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QUALITATIVE HEALTHY BEHAVIOUR THROUGH MOUNTAIN SERVICES. EVIDENCE FROM CENTRAL AND EASTERN EUROPEAN ENTREPRENEURSHIP

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Abstract. *The purpose of the paper is to present the benefits of the mountain services on qualitative healthy behaviour. Mountain services referring in the article are connected with Arts, entertainment, recreation and other service activities Eurostat sectors, being analysed various entrepreneurship indicators. Mountain scientists considers that this type of relief develop healthy behaviours and qualitative arts and services because of the less-polluted ecosystem. The results of the paper present the situation of mountain arts and services entrepreneurship in Central and Eastern Europe and measures for increased degree of mountain development. These countries are important vectors in European mountain science. European mountain arts and services present a major potential for the entrepreneurs around the world.*

Keywords: entrepreneurship; health and services; healthy behaviour; mountain services; Central and Eastern Europe

1. Introduction

Mountain scientists consider that mountain services, especially arts, entertainment and recreation, has numerous benefits for human health, this area being nutritional and recreational superior than other types of relief because of the less polluted water-air-soil ecosystem [2, 12, 13,16,17].

Health promotion has a key role in disease prevention and the adoption of healthy lifestyles and the call to develop the "science" of health promotion or the need to develop a greater degree of reliability has led to various initiatives aimed at developing different standards of practice. Laverack's article draws attention to several vital and interdependent aspects. Health promotion work is both science (research and theory) and art (intuition and experience). Although art is subjective, based on a history and certain interpretations, it is hoped for a aggregation of generally accepted practices and the establishment of models or the emergence of opinion leaders. In many cases, practitioners lack experience and do not know how to apply the many theories, models and approaches they have at their disposal, for the different contexts in which they work [9].

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A synthesis report published by the Health Evidence Network WHO: *What is the evidence on the role of the arts in improving health and well-being? A scoping review (2019),* demonstrates how interventions through art can contribute to improving health and well-being, contributing to the prevention of a variety of mental problems and physical illnesses and support in the treatment or management of a range of acute and chronic conditions that occur throughout life. As such, artistic interventions are often low-risk, highly cost-effective, integrated and holistic treatment options for complex health challenges to which there are no current solutions [7].

According to the *Intersectoral action summary: the arts, health and well-being* (WHO, 2019), the arts, including the performing arts, visual arts, design and crafts, digital and electronic arts, literature, cultural activities and events, have a crucial role to play in ensuring a healthy life and the promotion of well-being throughout life. Involvement through the arts sector can help social health factors such as the development of social cohesion, the reduction of loneliness and social isolation, the construction of individual and group identity, etc. Art programs have been shown to reduce conflict by promoting intercultural understanding by developing tolerance and cooperation between different groups. In addition, art programs can help reduce both social inequalities and increase equity in health by developing skills, promoting and strengthening the capacity for social inclusion and can give each child a better start in life (through more effective language acquisition), improving the mother-child connection, etc. It has been found that programs involving art lead to a better degree of health awareness, promote a healthier diet and reduce risky behavior such as drug and alcohol use or engaging in unprotected sex. Art programs improve empathy, encourage positive attitudes toward people with mental and physical illnesses, and promote resilience among people with health conditions. The arts are also effective in reaching people at higher risk to health such as children in care, the homeless and people who may be discriminated against on the basis of race, ethnicity, gender or sexuality [22].

In the report *A systematic review of the subjective wellbeing outcomes of engaging with visual arts for adults ("working-age", 15-64 years) with diagnosed mental health conditions*, Tomlinson et al. [21] demonstrated and argued that visual arts and related artistic, creative, and craft practices have the potential to enhance the subjective well-being of adults affected by mental health conditions. The potential for progressive recovery, for the re-employment of people whose confidence and capacity have been rebuilt and restored, was based on the encouragement and construction of a new identity of "artist". Using research techniques combined with appropriate theories and using standardized wellness measures, research would lead us to a better understanding of the capacity of the visual arts and can better guide us in helping to improve the well-being of adults facing mental health

problems. Such research could inform and lead to a better understanding of the precise contexts and mechanisms of the effectiveness of art interventions.
A consistent and well-documented report prepared by APPG [1], sends us three key messages: the arts can help us maintain good health, can help us recover and sustain a longer and better lived life; the arts can positively prevent the major challenges facing health and social care (aging, better long-term conditions, loneliness and mental health); the arts can help save money on health and welfare services.
Artists can help facilitate the creative state that leads to open access to feelings of flow and maybe even spirituality. Health artists are not shamans or healers or therapists but facilitators of the transcendent power of art. They can help and support caregivers and staff in their painful and highly meaningful experiences of caring for others and managing medical situations, the complexity of life and death [18].
As both artistic therapies and the arts in the field of health care grow and health promotion practices are established, numerous "subset" disciplines will be developed in this field. In music, these include medical music therapy, medical ethnomusicology, ethno-musical therapy, recovery music, community music therapy, neurological music therapy, and countless individual methods that "apply" or involve music in health practices. Moreover, there are additional social and individualized uses of the arts outside of discrete environments, such as daily coping practices, the use of MP3 players as a coping resource, and so on. Music is explored more regularly to promote health and based on conventional scientific evidence, it is applied instead of more invasive, risky and expensive health interventions. In healthcare and biomedical systems around the world, where highly technical, pharmacology-based treatments are normal, art therapy is making significant progress. As a low-risk and cost-effective intervention, music and other art forms have the potential to improve health outcomes while reducing the number of injuries and deaths from invasive medical tests and treatments [19].
The subject of arts, entertainment, recreation and others services for human health presents higher interests in Central and Eastern Europe entrepreneurship, especially for the mountain area. The authors consider as a case study the screening of the mountain entrepreneurship for arts, entertainment, recreation and other services which support the human health. The paper present important data for current and future arts and services mountain entrepreneurs.

2. Materials and Methods

Data has been extracted from Eurostat [4, 5, 6] (for the country which report data to European Commission) and Statista [20] and processed in Excel and SPSS. In SPSS it has been realized the descriptive statistics, presenting the histogram, normal Q-Q plot, detrended normal Q-Q plot and the interquartile diagram. Data

has been verified through M-Estimators, as Huber's M-Estimator (the evaluation of the constant was 1.339), Tukey's Biweight (the evaluation of the constant was 4.685), Hampel's M-Estimator (the evaluation of the constant was 1.700, 3.400 and 8.500) and Andrews' Wave (the evaluation of the constant was 1.340*pi). Regarding the normality tests it has been applied Kolmogorov-Smirnova and Shapiro-Wilk.

In the discussed period, Eurostat data regarding *Arts, entertainment, recreation and other service activities* sectors, show increases for the *Population of active enterprises* index, respectively Bulgaria (29.53%), Croatia (3.29%), Hungary (25.52%), Lithuania (94.19%), Romania (81.87%) and Slovakia (15.23%). On the other hand, Austria (-14.20%) reduced the population of active enterprises, but it increased the value of *Arts, entertainment, recreation and other service activities* sectors. In the period 2016-2017, increases of the activity were in the Czech Republic (3.19%), Estonia (4.17%), Poland (7.30%) and Slovakia (9.07%), while Latvia (-5.91%) reduced its activity. Specific for the mountain area *Population of active enterprises in t – number* present fluctuation in Bulgaria 16.66%, Czech Republic -3.99%, Croatia 15.92%, Austria 0.39%, Poland 8.56% (2016/2017), Romania 33.48%, Slovakia 49.62%.

3. Results and Discussions

Entrepreneurship regarding *Arts, entertainment, recreation, and other service activities* for rural and urban area presents between 2015-2017 period important fluctuations in Central and Eastern European countries. In the analyzed period, the index *Population of active enterprises* grew up in Austria with 2.96%, Bulgaria 7.11%, Croatia 25.01%, Czech Republic 5.46%, Estonia 10.01%, Hungary 23.73%, Lithuania 16.26%, Romania 18.63%, Slovakia 15.35% and Latvia decrease -5.91%.

Specific for *Arts, entertainment and recreation,* in 2013-2018 period, Eurostat data presents relevant indicators which influenced the entrepreneurship from Central and Eastern European countries. *Population of active enterprises in t – number* changed in Austria -14.00%, Bulgaria 34.06%, Czech Republic 34.02%, Estonia 24.04%, Croatia 73.20%, Hungary 47.78%, Lithuania 63.51%, Latvia 103.20%, Romania 74.99%, Slovakia 68.72. *Enterprises newly born in t-1 having survived to t – number* fluctuate in Austria -21.36%, Bulgaria 20.22%, Czech Republic 45.84%, Croatia 15.84%, Hungary 129.43%, Lithuania 62.03%, Latvia 96.79%, Romania 113.84%, Slovakia 90.76%. *Persons employed in the population of active enterprises in t – number* variate Austria -7.22%, Bulgaria 23.44%, Czech Republic -17.91%, Estonia 36.84%, Croatia 24.02%, Hungary 67.20%, Lithuania 5.00%, Latvia 12.43%, Romania 25.67%, Slovakia 34.33%. *Employees in the population of active enterprises in t – number* changed in Austria -1.18%, Bulgaria 20.84%, Czech Republic -24.98%, Estonia 65.77%,

Croatia 21.29%, Hungary 64.31%, Lithuania -2.31%, Latvia 2.85%, Romania 14.14%, Slovakia 15.10%. *Persons employed in the population of enterprises newly born in t-1 having survived to t – number* fluctuate in Austria -9.10%, Bulgaria 2.66%, Czech Republic -12.08%, Croatia 35.09%, Hungary 89.56%, Lithuania 20.86%, Latvia 60.12%, Romania -19.14%, Slovakia 16.24%. *Persons employed in the year of birth in the population of enterprises newly born in t-1 having survived to t – number* variate in Austria -21.51%, Bulgaria 3.25%, Czech Republic -22.13%, Croatia 22.63%, Hungary 97.78%, Lithuania -13.46%, Latvia 14.70%, Romania 58.79%, Slovakia 64.10%. *Birth rate: number of enterprise births in the reference period (t) divided by the number of enterprises active in t – percentage* changed in Austria 1.50%, Bulgaria 7.24%, Czech Republic 34.62%, Estonia 21.57%, Croatia 1.79%, Hungary 17.26%, Lithuania -38.34%, Latvia -16.42%, Romania -26.88%, Slovakia 87.21%.

Regarding *other service activities*, the Eurostat analyzed indicators variate considerable in 2013-2018 period. *Population of active enterprises in t – number* having fluctuation in Austria 20.51%, Bulgaria 21.16%, Czech Republic -6.71%, Estonia 21.22%, Croatia 7.24%, Hungary 67.82%, Lithuania 37.49%, Latvia 33.38%, Romania 31.44%, Slovakia 58.90%. *Enterprises newly born in t-1 having survived to t – number* variate in Austria 37.90%, Bulgaria 0.06%, Czech Republic -23.89%, Croatia -0.61%, Hungary 256.81%, Lithuania 13.92%, Latvia -6.42%, Romania 59.47%, Slovakia 55.85%. *Persons employed in the population of active enterprises in t – number* variate in Austria 6.28%, Bulgaria 13.29%, Czech Republic -24.45%, Estonia 16.46%, Croatia -0.54%, Hungary 80.02%, Lithuania -1.13%, Latvia 14.20%, Romania 16.58%, Slovakia 43.85%. *Employees in the population of active enterprises in t – number* changed in Austria -1.79%, Bulgaria 4.17%, Czech Republic -22.11%, Estonia 30.73%, Croatia 4.38%, Hungary 70.59%, Lithuania -14.16%, Latvia 15.38%, Romania 8.66%, Slovakia 15.52%. *Persons employed in the population of enterprises newly born in t-1 having survived to t – number* fluctuate in Austria 37.19%, Bulgaria -8.71%, Czech Republic -37.65%, Croatia -13.01%, Hungary 296.59%, Lithuania -15.03%, Latvia -24.81%, Romania 29.97%, Slovakia 31.19%. *Persons employed in the year of birth in the population of enterprises newly born in t-1* having survived to t – number variate in Austria 18.21%, Bulgaria 0.45%, Czech Republic -42.32%, Croatia -9.20%, Hungary 281.72%, Lithuania -41.93%, Latvia -33.81%, Romania 48.14%, Slovakia 39.65%. *Birth rate: number of enterprise births in the reference period (t) divided by the number of enterprises active in t – percentage* changed in Austria 15.57%, Bulgaria 4.32%, Czech Republic -3.56%, Estonia 10.94%, Croatia -3.78%, Hungary 13.97%, Lithuania -30.90%, Latvia -32.05%, Romania -25.65%, Slovakia 37.61%.

In 2008-2017 period, Austrian *population of active enterprises* decrease by -8.38%. In 2011-2017 period, Romanian population of active enterprises has been increased by 81.87% (Fig. 1).

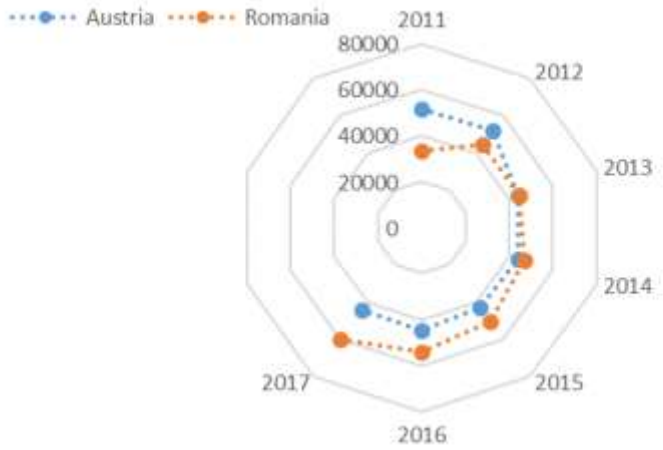

Fig. 1. Population of active enterprises in Austria and Romania
Source: Designed by authors according to Eurostat [4, 5, 6].

As seen in Fig. 1, in 2011-2017 period, the dynamics for Romanian *population of active enterprises* has been more sustained in Romania than in Austria.
Specific for Austrian Tyrol region and for its counties, respectively for the Romanian North-East region and its counties, the index Art, entertainment and recreation, and other activities follow trends from these country (Fig. 2).

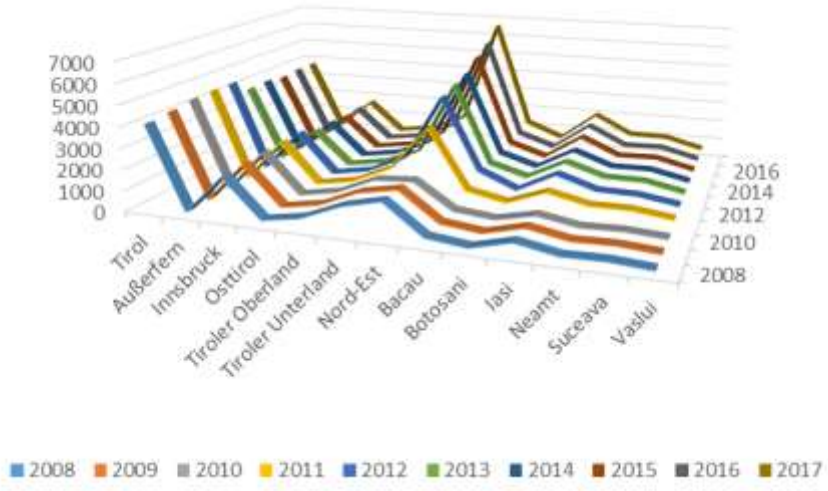

Fig. 2. Population of active enterprises in Tyrol and North-East, respectively its counties
Source: Designed by authors according to Eurostat [4, 5, 6].

In 2008-2017 period, Tyrolian Außerfern county increase its index with 21.01%, expansion based on entertainment and recreation services for tourists, especially in rural area. It was developed a tourism based on educational and agriculture issues.

According to Statista [20], the share of economic activity in the primary, secondary and tertiary sectors in GDP changed significantly, between 2008 and 2016, in the North-East region of Romania [3]. Thus, agriculture reduced its volume of activity by 33.84%, industry by 14.29%, while services registered average increases by 12.36%. The most important explanation is related to the development of the *entertainment and hospitality* sector, especially in the case of people of Romanian origin who live in other countries and who come to Romania occasionally, preferably during the summer months or seasonal holidays. North-Eastern Botosani county increase its index by 405.22%, based on clusters and services from entertainment. The degree of entrepreneurship of the North-East region of Romania has increased considerably based on the financial power of emigrants who have invested heavily in their businesses in their native places [8].

Specific for the North-East area of Romania, the descriptive statistics for *Art, entertainment, recreation, and other activities services* (Fig. 3 - panels a, b, c, d) show an average of 3,527.88 with a standard error of 594.480, 95% confidence interval with the lower limit of 2,122.15 and the upper limit of 4,933.60, value lower average 5% of 3,531.03, median of 4,046, variance of 2,827,251.839, standard deviation of 1,681.443, minimum of 1,478 in 2010, maximum of 5,521 in 5,521, interval of 4,043, interquartile range of 3,267, stroke of -284 with a standard error of .752, Kurtosis of -2.115 with a standard error of 1.481.

At a first analysis, the distribution curve is relatively symmetrically central, and the scores around the average are very concentrated, with the aspect of leptocurticity, although the distribution is unimodal.

Working hypothesis for the North-East region of Romania: the distribution of scores is considered normal and, therefore, parametric tests will be applied. The extreme values of the distribution, although they are in very small numbers, change the appearance of the histogram, by inducing a positive asymmetry, being still clinically important. The concentration of a large number of scores around the average (M = 3,527.88) produces a certain leptocurticity of the distribution, due to the related phenomena in the Romanian economy. The logarithm of the values obtained, on to the universally accepted statistical rules, allowed to balance the distribution according to the normal Gauss-Laplace curve.

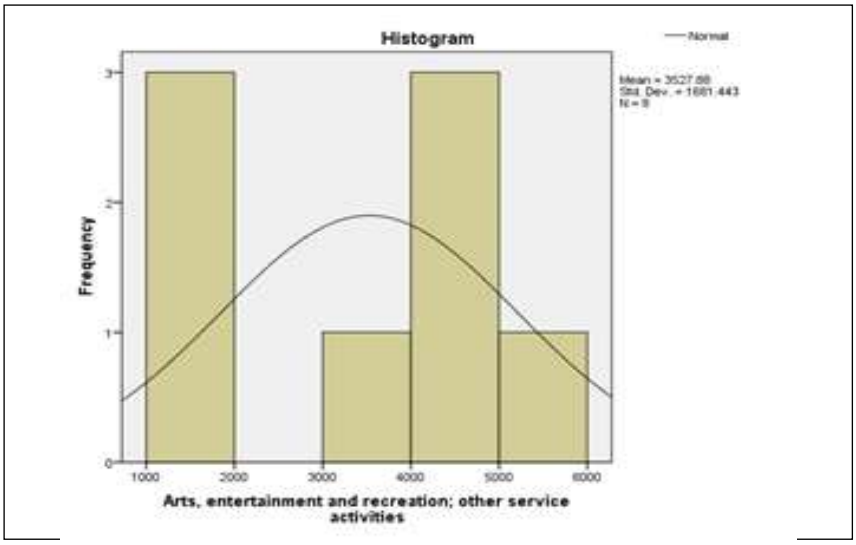

Fig. 3 panel a. Histogram

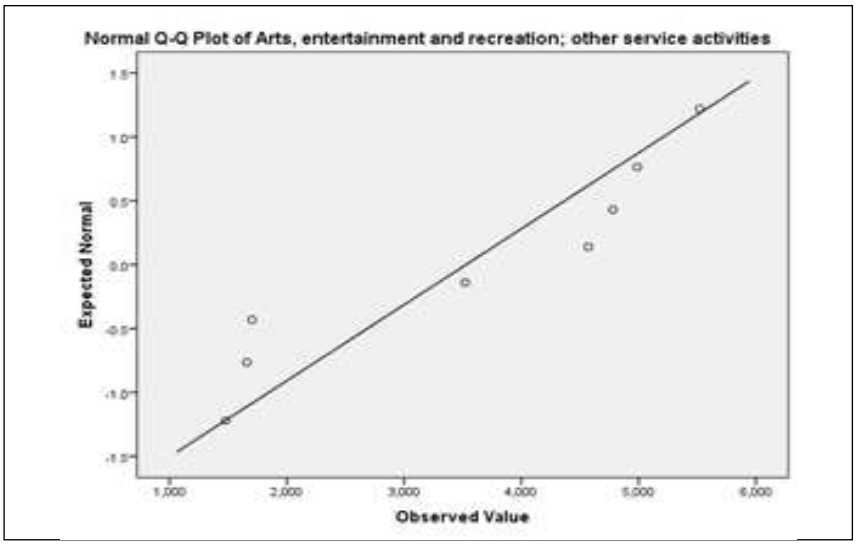

Fig. 3 panel b. The graph of the Q-Q normal plot distribution, after logarithm

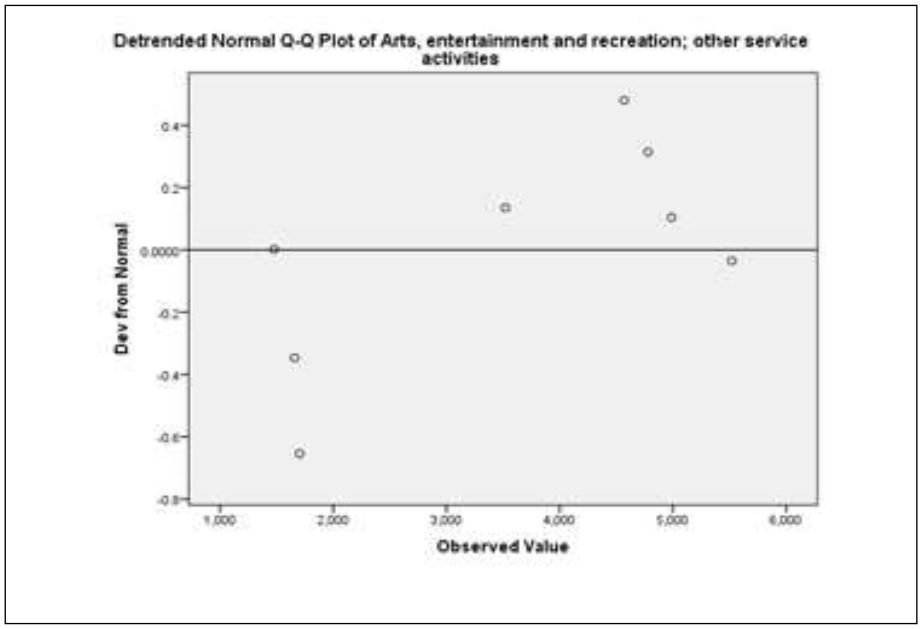

Fig. 3. panel c. The dispersion of the observed scores, compared to normal, by the Q-Q detrended plot test, after logarithm

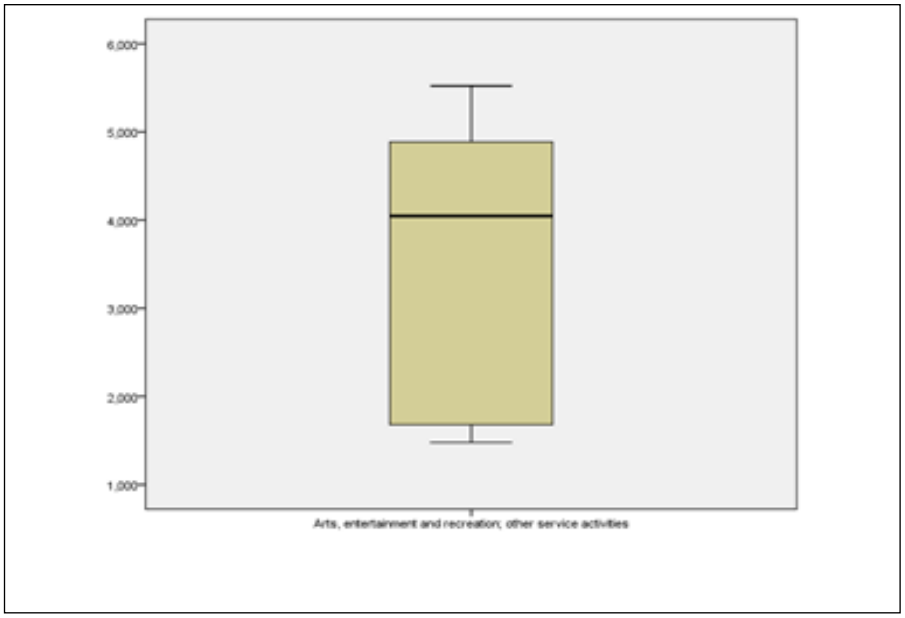

Fig. 3 panel d. Inter-quartile diagram

Fig. 3. Descriptive statistics for Arts, entertainment, recreation, and other services in the Romanian North-east region
Source: Processed by author according to Eurostat [4, 5, 6].

The normal Q-Q plot test, after logarithm, shows a distribution of real scores around normal values, represented by the oblique line in the graph, which corresponds to a normal distribution. The Q-Q detrended plot test, on the dispersion of empirical scores to normal, represented by the right with the score z = 0 for the mean and standard deviation 1, after logarithm, shows that they fall within a standard deviation, corresponding to a normal distribution.

The central trend for this sector in the analyzed period, amounting to 3,527.88 (average), shows that the north-eastern population of the active enterprises in the analyzed sector increased from 2008 (1,703) to 2015 (5,521). During the analyzed period, the hypothesis H1 (intensification of the activity) was verified, the frequency having a total variation of 1.5 - from 0.5 to 1.5.

The statistics, presented above, and the histogram confirm the high agglomeration and the development trend of this sector in the northeastern region of Romania. At the same time, statistics confirm the intensification of the sector growth, especially for arts and entertainment.

Regarding European mountain entrepreneurship, the sectors *Arts, entertainment, recreation, and other service activities*, variate for the indicator *Population of active enterprises in t - number* as follow in Bulgaria with 90.39%, Czech Republic -35.48%, Spain 18.94%, France 45%, Croatia 2.93%, Italy 6.44%, Austria -4.95%, Poland 8.56%, Portugal 8.29%, Romania 312.29%, Slovakia 47.59%. *Enterprises newly born in t-3 having survived to t – number* variate in Bulgaria -1.29%, Czech Republic -32.69%, Croatia -15.38%, Austria -10.93%, Poland -2.18% (2016/2017), Romania 0.20%, Slovakia 196.60%. *High growth enterprises measured in employment (growth by 10% or more) – number* changed in Bulgaria -1.11%, Czech Republic -26.32%, Croatia -30.00%, Austria -17.24%, Romania 166.67%, Slovakia 28.57%. *Persons employed in the population of active enterprises in t – number* fluctuate in Bulgaria 3.28%, Czech Republic -26.21%, Croatia 28.03%, Austria 2.74%, Poland 4.40%, Romania 26.49%, Slovakia 40.25%. *Birth rate: number of enterprise births in the reference period (t) divided by the number of enterprises active in t – percentage* having fluctuation in Bulgaria -0.56%, Czech Republic 3.82%, Croatia 22.49%, Austria 7.36%, Poland 15.93% (2016/2017), Romania -40.44%, Slovakia 52.22%. *Death rate: number of enterprise deaths in the reference period (t) divided by the number of enterprises active in t – percentage* presents variation in Bulgaria 13.28%, Czech Republic 6.30%, Croatia -29.54%, Austria 14.19%, Romania -24.91%, Slovakia -9.40%. *Survival rate 3: number of enterprises in the reference period (t) newly born in t-3 having survived to t divided by the number of enterprise births in t-3 – percentage* changed in Bulgaria 0.31%, Czech Republic 61.02%, Croatia 81.89% (2016/2017), Austria 1.45%, Romania -73.62%, Slovakia 33.41%. *3-year-old enterprises' share of the business population – percentage* fluctuate in Bulgaria -

15.32%, Czech Republic -29.92%, Croatia -27.10%, Austria -11.18%, Poland -9.88%, Romania -24.81%, Slovakia 98.28%. *Employment share of 3-year-old enterprises: Number of persons employed in enterprises newly born in t-3 having survived to t, divided by the number of persons employed in the population of active enterprises in t – percentage* variate in Bulgaria 1.68%, Czech Republic -19.82%, Croatia -44.80% (2016/2017), Poland - 6.84% (2016/ 2017), Romania -14.92%, Slovakia 73.26%.

The paper presents the situation of arts, entertainment, recreation and others services for human health from the Central and Eastern Europe entrepreneurship and behaviors, especially for the mountain area. Reading the article, entrepreneurs should understand the behavior regarding Central and Eastern European arts and services, especially from the mountain area. The entrepreneurs could understand the tendencies from different countries, in order to place their investments in one country or another [14]. European arts and services business mountain environment present a major potential for entrepreneurs around the world.
The article show that qualitative choice and healthy behavior could be implemented at the superior level in the mountain area because the natural ecosystem of this area is better developed than low-land areas. An additional argument in favor of the mountain area is the lower degree of pollution, which, as a consequence, may offer more opportunities for business development in this region [10, 11, 15].
As seen, the expansion from Central and Eastern European countries (except Austria), and their regions, is considerable. But, differently from Austria, the entrepreneurship of the other Central and Eastern European countries is based on European funds insertion, and other volatile funds, and not to real economy growth. Potential investors could have important contributions on real economic growth from Central and Eastern European countries, especially from the mountain area. Understanding the behavior of European mountain arts and services consumer, the entrepreneurs should be able to offer adequate market response.

Conclusions

(1) The paper demonstrates that the mountain entrepreneurship regarding arts, entertainment, recreation and other services for human health, increased continuously in Europe, especially in Central and Eastern Europe. Austria represent a model to be followed by the other European countries, and not only. In Austria, the population is educated to understand the benefits of the arts, entertainment, recreation and other services on human health. An emergent country in this sense is Romania, another country from Central and Eastern Europe.

(2) A key challenge for the future of health promoting will be the development of a framework where capable professionals will reduce the gap between theory and practice, and thus others will be able to apply "art and science" in various medical contexts, including vulnerable populations. But understanding how to best apply both art and science in this field requires not only scientific supremacy but also the ability to judge real and be realistic. For health professionals, the arts can facilitate the explanation of diseases, can develop understanding and diagnostic skills, can explain symptoms through the use of various art forms. It has been found that art programs applied in medical education and health care organizations improve the mental health and well-being of staff and reduce stress and burnout. It has been found that similar community programs for informal caregivers improve resilience.

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