International Journal of Applied Engineering Research ISSN 0973-4562 Volume 13, Number 1 (2018) pp. 651-661

Wellness tourism: What motivates tourists to participate?

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Abstract

Wellness tourism could add to the existing job opportunities in destinations, and with its economic impact it could create larger economic benefits to the society. Despite its long history and economic benefits, relatively less attention is given to the wellness tourism in the literature. In particular, there are limited studies analyzing the factors that motivates tourists to participate in wellness tourism in the United States (US), where the wellness tourism sector has been growing exponentially. The purpose of this study is to explore domestic tourists' motivations to participate in wellness tourism in the US. A survey is conducted in the US to collect data from potential wellness tourism participants. The results showed that keeping up with fashion and spiritual health were significnat predictors of behavioral intention to participate in wellness tourism. There were no differences in terms of behaviroal intention to participate among different age groups, suggesting that wellness tourism doesn't primarily identify with any age groups. Theoretical and practical implications are discussed.

Keywords: wellness tourism, motivation, intention, push and pull factors

INTRODUCTION

People have been traveling to different places that have specific natural resources since early historical ages with desire of relaxation (Goodrich, 1993). Relaxation might infer to wellness or well-being spiritually, mentally, or physically. Relaxation is one of the motives of tourists among others while taking a vacation (Crompton, 1979; Pearce & Lee, 2005). Growing needs of relaxation and hence wellness need of tourists increased the demand of tourists in wellness purposes, and created a new niche in tourism industry. According to World Tourism Organization (2007), 225 million tourists traveled for miscellaneous reasons including health and wellness in 2006. As an important component of wellness tourism, health spa experienced rapid growth in the past three decades. According to the International Spa Association's (ISPA) report, the number of spa locations in United States has grown from 4,140 in 1999 to 19,900 in 2010; and the spa visit number has grown from 90.7 million to 150 million at the same period. Although wellness tourism has its root in tourism, it is an emerging niche that offers great growth opportunities to existing destinations and on creating new destinations (Hume & DeMicco, 2007).

However, relatively less attention is given to the wellness tourism in the literature despite wellness tourism's long history and indicated economic benefits. One of the possible reasons is that wellness tourism is relatively a new niche in the tourism industry in a professional manner (Medina, Munoz & Medina-Munoz, 2012; Smith & Kelly, 2006). Although studies are limited on this subject, they adopted different conceptualization of wellness tourism in which it is generally confused with medical tourism. It is important to differentiate the medical tourism from wellness tourism.

Medical tourism is closely related to wellness tourism. However, it is worth noting that medical tourism and wellness tourism are not identical. Some of the studies considered wellness tourism as a segment of health tourism (e.g. Dinu, Zbuchea, & Cioaca, 2010; Muller & Kaufman, 2001), other considered spa tourism as a tourism segment (e.g. Mak, Wong, & Chang, 2009), and some of the studies treated health tourism as a whole without further segmentation (e.g. Bennett, King & Milner, 2004). Carrera and Bridges (2006) categorize health and wellness tourism as a sub-category of medical tourism, whereas Connell (2013) suggests that medical tourism is a purpose of travel with stronger care and procedure, relative to health and wellness tourism. Chen, Prebensen, and Huan (2008), and Huijbens (2011) differentiate the wellness tourism from health and medical tourism. Also, Bookman and Bookman (2007) suggest that people travel for three different types of medical treatment: invasive, diagnostic, and lifestyle. This paper follows Bookman and Bookman (2007), Chen, Prebensen, and Huan (2008) and Huijbens (2011), who differentiated wellness tourism from medical tourism and described it as a category of health tourism. Consequently, yoga, acupuncture, thermal swimming pools, body massages, various baths, beauty treatments (Goodrich, 1993; Mueller & Kaufmann, 2001; Chen, Prebensen, & Huan, 2008), spa (Spivack, 1998; Williams, et al., 1996; Chen, Prebensen, & Huan, 2008; Mak, Wong, & Chang, 2009; Medina-Muñoz & Medina-Muñoz, 2012), rest and mediation, fitness, and beauty care (Mueller & Kaufmann, 2001; Chen, Prebensen, & Huan, 2008) are considered major wellness tourism activities.

Though a variety of studies have been conducted on motivational factors of tourists on many niches in tourism industry (Baloglu & Mangaloglu, 2001; Dann, 1981; Gnoth, 1997; Jenkins, 1999; Kozak, 2002), there are limited research focusing on the relationship between tourists' motivation and their behavioral intention to participate in wellness tourism destinations. The main objective of this study is to explore domestic visitors' motivations to participate in wellness tourism in the United States because rarely have researchers studied on wellness tourism over the country where a growing number of people have interest on it. In this study, we

analyze the motivational factors in the wellness tourism context and tourists' intention to participate in wellness tourism. Exclusively, the purpose of this study is to analyze the "push and pull" factors of tourists' motivation in wellness tourism context, and their effects on tourists' intention to participate in wellness tourism. As a relatively new topic in academic tourism research, the study will provide useful implications for the marketing strategies, management and operation of wellness tourism destinations, thus improving wellness seekers' experience and attracting more wellness tourists.

Specifically, the study intends to investigate the following questions:

1) What are the motivational factors of people in the US to participate in wellness tourism?
2) How likely is it for people in the US to participate in a wellness tourism activity during vacation?
3) What is the role of motivational factors in predicting wellness seeker's behavioral intention?
4) What is the influence of past experience on tourist's motivation and behavioral intention to visit a health and wellness destination?

LITERATURE REVIEW

An increasingly intensified academic attention has been paid to this niche tourism in recent years (Smith, Kelley, 2006), however, the study on wellness tourism remains in an exploratory stage, and the discussions of health and wellness tourism have particularly focused on health tourism as a market and product (Dimanche, & Dimanche, 2010). Current research interests include definition (e.g. Mueller & Kaufmann, 2001) and scope (e.g. Bushell, & Sheldon, 2009) of wellness tourism; wellness tourists' motivations (Chen, Prebensen, & Huan , 2008; Mak, Wong, & Chang, 2009, etc.), behaviors (Suresh, Ganesan, and Ravinchandran, 2007), perceptions (Mueller & Kaufmann, 2001); wellness tourism resources and destinations (Spivack, 1998; Bennett, King & Milner, 2004); as well as market segmentation (Goodrich, 1993; Voigt, & Laing, 2010, etc.) and demand and supply analyses (Joppe, 2010; Spivack, 1998).

To date, there is still a lack of consistency in the definition of wellness tourism across the literature but most of the researchers tend to agree that wellness tourism, together with medical tourism, belongs to the realm of health tourism (Joppe, 2010; Smith, & Puczko, 2009; Mueller, & Kaufmann, 2001). For the scope of wellness tourism, according to the authors of "Wellness and Tourism: Mind, Body, Spirit, Place", wellness tourism can be divided into six categories based on tourist's motivations and product purpose and benefits. They are medical, health, sport/ fitness, adventure, wellbeing and transformation (Bushell, & Sheldon, 2009). Beeton (2010) concluded that generally wellness tourism include: traveling for medical reasons (Connell, 2006; Henderson, 2003), traveling for mental and physical rejuvenation (Mueller, & Kaufmann, 2001; Smith, & Puczkó, 2009) and traveling for physical activities that require and/or encourage certain levels of fitness. For the sake of rigorous results, this study defines health and wellness tourism as destinations focused on pure health and wellness activities and featured with just health and wellness facilities and products, for instance spa center.

Some researchers have studied the perception of wellness seekers. Mueller and Kaufmann (2001) conducted a study on tourists' perception about wellness tourism using Importance-Performance Analysis (IPA). Further the visitors were clustered as demanding health guests, independent infrastructure users, care-intensive cure guests, and undemanding recreation guests. Suresh, Ganesan, and Ravinchandran (2007) examined consumers' service expectations, attitudes toward wellness services, and the clusters of clients in five wellness centers in Bangalore, India. Based on the behavioral characteristics of clients, three clusters were identified: occupational ailment prevention seekers and regular weekend clients, heredity ailment prevention seekers and new clients, and anti-aging, spirituality seekers and strong reviewers.

Bennett, King and Milner (2004) conducted an attribute analysis on the health and wellness tourism destinations in Australia. They developed a four-quadrant model: 1) mainstream and tourism focus, 2) alternative and wider tourism focus, 3) medical treatment and mainstream focus, 4) alternative and medical treatment focus. The four quadrants were labeled as leading market, which takes up the largest proportion in industry, emerging market, conventional and niche market. The results provide implications for marketing segmentation of wellness tourism from supply side. Tourism market segmentations are usually based on demographic characteristics, psychographic profiles, geographical boundaries, buying behavior characteristics and benefits that tourists desire (Hudson, 2008). The market of health and wellness tourism has two segmentation approaches: health and income (Goodrich, 1993), some destinations target at people with certain health care needs, as different people have different health problems; and some other destinations can provide luxury health service and treatment for the high-end consumers as a result of income segmentation. The cluster analysis in Mueller and Kaufmann (2001) and Suresh et al. (2007)'s study segmented the wellness tourism market according to the behavioral characteristics of wellness tourists. Voigt and Laing (2010) provided a new approach of market segmentation: characteristics of health and wellness tourism providers, which are different from the traditional approaches that are based on the perspective of consumers. As business providers can always keenly perceive even a tiny consumption trend in the market.

Studies on health and wellness tourism have diversified on motivation factors (Konu & Laukkanen, 2009), expenditures determinants (Medina-Munoz and Medina-Munoz, 2012), analysis of retreat operators (Kelly, 2010) destination development (Huijbens, 2011). Nonetheless, it is important to concentrate on the motivation studies to generate insight to the emerging concepts in tourism (Crompton, 1979). Motivation is an important factor of individuals that explains tourist behavior (Prebensen and Kleiven, 2006), needs (Backman et al., 1995), and expectations (Yoon and Uysal, 2005). Motivation has an important background in tourism literature,

and various models have been developed to explain motivation. Beard and Ragheb (1983) introduced the leisure motivation scale. They suggest that intellectual, social, competence mastery, and stimulus avoidance are motives that drive people for travel. Crompton (1979) developed a tourist typology in motivation context that includes push and pull factors. Push factors are internal individual needs whereas pull factors are external factors such as attributes of a destination that drives tourists to participate in a vacation (Crompton 1979). Researchers on tourists' motivation context have taken several approaches. Leisure motivation scale (Beard & Ragheb, 1983), push and pull factors (Crompton, 1979), and travel career ladder (Pearce & Lee, 2005) are some of the tourists' motivation models. Motivation is an important construct explaining wellness tourists' behavior, needs, and expectation, where push and pull factors model allows this study to investigate tourists' motivation in wellness tourism both internally and externally. In this study, push and pull factors model are used to test tourists' motivation on wellness tourism

Health or wellness tourism has become a rapid growing industry, where people travel to gain health-related effects (Garcia-Altaes 2005). In this particular tourism industry, products are designed to meet tourists' health-related needs, so that tourists can recover and improve their quality of life. Tourism products such as spa, massage, fitness classes, and body treatment (pampering), health gourmet meals, fitness classes and clinical treatments are developed to attract tourists who travel for healthy activities (Chen, Prebensen, & Huan, 2008). The motivation of health and wellness tourism has been discussed by a number of tourism researchers. And the 'push and pull' model is widely adopted in tourist motivation research, which also applies to health and wellness tourism arena.

Crompton (1979) identified seven socio-psychological motives considered as 'push' factors, including escape from a perceived mundane environment, exploration and evaluation of self, relaxation, prestige, regression, enhancement of kinship relationships, and facilitation of social interaction. Based on Crompton's study, Mak, Wong, and Chang (2009) conducted a focus group survey to spa participants and found other new motivations for going to spa, namely pampering oneself, rewarding oneself for working hard, seeking mental peacefulness, and getting away from the pressures of work and social life. In the study conducted in Taiwan, by Chen, Prebensen, and Huan (2008), the findings show that in the ranking of importance of motivation by wellness tourism participants, relaxation takes the priority, followed by pursuing multiple activities, recreation, and experiencing nature, respectively (Chen, Prebensen, & Huan 2008). Mostly, the various studies on the "push" motivational factors share a common result that relaxation is one of the most important factors that drives tourists going for wellness destinations.

Apart from the 'push' factors that source from tourists themselves, the 'pull' factors are identified as the destinations' attributes and their attractions (Mak, Wong, & Chang, 2009). Therefore, the features of destination itself can be a driving force of tourists' visits. A research on health tourism in Romania spa industry found that Romania has various natural water resources with high quality of chemical composition and appropriate temperature. These features improve Romania's potential for attracting an increasing number of foreign visitors (Dinu, Zbuchea, & Cioaca, 2010). A case study on the evolution of health and wellness tourism within Byron Bay, Australia, shows that because of its location, unique geographic formation, natural assets, and wide range of health and wellness facilities such as yoga and spiritual retreats, the area is appealing to a large number of foreign visitors and domestic residents (Wray, Laing, & Voigt, 2010).

Although motivational factors explain the reasons of why visitors' participate in wellness tourism, understanding tourists' behavioral intention to visit a destination is critically important for destination managers and marketing organizations. Studies on behavioral intentions mostly focused on the topic of behavioral intention as a consequence variable. Widely accepted theories related with behavioral intention include the Theory of Reasoned Action (Fishbein, & Ajzen, 1975, 1980) and the Theory of Planned Behavior (Azjen, 1985, 1991). In tourism context, researchers have found that destination image (Chen & Tsai, 2007), subjective norm/interpersonal influence (Hsu, Kang & Lam, 2006), constraints (Hubbard & Mannell, 2001), service quality (Alexandris, Dimitriadis, & Markata, 2002), and tourist satisfaction (González, Comesaña, & Brea, 2007) are important factors in predicting of travelers' behavioral intentions. However, very few studies have explored motivation as a predictor in explaining behavioral intention.

Jang and Feng (2007) try to explain the role of one motivation factor "novelty seeking" in tourist's temporal destination revisit intention. Konu and Laukkanen (2009, 2010) conducted two consecutive studies to identify the relationship between wellness tourists' motivation factors and their intentions to make wellbeing holiday in Finland. Results show that motivations of participating physical activities, getting in better shape and promoting and enhancing health have positive effects on tourist's intentions to make a wellbeing trip, while motivations like visiting new areas and places, viewing the scenery and experiencing the nature etc. are not so relevant with intentions to make wellbeing trips. Previous experience of wellbeing holidays is confirmed having the strongest predictive effect in behavioral intention. Based on Konu and Laukkanen's (2009, 2010) studies, the motivation items are limited to those are closely related to wellness tourism, such as enhancing mental wellbeing, relaxation, etc.

The summary of literature review revealed that scant attention has been given to the motivation in wellness tourism context. The explanation might be in the nature of wellness tourism as being a new niche in tourism literature. On the other hand, different perspectives of previous studies on the topic might be another explanation to this issue. Most of the current studies are exploratory and descriptive in nature, which are still in an initial research stage. More in-depth studies and a wider range of research perspectives are needed. There are only a few studies on the motivational factors of health and wellness tourists, especially those studying motivation as an explaining variable for tourists' behavioral intention. Aiming at examining the motivational factors of health and wellness tourists in the United States, further using motivation as an

explanatory variable, this paper is expected to test the effect that tourists' motivations have on their behavioral intentions to participate in wellness tourism.

METHODOLOGY

Research Design

In this paper, a survey research approach is adopted to explore the motivational factors of tourists who participate in health and wellness tourism, and to further examine the influence of motivational factors on tourists' willingness and intention to participate in health and wellness tourism in the United States. A quantitative structured questionnaire is developed based on the literature review to collect the data.

Measurement

The questionnaire mainly consists three parts: health and wellness tourism motivation, including push and pull factors, respondents' intention to participate health and wellness tourism in the United States, and the demographic information of respondents. The first section of survey questions collects information about the "push and pull" factors influencing tourists' motivation on wellness tourism. The two dimensions are asked separately. Push factors concerning tourists' own psychological driving forces to travel wellness tourism destination, while pull factors explore destination attributes that attract tourists (Crompton, 1979). The basic framework of the measurement of the "push and pull" factors on wellness seekers' motivation come from the study of Chen, J., Prebensen, N., and Huan, T. (2008). This framework was supplemented and improved based on other related literatures. The list of 15 push factors was derived from those studies relating to tourists' motivation of visiting wellness destination developed by Chen, Prebensen, and Huan (2008), Mak, Wong, and Chang (2009). And those15 items relating to attributes of wellness destinations considered as "pull" factors were developed by Konu and Laukkanen (2009), Medina-Muñoz and Medina-Muñoz (2012). And the second section contains 7 items measuring the intention of tourists to participate in wellness tourism including loyalty, willingness to pay more, and willingness to switch. This scale is derived from Zeithaml, Berry, and Parasuraman (1996)'s five-dimension framework for behavioral intention measurement. A 5-point Likert-type scale where 1 = Not at all important, 5 = Extremely important is applied to assess respondents' motivational factors, and another 5-point Likert-type scale where 1 = strongly disagree, 5 = strongly agree is employed to test respondents' intentions to participate in wellness tourism. The third section asks about respondents' demographic information which considered instrumental for future market segmentation analysis.

Sample

The target sample of the study was the college students, who are likely to participate in wellness tourism. The age required for respondents is 18-year-old and above. A total of 200 copies of questionnaires were distributed to targeted two types of consumers, namely current and potential consumers for wellness tourism. Current consumers are those who have had the experience of being to wellness destination or participating in wellness tourism activities, while potential customers are those who have no such experience, but have the intention to take part in. At the beginning of the survey, a screening question, "have you experienced wellness tourism activities before? 'Yes' or 'No'", is set to help separate two different types of customers. The questionnaires were completed by street intercepts, emails and mails. Street intercepts took place in Charleston, SC on the weekends of December 2015. An email with a web link for the survey were also sent to randomly to potential respondents. When the data gathering stage ended, the variables were coded and the data were recorded directly in SPSS, the statistical package used in the analyses.

EMPIRICAL RESULTS

Summary Statistics

124 questionnaires were collected during the entire data collection process. However, only 91 out of 124 questionnaires were complete and usable. A descriptive analysis is conducted on the demographic profiles of the respondents (See Table 1). The majority of the interviewees were female (56.0%), whereas male accounted for 42.9% of the respondents. Most of the interviewees are 20 to 29 years old (72.5%). With respect to education, some college, bachelor's degree and master degree accounted for 39.6%, 24.2% and 24.2% respectively. 46.2% reported that their annual household income in 2012 before tax is $20,000 or under and 19.8% earn $20,001-$35,000 annually. As for employment status, majority of the respondents are student (53.8%). Those who employed accounted for 39.6%. All respondents except two missing data traveled for at least an overnight stay in the past 12 months. 29.7% traveled five time or above.

Factor analysis

Principle analysis was adopted to extract the main dimensions of tourists' wellness tourism motivation items in both push factors and pull factors. For push factors, a KMO & Bartlet's test of sphericity is conducted before exploratory factor analysis. Results (KMO=0.684, p=0.000 <0.001) showed that the data were suitable for further analysis. Varimax method was adopted in the principle component analysis, and factor loadings greater than 0.4 should be remained (Nunnally, 1978; Steven, 1992), as a result, no item was eliminated. Four principle factors were extracted, and most of the items have a factor loading higher than 0.5. The cumulative variance explained by the four factors is 60.39%, which means the four factors account for 60.39% of the total variance. According to the items fall into each dimension, the first factor focuses on the mentality of being in the health and wellness fashion trend, and of being seen as nice and fit, thus is labeled as "Keeping up with fashion". The second factor incorporates mental items like mental and spiritual therapy, thus is labeled as "Spiritual health". The third factors clearly state relaxation and stress relief, thus it is named as "Stress relaxation". The last factor

has a high factor loading on “Enhancing my quality of life” and “Experiencing something new”, respondents are expecting an improvement through health and wellness activities, and thus it is labeled as “life improvement”. A reliability analysis is run through each factor to test the internal consistency of each set of items as a group. Cronbach's α of the first two factors are greater than 0.7, which means the internal consistency is acceptable; while the last two factors are poor in internal consistency with an Cronbach's α falls between 0.5 and 0.6(Kline, 1999).

Table 1: Demographic Characteristics

	Characteristics	**Number**	**Percentage**
Gender	Female	51	56.0%
	Male	39	42.9%
Age	19 and under	15	16.5%
	20-29	66	72.5%
	30-39	8	8.8%
	40-49	1	1.1%
	50-59	1	1.1%
	60 and older	0	0%
Level of education	High school or less	4	4.4%
	Some college	36	39.6%
	Associate degree	2	2.2%
	Bachelor’s degree	22	24.2%
	Master Degree	22	24.2%
	Doctorate degree	5	5.5%
Annual household income	$20,000 or under	42	46.2%
	$20,001 - $35,000	18	19.8%
	$35,001 - $50,000	7	7.7%
	$50,001 - $70,000	5	5.5%
	$75,001 - $100,000	8	8.8%
	$100,001 or more	6	6.6%
Employment status	Employed	36	39.6%
	Unemployed	2	2.2%
	Student	49	53.8%
	Retired	1	1.1%
	Others	3	3.3%
Travel frequency	One	11	12.1%
	Two	18	19.8%
	Three	18	19.8%
	Four	15	16.5%
	Five or above	27	29.7%

Table 2. KMO and Bartlett's Test for Push Factors

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.684
Bartlett's Test of Sphericity	Approx. Chi-Square	422.078
	df	105
	Sig.	.000

Table 3. Factor analysis of push factor motivations of wellness seekers

Factors	Factor loading	Eigenvalue	% of Variance	Cumulative %	Cronbach's α
F1-Keeping up with fashion		2.98	19.86%	19.86%	.74
To be seen fashionable	.81				
Weight lose activities	.77				
Healthy life style	.69				
Participating in physical activities	.58				
F2-Spiritual health		2.53	16.88%	36.746%	.71
Mental therapy	.72				
Aging prevention	.62				
Spiritual therapy	.59				
Health consciousness	.59				
Improvement of overall health	.51				
Being alone	.42				
F3-Releasing stress		1.77	11.83%	48.58%	.53
Relaxation	.79				
Stress relieving	.75				
F4-Life improvement		1.77	11.81%	60.39%	.56
Enhancing my quality of life	.75				
Experiencing something different	.69				
Engagement in refreshing activities	.63				

Note:

1) Extraction Method: Principal Component Analysis.

2) Rotation Method: Varimax with Kaiser Normalization.

3) Rotation converged in 8 iterations.

For pull factors, again the KMO & Bartlet's test of sphericity is conducted first to test the fitness of the data to run factor analysis. Results (KMO=0.758, p=0.000 <0.001) show that the data are suitable for factor analysis. Three principle factors are extracted after the dimension reduction, and the cumulative variance explained by the three factors is 50.35%, which means the three factors account for 60.39% of the total variance. The items fall into the first factor focuses are mainly concerning the products, service and facilities provided by the destination, which constitute the core product of a health and wellness tourism destination. This dimension explains the largest variance of why a tourist comes. The second and the third dimension depict the intangible features of the site, including the accessibility, the availability, the environment, the atmosphere, the climate, as well as the popularity of the destination. Further, the three principle factors extracted from pull factor motivations are labeled respectively as "Core products provided by destination", "Accessibility of destination" and "Reputation of destination". The reliability analysis results show that Factor 1(α=0.793) and Factor 2(α=0.713) have an acceptable level of internal consistency, and Factor 3(α=0.569) has a relatively poor reliability.

Table 4. KMO and Bartlett's Test for Pull Factors

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.75
Bartlett's Test of Sphericity	Approx. Chi-Square	395.83
	df	120
	Sig.	0.00

Table 5. Factor analysis of pull factor motivations of wellness seekers

Factors	**Factor loading**	**Eigenvalue**	**% of Variance**	**Cumulative %**	**Cronbach's α**
F1-Core products provided by destination		3.39	21.19%	21.19%	.793
Balanced and healthy diet options	.768				
Range of wellness treatments offered in destinations	.739				
Length of treatment programs: the longer the better	.719				
Length of treatment programs: the shorter the better	.651				
Sport facilities in destination	.566				
Yoga facilities	.559				
Option for the packaged services	.528				
F2- Accessibility of destination		2.66	16.67%	37.87%	.713
Easy access at the destination	.724				
Destination climate	.719				
Accessibility and availability of destination	.714				
Gastronomy supply	.607				
Spa facilities	.412				
F3-Reputation of destination		1.99	12.47%	50.35%	.569
Environment, atmosphere, and decoration of destination	.676				
Availability of multiple activities in destinations	.652				
Word of mouth of the destination	.614				
Popularity of the destination	.541				

Note:
1) Extraction Method: Principal Component Analysis.
2) Rotation Method: Varimax with Kaiser Normalization.
3) Rotation converged in 6 iterations.

Univariate Analysis

A T-test analysis is employed to test the difference of willingness to recommend health and wellness tourism to other people between male and female respondents. From Levene's Test for Equality of Variances, the significance is 0.051 (>α=0.05, at the confidence interval percentage 95%), which implies that male and female respondents equally account for the variances of respondents' willingness to recommend health and wellness tourism. Further, the 2-tailed significance value for equality of means is 0.505, which is higher than 0.05, meaning that there is no difference between male and female respondents regarding their willingness to recommend health and wellness tourism to their families and friends.

Table 6. Independent sample T test

	Levene's Test for Equality of Variances		t-test for Equality of Means			
	F	Sig.	t	df	Sig. (2-tailed)	Mean
Equal variances assumed	4.142	.051	-.675	28	.505	3.30
Equal variances not assumed			-.580	12.681	.572	3.60

An Oneway analysis of Variance (ANOVA) is applied to test whether there are differences among 5 age groups (19 or under, 20-29, 30-39, 40-49, 50-59) on the perception of importance of the motivational factor "healthy life style" driving them to health and wellness tourism. However, the ANOVA test result displays that the significance between groups is 0.986 (>α=0.05, at the confidence interval percentage 95%), which indicates that there is no significant difference on the perception of "healthy lifestyle" among different age groups.

Table 7. Results from ANOVA Analysis

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.465	4	.116	.088	.986
Within Groups	113.491	86	1.320		
Total	113.956	90			

Multiple regression analysis

We further conducted multiple regression analysis to test the hypothesis of the study. The findings of the regression analysis revealed that the model is overall significant, and the independent variables predict 27.7% of the dependent variable. We investigated whether factors generated from the dataset, reputation of destination, core products provided by destination, accessibility of destination, releasing stress, life improvement, spiritual health, and keeping up with fashion are able to predict the behavioral intention to visit a health and wellness tourism destination. If we look at the coefficients table we can see that only keeping up with fashion and spiritual health is significant predictors of dependent variable, namely I will visit health and wellness destination in the next few years at the 5% significant level. Remaining variables, however, appears to be insignificant in predicting the dependent variable. Keeping up with fashion has beta coefficient of .318 and spiritual health has beta coefficient of .290.

Table 8. Regression Results

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	3.053	.116		26.207	.000
Keeping up with fashion	.318	.149	.271	2.132	.036
Spiritual health	.290	.145	.242	2.005	.049
Releasing stress	.183	.120	.159	1.520	.133
Life improvement	-.153	.125	-.134	-1.225	.225
Core products provided by destination	.136	.161	.118	.844	.401
Accessibility of destination	.188	.131	.158	1.435	.155
Reputation of destination	.203	.126	.177	1.612	.111
R-Square	0.27				
Adj-R-square	0.21				

Dependent Variable: I will visit health and wellness destination in the next few years

DISCUSSION AND CONCLUSION

This study analyzed the motivational factors in the wellness tourism context, and tourists' intention to participate in wellness tourism. Motivation context is identified in to aspects following Crampton (1979): Push and pull factors. Tourists' intention to visit was defined in the context of behavioral intention to visit a wellness tourism destination. Self-administered surveys conducted using both electronic and paper surveys. Statistical analyses conducted to identify the relationship between behavioral intention to visit and motivation factors. Different factor structures of motivational items identified conducting factor analysis. Additionally, T-test and ANOVA test were conducted to investigate the differences.

Overall explained variance of factor analyses for both push and pull factors weren't high, and some of the factors had relatively low score of Chronbach's alpha, in which the highest was .79, and the lowest .54. Despite the low factor loading and Chronbach's alpha scores, four factors were generated for push dimension, and three factors were generated for pull dimension. The factors of push dimension were labeled keeping up with fashion, spiritual health, releasing stress, and life improvement, respectively. The factors of pull dimension were labeled core products provided by destination, accessibility of destination, and reputation of destination, respectively. However, regression analysis revealed that only two push factors are significant in predicting behavioral intention to visit: keeping up with fashion and spiritual health, and they are only significant at 5% level. We couldn't find any differences in intention to visit among age groups. That is, health and wellness tourism doesn't primarily identify with any age groups. There isn't any difference on recommending health and wellness tourism to other people based on genders. We couldn't find strong correlation between travel preference of health and wellness tourism and encouraging families and friends to attend health and wellness tourism.

In this new niche, there are not any well-developed scales, and we see that combining items from the literature randomly won't work. One should follow scale development steps. However, our time and budget were limited to do so. Thus, future studies should first consider a reliable scale of motivation for health and wellness tourism. Another major limitation is the sample of the study. The sample is not randomly selected, normally distributed, and it is very small in number, and hence it is not representative. Future research should consider a random sampling process, in which normally distributes and representative.

Overall, it can be stated that while health and wellness tourism is an important segment of tourism, it is relatively new and more research is needed to establish scientific background of health and wellness tourism. Hence, the study indicates that future research should first focus on identifying the health and wellness tourism and establishing reliable and valid scales, then should focus on explanatory part of the health and wellness tourism to accomplish the challenge.

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