

The Influence of Health Literacy on Tourist Health and Wellbeing Choices

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Abstract: Currently, there is a growing tendency for tourists to look for new experiences during their leisure or vacation trips. Increasingly, these experiences are echoed in pleasant places of relaxation. However, a classic tourist activity continues to be in high demand – hydrotherapy – which no longer offers only the usual and traditional treatments with water, but also other alternatives, bringing together a complex of proposals for all tastes and all budgets. Travel, stay, gastronomy, enjoy the landscapes and historical and cultural sites are today added to places where health and well-being complement tourists who seek it in a very rewarding way. However, choosing where to sleep, what to eat and what to visit is different from deciding which health and wellness treatments you can and should get and which ones will be beneficial and not harmful to your needs. The research question is, therefore, to understand if the health and wellness tourist influences his choices of health and wellbeing. By carrying out an empirical study, based on a questionnaire survey, some answers were obtained to the questions raised by the work and the conclusion shows that some results in terms of Health Literacy, differ slightly from previous studies.

Keywords: Health literacy, Hydrotherapy, Health and Well-being, Tourism

1. Introduction

The present study aims to bring to an effect a reflection on the choices of tourists when they decide to acquire health and well-being services, analyzing whether their decisions are supported on knowledge based on health fundamentals, duly advised by specialists or decisions of another nature.

The first part consists of conducting a literature review in a state-of-the-art perspective, namely in the reflection on the changes in the tourist concept of recent years and decades, both internationally and nationally. The approach to health and well-being tourism is compared in different opinions and perspectives of current thinkers of the sector and is also addressed by the growth by the demand for health and wellness tourism seen in the latest trends.

It is considered that the theme to be addressed is relevant, since it is essential to analyze how the hydrotherapy, as traditional health, and well-being tourism, particularly in Portugal and linked essentially to the age senior groups, can be currently a universal option. Including in this "subsector" of health and well-being new tourist modalities, such as massages, aesthetics, physical and sports activities, thalassotherapy and others linked to the sea, exoteric therapies such as mindfulness or yoga, among others.

The search for official documents and policies are also carried forward for this analysis and reflection, adopting as a working base the surveys on Health Literacy carried out in Europe and Portugal, respectively in 2014 and 2016. The analysis indicators used in these studies will be replicated in the empirical study to be carried out, in so that it is finally possible to compare the conclusions.

The study will be conducted through an online survey of questions structured by thematic groups, in closed answers, which will include other topics of interest, such as financial factors, quality and maintenance of establishments, as well as the knowledge of some current individual tastes and trends of health and wellness tourists.

Finally, an analysis will be carried out to the study, considering the reflections carried out and the information obtained through the clearance of survey data and compared with the previous surveys.

2. Literature Review

To make an introduction to the theme to be studied in the paper, some introductory thoughts related to senior tourism, health, and well-being tourism, the thermal phenomenon and finally, health literacy seem pertinent.

It is also important to address health literacy regarding on tourism activities, given the recent paradigm shifts in this economic and social activity that have been verified, not only through the constant and growing

demand for tourists to enjoy health and well-being on their travels, but vice versa: to take advantage of their needs in health services, to also enjoy wellness services and holiday rentals of another nature, such as leisure, religious, cultural or adventure services, for example.

Some of the most recent related literature will be studied and analyzed, both nationally and internationally.

2.1 Current Trends in Tourism

What defines and characterizes tourism is a motivation (or a set of motivations) that leads to a temporary trip to places that have certain attributes with the capacity of attraction where those who travel develop unpaid activities (Kamenidou et al, 2014). Overall, tourism plays a significant economic and financial role in many countries of the world and is a strong engine of gross domestic product generation, employment, attracting domestic and foreign investments and improving the trade balance (Hodžić et al, 2018).

Tourism influences the emotional, psychological, cognitive, and spiritual dimensions of well-being, both for tourists and for destination communities. (Hartwell et al, 2018). Kelley-Gillespie, N. (2009) adds that tourism influences the quality of life in general and the dimension of social, physical, and environmental well-being.

The change in consumer attitude towards a healthier lifestyle has resulted in a shift to a natural perspective of curing diseases and physical disorders. Health problems because of the restless way of living, accompanied by bad eating habits, have made consumers more aware of health, considering that health should not be taken for granted, regardless of age and social stratum. Therefore, the health and wellness sector has grown rapidly around the world in recent decades, making it a dynamic tourism market in a country's economy. (Kamenidou et al, 2014). Alén et al (2006) report that the increased availability of leisure time and improved economic situation, along with the aging of the population and a change in lifestyle (more interest in sports, healthy diet, nature...) also explain the rapid growth of this type of tourism (Alén et al, 2006).

Smith et al (2017) argues that the focus of health and wellness tourism is on healing the physical body, and the fact that this may eventually induce greater happiness. The inclusion of mental health promotion and spiritual well-being in this equation is more recent since these concepts are increasingly important in the assessment of the overall health of the human being (Luo et al, 2018). The experiences of this type of tourism can satisfy the needs of tourists, from emotional and psychological perspectives, reducing the factors caused by physical and mental stress through spiritual discovery and relaxing escape from everyday life. Smith et al (2017) state that for there to be a qualified wellness tourism experience, it is necessary that experiences focus on the overall well-being of the individual.

The feeling of relaxation and calm today are one of the most important aspects to create customer satisfaction during a health and wellness tourism experience. A positive and satisfying experience is crucial so that those who experience a health and wellness tourism service can praise it to others, and thus encourage them to seek the same experience (Loureiro et al, 2013). A satisfactory tourist experience depends on the intentions, mood, and adaptability of the tourist, but also on the skills and professionalism of the wellness team to interpret and meet the needs of the visitor. Relations between human beings are considered crucial in wellness tourism. (Hjalager et al, 2011)

2.2 International Trends in Health Tourism and the Demand for Thermal Tourism

Although the World Health Organization's (WHO) health description is not a definition of well-being itself, it describes fundamental principles and demonstrates where the concept originates. Issues such as the association between health and well-being and whether well-being should be considered subjective or objective in nature contribute to the contemporary assessment of well-being, both from an economic and psychological point of view. This, however, refers to objective perceptions such as safety, employment, housing, among others.

As for subjective well-being, it concerns feelings of happiness and satisfaction, which come from work, friendships, personal relationships, vacations, rest, and other activities (Diener, 2003, cited by (Siqueira et al, 2008)). Such assessments should be cognitive and have to do with life and with other specific domains and experiences and should also include a personal analysis of how often positive and negative emotions are experienced.

Well-being has been used broadly by philosophers, economists, and public health professionals to discuss the general population and has also been understood in a narrow sense about the positive functioning of an individual (Pyke et al, 2016). The same authors also add that well-being has been identified as a need and

desire of society, so there is potential for well-being to play a fundamental role in the consumer's decision-making process regarding the choice of destination and typology of vacations. The same authors report that holidays focused on improving well-being do not need to focus on SPA's luxury and sophisticated accommodations, because holidays (in general) contribute to an individual's well-being and often these activities to improve well-being are at a low level (or none) financial cost to consumers. (Pyke et al, 2016).

In 2022, the renowned online magazine *Regiondo* (Tsvetkov, 2022) published the twelve most important trends in Tourism at the international level. With a growing interest in recent years, the tourism and wellness are a preferred place in these international trends, which may influence the industry soon. These trends have been influenced in the last two to three years due to new practices related to the influence that Covid-19 has had on the world. The demand for health services, in line with welfare practices, related to the flight of tourists to the clusters and clusters of people, namely the search for:

- digital reservations of services, especially through access using mobile equipment.
- leisure trips, which diversify the usual searches for only sun and beach.
- tourism that favors sustainability.
- offerings that include customized tourist activities.
- ecotourism, experience tourism and rural tourism.
- physical and mental transformation trips.
- experiences of improving health and well-being, to achieve a balance of life.

Medeiros et al (2008, p. 35) states that "(...) in health tourism the main motivation is the performance of health treatments and not leisure, rest, discovery of other places and other people, etc.; and that this traditional motivation of healing was added to the aspect of prevention and even psychic aspects associated with well-being, in the belief that the human being is an integral unit body-mind-spirit, in the present as in the distant past".

One of the cases of growth in demand and supply that has occurred in recent years, has been in fact the Health Tourism, being common knowledge, the appearance of hotel resorts offering spa services, Turkish baths, massages, gymnastics, hydro gymnastics, hydro massage, gyms with or without PT (personal trainer), are also offered services at the level of mental health, like yoga or mindfulness, for example. In addition to these types, there are also other properties that offer playing fields, such as golf courses, tennis courts or structures for multipurpose sports and so-called "radicals". There are also additional services, related to beauty, such as hairdressers and beauticians, as well as spa hotels and clinical hotels, where you can enjoy various aesthetic and other treatments, which aim at the well-being of the individual, physically, mentally, and spiritually.

However, it is necessary to differentiate "Health Tourism" and "Wellness Tourism". The concept of "Medical Tourism" can penetrate both previous concepts. For Ferreira (2013), health tourism is a vast concept, which encompasses the concepts of medical tourism and wellness tourism: medical tourism results from the option of traveling to another country to enjoy health services, namely: perform a diagnosis, a surgery or carry out a treatment. For its part, wellness tourism combines a wide variety of medical, scientific, preventive concepts and often takes a holistic view, all this scope hinders a unique and unifying definition of the entire industry.

In this context, we can claim that the constant demand for health tourism and well-being by the segments of the population under analysis, is currently a reality for which scholars and professionals in the sector cannot and should not neglect. The very purchasing power that many of these people have today, very different (for the better) from what existed in past decades, helps in the decision of the search for maintenance conditions, but also in improving health in resorts where they can combine these factors with visits to unknown places, gastronomic and cultural experiences.

2.3 Health Literacy and Tourism

Health Literacy was defined by the WHO in 1998 as "the degree to which individuals have the ability to obtain, process and understand basic health information to use services and make appropriate health decisions," (Pedro, et al, 2016, 261).

In this perspective, the association of health literacy with well-being that can be provided for tourist services is very pertinence and is present since health is increasingly seen as an area of intervention in both the area of state governance and the private economy as a priority. Health spending by the entire economy is high and tends to rise, so the trend of health policies is increasingly focused on prevention. A general perception of common sense is that the spent on avoiding the disease are much lower than the expenses with its cure and

treatment. One of the main factors in the prevention of the disease, or in the concern for the maintenance of health, is that the population in general is equipped with minimal knowledge in health, not only from the point of view of self-medication, but also regarding the adoption of healthy eating habits and life behaviors that will obviously result in a more effective health and a delay of disease situations.

The survey carried out at national level, after it was also carried out at European level (8 countries). The ILS-PT (Health Literacy Survey in Portugal) is a survey on health literacy conducted in 2016 in Portugal, in which several data on the subject were found and compared with other countries participating in the HLS-EU (Health Literacy Survey in Europe). In this survey, it was found that Portugal (European Social Survey, 2016) is among the 8 countries scrutinized, which has the lowest percentage of people with an excellent level of health literacy (8.6%) and with the European average at 16.5%. The ILS-PT study identified very vulnerable groups in the field of health literacy in the Portuguese population: groups in which 60% of people have levels of "problematic" or "inadequate" literacy with representation greater than or equal to 5% in the sample.

3. Methodology

One of the main objectives of this study was to analyse the perception that health and wellness tourists have of their health literacy. To respond to this objective, an exploratory study was carried out in Portugal and just on Portuguese language. As Yin (2005) defended, an exploratory study should be used when one knows very little of the reality under study and the data are directed to the clarification and delimitation of the problems or phenomena of reality.

The data were collected through an online questionnaire survey, created on the Google Forms platform (<https://forms.office.com>), with closed and anonymous questions, available between thirty April to thirty-one May year twenty twenty-two. The dissemination of the questionnaire was made through social networks Facebook, Messenger, WhatsApp and for personal email contacts, ensuring anonymity and confidentiality. There were no specific target population, so the findings preferred was for thermal users, but also all the respondent population may be considered.

The results obtained were analyzed through the Statistical Package for the Social Sciences (SPSS), version 27.

WHO defines health literacy as the "set of cognitive and social skills and the person's ability to access, understand and use information in order to promote and maintain good health". The questions were decomposed on premises of the definition of "health literacy" proclaimed by WHO, which are:

- Set of cognitive and social skills [of the citizen].
- Ability of the person to access, understand and use information.
- To have ways to promote and maintain good health, [based on the information available to everyone].

To this extent, the questions to be asked should act as a stray of all these dimensions: cognitive, social, economic, literary, and technological. It seems relevant that, in the light of that definition, the indicators taken as appropriate in the previous European survey for HL (HLS-EU), *a posteriori* also applied in Portugal, and which is based on the dimensions of HL which are:

- Health Care Literacy Index.
- Disease Prevention Literacy Index.
- Health Promotion Literacy Index.

Furthermore, these three dimensions will be applied to the case study patent in this work.

In the context of the previous arguments, the general purpose of the work, general objective, and specific objectives for the realization of this project are defined as those mentioned in the following points, where the evaluation indicators are also pointed out, as well as the means of data collection and information.

3.1 Health Literacy Issues

The questions asked will be framed in each of the three dimensions and twelve sub-dimensions of literacy under analysis: Health Care, Disease Prevention and Health Promotion, as mentioned on Table 1.

Table 1: Questionnaire Matrix Proposed by HLS-EU | Source: HLS-EU, the Author's Adaptation

Health Literacy	Access/Get information relevant to health	Understanding information relevant to health	Appreciate / Judge / Evaluate the information relevant to the health	Apply/ Use the relevant information for health
1. Health Care	1.1. Ability to access related information with medical problems or Clinical	1.2. Ability to understand the information medical medicine and its meaning	1.3. Ability to interpret and evaluate the information Medical	1.4. Ability to take informed decisions about medical issues
2. Disease Prevention	2.1. Ability to access information on factors risk	2.2. Ability to understand the factors of risk and its significance	2.3. Ability to interpret and evaluate the information related to the factors risk	2.4. Ability to judge the relevance of information about factors risk
3. Health Promotion	3.1 Ability to upgrade on health issues	3.2 Ability to understand the information related to health and its meaning	3.3 Ability to interpret and evaluate information on issues related to the health	3.4 Ability to form a conscious opinion on health issues

The scale applied to that part of survey was the Likert scale consisting of the following options: 1 - I completely disagree, 2 - Disagree, 3 - I do not agree or disagree, 4 - I agree, 5 - I completely agree, there being the possibility of a sixth alternative that corresponds to the answer "Do not Know/Do Not Respond".

The indicators will be standardized in a percentage perspective, where 0 represents the minimum index and 100 the maximum index of health literacy, which will be evaluated in each item as follows: "Unsuitable" in the range (0-49), "Problematic" in (50-65), "Sufficient" between (66-84), "Excellent" of (85-100).

3.2 Sample Characterization

The Survey is divided into 4 parts, the 1st is only to characterize the sample surveyed. The final question in this first 1st group of questions, aims to determine which respondent is a customer of thermal services or not. A positive answer to this question directs the respondent to the 2nd and 3rd groups of questions. With a negative answer, he goes to 4th group of questions related to health literacy. The 2nd group of questions relates essentially to follow-up issues and financial issues. The 3rd group raises questions related to the choices and enjoyment of thermal services, as well as their respondent's perception of the quality of services and facilities. The 4th group of questions focuses on issues related to the perception of health literacy.

The promotion of health literacy is mainly related to the development of personal skills, aiming at the control that each person has over their health, as well as the increase in their ability to seek information and take responsibility, (Kickbusch, 2008).

4. Presentation, Analysis and Discussion of Results

A total of 274 people answered the survey. In table 2 we find the main results referring to the first group of questions, sociodemographic characterization of respondents.

Table 2: Answers to the 1st Group of Questions

Survey Questions Group 1	Results – Sample Characterization
1.1 - Sex	75.9% female 24.1% male
1.2 - Age Group	18 to 29 years - 6.2% 30 to 49 years - 25.5% 50 and 69 years - 57.7% more than 70 years - 10.6%
1.3 - Educational Qualifications	Primary studies – 7.3% Secondary Education - 21.9% Medium Education – 5,4% Academic qualifications - 45.6% Master's - 15.0% PhD and 3rd Cycle - 4.7%
1.4 - Professional Situation	Civil Servants - 35.8% Private Sector Employees - 17.9% Retired Retirees by age - 15.3% Retired Retirees by disability - 5.1% Individual / Self-Employed - 5.8% Unemployed - 3.6% Upper Officer/CEO - 2.6%
1.5 - Professional Area	Education / Training - 28.5% Health - 14.2% Services - 9.9% State / Education - 6.6% Hospitality / Tourism / Catering - 5.1% State / General Services / Government / Administration - 4.7% State / Health – 4.0% Technology - 4.0%
1.6 - Residence District in Portugal (main)	Lisboa – 32-8% Setúbal – 21.9% Beja – 8.8% Coimbra 4.7% Santarém – 4.4% Faro – 4.0% Porto – 3.6% Aveiro e Leiria – 3.3%
1.7 - User of spa or spa services, health, and wellness	Yes – 19.7% No – 80.3%

Only 19.7% of the 274 respondents assume that they have already enjoyed thermal services, so groups 2 and 3 were only answered by this subgroup, and as already mentioned, group 2 is essentially related to follow-up issues and financial issues and group 3 raises questions related to the choices and enjoyment of thermal services, as well as respondent’s perception of the quality of services and facilities.

Table 3 shows the main results of the 2nd group of questions.

Table 3: Answers to the 2nd Group of Questions

Survey Questions Group 2	Results – Hydrotherapy Users Monitoring and Spending
2.1 - Travel alone or accompanied.	Alone - 11.1% Accompanied – 85.2% Another situation – 3.7%
2.2 - How many elements in the household.	1 – 16.7% 2 – 48.1% 3 – 24.1% 4 – 7.4% More than 4 – 3.7%
2.3 - Average monthly expenditure on medicines and treatments.	Less than 50€ - 53.7% 51€-100€ - 33.3% 101€-150€ - 11.1% More than 150€ - 1.9%
Survey Questions Group 2	Results – Hydrotherapy Users Monitoring and Spending
2.4 - Percentage of monthly expenditure on treatments vs accommodation.	None – 51.9% Under 50% - 33.3% 50%-75% - 9.3% All – 5.6%
2.5 - Total daily spend on holidays in accommodation and treatments.	Less than 50€ - 20.4% 51€-100€ - 63.0% 101€-150€ - 13.0% More than 150€ - 3.7%
2.6 - Percentage of expenditure on treatments in relation to the total average expenditure.	None, don't do treatments – 18.5% Under 25% - 31.5% 26%-50% - 42.6% 51%-75% – 7.4%
2.7 - Length of vacation time.	Until 3 days – 35.2% 4-7 days – 27.8% 8-15 days – 37.0%
2.8 - Sensitivity to discounts considering the fidelity to the accommodation.	No – 14.8% Less probably – 22.2% Probably – 24.1% Very likely – 38.9%
2.9 - Considers or not the costs of affordable health and welfare services.	Nothing accessible – 3.7% Accessible just for somebody – 42.6% Accessible – 25.9% Welfare – 24.1% Very Welfare – 3.7%

In this section, it was possible to respond to the general objectives set out: 2.1 – To determine the user's preferences in terms of holiday company and time spent; 2.2 - To perceive the sensitivity of the user to those

regarding the expenses of holidays and health and well-being and 2.3 - To relate the choices of the chosen health and wellness tourist activities, with time, space, and quality.

Table 4 shows the main results of the 3rd group questions.

Table 4: Answers to the 3rd Group of Questions

Survey Questions Group 3	Results – Hydrotherapy Users Services, Quality and Equipment
3.1 - Spa used normally. (main)	São Pedro do Sul – 27.7% Manteigas – 23.4% Monfortinho – 4.3% Other – 44.6%
3.2 - Fidelity to the resort.	Loyal – 42.6% Switch – 57.4%
3.3 - Years of enjoyment of the spa.	Never – 9.3% First time – 11.1% Less than 5 years – 31.5% 5-10 years – 13.0% More than 10 years – 35.2%
3.4 - Makes another type of holiday or just a hydrotherapy.	Yes – 79.6% No – 20.4%
3.5 - Uses more health and wellness services beyond the spa.	Yes – 68.5% No – 27.8% Never do spa – 3.7%
3.6 - Decision on your health and well-being services or by medical recommendation.	My opinion – 64.8% Medical recommendation – 35.2%
3.7 - Place to enjoy the services are the choice of the user or doctor.	My opinion – 72.2% Medical recommendation – 27.8%
3.8 - Reasons why you decided to choose the resort.	"The environment" - 66.7% "Geographical location" - 51.3% "Thermal water characteristics" - 43.6% "Personal taste for the resort" - 33.3% "The offer of treatments" - 33.3% "The price" - 30.8% "Advised by friends or family" - 12.8% "Personal knowledge in the resort" - 12.8%
Survey Questions Group 2	Results – Hydrotherapy Users Services, Quality and Equipment
3.9 - Reason for the possible failure to perform all recommended treatments.	"Financial issues" - 68.8% "Lack of all treatments" - 18.8% "Distrust of the efficacy of treatments" - 12.5% "Felt uncomfortable/displeased by the proposed treatments" - 6.3%
3.10 - Desired period for the enjoyment of the services.	Autumn - 44.4% Summer - 29.6%

	Spring - 16.7% Winter - 9.3%
3.11 - Reasons for the previous choice.	Due to the state of time - 37% Less people - 24.1% Financial issues - 11.1% Reserve facility - 7.4%
3.12 - Intends to continue to enjoy health and wellness services, even improving the health situation.	Totally disagree – 2.0% Nor agree, nor disagree – 17.0% Agree – 42.0% Totally agree – 39.0%
3.13. - Perception of the quality of welfare services enjoyed.	Less quality – 2.0% Reasonable quality – 11.0% Good quality – 59.0% Very good quality – 28.0%
3.14 - Perception of the state of conservation and equipment.	Not acceptable – 2.0% Acceptable – 41.0% Good state – 52.0% Very good state – 5.0%

This section of questions answers the objectives set out, namely: 3.1 - Understanding the thermal user's preferences in terms of location and services; 3.2 - Know the level of medical influence in the decision of health services and well-being; 3.3 - Know the user's opinion on the quality of services and equipment and 3.4 - Understand the level of user perception regarding the advantages of information, prevention, and health promotion.

4.1 Perceptions of Health Literacy

The questions raised in group 4 of the survey, entirely dedicated to the perceptions of health literacy, were developed according to table 1, based on the indicators of HL officially recognized by the competent authorities. The group consists of the 16 questions that we deem necessary to respond to the objectives outlined for this study.

The questions are formulated in the affirmative form, for the respondent to answer at five levels of a Likert Scale, as already mentioned, "I totally disagree", "I disagree", "I partially agree", "I agree" and "I totally agree".

The numbering of questions mentioned below can be found in table 1.

For the age group, in the questions 4.1, 4.5, 4.6, 4.12 and 4.13 the difference is significant for a significance level of 5%, meaning that for these questions, age groups have some divergence in the answers.

Questions 4.2, 4.14, 4.15, and 4.16 the difference is significant for a significance level of 1%, which means a greater convergence in the responses obtained between age groups.

Also, in the answers to questions 4.3 and 4.8, it was found the existence of significant differences, but in this case for a significance level of 10%.

Regarding gender, the Mann-Whitney nonparametric hypothesis test showed that only in two questions there are significant differences in the answers between males and females. In question 4.1, the difference is significant for a significance level of 10%." In this case, it is men who have higher values on the Likert scale; in question 4.14 the difference is significant for a significance level of 5% and in this case, are women who have higher values on the Likert scale.

Information on the possible divergence of perceptions of health literacy (4th group of questions) of respondents who are thermal users, those who are not, was also cross-referenced. Significant differences were found at a significance level of 10%, only in the questions:

4.10 "You make the best use of the medical information available to you on health care by making the right decisions. ";

4.11 "It best uses the medical information available to it to prevent the disease and risk factors. " And

4.12 "It best uses the medical information available to it, with a view to forming a conscious opinion on health issues. ". "

This leads us to conclude that in terms of access to health information, its understanding, application and relevance, there are no significant differences. It happens when this information is used, that is, users use this information to address their health, while non-users still neglect this opportunity. These questions answered the issue initially raised regarding the general objectives 4.1 – Applying the international indicators of health literacy to know the level of respondents and 4.2 - Gather opinions of the respondent regarding their perception of the increase in the financial economy and the economy in health, as measured by their level of health literacy.

5. Conclusions

The present work of literature review, analysis, and empirical study provided a discussion and interconnection of two relevant and studied themes: tourism and health and well-being, but in the aspect in which the tourist, having the freedom to decide on their vacation that includes services of warm water treatment, medical, health and well-being may or may not decide in the way that most demonstrates their level of health literacy.

The data analysis allowed to understand that tourist surveyed not only seeks sun and beach, relax, rest and leisure, he currently intends to associate this practice also with new experiences for him and somewhat differentiated from each other.

Depending on the tastes and needs of the tourist, depending on his age and marital status, depending on the dimension and social stratum of his family or with whom he is travelling, he tries to find what brings him pleasurable and unforgettable sensations. This is what tourism is for!

The study also allowed to verify that there are some deductions that we may perceive, regarding the enjoyment of health and well-being by the tourist:

There needs to be some financial availability on the part of the traveler and the same does not always include (mentally) these costs in their health expenses, that is, considers that their health and well-being expenses on vacation are "holiday expenses" and not "health expenses". However, if questioned whether it considers that health and wellness practices on vacation contribute to financial savings and prevent future health problems, the general agreement.

The services provided are generally of quality, however, some of the equipment could be in better conditions of use. It is believed that the oldest equipment, located many of them in former palaces used for thermal seaside resorts, may require processing interventions to increase their quality and timeliness.

Contrary to what was thought, the sample collected in the 40-50 age group is already looking for health and wellness services on an interesting scale and not just the senior levels. Most of them are female and travel mostly accompanied by friends/friends or family, with an average of at least one week of vacation, but probably two, in these places.

Most respondents choose treatment sites by advice from family or friends or by personal taste, in detriment of medical advice, a fact that may point to some lack of information in the opportunity to be able to combine the factors "tourism-leisure-health".

It was also concluded that the tourists surveyed remain loyal to the place and would not change just for reasons of price. In addition, they assume that the expense of daily treatments is equivalent to the expense of housing.

The considerations regarding the perception of health literacy that each considers having, it differs somewhat from the conclusions reached in the afore mentioned ILS-PT 2016, which concluded that 60% of people recorded "problematic" or "inadequate" literacy levels. As a result of the survey conducted during the present study, it was concluded that most of the citizens surveyed recognize that they have sufficient knowledge, information, and access to health, but that with advancing age this perception is reduced. Probably due to

reasons related to the digital literacy of seniors, less fluent in technology issues and access to reliable internet media, which are currently the most important source of information at many levels.

It was found that the lower and middle age groups recognize having more access to information and greater knowledge, unlike the higher echelons, as mentioned above.

The higher echelons feel a greater need for attention and health information from professionals, a fact that is intuitively understood also, because these people are potentially more vulnerable and insecure in relation to situations of lack of health or problems of disease.

In general, the citizens surveyed recognize that greater knowledge in HL is beneficial to make more conscious decisions, that performing health and well-being treatments during life can prevent health problems, increase the feeling of happiness, as well as provide savings at the financial level, for themselves and for society.

As a proposal for follow-up studies, it is suggested to analyze a sample of users of health and well-being services more diverse, in addition to the hydrotherapy, it may be beneficial and more conclusive. Similarly, to increase the study in time and sources of information collection will gather added value to the present study and will lead to more generalized conclusions, a situation that in the present study proved to be an important limitation.

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