HEALTH RESORTS AND THEIR IMPORTANCE FOR THE DEVELOPMENT OF LESS DEVELOPED AREAS IN SLOVENIA

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Abstract
Health Resorts and Their Importance for the Development of Less Developed Areas in Slovenia

In the paper is presenting the importance of health resorts for the development of less development areas in Slovenia. Health resorts are one of the oldest kinds of tourist resorts and started to develop in Slovenia already in 18th and in the beginning of 19th centuries. The main reasons for the first tourists' visits were connected with bathing in thermal waters, drinking of healing water, socializing of the higher social classes and entertainment. Later, the health resorts became centres of highly qualified medical rehabilitation based on the basis of using of natural remedies and modern medical treatments. The so called classical health resorts prevailed in Slovenia until the mid-1980s. The beginning of the 1990s marked an important turnaround in the development of health resorts in Slovenia. With the construction of modern swimming pools, some health resorts have started to use thermal water for fun and "experience". The so called "thermal rivieras" or "thermal parks" have emerged with covered or open pools, which are open throughout the year. The reorientation to mass tourism based on recreation, healthy lifestyle, wellness etc., as well as spending of holidays in apartment accommodation have significantly increased the tourist visits in the so called recreation health resorts. These are usually located in less developed areas of the country, which means their importance is even greater for the employment of the inhabitants and the spatial and functional development of rural areas. In the case study author is orientated especially on the development of the health resorts in the Posotelje region (in NE Slovenia).

Key words
tourism, health resort, spa, less developed areas, Slovenia

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1. Introduction

In 2009 visited Slovenia 2.7 million tourists, and they made 8.3 million overnight stays) (SURS 2010). In the international scale that number represented only 0.15% of all international tourists in the world (geographically, Slovenia is a small country with surface of 20,273 km² and 2.0 million population), while its income from tourism represents only 0.25% of that in the world. A more realistic picture of the importance of the tourism in Slovenia can be gained from comparing the following data. In 2006, Slovenia in Europe ranked 20th place according to overnight stays per inhabitant (Tourism Statistics 2008), and in 2000 10th place according to the income in foreign currency per inhabitant (Koprivnikar and Šušteršič 2002, 50-52). Slovenia belongs also to the group of European countries for which tourism is very important in their national economy (Lorber 2006). 5.5% of its GNP (with multiplication effect of 8.5%) comes from tourism; in 2006 Slovenia ranks on the third place between European countries (after Spain and Austria, and before France and Italy). Tourism also directly created around 5% of working posts in Slovenia (SURS 2009).

Slovenia comprises regions that are quite diverse in their natural and cultural character in relatively short distances. Vacation travels of tourists have been oriented particularly to four mayor tourist destination areas: to the Sub-Mediterranean (seaside) region, to the Alpine (mountain) region, to the health resorts (spas) of Eastern Slovenia, and to the mayor towns (especially to the capital, Ljubljana). Health resorts are one of the oldest kinds of tourist resorts and started to develop in Slovenia already in 18th and the beginning of 19th century. The world known health resort in Slovenia is Rogaška Slatina spa with 400 years of tradition. After the WW II, several new springs of thermal and mineral water were made fit for use through geologic drill holes, thus the area of health resorts was expanded to several new locations. In the 1970s and 1980s health resorts became centers of highly qualified medical rehabilitation centers, based on the use of natural remedies and modern medical treatments.

The beginning of the 1990s marked an important turnabout in the development of health resorts in Slovenia. With the construction of modern “thermal parks”, they reoriented into mass tourism, based on recreation, healthy lifestyle, wellness, etc., as well as spending of holidays. So, we could see that after 1990s, the health resorts became the most important group of tourist resorts in Slovenia, with around 1/3 of all overnight stays in the country. They are usually located in less developed areas of the country (in NE Slovenia), which means that their importance is even greater for the employment of the inhabitants and the spatial and functional development of rural areas.

2. Tourist development in Slovenia and the importance of health resorts

Prior to the beginning of the 19th century, there were only two relatively important forms of “tourist” travels on the territory of the present-day Slovenia. The oldest were pilgrimages, and the other type was journeys to the mineral or thermal springs (Jeršič 1998, 457). The first written documents to mention the Dobrna thermal water date back to the beginning of the 15th century and to mention mineral water in Rogaška Slatina date back to the 16th century (Horvat 2000, 38).

The real tourist travels developed in Slovenia at the beginning of the 19th century. Among the early forms of tourism are visits to Karst phenomena and also health
resorts. In the middle of the 19th century the railway between Vienna and Trieste made Slovenia much more accessible to visitors from cities of the Austria - Hungary monarchy. The railway to the west part of the country facilitated mountain tourism. The seaside tourism began to develop as early as the 19th century, but reached a more intensive phase in the beginning of the 20th century. In addition to health resorts, in the period between WW I and WW II tourists were interested also in swimming, skiing and other winter sports as well as in taking short trips (Kresal 1996, 122).

The early 1960s represent a new stage in the development of tourism in Slovenia. The state promoted the modernization of the existing and construction of new tourist facilities. It also supported modernization of transport infrastructure. This was a period when started heavy transit flow of tourists from Western and Northern Europe towards the Croatian coast and forward to South-Eastern Europe (Jeršič 1998, 459). The relaxation of formalities at entry points to Yugoslavia (without visas) helped as well.

In mid-1960s, Slovenia already became an important international tourist destination. Especially the share of foreign tourists grew very rapidly (up to 47%). The majority of foreign tourists at that time came from Germany, Austria and Italy. Among those coming from other Yugoslav republic, the majority came from Croatia and Serbia. In addition to single destinations at the seaside and in health resorts, we see a development of winter sports tourism, business and congress tourism in the cities, and rural tourism in the countryside. Tourist visits reaches its peak in Slovenia in mid-1980s with over 9.2 million overnight stays (Fig. 1).

Fig. 1: Number of Tourist Arrivals and Overnight Stays in Slovenia, 1953-2009.
Source: SURS 2010
In 1991 Slovenia for the first time in his history became an independent state. Besides all changes in political and economic system, that period is also a period of great changes in tourist flows, caused by the war on the Balkans that resulted in the breakup of former Yugoslavia. As a result of that, in the first half of the 1990s, Slovenia experienced worst times in modern tourist industry’s history ever. That was the period of only 5 million overnight stays per year on average, which was less than in the period prior to 1973. In 1991 we see a drastic drop in the number of foreign tourists in Slovenia, but after 1991 a major factor that contributed to the low number of visitors was a major drop in the number of tourists from former Yugoslav republics. The share of their overnight stays, which was over 30% in the 1980s, dropped to only 6% in the 1990s (Fig. 2) (Horvat 2005, 161-170).

Fig. 2: Share of Overnight Stays by Origin of Tourists, Slovenia 1953-2009.
Source: SURS 2010.

The stabilization of the political situation in the Balkans after the year 2000 signifies also a renewed growth of tourism in Slovenia. The number of tourists exceeds 2 million, and overnight stays exceeds 8 million, which equals 90% of overnight stays in 1986. Tourists from former Yugoslav republics are still in the minority. Most tourists come from the neighbouring countries. For the first time the country with the highest number of overnight stays is Italy. It is followed by Germany and Austria. Owing to Slovenia’s joining of the EU in 2004, the renewed transit tourism across Slovenia and to the introduction of low-cost flights, the gravitational areas from which tourists come to Slovenia, widened again (to The Netherlands, Great Britain, Russian Federation, and other countries).

After year 2000 with a new tourism strategy, a new development paradigm has come forward. It is based on development of new, high quality tourist products,
which are interesting for the market and make use of the advantages of Slovenian tourism in comparison with competitive countries. The emphasis of the new approach is no longer on mass tourism, but on creation of attractive market niches in the frame of European tourist offer. The new direction of tourist development in Slovenia is based on the development of the following kinds of tourism: health and wellness tourism, coastal tourism, mountainous tourism, countryside tourism, business and congress tourism, cultural tourism, casino and entertainment tourism, ecological tourism, recreation tourism, adventure tourism, transit and excursion tourism (Horvat 2008).

Slovenia comprises regions that are quite diverse in their natural and cultural character in relatively short distances. Vacation travels of tourists have been oriented particularly to four mayor tourist destination areas: to the Sub-Mediterranean (seaside) region, to the Alpine (mountain) region, to the health resorts (spas) of Eastern Slovenia, and to mayor towns (especially to the capital, Ljubljana).

![Graph of Number of Overnight Stays per Type of Tourist resort, Slovenia 1960-2008.](image)

**Fig. 3:** Number of Overnight Stays per Type of Tourist resort, Slovenia 1960-2008. Source: SORS 2010.

Health resorts are one of the oldest kinds of tourist resorts and started to develop in Slovenia already in 18th and the beginning of 19th century. They had developed around the springs of thermal and mineral water, mostly in the eastern part of the country. The world known health spa in Slovenia is Rogaška Slatina spa with 400 years of tradition. In terms of the magnesium content of, its mineral water is unique in Europe. It was already served at the imperial court in Vienna in 18th century and at the papal court in the Vatican (Horvat 2000). But after the WW II, several new springs of thermal and mineral water were made fit for use through geologic drill holes. Thus the area of spas was expanded to several new locations.
Health and spa resorts in Slovenia were primarily intended for the so called “social” tourism, and only after 1960 they started to be included into the international tourist offer more intensely. They became centers of highly qualified medical rehabilitation centers, based on the use of natural remedies and modern medical treatments. The so called “classical health resorts” prevailed in Slovenia until the mid-1980s. The beginning of the 1990s marked an important turnabout in the development of health resorts in Slovenia. With the construction of modern swimming pools, some health resorts have started to use thermal water for fun and “experience”. The so called “thermal rivieras” or “thermal parks” have emerged with in-door and out-door pools which are open throughout the year. The reorientation into mass tourism based on recreation, healthy lifestyle, wellness, etc., as well as spending of holidays in apartment accommodation have significantly increased the tourist visits in the so called “recreational health resorts”.

In the mid-1980s the Rogaška Slatina health resort was the leading health resort in Slovenia (380,000 overnight stays), but with the faster development of other health resorts its significance began to decline. Such alterations in the development policy of some Slovenian health resorts, which are oriented mostly into recreational, had a great impact on the fact that Rogaška Slatina (with its emphasis on the medical-preventive services) was in the mid-1990s overtaken by other so called “recreational” health resorts. In 2008, the most important health resort was the Čateške Toplice spa (594,000 overnight stays; it was also the third largest tourist resort in Slovenia), followed by the Moravske Toplice spa (456,000) and the Terme Olimia spa in Podčetrtek (350,000). Tab 1. shows the top-ten most important tourist resorts in Slovenia between 1971 and 2006. In Fig. 3. we could also see that after 1990s, the health resorts became the most important group of tourist resorts, with around 1/3 of all overnight stays in Slovenia.

Source: SURS 2010.

<table>
<thead>
<tr>
<th>Year</th>
<th>Tourist Resort</th>
<th>Overnight Stays</th>
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<tr>
<td>1971</td>
<td>Portorož ²</td>
<td>821,353</td>
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<tr>
<td></td>
<td>Ljubljana ⁴</td>
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<td>Bled ³</td>
<td>464,102</td>
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<td></td>
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<td>Bohinj ³</td>
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<tr>
<td></td>
<td>Izola ²</td>
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<td></td>
<td>Piran ²</td>
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<td></td>
<td>Koper ²</td>
<td>172,341</td>
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<td></td>
<td>Maribor ⁴</td>
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<td></td>
<td>Ankaran ²</td>
<td>154,473</td>
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<td>1986</td>
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<td></td>
<td>Maribor ⁴</td>
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<td></td>
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<td>Slovenia 5.443,561</td>
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<td>% 1.-10.</td>
<td>57,3</td>
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</table>

Note: Type of Tourist Resort: 1 – Health t.r., 2 – Seaside t.r., 3 – Mountain t.r., 4 – Other t.r. and mayor towns.
Fig. 4.: Number of Overnight Stays in the Most Important Health Resorts in Slovenia. Source: SURS 2010.

Fig. 5: Number of Tourist Beds per 1,000 Inhabitants in Slovene Municipalities, 2007. Source: SURS 2009. Note: Municipalities with health resorts are marked with circle.
3. Health resorts and their importance for the development of less developed areas in Slovenia: Case study Posotelje region

Slovenians’ health resorts are mostly located in less developed areas of the country (especially in the north-eastern and eastern part of Slovenia). Majority of them are situated in small settlements with less than 1,000 populations, which means, that their importance is even greater for the employment of the inhabitants and the spatial and functional development of rural areas.

There is a close interconnection between the economic and demographic development. The large economic power of health resorts in Slovenia constantly attracted people. The surplus of working posts caused intensive daily migration of workforce. It had a favourable influence on the structure of active population as well as on the age structure of population and natality in the surrounding settlements as well. At the same time it prevented an increase in emigration from the peripheral and relatively less developed regions.

Among the most direct effects of tourist development is the employment in sectors that are directly related to tourism, but on the other hand, the development of the health tourism stimulated also other non-agrarian activities. Majority of the Slovenians’ health resorts are situated in less developed areas, so they contributed a lot to the development of those areas.

In this point of view, two types of tourist health resorts have developed in Slovenia:
The older resorts, which had mostly started to develop in the 19th century, and during that period mostly developed into local urban centers. A great economic power of health tourism created there several working posts and attracted population, so the former, mostly agrarian settlements, growth to “multifunctional” urban centers. In that type we could include following health resorts in Slovenia: Rogaška Slatina, Radenci, Laško. In those settlements tourism was the first non-agrarian activity and other non-agrarian activities joined only at a later stage, especially industry and some service activities. Owing to their better infrastructure such tourist places become more attractive for the placing of other urban activities and for the expansion of residential areas. Thus most multifunctional tourist places gradually grow into urban settlements with developed central functions for their less developed agrarian surroundings.

We could also include in the some group of “multifunctional” urban centers some health resorts in Slovenia in which tourism started to develop later, after the settlements have already been established as important urban centers. In that group we could include following health resorts in Slovenia: Ptuj, Zreče, Lendava.

Multifunctional economic development with the intertwining of tourism, industry and other activities may also have negative effects. There is a possibility of ecological problems caused by industry, which clashes with the expectations of those who want to preserve the cultural landscape attracting to tourists. There is also a possibility of conflicting interests in as far as the use of land and space is concerned and consequently limitations may be imposed with regard to the expansion of individual activities. Finally, a greater variety of employment possibilities may result in a lack of willingness among the local population to work in tourism.

Case study Rogaška Slatina: From the beginning of 20th century typically tourist resort and one of the most important health resorts in Slovenia, Rogaška Slatina, after WW II, developed into a multifunctional tourist location with around 5,200 population, in which industry (especially glass factory) took over the role of the dominating economic factor, while tourism became just one of the economic activities closely linked to health and the central tourist zone of the town. The absolute number of tourism-related work posts there is high, but owing to the multifunctional economic development, these represent a relatively low share, which is only a bit more than 10% (Horvat 2001).

On the other hand developed in Slovenia so called “monostructured” tourist health resorts, such as Terme Olimia (in Podčetrtek), Čateške Toplice, Moravske Toplice, Čmarješke Toplice, Banovci, which are mostly developed after WW II. They are more of less small settlements, and economy highly dependent on the dynamics of tourist turnover, changes in tourist flows and various trends shaping tourist demand. In addition, mono-structured tourist sites offer little choice to their residents in terms of employment (especially those with higher education).

Case study Terme Olimia: The health resort Terme Olimia belongs to monostructurally oriented tourist resorts. It is settled on the rand of the settlement Podčetrtek (530 inhabitants), an old borough with completely agrarian surroundings, and the company Terme Olimia is the largest and most important company in the area, with 50% of all work posts in the settlement, and 30% of all work posts in the municipality. There are several work posts in the health-tourist zone and in the settlement Podčetrtek, and even more in the settlement Olimje, with several private
catering companies and tourist farms, that make a living mostly from the visits of health resort guests and other short-brake tourists. Apart from tourism, the most important activities in Podčetrtek are still farming and service trade. Contrary to the Rogaška Slatina, where more than 90% of all work posts are located in the centre of the municipality, the centre of the Podčetrtek municipality offers only a little over half of all posts.

There is also a close interconnection between the economic and demographic development of Rogaška Slatina. The large economic power of Rogaška Slatina constantly attracted people and thus Rogaška Slatina became the largest settlement in the region (with approximately 5,200 inhabitants). In proportion to it, Podčetrtek with around 530 inhabitants is much smaller. Economic power of the centres of both municipalities and the surplus of positions caused intensive daily migration of workforce. It had a favourable influence on the structure of active population as well as on the structure of population according to age in the surrounding settlements as well. At the same time it prevented an increase in emigration from the peripheral and relatively less developed regions.

Great mobility of the health resort guests and the high ratio of guests on a day-trip (in 2005 approximately 55% of guests came to Terme Olimia spa for a vacation, around 20% visited the swimming-pool complex for a day, while only around 25% came for healing, rehabilitation or health preventive; the structure of guests according to age is also very favourable, for the majority of them belong to the middle generation, while only 22% are older than 60 years), stimulated the development of numerous catering and other service activities outside the health-tourist and recreational zone. The settlements Podčetrtek and Olimje (in the distance of few km) are in the forefront of this field of activities in Slovenia. In Olimje, monastery castle is located as well as the third oldest pharmacy in Europe, a golf-course, and many tourist farms with accommodation facilities. There is also a club aerodrome, a tourist wine road, important objects of cultural heritage and the like. There are 14 marked footpaths leading out of the health resort along with 12 roads with cycling destinations and 10 paths for mountain biking, which lie 30 km far from the health resort. Diverse and numerous tourist services offered have had a great impact on the shaping of the tourist region in the surroundings of Terme Olimia, thus increasing the synergy achieved by merging of tourist influences and giving the region a recognisable character. As a consequence of this Terme Olimia, a once smaller tourist place, has elbowed its way among the ten most important tourist places in Slovenia in the past decade and won several times the first place in the media competition for the best tourist place in Slovenia.

References


HEALTH RESORTS AND THEIR IMPORTANCE FOR THE DEVELOPMENT OF LESS DEVELOPED AREAS IN SLOVENIA

Summary

Slovenia comprises regions that are quite diverse in their natural and cultural character in relatively short distances. Vacation travels of tourists have been oriented particularly to four major tourist destination areas: to the Sub-Mediterranean (seaside) region, to the Alpine (mountain) region, to the health resorts (spas) of Eastern Slovenia, and to the mayor towns (especially to the capital, Ljubljana). Health resorts are one of the oldest kinds of tourist resorts and started to develop in Slovenia already in 18th and the beginning of 19th century. After the WW II, several new springs of thermal and mineral water were made fit for use through geologic drill holes, thus the area of health resorts was expanded to several new locations. In the 1970s and 1980s health resorts became centers of highly qualified medical rehabilitation centers, based on the use of natural remedies and modern medical treatments.

The beginning of the 1990s marked an important turnabout in the development of health resorts in Slovenia. With the construction of modern “thermal parks”, they reoriented into mass tourism, based on recreation, healthy lifestyle, wellness, etc., as well as spending of holidays. So, we could see that after 1990s, the health resorts became the most important group of tourist resorts in Slovenia, with around 1/3 of all overnight stays in the country.

Slovenians’ health resorts are mostly located in less developed areas of the country (especially in the north-eastern and eastern part of Slovenia). Majority of them are situated in small settlements with less than 1,000 populations, which means, that their importance is even greater for the employment of the inhabitants and the spatial and functional development of rural areas. There is a close interconnection between the economic and demographic development. The large economic power of health resorts in Slovenia constantly attracted people. The surplus of working posts caused intensive daily migration of workforce. It had a favourable influence on the structure of active population as well as on the age structure of population and natality in the surrounding settlements as well. At the same time it prevented an increase in emigration from the peripheral and relatively less developed regions.

Among the most direct effects of tourist development is the employment in sectors that are directly related to tourism, but on the other hand, the development of the health tourism stimulated also other non-agrarian activities. Majority of the Slovenians’ health resorts are situated in less developed areas, so they contributed a lot to the development of those areas.

In this point of view, two types of tourist health resorts have developed in Slovenia:

∞ The older resorts, which had mostly started to develop in the 19th century, and during that period mostly developed into local urban centers. A great economic power of health tourism created there several working posts and attracted population, so the former, mostly agrarian settlements, growth to “multifunctional” urban centers. We could also include in the same group of “multifunctional” urban centers some health resorts in Slovenia in which tourism started to develop later, after the settlements have already been established as important urban centers.

∞ On the other hand developed in Slovenia so called “monostructured” tourist health
resorts, such as Terme Olimia (in Podčetrtek), Čateške Toplice, Moravske Toplice, Čmarješke Toplice, Banovci, which are mostly developed after WW II. They are more of less small settlements, and economy highly dependent on the dynamics of tourist turnover, changes in tourist flows and various trends shaping tourist demand. In addition, mono-structured tourist sites offer little choice to their residents in terms of employment (especially those with higher education).