovered that favourite activities of German tourists were relaxing at the beach/sea, going for walks, and relaxing at the accommodation. The results are very similar except the latter, relaxing at the accommodation which did not appear at all in the results of this survey. The reason for this could be that the researchers from VisitDenmark might have opted for a closed-ended question, where "relaxing at the accommodation" was already one of the options to be chosen.

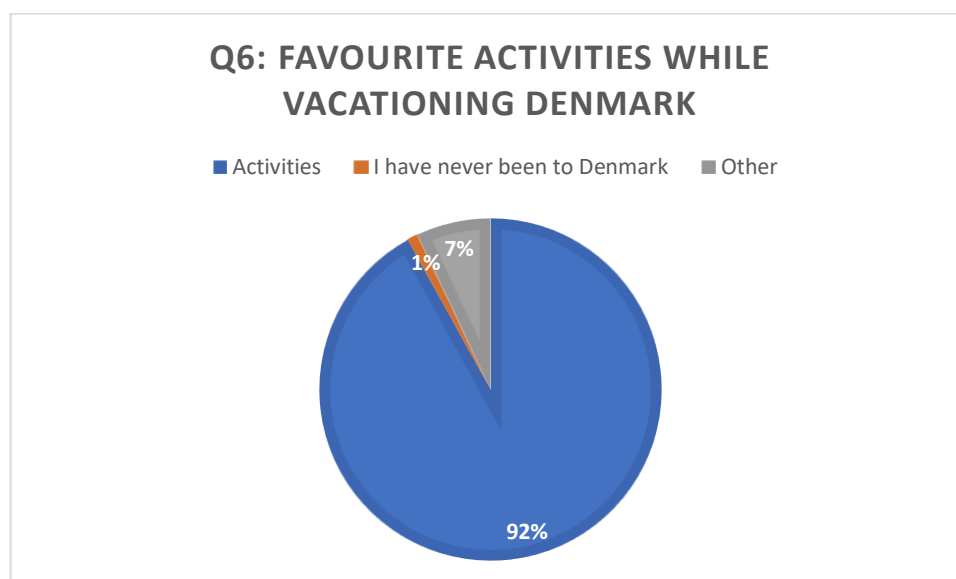


Figure 7 Favourite activities while vacationing in Denmark

Table 3 Favourite activities while vacationing in Denmark

Physical activities	Nature-related activities	Mixed
going for walks (99)	relax on the beach (105)	go to restaurants (70)
bike riding (30)	bathing in the sea (20)	sightseeing (15)
golf (10)		shopping (20)
fishing (15)		visiting museums (10)
		socialise (30)

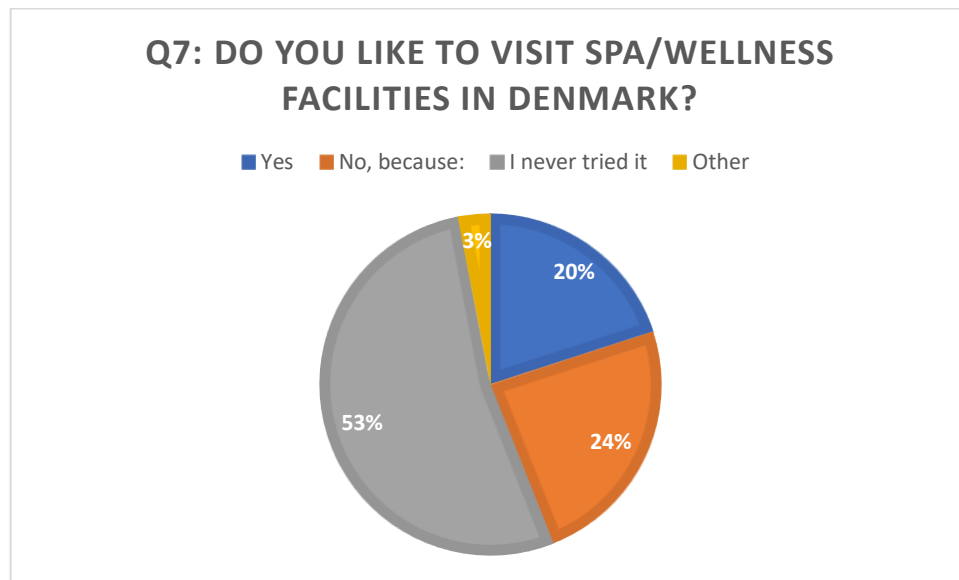


Figure 8 Visiting spa/wellness facilities in Denmark

The third question of the second section of the survey was directed specifically at finding out whether German tourists like to visit Danish spa/wellness facilities. Based on the previous researches which revealed there is very weak connection between German tourists and the spa facilities, there was an assumption that it would not appear among the favourite activities or motivations (Q5 & Q6) (Turisterne i Nordjylland, VisitDenmark, 2019).

The data show following: 20% like to visit spa/wellness facilities in Denmark, 24% don't, 53% never tried it, and remaining 3% (9 respondents) did not choose any of the above and wrote their own answer (Figure 8). This result cannot be considered as unexpected, since according to the mentioned research by Zhang & Marcussen (2017) only 5% of Germans considered

going to spa/wellness as a motivation to visit Denmark. The most common response was that they do visit spa/wellness facilities, however, not because they necessarily like to, rather because of social reasons such accompanying family, friends, etc.

It was important to find out what was the reason of those 24% who chose the option "no" as it is a crucial element for answering the research questions. Therefore all respondents who chose this option were asked to explain their reason. Out of 50 responses, 4 main themes were identified: 1) having private spa/wellness possibilities at the accommodation (mainly holiday homes) 2) no interest in spa/wellness in general 3) poor offer of spa/wellness facilities in Denmark 4) preference of different activities when vacationing in Denmark.

The last question of the second section was concerning the importance of health related activities while vacationing in Denmark. The question in the survey was formulated in more detail, explaining that the activities are for example sports, healthy diet, wellness services such as massages, saunas, meditation, etc. Majority of the respondents (57%) stated that it is important for them, while for 39% such activities are not important (Figure 9). The last choice was once again an option to write their own answer in case the respondents could not relate with neither of the above. The responses of these remaining 4% showed mainly that they stand somewhere inbetween yes and no. It can be claimed that Germans are indeed health-oriented tourists, not only because of the results of this survey, but also based on the studies mentioned in the literature review of this chapter by Garms et al. (2017), Zhang & Marcussen (2007), and Kozak (2002).

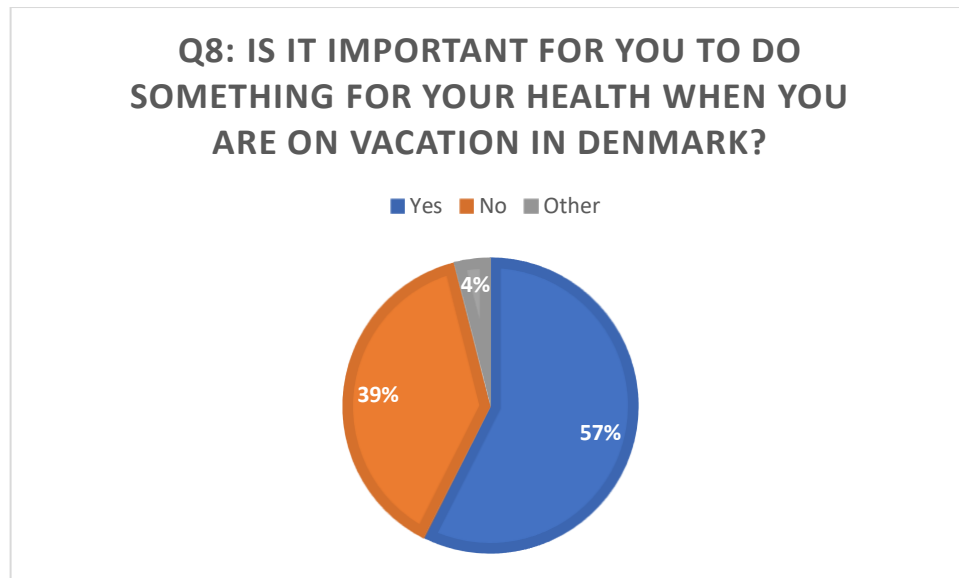


Figure 9 Is it important for you to do something for your health when you are on vacation?

6.1.3 Attitudes towards health retreats

Within this section, the focus was placed on discovering how German tourists perceive health retreats, their preference of location, factors influencing their decision making, and their awareness of different possibilities. According to the literature which was reviewed, Germany is the European country with the strongest spa tradition and largest number of facilities (Global Wellness Monitor, 2018). Besides that the German "Kur" (health retreat) culture is strong, one of the reasons being the German health insurance, which under certain circumstances fully or partly covers the costs (Hall, 2012). Figure 10 shows that only 27% of the participants have at least once been on a health retreat in Europe, 72% have never been and 1 respondent stated they have not but plan to do so this year. The percentage that has never been on a health retreat can be considered quite high since most of the participants were aged between 36 to 67 years old, which belongs to the age group in Germany that has tendency to do health retreats (Deutsche Rehaversicherung Bund, 2019).

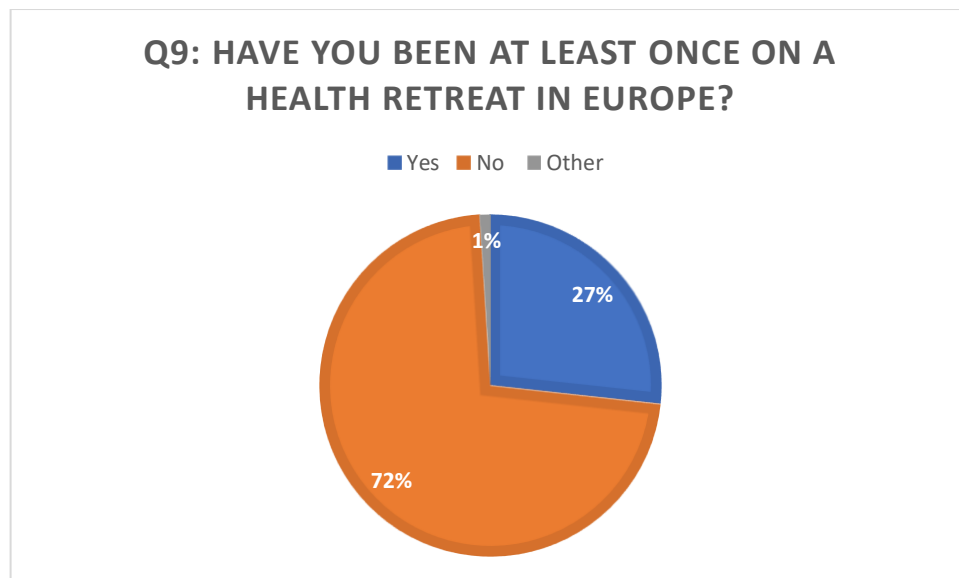


Figure 10 Have you been at least once on a health retreat in Europe?

Results of question n.10 revealed that the interest in health retreats of the respondents is general quite low (Figure 11). 42%, the majority of the participants chose that they would not want to go on a health retreat, 24% stated they would like to do it in a foreign country, 18% in Germany, and 16% did not choose any of the above and provided their own answer, mainly expressing that the location of retreat is not important. The most common reasons for preference of a health retreat either in Germany or in a foreign country provided by the respondents are listed below, in Table 4.

Majority of the respondents who chose they would prefer a health retreat in Germany explained that they would feel more comfortable if they could use their mother tongue. The second most common explanation was claiming that the health insurance does not cover health retreats outside of Germany, which is however, according to official websites of health insurance companies not correct. Finally the third most appearing explanation were the advantages of smaller distance such as the possibility to spend more time with family and no need to pay for overnight stays, as they could sleep at home.

Most of the respondents that would prefer a health retreat in a foreign country see it as a way of combining health treatments with a tourist experience. The second most frequent reason was better treatment offer abroad, and the third was claiming that the German mentality does not make a health retreat as enjoyable as in countries with more relaxed mentality. These reasons partly confirm the push & pull theory, especially the adaptation from Bowen & Clarke (2009),

which was mentioned in chapter 4.1. It can be said that it agrees with the theory only partly because the factors which are listed by Bowen & Clarke (geographical proximity, accessibility, and availability of services, and affordability) do not cover all the factors that were mentioned by the German participants (2009).

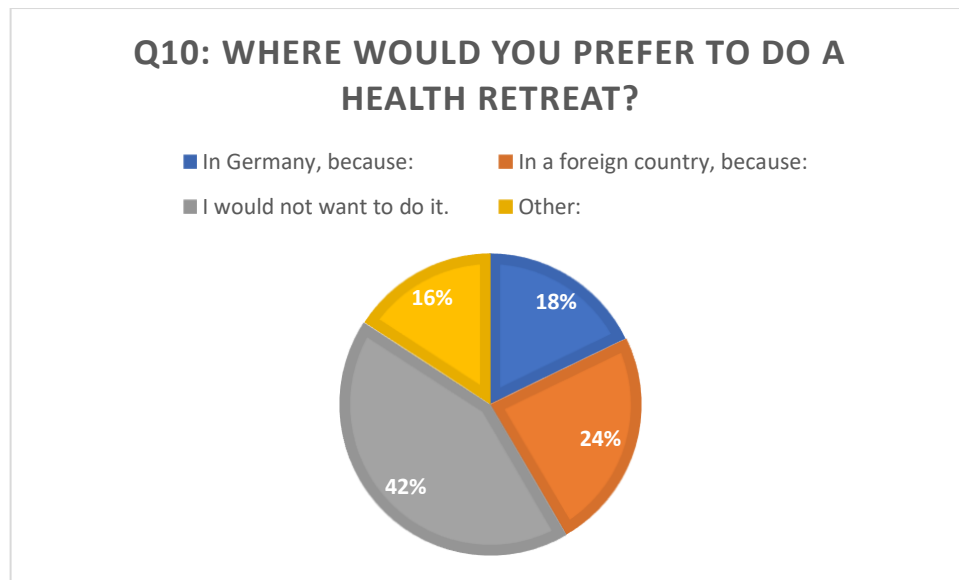


Figure 11 Where would you prefer to do a health retreat?

Table 4 Reasons for preference of destination

Germany	Abroad
no language barrier	new experience
health insurance coverage	treatment offer
distance from home	mentality

In the 11th question of the survey the participants were asked which would be the most important factors if they could choose a destination for health retreat, which factors would be the most important to them. This was a multiple answer question, so the respondents were able to choose more options. Figure 12 shows that the options that were selected the most were "treatments offer" (74%) followed by "possibilities for external activities" (what can be done outside of the retreat facility, 58%) and finally "price" (44%). The factor which was mentioned by the majority who chose the last option "other" (6%) was the distance from a sea.

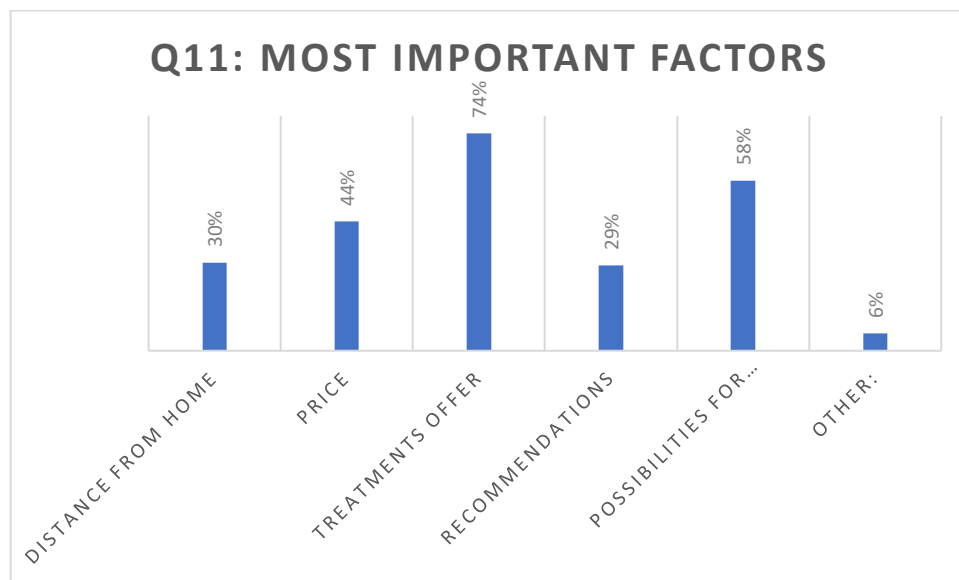


Figure 12 Most important factors when choosing a health retreat destination

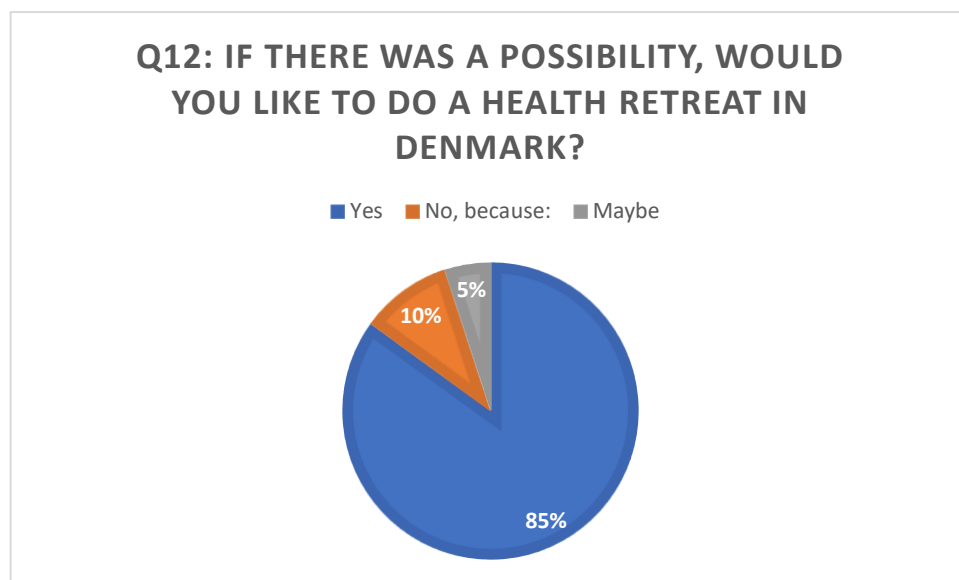


Figure 13 If there was a possibility, would like to do a health retreat in Denmark?

According to Hall (2012) German tourists often travel for the sake of health retreats to other European countries, where the price is usually lower, such as the Czech Republic or Slovakia. Since the prices in Denmark are in general similar or slightly higher than in Germany, Denmark might not be viewed as the most attractive destination for health retreats. However, the result of Q12 shows that the interest to do a health retreat in Denmark is very high (85%), as can be seen on Figure 13. Comparing this result with result the result from Q10 (Figure 11) brings

some confusion since majority of the respondents stated they would not want to do a health retreat at all (42%) or rather in Germany than in a foreign country (18%).

5% of respondents selected they would maybe do a health retreat in Denmark and remaining 10% chose the option "no" together with their personal reason. Three main reasons which were identified from the responses were: language barrier, distance from Germany and no interest in participating in a health retreat in general. Language barrier is a factor that indeed seems to be important as it was expressed by respondents several times. However, none of the theories which were used for this project mention it as a decisive aspect.

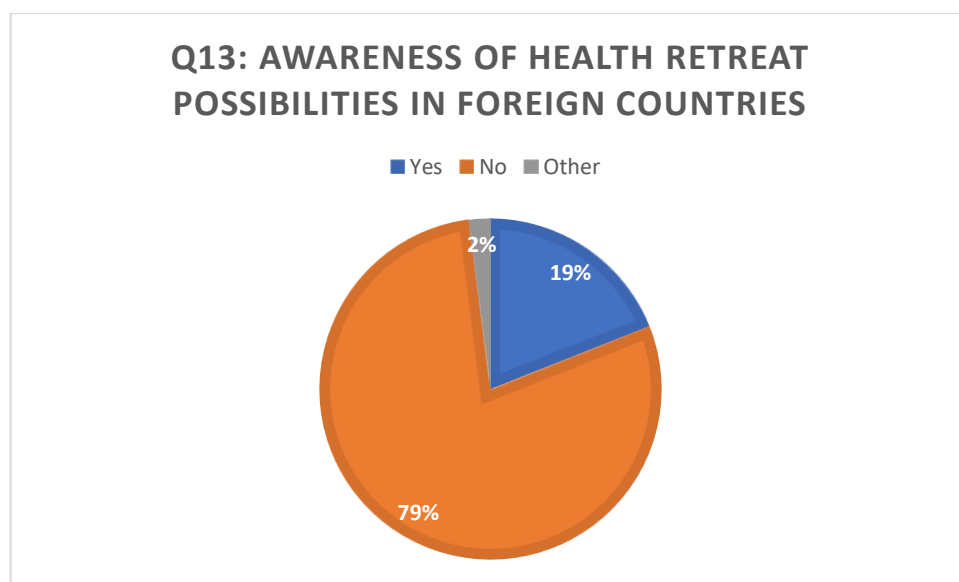


Figure 14 Awareness of health retreat possibilities in foreign countries

According to the official websites of German health insurance companies, Germans are able to do a health retreat abroad, as long as the facility abroad and the health insurance have an official agreement (Hall, 2012). As mentioned above, there must some percentage of the population aware of this fact since the research shows where German usually tend to go for retreats (Hall, 2012). However, the result of Q13 "Are you aware there is a possibility to do a health retreat in a foreign country covered at least partly by your health insurance?" showed that almost 80% are unaware of this fact (Figure 14). Only 19% know about this possibility, and 2% who chose option "other" did not understand the question correctly according to their answers.

85% percent of respondents claimed they would do a health retreat in Denmark if the was the possibility. As price is considered as an important factor while choosing a travel destination (Kozak, 2000; Han et al., 2017). Therefore, two questions were created focusing specifically on this factor, in order to see how strongly it can influence person's decision making. Figure 15 shows that 51% would pay for a health retreat in Denmark in case the price was similar to German. The number of those who would pay even if the price in Denmark was higher than Germany is significantly lower (6%). In case the price in Denmark was lower than in Germany 16% of the respondents would pay and 14% would not do the health retreat at all. The last category "other" was answered by 13% of participants. The most frequent answer was unawareness about the prices in Germany which made it impossible to give an answer.

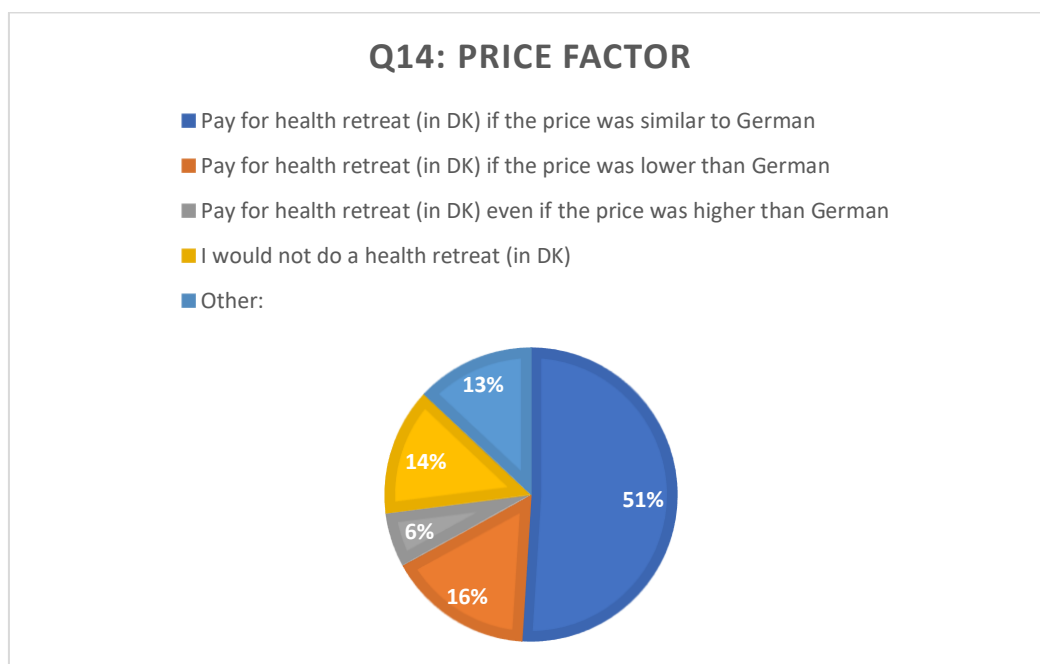


Figure 15 Price factor

Last question was also focused on the price factor, however, in this case the purpose was finding out how much could an official agreement between a German health care company and a Danish health retreat facility impact a German tourist's interest in doing a health retreat in Denmark. The received data proofs that the interest could be indeed quite high since 83% of respondents would do a health retreat in Denmark if their health insurance covered the costs at least partly Figure 16. 8% would not have an interest even if the health insurance would partly cover the costs and on the contrary, 6% would do it even without the coverage of their health insurance. The remaining 3% chose option "I don't know". This clearly shows that even a partly

coverage of costs by the health insurance could motivate Germans for a health retreat in Denmark.

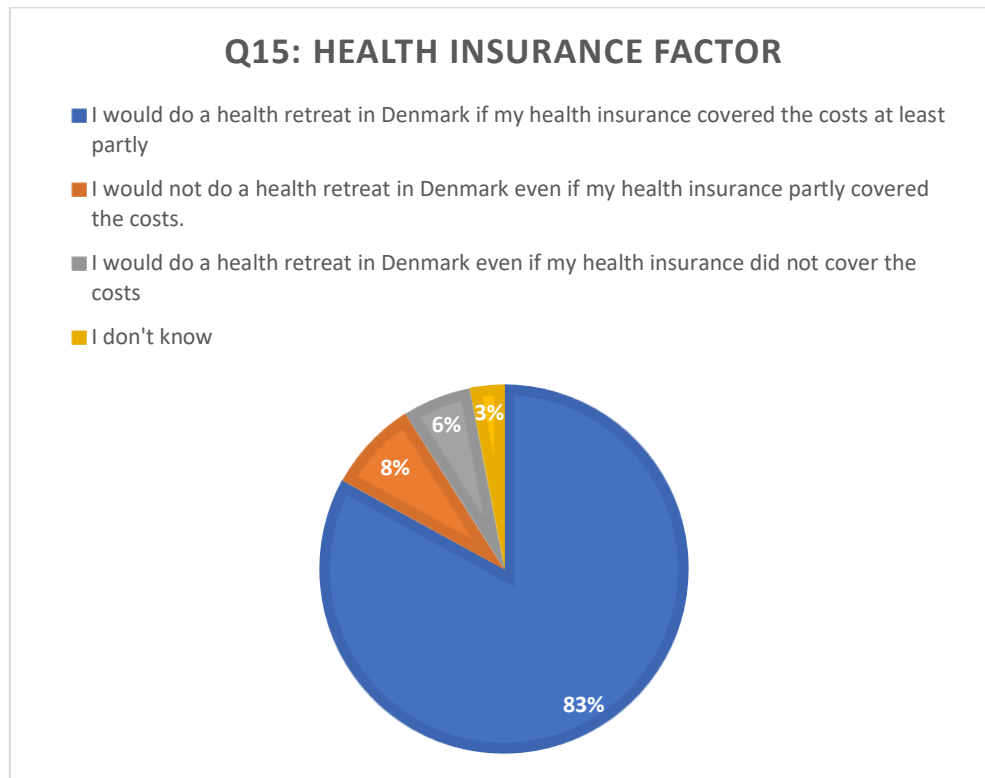


Figure 16 Health insurance factor

6.1.4 Hawbad

When the respondents accessed the survey they were informed about Hawbad, and its planned offer of services and treatments, which could potentially be at least partly covered by the German health insurance. Therefore the last section of the survey was dedicated to questions related to Hawbad. Most of the services and treatments in Hawbad are planned to be water based, and therefore geothermal water can be considered as the core characteristic of the facility. As Bodeker & Cohen (2008) mention, alternative treatments such as hydrotherapy have been increasing in popularity, however, according to the Global Spa Summit, the Western society is still quite hesitant towards spa/wellness treatments for certain medical conditions. (2011). As Boekstein (2014) with explains, this is due to the fact that there still has not been enough of scientific research on alternative treatments, which results in some degree of disbelief in its effects among people. Moreover, the Model of the Pleasure Destination Choice

by Um & Crompton (1990) suggests that the decision making process of a traveller is impacted by beliefs formed by information which an individual has before selecting a destination. The participants of this study were therefore asked if they believe in the healing properties of thermal water. Vast majority (83%) selected that they do believe, 9% do not believe and 8% were not sure (Figure 17). Respondents who did not believe in the healing properties were also asked to explain the reason. Out of 16 respondents, 14 stated that they never came across a study which would prove the healing properties, which again confirms the statement of Boekstein (2014) mentioned above.

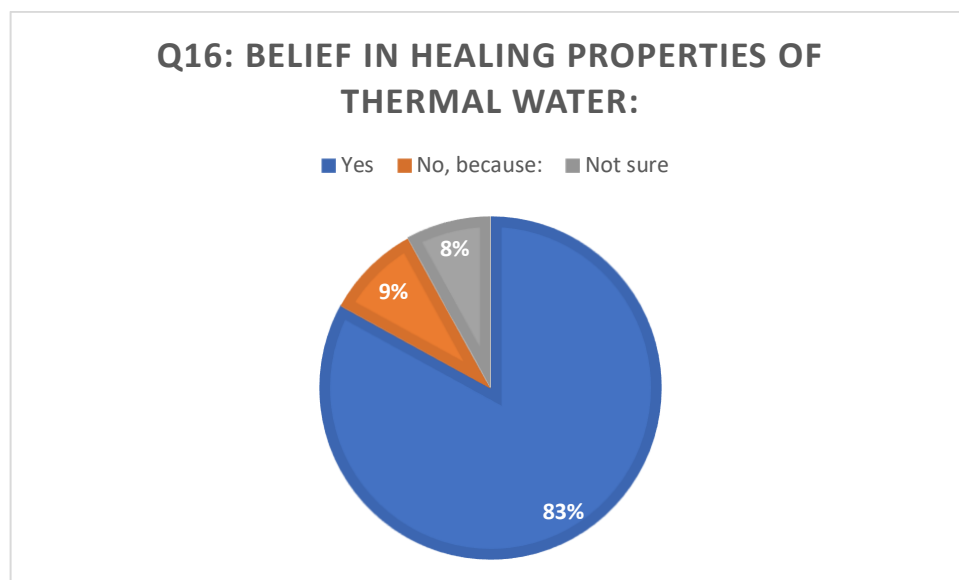


Figure 17 Belief in healing properties of thermal water

However, certain disbelief in healing properties of thermal water does not necessarily have to lead to an uninterest in visiting Hawbad. According to the push & pull theory adaptation of Uysal & Jurowski (1994), besides the internal push factors such as health & fitness (physical factor) there are also other psychological, social, and explorative factors such relaxation, need for adventure and meeting new people. Based on this theory, the participants were asked whether they would be interested in visiting Hawbad. The result was that 60% of respondents would be interested, 32% would be maybe interested and the remaining 8% would not be interested (Figure 18). The respondents who selected option "no" were asked to provide also an explanation for their choice. Among the 15 responses, 4 main themes were identified: 1) no interest in health retreats in general, 2) preference of nature related activities while staying in

Denmark, 3) fear of Lønstrup turning from a calm destination to a mass tourism destination, 4) hesitance about treating health problems outside of Germany.

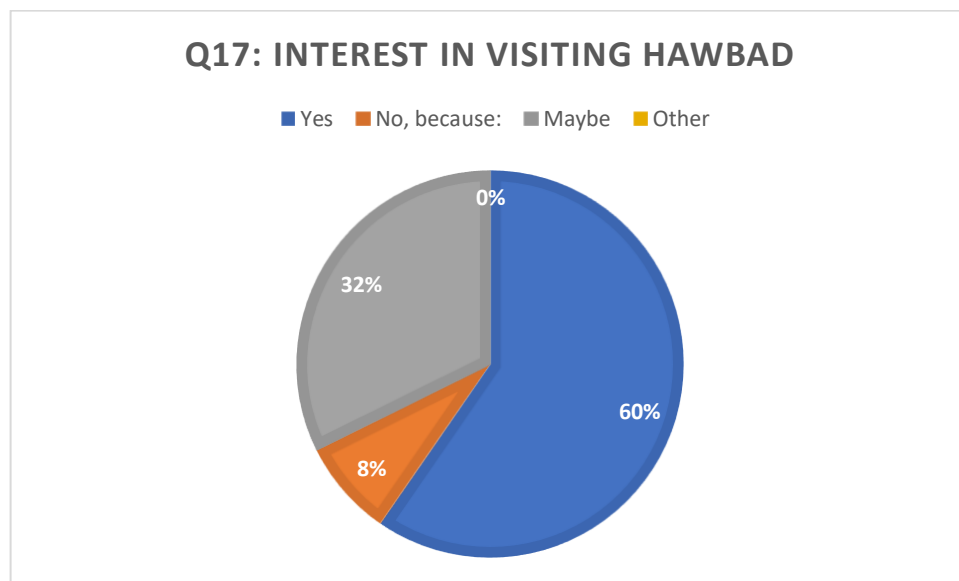


Figure 18 Interest in visiting Hawbad

According to the Travel Career Pattern by Lee & Pearce, the most important motive layer consists of novelty, relax/escape, and relationship (2005). The moderately important layer consists of self-development, host-site development, self-actualisation, and nature (ibid.). Based on some of these motives, and the push & pull theory adaption Uysal & Jurowski (1994), the respondents were asked what would be their main reason to visit Hawbad, choosing from 5 different options or writing their own answer (multiple choice possible).

The results of Q18 showed that the three most popular reasons were "trying something new" (chosen by 68% of respondents) followed by "health benefits" (56%) and finally "socialising" (25%). This partly confirms the theory by Lee & Pearce as the options socialising and trying something new belong to the most important motive layer, and the health benefits factor can be considered as part of moderately important motive layer representing a way of self-actualisation (Figure 19).

As can be seen on Figure 18, the option "sea alternative" was selected by 18% of respondents. The sea option has been included because according to the research from VisitDenmark (Turisterne i Nordjylland, 2019), the Danish seaside is one of the main reasons why German tourist come to Denmark. Garms et al. (2017) stated that Germans visit Scandinavia mainly

because of its unspoiled, pristine nature. Therefore, the percentage of votes for this option can show whether it is considered as an equivalent alternative for the sea, which was also in the results of this survey chosen as a favourite location to spend time at. Finally, 10% of respondents, would not visit Hawbad and one respondent which chose the option other, wrote "to do something for my health" which practically corresponds with the first option "health benefits".

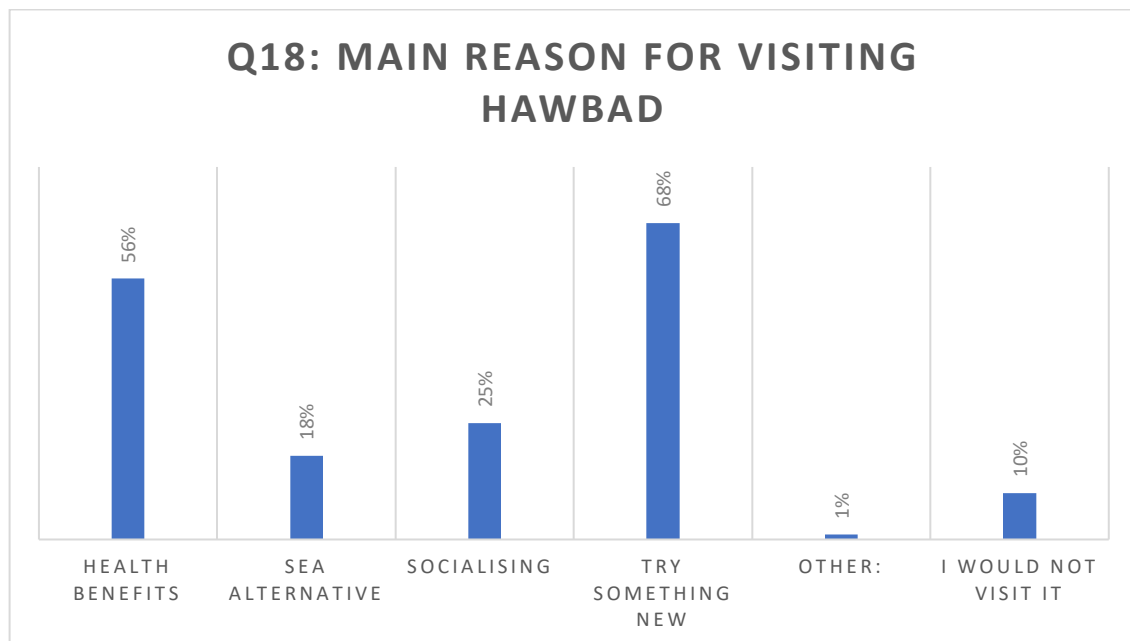


Figure 19 Main reason for visiting Hawbad

The Global Spa Summit (2011) listed recommendations which should be taken into consideration when developing a spa/wellness related facility (Chapter 1.4). One of them, which said that attention should be paid to nowadays' importance of sustainability and eco-friendliness combined with the fact that Germans are strongly motivated to travel to Scandinavia for its pristine nature, resulted in creation of Q19: How important is the sustainability of Hawbad to you? As Figure 20 shows, for more than half of the respondents (72%) is the sustainability of Hawbad important into some extent, for 33% very important and for 39% important. 24% of the respondents feel neutral about its sustainability and 3% do not consider it important at all. Two respondents (1%) selected the option other and claimed that sustainability nowadays should not be an option, rather a standard. From these results we can

conclude that sustainability plays an important role for the German participants and it might influence their choice of visiting Hawbad.

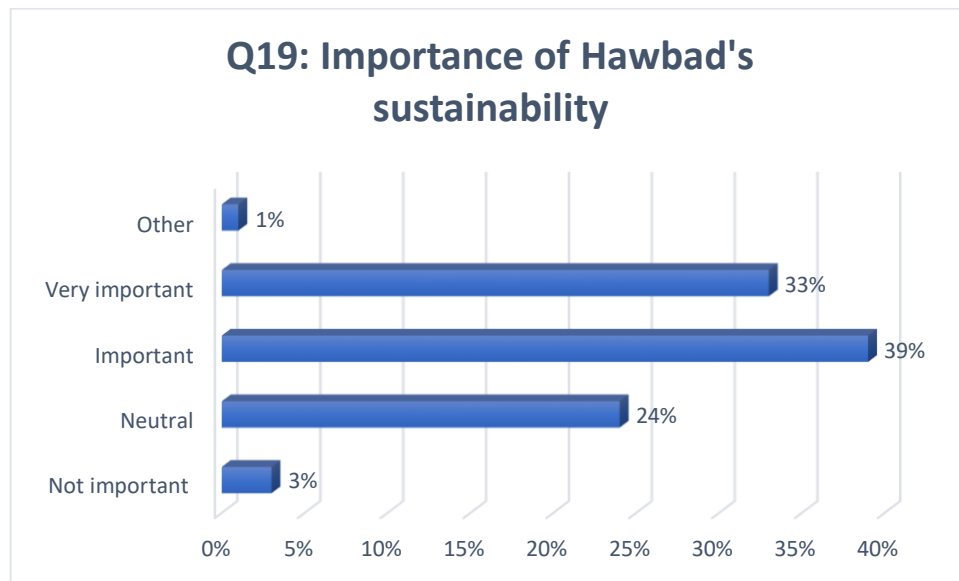


Figure 20 Importance of Hawbad's sustainability

7 Discussion

This chapter serves as a space for discussion of the main findings of the data analysis together with the support of information received from the literature review which will be at the same time evaluated. The discussion will be based on answering the research questions of this thesis which were following:

How do German tourists perceive Denmark as a health retreat destination and what is their perception of Hawbad in particular?

- What impacts their decision making process of doing a health retreat?

The first step which was taken based mainly on the Model of the Pleasure Travel Destination Choice, was identifying the main characteristics of the researched sample, since factors such as nationality, gender, age, and current status (employed/unemployed/retired/student/etc.) can play an important role in how tourist make their destination choice (Um & Crompton, 1990). Moreover, these characteristics are important for connecting the findings of a research with a specified sample. The findings of this thesis thus represent opinions, attitudes, and motivations of a sample which consists 99% of German respondents, of which a vast majority is female, employed, and aged between 36 to 55 years old.

The previous demographic section was followed by inquiries about attitude towards Denmark, in order to discover how is the country perceived by German tourists in general. Based on the provided answers, the main motivations of Germans to visit Denmark are the quiet, Danish mentality, and the nature and the favourite activities include walks, relax on the beach, and eating at restaurants. Even though Denmark has several spa/wellness facilities, none of the respondents expressed motivation to visit Denmark for activities related to it. Furthermore, more than half of the respondents (53%) never visited a spa/wellness related facility during their stay, and 24% do not like to visit such facilities while vacationing in Denmark. An interesting discovery is that the main reasons for this is the poor offer amount of such facilities

and the option of private wellness at rented holiday houses in Denmark, which discourages the tourists to visit a spa elsewhere.

For someone to be interested in a health retreat, it is logical to be at least to some degree interested in their own health. Germans were in previous studies identified as active tourists who seek physical activities and visit countries such as Czech Republic, Slovakia, or Turkey (Hall, 2012; Kozak, 2002). The result of the survey confirms this as almost 60% of respondents consider it important to do something for their health when they are on vacation in Denmark. However, results from a following questions can be considered quite confusing since 72% of participants have never been on a health retreat in Europe and 42% would not want to do it. This result contradicts the claims mentioned in the literature review that health tourism among Germans is extremely popular (Global Wellness Economy Monitor, 2018).

The percentages of respondents who would like to do a health retreat in Germany and those who would like to do it abroad were almost equal. The reasons (new experience, treatment offer, distance, price) of each correspond to the push & pull theory, however, the language barrier factor which appeared multiple times among the responses does not seem to be taken into consideration by any of the used theories. According to the result, foreign language can discourage a tourist from choosing a destination, especially in the case of a health retreat. It can be thus considered as a new piece of knowledge, how much of an influence can a language have on tourist's preference.

When it comes to choosing a health retreat destination, the Germans consider the offer of treatments, possibilities for external activities, and price as the most important factors. Here it is appropriate to mention the push & pull theory adaptation by Uysal & Jurowski (1994), which divides external motivators into tangible factors such as location and price and intangible factors such as the expectations of gained benefits and marketing image. The offer of treatments can be thus seen as the intangible factor (gained benefits) as well as the possibilities for external activities (marketing image).

The review of literature showed that Germany's health care system works in a way that encourages its citizens to do health retreats (Hall, 2012). These are at least partially covered by the insurance both in Germany and in other EU countries. Since the perception of Germans on Denmark as a destination for a health retreat could be changed by having official agreements

between German health insurance and certified Danish facilities, it was important to investigate the knowledge of respondents on this topic. Surprisingly, a vast majority (79%) was not aware of the possibility of doing health retreats in other EU countries financially supported by the health insurance. It is difficult to offer an explanation for this since the age group that dominated among the respondents also belong to the age group of health retreats seekers and goes, which should mean their level of knowledge related to this topic is high (Deutsche Rehavversicherung Bund, 2019). The follow-up question was then whether they would like to do a health retreat in Denmark, which received 85% positive responses. This phenomena, going from 42% of respondents not wanting to do a health retreat in general to 85% wanting to do a health retreat in Denmark can be explained by the Model of the Pleasure Destination Choice by Um & Crompton (1990). The respondents had at beginning their own "awareness set" which was changed however, to an "evoked set" after they realised they have the possibility to do a health retreat supported by their health insurance also in a foreign country. Their initial awareness set of knowledge was thus impacted by new information which resulted in a change of their perception, thus higher interest in a health retreat.

Next, the price factor was deeper investigated in order to find out how much it can impact the motivation of Germans tourists. The results showed that around half of the respondents would be interested in a health retreat in Denmark in case the price they would have to pay would be similar to the German one. However, in case there would be the chance of a health insurance cost coverage, the interest becomes much bigger, as in that case more than 80% would be interested. Even though there is currently no such option, it can be at least stated that decision making process for a health retreat destination is strongly impacted by the price and the health insurance possibilities.

The last section of the survey was dedicated to Hawbad. As the main source attraction of Hawbad is considered the use of geothermal water, it is important to understand the perception of this feature by the German respondents. The findings prove that Germans have a strong belief in the healing properties of the geothermal water, which can be also seen in research done by Deutsche Heilbäder e.V. (translated as German Spas), where the figures of arrivals to water based spa facilities grew by more than three million since 1999 (2015). It can be claimed that this also one of the reasons why the interest in visiting Hawbad turned out to be quite high (more than half of respondents being certain about wanting to visit Hawbad). Three main motivations to visit were recognised based on responses and analysed by using the TCP theory

of Lee and Pearce (2005) : desire for novelty, socialisation, and health benefits. Another factor which nowadays needs to be considered because of environmental problems is sustainability, and the findings prove that almost half of the respondents consider it very important for Hawbad to be sustainable. Germans travel to Scandinavia in general because of its unspoiled nature, which can be one of the reasons why they pay more attention to environmental impacts of a facility.

Finally, it can be said that Germans do would consider Denmark for health retreat destination, however, attention must be paid to factors which attract the Germans (variety of offers, convenient price, new experience, sustainability), and eliminating the factors which they find discouraging (language barrier, absence of health insurance coverage, poor amount of spa offers). One of the most important discoveries is that the respondents were not aware of the possibility of a health retreat covered by health insurance abroad. It has been discovered that possibility of a retreat supported by health insurance automatically results in much higher interest.

8 Conclusion

Even though it has been claimed that Germany is the European country with the strongest health retreat culture, mainly because of its large number of spa facilities and financial support received through the health insurance, the findings of this research showed that the general interest in health retreats is not as high as it would be expected. According to the findings of this research it can be concluded that Germans do not perceive Denmark as a destination for health retreat, mainly because of preference of other nature-related activities during their stay. Health retreats are usually associated with spa/wellness related services, which as the findings show are not used by the German tourists in Denmark.

When it comes to health retreats in particular, Germans find the offer of treatments, price and activities outside of the health retreat facility as the most important factors. Majority would like to do a health retreat in Denmark, however, their decision would strongly dependent on the price difference in comparison with Germany. Even though most of the respondents claimed that they would participate in a health retreat in Denmark if it was at least partly

covered by health insurance, it is uncertain whether an agreement between a Danish a retreat facility and German health insurance would ensure a higher interest among the Germans. This uncertainty is based on the discovery that a large percentage of participants were not aware about health retreats options abroad, even though these possibility has existed since many years.

It can be concluded that Denmark could one day become a destination to which German tourists would travel for a health retreat, as soon as the conditions are adjusted to their strongest pull motivators. Hawbad, even though it does not physically exist yet, is already considered as an attractive facility by the majority of the respondents. However, in order to maximise the attraction of the German tourists, it is necessary to continue researching, the possibilities for health insurance cooperation in particular.

Finally, the result is that the purpose of this research has been fulfilled, and therefore can be considered successful, as all of the research questions have been answered. Moreover, it brought some additional interesting discoveries, which could be in the future further researcher. These will be discussed in the following chapter.

9 Further research

Certain results of this research could be further examined in order to develop deeper knowledge and better understanding of certain phenomena. It is necessary to say that the theories which were used throughout this research provided valuable insights and guidelines, however, it has been recognised that certain discoveries could not have been backed up by them. The first suggestion would be to continue researching the foreign language factor in relation with health tourism, and to which extent it can impact the destination choice.

Another phenomenon which would be interesting to further investigate is the level of awareness among Germans for health retreats in other EU countries with the possibility of having costs covered by the health insurance. Based on this research the awareness is very low, however the reason has not been further researched.

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Appendix

Survey

1. Please state your nationality:
2. Please state your gender:
3. Please choose your age category:
a) 0-14 b) 15-25 c) 26-35 d) 36-55 e) 56-67 f) 68+

4. Please choose one of the following:
 - a) employed b) unemployed c) other
5. What is your main motivation for visiting Denmark?
 - a) My main motivation is.../ I like most about Denmark
 - b) I have no motivation
 - c) other:
6. What are your favourite activities while vacationing in Denmark?
 - a) Activities: b) I have never been to Denmark. c) Other:
7. Do you like to visit spa/wellness facilities in Denmark?
 - a) yes b) no, because: c) I have never tried it. d) other:
8. Is it important for you to do something for your health when you are on vacation in Denmark?
 - a) yes b) no c) other:
9. Have you been at least once on a health retreat in Europe:
 - a) yes b) no c) other:
10. Where would you prefer to do a health retreat?
 - a) In Germany, because: b) In a foreign country, because: c) I would not want to do it. d) Other:
11. What would be the most important factors if you could choose a destination for a health retreat? Multiple choice possible
 - a) distance from home b) price c) treatments offer d) recommendations e) possibilities for external activities f) other:
12. If there was a possibility, would you like to do a health retreat in Denmark?
 - a) yes b) no, because: c) maybe
13. Are you aware there is a possibility to do a health retreat in a foreign country covered at least partly by your health insurance?
 - a) yes b) no c) other:
14. Please choose one of the following options. I would...
 - a) pay for a health retreat (in DK) if the price was similar to German
 - b) pay for a health retreat (in DK) if the price was lower than German
 - c) pay for a health retreat (in DK) even if the price was higher than German
 - d) I would not do a health retreat (in DK)
 - e) Other:
15. Please choose one of the following options.
 - a) I would do a health retreat in Denmark if my health insurance covered the costs at least partly

b) I would not do a health retreat in Denmark even if my health insurance partly covered the costs

c) I would do a health retreat in Denmark even if my health insurance covered the costs at least partly

d) I don't know

16. Do you believe in the healing properties of thermal water?

a) yes b) no, because: c) not sure

17. Would you be interested in visiting Hawbad?

a) yes b) no, because: c) maybe d) other

18. What would be the main reason you would visit Hawbad?

a) health benefits b) sea alternative c) socialising d) try something new e) other: f) I would not visit it.

19. How important is the sustainability of Hawbad to you?

a) not important b) neutral c) important d) very important e) other