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Theses of doctoral (Ph.D.) dissertation

Influence of informal learning for health behaviour in health tourism

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2017.

Introduction

Continuous changes in the world create new situations and expectations in the area of learning. Adaptation for these aspects sometimes can deliver decisions which influence our lives (health) but there is not enough knowledge for implementation (Durkó and Szabó, 1999). Acceleration of improvement usually within generations requires new cognitions, skills, attitudes, and forms of behaviour because materials till then become outdated and new competencies help people to accomplish personally and socially (Csoma, 2011). These circumstances cause variation of places in learning (Csapó, 2002), where people can acquire key competencies that help them to go through in global challenges (Aradi et al. 2007). Preparedness for extending knowledge acquaintance and skills by the informal way make us to adopt us to technical, social, and economic reforms (Horváth H, 2011).

The healthy life is an active life (Rókusfalvy, 1992). Conditions of it are an appropriate approach, adequate habits of behaviour, and healthy lifestyle. These activities form our personalities that we can conduct, thus the healthy or unhealthy way of life is under our decisions. To live the healthy way is not only an acceptance. It is based on such values that are determined by our closer or wider environment.

Hungarian health indicators - mainly in circulatory and malignant mutations – are more unfavourable to developed EU Member States. And however life expectancies of the society are increasing from 1990, generally fall behind from EU15 and Visegrad countries (Orosz és Kollányi, 2016).

Nowadays, the importance of learning during leisure time activities is essential, for that the enrichment of learning environment and opportunities for informal learning are necessary. Because of the high socialization role of recreational activities, the way of spending leisure time is closely associated with our health behaviour, which have a positive or negative impact on our health (Pikó, 2006). Therefore every occasion needs to take an advantage that carries out the mediation of health by the either nonformal or informal way. In order to improve the health of the population, it is necessary to supplement the mainly verbal methods of health education with the chance of concrete experience gaining – spiritual, physical, and social health, physical activity, healthy nutrition, stress management – by which the alternatives and methods of health are cognizable.

Considering that tourism as an active recreational activity, has an important role in improving the health of society, and also has a paramount importance in improving the quality of life in the National Tourism Development Plan (2005), in National Development and Territorial Concept (2005), and in the New Hungary Development Plan (2011) it is needed to examine mediators by which that health and well-being are formed. Tourism travels primarily contribute to recreation, filling up of energy, but secondary it can play an important role in enhancing, extending, grasping abilities and positive attitudes acquired within the institutional framework (Zsolnay, 1996). Over personal interests, health protection and its long-term preservation are a social and economic goal. Disease prevention, health preservation, and improvement are emphasized areas from the economic and innovative point of view. Health tourism and its services are in demand and meaningful touristic products (Jandala et al. 2011), thus these can be an ideal positional base (Kincses, 2010) – due to their permanent and continuous development - by which the state of health of the population can be developed.

Tourism can become pedagogical by its wealth of methods that refers to the pedagogical spreading of knowledge, and also to practical solving of problems (Zsolnay, 1996). Difficulties in this topic are that shaping of character permeates the habits, the way of living models and beliefs as well. And however character doesn't cover the whole system of motives of a person, these factors – habits, the way of living, beliefs – are hardly changeable, mainly in case of a fully-developed personality (Bábosik, 2004).

Based on the fact, that events in the topic of health contribute to spreading and awakening to the consciousness of these materials (Fényes and Kiss, 2009), taking advantage of the potentials in health tourism can be an important connection point for experts in this area. Informal learning can appear during leisure time activities (Dattilo et al. 2012; Horváth H. 2012), and as such can be a device in forming attitudes, values, and skills. Informal learning is based on activity and experience that according to time management and educational structure, it is less organized (Török, 2006), the occurrence of it is less unpredictable (Tót, 2006). In area of tourism intended and unintended way of learning also can appear. On the basis of considering a strong connection between actions and learning in informal environment, people can gain knowledge by their activities and experiences, which can result in the change of behaviour of the person (Geraldo and Calha, 2014).

Based on these assumptions I searched connection points among the literature of health tourism, health education, and – as possible device – informal learning to explore

additional opportunities for knowledge acquisition, disease prevention, health maintenance and health improvement for the people.

Aim and subject of the research

In my study, my aim is to prove the assumption of that if tourist trips can affect the every-day activities (Smith and Puczkó, 2011), they can appear in the attitude to health, intention and changing of behaviour.

For verification, I explored and analyzed concepts - closely connected to three areas of science. I demonstrated and systematized coherences, I made and validated a surveying instrument (questionnaire), I made database and I represented the presence of informal learning and its effect on opinion, attitude and, behaviour of health.

By my results, I would like to contribute to the exploration and extension of the theoretical background of the topic, and I'd like to take part in practical utilization of it from the economic, social and academic point of view.

Introduction of the research

The research questions are the following:

1. Does motivation of travelling influence tourists' opinion and behaviour intention in connection with health?
2. Does frequency of travelling influence tourists' opinion and behaviour intention in connection with health?
3. Does knowledge acquired during travelling influence tourists' opinion and behaviour intention in connection with health?
4. Does behaviour intention evolved during travelling influence actual health behaviour?

These research questions haven't been included in former studies; this type of examination hasn't been existed either in health tourism or health development that time, thus, they are innovative, and because of the destruction of the general state of health of the population. For each expressed question two hypotheses were evolved.

Hypotheses according to my first research question:

H 1. .The motivation of travelling influences the opinion connected to health.

H 2. .The motivation of travelling influences the behaviour intention connected to health.

Hypotheses according to my second research question:

H 3. The frequency of travelling influences the opinion connected to health.
H 4. The frequency of travelling influences the behaviour intention connected to health.

Hypotheses according to my third research question:

H 5. Knowledge acquired during travelling influences the opinion connected to health.
H 6. Knowledge acquired during travelling influences the behaviour intention connected to health.

Hypotheses according to my fourth research question:

H 7. Behaviour intention evolved during travelling influences the actual behaviour for temporarly.
H 8. Behaviour intention evolved during travelling influences the actual behaviour for a long time.

To answer the research questions I used a previously validated questionnaire. To test hypotheses I applied nonparametric probe by that several independent variables can be analyzed according to results of scales. The selection of method is based on low rate conditions, the absence of parameters estimation and theoretical distribution of the examined numbers. The conditions of this method are the more independent distributed samples and nonmetric independent variables (Csizmásné, 2016). Among the nonparametric statistical method, Kruskall – Wallis test was used. By this way, several samples can be compared to a general rank (Fidy and Makara, 2005). To affirm these results median and modus descriptive calculations were used (Malhotra, 2008).

In this research 704 people were asked (online – 393, personally – 335). The online way was used by the editory system of Unipoll through the questionnaire was shared on community portals, but because of the low rate of filling up intention for broadening a number of samples I used printed questionnaire on Travel Exhibition in Budapest (March 2, 2017), and in Szolnok (April 8, 2017). 100% of online and 92% of printed questionnaire was evaluable. Delimitations of the examination are the time interval, tourism form, and age. Because of financial reason online data collection lasted from November 24, 2016, to March 4, 2017, inside health tourism mainly wellness tourists were asked, and according to the age results are valid for people above 21 years.

Results

Questions of research intended to explore factors that help to identify informal learning and the effect on health behaviour changes.

According to results 6, 7, 8 hypotheses were confirmed completely, 1-5 hypotheses were confirmed partially.

In summary, the followings can be stated:

The statistically non-verifiable results have the message for me that although respondents are aware of the significance of their statements formulated in the questionnaire, they did not change their attitudes. I suppose that the attitude of tourists with the motivation of rest, relaxation, and recreation was on the level that could be changed, but tourists with other motivation had such relation to health that couldn't be changed by travelling (experiences).

However, results in behaviour intention were changed. Experiences by taken services in health tourism generated changes in behaviour intention to the way of life among asked people. That is, during travelling people received further reinforcements in addition to their goals.

According to frequency, the opinion about health changed in case of people travelling more than 3 times.

Behaviour intention already appeared in case of two, three, and also more than three times travellers, but the rate of changes didn't increase in the frequency of travelling.

Knowledge acquaintance was provided by health touristic travelling that changed the attitude pertained to self-conscious healthy lifestyle.

The appearance of intention for healthy behaviour is also confirmed and it can be stated that the affect on behaviour intention is identified without any various pedagogical knowledge acquaintance methods.

Results got from research strengthen that travelling from its own nature develops health protect behaviour without any interpretative method for a long time (screening tests, low intense physical activity), however with cessation of conditions for implementation of health behaviour influence is short-term (screening tests).

Further advice for research:

Research area can be cognizable by the visitors' relationship with health before and after travelling.

Differences appeared between behaviour intentions can play an important role in extending theoretical framework of health education.

Over demonstration of attitude changing it would be expedient to know what kind of services and what kind of knowledge cause an attitudinal alteration.

Level of emotional influence and exploration of knowledge on its own and in comparison with results of international studies ensure deeper cognition of this area. In addition, if brochures and descriptions and staff used in health tourism are admitted as interpretation tools, it would be merited to study what is the difference is in behaviour intention of people who used or not used these tools.

It would be useful to get to know reasons to short-time health behaviour. Why did the activity break off? Whether the level of self-efficiency or intensity of intention can be obstacle in this process?

These questions can also refer to long-time health behaviour. What factors play role in the continuance of behaviour connected to health from the time of travelling?

Summary

The centre of my dissertation was the study of the influential factors of health behaviour by informal learning. In Hungary health tourism is an area that is studied from several – economic, creation of workplace, competitiveness, improvement of life quality – points of view, but its influence on health was an unexplored area of this sector.

For adaptation of this topic, I used both primary and secondary methods.

By secondary methods Hungarian and international studies were elaborated in which theoretical background and coherences – tourism, health education, informal learning –were shown. International researches in the area of informal learning and tourism also were presented by the secondary method, and however these examinations are from ecotourism results - these were precedent in my research aims. Over presentation of health education scenes I tried to explore possible connection points with health tourism. After literature review using relevant definitions I made a proposal for a ‘new informal learning’ definition.

According to utilized publications’ guiding principles I processed and validated a questionnaire first that is appropriate for demonstration of the influence of informal learning on health behaviour.

Primary method – previously tested questionnaire online and in printed forms - was used to identify informal learning and its effect on attitude, intention, and behaviour connected with health – by statistic methods.

For testing hypotheses within nonparametric test Kruskal – Wallis and for strengthening results of it median and modus statistical probe were used by me. Demonstration of final results according to research questions and comparison with international studies happened with offering additional research directions for the future.

By my results informal learning's importance and influence of health tourism activities are obvious. It has become certain that the way of spending leisure time, more precisely health tourism travelling, over institutional frameworks depending on the available or acquired abilities and skills, have an effect on the process of creating a healthy lifestyle. Assumptions described in my introduction have proved true. It is confirmed that available and utilized health tourism services offer informal contributions to new knowledge acquisition, supplementation, to attitudes and behavioural intentions, and informally it contributes to the individual's health behaviour.

With my theses I have explored utilizable information and future recommendations that can be useful for health tourism industry, health education and informal learning experts equally.

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