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ENYEDI GYÖRGY DOCTORAL SCHOOL OF REGIONAL SCIENCES

**COMPLEXITIES OF SUBJECTIVE QUALITY OF
LIFE
IN THE BALKANS AND TURKEY**

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1. INTRODUCTION

In my thesis, I have examined the complexities of subjective quality of life and the role that different activities play in improving it in the Balkans and Turkey, which is partially located in the Balkans. The Balkans is a region of Europe whose social, economic, and political stability is essential for the entire continent. For the purposes of this thesis, the Balkans is defined as the region consisting of eleven countries (Albania, Bosnia-Herzegovina, Bulgaria, Croatia, Greece, Macedonia, Montenegro, Romania, Serbia, Slovenia, and Turkey). The region faces many social, economic, and political challenges every day; partly in connection with the EU accession process. The question of *how the population's quality of life and health could be maintained or improved* becomes increasingly important.

In terms of health tourism, which is regarded as part of the health industry, *a significant number of the Balkan countries can provide a good basis for health tourism even internationally* and attach importance to health tourism both in tourist product development and the marketing communication related to the services.

My research has a dual purpose:

- first, to examine the subjective quality of life of people living in the Balkan countries, which can help explore the major factors influencing it and their particularities. My main purpose with this objective was to *identify the factors which influence the subjective quality of life of the populations of the region studied that are specific to this region.*
- the second objective of my research was to map the activities which contribute to the improvement of the subjective quality of life of Balkan populations. By answering the question related to this research objective, I tried to *outline what services health tourism should develop so as to help improve the subjective quality of life of the region's residents.*

Based on the above, the main purpose of the thesis is to explore the activities undertaken by residents of Balkan countries which can contribute to the improvement of their subjective quality of life and which can serve as the basis for developing their health tourism products.

2. LITERATURE REVIEW

In the Literature Review part of my thesis, I analyzed international and Hungarian literature on subjective quality of life and its relationship with health and health tourism.

Subjective quality of life is a popular area of interest for international and Hungarian theoretical and applied research. In the last few decades, research in various areas of science - primarily psychology, sociology, economics, medical science, political science, environmental economics, but also, increasingly, regional sciences and social geography - explored the role, characteristics and main manifestations of subjective quality of life on which many indicators of human development have been based. I found that the concept of subjective quality of life required an analysis of the quality of life concept itself, its definitions, as well as its pillars, including the most important international and Hungarian quality of life concepts. The chapter on measuring quality of life reviews the theoretical and applied research on the topic, and summarizes the literature on the relationships between subjective quality of life, leisure time and tourism.

As neither subjective quality of life which is the central topic of the Thesis, nor quality of life which is related, has a generally accepted definition in scholarly literature, I used my own definition and concept of subjective quality of life combined from international and Hungarian literature. This was inspired by the writings of DIENER (1984), VEENHOVEN (1993, 2008), and MICHALKÓ (2010). According to my own interpretation, subjective quality of life is the mapping of two groups of factors: the objective, so-called perceivable circumstances and conditions of life which are relatively easy to measure and can be evaluated by outsider observers, and the individual's characteristics, as filtered by the individual, an indicator which can be grasped in terms of emotions and moods and is relatively constant even in the long run. In other words: in my interpretation, subjective quality of life is the sum, formed as a personal evaluation, of the individual's objective conditions and the individual's characteristics. Theoretical and practical chapters, questions and hypotheses of my thesis relating to objective quality and quality of life are legitimate because of the relationship between subjective quality of life and objective factors.

Subjective quality of life and health tourism are the two main themes under examination in this thesis and are related through the notion of health (health plays a major role in subjective quality of life, while improvement or preservation of health is the traveler's purpose in health tourism). The Literature Review therefore concentrated on the subject of health and health

tourism and summarizes scholarly literature on the interpretation of health and its role in subjective quality of life. The health tourism concept is one small part of the health industry and refers to medical and wellness tourism. However, trends clearly demonstrated that the boundary between medical and wellness tourism has become more blurred in the past few years and this is likely to continue into the future as well (SZIVA 2010). Empirical research has shown that the consumers themselves have a complex interpretation of the wellness experience, and they attach importance both to product elements aimed at health preservation and local product elements which are based on the unique natural and cultural attractions of a given place (MÜLLER–KAUFMANN 2001, KAPCZYNSKI–SZROMEK 2008, SZIVA 2010). For health tourism service providers which tend to lose their distinctness to globalization (SZIVA 2010), using a product concept which consciously and powerfully relies on local resources, local natural values, traditions, materials and knowledge could become a guarantee of their long-term sustainability.

3. MATERIAL AND METHOD

I tested my hypotheses on subjective quality of life and the possible connection points between subjective quality of life and health tourism, formulated on the basis of international and Hungarian scholarly literature, in the context of the Balkans or countries partially located in the Balkans (such as Turkey). The sub-chapter “Materials” in my thesis presents in detail an area of study formed of eleven countries which have been subject to many negative stereotypes (PAP 2010) and are difficult to analyze for the Western European mentality (MEZŐ 2000). Utilization of tourism resources requires an examination of the general environmental conditions; therefore I considered it important to also evaluate the specifics of the economic environment and the social-political characteristics of the Balkans.

In the first phase of my research, I reviewed available international and Hungarian scholarly literature, as summarized in the Literature review and Material sub-chapters of my thesis.

As a second step in my research, I processed the Balkans-specific data of various indices established by typically large international organizations to quantify subjective quality of life (Better Life Index, European Quality of Life Survey, Global Wellbeing Index, Happy Planet Index, Human Development Index, Where to Be Born Index, World Happiness Index), using the system of concepts created by these organizations. This helped me

obtain a general picture of where the populations of the countries studied are on their path to a “good life”.

In the third phase of the research, I compiled the questions to be asked as part of the quantitative research aimed at answering my study questions. My questions were phrased based on the literature I reviewed, the two-phase Delphi study conducted in the countries studied (SMITH–KISS 2014, KISS 2015), as well as the results of the netnography research analyzing consumer opinions on the Balkans expressed on the Tripadvisor travel portal (MICHALKÓ et al. 2014) and of the research exploring attractions in the region (MICHALKÓ et al. 2015). To obtain more valid questions, I tested my questions with numerous experts from the countries studied, as well as from outside the region, who are familiar with subjective quality of life, health, and health tourism matters, as part of a roundtable discussion with experts in April 2014.

My questions, fine-tuned in the roundtable discussion with experts, were asked in a quantitative phone survey conducted in the summer of 2014 as part of a project financed by the Research and Technological Innovation Fund. In the fourth phase of the research, I reviewed the database consisting of 166 variables on 11,000 respondents using complex mathematical-statistical methods.

The associations between the research questions and the hypotheses are presented in Figure 1.

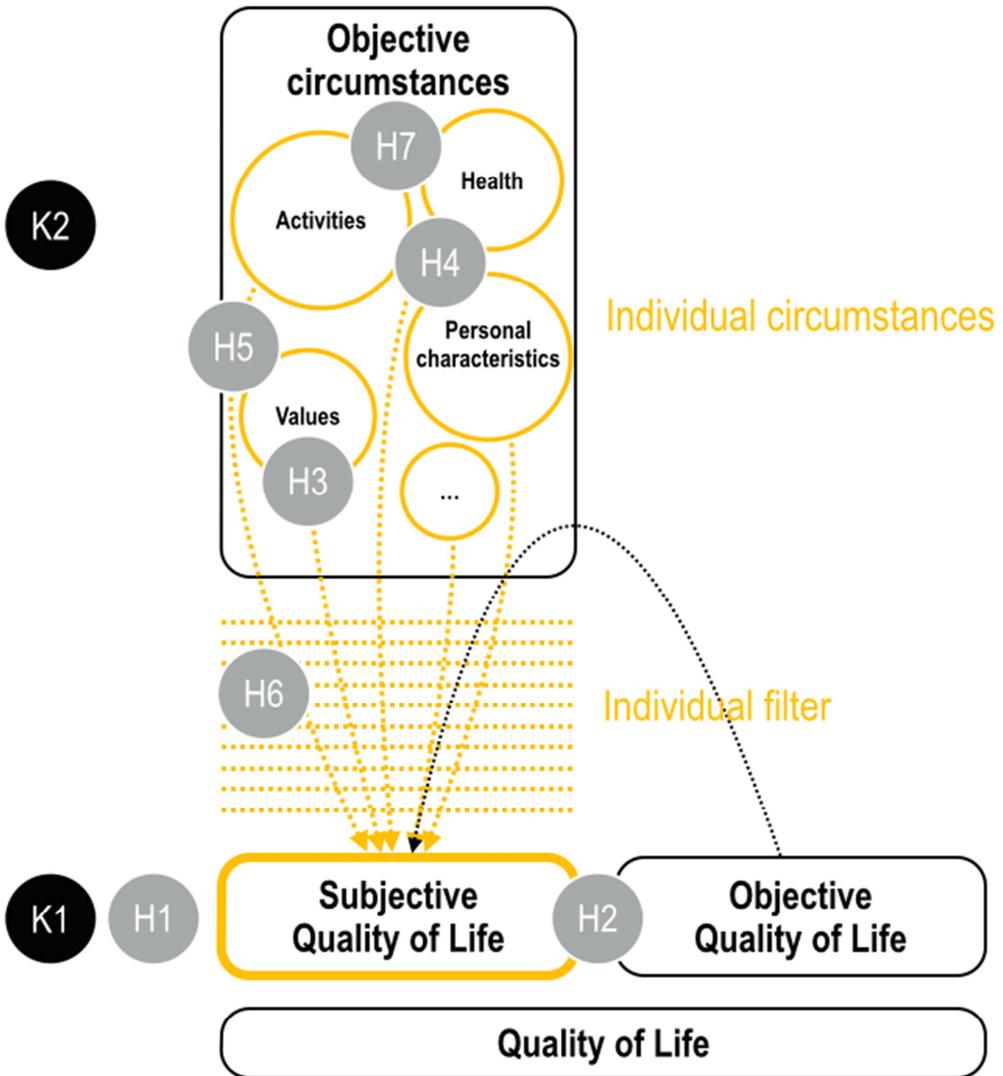


Figure 1: Associations between the research questions and the hypotheses

Source: author's compilation

4. RESULTS

Q1. What is the subjective quality of life of the population in Balkan countries and what influences it?

H1. Balkan countries are not uniform in terms of subjective quality of life, there are differences between them.

I examined the subjective quality of life in countries in the area studied based on secondary and primary research results.

Table 1: The place of Balkan countries in the complex indicators most frequently referenced in connection with quality of life/subjective quality of life

	EQLS 2014	GWI 2014	HPI 2012	HDI 2014	WtBB 2013	WHR 2013
Albania	n.a.	47	5.3 (73)	0.716 (95)	n.a.	5.55 (62)
Bosnia-Herzegovina	n.a.	39	4.7 (104)	0.731 (86)	n.a.	4.81 (107)
Bulgaria	6.3 (27)	45	4.2 (120)	0.777 (58)	5.73 (61)	3.98 (144)
Greece	6.5 (26)	47	5.8 (52)	0.853 (29)	6.65 (34)	5.43 (70)
Croatia	7.3	39	5.6 (62)	0.812 (47)	6.06 (46)	5.66 (58)
Macedonia	7.2	54	4.2 (127)	0.732 (84)	n.a.	4.57 (118)
Montenegro	7.6	39	n.a.	0.789 (51)	n.a.	5.30 (80)
Romania	7.0 (21)	52	4.9 (92)	0.785 (54)	5.85 (56)	5.03 (90)
Serbia	7.1	50	4.5 (112)	0.745 (77)	5.86 (54)	4.81 (106)
Slovenia	7.1 (18)	59	6.1 (45)	0.874 (25)	6.77 (32)	6.06 (44)
Turkey	6.9	43	5.5 (67)	0.759 (69)	5.95 (51)	5.34 (77)
Notes	Happiness – Average 1-10 (rank in the EU 27)	Proportion (%) of the population which rated at least one subjective quality of life factor as being good	Subjective quality of life = The best possible life (Gallup – Average 1-10 (rank)	HDI – Average (rank)	WtBB Index – Average 1-10	Happiness = The best possible life (Gallup – Average 1-10 (rank)

Note: 1) Abbreviations used in the table: EQLS – European Quality of Life, GWI – Global Wellbeing Index, HPI – Happy Planet Index, HDI – Human Development Index, WtBB – Where to be Born Index, WHR – World Happiness Report. 2) Orange cells in the table highlight the countries ranking among the top third and grey cells mark the ones placed in the lowest third, for that index. Source: Eurofound [2013a-c, 2014b-d], Gallup [2014], [NEF 2014] and <http://www.happyplanetindex.org/>, UNDP [2014], KEKIC (2012), HELLIWELL et al. (2013)

Based on indicators related to measuring (subjective) quality of life, as presented in detail in my thesis, populations in the Balkan countries experience varied subjective quality of life; but the general picture is not too

good. In Table 1, I present the elements of quality of life indicators, often quoted in connection with quality of life/subjective quality of life which are closest to my subjective quality of life concept.

It transpires from the analysis of the indices presented in Table 1, both in a global and European comparison, that quality of life in the Balkans lags behind significantly. Overall, the best performers in the studied region are Slovenia, Croatia, and Greece, while the lowest performers are Macedonia, Bulgaria, and Bosnia-Herzegovina. Evaluation of the results cannot disregard the weaknesses of the complex quality of life indicators as presented in the thesis.

Based on my primary quantitative research, the quality of life of the populations in the countries studied seems to be relatively good: answers from 11,000 respondents in the summer of 2014 show that the mean of the respondents' answers to questions about their own happiness is 3.92 on a scale of 1 to 5, in the entire sample. In four of the eleven countries studies, respondents rated their own subjective quality of life as being at least good (4.00); the "happiest" countries in the region are Bosnia-Herzegovina (4.21), Macedonia (4.16), and Montenegro (4.13). The least happy among the Balkan countries are people in Greece (3.55), Slovenia (3.72), Turkey and Romania (3.80 each) i.e. those who live in the most affluent and economically "most developed" countries of the 11.

My research confirms that

- the subjective quality of life of populations in the Balkan countries, measured on a scale of 1 to 5 and averaging 3.92, is relatively good, and
- the Balkan region consisting of the 11 countries is not uniform in terms of subjective quality of life, just as it is not uniform in terms of social-political situation, current economic position or harnessing tourist opportunities.

Of the indicators most often referenced in connection with quality of life/subjective quality of life, as presented in the detail in the thesis, the results of the study on a sample of 11,000 people generated by the quantitative research are comparable mostly¹ to the results of the European

¹Two factors are restricting the comparability of the Balkans quantitative research data and the EQLS database: the first is the fact that EQLS data was recorded in 2012/13, while the Balkans quantitative research data was taken in the summer of 2014; the other one is that the EQLS database has data only for nine of the 11 countries studied in the thesis (the EQLS survey does not include Albania and Bosnia-Herzegovina).

Quality of Life Survey.² Comparing the data from the quantitative research on the Balkans to the EQLS survey data, it transpires that except for four countries (Bulgaria, Croatia, Romania, and Slovenia), *data is similar*. The Balkans quantitative research demonstrates that of the four countries mentioned, Bulgaria is in a better position, while the other three are in a worse position than that resulting from the EQLS data.³

The fact that the subjective quality of life, identified with happiness, of the populations in the Balkan countries is good, is confirmed clearly by my own research, the EQLS, but also by other quality of life, subjective quality of life indicators, and other studies presented in Table 13 (e.g. RADOVANOVIĆ 2013, Hungarostudy 2013). Indices in Table 1 where the subject's or the individual's appreciation plays a role (e.g. HPI and WHR besides the EQLS), clearly shows: the subjective quality of life of the Balkan populations (or of the "happiest" ones among them) does not considerably fall behind the subjective quality of life of those ranking highest globally or in European lists. (Denmark, ranking first in the EQLS happiness index, has a happiness index of 8.22, while Montenegro, best performed among the Balkan countries, has a happiness index of 7.6.) In terms of subjective quality of life identified with happiness, Balkan countries perform well in comparison to Hungarian data, as well: according to the Hungarostudy 2013 survey, Hungarians reported a happiness level of 6.85 on a scale of 1 to 10; this value is exceeded by seven of the nine Balkan countries covered by the EQLS, and by all of the Balkan countries included in the database generated by the Balkan quantitative research.⁴

Analyzing the data from the Balkan quantitative research confirms the legitimacy of the statement made by MORRISON et al. (2010) according to which the country where we live has an inevitable impact on our lives:

² The wellbeing definitions and/or methodologies of the Global Wellbeing Index, the Human Development Index, and the Where to Be Born Index very much differ from the subjective quality of life interpretation used in the Balkans quantitative research, as well as its methodology; the Happy Planet Index and the World Happiness Report measure wellbeing on a scale whose lowest step stands for the worst possible life and its top step represents the best possible life. To compare the data, I converted the happiness levels from the Balkans quantitative research to a scale of 1 to 10.

³The difference is likely to be caused by dissimilarities in methodology and/or interpretation, but the fact that the EQLS data was collected in 2013/13 and the Balkans quantitative research took place in the summer of 2014 may also be relevant.

⁴Here, as well, comparability of the results is of course restricted by data from the different databases.

differences in the happiness levels of the various Balkan countries are pointed out clearly by the statistical analyses performed. Based on the quantitative research, there is a difference of 1.32 between the happiness levels of the happiest of the countries studied (Bosnia-Herzegovina with 8.42) and of the least happy (Greece with 7.10). The result is in line with the differences calculated for the best and worst performers in terms of the quality of life or subjective quality of life indicators presented in Table 1: in the EQLS, the best and worst performing countries report a difference of 1.31 in happiness level; in the HPI, this difference is 1.90, in the WtBB Index it is 1.04, while in the WHR, it is 2.08. The results of the Balkan quantitative research regarding Greece as the least happy Balkan country are confirmed by many other studies (e.g. CHRISTOPH–NOLL 2003, EU 2013).

H2. There is a strong connection between objective and subjective quality of life in the Balkan countries.

In my thesis, I defined subjective quality of life as a mapping of numerous factors and I associated it with many factors. In addition to the above, in my research question Q1 I also examined whether and how the various objective (or external environmental) factors and individual characteristics affect the subjective quality of life of the populations of the Balkan countries.

The study of the relationship between objective and subjective quality of life demonstrated that subjective quality of life and – of the variables I used to measure objective quality of life – GDP per capita, GNI, and unemployment rate have a strong and significant connection, while the correlation between subjective quality of life and the GINI index, as well as the subjective quality of life and life expectancy, and the number of healthy life years expected at birth is not significant. Comparing data in greater depth and with other research allows surprising conclusions to be drawn.

Based on research exploring the association between subjective quality of life and particularly GDP, but also subjective quality of life and GNI and employment, there are not clear answers to the question as to what role money, income and personal circumstances play in wellbeing. As early as at the beginning of subjective quality of life studies, EASTERLIN (1974) warned that although in a given country richer people are more satisfied with their lives and declare themselves to be happier than poor ones, there is no correlation at all, or not a significant one, between economic growth and people's feeling happy. This apparent or real contradiction, called the Easterlin paradox, could not be proven clearly in the last four decades since it was stated; Easterlin's statement based on empirical research has been refuted, as well as confirmed by many studies. DiTELLA et al. (1999), using data of the Eurobarometer and the American General Social Survey,

confirmed the positive correlation between GDP per capita and subjective quality of life, while CHRISTOPH–NOLL (2003) confirmed the same between GDP per capita and satisfaction; ARGYLE (1999) referred to American studies suggesting a weak association between individual income and subjective quality of life. Summarizing the results of numerous studies, Argyle concluded that there was a stronger connection between income and subjective quality of life where income was spent on essential consumer goods. KAHNEMAN and KRUEGER (2006) suggested that there was a connection between income and subjective quality of life in the case of incomes of up to 10,000-15,000 USD, and none in the case of incomes in excess of this. A significant, but weak connection between income and subjective quality of life was reported by FREY and STUTZER (2000) in a research performed on a Swiss sample. They suggested that rather than income, employment plays a more important role in subjective quality of life. HELLIWELL (2002) shares Easterlin's opinion and proved that the dynamic increase of the GDP per capita indicator was not associated with a similar increase in the subjective quality of life indicator. Although SACKS et al. (2012) reported that absolute income played a role in happiness, while relative income did not, numerous authors correlated subjective quality of life with relative income rather than absolute income (e.g. ARGYLE 1999, HAYO–SEIFERT 2002, KAHNEMAN–KRUEGER 2006). According to research conducted by Sacks et al, the richer are happier within the various countries, as well as between the various countries. Economic growth and higher subjective quality of life “walked hand in hand”.

Most research studied the impact of unemployment on subjective quality of life on individual levels. According to the research conducted by Argyle, Frey–Stutzer, Dolan, DiTella, and Hayo as quoted above, unemployment had a negative or a strongly negative impact on subjective quality of life. Correlations between this factor which influences subjective quality of life and other factors, primarily income, are emphasized by several studies (ARGYLE 1999, DOLAN et al. 2008). The strong positive connection between unemployment and subjective quality of life in Balkan countries cannot be evaluated independently from the strong negative association between GDP per capita and subjective quality of life.

The impact of income inequalities on subjective quality of life is not clear: although research conducted by ARGYLE (1999) and CHRISTOPH-NOLL (2003) suggests that less dispersion of income is associated with better subjective quality of life, the study of DOLAN et al. (2008), which reviewed results of numerous studies, reports examples of both a negative and a positive impact of income inequalities on subjective quality of life.

According to the statistical analyses I performed, there is a strong negative association between subjective quality of life and GDP per capita and GNI in the Balkan countries, and a strong positive correlation between subjective quality of life and unemployment rate. This means that in the Balkan countries, the higher the GDP per capita and GNI, the lower the subjective quality of life, and conversely, the higher the unemployment rate, the higher the subjective quality of life. The quote from the novella *The Woman from Sarajevo* (1945), by the Nobel Prize-winner Bosnian Ivo Andrić, relating the story of Raika whose carefree life in Sarajevo until her father's death turned into tragedy once the "money" and the debt was inherited: "Money isn't everything", has therefore a particular significance in Balkan countries. While earlier studies I referenced in the literature review confirmed the positive correlation between subjective quality of life and income, my quantitative research attests that people of the Balkan countries do not primarily seek happiness in money. This result, although not frequent, is not new in subjective quality of life studies. Studying the subjective quality of life of populations in four disadvantaged Hungarian micro-regions, TIMÁR and others (2015) found that direct correlations sometimes turn the opposite way: in the Fehérgyarmat micro-region, a relatively high satisfaction and happiness level was reported particularly by the least prosperous i.e. isolated villages.

According to the research conducted as part of the thesis, the people of Balkan countries can be described as having special characteristics in terms of subjective quality of life or happiness which is seen as an important goal of human existence. For example, countries with higher GDP and lower unemployment rates reported lower levels of happiness. At the same time, a significant correlation cannot be proven between subjective quality of life and life expectancy, and subjective quality of life and the number of healthy life years expected at birth. Nevertheless, the HDI, often referenced in connection with quality of life/subjective quality of life, is based specifically on data related to health as expressed in life years expected at birth and quality of life expressed in GDP per capita (and literacy expressed as a proportion of people with various levels of school education and illiteracy). Similarly, the Quality of Life Index is an index based on the aggregation of financial wellbeing (GDP/capita), health (life years expected at birth), and security of work (unemployment rate), among others, while the WHR aggregates GDP per capita and healthy life years expected at birth. The aforementioned particularities of the correlation between subjective quality of life and objective quality of life indicators allow for another conclusion: when we create concepts about human (social) development and formulate criteria or try to quantify the results, merely analyzing our understanding of the goal of human development and how to measure it are not sufficient, but

we must also consider whether the common concepts and measurement/calculation methods are applicable globally, as well.

H3. Community and social relationships play a particularly important role in the subjective quality of life of the population in Balkan countries.

In my thesis, I examined the correlations between subjective quality of life and objective factors, as well as some individual ones: values, demographic characteristics, subjective health and leisure activities related to health tourism.

The secondary research conducted as part of my thesis suggested that human relationships, family, friends and communities play a particularly important role in shaping the subjective quality of life in the region studied. The results of the primary research confirmed my assumptions: in terms of factors with a major impact on the subjective quality of life of the population in Balkan countries, family plays a particularly important role, and social relationships are generally important. Health is a factor in subjective quality of life, which similarly to family, plays a crucial role; jobs, and even more so, income and interest in work are less important in the subjective quality of life for people in the Balkan countries. The importance of leisure time, particularly the accomplishment of travel aspirations as a factor in subjective quality of life, is less relevant, if not negligible, among the 18 factors studied.

A minor comparison to other (limited) research of the results of the Balkan quantitative research on subjective quality of life factors confirms that the happiness factors of Balkan people are rather typical. For example, EASTERLIN (2006) suggested that “virtually, all life domain studies... agree that economic condition, family circumstances, health, and work are important domains determining happiness” (p. 469). A study conducted by MICHALKÓ (2010) among the Hungarian population attested that the roles of family, health, and work are “hard to compare” (p. 60) with the roles of other happiness factors, which is confirmed also by the thesis of HAVASI (2009) examining the set of values and quality of life.

H4. Among the other individual factors associated with the subjective quality of life of people in Balkan countries, subjective perceptions of health play an important role.

The examination of subjective quality of life and certain demographic factors shows that gender and the place of residence are not correlated with the level of happiness, while age and school education do show a significant, but weak association with it in the Balkan countries. Comparing data from the Balkan quantitative research to results of other studies, it can be established that

- research on the happiness levels of men and women do not paint a uniform picture: according to FREY–STUTZER (2000), the two genders report the same level of happiness; DiTELLA et al. (1999) found that men are less happy, while the study performed by DOLAN et al. (2008) showed that some of the research related to subjective quality of life suggested more happiness in women, while others in men,
- studying the correlations between the place of residence and subjective quality of life is not an easy task if only because classifying the place of residence is problematic. According to the study conducted by FREY–STUTZER (2000) on a Swiss sample, urban people are slightly less happy. This is confirmed by the study performed by Dolan et al (2008), while other research suggests that there is no correlation between residence type and happiness [Eurofound 2014a],
- the connection between age and subjective quality of life is most often represented by a declining or U-shaped curve (e.g. DiTELLA et al. 1999, DOLAN et al. 2008) or by a reversed U-curve (EASTERLIN (2006), where subjective quality of life increases between 18 and 51 years, then it declines. With reference to a study by Myers, EASTERLIN (2006) reported that happiness did not change with age, while ARGYLE (1999) found that higher age was associated with a higher happiness level; FREY–STUTZER (2000) suggested that people aged above 60 years were happiest, HAYO–SEIFERT (2002) described the same about people aged 75, reporting that the 37-year old ones were least happy. ARGYLE (1999) emphasizes that age has no significant impact on happiness level, but it does affect the importance of factors which play a role in happiness,
- the positive correlation between education (which is closely linked to income and employment) and subjective quality of life was confirmed by most studies (DiTELLA et al. 1999, FREY–STUTZER 2000, HAYO–SEIFERT 2002). Some research (ARGYLE 1999 and DOLAN et al. 2008) attested that the highest happiness level was reported by people with high-school education. ARGYLE (1999) pointed out that education and happiness has a stronger association in poorer countries, while it is not too significant and its strength decreases in North America and Europe.

Overall, the less noteworthy correlations between subjective quality of life and demographic characteristics in the sample created as part of the Balkan quantitative research reflected the research results compiled by ARGYLE (1999).

An association between subjective health and subjective quality of life was confirmed in Balkan countries as well. There is a significant correlation between the individual's perception of health (subjective health) and the

level of happiness, which is moderately strong and positive. Correlations between health and subjective quality of life were examined and confirmed by numerous studies conducted in various disciplines (CUMMINS 1997, VEENHOVEN 2008).

The assumption regarding the correlation between activity and subjective quality of life, namely that more active people are happier, was also confirmed and is in line with research results published in international scholarly literature (CSÍKSZENTMIHÁLYI 1998, ARGYLE 1999, DOLAN et al. 2008).

Q2. What are the activities that are relevant also for health tourism, which improve the subjective quality of life of people in Balkan countries?

H5. Travel does not play an important role in the subjective quality of life of the people in Balkan countries.

As part of my second largest question studied (Q2), I examined the activities that could improve the subjective quality of life of people in Balkan countries.

To do this, first I wanted to see the role of travel as a leisure activity in the subjective quality of life of people in the Balkan countries. Secondary research suggested and the analysis of subjective quality of life factors included in the Balkan quantitative research database confirmed that travel is not particularly relevant for the subjective quality of life of people in Balkan countries: accomplishing the travel-related aspirations ranked 16/17 (shared rank) among the 18 pre-defined factors.

Other studies confirm that travel is less significant in subjective quality of life: MICHALKÓ et al. (2009) found that Hungarians ranked travels abroad as the 13th and domestic travels as 15th among 16 pre-defined factors, and only assigned a 2.53 score on a scale of 1 to 5 to the role of travel in their lives. “Accordingly, tourist mobility falls within the rather insignificant range in the values of Hungarian society.” (p.11). The less noteworthy role of travel in subjective quality of life is pointed out by studies performed by SIRGY et al. (2010) and DOLNICAR et al. (2012) as well.

H6. Balkan people who are engaged in activities relevant for health tourism regard themselves as happier, and

H7. Balkan people who are engaged in activities relevant for health tourism feel healthier.

The purpose of the second set of hypotheses (H6 and H7) related to study question Q2 was to identify the scope of activities which may contribute directly or indirectly, through improved subjective health, to the

improvement of the subjective quality of life of the region's people. Of the 13 activities included in the questionnaire, nine have a positive correlation with subjective quality of life and six with subjective health, which means that the subjective quality of life and subjective health of those who are engaged in these activities are significantly higher and better than the subjective quality of life and subjective health of those who are not engaged at all in these activities (Table 2).

Table 2: Correlations between activities and subjective quality of life and subjective health

	Correlations with subjective quality of life			Correlations with subjective health		
	Positive	None	Negative	Positive	None	Negative
medicinal natural assets	X					X
baths/steam/Turkish bath	X				X	
recreation in the mountains	X			X		
recreation on water shores, lakes, and rivers	X			X		
relaxation in the forest		X		X		
recreation at the seaside	X			X		
traditional treatments/therapies		X				X
practicing religion	X				X	
non-religious spiritual activity			X		X	
preparing/eating traditional meals		X				X
dancing	X			X		
singing, folk music	X				X	
nurturing family relationships and friendships	X			X		

Source: Balkan quantitative research

Recreation in the mountains, at riversides, seaside, dance and nurturing family relationships and friendships directly and indirectly contributed to the improvement of subjective quality of life. Users of therapeutic natural resources, bath, steam and Turkish bath users, people who practice religion or have music in their lives reported a higher subjective quality of life, while forest visitors reported better subjective health than those who were not engaged in these activities. During the decades preceding the regime change, the Balkans was a paradise for socialist tourists.

There are certain restrictions to comparing the data which describes correlations between activities examined in the thesis and subjective quality of life or subjective health with the results of other studies, as there is rather scarce research available on the associations between leisure activities

(ARGYLE 1999, DOLAN et al. 2008), health tourism activities (MICHALKÓ 2010) and subjective quality of life or subjective health.

ARGYLE (1999) suggests that the sea, sunlight, mountains, forests and the view of the landscape has a beneficial impact on subjective quality of life. This was confirmed by MICHALKÓ and RÁTZ (2013) as well. In their opinion, numerous space-specific products “are represented as tourist destinations and have a beneficial impact on the quality of life of people who visit those places” (p. 9). The impact of time spent with family and particularly with friends on subjective quality of life was verified by numerous studies (ARGYLE 1999, DOLAN et al. 2008, UTASI 2006). ARGYLE’s (1999) study summarizing results of several research studies reported correlations between time spent with friends, as well as food-related pleasures and happiness, based on a study conducted in five European countries. Studies by ARGYLE (1999) and DOLAN et al. (2008) clearly confirmed the impact of religion and physical activity on subjective quality of life, while FOX’s (1999) study pointed out the impact of physical activity on mental wellbeing. A positive correlation between dancing and music and subjective quality of life is shown particularly in connection with the time spent with friends. Among the aforementioned activities, time spent with friends, religion and religious events, physical activities, and happiness have a typically average or strong correlation, and can be observed in the long term, as well (ARGYLE 1999, DONOVAN et al. 2002).

Of my seven hypotheses, I adopted four completely and three partially (Table 3).

Table 3: Table summarizing the evaluation of various hypotheses

	Adopted	Partially adopted	Rejected
Q1. What is the subjective quality of life of the population in Balkan countries and what influences it?			
H1. Balkan countries are not uniform in terms of subjective quality of life, there are differences between them.	X		
H2. There is a strong connection between objective and subjective quality of life in the Balkan countries.		X	
H3. Community and social relationships play a particularly important role in the subjective quality of life of the population in Balkan countries.	X		
H4. Among the other individual factors associated with the subjective quality of life of people in Balkan countries, subjective health plays an important role.	X		
Q2. What are the activities that are relevant also for health tourism, which improve the subjective quality of life of people in Balkan countries?			
H5. Travel does not play an important role in the subjective quality of life of the people in Balkan countries.	X		
H6. Balkan people who are engaged in activities relevant for health tourism regard themselves as happier.		X	
H7. Balkan people who are engaged in activities relevant for health tourism feel healthier.		X	

Source: author's compilation

5. CONCLUSIONS AND RECOMMENDATIONS

The holiday resorts by the Adriatic Sea and the Black Sea represented the number one destinations for waterside holidays for citizens of the countries on the east side of the 'iron curtain'. The collapse of socialism and the South Slavic war and their political, social and economic consequences negatively affected the formerly flourishing tourism in the Balkans, which was intensified by the global recession. Domestic and outgoing tourism demand

data in most Balkan countries attested that travel plays a less important role for consumers living in the region.

Among the nation states created after the collapse of the former Yugoslavia, tourism in Croatia (which dominates the Adriatic Sea side) underwent a dynamic restoration which led to a spectacular expansion of foreign demand. Slovenia generated a significant number of tourists demanding accommodation capacity, as well as a considerable number of transit visitors, while the tourism statistics of the other states have stayed extremely modest [UNWTO 2015]. While Romanian and Bulgarian tourism is just a pale reflection of its former size, Turkey and Greece maintain their position in the European front line in terms of tourist numbers in spite of smaller or greater fluctuations [UNWTO 2014]. At the same time, today every Balkan country has recognized the importance of developing and diversifying the tourism offer. Health tourism, in which the Balkan region boasts significant resources and good assets even by international standards, is treated as a key tourist product in almost all countries in the region.

My Thesis attempts to explore the activities undertaken by residents of Balkan countries which improve the subjective quality of life directly or through improved health indirectly, and which can serve as the basis for developing their health tourism products. Secondary research results and empirical research attests that the subjective quality of life of Balkan residents in the long term could be improved by developments which:

- *include in their target group the local population in addition to domestic, regional and partially third-market tourists,*
- *are designed on a human scale,*
- *are personal and dedicate a large space to human relationships,*
- *are based specifically on the natural and cultural assets of the Balkans or its smaller territorial units, local factors and initiatives,*
- *can be organized under an umbrella brand,*
- *are based on the widespread cooperation of the regional stakeholders of health tourism, local well-being and health development.*

Developing products/services which are based on the characteristic assets of the region and are equally suitable for serving tourist needs and leisure requirements of the local population is echoed by the increasingly popular concept of slow tourism (PÉCSEK 2014) and the concept suggested by HARTWELL et al. (2012), which places health tourism priorities and health development priorities on the same platform, proposing a much stronger cooperation between these two areas. Accordingly, product/service development related to activities which are equally relevant for health tourism and leisure goes beyond the competence of organizations participating in health tourism development. At the same time, for

organizations involved in local wellbeing, health development, and health promotion it presents not only tasks, but serious opportunities. Developing concepts and programs based on the widespread cooperation of stakeholders of health tourism and local economic and social development could help in the sustainable and long-term improvement of the subjective quality of life of Balkan people.

The database used for the Thesis offers opportunities for other examinations, as well: examining the importance of subjective quality of life factors in the various demographic groups could reveal interesting correlations. Analyzing the questions related to the Balkans image could facilitate an examination of the legitimacy of an umbrella brand as proposed in the Thesis.

Another interesting area in subjective quality of life research related to the Balkan countries could be the study of correlations between the specific framework conditions of the region and subjective quality of life. Unevenness of democracy, problems related to the system of political institutions, and corruption are factors that are common in the Balkans (HAJDÚ 2010, CLEMENS 2010) and whose possible impact on subjective quality of life was suggested by HELLIWELL (2002).

NEW AND ORIGINAL SCIENTIFIC RESULTS OF THE RESEARCH

The new and original scientific results of my doctoral thesis are based on the results of my research activity conducted previously in the topic, the review of Hungarian and international literature, as well as my empirical research, as follows:

I reviewed and summarized the Hungarian and international scholarly (social geographical, regional scientific, psychological, sociological, and economic) literature from various fields of science related to the delimitation of the quality of life, objective and subjective quality of life concepts, their definitions, research trends, and measurement.

Based on the literature review, I found that the quality of life concept used in scholarly literature is not standard, therefore I created my own subjective quality of life concept for the purposes of my doctoral thesis (please see its visual representation in Figure 1). According to my own interpretation, subjective quality of life is the mapping of two groups of factors: the objective circumstances and conditions of life, and the individual's characteristics, *as filtered by the individual*, an indicator which can be grasped in terms of emotions and moods and is relatively constant even in the long run. The novelty of the concept resides in the fact that objective quality of life is reflected in subjective quality of life through the individual's filter.

In my thesis, I presented how it becomes increasingly evident in primary and applied research on quality of life that quality of life can solely be measured by simultaneously quantifying objective and subjective quality of life.

Based on the systematic critical analysis of the most frequently referenced quality of life and subjective quality of life indices and indicators, I established that

- some of them are based on primary research,
- they lack a standard conceptual system,
- the content of the indices is strongly adapted to the conducting organization's primary goals and the focus of its activity; therefore most of them can only quantify certain aspects of quality of life/subjective quality of life,
- the content of currently used indices is dominated by objective indicators,
- quality of life and subjective quality of life concepts behind the various indices, as well as the methods used for producing them

(including, for example, the questionnaires themselves), etc. have undergone several changes which do not allow a long-term (or longer-term) data series analysis.

I stated that the most significant weakness of the complex quality of life and subjective quality of life indicators I examined lies in their most significant strength. Indeed, while they are suitable for international comparison, most of them examine the various countries' progress towards a "good life" based on the same factors with the same weight. The fact that a "good life" has unquestionably important elements is confirmed by many studies: at the same time, the political, economic or social-cultural differences, the individual's characteristics or individual life situations can have a strong distorting impact on whether the various quality of life or subjective quality of life factors are important at all in society or for the individual, and if so, what their weight is.

Based on my review of Hungarian and international scholarly literature, I pointed out that the sharp boundary between medical and wellness tourism would become blurred in the years to come, and the role of experience in both product types would increase. On the basis of vast empirical research, I demonstrated that besides the activities directly aimed at health preservation, the experience defined and expected by the consumer must include varied recreational activities, cultural attractions, and natural assets, which do not necessarily excel in all cases. This fact draws attention to the importance of utilizing the local and uniquely local attractions for tourism purposes.

I provided a complex presentation of the environmental factors which constitute the Balkans' system of tourism, health tourism, and tourism conditions. I demonstrated that the region consisting of 11 countries located entirely or partially on the Balkans boasts resources utilized or utilizable in health tourism that are significant internationally as well.

I proved that both objective and individual factors play a role in the quality of life of people in the Balkan countries. Based on the analysis of the data from the quantitative research, I demonstrated that the country where we live has an inevitable impact on our lives. Based on my calculations, it can be established that in Balkan countries, there is a correlation between the happiness level of the countries' people and the GDP per capita of the respective countries and employment. At the same time, it is advisable to handle the negative linear correlation shown with the provisos mentioned in the thesis. These results apply to the countries studied, but cannot be generalized.

Among the individual factors

- regarding the demographic factors, I proved that gender and the place of residence are not correlated with the variables measuring happiness i.e. subjective quality of life, while age and school education do show a significant, although weak association with it in the Balkan countries,
- I confirmed the positive correlation between subjective health and subjective quality of life, and demonstrated its average strength,
- I confirmed the association between activity and subjective quality of life.

In terms of factors with a major impact on the subjective quality of life of the population in Balkan countries, I proved that in the sample

- family plays a particularly important role in it,
- social relationships are generally important,
- similarly to family, health is another factor that shapes subjective quality of life with an absolutely major impact,
- jobs, and even more so, income and interest in work are less important in the subjective quality of life, and ranked average on the list of factors based on importance,
- the importance of leisure time, particularly the accomplishment of travel aspirations as a factor in subjective quality of life, is less relevant, if not negligible, among the factors studied,
- there are significant differences between the countries studied in terms of assessing the importance of the various subjective quality of life factors.

I explored the activities that improve the subjective quality of life of people in Balkan countries. I was the first to identify activities among these which can serve as the basis for services relevant for tourism and leisure.

Finally, based on the literature reviewed and results of empirical research, I confirmed that when we create concepts about human development and formulate criteria or try to quantify the results, merely analyzing our understanding of the goal of human development and how to measure it are not sufficient, but we must also consider whether the common concepts, thought patterns, and measurement/calculation methods are applicable globally, as well.

BIBLIOGRAPHY

1. ARGYLE, M. (1999): Causes and Correlation of Happiness. In: Kahneman, D.–Diener, E. - Schwarz, N.: *Well-Being: The Foundations of Hedonic Psychology*. New York: Russel Sage Foundations. p. 353-373.
2. CHRISTOPH, B.–NOLL, H-H. (2003): Subjective well-being in the European Union during the 90s. In: *Social Indicators Research*, 64 p. 521–546.
3. CLEMENS, W. C. Jr. (2010): Ethnic peace, ethnic conflict: Complexity theory on why the Baltic is not the Balkans. In: *Communist and Post-Communist Studies*, 43 p. 245–261.
4. CUMMINS, R. A. (1997): The Comprehensive Quality of Life Scale – Adult (ComQol-A5), (5th Ed.). Melbourne: School of Psychology, Deakin University. p. 64.
5. CSÍKSZENTMIHÁLYI M. (1998): És addig éltek, amíg meg nem haltak (And They Lived Happily Ever After). Budapest: Kulturtrade Kiadó. p. 178.
6. DIENER, E. (1984): Subjective well-being. In: *Psychological Bulletin*, 95 (3) p. 542-575.
7. DiTELLA, R.–MACCULLOCH, R. J.–OSWALD, A. J. (1999): The macroeconomics of happiness. In: *The Review of Economics and Statistics*, 85 (4) p. 809-827.
8. DOLAN, P.–PEASGOOD, T.–WHITE, M. (2008): Do we really know what makes us happy? A review of the economic literature on the factors associated with subjective wellbeing. In: *Journal of Economic Psychology*, 29 (1) p. 94–122.
9. DOLNICAR, S.–YANAMANDRAM, V.–CLIFF, K. (2012): The contribution of vacations to quality of life. In: *Annals of Tourism Research*, 39 (1) p. 59-83.
10. EASTERLIN, R. A. (1974): Does economic growth improve the human lot? Some empirical evidence. In: David, P. A. - Reder, M. W. (eds.): *Nations and households in economic growth: essays in honour of Moses Abramowitz*. New York: Academic Press. p. 89–125.
11. EASTERLIN, R. A. (2006): Life cycle happiness and its sources Intersections of psychology, economics, and demography. In: *Journal of Economic Psychology*, 27 p. 463–482.
12. Eurofound [2013a]: Quality of life in enlargement countries. Third European Quality of Life Survey – Montenegro. Luxembourg: Publications Office of the European Union. 16 p.

13. Eurofound [2013b]: Quality of life in enlargement countries. Third European Quality of Life Survey – Serbia. Luxembourg: Publications Office of the European Union. 16 p.
14. Eurofound [2013c]: Quality of life in Europe: Trends 2003–2012. Luxembourg: Publications Office of the European Union. 2 p.
15. Eurofound [2014a]: Quality of life in urban and rural Europe. Luxembourg: Publications Office of the European Union. 28 p.
16. Eurofound [2014b]: Trends in quality of life – Croatia: 2007–2012. Luxembourg: Publications Office of the European Union. 74 p.
17. Eurofound [2014c]: Trends in quality of life – Former Yugoslav Republic of Macedonia: 2007–2012. Luxembourg: Publications Office of the European Union. 86 p.
18. Eurofound [2014d]: Trends in quality of life – Turkey: 2003–2012. Luxembourg: Publications Office of the European Union. 100 p.
19. European Union [2013]: Quality of life in cities – Perception survey in 79 European cities. Luxembourg: Publications Office of the European Union. 151 p.
http://ec.europa.eu/regional_policy/sources/docgener/studies/pdf/urban/survey2013_en.pdf. Search engine: Google Scholar. Keywords: city, wellbeing, Europe. Queried on: 12.01.2015
20. FOX, K. R. (1999): The influence of physical activity on mental wellbeing. In: *Public Health Nutrition*, 2 (3a) p. 411–418.
21. FREY, B. S.–STUTZER, A. (2000): What are the sources of happiness? Working Paper, Department of Economics, Johannes Kepler University of Linz, No. 0027 23 p.
22. Gallup Healthways [2014]: *State of Global Wellbeing*. 124 p.
[http://info.healthways.com/hs-fs/hub/162029/file-1634508606-pdf/WBI2013/Gallup-Healthways State of Global Wellbeing vFINAL.pdf](http://info.healthways.com/hs-fs/hub/162029/file-1634508606-pdf/WBI2013/Gallup-Healthways%20State%20of%20Global%20Wellbeing_vFINAL.pdf). Search engine: Google. Keywords: quality of life, wellbeing. Queried on: 25.01.2015
23. HARTWELL, H.–HEMINGWAY, A.–FYALL, A.–FILIMONAU V.–WALL, S. (2012): Tourism engaging with the public health agenda: Can we promote „wellville” as a destination of choice? In: *Public Health*, 126 p. 1072-1074.
24. HAVASI V. (2009): Az értékrend és az életminőség összefüggései. Doktori értekezés (Correlations between the system of values and quality of life. Doctoral thesis) University of Debrecen, Faculty of Economics, Doctoral School of Economic Science.
25. HAJDÚ Z. (2010): Etnikai összetétel, nemzeti konfliktusok (Ethnic composition, national conflicts). In: HORVÁTH GY.–HAJDÚ Z. (eds.): *Regionális átalakulási folyamatok a Nyugat-Balkán országáiban (Regional transformation processes in Western Balkan countries)*. Pécs:

- Hungarian Academy of Sciences, Institute for Regional Studies. p. 119-144.
26. HAYO, B.–SEIFERT, W. (2002): Subjective economic well-being in Eastern Europe, *Diskussionsbeiträge aus dem Fachbereich Wirtschaftswissenschaften, Universität – Gesamthochschule – Essen*, No. 120. 20 p.
 27. HELLIWELL, J. F. (2002): How's life? combining individual and national variables to explain subjective well-being. National Bureau of Economic Research. Working Paper 9065. <http://www.nber.org/papers/w9065>. Search engine: Google Scholar. Keywords: health, wellbeing. Queried on: 07.12.2014
 28. HELLIWELL, J.–LAYARD, R.–SACHS, J. (eds.) (2013): *World Happiness Report 2013*. New York: UN Sustainable Development Solutions Network. 172 p.
 29. Hungarostudy [2013]: *Studies*. <http://www.hungarostudy.hu/index.php/2014-04-07-17-21-12/hungarostudy-2013/view/form>. Search engine: Google. Keywords: hungarostudy 2013. Queried on: 11.02.2015
 30. KAHNEMAN, D.–KRUEGER, A. B. (2006): Developments in the Measurement of Subjective Well-Being. In: *Journal of Economic Perspective*, (20) 1 p. 3–24.
 31. KAPCZYNSKI, A.–SZROMEK, A.R. (2008): Hypotesis concerning the development of Polish spas in the years 1949-2006. In: *Tourism Management*, 29 p. 1035-103
 32. KEKIC, L. (2012): The Lottery of Life. <http://www.economist.com/news/21566430-where-be-born-2013-lottery-life>. Search engine: Google Scholar. Keywords: where to be born. Queried on: 28.02.2014
 33. KISS K. (2015): The challenges of developing health tourism in the Balkans. In: *Tourism*, 63 (1) p. 97-110.
 34. MEZŐ F. (2000): A Kaukázus térsége mint Eurázsia Balkánja (The Caucasian region as the Balkans of Eurasia). In: *Társadalomkutatás*, 1–2. Budapest: Akadémiai Kiadó p. 112–132.
 35. MICHALKÓ G. (2010): Boldogító utazás. A turizmus és az életminőség kapcsolatának magyarországi vonatkozásai (Happiness through travel. Hungarian relevance of the correlation between tourism and quality of life). Budapest: Hungarian Academy of Sciences, Geographical Institute. p. 122.
 36. MICHALKÓ G.–KISS K.–KOVÁCS B. (2009): Boldogító utazás: a turizmus hatása a magyar lakosság szubjektív életminőségére (Happiness through travel: impact of tourism on the subjective quality of life of the Hungarian population). In: *Tér és Társadalom*, 23 (1) p. 1-17.

37. MICHALKÓ G.–RÁTZ T. (eds.) (2013): Jó(l)lét es turizmus: utazók, termékek es desztinációk a boldogság és a boldogulás kontextusában (Wellbeing and tourism: travelers, products and destinations in the context of happiness and getting by). Székesfehérvár – Budapest: Kodolányi János College - Hungarian Academy of Sciences, Research Center for Astronomy and Earth Sciences, Geographical Institute - Hungarian Geographical Society. p. 270.
38. MICHALKÓ G.–TEVELI-HORVÁTH D.–SULYOK J.–KISS K.–JANCSIK A. (2014): A balkán(i)ság turisztikai reprezentációjának jólléti dimenziói (Wellbeing dimensions in the tourism representation of Balkanness). In: *Turizmus Bulletin*, 16 (2) p. 42–50.
39. MICHALKÓ G.–KISS K.–BALIZS D.–SZEBERÉNYI J.–VICZIÁN I.–BOTTLIK ZS. (2015): A „Balkan Wellbeing” koncepció turizmusföldrajzi hátterének vizsgálata (Examination of the tourism geographical background of the Balkan Wellbeing concept). In: *Balkán és Mediterrán Fórum*, 9 (1) p. 2-12.
40. MORRISON, M.–TAY, L.–DIENER, E. (2010): Subjective Well-Being and National Satisfaction: Findings from a Worldwide Survey. In: *Psychological Science*, 20 (10) p. 1-6.
41. MÜLLER, H.–KAUFMANN, E. L. (2001): Market analysis of a special health tourism segment and implications of the hotel industry. In: *Journal of Vacation Marketing*, 7 (1) p. 5-17.
42. New Economics Foundation [2008]: Five Ways to Wellbeing. <http://www.neweconomics.org/publications/five-ways-well-being-evidence>. Google Scholar. Keywords: nature, wellbeing. Queried on: 09.07.2014
43. PAP N. (2010): Magyarország a Balkán és a Mediterráneum vonzásában. Magyarország dél-európai kapcsolatainak politikai- és gazdaságföldrajzi értékelése (Hungary and the attraction of the Balkans and the Mediterranean. Political and economic geographical evaluation of Hungary's Souther European connections). Pécs: Publikon Kiadó. p. 320.
44. PÉCSEK B. (2014): Gyorsuló idő, lassuló turizmus: a lassú turizmus modellezése (Time speeding, tourism slowing: modeling slow tourism). In: *Turizmus Bulletin*, 16 (1) p. 3-10.
45. RADOVANOVIĆ, B. (2013): Well-Being – Resources, Happiness and Capabilities: Theoretical Discussions and the Evidence from the Western Balkans. In: *Economic Analysis*, 46 (3-4) p. 152-163. http://www.ien.bg.ac.rs/images/stories/Izdavastvo/Economic%20analysis/2013/ea_2013_3-4.pdf. Search engine: Google. Keywords: Balkan, wellbeing. Queried on: 10.01.2015

46. SACKS, D. W.–STEVENSON, B.–WOLFERS, J. (2012): The new stylized facts about income and subjective well-being, Discussion Paper Series, Forschungsinstitut zur Zukunft der Arbeit, No. 7105. 18 p.
47. SIRGY, M. J.–KRUGER, P. S.–LEE, D-J, B.–YU, G (2010): How Does a Travel Trip Affect Tourists' Life Satisfaction? In: *Journal of Travel Research*, 20 (5) p. 1–15.
48. SMITH, M. K.–KISS K. (2014): A balkáni wellbeing és turizmus: lehetőségek és kihívások (Balkan wellbeing and tourism: opportunities and challenges). In: *Turizmus Bulletin*, 16 (3-4) p. 27-39.
49. SZIVA I. (2010): Öntsünk tiszta vizet... – Az egészségturizmus fogalmi lehatárolása és trendjeinek válogatott bibliográfiája (A clean start - Conceptual definition of health tourism and a selected bibliography on its trends). In: *Turizmus Bulletin*, 14 (4) p. 73-76.
50. TIMÁR J.–KOVÁCS K.–VÁRADI M. M. (2015): Jól-lét deficit a hátrányos helyzetű kistérségekben (Wellbeing deficit in disadvantaged micro-regions). In: SZIRMAI V. (ed.) (2015): A területi egyenlőtlenségektől a társadalmi jól-lét felé (From regional inequalities to social wellbeing). Székesfehérvár: Kodolányi János College. p. 269-285.
51. UNDP (2014): Human Development Report 2014 – Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience. New York: United Nations Development Programme. 239 p.
52. UTASI Á. (ed.) (2006): A szubjektív életminőség és forrásai. Biztonság és kapcsolatok (Subjective quality of life and its sources. Safety and relationships). Budapest: Hungarian Academy of Sciences, Institute for Political Sciences. p. 309.
53. VEENHOVEN, R. (1993): Happiness in nations. Subjective appreciation of life in 56 nations 1946-1992. <http://www2.eur.nl/fsw/research/veenhoven/Pub1990s/93b-part1.pdf>. Search engine: Google Scholar. Keywords: quality of life, happiness. Queried on: 2014.04.17.
54. VEENHOVEN, R. (2008): Sociological theories of subjective well-being. In: Eid, M.–Larsen, R. (eds.): *The Science of Subjective Well-being: A tribute to Ed Diener*. New York: Guilford Publications. p. 44-61.

PUBLICATIONS ON THE TOPIC OF THE THESIS

Scientific books, excerpts

- MICHALKÓ G.–KISS K.–KOVÁCS B. (2008): A szürke párduc útkel – az időskorúak utazásainak szerepe szubjektív jólétük tükrében (The grey panther on the road - the role of travel in the elderly's subjective wellbeing). In: Grábics, Á. (ed.): *Aktív időskor (Active old age)* Budapest: Central Statistical Office – Ministry of Social Affairs and Labor. p. 80-98.
- BEHRINGER ZS.–KISS K. (2004): The role of foreign direct investment in the development of tourism in post-communist Hungary. In: HALL, Derek R. (eds.): *Tourism and Transition: Governance, Transformation, and Development*. Wallingford: CABI Publishing. p. 73-81.

Scientific journals

- KISS K. (2015): The challenges of developing health tourism in the Balkans. In: *Tourism*, 63(1) p. 97-110.
- MICHALKÓ G.–KISS K.–BALIZS D.–SZEBERÉNYI J.–VICZIÁN I.–BOTTLIK ZS. (2015): A „Balkan Wellbeing” koncepció turizmusföldrajzi hátterének vizsgálata (Examination of the tourism geographical background of the Balkan Wellbeing concept). In: *Balkán és Mediterrán Fórum*, 9(1) p. 2-12.
- MICHALKÓ G.–JANCSIK A.–TEVELI-HORVÁTH D.–KISS K.–SULYOK J.–SMITH, M.–PUCZKÓ L.–SZIVA I. (2015): A „balkánság” turisztikai értelmezése a TripAdvisor utazási portál tartalomelemzése alapján (Tourism dimensions of “Balkanness” based on the content analysis of the TripAdvisor travel portal). In: *Marketing&Menedzsment*, 49(2) p. 61-71.
- MICHALKÓ G.–TEVELI-HORVÁTH D.–SULYOK J.–KISS K.–JANCSIK A. (2014): A balkán(i)ság turisztikai reprezentációjának jóléti dimenziói (Wellbeing dimensions in the tourism representation of Balkanness). In: *Turizmus Bulletin*, 16(2) p. 42–50.
- SMITH, M. K.–KISS K. (2014): A balkáni wellbeing és turizmus: lehetőségek és kihívások (Balkan wellbeing and tourism: opportunities and challenges). In: *Turizmus Bulletin*, 16 (3-4) p. 27-39.
- MICHALKÓ G.–KISS K.–KOVÁCS B.–SULYOK J. (2009): The impact of tourism on subjective quality of life among Hungarian population. In: *Hungarian Geographical Bulletin* 58(2). p. 121-136.

- MICHALKÓ G.–KISS K.–KOVÁCS B. (2009): Boldogító utazás: a turizmus hatása a magyar lakosság szubjektív életminőségére (Happiness through travel: impact of tourism on the subjective quality of life of the Hungarian population). In: *Tér és Társadalom*, 23(1) p. 1-17.
- KISS K.–SULYOK J. (2003): A magyarországi turisztikai régiók vendégforgalma 2002-ben (Tourist traffic in the Hungarian tourist regions in 2002). In: *Turizmus Bulletin* 7(2) p. 15-20.
- BEHRINGER ZS.–HERBSZT A.–KISS K.–TÖRÖK P. (2002): Közép-Kelet-Európa turizmusa (Tourism in Central and Eastern Europe). In: *Turizmus Bulletin* 6(1) p. 23-31.
- BEHRINGER ZS.–INDRA D.–KISS K.–VESZELKA K. (2002): A külföldi működőtőke szerepe Magyarország turizmusának fejlődésében a rendszerváltás után (The role of foreign working capital in the development of Hungary's tourism after the regime change). In: *Turizmus Bulletin* 6(1) p. 48-56.
- KISS K.–TÖRÖK P. (2001): Az egészségturizmus nemzetközi keresleti és kínálati trendjei (International demand and supply trends in health tourism). In: *Turizmus Bulletin* 5(3) p. 7-15.
- KISS K. (2001): A magyar falusi turizmus értékesíthetőségének vizsgálata Finnország piacán (A study on the marketability of Hungarian rural tourism on the Finnish market). In: *Marketing&Menedzsment* 35(1) p. 36-44.
- KISS K. (2001): Falusi turizmus – eltérő értelmezések, eltérő piaci lehetőségek? (Rural tourism - different interpretations, different market opportunities?) In: *Turizmus Bulletin* 5(1) p. 6-19.

Published lectures at scientific conferences

- KISS K.–SZIVA I.–SMITH, M. K.–PUCZKÓ L.–MICHALKÓ G. (2015): The differences in wellbeing attitudes between the residents of urban and rural regions in Balkan countries. In: TÓZSA, I.–ZÁTORI, A. (eds): *Metropolitan Tourism Experience Development. Selected studies from the Tourism Network Workshop of the RSA, held in Budapest 2015*. Budapest: Department of Economic Geography and Futures Study. p. 220-235.
- KISS K.–SULYOK J. (2005): The role of economic and social performance, and well-being in the image of a tourism destination – The case of Hungary. In: AROLA, Esa–BLINNIKKA, Petra–SIITARI, Maija-Liisa (eds.): *Tourism as a contributor to well-being and social capital*. The 3rd Tourism Industry and Education Symposium, May 19-21, 2005, Jyväskylä, Finland. Jyväskylä: Jyväskylä Polytechnic. p. 206-214.

- SARTORI, A.–KISS K.–PUCZKÓ L. (2002): Health Tourism in Hungary – Triangulation for Success. In: AROLA, E.–KARKKAINEN, J.–SIITARI, M-L. (eds.): *Tourism and Well-Being*. The 2nd Tourism Industry and Education Symposium, May 16-18, 2002, Jyvaskyla, Finland – Symposium Proceedings. Jyvaskyla: Jyvaskyla Polytechnic. p. 375-376.
- KISS K. (2001): The Marketability of Hungarian Rural Tourism in Finland – Opportunities and Restrictions. In: North-South: *Contrasts and Connections in Global Tourism / ATLAS Conference Proceedings* (edited by Timo Toivonen and Antti Honkanen). Savonlinna: Atlas and Finnish University Network for Tourism Studies. p. 324-332.

Specialized books, excerpts

- ÁRVA L.–DICZHÁZI B.–KISS K. (2003): Globalization and Foreign Direct Investments in Hungary. Budapest: EURO-MIDI. 96 p.
- BEHRINGER ZS.–KISS K.–RÁTZ T.–TÖRÖK L. (2002): A turizmus mint gazdasági, társadalmi rendszer (Tourism as an economic and social system). In: BEHRINGER ZS.–TÖRÖK L. (eds.): *Turizmus és vendéglátóipari ismeretek*. Budapest: Szókratész Kiadó. p. 336-348.

Annotations, excerpts from annotations

- BEHRINGER ZS.–KISS K. (2006): Kutatás az egészségturizmusban (Research in health tourism). In: *Egészségturizmus I.*, Oktatási segédanyag a HFF Egészségturizmus Szakirány hallgatói részére (*Health Tourism I. Curriculum materials for students at the HFF College majoring in health tourism*). Budapest: Heller Farkas Főiskola (Heller Farkas College). p. 15-33.