

### **3. Report from the study:**

#### **Models of holiday rest of the medical community of Łódź**

**– recommendations for tour operators.**

#### **3.1. Introduction**

Tourism as a multidimensional phenomenon is the subject of research in many scientific fields. Its highly interdisciplinary character is revealed in the studies of tourism space which are addressed by geography (mainly tourism geography), the social consequences of tourism traffic which are studied by sociology (mainly tourism sociology) or the economic and marketing dimension which are dealt with by specialists in management, economics and marketing. Research approaches are therefore both scientific and practical.

Nowadays, tourism is one of the world's most growing economic sectors. In many countries, it represents a significant share of the gross domestic product balance and is the basis for their functioning. The economic dimension is the result of a number of social and political changes that have taken place over the last dozen or so years which have also been observed in Poland/ "The opening of borders" after the accession to the European Union, intensive promotion, improving the quality of life and new forms of leisure activities, increasing wealth and tourist mobility of societies are just a few factors that are reflected in the dynamics and structure of tourist traffic. The scope and range of tourist mobility are a reflection of the degree of social development (Domański, 2004). The frequency and distance of travels also testify to the level of life quality. Nowadays, the tourist services industry makes it possible to get into almost every region of the world. In fact, the only barrier are material means and this is something that distinguishes today's societies (on a macro and micro level). On the other hand, the modern range of tourist trips is adapted to the financial possibilities of all social groups (social - professional), from the lowest paid unqualified workers to the highest-ranked occupations on the scale of wealth, which include, among others, doctors (Sarapata, 1965; Bombol, 2008; Rotkiewicz, 2008).

As has already been mentioned, the category of leisure time (Sułkowski, 1998) has become one of the main determinants of the wealth of societies. Along with the increase in the number of days off work, the so-called "annual leave", there was a need for their effective and original management. It is worth mentioning that recently new forms of spending free time have appeared.

The 3xS tourism still popular at the end of the 1990s (sun, sea, sand) gave way to the tourism model 3xE (entertainment, excitement, education). Sentimental and sightseeing tourism gained in importance at the expense of passive forms of recreation. Studies and reports from research carried out, among others, by Polish Public Opinion Centre (CBOS), Centre for Public Opinion Research (TNS OBOP), Central Statistical Office (GUS) or Institute of Tourism (IT), conducted since the end of the 1980s, show the participation of Poles in tourism, mainly in tourist trips, is strongly dependent on their socio-economic situation. The higher the level of education, professional position, income and better material conditions, as well as a larger place of residence, the more often the holiday leave spent abroad fits into the space of free time. People who travel abroad are mostly those under 45 years old than older. On the other hand, the least chances of any tourist trip have people who find themselves in a difficult position because of bad financial conditions, low income and education, older age or retirement. It is also apparent from the supplementary research carried out at the beginning of the 1990s that international tourist trips are becoming more and more popular. Between 1992 and 2008, there has been a significant increase, i.e. by 18 percentage points. It may be interesting to note that in the years 1997-2000 the tourist activity of Poles remained at a very high level, i.e. over half (60%) of Polish residents participated in tourist trips. In 2009, Poles have made 5.7 million foreign trips. In addition, if we take into account foreign trips of children to the age of 14 years old (0.6 million trips), it can be assumed that in 2009 the residents of Poland made 6.3 million foreign tourist trips. On the other hand, the number of national tourist trips amounted to 30.8 million (Przeclawski, 2004 and 2010; Podemski, 2005).

This quantitative information translates directly into measurable profits for the tourism industry. High tourist traffic indicators are big profits for travel agencies, tour operators and owners of tourist facilities and other leisure time organisers. From an economic point of view, tourism is an economic activity in a broad service sector. It is therefore a highly commercial activity. The economy of tourism as a science deals with: needs, tourist product and examines the regulation of prices on the market, demand and supply. It plays a significant role in tourism as well as in other economic activities and economic sectors indirectly linked to the tourism economy. When talking about the issues of holiday leave and tourist trips in general, one should take into account the market aspect (economic and commercial dimension; Cieloch, Kuczyński, Rogoziński, 1992). Hence, it would be unreasonable to limit oneself exclusively to inhouse studies because tourism is not only a social but also economic phenomenon.

Accordingly, analysis of the phenomenon of managing holiday free time, taking into account the occupational structure, seems to be the most justified. This is because occupation is an indication considered to be the most accurate reflection of the most important aspects of social position (Domański, 1995). It informs both about the so-called strategic resources (e.g. intellectual and cultural capital or the level of education), and income level, material standard, patterns and consumption level, access to other goods and lifestyle.

The latter is defined as a certain resultant, it is understood as the overall characteristics for the behaviour of an individual or a community, revealing itself especially in everyday life, e.g. in attitudes towards work, ways of perceiving the world, ways of spending free time, hobbies and behaviours (e.g. Sztumski, 1981 and 2003, Więckowska, 2004; Wnuk Lipiński, 1972; Łoboda, 2007; Terelak, 2007). The professional group of doctors seems to be aptly representing the so-called upper middle class, where people from the middle hierarchy of social stratification are situated. The modern middle class has no sharp boundaries because its scope is constantly redefined both on the sociological and economic plane. In the context of this study, it should be stressed that in the current understanding of the middle class, mainly the social and occupational categories are included that are characterised by considerable self-determination, performing intellectual work and a certain (rather high) level of well-being. The middle class includes mainly people with higher education and higher cultural competences which is one of the most important factors distinguishing them from the working class (low middle class) and middle class (Domański, 2007).

The studies<sup>1)</sup> carried out as part of the project touch upon all the above-mentioned issues and concern the professional group of doctors from the Łódź region. Their results include models of holiday leisure time management and identification of tourism needs within medical industry. The study focuses on a very precisely defined social group (social-professional) and covers the research area within the administrative boundaries of the Łódź Voivodeship with particular attention being paid to the Łódź agglomeration. Moreover, studies are part of a long research tradition of the Institute of Urban Geography and Tourism, Faculty of Geographical Sciences, University of Łódź, which concern the vacation and holiday space of city residents. This type of research is irrevocably related to the analysis of people's free time and its use which implies the necessity of using a relatively difficult survey or questionnaire method. Two doctoral dissertations representing this research trend were created at the Institute. Both apply to the Łódź residents. Latosińska (1998) defined in her research the vacation and holiday space of the employees of higher education institutions in Łódź, and Kowalczyk - Anioł (2006) the vacation and holiday space of three generations of Łódź residents (dynamic approach). Both works have produced very interesting results encouraging the development of this research subject. It is worth mentioning that the first large-scale study was carried out in the Department of Urban Geography and Tourism back in the 1980s which resulted in Dziegieć and Liszewski's work (1985) and the theoretical article by Bachvarov and Liszewski (1996).

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1.) At this point, the author of this paper informs the reader that the dissertation is the result of pilot studies of the author's doctoral thesis, conducted at the Institute of Urban Geography and Tourism (Department of Geographical Sciences at the University of Łódź), entitled "Models of holiday rest of the medical community of Łódź" within the framework of the III degree physical geography and socio-economic geography studies. In connection with the above, all the research results presented in this report are used to standardize the adopted methodology (especially in the aspect of reliability and relevance of the tool, here: a survey questionnaire) and the research approach to the concept of the doctoral thesis undertaken by the author. As presented in the relevant part of this report, the study concerns an unrepresentative sample which is much smaller than the representative quota sample assumed in the doctoral thesis (which was already presented during the presentation of the research concept of the doctoral thesis at the scientific meeting of the Institute of Urban Geography and Tourism, Department of Geographical Sciences at the University of Łódź on 08/03/2011). Thus, the results of the above dissertations (despite a relatively similar methodology) will most probably present other qualitative and quantitative data.

The results of these studies have become a peculiar point of reference in the analysis of the spatial behaviour of Łódź residents in the vacation and holiday period for later researchers of these issues (on the basis of [www.turyzm.edu.pl](http://www.turyzm.edu.pl)).

## **3.2. Study concept**

### **3.2.1. Substantive scope of the study**

The main objective of the work is to develop recommendations for travel agencies and tour operators preparing profiled tourist products, here: for a socio - professional group (doctors). The above mentioned application objective of the study was achieved indirectly through the previous development of models characterizing holiday leave among the Łódź medical community in the understanding of representatives of higher middle class.

Therefore, the additional specific objectives of the survey were indicated, including:

- Characteristics and determinants of behavior of the medical community in Łódź during holiday leisure time;
- Indication of similarities and differences in spatial characteristics of national tourist trends in the years 1998-2010 and holiday leave models of the researched group.

The detailed objectives and the main objective of the study determine a number of research questions. It is worth mentioning that the results of the study are supposed to provide precise information on the holiday preferences of a medical professional group, including, among others, directions of trips (including the Łódź region in spatial analysis), time and seasonality of their duration, complexity of selected offers and spent funds. Therefore, an attempt was made to answer the following two questions:

- To what extent does the specificity of the researched group (mainly the level of education, social status, economic situation, character and type of work) correlates with the type of selected tourist products/offers?
- What are the characteristics of a tourist product profiled for the researched professional group in order to be able to attract the attention of the medical community, and thus translate it into economic benefits for the tourism sector entities?

In order to answer the above questions, which are characterized by a high level of generality, six detailed questions have been formulated, the content of which is presented below:

- What is the spatial scope (in geographical terms, i.e. the intended space and its distance from the place of residence) of behaviors performed by respondents (doctors) during the holiday free time?

- What are the objectives and motives for taking holiday leave?
- What time variables are characteristic for the holiday leave of doctors?
- What is the form of holiday organisation (including modes of transport - ways of getting to and moving around the destination, accommodation, catering and accompanying services)?
- What is the level of costs incurred for the performance of behaviours during holiday leisure time?
- What are the demographic and social characteristics of people accompanying respondents during holiday leave?

### **3.2.2. Research methods and tools**

The basic research technique is a survey. Direct, highly standardized technique was used to collect basic research material (Wieczorkowska, Wierzbicki, 2005). The survey was conducted among representatives of the medical community in Łódź. Justification for the use of this technique is the assumption of a quantitative nature of the study. This is because the survey is an effective and taking much less time (than, for example, questionnaire interview and qualitative techniques) form of collecting large amounts of source material (Matczak, 1992). The research tool, i.e. the survey questionnaire on the preferences of spending leisure time and the impact of professional work on the space, forms, organisation and seasonal nature of spending holiday leave by doctors from Łódź, consists of three parts.

The first block (preceded by an information and registration part) is "free time and holidays vs professional work" with questions concerning satisfaction with the available free time and the number of holiday days as well as seasonality of its use (on a yearly basis). A number of questions were also included, concerning selected forms of spending free time in the context of preferred forms of tourism (leisure, sightseeing and specialised) and the degree of conscious participation in tourism. In the form of a question - table, the issue of the so-called conference/congress tourism was also addressed.

The second part includes specific questions on the holiday space of respondents in the years 2005 -2010. Two complex questions in the form of a table are included here. The first one concerns tourist trips in 2010 which takes into account space, forms, organisations and seasonality. The second one concerns the period 2005 -2009 and has a much narrower scope, i.e. it covers space, duration and seasonality of trips.

At the end of the questionnaire there are particulars and comments field.

The technique of free-form interview with a low level of standardization was applied in order to define the recipients of the study results, where the problem was to define the interest of business entities in the issues raised in the study and willingness to cooperate. The main objective of the application of this research tool was to implement the study's applicability. The above mentioned study was carried out under three separate internship contracts (completed during implementation of the project "Tourism for the Region..."). Three tourist industry companies were selected for cooperation, i.e. RainbowTour tour operator and two travel agents in Łódź: NovaTravel and Taste of Holiday.

In both above mentioned groups, purposive or availability sampling was applied. So these are not random samples, thus it is not permitted to generalize the results. This type of sampling is also referred to in the literature as convenience sampling. Units of study are included in the research sample on the basis of availability. This model is used in the case of lack of possibility to create an exhaustive sampling frame and (for some reasons) problems with reaching the respondents.

In order to achieve the objectives of the study, basic statistical analyses were used, which include, among others, a V - Cramer's correlation coefficient (or V-Cramer, which is a measure of strength of dependence between the studied characteristics; its value ranges from -1 to 1 in the case of bipartite tables, while for the larger tables it takes values from 0 to 1<sup>(2)</sup>), the coefficient r - Pearson (used for quantitative variables, well measurable, which are measured at the quotient or interval scales, e.g. relationship between age and income, where the value of the coefficient can be extended in the range <-1;1> and if the value is positive - with an increase in the value of one variable, the value of the second variable is increased, while if the value is negative - with an increase in the value of one variable, the value of the second variable decreases) or the coefficient of correlation rang rho - Spearman (which examines the dependence between two ordinal variables or between an ordinal variable and a dichotomous nominal variable, i.e. divalent, e.g. sex, its interpretation is the same as in the case of the r - Pearson's coefficient)<sup>(3)</sup>.

Part of the results (mostly tourist destinations) were developed and presented in the form of appropriate cartographic presentations.

In connection with the size and unrepresentative (availability) selection of the sample (as presented in the next section) the analysis of regression and factorial analysis were abandoned.

The source material was developed using statistical software in the form of the statistical package SPSS 14.0., through reading the subject literature by, among others, Dobrowolski (2008), Gajka, Kałuszka (2000), Iwasiewicz, Paszek (2004), Jażdżewska (2003) and Steczkowski (1996).

Apart from the above-mentioned, SWOT analysis was carried out for the possibility of implementation of the results of the study, i.e. commercialisation of the studies as well as good practices were used - benchmarking in the preparation of a tourist offer for the medical community (based on the analysis of the activities of business entities involved in the organisation of medical conferences).

### 3.2.3. Source material

The relevant source material of this report are 98 survey questionnaires. Characteristics of the studied population according to social, demographic and economic characteristics are presented in the next chapter of the dissertation. The study was conducted in the period from July to November 2011 among doctors from three Łódź hospitals: Copernicus Memorial Hospital in (30 questionnaires, 30.6% of the surveyed population), Clinical Hospital no. 6 of the Medical University in Łódź (48; 49.0%) and the Institute of Dentistry, Medical University of Łódź (20; 20.4%).

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2.) Correlation coefficient V Cramer can be used for samples of approx. 100 components, providing the so-called normal distribution of the sample (Górniak, Wachnicki, 2008; Brandt, Szymanowski, 2002).

3.) The coefficients r Pearson and rho Spearman can be used even at samples with 7-8 elements (Górniak, Wachnicki, 2008; Brandt, Szymanowski, 2002).

Respondents are only persons with a degree of doctor of medicine with a specialization (or during its realization) in internal medicine (Interna). All respondents are registered with Regional Chamber of Physicians in Łódź (Delegation in Łódź).

The complementation of the above is information obtained during interviews conducted with representatives of the tourism industry (i.e. the travel agencies listed above).

In addition to the data from own research, the existing data were used, collected mainly during queries at the Regional Chamber of Physicians in Łódź as well as statistics of the Central Statistical Office ([www.stat.gov.pl](http://www.stat.gov.pl)) and the Institute of Tourism ([www.it.com.pl](http://www.it.com.pl)).

Empirical and literary materials were found to be reliable and a catalogue of recommendations for representatives of the tourism industry was developed on its basis.

### **3.3. Characteristics of the studied population**

This section of the report presents the social and demographic characteristics (age, sex, family situation, marital status and place of residence) as well as the economic characteristics of the respondents (assessment of the material situation and the average monthly earnings).

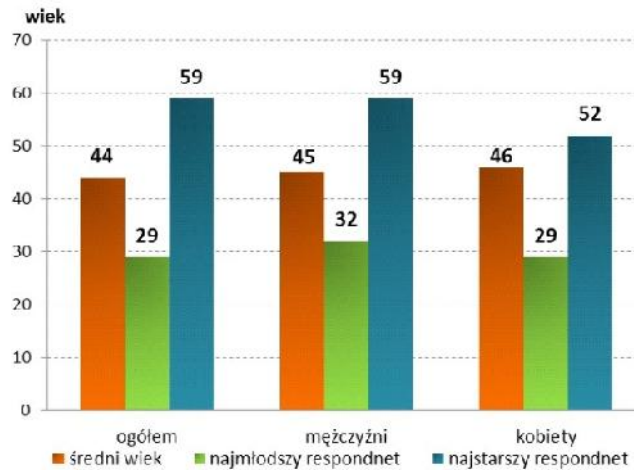
#### **3.3.1. Socio - demographic characteristics**

65.3% (64 persons) of women are indicated in the structure of respondents' sex. The men constituted 36.6% (34 people).

The mean age of the respondents was 44 years. The youngest respondent was 29 years old and the oldest 59 years old. Slightly higher average age was characteristic for men than women and it was respectively: 45 (with the youngest respondent - 32 and the oldest - 59) and 46 (with the youngest respondent - 29 and the oldest - 52); Graph 1.). However, these are not averages that differ significantly statistically.

Three out of four respondents (73.5%, i.e. 72 respondents) are people who declare having children. In this group, the majority of people were declaring marital status "married" (90.3%, i.e. 65 people) and these were more often women than men. The others are divorced. Every fourth respondent in the questionnaire declared free marital status (26.5%, i.e. 26 people) and these were more often men than women.

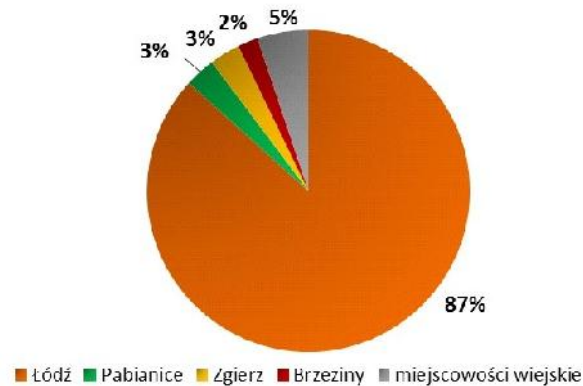
Respondents (who have a life partner independently of the declared marital status) were also asked about the life partner's profession with a specification of the broadly understood medical industry or other industry. The first of the above mentioned was marked by 38 respondents, and the second one by 47. A total of 85 respondents replied to this question in the survey questionnaire.



Wiek – age; ogółem – in total; mężczyźni – men; kobiety – women; średni wiek – average age; najmłodszy respondnet – youngest respondent; najstarszy respondnet – oldest respondent

Graph 1. The average age of the respondents by sex

Source: Own elaboration based on the study conducted.



Miejscowości wiejskie - villages

Graph 2. The origin of the respondents.

Source: Own elaboration based on the study conducted.

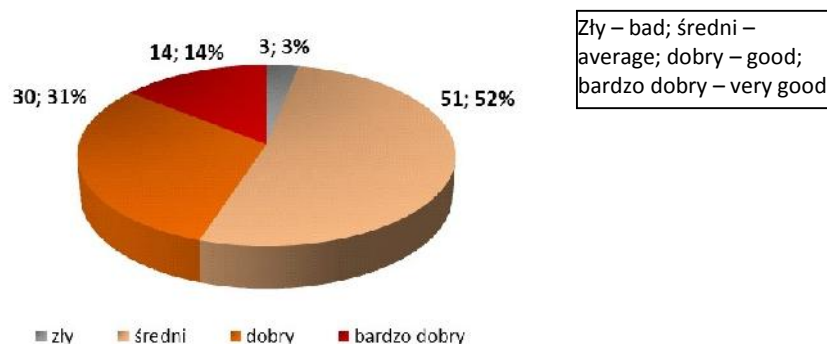
All respondents are residents of the Łódź Voivodeship and the vast majority of them are citizens of Łódź. 86.7% of the respondents (85 people) indicated that they lived in Łódź. The rest of them indicated such cities as Pabianice and Zgierz (3 persons each), Brzeziny (2 persons) and rural villages (5 persons) in such municipalities as Rzgów and Nowosolna (Graph 2).



### 3.3.2. Economic characteristics

As it has already been described, all respondents are qualified medical doctors specialising in internal diseases (or during its realization), here: eight of the youngest doctors). It is worth mentioning that this specialization lasts 5 years after completion of medical studies, passed medical exam and a mandatory one-year internship. The above mentioned exam is relatively difficult as it covers extensive material from several fields of medicine. It is often the basic specialization after which physicians begin to realize detailed specialisations such as endocrinology, haematology, cardiology, gastroenterology, nephrology, toxicology, diabetology, rheumatology and geriatrics. Hence, one in three respondents declared additional specializations in the survey questionnaire. However, analyzing this aspect is not a matter of interest to the report's author, it is not his objective either, hence, the presentation of statistics on the above mentioned issue seems to be pointless.

According to the data of the Regional Chamber of Physicians in Łódź (Delegation of Łódź), there are 1529 physicians specialising in internal diseases registered (as of 13/01/2011)<sup>4</sup>. It is the largest field of medicine - physicians with this specialization represent 21.6% of the total number of physicians registered in the Regional Chamber of Physicians in Łódź. Therefore, respondents to which the data described in the report refer constitute 6.4% of this group.



Graph 3. Respondents according to the subjective assessment of material status.

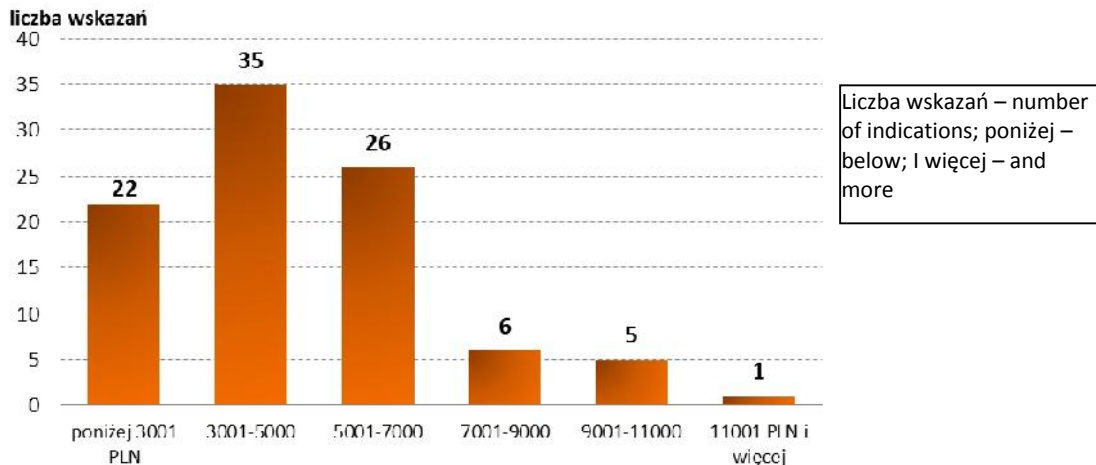
Source: Own elaboration based on the study conducted.

All respondents are graduates of the Medical Academy of Łódź (now the Medical University of Łódź which operates under this name since 2002 and was created by merging the then Military Medical Academy and the Medical Academy of Łódź; based on the information published on [www.umed.lodz.pl](http://www.umed.lodz.pl)).

In the study group a significant majority of respondents assessed their material status as at least average. In total, it was 95 people (96.9% of the total).

4.) Data obtained during the query in the Regional Chamber of Physicians in Łódź in January 2011.

In this group there were 51 respondents with an average rating (52.0% of the total), 30 with a good rating (30.6%) and 14 with a very good rating (14.3%). Only three respondents indicated a bad material status in the questionnaire (3.1% of the total number of respondents). There were no respondents with very poor rating of the material situation. Distribution of indications in relation to the analysed issue is presented in Graph 3. (in relative and absolute terms).



Graph 4. Respondents according to the declaration of average monthly earnings (in PLN net).

Source: Own elaboration based on the study conducted.

There were no statistically significant correlations between the evaluation of the material situation of the respondents and socio-demographic characteristics. One can only say that men assessed their economic status a little higher than women, older than younger respondents, people living outside of Łódź than those living in Łódź, people remaining in formal relationships than the unmarried one (or other), and those declaring higher earnings (i.e. with the growth of the declared net monthly earnings, the subjective assessment of the material situation increased slightly). Relevant to the aforementioned indicators ( $r$ -Pearson and  $\rho$ -Spearman) were shaped in the range of very weak correlations (up to a maximum of 0.10, below the adopted confidence level  $\alpha=0.05$ ).

Three respondents did not indicate the average range of monthly net earnings in the survey questionnaire. After rejecting the data shortages, the most frequently indicated were earnings of PLN 5001-7000 per month which were indicated in the survey questionnaire by one in three respondents (36.8%, i.e. 35 persons). One in four surveyed respondents indicated the range of PLN 5001-7000 per month - 27.4% (26 persons). The lowest threshold income, i.e. less than PLN 3001 per month, was indicated by one in four respondents (23.2%, i.e. 22 respondents). Remaining indications were not common, and so: earning in the range of PLN 7001-9000 per month were indicated by 6.3% (6 persons), PLN 9001-11000 per month by 5.3% (5 persons) and over PLN 11000 per month only by one person (1.1%). The above data is shown in Graph 4.

### 3.4. Holiday rest of the medical community of Łódź

The chapter contains data on holiday leave of the surveyed occupational group. In the survey questionnaire, the respondents were asked on the organisation of holiday leisure time in 2005-2010. Holiday trips in 2010 were defined taking into account: holiday vacation space, seasonality and longevity, forms of activity carried out during the holiday, costs of its realization and social characteristics of persons accompanying respondents during the above mentioned holiday. In the case of holiday trips taken by the surveyed doctors in the years 2005-2009, the focus was exclusively on travel directions.

Seven respondents in the surveyed group indicated that during a holiday leave in 2010 they did not have a holiday trip. Thus, the statistics on this issue refer to a group of 91 persons (92.3% of the total number of respondents). However, in the case of the question on holiday leave in the years 2005-2009 (included in the survey questionnaire in the form of question - table), there were no missing data only in the 2009 column. In contrast, in data for 2008 there were 18 data gaps, 2007

-25, 2006 - 36, 2006 - 58 and 2005 -79. For this question, the Rho-Spearman correlation analysis was carried out, which revealed the correlation between the lack of travels (or lack of data) and earlier holidays ( $\theta = 0.55$  high correlation). This is due to the fact that the respondents had difficulty remembering the place of their leave in those years.

#### 3.4.1. Space for holiday leave

At the beginning of this subsection the author of the report points out that the space of holiday leave is understood as a direction of tourist trip. Studies have shown that in 2010 (out of 108 taken trips) two out of three trips were trips abroad - 66 trips, i.e. 61.6%, and the rest were domestic trips. Among the first of the mentioned trips there were such destinations as: Egypt, Turkey, Tunisia, Croatia, Spain, Thailand, Canada, Italy, South Africa, China, Austria, Slovakia, Morocco, Germany, Portugal (where Slovakia, Italy and Austria are also winter destinations). On the other hand, the destinations of domestic trips included mainly north and south voivodeships as well as Kujawsko-Pomorskie and Podlaskie Voivodeships. The respondents indicated rather popular Polish tourist destinations (although in the survey questionnaire in the relevant question they declared to choose mainly not crowded places for the holiday destination), and these included, among others: Ustka, Jastarnia, Jurata, Hel, Międzyzdroje, Augustów, Zakopane, Krynica and Ustrzyki. In addition, two persons indicated the Podlaskie Voivodeship but they did not specify the city, and two other persons indicated the Kujawsko-Pomorskie Voivodeship. These were probably trips to "second homes" / recreational plots. Twelve respondents indicated only for rest in Poland and did not indicate a specific holiday destination in the survey questionnaire.

In the case of the space of holiday leave of the respondents in 2009, it was observed that foreign trips were slightly more common than in 2010, and it was 73.5% (72 trips). The remaining 26 trips were domestic trips. Among the destinations of trips abroad, respondents indicated countries such as: Turkey, Malta, Egypt, Italy, Croatia, France, Spain, Morocco, Greece and Ukraine, and individually for Australia, Kenya and Mexico.

Table 1a. Destinations of holiday leaves of respondents in 2005-2010.

<b>Destination</b>	<b>2005.</b>	<b>2006.</b>	<b>2007.</b>	<b>2008.</b>	<b>2009.</b>	<b>2010.</b>
Egypt	4	3	0	10	11	7
Turkey	0	4	4	6	12	6
Tunisia	0	2	3	0	0	5
Croatia	2	0	5	3	12	4
Spain	0	5	4	5	8	10
Thailand	0	0	0	0	0	1
Canada	0	0	0	0	0	1
Italy	0	6	6	8	8	12
Republic of South Africa	0	0	0	0	0	1
China	0	0	0	0	0	1
Austria	1	0	2	2	0	4
Slovakia	0	0	0	0	0	2
Morocco	2	0	0	0	6	8
Germany	0	0	0	0	0	1
Portugal	0	0	0	0	0	3
Turkey	0	0	0	0	0	0
Malta	0	0	0	0	1	0
Greece	0	2	3	0	6	0
Ukraine	0	0	0	0	1	0
Australia	0	0	0	0	1	0
Kenya	0	0	0	0	1	0
Mexico	0	0	0	0	1	0
Israel	0	0	0	1	0	0
India	0	0	0	1	0	0
Hungary	0	0	2	0	0	0
Cyprus	0	1	2	0	0	0
Czech Republic	0	0	2	0	0	0
France	0	0	0	5	4	0
Japan	0	0	1	0	0	0
Lithuania	1	0	0	0	0	0
Ecuador	0	0	1	0	0	0
Brazil	0	1	0	0	0	0
<b>Poland</b>	<b>9</b>	<b>38</b>	<b>38</b>	<b>39</b>	<b>26</b>	<b>42</b>
<b>IN TOTAL:</b>	<b>19</b>	<b>62</b>	<b>73</b>	<b>80</b>	<b>98</b>	<b>108</b>

Source: Own elaboration based on the study conducted.

Table 1b. Destinations of holiday leaves of respondents in 2005-2010 by share in a given year.

Direction	2005.	2006.	2007.	2008.	2009.	2010.
Egypt	21.1%	4.8%	0.0%	12.5%	11.2%	6.5%
Turkey	0.0%	6.5%	5.5%	7.5%	12.2%	5.6%
Tunisia	0.0%	3.2%	4.1%	0.0%	0.0%	4.6%
Croatia	10.5%	0.0%	6.8%	3.8%	12.2%	3.7%
Spain	0.0%	8.1%	5.5%	6.3%	8.2%	9.3%
Thailand	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%
Canada	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%
Italy	0.0%	9.7%	8.2%	10.0%	8.2%	11.1%
Republic of South Africa	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%
China	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%
Austria	5.3%	0.0%	2.7%	2.5%	0.0%	3.7%
Slovakia	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%
Morocco	10.5%	0.0%	0.0%	0.0%	6.1%	7.4%
Germany	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%
Portugal	0.0%	0.0%	0.0%	0.0%	0.0%	2.8%
Turkey	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Malta	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%
Greece	0.0%	3.2%	4.1%	0.0%	6.1%	0.0%
Ukraine	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%
Australia	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%
Kenya	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%
Mexico	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%
Israel	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%
India	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%
Hungary	0.0%	0.0%	2.7%	0.0%	0.0%	0.0%
Cyprus	0.0%	1.6%	2.7%	0.0%	0.0%	0.0%
Czech Republic	0.0%	0.0%	2.7%	0.0%	0.0%	0.0%
France	0.0%	0.0%	0.0%	6.3%	4.1%	0.0%
Japan	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%
Lithuania	5.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Ecuador	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%
Brazil	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%
Poland	<b>47.4%</b>	<b>61.3%</b>	<b>52.1%</b>	<b>48.8%</b>	<b>26.5%</b>	<b>38.9%</b>

Source: Own elaboration based on the study conducted.

Domestic trips covered similar locations as in 2010, including Międzyzdroje, Jurata, Mikołajki, Giżycko, Wisła and Zakopane.

For holidays in 2008, only 80 respondents filled in the appropriate field in the questionnaire. The share of foreign trips amounted to slightly more than half, i.e. 41 trips (51.3%). The rest were domestic trips. Foreign destinations include Croatia, Spain, France, Egypt, Turkey, Italy, Austria, Israel, Morocco and India. Only five people indicated the exact destination of their domestic trip: Polonica, Białka Tatrzańska, Zakopane and Sopot.

On the other hand, 73 respondents indicated the space of holiday trip in 2007. This year, foreign trips constituted less than half of the total number, i.e. 35 trips - 47.9%. The remaining 38 were domestic trips. These were the destinations of foreign trips: Hungary, Greece, Italy, Tunisia, Cyprus, Turkey, Spain, Austria, Czech Republic and Croatia, and two quite remote - Ecuador and Japan. Out of 38 respondents who indicated domestic trips, only three of them provided the destination, i.e. Szczawnica, Duszniki and Jurata.

Domestic trips were even more common in 2006. Out of 62 holidays, 38 are domestic trips (61.3%), and 24 - foreign. These were the destinations of foreign trips: Portugal, Spain, Cyprus, Italy, Greece, Egypt, Turkey, Tunisia and Brazil. None of the respondents specified the destination of domestic trip. There were two indications on the Mazury region and the Karkonosze Mountains.

Only 19 respondents indicated the destinations of their trips in 2005, where 10 respondents indicated a foreign trip and 9 - a domestic trip. These were the destinations of foreign trips: Austria, Lithuania, Croatia, Egypt and Morocco, while domestic trips: Zakopane, Łeba, Jurata and Krynica Morska.

Summary of data described above is shown in Table 1A. and Table 1b.

### **3.4.2. Organization and seasonality**

In 2010, out of 91 respondents who took a holiday trip, every fifth respondent travelled more than once (19.9%, i.e. 18 people). These were mainly trips during the summer and winter seasons - for 15 respondents. Three people took a holiday trip twice in the summer. Interestingly, there was no statistical dependence between the number and duration of holiday trips, however, the author would incline to the hypothesis that along with the number of holiday trips, their duration decreases.

In 2010, the average duration of respondents' holiday trip was 11.4 days, with extreme values of 4 days and 24 days. Domestic trips were slightly longer than foreign trips of medium duration, respectively: 13,2 and 9,8 days (statistically significant differences at the level of  $\alpha=0.05$ ). The first one of the above mentioned was overestimated by three holiday trips of the respondents which lasted more than 20 days. These were trips made in private facilities - recreational plots/second homes. The above data is shown in Graph 5.

It is worth noticing that, according to the Tourism Journal (Dziennik Turystyczny), after the Institute of Tourism, "in August 2010, the level of participation of residents of Poland aged 15 and over in domestic trips was higher than in August 2009, while in total foreign trips - lower.

There is a decrease in the number of long-term domestic trips and increase in the number of short-term domestic trips. A similar number of people left the borders for 5 and more days, while for 2-4 days - much less. In August 2010, the number of tourists travelling in Poland or abroad was 5 percent (0.25 million) higher than in the previous year. According to estimates by the Institute of Tourism, in August 2010 Poles took part in 6.6 million domestic tourist trips, i.e. over one fifth more than in August 2009. We observe a larger increase in the number of short-term than long-term trips. The number of persons participating in the domestic long-term trips was lower than in August 2009, in the short-term trips, higher; people leaving for five and more days travelled more often and for a similar period like in the previous year, people leaving for 2-4 days also travelled more often and for a longer period. Trips taken typically for tourist purposes had a similar share in the structure of Poles' domestic tourist trips as in August 2009; trips to visit relatives or friends - slightly higher. The purpose of 63% of trips was typical travel tourism, and 30% - visits. According to estimates of the Institute of Tourism, Poles participated in 0.9 million tourist trips abroad, i.e. trips with at least one overnight stay abroad (10% less than the year before). Compared to August 2009, we observe a similar number of long-term trips and a decrease in the number of short-term trips" ([www.dziennikturystyczny.pl](http://www.dziennikturystyczny.pl)). The structure of the respondents' trips according to the duration of the trip and the division into domestic and foreign tourist trips fits into the above-mentioned results of the Institute of Tourism.

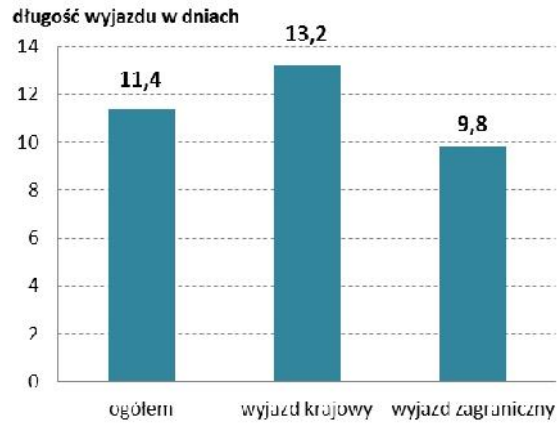
It was also observed that the longer trips were taken slightly more often by the following respondents:

- Men than women;
- In the older age groups;
- People with longer professional experience;
- Assessing their financial status higher.

However, these are not correlations important at the statistical level. No differences were observed in comparison of the duration of holiday trip with the place of residence of the respondents. It is worth mentioning that shorter trips are more often domestic trips and longer trips are mainly foreign trips.

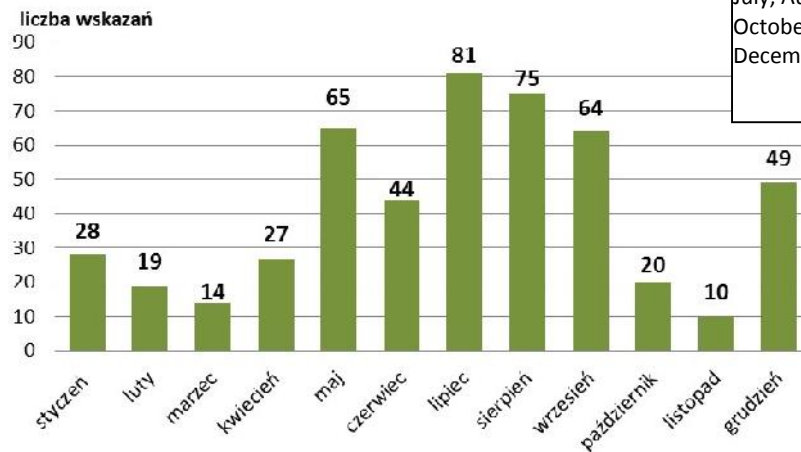
As regards the organisation of holiday leave of respondents (holiday trip) in 2010, it was observed that the vast majority of respondents who spent holidays outside Poland decided to buy a tourist product in the travel agency (or tour operator). It should be noted here that the data relating to 109 trips are considered here (i.e. 91 respondents who took a holiday trip once and 18 who took the trip twice). Out of the above, 63.3% (69 trips) are trips organised by the tourist agency (or tour operators). The rest are trips organised independently (or by people from the closest environment of respondents - parents, friends). Most domestic trips (89.6%) are organised without the help of travel agencies. Additionally, such organisation was typical for 5 foreign trips (4 organised in the winter season and one in the summer season). However, the respondents did not generally mention the organiser of holiday trip.

There were a dozen or so indications of popular travel agencies, such as the following: Itaka, Triada, RainbowTours, Tui and several travel agents.



Długość wyjazdu w dniach – trip duration in days;  
ogółem – in total; wyjazd krajowy – domestic trip;  
wyjazd zagraniczny – abroad trip

Graph 5. Average duration of holiday trips of respondents (in days) in 2010, including



Liczba wskazań – number of indications; styczeń, luty ... - January, February, March, April, May, June, July, August, September, October, November, December



Table 2. Participation of Poles in tourist trips by month, destination and duration of tourist trip in 2010 (in millions).

Month	Trip		
	Domestic short	Domestic long	Domestic short
January	1.05	0.70	1.05
February	1.15	0.85	1.15
March	1.40	0.50	1.40
April	1.45	0.75	1.45
May	1.50	0.60	1.50
June	1.80	0.85	1.80
July	2.35	3.35	2.35
August	2.75	3.60	2.75
September	1.20	0.85	1.20
October	1.55	0.40	1.55
November	1.85	0.45	1.85
December	2.15	0.80	2.15

months of the largest number of trips  months of the least number of trips

Source: Own elaboration based on [www.intur.com.pl](http://www.intur.com.pl).

The interviewed doctors were asked about the dates of holiday trips. In the questionnaire, it was possible to indicate more than one month per year. Results according to the above mentioned data are presented in Graph 6.

Holiday trips were most often taken by the respondents in the period from July to September, respectively 81 and 64 indications. A large number of indications related to the months of May and December, i.e. 65 and 49. The smallest number of respondents indicated November (10), March (14), February (19) and October (20). It is worth mentioning that the relatively high share of indications was characteristic for the months of June (44) and May (65). Comparing this data with the study of the Institute of Tourism on a representative sample of Poles, as presented in Table 2, only long-term domestic trips correspond to the seasonality of the respondents' tourist trips. There are more trips in the summer months as well as in January and December. Short domestic trips are characterized by seasonality similar only in the summer and in December, while foreign trips only in the summer.

In addition, it was observed that in the summer season (June - September), slightly more often than in the winter season (December- March), holiday trips were taken rather by:

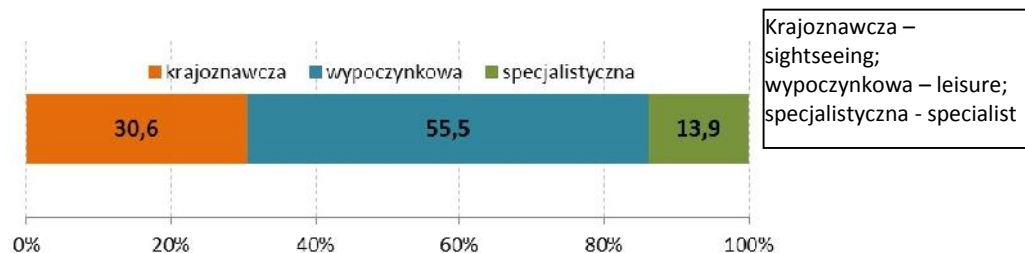
- Men than women;
- Younger than older respondents;

- People living in Łódź than in other cities;
- People with longer professional experience;
- Assessing their financial status lower.

All of the above mentioned dependencies are weak / very weak correlations (which apart from characteristics such as having children or not, age and professional experience are not statistically significant at the assumed confidence level).

### 3.4.3. Forms of activity undertaken during holiday leave

Respondents were asked in the questionnaire about the forms of activity undertaken during holiday leave. As it is described in the introduction to this subsection, the data primarily refer here only to the year 2010. According to what is provided in the source literature, forms of activity undertaken during holiday trips are one of the criteria defining the kind of tourism practiced. Distribution of indications by the type of practiced tourism forms (sightseeing, leisure and specialized) are shown below.



Graph 7. Main forms of tourism undertaken during holiday trips of respondents in 2010.

*Source: Own elaboration based on the study conducted.*

It has been observed that:

- It is more common for sightseeing tourism (than other) to be pointed out by the surveyed women than men;
- Specialised and leisure tourism are more often characteristic for younger than older respondents.

The aforementioned are dependencies at the weak level, but statistically significant at the adopted confidence level. No significant differences were observed in the comparison of tourism forms undertaken during holiday trips of respondents with their place of residence, assessment of their material situation or professional experience.

### 3.4.4. The costs of realization of the holiday leave

The question in the questionnaire on the costs of tourist trip realization during holiday leave concerned the costs incurred per person (regardless of the presence and social characteristics of accompanying persons).

As it is described in the introduction of this subsection, the data refer here only to the year 2010. The results of the study showed that the average cost of the completed tourist trip amounted to PLN 2,455.5, with extreme values of PLN 950 and PLN 5500. It should be borne in mind that short trips (from 4 to 7 days) significantly underestimated the analysed costs - these were mainly domestic trips to "second homes" / recreational plots (weekend trips) taken most often in the period from April to June. On the other hand, trips whose cost exceeded the threshold of PLN 4,000 per person constituted 10.5% of the total. Thus, the average cost of a domestic trip amounted to PLN 1,950.0, and of a foreign trip - PLN 2,961.0 per person. This is shown in Graph 8.



Graph 8. Average costs of holiday trips of respondents in 2010 divided into domestic and foreign trips.

Source: Own elaboration based on the study conducted.

Table 3. Average costs of planned holiday trips of Poles in 2011 by education.

	primary	vocational	secondary	higher
less than - PLN 1,000	0%	20%	28%	24%
PLN 1,000 - 2,000	4%	4%	9%	23%
PLN 2,000 - 4,000	0%	4%	3%	4%
PLN 4,000 - 8,000	0%	0%	0%	2%
8,000 and more	0%	0%	0%	1%
I do not plan any trip	96%	71%	56%	44%

Source: [www.dziennikturystyczny.pl](http://www.dziennikturystyczny.pl).

Comparing the data presented in Graph 8 and Table 3, respondents (all with higher education) are in the four percent group as regards the survey carried out by the Homo Homini Institute for Deutsche Bank PBC ([www.dziennikturystyczny.pl](http://www.dziennikturystyczny.pl)) on planned holiday spending in 2011 of PLN 2,000-4,000 per year.

In addition, it was observed that higher costs of trips taken were characteristic for:

- Older than younger respondents;
- Men than women;
- Respondents declaring having children;
- Assessing their material status relatively high;
- People with longer professional experience.

All the above-mentioned are dependencies statistically significant at the level of weak correlations. No dependency of travel costs on the place of residence was observed. It is obvious that longer holiday trips were accompanied by higher costs per person (very strong linear relationship).

#### **3.4.5. Selected social characteristics of the accompanying persons**

The author reminds that also in this case, as it is described in the introduction to this subsection, the data refer only to the year 2010. In terms of social characteristics of accompanying persons, certain regularity was observed which is quite obvious. Respondents declaring having children indicated in the questionnaire a family members as a persons accompanying them during their tourist trips, while unmarried persons more often indicated people from outside their family (category of acquaintances/friends) as their companions (it is a strong correlation).

The questionnaire also asked whether there were other doctors in the structure of accompanying persons during holiday trips. Among the responses, the statements: never, very rarely, and rarely accounted for 75.0% (at 108 trips), sometimes 15.0%, while the statements: often and very often accounted for 10.0%. None of the surveyed respondents indicated "always".

### **3.5. Specificity of the holiday rest of the medical community of Łódź - models of domestic and foreign holiday trips**

All the collected data were compared by comparing average differences and measuring linear dependencies and correlations between variables characterizing holiday trips of respondents. The primary differentiating variable was domestic or foreign destination, and the additional ones were gender, age, material status, earnings and duration of trips, form of organisation, seasonality, forms of activity undertaken during the holiday, the average cost of trip and characteristics of accompanying persons.

Considering the destination, domestic/foreign, as a starting point, two models of holiday rest of the surveyed group have been identified, whose specifics are presented below.

Table 4. Models of holiday rest of the surveyed group of respondents.

Criterion	Models of domestic holiday leave	Models of foreign holiday leave
Destination (country/region)	Popular tourist destinations (mountain, seaside and Masurian) and stays in the "second homes".	Southern Europe, North Africa and selected "remote destinations" (Thailand, Brazil, Ecuador, Canada, South Africa)
Organization	Own organisation	Travel agency
Seasonality	Summer and winter	summer season
Duration of a trip	Long trips	Short trips
Forms of activity	Recreational and sightseeing tourism	Specialised and leisure tourism approx. PLN
Average travel costs	approx. PLN 2,000 per person.	3,000 per person.
Accompanying persons		No differences
Sex	More often women	More often men
Age	More often older than younger respondents	More often younger than older respondents
Material status	Persons declaring higher material status	Persons declaring lower material status
Range of earnings	Declaring higher range of earnings	Declaring lower range of earnings
Professional work experience	Persons declaring longer professional experience	Persons declaring shorter

Source: Own elaboration.

### 3.6. Models of holiday rest of the medical community of Łódź against a background of national tourist trends<sup>5</sup>

This section presents a statistical description of the fluctuation of indicator of outbound tourism of Poles over a period of 13 years (expressed by -% - ratio of the number of Polish tourists traveling to a particular country or a group of countries to the general Polish tourists traveling abroad in a given year), aggregating the destination countries of trips into wider groups.

5.) The chapter uses own elaboration of the report's author entitled "The size and destinations of foreign tourist trips of Poles in the years 1998-2010. Analysis of the trend", implemented as part of the project "Tourism for the Region - Integrated Program of Development for Doctoral Students", co-financed by the EU under the ESF. The article received a positive review and was submitted for printing in post-conference publication of the VI National Conference of Geography Doctoral Students "Space in geographical research".

The analysis according to the established categories has a character of separate comparisons of fluctuations of the above indicator according to the established categories. The collected material was compared in terms of destinations with the data collected for the period 2005-2010 in the surveyed group of respondents and similarities and differences were indicated.

#### **European countries (including the EU) vs. non-European countries**

In the period from 1998 to 2010, the EU Member States were characterized by the highest share in relation to all foreign tourist trips of Poles (Graph 9.). In the years 1998 - 2000 the outbound tourism to the EU accounted for 74.0 - 79.4% of the total tourist trips of Poles. There has been a decline to 70.4% in 2001, 73.5% in 2002 and 74.7% in 2003, and a significant increase in 2004 (to 87.8%), and another decline (to 85.5%) a year later. The percentage of 87.1 - 80.9% of share in trips to the EU remained until 2009, and in 2010 it was 79.9%.

Trips to European countries outside the EU structures in 1998 accounted for 23.7%, and there was a decline to 18.2% in 2000 (Graph 9.). The next year showed an increase to 26.7%, and then a decreasing share until 2004 to 7.6%. In 2005, the percentage of trips to the above mentioned countries increased by 1.6 percentage point. In 2007, it returned to 6.5%, and increased consistently since 2009 when it amounted to 9.7%. A slight decrease (by 0.3 percentage points) took place in 2010.

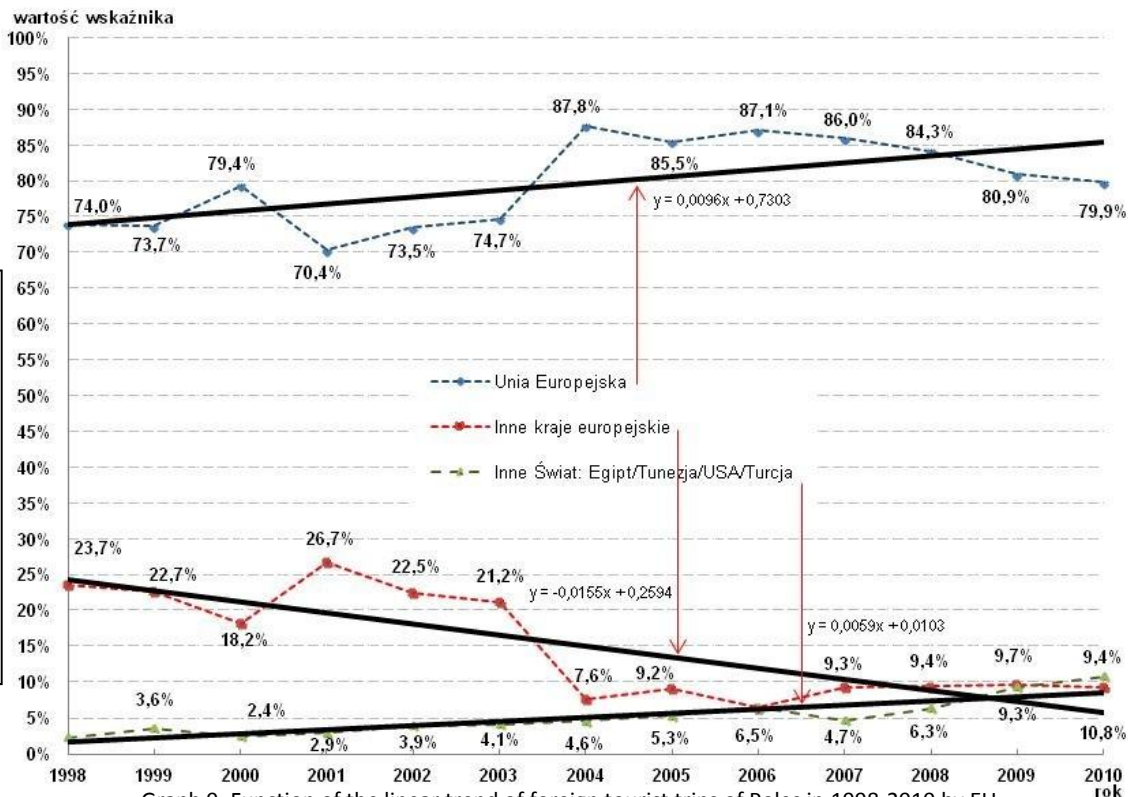
In the years 1998 - 1999, Turkey, Tunisia, USA and/or Egypt were the destinations of outbound tourism of Poles with the share of 2.3% and 3.0% (Graph 9.). The decrease was recorded in 2000 (to 2.4%). In subsequent years, the share of the above mentioned countries was increasing (with the exception of 2007, 4.7%) and reached the highest level in 2010 - 9.4%.

Trips to EU and non-European countries have shown an upward trend, while others have shown a downward trend (Graph 9.). Low rate of annual changes occurred in the group of European countries (in the years 2007 - 2010). The negative rates of change (2002 - 2004 and 2006) slowed down the dynamics of growing trend of trips to the EU which was characterized by high rates of change in the years 1998 - 2001 and 2007 - 2010. The strong fluctuation in the number of trips to other European countries was marked by negative annual rates of change in 2000, 2004 and 2006. Trips to other countries has continued the upward trend with slight fluctuations (decreases) in 2000 and 2007.

Comparing the data presented in Graph 9 with the data presented in the tables in the previous chapter, it can be observed that the dynamics of changes in the travel destinations of the surveyed group is similar to the national trend. While in the surveyed group of physicians the interest in EU countries is relatively stable, there is a growing interest in trips to non-European countries - mainly countries of North Africa and remote destinations of South-East Asia, South America or Africa.

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5.) (cont.) (held in Łódź on 19-21/09/2011), under the same name (Guz M., 2012, The size and destinations of foreign tourist trips of Poles in the years 1998-2010. Trend analysis [in:] K. Fortuniak, J. Jędruszkiewicz, M. Zieliński (ed.), *Przestrzeń w badaniach geograficznych* (Space in geographic research), Publishing House of the University of Łódź).



Wartość wskaźnika – index value; Unia Europejska – European Union; Inne kraje europejskie – Other European countries; Inne Świat... - Other World: Egipt/Tunesja/USA /France

Graph 9. Function of the linear trend of foreign tourist trips of Poles in 1998-2010 by EU member countries, other European countries and others.

Source: Own elaboration based on data from the Institute of Tourism.

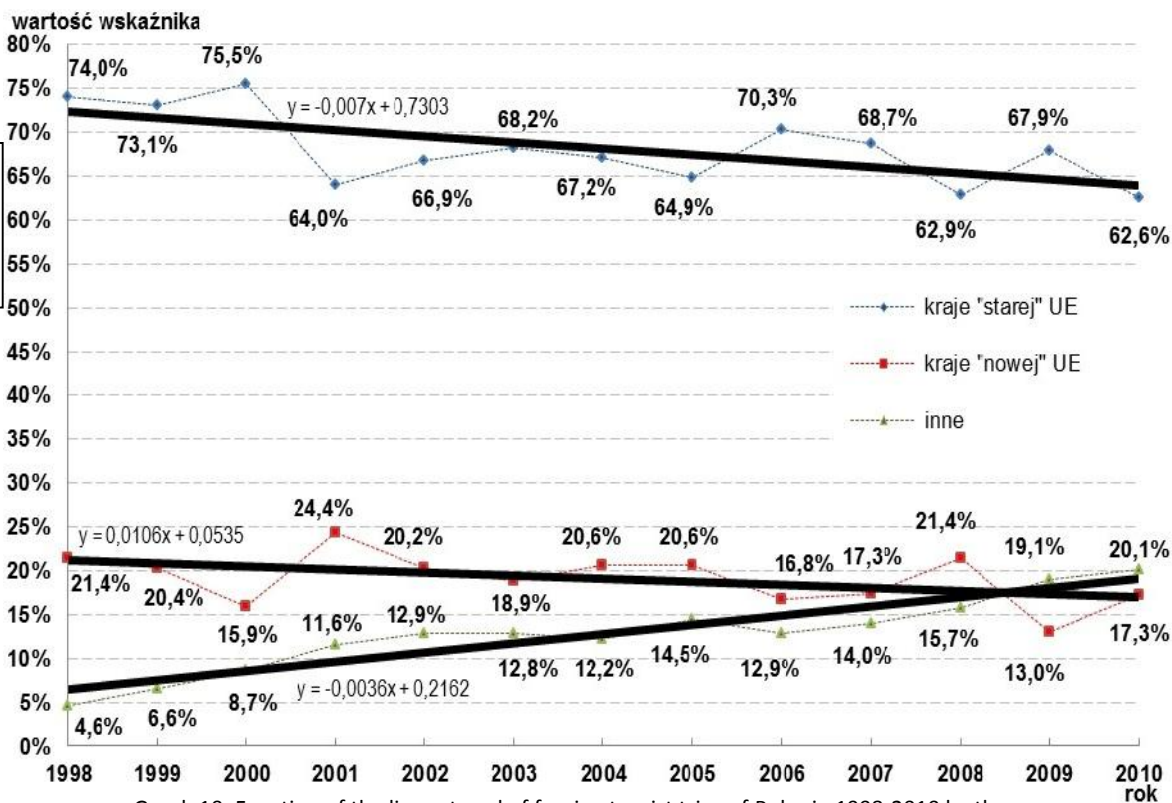
### Countries of the "new" EU vs. countries of the "old" EU

The lower annual rates of change (including negative ones in 1999, 2001, 2005, 2007 and 2010) were characteristic for the indicator of trips to the countries of the "old" rather than "new" EU (Graph 10.). Positive values of the rate of change in trips to the EU's "fifteen" were recorded in 2000, 2002 - 2004, 2006 and 2009. The share of outbound tourism in the above years, was respectively: 75.5%, 66.9 – 67.2%, 70.3% and 67.9%.

Trips to the "new" EU in 1998 accounted for 21.4%, and there was a decrease until 2000 -15.9% (Graph 10.). The following year showed an increase to 24.4% and a smaller share in the two subsequent years: 20.2% in 2002 and 18.9% in 2003

In 2004, the percentage of trips to the above mentioned countries increased by 1.7 percentage points and maintained this level in 2005, then fell to 16.8%, increased to 17.3% in 2007 and 21.4% in 2008. In 2009, the indicator of outbound tourism to the "new" EU amounted to 19.1%, and in 2010 - 20.1%.

In the years 1998-2002 the destinations of trips outside the EU amounted to 4.6%-12.9% (Graph 10.). In the years 2003-2004 a slight decrease to 12.8 was noted and to 12.2% in 2005, the indicator of outbound tourism to the above countries reached the level of 14.5% and in 2006 it dropped again to 12.9%. The next two years showed an increase to 14.0% and 15.7%. In 2009 the percentage was 13.0% and 17.3% in 2010.



Source: Own elaboration based on data from the Institute of Tourism.

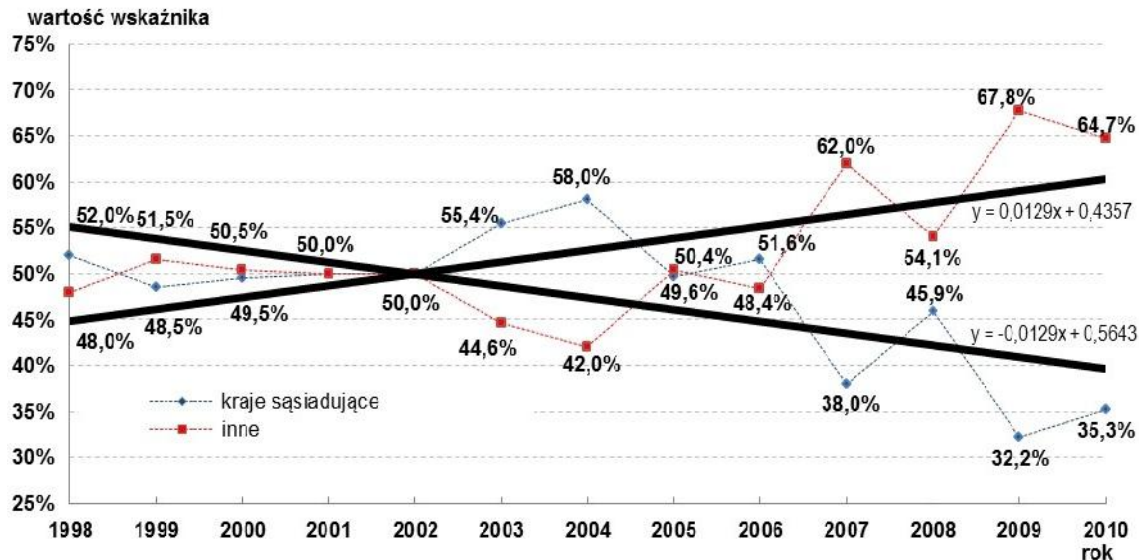


Trips to the EU were characterized by a downward trend (Graph 10.). Higher negative rate of change was characteristic for the indicator of trips to the "old" EU. Dynamic growth fluctuation is a characteristic of the indicator of trips outside the EU.

Interest in the countries of the "old" EU in the surveyed group was relatively stable (as evidenced by trips to Spain, France, Italy and Austria in 2005-2010) with the growing interest in non-EU European countries, especially in Croatia. Trips to the countries of the "new" EU were rather incidental in nature, indications for Lithuania and Malta appeared occasionally in the surveyed group and there were slightly more declarations of holiday trips to Cyprus.

#### Countries neighbouring Poland vs. others

In 1998, the share of foreign trips to neighbouring countries amounted to 52.0% (as presented in Graph 11.).



In 1999, the above mentioned indicator fell to the level of 48.5% and increased until 2001 when reached 50.0%. Since 2002, 2 and 3-year periodicity has been observed. The indicator increased until 2004 up to 58.0%, decreased steadily until 2006 (48.4%) and in 2007 it reached 62.0%. After a drop to 54.1% in 2008, there was an increase to 67.8% in 2009 and a decrease to 64.7% in 2010.

The indicator of trips to the “neighbors” was characterized by a downward trend (and upward trend - to the “others”) in the analysed 13-year cycle (Graph 11.). This breakthrough took place in 2002 when the annual rate of changes was equal to ( $t_{2002} = 0.0\%$ ) and the indicator for the above was equal to 50.0%.

In the surveyed group of doctors there was no interest in trips to countries neighbouring Poland. Although there were indications for trips to Germany, Lithuania, the Czech Republic, Slovakia and Ukraine, they were a marginal percentage in the overall structure. In addition, they were characteristic for the winter season, since trips to the Czech Republic and Slovakia (the most common in this group) were mainly trips in the period of December - March.

It is worth to take a look at the most popular tourist destinations of Poles. The analysis of the existing sources of statistics of the Institute of Tourism shows that in the period from 1998 to 2010, a strong downward trend was observed in tourism trips to Germany, Italy, Austria, France and Hungary. There was also a decrease in interest in the Czech Republic, Greece, Spain and Slovakia. There was a dynamic increase in the share of trips to the UK, the Netherlands, Croatia, Egypt, Turkey, Ireland, Bulgaria, Russia and Lithuania. The growing trend was also characteristic for the indicator of trips to Tunisia, Belgium, Norway and Ukraine. In the case of Sweden, USA and Denmark, the trend remained stable.

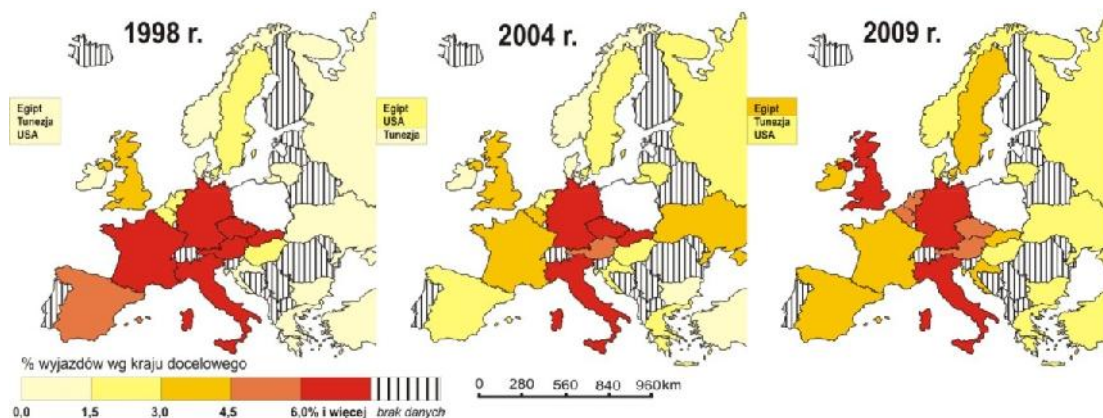


Figure 1. Destinations of outbound tourism of Poles in 1998, 2004 and 2009.

Source: Own elaboration based on data from the Institute of Tourism.

Based on the results of the above analyses, three significant moments of time (in the 13-years period) were selected in order to characterise the indicator of outbound tourism by country. In 1998 (“starting” analyses; Fig. 1.) the largest share was held by Germany (32.4%), Italy and the Czech Republic (10.4% each), Slovakia and France (7.5% each), Spain (5.8%). Trips to the UK represent 3.5%, to Belgium, the Netherlands, Finland and Hungary - 1,53,0%, the rest - less than 1.5%.

In the year of Poland's accession to the EU, the main destinations were Germany, the Czech Republic, Slovakia, Italy and Austria (respectively: 35.1%, 8.4% and 5.3%). In 2004, France, Belgium, the UK and Ukraine were identified (with 3.1% of share each). Spain, Hungary, the Netherlands, Finland, Lithuania, Russia, Egypt, USA, Croatia and Greece were between 1.5 and 3.0%. The share of less than 1.5% was represented by trips to other countries.

In 2009, when the effects of the economic crisis were reflected in low exchange rate of the PLN against € and CHF, the main destinations were Germany, Italy and the UK. (with the share of: 19.2%, 9.6% and 7.4%). Travels to Belgium, the Netherlands, the Czech Republic and Austria accounted for 5.2% each. Significant share was also represented by: Croatia, Egypt, Spain, Slovakia, France, Sweden and Ireland (respectively: 4.4%, 3.7% each and 3.0%), while the remaining ones accounted for up to 3.0%.

The highest positive values of the difference in the number of tourist trips between the extreme moments of the analysed period (2009 - 1998; Fig. 1.) were represented by: the UK, Lithuania, Croatia, Egypt, Greece and Turkey, while the highest negative values were represented by: Germany, the Czech Republic, Slovakia, Austria, Italy and France.

Comparing the above data with the models of holiday leave of the surveyed group of doctors, it can be observed that there are some destinations which have not been visited by the respondents at all during the five years (here: 2005-2010). These include: the UK, Finland, Benelux, Sweden, Ireland. On the other hand, the most popular tourist destinations of Poles in general are mostly the same as the holiday destinations of the surveyed group, which include mainly: Croatia, Egypt, Greece and Turkey. Despite the fact that the analysis of the trend has shown a significant decrease in the number of trips of Poles to Italy, Austria and France, it is among the surveyed doctors that these destinations are still enjoying high interest.

### **3.7. Evaluation of the opportunities of commercialization of research results**

This part of the report presents opportunities for the commercialization of research results discussed above, namely the conclusions drawn on their basis. Applications purpose of the studies was presented, their "innovativeness" and the distribution channels described in the later part of the recommendations were indicated. The last subsection refers to good practices, i.e. the use of benchmarking in preparing a tourist offer for the medical community.

#### **3.7.1. Applicability and innovation**

Applicability of the study is expressed in its main purpose. As it was said in the first part of the report, the effect of the research includes developing a number of recommendations, i.e. guidance for business entities who are engaged in the organisation of leisure time, with regard to the preferred forms and ways of spending holiday free time by the representatives of the medical community. The results of the study will provide precise guidelines for modification and creation of new tourist products addressed to employees of the medical industry. Accurate diagnosis of the needs and attitudes of "consumers" will allow to adjust the tourist offer of tour operators and entities providing tourist services to the preferences of the studied social group.

The preparation of profiled tourism products will consequently enable the tourist industry to attract a group of customers characterized by high economic indicators of revenues and expenses. In addition to the above mentioned recipients of the application product, they may also include: Regional Tourist Organization of the Łódź Voivodeship; regional associations of the tourism industry representatives; single business entities providing tourist and recreational services in the area

of the Łódź Voivodeship as well as research and development units and academic centres whose main fields of study include analysis of the development and organisation of leisure time.

The innovativeness of the study is demonstrated by the lack of plans at the adopted level of detail both in the Łódź Voivodeship and in the whole country. Despite the fact that research on tourist traffic and vacation time management has been conducted in the country and around the world for over a dozen or so years, the vast majority of them concern very diverse (heterogeneous) populations. However, this project covers a precisely defined “sample” of the socio-professional structure.

The aspect of innovation here is related to the benchmarking nature of research. According to the main principle of the so-called “reference to good practices” saying that “one should learn from mistakes, but it is better to learn from someone else’s mistakes than from one’s own”, the study refers to functional benchmarking. The project takes into account the reference to practices applied by specialized research centres in Poland and abroad as well as to the possibility of implementation of research results to the economic sector (mainly at the level of designing profiled tourist products; Węgrzyn, 2000, Czyż Gwiazda, 2006; Kowalak, 2009).

### **3.7.2. Channels of distribution and recipients**

According to the source literature, the intermediaries in the distribution channel may be persons or institutions. Due to the number of intermediaries, indirect channels are distinguished (the so called zero-level distribution system), where there is no intermediate, and intermediate channels (the so called multi-channel distribution network) - there are intermediaries between the producer and the consumer. The recommendation catalogue developed as part of the study is a category of distribution of services and its direct distribution is planned.

The catalogue of recommendations - launched on the market and applicable to consumers, is intended to provide:

- Development of new, profiled tourism products for the medical community;
- Acquiring a new customer by identifying individual needs;
- Improving the functioning of tourism operators - increasing sales.

Among the potential purchasers of the catalogue of recommendations, apart from the title ones, tourist agents, tourist agencies, organisers of medical conferences and animators-organisers of free time should be mentioned.

Significant added value for the above mentioned recipients is, apart from proper identification of potential customers' needs and their acquisition, establishing and maintaining a long-term relationship with the customer that is "important for the entrepreneur from an economic point of view".

As the research has shown, from the point of view of the recipients of the catalogue of recommendations, the potential market (in the Łódź region) is approximately 12.6 thousand persons. These are physicians and dentists registered with the Regional Chamber of Physicians in Łódź (as of the beginning of 2011). In the author's opinion, this is a significant potential which should be of interest to the recipients of recommendations whose number is estimated at around 150 entities (including 47 tour operators, the remaining ones are: travel agents, travel agencies and others), according to the data of the Central Statistical Office (GUS) as at the end of 2010 on the number of registered tourist entities in the Łódź Voivodeship.

### **3.7.3. Barriers to implementation and measurement of success**

There are two main barriers preventing the introduction of the catalogue of recommendations on the market (or at least elements that make it difficult). The first one is the specificity of the professional group of doctors. Problems with reaching the representatives of the medical community should be taken into account here, which is the first step to develop a catalogue of recommendations (in general). In addition, the tourism market is a finished market, i.e. with limited opportunities, and therefore the reported new demand for recommendations concerning occupational groups other than doctors is considered as key success factor.

However, as already mentioned earlier, no barriers have been defined for basic recipients of the catalogue of recommendations of tour operators.

Several elements in the scope of measuring the success of commercialization of the recommendations catalogue have been defined in the form of:

- Number of tourism entities - tour operators using the catalogue of recommendations;
- Number of tourism entities - organisers of medical conferences using the catalogue of recommendations;
- Changes in the amount of tourist products sold to doctors before and after implementation of the catalogue of recommendations - increase of sales;
- Interests of tourism entities in creating a catalogue of recommendations for other socio-professional groups.

### **3.7.4. The use of benchmarking in the preparation of the tourist offer for the medical community**

The main axis of the distribution of benchmarking is its entity, subject and time. According to Węgrzyn (2000), in terms of benchmarking methodology, an entity is understood as business entities being the subject of comparisons. The subject here is the result or process, and time is periodicalisation of benchmarking work.

In turn, Kowalak (2009) distinguishes two basic types of benchmarking, i.e. performance (results) and process benchmarking. According to the quoted author, the first one is related to the comparison of factors influencing the evaluation of the performance of the enterprise or its separate responsibility centres. These are usually financial measures, among which the most frequently mentioned are those based on financial performance (operating profit, net profit, sales revenue, profitability indicators). In addition, the following factors affecting the company's performance, which are also subject to comparisons, are mentioned: prices of products and services, quality of products and services, speed of delivery of products, reliability of customer service. In turn, the process benchmarking consists mainly of comparing operational processes as well as the procedures in the enterprise. Its effectiveness usually needs to be compared with external partners (both active in the same sector and beyond). It has a broad scope because it can involve processes related to supplies, basic operation and sales as well.

Additionally, strategic benchmarking is also mentioned in the source literature. In contrast to the two types described above, concerning the operational activity of the enterprise, comparisons here are made on the basis of the fulfilled mission and strategic goals. It is the type of marketing that allows to provide methods of observing economic processes from the perspective of long periods and world achievements. It is a systematic process of evaluating opportunities, implementing strategies and improving the company's operation. It is therefore possible to conclude that strategic benchmarking constitutes a kind of superstructure over operational benchmarking.

Gabrusewicz and others (1998) indicate, however, that benchmarking is a continuous, systematic process consisting in confronting one's own efficiency, measured by productivity, quality and experience with the results of those companies and organisations which can be regarded as a model of excellence. According to this definition, Czyż Gwiazda (2006) distinguishes benchmarking of companies, sectors and environment. Benchmarking of companies is so far the most widespread. Here, companies learn from each other, compare index values and exchange information about benchmarking objects. The benchmarking of sectors compares the performances of individual sectors. The goal is to learn something from other sectors that are best in a given field. Benchmarking of the environment gains increasing importance against the background of the European Union. In the future, countries will be able to compare the political, social or economic environment so that individual member states can learn from each other. Benchmarking of companies, in turn, is divided into external and internal benchmarking. Internal benchmarking can relate to objects within the company (so-called the benchmarking of companies), or these objects can come from a variety of companies, however, which are components of the corporation (so-called corporation-specific benchmarking). On the other hand, the external benchmarking refers to the market, the closest competition (so-called competition benchmarking) or the entire industry in which the company operates (so-called industry benchmarking). The aim of such benchmarking is then to understand the general trends of the industry. In addition, the external benchmarking concerns companies outside the industry (so called strategic benchmarking), then, the best practices are sought, which can be transferred to one's own industry after adjustment.

As the quoted author states further, the benchmarking methods usually differ only in the degree of detail and markings. However, the basic scheme remains essentially the same. Benchmarking comparisons show the differences between one's own organisation and partners. On this basis, it is possible to draw some conclusions for one's own organisation, which is the beginning of the learning process in a company.

In order to characterize the methodological basis of benchmarking, mainly the publication by Ewa Czyż-Gwiazda (2006) was used, entitled "Benchmarking, Benchmark Index - how to compare with the best?", and the work by Robert Kowalak entitled "Benchmarking as a management method supporting the controlling of a company". The cited author distinguishes five main phases, i.e. setting objectives, internal analysis, identifying actions and implementation. As Czyż - Gwiazda (2006) says, "(...) in benchmarking practice, modified versions of these are usually found, additionally taking into account company-specific elements. However, this does not undermine the fact that each benchmarking project is implemented according to a formalised course of action, which ensures consistency and logic of individual steps as well as better control of their results."

The goal setting phase is the moment when the tasks of the benchmarking project and its objects are defined. As noted by the cited author, this is an extremely important phase because incorrect or inaccurate definition of the goals in the project may distort the obtained results or make them unusable. The so-called strategic goals of the company are important in setting benchmarking objectives. The active participation of management staff in this phase provides the necessary support for the implemented benchmarking project and in principle determines the success of all subsequent phases of the project. The very process of searching and formulating goals can be supported by various techniques (e.g. through workshops). The main task here is first of all to find, arrange and establish ranks for the purposes proposed by all participants. The ultimate goal is then identified. In the last part, hierarchies are jointly developed for other purposes (secondary, detailed).

The next phase of the benchmarking methodology is the so-called internal analysis phase, where the foundations for understanding one's own processes as well as the first strengths and potential for improvement are discovered. This phase includes such actions as: analysis of the current situation (i.e. at the present time of the company), modelling and defining indicators, determining comparative values and developing a questionnaire. Questionnaire is treated as a tool for collecting all measurement values to potential comparisons of a company and allows to recognize whether benchmarking with selected companies is reasonable. This phase is the most time-consuming element of the whole benchmarking project and represents on average almost half of its time. (i.e. about 45%).

In the next phase, i.e. the phase of comparisons, the companies are finally selected for comparisons, i.e. the so-called benchmarks. A real comparison of benchmarking objects (e.g. processes) is also carried out, during which indicators belonging to them are gathered. The comparison phase is characterised mainly by selecting a company, contacting it and collecting its data, performing a comparison, evaluating the results obtained and determining the reasons for the identified differences.

According to Czyż – Gwiazda (2006), a particular difficulty of this phase is the search for benchmarking partners who would be ready to exchange information openly and would like to benefit from the mutual learning process.

At this point, it is worth to mention the aforementioned Kowalak (2009) who gives a number of issues relevant to be analysed before visiting the benchmark-partner. The author cited above mentions, among others, developing a set of contact issues including internal and external sources of information, sending questionnaires to partners, collecting and analysing them (to eliminate those who do not intend to cooperate), identifying the information exchanged with the partner (comparing them with the needs determined as a result of previous analyses), defining the scope of cooperation and reaching a compromise if the partner does not intend to cooperate fully in accordance with the expectations from the questionnaire, and finally, agreeing with the final partner on the final set of information (which requires joint arrangements but it will secure the company against future complications and/or termination of cooperation).

The task of the benchmarking group selected in the company at the phase of determining activities is to communicate the results of the analysis and comparisons to the top management and employees. Organizing workshops in this field will make it possible to present and discuss the results obtained in an open forum. This will also help the whole group to understand their own strengths and weaknesses. Based on this, substantive, measurable actions for the implementation of improvements are defined. These activities should then be integrated with the company's systematic plans in order to achieve the project goals previously set.

The last of the phases is implementation, i.e. the implementation of activities is the final step in the benchmarking process. The developed best practices should not only be easy to implement in the company but should also greatly improve the processes, methods, products and services of the company. In order to capture a competitive advantage it is necessary to regularly verify whether the best practices identified are still the best and how far the company has improved its own performance in relation to the initial state. Benchmarking thus maintains the process of continuous self-renewal and improvement of a company.

In turn, using Kotler's (2002) concept, the process of benchmarking itself can be divided into the following stages: specification of the subject of benchmarking, identification of the most important variables to be studied, identification of companies that are best in their class (SWOT analysis can be used in terms of opportunities and threats), assessment of the efficiency of operation of these companies (SWOT analysis can be used in terms of opportunities and threats), own evaluation of their performance (SWOT analysis can be used in terms of strengths and weaknesses of our company), definition of the programme and activities to bridge the gap, implementation and monitoring of results, and finally, search for new benchmarks.

As seen from the above analysis, approaches to the processes that create benchmarking are different in various authors. It should be noted, however, that all of them share the same idea, i.e. improving the functioning of one's own enterprise/company and proper management (Zimniewicz, 2001).



An attempt was made to look at the activities of three companies dealing with organisation of conference for the medical community, and these were companies: AltaSoft (based in Katowice; [www.altasoft.pl](http://www.altasoft.pl)), Konfides (based in Bielsko-Biała; [www.konferencje-organizacja.com.pl](http://www.konferencje-organizacja.com.pl)) and Dom Lekarza Sp. z o.o (based in Katowice; [www.domlekarza.pl](http://www.domlekarza.pl)).

Analyzing the information contained in the web pages of the above mentioned companies, the following questions were addressed

- How many conferences for doctors did the company organised?
- Where were they held, how long did they last and what was their subject matter?
- What accompanying events (apart from readings) were included in the conference programme?
- What was the standard of accommodation (\*) and the category of accommodation facilities?
- What were the conference organisers' requirements?

The characteristics of selected companies are presented below and the focus is on their activity.

**Konfides company** is engaged in complex organisation of conferences, symposia, trainings and company events. As pointed out by the company, the organisation of a conference is an event that requires organisers to coordinate and fine-tune a number of elements, multiple meetings and negotiations, establish the smallest details so that each event is a success. Konfides is a company operating throughout Poland, organizing conferences also abroad. The company is a relatively young enterprise founded in 2010. It specializes mainly in organizing conferences for the energy and medical community. As part of the latter, the company offers a comprehensive service providing the customer with full technical support, ranging from assistance in selecting location, preparation of materials for conference participants and supervision over the course of the conference. The company has extensive contacts in the medical world thanks to which it is able to offer assistance also in the selection of speakers to attend the conference. As far as the location of medical conference is concerned, Konfides offers, among others, selection of an appropriate conference venue, reservation of rooms and supervision over their preparation. It is also responsible for the full organisation of the conference secretariat, i.e. the registration of participants, lecturers and exhibitors, handling of payments and issuing invoices, full information and service on the conference site as well as preparation and distribution of information materials. In addition, the company provides the preparation of conference and training materials, didactic materials, identifiers, invitations or certificates of participation (with a coherent graphic design). Apart from organising accommodation and catering, Konfides also deals with all issues related to transport, e.g. transport of conference participants (including VIP) and conference materials. The technical service of the conference includes comprehensive service of rooms, audio-visual services, preparation of car parks, supervision of cloakrooms and toilets as well as marking the place of conference. What is important, the company also offers events accompanying the conference, such as entertainment programs, integration events and organisation of the time of accompanying persons.

**Another company is Dom Lekarza Sp. z o.o.** The company is headquartered in the building of the Silesian Medical Chamber in Katowice. It has been operating on the market as a Conference Centre since 1992, and it has its own restaurant since 2002. Dom Lekarza Sp. z o.o. has a lot of experience in the organisation and service of symposia, training conventions, courses, conferences, training courses (including educational facilities for doctors) and various other events. Dom Lekarza Sp. z o.o. is also the organiser of international medical symposia requiring simultaneous service, where medical and pharmaceutical companies present their latest achievements and medical associations meet at scientific meetings. Dom Lekarza operates based on its own premises, own catering and technical facilities. Comprehensive organisation of symposia, trainings, conventions and courses is a little more poor than in case of the Konfides company described above, and includes: rental of conference rooms, printing of information materials and invitations, photographic and sound recording, booking of accommodation places and plane or train tickets. Dom Lekarza company specializes in comprehensive organisation of conferences, conventions, symposiums, seminars, exhibitions, fairs, tourist events, training and incentive events for the medical community.

The last mentioned company is **AltaSoft**. The company was established in 1991, initially as an institution providing software and outsourcing services to Polish and foreign customers. With the elapse of time, it enriched its profile with organisation and management of international congresses, conferences, conventions and trainings. However, the company did not give up its original activity and till this day it provides services as a software house. In addition, AltaSoft sells and develops its own software (UPSA, AVEM and others) which mainly supports the introduction and analysis of results of various tests, surveys and exams (including post-conference materials, as described in more detail in the next chapter of this paper). AltaSoft underlines that as an organiser of events it is able to organise a branch event in the whole Europe and beyond. AltaSoft's mission is to "(...) achieve maximum customer satisfaction by providing high quality services. We want to achieve this both by building teams with high qualifications and by creating the best possible relationship with the customer. We are a well-coordinated team open to new challenges". AltaSoft is involved in complex planning, arrangement, realization and professional management of congresses and conferences, motivation and training trips, integration trips and banquets, outdoor events or feasts.

AltaSoft has been organizing conferences, congresses and other similar events since 2002. The company has been organizing training events for several people, international conferences for several hundred participants as well as congresses for over a thousand doctors. The activity of the company covered comprehensive support for all non-substantial parts of the event - starting from pre-conference activities (handling correspondence, preparation of conference materials, registration of guests, companies, etc.) through full logistics and IT support of the conference, to non- and post-conference activities (organisation of additional events, preparation of post-conference materials, analysis of various conference activities, preparation of survey results, etc.).

The conference offer of the company includes a standard package of services implemented during the conference which includes, e.g.: organisation of the conference office, correspondence with participants and representatives of companies, creation and maintenance of the conference website allowing also for on-line registration, programme and budget coordination, technical organisation of the conference understood as renting and technical preparation of the conference rooms, as well as support of specific technical staff dealing with service and maintenance of necessary equipment, organisation of the reception, exhibition organisation, preparation of conference and post-conference materials, accommodation of participants in hotels, guest houses, guest rooms, transfers by car, minibuses and coaches, catering, renting of rooms for official meetings and an accompanying programme, organisation of accompanying events: concerts, artistic performances, feasts, voting management, conducting and analysis of knowledge tests or questionnaires indicating the level of satisfaction of participants with the training. It is worth noting that the last of these services distinguishes AltaSoft from the two companies described above.

In addition, as AltaSoft assures, its uniqueness is determined by such factors as:

- Employees with high communication skills in Polish and foreign languages;
- Very good relations with partners make it possible to negotiate favourable conditions;
- Offer of customer care for 24 hours a day;
- Specialized software for automatic participant registration, conference monitoring and analysis of the results of tests, exams, surveys, etc.

The experience of the company in the organisation of medical conferences is evidenced by the following list of events so far organised:

- 7th Central European Oncology Congress - organisation of participation for the group of doctors (Opatija, Croatia, 11-15 June 2011);
- IV PTA Training Conference (Wisła, 13-16 April 2011, more than 1,300 people);
- Organization of participation of a group of doctors in a conference devoted to breast cancer (San Antonio, 7-12 December 2010);
- Organisation of a group of doctors' trip to the largest cancer conference in Europe (Milan, October 2010);
- II Clinical Forum of PTA Experts under the POLASTMA programme (Ossa, September 2010; over 400 people);
- XLIV Congress of the Polish Society of Otorhinolaryngologists - Head and Neck Surgeons, IV Congress of the Polish Society of Skull Base Surgeons (Warsaw, June 2010; approx. 1,300 people);
- III Training Conference of the Polish Society of Allergology (Wisła, April 2010; approx. 1,100 people);
- Organization of participation of a group of doctors in Europe's largest conference on breast cancer EBCC7 (Barcelona, March 2010, 12 people);

- Organization of trade training for Oracle Poland company (Ustroń, January 2010; 30 people);
- Organization of participation of a group of doctors in the World Congress of Breast Cancer (San Antonio in the United States, December 2009; 12 people);
- X International PTA Congress, organisation of accommodation facilities for congress participants (Bydgoszcz, October 2009; approx. 1,000 people)
- I Clinical Forum of Experts under the National Programme for Early Diagnostics and Treatment of Asthma (Wisła, March 2009; approx. 1,200 people);
- Organization of participation of a group of doctors in the Oncological Conference (St. Gallen in Switzerland, March 2009; 14 persons);
- Organization of training for ABG company (Zakopane, February 2009; approx. 20 people);
- Organization of training for ABG company (Ustroń, December 2008; approx. 40 people);
- Organization of a training trip for Konsalnet company (Vienna, September 2008; approx. 40 people);
- II Training Conference of the Polish Society of Allergology (Wisła, April 2008; approx. 1,300 people);
- I Training Conference of the Polish Society of Allergology (Wisła, April 2007; approx. 1,400 people);
- IX International Congress of Polish Society of Allergology (Wisła, May 2006; approx. 1,800 people);
- National Conference on Immunotherapy 2004 (Szczyrk, April 2004; approx. 750 people);
- Internal training conference of Nexter-Allergopharma company (Vienna, November 2003);
- Organisation of a group of doctors' trip to the 2003 ERS Conference (Vienna, September 2003; approx. 30 people);
- Training for allergologists at the request of AstraZeneca company (Szczyrk, June 2003; approx. 130 people);
- Training for PCPs at the request of AstraZeneca company (Ustroń, October 2002; approx. 170 people);
- Training and integration event for ComputerLand company (Vienna, September 2002; approx. 20 people);
- Internal training conference of AstraZeneca company (Vienna, August 2002; approx. 200 people).

AltaSoft is currently preparing three conferences, i.e.: XIV Symposium on Oncology in Otorhinolaryngology and I Laryngology Forum of Family Medicine (Warsaw, 22-24 September 2011), I National Training Congress of the Polish Society of Otorinolaryngologists - Head and Neck Surgeons (Warsaw, 17-19 November 2011) and III Clinical Expert Forum of the Polish Society of Allergology (Wisła, April 2012).

In accordance with the adopted benchmarking procedure described in the chapter the methodology of benchmarking of this paper, i.e.:

**Objectives => internal analysis => Comparison => Action => Implementation**

it is proposed to use AltaSoft's experience in the preparation of a tourist offer for the medical community or at least some of its elements, which is an essential objective of benchmarking at work. What should be indicated are the directions (space) and venues of the conference as well as the organisation of free time during the conference.

The internal analysis includes the preparation of a list of questions which were already presented at the beginning of this subsection.

The next phase of benchmarking is the comparative phase where the selection of companies is made, i.e. the so-called "benchmarks". Among the companies described above, Konfides, Dom Lekarza and AltaSoft, the last one was chosen. The comparison phase is also characterised by: contact with the company and collection of its data, performing a comparison, evaluation of the results obtained and identification of the reasons for the differences identified. Due to the lack of answers to the questions, what was already mentioned, the focus was on the information provided at [www.altasoft.pl](http://www.altasoft.pl), where the results of surveys evaluating the organisation of medical conferences by this company were used. It is worth mentioning that the statement of Czyż - Gwiazda concerning particular difficulties regarding the phase of comparisons has been confirmed, i.e. the search for benchmarking partners who would be ready to exchange information openly, which is not surprising to the author of this paper.

Selected components of a tourist trip (shown in the table below) were compared with the characteristics of medical conferences organised so far by AltaSoft company (Table 5.).

Table 5. Characteristics of the main components of medical conferences organised by AltaSoft.

Components of a tourist trip	Characteristics of medical conferences
Space	Popular tourist destinations in the country: Wisła, Zakopane, Ustroń, Szczyrk; Big cities in the country: Bydgoszcz, Warsaw; Cities abroad: Opatija, Milan, San Antonio, Ossa, Barcelona, St. Gallen, Vienna.
Objectives	Industry readings, lectures, outdoor events and accompanying trips.
Organization	Comprehensive organisation on the side of AltaSoft, after prior individual agreement with interested doctors. Conferences are held throughout the year. The most popular months: June, September, October. The least popular months: January, July, August and December.
Seasonality	
Additional forms of activity	Outdoor events, accompanying events, artistic events (programs) (no detailed data available).
Costs	No cost information.
Other	The dominant specializations: allergology, surgery, oncology, pulmonology. The survey studying the overall level of participants' satisfaction with the conference organisation.

Source: Own elaboration based on [www.altasoft.pl](http://www.altasoft.pl).

As the table above shows, despite the fact that it was not possible to collect all the information (e.g. costs and exact characteristics of events accompanying medical conferences), directions have been established - specific venues of medical conferences and their seasonality (months of the year). Professional groups of physicians (specializations) for which the analysed company organised conferences have also been specified.

Regarding the main problem of the study, i.e. the ways of using the above described information, a statement should be made that tourist trips proposed to the medical community should include destinations that do not coincide with the conference venues and should not take place in the months of June, September and October.

The last two steps in the benchmarking process, i.e. the operation and implementation phases are described in the two previous subchapters concerning commercialisation. The final product is defined as a recommendation in the final chapter of the report.

### 3.8. Conclusion

The final chapter of this report presents SWOT analysis for the commercialisation of the catalogue of recommendations as well as presents strategic and operational recommendations. The report ends with a short summary.

#### 3.8.1. SWOT Analysis

This subchapter presents the SWOT analysis for the undertaken study. Strong and weak points (i.e. internal factors) of the project as well as opportunities and threats (external factors) that may appear in the process of commercialization of the recommendations catalogue have been presented.

Table 6. SWOT analysis for the commercialization of study results (recommendations).

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>• Recommendations developed on the basis of a fair, [?]</li> <li>[?] statistical analysis of the source material; The quantitative study was supplemented by qualitative studies (interviews with tourism industry representatives); Recommendations developed by the person with relevant expertise in the field of tourism [?] and methodology of social research; The results of the study were compared with the research carried out by the Institute of Tourism on</li> <li>[?] national representative samples; Recommendations give precise guidance for entities from the tourism industry to attract customers with relatively high economic indicators (income and expenses).</li> </ul>	<p>Recommendations were developed on the basis of the study carried out on a relatively small unrepresentative sample of medical community in Łódź; The research concerns only one (most numerous) medical specialization.</p>

OPPORTUNITIES	THREATS
<p>There are no recommendations concerning the professional group of doctors on the market;</p> <p>The opportunities to use the methodology of the study to develop recommendations for other professional groups;</p> <ul style="list-style-type: none"> <li>A wide range of potential customers;</li> <li>High potential of tourism market (widely understood);</li> <li>Relatively low cost of research implementation;</li> <li>Interest in recommendations of tourist industry representatives.</li> </ul>	<ul style="list-style-type: none"> <li>On the market, there is a wide offer (competitive) of opinion polling centres and consumer preference surveys (including tourist services).</li> </ul>

Source: Own elaboration

### 3.8.2. Strategic and operational recommendations

On the basis of the conducted research and analysis of their results, recommendations were developed and presented in the table below. These are two operational recommendations at the level of business entities (tour operators and travel agencies as well as entities involved in the organisation of medical conferences) and one strategic recommendation for the Marshal's Office in Łódź, Department of Physical Culture, Sport and Tourism and the Regional Tourist Organisation of the Łódź Voivodeship.

Table 7. Strategic and operational recommendations

L. p.	Conclusion	Recommendation	Addressee of the recommendation
Strategic recommendations at regional level			
1.	<p><b>Insufficiently used opportunity:</b> Insufficiently attractive offer for the surveyed group in the scope of spending short and weekend holidays in the Łódź Voivodeship.</p> <p><b>Problem:</b> surveyed doctors select destinations other than the Łódź region for spending short and weekend holidays.</p>	<p>Łódź region should be promoted as an area of potential and attractive tourist offer in terms of spending short and weekend holidays and as an area competitive with other regions (especially neighboring voivodships).</p> <p>It is important to present the offer of active tourism in the Łódź region which has potential to develop such forms of tourism as horse riding, canoeing or cycling. The activities should aim at creating the image of the Łódź region that is friendly to active forms of recreation.</p>	<p>Marshal's Office in Łódź, Department of Physical Culture, Sport and Tourism, Regional Tourism Organization of the Łódź Voivodeship</p>
2.	<p><b>Insufficiently used opportunity:</b> surveyed group shows interest in active forms of spending short holidays.</p>		

<p><b>Insufficiently used opportunity:</b> the surveyed group spends much more money, than the average, on spending free time - expenses on tourism in the region are measurable economic benefits for local entrepreneurs.</p>	<p>In parallel with promotional activities directed to the representatives of the surveyed group, promotional activities should be taken aiming at promoting the region as an area attractive for medical professionals from outside the Łódź region.</p>	<p>Marshal's Office in Łódź, Department of Physical Culture, Sport and Tourism, Regional Tourism Organization of the Łódź Voivodeship</p>
<p>4. <b>Insufficiently used opportunity:</b> Łódź region is not an area concentrating national and international medical conferences.</p>	<p>Promotion of the Łódź region among the medical community should include promotion of the conference potential of Łódź and the possibility of organizing such events in other locations of the Voivodeship, with particular attention being paid to the potential for the organisation of the so-called conference-related events. Promotion in this area should focus mainly on the presentation of conference facilities (including conference centres and accommodation facilities) and favorable communicational location.</p>	
<p>Strategic recommendations at regional level</p>		
<p><b>Problem:</b> in terms of spending holidays in the country, the surveyed group is dominated by own organisation of the trip.</p>	<p>The offer addressed to the surveyed group should include proposals for national holiday trips partially or comprehensively organised by a travel agency.</p>	
<p><b>Problem:</b> 2. popular tourist destinations dominate among national trips destinations.</p>	<p>Tourist products in the form of domestic holiday trips should refer to well-known Polish tourist resorts, such as: Jurata, Zakopane or Międzyzdroje and include the high standard of proposed accommodation and catering services.</p>	<p>Łódź tour operators and travel agencies</p>
<p><b>Insufficiently used opportunity:</b> 3. the surveyed group shows interest in relatively remote (exotic) destinations of foreign trips.</p>	<p>Tourism products in the form of foreign holiday trips should refer to "remote destinations", mainly countries of Southeast Asia, Africa and South America.</p>	



<p><b>Insufficiently used opportunity:</b> the model of holiday rest in the surveyed group does not differ from national trend but there is a constant and high interest in travelling to such countries as Italy, Austria and France.</p>	<p>Travel agencies' catalogues addressed to the representatives of the surveyed professional group should include an extensive offer of trips to such countries as Italy, Austria and France, taking into account sightseeing (mainly urban) and specialised tourism (in the winter season). Tourism products as foreign trips in the form of holiday tourism (3S) should include countries that are in line with national tourist trends.</p>	<p>Łódź-based tour operators and travel agencies</p>
<p><b>Problem:</b> from Łódź do not spend the winter holiday leave in the country. 5. <b>Insufficiently used opportunity:</b> lack of attractive offer of domestic trips in the winter season for the surveyed group.</p>	<p>The offer of tourist agencies should include attractive proposals for spending winter holidays in the country as products competing with foreign destinations (mainly Alpine).</p>	
<p><b>Insufficiently used opportunity:</b> 6. the surveyed doctors take holidays (apart from summer months) also during Christmas and Easter.</p>	<p>In addition to the typical winter (and spring) tourism products, travel agencies should develop a wide range of possibilities for trips during Christmas and Easter (or long weekends) periods, partly or comprehensively organised by the travel agency.</p>	
<p><b>Insufficiently used opportunity:</b> the surveyed professional group spends on holiday trips on average higher amounts than the "statistical" Pole and constitutes an important group of clients from the point of view of tourist companies. 7.</p>	<p>In order to attract customers with significant economic resources, tourist companies should advertise their tourist offer by means of medical branch magazines, such as the doctors' guides issued by the Regional Chamber of Physicians. In order to obtain and maintain long-term contact with the customer, it is suggested to introduce appropriate loyalty programs (especially in small entities).</p>	

<p><b>Problem:</b> the surveyed the community does not prefer</p> <p>8. spending holidays in their professional environment (e.g. holiday trips with other doctors) and shows little interest in trips directed exclusively to doctors.</p>	<p>Travel agencies' offers should not include tourism products advertised as being aimed solely at this professional group as this will have the opposite effect than intended.</p>	
<p>9. <b>Insufficiently used opportunity:</b> the surveyed group is characterized by participation in medical conferences.</p>	<p>Entities organizing medical conferences should include in their offer the preferences of the medical community, including organisation of the above mentioned conferences in popular tourist destinations in the area of large cities, in the months of June, September, October (the remaining periods are called "dead season"). The most "active" in terms of the conference attendance are doctors with specializations in allergology, surgery, oncology and pulmonology.</p>	<p>Entities organizing medical conferences</p>

Source: Own elaboration

### 3.8.3. Summary

Summing up the considerations presented above, it should be stated that the study objectives defined in the introduction of the report have been achieved. The characteristics of behaviours of the Łódź medical community during holiday leisure time were presented as well as similarities and differences in spatial characteristics of national tourist trends in the years 1998-2010 and the models of holiday leave of the surveyed group in the years 2005 - 2010 were pointed out. Responding to the detailed questions, strategic recommendations were developed at the regional level and operational recommendations at the level of economic entities.

## 3.9. Literature

1. Bachvarov M., Liszewski S., 1996, Istota i właściwości przestrzeni rekreacyjno - turystycznej, Turyzm 8, z. 1, s. 39 - 67;
2. Bombol M., 2008, Czas wolny, jako kategoria diagnostyczna procesów rozwoju społeczno gospodarczego, Wyd. SGH, Warszawa, s. 11 - 34;
3. Brandt S., Szymanowski L., 2002, Analiza danych – metody statystyczne i obliczeniowe, Wyd. PWN, Warszawa;

21. Krawczyk Z., 2006, Współczesne trendy w rozwoju turystyki [w:] J. Kosiewicz, K. Obodyński (red.), Turystyka i rekreacja. Wymiary teoretyczne i praktyczne, Wyd. Wydawnictwo Uniwersytetu Rzeszowskiego, Rzeszów;
22. Latosińska J., 1998, Przestrzeń urlopowo – wakacyjna pracowników wyższych uczelni łodzi, Wyd. ŁTN, Łódź;
23. Łoboda M., 1990, Czynniki stresogenne w organizacji [w:] A. Biela (red.), Stres w pracy zawodowej. Wybrane zagadnienia, Wyd. KUL, Lublin, s. 67–94;
24. Lutyński J., 2004, Metody badań społecznych. Wybrane zagadnienia, Wyd. ŁTN, Łódź, s. 77–109;
25. Matczak A., 1992, Model badań ruchu turystycznego. Studium metodologiczne, Wyd. Uniwersytetu Łódzkiego, Łódź;
26. Podemski K., 2005, Socjologia podróży, Wyd. Wydawnictwo UAM, Poznań;
27. Przecławski K., 2004, Człowiek a turystyka. Zarys socjologii turystyki, Wyd. Albis, Warszawa;
28. Przecławski K., 2010, Człowiek w czasie i przestrzeni, Wyd. Albis, Warszawa;
29. Rotkiewicz M., 2008, Urlopy wypoczynkowe w różnych systemach czasu pracy, Wyd. Ośrodek Doradztwa i Doskonalenia Kadr, Gdańsk;
30. Sarapata A. (red.), 1965, Socjologia zawodów, Wyd. Książka i Wiedza, Warszawa;
31. Steczkowski J., 1996, Metoda reprezentacyjna w badaniu zjawisk ekonomiczno – społecznych, Wyd. PWN, Warszawa;
32. Sułkowski B., 1998, Czas wolny [hasło] w: Encyklopedia socjologii, t. 1, Wyd. Oficyna Naukowa, Warszawa;
33. Sztumski J., 1981, Socjologia pracy w zarysie, Wyd. Instytut Wydawniczy Związków Zawodowych, Warszawa;
34. Sztumski J., 2003, Elity, ich miejsce i rola w społeczeństwie, Wyd. Śląsk, Katowice Warszawa, s. 9–45;
35. Terelak F. (red.), 2007, Stres zawodowy. Charakterystyka psychologiczna wybranych zawodów stresowych, Wyd. UKSW, Warszawa;
36. Węgrzyn A., 2000, Benchmarking, Wyd. Antykwa, Kluczbork;
37. Wieczorkowska G., Wierzbicki J., 2005, Badania sondażowe i eksperymentalne. Wybrane zagadnienia, Wyd. Dom Wydawniczy ELIPSA, Warszawa, s. 16–18, 110–131;
38. Więckowska E., 2004, Lekarze jako grupa zawodowa w II Rzeczypospolitej, Wyd. Wydawnictwo Uniwersytetu Wrocławskiego, Wrocław;
39. Wnuk - Lipiński E., 1972, Praca i wypoczynek w budżecie czasu, Wyd. Ossolineum, Wrocław, s. 56;

4. Ciborski P., 2011, Kodeks pracy 2011 z omówieniem zmian, Wyd. Ośrodek Doradztwa i Doskonalenia Kadr, Gdańsk;
5. Cieloch G., Kuczyński J., Rogoziński K., 1992, Czas wolny czasem konsumpcji, Wyd. PWE, Warszawa, s. 22–24;
6. Czyż-Gwiazda E., 2006, Benchmarking, Benchmark Index czyli jak porównywać się z najlepszymi?, Wyd. Centrum Benchmarkingu Polska - TÜV NORD Polska Sp. z o.o., Katowice;
7. Dobrowolski W., 2008, Analiza zmian kształtujących trendy w międzynarodowym ruchu turystycznym [w:] W. Siwiński W., R.D. Tauber, E. Mucha – Szajek, Współczesne tendencje w rekreacji i turystyce, Wyd. Wyższa Szkoła Hotelarstwa i Gastronomii w Poznaniu, Poznań;
8. Domański H., 1995, Dlaczego zawód? Problemy pomiaru położenia społecznego w badaniach socjologicznych, ASK. Społeczeństwo. Badania. Metody, nr 1;
9. Domański H., 2004, Struktura społeczna, Wyd. SCHOLAR, Warszawa;
10. Domański H., 2007, Mechanizmy stratyfikacji i hierarchie społeczne [w:] M. Marody (red.), Wymiary życia społecznego. Polska na przełomie XX i XXI wieku, Wyd. SCHOLAR, Warszawa;
11. Dziegieć E., Liszewski S., 1985, Wyjazdy urlopowo – wakacyjne mieszkańców Łodzi, Acta Universitatis Lodziensis, Turyzm 1, s. 5–26;
12. Gajek L., Kałuszka M., 2000, Wnioskowanie statystyczne – modele i metody, Wyd. Naukowo – Techniczne, Warszawa;
13. Górniak J., Wachnicki J., 2008, Pierwsze kroki w analizie danych. SPSS for Windows, Wyd. SPSS Polska, Kraków;
14. Guz M., 2012, Wielkość i kierunki zagranicznych wyjazdów turystycznych Polaków w latach 1998-2010. Analiza trendu [w:] K. Fortuniak, J. Jędruszkiewicz, M. Zieliński (red.), Przestrzeń w badaniach geograficznych, Wyd. Uniwersytetu Łódzkiego, Łódź;
15. Iwasiewicz A., Paszek Z., 2004, Statystyka z elementami statystycznych metod monitorowania procesów, Wyd. Wydawnictwo Akademii Ekonomicznej w Krakowie, Kraków;
16. Jażdżewska I., 2003, Statystyka dla geografów, Wyd. UŁ, Łódź;
17. Kornak A. S. (red.), 1996, Zarządzanie turystyką, Wyd. Wydawnictwo Naukowe PWN, Warszawa;
18. Kotler P., 2002, Marketing – podręcznik europejski, Wyd. Polskie Wydawnictwo Ekonomiczne, Warszawa;
19. Kowalak R., 2009, Benchmarking jako metoda zarządzania wspomagająca controlling przedsiębiorstwa, Wyd. Uniwersytetu Ekonomicznego we Wrocławiu, Wrocław;
20. Kowalczyk – Anioł J., 2007, Rozwój przestrzeni urlopowo - wakacyjnej rodzin studentów Uniwersytetu Łódzkiego, Wyd. ŁTN, Łódź;

40. Zimniewicz K., 2001, Podstawy zarządzania, Wyd. Wyższa Szkoła Zarządzania i Bankowości w Poznaniu, Poznań;

41. Strony internetowe:

- [www.altasoft.pl](http://www.altasoft.pl);
- [www.domlekarza.pl](http://www.domlekarza.pl);
- [www.intur.com.pl](http://www.intur.com.pl);
- [www.dziennikturystyczny.pl](http://www.dziennikturystyczny.pl);
- [www.konferencje-organizacja.com.pl](http://www.konferencje-organizacja.com.pl);
- [www.turyzm.edu.pl](http://www.turyzm.edu.pl).

