



## A STUDY OF COMPETENCE PROFILE FOR THERMAL SPA THERAPIST IN PROJECT PARTNER COUNTRIES



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Occupational Competence Profile for Thermal Care Agents through ECVET in European Tourism

### Partner Organizations

P1: Turkey, Tuzla Municipality

P2: Turkey, Istanbul Medeniyet University

P3: Turkey, Lodos

P4: Bulgaria, Zgura-M Ltd.

P5: Belgium, Horeca Partners

P6: Portugal, Caldas da Felgueira, Termas & SPA

P7: Slovenia, University Rehabilitation Institute



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# **A Study of Competence Profile for Thermal Spa Therapist in Project Partner Countries**

## **Abstract**

This report is the first intellectual output of the project titled ‘Occupational Competence Profile for Thermal Care Agents through ECVET in European Tourism’ (2016-1-TR01-KA202-034712). The aim of the report is to review the status of ‘thermal care agent’ as an occupation and to investigate the required knowledge, skills and competencies for ‘thermal care agents’ as well as the methods of acquiring them in project partner countries, namely Belgium, Bulgaria, Portugal, Slovenia and Turkey. It starts with the role and developmental problems of tourism in European Countries and draws attention to the growth of medical and wellness tourism which calls for the extension and development of new occupational profiles in this area. After that, the report reviews the occupations and competency profiles of vocations that are closely related to thermal and spa therapy occupations in the countries involved in the project. Then, some examples of vocational qualifications relating to thermal and spa therapy are offered from the literature. Later on, methodology and results of an empirical research in project partner countries investigating the required areas of competence for ‘thermal care agent’, which was renamed as *thermal spa therapist* after the review of thermal spa therapy related occupations in partner countries and the literature, are presented. Finally, based on the literature review and empirical research a competence profile alongside with learning units for the education and training of thermal spa therapists are suggested.

## **1. Introduction**

Despite occasional fluctuations, international tourism has experienced continued growth and diversification to become one of the largest and fastest-growing economic sectors in the world since 1950’s (United Nations World Tourism Organization, 2016). International tourist arrivals have increased from 25 million globally in 1950 to 1186 million in 2015 and international tourist receipts have grown from US\$ 2 billion in 1950 to US\$ 1260 billion in 2015 (United Nations World Tourism Organization, 2016). It is estimated that tourism is the third export sector in the world after fuels and chemicals (United Nations World Tourism Organization, 2016). Europe ranks first as an international destination as well as tourist generating region. Europe has the biggest market share of international tourism receipts and tourist arrivals. In 2015, Europe accounted for 36% of worldwide international tourism receipts, and 51% of international tourist arrivals (United Nations World Tourism Organization, 2016). More specifically, tourism also plays an important role in the European Union (EU) due to its contribution to economic growth and employment, as well as its social, cultural, and environmental positive impacts. According to the European Commission, tourism is the third largest

socio-economic activity within the European Union (EU) after the trade and distribution, and construction sectors (European Parliament, 2015). Tourism accounts for over 10% of GDP and 5.2% of the total workforce in EU (European Parliament, 2015). The EU is a major tourist destination, with five of its Member States (France, Spain, Italy, Germany and United Kingdom) among the world's top 10 destinations in 2015 (United Nations World Tourism Organization, 2016). Majority of international arrivals to EU originates from EU inbound visitor flows. Residents of the EU made 223 million tourism trips of at least one overnight stay to destinations in another EU Member State in 2014 (Eurostat, 2016). However, because of the slow growth rate of tourism compared to other regions of the world, Europe's market share in terms of international tourist arrivals and receipts is decreasing (European Parliament, 2015). For this reason, one of the main objectives of EU tourism policy is to maintain the leading position of Europe as an international tourist destination (European Parliament, 2015).

In order to improve competitiveness of European tourism sector and increase demand, reinforcing quality of tourism services, improving professional skills in the tourism sector, overcoming the seasonal nature of demand and diversifying the supply of tourist services, among others, are proposed (European Commission, 2010; European Parliament, 2015). To diversify the supply of tourist services in EU, the development of thematic tourism products such as cultural heritage, contemporary culture, protected natural sites, health and wellbeing (including spa tourism), educational, wine and food, historical, sport or religious tourism, agri-tourism, rural tourism, tourism capitalizing on the maritime and sub-aquatic cultural heritage, industrial heritage, or the economic fabric of a region are suggested (European Commission, 2010). Indeed, development of health and wellness tourism is one of the ways to help diversify tourism offer, reduce seasonality problem and increase demand and tourism revenues, all of which may contribute to the overall competitiveness of Europe as a destination.

## **2. Health Tourism and the Need for New Occupational Profiles in Europe**

Health is defined very broadly as a 'state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity' (World Health Organization, 2005, p.1). Health tourism is often used as an umbrella term covering travel for medical treatments and wellness including spa and thermalism treatments and services (Smith and Puczko, 2015; Voigt, Brown and Howat, 2011). Mueller and Kaufman (2001) defined health tourism as a tourism activity of 'people in order to promote, stabilize, and, as appropriate, restore physical, mental and social well-being while using health services'. Recently, Smith and Puczko (2015, p.206) proposed that health tourism are

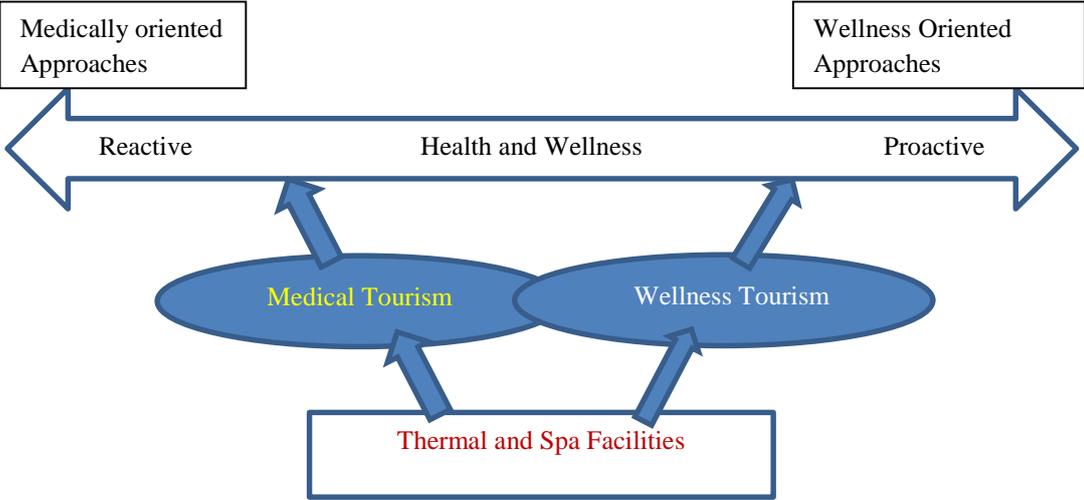
‘those forms of tourism which are centrally focused on physical health, but which also improve mental and spiritual well-being and increase the capacity of individuals to satisfy their own needs and function better in their environment and society’. Put shortly, health tourism is ‘travelling for the maintenance, enhancement and restoration of wellbeing in mind and body’ (Costa, Quintela and Mendes, 2015, p.6). A distinction has often been made between medical tourism (healthcare tourism) and wellness tourism categories of health tourism (Figure 1). Medical tourism is the travel activity of people to ‘a different place to receive treatment for a disease, an ailment, or a condition, or to undergo a cosmetic surgery’ (Global Spa Summit, 2011, p.20). In their definition of medical tourism, Medical Tourism Association (2017) stresses the travel activity to a different location to ‘receive medical, dental, and surgical care’ with equal or greater healthcare value. On the other hand, wellness tourism is defined as ‘travel associated with the pursuit of maintaining or enhancing one’s personal wellbeing’ (Global Wellness Institute, 2017, p. 17). Treatments, activities and therapies for the renewal and balance of physical, mental, psychological and social wellness (mind, body, spirit) are emphasised in wellness tourism (ISPA, 2013; Smith and Kelly, 2006; Smith and Puczko, 2013). Wellness tourism is thought to be a proactive approach and preventive while medical tourism is reactive and curative (Hall, 2003, Smith and Puczko, 2015). In other words, medical tourism is the travel activity of people who are ill and that is called ‘therapeutic point of view’ and wellness tourism is the travel activity of people who are healthy and who want to maintain or improve their health, and that is recreational point of view (Costa, Quintela and Mendes, 2015; Global Spa Summit, 2011). According to Global Wellness Institute international and national wellness tourists made 691.0 million wellness trips and spent \$563.2 billion in 2015 and that is 6.5% of all tourism trips and 15.6% of total tourism expenditures (Global Wellness Institute, 2017). Europe is the destination for the largest number of wellness trips.

A number of trends and lifestyle changes are driving the growth of health and wellness tourism sector both in the world and in Europe. In the case of medical tourism, long waiting lists, the high cost of medical treatments in the origin country, better medical treatment elsewhere, restriction or regulation on the use of some medical technologies and treatments in the generating country, development of communication and information technology and fewer barriers to travel are making healthcare services in another country attractive to many (Gray and Poland, 2008; Connel, 2010; Costa, Quintela and Mendes, 2015; Percivil and Bridges, 2006). Besides, increasing proportion of retired and elderly population who are concerned with chronic health problems; a renewed interest in healthy, long and better quality of life; a growing market for complementary and alternative medical treatments, an obsession with bodily appearance, the need to get away from technology dependence

(digital detox retreats), stressful work and city environment, a search for traditional and authentic experience and new nature movement to overcome ‘nature deficit disorder’ are driving the demand for medical and wellness tourism as well (Costa, Quintela and Mendes, 2015; Global Spa Summit, 2011; Haw, 2011; Louv, 2005; Smith and Puzcko, 2009; 2015). Health and wellness is one of the most ancient forms of tourism dating back to 5000 BC and nowadays it is a rapidly growing sector in both domestic and international tourism (Costa, Quintela and Mendes, 2015, Smith and Puzcko, 2015).

Thermal (mineral springs) and spa facilities are in a perfect position to offer treatments and services for both medical and wellness tourism in EU countries (Figure 1) and improve the quality of life and wellness of people (Costa, Quintela and Mendes, 2015). Within Europe, there is a renewed interest in thermalism and traditional health spas, based on natural mineral springs (Rivero, Rangal and Caldito, 2016). Elderly people are the largest group of thermal and spa tourists (Rivero, Rangal and Caldito, 2016; Smith and Puzcko, 2015) and currently, more than

**Figure 1: The Relationship between Thermal/Spa Facilities and Medical and Wellness Tourism**



Source: Adapted from SRI International (2010)

128 million citizens in the European Union are aged between 55 and 80 years, representing about 25% of the total population (European Commission, 2014). Main motivations of senior citizens are feeling good, improvement of health, improvement of physical condition and relax (Rivero, Rangal and Caldito, 2016; Smith and Puzcko, 2015).

Thermal/mineral springs facilities are defined as ‘establishments associated with the wellness, recreational, and therapeutic uses of waters with special properties’ (Global Wellness Institute, 2017,

p. 27). The word spa is also used for ‘thermal baths or hot springs where the waters have a medical or healing function’ (Costa, Quintela and Mendes, 2015; Smith and Puczko, 2015, p.207). The thermal/mineral springs facilities may be social or solitary meditative, modern or traditional/cultural, recreational, medical (therapeutic) and wellness-enhancing in terms of treatments and services offered (Global Wellness Institute, 2017). Thermal and spa facilities are not only for therapeutic thermal treatments but also for those seeking illness prevention, physical and psychological improvement, spiritual balance and relaxation and reducing stress (Costa, Quintela and Mendes, 2015; Smith and Puczko, 2015). In this respect, thermal institutions with natural mineral water or medical spas are sort of health care units where some pathologies are diagnosed and treated with proven results (Rocha and Brandão, 2014). Rocha and Brandão (2014) surveyed the medical methods and treatments of thermal facilities in Portugal and found that a number of otolaryngology techniques, steam techniques, shower techniques, massage and electrotherapy techniques and physiotherapy techniques are used (Table 1).

**Table 2: Different Medical Treatments and Services in Thermal Institutions in Portugal**

| TREATMENT TYPES*   |  |  |   |   |
|--|--|--|---|---|
| Otolaryngology Techniques  | Steam Techniques   | Shower Techniques  | Massage Techniques/<br>Electrotherapy   | Physiotherapy techniques  |
| -Aerosols(17)<br>-Nasal irrigation(17)<br>-Nebulization(17)<br>-Pharyngeal spraying(12)                  | -Partial vapour column(13)<br>-Steam states partial(9)<br>-Bertholaix(9)<br>-Maniluvium(9)<br>-Pediluvium(8) | -Jet shower(20)<br>-Vichy shower(20)<br>-Underwater(15) shower<br>-Circular shower(13)<br>-House of steam(8) | -Manual local massage(16)<br>-Manual general massage(18)<br>-Ultrasound(13)<br>-Pressotherapy(12)<br>-Lymphatic drainage(9) | -Mobilization(7)<br>-Posture corrective kinesiotherapy(5)<br>-Individual respiratory kinesiotherapy(8)<br>-Individual hydrotherapy(4)<br>-Group hydrotherapy(6) |
| *Numbers in parenthesis indicates the number of establishments offering the treatment out of 20 facility |  |  |   |   |

Source Rocha and Brandão (2014, s. 231)

An international panel of experts on medical hydrotherapy have recently identified 14 hydrotherapy techniques commonly used for the preservation of health, prevention and cure in thermal, spa and medical centres in the World (Femtech-Forst, 2014). These hydrotherapy practices included balneotherapy, water-jets, underwater massages, Kneipp treatments, Scotch hoses, whirlpool baths (jacuzzi), peleoid treatments (mud), medicinal clay, drinking therapy, inhalations, insufflations, aerosols (air spray), irrigations (colonic irrigation) and politzer crenotherapy (Femtech-Forst, 2014). Generally, medical thermal treatment is called classic thermalism and non-medical wellness treatments are called wellness thermalism. (Rocha and Brandao, 2014). In fact, there is a lot of overlap between medical and wellness treatments and some of the services offered are difficult to distinguish as medical or wellness (Costa, Quintela and Mendes, 2015). Recently, Smith and Puczko (2015) have

surveyed 420 health, wellness and thermal and spa facilities in 50 countries and found that massages, pools, lifestyle programs, medical services and treatments, body treatments, facial and other beauty treatments, steam and sauna were the most popular health treatments and services for domestic and international tourists (Table 2).

**Table 2: Treatments and Services in Health, Wellness and Thermal and Spa Facilities**

| TREATMENTS/SERVICES  | FOR LOCAL CUSTOMERS (%) | FOR DOMESTIC TOURISTS (%) | FOR FOREIGN TOURISTS (%) |
|--|-------------------------|---------------------------|--------------------------|
| Massages   | 52.8                    | 61.4                      | 56.7                     |
| Pools  | 11.1                    | 12.9                      | 7.8                      |
| Saunas/steam rooms of any type                                     | 9.0                     | 4.3                       | 2.8                      |
| Body treatments other than massages                                | 5.6                     | 4.3                       | 5.0                      |
| Facial and other beauty treatments                                 | 6.9                     | 2.9                       | 4.3                      |
| Fitness and sport services   | 5.6                     | 1.4                       | 2.8                      |
| Medical services/treatments  | 2.8                     | 5.0                       | 6.4                      |
| Body-Mind-Sprit/ Holistic programmes (i.e. yoga 9)                 | 2.8                     | 2.1                       | 2.8                      |
| Lifestyle programmes/workshops (i.e. stress management, nutrition) | 2.1                     | 2.9                       | 5.7                      |
| Spiritual programmes/workshops (e.g. New Age, esoteric)            | 1.4                     | 0.7                       | 2.1                      |

Source: Smith and Puczko (2015)

They have also noted that therapies based on natural resources with proven benefits such as thermal water and mud, services based on local resources and traditions, complementary and alternative therapies were the services/treatments that are growing in importance for international tourists.

There are 27,507 facilities built around thermal/mineral springs in 109 countries and these businesses earned \$51.0 billion in revenues and employed 1.4 million people in 2015 (Global Wellness Institute, 2017). When the indirect and induced impact of thermal/mineral springs establishments are taken into account, the economy-wide impact of thermal/mineral springs add up to \$159.0 billion revenues and 3.9 million jobs (Global Wellness Institute, 2017). According to Global Wellness Institute (2017) Europe has 5.612 thermal spring establishments and earned 19.7 billion revenues in 2015. Besides, thermal/mineral springs industry revenues worldwide is growing at a rate of around 10% annually (Global Wellness Institute, 2017).

In short, ‘thermal institution is the provider entity of healthcare in which the therapeutic benefits of natural mineral water are undertaken aiming at illness prevention, treatment, rehabilitation,

and health maintenance; complimentary and supporting techniques for those purposes and well-being thermal services could also be practiced' (Rocha and Brandão, 2014, p.227). Thermal tourism has the advantage of increasing average length of stay and tourist expenditure, reducing the seasonality of tourism, contributing to the development of underdeveloped inland locations, promoting social, cultural and environmental sustainability and respect for natural resources (Rivero, Rangal and Caldito, 2016). For example 'Social Thermalism Programme' of Spain funded by Ministry of health are already providing the retired people a chance to get prescribed medical treatments in thermal and spa facilities for 10-12 days at low cost (Rivero, Rangal and Caldito, 2016). Medical and wellness tourism are integrated within the context of thermal and spa facilities and have future growth potential in EU countries. This requires an extension and renewal of knowledge, skills and competencies of those working in thermal and spa facilities in such areas as medical hydrotherapy and other techniques and treatments as well as treatments and services for the maintenance and promotion of wellness. The megatrend for wellness and health calls for completely new occupational profiles and qualification in order to meet the needs, values and expectations of health and wellness tourists (Ritter, 2005). Europewide, many courses and vocational qualifications are being developed in this regard and some countries have already began to educate spa therapists, medical bath attendants and physiotherapist for wellness treatments and applications to promote health and prevent illness (Ritter, 2005). For example, spa therapist is such an emerging occupation that combine tasks and responsibilities of several occupations and provide a complex bundle of health, wellness and beauty treatments and services (Beblavy, Akgüc, Fabo and Lenaerts 2016). This project is an attempt to define such a new occupational profile called 'thermal care agent' who will have the necessary knowledge, skills and competencies to apply both medical and wellness treatments and services in thermal and spa facilities. To do that the first step is to review the existing occupations and competencies that may have relevance for 'thermal care agent' profile in project partner countries and in general.

### **3. Thermal Spa Therapy Related Occupations in Project Partner Countries**

This part of the report presents the current status of education, training and competency profile of occupations that are closely related to 'thermal care agent' vocation in project partner countries. The information given below is based on the country reports prepared by each partner country.

All project partner countries have substantial thermal mineral resources and spa and wellness centres and sectors. For example around 1500 thermal mineral natural springs exist in Turkey (Mertoglu, Simsek, Dagistan, Bakir and Dogdu, 2010). Excluding hotels with spa facilities, there are 107 thermal mineral spring facilities with a bed capacity of 28.220 and few of these centres are

qualified to provide medical treatments. In 2015, 1.682.227 visitors have benefited from these facilities and a third of these visitors are international visitors (Ministry of Culture and Tourism, 2015). In Bulgaria, there are over 225 deposits of mineral water resources and 600 mineral water resources. Bulgarian legislation strictly distinguishes balneotherapy used as medical treatment and rehabilitation from spa and wellness therapy which are practiced within hotels and spa centres. There are 13 specialized rehabilitation hospitals in Bulgaria located in established spa resorts throughout the country. Apart from that there are more than 260 spa and wellness centres (Bulgarian Balneo and Spa Union has 260 members) which offer well-known healing and recreational procedures and treatments. Portugal is also a rich country in natural hot springs resources: there are 40 hot springs and they employ around 3500 people (<https://www.sns.gov.pt/noticias/2016/12/02/agenda-turismo-e-saude>). Thermalism is historically linked to health sector and medical care in Portugal but Portuguese spas have been innovating in terms of supply, and are now prepared to respond to the growing demand for the wellness and leisure segment which attracts more and more people in search of healthy lifestyles. It was estimated that a capacity of almost 11.000 beds in 140 hotels and other accommodation facilities are associated with thermalism in Portugal (<http://www.termasdeportugal.pt/hotelariatermal/>). Despite its small size, Slovenia has around 24 thermal spas and health resorts and some of them serve as medical hydrotherapy and rehabilitation centres. Similarly, Belgium has two thermal spring destinations, 11 spa resorts, 106 hotels with spa facilities and 264 wellness centres. Unfortunately, detailed data with respect to supply, capacity, demand and employment potential of thermal and spa facilities lack in most of the project partner countries.

No occupation or vocation with the exact title of ‘thermal care agent’ exist in project partner countries. Table 3 presents the occupations/vocations that may have relevance to the ‘thermal care agent’ occupation in project partner countries. As this project is about occupations that are level 3 or 4 in terms of educational level descriptors, doctors, physiotherapists or other health personnel whose educational process is within the higher education system are not included in the table. The occupations that are closely related to thermal care agent are ‘Spa and Wellness Caregiver’ in Belgium, ‘Thermal Procedures Executor’ in Bulgaria, ‘Thermalism Technician’ in Portugal, ‘Masseur’ in Slovenia and ‘Spa Staff’ in Turkey (Table 3).

In Belgium, spa and wellness caregiver as an occupation is not regulated. So there are no formal definition of the vocation, level descriptor in terms of National Qualification Framework (NQF), required education and training and competency profile. A certificate/diploma (6-year secondary school education) and practical business experience during the preceding 15 years are prerequisite

**Table 3: Occupations Associated with Thermal Care Agent in Project Partner Countries**

|          | OCCUPATIONS/VOCATIONS/JOB TITLES   |
|----------|--|
| BELGIUM  | <ul style="list-style-type: none"> <li>• Spa and Wellness Caregiver</li> <li>• Masseur</li> <li>• Beautician</li> <li>• Spa Manager</li> </ul>                   |
| BULGARIA | <ul style="list-style-type: none"> <li>• Thermal Procedures Executor</li> <li>• Balneotherapy Operator</li> <li>• Masseur</li> <li>• Beauty Therapist</li> </ul> |
| PORTUGAL | <ul style="list-style-type: none"> <li>• Thermalism Technician</li> <li>• Hydrobalneotherapy Operator</li> </ul>   |
| SLOVENIA | <ul style="list-style-type: none"> <li>• Masseur</li> <li>• Cosmetic Technician</li> <li>• Reflexotherapist</li> <li>• Wellness Organisers</li> </ul>            |
| TURKEY   | <ul style="list-style-type: none"> <li>• Spa Staff</li> <li>• Masseur</li> <li>• Beautician</li> <li>• Spa Manager</li> </ul>                                    |

for working as spa and wellness caregiver. In Bulgaria, thermal procedure executor is defined as someone who supports the implementation of balneo, mud, algo and other thermal, spa and wellness procedures. It is a new level 2 occupation in NQF in the field of spa and wellness therapy. In order to be qualified as thermal procedure executor, 4 years of education in VET (Vocational Education and Training) gymnasium for people with a primary school diploma or 1 year VET course for people over 16 years of age, are required. The competency profile of thermal procedures executor consists of the following knowledge, skills and competencies:

- Observe and execute spa procedures
- Apply aqua treatment and hydrotherapy
- Apply mud treatment
- Apply lye treatment
- Apply paraffin therapy
- Know and apply unconventional methods of thermal treatments
- Knowledge of balneology and spa tourism

Thermalism technician in Portugal is defined as personnel who guides, organizes, monitors and ensures the proper implementation of the thermal treatments or spa programme, in accordance with prescription, hygiene and health requirements and regulations. Diploma from secondary high school in thermalism technician as part of vocational health education and training is required to enter the

profession. VET certification from national authorities is also required. It is a level 4 occupation in NQF. The competency profile of the thermalism technician include the following units of learning.

- Perform customer reception and communication
- Perform work organization and preparation
- Perform thermal techniques and supervision
  - Implement and guide the realization of thermal techniques in ENT (otorhinolaryngology) and pulmonology (nasal irrigation, aerosol, inhalation)
  - Apply the techniques of balneotherapy/crenotherapy (immersion, shower and steam)
  - Apply the thalassotherapy techniques
  - Apply the hydrokinetic therapy techniques
  - Apply the electro therapy techniques
  - Applying the mud techniques
  - Apply the manual massage techniques
- Perform cleaning and maintenance
- Provide control, safety and wellbeing

In Slovenia, the closest vocation to thermal care agent is a masseur. The occupation is certified by national vocational qualification authority. It is a level 4 vocation in NQF. Verification of high school diploma or professional study program and written and practical exams and interview are prerequisite to enter the profession. The competency profile of a masseur include the following:

- Knowledge of anatomy and physiology,
- Knowledge of ethical and professional principles and standards,
- Knowledge of, and compliance with hygiene rules,
- Personal care and hygiene,
- Regulation of the working environment,
- Client communication and assessment,
- Management of the client's documentation,
- Basic knowledge of first aid,
- Preparation for massage (choice and order of techniques, pressure and time of implementation) and planning,
- Knowledge of massage techniques, effects and contraindications
- Quality of Service (massage means, posture of the masseur, implementation of the massage techniques, execution time).

Finally, there is the spa staff or personnel in Turkey. Spa staff is defined as someone who can practice spa massage in accordance with hygiene and health requirements and regulations. No level descriptors are mentioned for this vocation. VET course certificate from Ministry of National

Education is required to qualify as a spa staff. Those who have primary education are admitted to 520 hours theoretical and 392 hours practical VET course and the successful candidates are certified. The competencies of a spa staff include:

- Knowledge of human physiology
- Prepare the saloon and maintain hygiene
- Apply lymphatic drainage massage
- Apply aromatherapy massage
- Apply stone massage
- Apply Ayurveda massage
- Apply reflexology massage
- Apply shiatsu massage
- Apply Thai massage
- Perform modern spa treatments and care
- Perform thalasso treatments and care
- Perform authentic spa treatments and care
- Perform thermal treatments and care

**Table 4: Summary Evaluation of Competence Profiles of Job titles Related to ‘Thermal Care Agent’ in Partner Countries**

| Country  | Job Title                   | Summary Evaluation of Competency Profiles  |
|----------|-----------------------------|--|
| Belgium  | Spa and wellness caregiver  | <ul style="list-style-type: none"> <li>• No competency profile</li> </ul>  |
| Bulgaria | Thermal Procedures Executor | <ul style="list-style-type: none"> <li>• Steam, sauna, hydrotherapy, body wrapping and mud techniques and treatments are well represented.</li> <li>• Massage techniques and beauty treatments are not covered</li> <li>• Terms such as spa procedures and unconventional method of thermal treatments are ambiguous.</li> </ul> |
| Portugal | Thermalism Technician       | <ul style="list-style-type: none"> <li>• Good coverage of steam, sauna, hydrotherapy, hydro kinesiotherapy, electro therapy, mud and massage techniques.</li> <li>• No coverage of beauty treatments such as manicure, pedicure, facials, waxing etc.</li> </ul>   |
| Slovenia | Masseur                     | <ul style="list-style-type: none"> <li>• Massage is well represented.</li> <li>• Steam, sauna, hydrotherapy, body wrapping, mud techniques and treatments are not covered.</li> <li>• Beauty treatments are not covered.</li> </ul>  |
| Turkey   | Spa Staff                   | <ul style="list-style-type: none"> <li>• Various massage techniques are well represented.</li> <li>• Hydrotherapy techniques (especially medical) and beauty treatments are not represented.</li> <li>• Terms such as modern spa and authentic spa treatments are unclear.</li> </ul>  |

Table 4 lists the relevant vocations in partner countries and points out strong and weak points of each vocation in comparative perspective. As explained above, three countries, Bulgaria, Portugal and Turkey have vocational qualifications specifically related to thermal and spa treatments and services. The most comprehensive competency profile is thermalism technician from Portugal that cover steam, sauna, medical hydrotherapy, hydro kinesiotherapy, electro therapy, mud and massage techniques. Beauty treatments such as manicure, pedicure, facials, waxing, make up etc. are excluded in all of the competency profiles reviewed.

#### **4. A Literature Review of Competency Profiles for Thermal Spa Therapy Related Occupations in General**

The aim of the brief literature review was to explore the concept and competency profile of ‘thermal care agent’. A search with major scientific databases (Ebscohost, Elsevier ScienceDirect, Elsevier Scopus, ABI/INFORM Collection, DynaMed, MEDLINE, Academic Search Complete, Business Source Complete) for the term ‘thermal care agent’ resulted in no matches. Presumably, there is no such term, occupation or vocation as thermal care agent in English. The closest occupations that had relevance and were in line with the project objectives were spa therapist (the most used), massage therapist, beauty and spa therapy specialist, medical bath attendants and beauty therapist. After discussing the issue with the partners it was agreed that thermal spa therapist is used for the rest of the project. With respect to competence profiles, there are a few studies investigating the competencies of massage therapist (College of Massage Therapists Ontario, 2005; Massage Therapist Association of Alberta, 2011; MTBOK Task Force, 2010; Sefton, Shea and Hines, 2011). Also, a number of competence profiles are provided in the literature for spa therapist occupation that is closely related to project objectives. Four competency profiles or vocational qualification standards are given as examples representing diverse competencies for spa therapists in Table 5, Table 6, Table 7 and Table 8 from Estonia, Spain, Scotland and United Kingdom respectively. Most of the countries describe spa therapist vocation at level 3 in their respective NQF. Examination of these vocational standards indicates that spa therapists’ job involves medical hydrotherapy, massage, body wrapping and beauty treatments and services. Apart from generic skills like communication or conceptual and theoretical knowledge such as knowledge of anatomy and physiology, work organization and preparation and health and safety, four broad body wrapping techniques and treatments, areas including steam, sauna, and hydrotherapy techniques and treatments, body exfoliation and massage techniques and treatments, and beauty treatments are at the core of competencies for thermal spa therapists. These practices should be thought of as a continuum, on one side there are medical

**Table 5: Vocational Qualification Standard for Spa Therapist in Estonia**

|                                   |   |
|-----------------------------------|---|
| Country                           | Estonia   |
| Job Title/Occupation              | Spa Therapist   |
| Job description                   | A spa therapist performs spa treatments that improve health and that have a relaxing and beautifying effect.  |
| NQF Level                         | 4   |
| Type of Standard                  | National Occupational Standard  |
| Compulsory Learning Units/Modules | 1-Customer service<br>2-Organizing spa services<br>3-Performing spa treatments (preparation, sauna treatments, water treatments, heat treatments, mud treatments, special treatments)<br>4-Body treatments (massage treatments and body treatments)<br>5-Performing hand and foot care treatments<br>6-Performing facial treatments |
| Optional Learning Units/Modules   | 1-Performing active physical activities   |
| Recurrent Competencies            | 1-Occupational safety<br>2-Language skills<br>3-Communication skills  |

Source:[https://www.etf.europa.eu/events/mgmt.nsf/\(getAttachment\)/DC7E0873FAA72CF9C1257CDA00226380/\\$File/Spa%20Therapist,%20level%204.docx](https://www.etf.europa.eu/events/mgmt.nsf/(getAttachment)/DC7E0873FAA72CF9C1257CDA00226380/$File/Spa%20Therapist,%20level%204.docx).

**Table 6: Vocational Qualification Standard for Spa Worker and Hydrothermal Service Technician in Spain**

|                                   |   |
|-----------------------------------|---|
| Country                           | Spain   |
| Job Title/Occupation              | Spa worker, Hydrothermal Service Technician   |
| Job description                   | The holder of this certificate will have acquired the general competence to prepare protocols for action and organise the provision of hydrothermal services linked to health, beauty and wellness programmes   |
| NQF Level                         | 3   |
| Type of Standard                  | Hydrothermal VET course (Certificate)   |
| Compulsory Learning Units/Modules | 1-Create protocols and organise hydro-thermal and complementary services<br>2-Apply and supervise hydrothermal techniques by personalising the standard protocols<br>3-Apply cosmetic beauty treatments in hydrothermal services<br>4-Perform manual and/or mechanical massages with aesthetic purposes |

Source:[https://www.sepe.es/contenidos/personas/formacion/certificados\\_de\\_profesionalidad/pdf/europass/N3\\_IMPP0308\\_in\\_pub.pdf](https://www.sepe.es/contenidos/personas/formacion/certificados_de_profesionalidad/pdf/europass/N3_IMPP0308_in_pub.pdf)

**Table 7: Vocational Qualification Standard for Thermal Therapist in Scotland**

|                                   |  |
|-----------------------------------|--|
| Country                           | Scotland   |
| Job Title/Occupation              | Spa Therapist  |
| Job description                   | Spa therapists monitor procedures to safely control work operations, promote additional services and products to clients, provide body massage and stone therapy treatments, monitor clients and the operation of sauna, steam and hydrotherapy treatments and provide body wrapping and flotation treatments.                     |
| NQF Level                         | 3  |
| Type of Standard                  | National Occupational Standard   |
| Compulsory Learning Units/Modules | 1-Monitor procedures to safely control work operations<br>2-Promote additional products or services to customers<br>3-Provide body massage treatments<br>4-Provide stone therapy treatments<br>5-Monitor clients and the operation of sauna, steam and hydrotherapy treatments<br>6-Provide body wrapping and flotation treatments |
| Optional Learning Units/Modules   | 1-Provide Indian head massage<br>2-Carry out massage using pre-blended aromatherapy oils<br>3-Provide body electrical treatments<br>4-Provide facial electrical treatments<br>5-Contribute to the financial effectiveness of the business<br>6-Contribute to the planning and implementation of promotional activities             |

Source:<http://qualifications.vtct.org.uk/finder/qualfinder/1Record%20of%20Assessment%20Book/AS30023.pdf>

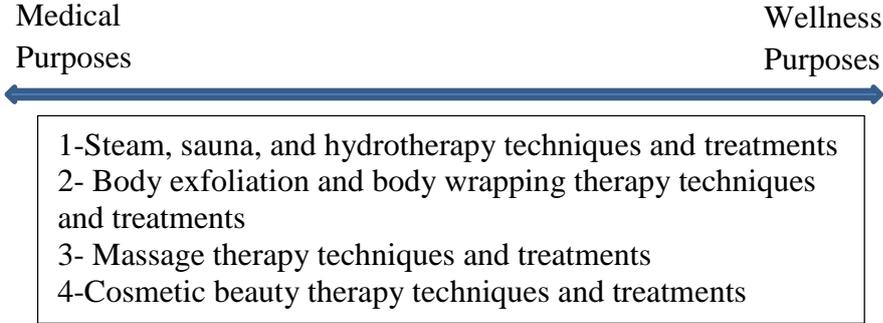
**Table 8: Vocational Qualification Standard for Spa Therapist in the United Kingdom**

|                                   |  |
|-----------------------------------|--|
| Country                           | United Kingdom   |
| Job Title/Occupation              | Spa Therapist  |
| Job description                   | Spa therapists provide a range of treatments that cover massage, heat and hydrotherapy, body wrapping, holistic facial, manicure and pedicure processes, as well as understand the history and origins of massage therapies.   |
| NQF Level                         | 3  |
| Type of Standard                  | Vocational Training Charitable Trust approved by the Department for Education  |
| Compulsory Learning Units/Modules | 1-Health and safety in the salon<br>2-Client care and consultation<br>3-Steam, sauna and hydrotherapy<br>4-Body wraps<br>5-Swedish massage<br>6-History and origins of massage therapies<br>7-Anatomy and physiology for the face and body systems<br>8-Holistic facial treatments<br>9-Spa pedicure<br>10-Spa manicure<br>11-Promote and sell products and services |

Source:<https://qualifications.vtct.org.uk/finder/qualfinder/1Qualification%20Specification/BT3D2.pdf>

Practices and on the other wellness, beauty, and relaxation practices (Figure 2). Obviously, beauty techniques and treatments would be closer to the wellness side and whereas hydrotherapy would be closer to the medical side.

Figure 2. Four Broad Areas of Core Competences for Thermal Spa Therapist



**5. Empirical Study of Competencies for Thermal Spa Therapist in Project Partner Countries**

This part of the report presents the methodology and results of an empirical research regarding the required competencies for thermal spa therapist in project partner countries. The objective of the study was to identify broad areas of knowledge, skill and competencies that are regarded as essential for thermal spa therapist as well as the methods to educate and train them.

**5.1 Methodology**

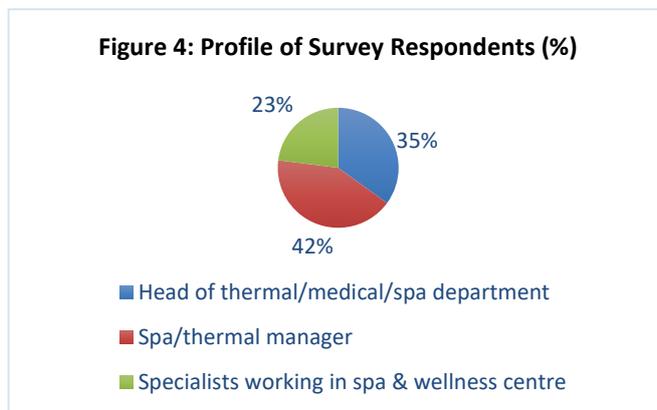
In order to find out the competencies required of thermal spa therapist and the best methods of educating and training them, a descriptive research design is thought to be appropriate. To measure the competencies, a survey questionnaire with structured, semi structured, open ended questions and a competence scale was prepared with the contribution of all partners (Appendix 1). The questionnaire is composed of questions relating to the characteristics of thermal/spa/medical facility, desired competencies of thermal spa therapists and the methods for education and training of thermal spa therapists. Competence scale items are based on the literature review of competencies for spa therapists and the competencies of thermal spa related vocations in partner countries. Target group for data collection was head of thermal/spa department, spa therapists working in thermal, spa and wellness facilities, and thermal and spa managers. Nonprobability convenience sampling method was used and the questionnaire was administered face to face in 10 thermal and spa facility in each project

partner country. The existence of semi structured and open ended questions and administration of the questionnaire face to face facilitated the provision of extra information by the respondents.

## 5.2 Results and Discussion

Main results of the empirical investigation regarding characteristic of thermal spa facilities, required competencies for spa therapist and methods of training for the attainment of these competencies are discussed below.

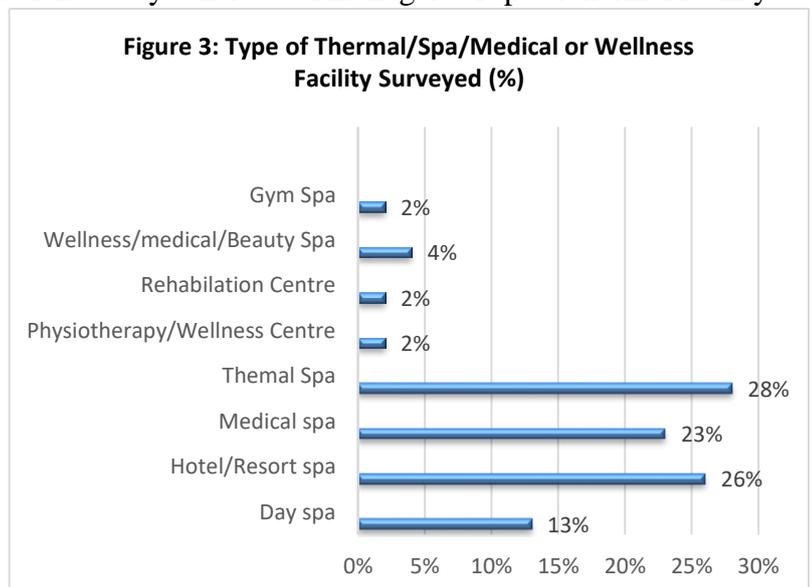
### 5.2.1 Characteristics, Services and Customer Motivations of Facilities



The facilities surveyed mainly consisted of thermal spas (n=13), hotel/resort spas (n=12), medical spas (n=11) and day spas (n=6). Others were wellness, medical/beauty spa, rehabilitation centre, physiotherapy and wellness centre and gym spa. Almost half of the establishments (24 out of 50) did not want to specify the number of personnel working in their

facility. The number of staff in the thermal, spa, medical or wellness department ranged from 1 to 39 averaging 10 per facility. The respondents of the study consisted of managers of spa or thermal facility

(n=20, 42%), head of thermal, medical or spa department (n=17, 35%) and specialist working in spa, medical, thermal or wellness centre (n=11, 23%) (Table). Two of the respondents had missing information on this question. The respondents pointed out that their clients' main motivations for visiting the facility were recreation (f=35, 42%), medical treatments and rehabilitation (f=28, 33%) and



wellness, fitness and beauty treatments (f=21, 25%). Facilities offered massage services and treatments (f=48), bath services and treatments (f=44), skin, beauty and wellness services and treatments (f=37) and medical spa/thermal services and treatments (f=29). Medical services provided by facilities for various special health conditions included motor impairment (f=36), visual

impairments (f=25), auditory impairment (f=24), pregnancy (f=23) and other ongoing treatments (f=25). The most important problems encountered by the disabled and people with special health condition were staff awareness/knowledge about different health conditions and disability, physical access to spa/thermal facility and services, lack of personal assistance and transport difficulties (Table 9).

**Table 9: Problems and Difficulties Faced by Disabled and People with Special Health Condition**

| <b>Difficulties and Problems</b>   | <b>f</b>  | <b>%</b>   |
|--|-----------|------------|
| Staff awareness/knowledge about different health conditions and disability | 15        | 20         |
| Physical access to spa/thermal facility and services                       | 14        | 18         |
| Lack of personal assistance  | 12        | 16         |
| Transport difficulties   | 10        | 13         |
| Information about facilities and services                                  | 9         | 12         |
| Physical access and mobility in the environment                            | 9         | 12         |
| Prejudiced attitudes and behaviours  | 7         | 9          |
| Other (please specify)   | -         | -          |
| <b>Total</b>   | <b>76</b> | <b>100</b> |

Respondents indicated that the most often used titles for personnel who applied hydrotherapy techniques, massages, body polish/scrub and body wrapping for medical or wellness purposes as well as skin and beauty treatments and services were massage therapists (f=35), spa massage therapist (f=24), masseur (f=23) and spa therapists (f=20). A substantial proportion of respondents (42%) pointed out that current formal and informal education and training for thermal spa therapists were insufficient to make them competent and to provide quality services in their jobs. They commented that current education and training programs often lacked knowledge of anatomy and physiology, knowledge of health and safety regulations, practical training and experiences, and training for working with the disabled and persons with special health conditions. Respondents proposed that lack of vocational standards for thermal spa therapists and lack of regulations, supervision and control for thermal and spa establishments also contributed to the skill deficiencies.

### ***5.2.2 Competencies and Training Needs for Thermal Spa Therapists***

Table 10 lists the ranking of competencies required of thermal spa therapist in order of importance. As can be seen from the Table 10, all the competencies listed were seen as either very important or important by the respondents. The most important competence area included effective communication and consultation; monitoring and maintenance of health and safety; knowledge of human anatomy and physiology; massage techniques for wellness, relaxation and clinical practice; hydrotherapy techniques and treatments for wellness. Serving clients with special needs,

**Table 10: Competence Requirements for Thermal Spa Therapists in Project Partner Countries**

| <b>Competencies</b>   | <b>N</b> | <b>Mean*</b> | <b>Sd</b> |
|---|----------|--------------|-----------|
| Effective client communication and consultation   | 48       | 3,96         | 0,2       |
| Monitoring and maintenance of health including hygiene and cleanliness  | 48       | 3,96         | 0,34      |
| The knowledge of human anatomy and physiology   | 48       | 3,85         | 1,15      |
| Massage techniques and treatments for wellness and relaxation   | 48       | 3,77         | 1,06      |
| Work organization and preparation   | 48       | 3,67         | 0,47      |
| Hydrotherapy (including steam, sauna and bath) techniques and treatments for wellness. fitness and relaxation | 48       | 3,67         | 0,94      |
| Monitoring and maintenance of safety in the saloon  | 48       | 3,52         | 0,2       |
| Clinical (medical) massage techniques and treatments  | 48       | 3,52         | 1,07      |
| Serving clients with special needs  | 48       | 3,43         | 0,55      |
| Hydrotherapy (including steam, sauna and bath) techniques and treatments for medical conditions and purposes  | 48       | 3,33         | 0,72      |
| Body polish/rub/exfoliation and body wrap techniques and treatments for wellness, fitness and beauty          | 48       | 3,21         | 1,09      |
| Sport massage techniques and treatments   | 48       | 3,15         | 1,15      |
| Kinesiotherapy (physical movements and exercise) techniques and treatments for medical conditions             | 48       | 3,1          | 1,27      |
| Electrotherapy techniques and treatments for wellness. fitness and beauty                                     | 48       | 3,08         | 1,12      |
| Electrotherapy techniques and treatments for medical conditions   | 48       | 3,06         | 1,24      |
| Body polish/rub/exfoliation and body wrap techniques and treatments for medical purposes                      | 48       | 3,02         | 1,07      |
| Kinesiotherapy (physical movements and exercise) techniques and treatments for wellness and fitness           | 48       | 2,98         | 1,14      |
| Beauty treatments such as manicure, pedicure, waxing, facials, make up, body and facial electrical treatments | 48       | 2,75         | 1,32      |

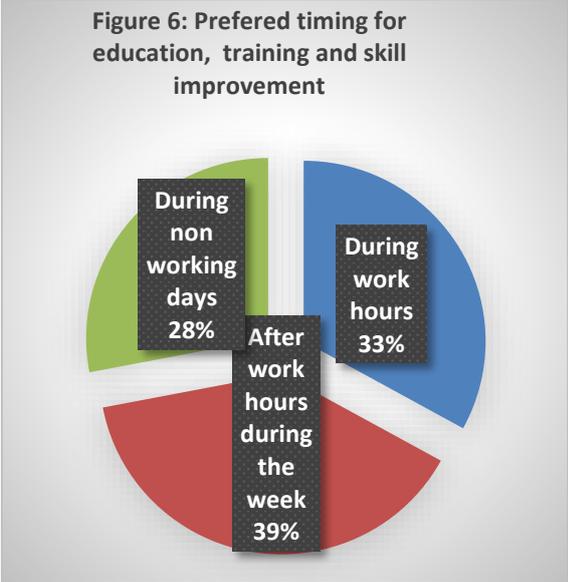
\*Scale: 4= Very important, 3=Important, 2= Minor importance, 1=Not important

hydrotherapy techniques, sport massage techniques, hydrokinesiotherapy for medical conditions, electrotherapy techniques and treatments for medical and wellness purposes and body exfoliation and wrapping techniques and treatments for medical and wellness purposes were also important. Less pronounced but still important were hydrokinesiotherapy techniques and treatments for wellness and beauty treatments and services such as manicure, pedicure, waxing, facials, body and facial electrical treatments (Table 10). In an open ended question, respondents identified the following areas where training and skill development are required for their thermal spa therapists: 1) continuous and practical on the job training with mentor specialists; medical hydrotherapy; 2) manual and mechanical massage techniques for medical and wellness treatments and services; 3) types of disabilities and ways of supporting those clients, 4) integration of competencies in the area of medical hydrotherapy and wellness treatments and services; 5) new techniques and technologies in the field of water treatments; 6) marketing and commercial skills; 6) health and safety; 7) foreign language; 8) recycling techniques; 9) skin care training; 10) health problems and therapies. A great majority of respondents

(82%) said that thermal spa therapists should be certified after the successful completion of a dedicated formal and informal or non-formal vocational education and training course. They further indicated that certification would increase credibility and quality of service, patient’s safety and improve therapists’ vocational qualifications and the professional image and official recognition of the vocation. In this respect, a number of respondents in Turkey commented that limiting the job scope of spa therapists to massage techniques and treatments negatively influenced the social status of the occupation as there is some sort of stigma attached to the job of masseurs. They further commented that enriching and widening job scope to include medical hydrotherapy, hydrokinetic therapy and body wrapping therapy techniques and treatments would improve the status of the vocation. Still others reasoned that employment of spa therapists with multiple skills and roles would be more efficient and productive as the demand for various medical and wellness services in thermal and spa centres are instable and unpredictable.

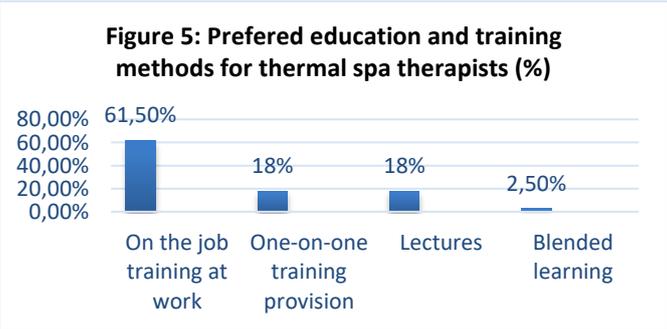
**5.2.3 Education and Training Practices and Preferences of Facilities**

Majority of establishments surveyed, that is 85%, seemed to have implemented training programs for their thermal spa therapist personnel before. In most cases (56%), the provider of the training was an



employee of the concerned facility (i.e. internal trainer). The preferred method of the training was on the job training at work, followed by one-on-one training and lectures (Figure 5). A few respondents commented that they have also used e-learning and combined blended learning with one-one-one training or lectures with one-on-one learning. When selecting a training programme and provider for thermal spa therapists, facilities mentioned the following factors in decreasing order of importance: content of the programme, trainer’s qualification, flexible timing, certificate provision, cost, and location of training session, duration of the program, practical training

and employee motivation. With respect to timing of the education and training for their personnel, almost forty per cent of the respondents preferred ‘after work hours during the week’ and a third opted for ‘during work hours’ (Figure 6).



### 5.3 Conclusions

The aim of the field research was to identify the broad areas of competence for thermal spa therapist occupation and the best methods and training to acquire them. Empirical research showed that main areas of competence required of thermal spa therapists included the knowledge of human anatomy and physiology, effective communication, work organization and preparation, monitoring and maintenance of health and safety, massage techniques, hydrotherapy techniques and treatments, body exfoliation and wrapping techniques and treatments, electrotherapy techniques and treatments, hydrokinesiotherapy techniques and treatments and beauty treatments. The findings of the research in terms of competence profile are mostly in line with the competencies expressed in the literature and in some of the project partner countries, particularly Portugal. A great number of spa managers and specialist expressed the concern that current formal and informal education and training for thermal spa therapists were inadequate in some respect. The preferred method by the respondents for the education and the training was on the job training at work, followed by one-on-one training and lectures.

As the occupation is very much related to health issues, education and training of thermal spa therapist should definitely be placed within the context of health education. Spa therapist vocation calls for an ability to gain and apply a range of knowledge, skills, practices and understanding at a detailed level, as well as exercising autonomy and judgement, so level four in terms of national vocational qualification would seem to be appropriate for the vocation.

**Table 11: Proposed Vocational Qualifications and Learning Units for Thermal Spa Therapists**

|   |  |
|---|--|
| Countries                                 | Belgium, Bulgaria, Portugal, Slovenia, Turkey  |
| Job Title/Occupation                      | Thermal spa therapist  |
| Job description                           | Thermal spa therapists provide hydrotherapy, hydrokinetic therapy, body exfoliation and body wrapping therapy, and massage therapy techniques and treatments under medical supervision that improve health and wellness.   |
| Level in NQF                              | 4  |
| Education and Training                    | Formal education and training (Secondary School Diploma)<br>Informal, non-formal education and training (Certificate)  |
| Compulsory Learning Units/Modules         | 1-Human anatomy and physiology<br>2- Serving clients with special needs<br>3-Client communication and consultation<br>4- Work organization and preparation<br>5-Hydrotherapy techniques and treatments<br>6-Hydrokinetic therapy techniques and treatments<br>7-Body exfoliation and body wrapping therapy techniques and treatments<br>8-Massage therapy techniques and treatments<br>9-Monitoring and maintenance of health and safety |
| FOptional/Elective Learning Units/Modules | 1- Electrotherapy treatments<br>2- Beauty therapy techniques and treatments  |

Based on the status of thermal spa therapy related occupations in project partner countries, review of the competence profile of spa therapist in some other countries and empirical study, nine compulsory and two optional units of learning are proposed for the education and training of thermal spa therapist (Table 11). Considering the core competencies of the vocation, thermal spa therapist is defined as a health personnel who provide hydrotherapy, hydrokinetic therapy, body exfoliation and body wrapping therapy, and massage therapy techniques and treatments under medical supervision that improve health and wellness. In order to help prepare learning outcomes and teaching materials for thermal spa therapist education and training, the following suggestions are made with regard to the contents of learning units.

**Human Anatomy and Physiology:** Anatomy is ‘the study of the structures of human body and their positional relationships to one another whereas physiology is the study of how the individual parts function in normal body processes (Salvo, 2016, p.377). The job of the thermal spa therapists is applied and directly affects the structures and functions of the human organism. That is why thermal spa therapists must be adequately grounded in anatomy, physiology and perhaps pathology. This unit of learning would cover cells, tissues and body compass, skeletal system, muscular system, kinesiology, integumentary system, nervous system, cardiovascular system, lymphatic system and immunity, respiratory system, digestive system, endocrine system, urinary (renal) system, reproductive system (Beck, 2017; Salvo, 2016)

**Serving Clients with Special Needs:** Clients with special needs are vulnerable because of physical limitations (severe illness, impairment, disability) or a life stage (pregnancy, minor, elderly) or the situations that restrict their rights and privileges (prisoner and the mentally incompetent) (Salvo, 2016). This unit of learning may cover content relating to modified treatments and special services for special populations such as pregnant woman, infants, children and adolescents, elder clients, clients with visual impairment, clients with hearing impairment, clients with mobility impairments and terminally ill (Beck, 2017; Salvo, 2016). As proposed in the project, sign language can be part of the training of thermal spa therapist to facilitate the interaction with clients with hearing impairment.

**Client Communication and Consultation:** Maintaining personal appearance and hygiene, effective listening, effective verbal and nonverbal communication, personal and professional ethics (thermal spa context), maintaining customer care, flexibility and team working, positive attitudes and professional behaviour, and awareness of cultural differences (national or international) are all generic competencies required in interpersonal relationships and these should be part of the education and training of thermal spa therapists as well (Beckmann, Davis and Gerrard, 2016). Ability to

communicate in a foreign language (English) is also considered as important skill in the empirical research. Beck (2017) suggests that consultation and documentation process in a therapy context would include the following process: screening clients while making appointments, conducting an interview, determining clients' needs and expectations, explaining procedures and consumer rights, health policies and regulations, obtaining intake and health history forms, administering a body diagram (spotting and showing the problem areas on a body figure), conducting a preliminary assessment, developing a treatment plan, getting informed consent, keeping documentation and client files, recording client and session information, using client file software and online services and updating records. This process of consultation including intake, assessment and documentation should also be part of the education and training of thermal spa therapist.

**Work Organization and Preparation:** Work organization and preparation unit of learning is about ergonomics of the work environment, the preparation of thermal spa environment (room temperature, fresh air and ventilation, privacy, accessibility, lighting, scents), preparation of thermal spa equipment (dry room equipment, wet room equipment's), preparation of the therapists, preparation of the treatment area, preparation of the client, exercising caution, assessing contraindications of the treatment, preparation of thermal spa products, spa pool maintenance, setting up, testing, controlling, and monitoring of thermal spa facilities and equipment (Beckmann, Davis and Gerrard, 2016; Scott and Harrison, 2006; Williams, 2015).

**Hydrotherapy Techniques and Treatments:** Hydrotherapy is defined as 'application of water in any of its three forms (liquid, vapour or solid) to the body for therapeutic purposes' (Beck 2017, s.508). Hydrotherapy techniques and treatments are usually classified into five main groups: 1) hot packs, fomentations and compresses (thermotherapy techniques); 2) cold pack, fomentations and ice massage (cryotherapy techniques); 3) therapeutic immersion baths (balneotherapy) 4) hot air baths (steam and sauna), 5) therapeutic showers (Sinclair, 2008; Williams, 2015, Salvo, 2016). More specifically, as discussed before, an international panel of experts on medical hydrotherapy have recently identified the most used hydrotherapy techniques including balneotherapy, water-jets, underwater massages, Kneipp treatments, Scotch hoses, whirlpool baths (Jacuzzi), peloid treatments (mud), medicinal clay, drinking therapy, inhalations, insufflations, aerosols (air spray), irrigations (colonic irrigation) and politzer crenotherapy (Femtech-Forst, 2014). It is clear from the above discussion that some experts consider body exfoliation and body wrapping to be hydrotherapy practice, but since there is envelopment and covering of the body with some materials and ingredients in the practice, others do not see exfoliation and body wrapping as part of water therapy per se (Capellini, 2010, Williams, 2015). Considering that, a separate unit of learning is devoted for those

treatments in the competency profile. In sum, this unit of learning should cover all of the above mentioned groups and techniques of hydrotherapy practices except peloid treatments (mud), medicinal clay, as well as effects, benefits, indication and contraindications of hydrotherapy techniques and treatments.

**Hydrokinetic Therapy Techniques and Treatments:** Hydrokinetic therapy refers to the use of movements and exercises in water for therapeutic and rehabilitation purposes. There are many techniques and treatments for balance and coordination, joint mobilization, muscle relaxation, muscle strengthening, technical inhibition hypertone, and therapeutic swimming (<http://www.hsantalucia.it/en/hydrokinetic-therapy>; <https://www.kaenz.com/en/methods-aquatic-therapy/>). The effects, benefits, indication and contraindications of hydrokinetic therapy techniques and treatments should also be covered in this unit.

**Body Exfoliation and Body Wrapping Therapy Techniques and Treatments:** Body exfoliation is a process by which dead skin cells are removed from the skin's surface. Body exfoliation can be mechanical and enzymatic or dissolving exfoliation (Williams, 2015). Manual exfoliation techniques are usually used by spa therapist and main types of treatments are dry skin brushing, wet skin brushing, salt glow, sugar glow, body polish, body scrub or loofah scrub, friction and buff and bronze (Williams, 2015). Enzymatic exfoliation treatments like skin peel, chemical peels, and dermabrasion, microdermabrasion and laser skin treatments are usually used by physicians and aestheticians. Body wraps are treatments in which the client is enveloped with specific products and active ingredients. Some products are directly applied to the body and some of them are wrapped with linen bandages, sheets, plastic sheeting, foil or blankets. There are three different wrapping techniques. The hot sheet wrap, the cocoon and the tension wrap techniques (Williams, 2015). In the case of cocoon, the product is applied directly to the body and the word wrap always mean a hot sheet wrap (Williams, 2015). Some of the products used in hot sheet wrap are herbal, mud, milk, juice, coffee, clay, honey, seaweed, peat, cider and some of the product directly applied to the body are emollient, paraffin, mud, mint, aloe, vitamin, clay, cryogenic, essential oil, seaweed (algae), peat (Scott and Harrison, 2006; Williams, 2015). In the light of these explanations, the contents of this unit of learning may consist of effects, benefits, indication and contraindications of body exfoliation and body wrapping; mechanical (manual) exfoliation techniques and treatments; body wrapping techniques and treatments; body wrapping products and ingredients. Needless to say that fango (mud) therapy is part of this unit of learning.

**Massage Therapy Techniques and Treatments:** Massage therapy is the manual manipulation of the soft tissues of the body for the purposes of establishing and maintaining good health and promoting wellness. There are many types, styles and techniques of massages under different names. Massages can be applied to full body or focus on a particular part of body area according to the client's condition and requests. Massages can be realized for relaxation and wellness, therapeutic (medical) or sports/athletic purposes. Contemporary syllabuses on massages cover the following subjects: effects, benefits, indication and contraindications of massages, Swedish or classical massage techniques and treatments, reflexology massage techniques and treatments, clinical (also called therapeutic or medical) massage treatments and techniques, energy-based massage techniques such as shiatsu, Ayurveda and Thai massages, stone massage, Indian head massage, lymph drainage massage, massage for special populations (pregnant, babies, children, disabled, elderly etc.) and the use of aromatherapy in massages (Beck, 2017; Fritz, 2017; Salvo, 2016). All or some of these massage techniques and treatments are certainly part of the education and training of thermal spa therapists.

**Monitoring and Maintenance of Health and Safety:** The main purpose of health and safety is to assess the risk of accidents, injury and illnesses that may occur in the workplace and minimise those risks. Assessment of hazards and risks, emergency arrangements, first aid, implementation of health and safety procedures, safety of those with disabilities, the supervision of children, waterborne infections, transmission and disinfections, control of substances hazardous to health, safety signs and signals, reporting of injuries, diseases and dangerous occurrences should be part of the education and training of thermal spa therapists (Crebbin-Bailey, Harcup and Harrington, 2011; Scott and Harrison, 2006). Country specific health and safety regulations relating to workplace, hygiene and sanitation, use of work equipment, electricity, manual handling operations, fire precautions, diving at pools, food and drink, smoking, hair care are also important issues that need to be addressed in the course content of health and safety (Crebbin-Bailey, Harcup and Harrington, 2011; Scott and Harrison, 2006).

**Beauty Therapy Techniques and Treatments:** Beauty therapy treatments in thermal spa context usually involve body and facial electrotherapy treatments, hand and foot care treatments, facial treatments and skin care, tanning treatment, electrical epilation and waxing (Beckmann, Davis and Gerrard, 2016; Simms, 2003).

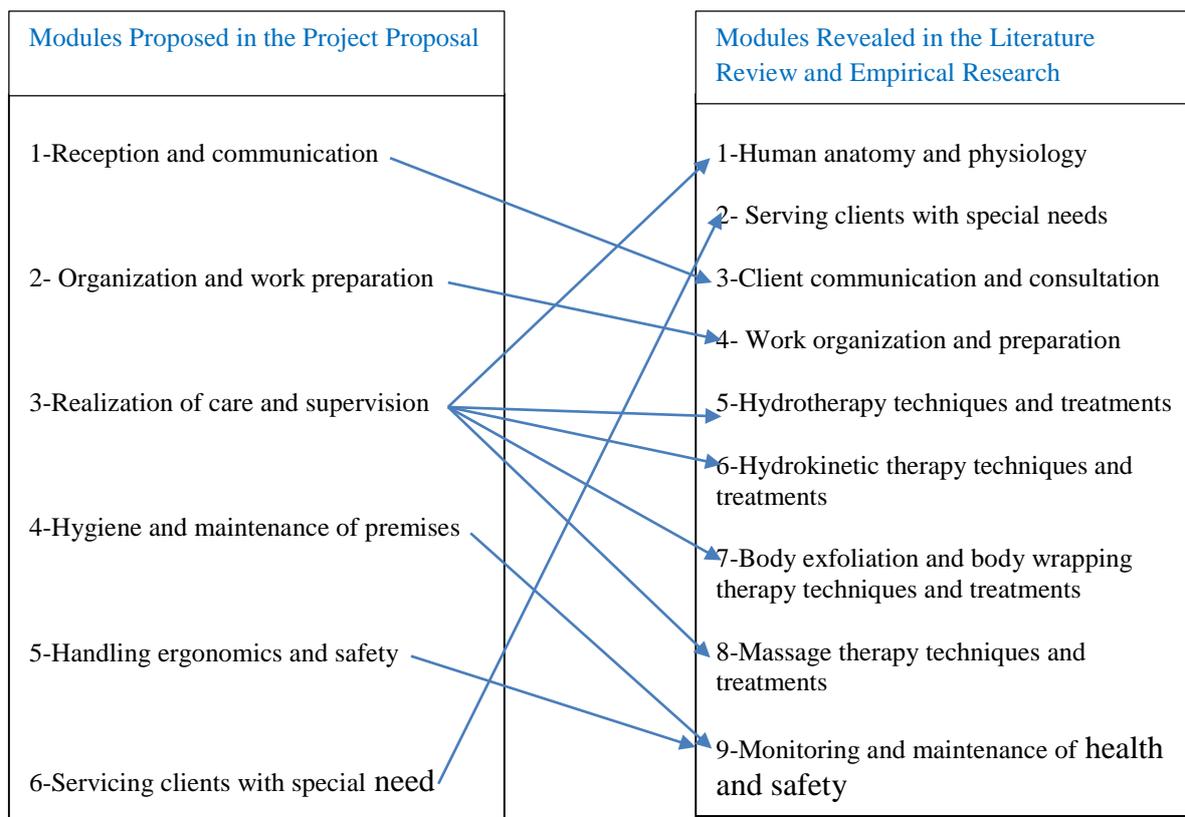
**Electrotherapy Techniques and Treatments:** Electrotherapy is the use of electric currents passed through the body to stimulate nerves and muscles in the treatment of various health problems. Electrotherapy modalities are grouped into two main categories: thermal and non- thermal modalities

and electrical stimulation modalities (Watson, 2008). In addition to these modalities, effects, benefits, indication and contraindications of electrotherapy should also be addressed in this unit of learning.

## 6. Recommendations

As can be seen from the discussion above, the competency framework for thermal spa therapist consists of various areas of knowledge, skills and competencies. As Figure 7 shows various

Figure 7: Compatibility of Modules Proposed in the Project Proposal and Those Revealed in the Literature Review and Empirical Research



areas of competence (modules) articulated in the project proposal and those found in the literature and empirical study are quite similar. The notable differences are that the ‘mega’ module, ‘Realization of care and supervision’, in the project proposal is further explained and divided into five unites of learning and two modules, ‘Hygiene and maintenance of premises’ and ‘Handling ergonomics and safety’ in the project proposal is combined in ‘Monitoring and maintenance of health and safety’ module (Figure 7). Since it is compulsory to adhere to original structure and format of the project, including competence areas revealed in the empirical research and literature review in the original modules would be the only viable option.

Providing learning outcomes, learning materials, education and training for all the compulsory modules with all of their detailed content described above may be unrealistic and beyond the scope and budget of this project. That is why a streamlined approach for the competence profile of thermal spa therapist in terms of contents can be adopted in the second stage of the project (IO2). Strategically, the project can selectively focus on the contents that are in line with the resources and skills or core competencies of the partners concerned within time and budget limits. There would be no need to develop optional modules for this project as they are not core competencies of thermal spa therapists.

## REFERENCES

- Beck, M. F. (2017). Theory and practice of therapeutic massage, sixth edition. Australia: Cengage Learning.
- Beblavy, M., Akgüc, M., Fabo, B. and Lenaerts, K. (2016). CEPS special report: Occupations observatory-Methodological note. Brussels: Centre For European Policy Studies.
- Beckmann, H., Davis, C. and Gerrard, D. (2016). City and guild textbook: level 3 advanced technical diploma in beauty and spa therapy. London: City and Guilds.
- Capellini, S. (2010). The complete spa book for massage therapists. USA: Cengage Learning.
- College of Massage Therapists Ontario (2005). Massage therapy competency standards. Canada: College of Massage Therapists Ontario.
- Connell, J. (2011). Medical tourism. UK: CABI.
- Costa, C; Quintela, J.; Mendes, J. (2015). Health and wellness tourism: A strategic plan for tourism and thermalism valorisation of São Pedro do Sul. In: Peris-Ortiz, M.; Álvarez-Garcia, J. (Eds.). Health and Wellness Tourism – Emergence of a New Market Segment, pp. 21-32. New York: Springer.
- Crebbin-Bailey, J., Harcup, J. and Harrington, J. (2011). The spa book: The official guide to spa therapy. United Kingdom: Cengage Learning.
- European Commission. (2010). Communication 'Europe, the world's No 1 tourist destination – a new political framework for tourism in Europe'. Retrieved from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0352:FIN:EN:PDF>
- European Commission. (2014). The 2015 Ageing Report. Brussels: European Commission. Retrieved from [http://ec.europa.eu/economy\\_finance/publications/european\\_economy/2014/pdf/ee8\\_en.pdf](http://ec.europa.eu/economy_finance/publications/european_economy/2014/pdf/ee8_en.pdf)
- European Parliament (2015). Tourism and European Union: Recent trends and policy developments. Retrieved from [http://www.europarl.europa.eu/RegData/etudes/IDAN/2015/568343/EPRS\\_IDA\(2015\)568343\\_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/IDAN/2015/568343/EPRS_IDA(2015)568343_EN.pdf)

Eurostat. (2016). Tourism statistics -intra-EU tourism flows. Retrieved from [http://ec.europa.eu/eurostat/statistics-explained/index.php/Tourism\\_statistics\\_-\\_intra-EU\\_tourism\\_flows](http://ec.europa.eu/eurostat/statistics-explained/index.php/Tourism_statistics_-_intra-EU_tourism_flows)

Femtech-Forst. (2014). Hydro globe: Definition of a global framework for hydrotherapy. Femtech-Forst.

Fritz, S. (2017). Mosby's fundamentals of therapeutic massage. Sixth edition. China: Elsevier.

Global Spa Summit (GSS). (2011). Wellness tourism and medical tourism: Where do spas fit? New York: Global Spa Summit.

Global Wellness Institute (2017). Global wellness economy monitor. Global Wellness Institute.

Gray, H. H., & Poland, S. C. (2008). Medical tourism: Crossing borders to access health care. Kennedy Institute of Ethics Journal, 18(2), 193-201.

Hall, C. M. (2013). Medical tourism: The ethics, regulation, and marketing of health mobility. London: Routledge.

Haw, P. (2011). The longer you work, the more productive you are? Not so, say experts. Retrieved from <https://pennyhaw.wordpress.com/2011/11/20/the-longer-you-work-the-more-productive-you-are-not-so-say-experts/>

ISPA. (2013). Types of spas. Retrieved from <http://www.experienceispa.com/spa-goers/spa-101/types-of-spas>.

Louv, R. (2005). The last child in the woods. Chapel Hill: Algonquin Books.

Massage Therapist Association of Alberta (2011). Standards of practice for massage therapists. Canada: Massage Therapist Association of Alberta.

Medical Tourism Association (2017). What is medical tourism? Retrieved from <http://www.medicaltourismassociation.com/en/medical-tourism-faq-s.html>

Mertoglu, O., Simsek, S., Dagistan, H., Bakir, N. and Dogdu, N. (2010). Geothermal country update report of Turkey (2005-2010). Proceedings of World Geothermal Congress, Bali, Indonesia, 25-29 April 2010.

Ministry of Culture and Tourism (2015). Accommodation statistics. Turkey: Ministry of Culture and Tourism.

Ministry of Development (2014). 10th development plan. Ankara: Kalkınma Bakanlığı

MTBOK Task Force (2010). Massage therapy body of knowledge (MTBOK). Retrieved from <http://www.mtbok.org/resources.html>.

Mueller, H., & Kaufmann, E. L. (2001). Wellness tourism: Market analysis of a special health tourism segment and implications of the hotel industry. *Journal of Vacation Marketing*, 7(1), 5–17.

Percivil, M. C., & Bridges, J. F. (2006). Globalization and healthcare: understanding health and medical tourism. *Expert Review of Pharmacoeconomics & Outcomes Research*, 6(4), 447-454.

Quintela, J. A., Costa, C. and Correia, A. (2016). Health, wellness and medical tourism-A conceptual approach. *Enlightening Tourism: A Path making Journal*, 6(1), pp. 1-18.

Ritter, S. (2005). Trends and skills needed in the tourism sector: 'tourism for wellness'. In S.-I. Olga, & M. Tessaring, *Trends and skill needs in tourism* (pp. 79-88). Thessaloniki: European Centre for the Development of Vocational Training.

Rivero, M. S., Rangel, C. R. and Caldito, L. A. (2016). Analysis of spa tourist motivations: A segmentation approach based on discriminant analysis. *Enlightening Tourism: A Path making Journal*, 6(1), pp.19-43.

Rocha, A. S. S. and Brandao, A. (2014). On developing wellness and medical tourism: the characterization of a national thermal network. *International Journal of Healthcare Management*, 7(4), pp. 226-236.

Salvo, S. S. (2016). *Massage therapy*, 5th edition. Canada: Elsevier.

Scott, J. and Harrison, A. (2006). *Spa: The official guide to spa therapy at levels 2 & 3*. China: Cengage Learning.

Sefton, J. M., Shea, M. and Hines, C. (2011). Developing, maintaining and using a body of knowledge for the message therapy profession. *International Journal of Therapeutic Massage and Bodywork* (39, pp.1-12).

Simms, J. (2003). *A practical guide to beauty therapy*. Third edition. United Kingdom: Nelson Thornes Ltd.

- Sinclair, M. (2008). *Modern hydrotherapy for the massage therapists*. London, UK: Wolters Kluwer.
- Smith, C., & Jenner, P. (2000). Health tourism in Europe. *Travel & Tourism Analyst*, 41-59.
- Smith, M. and Puczko, L. (2015). More than a special interest: defining and determining the demand for health tourism. *Tourism Recreation Research*, 40(2), pp. 205-219.
- Smith, M. K., & Kelly, C. (2006). Journeys of the self: The rise of holistic tourism. *Tourism Recreation Research*, 31(1), 15–24.
- Smith, M. K., & Puczko, L. (2009). *Health and wellness tourism*. London: Butterworth Heinemann.
- Smith, M. K., & Puczko, L. (2013). *Health, tourism and hospitality: Spas, wellness and medical travel*. London: Routledge.
- SRI International. (2010). *Spas and the global wellness market: Synergies and opportunities*. Global Spa Summit.
- United Nations World Tourism Organization (2016). *Tourism highlights, 2016 edition*. Retrieved from <http://www.e-unwto.org/doi/pdf/10.18111/9789284418145>.
- Voigt, C., Brown, G. and Howat, G. (2011). Wellness tourists: in search of transformation. *Tourism Review*, 66 (1/2), pp. 16-30.
- Watson, T. (2008). *Electrotherapy: Evidence-based practice*. Twelfth edition. China: Elsevier.
- Williams, A. (2015). *Spa bodywork: A guide for massage therapists*. Second edition. China: Wolters Kluwer,
- World Health Organization. (2005). *Constitution of the World Health Organization*. Retrieved from <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>

## SURVEY QUESTIONNAIRE

Dear Sir/Madam,

The OCP Therm project aims to develop a specific occupational competence profile for thermal care agents in Turkey, Bulgaria, Belgium, Slovenia and Portugal.

With this interview we aim to identify required knowledge, skills and abilities that spa therapists at Thermal and Spa centres should have in order to offer high quality services for all clients including those with special needs (people with disabilities, pregnant woman and elderly people).

Based on your feedback we will develop a specific vocational training programme which aims to enhance the knowledge, skills and competences of thermal spa therapists (existing or newly recruited) which will be supported by specific occupational profile framework.

Please be as concrete as possible in order to support the development of specific education and training programs and materials for spa/thermal care staff.

Thank you in advance!

**Target Interviewee= Spa/thermal manager, head of thermal/spa department or specialists working in spa & wellness centres.**

### Q.1. Characteristics of thermal, spa, medical or wellness facility

- Type of facility:
  - a. Thermal Spa
  - b. Medical Spa
  - c. Day Spa
  - d. Hotel & Resort Spa
  - e. Other Spa (please specify) .....
  
- Number of personnel at Spa department:.....

### Q.2. What is your position/department at thermal/medical/spa or wellness facility?

- Spa/thermal manager
- Head of thermal/medical/spa department
- Specialists working in spa & wellness centre

### Q.3. What are the motivations of your customers visiting spa/medical /thermal facility? (Multiple answers are possible)

- Medical (spa) treatments
- Wellness-fitness-beauty
- Recreation
- Other

### Q.4. What are the spa/thermal/medical services/treatments offered in your facility? (Multiple answers are possible)

- Medical spa/thermal treatments
- Baths

- Massage
- Skin, beauty and wellness treatments
- Others, please list them.....

Q.5. Do you provide services for the clients with the following special health conditions or needs (multiple answers possible)?

- Visual impairment
- Auditory impairment
- Motor impairment
- Pregnancy
- Ongoing treatments

Q.6. Which difficulties do clients with special needs experience during their access to, and stay in your premises (multiple answers possible)?

- Transport
- Personal assistance
- Physical access to spa/thermal facility and services
- Information about facilities and services
- Physical access and mobility in the environment
- Staff awareness/knowledge about different health conditions and disability
- Prejudiced attitudes and behaviours
- Other (please specify)

Q.7. What are the terms or titles used for the personnel who applies hydrotherapy techniques, massages, body polish/scrub and body wrapping for medical or other purposes as well as skin and beauty treatments and services in your facility? (Multiple answers possible)

- Thermal care agent
- Thermal therapist
- Medical care technicians
- Physiotherapist
- Reflexology therapists
- Spa massage therapist
- Massage therapist
- Spa therapist
- Thermal care specialist
- Thermal care health specialist
- Thermalism technician
- Balneotherapy operator
- Masseur
- Pedicurists/Manicurists
- Beauty therapist
- Cosmetic technician
- Beauty and hair specialist
- Beautician

Q.8. How is your current personnel, who works as thermal spa therapist trained? (Multiple answers possible)

- Higher education institution
- Secondary formal education institution
- Primary formal education institution
- Vocational training institution (certified)
- National Vocational Qualification (certified)
- On the job training (certified)
- Other (please specify)

Q.9. Do you think that the existing formal or informal education and training offered to thermal spa therapists are sufficient to make them competent and to provide quality services?

- Yes
  - No
- If No, please provide what are the reasons

Q.10. Please rate the importance of the following knowledge, skill and competency areas for the education and training of a thermal spa therapist. (**Knowledge** is the body of facts, principles, theories and practices that is related to a field of work or study; **Skills** means the ability to apply knowledge and use know-how to complete tasks and solve problems; **Competence** means the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development). **Please put an X in the grid of your choice.**

| KNOWLEDGE/SKILL AREAS  | VERY IMPORTANT (CRITICAL) | IMPORTANT | MINOR IMPORTANCE | NOT IMPORTANT | NO IDEA |
|--|---------------------------|-----------|------------------|---------------|---------|
| Effective client communication and consultation  |                           |           |                  |               |         |
| Monitoring and maintenance of safety in the saloon   |                           |           |                  |               |         |
| Monitoring and maintenance of health including hygiene and cleanliness                                     |                           |           |                  |               |         |
| Work organization and preparation  |                           |           |                  |               |         |
| Serving clients with special needs   |                           |           |                  |               |         |
| Hydrotherapy (including steam, sauna, bath) techniques and treatments for medical conditions and purposes  |                           |           |                  |               |         |
| Hydrotherapy (including steam, sauna, bath) techniques and treatments for wellness, fitness and relaxation |                           |           |                  |               |         |
| Clinical (medical) massage techniques and treatments   |                           |           |                  |               |         |
| Massage techniques and treatments for wellness and relaxation  |                           |           |                  |               |         |
| Sport massage techniques and treatments  |                           |           |                  |               |         |

| KNOWLEDGE/SKILL AREAS   | VERY IMPORTANT (CRITICAL) | IMPORTANT | MINOR IMPORTANCE | NOT IMPORTANT | NO IDEA |
|---|---------------------------|-----------|------------------|---------------|---------|
| Body polish/rub/exfoliation and body wrap techniques and treatments for medical purposes                      |                           |           |                  |               |         |
| Body polish/rub/exfoliation and body wrap techniques and treatments for wellness, fitness and beauty          |                           |           |                  |               |         |
| Hydrokinesiotherapy (physical movements and exercise) techniques and treatments for medical conditions        |                           |           |                  |               |         |
| Hydrokinesiotherapy (physical movements and exercise) techniques and treatments for wellness and fitness      |                           |           |                  |               |         |
| Electrotherapy techniques and treatments for medical conditions   |                           |           |                  |               |         |
| Electrotherapy techniques and treatments for wellness, fitness and beauty                                     |                           |           |                  |               |         |
| Beauty treatments such as manicure, pedicure, waxing, facials, make up, body and facial electrical treatments |                           |           |                  |               |         |
| The knowledge of human anatomy and physiology   |                           |           |                  |               |         |

Q.11. What are the most important skill shortages and training needs of your current thermal spa therapists working in spa/thermal treatments and services?

Q.12. Have you implemented any trainings for your thermal spa therapists?

- No
- Yes

If yes, who have provided the training?

- A person from our personnel
- External trainer
- Other (please specify)

If yes, how this training was organised:

- On the job training at work
- By lectures
- By e-learning
- By blended learning
- By one-on-one training provision
- Other (please specify)

Q.13. Which of the following factors you would consider when selecting a training programme / provider for your thermal spa therapists (multiple answers possible)?

- Flexible timing
- Overall duration of the programme
- Location of training sessions
- Applied methodology
- Content of the programme
- Certificate provision
- Cost
- Trainer’s qualification
- Level of motivation among employees
- Other (please specify)

Q.14. What is the most suitable timing for conducting education, training, and skill improvement programs?

- During work hours
- After work hours during the week
- During non-working days

Q.15. Do you think that thermal spa therapists should be officially certified by a VET institution upon successful completion of a dedicated VET course?

- No
- Yes
- If Yes, please explain

Q.16. Do you have an interest to participate as an advisory board member or/and in the piloting phase of the project where thermal/spa staff support training will be implemented?

- No
- Yes, as advisory board member who will support on voluntary base the production of training materials
- Yes, as participant in piloting phase of my organisation

Please provide your contact details:

|              |
|--------------|
| Name:        |
| Institution: |
| Position:    |
| Phone:       |
| E-mail:      |