

**Wellness Tourism: Determinants of Incremental  
Enhancement in Tourists' Quality of Life**

by  
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Thesis submitted to the University of London for the degree of  
Doctor of Philosophy  
May 2016

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## **Declaration of Authorship**

I Siripan Deesilatham hereby declare that this thesis and the work presented in it is entirely my own. Where I have consulted the work of others, this is always clearly stated.

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Date: **6<sup>th</sup> June 2016**  
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## Abstract

Wellness tourism is viewed as a subset of health tourism. It is the special interest or niche tourism, where travellers have the primary purpose of enhancing their well-being during the trip. Wellness tourism has received considerable attention from both academics and practitioners. However, there seems to be little understanding of motivations, behavioural intentions and psychological characteristics of the wellness tourists. Existing studies have only investigated spa/beauty spa visitors; lifestyle resort visitors; and yoga and spiritual retreat visitors. This study, therefore, aimed to extend the existing wellness tourism knowledge by examining the narrow and specific sphere of Muay Thai fitness and meditation retreats. Previous literature used only a supply-side approach to define wellness tourists. The samples in existing studies were chosen from tourists who had only visited and/or participated in labelled wellness tourism destinations. No attempt was made to verify whether they were authentic tourists whose primary motivation was to enhance their health and well-being during their trip. To address this knowledge gap, both supply and demand-side approaches were incorporated to identify authentic wellness tourists through verification screening procedures.

A literature search revealed that the psychological characteristics of wellness tourists were not well understood. Thus, another aim of this research was to explore the psychological factors (motivations, lifestyle congruence, positive emotions, self-image, satisfaction and incremental quality of life) and the behavioural factors (behavioural intention). The wellness tourism literature also indicated that the relationships between these variables had received scant attention. Moreover, a theoretical model linking motivation and other psychological constructs in the wellness tourism context had never been empirically tested. Consequently, this research also aimed to theoretically develop and empirically test a structural equation model, of incremental quality of life and behavioural intention within a wellness tourism context. The proposed hypotheses attempted to identify the structural relationships among the seven constructs in the model, examined through a series of analyses using AMOS 21.0 as 1) motivation, 2) lifestyle-congruence, 3) wellness self-image congruence, 4) positive emotion, 5) satisfaction during the trip, 6) behavioural intention and 7) incremental quality of life. As a principle guideline it was assumed that satisfaction during the trip was the key factor for

behavioural intention and incremental quality of life of the wellness tourists. Motivation, lifestyle-congruence, wellness self-image congruence and positive emotion also played an important role in satisfaction during the trip. Also, motivation was an influential factor for the incremental quality of life of the wellness tourists. A total of 885 usable questionnaires were collected from a purposive sampling of wellness tourists at several famous wellness destinations in Phuket and Surat Thani, Thailand (Tiger Muay Thai, Phuket Top Team and Sinbi Muay Thai, International Dharma Hermitage of Wat Suan Mokkh and Dipabhāvan Meditation Centre). Confirmatory factor analysis and structural equation modelling (SEM) procedures were performed using AMOS. As hypothesised, lifestyle-congruence, wellness self-congruence and positive emotion were found to have positive effects on satisfaction during the trip. Satisfaction had a significant and direct influence on both behavioural intention and incremental quality of life. Motivation, however, had no significant influence on satisfaction and behavioural intention. The findings suggested that satisfaction partially mediated the effects of wellness self-image congruence and positive emotion on behavioural intention. Discussions, conclusions and implications for future study were presented.

## **Award, Proceedings and Conference Paper from this Thesis:**

### **Award:**

The research paper “*Wellness Tourism: Determinants of Incremental Enhancement in Tourists’ Quality of Life*” from a section of the findings in this thesis received a Highly Commended Award at the 3<sup>rd</sup> World Research Summit for Tourism and Hospitality and 1<sup>st</sup> USA-China Tourism Research Summit: Transforming Partnerships 2015. UCF Rosen College of Hospitality Management, Orlando, Florida, USA, December 15-19, 2015

### **Proceedings in international conferences:**

Deesilatham, S. & Hosany, S. (2016). Wellness Tourism: Understanding Muay Thai Tourists Travel Motivation, In *23<sup>rd</sup> Recent Advances in Retailing & Services Science Conference*. Edinburgh, Scotland, July 11-14, 2016. European Institute of Retailing and Service Studies.

Hosany, S. & Deesilatham, S. (2015). Wellness Tourism: Determinants of Incremental Enhancement in Tourists’ Quality of Life, In *3<sup>rd</sup> World Research Summit for Tourism and Hospitality and 1<sup>st</sup> USA- China Tourism Research Summit: Transforming Partnerships 2015*. UCF Rosen College of Hospitality Management, Orlando, Florida, USA, December 15-19, 2015. Elsevier. (Highly Commended Award).

Deesilatham, S. & Hosany, S. (2015). Wellness Tourism and Quality of Life: Understanding the Motives, Lifestyle, Feelings, Satisfaction and Subjective Well-Being of Muay Thai Enthusiasts, In *22<sup>nd</sup> Recent Advances in Retailing & Services Science Conference*. Montreal, Canada, July 27-30, 2015 (p.17). European Institute of Retailing and Service Studies.

Hosany, S. & Deesilatham, S. (2015). Wellness Tourism and Incremental Quality of Life: A Study of a Niche Tourist Segment of Muay Thai Enthusiasts. In “*Service Innovation and Experiences*”, *Travel and Tourism Research Association Europe Conference*. Innsbruck, Austria, April 22-24, 2015 [electronic]. Travel and Tourism Research Association.

**Doctoral Conference Paper:**

Deesilatham, S. (2013) Wellness Tourism and Quality of life: Toward an Understanding of Motivations, Constraints, Lifestyles and Satisfaction In *Keeping it Relevant"* *Travel and Tourism Research Association 44<sup>th</sup> Annual International Conferences*, Kansas City, Missouri, USA, June 20-22, 2013.

## Acknowledgements

I wish to express my sincere appreciation to the many people who provided support, direction and assistance during this PhD dissertation. Without their words of encouragement and contributions this thesis would not have been completed smoothly. First and foremost, I wish to take this opportunity to express my sincere gratitude to my supervisor Dr Sameer Hosany for his intellectual inspiration, guidance, support and instruction throughout. I would also like to thank Dr Isabella Chaney, my advisor and Professor Mark Exworthy my former advisor. I wish to thank Professor Scott McCabe (external examiner) and Dr Derrick Chong (internal examiner) for their comments, suggestions and contributions.

My study at Royal Holloway University would not have been possible without the full scholarship offered by the University of the Thai Chamber of Commerce. I would like to thank them for giving me this opportunity. I am particularly indebted to my many colleagues at the University of the Thai Chamber of Commerce and all my lovely friends for their constant support during this study in the UK. My heartfelt thanks go to all participants of the field study for their willingness to share their time, knowledge and experiences. Special thanks and deep respect are due to the Muay Thai Tourism experts: Panya Kraitus, Will Eilot, Suwit and Kittisak Wongwai, Somchai Binmud and meditation retreat expert Arjan Pho for sharing their knowledge and experiences while supporting me during the data collection.

I want to express thanks to all my family members for their unconditional support. Particularly, my beloved Mom, Supanee, my sisters, Dr Sirirat, Siriwan, Wilaiwan, Manassanan and my brothers Dr Maytha, Sirichai and Pongpun. They deserve my special thanks and appreciation for their love, support and patience. I love you for your unconditional love and patience. Finally, thanks to you my little daughter Ranida and son Pattarapol who always gave me energy, made me smile and made me happy during my life as a PhD student in England.

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# Chapter 1 Introduction

## 1.1 Background of the Study

Tourism has become one of the important sectors that drives the world economy. The World Tourism Organisation (UNWTO, 2013) reported that international tourist arrivals grew by 4%, reaching 1,035 million worldwide in 2012. International tourism receipts also recorded a 4% increase, setting a new record high of US\$ 1,075 billion in 2012. The UNWTO (2013) reported Asia and the Pacific as the fastest-growing regions in international tourist arrivals with 7% growth in 2012. Thailand recorded the highest number of arrivals among South-East Asian countries at 22.8 million in spite of the protests and coup between November 2013 and February 2014 (Euromonitor International, 2015). Countries are constantly developing suitable products to satisfy different motivations for tourists trips (e.g., leisure, recreation and holidays; business and professional; health; religious and pilgrimage; and visiting family and friends). In recent years, health and well-being have received global attention as important factors of shaping people's lifestyle and consumption patterns (Voigt & Pforr, 2014). Health consciousness and the awareness of the need to manage work stress are key drivers behind this trend. Therefore, many destinations are actively seeking to exploit these opportunities by developing strategies around the desire to improve health and well-being through travel and attract both international and local tourists. Health tourism now contributes significantly to the economies of many countries such as India, Thailand, Malaysia and Singapore which are increasing these services to foreign customers (Heung & Kucukusta, 2013).

Health tourism is a broad concept that incorporates two major subgroups: medical tourism and wellness tourism (Mueller & Kaufmann, 2001; Smith & Puczko, 2009; Voigt, Brown & Howat, 2011). Medical tourism satisfies tourists' motivation to obtain good health (Hui, Thomgma, Chen & Wang, 2012). It is grounded in the biomedical paradigm which relies on medical treatment and the curing of diseases. In contrast, wellness tourism satisfies the need to improve one's health and well-being (Mueller & Kaufmann, 2001) and focuses on balancing and integrating the holistic health dimensions of mind, body and spirit as well as connecting with the environment and society. Wellness tourism has been promoted as a widely popular trend among health-preservation and

illness-prevention enthusiasts (Heung & Kucukusta, 2013). Active involvement, self-responsibility, healthy lifestyle and self-actualisation have been noted as particular characteristics of wellness tourists (Voigt & Pforr, 2014).

Wellness tourism is a form of special-interest tourism (Hall, 2003; Letho *et al.*, 2006), however existing definitions are debatable. Activities for wellness tourism are diversified and include beauty treatments, massage- or body-based therapies, sports and fitness, spa- and water-based services, nutritional and detox programmes, herbal and natural remedies, mind and body interventions, holistic retreats and meditation. Some of these services are hybrid forms and target specific markets all over the world (Voigt, 2014). Wellness tourism is forecast as the fastest-growing niche market in the tourism industry (Voigt & Pforr, 2014) and considered the largest sector in global health tourism (Yeoman, 2008). It has become popular among well-educated middle- and upper-class consumers; people who want to relax and improve their health by travelling to far-away destinations (Heung & Kucukusta, 2013). Kevan (1993) asserted that the desire to improve health and well-being through travel can be linked to the evolution of civilisation.

The major reasons for the increase in wellness tourism supply and demand are summarised in previous literature (e.g., Smith & Puczkó, 2009; Voigt & Prorr, 2014) as follows:

1. Consumers are now more health conscious which has become the global trend; they are more informed and educated about their own health and healthcare options. They are more responsible for their well-being and live healthier lifestyles. They have a more positive understanding of the holistic attributes of health. Wellness tourism is linked to an alternative holistic paradigm of health. Healthy lifestyle is the fundamental basis for wellness-tourism demand.

2. The fast pace of daily life and pressure of work has significantly increased the growth rate of anxiety-related disorders and psychological diseases. Wellness tourism is now recommended to consumers who feel the need to escape from their daily stress to relax and recuperate.

3. Consumers tend to be less materialistic and prefer simple living, trading high income for leisure time to increase their quality of life. Another movement is the study of health and sustainability as a modest form of consumer lifestyle. These people do not only consider their personal health, but also the environmental health of the community



and social concerns which lead them to make consumption choices that include fair, green, organic and sustainable products.

4. Following the pervasive views of individualism, especially in Western countries, consumers are searching for a product that expresses their identity. Tourists are now turning away from mass tourism to independent travel and niche tourism. Wellness tourism arguably links individuals to their inner selves and the need for transformation of the inner and outer self through obsession with self-image or the desire to look like supermodels or celebrities.

5. Voigt and Prorr (2014) referred to Aburdene's (2007) arguments about how the quest for spirituality has become a trend in the 21st century and how popular Eastern spiritual practices like Yoga and meditation, self-help books, pop psychology and new age beliefs are an integral part of wellness tourism often neglected in analysis. However, the impact of spirituality on personal experience and divine awareness is expanding from individual life to company staff training. Aburdene (2007) noted that companies with conscious capitalism transformation such as spiritual awareness, ethics and morals, environmental values and corporate responsibility will exceed the performance of their competitors in the long run.

6. Population age is increasing and baby boomers are viewed as affluent and health-conscious consumers; a view that many researchers seem to share (Pollock *et al.*, 2000; Smith & Kelly, 2006; Yeoman, 2008) as the main reason for the rising demand of wellness and medical tourism. Changing demographics, such as an ageing population of baby boomers has affected the growth of the wellness industry. However, baby boomers as majority customers are not the main targets for all wellness tourism destinations with several attracting only younger tourists (Mak, Wong & Chang, 2009; Voigt, Howat & Brown, 2010).

Due to its growing importance/trend as an industry, wellness tourism has received attention from the academic community and the Tourism Recreation Research Journal published a special issue on wellness tourism in 2006. In 2010, the theme of the Travel and Tourism Research Association (TTRA) Europe conference was "*Health, Wellness and Tourism: Healthy Tourists, Healthy Business*". Recently, several books have been published on this topic (for example, Bushell & Sheldon (2009) edited the book "*Wellness and Tourism: Mind, Body, Spirit, Place*"; Smith & Puczko's (2009) "*Health and Wellness Tourism*"; Erfurt-Cooper & Cooper's (2009) "*Health and Wellness Tourism: Spas and Hot Springs*"; Uysal, Perdue & Sirgy's (2012) edited "*Handbook of*

*Tourism and Quality of Life Research: Enhancing the Lives of Tourists and Residents of Host Communities*”; Voigt & Pforr (2014) edited book “*Wellness Tourism: A Destination Perspective*”) as well as wellness tourism articles in tourism journals (for example: Chen, Prebensen & Huan, 2008; Hui *et al.*, 2012; Laesser, 2011; Medina-muñoz & Medina-muñoz, 2012; Mueller & Kaufmann, 2001; Chen & Petrick, 2013).

Since the end of the 20<sup>th</sup> century, health tourism has contributed to the economies of many countries—including India, Thailand, Malaysia and Singapore—that increasingly offer health tourism services to foreign customers (Heung & Kucukusta, 2013). The global wellness economy reached £2.1 trillion (US\$ 3.4 trillion) in 2013 (Global Wellness Institute, 2014). The major wellness tourism market destination in terms of number of trips, expenditure and expenditure growth was North America with £140.5 billion, followed by Europe (£128.3 billion) and Asia-Pacific (£60.6 billion) (Global Spa Summit, 2014). Euromonitor International (2015) reported that the leaders in wellness tourism within the Asia-Pacific region in 2014 were Japan (£11,682.4 million), followed by China (£1,770.2 million) and Thailand (£1,483.5 million). As a result, many tourism destinations are developing suitable tourism products to satisfy consumers’ different desires for their trips (e.g., leisure, recreation and holiday; business and professional; health; religious and pilgrimage; and visits to family and friends). Euromonitor International (2012) reported that health and wellness tourism, including medical, spa and other health and wellness services experienced the highest number of arrivals at 18 million, with the highest incidence of 6% growth in the value of health and wellness tourism in 2011. The trend of health and wellness tourism in Thailand is forecast at a 5% growth rate continuing from 2014 to 2019 (Euromonitor International, 2015). Cheaper labour costs, plentiful of domestic raw materials and international standards of service promote Thailand as an excellent health and wellness destination choice for tourists who wish to balance mind and body. Thailand is also cheaper than other countries in Asia including Hong Kong, Singapore, Malaysia and Japan (Euromonitor International, 2012). Day spas, destination spas, spa resorts and hotels are widespread in Thailand. Customers can choose a variety of spa services lasting from one to four hours per visit. Tourists include spas in their trip for several reasons. First, spas are often part of the tour or accommodation package that the tourists have bought. Second, tourists go to spas because they are specifically seeking spa experiences, including Thai spa and traditional Thai massage once or a few times during their trips. Third, many tourists feel the need to pamper themselves, refresh and relax after a day of excursion shopping and sightseeing or after engaging in sports and adventure activities (e.g., scuba diving, golf

or Thai boxing). Finally, medical tourists (tourists seeking medical treatments) and medical wellness tourists (tourists who attend detox, fasting or other non-clinical therapeutic programmes) also require spas to release physical and mental energy. Spa-goers have different goals: some seek better health, while others seek to maintain the balance of physical and mental well-being. Spas are now located at every tourist destination in Thailand including main streets, shopping areas, beaches, hotels and resorts, town centres and tourist attractions. Spas have become a common holiday experience in Thailand. Therefore, it would be inappropriate to consider all of these spa visitors in the category of wellness-tourist activities (Dann & Nordstrand, 2009; Ritter, 2005; Steiner & Reisinger, 2006).

However, most international spa visitors to Thailand are not those whose primary purpose is to seek to maintain their wellness whilst they are travelling. They usually spend only three to five hours receiving spa treatments. These visitors do not book in advance before their visit; instead, the reservation is made after they reach Thailand; maybe one day in advance. The majority of visitors staying for only one week will go to a spa on average one to three times as a part of their Thai experience. As spa treatments are included in many tour programmes for tour groups such as Chinese and Russian tourists, tour operators usually organise only three to four hours for these tourists to spend at the day spa destinations or spa resorts. In contrast, most international tourists of the non-spa sectors such as Muay Thai training, meditation retreats, and nutrition and detoxification seek to maintain wellness as their primary purpose for travelling. They tend to make their trips entirely to pursue wellness activities.

Due to the issue of the illegal sex trade that is sometimes found within spa and massage outlets, the tourism associations (e.g., Phuket Tourism Association, Association of the Thai Travel Agents) collaborate with the Tourism Authority of Thailand (TAT) to increase marketing efforts to counter such negative images. Recently, TAT launched the new “*Discover Thainess*” campaign. Muay Thai and meditation retreats feature prominently and appear on TAT’s “*Discover Thainess*” main Web page. In 2010, TAT published the “*Meditation in Thailand: Learn and Practice Buddhist Meditation in Traditional Thai Surroundings*”. They distributed 10,000 booklets to the main target markets of America, Europe and Australia and to the secondary markets of China, Hong Kong, Japan, Korea, Singapore, India, Malaysia and Israel. In 2013, TAT created the marketing communications campaign “*Happiness You can Share*” based on Thailand’s tourism branding, which also included Muay Thai and wellness tourism. In addition, tourism associations (e.g., Phuket Tourism Association, Samui Spa Association) have

encouraged wellness destination managers to offer locally grown products, (e.g., Thai herbal spa products, traditional Thai remedies) and services, (e.g., traditional Thai massage, Muay Thai, Thai cooking class, Buddhist meditation retreats) to attract travellers who seek authentic, place-based experiences.

Over a decade ago, Muay Thai or Thai boxing emerged as a niche market in wellness tourism in Thailand. Phuket is the most famous Muay Thai destination for international tourists. Muay Thai fitness has received more attention from residents, local tourists and international tourists for fitness and weight loss purposes. Muay Thai is the national sport of Thailand and a martial art with origins in the ancient battlefield tactics of the Siamese army (Crisafulli *et al.*, 2009). Muay Thai was exported to many countries and became widespread internationally during the latter half of the 20<sup>th</sup> century. There are 443 standard Muay Thai camps offering Muay Thai training for tourists around Thailand (Tourism Authority Thailand, 2013). There are also 3,869 Muay Thai camps in 36 countries; for example, Brazil (1,631 camps), Iran (650 camps), India (256 camps), Morocco (220 camps) and the U.S. (190 camps) (Tourism Authority Thailand, 2013). The general perception of Muay Thai is as a fighting/self-defence sport, the foundation training for professional Mix Martial Art (MMA) fighting. Recently, Muay Thai has become a fitness workout that can be found in many famous gyms offering Muay Thai training such as Fitness First. Muay Thai can provide both physical and mental benefits. It is a highly physical sport and constant training enables individuals to lose weight and improve their overall body fitness. Additionally, Muay Thai requires highly demanding training to improve the metabolic or cardiovascular system via running or sprinting to create a fit and healthy body and encourage illness resistance. Since the first campaign of “*Amazing Thailand*” in 1998 launched by the Tourism Authority of Thailand, Muay Thai has been promoted as a destination attraction in terms of traditional Thai culture and Thai martial arts. Muay Thai has been presented in many forms; for example, martial arts are a way of life in Thai cultural performances, fighting matches in prominent sport arenas (Rajadamnern Stadium and Lumpinee Stadium) and Muay Thai workouts. Phuket is the most famous destination of Muay Thai training for international tourists in both Muay Thai fitness and Muay Thai fighting.

Thailand is a Buddhist country and meditation is a part of the way of life for Thai people. Meditation retreats and teachings are available at monasteries throughout Thailand, Sri Lanka, Myanmar and especially Nepal and seem to be part of a widely popular and influential movement. Mindfulness meditation is becoming an increasingly popular trend as an alternative healing paradigm in the context of contemporary medicine.

Published research (e.g., Burke, 2012; Kim *et al.*, 2013; Krygier *et al.*, 2013) suggests that meditation has an effect on the patient's mind and body. With the growth of global interest in meditation practice, Thailand has attracted international tourists from all over the world who wish to discover and experience the secret of the peaceful and meditative lifestyle. Meditation is offered as English day classes at centres and temples in Bangkok (e.g., Wat Mahadhatu). Intensive courses ranging from 4 to 10 days are provided by forest monasteries outside Bangkok (e.g., Wat Suan Mokkh International Dharma Hermitage, Chiya, Dipabhāvan Meditation Centre, Koh Samui) and also month-long courses at tranquil forest retreats in rural provinces (e.g., Wat Nong Pah Pong, Ubon Ratchathani). Many meditation destinations are provided in monasteries that do not engage in monetary exchanges for the teachings or the retreat programme, providing the services on a donation basis. In recent years, meditation retreats have become increasingly popular among international tourists. Thus, TAT has published three meditation booklets (*"Experience Buddhist Meditation"* in 2003, *"Meditation in Thailand: The Path to Inner Peace and Well-Being"* in 2008 and *"Meditation in Thailand: Learn and Practice Buddhist Meditation in the Traditional Thai Surroundings"* in 2010) highlighting information about Buddhism and meditation as well as promoting a number of international meditation centres throughout Thailand. Prominent destinations for intensive meditation courses include Surat Thani: Suan Mokkh International Dharma Hermitage and Dipabhāvan Meditation Centre. Suan Mokkh International Dharma Hermitage (Suan Mokkh) has offered international meditation retreats for foreigners for more than 20 years.

Muay Thai training and meditation retreats are new emerging wellness markets; the former falls into the category of sports and fitness, while the latter is holistic wellness tourism. Previous studies focused on spa tourists (Mak *et al.*, 2009; Voigt *et al.*, 2011), yoga tourists (Letho *et al.*, 2006), spiritual retreats tourists (Kelly, 2012; Voigt *et al.*, 2011) and lifestyle resorts tourists (Chen *et al.*, 2008; Voigt *et al.*, 2011). However, few empirical studies have been conducted on meditation retreat tourists (Voigt *et al.*, 2010; Voigt *et al.*, 2011) and there is no empirical study on Muay Thai training within the context of sport and fitness in wellness tourism. To address these gaps in the literature and to extend knowledge in existing wellness tourism research, this study aimed to investigate meditation retreat tourists and Muay Thai fitness tourists.

## 1.2 The Need for this Research

The concept of wellness consists of several elements including physical, mental and spiritual well-being; as well as one's relationship to oneself, others and the environment. It also relates to the concepts of well-being, happiness and quality of life (Smith & Puczko, 2009). Health-related tourism is not a new concept. Archaeological and written history of Syrian, Mesopotamian, Egyptian, Chinese and Greek culture are the evidences of health-related travel (travel to hot and cold springs for bathing and healing purposes) which have both grown and declined throughout the centuries (Voigt, 2014). The quest for the quality of life (QOL) is the possible motivation driving the growth of wellness tourism (Bushell, 2009). Quality of life has received more attention from tourism researchers in this decade (Benckendorff *et al.*, 2009; Dolnicar, Lazarevski & Yanamandram, 2013; Dolnicar, Yanamandram & Cliff, 2012; Moscardo, 2009; Neal, Uysal & Sirgy, 2007) and is usually viewed as a personal perception of the sense of well-being, satisfaction or dissatisfaction with life, and happiness or unhappiness (Dalkey & Rouke, 1973). There are many different views on the quality of life. Haas (1999) opined that there was a relationship between QOL and needs satisfaction. Ryff and Keyes (1995) considered that quality of life was the key indicator of life satisfaction. Lee and Sirgy (1995) asserted that overall life satisfaction related to happiness within the individual life domains. It would appear that there is no agreement on a precise definition of QOL. However, two concepts seem to be ubiquitous. Firstly, QOL relates to an internal and psychological mechanism that produces satisfaction in individual life and secondly, external conditions have an influence on this internal mechanism (Kruger, Rootenberg & Ellis, 2013). Neal and colleagues (1999, 2004, 2007) suggested vacation contribution to QOL. Additionally, their findings indicated that service and experience satisfaction, trip reflections, and satisfaction with service aspects of tourism phases and non-leisure life domains affect overall satisfaction with life of the tourists. Furthermore, a previous study illustrates the connections between trip experiences, satisfaction with life domains and overall well-being (Sirgy, Kruger, Lee & Yu, 2011). Taking a vacation is related to a strong sense of well-being (Gilbert & Abdullah, 2002). Other studies confirmed that pleasure can improve the quality of tourists' lives (Javalgi, Thomas & Rao, 1992; Lee & Tideswell, 2005).

Prior research in wellness tourism can be grouped into two main streams. The first is demand-side studies focusing on tourists' needs and their behaviours such as motivations (Chen *et al.*, 2008; Mak *et al.*, 2009; Voigt *et al.*, 2011), expenditure (Medina-muñoz & Medina-muñoz, 2012), customer satisfaction (Chen, Liu & Chang, *Deesilatham, S.*

2013), and service quality (Chen, Liu & Chang, 2013; Hui *et al.*, 2012; Mueller & Kaufmann, 2001). The second research stream focuses on supply-side studies such as wellness destination development (Heung & Kucukusta, 2013; Hjalager & Flagestad, 2012; Huijbens, 2011; Konu, Tuohino & Komppula, 2010) and wellness facilities (Mueller & Kaufmann, 2001). Spas are the most common forms of wellness tourism. Existing wellness tourism studies focus mainly on spa-goers or spa tourists (Chen *et al.*, 2008; Chen *et al.*, 2013; Mak, Wong & Chang, 2009; Medina-muñoz & Medina-muñoz, 2012). Few researchers studied spiritual wellness tourists (e.g., Kelly, 2012; Lehto, Brown, Chen *et al.*, 2006). Most research was collected from supply-side approach definitions. The samples in past research were simply chosen from tourists who had only visited and/or participated in labelled wellness tourism destinations such as spa resorts, yoga and lifestyle resorts, without verifying whether these were authentic tourists whose primary motivation was to enhance their health and well-being during their trip. It seems to be unclear whether the samples had already had experiences with the wellness services. Therefore, using both supply-side and demand-side approaches could help the researcher to verify the authentic wellness tourists in their studies.

The spa sector has been critiqued by several researchers (e.g., Dann & Nordstrand, 2009; Ritter, 2005) as hedonic or pleasure travel motivations rather than seeking the true well-being from vacation. However, wellness tourists whose motives are seeking transcendence and spiritual benefits should be considered as genuine (Steiner & Reisinger, 2006). Although Voigt *et al.* (2011) examined the benefits sought among three different wellness tourist categories including beauty spa visitors, lifestyle resort visitors and spiritual retreat visitors, demand-side research which covers the range of the various wellness tourists is still limited. Further examination of other groups of wellness tourists is needed. Furthermore, all previous studies collected data after the trips. It can be argued that the respondents might not recall their exact feeling on those trips or it might be possible for them to overstate their feelings to be more positive than their realistic feeling—which is called the “rosy view” phenomenon (Mitchell, Thompson & Peterson, 1997). Therefore, this research aims to investigate the samples from wellness tourists who have the intention of improving their health and wellness, have engaged the experience for at least three days at the wellness destination and have not yet finished their trips. However, wellness facilities for serving these needs are rare in the existing wellness tourism (Voigt, 2014). Wellness tourism offers (products, service and destinations) are different in each country (Smith & Puczko, 2009). To date, no known studies have been conducted in the segment of sports and fitness tourism. Additionally, past studies

investigated spiritual wellness tourists, but the samples were a mix of different sub-segments such as yoga and meditation. Research regarding meditation retreats in the wellness tourism context remains scarce in tourism literature. To extend previous knowledge, samples in this research will cover two specific wellness tourist categories: firstly the sports and fitness category which is called “*Muay Thai*” or Thai Boxing and secondly the meditation retreat group.

Existing studies confirm that tourism plays an important role in improving quality of life (Dolnicar, Lazarevski & Yanamandram, 2013; Dolnicar, Yanamandram & Cliff, 2012; McCabe, Joldersma & Li, 2010; Sirgy *et al.*, 2011), however this raises a critical question: what determines the incremental subjective well-being or quality of life of the wellness tourists during their vacation?

Tourists differ in their motivations for travel, as well as in many other psychological characteristics such as lifestyle and personality. Push-and-pull motivations (Crompton, 1979) and Maslow’s hierarchical need (Maslow, 1943) have been widely used to evaluate tourists’ motivations in various tourism contexts (e.g., Oh, Uysal & Weaver, 1995; Sangpikul, 2008; Sirakaya, Uysal & Yoshioka, 2003; Yoon & Uysal, 2005), as well as in health-related tourism contexts (e.g., Hallab, 2006; Konu & Laukkanen, 2010). Voigt *et al.* (2011) examined the understanding of wellness tourism by analysing the benefit sought by local tourists. They compared the different motivational factors among tourists with different socio-demographic characteristics. Most studies investigated local wellness tourists’ profiles (e.g., Chen *et al.*, 2008; Mak *et al.*, 2009; Voigt *et al.*, 2011); only few examined the international wellness tourists’ profiles including leisure-wellness tourists (e.g., Medina-muñoz & Medina-muñoz, 2012; Pesonen, Laukkanen & Komppula, 2011). As can be seen from the literature, most studies (e.g., Mak, Wong & Chang, 2009) focused on the motivations and characteristics of spa goers who seemed to be partial leisure-wellness tourists. Only one study (e.g., Voigt *et al.*, 2011) examined the wellness tourist’s needs across leisure wellness tourism, such as lifestyle resort tourists and meditation tourists. Most wellness tourism research is descriptive and lacks empirical study of testing the links between motivation and other psychological factors. Prior research was conducted on the extent of consumers’ needs (e.g., Chen *et al.*, 2008; Mak *et al.*, 2009; Voigt *et al.*, 2011), consumers’ behaviours (e.g., wellness tourists’ expenditure (Medina-muñoz & Medina-muñoz, 2012) and customer satisfaction (e.g., Chen, Liu & Chang, 2013)). No known studies have investigated wellness-related lifestyle, psychological characteristics (e.g., self-image),



emotions, post-consumption consumer behaviours (satisfaction, intention to recommend and intention to return) and the quality of life of wellness tourists.

Lifestyle is well-established in literature in the context of marketing and psychology as well as healthcare. One's particular lifestyle, with respect to self-responsibility and individual choice, can be reflected in the health and well-being enhancement of the individual tourist in the wellness tourism context (Ardell, 1986). Also, wellness lifestyle can impact the positive psychological well-being (Voigt *et al.*, 2011). However, existing tourism studies only included health-related lifestyle items to motivations (e.g., Mueller & Kaufmann 2001; Pesonen *et al.*, 2011; Hallab, 2006; Hui *et al.*, 2012; Voigt *et al.*, 2011). One study (Voigt, 2010) borrowed lifestyle scales from the psychometric evaluation of Health Promotion Lifestyle Profile II (HPLP-II; Walker & Hill-Polrecky, 1996). It can be argued that there is lack of measurement for identifying the healthy habits or activities rather than identifying the innate or psychological aspects such as self-concepts and personalities that reflect the activities, interests and opinions of the consumers as the AIO concepts of lifestyle study. AIOs have been widely used in tourism research (e.g., Gonzalez & Bello, 2002; Johns & Gyimothy, 2002; Konu, 2010). However, lifestyle studies in wellness tourism literature (e.g., Konu, 2010; Voigt, 2010) seem to omit these three psychological aspects. Wellness-related lifestyle scales are needed to develop and empirically examine wellness tourists. Wellness tourism is related to lifestyle and well-being or quality of life. Studies of such issues are still limited. To fill these gaps in the tourism literature, it is important to determine whether the tourists' wellness-related lifestyles influence their travel patterns as well as their individual senses of well-being.

Self-concept or self-image congruence has been explained in various constructs such as attitude, preference, choice, loyalty and so on in terms of the relationship between one's self-image and one's perceived image of a particular product or service (Landon, 1974). It refers to a consumer's attitude towards a product and/or a product purchase that is influenced by the cognitive match between a consumer's self-concept and a product/brand image (Landon Jr., 1974; Sirgy, 1982; Sirgy, Grewal, Mangleburg, *et al.*, 1997; 2000; Sirgy & Su, 2000). Self-image congruence has been studied in various research settings, for example automobiles (e.g., Birdwell, 1968; Ericksen, 1997; Jamal & Al-Marri, 2007; Kressmann *et al.*, 2006), various products (e.g., Belch & Landon, 1977; Dolich, 1969; Landon, 1974; Sirgy *et al.*, 1997), retailing (e.g., He & Mukherjee, 2007; Ibrahim & Najjar, 2008), sport merchandise (e.g., Kwak & Kang, 2009), hospitality services (e.g., Ekinci, Dawes & Massey, 2008; Ekinci & Riley, 2003; Han & Back, 2008; Deesilatham, S.

Nam, Ekinici & Whyatt, 2011) and tourism (e.g., Beerli, Meneses & Gil, 2007; Boksberger, Dolnicar, Laesser *et al.*, 2011; Bosnjak, Sirgy, Ekinici *et al.*, 2011; Chon, 1992; Ekinici, Sirakaya-Turk & Preciado, 2013; Hellriegel *et al.*, 2011; Litvin & Goh, 2002; Litvin & Kar, 2003; Kastenholz, 2004; Usakli & Baloglu, 2011). Additionally, self-image congruence has been studied within particular tourism contexts, such as cruise tourism (e.g., Hosany & Martin, 2012). However, self-image congruence has not been studied within a wellness tourism context.

Emotion is a critical factor that influences consumption experiences and consumer reactions. Past studies suggested that emotions have an influence on important outcomes related to consumer satisfaction and retention (Oliver, 1993; Oliver & Westbrook, 1993). Emotion theories have received more attention from tourism researchers. Emotions have been studied in different contexts in prior research, such as festivals (e.g., Grappi & Montanari, 2011; Lee, Lee, Lee & Babin, 2008), shopping (e.g., Yüksel, 2007; Yüksel & Yüksel, 2007), restaurants, (e.g., Han & Jeong, 2013), theme parks, (e.g., Bigné, Andreu & Gnoth, 2005; Ma, Gao, Scott *et al.*, 2013), holidays (e.g., Nawijn, 2011; Nawijn, Mitas, Lin *et al.*, 2012), heritage tourism (e.g., de Rojas & Camarero, 2008; Prayag, Hosany & Odeh, 2013) and adventure tourism (e.g., Faullant, Matzler & Mooradian, 2011). Recent studies reported that positive effects from the trip significantly influenced overall satisfaction with the travel life and that satisfaction with travel life significantly impacted overall life satisfaction (Sirgy *et al.*, 2011). Several studies confirmed that tourists' emotional experiences towards destinations systematically corresponded to satisfaction (e.g., Bigné & Andreu, 2004; Bigné *et al.*, 2005; de Rojas & Camarero, 2008; del Bosque & San Martín, 2008; Faullant *et al.*, 2011; Han & Jeong, 2013; Han *et al.*, 2009; Hosany & Gilbert, 2009; Hosany & Prayag, 2013; Prayag *et al.*, 2013) and behavioural intention (e.g., Bigné & Andreu, 2004; Bigné *et al.*, 2005; Han *et al.*, 2009; Hosany & Gilbert, 2009; Hosany & Prayag, 2013). However, no empirical study has determined the emotional associations with satisfaction and behavioural intention within wellness tourism research.

The quality of life (QOL) has been an extensively discussed subject across academic domains since the 1960s (Chan, Kwan & Shek, 2005). Generally, quality of life has been studied in terms of social indicators to measure the goodness of a society (Diener & Suh, 1997) such as the Gross Domestic Product (GDP), household expenditure, unemployment rate, life expectancy, literacy rate, satisfaction with life in general and sense of well-being (Genc, 2012). The QOL concept regarding the relationship between QOL and needs satisfaction are suggested in the literature (e.g., Borthwick-Duffy, 1992; Deesilatham, S.

Haas, 1999). QOL is defined as an individual's sense of well-being and satisfaction with life. QOL, life satisfaction, well-being, subjective well-being and happiness are sometimes used as interchangeable terms in the contemporary literature (e.g., Cini, Kruger & Ellis, 2013; Dolnicar *et al.*, 2013; Konu *et al.*, 2010; McCabe & Johnson, 2013; Nawijn, 2011; Neal *et al.*, 2007; Sirgy *et al.*, 2011). There are the two principal approaches in the study of QOL: hedonic and eudaimonic. The hedonism concept reflects the view that well-being consists of pleasure or happiness, life satisfaction and positive and negative emotions (Diener *et al.*, 2009; Diener *et al.*, 2010). In contrast, the eudaimonism concept reflects the view that well-being consists of more than just happiness. It lies instead in the actualisation of human potentials and the belief that the well-being consists of fulfilling or realising one's true meaningful function (Ryan & Deci, 2001). Although some extreme forms of hedonism may often have negative reputations, many researchers (Keyes, 2002; King *et al.*, 2006; Ryan & Deci, 2001) noted that both hedonic and eudaimonic approaches are equally important factors for individuals to achieve the optimum state of psychological well-being. This means that pleasure and relaxation experiences do not deserve less attention than those that cause the increase of self-esteem and self-actualisation (Voigt, 2014). Previous studies applied the satisfaction with life scale (SWLS) to predict the tourists' QOL (e.g., Cini *et al.*, 2013; Gilbert & Abdullah, 2002, 2004; McCabe & Johnson, 2013). Other studies investigated how positive and negative trip experiences affect overall well-being (Sirgy *et al.*, 2011). One study (Voigt *et al.*, 2010) determined that different groups of wellness tourists had various perceptions placed along a continuum between hedonic and eudaimonic tourism experiences. Spa visitors perceived their wellness travel experience as entirely hedonic, while the spiritual retreat visitors considered their experiences as being almost purely eudaimonic. Most lifestyle resort visitors saw their experiences as eudaimonic. However, few studies included eudaimonic aspects to examine QOL (e.g., McCabe & Johnson, 2013; Voigt *et al.*, 2010). The eudaimonic QOL measures seem to be neglected in tourism studies. To extend the body of knowledge in the existing tourism literature, therefore, this study utilised hedonic QOL and eudaimonic QOL as distinct constructs to capture the overall QOL of wellness tourists.

### 1.3 Objectives of this Research

1. Develop/refine scales to measure motivations, lifestyle congruence, wellness self- image congruence, positive emotions, satisfaction during trip, incremental quality of life and behavioural intentions in the wellness tourism context.
2. To validate the measurement scales: motivations, lifestyle congruence, wellness self-image congruence, positive emotions, satisfaction during trip, incremental quality of life and behavioural intentions in the context of wellness tourism.
3. To propose a comprehensive theoretical framework linking motivations, lifestyle congruence, wellness self- image congruence, positive emotions, satisfaction during trip, incremental quality of life and behavioural intentions.
4. To empirically test the proposed model and hypothesised relationships among the constructs in the context of wellness tourism.

### 1.4 Research Design

Research design in this study consists of four main steps: research context, measurement, data collection and data analysis. There are three qualitative research stages and three quantitative stages (Figure 1.1). The aim of the research context was conducted to gain more understanding in both the supply side and demand side of wellness tourism in the specific context of Thailand. *The Qualitative Research Stage I* was conducted to gain an in-depth understanding of the overall picture and the current situation of the wellness tourism industry in Thailand. *The Qualitative Research Stage II* was conducted to gain an in-depth understanding of the overall picture and the current situation of Muay Thai fitness and meditation retreats of the wellness tourism industry in Thailand. *The Qualitative Stage III* was conducted at the initial stage of scale generation processes to explore the motivations, wellness- related lifestyle and how the wellness holiday contributes to the tourists' quality of life. Furthermore, initial purification and scale refinements were examined in the *Quantitative Stage I* and *Quantitative Stage II*. The measurement dimension contains five procedures of the scale development: 1) to identify constructs of measurement; 2) to develop survey measurements to gather information about constructs; 3) to collect data; 4) to analyse the basis scale refinement and validity (Exploratory Factor Analysis and Reliability Analysis); and 5) to pre-test the final version

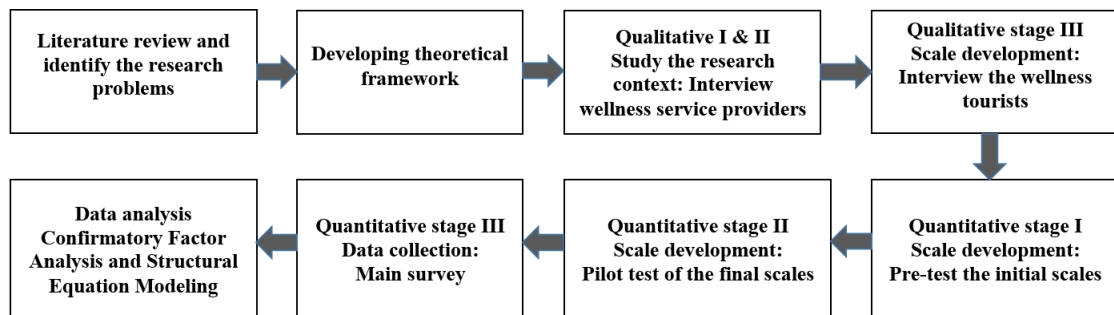
of the questionnaire. Lastly, *Quantitative Stage III* was the main survey of this study and final scale validation for seven constructs was conducted at this stage with two different samples (Muay Thai Tourists=500 and meditation tourists=385). The data were collected from international wellness tourists who had experienced at least three days at the wellness destination sites ( Muay Thai fitness camps or meditation retreat centres) between January 2014 and July 2014. The total sample in the main study was 885 (Muay Thai fitness samples=500, 56.5% and meditation retreat samples=385, 43.5%). The respondents were given a box of jewellery after they had completed their questionnaires. Data analyses for the main survey consisted of: Descriptive Analysis, Confirmatory Factor Analysis (CFA) for each construct and overall measures, CFA with Calibration sample (meditation tourists), CFA with validation sample (Muay Thai tourists) and Structural Equation Modelling (SEM) for mediation analysis. Ten of the sixteen hypotheses proposed in this study were supported (Table 1.1).

**Table 1.1 Results of Hypotheses Testing**

<b>Hypotheses</b>	<b>Results</b>
H1: Motivation is positively related to satisfaction during the trip.	<i>Not Supported</i>
H2: Motivation is positively related to behavioural intention.	Supported
H3: Lifestyle-congruence positively affects satisfaction during the trip.	Supported
H4: Lifestyle-congruence positively affects behavioural intention.	<i>Not Supported</i>
H5: Wellness tourists' self- image congruence positively influences satisfaction during the trip.	Supported
H6: Wellness tourists' self- image congruence positively influences behavioural intention.	Supported
H7: Positive emotion is positively associated with satisfaction during the trip.	Supported
H8: Positive emotion is positively associated with behavioural intention.	<i>Not Supported</i>
H9: Motivation is positively related to the incremental quality of life.	Supported
H10: Satisfaction during the trip positively affects the incremental quality of life.	Supported

H11: Satisfaction during the trip positively affects behavioural intention.	Supported
H12: Satisfaction during the trip mediates the association between motivations and incremental quality of life.	<i>Not Supported</i>
H13: Satisfaction during the trip mediates the association between motivation and behavioural intention.	<i>Not Supported</i>
H14: Satisfaction during the trip mediates the association between lifestyle congruence and behavioural intention.	<i>Not Supported</i>
H15: Satisfaction during the trip mediates the association between wellness tourists' self-image congruence and behavioural intention.	Supported
H16: Satisfaction during the trip mediates the association between positive emotion and behavioural intention.	Supported

**Figure 1.1 Diagram of Research Design**



## 1.5 Contributions

The potential contributions of this study are related to its theoretical, methodological and managerial implications. Basically, the study contributes to a theoretical enhancement of the current level of knowledge in the existing literature on wellness tourism. This was achieved by empirically testing the structural relationships among motivations, lifestyle congruence, wellness self- image congruence, positive emotions and satisfaction during the trip, on both behavioural intentions and incremental quality of life within the conceptual model. One expected advantage of an improved understanding of these structural relationships is the influence of the psychological aspects on the post-consumption outcome, including satisfaction, behaviour intention and incremental quality of life, because wellness tourism is a specific type of holiday that tourists seek for benefits related to enhancing and balancing the holistic mind, body and spirit as well as improvements to their well-being. However, incremental quality of life

is a post-consumption outcome that has been neglected in wellness tourism research. Moreover, other psychological variables such as motivations, lifestyle- congruence, wellness self-image congruence and emotions have never been examined as predictors of tourists' behaviour. This study could provide new insights about the psychological profiles of wellness tourists that may affect satisfaction with trip experiences, behaviour intentions and tourists' QOL.

In terms of its methodological contribution, this research contributes to wellness tourism research by addressing the gaps in previous studies regarding supply- side definitions and approaches in data collection. This study provides a guideline for the data-collection methods used to investigate and verify the sample frame of wellness tourists for future research. This study also contributes a body of knowledge in terms of scale development by providing empirical evidence supporting a second-order structural factor measurement model of motivations, lifestyle congruence, satisfaction during the trip and incremental quality of life.

Regarding its managerial contribution, this study provided guidelines of the demand-side approach to conceptualising the analytical framework, as well as defining a sample of international wellness tourists. Tourism researchers and destination managers in wellness tourism should be more careful in defining the study population and the data-collection procedures. It is important to carefully verify who the wellness tourists are because the representativeness of the data affect the research findings. This study could provide the information about wellness tourists regarding motivation, lifestyle congruence, wellness self-image congruence, positive emotions, satisfaction, behavioural intention and incremental quality of life. The destination marketers can then carefully monitor tourists' behaviour to better develop goods, services and marketing strategies to enhance destination offerings and destination loyalty.

## **1.6 Overview of this Thesis**

**Chapter 1** provides an overview of the background of this research and the study objectives are formulated. An overview of the research design adopted to fulfil the study objectives is presented.

**Chapter 2** discusses development in wellness concepts, definition and topology of wellness tourism, explains both the demand and supply in the wellness tourism industry and describes wellness tourism in Thailand.

**Chapter 3** reviews the different theories and approaches to study motivations, lifestyle-congruence, self-image congruence, emotions, satisfaction, behaviour intention and quality of life. The limitations of empirical and conceptual studies on the application of each theory in tourism and marketing literatures are highlighted. The research framework and the research hypotheses to be tested are presented.

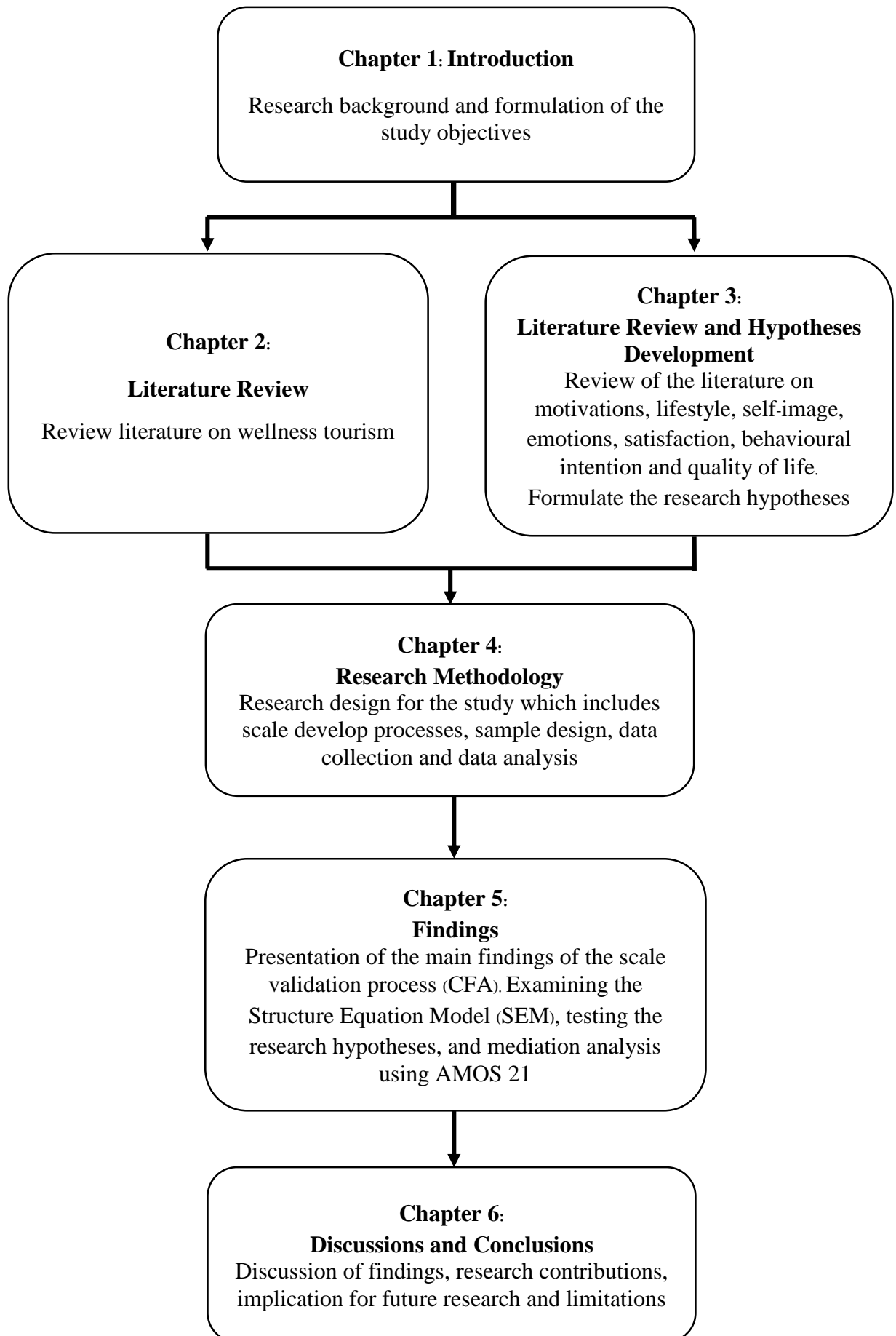
**Chapter 4** offers a detailed discussion of the research design and the stages in the scale- development process of item generation, questionnaire design, data collection method and scale evaluation (reliability).

**Chapter 5** reports the results of the empirical analyses of the proposed theoretical model that was tested for the hypotheses. Data were analysed using Statistical Package for the Social Sciences (SPSS 21.0) and AMOS 21.0. The first part profiles respondents in terms of their demographic and trip characteristics. A descriptive account (mean scores and standard deviations) of each measurement scale is then presented. The Confirmatory Factor Analysis (CFA) for each construct, as well as reliability and validity assessments are reported. The last part presents the finding of Structural Equation Modelling (SEM) and mediation analysis.

**Chapter 6** discusses the findings of the study. The implications and conclusions of the research are delineated and future research suggestions and directions are proposed based on these results.



**Figure 1.2 Structure of this Thesis**



## Chapter 2 Literature Review I: Wellness Tourism

This chapter reviews the literature relevant to wellness concepts and wellness tourism. It begins with a summary of the development of wellness concepts and the principles of wellness, followed by a definition and topology of wellness tourism, presenting a summary of the wellness tourism market direction from two different viewpoints: demand-side versus supply-side with the related statistics. Particular attention is given to the wellness tourism context in Thailand. Finally, the chapter examines the association of wellness concepts to wellness tourism.

### 2.1 Overview of Development in Wellness Concepts

Wellness is a modern concept based on the work of ancient intellectuals. During the 19<sup>th</sup> century, a number of informal physicians and thinkers in the United States made remarkable contributions in developing and shaping today's wellness concepts. The origin of wellness can be traced back to historical traditions (e.g., intellectual, religious and medical practices) in ancient civilisations (e.g., Greece, Rome and Asia) that have enduringly dominated the modern wellness movement. The evolution of wellness is shown by the timeline presented in Table 2.1. The contemporary wellness definition is generally based on holistic or integrated approaches to health, sickness prevention and self-responsibility for health and well-being. This tenet also emphasises a balance of the physical, mental and spiritual aspects of a person. Wellness is not a new concept and modern wellness practices have been adopted from ancient healing methods from thousands of years ago. Wellness concepts and wellness practices have been developed and applied since 3000BC in India, China, Greece and Rome; they stressed the sophisticated application of maintaining a person's health to stay well using a more harmonious approach. Nowadays, wellness has come full circle with the modernisation of ancient practices such as Ayurveda, acupuncture, yoga and meditation which have gained popularity around the world and become the fundamental elements of wellness-oriented approaches.

In the 19<sup>th</sup> century, flourishing new intellectual movements, spiritual philosophies and medical practices in Europe and the United States, led to the emergence of some alternative healthcare practices. Homeopathy, osteopathy, chiropractic and naturopathy

became popular as methods which emphasised self-healing, holistic approaches and preventive care. Furthermore, the emergence of other new and more spiritually oriented philosophies such as New Thought and Christian Science, helped spread the tenet that one of the basic physical health factors is one's mental and spiritual state of being. Although some principles in these movements have been discredited, they still advocate the concepts associated with maintaining a person's health through diet, exercise and other lifestyle measures. The philosophies of these 19<sup>th</sup> century movements are now acknowledged as the pioneers of wellness and the self-responsibility movement. In the mid-20<sup>th</sup> century, the emergence of evidence-based medicine caused these medical methods to lose favour. However, some of their approaches are currently achieving renewed popularity among the conventional medical community and the general public.

In 1959 Halbert L. Dunn published his book entitled, "*High-Level Wellness for Man and Society*", which received scant attention from other contemporary researchers. However, in the 1970s an informal network in the United States along with John W. Travis, Don Ardell, Bill Hettler and others adopted Dunn's ideas and developed their own inclusive definitions and models of wellness. They invented wellness instruments and wrote and spoke enthusiastically on the wellness concept. Travis, Ardell, Hettler and their colleagues went on to establish the first wellness centre in the world, found the first university-based wellness centre and organise both the National Wellness Institute and the National Wellness Conference in the United States.

Since the wellness concept became popular during the 1970s and 1980s it has been widely used in the workplace, with wellness programmes operated by leading companies. Additionally, it has been employed in developing government-sponsored programmes to promote a healthier lifestyle in a number of American states and cities. The new concept of wellness is now widespread in Europe and both the German Wellness Union and European Wellness were established in 1990. The wellness principles during this time were diversified and fragmented and did not achieve the mass recognition of the wellness industry. However, new wellness theories including healthy living, self-help, spas, fitness, healthy diet and spirituality continually multiplied. Furthermore, a number of celebrities and experts with an interest in self-actualisation, living life to the full, improving one's self-image and living and eating better attracted increased attention to wellness-related concepts among mainstream audiences. The link to the wellness movement or wellness industry is clear from the growth of wellness-related businesses such as fitness and health clubs and spas during the 1990s and 2000s.

Wellness seems to be the contemporary ideology connected to the self-righteous members in society. Good society members should be happy and look after their health through careful diets, sufficient exercise and meditation. Zupancic (2007) stated in her book *“The Odd One”* that lack of wellness such as negativity, dissatisfaction and unhappiness were perceived as moral faults. She called this as “a bio-morality” which supported the fundamental axiom: *“a good person who feels good (and is happy) is a good person; a person who feels bad is a bad person”*. Bio-morality seems to be the moral demand to be happy and healthy (Cederström & Spicer, 2015).

In the recent book, *“The Wellness Syndrome”* published in 2015, the authors Cederström and Spicer opined that wellness these days seems to be a moral obligation rather than just individual choice. They also argued that wellness ideology leads to individuals becoming more obsessed about what they need to eat, how they work and live, how they study and how they have sex. The more anxious about wellness they become, the more likely they are going to spend money on wellness services such as life coaching, fitness classes, yoga and meditation classes to improve their health, mind, body and spirit. There are many activities that these individuals quest for their perfect wellness state and they therefore need to work longer hours to finance these extra expenses. As a result, they spend less time with their families, friends and neighbours (Cederström & Spicer, 2015). Many people who are excessively engaged with their own bodies through special diets, medicines, meditation retreats, yoga and fitness classes know full well that they will not follow through all the commitments in these wellness activities. Violating the rules or commitments of their programmes promotes the feeling of guilt. However, guilt also comes with the hidden social experience benefits of binding these individuals together. They share the sense of guilt and violation through under achievement in their wellness activities and this placates their loneliness (Cederström & Spicer, 2015).

In our capitalist society, Cederström and Spicer (2015) argued that many companies have adopted this wellness trend and encouraged their employees to participate in varying kinds of wellness schemes for example diet groups, diet counselling, health café and canteen, exercise breaks at work and gym facilities. The authors gave the following examples of company cooperation and encouragement for their employees to engage in fitness routines to sculpt a fit and productive workforce. Patagonia, a sportswear company often organises running activities for their employees. Having a walking meeting instead of using a meeting room, as suggested by Nilofer Merchant from TED talk, has obvious health benefits and also creates connections among staff members. Google, Microsoft and Hyatt-Mariott provide treadmill desks (work out

machines) for their employees to walk at a slow pace while they continue working at their desks. Many companies are now viewing exercise as a form of work. The ideal image of the worker has been transformed from workaholic to exercise-addicted corporate athlete (Cederström & Spicer, 2015). The corporate wellness programme seems to be never-ending, starting with a walking meeting with the team, then returning to the treadmill desk, followed by a work out and yoga classes after work in the evening. This may lead to a constant state of anxiety. Cederström and Spicer (2015) also pointed out that this anxiety was not limited to the workplace but overlapped the official working hours. They also argued that work ethics these days have been replaced by work out ethics.

They also investigated wellness in the political dimension of the mid-1930s. Nazi Germany was the first nation that imposed wellness concepts under the Nazi regime by banning smoking in public areas because of the link between smoking and cancer. Smokers and alcoholics were viewed as second class citizens and regarded as a danger to society. Sadly, these people were the first to be sent to the concentration camps in the mid-1930s. Moreover, the authors also opined that people these days were trapped by the wellness syndrome either as individuals, society, in the workplace or at the political level. People were more obsessed with their bodies, with no clear desire for authenticity (Cederström & Spicer, 2015).

However, the phenomenon of wellness ideology has now wormed its way into many aspects of society and transformed contemporary lifestyles. Wellness today is the mainstream concept applied by many industries to exploit business opportunities. The Global Wellness Institute (2014) reported that the Global Wellness Economy was worth £2.1 trillion (\$3.4 trillion) in 2013: spa industry £64.86 billion (\$94 billion); wellness tourism £340.86 billion (\$494 billion); thermal/mineral springs £34.5 billion (\$50 billion); fitness and mind-body £307.75 (\$446 billion); healthy eating, nutrition and weight loss £396.1 billion (\$574 billion); workplace wellness £28.29 billion (\$41 billion); wellness lifestyle real estate £69 billion (\$100 billion); prevention personalised medicine £298.8 billion (\$433 billion); contemporary alternative medicine £129 billion (\$187 billion); and beauty and anti-aging £708 billion (\$1,026 billion).

**Table 2.1 Timeline of the Development of Wellness Concepts**

Timeline	Development of Wellness Concepts
<b>First Era: Ancient Antecedents of Wellness</b>	
3,000-1,500 BC	<b>Ayurveda</b> is perhaps the world’s oldest healthcare method with a holistic concept; it is concerned with the stability of the body, mind and spirit. Maintaining the body’s balance can prevent disease and treat acute conditions. This idea also contributes to a long and healthy life by employing unique regimens tailored to each person. Moreover, Ayurveda not only focuses on nutrition, but it also emphasises exercise and personal hygiene alongside social interaction and other lifestyle elements such as yoga and meditation which are increasingly practiced in modern Western countries.
3,000-2,000 BC	<b>Traditional Chinese Medicine (TCM)</b> has one of the oldest treatment systems in the world and was influenced by the ancient philosophies of Taoism and Buddhism. TCM is a holistic approach that concerns diet, exercise and interaction with family, friends, community and the environment which might affect people’s health and well-being. TCM involves individualised treatments and therapies such as acupuncture, herbal medicine, qi gong and tai chi. It is still practiced with an increasing trend of integration into Western medical practices.
500 BC	<b>The Ancient Greek physician, Hippocrates</b> may have been the first who focused on preventing illness instead of just treating disease. Hippocrates asserted that diet, lifestyle and environmental factors were the causes of disease.
50 BC	<b>Ancient Roman medicine</b> adopted practices from Greek medicine as the concept of preventing disease rather than curing it. This principle is based on the notion that disease is an outcome of diet and lifestyle.
<b>Second Era: Intellectual and Medical Developments</b>	
1790s	<b>Homeopathy</b> was developed by the German physician Samuel Christian Hahnemann in the 1790s. The treatment concept is to stimulate the body’s self-healing response. Patients are treated with very small doses of highly diluted substances that produce similar symptoms in healthy people.
1860s	<b>Kneipp Cure</b> was founded by the German priest Sebastian Kneipp (1821-1897). It involved a combination of hydrotherapy and other practices such as the use of herbal medicines, exercise, nutrition (i.e. a healthy diet) and spirituality.  <b>The New Thought movement</b> is a spiritual movement that highlights the relationship between spirituality and health, with the assumption that the mind is related to the cause of disease. In this period, a new theory emerged called “ <i>mentally aided healing</i> ”, which was developed by Phineas Quimby, the father of the New Thought movement.

Timeline	Development of Wellness Concepts
1870s	<p><b>Christian Science</b> was founded by Mary Baker Eddy. She employed Phineas Quimby’s ideas with her understanding of the healing of Jesus Christ. She also practiced spiritual healing and published a book, <i>Science and Health</i>, in 1875. For the rest of her life she spent her time promoting her spiritual healing methods.</p>
	<p><b>Osteopathy</b> is a medical approach founded by Andrew Taylor Still in 1874. Osteopathy is a holistic approach based on the ideas of Hippocrates emphasising the balancing of all systems in the body. This concept focused on preventive medicine, eating properly and keeping fit.</p>
1880s	<p><b>Maximilian Bircher-Benner</b>, a Swiss physician, is well known as the inventor of muesli cereal. He supported a healthy diet (for example fruits, vegetables and nuts) as a means of healing along with physical exercise and active work such as gardening.</p> <p><b>The Young Men’s Christian Association (YMCA)</b> was founded in London in 1844. It started running activities promoting physical health and sports and spread across the United States during the second half of the 19<sup>th</sup> century. The YMCA logo, which is still in use today, is imprinted with the words “spirit”, “mind” and “body”. It may be one of the world’s oldest wellness organisations.</p>
1890s	<p><b>Fletcherism</b> was founded by Victorian-era health food faddist, Horace Fletcher (1849- 1919), who argued that proper mastication, chewing food until it turned to liquid before swallowing, helps to prevent disease. Fletcher’s principle of mastication is also acknowledged today in the macrobiotic diet.</p> <p><b>Chiropractic</b> was founded by Daniel David Palmer during the 1890s in the United States. Palmer claimed that the body has a natural healing ability and his concept focuses especially on the relationship between the body’s structure (particularly the spine) and its functioning.</p>
1900s-1940s	<p><b>John Harvey Kellogg</b> (1852-1943) believed that a religious obligation could bring about a healthy lifestyle. Kellogg’s treatments emphasised diet (e.g., a low-fat, low-protein diet such as vegetables, whole grains and high-fibre foods) and fitness (e.g., daily exercise, fresh air, hydrotherapy and abstinence from tobacco and alcohol) which have influenced the modern wellness evolution.</p> <p><b>Naturopathy</b> is a holistic medical approach that originated in Europe. The concept focused on supporting health rather than combating disease through dietary and lifestyle changes using herbs, massage and joint manipulation.</p> <p><b>Anthroposophical medicine was developed by</b> Austrian philosopher Rudolf Steiner. This concept relates to a holistic and wellness focused system of anthroposophical medicine which focuses on self-determination, autonomy and the dignity of patients and improving a</p>

Timeline	Development of Wellness Concepts
	<p>patient's capacity to heal (working in combination with conventional medical approaches). He also founded a pharmaceutical business named Weleda which still sells natural medical and personal care products around the world.</p> <p><b>Mayr Therapy</b> specialises in treatment of the abdomen and digestive system. Austrian medical student F. X. Mayr invented his own principle of detoxification and a therapeutic dietary modification programme which are still practiced today.</p>
1910	<p><b>The Flexner Report</b> was a study of North America's system of medical education published by the Carnegie Foundation. According to this report, medical schools were criticised as lacking scientific rigour and having low standards and poor instructional quality. It had a vast impact on medical practice and has shaped the medical education system and profession in North America right up until today. Additionally, drug-based medicine and the rise of disease-oriented healthcare; associated with the growth of the pharmaceutical industry in the mid-20th century; encouraged the decline of holistic, alternative and wellness based therapies.</p>
<b>Third Era: Blooming of Wellness</b>	
1950s-1960s	<p><b>Prevention magazine</b>, published by one of the first organic farming advocates Jerome Irving Rodale (founder of Rodale Inc.,) proposed a contrasting concept from conventional practices by presenting a systematic way of preventing illness rather than a way of curing disease. Rodale Inc. is a well-established publisher of health and wellness books, magazines and websites.</p> <p><b>Halbert L. Dunn (1896-1975)</b> is regarded as the father of the wellness movement. He presented the concept of "high-level wellness", giving a series of 29 lectures; later, his concepts were published in a book entitled "<i>High-Level Wellness for Man and Society</i>". Dunn described wellness as "an integrated method of functioning which is oriented to maximising the potential of which an individual is capable, within the environment where he is functioning". His concept also stressed the mental and spiritual dimensions of wellness along with the physical dimension.</p>
1970s	<p><b>John W. Travis</b>, inspired by Dunn's work, established the Wellness Resource Centre in Mill Valley, California, which was the first wellness centre in the world. This centre was closed in 1975 because of financial difficulties. Travis developed principles based on individual responsibility for one's own wellness. He invented a wellness assessment tool that consists of 12 dimensions called the "Wellness Inventory" in 1975 and he wrote and published "<i>The</i></p>



Timeline	Development of Wellness Concepts
	<p><i>Wellness Workbook</i>” in 1977. Travis’ instruments are still in use today as fundamental tools for wellness development.</p>
	<p><b>Don Ardell</b> adopted Dunn’s concepts and published a best-selling book titled “<i>High Level Wellness: An Alternative to Doctors, Drugs and Disease</i>” and other books such as “<i>14 Days to a Wellness Lifestyle</i>” and “<i>Die Healthy</i>”. Similar to Travis, Ardell’s wellness concept focused on self-responsibility for wellness and emphasised the physical and mental dimensions of wellness but not the spiritual dimension. For over three decades he has been the leading figure in the wellness movement as a speaker at health and wellness conferences as well as publishing a weekly newsletter and “<i>Ardell’s Wellness Report</i>”.</p>
	<p><b>A university-based campus wellness centre</b> was founded at the University of Wisconsin – Stevens Point (UWSP). The main purpose was to help students live their lives as well as prepare them for a career. Mary Fleishauer, a nurse at the student health services centre at UWSP, was inspired by a workshop held by Dr John W. Travis at the Wellness Resource Centre. She encouraged the university to purchase and utilise wellness materials from Travis, including the Wellness Inventory and the UWSP started running a campus wellness centre. University based wellness programs became well known and expanded throughout the United States in the 1970s and 1980s, which influenced the expansion of the wellness movement.</p>
	<p><b>Bill Hettler</b> invented his own Lifestyle Assessment Questionnaire based on Travis’s material, as well as a six-dimensional model of wellness. The wellness assessment tool is marketed as “<i>Testwell</i>” and it has been extensively used in campus wellness programs. Hettler and his colleagues at UWSP founded the National Wellness Institute in 1977 and organised the first National Wellness Conference in 1978 with more than 250 attendees. It has been held annually since then, with typically more than 1,000 participants from around the world each year.</p>
<p>Late 1970s and Early 1980s</p>	<p><b>Workplace wellness programs emerged in the United States.</b> Sentry Insurance, one of the pioneers in workplace wellness programmes, employed Ardell’s book “<i>14 Days to a Wellness Lifestyle</i>” and “<i>Die Healthy</i>” in its workplace wellness program. This wellness program was implemented extensively during the 1980s and 1990s at major corporations such as Kimberly Clark, Xerox, Conoco, Johnson and Johnson, Tenneco, Johnson Wax, Pepsi and General Foods.</p>
<p>1990</p>	<p><b>The German Wellness Association and the European Wellness Union</b> were founded in Europe to officially represent and promote the wellness movement.</p>

Timeline	Development of Wellness Concepts
1990s-2000s	<p><b>Fitness clubs spas and workplace wellness programs</b> emerged as a high-growth industry. The wellness movement has continued to evolve and spread in recent decades. More attention has been paid to preventive approaches to health and well-being because of the increase in chronic health problems and the failings of the medical system. For example, <b>the fitness and health club</b> industry grew rapidly in the 1990s and <b>the spa industry</b> began to increase substantially in the early 2000s. <b>Workplace wellness programs</b> have been used extensively in recent years outside the United States and in smaller companies. Additionally, numerous celebrities and experts have expressed an interest in self-actualisation, living one's best life, improving one's self-image and living and eating better. They have encouraged the expansion of wellness related concepts to a mainstream audience. Nevertheless, wellness in this era has not coalesced under the banner of the wellness movement or wellness industry.</p>

*Source: Adapted from the Global Spa Summit, 2010*

## 2.2 The Concept and Typology of Wellness

Since the 1950s, rigorous attempts have been made to define, understand and measure wellness as mentioned in the previous section. The understanding and definitions of wellness in the literature varies extensively. Several philosophers and scholars have developed their own wellness definitions and concepts as shown in Table 2.2 They have tried to describe and clarify core concepts around the meaning of wellness. In 1948, the World Health Organisation (WHO) introduced the first holistic health concept as “*a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity*”. As a result, the proposition that health has a positive component led to the use of the term ‘wellness’, which is still used generally (Oliphant, 2001).

When Dunn (1959) first defined and published his wellness concept he emphasised the importance of mind, body and spirit associations. He argued that wellness is not the absence of disease, illness and stress but the presence of purpose in life, satisfaction in life, work and play, joyous relationships, a healthy body, a good living environment and the presence of happiness (Dunn, 1959). Ardell (1977) developed the wellness concept based on Dunn’s work and presented the view of wellness as a choice to assume responsibility for one’s own quality of life. Travis (1984) noted that wellness is a state of being, an attitude and an ongoing process. Heidegger (1996, cited in Steiner & Reisinger, 2006), proposed that people who want to be well need to experience a familiar relationship between themselves and the mystery of their being through worldly

and human phenomena. Moreover, he explained the reason for being as follows: “*When we exist in accord with our reason for being, we will be authentic and we will be well*” (Heidegger, 1996 cited in Steiner & Reisinger, 2006).

Likewise, some scholars have argued that wellness is “*more of a psychological than a physical state*” (e.g., Smith & Kelly, 2006; Smith & Puczko, 2009). Myers, Sweeney and Witmer (2000: 252) defined wellness as “*way of life oriented toward optimal health and well-being in which the body, mind and spirit are integrated by the individual to live more fully within a human and natural community*”. They viewed wellness as the interaction between six life tasks (spirituality, self-direction, work, leisure, love and friendship) and seven life forces. These forces are business/industry, education, religion, family, community, government and media (Myers & Sweeney, 2008) which influence and are influenced by global events and create the holistic context for individual wellness (Steiner & Reisinger, 2006). However, a wellness lifestyle is the pattern of life that enhances individual health and well-being and is practiced based on a belief in self-responsibility (Voigt, 2010). Additionally, some researchers who define wellness as the state of psychological well-being believe that a healthy lifestyle is the critical factor that leads a person to achieve and maintain wellness (Corbin & Pangrazi, 2001; Voigt, 2010; 2014).

Several concepts, as discussed above, have been well established as wellness instruments to assess an individual’s state of wellness, such as “*subjective well-being*” and “*psychological well-being*”, sometimes just called “*well-being*”, which has been used interchangeably with the “*quality of life*”. There is evidence of the development of the wellness concepts with the extensive definitions found in the existing literature since 1959. However, only a few empirical studies on the structure of wellness and wellness measurement exist in the literature (Table 2.3). Another theoretical perspective in the literature is perceived wellness. The Perceived Wellness Survey (Adams, 1995 cited in Harari, Waehler & Rogers, 2005) was established based on the perception that health may be related to the prediction of future health behaviours or outcomes. It consists of six interrelated wellness dimensions: physical, spiritual, psychological, social, emotional and intellectual. The TestWell Wellness Inventory (National Wellness Institute, 1983) was developed based on Hettler’s Six Dimensions of Wellness model. It is a 100-item Likert-type scale that contains 10 subscales representing the six wellness dimensions. These measure the extent to which lifestyle behaviours reflect potential or actual health risks. However, it is a time-consuming and costly measure which prevents researchers from using it. The Wellness Evaluation of Lifestyle (WEL) model (Myers *et al.*, 1998) was

created based on the “Wheel of Wellness” concept to assess five life tasks and some subtasks: sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem-solving and creativity, sense of humour, nutrition, exercise, self-care, stress management, gender identity and cultural identity. This measurement uses a five-point Likert scale (strongly agree, agree, undecided or neutral, disagree and strongly disagree). Myers *et al.* (2004) restructured the 5F-Wel Inventory from the previous WEL model. This measurement was established to assess wellness characteristics and to help individuals in making choices towards healthier living. The Body-Mind-Spirit Wellness Behaviour and Characteristic Inventory (BMS-WBCI) was developed by Hey *et al.* (2006). It is a cost-effective and comprehensive wellness instrument for measuring the wellness of college students. The BMS-WBCI consists of three subscales with 44 items. The first subscale “*body*” consists of risk behaviours including personal safety, physical fitness and dietary intake encompassing the physical domain of wellness. The second subscale “*mind*” consists of the intellectual, social, emotional and occupational domains of wellness. Finally, the “*spirit*” subscale spans the spiritual, emotional and occupational domains of wellness. However, there seems to be no evidence in other contexts, especially in the tourism context. This is because the majority of previous wellness studies were widely conducted within the confines of psychology and health. Therefore, there is a need to explore the links between wellness measures and understanding the tourists’ motivations, lifestyles, emotions and well-being or quality of life within the wellness tourism context.

**Table 2.2 Development of Wellness Concepts**

<b>Year</b>	<b>Author(s)</b>	<b>Concept/Definition of Wellness</b>
1959	Dunn	Wellness is a special state of health comprising an overall sense of well-being that sees ‘man’ consisting of body, spirit and mind, being dependent and balancing the body, mind and spirit with the social environment, culture and spirituality.
1977 & 2006	Ardell	Wellness is first and foremost a choice to assume responsibility for the quality of one’s own life. It begins with the conscious decision to adopt a healthy lifestyle. Wellness is a mindset, a predisposition to adopt a series of key principles in various life areas that lead to high levels of well-being and life satisfaction.
1984	Travis	Wellness is a state of being, an attitude and an ongoing process that we achieve and never have to consider again.
1996	Heidegger (cited in Steiner & Reisinger, 2006)	Individuals who want to be well need to experience an intimate relationship between themselves and the mystery of the existence of their being. “When we exist in accord with our reason for being, we will be authentic, we will be well”.
2000	Myers, Sweeney & Witmer	Wellness is a way of life oriented towards optimal health and well-being in which the body, mind and spirit are integrated by the individual to live more fully within the human and natural community.
2001	Corbin & Pangrazi	Wellness is a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being.
2010	Voigt	Wellness is defined as a positive, psychological state of well-being that is the result of practicing a wellness lifestyle based on a belief in responsibility for one’s own health and feeling well.

**Source:** Adapted from Ardell, 1977; Corbin & Pangrazi, 2001; Dunn, 1959; Heidegger, 1996 cited in Steiner & Reisinger, 2006; Myers, Sweeney & Witmer, 2000; Travis, 1984 cited in Mueller & Lanz Kaufmann, 2001; Voigt, 2010.

According to the existing literature, dimensions of wellness share certain common domains: physical, psychological/emotional, spiritual, social, intellectual, occupation, environment, cultural, economics and climate. Although many researchers have either developed their own definition or modified an existing definition of wellness, key important features are shared by the characteristics of wellness dimensions (Table 2.4): a multi-dimensional concept (Ardell, 1977; 2006; Corbin & Pangrazi, 2001; Dunn, 1959; Hettler, 1976; Myers *et al.*, 2000; 2004; 2005), a holistic and harmony construct (Adams *et al.*, 1998, 2003; Dunn, 1959; Myers *et al.*, 2000; 2004; 2005), a lifestyle and relation to individual personality (Els & De la Rey, 2006; Ryff & Keyes, 1995), self-responsibility (Ardell, 1977; Dunn, 1959; Els & De la Rey 2006; Mueller & Kaufmann, 2001) and a concept of developing the individual's quality of life (Corbin & Pangrazi, 2001; Heidegger (cited in Steiner & Reisinger, 2006; 1996; Myers *et al.*, 2000; 2004; 2005; Travis, 1984).

**Table 2.3 Wellness Measurement**

<b>Types of Wellness Measurement</b>	<b>Context</b>	<b>Empirical Studies</b>
PWS: The Perceived Wellness Survey (Adams, 1995)	Psychology	Adams <i>et al.</i> , 1998; Harari <i>et al.</i> , 2005; Mareno & James, 2010; Rothmann & Ekkerd, 2007
5F-WEL Inventory: 5 Factor Wellness Inventory (Myers & Sweeney, 2005)	Psychology	Els & De la Rey, 2006; Myers <i>et al.</i> , 2004; Hattie <i>et al.</i> , 2004
TestWell: Wellness Inventory (National Wellness Institute, 1999)	Health	Fair, 2004; McClanahan, 1993; Stewart <i>et al.</i> , 2000
WEL: Wellness Evaluation of Lifestyle (Myers <i>et al.</i> , 1998)	Psychology	Chang & Myers, 2003; Hattie <i>et al.</i> , 2004
BMS-WBCI: Body-Mind-Spirit Wellness Behaviour and Characteristic Inventory (Hey <i>et al.</i> , 2006)	Health	Hey <i>et al.</i> , 2006; Mareno & James, 2010

**Source:** Adams *et al.*, 1998; Chang & Myers, 2003; Els & De la Rey, 2006; Fair, 2004; Harari *et al.*, 2005; Hattie *et al.*, 2004; Hey *et al.*, 2006; McClanahan, 1993; Mareno & James, 2010; Myers *et al.*, 2004; Rothmann & Ekkerd, 2007; Stewart *et al.*, 2000;

**Table 2.4 Dimensions of Wellness**

Year	Authors	Wellness Dimensions
1959	Dunn	Personal responsibility and environmental awareness
1975	Travis	Death, disability, symptoms, signs, awareness, education, growth and high-level wellness
1977	Ardell	Self-responsibility, nutritional, environmental, stress management and physical fitness
1976	Hettler	Physical, occupational, intellectual, social, emotional and spiritual
1992	Sweeney & Witmer	Spirituality, self-direction, work, leisure, friendship and love
1992	Chandler <i>et al.</i>	Spiritual, social, emotional, physical, intellectual and occupational
1992	Crose <i>et al.</i>	Physical, emotional, social, vocational, spiritual and intellectual
1995	Ryff & Keyes	Autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance
1998 & 2003	Adams <i>et al.</i>	Physical, spiritual, intellectual, psychological, social and emotional
1998 & 2000	Myers <i>et al.</i>	Work and leisure, friendship, love and self-direction
2001	Mueller & Kaufmann	Self-responsibility, mind (mental activity/education), body (physical fitness/beauty care), health (nutrition/diet) and social contacts
2006	Els & De la Rey	Self-worth, exercise, spirituality, stress management, love, gender identity, realistic beliefs, leisure, humour, intelligence, nutrition, emotion, friendship, self-care, work, social identity, local safety, institutional concern and personal attributions
2012	Ábrahám <i>et al.</i>	Competence, relatedness and health, wealth, personal values and freedom of choice

**Source:** Adams *et al.*, 1998; 2003; Ardell, 1977; 2006; Corbin & Pangrazi, 2001; Dunn, 1959; Els & De la Rey, 2006; Heidegger (cited in Steiner & Reisinger, 2006; Hettler, 1976; Mueller & Kaufmann, 2001; Myers *et al.*, 2000; 2004; 2005; Ryff & Keyes, 1995; Travis, 1984).

It is clear that the common perception of wellness is that it is holistic and that the absence of illness and a state of well-being are both essential (World Health Organisation, 1986). The concept of wellness is not only the absence of illness and disease; negative aspects; but also includes the presence of good physical health and happiness; positive aspects, (Corbin & Pangrazi, 2001; Travis & Ryan 2004). Wellness is considered subjective (Voigt *et al.*, 2010), so a definition and the construct of wellness measurement are difficult to determine (Travis & Ryan 2004). Furthermore, Corbin and Pangrazi (2001: 4) noted several critical points in various definitions: (i) “*wellness is not the same as physical fitness*” – although physical fitness and physical wellness are closely related to each other, wellness has more dimensions than physical fitness; (ii) “*wellness is what you are—NOT what you do*” – a healthy lifestyle is a good way to promote good health and wellness, but it does not mean that they are the descriptors of a state of being; and (iii) “*health wellness is NOT a form of alternative medicine*” – wellness is defined as a state of being, not a treatment or a form of medicine. Many professionals try to avoid the word “*wellness*” because the term wellness is often used as a “*buzzword*” in commercials and causes questions about credentials.

The definitions of wellness in the current literature do not seem to be static. Authors have endeavoured to explain the wellness concept in different ways. However, repetitive themes are shared across the various definitions of wellness in the literature as follows:

***Wellness is multidimensional:*** in contrast to the biomedical idea or disease paradigm, the wellness concept sees health as multidimensional, mostly focusing on the physical, mental, spiritual, social, intellectual, occupational, environmental and cultural dimensions. However, many models that contain more dimensions have been proposed as indicated in Table 2.4.

***Wellness is a holistic construct with the conception of harmony:*** wellness focuses on maintaining the health as a whole rather than only curing the disease. It can reflect the positive attributes of health in a person. Wellness is an approach that emphasises working in harmony with all aspects of a person, including body, mind and spirit (Global Spa Summit, 2010).

***Wellness is a lifestyle and related to individual personality that can be affected by the environment:*** wellness is an individual perception about healthy habits and practices that encourage personal well-being. It contradicts the traditional health model because individuals without disease can feel unwell, while those who have physical



symptoms can perceive themselves as well (Voigt, 2010). However, the environmental conditions and nature also have an impact on an individual's wellness. The increase of environmental problems has drawn more attention to natural, cultural and other global factors related to wellness (Global Spa Summit, 2010).

***Wellness is self-responsibility:*** wellness is a proactive method that emphasises each person's responsibility to prevent illness. Many scholars have suggested that wellness is a holistic paradigm that allows people their own choices for disease prevention and enhances self-healing rather than curing illness. Moreover, the optimum levels of wellness that individuals endeavour to achieve throughout life continually change over time.

In summary, wellness can be defined on the basis of shared themes among these definitions as a positive psychological state that features harmony of the body, mind and spirit through practicing a lifestyle based on personality and a belief in responsibility for one's own health and well-being.

### **2.3 Definition and Topology of Wellness Tourism**

The understanding and definition of wellness tourism in the contemporary tourism literature are considerably divergent. Moreover, a group of these terms including wellness, health, medical, spa and holistic well-being tourism are always confusing as they are often defined in different ways but sometimes used interchangeably (Vogit *et al.*, 2010). Some scholars have noted that the definition of health tourism is problematic (Douglas, 2001) and that it needs to be defined in a more workable way (Bennett *et al.*, 2004). Nonetheless, researchers have reached a consensus on wellness tourism as special tourism or niche tourism (Douglas, 2001; Hall, 1992; 2003; Letho *et al.*, 2006; Vogit *et al.*, 2010; 2011). Niche tourism is a term derived from niche marketing and comprises a group of persons who share the same interests in specific tourism products and services.

Goodrich and Goodrich (1987) referred to health care tourism as an attempt on the part of service providers (e.g., hotels) or destinations (e.g., Baden-Baden, Germany) to attract tourists by intentionally promoting their healthcare services and facilities together with their amenities. These healthcare services consist of medical examinations by qualified doctors and nurses at the resort or hotel, special diets, acupuncture, transvital injections, vitamin-complex intakes, special medical treatments for diseases (e.g., arthritis) and herbal remedies. Meuller and Kaufmann (2001: 3) defined wellness tourism as *“the sum of all the relationships and phenomena resulting from the journey ... by*

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*people whose main motive is to preserve or promote their health. They stay in a specialised hotel that provides the appropriate know-how and individual care. They require a comprehensive service package comprising physical fitness; beauty care; healthy nutrition/diet; relaxation/mediation and mental activity”.*

Connell (2006) explained that the major purpose of health tourism is to seek beneficial health outcomes, while medical tourism (e.g., medical, surgical and dental procedures) aims at therapeutic intervention and long-term outcomes. Furthermore, he also suggested separating medical tourism from other types of health tourism. The high cost of treatments and the emergence of health brokers who are not health specialists escalated the privatisation of the healthcare system from a wealthy world (Connell, 2006). This encouraged a significant growth of medical tourism. The World Bank, (cited in the Caribbean Export Development Agency, 2008), defined health tourism slightly differently as, “*People travelling from their place of residence for health reasons. The definition of conventional healthcare encompasses health and wellness, spa tourism, convalescence, additional treatment, retirement communities and some alternative health services*”. In contrast, Bennett *et al.* (2004) stated that only healthy people seek wellness tourism, while people who need a cure for a condition seek medical tourism. Pilgrimages, cruises, water treatment (e.g., thalassotherapy), sanatoriums, health resorts and travel for health purposes are included in the definition of health tourism. The authors also proposed that any pleasure-oriented tourism related to stress relief could be considered a form of health tourism.

Later, Smith and Kelly (2006), suggested the concept of holistic tourism in reference to specific niche pursuits such as spiritual, yoga, spa and religious tourism. They defined it as a type of tourism that offers a range of activities and/or treatments for maintaining, developing and improving the body, mind and spirit. The authors further explained that holistic tourism is the broadest scope of engagement, ranging from weekend hotel spa breaks to intensive month-long yoga retreats.

Most recently, Sheldon and Bushell (2009), agreed with Connell (2006) that medical tourism is separate from other types of wellness tourism, but they did not agree with his restrictive view of health tourism. Furthermore, they argued that the extreme wellness tourism definition of Bennett *et al.* (2004), or any form of tourism with stress relief elements, is a broad and meaningless definition because a person who sits by a pool and drinks cocktails would qualify as a wellness tourist under this definition. Therefore, they suggested six key attributes as fundamental in an inclusive and identifying definition:

motivation/purpose of travel/destination/activity, level and nature of wellness sought, type of facility, location, style and product approach and focus of the activity (see Table 2.5)

**Table 2.5 The Six Key Fundamental Attributes for an Inclusive and Identifying Wellness Tourism Definition**

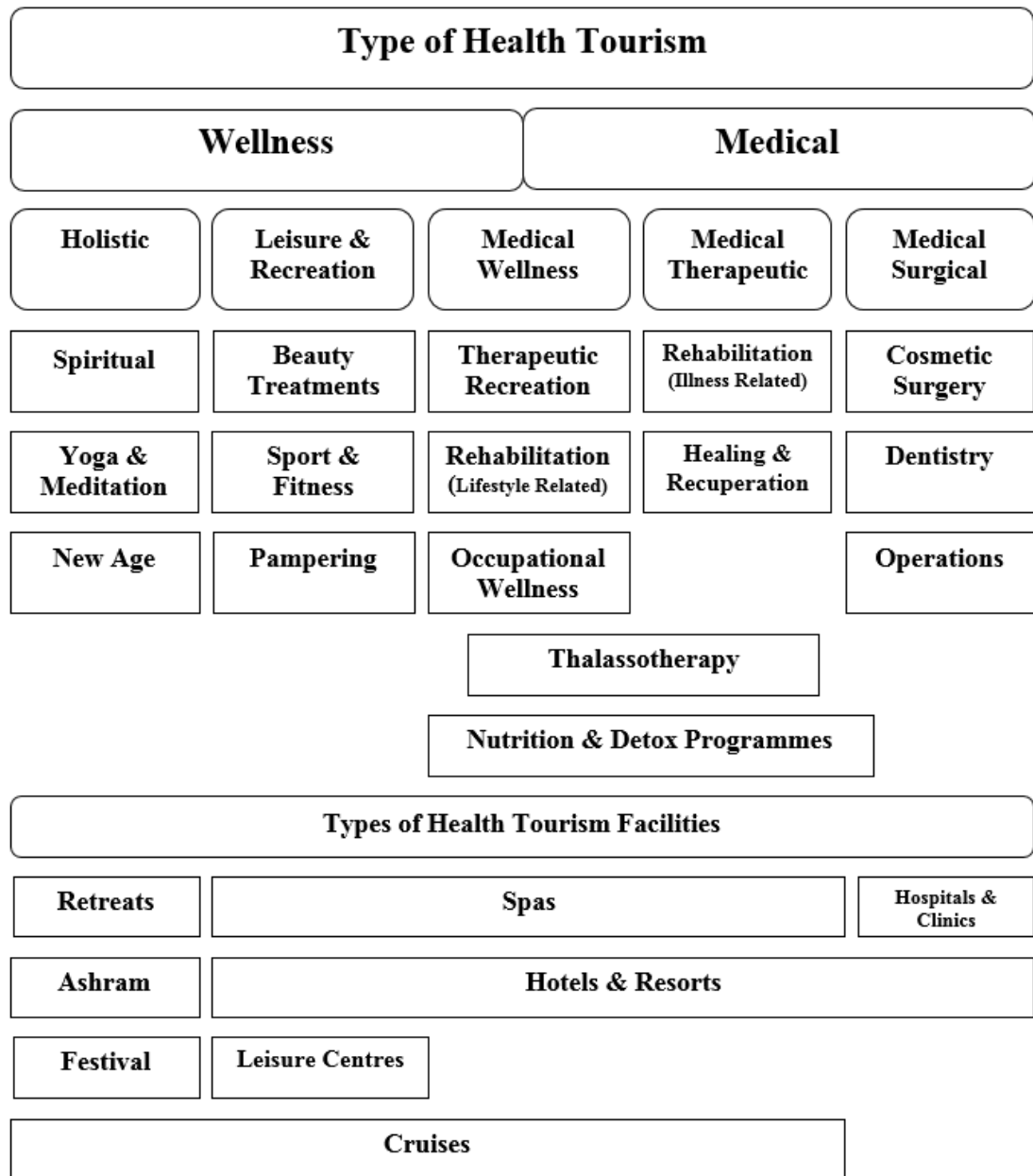
<b>Motivation/purpose of travel/destination/activity</b>	Curative, physical beauty, weight control, relaxation/stress management, meditation, reflection/rejuvenation, detoxification, lifestyle, fitness, personal challenge and spiritual connectivity
<b>Level and nature of wellness sought</b>	Physical, mental, emotional, spiritual
<b>Type of facility</b>	Resorts/hotels, spas (destination or day)/sanatorium/health farms, communes/retreat/ashrams, cruise ships, clinic/hospitals and the outdoors
<b>Location</b>	Entire destination (e.g., Baden-Baden, Germany), specific feature (e.g., spiritual site, healing water or mud), purpose-built or general, communing with nature or with others who share similar ideals
<b>Style and product</b>	Traditional/Western/orthodox, alternative/spiritual, indigenous approaches, medical, pampering/hedonistic, relaxation and fitness
<b>Focus of the activity</b>	Entirely health-oriented, supplementary to mainstream activities (e.g., spa facilities in casinos or airports), medical, psychological, spiritual and philosophical, corporeal-health/fitness or hedonistic, communal and holistic

*Source: Adapted from Sheldon and Bushell, 2009*

Drawing on the antecedent definition and literature and industry trends, Sheldon and Bushell (2009) recommended a topology for capturing the wide scope of wellness tourism based on the motivation of users and the purpose or benefit of the product. Thus, wellness tourism is categorised into medical, health, sport/fitness, adventure, well-being and transformation tourism. Therefore, they proposed the definition of wellness tourism as *“a holistic mode of travel that integrates a quest for physical health, beauty, or longevity and/or a heightening of consciousness or spiritual awareness and a connection with community, nature, or the divine mystery. It encompasses a range of tourism experiences in destinations with wellness products, appropriate infrastructures, facilities and natural resources”*. Voigt (2014) presented a topology of health tourism that contains two sub-categories based on the different needs of health tourists: medical and wellness tourism. The author noted that the overlap between medical tourism and wellness tourism can be referred to as medical wellness or therapeutic wellness; for example, a tourist may visit a medical spa and take advantage of beauty spa therapies (e.g., body wrap, Botox injection, liposuction and laser hair removal). According to this topology, Voigt *et al.* (2011: 17) defined wellness tourism as, *“the sum of all the relationships resulting from a journey by people whose motive, in whole or in part, is to maintain or promote their health and well-being, and who stay at least one night at a facility that is specifically designed to enable and enhance people’s physical, psychological, spiritual and/or social well-being”*. However, these definitions exclude activities that can be undertaken without wellness tourism facilities, such as volunteer tourism, outdoor tourism and adventure tourism.

Similarly, Smith and Puczko (2009) explained the spectrum of health tourism as consisting of a range of wellness and medical tourism products and facilities. They classified wellness tourism into holistic and leisure and recreation sub-groups, while medical tourism was sub-categorised into medical/therapeutic and medical/surgical. Additionally, the authors identified the overlap between medical and wellness tourism as medical wellness. Moreover, this topology also shows the links between the various types of products or services and facilities in health tourism. Spa facilities seem to dominate in both wellness and medical tourism.

**Figure 2.1 Spectrum of Health Tourism**



*Source: Adapted from Smith and Puczko, 2009*

Most of the definitions discussed above distinguish medical and wellness tourism by the need for cures versus the need to maintain/improve an individual's health. Wellness tourism is a demand-oriented market and spas, retreat centres and lifestyle resorts are the most dominant sector in the wellness tourism industry. However, other activities such as spiritual, yoga and meditation, new age tourism (e.g., pilgrimages, Reiki, Tarot cards, self-development) as well as sport and fitness have also been categorised as wellness tourism. Furthermore, the definition of wellness tourism is related to wellness resources or facilities. The definition of wellness tourism in this study has been aggregated from both demand and supply-oriented viewpoints and employs the Spectrum of Health Tourism concept from Smith and Puczko (2009) to classify the products and the facilities used in wellness tourism (Figure 2.1), as well as adapting the definition from Sheldon and Bushell (2009) leading to a working definition as: "*Wellness tourism is a mode of travel by a person whose motives are the integration of the quest for physical health, beauty or longevity and/or a heightening of consciousness or spiritual awareness and a connection with the community, nature or the divine mystery and who visits wellness facilities for at least three days*". Wellness tourism could encompass the whole trip, or only a part of a tourists' journey to enhance their health and well-being while they visit wellness facilities. However, spas seem to offer the majority of wellness products and facilities. Recently, yoga and meditation retreats have become a popular trend of wellness tourism. In addition, there are other types of wellness services and facilities that were originally set up for other purposes, yet they still offer wellness services to visitors such as temples, ashrams and meditation centres. However, most of these facilities operate on a donations basis. Therefore, this wellness tourism definition proposes extensive holistic concepts which include physical, psychological, spiritual and social senses, whilst sufficiently covering a broad range of wellness tourism experiences and activities within different types of existing wellness facilities. However, the typologies of existing wellness tourism are very broad and some overlap with medical tourism, referring to so-called "*medical wellness*". It is difficult to be operational in this research. Subsequently, a narrower definition of wellness tourism is defined here by excluding medical wellness tourists who have core needs that differ from those of wellness tourists. Hence, the scope of this research includes the two major types of wellness tourism referred to in the literature: 1) Leisure and recreation that can be sub-categorised into beauty treatment, sports and fitness and pampering, and 2) Holistic concepts that have been classified into spiritual, yoga and meditation and new age.

## 2.4 Demand Side of the Wellness Tourism Industry

Although wellness tourism is a distinctly potential growing market, existing figures under the term of wellness tourism for each country are difficult to compare because of differences in the meaning and the types of offers available. Additionally, as shown in the statistics in Table 2.6 to Table 2.10 the spa sector significantly dominates the wellness industry, whilst the spiritual retreats and the sport and fitness sectors seem to be neglected. There was also no report of these two sectors included in the wellness tourism industry figures.

According to recent market research by the Global Wellness Institute (2014) the global wellness economy value was (US)\$3.4 trillion (£2.2 trillion) in 2013 and wellness tourism accounted for (US)\$494 billion (£309 billion) for both domestic and international tourism expenditures, a 12.7% increase from 2012.

Wellness tourism is expected to grow by more than 9% per year through 2017, increasing 50% faster than overall global tourism which accounted for (US)\$3.2 trillion (£2 trillion) (Global Wellness Institute, 2013). In Table 2.6, Europe shows the largest number of wellness tourism trips, while North America depicts the largest expenditures in wellness tourism (Global Wellness Institute, 2014). The non-profit research company SRI International reported that wellness tourists came from the most industrialised and wealthiest countries (Global Spa Summit, 2014). Additionally, the report indicated that wellness tourism generated 14.5 million jobs and contributed (US) \$1.5 trillion (£938 billion) of global economic impact, accounting for 1.9% of global GDP in 2012. This study also noted that wellness consumers are no longer a niche market in this large and fast growing sector.

The global spa-related hospitality and tourism industry was worth US\$74.1 billion (£46.35 billion) (Global Spa Summit, 2014). The major player was Europe with revenue of (US) \$29 billion (£18.14 billion) in 2013, followed by Asia Pacific (US\$18.8 billion or £11.76 billion) and North America (US\$18.3 billion or £11.4 billion) (Global Spa Summit, 2014). Table 2.9 illustrates the substantial growth in the economy from 2009 to 2014 by regional market values of spas among Asian countries. Euromonitor (2015) reported that the leading markets in wellness tourism within the Asia-Pacific region during 2014, were Japan (£11.7 billion), followed by China (£1.77 billion), Thailand (£1.48 billion), Malaysia (£613.8 million) and India (£516.0 million). In addition, this report (see Table 2.10) illustrated that the Asia-Pacific region accounted for the highest market value (£18.2 billion) in 2014 followed by Western Europe (£12.45 billion) and

North America (£7.6 billion). However, these wellness tourism statistics are somewhat problematic because they also include medical tourism revenue data in some areas such as Hong Kong, India, South Korea, Taiwan and Thailand. Little is known about the proportion that wellness tourism contributes to overall tourism within a country or region.

Spa activities are known as a core business within wellness tourism that contributed a significant proportion of market value to the wellness tourism economy. The most recent market research (Global Wellness Institute, 2014) reported that domestic spa tourism accounts for US\$141 billion or £88.2 billion (28%) and international spa tourism accounted for US\$94 billion or £58.5 billion(19%). Interestingly, this report indicated that non-spa wellness tourism yielded US\$259 billion or £162 billion (53%), which is greater than the market value of the spa sector.

Existing wellness tourism studies show that in many countries domestic tourists seem to outnumber international tourists. For example, wellness tourists accounted for 33% of all tourists to Slovenia in 2000. However, only 23% of these wellness tourists were international visitors (Snoj & Mumel, 2002). For spa tourism in Romania, the domestic market was responsible for 94% of overnight stays (Cooper *et al.*, 1992). In the region of Siena in Italy, only 7% comprised international wellness tourists, whereas domestic wellness tourists accounted for 93% (Minghetti & Furlan, 2006). Moreover, in Switzerland, a major wellness tourism destination, domestic wellness tourists comprised 84% compared to international visitors (Lanz Kaufmann, 2002). Recently, Global Wellness Institute (2014) listed five countries yielding more than half of the wellness market in terms of expenditure as the United States (US\$180.7 billion or £124.5 billion), Germany (US\$46 billion or £28.6 billion) , France (US\$27.2 billion or £16.9 billion), Japan (US\$22.2 billion or £13.8 billion) and Austria (US\$15.7 billion or £9.7 billion). The top wellness destinations receiving the most inbound international wellness tourism arrivals were the United States, France, Austria, Germany and Switzerland (Global Wellness Institute, 2013). Countries with the most domestic wellness tourists were the United States, Germany, Japan, China and France. For outbound international wellness trips the leading fifteen countries were from Europe, North America and Asia contributing 75-85% of the outbound wellness tourism market (Global Wellness Institute, 2013).



**Table 2.6 Wellness Tourism by Region in 2012 and 2013**

Region	Number of Trips (Million)		Expenditures (US\$ Billion)	
	2012	2013	2012	2013
North America	163.0	171.7	\$181.0	\$195.5
Europe	202.7	216.2	\$158.4	\$178.1
Asia-Pacific	120.0	151.9	\$69.4	\$84.1
Latin America- Caribbean	31.7	35.5	\$22.4	\$25.9
Middle East-North Africa	4.8	7.0	\$5.3	\$7.3
Sub-Saharan Africa	2.2	4.2	\$2.0	\$3.2
<b>Total Wellness Tourism Industry</b>	<b>524.4</b>	<b>586.5</b>	<b>\$438.6</b>	<b>\$494.1</b>

*Source: Adapted from Global Wellness Institute, 2014*

**Table 2.7 Spas Market Value in Asia (Million British Pound)**

Geographies	2009	2010	2011	2012	2013	2014
Asia Pacific	16,620.7	17,413.9	17,996.5	19,048.7	17,500.7	16,562.8
China	988.4	1,115.6	1,229.3	1,429.2	1,653.9	1,770.2
Hong Kong, China	150.2	158.7	158.6	166.5	176.4	174.8
India	169.2	233.3	258.5	269.5	285.7	286.9
Indonesia	58.0	71.7	76.7	77.6	79.0	73.1
Japan	13,293.4	13,558.2	13,830.7	14,467.1	12,429.5	11,539.4
Malaysia	270.8	325.5	356.9	385.3	408.5	398.9
Philippines	210.8	250.0	273.1	303.8	328.6	316.7
Singapore	8.2	9.7	10.6	11.3	11.9	11.7
Thailand	877.8	988.7	1,029.1	1,098.0	1,198.7	1,043.7
Vietnam	67.5	84.1	90.6	103.8	126.1	135.7

*Source: Travel and Tourism: Euromonitor, 2015*

**Table 2.8 Medical Tourism and Other Types of Health Tourism Market Value in Asia (Million British Pound)**

<b>Geographies</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Asia Pacific	843.0	1,078.3	1,241.5	1,388.8	1,549.4	1,628.8
China	0.0	0.0	0.0	0.0	0.0	0.0
Hong Kong, China	33.1	34.3	35.0	37.1	38.6	37.4
India	129.6	166.2	194.1	213.5	221.6	229.1
Indonesia	0.0	0.0	0.0	0.1	0.1	0.2
Japan	136.2	174.9	174.8	182.5	155.8	143.0
Malaysia	74.9	107.6	128.7	153.5	187.5	214.9
Philippines	39.8	51.0	61.9	74.5	86.3	87.7
Singapore	176.4	199.4	213.5	221.7	228.6	218.6
Thailand	165.4	220.5	260.9	310.6	398.3	439.8
Vietnam	0.0	0.0	0.0	0.0	0.0	0.0

*Source: Travel and Tourism: Euromonitor, 2015*

**Table 2.9 Total Market Size Health and Wellness Tourism in Asia-Pacific (Million British Pound)**

<b>Geographies</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Asia Pacific	17,463.7	18,492.2	19,238.0	20,437.5	19,050.1	18,191.6
China	988.4	1,115.6	1,229.3	1,429.2	1,653.9	1,770.2
Hong Kong, China	183.3	193.0	193.6	203.6	215.0	212.2
India	298.8	399.5	452.6	483.0	507.3	516.0
Indonesia	58.0	71.7	76.7	77.7	79.1	73.3
Japan	13,429.6	13,733.1	14,005.5	14,649.6	12,585.3	11,682.4
Malaysia	345.7	433.1	485.6	538.8	596.0	613.8
Philippines	250.6	301.0	335.0	378.3	414.9	404.4
Singapore	184.6	209.1	224.1	233.0	240.5	230.3
Thailand	1,043.2	1,209.2	1,290.0	1,408.6	1,597.0	1,483.5
Vietnam	67.5	84.1	90.6	103.8	126.1	135.7

*Source: Travel and Tourism: Euromonitor, 2015*

**Table 2.10 Health and Wellness Tourism Regional Market Size (Million British Pound)**

<b>Geographies</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
World	44,191.4	46,155.6	48,439.9	50,321.1	51,118.5	49,219.0
Asia Pacific	17,463.7	18,492.2	19,238.0	20,437.5	19,050.1	18,191.6
Australasia	383.7	474.8	538.4	574.0	615.7	574.3
Eastern Europe	3,398.3	3,556.1	3,782.6	3,833.9	4,153.8	3,500.4
Latin America	2,169.7	2,489.5	2,859.3	3,262.2	3,694.2	3,654.2
Middle East and Africa	2,337.4	2,562.6	2,601.7	2,732.7	3,052.8	3,198.7
North America	7,050.7	7,140.7	7,206.5	7,614.9	7,903.1	7,647.2
Western Europe	11,387.9	11,439.7	12,213.4	11,865.7	12,648.7	12,452.6

*Source: Travel and Tourism: Euromonitor, 2015*

## **2.5 Profiles of Wellness Tourists**

The complex nature of wellness tourism and the different meanings in various countries has led to an intricate segmentation of wellness tourist profiles. Much of the information about wellness tourists is only available in very expensive marketing reports (e.g., Intelligent Spa, Euromonitor) however, some studies have explored and published findings from academic sources (e.g., International Journal of Tourism Research; Tourism Review; Tourism Recreation Research). In Hungary, traditional European spas are different from “spas” in North America, Asia, and Australia. Spa visitors are older people, often retirees with specific diseases who have an average or lower than average annual income (Smith and Puczko, 2009: 134). Muller and Kaufmann (2001), surveyed 473 Swiss wellness hotel visitors and found that they were primarily women (69%) and only 14% were at retirement age between 61 and 70 years. Only 5% were above 70, while the average age of hotel visitors was 47. A further 20% of the respondents had a university degree, almost half travelled with a partner and 25% travelled alone. An American study reported that 85% of American day spa visitors are female, compared to only 65% of destination spa visitors. The average age for American day spa visitors was 45 and for destination spa visitors it was 47, similar to the Swiss study (Verschuren, 2004). The US study showed that twice as many respondents (40%) held a university degree (ibid.). Mak *et al.* (2009) studied 302 Hong Kong spa visitors in 2009 and reported that 71% were under 43; younger than the North American and Swiss respondents. The subjects were highly educated with 67% holding a university degree, similar to the findings of the Roy Morgan Research that wellness tourists reported a higher socio-economic status (higher income and higher education) than non-wellness tourists. Furthermore, Kelly and Smith

(2009: 74) proposed that the profiles of wellness tourists should be linked to types of health tourism products and wellness domains. As shown in Table 2.11, most of the typical visitors are women rather than men, older people or baby boomers who have high incomes. Additionally, an interesting finding from previous studies showed that wellness tourists are more likely to be younger than non-wellness tourists (Roy Morgan Research, 2009).

All the studies mentioned above reported that the majority of respondents were women. However, other scholars have argued that there is a trend of increasing numbers of men visiting numerous countries such as Australia (Intelligent Spas, 2006; McNeil & Ragins, 2004). Wellness tourists have high personal or high total household income and they have relatively high levels of education. Unfortunately, research that identifies the socio-demographic profiles of spiritual retreat visitors is scarce. There is only one study of 75 yoga tourists in the United States (Letho *et al.*, 2006). This study showed that the majority of the sample consisted of women (86%), was highly educated (53% had a university degree) and affluent. However, it is important to identify wellness tourist profiles that cover different groups. Therefore, significantly more research is required to identify how wellness consumer characteristics within each group compare with the different wellness tourism segments.

**Table 2.11 Profiles of Wellness Tourists Linked to Types of Health Tourism Products and Wellness Domains**

<b>Type of Health Tourism Product/Location</b>	<b>Typical Activities</b>	<b>Wellness Domain(s)</b>	<b>Typical Visitors</b>
Traditional spas and spa towns (e.g., Central and Eastern Europe)	Sitting in mineral waters, massage, sauna, steam room	Physical, medical, curative	Older people with specific diseases or complaints
Hotels and day spas (e.g., UK, US, Caribbean, South East Asia)	Beauty treatments, relaxing massage, aromatherapy, Jacuzzi	Cosmetic, pampering, relaxing	High income visitors, business tourists, more often women
Purpose built recreational spas (e.g., Austria, Germany)	Swimming pools, thermal waters, themed saunas and steam rooms, Jacuzzis, fitness activities	Physical, relaxation, fun	Skiers, hikers, couples, sometimes families with children

<b>Type of Health Tourism Product/Location</b>	<b>Typical Activities</b>	<b>Wellness Domain(s)</b>	<b>Typical Visitors</b>
Seaside resorts and thalassotherapy centres (e.g., France, Israel)	Hydrotherapy, salt inhalations, salt scrubs, seaweed wraps, tanning	Physical, curative, cosmetic	High-income hotel guests, older visitors
Holistic retreat centres (e.g., Greece, Spain)	Yoga, massage, creative, spiritual and psychological workshops	Physical, mental, psychological, social, creative, spiritual	Mainly baby boomers aged 35-55, more likely to be women
Yoga and meditation centres (e.g., India, US, Canada, Europe)	Yoga, meditation, chanting, fasting	Physical, mental, spiritual	Baby boomers, backpackers, hippies, professional women older than 40
Pilgrimage centres (e.g., Spain, France)	Visiting spiritual landscapes, religious buildings, walking pilgrimage routes	Physical, spiritual	All ages but increasingly under 30, not necessarily religious
Medical centres (e.g., Hungary, South Africa, India)	Operations, cosmetic surgery, dentistry, special treatments	Physical, cosmetic	Western Europeans and Americans for whom treatment is cheaper abroad, mainly older than 30

*Source: Adapted from Kelly & Smith, 2009*

## **2.6 Supply-side of the Wellness Tourism Industry**

As presented in the previous section, the key players in wellness tourism are the Asia-Pacific region, Western and Eastern Europe and North America. However, several Asian countries have successfully entered the wellness tourism industry especially Japan, China and Thailand. Several scholars have noted that countries where the wellness tourism industry is not based on a long tradition of wellness product developments tend to emphasise health prevention and health promotion rather than medical treatments and cures (Puczko & Bacharov, 2006; Spivack, 1998; Williams *et al.*, 1996). According to a literature review on the supply-side in wellness tourism many case studies analyse wellness destinations, particularly destinations within a country such as Siena in Italy (Minghetti & Furlan, 2006) or Victoria in Australia (White, 2009) or a specific country such as Germany (Maretzki, 1989), Switzerland (Muller & Kaufmann, 2001), the USA (Lund, 1993; Spivack, 1998), Canada (Verschuren, 2004; Williams, 2009), Taiwan (Lee

& King, 2008), Slovenia (Snoj & Mumel, 2002), Romania (Cooper *et al.*, 1992), Croatia (Radnic, Gracan & Fister, 2009), Italy (Becheri, 1989) or Japan (Knight, 1996). Some articles compare several wellness tourism destinations (Laing & Weiler, 2008; Sheldon & Park, 2009). In addition, one case study, “*Alpine Wellness*”, presented successes in wellness destination marketing and product development across the borders of Germany, Austria, Italy and Switzerland (Pechlaner & Fischer, 2006). An article was also recently published about a new service development at Lake Wellness (Konu *et al.*, 2010). The increasing number of locations promoting themselves as wellness and/or spa tourism destinations reflects the growth of the wellness tourism market.

Wellness Tourism Worldwide (2011) issued a full research report which showed the availability of assets that can serve the development of wellness products and services in different regions around world Table 2.11. There were no differences in terms of the available assets, which may imply that there are extensive opportunities for wellness tourism development in every region. However, the offering of homogenous wellness tourism products without identifying the competitive advantages of a country does not seem to stand out in a competitive global market (Laing & Weiler, 2008; Radnic, Gracan & Fister, 2009; Snoj & Mumel, 2002). Moreover, the creation of links between wellness tourism products and culture and nature (Minghetti & Furlan, 2006) and references to the indigenous spiritual and/or healing practices in the surrounding area (Sheldon & Park, 2009) suggests that any destination should consider the indigenous intellectual as a key competitive advantage in developing wellness related products or wellness tourism destinations. However, there seems to be no research available examining the preferences of tourists: whether they prefer a range of treatments without specifically knowing where they originated or whether they need a more ‘*authentic*’ wellness tourism experience.

In recent years, the establishment of international industry associations (e.g., the Asia Pacific Wellness Council (APSWC), the International Spa Association (ISPA), the Australasian Spa Association (ASPA), the Bali Spa and Wellness Association, the German Wellness Verband, the Canadian Health and Wellness Tourism Taskforce and the Hawaii Island Wellness Travel Association) has brought about increasing professionalisation in the wellness industry. These associations and marketing collaborations support industry providers through education and training. They provide best-practice business models, organise conferences and other networking events and sometimes offer certification according to strict quality standards. They also help wellness tourists to plan their wellness trips. Furthermore, some associations are linked to a destinations governmental tourism strategy, while others operate independently of

any tourism organisation (Global Spa Summit, 2011; Voigt, 2010). Nevertheless, the case studies also noted a shortage of high-quality, trained labour in the wellness tourism market and a lack of accredited training and education programmes (Verschuren, 2004; Williams, 2009). Hence, the involvement of national and state tourism in developing successful wellness tourism destinations is critical, because government tourism bodies should be responsible for introducing and monitoring sustainable practices for wellness tourism as well as controlling and standardising the quality of wellness tourism products (Sheldon & Park, 2009).

## **2.7 Wellness Tourism in Thailand**

Thailand is perceived as a leading country for both wellness and medical tourism. It is known as the hub of ancient healing traditions and techniques including Thai massage, meditation, herbal medicine and other holistic practices. Originally, many of these traditional practices were developed from various indigenous intellectuals and sometimes applied in combination with other Asian therapies such as Indian Ayurveda and traditional Chinese practices. Both wellness and medical tourism are dominated by international tourists in Thailand. Domestic tourists do not typically travel within the country for medical or wellness purposes (Global Spa Summit, 2011). Relaxation and pampering is the primary motive rather than well-being in the wellness tourism connected to the spa industry. Spa wellness retreats have been developed in recent years to attract international tourists, especially at luxury spas and retreats providing exclusive services ranging from relaxing and pampering to simple accommodation on the beach for yoga.

Nowadays, Thai massage has become a typical service in spas around the world; international wellness tourists can experience this service in many places throughout Thailand. Additionally, Thai holistic and healing practices have increased in popularity among international tourists who often visit a holistic retreat, resort hotel or destination spa within the country (Global Spa Summit, 2011). In contrast, most meditation retreats in Thailand are located in quiet rural areas far away from mass tourism destinations. There are several kinds of meditation retreats and temples that allow visitors to experience meditation practice (e.g., Buddhist traditions) and operate on a donation basis. Interestingly, there is also the emerging trend of wellness tourism as Muay Thai training (Thai Boxing). Phuket is the most famous destination for this, with many international tourists attending Muay Thai training.

Health and wellness tourism is a major foreign exchange revenue source for Thailand, generating almost £1,483 million in 2014 (Euromonitor International, 2015). Due to the economic recession and reduced tourism receipts in 2009, only powerful players could survive in the spa industry. There was some consolidation and small individual players had to either leave the industry or partner with others (Euromonitor International, 2010). A recent report by Euromonitor (2014) shows that the consolidation of small players within the region began in the south at Phuket and Samui and then spread to other regions in northern Thailand. The small players attempted to balance the power of the hotel/resort spas by building partnerships and developing to become the leading spa chains within the region.

Health and wellness tourism have been developed and promoted for more than a decade. The Royal Thai Government launched a five-year strategic plan in 2004 to develop Thailand's healthcare and health-related services to make Thailand “the Wellness Capital of Asia”, positioning Thailand as the leader in three areas; the Health Tourism Hub of Asia, the Wellness Capital of Asia and Thai Herbs for Health. In 2011, the Tourism Authority of Thailand (TAT) announced a new marketing strategy focusing on European and Middle East tourists for golf, ecotourism and the health and wellness sectors, with “*volunteer tourism*” targeted as a promising future niche market. In 2015 TAT launched the marketing campaign “*Discover Thainess*” to stimulate the international tourism market. The information of the campaign included Thai culture, Thai massage, Thai festivals and the Thai way of life. Interestingly, Muay Thai (Thai Boxing) and Meditation retreats were also promoted as key aspects in this marketing campaign. Regarding the health and wellness tourism industry, TAT (2010) revealed that customer segments are growing in both Europe and the Middle East. Additionally, since 2004, the four main destinations: Bangkok, Chiang Mai, Phuket and Samui have been developed for health and well-being tourism. Later in 2005, ten provinces with high development potential for health tourism Chiang Rai, Chon Buri, Phetchaburi, Udon Thani, Prachuap Khiri Khan, Prachin Buri, Krabi, Phang-nga, Ranong and Songkhla were incorporated into the destination development plan (TAT, 2010). A recent report by TAT (2016) shows that international visitor arrivals to Thailand in 2015 rose by more than 29 million, up 20.44% compared to the same period in 2014 and contributed to revenue at £28.9 billion, increased 23.53% from 2014. The top tourism revenue countries were China £7.4 billion, followed by Malaysia, Russia, United Kingdom and Australia.

Euromonitor (2014) revealed that in 2013 there were 518 hotel/resort spa Thai operators and the total revenue derived from wellness tourism was £1,151 million.



International consumers took more spa trips (4,797.9 number of trips) than domestic tourists (3,524.5 number of trips), whereas for non-spa trips domestic tourists took significantly more trips (49,877.2 number of trips) than international tourists (10,984 number of trips) (Euromonitor, 2012). The TAT (2010) forecast a growth in the number of tourists, with an expansion in the 25-39 year-old age group as well as an increasing number of male spa and wellness customers. Therefore, many spa and wellness suppliers in Thailand developed the variety and quality of their services and products to meet the needs of these different tourist segments. For example, many hotels and spa resorts added wellness services such as detoxification, Ayurveda, yoga, Muay Thai and meditation retreats to existing spas. In addition, some day spas now provide natural retreats and macrobiotic diets. Wellness service providers in Thailand are categorised into three groups: health, beauty and mind and spirit. Health services offer opportunities to balance health and wellness with a unique combination to restore personal energy and vitality.

However, the figures for wellness tourists found in the existing literature were only for the spa sector. The TAT (2010) reported that spa and wellness tourists are primarily international tourists (82%) and foreigners who work and live in Thailand (18%). The high potential wellness tourist markets are Asian countries; China, Japan, Hong Kong, Taiwan and Singapore and even Middle Eastern countries. According to interviews of 382 spa and wellness tourists, the main purposes of travelling to Thailand are just travelling (82%), business (13%), visiting friends and relatives (10%), medication services (5%) and conferences (1%). However, most tourists travelled for two purposes; for business and to experience spa and wellness services. Furthermore, the reasons for visiting Thailand were expertise in spa and wellness services (78%), Thai massage and Thai herbs, friendliness and reputable services (63%), reasonable prices (52%), attractive tourist destinations and hospitality (51%) and word-of-mouth or recommendations from friends, family members or relatives and tour agents (50%). It can be argued that the wellness tourism data in Thailand is dominated by the Spa industry which is converse to the master plan of health and wellness destination plan mentioned earlier. The research and industry data of other types of wellness tourism in Thailand is lacking. Therefore, gathering the statistics and the industry fact and figures for other types of wellness tourism such as meditation retreats, Muay Thai fitness and yoga is needed.

## **2.8 Summary of the Chapter**

This chapter detailed the evolution of wellness concepts and explained the forms of health-related tourism. There is a growing global trend in wellness tourism. Several different concepts were discussed, including the shared characteristics of the term wellness tourism, highlighting that the primary purpose of wellness tourists is to maintain or improve their health and well-being, while medical tourists tend to travel because they want to treat or cure a medical condition. Furthermore, the link between three wellness tourist profiles to the supply-side was explained with examples of the related wellness tourism studies conducted in different destinations. Finally, wellness tourism in Thailand was discussed in terms of destination marketing strategies, facts and figures and profiles of wellness tourists. Most facts and figures of wellness tourism in Thailand illustrate only information related to the spa sector. Other types of wellness tourism such as meditation retreats and Muay Thai fitness seem to be neglected.

## Chapter 3 Literature Review II: Theoretical Constructs and Hypotheses Development

### 3.1 Introduction

This chapter reviews the literature relevant to the theoretical constructs and the development of the hypotheses. Firstly, the relevant concepts including motivations, lifestyle congruence, self- image congruence, emotions, satisfaction, behavioural intention and quality of life are reviewed. The discussion of the relevant concepts serves as background for the research hypotheses. The need for this research and a review of the theory employed in this study are presented for each theoretical construct. The gaps in the existing literature are discussed and the linkage between the theoretical background and the components of the proposed research model is presented. Finally, the hypotheses addressing the relationships among the constructs are examined.

### 3.2 Motivation

Motivation is *“a psychological condition in which an individual is oriented towards and tries to achieve that kind of fulfilment”* (Bromley, 1990: 264). The widely accepted term of motivation is derived from Murray (1964: 7). He defined a motive as *“an internal factor that arouses, directs and integrates a person’s behaviour”*, moreover, a motive is *“not observed directly but inferred from a person’s behaviour or simply assumed to exist in order to explain that behaviour”*. Motivations for vacations were also defined by several tourism scholars. Crompton and McKay (1997: 427) proposed a more specific concept stating, *“Tourism motivation is conceptualised as a dynamic process of internal psychological factors (needs and wants) that generate a state of tension or disequilibrium within individuals”*. Dann (1981: 211) argued that *“tourism motivation is a meaningful state of mind which adequately disposes an actor or group of actors to travel and which is subsequently interpretable by others as a valid explanation for such a decision”*. Theoretical and practical motivations have continued to be of primary concern in tourism research (e. g., Crompton, 1979; Dann, 1981; Mak *et al.*, 2009; Nowacki, 2009; Park & Yoon, 2009; Pearce & Lee, 2005; Voigt *et al.*, 2011; Moscardo, 2011). Several travel motivation theories or models have been developed and examined

in empirical studies such as push–pull (Dann, 1977), allocentric–psychocentric (Plog, 1974), escape-seeking (Dunn Ross & Iso-Ahola, 1991) and travel career pattern (Pearce & Lee, 2005). The push and pull motivations are extensively accepted as a predominant theory within motivation study in tourism research (Crompton, 1979; Dann 1977; 1981). Push motivations are more connected to internal or intrinsic needs/desires. For example, tourists may want to escape from the daily routines with the intention to search for authentic experiences. Therefore, tourists may have several desires to travel such as rest and relaxation, prestige, health and fitness, adventure and social interaction, family togetherness and excitement (Yoon & Uysal, 2005). On the other hand, pull motivations are more related to external forces, situational or cognitive aspects. Pull motivations are usually stimulated by destination attractions such as beaches, beautiful natural scenery, nice weather, recreation facilities, cultural and heritage attractions, entertainment, shopping and parks.

A plethora of studies exists concerning motivation which can be defined as a state of need or a condition that is the drive behind individual behaviour. Therefore, motivation is likely to affect the general aspects of a tourists' attitude and the salient aspects of a tourists' behaviour such as involvement, perception and satisfaction (Fodness, 1994; Genc, 2012; Gnoth, 1997). The study of motivation can help both researchers and destination managers to gain a better understanding not only concerning tourist motivations, but also in the prediction of travel behaviour. Existing motivation studies have covered a wide range of the research areas including: the sociology of understanding travel motivations (Dann, 1977; Mansfeld, 1992); the conceptual development and/or empirical examination of motivation measures (Crompton 1979; Dann 1981; Fodness 1994; Ryan & Glendon, 1998); and travel motivation in various contexts (e.g., Correia, Oom do valle & Moco, 2007; Hsu & Cai, 2009; Jang & Wu, 2006; Prebensen, Woo, Chen, *et al.*, 2013; Rittichainuwat, 2008; Rittichainuwat & Mair, 2012; Rittichainuwat, Qu & Mongkhonvanit, 2008; Sangpikul, 2008; Yoon & Uysal, 2005; Yuan, Cai, Morrison, *et al.*, 2005). Additionally, motivation was extensively used in many empirical studies to investigate the meaningful segmentation of the tourist market (e.g., Beh & Bruyere, 2007; Bieger & Laesser, 2002; Boksberger & Laesser, 2009; Lee, Lee & Wicks, 2004; Park & Yoon, 2009; Prayag & Hosany, 2014; Ryan & Glendon, 1998; Sirakaya, Uysal & Yoshioka, 2003).

In addition, motivations were used to investigate the tourist in the wellness tourism context. For example, Chen *et al.* (2008) examined the motivation of 506 spa hotel guests in Taiwan. Motivation items were rated with a seven-point scale (strongly

disagree/strongly agree). The authors only reported the mean score for motivations that ranged from 3.78 to 5.40 as follows: 1) relaxation; 2) pursuing multiple activities; 3) recreation; 4) experiencing nature; 5) affordable activity; 6) social activity; 7) effortless activity; 8) enhancing quality of life; 9) physical therapy; 10) attractiveness; 11) meditation; 12) health consciousness; 13) mental therapy; 14) word of mouth; 15) curiosity; and 16) Business engagement. The study by Chen *et al.* (2008) incorporated both push and pull in their motivation scales. However, from the data collection the definition of the samples and the process to verify whether they were authentic wellness tourists were unclear. The findings were generally descriptive, describing only the mean scores of the motivations of the wellness tourists.

Mak *et al.* (2009) examined the motivation of 302 Hong Kong spa visitors. The data were collected electronically via email. They developed 21 items to capture motivation. An Exploratory Factor Analysis (EFA) revealed five motivation factors: 1) escape; 2) relaxation and relief; 3) self-reward and indulgence; 4) health and beauty; and 5) friendship and kinship. Lehto *et al.* (2006) investigated 75 visitors at a yoga retreat in a Midwest resort, USA. EFA indicated four motivation dimensions: 1) seeking spirituality (for example: “to give me clarity in making decisions”, “to renew myself”); 2) enhancing mental well-being (for example: “to remember to be happy and grateful” and “to help me gain a sense of balance in life”); 3) enhancing physical condition (for example: “to exercise”, “to strengthen my muscles” and “especially to strengthen my arms and abdominals”); and 4) controlling negative emotions such as “to help me not get angry” and “to help me not feel anxious”. However, the study collected the data only from spa goers. Although, the findings showed the five dimensions of the motivations and tested the mean differences between the different demographic variables, the links between motivation and other constructs such as lifestyle, satisfaction and behavioural intentions were not presented.

Recently, Voigt *et al.* (2011) examined the motivations from three types of wellness tourists (509 samples): a beauty spa (91 samples), a lifestyle resort (316 samples) and a spiritual retreat (102 samples). The samples were drawn from databases of members and clients within the Australian wellness industry. The data were collected by email. The researchers developed 46 motivation scales which were analysed using an exploratory factor analysis (EFA). The results revealed that 42 items remained in the analysis and split into six factors: transcendence; physical health and appearance; escape and relaxation; important others and novelty; re-establishing self-esteem; and indulgence.

They also reported significant differences in terms of motivation factors among the three types of wellness tourists.

One longitudinal motivation study was also found within wellness tourism research. Moscardo (2011) examined tourist motivations based on data compiled from a series of four surveys collected between 1996 and 2002. The 7,589 questionnaires were collected from tourists who had visited the Great Barrier Reef. There were 16 motives allocated into five groups such as: 1) well-being related (including “*get exercise*”, “*rest & relax*”, “*physical activity*” and “*escape routine*”); 2) place specific (including “*be in a natural place*”, “*beauty of nature*”, “*learn about nature*”, “*learn about coral reefs*” and “*be in an undeveloped environment*”); 3) inner-directed “*experience solitude*”; 4) outer-directed “*be with family & friends*” “*be with others who enjoy what I enjoy*” and “*meet new people*”; 5) and other “*develop skills*”, “*excitement*” and “*do something new & different*”. The results of the cluster analysis based on these motives revealed six clusters of tourists’ motivations: nature escape; nature coral reef; nature learning; enthusiast; family well-being and restorative nature. These six clusters were re-clustered by the author into two main groups; a family well-being group and a restorative nature group.

Konu and Laukkanen (2010) employed 32 push and 20 pull motivation variables to investigate the factors that motivated tourists to take well-being holidays. Results showed that the most important push motivation factor was to refresh oneself and the least important was the motivation to experience fashionable/ trendy places and aesthetic experiences. Surprisingly, the results revealed that motivation to experience physical activities indicated a negative impact intention to have a well-being holiday. The results also demonstrated that the natural environment at the destination was an important pull factor for the tourist with regards to well-being and wellness tourism.

Push motivation or intrinsic motivation scales were used in all previous studies to capture the desire for travel of the wellness tourists. The term “wellness tourism” was defined by Sheldon and Bushell (2009) as “*a holistic mode of travel that integrates a quest for physical health, beauty, or longevity and/or a heightening of consciousness or spiritual awareness and a connection with community, nature or the divine mystery...*”. The wellness tourists’ motivation for travel seems therefore to be intrinsic or push motivational. A push motivation as a sociopsychological motive is useful in explaining an individual’s desire to travel, just as past studies have discussed (Crompton, 1979). Consequently, this need to go on a wellness holiday accurately reflects an intrinsic

motivational force or push motivation. Furthermore, it is also evident that the existing wellness tourism studies fail to explain how the motivation scales were developed, with the exception of the research by Chen *et al.* (2008), Mak *et al.* (2009) and Voigt *et al.* (2011). The data in all these studies was collected from supply-side approach definitions. The samples in past research were simply chosen from tourists who had only visited and/or participated in labelled wellness tourism destinations such as spa resorts yoga and lifestyle resorts, without verifying whether they were authentic tourists whose primary motivation was to enhance their health and well-being during their trip. Due to the wide range of human needs, cultural differences and context differences, there is no general agreement on the theoretical or conceptual framework which would help researchers achieve an understanding of travel motivation. Because of this lack of agreement, further investigation into tourists' travel motivations is clearly needed.

Motivation is the essential part in travel consumer behavioural research (Hsu & Cai, 2009). Yoon and Uysal (2005) proposed a theoretical model with satisfaction and destination loyalty. They used structural equation modelling to examine the relationship among motivation factors and satisfaction destination loyalty. They found that the relationship between push motivation and satisfaction was not significant, but there was a positively significant relationship between push motivations and destination loyalty. Pull motivation was found to have a negative association with satisfaction. Huang *et al.* (2012) investigated the link between motivation and satisfaction. The data were collected from tourists attending the “*Impression of Liusanjie*” performance in Guilin. They found that there was no significant direct relationship between motivation and satisfaction. However, motivation directly impacted on both experiential and attribute evaluation and these assessments positively influenced satisfaction. No mediation analysis was reported in this study. Recently, Cini *et al.* (2013) empirically tested intrinsic and extrinsic motivations and three subjective well-being constructs (Satisfaction With Life Scale; positive feeling; negative feeling) within the context of nature-based tourism. They found a significant relationship between intrinsic motivations and the Satisfaction With Life Scale, intrinsic motivations and positive feeling and intrinsic motivations and negative feeling. However, the extrinsic motives showed no significant relationship with all subjective well-being constructs. Surprisingly, studies that investigated the relationships between motivation and other constructs, such as satisfaction and quality of life in tourism are still limited.

Thus, remaining consistent with previous research, this study captured the wellness tourist motivations using only push or intrinsic motivations to empirically

validate the measurement scales and then examined the relationship with the other constructs (satisfaction, incremental quality of life and behaviour intentions) within the proposed model.

### 3.3 Lifestyle Congruence

Lifestyle has been widely used to describe daily life situations in the behavioural sciences and market research. Lifestyle was also frequently applied as the variable for consumer segmentation within marketing and tourism research (e.g., Ganglmair-Wooliscroft & Lawson, 2010; Hallab, Yoon & Uysal, 2003; Lee & Sparks, 2007; Naylor & Kleiser, 2002; Plummer, 1974). Understanding consumer lifestyle can help researchers with in-depth insight into consumer behaviour. The lifestyle concept that related to marketing was first introduced by Lazer (1963). He defined lifestyle pattern as, “*a systems concept. It refers to a distinctive mode of living in its aggregate and broadest sense.... It embodies the patterns that develop and emerge from the dynamics of living in a society*”. Kotler *et al.* (2008) defined lifestyle as, “*a person's pattern of living as expressed in his or her psychographic. It involves measuring consumers major AIO 1) dimensions-activities (work, hobbies, shopping, sports, social events), 2) interests (food, fashion, family, recreation) and 3) opinions (about themselves, social issues, business products)*”. The authors also asserted that lifestyle can be utilised as an effective market segmentation tool for targeting consumers in marketing applications. Plummer (1974) proposed the components of lifestyle as consisting of four dimensions: activities (e.g., work, hobbies, social events, club membership, shopping, or sports), interests (e.g., family, home, community, food and achievements), opinions (e.g., about themselves, social issues, politics, products and culture) and demographics. Ganglmair-Wooliscroft and Lawson (2011) argued that lifestyles could be viewed as, “*a micro- concept describing stereotypical individuals or as a macro- (or at least meso or groups level) concept, where lifestyles are representations of consumption patterns within a market*”. The term lifestyle has no commonly accepted definition within the current marketing literature. However, a lifestyle definition could be referred to as unique living patterns, such as how they live and how they spend their time and money, expressed through their activities, interests and opinions. Furthermore, Solomon (2011) posited that shared values, tastes in consumption patterns and symbolic nuances differentiating groups are the essential aspects that form a lifestyle. The concept of lifestyle not only covers



demographic characteristics but also the attitudes towards life, beliefs and aspirations (Brassington & Pettitt, 2006; Ekinici *et al.*, 2013).

Ekinici *et al.* (2013) defined lifestyle-congruence as, “*the degree of match/mismatch between the destination brand experience and a tourists’ actual or desired lifestyle*”. Lifestyle-congruence seems to be similar to self-congruence. However, in comparison the standards and antecedents of lifestyle-congruence are different from self-congruence. Self-congruence refers to the actual self-concept or social identity which is less tangible and less conscious. Lifestyle-congruence on the other hand includes both the actual and social self as well as incorporating the personal and social values that self-congruence does not capture (Ekinici *et al.*, 2013). It can be argued that tourists consciously use their needs or motivations for travel, activities, interests and opinions as tangible reference points for their lifestyle-congruence comparisons.

Lifestyle has been used in several segmentation studies within the tourism and health research context. For example, Chen and colleagues (2009) conducted cluster analysis using vacation lifestyle to segment the tourists that stayed at least one night at the Ken Ting National Park in Taiwan. Konu (2010) applied the AIO method to investigate lifestyle-segmentation with well-being tourism in Finland. Lee and Sparks (2007) used AIO statements of travel-specific lifestyle to segment Korean tourists using both factor and cluster analysis. Thyne *et al.* (2005) applied lifestyle to segment the backpacker tourists in Scotland. Lifestyle segmentation can also be used to examine different profiles of tourists connected to specific factors. For instance, Hawes (1988) used AIO statements of travel lifestyle to segment the profiles of senior female tourists and posited that the travel lifestyle variable could be useful to distinguish media preference patterns among different segments of elder female tourists. Recently, Dolnicar *et al.* (2013) applied three statements to capture the opinions of the respondents regarding quality of life: 1) “*I have a very high quality of life*”; 2) “*although I have my ups and downs, in general I feel good about my life*”; 3) “*I lead a meaningful and fulfilling life*”. They examined and profiled the visitors into three different groups based on the perception of their quality of life: vacation is not important; vacation enhances the quality of life; and vacation is the quality of life, as well as their travel motivations and demographic variables.

Furthermore, researchers also used lifestyle factors in health-related studies. Hallab *et al.* (2003) examined segmentation based on the healthy-living attitudinal scale and profiled the tourists with healthy-oriented destination aspects, sources of information,

travel experiences and general demographics. In the health research area lifestyle is used as the factor to help explain the health and wellness lifestyle profiles of the respondents. For example, Yang, Cheng and Yu (2012) examined 34 statements of leisure lifestyle from residents in Taiwan. Factor analysis resulted in six factors of leisure lifestyle: 1) *preferred travel*; 2) *self-realisation*, 3) *morning action*; 4) *exercise loving*; 5) *homebody*; and 6) *social support*. They conducted cluster analysis and the results of four particular sub-groups were: morning exercisers, travelling and social people, static recreation people and active exercises. Teng, Yen and Fetzer (2010) applied the Health Promotion Lifestyle Profile developed by Walker in 1987 to examine the healthy lifestyles of the Taiwanese. There were 30 out of 52 original items of lifestyle statements that remained in factor analysis. The five factors were: 1) *spiritual growth*; 2) *physical activity*; 3) *nutrition*; 4) *health responsibility*; and 5) *health management*. In addition, Adams *et al.* (1997) developed the Perceived Wellness Scales measure for perceived wellness perceptions in the physical, spiritual, psychological, social, emotional and intellectual dimensions. The sample statements from each dimension were presented respectively as follows: “*I expect to always be physically healthy*”; “*I believe there is a real purpose for my life*”, “*In the past I have expected the best*”; “*My friends will be there for me when I need help*”, “*In general I feel confident about my abilities*” and “*In the past I have generally found intellectual challenges to be vital to my overall well-being*”. Each dimension was measured with six items which formed the six-point rating scale (strongly disagree/strongly agree). The findings of the factor analysis indicated that the Perceived Wellness Survey was an unidimensional scale. The Perceived Wellness Survey has been validated and replicated within psychological literature (e.g., Adams *et al.*, 1998; 2000; Harari *et al.*, 2005; Rothmann & Ekkerd, 2007). This study aimed to investigate lifestyle congruence of tourists within a wellness tourism context. As suggested in contemporary literature, Hattie *et al.* (2004: 252) defined wellness as, “*a way of life oriented toward optimal health and well-being*” and Ritter (2005: 83) posited that “*wellness stands for a personal, individual lifestyle*”. It could be said that a perceived wellness measure better describes how the lifestyles of respondents are congruent with wellness related activities, opinions and interests rather than a generally healthy and travel lifestyle. However, the perceived wellness concept and the AIO-method have never been applied in lifestyle measure within a wellness tourism context. Therefore, the perceived wellness scale was applied in the opinions and interests sub-construct of wellness lifestyle congruence, together with the wellness related activities sub-constructs to capture the wellness lifestyle congruence of the respondents.

In marketing literature Del Rio, Vazquez and Iglesias (2001) reported the positive relationship between lifestyle-congruence and the consumers' intention to recommend. In recent tourism research Ekinçi *et al.* (2013) conducted a structural equation model to investigate data collected from international tourists who had visited a Mediterranean resort city. They measured lifestyle-congruence with three statements: 1) *vacationing in Antalya reflects my personal lifestyle*; 2) *vacationing in Antalya is totally in line with my lifestyle*; and 3) *staying in Antalya supports my lifestyle*. They revealed that lifestyle congruence positively related to destination brand loyalty, (intention to revisit and intention to recommend to others) ( $\beta=0.62$ ,  $t=11.00$ ,  $p<0.001$ ). Nam *et al.* (2011) applied three lifestyle-congruence scales in their study: 1) *this brand reflects my personal lifestyle*; 2) *this brand is totally in line with my lifestyle*; and 3) *staying in this hotel brand supports my lifestyle*. The results from structural equation modelling indicated that lifestyle-congruence had a significant relationship to customer satisfaction ( $\beta=0.18$ ,  $t=1.99$ ,  $p<0.05$ ). However, the authors found that lifestyle-congruence did not have a significant influence on brand loyalty (intention to revisit and intention to recommend).

Lifestyle has been studied in various contexts. A rich body of literature used lifestyle as the variable to examine segmentation and profiled it into different sub-groups. However, scant attention was paid to investigate the link between lifestyle and other variables to predict consumer behaviour. Additionally, the AIO concept has been widely used to develop lifestyle measurement scales which have been used in many marketing and tourism studies. Lifestyle has been measured in different ways and the scales are also diverse within the existing literature. In addition, there is no particular lifestyle measure that can capture lifestyle congruence within a specific context, such as wellness tourism. Therefore, the present study aims to address this research gap.

### **3.4 Self-image Congruence**

In consumer behaviour literature the role of self-concept has been explained in various constructs including attitude, preference, choice and loyalty in terms of the relationship between one's self-image and one's perceived image of a particular product or service (Landon, 1974). Later, the term became known as self-congruity. Researchers posited that self-image congruence referred to a consumer's attitude towards a product and/ or a product purchase that was influenced by the cognitive match between a consumer's self-concept and a product/brand image (Landon, 1974; Sirgy, 1982; Sirgy, Grewal, Mangleburg *et al.*, 1997; 2000; Sirgy & Su, 2000). Self-concept is the "totality

*of the individual's thoughts and feelings having reference to himself as an object*" (Rosenberg, 1979: 7). Self-concept has been studied since the 1960s (Birdwell, 1968; Grubb & Grathwohl, 1967; Grubb & Hupp, 1968; Grubb & Stern, 1971; Hamm & Cundiff, 1969). In these earlier studies self-concept was measured with a one-dimensional construct. However, later researchers criticised this and suggested that a person might have a multiple self-concept (Markus & Nurius, 1986; Onkvisit & Shaw, 1987). The self-concept was suggested as a multi-dimensional construct (Sirgy *et al.*, 2000; Todd, 2001). In marketing research the self-concept was operationalised with two main components: the actual and the ideal. Four statements were applied to capture the consumer self-concept as well as a means to describe and to predict consumer behaviours as follows: 1) actual self-concept which refers to how an individual perceives himself or herself; 2) ideal-self-concept which is how an individual would like to see himself or herself; 3) social self-concept which refers to how an individual thinks others see them; and 4) ideal social self-concept which is how an individual would like to be perceived by other people (Belch & Landon, 1977; Dolich, 1969; Hughes & Guerrero, 1971; Sirgy, 1982).

Self-congruence, self-congruity and self-image congruence are frequently used interchangeably as terms to explain this phenomenon (Hosany & Martin, 2012). Self-image congruence has been studied in various research settings. For example, automobiles (e.g., Birdwell, 1968; Ericksen, 1997; Jamal & Al-Marri, 2007; Kressmann *et al.*, 2006), various products (e.g., Dolich, 1969; Landon, 1974; Belch & Landon, 1977; Sirgy *et al.*, 1997), retailing (e.g., He & Mukherjee, 2007; Ibrahim & Najjar, 2008), sport merchandise (e.g., Kwak & Kang, 2009), hospitality services (e.g., Ekinci & Riley, 2003; Ekinci *et al.*, 2008; Han & Back, 2008; Nam *et al.*, 2011) and tourism (e.g., Beerli *et al.*, 2007; Boksberger, Dolnicar, Laesser, *et al.*, 2011; Bosnjak Sirgy, Ekinci, *et al.*, 2011; Chon, 1992; Hellriegel *et al.*, 2011; Litvin & Goh, 2002; Litvin & Kar, 2004; Kastenholz, 2004; Usakli & Baloglu, 2011). Self-image congruence has also been studied within particular tourism contexts such as cruise tourism (e.g., Hosany & Martin, 2012). However, self-image congruence has never been studied within a wellness tourism context.

There are two primary methods of measuring self-image congruence (Sirgy *et al.*, 1997). The traditional method is based on the discrepancy between tourists' perceptions of destination image and tourists' perceptions of their own self-image in relation to the destination personality. Further, each discrepancy scored is mathematically computed and summed across all dimensions. In consumer research, most studies applied a mathematical discrepancy index between consumer self-concept and the product-user

image (Sirgy & Su, 2000). For the new self-image congruence measure, Sirgy and Su (2000) introduced the direct measure of self-congruity to address the limitations of the methodology problem within the discrepancy measure of the traditional method. Self-congruity is measured directly and globally by not asking participants to indicate their perception of congruity with predetermined images and by not measuring the destination visitor image and self-image separately. The measurement consists of four statements: 1) “*This [destination x] is consistent with how I see myself*” (actual self-image); 2) “*This [destination x] is consistent with how I like to see myself*” (ideal self-image); 3) “*This [destination x] is consistent with how I believe others see me*” (social self-image); and 4) “*This [destination x] is consistent with how I would like others to see me*” (ideal social self-image).

Most empirical studies operationalised self-image congruence in terms of two components: actual and ideal (e.g., Beerli *et al.*, 2007; Chon, 1992; Ekinci *et al.*, 2008; Han & Back, 2008; Hosany & Martin, 2012; Litvin & Goh, 2002). The semantic differential scales is the common method that researchers have used to measure self-image congruence in product or services settings (Beerli *et al.*, 2007; Birdwell, 1968; Dolich, 1969; Kastenholz, 2004; Litvin & Goh, 2002; Malhotra, 1981; Sirgy *et al.*, 1997). Respondents rate their perceptions of the product/brand using a set of predetermined image characteristics or brand personality. For example, friendly versus unfriendly and sophisticated versus unsophisticated (Hosany & Martin, 2012). Subsequently, respondents need to provide a rating which includes the actual and ideal self-image. The discrepancy or the distance scores between brand personality and self-image indicates the degree of congruity (Kressmann *et al.*, 2006; Sirgy *et al.*, 1997). Moreover, the Likert scale was used to measure the self-image congruence in many research areas such as consumer marketing (e.g., He & Mukherjee, 2007; Jamal & Al-Marri, 2007; Kressmann *et al.*, 2006), hospitality (e.g., Ekinci *et al.*, 2008; Han & Back, 2008; Nam *et al.*, 2011) and tourism (e.g., Chon, 1992; Ekinci *et al.*, 2011; Usakli & Baloglu, 2011).

However, researchers recommended that the direct measuring of self-image congruence score is more predictive than the discrepancy scores (Sirgy *et al.*, 1997; Sirgy & Su, 2000). This method also contains fewer measurement errors and can capture self-image congruence holistically. Therefore, self-image congruence in this study applied the global measurement method developed by Sirgy *et al.* (1997) and Sirgy and Su (2000).

Previous studies reported a strong relationship between self-image congruence and satisfaction (He & Mukherjee, 2007; Jamal & Al-Marri, 2007; Sirgy *et al.*, 1997).

The tourism literature examined the self-image congruence model to help predict visitor behaviours. Chon (1992) studied the post trip by collecting the data from 225 subjects who had recently visited Norfolk, Virginia. The results indicated a significant correlation between tourists' self- self-image congruity and satisfaction. The author concluded that self-image congruence had an influence on satisfaction with destinations. Litvin and Goh (2004) empirically validated the self-congruity theory of Chon (1992). The data were collected from tourists departing from Singapore. The results showed that tourists with a perceived Singapore destination image which closely matched the perception that they had of themselves (actual self) and the view of how they would like to be seen by others (ideal self), tended to be more satisfied with their travel experience than those with low levels of self- congruity. From hospitality research, Ekinci and Riley (2003) also supported the notion that self- congruity influences the level of satisfaction with the service provider in the restaurant and hotel service context. Contrary to previous studies, Hosany and Martin (2012) found that both the actual cruiser's self-image congruence and the ideal self-image congruence had no significant relationship to satisfaction.

Usakli and Baloglu (2011) investigated the prediction of self- congruity on intention to recommend and intention to return. The findings suggested that both actual and ideal self- congruity had a significant relationship with intention to return ( $\beta$ -actual=0.502,  $p<0.000$ ;  $\beta$ -ideal=0.364,  $p<0.000$ ) and intention to recommend ( $\beta$ -actual =0.382,  $p<0.000$ ;  $\beta$ -ideal=0.479,  $p<0.000$ ). Consistent with these results, Sirgy and Su (2000) posited that the high degree of the match between destination image and tourists' self- congruence tended to motivate them to revisit that destination. However, previous studies within the tourism literature gave contradictory results. Tourists with higher levels of congruity with the destination were less likely to revisit that place in the future (e. g., Murphy, Moscardo & Benckendorff, 2007a; 2007b; 2007c). Mixed evidence exists within the literature and therefore, there is a need to better understand the relationship between self-image congruence satisfaction, self-image congruence and behaviour intention.

### **3.5 Emotion**

Emotion definitions are hardly consistent in the existing literature (Bagozzi, Gopinath & Nyer, 1999). Several researchers had similar views in the conceptualisation of emotion. This was described as a valence reaction to events, agents or objects and the way that each event was interpreted may result in specific actions (Bagozzi *et al.*, 1999; Lazarus, 1991; Ortony, Clore & Collins 1989). Westbrook and Oliver (1991) described

consumption emotion as the set of emotional responses elicited specifically during product usage or consumption experiences. Examples of the distinctive categories of emotional experience and expression are joy, anger and fear and examples for structural dimensions underlying emotional categories are pleasantness/ unpleasantness, relaxation/action or calmness/excitement. Consumption emotion is different from the related affective phenomenon of mood on the basis that emotion has a relatively greater psychological urgency, motivational potency and situational specificity (Westbrook & Oliver, 1991). Emotion is a critical factor that influences consumption experiences and consumer reactions. Past studies suggested that emotions have an influence on important outcomes related to consumer satisfaction and retention ( Oliver, 1993; Oliver & Westbrook, 1993).

Emotion theories have received a lot of attention from tourism researchers. Emotions have been studied in the different contexts of festivals (e.g., Grappi & Montanari, 2011; Lee *et al.*, 2008), shopping (e.g., Yüksel, 2007; Yüksel & Yüksel, 2007), restaurants (e.g., Han & Jeong, 2013), theme parks (e.g., Bigné *et al.*, 2005; Ma *et al.*, 2013), holidays (e.g., Nawijn, 2011a; Nawijn, Mitas, Lin, *et al.*, 2012), heritage tourism (e.g., de Rojas & Camarero, 2008; Prayag *et al.*, 2013) and adventure tourism (e.g., Faullant *et al.*, 2011). The measurement of emotion in marketing and tourism is pervasively influenced by earlier studies in psychology research. Self-reports are still the most widely used method to assess emotional experiences within the existing literature. Researchers frequently applied psychology based self-reporting emotion measures to study tourist experiences (Hosany *et al.*, 2015). In the consumer behaviour literature two main approaches were used to describe and categorise emotions based on the PAD (Pleasure-Arousal-Dominance) scale (Mehrabian & Russell, 1974) and the Positive Affect and Negative Affect Scales (PANAS) (Watson, Clark & Tellegen, 1988).

Several marketing researchers developed emotion scales for specific contexts. For example, Edell and Burke (1987) and Holbrook and Batra (1987) researched consumers' emotional responses towards advertising. Richins (1997) developed the Consumption Emotion Set (CES) to capture emotions experienced during consumption. CES was measured by 47 emotion descriptors categorised into 16 factors. Research on emotional responses of retail consumers established that there were generally only two or three dimensions used to represent consumption emotions. Honea and Dahl (2005) developed the Promotion Affect Scale (PAS) to measure consumers' emotional responses to a sales promotion. PAS consists of a 28-item scale with 10 dimensions representing both positive and negative valence emotions. Schoefer and Diamantopoulos (2008) developed a

measure; the experienced emotions during service recovery encounters (ESRE); to measure emotions during service encounters. ESRE measures 15 items grouped into four constructs: pleasure, involvement, discontent and concern. In retail research, Izard's (1977) Differential Emotions Scale (DES) consisted of 10 emotion items: interest, joy, anger, disgust, contempt, shame, guilt, sadness, fear and surprise. All of these underlined two dimensions: positive and negative emotions. Yoo, Park and MacInnis (1998) measured emotions using six items: pleased, attractive, excited, contented, proud and satisfied in a positive emotional dimension. They employed five items: ignored, anxious, nullified, displeased and angry in a negative emotional dimension. Hosany and Gilbert (2010) developed the Destination Emotion Scale (DES) which measures 15 items of psychometric properties underlying three dimensions: joy, love and positive surprise.

However, Richins (1997) pointed out that emotional concepts adapted from psychology are not suitable to measure emotions in a consumption situation within specific contexts. Additionally, emotional scales adapted from psychology frequently fail to achieve content validity (Haynes, Richard & Kubany 1995) which can lead to erroneous discussions (Hosany *et al.*, 2015).

This current study focused on the emotional experiences of the tourists within a specific context: wellness tourism. From the literature it could be argued that the existing psychology and marketing based emotion scales are appropriate to develop an emotional scale which captures the wellness tourists' feelings during their trip. Previous studies determined that tourists are generally happy and experience positive feelings during their holiday (de Bloom *et al.*, 2010; Hosany & Prayag, 2013; Nawijn *et al.*, 2010; Nawijn, 2011a). Nawijn (2011a) suggesting that even though the level of general life satisfaction on holiday does not differ from their everyday experiences, the affect balance during the holiday is significantly higher than the general affect that is observed in everyday life. Thus, tourists generally accrue positive experiences on holiday compared to their ordinary daily life. Previous results also indicated that positive emotions are much more frequent than negative emotions (Hosany & Gilbert, 2010; Zins, 2002). Gruber *et al.* (2013) suggested that the variability in positive emotion was related to a decline in psychological health, with lower well-being and life satisfaction causing increased depression and anxiety. Therefore, the positive feelings that tourists experience during their holiday generate a higher degree of well-being or quality of life perceived from the trip. This study focused mainly on the positive emotional experiences of wellness tourism and examined the emotional associations with the quality of life through satisfaction during the wellness holiday. The Scale of Positive and Negative Experience (SPANE) has high



reliability and can be adapted to capture tourists' emotions within a wellness tourism context. In addition, convergent validity results indicated the associations of the SPANE scales with a wide variety of other well-being measures such as the psychological well-being scale (Ryff, 2008) and the Flourishing Scales (Diener *et al.*, 2010). However, Nawijn (2011b) found that the effect of holiday trips on vacationers' happiness or life satisfaction was usually short-lived and the number of trips and days spent on vacation were not related to the level of happiness among the holidaymakers.

Gnoth (1997) suggested that tourists' emotions are associated with post-consumption behaviours. Several studies indicated that emotions influenced tourist satisfaction (e.g., Bigné & Andreu, 2004; Bigné *et al.*, 2005; de Rojas & Camarero, 2008; del Bosque & San Martín, 2008; Faullant *et al.*, 2011; Han & Jeong, 2013; Han *et al.*, 2009; Hosany & Gilbert, 2010; Hosany & Prayag, 2013; Prayag *et al.*, 2013). In addition, past studies determined that emotions have an impact on behavioural intentions, (e.g., Bigné & Andreu, 2004; Bigné *et al.*, 2005; Han *et al.*, 2009; Hosany & Gilbert, 2010; Hosany & Prayag, 2013). Sirgy, *et al.* (2011) reported positive effects from the trip that significantly influenced overall satisfaction with the travel life ( $\beta=0.22$ ,  $p<0.05$ ) and satisfaction with the travel life significantly impacted on overall life satisfaction ( $\beta=0.207$ ,  $p<0.001$ ). Additionally, Yüksel and Yüksel (2007) reported a significant relationship between emotions and intention to recommend ( $\beta$ -pleasure=0.14  $t=3.09$ ,  $p<0.05$ ;  $\beta$ -arousal= 0.39  $t=7.29$ ,  $p<0.001$ ). Recently, Hosany and Prayag (2013) examined the association patterns of emotional responses to satisfaction and intention to recommend among five groups of tourists. They found that the segments differed significantly regarding overall satisfaction and intention to recommend. This suggests that tourists' emotional experiences towards destinations systematically correspond to satisfaction and behavioural intention. However, no empirical study has determined the emotional associations between satisfaction and behavioural intention within wellness tourism research.

### **3.6 Satisfaction**

Customer satisfaction has been one of the most frequently examined topics in both the fields of market research and hospitality and tourism research. Satisfaction, as recommended by many researchers, is considered as a function of consumer perceptions (Neal & Gursoy, 2008). Tourist perceptions have an influence on the destination choices, the consumption patterns of goods and services during the holiday and the intention to

revisit (Kozak & Rimmington, 2000). Most tourists often share experiences with other destination tourists on past experiences regarding facilities, attractions and service qualities which all usually have an influence on their perceptions and satisfaction. Satisfaction is determined by individual perceptions and is therefore difficult to measure. However, it is challenging to deal with the tourism characteristics of products because tourist satisfaction plays an important role in successful destination marketing and development (Neal & Gursoy, 2008; Yoon & Uysal, 2005).

Customer satisfaction is often discussed as a service function within contemporary marketing literature in both conceptual and empirical studies. This includes the characteristics of satisfaction and service quality as well as how to measure them (e.g., Cronin & Taylor, 1992; Gronroos 1990; Oliver, 1980; Parasuraman, Zeithaml & Berry, 1985; Westbrook, 1980). Satisfaction has also received detailed attention from tourism researchers with an increasing number of journal articles published on various satisfaction studies within different contexts, for example nature-based tourism (e.g., Meng, Tepanon & Uysal, 2008; Faullant *et al.*, 2011), adventure-based tourism (e.g., Williams & Soutar, 2009), heritage tourism (e.g., Palau-Saumell *et al.*, 2012), cruise tourism (e.g., Hosany & Witham, 2009) and golf tourism (e.g., Hutchinson, Lai & Wang, 2009). Satisfaction has been examined as an aspect of tour packages and tour operator assessments (e.g., Bowie, 2005; Dunn Ross & Iso-Ahola, 1991; Hughes, 1991; Lee *et al.*, 2007; Reisinger & Waryszak, 1994). Satisfaction with shows or performances at destinations was investigated by Huang *et al.* (2012). Tourists' satisfaction with destinations were studied by Kozak and Rimmington (2000), Kozak (2000) and Pand a Bajs (2013). Wong and Wan (2012) studied tourists' shopping satisfaction.

A review of the literature details the different approaches used to measure customer satisfaction. Kozak and Rimmington (2000) argued that there were two main approaches to customer satisfaction research that dominated the marketing literature. The first was proposed by Parasuraman *et al.* (1985) who measured satisfaction by comparing the initial expectations against the perceived performance of the products and services. If the perceived performance was higher than the initial expectations, then this indicated a positive outcome and the customer was satisfied with the product or service. The second approach was suggested by Gronroos (1990) who viewed customer satisfaction as an outcome whereby the customer perceived the actual quality of performance from the product or service. *"The promises about how the service will perform given by traditional marketing activities and communicated by word-of-mouth must not be unrealistic when compared to the service the customers eventually will perceive"* (Grönroos, 1984: 43).

These approaches have been applied to examine consumer satisfaction in many studies regarding tourism research. For example, the expectation and disconfirmation model (Chon, 1989; Francken & Raaij, 1981; Oliver, 1980), the perceived performance model (Tse & Wilton, 1988) and the expected service-perceived service gap model (Parasuraman *et al.*, 1985). Oliver (1980) developed the expectation-disconfirmation model to assess consumer satisfaction. The expectations about a product before purchasing were evaluated and then after using the product actual performances were compared against the expectations. If the customers rated actual performance higher than their expectations this suggested that they were satisfied and therefore likely to willingly re-purchase the same product. Conversely, if the customers rated the actual performance lower than expectations this suggested that they were dissatisfied.

Oliver and Swan (1989) proposed the equity theory to assess consumer satisfaction as the result of the association between the costs and the rewards or benefits. Costs referred to what the consumer had to spend such as the purchase price, time and effort, whereas the rewards or benefits were what the consumer anticipated from the products or services. If the rewards outweighed the cost, tourists were likely to be satisfied and evaluate their trip experience as satisfactory (Neal & Gursoy, 2008; Yoon & Uysal, 2005).

Latour and Peat (1979) suggested the norm theory to assess satisfaction. Norms are seen as reference points for evaluating the product. Norm or reference points are based on the consumers' previous experiences with the product and their experiences with similar products (Neal & Gursoy, 2008). Consumers are likely to be satisfied if the perceived experience with the product or service has a congruence with the norm. Chon (1989) examined tourist satisfaction by comparing tourists' previous images of the destination and the actual image or what they actually experienced at the destination. He found that tourists' satisfaction was based on the congruence between their expectations about the destination and the perceived evaluative outcome of the experience at the destination area. Tourists tend to compare their experiences at a current travel destination with other destinations or places they have visited and they are likely to use their past experience to form a norm, or reference point to assess their travel experiences at the new destination (Yoon & Uysal, 2005).

Tse and Wilton (1988) developed a perceived performance model to determine satisfaction. They suggested that initial expectations and the actual performance should be examined independently. Satisfaction or dissatisfaction with a product should be

determined by evaluating only the actual performance, rather than comparing performance with expectations. The researchers argued that measuring satisfaction with both perceived expectations and perceived performance was redundant. Therefore, tourist satisfaction can be examined using only the actual performance which should indicate whether or not they are satisfied.

There are differences in satisfaction measures between tourism and other consumer products. It is more difficult to measure satisfaction in the tourism industry. It is important to identify the measured components of satisfaction because satisfaction or dissatisfaction with each component results in the overall satisfaction of the trip. Satisfaction with each aspect of the trip can lead to a better understanding of evaluation with regards to overall satisfaction. Therefore, the evaluation of both satisfaction with service quality (supply side) and satisfaction of experiences at the destination (demand side) are regarded as crucial in determining overall tourist satisfaction and require further investigation. However, previous tourism studies used different types of satisfaction scales. Prayag *et al.* (2013) and Nowacki (2009) employed single statements to capture overall satisfaction. Some researchers only measured satisfaction experiences at the destinations (e.g., Huang *et al.*, 2012; Palau-Saumell *et al.*, 2012), while others only measured satisfaction with the service quality of the destination (e.g., Neal & Gursoy, 2008).

Some studies incorporated both satisfaction with the services at the destination and satisfaction experience with the trip or destinations within the same satisfaction construct (e.g., Lee, *et al.*, 2011; Yoon & Uysal, 2005). Interestingly, Neal *et al.* (1999) proposed a measure of satisfaction with leisure travel/tourism services related to life satisfaction. They used the distinct satisfaction construct to assess tourists' life satisfaction: satisfaction with leisure experience at home; satisfaction with non-leisure life (e.g., job, family, health); satisfaction with pre-trip services and experiences; satisfaction with travel tourism services; and satisfaction with travel/tourism experiences. The existing literature seldom considered satisfaction as a multi-dimensional construct that included both the satisfaction with the supply side (service quality) and satisfaction with the demand side (experience at the destination), with the exception of the studies by Neal *et al.* (1999; 2004; 2007). In this study, satisfaction with wellness tourism holidays was considered in terms of overall satisfaction, measured with both separated constructs; satisfaction with wellness destination services and satisfaction with wellness trip experiences. The integration of the two satisfaction constructs within a satisfaction measurement model is the most effective for assessing wellness tourist satisfaction.

Previous studies demonstrated the relationship between tourist satisfaction and behavioural intentions (e.g., Dagger & Sweeney, 2006; Huang & Hsu, 2009; Huang *et al.*, 2012; Kozak & Rimmington, 2000; Lee, Jeon & Kim, 2011; Nowacki, 2009; Prayag, *et al.*, 2013; Palau-Saumell *et al.*, 2012; Yoon & Uysal, 2005). Several studies used structural equation modelling and reported a strong relationship between satisfaction and behavioural intentions as follows:  $\beta=0.81$  (Huang *et al.*, 2012);  $\beta=0.79$  (Yoon & Uysal, 2005);  $\beta=0.742$  (Lee *et al.*, 2011);  $\beta=0.74$  (Chi & Qu, 2008);  $\beta=0.71$  (Hosany & Martin, 2012);  $\beta=0.61$  (Palau-Saumell *et al.*, 2012);  $\beta=0.5$  (exploratory study) and  $\beta=0.36$  (confirmatory study), (Dagger & Sweeney, 2006).

Dagger and Sweeney (2006) conducted an exploratory and confirmatory study to investigate the relationship between service satisfaction and quality of life. They found a significant relationship between the two constructs (exploratory study:  $\beta=0.46$ ,  $t=5.21$ ,  $p<0.5$ ; confirmatory study:  $\beta=0.21$ ,  $t=2.36$ ,  $p<0.5$ ). Neal *et al.* (1999) empirically examined satisfaction with the service aspects of travel/tourism phases and satisfaction with life in general. The model consisted of satisfaction aspects in different phases: satisfaction with pre-trip experiences, trip reflection, satisfaction with leisure at home, satisfaction with non-leisure life domain (e.g., job, family), satisfaction with travel/tourism services, satisfaction with travel tourism experiences, satisfaction with leisure life and satisfaction with life in general. The findings revealed that satisfaction with travel/tourism trip experiences had a significant and direct impact on overall life satisfaction of the tourists ( $\beta=0.21$ ,  $t=2.36$ ,  $p<0.5$ ).

Indeed, some recent studies found a significant mediating role of customer satisfaction in the relationship between emotions and behavioural intentions (e.g., Bigné, *et al.*, 2005; Han & Back, 2007; Han *et al.*, 2009; Hosany & Gilbert, 2010). Lee *et al.* (2009) reported the indirect effect of emotion on loyalty via satisfaction. Nam *et al.* (2011) found that consumer satisfaction partially mediates the effects of ideal self-congruence on brand loyalty. Hosany and Witham (2009) reported that satisfaction partially mediated the relationship between cruise tourists' experiences and intentions to recommend. They asserted that pleasant and memorable experiences are likely to generate higher satisfaction levels and positively influence the behavioural intentions of the tourists. Yoon and Uysal (2005) indicated that satisfaction mediated the relationship between travel motivation and destination loyalty. Chi and Qu (2008) also found that satisfaction partially mediated the relationship between destination image and overall satisfaction. He and Song (2008) examined a mediation model of tourists' repurchase intentions for packaged-tour services. The results confirmed that both perceived value

and perceived quality influenced tourists' repurchases intentions and this was found to be fully mediated through satisfaction. Prayag *et al.* (2013) empirically investigated how conceptual satisfaction mediated the relationship between tourists' emotional experiences and behavioural intentions. However, the results showed no significant mediating effect of satisfaction on the relationship between emotions (joy, love, positive surprise and unpleasantness).

Due to the contradictory results in the existing literature, satisfaction still requires investigation as a mediator between the associations among the variables in the model. However, in wellness tourism literature no known studies have examined the mediation effect on the relationship between motivation and behavioural intention, emotions and behavioural intention, lifestyle congruence and behavioural intention, self- image congruence and behaviour intention as well as motivation and QOL.

### **3.7 Behavioural Intention**

In the marketing literature consumer loyalty is one of the critical indicators that results in repeat purchases or recommendations to other people. The degree of customer loyalty can be considered as one of the most essential factors for a successful marketing strategy. Likewise, tourism destinations can be regarded as products that tourists revisit or recommend to other potential tourists such as friends or relatives (Yoon & Uysal, 2005). Tourism researchers have applied the concept of consumer loyalty to tourism products, offers and destinations for more than a decade (e.g., Baloglu, 2001; Battour, Battor & Ismail, 2012; Chi & Qu, 2008; Kolar & Zabkar, 2010; Li & Cai, 2011; Palau-Saumell *et al.*, 2012; Pritchard & Howard, 1997; Prayag *et al.*, 2013; Yoon & Uysal, 2005). Generally, loyalty has been measured in one of the following ways: 1) the behavioural approach; 2) the attitudinal approach; and 3) the composite approach (Jacoby & Chestnut, 1978 cited in Tsiotsou & Goldsmith, 2012; Yoon & Uysal, 2005). The behavioural approach has been used to examine consumers' brand loyalty, measuring the purchase sequence, proportion of purchase, and/or probability of purchase (Dick & Basu, 1994). Jacoby and Chestnut (1978 cited in Dick & Basu, 1994) raised the criticism that the measurement of this approach lacked the basis of a conceptual standpoint and measured only the static outcome of a dynamic process. Loyalty measurement alone may not be enough to explain the factors that may affect customer loyalty. In other words, tourist loyalty to the products or destinations may not be enough to understand why and

how they have the intention to revisit, or recommend these products to other potential tourists (Yoon & Uysal, 2005).

The attitudinal approach is based on consumer brand preferences or intentions to buy (Backman & Crompton, 1991; Yoon & Uysal, 2005). The subjective norms are the influences of the social environment which affect behaviour (Li & Cai, 2011). In addition, analysis of the situational factors, norms and other psychological commitments or statements of preference can provide an explanation of a diagnostic for the strength of a relative-attitude repurchase patronage relationship (Dick & Basu, 1994; Yoon & Uysal, 2005). If an individual tourist has a favourable attitude towards a particular product or destination, he/she is more likely to express his/her intention to purchase the product or visit the destination. The last approach is the composite or combination approach which incorporates the behavioural and attitudinal approaches. Thus, customers who have a loyalty to particular brands purchase those specific products/services because they tend to have a positive attitude towards them. However, this approach seems to have some limitations which include the weighting or quantified scores that may apply to both the behavioural and the attitudinal factors which should be measured using separate measurements (Yoon & Uysal, 2005). Some researchers integrated both behavioural and attitudinal approaches (Backman & Crompton, 1991). Marketing researchers applied the attitudinal part when measuring loyalty (e.g., Varki & Colgate, 2001; Yi & La, 2004). In tourism research behavioural intentions have been frequently used to measure the desire to revisit or re-purchase and the willingness to recommend within the context of tourism services at tourism destinations (e.g., Battour *et al.*, 2012; Chen & Chen, 2010; Hung & Petrick, 2011; 2012; Kolar & Zabkar, 2010; Li & Cai, 2011; Palau-Saumell *et al.*, 2012; Yoon & Uysal, 2005).

Occasionally, the terms behavioural intention and destination loyalty are used interchangeably within tourism literature. Behavioural intention research has been investigated in different contexts as follows: golf tourism (Hutchinson *et al.*, 2009), cruise tourism (Hosany & Witham, 2009; Hung & Petrick, 2011; 2012), heritage tourism (Chen & Chen, 2010), shopping tourists (Yüksel & Yüksel, 2007), senior tourists (Jang, Bai, Hu *et al.*, 2009) and tourists repurchasing intentions for packaged tour services (He & Song, 2008). Even though loyalty or behavioural intention has been considered to be one of the most important driving forces with regards to marketing strategies, the study of behavioural intention incorporated with other psychological factors such as motivation and satisfaction with its applications to tourism products, or services as well as tourism destinations is still limited. Additionally, no study has explored the behavioural intention

of tourists within a wellness tourism context. A better understanding of this linkage will enable researchers to focus on the most important predictors that may impact on destination loyalty. Therefore, this study applied the behavioural (actual visit and intentional loyalty) and attitudinal (cognition and affect) aspects to investigate intentions to revisit and intentions to recommend to potential wellness tourists.

Different factors have been proposed by past studies to influence tourists' behavioural intentions. For instance, Yoon and Uysal (2005) reported that push or internal motivation; with respect to sources of tourists' motivation; affected their destination loyalty ( $\beta=0.41$ ,  $p<0.05$ ) which included intention to revisit destinations and intention to recommend to others. They also revealed that if tourists were satisfied with their trip experiences they tended to have a willingness to revisit destinations and recommend them to other people ( $\beta=0.79$ ,  $p<0.05$ ). Recent studies in cruising by Hung and Petrick (2011) indicated that motivation was a strong influence on cruising intention ( $\beta=0.629$ ,  $t=12.981$ ,  $p<0.001$ ). Hosany and Martin (2012) also reported a strong positive relationship between satisfaction and intention to recommend ( $\beta=0.71$ ,  $p<0.001$ ). However, few tourism studies have examined the relationship among self- image congruence satisfaction, intention to return and intention to recommend (Chon, 1992; Hosany & Martin, 2012; Kastenholz, 2004; Litvin & Kar, 2003). To date, relatively few studies have simultaneously investigated the relationships among self- image congruence, tourist satisfaction and behavioural intention.

### **3.8 Quality of Life**

Quality of life (QOL) has become an extensively discussed subject across academic domains and studied since the 1960s (Chan *et al.*, 2005). Generally, quality of life has been studied in terms of social indicators to measure the goodness of a society (Diener & Suh, 1997) such as the Gross Domestic Product (GDP), household expenditure, unemployment rate, life expectancy, literacy rate, satisfaction with life in general and sense of well-being (Genc, 2012). QOL has been defined in different ways. The early QOL concepts were influenced by philosophers such as Aristotle. QOL is described as happiness and consists of, "*a complete life lived in accordance with virtue and accompanied by a moderate possession of external goods*" (Fennell, 1987: 70 cited in Dagger and Sweeney, 2006). Emerson (1985: 282) defined the quality of life as, "*the satisfaction of an individual's values, goals and needs through the actualisation of their abilities or lifestyle*". Meeberg (1993: 37) defined it as, "*a feeling of overall life*



*satisfaction, as determined by the mentally alert individual whose life is being evaluated*”. Frisch (2000: 220) defined quality of life as “*an individual’s subjective evaluations of the degree to which his or her most important needs, goals and wishes have been fulfilled*”. Additionally, the relationship between QOL and needs satisfaction is also suggested in the literature (e.g., Borthwick-Duffy, 1992; Haas, 1999). QOL is usually defined as an individual’s sense of well-being, a satisfaction with life. QOL, life satisfaction, well-being, subjective well-being and happiness are sometimes used as interchangeable terms in contemporary literature (e.g., Cini *et al.*, 2013; Dolnicar *et al.*, 2013; Konu *et al.*, 2010; McCabe & Johnson, 2013; Nawijn, 2011; Neal *et al.*, 2007; Sirgy *et al.*, 2011).

There are two principal approaches in the study of QOL as hedonic and eudaimonic. Hedonism as a view of QOL has been expressed in various forms, varying from the focus on bodily pleasures to a broad view of needs and self-interests (Ryan & Deci, 2001). Hedonic psychologists suggest that QOL consists of subjective happiness and concerns the experience of pleasure versus displeasure that broadly relates to all judgements regarding the good/bad elements of life. The conception of hedonism includes the preferences and pleasures of the mind as well as the body (Kubovy, 1999). Diener *et al.* (1998) argued that happiness can be derived from the attainment of goals or valued outcomes in varied realms. Hedonic psychological studies have been used in the assessment of subjective well-being (SWB) which consists of three key components: life satisfaction, the presence of positive mood and the absence of negative mood, together often summarised as happiness (Ryan & Deci, 2001).

The concept of SWB assessment has frequently been used interchangeably with happiness (Deci & Ryan, 2006). Hedonic well-being has been extensively criticised with regards to whether measures of SWB are adequate to define psychological wellness (e.g., Ryff & Singer 1998). However, the SWB measure has been used as the primary index of well-being as a major outcome variable in much of the previous research for more than a decade (Ryan & Deci, 2001). Another principle of measuring well-being is eudaimonia. This is different from life satisfaction and happiness as mentioned earlier. Eudaimonic theories suggest that not all desires contribute to well-being and a person might value only some outcomes, but not all (Ryan & Deci, 2001). Although the individual experiences pleasure because his/her desires were achieved, some outcomes may not be good for him/her and therefore not promote his/her QOL.

From an eudaimonic perspective Ryan and Deci (2001) pointed out that subjective happiness could not be equated with well-being. The eudaimonic concept refers to well-being that concerns more than just happiness, suggesting that a person who reported being happy does not necessarily mean that they are psychologically well (Deci & Ryan, 2006). Eudaimonic well-being occurs when a person is fully engaged in life activities that are most congruent with deeply held values. This is referred to as living well or actualising one's human potential (Waterman, 1993). Both Eudaimonic and Hedonic measures are associated with needs fulfilments (Deci & Ryan, 2006; Ryan & Deci, 2001). Eudaimonic well-being is more strongly related to activities that afford personal growth and personal development, whereas hedonic well-being is more related to enjoyment regarding being relaxed, away from problems and happy (Deci & Ryan, 2006; Ryan & Deci, 2001).

Researchers agreed that hedonic and eudaimonic concepts have a high correlation and a substantial overlap (Ryan & Deci, 2001). Compton and colleagues (1996) investigated the relationship between 18 indicators of well-being and mental health and identified two factors that reflected SWB and personal growth. The findings confirmed that the hedonic and eudaimonic concepts were overlapping, but distinct. Waterman (1993) found that six measurement items of SWB (hedonic) and eudaimonia (personal expressiveness during activities) highly correlated at 0.86, reflecting 74% common variance. Additionally, further studies also found a high correlation between SWB and eudaimonia measures which ranged from 0.83 to 0.87 (Waterman *et al.*, 2008). The consistent evidence from previous studies (Keyes, 2005; Keyes *et al.*, 2002; McGregor & Little, 1998) confirmed that the two types of QOL scales should be measured as separate constructs rather than one-factor solutions.

Recently, QOL has received attention from tourism researchers and several studies have investigated the relationships between tourism and QOL (e.g., Dolnicar *et al.*, 2013; Gilbert & Abdullah, 2002; 2004; McCabe & Johnson, 2013; Neal *et al.*, 1999; 2004; 2007; Sirgy, 2010; Sirgy *et al.*, 2011). Regarding perceptions of QOL as holiday outcomes, these studies confirmed that holidays contributed to QOL.

Some researchers (Neal *et al.*, 1999; 2004; 2007; Sirgy *et al.*, 2011) used bottom-up spillover theory to examine the well-being of tourists. Neal *et al.* (1999) were the first to examine the relationship between holiday life domains (leisure life and non-leisure life) on an individual's life satisfaction. The researchers tested how trip satisfaction including pre-trips, during the trip and post-trip experiences influenced life satisfaction. The findings indicated that satisfaction with travel/tourism experience services had a

direct effect on satisfaction with life in general and that satisfaction with travel/tourism services also had a direct impact on life satisfaction. Neal *et al.* (2004; 2007) replicated their original research and the results confirmed their original findings that satisfaction with travel/tourism experiences had a direct effect on satisfaction with life in general and satisfaction with travel/tourism services.

Sirgy *et al.* (2011) developed a scale within various life domains to examine the relationship between the positive and negative effects associated with various parts of the trip experience (including social life, family life, leisure life, cultural life, health and safety, financial life, work life, love life, arts and culture, spiritual life, intellectual life, self, culinary life and travel life) and overall QOL. The findings indicated 13 satisfaction with life domains which had a significant influence on overall life satisfaction. With regards to leisure and travel life, the results showed that only a positive affect impacted on satisfaction with leisure life and travel life.

Subsequently, Sirgy (2010) proposed goal theory to examine how an individual could benefit by the sense of well-being from leisure travel. Sirgy (2010) posited the four principles that can benefit individuals from a holiday. Tourists should select travel goals that have high positive valence and are very likely to be attained. Engaging in tourism activities would help a tourist to experience goal attainment. However, Sirgy's (2010) goal theory has never been empirically examined within a tourism context.

Cini *et al.* (2013) applied Deci and Ryan's Self-Determination Theory (SDT) (Deci & Ryan, 2004) which included intrinsic and extrinsic motivation to predict well-being for park visitors. They adapted Diener *et al.*'s (1985) Satisfaction with Life Scale (SWLS) and the Scale of Positive and Negative Experience (SPANE) developed by Diener and Biswas-Diener (2008) in the testing model. Results of reliability for both SWLS ( $\alpha = 0.84$ ) and SPANE ( $\alpha$ -positive = 0.82 and  $\alpha$ -negative = 0.75) were fairly satisfactory. The results showed that intrinsic motivations had a significant relationship with SWLS ( $\beta = 0.439$ ), positive feeling ( $\beta = 0.560$ ) and negative feeling ( $\beta = -0.248$ ). However, extrinsic motivation did not significantly influence on the well-being of the respondents in this study.

In tourism literature several studies applied the SWLS to predict the tourists' QOL (e.g., Cini *et al.*, 2013; Gilbert & Abdullah, 2002; 2004; McCabe & Johnson, 2013). One study (Nawijn, 2011b) employed four positive affect and eight negative affect items taken from Kahneman *et al.* (2004) to examine tourists' happiness during the trip by analysing the affect balance. This is the difference between the amount of positive and negative

feelings experienced. Researchers (Deci & Ryan, 2006; Ryan & Deci, 2001) suggested that applying the two distinct measures of hedonic QOL and eudaimonic QOL could enhance understanding of well-being, rather than using hedonic QOL alone or measuring it with a combination of these two measures into one dimension.

However, relatively few studies applied the eudaimonic QOL concept in tourism research (e.g., McCabe & Johnson, 2013; Voigt, Howat & Brown, 2011). Voigt *et al.* (2011) conducted qualitative research to explore the perception of hedonic and eudaimonic experiences of three different groups of wellness tourists: spa visitors, lifestyle resort visitors and spiritual tourists. The results indicated that the three groups of wellness tourists had various perceptions placed along a continuum between hedonic and eudaimonic tourism experiences. Spa visitors perceived their wellness travel experience as entirely hedonic, while the spiritual retreat visitors considered their experiences were almost purely eudaimonic. Most lifestyle resort visitors saw their experiences as eudaimonic. McCabe and Johnson (2013) measured eudaimonic well-being using national accounts of well-being (New Economics Foundation, 2009). The results showed that the correlations between eudaimonic well-being and issues and circumstances (gender, missing out, relationship difficulties, stress, mental health, unemployment, physical health and special needs) were not significant.

The eudaimonic QOL measure seems to be neglected in tourism studies. Therefore, this study utilised hedonic QOL and eudaimonic QOL as distinct constructs to capture the overall wellness tourists QOL. The two main existing eudaimonic scales are the Ryff scale of Psychological Well-Being (PWB) (Ryff, 2008) and the Flourishing Scale (Diener *et al.*, 2010). The PWB inventory consists of three forms of scales: long form (84 questions), medium form (54 questions) and short form. However, the short-form scale is not statistically reliable and therefore not recommended for assessment. The Flourishing Scale (FS) is a brief measure that consists of eight scales. Diener *et al.* (2010) tested the correlation between the FS and Ryan and Deci's Basic Need Satisfaction Scale (BNS) (Ryan & Deci, 2000) and the PWB (Ryff, 2008). The results indicated that FS performed well with a high reliability ( $\alpha=0.87$ ). It also strongly correlated with the other psychological well-being scales (correlation with BNS ranging from 0.54 to 0.67 and correlation with Ryff's PWB ranged between 0.43 and 0.73). The FS yielded a good assessment. As the FS has short form scales it is more suitable for a practical survey because long form questions may lead to biased answers.

Sirgy *et al.* (2011) revealed that only positive affect has a significant influence on satisfaction with leisure life and satisfaction with travel life. It can therefore be implied that positive emotions could be considered as the antecedent to predict satisfaction with travel experience. Therefore, positive feeling was treated as the predictor in the research model. The QOL measure in this study contained both hedonic QOL and eudaimonic QOL adapted from the SWLS and FS respectively.

According to QOL research in tourism literature several studies applied pre- and post-test designs (e.g., Gilbert & Abdullah, 2002; 2004; McCabe & Johnson, 2013; McCabe *et al.*, 2010). Some studies employed only one measure (e.g., Dolnicar *et al.*, 2013; Nawijn *et al.*, 2010; Neal *et al.*, 1999; 2004; 2007). In the present study, it was difficult to apply pre- and post-test designs for the survey conducted at the wellness destinations because there was no starting point reference for the pre-test. Additionally, it was seldom possible to get another chance to collect data from the same respondents. It can be argued that pre- and post-tests were unsuitable for this study, therefore, the QOL scale was applied as the incremental measure which asked the respondent to rate their perceptions as to how a wellness trip experience enhanced their QOL.

### **3.9 Summary of Knowledge Gaps from the Literature Review**

From the aforementioned discussion in theoretical constructs, the dearth of literature on wellness tourism provides opportunities for research. The main research gaps as well as research opportunities were derived through a review of related literature which included psychology, consumer behaviour, marketing and tourism and hospitality studies. The areas of knowledge gaps in this research and research opportunities can be categorised into four main issues as follows.

#### **3.9.1 Context Gaps**

Most existing wellness tourism research focused on spa-going visitors (e.g., Chen *et al.*, 2008; Mak *et al.*, 2009). Relatively few studies investigated spiritual wellness tourists such as yoga tourists (Lehto *et al.*, 2006) and spiritual retreats (Kelly, 2012). Some researchers (Voigt *et al.*, 2011) conducted a comparison study with regards to motivations among the different wellness tourists: spa visitors, lifestyle resort guests and spiritual tourists. However, there are still others types of wellness tourism that have never been studied previously such as sport and fitness tourism. This study therefore extends

the existing wellness tourism knowledge by examining a narrower and specific sphere of wellness tourism: Muay Thai fitness and meditation retreats.

### **3.9.2 Data Collection Gaps**

Data collection in most of the existing wellness tourism literature only used the supply-side approach of definitions. The samples in past research were simply chosen from tourists who had only visited and/or participated in labelled wellness tourism destinations (spa resorts, yoga and lifestyle resorts) without verifying whether they were authentic tourists, whose primary motivation was to enhance their health and well-being during their trip. Therefore, this study aimed to address this gap with data collection procedures incorporating the demand-side approach to identify the authentic wellness tourist.

### **3.9.3 Measurement**

#### *3.9.3.1 Motivations*

Travel motivations are usually stimulated by the wide range of human needs. The cultural and context differences are likely to influence the differences of travel motivation. There is no general agreement on motivation measures. To help researchers achieve an understanding of travel motivation within a wellness tourism context, more investigation into tourists' travel motivation is clearly needed.

#### *3.9.3.2 Lifestyle*

The AIO concept has been widely used in developing lifestyle measurement scales and these have been used in many marketing and tourism studies. Lifestyle has been measured in different ways and the scales are also diverse within the existing literature. In addition, there is no particular lifestyle measure that can capture lifestyle congruence within a specific context such as wellness tourism.

#### *3.9.3.3 Self-image Congruence*

Self-image congruence has been studied in various research settings including marketing and consumer behaviour (e.g., automobiles, various products, retailing and sport merchandise) as well as hospitality services and tourism. Although self-image congruence has been studied within particular tourism contexts such as cruise tourism, it has not been studied within a wellness tourism context.

#### *3.9.3.4 Emotions*

Emotion theories have received increasing attention from tourism researchers. Emotions have been studied in different contexts in prior research such as festivals, shopping, restaurants, theme parks, heritage tourism, and adventure tourism. However, no wellness tourism empirical studies have used an emotions scale to capture the empathy of the wellness tourists.

#### *3.9.3.5 Satisfaction*

Customer satisfaction has been one of the most frequently examined topics in both fields of market research and hospitality and tourism research. However, it is a challenge to deal with the specific characteristics of the products in tourism such as wellness tourism because tourist satisfaction plays an important role in successful destination marketing and development. There are no known studies that exist to assess satisfaction during wellness trip experiences. To address this gap, this study designed a measurement scale to capture overall satisfaction with the two separate constructs of satisfaction with wellness destination services and satisfaction with wellness trip experiences.

#### *3.9.3.6 Behavioural Intentions*

Behavioural intention research has been investigated in different contexts as follows: golf tourism, cruise tourism, heritage tourism (Chen & Chen, 2010), shopping tourism, senior tourism and tourists' repurchasing intentions for packaged-tour services. However, no studies have examined behavioural intention in wellness tourism research. To extend the understanding of behavioural intention in the body of wellness tourism knowledge this study applied the behavioural (actual visit and intentional loyalty) and attitudinal (cognition and affect) aspects to investigate intentions to revisit and intentions to recommend locations to potential wellness tourists.

#### *3.9.3.7 Quality of Life*

In tourism literature several studies only applied the hedonic aspect such as SWLS, which means the pleasure and displeasure in life, to predict the tourists' QOL. The eudaimonic QOL that refers to the perception of living with deeply held values or meaningful beliefs of the individual was neglected in past studies. As researchers suggested, both hedonic QOL and eudaimonic QOL should be applied as two distinct measures to enhance understanding of an individual's well-being. Therefore, this research filled these knowledge gaps by providing a QOL measure that contained both the hedonic QOL and the eudaimonic QOL adapted from the SWLS and FS respectively.

Additionally, several studies applied pre- and post-test designs which are difficult to apply to data collection conducted at the destination. There was seldom a chance to re-collect data from the same respondents. Therefore the QOL scale in this study was designed as an incremental measure which asked the respondent to rate their perception with regards to the degree of how their wellness trip experience enhanced their QOL.

#### **3.9.4 Relationship between Construct and the Theoretical Model**

Wellness tourism is a new fast growing trend within the tourism industry which generates 11.7 million direct jobs delivering \$1.3 trillion of global economic impact (1.8% of global GDP in 2012) (Global Wellness Institute, 2013). An understanding of how these psychological aspects (motivations, lifestyle, self-image and emotions) influence post-consumption outcomes such as satisfaction, behavioural intention and incremental quality of life can assist the researchers and destination managers with a deeper insight of wellness tourists' psychological profiles. This information could be a reliable source for developing wellness tourism planning programmes and strategies to enhance destination competitiveness. However, the structural relationship between motivations, lifestyle, self-image, emotions, post-travel behaviour and QOL remains under-explored in wellness tourism research. To address this research gap this study empirically investigated a comprehensive theoretical framework linking motivations, lifestyle congruence, wellness related lifestyles, positive emotions, satisfaction during trip, incremental quality of life and behavioural intentions.

#### **3.10 Hypotheses Development**

Extant studies established that leisure travel increases tourists' subjective well-being (e.g., Bosnjak *et al.*, 2014; Chen *et al.*, 2013; Dolnicar *et al.*, 2012; Gilbert & Abdullah 2002). However, limited studies (e.g., Chen *et al.*, 2008; Mak *et al.*, 2009; Voigt *et al.*, 2011) examined the travel motives of wellness tourists. Motivation remains an important area of research among tourism scholars (e.g., Crompton 1979; Dann, 1981; Mak *et al.*, 2009; Prayag & Hosany 2014; Yoon & Uysal, 2005). Motivation is related to an individual's inner needs (Fodness, 1994). Existing studies confirmed a relationship between motivation and satisfaction (e.g., Lin *et al.*, 2012; Meng *et al.*, 2008; Yoon & Uysal, 2005). Previous studies reported the significant relationship between motivation behavioural intention (Hung & Petrick, 2011; Yoon & Uysal, 2005). Likewise, Cini and colleagues (2013) noted that highly motivated tourists have a higher degree of life



satisfaction. The purposed model in this study is presented in Figure 3.1. Hence, these findings lead to the following hypotheses:

H1: Motivation is positively related to satisfaction with the trip experience.

H2: Motivation is positively related to behavioural intention.

H9: Motivation is positively related to the incremental quality of life.

In the existing literature lifestyle-congruence was found to have a positive relationship with behaviour intention (e.g., Del Rio, Vazquez and Iglesias, 2001; Ekinci *et al.*, 2013). Only one study indicated that lifestyle-congruence had a significant relationship to customer satisfaction (Nam *et al.*, 2011). Relatively few empirical studies investigated the impact of lifestyle-congruence on tourist behaviour. Therefore, the aforementioned discussion leads to the following hypotheses:

H3: Lifestyle-congruence positively affects satisfaction during the trip.

H4: Lifestyle-congruence positively affects behavioural intention.

Previous studies reported a strong relationship between self-image congruence and satisfaction (He & Mukherjee, 2007; Jamal & Al-Marri, 2007; Sirgy *et al.*, 1997). However, Hosany and Martin (2012) found that both the actual cruiser's self-image congruence and the ideal self-image congruence had no significant relationship to satisfaction. Due to the mixed evidence found within the existing literature there is a need to further examine the relationship between self-image congruence and satisfaction. Furthermore, relatively few tourism studies examined self-image congruence theories with post-consumption variables such as satisfaction, intention to return and intention to recommend (e.g., Chon, 1992; Hosany & Martin, 2012; Kastenholz, 2004; Litvin and Kar, 2003). Based on the gaps in the literature as discussed the following hypotheses are proposed:

H5: Wellness tourists' self-image congruence positively influences satisfaction during the trip.

H6: Wellness tourists' self-image congruence positively influences behavioural intention.

Several studies indicated that emotions influence tourist satisfaction (e.g., Bigné & Andreu, 2004; Bigné *et al.*, 2005; de Rojas & Camarero, 2008; del Bosque & San Martín, 2008; Faullant *et al.*, 2011; Han & Jeong, 2013; Han *et al.*, 2009; Hosany & Gilbert, 2010; Hosany & Prayag, 2013; Prayag *et al.*, 2013) and behavioural intentions (e.g., Bigné & Andreu, 2004; Bigné *et al.*, 2005; Han *et al.*, 2009; Hosany & Gilbert,

2009; Hosany & Prayag, 2011). Sirgy *et al.* (2011) reported that a positive affect from the trip significantly influenced the overall satisfaction with travel life ( $\beta=0.22$ ,  $p<0.05$ ) and that satisfaction with travel life significantly impacted on overall life satisfaction ( $\beta=0.207$ ,  $p<0.001$ ). Additionally, Yüksel and Yüksel (2007) reported a significant relationship between emotions and intention to recommend ( $\beta$ -pleasure= $0.14$   $t=3.09$ ,  $p<0.05$ ;  $\beta$ -arousal= $0.39$   $t=7.29$ ,  $p<0.001$ ). Researchers (Gnoth, 1997; Hosany & Prayag, 2013) also supported the suggestion that patterns of emotional responses are associated to post-consumption behaviours (satisfaction, intention to revisit and intention to recommend). However, no empirical study has determined the associations between emotion and satisfaction and behavioural intention within wellness tourism research. Based on the above discussions the following hypotheses are proposed:

H7: Positive emotion positively associates with satisfaction during the trip.

H8: Positive emotion positively associates with behavioural intention.

Satisfaction in tourism studies has been investigated using different theories and perspectives. Examining tourist satisfaction can be used as the reflection of the product/services performance at a particular destination. Previous studies indicated a significant relationship between satisfaction and quality of life (e.g., Dagger & Sweeney 2006; Neal *et al.*, 2004; 2007; Sirgy, *et al.*, 2011). No known studies have been carried out in the wellness tourism context. Accordingly, the following hypothesis is formulated:

H10: Satisfaction during the trip positively affects the incremental quality of life.

Previous studies demonstrated a relationship between tourist satisfaction and behavioural intentions (e.g., Cronin *et al.*, 2000; Dagger & Sweeney, 2006; Huang & Hsu, 2009; Huang *et al.*, 2012; Kozak & Rimmington, 2000; Lee *et al.*, 2011; Nowacki, 2009; Prayag, *et al.*, 2013; Palau-Saumell *et al.*, 2012; Yoon & Uysal, 2005). Tourists who are satisfied with their holiday experiences are more likely to revisit and recommend the destination to others. Behavioural intentions are positive functions of the outcome from a satisfactory tourist experience. Therefore, it is logical to hypothesise that:

H11: Satisfaction during the trip positively affects behavioural intention.

Some existing studies found a significant mediating role of customer satisfaction in the relationship between emotions and behavioural intentions (e.g., Bigné, *et al.*, 2005; Han & Back, 2007; Han *et al.*, 2009; Hosany & Gilbert, 2009). Consumer satisfaction was found to have partial mediation effects on the relationship between ideal self-congruence and brand loyalty (Nam *et al.*, 2011). Lee *et al.* (2009) reported the indirect

effect of emotion on loyalty through satisfaction. Yoon and Uysal (2005) indicated that satisfaction mediated the relationship between travel motivation and destination loyalty. Satisfaction was also found to partially mediate the relationship between destination image and overall satisfaction (Chi & Qu, 2008). Prayag *et al.* (2013) also reported that satisfaction mediated the relationship between tourists' emotional experiences and behavioural intentions. However, Prayag *et al.* (2013) determined no significant mediating effect of satisfaction on the relationship between emotions (joy, love, positive surprise and unpleasantness).

The existing literature shows mixed evidence of the mediation effect testing. Further investigation regarding satisfaction as a mediator variable in the model is needed. Additionally, in wellness tourism research no known studies have investigated the mediation effect on the relationship between motivation and behavioural intention, emotions and behavioural intention, lifestyle congruence and behavioural intention, self-image congruence and behavioural intention and motivation and QOL. Therefore, mediation analyses were performed based on the following hypotheses:

H12: Satisfaction during the trip mediates the association between motivation and incremental quality of life.

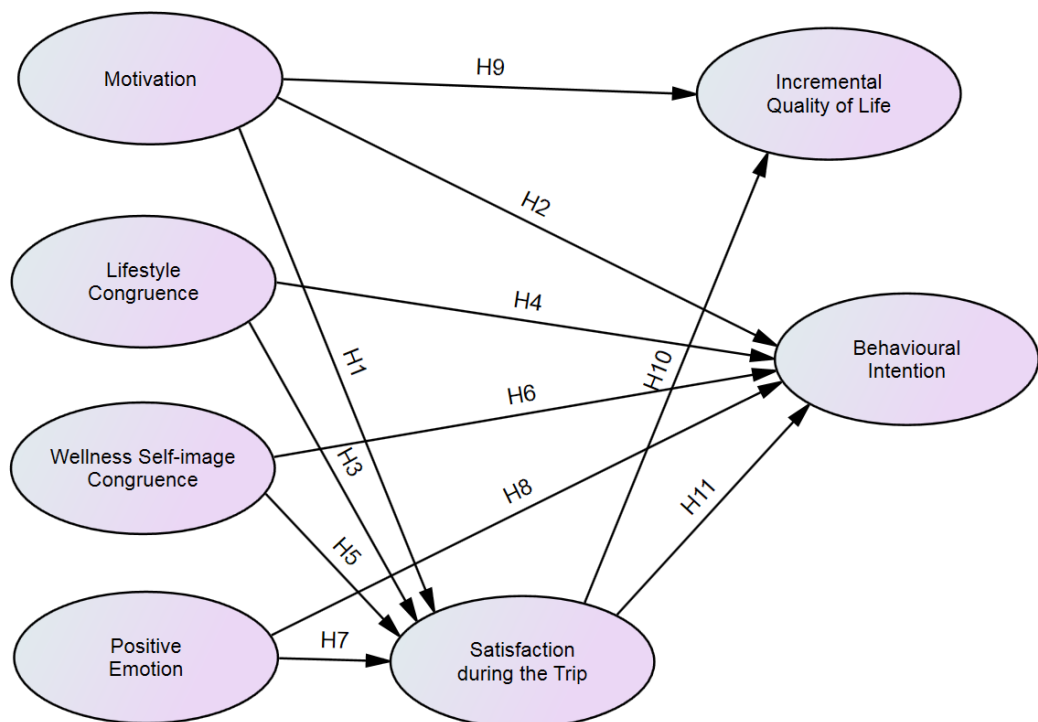
H13: Satisfaction during the trip mediates the association between motivation and behavioural intentions.

H14: Satisfaction during the trip mediates the association between lifestyle congruence and behavioural intention.

H15: Satisfaction during the trip mediates the association between wellness self-image congruence and behavioural intention.

H16: Satisfaction during the trip mediates the association between positive emotions and behavioural intention.

**Figure 3.1 Theoretical Research Framework**



### 3.11 Summary of the Chapter

This chapter explained the theoretical background for each construct in this study. Seven constructs were proposed in the model: motivations, lifestyle congruence, self-image congruence, emotions, satisfaction, behavioural intention and quality of life. The research gaps in the contemporary literature were presented and the research opportunities were discussed. Hypotheses development was explained and sixteen hypotheses were presented. Finally, the research framework was introduced.

## Chapter 4 Research Methodology

### 4.1 Introduction

This chapter explains and justifies the research design with an outline of the theoretical assumptions and the research methodology used to empirically test the research hypotheses. The research paradigms are introduced with their fundamental philosophical assumptions, mixed methods and justification. An explanation of the research design elements follows, detailing research context, measurement scales, data collection and data analysis methods. The research population, sampling and data collection methods are defined. The measurement scales section discusses how the constructs, as well as the variables of each construct were developed and operationalised; it explains how the measurement scale and the survey instruments were refined through the pre-test. The indicators or variables used to measure the constructs are also presented.

### 4.2 Research Paradigms

Researchers vary in their belief systems and their way of viewing and interacting with their surroundings. This impacts on the way research studies are conducted. Common beliefs and agreements shared amongst researchers can be seen as a paradigm (Guba & Lincoln, 1994). Creswell (2009) argued that the foundations of research philosophy are based on: the knowledge (ontology) claimed by the researchers, how the researchers know it (epistemology), what values go into it (axiology), how the researchers write about it (rhetoric) and the processes for studying it (methodology). Social research incorporates different research paradigms, methodologies and many diverse methods. Due to an inconsistent use of these terms in the social science literature, this study employed definitions by Sarantakos (2012) and Danial and Sam (2011) as follows: A paradigm is *“a set of propositions that explain how the world is perceived”* (Sarantakos, 2012). A methodology refers to *“a research technique which entails the theoretical principles as well as a framework that provides the guidelines about how research is done in the context of a particular paradigm”* (Danial & Sam, 2011). The method is, *“a tool or an instrument employed to gather empirical evidence and to analyse data”* (Danial &

Sam, 2011). However, the method is theoretical and it is independent of methodology and paradigms (Sarantakos, 2012).

Thus, a research method such as interviews can be used in any different research methodology. Research methodology is a systematic approach which includes various procedures to solve the research problem, whereas a method is a blueprint for conducting the research, including several phases and facts relating to the formulation of the study (sample design, statistical design, observation design and operational design) (Danial & Sam, 2011). A research design is necessary to formulate the research project by connecting the methodology and the appropriate set of research methods that are applied to address the research questions or hypotheses in the study. The philosophical background in most studies influences the research practices. Therefore, the research paradigms that are applicable to the research need to be established at the initial stage of the research project and can significantly affect how the research is undertaken, and how the social phenomenon is interpreted and understood (Wahyuni, 2012). In the following section, the three major research paradigms, postpositivism, interpretivism and pragmatism as well as the justification for the research method in this study will be discussed.

#### **4.2.1 Postpositivism**

Traditionally, postpositivists assume that the world may not be “*knowable*”; they also view the world as very complex and open to interpretation. Scientific method helps to explain what they do not know. Research through postpositivists expresses the need to examine causes that influence outcomes, such as the study of experimental research. Postpositivists acknowledge the underlying careful observation and measurement of the objectives that are always influenced by background theories and hypotheses. The theories and hypotheses that govern the world need to be tested or verified and refined so that the researcher can explain the phenomenon. The methods often inductively move from specific observations to broader generalisations and theories (O’Leary, 2004). The research approaches of postpositivism are usually systematic and rigorous. Thus, the quantitative approach is applied to the postpositivist paradigm that places emphasis on the numeric measures of observations and studying the behaviour of the individual. The scientific methods consist of the initial theories, data collection, development of the statement of causal relationship and proving whether the hypotheses should be rejected or accepted. Additionally, postpositivists emphasise “*critical multiplism*” (Cook, 1985)

that refers to the fact that different perspectives can be used to shape the various approaches in terms of research questions, data manipulations and interpretations. Due to the lack of a perfect scientific method, postpositivists recognise that all observation and measures are fallible and have error and all theories are revisable (Chilisa, 2012). Thus, validity and reliability are needed to examine methods and conclusions for bias in quantitative research (Phillips & Burbles, 2000).

#### **4.2.2 Interpretivist**

The interpretivist (or constructivist) assumes that reality is not objectively determined but is socially constructed (Husserl, 1965). The assumption is that by placing people in their social contexts there is greater opportunity to understand their perceptions and experiences of the individuals through their life, their work and their activities (Creswell, 2009). These subjective meanings of their perceptions and experiences are varied and multiple; the researchers also prefer to have an interaction or discussion with the studied participants. The interpretivist researchers seek to understand how the participants interpret the reality and encourage them to express their views using open-ended questions. They also prefer to work with qualitative research that is largely inductive, with the need to generate meaning from the data collected in the field (Creswell, 2009). The interpretivists are opposed to theoretical generalisations and hypotheses as the starting point. They try to make sense of and interpret the meaning of the studied participants using a narrative form of analysis to describe specifics with in-depth detail and then move to a broader level of interpretation (Neuman, 2006). Social knowledge in the form of research is derived from the meaning of the social phenomena based on its study participants. Moreover, the background and the experience of both research participants and the researchers substantially shape the data collection and analysis (Creswell, 2009; Wahyuni, 2012).

#### **4.2.3 Pragmatism**

Pragmatism is another research philosophy that avoids the debate between the positivist and the interpretivist research paradigm (Tashakkori & Teddlie, 1998). Many versions of pragmatism exist. The most common themes and principles are concerned with “*applications that work and solutions to problems*”, (Patton, 2002). Pragmatism researchers consider that the problem is more important than the methods. Researchers then seek to use all appropriate approaches to understand the problem (Creswell, 2009).

The pragmatist believes that “*objectivist and subjectivist perspectives are not mutually exclusive*” (Wahyuni, 2012). Mixed methods research includes both quantitative and qualitative data and can provide the best information for a research problem. However, the justifications of why quantitative and qualitative data need to be mixed are required at the beginning (Creswell, 2009). Researchers can also freely choose several methods, techniques and procedures of research to best meet their research objectives. Thus, pragmatism strongly supports the use of mixed methods because multiple methods incorporate different perceptions of reality and the world, different assumptions and different forms of data collection and analysis. The mixed method on the other hand enables the researchers to gain a better understanding of social reality. The following section describes the benefits and advantages of employing mixed methods and its justification in this research.

#### **4.2.4 Mixed Methods and Justification in this Research**

A mixed methods approach is the pragmatic knowledge that claims to consist of both quantitative and qualitative research sequentially. There are many differences of mixed methods designs that make the definition difficult to describe. However, Creswell *et al.* (2003) combined the characteristic features of the mixed methods and proposed a broad definition:

*“A mixed methods study involves the collection or analysis of both quantitative and/or qualitative data in a single study in which the data are collected concurrently or sequentially, are given a priority, and involve the integration of the data at one or more stages in the process of research”* (Creswell *et al.*, 2003: 212).

The quantitative and the qualitative research approaches have distinctive characteristics. Quantitative research is more concerned with deduction, confirmation and explanation, theory or hypotheses testing and verification, prediction, generalisation and statistical analysis. Qualitative research is focused on induction, exploration, theory or hypotheses generation, a contextual understanding and preoccupation with words, images and categories instead of variables (Bryman, 2001; Johnson & Onwuegbuzie, 2004). Consequently, the major advantage of mixed methods research enables researchers to simultaneously and sequentially understand and answer the confirmatory and exploratory research problems in the same study (Teddlie & Tashakkori, 2003). Because qualitative and quantitative research methods have different strengths and weaknesses, using a combination of methods can help to complement each methods’ weaknesses and



strengths. Greene *et al.* (1989) extended the usefulness of the mixed method. They posited the five broad purposes of a combination of qualitative and quantitative methods as follows: 1) Triangulation: seeks convergence, corroboration, correspondence of results from different methods; 2) Complementarity: seeks elaboration, enhancement, illustration, clarification of the results from one method with the results from the other; 3) Development: seeks to use the results from one method to help develop or inform the other method, where development is broadly construed to include sampling and implementation as well as measurement decisions; 4) Initiation: seeks the discovery of a paradox and contradiction, new perspectives of frameworks, the recasting of questions or results from one method with questions or results from the other method; and 5) Expansion: seeks to extend the breadth and range of inquiry by using different methods for different inquiry components. Saunders, Lewis and Thornhill (2009) classified the mixed method into two categories - mixed method research and mixed model research:

*“Mixed method research uses quantitative and qualitative data collection techniques and analysis procedures either at the same time (parallel) or one after the other (sequential) but does not combine them. This means that, although mixed method research uses both quantitative and qualitative world views at the research methods stage, quantitative data are analysed quantitatively and qualitative data are analysed qualitatively. In addition, often either quantitative or qualitative techniques and procedures predominate. In contrast, mixed-model research combines quantitative and qualitative data collection techniques and analysis procedures as well as combining quantitative and qualitative approaches at other phases of the research such as research question generation”* (Saunders, Lewis & Thornhill, 2009: 152-153).

However, there are some disadvantages of using mixed methods in research. The mixed methods employ more complex research procedures and also require knowledge of the different designs used to keep the procedures organised within the study. Thus, it is necessary for researchers to be familiar with both quantitative and qualitative research. A technically trained individual, such as someone qualified in scientific writing, statistics and computer statistical programs would be more likely to choose a quantitative design. The qualitative approach also requires the skills of a literary form of writing, computer text analysis programs and experience in conducting open-ended interviews and observations.

Due to the lack of empirical research to understand the wellness tourism as well as wellness tourists in Thailand, one might assume at a first glance that a pure inductive

and qualitative research approach might be appropriate. Qualitative methods were needed to explore the current situation of wellness tourism in Thailand and to gain the insights of the wellness tourists in terms of their motivations to travel, their wellness-related lifestyle and how wellness related holidays contribute to their quality of life. This knowledge subsequently provided a basis for the development of a new research instrument to measure the quantitative stages in this study. Thus, one purpose of utilising mixed methods in this research was developed when the results from one method were used to shape a subsequent method (Greene *et al.*, 1989).

Therefore, incorporating qualitative methods provided a richness of explanation and understanding in the research rather than only using quantitative methods. On the contrary, quantitative methods enriched the understanding of the relationships amongst the constructs within the purpose of the theoretical framework. In addition, quantitative methods were employed to estimate how the concepts or the constructs were related and/or whether one construct predicted another. Overall, this study employed the mixed methods research but the quantitative procedures were predominant.

The mixed methods research has received little attention in tourism research as can be seen in the existing tourism literature (e.g., Chen & Chen, 2015; Gammon & Fear, 2005; Rittichainuwat, 2008; Voigt *et al.*, 2011). To maximise the advantages of combining qualitative and quantitative methods, this technique should be carried out more frequently within the field of tourism research. Bearing this in mind, the mixed method approach was completely appropriate for this study and the next section will discuss the research design and the mixed methods that were used.

### **4.3 Research Design**

Research design in this study consisted of four main steps: research context, measurement, data collection and data analysis. There were three qualitative research stages and three quantitative stages (Table 4.1). The aim of the research context was conducted to gain more understanding in both the supply-side and demand-side of wellness tourism in the specific context of Thailand. The measurement dimension contained the five procedures of the scale development which aimed to: 1) identify constructs of measurement; 2) develop survey measurements to gather information about constructs; 3) collect data; 4) analyse the basis scale refinement and validity (Exploratory Factor Analysis and Reliability Analysis); and 5) pre-test the final version of the questionnaire. The data collection dimension incorporated with the research population,

sampling and data collection method. Finally, data analyses consisted of six methods: Thematic Analysis and Descriptive Analysis, Exploratory Factor Analysis, Reliability Analysis, Confirmatory Factor Analysis and Structural Equation Modelling.

**Table 4.1 Research Design**

Research Design	Mixed Methodology
<b>1. Research Context:</b>	
Wellness Tourism in Thailand	Qualitative Stage I
Muay Thai Fitness and Meditation Retreats Context	Qualitative Stage II
<b>2. Measurement:</b>	
Scales Development I	Qualitative Stage III
Scales Development II	Quantitative Stage I Pilot Test I
Scales Development III	Quantitative Stage II Pilot Test II
<b>3. Data Collection</b>	
Target population	Qualitative Stage I
Sample	Qualitative Stage II
Sampling	Qualitative Stage III
Data Collection (Field work)	Quantitative Stage I Pilot Test I
<i>*All procedures were applied in all qualitative and quantitative stages</i>	Quantitative Stage II Pilot Test II
	Quantitative Stage III Main Survey
<b>4. Data Analysis</b>	
Thematic Analysis and Descriptive Analysis	Qualitative Stage I Qualitative Stage II Qualitative Stage III
Exploratory Factor Analysis and Reliability Analysis	Quantitative Stage I Pilot Test I
Reliability Analysis	Quantitative Stage II Pilot Test II
Confirmatory Factor Analysis and Structural Equation Modelling	Quantitative Stage III Main Survey

## 4.4 Research Context

### 4.4.1 Wellness Tourism in Thailand

For decades eastern philosophies and the therapies offered in various Asian countries have continuously gained the interests of people that live a healthy lifestyle. Many destinations in Asia have developed and provided authentic and indigenous treatments and remedies (e. g. , traditional Thai massage in Thailand, Shiatsu and Onzen (hot springs) in Japan, Chinese acupuncture, reflexology, Tui-Na, Tai Chi in China and Ayurvedic practices in India) to attract health conscious tourists from around the world, especially the western tourists. Although alternative health treatments are available in their societies, tourists who are interested in such alternative health treatments are often keen to visit their place of origin (Smith & Kelly, 2006). Asia has become a global leader in health and wellness tourism because of four main reasons: 1) tourists are looking for a more natural element and want to return to nature. Asian tourist destinations can also provide authentic treatments and remedies; 2) natural beauty and exotic landscapes in many destinations in Asia are an advantage in terms of harmony with the wellness concept; 3) using natural and herbal ingredients is a recent trend featured in many Asian therapies; and 4) the low cost of health and wellness treatments in Asian countries stimulate the motivation of wellness tourists to travel to Asia (Laing & Weiler, 2008). Thailand, India, Malaysia and Singapore remain the popular health and wellness tourism destinations in Asia (Heung & Kucukusta, 2013). Thailand is a significant health tourism destination in Asia. Destination Management Organisations recognise the increasing tendency for developing the wellness tourism market in Thailand, which follows the global trends. The high-quality spa services and products that integrate traditional Thai herbal treatments, the low cost of treatments, the feel of authenticity of the “*Thainess*” in the design, the architecture and service of spas and experienced staff are all key competitive advantages in the Thai wellness market (Tourism Authority of Thailand 2003; 2015).

The majority of research as well as the documents on wellness tourism to date have concentrated on spas, health or medical products (Bennet *et al.* , 2004; Chen *et al.* , 2008; Chen *et al.* , 2013; Connell, 2006; Mak *et al.* , 2009). However, wellness tourism has a different meaning in different countries (Smith & Puczko, 2009; Voigt & Pforr, 2014). In addition, wellness tourism services in Thailand are very fragmented. Although the spa is still dominant as a core business within wellness tourism and accounts for a significant proportion of the Thai tourist economy, there are other related health and

wellness services that are now becoming popular amongst local and international customers. The facts and figures of wellness tourism in Thailand are not well-documented in the literature therefore, *The Qualitative Research Stage I* was conducted to gain an in-depth understanding of the overall picture and the current situation of the wellness tourism industry in Thailand. In total, 14 wellness service providers (Table 4.2), were interviewed. Face-to-face interviews were conducted one-on-one to elicit the richest information and typically lasted for one hour. Interviews were semi-structured, though the conversation was free to deviate and explore emergent issues. Purposive sampling was used to select the participants for the study. Interviews with wellness service providers were conducted from October 2013 to November 2013. The interviews were recorded using a digital voice recorder after consent from the participants. The interviews were then transcribed into text and analysed. The results and discussions are presented as three themes: a topology of wellness tourism in Thailand; the current situation of wellness tourism in Thailand; and context justification for this study.

**Table 4.2 List of the Participants**

	<b>Participant</b>	<b>Gender</b>	<b>Age</b>	<b>Education</b>	<b>Occupation</b>
1.	Participant 1	Male	35-44	Postgraduate	General Manager of the Famous Spa Lifestyle Resort in Phuket
2.	Participant 2	Female	45-54	Postgraduate	Manager of the Wellness Lifestyle Resort in Chiang-Mai
3.	Participant 3	Female	45-54	Postgraduate	Owner of the Day Spa in Phuket
4.	Participant 4	Male	55-64	Postgraduate	Master of Muay Thai Fitness/Fighter and the Author of the Muay Thai Training Textbook
5.	Participant 5	Male	55-64	Postgraduate	Owner of the Famous Spa Lifestyle Resort in Phuket
6.	Participant 6	Female	55-64	Postgraduate	Owner of the Famous Spa Lifestyle Resort in Koh Samui
7.	Participant 7	Male	35-44	College	General Manager of the Muay Thai Camp in Phuket
8.	Participant 8	Male	35-44	Postgraduate	Owner of the Muay Thai Camp in Phuket
9.	Participant 9	Male	55-64	College	Owner of the Muay Thai Camp and Muay Thai Stadium in Phuket

	<b>Participant</b>	<b>Gender</b>	<b>Age</b>	<b>Education</b>	<b>Occupation</b>
10.	Participant 10	Male	35-44	College	Reiki Therapist and Owner of the Reiki Therapy Centre in Phuket
11.	Participant 11	Male	Over 64	Secondary School	Master and the Abbot of the International Meditation Retreat Centre
12.	Participant 12	Male	35-44	College	Owner and Master of the Meditation Retreat Centre
13.	Participant 13	Female	45-54	College	Owner of the Detox and Wellness Lifestyle Resort in Phuket
14.	Participant 14	Male	45-54	College	Owner of the Detox and Fitness Lifestyle Resort in Phuket

#### **4.4.2 Typology of Wellness Tourism in Thailand**

Wellness tourism definitions and wellness tourism services can be categorised with the topology proposed by Smith and Puczko (2009) into three main categories: holistic, leisure and recreation and medical wellness (see Figure 2. 1). Table 4.3 shows the list of selected wellness tourism destinations in Thailand across five categories: 1) yoga and meditation (or holistic), 2) new age, 3) spa and beauty treatments, 4) sport and fitness and 5) nutrition and detox.

##### *4.4.2.1 Yoga and Meditation*

Holistic wellness tourism provides the visitor with a range of activities and/or treatments aimed at balancing the mind, body and spirit (Smith & Puczko, 2009). Tai Chi, Reiki, Yoga and Meditation retreats formed the main diet of mind-body-spirit activities at wellness destination centres. Tai Chi is an internal Chinese martial art practised for both self-defence training and the enhanced health benefits it offers in terms of relieving stress and maintaining homeostasis. The Tao Garden Health Resort and Spa in Chiang Mai is the prominent wellness destination for Tai Chi. TripAdvisor awarded the Tao Garden with the excellent traveller choice in 2014. *Master Mantak Chia*, the owner of Tao Garden has taught the ‘Universal Healing Tao System’ worldwide to thousands of students. Every year, more than 300 visitors come to attend the retreats held at Tao Garden and learn the Taoist practices. The majority of the visitors are Chinese, but there are also tourists from North America, Europe, Australia and New Zealand. One week tuition fee for Tai Chi costs £360 excluding accommodation and food and the instructors are all certified. Tao Garden also provides three weeks of Tai Chi instructor

certification training. The training fee costs range from £800 to £1,000 per week depending on the type of accommodation required.

Yoga is a well-known harmony practice of the physical, mental and spiritual which originated in India. Yoga experience in Thailand is usually provided together with other tourism aspects such as enjoying local art and history and the natural scenery and landscape. In general, many retreat centres such as Atsumi Healing Centre, Phuket Cleanse and The Spa Resorts offer yoga as the morning exercise incorporated with other activities in the retreat programmes. Absolute Sanctuary is the famous yoga destination resort in Koh Samui. A drop-in yoga class session costs between £10 and £15. The one week course costs £40-£50 excluding accommodation.

Meditation retreats in Thailand are a major part of Buddhism practice. Meditation retreats can help the recipients to cultivate mindfulness, enjoy life more, cope with illness and stress as well as enhance physical and emotional health (Tourism Authority of Thailand, 2010). The most famous day course of mindfulness meditation for international tourists is located in Bangkok. Section Five of Wat Mahadhatu has offered mindfulness meditation practice for more than 20 years. Three hour classes are available daily and held from 7:00 - 10:00 a.m., 1:00 - 4:00 p.m. and 6:00 - 9:00 p.m. Around 100-150 international tourists from all over the world attend meditation courses at Wat Mahadhatu every month. Wat Mahadhatu also offers meals and accommodation free of charge for tourists who prefer to attend a retreat lasting three days or longer. Donations are accepted but not solicited. There are also two prominent meditation retreat destinations for international tourists located in the south of Thailand: Wat Suan Mokkh International Dharma Hermitage, Chiya; and Dipabhāvan Meditation Centre, Koh Samui. Suan Mokkh International Dharma Hermitage was established by the Venerable *Ajahn Buddhadasa* in 1989. Wat Suan Mokkh offers 10-day silent meditation retreats which start on the 1<sup>st</sup> of each month. There is no advance booking and registration has to be in person on the last day of the previous month on a first come first served basis. The registration fee is £50 which includes vegetarian meals and accommodation for 10 days. Dipabhāvan Meditation Centre is a branch of Suan Mokkh International Dharma Hermitage founded in 2005. Dipabhāvan Meditation Centre offers free of charge courses, teaching in both English and Russian. There are two English classes: the short course starts from the 7<sup>th</sup> to the 10<sup>th</sup> every month and the regular course starts from the 20<sup>th</sup> to the 27<sup>th</sup> every month. The Russian course starts from the 1<sup>st</sup> to 7<sup>th</sup> every month. Donations are accepted if the participants have the intention to support the maintenance of the hermitage and vegetarian meals for the next group of participants.

The meditation retreat experience in Thailand integrates part of the Buddhist merit-making with the tourism industry. Although many meditation retreat programmes are marketed and consumed, most are still not offered in the sense of monetary exchange. Recently, Buddhist meditation retreats have received more attention from international visitors. Several retreat centres (e.g., Dharana Phuket Meditation Centre, Phuket) have become commercialised experiences offering meditation retreats with a combination of yoga, Thai massage, vegetarian meals and daily excursions. The retreat programmes range from 4 to 10 days. Prices vary depending on the visitors preferred accommodation. The retreat programmes that include meals, other retreats, accommodation and excursions have costs ranging from £150-£240 per night.

#### 4.4.2.2 *New Age*

Reiki is a Japanese natural healing system founded by Mikao Usui in the early 20<sup>th</sup> century. Reiki treatment recipients can benefit from deep relaxation which promotes a calm and peaceful sense of well-being. Reiki treatments are usually offered as part of the tourist programmes along with other wellness activities and/or incorporating different aspects of tourism. Visitors always make the booking for the private treatments in advance. *Dorinda Rose Berry* owner of Roseberry Centre of Healing Arts and *Nikorn Banjerdert* are the most famous Reiki masters in Phuket. Several wellness destinations or retreat centres offer pre-set programmes relating to one particular practice which is chronologically determined and can be selected by visitors that made their booking online or by email. This practice is quite common for wellness destinations. *Dorinda* and *Nikorn* have been invited as “*guest practitioners*” to deliver programmes reflective of their particular expertise at many famous destinations (e.g., Conrad in Maldives Rangali Island; Amanpuri, Six Senses Spas, Anantara, Mandara Spas, Kamalaya Wellness Sanctuary, Atmanjai Health Wellness & Detox Retreat). Generally, a private Reiki treatment for 75 minutes costs around £120.

#### 4.4.2.3 *Spa and Beauty Treatments*

According to leisure and recreation wellness tourism in Thailand, Thai Spa; a type of leisure spa in Thailand which is the combination of spa and Thai massage; are typical representatives of a themed attraction. Leisure Spa in Thailand seems to be firmly established within the wellness tourism market. The market value is worth £300 million per year (Euromonitor International, 2012). The uniqueness of Thai spas and massages are the Thai traditional herbs which are incorporated into several Spa products. Thus, the Thai Spa is an experience that can attract international visitors at least once during their



visit to Thailand. The famous spa destinations are in Bangkok (Healthland with eight branches around Bangkok) and the southern part of Thailand such as Phuket (Sukko Cultural Spa & Wellness Resort, Tarn Tara Spa) and Koh Samui (Natural Wing Health Spa & Resort and The Spa Resorts). Since 2012, Chinese and Russian tourists have become the two largest markets of the spa sectors. These tourists usually travel as large groups of around 40-50 organised by the tour operators. Spa and Thai spa treatments are usually offered for three to five hours within their tour programmes. In general, the majority of the international visitors engage in spa treatments only as a means to maintain their wellness whilst they are away on any one trip and not as a trip in its own right. For example, some visitors tend to go to Spa to relax after a long day of excursions and some prefer to have Spa for muscle relaxation after their sport and fitness activities (e.g., scuba diving, water sports, Muay Thai). The one-hour Spa costs around £10 to £30. The spa packages (3-5 hours) retail from £60-£250.

#### *4.4.2.4 Sport and Fitness*

Muay Thai training camps seem to be the emerging service in the wellness tourism market this decade. There are 443 standard Muay Thai training camps for tourists in Thailand (Tourism Authority of Thailand, 2013). Phuket is the most famous Muay Thai training destination for international tourists. Muay Thai training can be categorised into two groups as Muay Thai Fitness training and Muay Thai professional fighting training. Due to the lack of official data on Muay Thai training the facts and figures presented in this study were estimated from observations and the experiences of the interviewees from Muay Thai camps. Approximately 3,000 international visitors per month come to Phuket for Muay Thai training purposes. The proportions between Muay Thai Fitness training and Muay Thai professional fighting training are 70% and 30% respectively. The majority of the Muay Thai fitness visitors spend one week training in the camps. Muay Thai professional fighting visitors tend to stay longer. Visitors from Australia and New Zealand are the largest market followed by visitors from European countries and North America. Recently, Russian visitors have become the new high growth market of Muay Thai Training with a 20% share in the existing market. The global fitness, exercise and weight loss trend over the past decade has driven the increasing popularity of Muay Thai training amongst global international tourists. Most of the Muay Thai training visitors make their trips entirely for these purposes. The top five Muay Thai camps in Phuket are Tiger Muay Thai, Phuket Top Team, Suwit Muay Thai, Sinbi Muay Thai and Rawai Supa Muay Thai. Tiger Muay Thai is the biggest camp and can provide training for 500 visitors per day. The other camps can provide the services for between 80 and 100 visitors per

day. The price for a drop-in session costs approximately £12 to £15 per day. A private session is £12 per hour. Weekly training programme costs range from £80 to £200 per week. Full training packages, including meals and accommodation costs range from £280 to £380 per week. All-inclusive packages (training, food and accommodation weight loss programmes) cost £450-£500 per week.

#### 4.4.2.5 Nutrition and Detox

Medical wellness tourism is the overlap between wellness tourism and medical tourism occurring around activities towards the middle of the health tourism continuum such as thermal baths, health resorts, medical spas and fasting and detoxification activities that can be both preventive and curative. In Thailand the newest phenomenon in the wellness tourism market is medical wellness tourism which emerged about ten years ago. The most prominent services of the medical wellness market are the nutrition and detoxification programmes originally from western philosophies. The nutrition programmes cover several popular diet trends such as; “*Atkins Diet*”, “*Vegetarian Diet*”, “*Vegan Diet*”, “*Weight Watchers Diet*”, “*Raw Food Diet*” and “*Mediterranean Diet*”. Raw food is not a new concept and it is becoming popular. The first western raw food book “*Survival into the 21<sup>st</sup> Century*” written by *Viktoras Kulvinskis* was published in 1975. Later in 1984, the book “*The New Raw Energy*” written by *Leslie Kenton* put raw food on the map. Raw foods or living foods are uncooked and unprocessed. A raw diet consists of foods which typically produce grains, seeds, nuts and beans. Raw food nutritionists believe that cooking destroys enzymes in the food and makes it toxic. The enzymes in raw foods are alkaline and promote the digestive system by purging the toxins from the body. Raw food diets have gained in popularity because many famous celebrities now follow them (e.g., *Beyonce*, *Demi Moore*, *Carol Alt* (Elite Top Model)). Nowadays, raw food diets are attractive for people who desire to cleanse and rejuvenate their overall health and well-being. Phuket Cleanse can be considered as the most famous destination for raw food detoxification programmes. Phuket Cleanse was awarded over 230 five star reviews by TripAdvisor in 2014 for their health and detox destinations in Phuket. Phuket Cleanse was founded by the American couple *Melanie Procter* and *Stanton Procter*. *Melanie* is a raw food chef who trained under *Chef Juliano* (a pioneer in modern raw food cuisine). Nutrition detoxification such as raw food diets is a special interests niche market. Most of the nutrition detoxification visitors are westerners. Over 30 to 40 tourists visit Phuket Cleanse per month. These visitors tended to make their trips entirely for the purpose of losing weight and to transform to a healthier lifestyle. Similar to many retreats centres, Phuket Cleanse does not just offer raw food diets but also provides health and

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wellness educational classes, raw food cooking classes, Muay Thai, Yoga and excursions. The all-inclusive nutrition and detox programme costs £1500 per week.

The fasting and detoxification resort is another new trend in wellness tourism which has emerged in Thailand during this decade. The famous destinations for fasting and detoxification are located in Phuket (e.g., Atsumi Healing Centre, Atmanjai Health Wellness & Detox Retreat) and in Koh Samui (e.g., The Spa Resorts, Kamalaya Wellness Sanctuary). The Spa Resorts seem to be the pioneers in this sector with top detoxification destinations that have received many awards such as: “*Top10 detox resorts in-the-world in 2012*” from Fox News and “*Top10 health resort destinations in Asia*” from the Asia Spa magazine. The fasting and detoxification programmes of each health and detox resort are similar. Throughout the programme, the nutritionist and practitioners will advise and monitor the visitors regarding the fasting and detoxification processes. The fasting programme is quite similar to raw foods diets with some nutrition and organic protein supplements added. This sector is another special interests niche market and most of the visitors are westerners. Around 50 to 60 tourists visit each detox resort per month. These visitors take their trips entirely for the benefit of their health and to transform to a healthier lifestyle. On average, the visitors spend one week on the fasting and detoxification programmes at the retreat centres. A one-week retreat includes accommodation, fasting, drinks, nutrition supplements, detoxification retreats, spa and massage which costs from £600 to £1,200 depending on the rate of the accommodation.

**Table 4.3 List of Selected Popular Wellness Destinations in Thailand**

<b>Type of Wellness Tourism</b>	<b>Wellness service providers</b>	<b>Type of Services</b>	<b>Accommodation Services</b>
Yoga and meditation	Dharana Phuket Meditation Centre, Phuket	Meditation Retreats, Qigong	Yes
	Wat Suan Mokkh International Dharma Hermitage, Chiya	Meditation Retreats (10 Days Course)	Yes
	Dipabhāvan Meditation Centre, Koh Samui	Meditation Retreats (3 Days course and 7 Days Course)	Yes
	Wat Mahathat Yuwarajangsarit Rajaworamahavihara	Meditation Retreats (One Day Course)	

<b>Type of Wellness Tourism</b>	<b>Wellness service providers</b>	<b>Type of Services</b>	<b>Accommodation Services</b>
	Absolute Sanctuary, Koh Samui	Yoga, Pilates, Detox and Spa	Yes
New age	Roseberry Centre of Healing Arts, Phuket	Reiki, Pilates, Yoga, Meditation	No
	Tao Garden Health Spa & Resort, Chiang Mai	Tai Chi, Spa massage treatments, Chi Nei Tsang, Healing treatments	Yes
Spa and Beauty treatments	Sukko Cultural Spa & Wellness Resort, Phuket	Spa treatment, Beauty treatments, Thai Massage, Yoga	Yes
	Tarn Tara Spa, Phuket	Spa treatment, Beauty treatments Thai Massage	No
	Natural Wing Health Spa & Resort, Koh Samui	Spa treatment, Beauty treatments Thai Massage	Yes
Sport and fitness	Tiger Muay Thai, Phuket	Muay Thai training, Fitness, Mix Martial Arts, Meal Plan, Weight loss programme	Yes
	Sinbi Muay Thai, Phuket	Muay Thai training, Fitness, Weight loss programme	Yes
	Phuket Top Team, Phuket	Muay Thai training, Fitness, Mix Martial Arts, Meal Plan, Weight loss programme	Yes
	Suwit Muay Thai, Phuket	Muay Thai training, Fitness, Mix Martial Arts, Weight loss programme	Yes
Nutrition and Detox	Atsumi Healing Centre, Phuket	Health retreats, Detox retreats, Fasting	Yes
	Atmanjai Health Wellness & Detox Retreat, Phuket	Health retreats, Detox retreats, Fasting	Yes
	Phuket Cleanse, Phuket	Detox Nutrition, Ice Bath, Herbal steam	Yes
	The Spa Resorts, Koh Samui	Health retreats, Detox retreats, Fitness	Yes
	Kamalaya Wellness Sanctuary, Koh Samui	Detox, Health retreats, Yoga, Holistic Spa	Yes

#### 4.4.3 Current Situation of the Wellness Tourism in Thailand

The spa sector seems to be the core business in the wellness tourism market in Thailand and accounts for a significant proportion of the wellness tourism economy. In 2011, the spa sector represented a £300 million market value with 12 million spa trips made both internationally and domestically (Euromonitor International, 2012). Non-spa wellness tourism expenditures in Thailand are made by tourists for many other types of wellness specific and generic activities and businesses including healthy hotels, fitness, yoga, retreats, preventive health check-ups, lodging, restaurants and retail representing a £720 million market (Euromonitor International, 2012). However, most international spa visitors in Thailand are not those who seek to maintain their wellness whilst they are travelling as the primary purpose for their holidays. They usually spend only three to five hours for spa treatments. These tourists have not booked in advance before their visit, instead they often make the reservation after they reach Thailand, or they book the spa retreats only a day in advance. The majority of visitors staying for only a week will go to a spa on average one to three times as a part of their experience whilst they are staying in Thailand. Spa treatments are included in many tour programmes for Chinese and Russian tourists and tour operators usually organise only three to four hours spa treatments at the day spa destinations or spa resorts. In contrast, most international tourists of the non-spa sectors such as Muay Thai training, meditation retreats and nutrition and detoxification seek to maintain wellness while travelling as their primary purpose. They tend to make their trips entirely to pursue wellness.

The illegal sex trade which is also included with spa and massage outlets has led to the tourism associations (e.g., Phuket tourism association, Association of the Thai Travel Agents) collaborating with the Tourism Authority Thailand (TAT) in marketing efforts to counter these negative images. Recently, TAT launched the new campaign “*Discover Thainess*”. Muay Thai and meditation retreats offer economic incentives to help them work together, thus increasing their revenue in the tourism sector as can be seen on the TAT “*Discover Thainess*” main web page. In 2010, TAT published the “*Meditation in Thailand: Learn and Practice Buddhist Meditation in the Traditional Thai Surroundings*” and distributed 10,000 booklets to the main target markets such as America, Europe and Australia and to secondary markets such as China, Hong Kong, Japan, Korea, Singapore, India, Malaysia and Israel. In 2013, TAT created the marketing communications campaign, “*Happiness You can Share*” based on Thailand tourism branding which also included Muay Thai and wellness tourism. In addition, tourism associations (e.g., Phuket Tourism Association, Samui Spa Association) have encouraged

wellness destination managers to offer locally-rooted products (e.g., Thai herbal and spa products, Thai traditional remedies) and services (e.g., Thai traditional massage, Muay Thai, Thai cooking class, Buddhist meditation retreats) to attract travellers who seek authentic, place-based experiences.

With the recent growth of the wellness tourism market in Thailand, many resorts and hotels are likely to offer wellness related services as supplementary to attract more international guests. They have collaborations with several famous wellness destinations. They will also provide transportation and send their guests to the contracted destinations on request. Wellness destinations also collaborate with each other. For example, Sukko Cultural Spa & Wellness Resort, Phuket Cleanse, and Atsumi Healing Centre usually send their guests to Tiger Muay Thai and Sinbi Muay Thai. Tiger Muay Thai send their guests to Atsumi Healing Centre for fasting and detoxification. The Spa Resorts provide the information (e.g., leaflets) regarding the meditation at Dipabhāvan Meditation Centre and arrange transportation to the destination.

Since the healthy lifestyle influences seem to show no sign of abating, the wellness industry in Thailand still needs further development. Euromonitor (2012) forecast the growth in the wellness tourism market value for health and wellness tourism (excluding medical tourism) to reach £1,380 million in 2016. However, empirical studies in the area of wellness tourism are needed, for example, the in-depth information about who these tourists are, what they are looking for and what it is worth to them. Especially, from a marketing perspective, services and products need to be designed and matched to customers' expectations. Thus, it is important to understand the behaviour, needs and preferences of the wellness tourists. There seems however to be little understanding of wellness tourists' behaviours and expectations. The next section will discuss the context justification for this study.

#### **4.4.4 Context Justification for this Study**

As discussed earlier, wellness related activities such as spa, raw foods, fasting and detoxification are derived from western philosophies. Only Muay Thai training and meditation retreats stem from the indigenous knowledge of Thailand. This study aimed to examine the antecedents that contribute to the incremental quality of life of the international wellness tourists in Thailand. Wellness tourism was defined as, "*a mode of travel by the person whose motives are integration of the quests for physical health, beauty, or longevity, and/or a heightening of consciousness or spiritual awareness, and*

*a connection with community, nature, or the divine mystery*". Therefore, wellness tourists in the current study can be termed as the international tourists who seek to maintain wellness (e.g., physical health, beauty, longevity and spiritual awareness) as the main purpose whilst travelling. The spa tourists in the Thailand context are hardly considered as wellness tourists because the majority spend only half a day at the destination. Furthermore, nutrition, fasting and detoxification destinations have an overlap between wellness tourism and medical tourism which occurs around activities towards the middle of the health continuum (Global Wellness Institute, 2013). Interestingly, Muay Thai training and meditation retreats are the new emerging wellness markets that fall into the category of sport and fitness, and holistic within wellness tourism. However, few empirical studies concern meditation retreat tourists (Voigt *et al.*, 2010; Voigt *et al.*, 2011) and there is no empirical study in Muay Thai training within the context of sport and fitness, wellness tourism. To extend the existing literature this study aimed to investigate only meditation retreat tourists and Muay Thai fitness tourists. Therefore, spa visitors and nutrition, fasting, and detoxification tourists were excluded. ***The Qualitative Research Stage II*** was conducted to gain an in-depth understanding of the overall picture and the current situation of Muay Thai fitness and meditation retreats of the wellness tourism industry in Thailand. Two meditation retreat service providers (Participant 11 and Participant 12) and four Muay Thai Fitness service providers (Participant 4, Participant 7, Participant 8 and Participant 9) were invited to engage in the second phase of the qualitative research. Semi-structured one-to-one interviews lasting one hour were conducted between November 2013 and December 2013. The interviews were recorded with a digital voice recorder after consent from the participants was given. The interviews were then transcribed into text and analysed. The results and discussions are presented in the next section.

#### *4.4.4.1 Muay Thai and Wellness Tourism in Thailand*

Muay Thai or Thai boxing is the national sport of Thailand and is a martial art with origins in the ancient battlefield tactics of the Siamese army (Crisafulli *et al.*, 2009). Muay Thai was exported to many countries and has become widespread internationally since the latter half of the 20th century. There are 443 standard Muay Thai camps offering Muay Thai training for tourists around Thailand (Tourism Authority Thailand, 2013). Today, there are 3,869 Muay Thai camps in 36 countries and the top five countries of Muay Thai camps are Brazil (1,631 camps), Iran (650 camps), India (256 camps), Morocco (220 camps) and the United States of America (190 camps), (Tourism Authority Thailand, 2013). The general perception of Muay Thai is that it is a fighting/self-defence

sport and the foundation training for professional Mix Martial Art (MMA) fighting. Participant 7, the General Manager of the Muay Thai Camp in Phuket who has had a Muay Thai tourism business for more than 10 years exclaimed that, *“There are several disciplines you must know if you want to learn MMA, you must know Brazilian Jiu-Jitsu (BJJ) and Muay Thai which are the two important basic skills. The king of the striking art is considered to be Muay Thai. BJJ is the king of fighting on the ground. Muay Thai is the king of standing up fighting. You can mix with other things like boxing, but Muay Thai and BJJ are the key components”*. Recently, Muay Thai has become the fitness workout that can be found in many famous gyms such as Fitness First. Muay Thai can provide both physical and mental benefits. It is a highly physical sport and constant training practice can enable you to lose weight and improve overall body fitness. With consistent practice, the body will adapt the demands of the sport and this will lead to the improvement of cardiovascular performance. Muay Thai is a highly demanding training system that creates a fit and healthy body that helps to encourage illness resistance. Additionally, Muay Thai is focused training and practicing of several self-confidence tactics that can improve your consciousness because the trainee needs to make sharp and timely decisions. Importantly, it helps improve stress relief. In 1991, Muay Thai was initially used as fitness training for top foreign executives who had the need for exercise. Participant 4 is an expert in Muay Thai fitness and a Muay Thai fighter who has promoted Muay Thai training in many famous gyms all around the world since 1986 until the present (e.g., United Kingdom, Germany, Australia, Canada and the United States of America). He says that, *“The majority of these top executives and many of us accumulate a fair amount of stress during the day. Having Muay Thai training in the gym is an outlet for that stress relief, such as when you are cheesed off at work or stressed about someone or something, hitting out can help you feel good. Practicing Muay Thai allows you to focus on yourself and nothing else. I believe doing Muay Thai regularly detaches you from the daily grind and can help you become happier and less stressed in daily life”*. Since the first campaign of Amazing Thailand in 1998 launched by the Tourism Authority of Thailand, Muay Thai has been promoted as the destination attraction in terms of traditional Thai culture and Thai martial arts. Muay Thai has been presented in many forms, for example, martial arts as the way of life in Thai cultural performances, fighting matches in prominent sport arenas (Rajadamnern Stadium and Lumpinee Stadium) and Muay Thai workout. Phuket is the most famous destination of Muay Thai training for international tourists in both Muay Thai fitness and Muay Thai fighting. *“...Phuket is the nice and beautiful tourist destination and nowadays Phuket is the hot spot for Muay Thai*



tourism. There are a couple of reasons that made Muay Thai popular among the Westerners; one is the rise in popularity in martial arts. Martial arts is the world's fastest growing sport and is now closely ranked under football and formula one... Second, is fitness and weight loss which have a huge global trend. Muay Thai is not only the way to get fit but it is also the way to learn self-defence. The world is a dangerous place and it is better to learn or to know self-defence". Participant 7 has a Muay Thai business which flourishes on Soi Ta-Eiad, Chalong and Soi Sai Yuan, Rawai in Phuket. The consensus of the four Muay Thai participants was that an increase in obesity, together with the increasing trend for sport and fitness as well as weight loss, places Muay Thai in a niche market position that will have a high growth trend in the near future. The most famous Muay Thai camps in Phuket are Tiger Muay Thai, Sinbi Muay Thai, Phuket Top Team and Suwit Gym. Participant 9 is an expert in the Muay Thai business with more than 30 years' experience and the owner of the Muay Thai camps and the Muay Thai stadium in Phuket. He explained "*the first Muay Thai camp that made Muay Thai famous among the international tourists around the world was Tiger Muay Thai camp. The success stories of Tiger Muay Thai stimulated the Muay Thai training market in Phuket. Recently, many new Muay Thai camps have opened such as Phuket Fit. Many camps have used their websites, e-marketing and online marketing as the main strategies to directly attract international visitors. These strategies are quite effective in generating sales leads and sales*". Most of the visitors' primary goal was to attend Muay Thai training courses and they usually booked and paid for these courses in advance. The number of international visitors for Muay Thai tourism does not fluctuate like other types of tourism which often depends on whether it is the high or the low season. Participant 8; owner of one of the most famous camps in Phuket; claimed that, "*...from my experiences and from my observations in Muay Thai business in Phuket, at the moment there are around 3,000 international tourists that visit and stay at the Muay Thai camps per month. The proportions between Muay Thai fitness visitors and Muay Thai professional training visitors are 70% and 30% respectively. The average stay for the majority of tourists is about one to two weeks, but some might stay longer, ranging from one month to six months. I believe that there will be a significant growth in the number of international Muay Thai tourists in the near future...*"

There is interesting evidence of the growing market of Muay Thai training for weight loss. James Mason, a UK tourist who visited Thailand for a year of Muay Thai training grabbed the headlines in the Daily Mail (Williams, 2012) because he was 247 kilograms and lost 147 kilograms after his year of training. His success story has

stimulated the growth in the demand for Muay Thai training within the international market both as a means of keeping fit and weight loss. This growing trend is attracting more international tourists to the benefits of Muay Thai training in Thailand and is set to continue into the near future. Additionally, wellness has become a major global trend and an important driver that stimulates people to be more concerned about their health especially among Westerners (Cederström & Spicer, 2015). Moreover, the recent evidence indicates that Phuket is a prominent Muay Thai tourism destination. Tiger Muay Thai has received many awards such as, “*The Best Destination Gym Award*” from Asian MMA 2013 and “*The Best Camp in Thailand for Foreigners Award*” from the World Professional Muay Thai Federation. Thus, it is not surprising why Muay Thai camps in Phuket have gained the reputation as the tourism destination for Muay Thai. It is because of this that Muay Thai training has now become the signature activity of the international tourist travelling to Phuket.

#### 4.4.4.2 *Meditation and Wellness Tourism in Thailand*

Buddhism is one of the major religions of the world, it is a spiritual religion based on the teachings of Buddha. In Buddhism there is no deity; Buddhism is focused on personal development and liberation from suffering through selflessness and self-mastery” (Tourism Authority of Thailand, 2010). Thailand is a Buddhist country. Theravāda Buddhism has been a powerful influence in Thailand since the 13<sup>th</sup> century. Theravāda is a branch of Buddhism that uses the teaching, traditions and practices from collections of the oldest recorded Buddhist texts called, “*Pāli Canon*”. Theravāda is the dominant form of religion in Asian countries such as Cambodia, Laos, Sri Lanka, Thailand and Myanmar. As Buddhism is the science that connects with rational-oriented understanding, meditation is a way of developing and controlling the mind so that a peaceful and focused state can enable the individual to understand themselves better. Buddhism in Thailand is followed by 94.6% of the population. It has become a national symbol of Thai culture and closely associated with the nation. Schedneck (2014) suggested, “*To be Thai is to be Buddhist*”. Meditation is a part of the way of life of the Thai. It is taught in monasteries throughout Thailand, Sri Lanka, Myanmar and especially Nepal and seems to be a widely popular and influential movement.

Due to the global interest in meditation practice, Thailand attracts international tourists from all over the world who wish to discover and experience the secret of the peaceful and meditative lifestyle. Meditation is offered as English day-classes at centres and temples in Bangkok (e.g., Wat Mahadhatu) to intensive courses ranging from 4 days

to 10 days (e.g., Wat Suan Mokkh International Dharma Hermitage, Chiya, Dipabhāvan Meditation Centre, Koh Samui) and the month-long courses at tranquil forest retreats in rural provinces (e.g., Wat Nong Pah Pong, Ubon Ratchathani). Schedneck (2014) points out “*there is a significant amount of promotional material about meditation sites in Thailand, conveying the intentionality of commodifying meditation in particular ways*” (p. 444). In 1978, the World Federation of Buddhists (WFB) published the first guidebook for foreigners titled: “*A Brief Guide to Meditation Temples of Thailand*”. It was an important early document that introduced how to learn the meditation practices in Thailand to foreigners. This guidebook offers tips and facts on how to select the temples which have instructors with previous experience in teaching foreigners in English, or through an interpreter, as well as those that are able to offer a diet and accommodation which is consistent and suitable to foreigners’ needs. In 1991, Joe Cummings published “*The Meditation Temples of Thailand: A Guide*”. Recently, one online guidebook “*Meditation Retreats in Southeast Asia*” compiled by Dieter Baltruschat and translated by Katharina Titkemeye provided information and promoted the benefits of meditation in Thailand. Interestingly, meditation as a religious practice can be marketed similarly to other services.

Meditation has been promoted in Thailand along with other Thai cultures available for tourists to study such as Thai massage practices, Thai cooking classes, Muay Thai or Thai boxing training. Although the experience of meditation is marketed and consumed, many meditation destinations are provided in monasteries that do not sell in the sense of monetary exchange for the teachings or the retreat programme. Recently, meditation retreats have become especially vibrant and dynamic in Thailand tourism. This can be seen from the emergence of the institution of meditation centres (e.g., Dharana Phuket Meditation Centre, Phuket, Kamalaya Wellness Sanctuary, Koh Samui). Meditation has now reached beyond the monasteries and become available to the masses. Meditation guidebooks remain important in providing the necessary information for international meditators. Guidebooks to Thailand, such as the Lonely Planet and Rough Guide series provide some information, but they offer very little detail on meditation guidebooks and tend to recommend interested tourists to seek the knowledge for themselves.

For more than a decade tourism organisations in Thailand have promoted meditation holidays to boost the economy in general. Meditation has been used as one of the marketing strategies to counter negative images of the proliferation of sex tourism in Thailand. TAT has published three meditation booklets ( “*Experience Buddhist*”  
*Deesilatham, S.*

*Meditation*” in 2003, “*Meditation in Thailand: The Path to Inner Peace and Well-Being*” in 2008 and “*Meditation in Thailand: Learn and Practice Buddhist Meditation in the Traditional Thai Surroundings*”) in 2010 highlighting information about Buddhism and meditation as well as a number of international meditation centres throughout Thailand. In 2010, TAT distributed 10,000 copies of the latest booklets. The target markets for these were America, Europe and Australia with the secondary market as Asia including China, Hong Kong, Japan, Korea, Singapore, India, Chinese Malaysia and Israel. Meditation and Buddhism have now been incorporated into the tourism project of the Thai Government (National Economic and Social Development Board Office of the Prime Minister 2012). TAT has been creating and publishing these materials because religious tourism, especially meditation retreats, is widely popular among international tourists.

Additionally, meditation has been recommended by physicians as a safe way to balance one’s physical, emotional and mental states. Today, meditation is recommended as a way of relaxing from the stress of everyday life. It can help to lower the blood pressure, relieve insomnia, help asthmatic patients breath more easily and improve exercise performance in those suffering from angina (Cvengros *et al.*, 2013; Sherman, 2015). Meditation retreats are also advertised as a correspondence between scientific fact and common knowledge about health and well-being (e.g., [www.ageuk.org.uk](http://www.ageuk.org.uk); [www.nhs.uk](http://www.nhs.uk)). One study demonstrated that meditation had beneficial effects on the brain and body and indicated a significant improvement in spirituality and positive health measures (Mars & Abbey, 2010). Several studies have found that meditation significantly decreased anxiety, fatigue and improved the patients’ quality of life (e.g., Kim *et al.*, 2013; Krygier *et al.*, 2013; Rosenzweig *et al.*, 2010).

The prominent destinations for intensive meditation courses in Thailand are Surat Thani: Suan Mokkh International Dharma Hermitage and Dipabhāvan Meditation Centre. Suan Mokkh International Dharma Hermitage (Suan Mokkh) has offered international meditation retreats for foreigners for more than 20 years. Participant 11 was the former abbot of Wat Suan Mokkh and he is a famous master of meditation retreats. He explained that “*in the beginning, there were only four foreigners that came to practice meditation at Suan Mokkh. From word of mouth of small groups of tourists, it continuously brings 100 to 150 international tourists to attend the meditation course at Suan Mokkh every month. The course operates between the 1<sup>st</sup> and 11<sup>th</sup> of every month. Registration should be made in person, one or two days in advance. The participants only need to pay the small amount of register fee costs which is £40 per person including vegetarian meals, accommodation and other necessary items during the retreat*”. According to the high

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demand for meditation retreats, new meditations retreat courses have been established since 2005 to cater for both Thais and foreigners. The retreats are open to people of all races, sexes, faiths and beliefs without prejudice or discrimination. There are two English courses (4 days: 7<sup>th</sup> to 10<sup>th</sup> and 7 days: 20<sup>th</sup> to 27<sup>th</sup>) and one Russian course (7 days: 7<sup>th</sup> to 10<sup>th</sup>). Between 100 and 150 international tourists come to visit Dipabhāvan every month. Tourists can book the course online via the website ([www.dipabhavan.org](http://www.dipabhavan.org)). There is no course fee for this programme. Donations for maintaining the hermitage for the following groups of participants are accepted. Meditation retreats offered by both destinations are silent meditations and participants have to follow the basic rules of the retreats. Participant 12, master of the meditation retreats said that *“During the retreat, all participants are required to follow basic rules because it is a very important part of getting you to the right frame of mind for meditation. For instance: keep complete silence throughout the retreat, stay within the boundaries of the retreat centre and keep the Eight Precepts which are: 1) intend not to take away any breath (abstain from killing); 2) intend not to take away what is not given (abstain from stealing); 3) intend to keep one's mind and one's body free from any sexual activity; 4) intend not to harm others by speech; 5) intend not to harm one's consciousness with substances that intoxicate and lead to carelessness (no alcohol, no drugs, no smoking, etc.); 6) intend not to eat between afternoon and before dawn; 7) intend not to dance, sing, play or listen to music, watch shows, wear garlands, ornaments and beautify oneself with perfumes and cosmetics; 8) intend not to sleep or sit on luxurious beds and seats”*.

Most meditation retreat visitors were disciplined and followed the course regulations. *“Only less than 10% of the visitors left before the course finished”* (Participant 12). The majority of the meditation tourists travel alone, except for the Russian visitors who often come as a small group of 5 to 10 people. The Russian visitors are the newest high growth market for meditation retreats in Thailand and Dipabhāvan has to arrange meditation retreats specifically for the Russian tourists every month. The meditation centres such as Dipabhāvan Meditation Centre and Suan Mokkh International Dharma Hermitage try to provide courses which correspond with the growing demand. The master of these two centres wants to use the meditation retreats to help promote tourist destinations such as Koh Samui and Koh Phangan, away from the negative images of both sex tourism and the Full Moon Party Island. Participant 11 asserted, *“Because of the negative image of sex tourism, drugs and the narcotics full moon party, I want to use the meditation retreats to communicate with the tourists against these bad images of Koh Samui and Koh Phangan. I have encouraged all the stakeholders such as the business*

owners and the residents to cooperate in developing these two destinations as a holy island. Recently, Dipabhāvan Meditation Centre and Suan Mokkh International Dharma Hermitage have collaborated with Kow Tahm Insight Meditation Centre, Koh Phangan to offer more meditation retreat courses for international visitors”.

#### **4.5 Measurement Scales**

The conceptual model of this research was designed to empirically test the structural relationships among four exogenous constructs: motivation, lifestyle congruence, wellness self- image congruence and positive emotions; an endogenous construct: satisfaction during the trip and two ultimate endogenous constructs: incremental quality of life and behaviour intention. In this model, the exogenous constructs are considered as predictors for the other constructs. The endogenous construct is the dependent or outcome construct in at least one structural relationship (Hair *et al.*, 2010). To extend prior studies and develop measurement scales for the wellness tourism context, this study undertook both qualitative and quantitative methods and followed Churchill’s (1979) scale development paradigm to guide the scale development process. Three main processes were conducted: scale generation and initial purification, scale refinement and scale validation which are reported and discussed in the next section.

For scale generation processes, *Qualitative Stage III* was initially conducted to explore the motivations, wellness related lifestyle and how the wellness holiday contributes to the tourists’ quality of life. Furthermore, initial purification and scale refinements were conducted in the *Quantitative Stage I* and *Quantitative Stage II*. Lastly, scale validation was conducted in *Quantitative Stage III*.

*Qualitative Stage III*, face-to-face interviews using a semi-structured interview formed the initial basis of motivation and incremental quality of life items within the wellness tourism context in Thailand. The participants were tourists who had engaged for at least three days’ experience in wellness activities (Muay Thai fitness or meditation retreats) during their visits to Thailand. Twenty international wellness tourists participated in this stage: 13 Muay Thai fitness tourists and 7 meditation tourists. There were 10 female tourists, equal to the number of males. Most participants (13) had a college degree. The majority of respondents (8) were within the 25-34 age group, followed by 6 within the 18-24 age group. Most participants (18) were full-time employed, 8 participants travelled alone and 6 travelled with friends. The average duration of the interviews was 15 minutes ranging up to 30 minutes. The objective of

these interviews was to generate a specific measurement of items for scale development of the motivations and the incremental quality of the life scale. The measurement items generated from both the literature and interviews are presented in the next section.

#### **4.5.1 Measurement of Motivations**

Motivations studies have also been done extensively within the tourism literature. Motivation has been conceptualised and measured as a multi-dimensional construct. According to previous discussions in tourism research, motivations related to tourists' choice of a holiday destination can be classified into 'push' and 'pull' factors (Crompton, 1979; Dann, 1977; Dann, 1981). Push factors are originally underlying Maslow's hierarchy of needs. Push motivations refer to the inner needs that stimulate people to travel, while pull factors are the charisma of a destination that attracts the initial booking decision (Crompton, 1979; Dann, 1981). The definition of the population in this study was the wellness tourists "*whose motives are the integration of the quests to maintain and enhance their health and well-being during their holiday*" (adapted from Smith & Puczko, 2009; Sheldon & Bushell, 2009). These quests are the intrinsic motivation that comes from inside an individual rather than from any external or outside stimulants. Thus, only push motivation was applied in this study. The push motivation dimensions in previous studies mainly comprised of eight factors (Table 4.4): escape, relaxation, knowledge and learning, excitement and novelty experience, interpersonal relationships with friends and family, health concerns, self-indulgence and ego enhancement.

**Table 4.4 Motivation Dimensions in Previous Studies**

<b>Push Motivation</b>	<b>Number of the factors found in previous studies</b>	<b>Percent (%)</b>
Escape	36	14.40
Relaxation	31	12.40
Knowledge and Learning	34	13.60
Excitement and Novelty experience	37	14.80
Interpersonal relationships  with friends and family	39	15.60
Health concern	17	6.80
Self-indulgence	32	12.80
Ego Enhancement	24	9.60

**Note:** Total 49 studies

**Sources:** Andreu, Kozak, Avci, et al., 2006; Baloglu & Uysal, 1996; Beh & Bruyere, 2007; Boksberger & Laesser, 2009; Chiang & Jogaratnam, 2006; Cleaver, Green & Muller, 2000; Correia, Oom do valle, Moco, et al., 2007; Crompton, 1979; Dunn Ross & Iso-Ahola, 1991; Fodness, 1994; Hanqin & Lam, 1999; Huang, 2010; Jang & Wu, 2006; Kay, 2009; Jönsson & Devonish, 2008; Jun, Kyle & Mowen, 2009; Kau & Lim, 2005; Kim, 2008; Kim & Eves, 2012; Kim, Jogaratnam & Noh, 2006; Kim & Ritchie, 2012; Konu & Laukkanen, 2009; Mak, Wong & Chang, 2009; Meng, Tepanon & Uysal, 2008; Meng & Uysal, 2008; Mohammad Bashar Aref, Ahmad, Aref, et al., 2010; Oh, Uysal & Weaver A., 1995; Pearce & Lee, 2005; Rittichainuwat, 2008; Rittichainuwat, Qu & Mongkhonvanit, 2008; Sangpikul, 2008; Sirakaya, Uysal & Yoshioka, 2003; Voigt, Brown & Howat, 2011; Yoon & Uysal, 2005; Yuan, Cai, Morrison, et al., 2005.

However, few studies (Chen *et al.*, 2008; Lehto *et al.*, 2006; Mak *et al.*, 2009; Voigt *et al.*, 2011) specifically considered motivation in wellness tourism. In the **Qualitative Stage III**, Interviews with wellness tourists were conducted to generate items to measure the motivations of their wellness holiday. Participants were asked to describe their motivations to have a wellness holiday in Thailand. Participants reported various motivations towards having a wellness holiday. Components with similar meanings were categorised as the same item to be more manageable for further interpretation. These procedures generated 11 motivations for having a wellness holiday.



**Table 4.5.1 Motivation of Wellness Tourists**

	<b>Motivation items</b>	<b>Count</b>
1	To train for Muay Thai	13
2	Relaxation	10
3	To visit meditation retreats	7
4	Escape from my routine	7
5	To experience new things	5
6	To exercise and keep fit	4
7	To release stress and worries	4
8	To catch up my lifestyle	2
9	To improve my quality of life	2
10	To make me good looking.	2
11	To visit friends	1

The data in Table 4.5.1 indicates that most participants' motives were associated with Muay Thai training, followed by relaxation and going to meditation retreats respectively. Eight motivation items: to escape from my routine; to experience new things; to exercise and keep fit; to release stress and worries; to improve my lifestyle; to improve my quality of life; to make myself good looking and to visit friends were all duplicates of items used in past studies.

Table 4.5.2 presents the motivations to travel by gender. More than 50% of male tourists had the motivations to travel for Muay Thai training (n=7, 70%) and relaxation (n=6, 60%), while 60% and 40% of female tourists had the motivation to train for Muay Thai (n=6, 60%) and relaxation (n=4, 40%). More females than males had motives to visits meditation retreats (female: n=4, 40% and male: n=3, 30%) and to experience new things (female: n=4, 40% and male: n=1, 10%). However, male tourists wanted to travel to escape from their routine (n=4, 40%) more than female tourists (n=3, 30%). Only male tourists had the travel motives to improve quality of life (n=2, 20%), to make myself good looking (n=2, 20%) and to visit friends (n=1, 10%), while only female tourist wanted to travel for catching up their lifestyle (n=2, 20%).

**Table 4.5.2 Differences in Motivation by Gender**

Motivation items	Female		Male		Total	
	F	%	F	%	F	%
1 To train for Muay Thai	6	60	7	70	13	65
2 Relaxation	4	40	6	60	10	50
3 To visit meditation retreats	4	40	3	30	7	35
4 Escape from my routine	3	30	4	40	7	35
5 To experience new things	4	40	1	10	5	25
6 To exercises and keep fit	1	10	4	40	5	25
7 To release stress and ned worries	2	20	2	20	4	20
8 To catch up my lifestyle	2	20	0	0	2	10
9 To improve my quality of life	0	0	2	20	2	10
10 To make myself good looking	0	0	2	20	2	10
11 To visit friends	0	0	1	10	1	5
Total Samples	10	100	10	100	20	100

*Note* F=Frequency

Few studies have investigated spa goers (e.g., Mak *et al.*, 2009), yoga tourists (Lehto *et al.*, 2006) and wellness resort visitors (Chen *et al.*, 2008). Only one study (Voigt *et al.*, 2011) examined the motivations across the three types of wellness tourists: beauty spa visitors, lifestyle resort visitors and spiritual retreat visitors. Due to the lack of motivation studies for fitness and meditation retreat tourists, the initial measurement items for motivations were generated from both past literature and the interviews. The face validity of the motivations was conducted by inviting two experts in the wellness tourism industry to review, comment and revise the classifications. The first expert was the vice president of the Thai Travel and Tourism Association in Phuket and the General Manager of Sukko Wellness Resort and Spa in Phuket. The second one was the General Manager of the Tiger Muay Thai camp who had been working in wellness tourism in Phuket for more than eleven years" There were 44 motivation items that were selected and used in the data collection of *Quantitative Stage I* (90 samples: 60 were Muay Thai fitness tourists and 30 were meditation retreat tourists). Further Exploratory Factor Analysis (EFA) was conducted to examine the links between the observed indicators and the constructs. Because there were seven constructs in this study it was determined that the length of the questionnaire should not exceed five pages. A lengthy questionnaire tends to be impractical to use during fieldwork and the collected data is possibly biased because the tourists do not pay attention to the last few pages when filling in their answers. To avoid these issues, factor loadings in EFA were used as the criteria to select the motivation items and reduce the length of the final version of the questionnaire. EFA was

then conducted using the Varimax rotation methods to identify the dimensionality of motivations (Table 4.6). The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's Test of Sphericity were 0.673 and 2993.975 ( $p= 0.000$ ), suggesting sampling adequacy for the data set. The final solution retained 32 items of the motivations across six factors, with a cumulative variance explained of 68.5%. The three highest loading factors (greater than 0.7) were selected except escape, relaxation, important to others and novelty which all retained the highest four loading factors. The list was shortened to 20 items. Through judgements of applicability, the final 20 motivations (Table 4.7) were retained in the questionnaire for the pilot-test in *Quantitative Stage II* (60 Samples: 42 Muay Thai fitness tourists and 18 meditation retreat tourists). Cronbach's alpha values ranged from 0.688 to 0.868 and indicated an acceptable reliability of the motivation scales. More details are presented and discussed in the pre-test where respondents were asked to rate each statement on a seven-point Likert scale (ranging from 1 = strongly disagree to 7 = strongly agree).

**Table 4.6 Exploratory Factor Analysis of the Motivation Scale**

<b>Items</b>	<b>Mean</b>	<b>SD</b>	<b>Factor Loading</b>	<b>Eigenvalues</b>	<b>Variance Explained</b>
<b>Physical health and appearance</b>			<b>0.746*</b>	<b>7.991</b>	<b>24.215</b>
To improve my physical fitness	5.30	2.07	0.917		
To improve my health	5.27	1.97	0.844		
To control my weight	4.16	2.43	0.818		
<i>To be more toned</i>	4.42	2.25	0.806		
<i>To treat my body well</i>	5.28	1.87	0.791		
<i>To maintain my physical fitness</i>	4.93	1.91	0.736		
<i>To learn how to meditate</i>	3.02	1.91	0.586		
<b>Transcendence</b>			<b>0.868*</b>	<b>5.676</b>	<b>17.199</b>
To be at peace with myself	4.49	1.99	0.895		
To gain a sense of renewal	4.54	1.88	0.776		
To contemplate what is important to me	4.62	1.88	0.747		
<i>To experience calmness</i>	4.48	1.94	0.711		
<i>To enjoy an experience with all my senses</i>	4.29	1.90	0.69		
<i>To deepen my meditation experience</i>	3.28	2.44	0.522		
<b>Escape and relaxation</b>			<b>0.806*</b>	<b>3.011</b>	<b>9.124</b>
To reduce my stress levels	4.86	1.96	0.831		

Items	Mean	SD	Factor Loading	Eigenvalues	Variance Explained
To get away from everything	4.62	2.17	0.814		
To be refreshed	5.72	2.07	0.741		
To escape the demands of everyday life	5.04	2.03	0.737		
<i>To give me time and space for reflection</i>	<i>4.79</i>	<i>2.08</i>	<i>0.661</i>		
<b>Self-indulgence</b>			<b>0.762*</b>	<b>2.578</b>	<b>7.811</b>
To relax	5.03	1.74	0.726		
To be pampered	4.01	1.50	0.764		
To catch up my lifestyle	4.88	1.96	0.734		
<i>To spoil myself</i>	<i>3.80</i>	<i>1.89</i>	<i>0.703</i>		
<i>To feel that I am the only person in the world</i>	<i>2.91</i>	<i>1.38</i>	<i>0.689</i>		
<b>Re-establish self-esteem</b>			<b>0.708*</b>	<b>1.871</b>	<b>5.699</b>
To improve my appearance	4.25	2.31	0.767		
To gain more confidence about myself	4.18	2.12	0.715		
To increase my self-esteem	4.77	2.16	0.709		
<i>To get away from other people</i>	<i>3.35</i>	<i>2.20</i>	<i>0.615</i>		
<b>Important to others and Novelty</b>			<b>0.688*</b>	<b>1.475</b>	<b>4.468</b>
To fulfil my curiosity	4.02	2.10	0.853		
To experience something new	5.07	2.01	0.747		
To be with friends	4.11	2.17	0.707		
To spend time with family members	3.84	1.62	0.685		
<i>To tell others where I have been</i>	<i>2.69</i>	<i>1.90</i>	<i>0.646</i>		

*Note: \*Cronbach's alpha; Items in italic were removed*

**Table 4.7 Final Measurement: Motivation Scale**

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<b>Motivation Scale</b>	
<b>Physical health and appearance</b>	
1	To improve my physical fitness.
2	To improve my health.
3	To control my weight.
<b>Transcendence</b>	
4	To be at peace with myself.
5	To give me time and space for reflection.
6	To contemplate what is important to me.
<b>Escape and relaxation</b>	
7	To escape the demands of everyday life.
8	To get away from everything.
9	To be refreshed.
10	To reduce my stress levels and let go of my worries.
<b>Self-indulgence</b>	
11	To be pampered.
12	To relax.
13	To catch up with my lifestyle.
<b>Important to others and Novelty</b>	
14	To spend time with family members.
15	To be with friends.
16	To fulfil my curiosity.
17	To experience something new and exciting.
<b>Re-establish self-esteem</b>	
18	To gain more confidence about myself.
19	To treat my body well to improve my appearance.
20	To increase my self-esteem.

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*Note: The rating scales range from 1 = strongly disagree to 7 = strongly agree*

#### **4.5.2 Measurement of Lifestyle Congruence**

The current research was designed to investigate the lifestyle-congruence of the wellness tourists. Lifestyle-congruence was applied to measure the degree of match/mismatch between the type of the wellness holiday and the tourists' actual or desired lifestyle. Lifestyle-congruence was measured through two main theoretical concepts adapted from AIO model (Plummer, 1974) to analyse lifestyle of wellness visitors: wellness related activities and perceived wellness congruence. The initial items pool (72 items) was generated from previous studies (Adams *et al.*, 1997; 1998; Dolnicar *et al.*, 2013; Teng *et al.*, 2010; Zhu *et al.*, 2011). Six items of wellness related activities and 9 items of perceived wellness congruence were selected and adapted. To ensure content validity, two experts were asked to review the set of 15 items and to assess the construct deficiency, as well as the construct clarity for each item. Further, the 15 items

were tested in the *Quantitative Stage I* with the 90 samples (60 Muay Thai fitness tourists and 30 meditation retreat tourists). Subsequently, EFA was conducted using orthogonal rotation (Varimax) (see Table 4.8). The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's Test of Sphericity were examined and the results indicated that the factor analysis was appropriate (KMO=0.840; Bartlett's Test of Sphericity = 629.176,  $p=0.000$ ). The remaining 15 items accounted for 50.077% of the total variance and Cronbach's alpha ranged from 0.640 to 0.886, indicating an acceptable reliability for the lifestyle congruence scales. However, the results of the EFA showed that there were two items that did not load into the original constructs. The item "*I am engaged and interested in my daily activities*", was originally in the perceived wellness congruence construct but it was underlying the wellness related activities, while "*I take some time for relaxation each day*" was the wellness related activities item but it was loaded in the perceived wellness congruence construct. Due to the fact that the scales were developed from the original theoretical constructs derived from prior research, it was decided that these two items were to be retained in their original construct and the 15 final items are presented in Table 4.9. All the statements were a 7-point rating scale ranging from (1) strongly disagree to (7) strongly agree. The reliability for this scale was then conducted at the pre-test stage (*Quantitative Stage II*). More details and discussion are presented in the pilot-test section.

**Table 4.8 Exploratory Factor Analysis of Lifestyle Congruence Scale**

Items	Mean	SD	Factor Loading	Eigenvalues	Variance Explained
<b>Wellness Related Activities</b>			<b>0.640*</b>	1.635	11.902
I exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber)	5.330	1.928	0.735		
I take a dietary supplement regularly (e.g., Vitamins)	3.590	2.277	0.696		
I follow a planned exercise programme	4.490	1.909	0.670		
I consider myself to have a nutritional balanced diet from vegetables, fruits, meat, poultry, fish, dried beans, eggs and nuts group each day	4.830	1.630	0.603		
<i>I am engaged and interested in my daily activities</i>	5.160	1.236	0.524		
I pace myself to prevent tiredness	3.940	1.546	0.502		
<b>Perceived Wellness Congruence</b>			<b>0.886*</b>	5.726	38.175
In general, I consider myself a happy person	5.390	1.360	0.857		
Although I have my ups and downs, in general, I feel good about my life	5.530	1.350	0.845		
Compared to most of my peers, I consider myself a happy person	5.300	1.385	0.841		
I am satisfied with my life	5.110	1.246	0.770		
In most ways my life is close to my ideal.	4.610	1.310	0.682		
I have a very high quality of life	5.320	1.301	0.655		
I lead a meaningful and fulfilling life	4.970	1.348	0.644		
My social relationships are supportive and rewarding	5.310	1.468	0.530		
<i>I take some time for relaxation each day</i>	4.400	1.689	0.510		

\*Cronbach's alpha

**Table 4.9 Final Measurement of Lifestyle Congruence Scale**

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<b>Lifestyle Congruence Scales</b>	
<hr/>	
<b>Wellness Related Activities</b>	
1	I follow a planned exercise programme.
2	I exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber).
3	I take some time for relaxation each day.
4	I pace myself to prevent tiredness.
5	I consider myself to have a nutritional balanced diet from vegetables, fruits, meat, poultry, fish, dried beans, eggs and nuts group each day.
6	I take a dietary supplement regularly (e.g., Vitamins).
<b>Perceived Wellness Congruence</b>	
7	I have a very high quality of life.
8	Although I have my ups and downs, in general, I feel good about my life.
9	I lead a meaningful and fulfilling life.
10	I am engaged and interested in my daily activities.
11	My social relationships are supportive and rewarding.
12	In general, I consider myself a happy person.
13	Compared to most of my peers, I consider myself a happy person.
14	In most ways my life is close to my ideal.
15	I am satisfied with my life.

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*Note: The rating scales range from 1 = strongly disagree to 7 = strongly agree*

### **4.5.3 Measurement of Incremental Quality of Life**

An initial measurement scale for assessing incremental quality of life was adapted from subjective well-being literature (e.g., Diener *et al.*, 2010; Lyubomirsky & Lepper, 1999; Pavot & Diener, 2008). The constructs of the incremental quality of life measure were developed using the underlying tenets of the eudaimonic quality of life (e.g., engaging in the activities that have meaning and purpose; taking part in activities that help the individual to reach the actualisation of one's skills, talents and potential (Kashdan *et al.*, 2008) and a hedonic quality of life (e.g., life satisfaction, the absence or low frequency of negative feelings (Diener *et al.*, 2010). Initially, face to face interviews with wellness tourists (*the Qualitative Stage III*) were conducted to capture how the wellness holiday enhanced the wellness tourists' quality of life. Participants were asked to describe the contribution of the wellness trip to their sense of well-being. The results of 11 contributions of the wellness trip to tourists' quality of life are presented in Table 4.10.1 More than half of the respondents revealed that wellness tourism made them feel more relaxing, healthiness (n=16, 80%; male=8, 80%; female=8, 80%), released the stress and worries in life (n=13, 65%; male=7, 70%; female=6, 60%), felt good about themselves (n=10, 50%; male=4, 40%; female=6, 60%), to learn more about life and to have good



experiences (n=10, 50%; male=4, 40%; female=6, 60%) and improved mental health or mindfulness(n=10, 50% ; male=5, 50%; female=5, 50%) (See Table 4.10.2).

The list to represent wellness trip items was compiled based on the interview results as well as past literature (e.g., Diener *et al.*, 2010; Lyubomirsky & Lepper, 1999; Pavot & Diener, 2008). The Incremental Quality Of Life uses 12 items initially adapted from the Flourishing Scale (Diener *et al.*, 2010) and the Satisfaction With Life Scale (SWLS) (Diener, Emmons, Larsen, *et al.*, 1985). For the incremental hedonic quality of life construct, the initial 5 items were developed based on the SWLS. The scale is brief and contains five items rated on a Likert scale from 1 (strongly disagree) to 7 (strongly agree). Originally, SWLS scale consists of: 1) *“In most ways my life is close to my ideal”*; 2) *“The conditions of my life are excellent”*; 3) *“I am satisfied with my life”*; 4) *“So far I have gotten the important things I want in life”*; 5) *“If I could live my life over, I would change almost nothing”*. The SWLS is one of the most widely used scales to measure life satisfaction. Vassar (2007) found that the mean Cronbach’s alpha across 62 articles applying the SWLS was 0.78 and the internal consistency ranged from 0.766 to 0.807. According to the Eudaimonic incremental quality of life construct, 7 indicators were adapted from the Flourishing Scale (Diener *et al.*, 2010). The Flourishing Scale originally consisted of eight items: 1) *“I lead a purposeful and meaningful life”*; 2) *“My social relationships are supportive and rewarding”*; 3) *“I am engaged and interested in my daily activities”*; 4) *“I actively contribute to the happiness and well-being of others”*; 5) *“I am competent and capable in the activities that are important to me”*; 6) *“I am a good person and live a good life”*; 7) *“I am optimistic about my future”*; 8) *“People respect me”*. The study by Diener *et al.* (2010) reported an internal consistency of reliability on this scale of 0.87. This study collected data from the wellness tourists during their trip because it was impractical to collect the data both before and after their trips. Therefore, the idea of an incremental measure was applied by adding the words that indicated the sense of enhancement to their quality of life such as more, better, enhanced and improved in the scales: *“I feel much better about things and myself after this holiday.”*; *“This trip encouraged me to be more optimistic about my future”*. Subsequently, a list of 12 incremental quality of life items, covering two sub-dimensions (hedonic and eudaimonic incremental quality of life), were examined by two experts to ensure their content validity. The two experts were asked to review the set of 12 items and to assess the construct deficiency as well as the construct clarity for each item. The scale was then employed in the questionnaire to collect the data at the pilot-test stage (*Quantitative Stage II*), with the 60 wellness tourists: there were 42 Muay Thai fitness tourists and 18 meditation

retreat tourists). Cronbach's alpha ranged from 0.763 (hedonic incremental quality of life) to 0.823 (eudaimonic incremental quality of life), indicating an acceptable reliability of the scales. The final items of incremental quality of life are presented in Table 4.11. A 7-point Likert-scale ranging from (1) strongly disagree to (7) strongly agree was used to measure each statement.

**Table 4.10.1 Contribution of the Wellness Trip to the Tourists' Quality of Life**

<b>Contribution of the wellness trip</b>	<b>Count</b>
It makes me feel more relaxed	16
It is good for health and improves healthiness	13
Releases the stress and worries in life	13
I feel good about myself	10
It helps to learn more about life and have good experiences	10
It improves mental health or mindfulness	10
It changes the perception in life	9
Refreshes, recharges the energy	8
Encouraged to understand myself better	7
Enhances happiness in life	6
Improves consciousness	6

**Table 4.10.2 Contribution of the Wellness Trip to the Tourists' Quality of Life by Gender**

	<b>Female</b>		<b>Male</b>		<b>Total</b>	
	<b>F</b>	<b>(%)</b>	<b>F</b>	<b>(%)</b>	<b>F</b>	<b>(%)</b>
1 It makes me feel more relaxing	8	80	8	80	16	80
2 It is good for health and improves healthiness	6	60	7	70	13	65
3 Releases the stress and worries in life	7	70	6	60	13	65
4 I feel good about myself	6	60	4	40	10	50
5 It helps to learn more about life and have good experiences	6	60	4	40	10	50
6 It improves mental health or mindfulness	5	50	5	50	10	50
7 It changes the perception in life	6	60	3	30	9	45
8 Refreshes, recharges the energy	2	20	6	60	8	40
9 Encouraged to understand myself better	4	40	3	30	7	35
10 Enhances happiness in life	3	30	3	30	6	30
11 Improves consciousness	3	30	3	30	6	30
Total Samples	10	100	10	100	20	100

*Note F=Frequency*

**Table 4.11 Final Measurement for the Incremental Quality of Life Scale**

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<b>Incremental Quality of Life</b>	
<b>Hedonic incremental quality of life</b>	
1	This vacation was rewarding to me in many ways.
2	I feel much better about things and myself after this vacation.
3	This vacation makes me feel that in most ways my life is close to my ideal.
4	Taking this vacation made me realise that the conditions of my life are excellent.
5	On this trip, I felt more satisfied with life.
<b>Eudaimonic incremental quality of life</b>	
6	This trip encouraged me to lead a purposeful and meaningful life.
7	On this trip, I have realised that I actively contribute to the happiness and well-being of others more than before.
8	This trip makes me realise that I live a good life.
9	This trip encouraged me to be more optimistic about my future.
10	This trip made me changes my perception of life.
11	The experience from this trip encouraged me to understand myself better.
12	On this trip, I felt free from the pressures of life.

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*Note: The rating scales range from 1 = strongly disagree to 7 = strongly agree*

#### **4.5.4 Measurement of Wellness Self-Image Congruence**

The traditional measure of self-image congruence is based on the assessment of the differences between a participant's perception of somewhere they have visited (destination image) and a participant's perception of their self-image in relation to their destination personality (Abdallat, 2012; Boksberger *et al.*, 2010; Sirgy & Su, 2000). Later, Sirgy *et al.* (1997) proposed a new method to measure self-image congruence to address the limitations of the methodology problem in the discrepancy measure of the traditional method. The self-image congruence measure consists of four statements: 1) "This [destination *x*] is consistent with how I see myself" (actual self-image); 2) "This [destination *x*] is consistent with how I like to see myself" (ideal self-image); 3) "This [destination *x*] is consistent with how I believe others see me" (social self-image); 4) "This [destination *x*] is consistent with how I would like others to see me" (ideal social self-image) (Sirgy & Su, 2000). Wellness self-image congruity (4 items) was adapted from Sirgy and Su (2000) and these were examined by two experts to ensure their content validity. The two experts were asked to review the set of 12 items and to assess the construct deficiency as well as the construct clarity for each item. The original items were modified and reworded to adapt to the wellness tourism context as presented in Table 4.12. The respondents were asked to indicate the degree of their agreement with 4 statements, using a seven-point Likert scale with assigned values range from 1 = strongly disagree to 7 = strongly agree. Subsequently, the scale was tested with 60 wellness tourists: (42 were Muay Thai fitness and 18 meditation retreat tourists) in the pilot-test

stage (*Quantitative Stage II*). The value of Cronbach's alpha at 0.821 indicated an acceptable reliability of the scales.

**Table 4.12 Final Measurement of Wellness Self-Image Congruence Scale**

<b>Wellness Self-Image Congruence</b>	
1	This wellness related holiday is consistent with how I see myself.
2	This wellness related holiday is consistent with how I like to see myself.
3	This wellness related holiday is consistent with how I believe others see me.
4	This wellness related holiday is consistent with how I would like others to see me.

*Note: The rating scales range from 1 = strongly disagree to 7 = strongly agree*

#### **4.5.5 Measurement of Positive Emotions**

The scale for measuring positive emotions was adapted from the Scale of Positive and Negative Experience (SPANE) (Diener *et al.*, 2010). The negative emotions were excluded in this study because the nature of the holiday tended to be a positive experiential processes (Hirschman & Holbrook, 1982; Mannell & Iso-Ahola, 1987). Emotions during the holiday are usually positively anticipated and the positive emotions derived from the holiday trips can enhance the tourists' sense of well-being and contribute to their overall satisfaction in life (Gilbert & Abdullah, 2004; Sirgy, 2010). The original scale contains 6 positive emotion items: 1) "Positive"; 2) "Good"; 3) "Pleasant"; 4) "Happy"; 5) "Joyful"; 6) "Contented". This scale has not been widely employed in areas of tourism research, but it has been employed in social indicator research (e.g., Diener *et al.*, 2010; Silva & Caetano, 2013). Reliabilities of the scale of 0.87 and 0.91 were reported by Diener *et al.* (2010) and Silva and Caetano (2013) also reported a reasonably high overall scale of reliability when the measurement scale was applied to two samples (Cronbach's alpha values ranged from 0.89 to 0.90). The six original scales were modified and reworded to adapt to the wellness tourism context. Further, the two experts were asked to review the set of 6 positive emotion items and to assess the construct deficiency as well as the construct clarity for each item. The final scales are presented in Table 4.13. The respondents were asked to indicate the degree of their agreement with 6 statements, using a seven-point Likert scale, with the assigned values range from 1 = strongly disagree to 7 = strongly agree. The scale was subsequently tested with 60 wellness tourists in the pilot-test stage (*Quantitative Stage II*). The results of the Cronbach's alpha was 0.863, indicating a satisfactory reliability of the scales.

**Table 4.13 Final Measurement of Positive Emotions Scale**

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<b>Positive Emotions</b>	
1	I felt good.
2	I felt positive.
3	I felt pleasant.
4	I felt a sense of joy.
5	I felt happy.
6	I felt contented.

---

*Note: The rating scales range from 1 = strongly disagree to 7 = strongly agree*

#### **4.5.6 Measurement of Satisfaction during the Trip**

The initial measure of satisfaction during the trip in this study was derived from previous studies (Neal *et al.*, 1999; 2004; 2007). Since the original scale was selected and developed, the items were modified and reworded to adapt to a wellness tourism context. Some items were excluded because they were inapplicable to the current research context. They were examined by two experts to ensure their content validity. Subsequently, the two experts were asked to review the set of 8 items and to assess the construct deficiency as well as the construct clarity for each item. As a result, 8 measurement items were created underlying two constructs as presented in Table 4.14: satisfaction with the wellness destination services (3 items) and satisfaction with the wellness trip experiences (5 items). The respondents were asked to indicate the degree of their agreement with 8 statements, using a seven-point Likert scale, with assigned values ranging from 1 = strongly disagree to 7 = strongly agree. Furthermore, the scale examined the internal reliability with 60 wellness tourists in the pilot-test stage (*Quantitative Stage II*). The Cronbach's alpha values ranged from 0.701 to 0.886, suggesting an acceptable reliability of the scales.

**Table 4.14 Final Measurement of Satisfaction during the Trip Scale**

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<b>Satisfaction during the Trip</b>	
<b>Satisfaction with wellness destination services</b>	
1	Tourist services at the vacation site (e.g., activities, attractions, restaurants, hotels) were of high quality.
2	Tourist services provided at the vacation site were problem-free.
3	The cost of tourist services at the vacation site was reasonable and well worth it.
<b>Satisfaction with wellness trip experiences</b>	
4	I am happy about my decision to choose this wellness vacation.
5	I believe I did the right thing when I chose this wellness vacation.
6	Overall, my experiences on this vacation exceeded expectations.
7	Overall, I am satisfied with my experience on this wellness vacation.
8	I have enjoyed myself on this wellness vacation.

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*Note: The rating scales range from 1 = strongly disagree to 7 = strongly agree*

#### **4.5.7 Measurement of Behavioural Intention**

To measure behavioural intention of the wellness tourists, a total of 4 items were adapted from previous studies that measured intention to recommend and intention to revisit in the tourism context (Hosany & Gilbert, 2010; Kim *et al.*, 2010; Yüksel & Yüksel, 2007; Žabkar *et al.*, 2010). The four original scales were modified and reworded to adapt to a wellness tourism context and examined by the two experts to assess the construct deficiency as well as the clarity construct for each item. Table 4.15 presents the final scale of the behavioural intention in the current research. The respondents were asked to indicate the degree of their agreement with 4 statements, using a seven-point Likert scale, with assigned values ranged from 1 = strongly disagree to 7 = strongly agree. Behaviour intention scales were examined for internal consistency at the pre-test stage (*Quantitative Stage II*). The Cronbach's alpha values of 0.826 suggested an acceptable reliability of the scales.

**Table 4.15 Final Measurement of Behavioural Intention Scale**

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<b>Behavioural Intention</b>	
1	I will recommend this wellness vacation to other people (e.g., friends and relatives).
2	I will say positive things about this wellness vacation to other people (e.g., friends and relatives).
3	If I had to decide again, I will choose this wellness vacation again.
4	I will revisit this wellness destination in the near future.

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*Note: The rating scales range from 1 = strongly disagree to 7 = strongly agree*

#### 4.5.8 Measurement of the Perception of Thailand

The perception of Thailand in this study was adapted from previous studies that measured the international tourists pull motivations to revisit Thailand (Park *et al.*, 2010; Rittichainuwat, 2008; Sangpikul, 2008). Thirteen items were selected, modified and reworded to adapt to a wellness tourism context. Further, two experts assessed the construct deficiency as well as the construct clarity for each item. Table 4.16 presents the final scale of the perception of Thailand in the current research. Respondents were asked to provide answers on each item measured by a seven-point Likert scale ranging from 1 = strongly disagree to 7 = strongly agree. The perception of Thailand measure was examined for internal consistency at the pre-test stage (*Quantitative Stage II*). The Cronbach's alpha values of 0.828 suggested an acceptable reliability of the scales.

**Table 4.16 Final Measurement of Perception of Thailand Scale**

<b>Perception of Thailand</b>	
1	Thai people are friendly.
2	Thailand is safe and secure for travelling.
3	Thailand has many good quality accommodations and restaurants.
4	Thailand has a good level of hygiene and cleanliness.
5	Thailand is a well-publicised tourist destination.
6	Thailand is a famous wellness tourist destination.
7	Thailand is famous for the Muay Thai martial arts.
8	Thailand is an inexpensive destination (e.g., for travelling and shopping).
9	Thailand has pleasant weather and climate.
10	Thailand is a famous destination to visit religious and spiritual sites (e.g., Buddhist temples).
11	Thailand offers diverse Thai cultures, Thai cuisine and ancient traditions.
12	Thailand is a destination full of natural scenery and landscape.
13	Thailand is famous for Thai spa and traditional massage services.

*Note: The rating scales range from 1 = strongly disagree to 7 = strongly agree*

#### 4.6 Pre-test for Final Measurement Scale (Pilot-test II)

After a final measurement scale, a survey questionnaire was decided upon and developed based on the objectives of the study, the extensive literature review and the results of the pilot test. The second pre-test survey questionnaire was circulated to five managers who were wellness tourism service providers and to international tourists at the wellness tourism destinations: Tiger Muay Thai, Sinbi Muay Thai, Suan Mokkh International Meditation Retreat and Dipabhāvan Meditation Centre. The objectives of this procedure were to determine whether it was necessary to clarify any ambiguous survey questions, as well as the requirement to revise the questionnaire design,

layout and wording. Participants were asked to complete the initial version of the survey questionnaire and also encouraged to provide their feedback and comments. The results of the pre-test questionnaires and participants' suggestions were taken into account in the final revision of the questionnaire.

Initially, five managers and experts of the wellness tourism service providers (e.g., Tiger Muay Thai, Sinbi Muay Thai, Suwit Gym, Phuket Tourism Association, Suan Mokekh International Meditation Retreats) assessed the content adequacy of the items. They were asked to provide their comments on content adequacy, understand ability, clarity and readability of the survey questionnaire. Subsequently, the measurement items were pre-tested with 60 respondents. A total of 13 items were used to measure the perception of Thailand; 20 items to measure travel motivations; 15 items for measuring lifestyle congruence; 4 items to measure wellness self-image congruence; 6 items to measure positive emotions; 8 items for measuring satisfaction during the wellness trip; 12 items to evaluate incremental quality of life; 4 items for measuring behaviour intention and 6 items were used to measure the reflection of the benefits from this wellness trip.

#### **4.6.1 Data Collection of Pilot-Test**

A purposive sampling technique was used to conduct the pre-test. The samples in this study were the wellness tourists who had experienced at least three days at wellness destinations. A total of 60 respondents were collected: 42 respondents from the Muay Thai fitness places and 18 respondents from meditation retreat centres. Table 4.17 indicates that the demographics of the sample of respondents were 60% male and 40% female. Most of the respondents were in the 25-34 years age group. A majority of respondents (50%) had a college degree and 18.3% had a master's degree. Most (62.7%) were able to save money on a monthly basis, 45% were full-time employees and 21.7% were self-employed. More than half (60%) were revisiting tourists. Most (55%) travelled alone, 46.7% had never had a wellness holiday before and 21.7% who had been on a wellness related holiday had an average length of stay of one week, followed by 15% staying for two weeks. Thirty-four percent stayed only one week for the current wellness trip, followed by 14% staying for two weeks, 14% staying for three weeks and 12% staying for five weeks.

Two issues were found. Firstly, managers recommended adding one question addressing whether respondents were revisiting tourists. Second, participants suggested that question 6 should specify either in nights or weeks (Q.6 Length of this current



wellness related holiday (e.g., Muay Thai/ Spa/ Yoga/ Meditation/ Wellness Retreat) \_\_\_\_\_nights). These issues were taken into account in the final version of the questionnaire.

**Table 4.17 Demographic Profile of the Pre-Test Sample**

<b>Category</b>	<b>Frequencies</b>	<b>Percentages</b>
<b>Types of wellness tourism</b>		
Muay Thai	42	70
Meditation	18	30
Total (n=60)	60	100
<b>Gender</b>		
Male	24	40
Female	36	60
Total (n=60)	60	100
<b>Age groups</b>		
16-24	16	26.7
25-34	28	46.7
35-44	9	15
Over 45	7	11.7
Total (n=60)	60	100
<b>Education</b>		
High school graduate or less	8	13.3
College/University graduate	30	50
Professional qualification	6	10
Post graduate degree	11	18.3
Doctoral degree	2	3.3
Other	3	5
Total (n=60)	60	100
<b>Household income indicator</b>		
I don't earn income yet	4	6.8
I can afford basic needs	5	8.5
I am able to save some money monthly	37	62.7
I live with some comfort	11	18.6
I hardly make it to live	2	3.4
Total (n=59)	59	100
<b>Occupation status</b>		
Employed full-time	27	45
Self-employed	13	21.7

<b>Category</b>	<b>Frequencies</b>	<b>Percentages</b>
Employed part-time	2	3.3
Student	8	13.3
Unemployed	10	16.7
Total (n=60)	60	100
<b>Countries/continents of nationalities</b>		
Europe	19	32.8
Oceania	12	20.7
North America	12	20.7
Russia	7	12.1
United Kingdom	7	12.1
Others	1	1.7
Total (n=58)	58	100
<b>Revisiting Thailand</b>		
First time visit tourists	24	40
Revisiting tourists	36	60
Total (n=60)	60	100
<b>Who did the wellness tourists travel with on this trip</b>		
Alone	33	55
With your Spouse/Partner	9	15
With Family members	3	5
With friends	13	21.7
With colleagues	2	3.3
Total (n=60)	60	100
<b>Average length of your past wellness related holiday</b>		
Never had wellness holidays	28	46.7
1 week	13	21.7
2 weeks	9	15
3 weeks	2	3.3
4 weeks	1	1.7
5 weeks	4	6.7
7 weeks	1	1.7
Longer than 8 weeks	2	3.3
Total (n=60)	60	100
<b>Length of this current wellness related holiday</b>		
1 week	17	34
2 weeks	7	14
3 weeks	7	14
4 weeks	4	8
5 weeks	6	12
6 weeks	2	4

Category	Frequencies	Percentages
7 weeks	1	2
9 weeks	2	4
11 weeks	1	2
Longer than 12 weeks	3	6
Total (n=50)	50	100

#### 4.1.2 Reliability of the Measures for the Pre-test Sample

The items for each construct were tested for reliability of each scale. The most commonly used methods for testing reliability are item-to-total correlations and reliability coefficients (Hair *et al.*, 2010). The motivation scale consisted of six factors (Table 4.18): 1) Physical health and appearance; 2) Transcendence; 3) Escape and relaxation; 4) Self-indulgence; 5) Important to others and Novelty; and 6) Re-establish self-esteem. Overall, Cronbach's alpha values for each factor in the motivations scale were greater than 0.7, with the exception of Important to others and Novelty factor (0.683). Most item-to-total correlations were larger than 0.5. However, item-to-total correlations for: *"To be refreshed"*; *"To reduce my stress levels and let go of my worries"*; *"To spend time with family members"*; *"To fulfil my curiosity"*; *"To experience something new and exciting"*; and *"To improve my appearance"* were below of the recommended cut-off values of 0.5. Thus, more caution on these items was taken in a further analysis. Still, all motivation items were reliable and acceptable, as well as retaining the measurement scale to be consistent with the six constructs within the literature (Voigt *et al.*, 2011).

**Table 4.18 Cronbach's Alpha and Item-Total Correlation of the Motivation Scale**

	<b>Motivation</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Item-Total Correlation</b>	<b>Cronbach's Alpha</b>
	<b>Physical health and appearance</b>				<b>0.787</b>
1	To improve my physical fitness.	5.43	2.062	0.676	
2	To improve my health.	5.71	1.440	0.674	
3	To control my weight.	3.63	2.099	0.588	
	<b>Transcendence</b>				<b>0.840</b>
4	To be at peace with myself.	5.15	1.593	0.667	
5	To give me time and space for reflection.	5.12	1.796	0.772	
6	To contemplate what is important to me.	5.33	1.569	0.683	
	<b>Escape and relaxation</b>				<b>0.716</b>
7	To escape the demands of everyday life.	4.40	2.133	0.614	
8	To get away from everything.	4.98	1.864	0.628	
9	To be refreshed.	5.52	1.631	0.454	
10	To reduce my stress levels and let go of my worries.	5.00	1.832	0.488	
	<b>Self-indulgence</b>				<b>0.732</b>
11	To be pampered.	3.02	1.997	0.553	
12	To relax.	4.97	1.756	0.538	
13	To catch up with my lifestyle.	4.83	1.833	0.578	
	<b>Important to others and Novelty</b>				<b>0.683</b>
14	To spend time with family members.	2.03	1.822	0.442	
15	To be with friends.	3.19	2.274	0.567	
16	To fulfil my curiosity.	4.7	1.835	0.475	
17	To experience something new and exciting.	5.48	1.479	0.435	
	<b>Re-establish self esteem</b>				<b>0.721</b>
18	To gain more confidence about myself.	4.82	1.818	0.623	
19	To improve my appearance.	4.7	1.951	0.480	
20	To increase my self-esteem.	4.39	1.910	0.675	

The lifestyle congruence scale consists of two factors: *Perceived Wellness Congruence* and *Wellness Related Activities* (Table 4.19). Nine measurement items of *Perceived Wellness Congruence* had item-to-total correlations larger than 0.5 and the Cronbach's alpha for this factor was 0.892 with the exception of “*My social relationships are supportive and rewarding*” (0.440). Although the Cronbach's alpha of *Wellness Related Activities* factor exceeded the recommended level of 0.6, all items in this factor were slightly short of the suggested threshold of 0.5. This may be due to the small sample size (60 respondents). With these results, more caution was needed in a further analysis. However, it can be considered that all item scales are reliable and acceptable. Therefore, all items were retained in the lifestyle congruence scale to be consistent with the concept of AIOs (Activities, Interests and Opinions) in the lifestyle literature (Kotler, 1997; Lawson & Todd, 2002; Plummer, 1974).

**Table 4.19 Cronbach's Alpha and Item-Total Correlation of the Lifestyle Congruence Scale**

	<b>Lifestyle Congruence</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Item-Total Correlation</b>	<b>Cronbach's Alpha</b>
	<b>Wellness Related Activities</b>				<b>0.663</b>
1	I follow a planned exercise programme.	4.77	1.863	0.491	
2	I exercise vigorously for 20 or more minutes at least three times a week ( such as brisk walking, bicycling, aerobic dancing, using a stair climber).	5.78	1.786	0.497	
3	I take some time for relaxation each day.	4.63	1.626	0.436	
4	I pace myself to prevent tiredness.	4.25	1.569	0.424	
5	I consider myself to have a nutritional balanced diet from vegetables, fruits, meat, poultry, fish, dried beans, eggs and nuts group each day.	4.75	1.434	0.484	
6	I take a dietary supplement regularly (e.g., Vitamins).	3.82	2.205	0.432	
	<b>Perceived Wellness Congruence</b>				<b>0.892</b>
7	I have a very high quality of life.	5.5	1.408	0.627	
8	Although I have my ups and downs, in general, I feel good about my life.	5.45	1.383	0.699	

	<b>Lifestyle Congruence</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Item-Total Correlation</b>	<b>Cronbach's Alpha</b>
9	I lead a meaningful and fulfilling life.	5.06	1.242	0.696	
10	I am engaged and interested in my daily activities.	4.98	1.334	0.556	
11	My social relationships are supportive and rewarding.	5.42	1.369	0.440	
12	In general, I consider myself a happy person.	5.42	1.347	0.754	
13	Compared to most of my peers, I consider myself a happy person.	5.27	1.300	0.720	
14	In most ways my life is close to my ideal.	4.55	1.395	0.632	
15	I am satisfied with my life.	4.9	1.337	0.737	

The wellness self-image congruence scale was comprised of four items: 1) “*This wellness related holiday is consistent with how I see myself*”; 2) “*This wellness related holiday is consistent with how I like to see myself*”; 3) “*This wellness related holiday is consistent with how I believe others see me*”; and 4) “*This wellness related holiday is consistent with how I would like others to see me*”. The Cronbach’s alpha for this dimension was 0.821 and all item-to-total correlations were larger than 0.5 (Table 4.20). Therefore, the measurement scale for the wellness self-image congruence still contained all four items.

**Table 4.20 Cronbach’s Alpha and Item-Total Correlation of the Wellness Self-Image Congruence Scale**

	<b>Wellness Self-Image Congruence</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Item-Total Correlation</b>	<b>Cronbach’s Alpha</b>
1	This wellness related holiday is consistent with how I see myself.	5.51	1.265	0.542	<b>0.821</b>
2	This wellness related holiday is consistent with how I like to see myself.	5.82	1.153	0.775	
3	This wellness related holiday is consistent with how I believe others see me.	5.01	1.444	0.668	
4	This wellness related holiday is consistent with how I would like others to see me.	5.43	1.227	0.617	

Six items were used to examine the positive emotions construct: 1) “I felt good”; 2) “I felt positive”; 3) “I felt pleasant”; 4) “I felt a sense of joy”; 5) “I felt happy”; 6) “I felt contented”. Cronbach’s alpha for this construct was 0.863 and all items had item-to-total correlations higher than 0.5 (Table 4.21). Consequently, six measurement items were retained in the positive emotions dimension.

Satisfaction during the Trip construct comprised two factors: Satisfaction with wellness destination services and Satisfaction with wellness trip experiences. Cronbach’s Alpha values for both factors were fairly acceptable (0.701 and 0.886). Additionally, all item-to-total correlations were larger than 0.5 (Table 4.22). As a result, all items were retained for the final measurement scale of satisfaction during the trip.

**Table 4.21 Cronbach’s Alpha and Item-Total Correlation of the Positive Emotions Scale**

	<b>Positive Emotions</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Item-Total Correlation</b>	<b>Cronbach’s Alpha</b>
1	I felt good.	5.80	1.286	0.787	<b>0.863</b>
2	I felt positive.	5.70	1.280	0.614	
3	I felt pleasant.	5.23	1.280	0.510	
4	I felt a sense of joy.	5.62	1.250	0.740	
5	I felt happy.	5.83	1.251	0.659	
6	I felt contented.	5.53	1.353	0.735	

**Table 4.22 Cronbach’s Alpha and Item-Total Correlation of the Satisfaction during the Trip Scale**

	<b>Satisfaction during the Trip</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Item-Total Correlation</b>	<b>Cronbach’s Alpha</b>
<b>Satisfaction with wellness destination services</b>					<b>0.701</b>
1	Tourist services at the vacation site (e. g. , activities, attractions, restaurants, hotels) were of high quality.	5.23	1.140	0.546	
2	Tourist services provided at the vacation site were problem-free.	5.22	1.342	0.534	
3	The cost of tourist services at the vacation site was reasonable and well worth it.	5.51	1.326	0.505	<b>0.886</b>
<b>Satisfaction with wellness trip experiences</b>					
4	I am happy about my decision to choose this wellness vacation.	6.03	1.178	0.779	

	<b>Satisfaction during the Trip</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Item-Total Correlation</b>	<b>Cronbach's Alpha</b>
5	I believe I did the right thing when I chose this wellness vacation.	6.21	0.934	0.725	
6	Overall, my experiences on this vacation exceeded expectations.	5.37	1.234	0.542	
7	Overall, I am satisfied with my experience on this wellness vacation.	6.03	1.073	0.805	
8	I have enjoyed myself on this wellness vacation.	6.07	1.148	0.816	

Incremental quality of life scale consisted of two factors: *Hedonic incremental quality of life* and *Eudaimonic incremental quality of life*. The Cronbach's alpha values for both factors were 0.763 and 0.823 which exceeded the recommended level of 0.7 (Table 4.23). Overall items had item-to-total correlations greater than 0.5 with the exception of the following items: “*This holiday makes me feel that in most ways my life is close to my ideal*”, “*Taking this vacation made me realise that the conditions of my life are excellent*”, “*This trip makes me realise that I live a good life*” and “*On this trip, I felt free from the pressures of life*”. However, these items were retained in the measurement scale to be consistent with the literature (Diener *et al.*, 1985; Diener *et al.*, 2010).

**Table 4.23 Cronbach's Alpha and Item-Total Correlation of Incremental Quality of Life Scale**

	<b>Incremental Quality of Life</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Item-Total Correlation</b>	<b>Cronbach's Alpha</b>
	<b>Hedonic incremental quality of life</b>				<b>0.763</b>
1	This vacation was rewarding to me in many ways.	6.07	1.26	0.618	
2	I feel much better about things and myself after this vacation.	5.38	1.462	0.502	
3	This vacation makes feel that in most ways my life is close to my ideal.	4.9	1.526	0.487	
4	Taking this vacation made me realise that the conditions of my life are excellent.	5.1	1.591	0.477	
5	On this trip, I felt more satisfied with life.	5.83	1.38	0.601	
	<b>Eudaimonic incremental quality of life</b>				<b>0.823</b>



	<b>Incremental Quality of Life</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Item-Total Correlation</b>	<b>Cronbach's Alpha</b>
6	This trip encouraged me to lead a purposeful and meaningful life.	5.28	1.519	0.637	
7	On this trip, I have realised that I actively contribute to the happiness and well-being of others more than before.	4.53	1.605	0.713	
8	This trip make me realise that I live a good life.	5.38	1.474	0.424	
9	This trip encouraged me to be more optimistic about my future.	5.15	1.549	0.778	
10	This trip made me change my perception of life.	5.08	1.576	0.533	
11	The experience from this trip encouraged me to understand myself better.	5.18	1.578	0.737	
12	On this trip, I felt free from the pressures of life.	5.32	1.546	0.431	

The measurement scale of the behavioural intention construct consisted of four indicators: 1) *“I will recommend this wellness vacation to other people (e.g., friends and relatives)”*; 2) *“I will say positive things about this wellness vacation to other people (e.g., friends and relatives)”*; 3) *“If I had to decide again, I will choose this wellness vacation again”*; 4) *“I will revisit this wellness destination in the near future”*. The Cronbach’s alpha for this measurement was 0.826 and all item-to-total correlations were larger than 0.5 (Table 4.24). Therefore, all indicators were retained in the measurement scale of behavioural intentions.

**Table 4.24 Cronbach's Alpha and Item-Total Correlation of the Behavioural Intention Scale**

	<b>Behavioural Intention</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Item-Total Correlation</b>	<b>Cronbach's Alpha</b>
1	I will recommend this wellness vacation to other people (e.g., friends and relatives).	6.12	1.121	0.729	<b>0.826</b>
2	I will say positive things about this wellness vacation to other people (e.g., friends and relatives).	6.34	0.931	0.620	
3	If I had to decide again, I will choose this wellness vacation again.	5.84	1.265	0.748	
4	I will revisit this wellness destination in the near future.	5.27	1.716	0.635	

The perception of Thailand comprised 13 statements (Table 4.25): Cronbach's Alpha for both factors was fairly acceptable (0.828). Additionally, all item-to-total correlations were larger than 0.3 except, "*Thailand is an inexpensive destination (e.g., for travelling and shopping)*". The perception scale was used as a 'warm up' question to capture the opinions of respondents about Thailand. Data were analysed using descriptive statistics to test the mean difference among the demographic variables. This construct was not included in the final model.

**Table 4.25 Cronbach's Alpha and Item-Total Correlation of Perception of Thailand Scale**

	<b>Perception of Thailand</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Item-Total Correlation</b>	<b>Cronbach's Alpha</b>
1	Thai people are friendly.	5.38	1.617	0.329	<b>0.828</b>
2	Thailand is safe and secure for travelling.	5.32	1.479	0.497	
3	Thailand has many good quality accommodations and restaurants.	4.33	1.633	0.444	
4	Thailand has a good level of hygiene and cleanliness.	3.53	1.620	0.513	
5	Thailand is a well-publicised tourist destination.	3.88	1.984	0.640	
6	Thailand is a famous wellness tourist destination.	4.90	1.801	0.704	
7	Thailand is famous for Muay Thai martial arts.	4.82	2.658	0.388	

	<b>Perception of Thailand</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Item-Total Correlation</b>	<b>Cronbach's Alpha</b>
8	Thailand is an inexpensive destination (e.g., for travelling and shopping).	5.22	1.519	0.096	
9	Thailand has pleasant weather and climate.	5.80	1.147	0.431	
10	Thailand is the famous destination to visit religious and spiritual sites (e.g., Buddhist temples).	3.63	1.904	0.443	
11	Thailand offers diversity, Thai culture, Thai cuisine and ancient traditions.	4.90	1.612	0.450	
12	Thailand is the destination full of natural scenery and landscape.	5.33	1.503	0.348	
13	Thailand is famous for Thai spa and traditional massage services.	3.72	1.984	0.364	

#### **4.7 Data Collection**

The data collection in this study was multi-stage data. There were six stages (Table 4.26) and target population, sample and sampling of each research stage was separately discussed. For the first three qualitative stages, data was collected by face-to-face interviews. For the latter three qualitative stages, questionnaires were used to collect the data from the targeted respondents.

**Table 4.26 Data Collections in this Study**

<b>Research Design</b>	<b>Mixed Methodology</b>	<b>Data Collection Method</b>	<b>Data Analysis Methods</b>
<b>Research Context:</b>			
Wellness Tourism in Thailand	Data Collection I: Qualitative Stage I	Semi-structured Interviews n=14	Thematic Analysis and Descriptive Analysis
Muay Thai Fitness and Meditation Retreats	Data Collection II: Qualitative Stage II	Semi-structured Interviews n=5	Thematic Analysis and Descriptive Analysis
<b>Measurement:</b>			
Scales Development I	Data Collection III: Qualitative Stage III	Semi-structured Interviews n = 20	Thematic Analysis and Frequency of Occurrences
Scales Development II	Data Collection IV: Quantitative Stage I Pilot Test I	Questionnaire I n = 90	Exploratory Factor Analysis
Scales Development III	Data Collection V: Quantitative Stage II Pilot Test II	Questionnaire II n = 60	Reliability Analysis
Data Collection and Data Analysis	Data Collection VI: Quantitative Stage III Main Survey	Final Questionnaire n= 885	Confirmatory Factor Analysis and Structural Equation Modelling

#### 4.7.1 Data collection I: Qualitative Stage I

The target population at this stage was the experts and the stakeholders in wellness tourism in Thailand. Purposive sampling was used to select the participants for the study. Initially, introductory letters (Appendix 1.1) were sent to potential interview participants with the contact details of the researcher and an expression of interest form. The objective of this letter was to explain formally the necessary information and the importance of the study and to encourage participation. Subsequently, the researcher followed up and contacted the potential participants by phone and email. If the interested respondents agreed to participate in the study, a mutually convenient date, time and venue where the interview could take place was arranged. The main objective of this stage was to gain an in-depth understanding of the overall picture and the current situation of the wellness tourism industry in Thailand. There were 14 wellness service providers that participated in this study (Table 4.2). Face-to-face interviews were conducted and lasted about one hour. Semi-structured interviews were conducted and the conversation was free to deviate

and explore emergent issues. Interviews with wellness service providers were conducted between October 2013 and November 2013. The interviews were recorded with a digital voice recorder after consent from the participants was given. The interviews were then transcribed into text. Thematic analysis and descriptive techniques were used to analyse the data. The final sample was comprised of the experts from four main categories of wellness tourism in Thailand: four experts from the Spa sectors, four experts from the sport and fitness sector (Muay Thai), four experts from spiritual retreats and two experts from the nutrition and detoxification sector.

#### **4.7.2 Data Collection II: Qualitative Stage II**

The main objective of data collection II was to gain an in-depth understanding of the specific context of Muay Thai fitness and meditation retreats as well as the wellness tourism industry in Thailand. Meditation retreat experts (Participant 11 and Participant 12) and Muay Thai Fitness service providers (Participant 4, Participant 7, Participant 8 and Participant 9) were then invited to engage in this phase of the qualitative research. Semi-structured interviews using the interview guide (Appendix 1.2) were conducted one-on-one and lasted for one hour between November 2013 and December 2013. The interviews were recorded with a digital voice recorder after consent from the participants was given. The interviews were then transcribed into text. Subsequently, the data was analysed using both thematic and descriptive analysis.

#### **4.7.3 Data collection III: Qualitative Stage III**

The intent of the interviews at the Qualitative Stage III was to derive measurement items for the interested constructs: motivations, wellness related lifestyle and quality of life. Semi-structured interviews with 20 samples were conducted. The samples of this stage were the wellness tourists who had at least three day experiences in Muay Thai fitness training or in meditation retreats during their trips. Purposive sampling was used to select both Muay Thai fitness visitors and meditation retreat visitors for this study. The criteria sampling method was applied to recruit respondents who were international tourists and who had attended Muay Thai fitness training or a meditation retreat for at least three days. Data was collected at the wellness destinations (n=20): Tiger Muay Thai in Phuket (13 samples) and Wat Suan Mokkh International Dharma Hermitage in Chiya (7 samples). Targeted samples were asked their willingness to participate in this research and they were also informed that the interview process would take approximately 30

minutes. An introductory letter ( Appendix 1.3) was given to potential interview participants explaining the objectives of this study and they had to complete the consent form (Appendix 1.4) and personal information (Appendix 1.5). Then, semi-structured interviews were conducted between November 2013 and December 2013. The respondents were given a box of jewellery after they had finished their interviews. The topics in the interview guide (see Appendix 1.6) aimed to identify motivations and wellness related lifestyle. The last part of the questions tried to uncover how the wellness trip contributed to and increased the quality of life of the participants. The potential samples who agreed to participate were asked to complete basic personal information so that the demographic details of the interviewee sample could be obtained. The data collection stopped when no new information was obtained from interview participants.

#### **4.7.4 Data Collection IV: Quantitative Stage I**

Since the initial measurement, scales were developed and generated based on the literature and results of semi-structured interviews from the previous stage (*Scales Development I*). There were three measurement constructs: motivations, wellness related lifestyle and the incremental quality of life which were then examined by the experts. Two tourism academics and two tourism experts were additionally asked to comment on the clarity and conciseness of the statements and slight adaptations were made in favour of some items. After this content validation process, 44 motivation items remained, 15 wellness related lifestyle items and 12 incremental quality of life items. A self-administered questionnaire was used to collect the data. Respondents rated their level of agreement with each statement for all constructs on a 7-point scale ranging from 1= strongly disagree to 7= strongly agree. The sample at this stage was international tourists who had spent at least three days at three of the wellness destinations. To recruit a purposive sample on the wellness destinations (Tiger Muay Thai and Wat Suan Mokkh International Dharma Hermitage), the sample targets were asked their willingness to participate in this research and they were informed that the survey process would take approximately 15- 20 minutes. Data was collected between November 2013 and December 2013. The respondents were given a box of jewellery after they had completed their questionnaires. The questionnaires were collected from the Muay Thai wellness destination (n=59, 65.6%) and the Meditation wellness destination (n=31, 34.4%). The respondents comprised 64.4% male and 35.6% female. The majority of respondents were

25-34 year olds (43.3%), followed by 19-24 year olds (33.3%) and 35-44 year olds (11.1%).

#### **4.7.5 Data collection V: Quantitative Stage II**

The objective of data collection stage five was to conduct the pilot test of the questionnaire developed from the *Scales Development II*. After the experts had examined the questionnaire for clarity and conciseness of the statements, a small number of adaptations were made. A total of 13 items were used to measure the perception of Thailand; 20 items to measure travel motivations; 15 items for measuring lifestyle congruence; 4 items to measure wellness self-image congruence; 6 items to measure positive emotions; 8 items for measuring satisfaction during the wellness trip; 12 items to evaluate incremental quality of life; 4 items for measuring behavioural intentions and 6 items were used to measure the perceived benefits from the wellness trip. Subsequently, the measurement items were pre-tested with 60 respondents and the data was collected between December 2013 and January 2014. The target population of this stage was the wellness tourists who had attended the Muay Thai fitness training or meditation retreats for at least three days during their trips. Forty-two samples were collected from Tiger Muay Thai and Sinbi Muay Thai and 18 meditation retreat samples were collected from Suan Mokekh International Meditation Retreat and Dipabhāvan Meditation Centre. The respondents were given a box of jewellery after they had completed their questionnaires. More details are presented in the pilot test section.

#### **4.7.6 Data collection VI: Quantitative Stage III**

The questionnaire from the *Scales Development III* stage was tested and adapted to the final version of the main survey (see Appendices 2.1 and 2.2). The questionnaire consisted of eight measurement constructs: perception of Thailand, motivations, lifestyle congruence, wellness self-image congruence, positive emotions, satisfaction during the trip, incremental quality of life and behaviour intentions. There were two language versions of the survey questionnaire: English and Russian. The Russian tourists are a high potential segment for Thai tourism, with an annual growth rate in the number of tourists who travel to Thailand at around 7% (Tourism Authority of Thailand, 2015). Most Russian tourists can read and write English but they do not want to speak in English, they prefer to communicate in Russian. Originally, the questionnaire was developed in English. A person, proficient in both Russian and English, translated the survey into

Russian language. Once the Russian version was completed, another individual fluent in both Russian and English was asked to back-translate the questionnaire to English. Some inconsistencies were found and the questionnaire was modified to correct the issues to alleviate potential interpretation errors.

The major objective of this study was to investigate the motivations, lifestyle congruence, wellness self-image congruence, positive emotions, satisfaction during the trip, incremental quality of life and behavioural intention of international wellness tourists, especially Muay Thai and Meditation enthusiasts. The study samples were the international wellness tourists who had experienced the Muay Thai fitness or meditation retreats at the wellness destination sites for at least three days excluding their arrival date. The biggest challenge in this research was getting access to the target population of international wellness tourists.

The initial prospect wellness destination lists were derived from the marketing publication of the Tourism Authority of Thailand “*Wellness Live & Retreat in the Land of Healthy Smile*” in 2010. Additionally, updated wellness destinations were selected from the most relevant wellness service providers’ websites. Three Muay Thai fitness destinations (Tiger Muay Thai, Phuket Top Team and Sinbi Muay Thai) and two meditation retreats (International Dharma Hermitage of Wat Suan Mokkh and Dipabhāvan Meditation Centre) allowed the research teams to collect the data at the destination sites. However, data collection procedures were slightly different between Muay Thai fitness and meditation retreat destinations. For Muay Thai fitness destinations, the criteria sampling method was applied to recruit respondents who were international tourists and had experienced the Muay Thai activities for at least three days across three famous camps. Respondents who had Muay Thai professional training were excluded in this study. The main activities at the meditation retreat destinations were silent activities and the organisations did not wish to disturb their tourists during the meditation. They allowed the research team to collect the data on the last day of the activities before the tourists left the destinations. The criteria sampling method for meditation retreat tourists was adjusted to recruit the international tourists only, because all prospects had already had the meditation retreat experiences. This study, however, was limited to international wellness tourists who visited wellness destinations in Thailand.

A self-administered survey questionnaire was used to collect data. Both English and Russian versions of the survey questionnaire were used at this stage for data collection. The first page of the survey consisted of a brief information sheet detailing the



purpose of study, estimated completion time, voluntary participation and researchers' contact information. Respondents had to rate the study main constructs using multi-item scales. Tourist motivations were captured using twenty items adapted from prior motivation and benefit sought research in the context of wellness tourism (e.g., Chen, *et al.*, 2008; Voigt *et al.*, 2011). Wellness tourists' lifestyle congruence was examined using fifteen items (adapted from previous studies e.g., Dolnicar *et al.*, 2013; Teng *et al.*, 2010). Four items adapted from Sirgy and Su (2000) were used to measure respondents' wellness self-image congruence. Six items were used to assess the positive emotions of the respondents (adapted from Diener *et al.*, 2010; Hosany, 2011). Eight statements measured tourists' satisfaction with the trip experience adapted from Neal *et al.* (2004, 2007). Twelve items for the incremental quality of life were adapted from subjective well-being literature (e.g., Diener *et al.*, 2010; Lyubomirsky & Lepper, 1999; Pavot & Diener, 2008). Finally, four items of behavioural intentions were adapted from prior studies (Hosany & Martin, 2012; Hosany & Prayag, 2013). Respondents rated their level of agreement with each statement for all constructs on a 7-point scale ranging from 1= strongly disagree to 7= strongly agree.

Five trained assistants were recruited from the fourth year international programme, Faculty of Hospitality and Tourism, Prince of Songkla University, Phuket campus. Data were collected from across three famous camps in Phuket, Thailand: Tiger Muay Thai, Phuket Top Team and Sinbi Muay Thai. The criteria sampling method was applied to recruit international tourists who had experienced the Muay Thai activities for at least the three days across three famous camps. The international tourists who had Muay Thai professional training were excluded in this study. Two trained assistants collected data from the two famous meditation retreat centres in Surat Thani Thailand: International Dharma Hermitage of Wat Suan Mokkh at Chiya and Dipabhāvan Meditation Centre at Samui Island. The survey was conducted on the last day of the programme after the tourists had finished their meditation retreats. Meditation retreat participants who were international visitors were recruited in this study. Before sending the survey questionnaire to respondents, they were asked their willingness to participate in this research and also informed that the survey process took approximately 20-30 minutes. All respondents who completed the questionnaires were given a box of jewellery (Figure 4.1) as an incentive to thank them for participation in this research. 1,600 jewellery boxes were bought to provide as incentive to participants. The cost per box was £5 and the total cost for this incentive was around £8,000. All expenses for this project were self-funded.

**Figure 4.1 The Jewellery Boxes**



#### **4.7.7 Ethical Considerations**

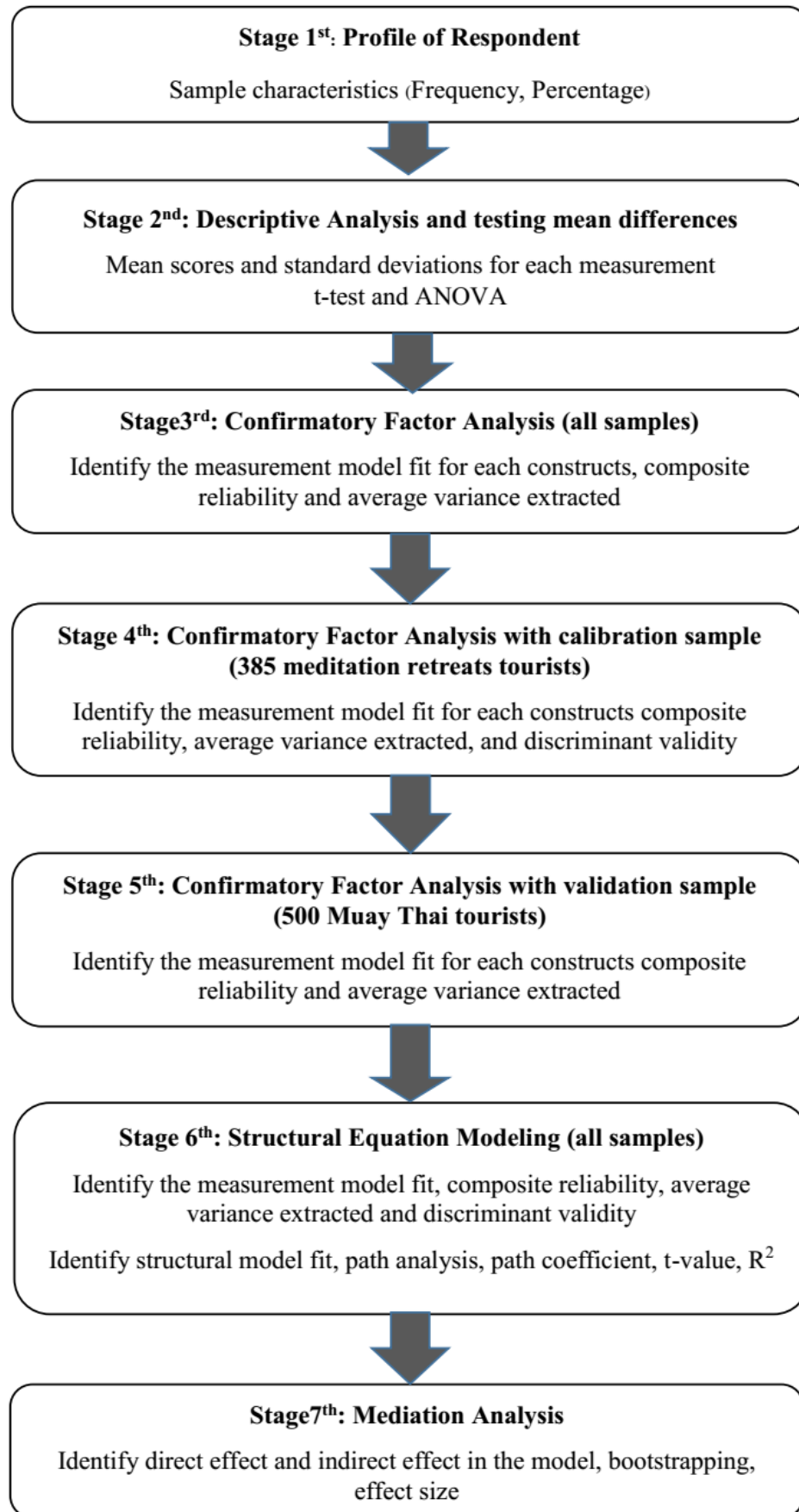
According to the research ethics policy of the Royal Holloway University of London Ethics Committee, the following procedures were taken to ensure that the rights of the participants were protected during the period of this study. Participation in the study was completely voluntary and participants could withdraw from the study at any time they wished. Participants were guaranteed their anonymity and all the information was treated confidentially. There were no sensitive topics or questions, but participants were informed that if any question distressed them, they could stop the interview immediately. In addition, participants were ensured that the data would be reported in an aggregated form within the thesis and publication articles. Access to contact details, completed consent forms, actual audiotapes and transcripts was restricted to the researcher only and all documents were kept in a locked safe-storage within the office. Additionally, all necessary information that explained the details and the ethical considerations of this study (see Appendices 1.1 and 1.3) was provided on the cover sheet of the questionnaire and participants could take this cover sheet and keep it as a reference. For the qualitative research stage, participants were asked to sign a form of informed consent (see Appendix 1.4). By signing the consent form, participants agreed to participate in the current research and the use of a tape recorder during the interview.

They also understood the nature and purpose of this study as well as their role within the research.

#### **4.8 Data Analysis**

The data analysis procedures are presented in Figure 4.2. There were seven stages of data analysis. Data was analysed using the Statistical Package IBM SPSS 21 and AMOS 21. Descriptive statistics, (e.g., mean, frequency, percentage) were calculated for all the information collected such as the profile of the respondents (e.g., age, gender, education, occupation, income) as well as all the measurement scales within this study. A series of t-tests and ANOVA were conducted to examine the mean differences among the different demographic profiles. Exploratory factor analysis was used to simplify factor structure in the scale development process within this study. The exploratory factor analysis with the Varimax rotation approach is the most widely used rotation method, rather than using orthogonal factor rotation methods to achieve a simplified factor structure (Hair *et al.*, 2010). Loadings higher than 0.4 and factors with eigenvalues greater than 1.0, should be retained. Cronbach's alpha within each factor dimension was computed to confirm the factors' internal consistency. Factors, with alpha greater than 0.6, were retained for the final analysis (Hair *et al.*, 2010).

**Figure 4.2 Data Analysis Diagram**



#### **4.8.1 Statistical Method for the Hypotheses Test**

The properties of the seven research constructs ( four exogenous and three endogenous) in the proposed structural model (see Figure 3.1) and the sixteen hypotheses were tested using the AMOS 21 package for structural equation analysis and procedures (Byrne, 2010). The maximum likelihood (ML) was applied for the model evaluation and procedures ( see in detail, Anderson & Gerbing, 1988; Bentler, 1983; Byrne, 2010; Schumacker & Lomax, 2010) . The two- stage testing procedures recommended by Anderson and Gerbing (1988) and Hair *et al.* (2010) were utilised: measurement of the validation model through the Confirmatory Factor Analysis model (CFA) and fitting it with the structural model through path analysis.

Structural equation modelling (SEM) is, “a statistical methodology that takes a confirmatory (i.e., hypothesis-testing) approach to the analysis of a structural theory bearing on some phenomenon” (Byrne, 2010: 3). SEM is the technique that evaluates the observed data to the extent that the purpose model covariance matrix is equivalent to the empirical covariance matrix ( Schermelleh-Engel *et al.* , 2003) . Structural Equation Models also provide the ability to examine the structural relationships between the latent variables of interest in the model and the measurement models representing the relationship between the latent variables and their observable indicators (Nachtigall *et al.*, 2003). This study intended to measure the structural relationships among the unobserved constructs that the hypothetical model was formulated on, with relevant theories and prior empirical studies. SEM procedure is the simultaneous examination and explanation of a pattern of a series of inter-related dependence relationships among a set of latent constructs in the research model. Therefore, SEM is an appropriate method for testing the proposed structural model and hypotheses for this study.

#### **4.8.2 Measurement Model**

A measurement model consists of latent constructs underlying the observed variables that they are supposed to measure. The unobserved variables are implied by the covariances among two or more observed indicators (Hair *et al.* , 2010). A measurement model is evaluated through Confirmatory Factor Analysis (CFA). Measurement model assessments include the measurement relationships of the items and constructs, correlational relationships among the constructs and the error terms for the items (Hair *et al.* , 2010) . Measurement models should be evaluated and re- specified before simultaneous assessment of the measurement models and the structural equation models

(Anderson & Gerbing, 1988). CFA should be analysed separately for each construct in the model before testing the overall measurement models. The model has to be examined and modified until it has an acceptable fit based on the fit indices. Then, the final model is statistically acceptable and becomes theoretically meaningful. Consequently, the final model represents the theoretical model of interest in this research. Each latent construct and the overall model were assessed through examining the completely standardised loading, the error variance, the construct reliability and the average variance extracted.

### 4.8.3 Structural Model

A structural model is a hypothesised model that indicates the relationships among latent constructs and observed variables that are not indicators of latent constructs (Nachtigall *et al.*, 2003). Since an interested model is proposed, the purpose of SEM is to improve this conceptual framework through modifications of the measurement or the structural models. The research framework derived from theories can provide only an initiation for the development of a theoretically justified model that can be empirically supported (Hair *et al.*, 2010). Furthermore, model respecification should be done along with theoretical support rather than just the empirical justification.

Maximum Likelihood (ML) is the most widely used estimation method for structural equation models (Hair *et al.*, 2010; Schermelleh-Engel *et al.*, 2003). This method allows for the analysis of models involving latent constructs and non-zero error covariances across structural equations (Kline, 2011). Path analysis is the evaluation of a relationship among the constructs in the structural model. The relationship can be specified in terms of directions; a one-tailed significance test or a two-tailed significance test can be employed. The null hypothesis is that the associated parameter is equal to zero. The critical values (t-value) are utilised for the assessment of the relationships between the constructs (path coefficients). If the t-value is greater than a certain critical value this suggests that the model is significant, then the null hypothesis is rejected. In general, the t-value is greater than 1.96 and exceeds 2.58, which indicates a statistical significance of the path coefficient for a two-tailed test at 0.05 and 0.01 respectively (Hair *et al.*, 2010; Schumacker & Lomax, 2010). The estimated standardised coefficients, as well as estimated variances, must be evaluated and the maximum value for both estimations should not exceed 1.0 (Hair *et al.*, 2010). In addition, an overall coefficient of determination ( $R^2$ ) must be examined for the explanation of the overall variance in the structural model. The model can also provide the explanation of direct, indirect and total

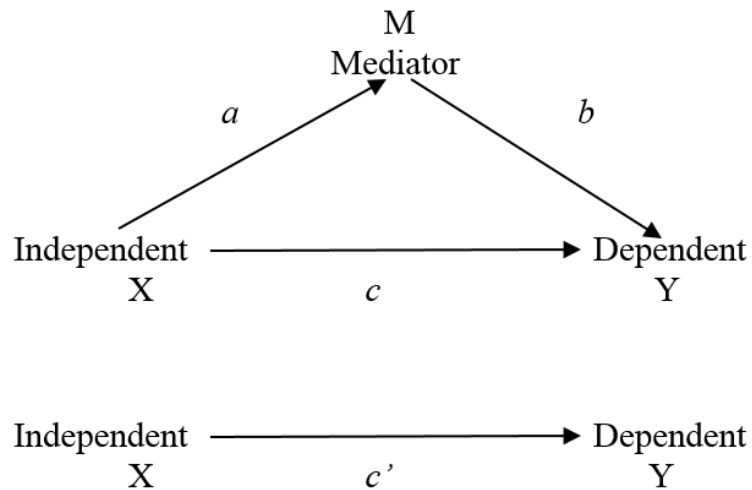
effects of the exogenous latent constructs on the endogenous constructs. Consequently, the structural model suggests a meaningful and parsimonious explanation for observed relationships among the measured constructs.

#### **4.8.4 Mediation Analysis**

Mediation analysis is often conducted to indirectly examine the effect of a proposed cause on some outcome through a proposed mediator (Preacher & Hayes, 2004). A statistically and practically significant indirect effect relationship indicates that mediation relationship exists in the testing model. Mediation analyses usually follow the recommendation procedures of Baron and Kenny, (1986). There are three steps of regression equations in mediation analysis (Figure 4.3): 1) to examine if independent variable (X) significantly effects the mediator (M) in the model (*Path a*); 2) to examine if the variations in the mediator (M) significantly effects the dependent variable (Y) (*Path b*); 3) to examine if independent variable (X) significantly effects the dependent variable (Y) (*Path c*). When regression of *a* and *b* are controlled, the effect of independent variable (X) becomes insignificant on the dependent variable (Y) (*Path c'*), then the effect is called a full or complete mediation. However, if this effect is notably reduced, but the effect of independent variable (X) on the dependent variable (Y) is still significant, then the effect is a partial mediation (Baron & Kenny, 1986).

When testing the mediation effects, a bootstrap sampling distribution of the indirect effect is recommended for further analysis (Preacher & Hayes, 2004; Zhao *et al.*, 2010). The bootstrap test actually does not rely on the assumption of the distribution shape of the variables or sampling distribution; it can be utilised more confidentially with small sample sizes.

**Figure 4.3 Three Variables Mediation Model**



Since the direct effect models have been compared with their respective simple mediation models, the effect size ( $f^2$ ) of the  $R^2$  (Cohen, 1988) is applied to evaluate the change and whether the omitted exogenous construct (mediator) has substantive impact on the endogenous constructs (Hair *et al.*, 2014). The recommended cut-off values for the effect size ( $f^2$ ) are 0.02, 0.15 and 0.35 and they suggest the small, medium and large effects of the exogenous latent variable respectively (Cohen, 1988).

#### **4.8.5 Evaluating the Fit of Structural Equation Modelling**

The measurement and structural models usually utilise three types of fit measures to assess the goodness of fit of the model: Absolute Fit Measures, Incremental Fit Measures and Parsimonious Fit Measures (Byrne, 2010; Hair *et al.*, 2010; Hu & Bentler, 1995). An absolute fit index is directly used to evaluate how well the theoretical model fits the observed data. An incremental fit index is the estimation of the model fit by comparing the estimated model to other alternative baseline models such as a more restricted, or nested baseline model. A parsimonious fit measure is used to assess which model is the best fit model among a set of competing models by considering its fit, relative to its complexity.

The absolute fit index commonly used to evaluate the model are the Chi-square test ( $\chi^2$ ), Goodness of Fit Index (GFI), the Root Mean Square Error of Approximation (RMSEA) and the Standardised Root Mean Residual (SRMR). A Chi-square test ( $\chi^2$ ) is



the statistics that relate to the sample size (N). The value of Chi-square indicates the difference between the observed and estimated covariance matrices. The Chi-square is sensitive to a large sample size. Therefore other goodness of fit indexes are recommended to correct this bias against the model's complexity and the large sample size (Hair *et al.*, 2010). The relative Chi-square or normed Chi-square is recommended to minimise the impact of sample size on the Chi-Square model. The value of the relative Chi-square is equal to the Chi-square index divided by the degrees of freedom. A value ranging from less than three (Kline, 2011) to less than five is acceptable (Schumacker & Lomax, 2010).

The Goodness of Fit Index (GFI) measures the relative amount of the variances and covariances in the empirical covariance matrix that is predicted by the model-implied covariance matrix (Jöreskog & Sörbom, 1999). The GFI underlies the testing of how much better the model fits as compared to a null model, which has all the parameters fixed to zero. (Schermelel-Engel *et al.*, 2003). The GFI value typically ranges from zero (poor fit) to 1.0 (perfect fit). As a general rule of thumb the GFI cut-off, at 0.95 or greater value, is interpreted as a good fit relative to the baseline model, whilst values greater than 0.90 are usually interpreted as an acceptable model fit (Hair *et al.*, 2010; Schumacker & Lomax, 2010).

The Root Mean Square Error of Approximation (RMSEA), represents the measure of how well an approximate model fits a population, not just a sample used that is drawn for the estimation (Hair *et al.*, 2010). RMSEA values less than or equal to 0.05 can be considered as a good fit (Hu and Bentler, 1999), the values between 0.05 and 0.08 as an adequate fit (Browne & Cudeck, 1992; MacCallum *et al.*, 1996) and values between 0.08 and 0.10 as a mediocre fit. Values greater than 0.10 are not acceptable (Browne & Cudeck, 1992).

The SRMR represents an absolute measure of model fit and is measured as the standardised difference between the observed correlation and the predicted correlation (Kline, 2011). As a rule of thumb, the SRMR value should be less than 0.05 for an interpretation as a good fit, whereas values smaller than 0.08 can be interpreted as an acceptable fit (Hu & Bentler, 1999).

Secondly, the incremental fit measures represent the improvement in fit by the specification of related multi-item constructs evaluated to compare the proposed model to some baseline model (Hair *et al.*, 2010). The CFI is an incremental fit index that was improved from the Normed Fit Index (NFI). Like the NFI, CFI statistics is a measure that compares the sample covariance matrix with this null model. CFI value ranges between

0 and 1, with higher values suggesting the better fit. The cut-off criterion of CFI values should be considered with model complexity. The CFI value of 0.95 or greater is usually associated with a good model fit (Hu & Bentler, 1999), whilst above 0.90 can be interpreted as an acceptable model fit (Hair *et al.*, 2010; Kline, 2011).

Lastly, the parsimonious fit measures are designed to provide the assessment of which model among a set of competing models is the best, by considering its fit relative to its complexity. According to Hair *et al.* (2010), the concept of the parsimony fit indices is similar to the notion of an adjusted  $R^2$  in the sense that parsimony fit indices relates model fit, to model complexity. The parsimony ratio is calculated as the ratio of degrees of freedom used by a model to the total degrees of freedom available (Hair *et al.*, 2010). Adjusted Goodness of Fit Index (AGFI) adjust for a bias resulting from the model complexity (Schermelleh *et al.*, 2003). Typically, the AGFI values are lower than GFI values in proportion to model complexity (Hair *et al.*, 2010). The recommended guidelines to AGFI fit is the AGFI value at 0.90 or greater which indicates a good fit, whilst values greater than 0.85 indicate an acceptable model fit (Schermelleh-Engel *et al.*, 2003).

#### **4.9 Reliability and Validity of the Measurement Scales**

According to measurement scales, the principal analyses are the reliability and validity assessment of the measurement indicators. Reliability is “*the proportion of the ‘true’ variance to the total variance of the data yielded by a measuring instrument and is the proportion of error variance to the total obtained variance yielded by a measuring instrument subtracted from 1.00. The index of 1.00 indicates perfect reliability*” Chadha, 2009: 132). Reliability is the internal consistency evaluation based on how highly the indicators interrelated with each other. Reliability provides the information of the extent to which the indicators are consistent across the items within all measures (Hair *et al.*, 2010). Reliability coefficient or Cronbach’s alpha is the most often reported in the literature. The reliability estimation methods for measurement scales are the test-retest and the internal consistency method. The test–retest method measures the consistency of a scale to the same group over different times. Regarding the internal consistency reliability, the split-half method is used to estimate whether the reliability values for the measures of a concept; that are divided into two; are equal or not. The internal consistency method is commonly used to analyse the variance and covariance components and to assess the unidimensionality of the measurement scale. The scale items that highly

correlate with other items in the same construct indicate that these items are unidimensional.

This study applied the structural equation modelling as the statistical analysis. The composite reliability was calculated for assessing the construct reliability as a principle measure for each construct in the measurement model. For a good construct reliability, all the items should be developed on the basis of strong theoretical background and empirical studies (Hair *et al.*, 2010). Each item should have factor loadings greater than or equal to 0.5 and the Composite Reliability (CR) value should be greater than or equal to 0.7 (Devellis, 2012; Hair *et al.*, 2010). However, values below 0.60 could be considered as an acceptable reliability for exploratory research (Hair *et al.*, 2010).

The formulas for composite reliability are as follows:

$$\text{Composite Reliability} = \frac{(\text{Sum of standardised loadings})^2}{(\text{Sum of standardised loadings})^2 + \text{Sum of indicator measurement error}}$$

Average Variance Extracted (AVE) is a type of convergent validity which measures the amount of variance by examining the construct in relation to the quantity of variance attributable to measurement error (Danso & Nimako, 2013). As a rule of thumb, an AVE which exceeds 0.5 indicates an adequate convergent validity (Hair *et al.*, 2010).

The formulas for average variance extracted are as follows.

$$\text{Average Variance Extracted} = \frac{\text{Sum of squared standardised loadings}}{\text{Sum of squared standardised loadings} + \text{Sum of indicator measurement error}}$$

Validity represents the degree of how well a concept or measurement corresponds accurately to what it claims to measure. Several types of validity analysis are used to assess the constructs validity: face or content validity, discriminant validity and convergence validity. The face or content validity was utilised in this study to acquire the information about the questionnaires from academics and wellness tourism experts who were familiar with the concepts and content of wellness tourism. Discriminant validity refers to the extent to which a construct is completely distinct from other constructs in terms of how much it correlates with other constructs and how well the measured items represent only a single construct (Hair *et al.*, 2010). Discriminant validity is considered

adequate when the variance shared within the construct exceeds the variance shared between this construct and any other constructs (covariance) in the model (Fornell & Larcker, 1981). Discriminant validity was examined by comparing the square root of AVE for each construct with the correlation between a pair of constructs. As typically reported in the discriminant validity table, the square root of the AVE (the diagonal elements) greater than the correlation between a couple of the constructs (the off-diagonal elements) indicates an adequate discriminant validity. Since the measurement model was evaluated by confirmatory factor analysis and estimation t-tests of factor loadings, the corresponding significance as well as convergent validity were reported. AVE should be 0.5 or greater indicating an adequate convergent validity (Hair *et al.*, 2010). More detailed information about the results of reliability and validity tests were reported in the main findings chapter (Chapter 5).

#### **4.10 Summary of the Chapter**

At the start of this chapter the research paradigm and research method justification were introduced. The research design was presented in four parts: research context, measurement, data collection and data analysis. The research context presented the current situation of wellness tourism in Thailand. The measurement sections demonstrated the procedures for scale development. The pre-tests and their procedures were explained and the issues of reliability and validity of the measurement scales were discussed. The data collection was divided into six stages. Each stage of data collection specified the research population, sampling and data collection methods. The statistical method (confirmatory factor analysis and the structural equation modelling) employed for this study were also explained

# Chapter 5 Findings

## 5.1 Introduction

The main survey was conducted following the pre-test. This chapter describes the results of the main study data collection and presents the findings of the applied statistical tests. Initially, the preliminary tests of the collected data are presented and the demographic characteristics of the respondents that formed the target sample are described with the results of descriptive statistics for the nine constructs: perception of Thailand, motivations, lifestyle congruence, wellness self-image congruence, positive emotions, satisfaction during the trip, incremental quality of life, reflection of the benefits from the wellness trip and behavioural intention. The reliability and validity of the measurement scales for the seven constructs (perception of Thailand and reflection of the benefits from the wellness trip are excluded) are examined and reported. Finally, the results of the hypotheses tests applied in AMOS 21 (Structural Equation Modelling) are presented and interpreted.

**Table 5.1 Total Questionnaires**

	<b>Frequencies</b>	<b>Percentages</b>
Total collected Questionnaires	960	100
Usable Questionnaires	885	92

A total of 960 questionnaires were collected (Table 5.1). All questionnaires having missing data greater than 10% were rejected, leaving 885 responses which were used for the preliminary data analysis.

## 5.2 Data Cleaning

After eliminating the respondents with missing data greater than 10% in the survey questionnaires (75 respondents), the outliers were identified based on the results of Casewise Diagnostics (standardised scores) and Outlier Statistics (Mahalanobis distance). The cases with standard scores falling outside the ranges of 2.5 or greater (for small samples 80 or lower) versus 4 or larger (for large sample size) were declared as outliers (Hair *et al.*, 2010). Threshold levels for Mahalanobis distance measure ( $D^2/df$ )

suggested by Hair *et al.* (2010) should be conservative (.005 or .001), resulting in values ( $D^2/df$ ) of 2.5 (small samples) versus 3 or 4 in larger samples. The results from both outlier detection procedures suggested no substantial outliers in these datasets.

### 5.3 Missing Data

The total usable sample data in this study was 885. The questionnaires with missing data greater than 10% were removed, however the remaining cases still contained missing data at lower than 10%. To handle this issue of incomplete data, the missing data imputation followed the process for identifying missing data and applying the remedies of Hair *et al.* (2010). Analysis of missing data (MCAR), indicated that the missing pattern of the data was nonrandom ( $\chi^2 = 27700.631$ ,  $df = 25227$ ,  $Sig. = 0.000$ ). Therefore, the expectation-maximisation (EM) approach was used in this study as Hair *et al.* (2010) recommended this method as effective imputation for nonrandom missing data.

### 5.4 Late-response Bias Tests

The data analysis in this study assumed that there were no different distributions between early respondents and late respondents in terms of their socio-demographic characteristics and the selected measurement items. To assess potential non-response bias, this study used Chi-square and t-tests to examine differences between early respondents ( $n=500$ ) and late respondents ( $n=385$ ) in terms of their socio-demographic characteristics and also to assess if there were different mean scores between these two groups in terms of the selected measurement scales (incremental quality of life).

The results from the Chi-square tests revealed that there was no different distribution between the early respondents and the late respondents in terms of age groups, education and household income indicator. However, Chi-square tests of gender and occupation status were found to be significantly different ( $p < 0.05$ ), suggesting that little bias on these characteristics were involved (Table 5.2) The results of t-test also showed that there was no difference between two groups for all of the twelve measurement scales of incremental quality of life. The fact that four items were found to be significantly different ( $p < 0.05$ ) suggests that little bias on these items was involved (Table 5.3). Thus, further consideration was taken in the main data analysis. The items were “*The experience from this trip encouraged me to understand myself better*” and “*On this trip, I felt free from the pressures of life*” in the incremental quality of life scale.

However, during the data analysis the latent constructs were used to investigate the relationships between them. Therefore, the significant difference of these two scales did not lead to a bias for the examination of the hypotheses in this study. As a result, it can be concluded from late-response bias tests that response bias in the collected data did not exist in this research.

**Table 5.2 Late-Response Bias Tests: Chi-Square Test**

Category	First Round Questionnaires Jan-April 2014 Frequencies	Second Round Questionnaires May-July 2014 Frequencies	Pearson's Chi- square test
Gender	332	202	$\chi^2=14.607$
Male	171	177	$p=0.000$
Female	503	379	
Total (n=882)			
Age groups			
16-24	150	93	$\chi^2=5.056$
25-34	242	183	$p=0.168$
35-44	70	56	
Over 45	43	46	
Total (n=883)	505	378	
Education			
High school graduate or less	90	63	$\chi^2=4.34$
College/University graduate	249	192	$p=0.502$
Professional qualification	62	48	
Post graduate degree	72	60	
Doctoral degree	15	4	
Other	15	11	
Total (n=881)	503	378	
Household income indicator			
I don't earn income yet	56	40	$\chi^2= 2.042$
I can afford basic needs	69	63	$p=0.728$
I am able to save some money monthly	184	135	
I live with some comfort	183	132	
I hardly make it to live	10	5	
Total (n=877)	502	375	
Occupation status			

Category	First Round Questionnaires Jan-April 2014 Frequencies	Second Round Questionnaires May-July 2014 Frequencies	Pearson's Chi- square test
Employed full-time	207	123	$\chi^2= 14.538$ $p=0.024$
Self-employed	107	82	
Employed part-time	41	39	
Housewife/husband	9	6	
Retired	9	12	
Student	64	40	
Unemployed	65	75	
Total (n=879)	502	377	

**Table 5.3 Late-response Bias Tests: t-test**

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	P-value	t	df	P-value
SWLS1	This vacation was rewarding to me in many ways.	0.351	0.554	-0.603	883	0.547
SWLS2	I feel much better about things and myself after this vacation.	0.12	0.729	1.19	883	0.234
SWLS3	This vacation made me feel that in most ways my life is close to my ideal.	2.479	0.116	2.638	883	0.008
SWLS4	Taking this vacation made me realise that the conditions of my life are excellent.	0.384	0.536	0.409	883	0.683
SWLS5	On this trip, I felt more satisfied with life.	0.001	0.982	0.386	883	0.7
Flouris1	This trip encouraged me to lead a purposeful and meaningful life.	1.734	0.188	-2.297	883	0.022
Flouris2	On this trip, I have realised that I actively contribute to the happiness and well-being of others more than before.	0.004	0.947	-0.922	883	0.357
Flouris3	This trip made me realise that I live a good life.	1.104	0.294	0.654	883	0.513
Flouris4	This trip encouraged me to be more optimistic about my future.	0.001	0.97	0.002	883	0.998



		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	P-value	t	df	P-value
Flouris5	This trip made me change my perception of life.	0.521	0.47	-0.515	883	0.607
Flouris6	The experience from this trip encouraged me to understand myself better.	5.918	0.015	-3.467	883	0.001
Flouris7	On this trip, I felt free from the pressures of life.	0.066	0.798	2.555	883	0.011

## 5.5 Profile of Respondents

The demographic characteristics of samples in this study were measured by gender, age groups, education, household income indicator, occupation status and countries/continents of nationalities. Additionally, the travel behaviours were examined by revisiting Thailand, travel companions, average length of the past wellness related holidays and length of this current wellness related holiday. Respondents were asked to provide their answers to questions designed by nominal and open-ended ratio scales (only for average length of the past wellness related holidays and length of this current wellness related holiday). The variables designed by the ratio scales were transformed into nominal values and then profiled. A summary of the demographic characteristics of the respondents is presented in Table 5.4.1. The following discussion compared the major demographic characteristics as well as travel behaviours of samples collected for this study.

The questionnaires were collected from Muay Thai wellness destination (n=500, 56.5%) and Meditation wellness destination (n=385, 43.5%). The respondents comprised male (60.5%) and female (39.5%). The age group 25-34 comprised 48.1%, followed by 19-24 at 27.4% and 35-44 at 14.3%.

Education levels of wellness tourists revealed that 50.1% had college/university degrees, 15% had a graduate school degree and 12.5% had a professional qualification degree. This result implied that most were well educated. Regarding household income, the majority were able to save money monthly (36.4%) and 35.9% lived with some comfort. In terms of occupation status 37.5% were full-time employees, 21.5% were self-

employed and 9.1% were part-time employees, 15.9% were unemployed, 11.8% were students, 2.4% were retirees and 1.7% were housewife/husband.

In terms of the countries/continents of nationalities, the majority were European tourists (32.7%), 20.8% were tourists from North America (American and Canadian), 18.9% came from Oceania (Australian and New Zealander), followed by Russia (12.4%) and the United Kingdom (British) (11.3%).

In terms of travel behaviours, 57.7% were revisiting tourists and 42.3% were first time visitors. The majority travelled alone (59.9%), travelled with friends was 18% and travelled with spouse and partner was 12.9%. Respondents who had never had a wellness related holiday before this trip were 57.3%. The average length stay (median) for those who had experienced previous wellness holidays (n=361) was 10 days. After recoding into a nominal value, the results revealed that 14.4% had visited before for one week and 13.8% for two weeks on wellness holidays. In addition, the average length of stay (median) for the current wellness trip (n=757) was 15 days. The results after recoding into a nominal scale showed that the majority of the respondents (31.4%) spent two weeks for the current wellness holiday and 18.4% spent only one week.

**Table 5.4.1 Profile of All Respondents**

<b>Category</b>	<b>Frequencies</b>	<b>Percentages</b>
<b>Types of wellness tourism</b>		
Muay Thai	500	56.5
Meditation	385	43.5
Total	885	100
<b>Gender</b>		
Male	534	60.5
Female	348	39.5
Total (n=882)	882	100
<b>Age groups</b>		
19-24	243	27.5
25-34	425	48.1
35-44	126	14.3
Over 45	89	10.1
Total (n=883)	883	100
<b>Education</b>		
High school graduate or less	153	17.4
College/University graduate	441	50.1
Professional qualification	110	12.5

<b>Category</b>	<b>Frequencies</b>	<b>Percentages</b>
Post graduate degree	132	15
Doctoral degree	19	2.2
Other	26	3
Total (n=881)	881	100
Household income indicator		
I don't earn income yet	96	10.9
I can afford basic needs	132	15.1
I am able to save some money monthly	319	36.4
I live with some comfort	315	35.9
I hardly make it to live	15	1.7
Total (n=877)	877	100
Occupation status		
Employed full-time	330	37.5
Self-employed	189	21.5
Employed part-time	80	9.1
Housewife/husband	15	1.7
Retired	21	2.4
Student	104	11.8
Unemployed	140	15.9
Total (n=879)	879	100
Countries/continents of nationalities		
Europe	288	32.7
Oceania	166	18.9
North America	183	20.8
Russia	109	12.4
British	99	11.3
Others	35	4.0
Total (n=880)	880	100.0
Revisiting Thailand		
First time visit tourists	374	42.3
Revisiting tourists	510	57.7
Total (n=884)	884	100
Who did the wellness tourists travel with on this trip		
Alone	526	59.9
With your Spouse/Partner	113	12.9
With Family Members	57	6.5
With Friends	158	18
With Colleagues	15	1.7
Organised Tour	6	0.7
Other	3	0.3
Total (n=878)	878	100

Category	Frequencies	Percentages
Average length of your past wellness related holidays		
Never had wellness holidays	484	57.3
1 week	122	14.4
2 weeks	117	13.8
3 weeks	28	3.3
4 weeks	15	1.8
5 weeks	39	4.6
6 weeks	5	0.6
7 weeks	3	0.4
8 weeks	3	0.4
Longer than 8 weeks	29	3.4
Total (n=845)	845	100
Length of this current wellness related holiday		
1 week	139	18.4
2 weeks	238	31.4
3 weeks	85	11.2
4 weeks	40	5.3
5 weeks	99	13.1
6 weeks	20	2.6
7 weeks	11	1.5
8 weeks	10	1.3
9 weeks	32	4.2
10 weeks	4	0.5
11 weeks	5	0.7
12 weeks	3	0.4
Longer than 12 weeks	71	9.4
Total (n=757)	757	100

Pearson's Chi-square analysis was used to determine if there were significant differences in wellness tourists' profiles based on the frequency of demographic and travel behaviour variables as presented in Table 5.4.2. Chi-square analyses of education background ( $\chi^2=4.061$ ,  $n=883$ ,  $p=0.541$ ), income ( $\chi^2=6.669$ ,  $n=881$ ,  $p=0.154$ ), revisiting Thailand ( $\chi^2=0.015$ ,  $n=884$ ,  $p=0.903$ ) and experience of taking any wellness-related holidays in the past ( $\chi^2=0.519$ ,  $n=884$ ,  $p=0.471$ ) revealed no statistically significant differences between the Muay Thai and the meditation tourist groups. However, the difference in gender ( $\chi^2=30.109$ ,  $n=882$ ,  $p=0.000$ ), age group ( $\chi^2=51.171$ ,  $n=883$ ,  $p=0.000$ ), occupation status ( $\chi^2=102.019$ ,  $n=879$ ,  $p=0.000$ ), continents of nationalities ( $\chi^2=49.289$ ,  $n=880$ ,  $p=0.000$ ), having enough vacations in the last 12 months ( $\chi^2=53.306$ ,  $n=881$ ,  $p=0.000$ ), who did the wellness tourists travel with on this trip ( $\chi^2=35.603$ ,  $n=878$ ,

$p=0.000$ ), average length of the tourists' past wellness related holidays ( $\chi^2=26.984$ ,  $n=845$ ,  $p=0.001$ ), length of this current wellness holiday ( $\chi^2=218.992$ ,  $n=757$ ,  $p=0.000$ ) were statistically significant between the two groups of wellness tourists.

Most of the Muay Thai tourists were male ( $n=341$ , 68%), while there were equal proportions of males ( $n=193$ , 50%) and females ( $n=191$ , 50%) in the meditation tourist group. The majority of the Muay Thai tourists were 16-24 ( $n=163$ , 33%) and 25-34 ( $n=256$ , 51%). The proportions of both these age groups were higher than those of the meditations tourists (16-24:  $n=80$ , 21% and 25-34:  $n=169$ , 44%). However, for meditation tourists the proportions in 35-44 ( $n=71$ , 18%) and over 45 year-olds ( $n=64$ , 17%) were higher than those of the Muay Thai group (35-44:  $n=55$ , 11% and over 45:  $n=25$ , 5%).

Occupation status in Muay Thai tourists was employed full-time ( $n=240$ , 48%) and self-employed ( $n=96$ , 19%) while most of the meditation tourists were unemployed ( $n=99$ , 26%). The proportion of employed full-time ( $n=90$ , 24%) and self-employed ( $n=93$ , 24%) in the meditation tourist group were lower than in the Muay Thai tourist group. The proportions of the countries/continents of nationalities in Muay Thai tourists were higher than those of the meditation tourists, except for Russia and other nationalities.

The majority of the meditation tourists ( $n=283$ , 74%) felt that they had enough holiday in the past twelve months while most of the Muay Thai tourists ( $n=252$ , 51%) did not think that they had enough vacation. The meditation tourists liked to travel alone ( $n=249$ , 65%) more than the Muay Thai tourists ( $n=277$ , 56%), while Muay Thai tourists preferred to travel with friends ( $n=117$ , 24%) more than meditation tourists ( $n=41$ , 11%).

The percentage of the visitors who had never had a wellness related holiday in the Muay Thai group ( $n=277$ , 59%) was higher than the meditation tourist group ( $n=207$ , 55%). For the tourists who had the wellness holiday before, the proportion of the average length of stay of the past trips for one week ( $n=63$ , 17%) and two weeks ( $n=69$ , 18%) in the meditation group were higher than in the Muay Thai group (one week:  $n=59$ , 13% and two weeks:  $n=48$ , 10%). Most meditation tourists stayed at the wellness tourism destinations for one week ( $n=96$ , 30%) and two weeks ( $n=164$ , 50%), while the majority of the Muay Thai tourists stayed longer than two weeks ( $n=315$ , 73%).

**Table 5.4.2 Profile of Muay Thai and Meditation tourists: Chi-Square Test**

	Muay Thai Tourists		Meditation Tourists		Total		Pearson's Chi-square test
	F	%	F	%	F	%	
Gender							$\chi^2=30.109$
Male	341	68	193	50	534	61	p=0.000
Female	157	32	191	50	348	39	
Total	498	100	384	100	882	100	
Age Groups							$\chi^2=51.171$
16-24	163	33	80	21	243	28	p=0.000
25-34	256	51	169	44	425	48	
35-44	55	11	71	18	126	14	
Over 45	25	5	64	17	89	10	
Total	499	100	384	100	883	100	
Education							$\chi^2=4.061$
High school graduate or less	92	18	61	16	153	17	p= 0.541
College/University graduate	256	51	185	48	441	50	
Professional qualification	58	12	52	14	110	12	
Post graduate degree	71	14	61	16	132	15	
Doctoral degree	9	2	10	3	19	2	
Other	12	2	14	4	26	3	
Total	498	100	383	100	881	100	
Household income indicator							$\chi^2=6.669$
I don't earn income yet	53	11	43	11	96	11	p= 0.154
I can afford basic needs	62	13	70	18	132	15	
I am able to save some money monthly	183	37	136	36	319	36	
I live with some comfort	189	38	126	33	315	36	
I hardly make it to live	8	2	7	2	15	2	
Total	495	100	382	100	877	100	
Occupation status							$\chi^2=102.019$
Employed full-time	240	48	90	24	330	38	p=0.000
Self-employed	96	19	93	24	189	22	
Employed part-time	35	7	45	12	80	9	
Housewife/husband	12	2	3	1	15	2	
Retired	5	1	16	4	21	2	
Student	69	14	35	9	104	12	
Unemployed	41	8	99	26	140	16	
Total	498	100	381	100	879	100	
Countries/Continents of nationalities							$\chi^2=49.289$
Europe	170	34	118	31	288	33	p=0.000
Oceania	104	21	62	16	166	19	
North America	107	21	76	20	183	21	

	Muay Thai Tourists		Meditation Tourists		Total		Pearson's Chi-square test
	F	%	F	%	F	%	
Russia	61	12	48	13	109	12	
British	58	12	41	11	99	11	
Others	0	0	35	9	35	4	
Total	500	100	380	100	880	100	
Revisiting Thailand							$\chi^2=0.015$
First time visit tourists	212	42	162	42	374	42	p= 0.903
Revisiting tourists	287	58	223	58	510	58	
Total	499	100	385	100	884	100	
Do you feel you had enough vacations in the last 12 months?							$\chi^2=53.306$
No	252	51	102	26	354	40	p=0.000
Yes	244	49	283	74	527	60	
Total	496	100	385	100	881	100	
Have you taken any wellness-related holidays (e.g., Muay Thai/Spa/Yoga/Meditation/Wellness Retreat) in the past?							$\chi^2=0.519$
No	283	57	209	54	492	56	p= 0.471
Yes	216	43	176	46	392	44	
Total	499	100	385	100	884	100	
Who did the wellness tourists travel with on this trip							$\chi^2=35.603$
Alone	277	56	249	65	526	60	p=0.000
With your Spouse/Partner	51	10	62	16	113	13	
With Family Members	34	7	23	6	57	6	
With Friends	117	24	41	11	158	18	
With Colleagues	13	3	2	1	15	2	
Organised Tour	4	1	2	1	6	1	
Other	1	0	2	1	3	0	
Total	497	100	381	100	878	100	
Average length of your past wellness holidays							$\chi^2=26.984$
Never had wellness holidays	277	59	207	55	484	57	p=0.001
1 week	59	13	63	17	122	14	
2 weeks	48	10	69	18	117	14	
3 weeks	19	4	9	2	28	3	
4 weeks	13	3	2	1	15	2	
5 weeks	25	5	14	4	39	5	
6 weeks	2	0	3	1	5	1	
7 weeks	2	0	1	0	3	0	
8 weeks	3	1	0	0	3	0	
Longer than 8 weeks	20	4	9	2	29	3	
Total	468	100	377	100	845	100	
Length of this current wellness related holiday							$\chi^2=218.992$
1 week	43	10	96	30	139	18	p=0.000
2 weeks	74	17	164	50	238	31	

	Muay Thai Tourists		Meditation Tourists		Total		Pearson's Chi-square test
	F	%	F	%	F	%	
3 weeks	67	16	18	6	85	11	
4 weeks	35	8	5	2	40	5	
5 weeks	87	20	12	4	99	13	
6 weeks	19	4	1	0	20	3	
7 weeks	8	2	3	1	11	1	
8 weeks	10	2	0	0	10	1	
9 weeks	29	7	3	1	32	4	
10 weeks	2	0	2	1	4	1	
11 weeks	4	1	1	0	5	1	
12 weeks	3	1	0	0	3	0	
Longer than 12 weeks	51	12	20	6	71	9	
Total	432	100	325	100	757	100	

## 5.6 Profile of the revisiting wellness tourists

The profiles of revisiting respondents who had experienced wellness related holidays in Thailand (n=308) was examined and reported in Table 5.5. Respondents from Muay Thai fitness tourists numbered 59.4% with 40.6% from meditation tourists, 63.2% were males and 36.8% were females. The majority of the respondents were 25-34 (46.6%), followed by 35-44 (19.5%), over 45 (17.6%) and 19-24 (16.3%). Education levels of revisiting tourists revealed that 41.2% had college degrees, 19.2% had graduate school degrees and only 3.6% had doctoral degrees. This result implied that most were highly educated. Majority of the respondent live with some comfort (40.2%) and were able to save money monthly (33.7%). The occupation status showed that 34.6% were full-time employees, 28.4% were self-employed and 10.8% were part-time employees with 11.8% unemployed. The highest percentage of revisiting Wellness tourists were European (38.6%), followed by Russian (29.2%) and American and Canadian (14.9%).

In terms of travel behaviours, 58.8% travelled alone, followed by travelled with spouse and partner 13.7%, travelled with friends 12.7% and travelled with family members 10.1%. The median length of stay of respondents who had previous wellness holidays in Thailand (n=274) was 10 days. After recoding into a nominal value, the results revealed that the majority of respondents (36.9%) had spent previous wellness holidays for two weeks, followed by (26.3%) who had wellness holidays before for only one week. In terms of the length of stay for the current wellness trip for revisiting respondents



(n=268), the median was 15 days. After recoding into a nominal scale the results showed that the length of the current wellness holidays for the respondents was two weeks (33.2%), followed by five weeks (14.9 %) and one week (14.2%).

**Table 5.5 Profile of the Revisiting Wellness Tourists**

Category	Frequencies	Percentages
Revisiting wellness tourism destinations in Thailand		
Revisiting tourists	308	100
Types of wellness tourism		
Muay Thai	183	59.4
Meditation	125	40.6
Total	308	100
Gender		
Male	194	63.2
Female	113	36.8
Total	307	100
Age groups		
19-24	50	16.3
25-34	143	46.6
35-44	60	19.5
Over 45	54	17.6
Total	307	100
Education		
High school graduate or less	54	17.5
College/University graduate	127	41.2
Professional qualification	47	15.3
Post graduate degree	59	19.2
Doctoral degree	11	3.6
Other	10	3.2
Total	308	100
Household income indicator		
I don't earn income yet	26	8.5
I can afford basic needs	50	16.3
I am able to save some money monthly	103	33.7
I live with some comfort	123	40.2
I hardly make it to live	4	1.3
Total	306	100
Occupation status		
Employed full-time	106	34.6
Self-employed	87	28.4

<b>Category</b>	<b>Frequencies</b>	<b>Percentages</b>
Employed part-time	33	10.8
Housewife/husband	8	2.6
Retired	12	3.9
Student	24	7.8
Unemployed	36	11.8
Total	306	100
Countries/continents of nationalities		
Asia	16	5.2
Europe	119	38.6
Oceania	14	4.5
North America	46	14.9
Russia	90	29.2
British	4	1.3
Others	19	6.2
Total	308	100
Who did the wellness tourists travel with on this trip		
Alone	180	58.8
With your Spouse/Partner	42	13.7
With Family Members	31	10.1
With Friends	39	12.7
With Colleagues	10	3.3
Organised Tour	3	1
Other	1	0.3
Total	306	100
Average length of your past wellness related holidays		
1 week	72	26.3
2 weeks	101	36.9
3 weeks	23	8.4
4 weeks	11	4
5 weeks	32	11.7
6 weeks	5	1.8
7 weeks	2	0.7
8 weeks	3	1.1
Longer than 8 weeks	25	9.1
Total	274	100
Length of this current wellness related holiday		
1 week	38	14.2
2 weeks	89	33.2
3 weeks	34	12.7
4 weeks	11	4.1
5 weeks	40	14.9
6 weeks	3	1.1

Category	Frequencies	Percentages
7 weeks	5	1.9
8 weeks	2	0.7
9 weeks	15	5.6
10 weeks	2	0.7
11 weeks	4	1.5
Longer than 12 weeks	25	9.3
Total	268	100

### 5.7 Preliminary Data Analysis: Normality, Skewness and Kurtosis

As the hypotheses in this study were tested using Structural Equation Modelling (SEM) an adequate sample size was required and the data had to meet normality assumptions. The sample size as a rule of thumb was recommended to be the minimum case-parameter-ratio of 10:1 (Nachtigall *et al.*, 2003). The assumptions of the univariate or multivariate normality were investigated as the primary statistical testing. Non-normal data can increase the Chi-square statistic and generate a bias in critical values for determining coefficient significance. Normality can have serious effects in small samples (fewer than 50 cases), but the impact effectively diminishes when sample sizes reach 200 cases or more. There are different estimation methods that can be applied in testing the hypotheses in structural equation modelling depending on the degree of violation of normality. If the data have normal distribution, the maximum likelihood (ML) or generalised least squares (GLS) estimation process is suggested (Byrne, 1995; Jöreskog & Sörbom, 1999). The maximum Likelihood Method (ML) is the most common type of estimating parameters and computing model fit (Nachtigall *et al.*, 2003). With a large sample size the weighted least square (WLS) estimation is recommended (Byrne, 1995; Jöreskog & Sörbom, 1999; Nachtigall *et al.*, 2003).

Assessing the normality of the distribution of the data can be described by two measures: kurtosis and skewness. The skewness and kurtosis of each variable were examined. Kurtosis refers to the height of the distribution, whereas skewness is used to describe the balance of the distribution compared with the normal distribution (Hair *et al.*, 2010). Zero for both values assumes perfect normality in the data distribution of the variable (Anderson & Gerbing, 1988). In this study, skewness and kurtosis were examined by IBM SPSS 21. Following the recommendations of Byrne (1998: 197-198), skewness values lower than 2.00 and kurtosis values lower than 7.00 indicated that the variables could be considered as moderately non-normal. Skewness values greater than 2.00 and kurtosis values greater than 7.00 can be defined as extreme non-normal. The

mean scores and standard deviations as well as the results of the skewness and kurtosis were examined for each of the variables in the study. The results on each measurement scale for the seven constructs are reported in Appendix 3.1 (Motivation), Appendix 3.2 (Lifestyle Congruence), Appendix 3.3 (Wellness Self-Image Congruence), Appendix 3.4 (Positive Emotions), Appendix 3.5 (Satisfaction during the Trip), Appendix 3.6 (Incremental Quality of Life) and Appendix 3.7 (Behavioural Intention). Following the recommendations mentioned earlier, values of skewness and kurtosis of less than 2 in all of the measurement items for the seven constructs indicated that the assumption of normality was not violated. Hence, the measurement items were generally normally distributed and any further treatments of data transformation were not required.

## **5.8 Descriptive analysis**

### **5.8.1 Perceptions of Thailand**

The results of descriptive statistics analysis for Perceptions of Thailand are presented in Table 5.6. This measurement scale consisted of 13 items reflecting the perceptions of Thailand as a wellness holiday destination. Respondents were asked to provide answers on each item measured by a seven-point Likert scale ranging from 1 = strongly disagree to 7 = strongly agree.

Based on the mean score of each item, respondents tended to agree that Thai people are friendly ( $M = 5.49$ ,  $SD = 1.544$ ) and Thailand has pleasant weather and climate ( $M = 5.46$ ,  $SD = 1.486$ ). They also agreed that Thailand is a destination full of natural scenery and landscape ( $M = 5.26$ ,  $SD = 1.569$ ); Thailand is safe and secure for travelling ( $M = 5.23$ ,  $SD = 1.494$ ), Thailand is an inexpensive destination ( $M = 5.13$ ,  $SD = 1.614$ ); and Thailand is a famous wellness tourist destination ( $M = 4.95$ ,  $SD = 1.818$ ). Further, respondents were likely to agree that Thailand offers a diversity of Thai cultures, Thai cuisines and ancient traditions ( $M = 4.87$ ,  $SD = 1.706$ ) and Thailand is famous for the Muay Thai martial art ( $M = 4.47$ ,  $SD = 2.411$ ). However, they were likely to disagree that Thailand is famous in Thai spa and traditional massage services ( $M = 3.83$ ,  $SD = 1.869$ ) as well as Thailand has a good level of hygiene and cleanliness ( $M = 3.75$ ,  $SD = 1.655$ ).

**Table 5.6 Descriptive Analysis of Perceptions of Thailand Scale**

	<b>Perception of Thailand</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Rank</b>
1	Thai people are friendly.	5.49	1.544	1
2	Thailand has pleasant weather and climate.	5.46	1.486	2
3	Thailand is a destination full of natural scenery and landscape.	5.26	1.569	3
4	Thailand is safe and secure for travelling.	5.23	1.494	4
5	Thailand is an inexpensive destination (e.g., for travelling and shopping).	5.13	1.614	5
6	Thailand is a famous wellness tourist destination.	4.95	1.818	6
7	Thailand offers diverse Thai cultures, Thai cuisines and ancient traditions.	4.87	1.706	7
8	Thailand is famous for the Muay Thai martial art.	4.47	2.411	8
9	Thailand is a well-publicised tourist destination.	4.25	1.914	9
10	Thailand is a famous destination to visit religious and spiritual sites (e.g., Buddhist temples).	4.25	1.872	10
11	Thailand has many good quality of accommodations and restaurants.	4.04	1.743	11
12	Thailand is famous for Thai spa and traditional massage services.	3.83	1.869	12
13	Thailand has a good level of hygiene and cleanliness.	3.75	1.655	13

### 5.8.2 Motivation

Table 5.7 shows the results of the descriptive statistics of the travel motivations. This measurement scale contains 20 items to examine the reasons that influenced their decisions to take a wellness vacation in Thailand. Respondents were asked to indicate their agreement on each item measured by a seven-point Likert-type scale ranging from 1 = strongly disagree to 7 = strongly agree.

From the results, respondents tended to travel because they wanted to improve their health ( $M = 5.41$ ,  $SD = 1.631$ ). Respondents were likely agree to the motivations in “to give me time and space for reflection” ( $M = 5.24$ ,  $SD = 1.676$ ); “to be at peace with myself” ( $M = 5.18$ ,  $SD = 1.728$ ); “to be refreshed” ( $M = 5.17$ ,  $SD = 1.602$ ); “to contemplate what is important to me” ( $M = 5.15$ ,  $SD = 1.649$ ); “to experience something new and exciting” ( $M = 5.12$ ,  $SD = 1.844$ ); “to improve my physical fitness” ( $M = 5.11$ ;  $SD = 1.997$ ); and “to get away from everything” ( $M = 5.08$ ,  $SD = 1.521$ ). Further, respondents tended to be likely to agree with the motives “to reduce my stress levels and let go of my worries” ( $M = 4.85$ ,  $SD = 1.77$ ); “to gain more confidence about myself” ( $M$

= 4.83, SD =1.727); “to relax” (M =4.8, SD = 1.783); “to catch up with my lifestyle” (M = 4.6, SD =1.755); “to fulfil my curiosity” (M = 4.59, SD =1.909); “to escape the demands of everyday life” (M = 4.34,SD =1.85); “to increase my self-esteem” (M = 4.23, SD = 1.9) and “to treat my body well in order to improve my appearance” (M=4.18, SD=2.068) However, respondents did not have high travel motivations to control their weight (M = 3.49, SD = 2.215); “to be with friends” (M = 3.15, SD =2.124); “to be pampered” (M =3.01, SD =1.889) and “to spend time with family members” (M =2.32, SD = 1.955).

**Table 5.7 Descriptive Statistics of the Motivation Scale**

	<b>Statements</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Rank</b>
1	To improve my health.	5.41	1.631	1
2	To give me time and space for reflection.	5.24	1.676	2
3	To be at peace with myself.	5.18	1.728	3
4	To be refreshed.	5.17	1.602	4
5	To contemplate what is important to me.	5.15	1.649	5
6	To experience something new and exciting.	5.12	1.844	6
7	To improve my physical fitness.	5.11	1.997	7
8	To get away from everything.	5.08	1.521	8
9	To reduce my stress levels and let go of my worries.	4.85	1.77	9
10	To gain more confidence about myself.	4.83	1.727	10
11	To relax.	4.8	1.783	11
12	To catch up with my lifestyle.	4.6	1.755	12
13	To fulfil my curiosity.	4.59	1.909	13
14	To escape the demands of everyday life.	4.34	1.85	14
15	To increase my self-esteem.	4.23	1.9	15
16	To treat my body well in order to improve my appearance.	4.18	2.068	16
17	To control my weight.	3.49	2.215	17
18	To be with friends.	3.15	2.124	18
19	To be pampered.	3.01	1.889	19
20	To spend time with family members.	2.92	1.955	20

### 5.8.3 Lifestyle Congruence

The results of descriptive statistics on lifestyle congruence are presented in Table 5.8. A total of 15 items was measured by a seven-point Likert-type scale ranging from 1 = strongly disagree to 7 = strongly agree. This measurement scale contains an explanation of wellness lifestyle congruence of the respondent in terms of wellness related activities and wellness related opinions. Based on the mean scores of each item, respondents were

likely agree on “*I exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber)*” (M = 5.38, SD = 1.843). They also tended to likely agree on “*I consider myself to have a nutritional balanced diet from vegetable fruits, meat, poultry, fish, dried beans, eggs, and nuts group each day*” (M = 4.71, SD = 1.533); “*I follow a planned exercise programme*” (M = 4.55, SD = 1.808) and “*I take some time for relaxation each day*” (M=4.5, SD=1.678). From the results of the wellness related opinions mean scores ranged from 4.63 to 5.47. Therefore, respondents were likely to perceive themselves as high level of wellness lifestyle people.

**Table 5.8 Descriptive Analysis of the Lifestyle Congruence Scale**

	<b>Lifestyle Congruence</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Rank</b>
<b>Wellness related activities</b>				
1	I exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber).	5.38	1.843	1
2	I consider myself to have a nutritional balanced diet from vegetable fruits, meat, poultry, fish, dried beans, eggs and nuts group each day.	4.71	1.533	2
3	I follow a planned exercise programme.	4.55	1.808	3
4	I take some time for relaxation each day.	4.5	1.687	4
5	I pace myself to prevent tiredness.	4.13	1.487	5
6	I take a dietary supplement regularly (e.g., Vitamins).	3.72	2.169	6
<b>Wellness related opinions</b>				
7	Although I have my ups and downs, in general, I feel good about my life.	5.47	1.271	1
8	In general, I consider myself a happy person.	5.37	1.359	2
9	Compared to most of my peers, I consider myself a happy person.	5.32	1.318	3
10	I have a very high quality of life.	5.3	1.352	4
11	My social relationships are supportive and rewarding.	5.22	1.431	5
12	I am satisfied with my life.	5.12	1.337	6
13	I am engaged and interested in my daily activities.	5.1	1.293	7
14	I lead a meaningful and fulfilling life.	4.96	1.318	8
15	In most ways my life is close to my ideal.	4.63	1.375	9

#### 5.8.4 Wellness Self-Image Congruence

Descriptive statistics for Self-Image Congruence are presented in Table 5.9. The measurement scale consisted of 4 items of Wellness Self-Image Congruence reflecting actual and ideal self-image congruence. Respondents were asked to indicate how a wellness holiday is consistent with how they see or like to see themselves and how they wanted or believed others to see them using a seven-point Likert-type scale ranging from 1 = strongly disagree to 7 = strongly agree. The mean scores of the measurement items were between 4.83 and 5.49. Respondents were likely to agree that wellness related holidays were consistent with how they liked to see themselves (M = 5.49, SD = 1.311) and how they saw themselves (M = 5.21, SD = 1.405). Further, respondents were likely to agree that wellness related holidays were consistent with how they wanted others to see them (M = 5.02, SD = 1.419) and how they believed others saw them (M = 4.83, SD = 1.487).

**Table 5.9 Descriptive Analysis of the Wellness Self-Image Congruence Scale**

	<b>Wellness Self-Image Congruence</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Rank</b>
1	This wellness related holiday is consistent with how I like to see myself.	5.49	1.311	1
2	This wellness related holiday is consistent with how I see myself.	5.21	1.405	2
3	This wellness related holiday is consistent with how I would like others to see me.	5.02	1.419	3
4	This wellness related holiday is consistent with how I believe others see me.	4.83	1.487	4

#### 5.8.5 Positive Emotions

Positive emotions were measured using 6 items: “*I felt good*”, “*I felt happy*”, “*I felt positive*”, “*I felt a sense of joy*”, “*I felt contented*” and “*I felt pleasant*”. Respondents were asked to rate the degree of their positive emotions during the wellness trip on each item using a seven-point Likert-type scale ranging from 1 = strongly disagree to 7 = strongly agree. As presented in Table 5.10, the positive emotions scales obtained somewhat higher mean score ranging from 5.34 to 5.76. Thus, it can be generally interpreted that the respondents in this study showed somewhat higher positive emotions during their wellness trip.



**Table 5.10 Descriptive Analysis of the Positive Emotions Scale**

	<b>Positive Emotions</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Rank</b>
1	I felt good.	5.76	1.213	1
2	I felt happy.	5.72	1.246	2
3	I felt positive.	5.67	1.221	3
4	I felt a sense of joy.	5.49	1.347	4
5	I felt contented.	5.41	1.323	5
6	I felt pleasant.	5.34	1.324	6

### 5.8.6 Satisfaction during the Trip

The results of descriptive statistics on satisfaction during the trip are presented in Table 5.11. A total of 8 items was measured by a seven-point Likert scale ranging from 1 being strongly disagree to 7 being strongly agree. This measurement scale assessed the wellness tourists' satisfaction with the services and trip experiences. The higher mean scores indicate higher respondents' satisfaction.

Based on the mean scores of satisfaction with the services items, respondents tended to agree that the cost of tourist services at the vacation site was reasonable and well worth it ( $M = 5.67$ ,  $SD = 1.356$ ). "*Tourist services provided at the vacation site were problem-free*" and "*tourist services at the vacation site were of high quality*" obtained somewhat higher mean scores ranging between 5.03 and 5.18. Further, satisfaction with trip experiences items (item4, item5, item6 and item7) obtained higher mean scores ranging between 5.82 and 6.27. However, the result for "*overall, my experiences on this vacation exceeded expectations*" obtained somewhat higher mean score ( $M = 5.22$ ,  $SD = 1.338$ ). Accordingly, the higher mean scores can be interpreted as respondents surveyed for this study had somewhat higher satisfaction during their wellness trip.

**Table 5.11 Descriptive Analysis of Satisfaction during the Trip Scale**

	<b>Satisfaction during the Trip</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Rank</b>
<b>Satisfaction with services</b>				
1	The cost of tourist services at the vacation site was reasonable and well worth it.	5.67	1.356	1
2	Tourist services provided at the vacation site were problem-free.	5.18	1.449	2
3	Tourist services at the vacation site (e.g., activities, attractions, restaurants, hotels) were of high quality.	5.03	1.397	3

<b>Satisfaction during the Trip</b>		<b>Mean</b>	<b>Standard Deviation</b>	<b>Rank</b>
<b>Satisfaction with trip experiences</b>				
4	I believe I did the right thing when I chose this wellness vacation.	6.27	0.902	1
5	I am happy about my decision to choose this wellness vacation.	6.04	1.167	2
6	Overall, I am satisfied with my experience on this wellness vacation.	5.88	1.165	3
7	I have enjoyed myself on this wellness vacation.	5.82	1.19	4
8	Overall, my experiences on this vacation exceeded expectations.	5.22	1.338	5

### 5.8.7 Incremental Quality of Life

Descriptive statistics for Incremental Quality of Life are presented in Table 5.12. The measurement scale consisted of 12 items measured by a seven-point Likert scale ranging from 1 being strongly disagree to 7 being strongly agree. This measurement scale contained an explanation of the respondents' hedonic incremental of life and eudaimonic incremental of life derived from their wellness trip. Based on the mean score of hedonic incremental of life items, respondents tended to agree that the wellness vacation was rewarding for them in many ways ( $M = 5.8$ ,  $SD = 1.277$ ) and they felt more satisfied with life on this trip ( $M = 5.66$ ,  $SD = 1.323$ ).

Further, respondents were likely to agree that *"I feel much better about things and myself after this vacation"* ( $M = 5.43$ ,  $SD = 1.336$ ); *"Taking this vacation made me realise that the conditions of my life are excellent"* ( $M = 5.2$ ,  $SD = 1.441$ ); and *"This vacation made me feel that in most ways my life is close to my ideal"* ( $M = 4.97$ ,  $SD = 1.48$ ). Additionally, results indicated that respondents were likely to agree with each eudaimonic incremental life scale with the mean scores ranging from 4.94 to 5.41. They were more likely agree with *"this trip encouraged me to lead a purposeful and meaningful life"* ( $M=5.41$ ,  $SD=1.428$ ), *"This trip encouraged me to be more optimistic about my future"* ( $M=5.40$ ,  $SD=1.385$ ), *"the experience from this trip encouraged me to understand myself better"* ( $M=5.38$ ,  $SD=1.503$ ), and *"this trip made me realise that I live a good life"* ( $M=5.36$ ,  $SD=1.436$ ). Accordingly, the higher mean scores can be generally interpreted that the respondents in this study showed higher level of hedonic incremental of life and eudaimonic incremental of life derived from this trip.

**Table 5.12 Descriptive Analysis of the Incremental Quality of Life Scale**

	<b>Incremental Quality of Life</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Rank</b>
<b>Hedonic Incremental of Life</b>				
1	This vacation was rewarding to me in many ways.	5.8	1.277	1
2	On this trip, I felt more satisfied with life.	5.66	1.323	2
3	I feel much better about things and myself after this vacation.	5.43	1.336	3
4	Taking this vacation made me realise that the conditions of my life are excellent.	5.2	1.441	4
5	This vacation made me feel that in most ways my life is close to my ideal.	4.97	1.48	5
<b>Eudaimonic Incremental of Life</b>				
6	This trip encouraged me to lead a purposeful and meaningful life.	5.41	1.428	1
7	This trip encouraged me to be more optimistic about my future.	5.4	1.385	2
8	The experience from this trip encouraged me to understand myself better.	5.38	1.503	3
9	This trip made me realise that I live a good life.	5.36	1.436	4
10	On this trip, I felt free from the pressures of life.	5.24	1.578	5
11	This trip made me change my perception of life.	5.2	1.477	6
12	On this trip, I have realised that I actively contribute to the happiness and well-being of others more than before.	4.94	1.566	7

### 5.8.8 Benefits from This Wellness Trip

The results of descriptive statistics on the benefits from the wellness trip are presented in Table 5.13. A total of 6 items was measured by a seven-point Likert scale ranging from 1 being strongly disagree to 7 being strongly agree. The higher mean scores indicated higher level of benefits that respondents derived from their wellness trip. This measurement scale contained a reflection of physical, mental and social benefit linkages with wellness trips. From the result, respondents tended to strongly agree with “*the overall experience was enriching*” (M=6.14, SD=0.931). Additionally, the reflection of the benefits from this wellness trip items showed somewhat higher mean scores ranging from 4.82 to 5.44. Consequently, it can be generally interpreted that respondents surveyed in this study have somewhat higher degree in benefits derived from their wellness trip.

**Table 5.13 Descriptive Analysis of Reflection of the Benefits from This Wellness Trip Scale**

	<b>Reflection of the Benefits from This Wellness Trip</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Rank</b>
1	The overall experience was enriching.	6.14	0.931	1
2	The experience from this trip made me feel good about myself.	5.44	1.366	2
3	This trip helped me to improve my mental health.	5.41	1.514	3
4	This trip helped me to rejuvenate.	5.25	1.517	4
5	On this trip, I established friendships with one or more new people.	5.12	1.776	5
6	On this trip, I was able to improve my shape and my physical look.	4.82	1.837	6

### **5.8.9 Behavioural Intention**

Table 5.14 shows the results of the descriptive statistics of behavioural intentions. This measurement scale contains 4 items measuring the intentions to recommend and intentions to revisit of the respondents. The respondents were asked to indicate their degree of behavioural intentions on each item using a seven-point Likert scale ranging from 1 = strongly disagree to 7 = strongly agree.

As presented in Table 5.14, respondents surveyed for this study tended to strongly agree to say positive thing about the wellness trip ( $M=6.27$ ,  $SD=0.905$ ) and recommend the wellness trip to others ( $M=6.07$ ,  $SD=1.169$ ). Furthermore, respondents also expressed a somewhat high revisit intention. The mean scores of the intention to revisit items were between 5.39 and 5.64.

**Table 5.14 Descriptive Analysis of the Behavioural Intention Scale**

	<b>Behavioural Intention</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Rank</b>
1	I will say positive things about this wellness vacation to other people (e.g., friends and relatives).	6.27	0.905	1
2	I will recommend this wellness vacation to other people (e.g., friends and relatives).	6.07	1.169	2
3	If I had to decide again, I will choose this wellness vacation again.	5.64	1.316	3
4	I will revisit this wellness destination in the near future.	5.39	1.382	4

### 5.8.10 Comparison between Muay Thai and Meditation Tourists

A series t-test was conducted to test the mean differences of perception of Thailand, benefits from the trip, motivations, lifestyle congruence, self-image wellness congruence, positive emotions, satisfaction during the trip and incremental quality of life between the two groups (Muay Thai and meditation tourists) as shown in Appendices 4.1-4.9.

Muay Thai respondents rated the perception of Thailand items higher than the meditation respondents in the following items: “*Thai people are friendly*” (Mean<sub>male</sub>=5.69, Mean<sub>female</sub>=5.23; t=4.28, df=722.60, p=0.000), “*Thailand has many good quality of accommodations and restaurants*” (Mean<sub>male</sub>=4.49, Mean<sub>female</sub>=3.46; t=8.98, df=780.16, p=0.000), “*Thailand has a good level of hygiene and cleanliness*” (Mean<sub>male</sub>=4.11, Mean<sub>female</sub>=3.28; t=7.62, df=883.00, p=0.000), “*Thailand is a well-publicised tourist destination*” (Mean<sub>male</sub>=4.78, Mean<sub>female</sub>=3.55; t=9.84, df=767.85, p=0.000), “*Thailand is a famous wellness tourist destination*” (Mean<sub>male</sub>=5.44, Mean<sub>female</sub>=4.31; t=9.33, df=699.90, p=0.000), “*Thailand is famous for the Muay Thai martial art*” (Mean<sub>male</sub>=6.09, Mean<sub>female</sub>=2.36; t=34.19, df=673.88, p=0.000), “*Thailand is an inexpensive destination*” (Mean<sub>male</sub>=5.34, Mean<sub>female</sub>=4.85; t=4.41, df=762.04, p=0.02), “*Thailand is famous for Thai spa and traditional massage services*” (Mean<sub>male</sub>=4.21, Mean<sub>female</sub>=3.33; t=7.15, df=803.30, p=0.000) (Appendix 4.1). However, meditation tourists’ perception of Thailand was rated higher than Muay Thai tourists in “*Thailand is safe and secure for travelling*” (Mean<sub>male</sub>=5.11, Mean<sub>female</sub>=5.38; t=-2.55, df=790.82, p=0.01) and “*Thailand offers diverse Thai cultures, Thai cuisines and ancient traditions*” (Mean<sub>male</sub>=4.76, Mean<sub>female</sub>=5.01; t=-2.18, df=883.00, p=0.03).

Muay Thai tourists’ attitude towards benefits from the wellness trip were rated higher than meditation tourists in the following items: “*This trip helped me to rejuvenate*” (Mean<sub>male</sub>=5.45, Mean<sub>female</sub>=4.98; t=4.60, df=760.35, p=0.000), “*The experience from this trip made me feel good about myself*” (Mean<sub>male</sub>=5.53, Mean<sub>female</sub>=5.33; t=-2.44, df=861.81, p=0.02), “*On this trip, I was able to improve my shape and my physical look*” (Mean<sub>male</sub>=5.62, Mean<sub>female</sub>=3.78; t=16.30, df=658.22, p=0.000), “*On this trip, I established friendships with one or more new people*” (Mean<sub>male</sub>=5.46, Mean<sub>female</sub>=4.67; t=6.53, df=699.76, p=0.000), while meditation tourists rated the benefit with, “*This trip helped me to improve my mental health*” higher than Muay Thai tourists (Mean<sub>male</sub>=5.30, Mean<sub>female</sub>=5.55; t=-2.41, df=883.00, p=0.02) (Appendix 4.2).

Muay Thai tourists were more like to be motivated by *“To improve my physical fitness”* (Mean<sub>male</sub>=6.24, Mean<sub>female</sub>=3.64; t=23.10, df=516.81, p=0.000), *“To improve my health”* (Mean<sub>male</sub>=5.85, Mean<sub>female</sub>=4.84; t=9.23, df=663.57, p=0.000), *“To get away from everything”* (Mean<sub>male</sub>=5.32, Mean<sub>female</sub>=4.77; t=5.36, df=883.00, p=0.000) and *“To be refreshed”* (Mean<sub>male</sub>=5.31, Mean<sub>female</sub>=5.00; t=2.76, df=778.54, p=0.01) more than meditation tourists (Appendix 4.3). However, meditation tourists rated higher scores of motivation than the Muay Thai group in the following items: *“To give me time and space for reflection”* (Mean<sub>male</sub>=4.78, Mean<sub>female</sub>=5.83; t=09.93, df=879.24, p=0.000), *“To be at peace with myself”* (Mean<sub>male</sub>=4.80, Mean<sub>female</sub>=5.67; t=-7.87, df=874.68, p=0.000), *“To contemplate what is important to me”* (Mean<sub>male</sub>=4.81, Mean<sub>female</sub>=5.59; t=-7.20, df=855.99, p=0.000) and *“To reduce my stress levels and let go my worries”* (Mean<sub>male</sub>=4.66, Mean<sub>female</sub>=5.11; t=-3.77, df=883.00, p=0.000) (Appendix 4.3).

Muay Thai tourists were more likely to do exercises than meditation tourists. Example items, *“I exercise vigorously for 20 or more minutes at least three times a week”* (Mean<sub>male</sub>=5.82, Mean<sub>female</sub>=4.79; t=8.31, df=715.82, p=0.000), *“I follow a planned exercise programme”* (Mean<sub>male</sub>=4.89, Mean<sub>female</sub>=4.12; t=6.31, df=758.10, p=0.000) (Appendix 4.4). Additionally, Muay Thai respondents’ wellness related opinions were higher than the meditation tourists. For example, *“In general, I consider myself a happy person”* (Mean<sub>male</sub>=5.46, Mean<sub>female</sub>=5.25; t=2.29, df=883.00, p=0.02), *“I have a very high quality of life”* (Mean<sub>male</sub>=5.43, Mean<sub>female</sub>=5.14; t=3.19, df=883.00, p=0.000) (Appendix 4.4).

Muay Thai tourists were more likely to be concerned with the wellness self-image than the meditation tourists as seen from the mean scores in the following items *“This wellness related holiday is consistent with how I like to see myself”* (Mean<sub>male</sub>=5.61 Mean<sub>female</sub>=5.34; t=3.05, df=778.00, p=0.000), *“This wellness related holiday is consistent with how I believe others see me”* (Mean<sub>male</sub>=5.09, Mean<sub>female</sub>=4.99; t=5.99, df=749.38, p=0.000), *“This wellness related holiday is consistent with how I would like others to see me”* (Mean<sub>male</sub>=5.24, Mean<sub>female</sub>=4.73; t=5.33, df=756.22, p=0.000) (Appendix 4.5).

For positive emotions, the Muay Thai group were more likely to have a higher level of positive emotions than the meditation group. Example items, *“I felt good”* (Mean<sub>male</sub>=5.99, Mean<sub>female</sub>=5.46; t=6.48, df=758.41, p=0.000), *“I felt happy”* (Mean<sub>male</sub>=5.86, Mean<sub>female</sub>=5.53; t=4.00, df=800.57, p=0.000), *“I felt positive”* (Mean<sub>male</sub>=5.81, Mean<sub>female</sub>=5.50; t=3.73, df=883.00, p=0.000) (Appendix 4.6).

Meditation tourists were more likely to be satisfied with the trip experiences and the services during the trip than Muay Thai tourists, example items, “*I am happy about my decision to choose this wellness vacation*” (Mean<sub>male</sub>=5.90, Mean<sub>female</sub>=6.23;  $t=-4.27$ ,  $df=867.14$ ,  $p=0.000$ ), “*I believe I did the right thing when I chose this wellness vacation*” (Mean<sub>male</sub>=6.14, Mean<sub>female</sub>=6.43;  $t=-4.86$ ,  $df=875.15$ ,  $p=0.000$ ), “*Overall, I am satisfied with my experience on this wellness vacation*” (Mean<sub>male</sub>=5.77, Mean<sub>female</sub>=6.02;  $t=-3.27$ ,  $df=850.61$ ,  $p=0.000$ ) and “*The cost of tourist services at the vacation site was reasonable and well worth it*” (Mean<sub>male</sub>=5.34, Mean<sub>female</sub>=6.10;  $t=-8.64$ ,  $df=846.40$ ,  $p=0.000$ ) (Appendix 4.7). However, Muay Thai tourists were more likely to be satisfied with the service at destination site than the meditation tourists (Mean<sub>male</sub>=5.16, Mean<sub>female</sub>=4.87;  $t=3.04$ ,  $df=748.41$ ,  $p=0.000$ ) (Appendix 4.7).

Meditation tourists were more likely to have a higher level of the incremental quality of life than Muay Thai tourists in “*This trip encouraged me to lead a purposeful and meaningful life*” (Mean<sub>male</sub>=5.22, Mean<sub>female</sub>=5.66;  $t=-4.73$ ,  $df=869.7$ ,  $p=0.000$ ) and “*The experience from this trip encouraged me to understand myself better*” (Mean<sub>male</sub>=5.02, Mean<sub>female</sub>=5.84;  $t=-8.63$ ,  $df=822.97$ ,  $p=0.000$ ), while Muay Thai tourists were more likely to have a higher level of the incremental quality of life than meditation tourists in “*On this trip, I felt free from the pressures of life*” (Mean<sub>male</sub>=5.42, Mean<sub>female</sub>=5.00;  $t=3.96$ ,  $df=883.00$ ,  $p=0.000$ ) and “*This vacation made me feel that in most ways my life is close to my ideal*” (Mean<sub>male</sub>=5.23, Mean<sub>female</sub>=4.64;  $t=5.94$ ,  $df=749.71$ ,  $p=0.000$ ) (Appendix 4.8).

Meditation tourists were more likely to recommend the trip to others than Muay Thai tourists: “*I will recommend this wellness vacation to other people*” (Mean<sub>male</sub>=5.96, Mean<sub>female</sub>=6.22;  $t=-3.29$ ,  $df=877.41$ ,  $p=0.000$ ) and “*I will say positive things about this wellness vacation to other people*” (Mean<sub>male</sub>=6.14, Mean<sub>female</sub>=6.43;  $t=-5.00$ ,  $df=877.58$ ,  $p=0.000$ ), while Muay Thai tourists were more likely to recommend the wellness destination in the near future than meditation tourists (Mean<sub>male</sub>=5.49, Mean<sub>female</sub>=5.27;  $t=2.46$ ,  $df=878.25$ ,  $p=0.01$ ) (Appendix 4.9).

### **5.8.11 Comparison by Gender**

A series of t-tests were employed to identify mean differences of perception of Thailand, benefits from the trip, motivations, lifestyle congruence, self-image wellness congruence, positive emotions, satisfaction during the trip and incremental quality of life between two groups (male and female respondents) as shown in Appendices 5.1-5.9.

For perception of Thailand (Appendix 5.1), the t-tests revealed statistically significant differences ( $p < 0.05$ ) between male and female respondents in “*Thailand has many good quality accommodations and restaurants*” (Mean<sub>male</sub>=4.26, Mean<sub>female</sub>=3.72;  $t=4.46$ ,  $df=698.34$ ,  $p=0.000$ ), “*Thailand has a good level of hygiene and cleanliness*” (Mean<sub>male</sub>=3.9, Mean<sub>female</sub>=3.53;  $t=3.26$ ,  $df=880.00$ ,  $p=0.000$ ), “*Thailand is a famous wellness tourist destination*” (Mean<sub>male</sub>=5.06, Mean<sub>female</sub>=4.77;  $t=2.33$ ,  $df=696.62$ ,  $p=0.02$ ), “*Thailand is famous for the Muay Thai martial art*” (Mean<sub>male</sub>=4.83, Mean<sub>female</sub>=3.9;  $t=5.64$ ,  $df=706.31$ ,  $p=0.000$ ). Male respondents showed higher mean scores than females in these four items of perceptions of Thailand.

According to benefits from the trip, female respondents indicated higher mean scores than males in “*This trip helped me to improve my mental health*” (Mean<sub>male</sub>=5.32, Mean<sub>female</sub>=5.55;  $t= -2.23$ ,  $df=880.00$ ,  $p=0.03$ ), “*The experience from this trip made me feel good about myself*” (Mean<sub>male</sub>=5.33, Mean<sub>female</sub>=5.61;  $t=-2.93$ ,  $df=880.00$ ,  $p=0.000$ ) and “*The overall experience was enriching*” (Mean<sub>male</sub>=6.05, Mean<sub>female</sub>=6.29;  $t=-3.47$ ,  $df=880.00$ ,  $p=0.000$ ), while male respondents rated higher benefits from the trip than females in “*On this trip, I was able to improve my shape and my physical look*” (Mean<sub>male</sub>=4.99, Mean<sub>female</sub>=4.55;  $t=3.42$ ,  $df=676.47$ ,  $p=0.000$ ) (Appendix 5.2).

Female respondents were more likely to be motivated in the following items than males in: “*To be at peace with myself*” (Mean<sub>male</sub>=5.00, Mean<sub>female</sub>=5.46;  $t=-3.95$ ,  $df=880.00$ ,  $p=0.000$ ), “*To give me time and space for reflection*” (Mean<sub>male</sub>=5.03, Mean<sub>female</sub>=5.57;  $t=-4.76$ ,  $df=880.00$ ,  $p=0.000$ ), “*To contemplate what is important to me*” (Mean<sub>male</sub>=5.00, Mean<sub>female</sub>=5.40;  $t=-3.54$ ,  $df=880.00$ ,  $p=0.000$ ) and “*To reduce my stress levels and let go my worries*” (Mean<sub>male</sub>=4.68, Mean<sub>female</sub>=5.13;  $t=-3.68$ ,  $df=880.00$ ,  $p=0.000$ ). However, male respondents were likely to have higher levels of motivation than females in “*To improve my physical fitness*” (Mean<sub>male</sub>=5.26, Mean<sub>female</sub>=4.86;  $t=2.85$ ,  $df=683.01$ ,  $p=0.000$ ) (Appendix 5.3).

Males were more likely to participate in the wellness activities more than females: “*I follow a planned exercise programme*” (Mean<sub>male</sub>=4.68, Mean<sub>female</sub>=4.36;  $t=2.55$ ,  $df=880.00$ ,  $p=0.01$ ), “*I exercise vigorously for 20 or more minutes at least three times a week*” (Mean<sub>male</sub>=5.50, Mean<sub>female</sub>=5.18;  $t=2.54$ ,  $df=684.07$ ,  $p=0.01$ ), “*I take some time for relaxation each day*” (Mean<sub>male</sub>=4.73, Mean<sub>female</sub>=4.16;  $t=-4.97$ ,  $df=880.00$ ,  $p=0.000$ ) and “*I pace myself to prevent tiredness*” (Mean<sub>male</sub>=4.28, Mean<sub>female</sub>=3.9;  $t=3.65$ ,  $df=880.00$ ,  $p=0.000$ ) (Appendix 5.4). However, male and female were more likely to have similar attitudes regarding the perceived wellness.



Females were more likely to be concerned with wellness self-image (Mean<sub>female</sub>=5.19) than males (Mean<sub>male</sub>=4.9;  $t=-3.00$ ,  $df=880.00$ ,  $p=0.000$ ) (Appendix 5.5). However, the t-tests revealed no statistically significant differences between male and female respondents in positive emotions (Appendix 5.6).

Females respondents were satisfied with the services and the trip experiences during the trip more than males in the following satisfaction items: “*The cost of tourist services at the vacation site was reasonable and well worth it*” (Mean<sub>male</sub>=5.57, Mean<sub>female</sub>=5.84;  $t=3.65$ ,  $df=880.00$ ,  $p=0.000$ ), “*I am happy about my decision to choose this wellness vacation*” (Mean<sub>male</sub>=5.92, Mean<sub>female</sub>=6.22;  $t=-3.79$ ,  $df=880.00$ ,  $p=0.000$ ), “*I believe I did the right thing when I chose this wellness vacation*” (Mean<sub>male</sub>=6.19, Mean<sub>female</sub>=6.39;  $t=-3.36$ ,  $df=880.00$ ,  $p=0.000$ ), “*Overall, my experiences on this vacation exceeded expectations*” (Mean<sub>male</sub>=5.11, Mean<sub>female</sub>=5.4;  $t=-3.24$ ,  $df=880.00$ ,  $p=0.000$ ) and “*Overall, I am satisfied with my experience on this wellness vacation*” (Mean<sub>male</sub>=5.79, Mean<sub>female</sub>=6.01;  $t=-2.71$ ,  $df=880.00$ ,  $p=0.01$ ) (Appendix 5.7).

Females were more likely to have higher levels of the incremental quality of life than males in “*This vacation was rewarding to me in many ways*” (Mean<sub>male</sub>=5.71, Mean<sub>female</sub>=5.95;  $t=-2.81$ ,  $df=880.00$ ,  $p=0.01$ ), “*I feel much better about things and myself after this vacation*” (Mean<sub>male</sub>=5.32, Mean<sub>female</sub>=5.6;  $t=-3.09$ ,  $df=880.00$ ,  $p=0.000$ ), “*On this trip, I felt more satisfied with life*” (Mean<sub>male</sub>=5.54, Mean<sub>female</sub>=5.85;  $t=-3.44$ ,  $df=880.00$ ,  $p=0.000$ ), “*This trip encouraged me to lead a purposeful and meaningful life*” (Mean<sub>male</sub>=5.31, Mean<sub>female</sub>=5.57;  $t=-2.61$ ,  $df=880.00$ ,  $p=0.01$ ), “*On this trip, I have realised that I actively contribute to the happiness and well-being of others more than before*” (Mean<sub>male</sub>=4.83, Mean<sub>female</sub>=5.11;  $t=-2.70$ ,  $df=880.00$ ,  $p=0.01$ ), “*This trip encouraged me to be more optimistic about my future*” (Mean<sub>male</sub>=5.32, Mean<sub>female</sub>=5.52;  $t=-2.06$ ,  $df=880.00$ ,  $p=0.01$ ), “*This trip made me change my perception of life*” (Mean<sub>male</sub>=5.10, Mean<sub>female</sub>=5.37;  $t=-2.64$ ,  $df=880.00$ ,  $p=0.01$ ) and “*The experience from this trip encouraged me to understand myself better*” (Mean<sub>male</sub>=5.29, Mean<sub>female</sub>=5.52;  $t=-2.25$ ,  $df=880.00$ ,  $p=0.02$ ) (Appendix 5.8).

Females were more likely to “*say positive things about this wellness vacation to other people*” than males (Mean<sub>male</sub>=6.20, Mean<sub>female</sub>=6.36;  $t=-2.65$ ,  $df=880.00$ ,  $p=0.01$ ). Females were more likely to return to the destination than males: “*If I had to decide again, I will choose this wellness vacation again*” (Mean<sub>male</sub>=5.57, Mean<sub>female</sub>=5.76;  $t=-2.10$ ,  $df=880.00$ ,  $p=0.04$ ) and “*I will revisit this wellness destination in the near future*” (Mean<sub>male</sub>=5.28, Mean<sub>female</sub>=5.56;  $t=-2.89$ ,  $df=880.00$ ,  $p=0.01$ ) (Appendix 5.9).

### 5.8.12 Comparison by Age Group

A series of Analysis of Variance (ANOVA) was employed to identify mean differences of perception of Thailand, benefits from the trip, motivations, lifestyle congruence, self-image wellness congruence, positive emotions, satisfaction during the trip and incremental quality of life among the four different age groups (16-24, 25-34, 35-44 and over 45) as shown in Appendices 6.1-6.9.

For perception of Thailand (Appendix 6.1), the tourists in the 16-24 (Mean=4.36) and 25-34 (Mean=4.37) age groups rated a higher score than those over 45 (Mean=3.65) in “*Thailand is a well-publicised tourist destination*” (F=4.038, p=0.007). There were significant differences across the four age groups: 16-24 (Mean=4.97), 25-34 (Mean=4.6), 35-44 (Mean=3.9) and over 45 (Mean=3.26) in “*Thailand is famous for the Muay Thai martial art.*” (F=14.373, p=0.000). The tourists in the 16-24 age group (Mean=5.4) rated a higher score than those 35-44 years old (Mean=5.17) and over 45 (Mean=4.74) in “*Thailand is an inexpensive destination.*” (F=6.552, p=0.007). Tourists 24-34 (Mean=6.52) rated a higher score than those in the 16-24 group (Mean=5.28) in “*Thailand has pleasant weather and climate.*” (F=4.691, p=0.000).

There were significant differences in the benefits from the trip across the four age groups (Appendix 6.2). Respondents 25-34 (Mean=4.96) were more likely to gain advantages in improving their shape and physical look on the trip than those aged over 45 (Mean=4.29) (F=3.825, p=0.000). The means of the item “*On this trip, I established friendships with one or more new people*” were significantly different across the four age groups (F=13.435, p=0.000): 16-24 (Mean=5.37), 25-34 (Mean= 5.29), 35-44 (Mean=4.66) and over 45 (Mean=4.25). This suggested that younger tourists were more likely to gain benefit from the trip in establishing connections with new people than elderly tourists.

For motivations (Appendix 6.3), the results of ANOVA revealed that there were significant differences (F=5.282, p=0.001) in the motivation items “*To give me time and space for reflection*” across four age groups: 16-24 (Mean=4.91), 25-34 (Mean= 5.28), 35-44 (Mean=5.56) and over 45 (Mean=5.46). The respondents in the 16-24 group were more likely to be motivated by “*To experience something new and exciting*” than those 35-44 (Mean=4.7) and over 45 (Mean=4.35) (F=10.373, p=0.000). Respondents in the 16-24 age group (Mean=4.75) and 25-34 age group (Mean=4.73) were more likely to be motivated by “*To fulfil my curiosity*” than those over 45 (Mean=4.02) (F=5.083, p=0.002). The visitors in the 25-34 age group (Mean=4.87) were more likely to be

motivated by the motivation item *“To gain more confidence about myself”* than those over 45 (Mean=4.42) ( $F=2.823$ ,  $p=0.038$ ).

For lifestyle congruence (Appendix 6.4), there were significant differences ( $F=6.808$ ,  $p=0.000$ ) in the wellness related opinions item *“I am satisfied with my life”* across the four age groups: 16-24 (Mean=5.33), 25-34 (Mean=5.17), 35-44 (Mean=4.83) and over 45 (Mean=4.73). This suggested that the younger tourists were more likely to be satisfied with their life than the elderly tourists. Additionally, the attitude of the respondents towards the item *“In general, I consider myself a happy person”* indicated significant differences among the four groups ( $F=3.206$ ,  $p=0.023$ ): 16-24 (Mean=5.53), 25-34 (Mean= 5.38), 35-44 (Mean=5.28) and over 45 (Mean=5.02). It can be argued that the young respondents seemed to consider themselves as happy people more than the elderly respondents. However, there was no significant difference in terms of the wellness self-image congruence (Appendix 6.5) and positive emotions across the four groups (Appendix 6.6).

According to the incremental quality of life (Appendix 6.7) the respondents in the 16-24 age group (Mean=5.45) were more likely to have a higher level of the incremental quality of life in term of the items *“Taking this vacation made me realise that the conditions of my life are excellent”* than those 35-44 (Mean=4.9) and over 45 (Mean=4.8) ( $F=6.702$ ,  $p=0.000$ ). The young tourists 16-24 (Mean=5.54) were more likely to have a higher level of the incremental quality of life in *“This trip encouraged me to be more optimistic about my future,”* than those 35-44 (Mean=5.08) and over 45 (Mean=4.95) ( $F=7.25$ ,  $p=0.000$ ).

The young visitors were more likely to be satisfied with the experiences during the trip in the item *“Overall, my experiences on this vacation exceeded expectations,”* than the older tourists ( $F=10.510$ ,  $p=0.000$ ): 16-24 (Mean=5.40), 25-34 (Mean= 5.33), 35-44 (Mean=4.96) and over 45 (Mean=4.61) (Appendix 6.8). There was significant difference in terms of the intention to revisit the wellness destination in the nearly future ( $F=2.885$ ,  $p=0.035$ ) between the 16-24 age group (Mean=5.22) and 25-34 (Mean=5.53) (Appendix 6.9). This suggested that 25-34 year old tourists were more likely to return to the destination than 16-24 year old tourists.

## 5.9 Reliability and Validity of Measurement Scales

### 5.9.1 Reliability of Measurement Scales

Reliability is a fundamental technique of data analysis to assess the degree of consistency between multiple measurements of a variable (Hair *et al.*, 2010). A more commonly used measure of reliability is internal consistency. High inter-item correlations indicate that the items of a scale have a strong relationship to the latent construct and suggest that they possibly measure the same thing.

Cronbach's alpha is the most widely used measure to assess the consistency of an entire scale as the reliability coefficient. The general recommendation on the lower limit for Cronbach's alpha is 0.70 and this may decrease to 0.60 in exploratory research (Hair *et al.*, 2010). However, if the scale has a coefficient alpha below the recommendation thresholds mentioned earlier, then it should be examined for theoretical errors in scale development as well as any other sources of measurement errors such as number of items, sample characteristics, administration errors and other situational factors.

**Table 5.15 Summary of the Measurement Reliability (Cronbach's alpha)**

Measurement Scale	Number of Items	Cronbach's alpha
Motivation	20	0.879
Lifestyle Congruence	15	0.856
Wellness Self-Image Congruence	4	0.784
Positive Emotions	6	0.887
Satisfaction during the Trip	8	0.859
Incremental Quality of Life	12	0.903
Behavioural Intention	4	0.775

The examination of the reliability for the measurement scales of the seven constructs proposed in this study was conducted. The Cronbach's alpha coefficients were calculated in IBM SPSS 21 and are presented in Table 5.15. All the measurement scales for the seven constructs met the recommendation threshold of a coefficient alpha above 0.70, indicating that the measurement scales were reliable and appropriate for further data analysis.

Another internal consistency measure is the reliability derived from confirmatory factor analysis. These measures comprise the composite reliability and the average variance extracted. Composite reliability refers to a measure of the internal consistency of indicators to the construct. A general agreed threshold value for an acceptable level of

composite reliability is 0.70. If the composite reliability is above 0.70, the indicators for the latent construct are reliable and are measuring the same construct. Average variance extracted is a measure of convergence among a set of items representing a latent construct. The generally acceptable cut-off point is 0.50. The higher values of variance extracted suggest that those items are highly representative of the latent construct.

### **5.9.2 Validity of Measurement Scales**

Validity is the extent to which a set of measurement scales accurately represents the concept of interest (Hair *et al.*, 2010). The most widely accepted forms of validity are content or face validity and empirical validity. The content or face validity method is mainly used for examining whether the conceptual and operational definition of the measurement scale conforms to its theoretical background. The empirical validity is a statistics validity method used for examining not only the relationships among the items within the measurement scale but also the relationships between the measurements. For verifying the face or content validity, the measurement scale constructs were examined by the five managers of the wellness destinations in Phuket and three staff from the Tourism Associations in Phuket and Samui Island. They were requested to clarify the measurement items and comment on whether they were appropriate in terms of the operational terminologies and contents of the measurement scales targeting Muay Thai fitness and meditation retreat tourists in the context of wellness tourism in Thailand. Once the content validity of the measurement scales was achieved, a pre-test was conducted on the wellness tourists for both Muay Thai and meditation retreats as a further procedure.

To examine the empirical or statistical validity, construct validity (convergent and discriminant validity) is the most widely used measure in Confirmatory Factor Analysis (CFA). Convergent validity was used to assess the extent to which the measurement scales of the same concepts were correlated. High correlations suggest that the scale is convergent and measures one construct or one concept (Hair *et al.*, 2010). Discriminant validity is used to examine the extent to which measurement concepts are distinct from each other. The measure of one construct is not related to the measure of another construct which indicates discriminant validity (Hair *et al.*, 2010). As Confirmatory Factor Analysis can produce empirical evidence of construct validity, convergent validity and discriminant validity are reported in the next section along with the results of Confirmatory Factor Analysis.

## 5.10 Measurement Model

The seven constructs of the measurement model were examined through a process of Confirmatory Factor Analysis (CFA). CFA is an appropriate method for testing the relations between the observed measures and the underlying latent variable structure based on knowledge of the theory, empirical research, or both (Byrne, 2010; Hair *et al.*, 2010; Kline, 2011). Thus, CFA allows identification of the observed variables in a pre-specified, theory-driven hypothesised model to evaluate the adequacy of its goodness-of-fit to the sample data statistically consistent with the theoretical construct in the hypothesised model (Byrne, 2010).

A total of seven measurement models were proposed and tested; motivations; lifestyle congruence; wellness self-image congruence; positive emotions; satisfaction during the trip; incremental quality of life; and behavioural intentions. Following the discussions in Chapter Four regarding the theoretical and empirical aspects of each construct and observed indicators, all the measurement models were developed on the basis of conceptual, theoretical and empirical reviews. Through a procedure of CFA, each construct in the measurement model was tested separately to confirm the terms of measuring the underlying constructs and then the overall measurement model was evaluated. The estimation process for each model will be explained along with the statistical results. Modification indices of Absolute Fit Measures, Incremental Fit Measures and Parsimonious Fit Measures were utilised to evaluate the proposed model.

To assess absolute fit measures, Chi-square ( $\chi^2$ ) is the fundamental statistical measure in SEM to quantify the differences between the covariance matrices. Significance of the  $\chi^2$  statistic suggests that the observed sample and estimated covariance matrices are equal which means the model fits perfectly (Hair *et al.*, 2010; Kline, 2011). However, the  $\chi^2$  test is highly sensitive to sample size and alternative goodness-of-fit indices should be considered (Hair *et al.*, 2010) such as normed Chi-square ( $\chi^2/df$ ), root mean square error of approximation (RMSEA), standardised root mean square (SRMR), adjusted goodness-of-fit index (AGFI) and comparative fit index (CFI). Consequently, the goodness-of-fit indices suggested in previous studies were employed to assess the fitness of this measurement model as presented in Table 5.16.

**Table 5.16 Goodness-of-fit Indices and Cut-off Values**

<b>Goodness-of-fit Indices</b>	<b>Cut-off Values</b>	<b>Interpretations</b>
Chi-square ( $\chi^2$ )	$p > 0.05$	Fail to reject $H_0$ : the model fits perfectly.
Normed Chi-square $\chi^2/df$	$\leq 3$	Good fit (Hair <i>et al.</i> , 2010; Kline, 2011)
	$< 5$	Acceptable fit (Schumacker & Lomax, 2010)
Standardised Root mean square error of approximation (RMSEA)	$\leq .05$	Good fit (Kline, 2011; MacCallum <i>et al.</i> , 1996)
	$< 0.08$	Acceptable fit (MacCallum, <i>et.al</i> , 1996)
Root mean square residual (SRMR)	$< 0.05$	Good fit (Hu & Bentler, 1999)
	$< 0.08$	Acceptable fit (Hu & Bentler, 1999)
Goodness-of-fit index (GFI)	$> .90$	Good fit (Hair <i>et al.</i> , 2010)
Adjusted goodness-of-fit index (AGFI)	$> .90$	Good fit (Schermelleh-Engel, <i>et al.</i> , 2003)
	$> .85$	Acceptable fit (Schermelleh-Engel <i>et al.</i> , 2003)
Comparative fit index (CFI)	$> .95$	Good fit (Hu & Bentler, 1999)
	$> .90$	Acceptable fit (Hair <i>et al.</i> , 2010; Kline, 2011)

The process of CFA in this study employed covariance matrices and standard deviation as input data matrices to analyse the data, since the analysis of correlation matrix data may create an error in standard error computation (Hair *et al.*, 2010). Maximum Likelihood estimation method (ML) has been the most widely used in studies of structural equation modelling because this estimation method seems to be quite robust against the violation of normality assumption of the observed variables (Chou & Bentler, 1995; Schermelleh-Engel *et al.*, 2003). Moreover, ML is able to provide parameter estimates and standard errors that are asymptotically unbiased, consistent and efficient (Schermelleh-Engel *et al.*, 2003). Thus, ML was utilised in this study because the usable sample size was sufficiently large ( $n=885$ ) and the scales of observed indicators were continuous. Additionally, the assumptions of the multivariate normal distribution of the observed items were met and the variables in the hypothesised model were believed to be specified correctly.

## 5.11 Confirmatory Factor Analysis for All Samples (n=885)

### 5.11.1 Confirmatory Factor Analysis for Motivations for All Samples

Twenty indicators were utilised to measure the motivations of the wellness tourists. The mean score and standard deviation for each motivation observed item are presented in Table 5.17. The mean scores ranged between 4.23 and 5.24. There are two types of measurement models for this scale: first-order factors (Transcendence, Escape and relaxation, Self-indulgence and Re-establish self-esteem) and second-order factors. First-order models represent the relationship between latent variables and observed variables, while second-order models represent the hypothesis that the latent variables of first-order models can be accounted by another latent factor underlying the higher constructs. The unstandardised and standardised coefficients were estimated and then the modification indices (MI) and fitted variance-covariance matrix residuals (RS) were examined.

**Table 5.17 Result of the Measurement Scales of Motivations for All Samples**

Items		Mean	Std. Deviation
<b>TRC</b>	<b>Transcendence</b>		
Trance1	To be at peace with myself.	5.18	1.728
Trance2	To give me time and space for reflection.	5.24	1.676
Trance3	To contemplate what is important to me.	5.15	1.649
<b>ESC_RLX</b>	<b>Escape and relaxation</b>		
Escape1	To escape the demands of everyday life.	4.34	1.85
Escape2	To get away from everything.	5.08	1.521
<b>ING</b>	<b>Self-indulgence</b>		
Indugen2	To relax.	4.8	1.783
Indugen3	To catch up with my lifestyle.	4.6	1.755
<b>EST</b>	<b>Re-establish self esteem</b>		
Esteem1	To gain more confidence about myself.	4.83	1.727
Esteem3	To increase my self-esteem.	4.23	1.9

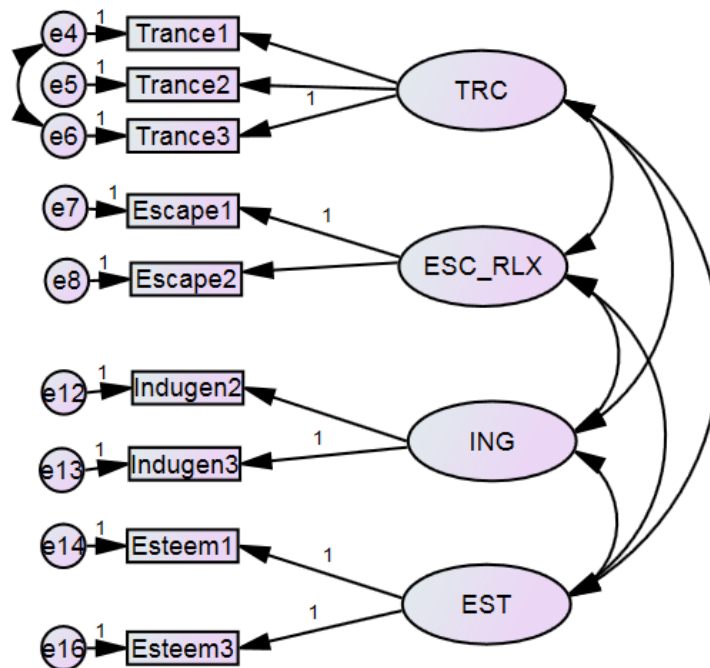
Table 5.18 presents the first-order measurement model for travel motivations. The results of the initial estimation of the first order CFA were not acceptable since there was a Chi-square value of 1931.38 with 155 degrees of freedom ( $p < 0.001$ ) and a Root Mean Square Error of Approximation (RMSEA) of 0.114. RMSEA explains the error of approximation in the population; values should be less than 0.08 for an acceptable fit. Accordingly, other fit indices also indicated a poor fit and suggested that the estimate parameters should be modified. First of all, based on the results of the t-value, standard error, squared multiple correlations ( $R^2$ ), and standardised coefficient, eleven indicators



(Health1, Health2, Health3, Relax2, Indugen1, Escape3, Esteem2, Novel1, Novel2, Imother1 and Imother2) were deleted because of low t-values, high standard error and low explained variances construct. A t-value, which represents the parameter estimate divided by its standard error, greater than  $\pm 1.96$  at the 0.05 significant level indicates that an indicator is significantly associated to the construct (Byrne, 2010). The squared multiple correlation is used to estimate the indicator reliability that explains the extent to which an item adequately measures its associated underlying construct. There are no specific cut-offs for interpreting these values (Hair *et al.*, 2010), however this value should be high ranging from 0.00 to 1.00. (Schumacker & Lomax, 2010).

After the deletion, the CFA with nine indicators was modified to estimate whether or not the collected data fitted the modified model. The results of the CFA indicated an acceptable fit with a Chi-square ( $\chi^2$ ) value of 78.372 with 22 degree of freedom, a RMSEA of 0.04 and a SRMR of 0.029. Other fit indices also produced satisfactory results: the Goodness-of-Fit Index (GFI=0.981), the Adjusted Goodness-of-Fit Index (AGFI=0.961) and the Comparative Fit Index (CFI=0.976). However, the modification indices (MI) showed that the model would achieve a better fit if highly correlated indicators were adjusted. Adjustment of the error-correlated indicators (error covariances) should be made based on the theoretical or empirical justification (Byrne, 2010; Hair *et al.*, 2010). This method enables the retention of the original items that may be somewhat beneficial in the interpretation for practical purposes. According to the results of the modification indices (MI), one sets of correlated errors was found; between Trance1 and Trance2 (MI=7.239).

**Figure 5.1 First-order Measurement Model of Motivations for All Samples**



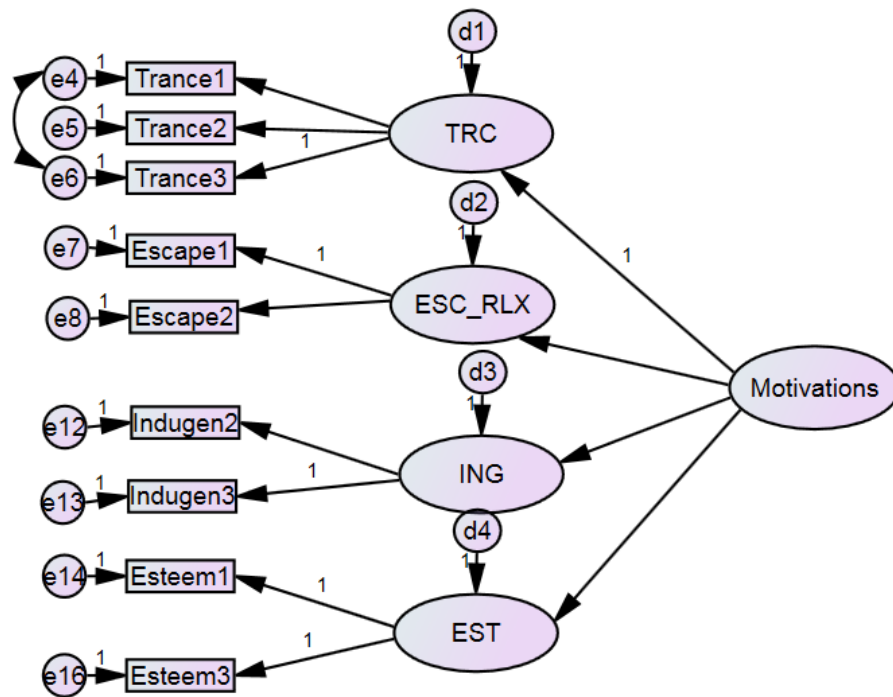
The final results of the first order CFA for travel motivations are presented in Figure 5.1. The problems associated with using the Chi-square test is that the significant level is highly sensitive to the sample size. Thus other fit statistics should be considered closely rather than using the Chi-square statistics alone. Although the re-specified model resulted in a Chi-square ( $\chi^2$ ) of 78.372 with 22 degrees of freedom that was significant at a level of 0.05 ( $p=0.000$ ), the normed Chi-square ( $\chi^2/df$ ) of 3.562 suggested an acceptable fitted for the first order CFA model. All other fit indices also showed that the data successfully fitted the model with RMSEA=0.054, SRMR=0.029, GFI=0.981, AGFI=0.961 and CFI=0.976 (Table 5.18).

**Table 5.18 Goodness-of-Fit Statistics of Motivations Scales for All Samples**

<b>Goodness-of-Fit Statistics</b>	<b>Motivation First-order</b>	<b>Motivation Second-order</b>
<b>Absolute Fit Measures</b>		
<b>Chi-square (<math>\chi^2</math>)</b>	78.372	82.062
<b>Degrees of freedom (df)</b>	22	23
<b>P-value</b>	0.000	0.000
<b><math>\chi^2/df</math></b>	3.562	3.568
<b>Standardised Root mean square error of approximation (RMSEA)</b>		
	0.054	0.054
<b>Root mean square residual (SRMR)</b>		
	0.029	0.032
<b>Goodness-of-fit index (GFI)</b>		
	0.981	0.981
<b>Parsimonious Fit Measure</b>		
<b>Adjusted goodness-of-fit index (AGFI)</b>	0.961	0.962
<b>Incremental Fit Measure</b>		
<b>Comparative fit index (CFI)</b>	0.976	0.975

The second-order measurement model of travel motivations for all samples is presented in Figure 5.2. Further, the initial correlation paths between the nine observed items and four latent constructs were linked and examined for second-order factor structure. The second-order factor structure suggested that the sub dimensions of the motivations shared common variances. The four latent constructs (Transcendence, Escape and Relaxation, Self-indulgence and Re-establish Self-esteem) exhibited factor loadings ranging from 0.559 to 0.781 (Table 5.19), which were greater than the recommendation cut-off value of 0.5 suggested by Hair *et al.* (2010). Subsequently, the four sub-dimensions in the first-order measurement model were further predicted by a higher order of latent variable of travel motivations. The fit indices ( $\chi^2=82.062$ ,  $df=23$ ,  $\chi^2/df=3.568$ ,  $RMSEA=0.054$ ;  $SRMR=0.032$ ,  $GFI=0.981$ ,  $AGFI=0.962$  and  $CFI=0.975$ ) again suggested that the model had an acceptable fit (Table 5.18). These results provided good evidence that the motivations scales fitted best using a second-order model.

**Figure 5.2 Second-order Measurement Model of Motivations for All Samples**



Additionally, the t-value associated with each of the loadings exceeded the critical values for a significant level of 0.05 ( $\pm 1.96$ ) and the standardised factor loadings which determine the relative importance of the nine observed variables as indicators of travel motivations construct revealed relatively high loadings, ranging from 0.617 to 0.888 (Table 5.19). In addition, standardised loadings for the four latent variables in second order ranged from 0.559 to 0.781. In terms of estimating the squared multiple correlations ( $R^2$ ), the values ranged between 0.322 and 0.616. Further, the composite reliability of the first order measurement constructs ranged between 0.707 and 0.839 which exceeded the recommended threshold level of 0.70 (Hair *et al.*, 2010: 695). The overall amount of variance in the indicators accounted for by each first order latent construct was further analysed. The value should exceed a threshold guideline level of 0.50 for the construct (Fornell & Larcker, 1981; Hair *et al.*, 2010: 695). In this study, the extracted variance for the four constructs of travel motivations revealed values ranging from 0.524 to 0.635 which exceeded a recommended cut-off.

Table 5.20 demonstrates the results of discriminant validity of the motivation scales. The correlations among the four constructs were found not to exceed their corresponding square root of average variance extracted, which indicated satisfactory fits

of discriminant validity of the motivations scale. Overall, the travel motivations construct retained nine observed indicators with satisfactory results of fit indices, as discussed.

**Table 5.19 Factor loadings of Motivation Scales for All Samples**

Items	Standardise d Loadings	Standard Error	t- statistic	P- value	R <sup>2</sup>	CR <sub>b</sub>	AVE <sub>a</sub>
<b>TRC</b>	<b>0.559</b>	-	-	-	<b>0.322</b>	<b>0.839</b>	<b>0.635</b>
Trance1	0.888	0.075	16.951	***			
Trance2	0.723	0.086	11.724	***			
Trance3	0.724	-	-	-			
<b>ESC_RLX</b>	<b>0.685</b>	<b>0.163</b>	<b>9.559</b>	<b>***</b>	<b>0.445</b>	<b>0.700</b>	<b>0.524</b>
Escape1	0.810	-	-	-			
Escape2	0.617	0.056	11.035	***			
<b>ING</b>	<b>0.781</b>	<b>0.162</b>	<b>9.629</b>	<b>***</b>	<b>0.616</b>	<b>0.707</b>	<b>0.547</b>
Indugen2	0.719	0.07	13.828	***			
Indugen3	0.756	-	-	-			
<b>EST</b>	<b>0.713</b>	<b>0.152</b>	<b>10.021</b>	<b>***</b>	<b>0.508</b>	<b>0.755</b>	<b>0.607</b>
Esteem1	0.818	-	-	-			
Esteem3	0.740	-	-	-			

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

**Table 5.20 Discriminant Validity of Motivation Scales for All Samples**

	CR <sub>b</sub>	AVE <sub>a</sub>	EST	ING	ESC_RLX	TRC
<b>EST</b>	0.755	0.607	0.779			
<b>ING</b>	0.707	0.547	0.505	0.740		
<b>ESC_RLX</b>	0.700	0.524	0.487	0.571	0.724	
<b>TRC</b>	0.839	0.635	0.454	0.449	0.284	0.797

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*Note: Square root of average variance extracted (AVE) is shown on the diagonal of the matrix in boldface; inter-construct correlation is shown off the diagonal*

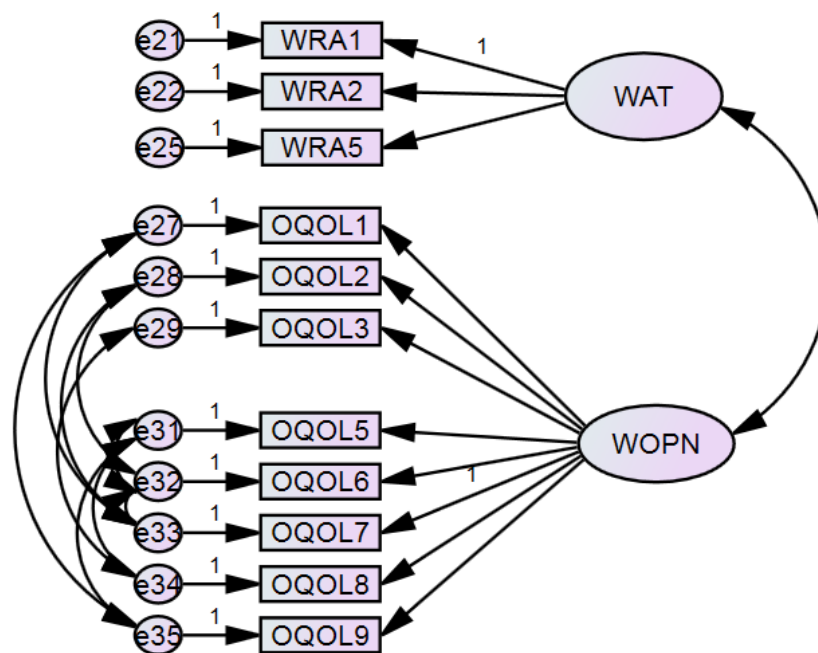
### 5.11.2 Confirmatory Factor Analysis for Lifestyle Congruence for All Samples

A total of 15 observed indicators were utilised to evaluate whether the collected data fitted the model of lifestyle congruence. The mean score and standard deviation for each lifestyle congruence indicator are presented in Table 5.21. The mean scores ranged between 4.55 and 5.47. The results of the initial estimation of the CFA for the construct did not show a well-fitting model, with a Chi-square value of 877.762 with 88 degrees of freedom ( $p < 0.01$ ) and an RMSEA of 0.101. Other fit indices also indicated that the

specified model was not acceptable and needed to be re-specified, showing SRMR=0.0758, GFI=0.875, AGFI=0.83 and CFI=0.851. After reviewing the t-values, standard errors, squared multiple correlations and standardised loadings, four items (WRA3, WRA4, WRA6 and OQOL4) were deleted due to their low contributions in fitting the data to the model.

With the re-specified model having eleven observed indicators, the results of the first order CFA for lifestyle congruence still did not produce the satisfactory results of a well-fitting model, showing a Chi-square value of 526.455 with 43 degrees of freedom ( $p < 0.01$ ) and a RMSEA value of 0.11. The model possibly contained error-correlated indicators, so the modification indices were examined. There was clear evidence of misspecification associated with the pairing of OQOL3 and OQOL8 (MI=116.826), OQOL1 and OQOL7 (MI=59.882), OQOL2 and OQLO7 (MI=26.431), OQOL6 and OQOL7 (MI=24.125), OQOL2 and OQOL6 (MI=14.053), OQOL1 and OQOL9 (MI=17.648), OQOL5 and OQOL9 (MI=15.844), OQOL8 and OQOL9 (MI=17.326) and OQOL5 and OQOL8 (MI=6.265) (Figure 5.3). The results of the estimation for the final specified first order model with eleven indicators are presented in Table 5.22. The first order model produced results having a Chi-square value of 131.98 with 34 degrees of freedom with the significant level ( $p < 0.01$ ). However, the normed Chi-square ( $\chi^2/df$ ) of 3.882 indicated an acceptable fit for the first order CFA of the lifestyle congruence model. All other fit indices also yielded quite strong values of a well-fitting model with RMSEA = 0.057, SRMR=0.044, GFI=0.973, AGFI=0.948 and CFI=0.977.

**Figure 5.3 First-order Measurement Model of Lifestyle Congruence for All Samples**

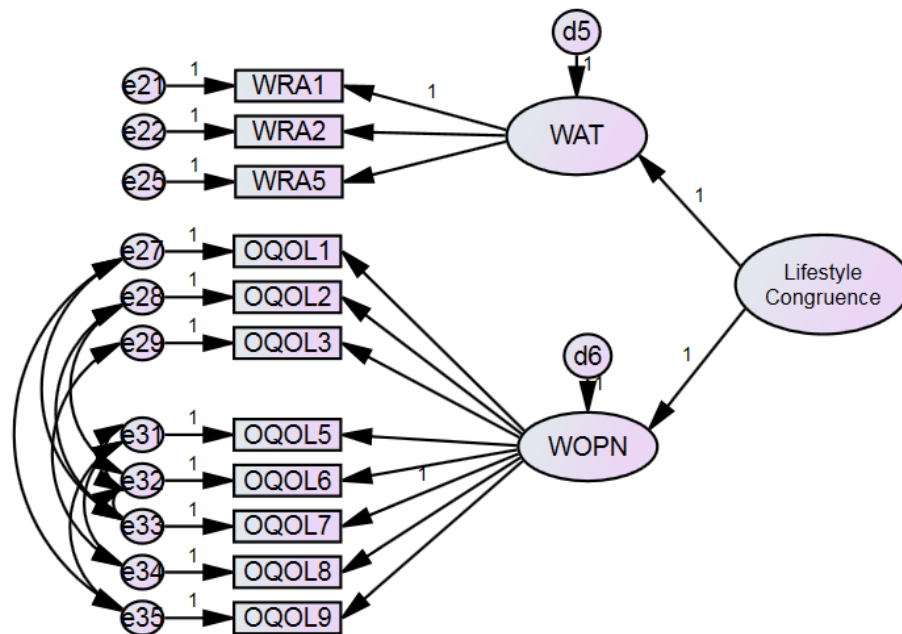


**Table 5.21 Results of Measurement Scales of Lifestyle Congruence for All Samples**

Items		Mean	Standard Deviation
<b>WAT</b>	<b>Wellness Related Activities</b>		
WRA1	I follow a planned exercise programme.	4.55	1.808
WRA2	I exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber).	5.38	1.843
WRA5	I consider myself to have a nutritional balanced diet from vegetable fruits, meat, poultry, fish, dried beans, eggs and nuts group each day.	4.71	1.533
<b>WOPN</b>	<b>Perceived Wellness Congruence</b>		
OQOL1	I have a very high quality of life.	5.3	1.352
OQOL2	Although I have my ups and downs, in general, I feel good about my life.	5.47	1.271
OQOL3	I lead a meaningful and fulfilling life.	4.96	1.318
OQOL5	My social relationships are supportive and rewarding.	5.22	1.431
OQOL6	In general, I consider myself a happy person.	5.37	1.359
OQOL7	Compared to most of my peers, I consider myself a happy person.	5.32	1.318
OQOL8	In most ways my life is close to my ideal.	4.63	1.375
OQOL9	I am satisfied with my life.	5.12	1.337

Figure 5.4 presents the second-order of measurement model of lifestyle congruence. The initial correlation paths between the eleven indicators and two latent variables were connected to calculate the second-order factor structure. The findings of second-order factor structure suggested that the sub-dimensions of lifestyle congruence components (wellness related activities and perceived wellness congruence) shared common variances. The factor loadings of the two latent constructs were 0.667 and 0.811 respectively, which exceeded the suggested value of 0.5 (Hair *et al.*, 2010). The higher order model of lifestyle congruence was then estimated. The findings suggested that the two latent variables in the first-order lifestyle congruence model were further explained by a higher level latent variable: The goodness-of-fit indices, the normed Chi-square ( $\chi^2/df$ ) of 3.882 and RMSEA of 0.057 indicated the satisfactory fit of model to the data. The other fit indices (SRMR=0.044, GFI=0.973, AGFI=0.948 and CFI=0.977) also suggested that the model had a good fit to the data (Table 5.22). These results indicated good evidence that the lifestyle congruence measure best fitted a second-order measurement model.

**Figure 5.4 Second-order Measurement Model of Lifestyle Congruence for All Samples**





**Table 5.22 Goodness-of-Fit Statistics of Lifestyle Congruence Scales for All Sample**

	<b>Lifestyle First order</b>	<b>Lifestyle Second order</b>
<b>Absolute Fit Measures</b>		
<b>Chi-square (<math>\chi^2</math>)</b>	131.984	131.984
<b>Degrees of freedom (df)</b>	34	34
<b>P-value</b>		
<b><math>\chi^2/df</math></b>	3.882	3.882
<b>Standardised Root mean square error of approximation (RMSEA)</b>		
	0.057	0.057
<b>Root mean square residual (SRMR)</b>		
	0.044	0.044
<b>Goodness-of-fit index (GFI)</b>		
	0.973	0.973
<b>Parsimonious Fit Measure</b>		
<b>Adjusted goodness-of-fit index (AGFI)</b>	0.948	0.948
<b>Incremental Fit Measure</b>		
<b>Comparative fit index (CFI)</b>	0.977	0.977

Table 5.23 shows that the t-value associated with each of the loadings exceeded the critical values for a significant level of 0.05 ( $\pm 1.96$ ), the completely standardised loadings for the eleven observed indicators ranged from 0.524 to 0.805 and standardised loadings for the two latent variables were between 0.667 and 0.811. The squared multiple correlations ( $R^2$ ) ranged between 0.445 and 0.657. The estimates of the reliability and variance extracted for this construct yielded construct reliability between 0.730 and 0.886 and variance extracted values of 0.478 and 0.506. These values were assessed to see whether the specified indicators were sufficient in representing the lifestyle congruence construct. The construct reliability exceeded the recommended level of 0.70, but the variance extracted measure of wellness related activities was slightly less than the recommended level of 0.50. This may be due to the comparatively low correlations with the construct and the high error covariance (Hair *et al.*, 2010). Thus, more caution on these items was taken when estimating hypothesised model fit in further analysis for the overall measurement model. However, this measurement scale with eleven indicators was reliable and acceptable to measure the construct of lifestyle congruence.

The discriminant validity of the measurement model was also examined (Table 5.24). The square root of the AVE values for the latent constructs were compared to the correlations between the corresponding constructs and none of the correlations surpassed the square root of the AVE values. The tests suggested that the discriminant validity was upheld for this measurement model.

**Table 5.23 Factor loadings of Lifestyle Congruence Scales for All Samples**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	R <sup>2</sup>	CR <sub>b</sub>	AVE <sub>a</sub>
<b>WAT</b>	<b>0.667</b>	-	-	-	<b>0.445</b>	<b>0.730</b>	<b>0.478</b>
WRA1	0.633	-	-	-			
WRA2	0.779	0.092	13.597	***			
WRA5	0.620	0.059	10.3	***			
<b>WOPN</b>	<b>0.811</b>	-	-	-	<b>0.657</b>	<b>0.886</b>	<b>0.506</b>
OQOL1	0.745	-	-	-			
OQOL2	0.697	0.048	18.513	***			
OQOL3	0.711	0.049	19.138	***			
OQOL5	0.524	0.052	14.202	***			
OQOL6	0.764	0.05	20.498	***			
OQOL7	0.716	0.053	17.71	***			
OQOL8	0.626	0.052	16.418	***			
OQOL9	0.805	0.053	20.102	***			

AVE<sub>a</sub> : Average variance extracted

CR<sub>b</sub> : Composite reliability

\*\*\*P-value < 0.001

**Table 5.24 Discriminant Validity of Lifestyle Congruence Scales for All Samples**

	CR <sub>b</sub>	AVE <sub>a</sub>	WAT	WOPN
<b>WAT</b>	0.730	0.478	0.691	
<b>WOPN</b>	0.886	0.506	0.541	0.707

AVE<sub>a</sub> : Average variance extracted

CR<sub>b</sub> : Composite reliability

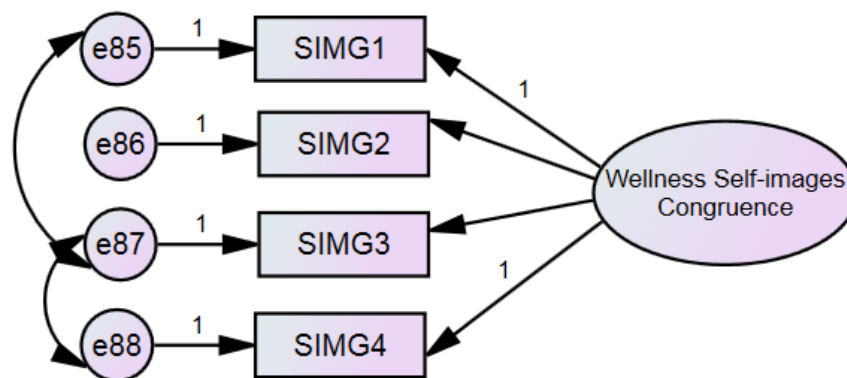
Note: Square root of average variance extracted (AVE) is shown on the diagonal of the matrix in boldface; inter-construct correlation is shown off the diagonal

### 5.11.3 Confirmatory Factor Analysis for Wellness Self- Image Congruence for All Samples

This measurement scale consisted of four wellness self-image congruence items (Figure 5.5). The mean score and standard deviation for each wellness self-image congruence items are presented in Table 5.25. The mean scores ranged from 4.83 to 5.49. The initial estimations of the hypothesised model did not produce satisfactory results, indicating a Chi-square values of 64.608 with 2 degrees of freedom (p<0.001) and a RMSEA value of 0.188. Thus, the highest MI values in terms of misspecified parameters and evidence of error covariance were found between SIMG3 and SIMG4 (MI=31.854) and SIMG1 and SIMG3 (MI=8.483). After re-specifying the model by correlated error covariance, the Chi-square value of 0.473 with 1 degrees of freedom (p=0.492)

represented a better fit compared to the previous model and indicated a well-fitting model (Table 5.26). Other goodness-of-fit indices also supported that the revised model fitted the collected sample data fairly well ( $\chi^2/df=0.473$ , RMSEA=0.000, SRMR=0.004, GFI=1.000, AGFI=0.997 and CFI=1.000). The standardised loadings for wellness self-image congruence indicators ranged from 0.600 to 0.702 (Table 5.27). All of the t-values associated with each of the loadings exceeded the critical values ( $\pm 1.96$ ) for the significant level of 0.05. Consequently, it was concluded that all variables were significantly related to the construct of wellness self-image congruence which indicated that relationships among the indicators and constructs were verified.

**Figure 5.5 First-order Measurement Model of Wellness Self-Image Congruence for All Samples**



**Table 5.25 Results of Measurement of Wellness Self-Image Congruence Scales for All Samples**

Items		Mean	Standard Deviation
SIMG1	This wellness related holiday is consistent with how I see myself.	5.21	1.405
SIMG2	This wellness related holiday is consistent with how I like to see myself.	5.49	1.311
SIMG3	This wellness related holiday is consistent with how I believe others see me.	4.83	1.487
SIMG4	This wellness related holiday is consistent with how I would like others to see me.	5.02	1.419

Subsequently, the reliability and variance extracted measures of this construct were estimated. The results revealed that the construct reliability value was 0.796 which exceeded the recommended levels of 0.70 and the variance extracted value was 0.500 which was approximately equal to the suggested cut-off value. The t-value associated with each of the loadings exceeded the critical values for a significant level of 0.05 ( $\pm 1.96$ ). Overall, the goodness-of-fit indices and other estimated parameters and variances supported that the hypothesised model with four observed variables fitted the data reasonably well.

**Table 5.26 Goodness-of-Fit Statistics of Wellness Self-Image Congruence Scales for All Samples**

	<b>Self-image First-order</b>
<b>Absolute Fit Measures</b>	
Chi-square ( $\chi^2$ )	0.473
Degree of freedom (df)	1
P-value	0.492
$\chi^2/df$	0.473
Standardised Root mean square error of approximation (RMSEA)	0.000
Root mean square residual (SRMR)	0.004
Goodness-of-fit index (GFI)	1.000
<b>Parsimonious Fit Measure</b>	
Adjusted goodness-of-fit index (AGFI)	0.997
<b>Incremental Fit Measure</b>	
Comparative fit index (CFI)	1.000

**Table 5.27 Factor loadings and Discriminant Validity of Wellness Self-Image Congruence Scales for All Samples**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	CR <sub>b</sub>	AVE <sub>a</sub>
<b>Self-image</b>					<b>0.796</b>	<b>0.500</b>
SIMG1	0.702	-	-	-		
SIMG2	0.798	0.074	14.406	***		
SIMG3	0.691	-	-	-		
SIMG4	0.600	0.053	16.707	***		

*AVE<sub>a</sub> : Average variance extracted*

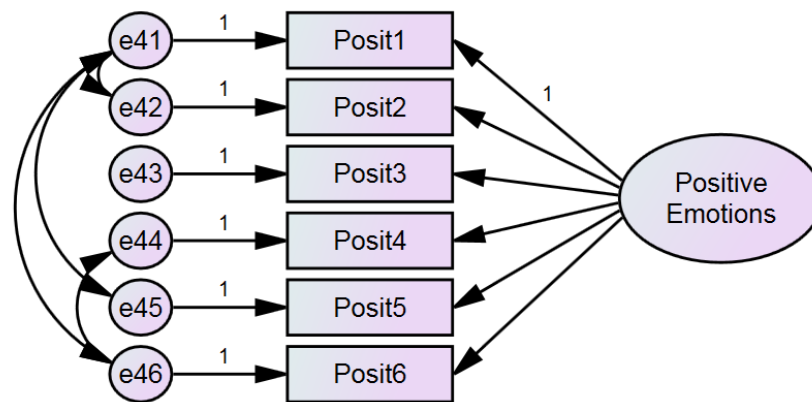
*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

### 5.11.4 Confirmatory Factor Analysis for Positive Emotions for All Samples

The measurement scale for Positive Emotions was comprised of six observed indicators (Figure 5.6). The mean score and standard deviation for each positive emotions scale are presented in Table 5.28. The mean scores ranged between 5.34 and 5.76. The results of the initial estimation of the CFA for the construct did not show a well-fitting model. The Chi-square value of 210.751 with 9 degrees of freedom was statistically significant ( $p < 0.001$ ), suggesting that the hypothesised model needed to be re-specified.

**Figure 5.6 First-order Measurement Model of Positive Emotions for All Samples**



**Table 5.28 Results of Measurement Scales of Positive Emotions for All Samples**

Items		Mean	Standard Deviation
Posit1	I felt good.	5.76	1.213
Posit2	I felt positive.	5.67	1.221
Posit3	I felt pleasant.	5.34	1.324
Posit4	I felt a sense of joy.	5.49	1.347
Posit5	I felt happy.	5.72	1.246
Posit6	I felt contented.	5.41	1.323

From the results of the modification indices (MI), four sets of correlated errors were found; between Posit4 and Posit6 (MI = 145.868), Posit1 and Posit6 (MI=98.914), Posit1 and Posit2 (MI=14.066) and Posit1 and Posit5 (MI=10.594). The CFA was run with the re-specified model and six indicators were estimated and presented in Table 5.29. All other fit indices yielded fairly strong values of a well-fitting model ( $\chi^2=9.654$ ,  $df=5$ ,  $p=0.086$ ,  $\chi^2/df=1.931$ ,  $RMSEA=0.032$ ,  $SRMR=0.010$ ,  $GFI=0.996$ ,  $AGFI=0.984$  and  $CFI=0.998$ ). The standardised loadings for positive emotion indicators ranged from 0.617

to 0.843 (Table 5.30). Further, the composite reliability of this measurement construct resulted in 0.879, which exceeded the recommended threshold level of 0.70 (Hair *et al.*, 2010: 695). The variance extracted measure revealed a value of 0.550, which also exceeded the suggested cut-off value of 0.50. The t-value associated with each of the loadings exceeded the critical values ( $\pm 1.96$ ) for a significant level of 0.05 (Table 5.30). Overall, the positive emotions construct retained six observed indicators with satisfactory results of fit indices, as discussed.

**Table 5.29 Goodness-of-Fit Statistics of Positive Emotions for All Samples**

<b>Positive Emotions</b>	
<b>Absolute Fit Measures</b>	
Chi-square ( $\chi^2$ )	9.654
Degrees of freedom (df)	5
P-value	0.086
$\chi^2/df$	1.931
Standardised Root mean square error of approximation (RMSEA)	0.032
Root mean square residual (SRMR)	0.010
Goodness-of-fit index (GFI)	0.996
<b>Parsimonious Fit Measure</b>	
Adjusted goodness-of-fit index (AGFI)	0.984
<b>Incremental Fit Measure</b>	
Comparative fit index (CFI)	0.998

**Table 5.30 Factor loadings and Discriminant Validity of Positive Emotion for All Samples**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	CR <sub>b</sub>	AVE <sub>a</sub>
<b>Positive</b>					<b>0.879</b>	<b>0.550</b>
Posit1	0.698	-	-	-		
Posit2	0.748	0.05	21.723	***		
Posit3	0.714	0.06	18.715	***		
Posit4	0.806	0.064	20.044	***		
Posit5	0.843	0.053	23.42	***		
Posit6	0.617	0.047	20.632	***		

*AVE<sub>a</sub>* : Average variance extracted

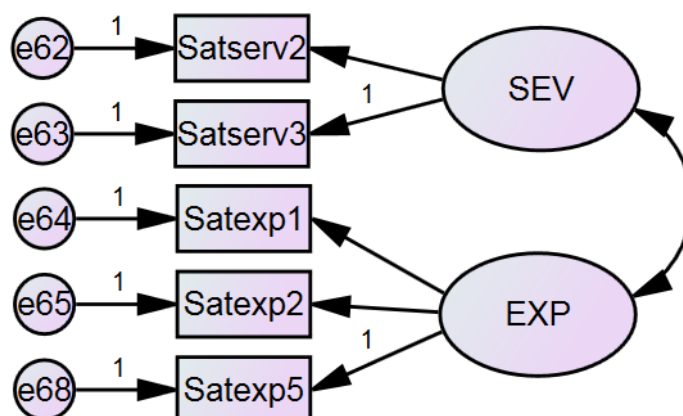
*CR<sub>b</sub>* : Composite reliability

\*\*\*P-value < 0.001

### 5.11.5 Confirmatory Factor Analysis for Satisfaction during the Trip for All Samples

A total of eight observed indicators were utilised to evaluate whether the collected data fitted the model of satisfaction during the trip. The mean score and standard deviation of the satisfaction during the trip scale are presented in Table 5.31. The mean scores ranged between 5.18 and 6.27. The results of the initial estimation of the first order CFA did not show an acceptable-fitting model, having a Chi-square value of 301.076 with 19 degrees of freedom ( $p < 0.001$ ) and an RMSEA of 0.13. Other fit indices also indicated that the specified model was not acceptable ( $\chi^2/df=15.846$ , SRMR=0.063, GFI=0.912, AGFI=0.833 and CFI=0.907). Thus, model re-specification was needed. After reviewing the t-values, standard errors, squared multiple correlations and completely standardised loadings, three indicators (Satserv1, Satexp3 and Satexp4) were deleted due to their low contributions in fitting the data to the model. After recreating the covariance matrices for the first order CFA, the re-specified model with the five indicators was estimated. The final results of the first order CFA for satisfaction during the trip are presented in Table 5.32. Although the re-specified model resulted in a Chi-square ( $\chi^2$ ) of 6.688 with 4 degrees of freedom that was significant at a level of 0.05 ( $p < 0.01$ ), all other fit indices showed that the data successfully fitted the model with ( $\chi^2/df=1.672$ , RMSEA=0.028, SRMR=0.011, GFI=0.997, AGFI=0.989 and CFI=0.998).

**Figure 5.7 First-order Measurement Model of Satisfaction during the Trip for All Samples**



**Table 5.31 Results of Measurement Scales of Satisfaction during the Trip for All Samples**

Items		Mean	Standard Deviation
<b>SEV</b>	<b>Satisfaction with wellness destination services</b>		
Satserv2	Tourist services provided at the vacation site were problem-free.	5.18	1.449
Satserv3	The cost of tourist services at the vacation site was reasonable and well worth it.	5.67	1.356
<b>EXP</b>	<b>Satisfaction with wellness trip experiences</b>		
Satexp1	I am happy about my decision to choose this wellness vacation.	6.04	1.167
Satexp2	I believe I did the right thing when I chose this wellness vacation.	6.27	0.902
Satexp5	I have enjoyed myself on this wellness vacation.	5.82	1.19

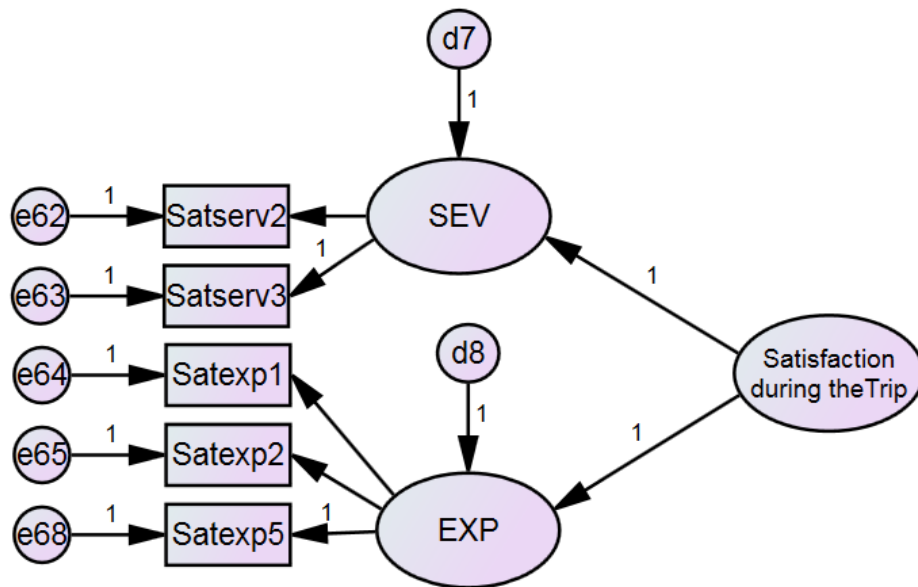
According to the second-order measurement model of satisfaction during the trip (Figure 5.8), correlation paths between the five observed items and two latent constructs were connected to determine the second-order factor structure. The factor loadings of the two latent variables (Satisfaction with wellness destination services and Satisfaction with wellness trip experiences) were 0.768 and 0.960, which exceeded the cut-off value of 0.5 (Hair *et al.*, 2010). The two latent constructs from the first order measurement model were further examined by a higher order of latent variable of satisfaction during the trip. All fit indices ( $\chi^2=6.688$ ,  $df =4$ ,  $p=0.000$ ,  $\chi^2/df=1.672$ ,  $RMSEA=0.028$ ,  $SRMR=0.011$ ,  $GFI=0.997$ ,  $AGFI=0.989$  and  $CFI=0.998$ ) suggested that the model fitted fairly well with the data (Table 5.32). The findings provided supporting evidence that the satisfaction during the trip scale fitted best using a second-order model.

Table 5.33 shows that the t-value associated with each of the loadings exceeded the critical values for a significant level of 0.05 ( $\pm 1.96$ ), the completely standardised factor for satisfaction during the trip scale revealed comparatively high loadings in both first order (ranging from 0.660 to 0.884) and second order (between 0.768 and 0.960). The squared multiple correlations ( $R^2$ ) ranged between 0.590 and 0.922. The composite reliability of this measurement construct ranged between 0.700 and 0.828 which exceeded the recommended threshold level of 0.70. The extracted variance for satisfaction during the trip construct revealed values ranging between 0.54 and 0.618 which exceeded the recommended threshold of 0.50. Subsequently, the discriminant validity of the



measurement model was evident since the correlations among the two factors were found not to exceed the square root of AVE values for the latent constructs (Table 5.34). Overall, the satisfaction during the trip construct retained five observed indicators with satisfactory results of fit indices, as discussed.

**Figure 5.8 Second-order Measurement Model of Satisfaction during the Trip for All Samples**



**Table 5.32 Goodness-of-Fit Statistics of Satisfaction during the Trip Scales for All Samples**

	Satisfaction First- order	Satisfaction Second-order
<b>Absolute Fit Measures</b>		
Chi-square ( $\chi^2$ )	6.688	6.688
Degrees of freedom (df)	4	4
P-value	0.000	0.000
$\chi^2/df$	1.672	1.672
Standardised Root mean square error of approximation (RMSEA)	0.028	0.028
Root mean square residual (SRMR)	0.011	0.011
<b>Goodness-of-fit index (GFI)</b>		
Goodness-of-fit index (GFI)	0.997	0.997
<b>Parsimonious Fit Measure</b>		
Adjusted goodness-of-fit index (AGFI)	0.989	0.989
<b>Incremental Fit Measure</b>		
Comparative fit index (CFI)	0.998	0.998

**Table 5.33 Factor loadings of Satisfaction during the Trip Scales for All Samples**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	R <sup>2</sup>	CR <sub>b</sub>	AVE <sub>a</sub>
<b>SEV</b>	<b>0.768</b>	-	-	-	<b>0.590</b>	<b>0.700</b>	<b>0.540</b>
Satserv2	0.660	0.064	12.506	***			
Satserv3	0.795	-	-	-			
<b>EXP</b>	<b>0.960</b>	-	-	-	<b>0.922</b>	<b>0.828</b>	<b>0.618</b>
Satexp1	0.884	0.058	21.379	***			
Satexp2	0.759	0.04	20.288	***			
Satexp5	0.704	-	-	-			

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

**Table 5.34 Discriminant Validity of Satisfaction during the Trip Scales for All Samples**

	CR <sub>b</sub>	AVE <sub>a</sub>	SEV	EXP
<b>SEV</b>	0.700	0.540	0.735	
<b>EXP</b>	0.828	0.618	0.733	0.786

*AVE<sub>a</sub> : Average variance extracted*

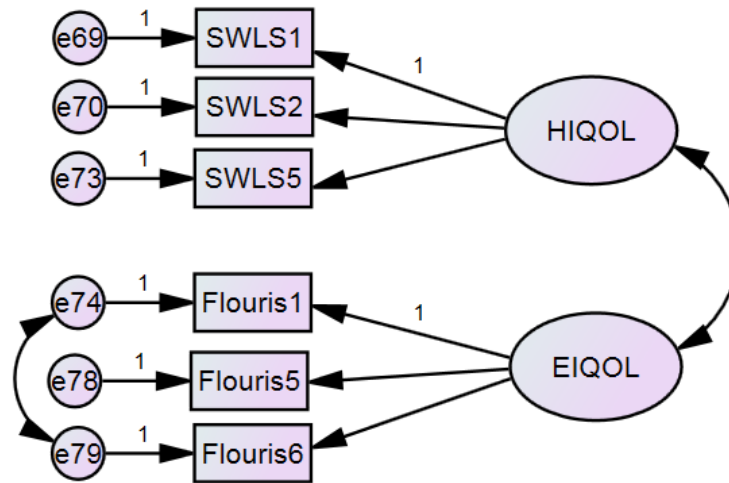
*CR<sub>b</sub> : Composite reliability*

*Note: Square root of average variance extracted (AVE) is shown on the diagonal of the matrix in boldface; inter-construct correlation is shown off the diagonal*

### 5.11.6 Confirmatory Factor Analysis for Incremental Quality of Life for All Samples

This measurement scale consisted of twelve incremental quality of life indicators. The mean score and standard deviation of the incremental quality of life scale are presented in Table 5.35. The mean scores ranged between 5.2 and 5.8. The initial estimations of the first order hypothesised model revealed unacceptable model fit, indicating a Chi-square value of 1038.114 with 53 degrees of freedom ( $p < 0.001$ ) and a RMSEA value of 0.145. Initially, the t-value, standard error, squared multiple correlations ( $R^2$ ), and completed standardized factor loadings were examined. The items having unacceptable values of estimated parameters and variances were removed, including SWLS3, SWLS4, Flouris2, Flouris3, Flouris4 and Flouris7 (See Figure 5.9). Then, the first order CFA was re-estimated (Table 5.36), indicating that the re-estimated hypothesized model fairly fit well with the data ( $\chi^2=19.646$ ,  $df=7$ ,  $p=0.000$ ,  $\chi^2/df=2.807$ ,  $RMSEA=0.045$ ,  $SRMR=0.016$ ,  $GFI=0.993$ ,  $AGFI=0.979$  and  $CFI=0.995$ ).

**Figure 5.9 First-order Measurement Model of Incremental Quality of Life for All Samples**



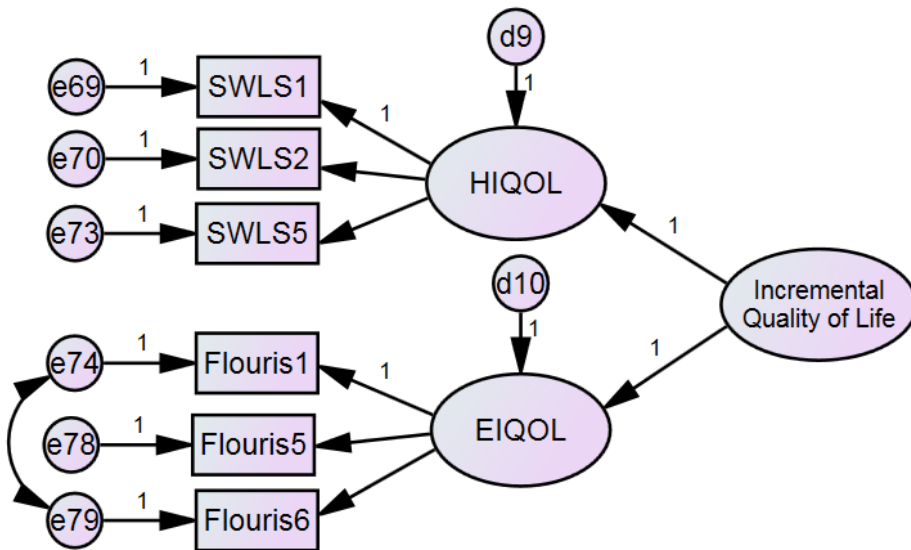
**Table 5.35 Results of Measurement Scales of Incremental Quality of Life for All Samples**

Items		Mean	Standard Deviation
<b>HIQOL</b>	<b>Hedonic incremental quality of life</b>		
SWLS1	This vacation was rewarding to me in many ways.	5.8	1.277
SWLS2	I feel much better about things and myself after this vacation.	5.43	1.336
SWLS5	On this trip, I felt more satisfied with life.	5.66	1.323
<b>EIQOL</b>	<b>Eudaimonic incremental quality of life</b>		
Flouris1	This trip encouraged me to lead a purposeful and meaningful life.	5.41	1.428
Flouris5	This trip made me change my perception of life.	5.2	1.477
Flouris6	The experience from this trip encouraged me to understand myself better.	5.38	1.503

In term of the second order of the incremental quality of life construct as presented in Figure 5.10, six observed indicators and two latent constructs were linked to test the second-order factor structure. The findings showed that the factor loading of the two constructs (Hedonic Incremental Quality of Life and Eudaimonic Incremental Quality of Life) were 0.978 and 0.842 respectively, which exceeded the suggested cut-off value of 0.5. The two latent variables in the first-order model were further explained by a higher

level latent variable with a well-fitting model to the data ( $\chi^2=19.646$ ,  $df=7$ ,  $p=0.000$ ,  $\chi^2/df=2.807$ ,  $RMSEA=0.045$ ,  $SRMR=0.016$ ,  $GFI=0.993$ ,  $AGFI=0.979$  and  $CFI=0.995$ ).

**Figure 5.10 Second-order Measurement Model of Incremental Quality of Life for All Samples**



**Table 5.36 Goodness-of-Fit Statistics of Incremental Quality of Life Scales for All Samples**

	IQOL First-order	IQOL Second-order
<b>Absolute Fit Measures</b>		
Chi-square ( $\chi^2$ )	19.646	19.646
Degrees of freedom (df)	7	7
P-value	0.006	0.006
$\chi^2/df$	2.807	2.807
Standardised Root mean square error of approximation (RMSEA)	0.045	0.045
Root mean square residual (SRMR)	0.016	0.016
Goodness-of-fit index (GFI)	0.993	0.993
<b>Parsimonious Fit Measure</b>		
Adjusted goodness-of-fit index (AGFI)	0.979	0.979
<b>Incremental Fit Measure</b>		
Comparative fit index (CFI)	0.995	0.995

As can be seen in Table 5.37, the t-value associated with each of the loadings exceeded the critical values for a significant level of 0.05 ( $\pm 1.96$ ). The completely standardised loadings for the six observed indicators ranged from 0.742 to 0.813 for the first order model and between 0.842 and 0.978 for the second order model. The squared multiple correlations ( $R^2$ ) in the second order model ranged between 0.709 and 0.957. The estimates of the reliability and variance extracted for this construct yielded the construct reliability values of 0.818 and 0.829 and the variance extracted values of 0.600 and 0.617. These exceeded the recommended level of 0.70 for the construct reliability and the recommended level of 0.50 for the average variance extracted measure.

To examine the discriminant validity of the measurement model (Table 5.38), the square root of AVE values for the latent constructs were compared to the correlations between the corresponding constructs and the squared correlations (0.823) surpassed the square root of AVE values (0.770 and 0.790), which indicated the lack of the discriminant validity for the measurement model. Recently, the empirical evidence suggested that hedonic and eudaimonic well-being overlap conceptually (Kashdan, Biswas-Diener & King, 2008). Previous studies found a high correlation ranging between 0.83 and 0.87 (e.g., Waterman, 1993; Waterman, Schwartz & Conti, 2008). Moreover, a combination of both hedonic and eudaimonic variables were suggested due to the effectiveness in differentiating people's personality profile (Keyes *et al.*, 2002). As the second-order model is most typically applicable for research contexts in which measurement instruments assess several related constructs (Chen, Sousa & West, 2005), the second-order model was employed in this measurement construct. The hedonic and eudaimonic incremental quality of life constructs were accounted for by incremental quality of life underlying the second order construct. Then, incremental quality of life as the second order construct was used to examine the overall measurement model instead of the individual constructs of hedonic and eudaimonic incremental quality of life. Therefore, further remedies were not required and the two constructs with six indicators still remained in this measurement model.

**Table 5.37 Factor loadings of Incremental Quality of Life Scales for All Samples**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	R <sup>2</sup>	CR <sub>b</sub>	AVE <sub>a</sub>
<b>HIQOL</b>	<b>0.978</b>				<b>0.957</b>	<b>0.818</b>	<b>0.600</b>
SWLS1	0.768	-	-	-			
SWLS2	0.742	0.049	20.689	***			
SWLS5	0.813	0.048	22.887	***			
<b>EIQOL</b>	<b>0.842</b>				<b>0.709</b>	<b>0.829</b>	<b>0.617</b>
Flouris1	0.798	-	-	-			
Flouris5	0.761	0.049	19.944	***			
Flouris6	0.797	0.038	27.688	***			

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

**Table 5.38 Discriminant Validity of Incremental Quality of Life Scales for All Samples**

	CR <sub>b</sub>	AVE <sub>a</sub>	HIQOL	EIQOL
<b>HIQOL</b>	0.818	0.600	0.770	
<b>EIQOL</b>	0.829	0.617	0.823	0.790

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*Note: Square root of average variance extracted (AVE) is shown on the diagonal of the matrix in boldface; inter-construct correlation is shown off the diagonal*

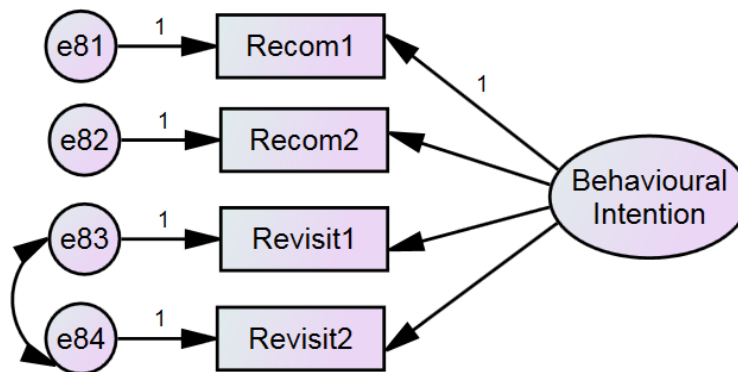
### 5.11.7 Confirmatory Factor Analysis for Behavioural Intentions for All Samples

The measurement scale of behavioural intentions consisted of four items (Figure 5.11). The mean score and standard deviation for each behaviour intention indicators are presented in Table 5.39. The mean scores ranged between 5.39 and 6.27. The initial estimations of the hypothesised model revealed unsatisfactory results, indicating a Chi-square value of 173.28 with 2 degrees of freedom ( $p < 0.001$ ) and a RMSEA value of 0.311 and other fit indices were also unacceptable. After review, the highest modification index (MI) values of misspecified Revisit1 and Revisit2 were highly correlated with the error variances (MI=115.387). After the second CFA was run to estimate the revised model fit, the final results indicated a satisfactory model fit ( $\chi^2=1.013$ ,  $df=1$ ,  $p=0.314$ ,  $\chi^2/df=1.013$ ,  $RMSEA=0.004$ ,  $SRMR=0.004$ ,  $GFI=0.999$ ,  $AGFI=0.994$  and  $CFI=1.000$ ) (Table 5.40).

In term of other parameters, t-value associated with each of the loadings exceeded the critical values ( $\pm 1.96$ ) for a significant level of 0.05 (Table 5.41). The complete

standardised loadings for the four observed indicators ranged from 0.511 to 0.912. The estimates of the construct reliability and variance values of 0.810 and 0.528 respectively, exceeded the recommended levels of 0.70 for construct reliability and 0.50 for the average variance extracted measure. Overall, the goodness-of-fit indices and other estimated parameters and variances substantially supported that the hypothesised model of behavioural intentions construct fitted the data fairly well (Table 5.40). However, the two items Recom1 and Recom2 were removed in further confirmatory factor analysis to improve the discriminant validity of overall measurement. More discussions are provided in the next section.

**Figure 5.11 First-order Measurement Model of Behavioural Intentions for All Samples**



**Table 5.39 Results of Measurement Scales of Behavioural Intention for All Samples**

Items		Mean	Standard Deviation
Recom1	I will recommend this wellness vacation to other people (e.g., friends and relatives).	6.07	1.169
Recom2	I will say positive things about this wellness vacation to other people (e.g., friends and relatives).	6.27	0.905
Revisit1	If I had to decide again, I will choose this wellness vacation again.	5.64	1.316
Revisit2	I will revisit this wellness destination in the near future.	5.39	1.382

**Table 5.40 Goodness-of-Fit Statistics of Behavioural Intention Scales for All Samples**

	<b>Behavioural intention First-order</b>
<b>Absolute Fit Measures</b>	
<b>Chi-square (<math>\chi^2</math>)</b>	1.013
<b>Degree of freedom (df)</b>	1
<b>P-value</b>	0.314
<b><math>\chi^2/df</math></b>	1.013
<b>Standardised Root mean square error of approximation (RMSEA)</b>	0.004
<b>Root mean square residual (SRMR)</b>	0.004
<b>Goodness-of-fit index (GFI)</b>	0.999
<b>Parsimonious Fit Measure</b>	
<b>Adjusted goodness-of-fit index (AGFI)</b>	0.994
<b>Incremental Fit Measure</b>	
<b>Comparative fit index (CFI)</b>	1.000

**Table 5.41 Factor loadings and Discriminant Validity of Behavioural Intention Scales for All Samples**

<b>Items</b>	<b>Standardised Loadings</b>	<b>Standard Error</b>	<b>t-statistic</b>	<b>P-value</b>	<b>CR<sub>b</sub></b>	<b>AVE<sub>a</sub></b>
<b>Intention</b>					<b>0.810</b>	<b>0.528</b>
Recom1	0.912	0.118	13.685	***		
Recom2	0.794	0.079	13.718	***		
Revisit1	0.624	0.078	16.009	***		
Revisit2	0.511	-	-	-		

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

### 5.11.8 Overall Measurement Model for All Samples

Prior to estimating the overall measurement model, each measurement model was separately examined to investigate whether the collected data fairly fitted the specified observed indicators of each construct. Based on the results of the goodness-of-fit indices, modification indices and estimated coefficient scores such as t-values and multiple correlations, the measurement models for each construct were modified and re-specified to determine the statistical and theoretical soundness of the constructs. Consequently, each final model represented the best-fitting model to the data in terms of parsimony and substantive meaningfulness.



Accordingly, 43 observed indicators associated with seven constructs were determined from CFA, as shown in Table 5.42. The overall measurement model consisted of seven constructs represented by motivations, lifestyle congruence, wellness self-images congruence, positive emotions, satisfaction during the trip, incremental quality of life and behavioural intentions. Given these seven constructs, 9 observed indicators loaded onto motivations, 11 observed indicators loaded onto lifestyle congruence, 4 observed indicators loaded onto wellness self-images congruence, 6 observed indicators loaded onto positive emotions, observed 6 indicators loaded onto incremental quality of life and 2 onto behavioural intentions.

**Table 5.42 Seven Constructs and the final 43 Observed Indicators for the Overall Measurement Model**

<b>Constructs &amp; Indicators</b>	
<b><u>Motivations</u></b>	
<b>TRC</b>	<b>Transcendence</b>
Trance1	To be at peace with myself.
Trance2	To give me time and space for reflection.
Trance3	To contemplate what is important to me.
<b>ESC_RLX</b>	<b>Escape and relaxation</b>
Escape1	To escape the demands of everyday life.
Escape2	To get away from everything.
<b>ING</b>	<b>Self-indulgence</b>
Indugen2	To relax.
Indugen3	To catch up with my lifestyle.
<b>EST</b>	<b>Re-establish self esteem</b>
Esteem1	To gain more confidence about myself.
Esteem3	To increase my self-esteem.
<b><u>Lifestyle Congruence</u></b>	
<b>WAT</b>	<b>Wellness Related Activities</b>
WRA1	I follow a planned exercise programme.
WRA2	I exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber).
WRA5	I consider myself to have a nutritional balanced diet from vegetable fruits, meat, poultry, fish, dried beans, eggs and nuts group each day.
<b>WOPN</b>	<b>Perceived Wellness Congruence</b>
OQOL1	I have a very high quality of life.
OQOL2	Although I have my ups and downs, in general, I feel good about my life.
OQOL3	I lead a meaningful and fulfilling life.
OQOL5	My social relationships are supportive and rewarding.
OQOL6	In general, I consider myself a happy person.

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**Constructs & Indicators**

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OQOL7	Compared to most of my peers, I consider myself a happy person.
OQOL8	In most ways my life is close to my ideal.
OQOL9	I am satisfied with my life.

**Wellness Self-Images Congruence**

SIMG1	This wellness related holiday is consistent with how I see myself.
SIMG2	This wellness related holiday is consistent with how I like to see myself.
SIMG3	This wellness related holiday is consistent with how I believe others see me.
SIMG4	This wellness related holiday is consistent with how I would like others to see me.

**Positive Emotions**

Posit1	I felt good.
Posit2	I felt positive.
Posit3	I felt pleasant.
Posit4	I felt a sense of joy.
Posit5	I felt happy.
Posit6	I felt contented.

**Satisfaction during the Trip****SEV      Satisfaction with wellness destination services**

Satserv2	Tourist services provided at the vacation site were problem-free.
Satserv3	The cost of tourist services at the vacation site was reasonable and well worth it.

**EXP      Satisfaction with wellness trip experiences**

Satexp1	I am happy about my decision to choose this wellness vacation.
Satexp2	I believe I did the right thing when I chose this wellness vacation.
Satexp5	I have enjoyed myself on this wellness vacation.

**Incremental Quality of Life****HIQOL      Hedonic incremental quality of life**

SWLS1	This vacation was rewarding to me in many ways.
SWLS2	I feel much better about things and myself after this vacation.
SWLS5	On this trip, I felt more satisfied with life.

**EIQOL      Eudaimonic incremental quality of life**

Flouris1	This trip encouraged me to lead a purposeful and meaningful life.
Flouris5	This trip made me change my perception of life.
Flouris6	The experience from this trip encouraged me to understand myself better.

**Behavioural Intentions**

Revisit1	If I had to decide again, I will choose this wellness vacation again.
Revisit2	I will revisit this wellness destination in the near future.

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An initial estimation of the measurement model with 45 items seemed to produce acceptable levels of model fit, having a Chi-square value of 2453.826 with 900 degrees of freedom ( $p < 0.01$ ). The goodness-of-fit indices revealed that the initial hypothesised model fitted the data, showing  $\chi^2/df=2.726$ , RMSEA=0.044, SRMR=0.054, GFI=0.883, AGFI=0.866 and CFI=0.922. However, an examination of discriminant validity revealed that the behavioural intentions construct highly correlated with satisfaction during the trip construct. To improve the discriminant validity of these constructs, exploratory factor analysis was performed on the measurement items of behavioural intentions and satisfaction during the trip. The results revealed that Recom1 and Recom2 of the behavioural intentions cross-loaded on satisfaction with trip experience of satisfaction during the trip construct ( $r=0.91$ ). Therefore, Recom1 and Recom2 were excluded from the final measurement scale. This resulted in two items for behavioural intentions for the final CFA of overall measurement. After CFA was performed on all scales at once, this resulted in a significant reduction of correlations between these two constructs and substantial improvement of discriminant validity was obtained.

Table 5.43 shows the estimate loadings, standard errors and t-values for each observed indicator in both first order and second order constructs. All of the estimated parameters of the t-values exceeded the recommended t-value level of  $\pm 1.96$  at a significant level of 0.05. The examination of unstandardised solutions and the standard error showed that all of the estimated parameters were reasonably and statistically significant. Consequently, all of these estimated parameters were valid for the hypothesised model. The squared multiple correlations ( $R^2$ ) were examined to see whether the hypothesised measurement model appropriately represented the observed indicators (Byrne, 2010; Kline, 2011). The squared multiple correlations ranged from 0.218 to 0.609.

Further, completely standardised loadings were evaluated to determine the relative importance of the observed variables as indicators of the constructs. The standardised factor loadings resulted in the first order constructs ranging between 0.500 and 0.888 and the second order latent indicators ranged between 0.628 and 0.835. Based on the extracted variances (Table 5.45), the overall amount of variance in the indicators accounted for by the latent constructs and values were estimated and indicated motivations (0.500), lifestyle congruence (0.564), wellness self-images congruence (0.500), positive emotions (0.557), satisfaction during the trip (0.784), incremental quality of life (0.805) and behavioural intentions (0.597) which exceeded the recommended level of 0.50 (Fornell & Larcker, 1981; Hair *et al.*, 2010: 695).

Additionally, the composite reliability of this measurement construct (Table 5.45) resulted in motivations (0.777), lifestyle congruence (0.719), wellness self-images congruence (0.787), positive emotions (0.882), satisfaction during the trip (0.877), incremental quality of life (0.891) and behavioural intentions (0.746) which all surpassed the recommended threshold level of 0.70 (Hair *et al.*, 2010: 695). The high internal consistency suggested that the measures all consistently represented the same latent construct.

**Table 5.43 Factor loadings of Overall Measurement for All Samples**

Items/Constructs		Standardised Loadings	Standard Error	t-statistic	P-value
<b>Motivations</b>	----> <b>TRC</b>	<b>0.628</b>	-	-	-
TRC	----> Trance1	0.888	0.07	18.02	***
TRC	----> Trance2	0.733	0.074	13.603	***
TRC	----> Trance3	0.740	-	-	-
<b>Motivations</b>	----> <b>ESC_RLX</b>	0.633	0.095	8.297	***
ESC_RLX	----> Escape1	0.783	0.143	10.601	***
ESC_RLX	----> Escape2	0.630	-	-	-
<b>Motivations</b>	----> <b>ING</b>	<b>0.738</b>	<b>0.125</b>	<b>10.185</b>	***
ING	----> Indugen2	0.722	0.07	13.855	***
ING	----> Indugen3	0.756	-	-	-
<b>Motivations</b>	----> <b>EST</b>	<b>0.725</b>	<b>0.13</b>	<b>9.892</b>	***
EST	----> Esteem1	0.841	0.072	14.872	***
EST	----> Esteem3	0.717	-	-	-
<b>Lifestyle</b>	----> <b>WAT</b>	<b>0.657</b>	-	-	-
<b>Congruence</b>					
WAT	----> WRA1	0.640	-	-	-
WAT	----> WRA2	0.764	0.087	14.063	***
WAT	----> WRA5	0.500	0.059	10.401	***
<b>Lifestyle</b>	----> <b>WOPN</b>	<b>0.835</b>	<b>0.113</b>	<b>9.237</b>	***
<b>Congruence</b>					
WOPN	----> OQOL1	0.735	0.058	17.989	***
WOPN	----> OQOL2	0.701	0.036	26.037	***
WOPN	----> OQOL3	0.718	0.051	19.659	***
WOPN	----> OQOL5	0.534	0.056	14.213	***
WOPN	----> OQOL6	0.771	0.04	27.358	***
WOPN	----> OQOL7	0.723	-	-	-
WOPN	----> OQOL8	0.615	0.053	16.893	***
WOPN	----> OQOL9	0.789	0.054	20.552	***
Wellness	----> SIMG1	0.704	-	-	-
Wellness	----> SIMG2	0.801	0.056	18.813	***
Wellness	----> SIMG4	0.666	0.062	15.306	***
Wellness	----> SIMG3	0.593	0.06	14.917	***

Items/Constructs			Standardised Loadings	Standard Error	t-statistic	P-value
Self-image						
Positive Emotions	---->	Posit1	0.732	-	-	-
Positive Emotions	---->	Posit2	0.750	0.046	22.491	***
Positive Emotions	---->	Posit3	0.705	0.055	19.217	***
Positive Emotions	---->	Posit4	0.789	0.056	21.199	***
Positive Emotions	---->	Posit5	0.854	0.049	24.696	***
Positive Emotions	---->	Posit6	0.630	0.041	22.632	***
<b>Satisfaction</b>	---->	<b>SEV</b>	<b>0.754</b>	-	-	-
SEV	---->	Satserv2	0.601	0.066	13.011	***
SEV	---->	Satserv3	0.748	-	-	-
<b>Satisfaction</b>	---->	<b>EXP</b>	<b>1</b>	<b>0.074</b>	<b>15.625</b>	<b>***</b>
EXP	---->	Satexp1	0.854	0.048	23.411	***
EXP	---->	Satexp2	0.760	0.037	21.326	***
EXP	---->	Satexp5	0.740	-	-	-
<b>IQOL</b>	---->	<b>HIQOL</b>	<b>1</b>	-	-	-
HIQOL	---->	SWLS1	0.794	-	-	-
HIQOL	---->	SWLS2	0.734	0.044	21.83	***
HIQOL	---->	SWLS5	0.820	0.043	24.84	***
<b>IQOL</b>	---->	<b>EIQOL</b>	<b>0.781</b>	<b>0.046</b>	<b>19.272</b>	<b>***</b>
EIQOL	---->	Flouris1	0.809	-	-	-
EIQOL	---->	Flouris5	0.751	0.05	19.375	***
EIQOL	---->	Flouris6	0.806	0.038	27.68	***
Intention	---->	Revisit1	0.831	0.062	18.146	***
Intention	---->	Revisit2	0.709	-	-	-

According to the estimation parameters of the measurement model, the hypothesised model as a whole was examined using three types of fit indices: absolute fit indices, incremental fit indices and parsimonious fit indices. The results of the goodness-of-fit statistics with all samples (n=885) are reported in Table 5.44. The final estimation of the overall measurement produced a fairly good fit, indicating a Chi-square value of 2006.796 with 815 degrees of freedom ( $p < 0.01$ ). The goodness-of-fit indices revealed that the initial hypothesised model fairly fitted the data, showing  $\chi^2/df=2.462$ , RMSEA=0.041, GFI=0.052, AGFI=0.884 and CFI=0.934.

The Chi-square ( $\chi^2$ ) of the estimated model was examined to test the closeness of fit between the unrestricted sample covariance matrix and the restricted covariance matrix. The Chi-square ( $\chi^2$ ) value of 2006.796 with 815 degrees of freedom ( $p < 0.01$ )

suggested that the  $\chi^2$  goodness-of-fit statistic did not indicate that the observed covariance matrix matched the estimated covariance matrix within sampling variance. As the significant of the Chi-square test is associated with the effect of large sample size (Hair *et al.*, 2010) in this study (n=885), other fit statistics should be considered closely. In addition to the  $\chi^2$  results. The value for normed Chi-square ( $\chi^2/df$ ) for an absolute fit index is 2.462. The normed Chi-square ( $\chi^2/df$ ) appeared below 3, suggesting a good fit (Hair *et al.*, 2010; Kline, 2011). The goodness-of-fit index (GFI) produced a fit statistic less sensitive to sample size. The values of GFI ranged from 0 to 1, with higher values indicating better fit. GFI yielded a value of 0.900, typically indicating a well-fitting hypothesised model for this study (Hair *et al.*, 2010).

The incremental fit indices were examined. These fit indices were used to evaluate the proportionate improvement in fit by comparing a target model with a more restricted, nested baseline model (Hu & Bentler, 1995). The adjusted goodness-of-fit index (AGFI) may be considered a parsimony index (Hair *et al.*, 2010). This index is similar to GFI but is also somewhat different in that it is adjusted for the number of degrees of freedom in the specified model. Although this model was not compared to other models, the value of AGFI was 0.884 which exceeded the recommended level of 0.85 (Schermelleh-Engel *et al.*, 2003) however, the hypothesised model fitted the collected sample well.

The value for RMSEA, an absolute fit index, was 0.041. This value appeared quite low and was below the 0.08 guideline for a model. Thus, RMSEA provided additional support for model fit. Next we see the standardised root mean square residual (SRMR) with a value of 0.052, below even the conservative cut-off value of 0.08, indicating an acceptable fit (Hu & Bentler, 1999).

Lastly, the incremental fit indices differ from absolute fit indices in the extent of assessing how well the estimated model fits relative to some alternative baseline model (Hair *et al.*, 2010). The incremental fit index (CFI) is the most widely used index. CFI of all measurement models had a value of 0.934, which exceeded the CFI guidelines of greater than 0.90 for a model of this complexity and sample size (Hair *et al.*, 2010; Kline, 2011), suggesting an acceptable fit. Overall, the CFA results suggested the measurement model provided a reasonably good fit.

**Table 5.44 Goodness-of-Fit Statistics of Overall Measurement for All Samples**

	<b>CFA All samples (n=885) Second-order</b>
<b>Absolute Fit Measures</b>	
Chi-square ( $\chi^2$ )	2006.796
Degree of freedom (df)	815
P-value	0.000
$\chi^2/df$	2.462
Standardised Root mean square error of approximation (RMSEA)	0.041
Root mean square residual (SRMR)	0.052
Goodness-of-fit index (GFI)	0.9
<b>Incremental Fit Measure</b>	
Adjusted goodness-of-fit index (AGFI)	0.884
<b>Parsimonious Fit Measure</b>	
Comparative fit index (CFI)	0.934

**Table 5.45 Discriminant Validity of Overall Measurement for All Samples**

	CR <sub>b</sub>	AVE <sub>a</sub>	Motivation	Lifestyle	Self-image	Positive	Satisfaction	IQOL	Intention
<b>Motivations</b>	0.777	0.500	<b>0.683</b>						
<b>Lifestyle</b>	0.719	0.564	0.131	<b>0.751</b>					
<b>Congruence</b>									
<b>Wellness</b>	0.787	0.500	0.331	0.678	<b>0.695</b>				
<b>Self-image</b>									
<b>Positive</b>	0.882	0.557	0.313	0.527	0.484	<b>0.747</b>			
<b>Emotions</b>									
<b>Satisfaction</b>	0.877	0.784	0.278	0.439	0.434	0.570	<b>0.886</b>		
<b>IQOL</b>	0.891	0.805	0.555	0.442	0.539	0.587	0.663	<b>0.897</b>	
<b>Intention</b>	0.746	0.597	0.356	0.379	0.489	0.498	0.739	0.624	<b>0.772</b>



## **5.12 Measurement Validation**

In SEM several methods of cross-validation have been tested depending upon the objective of the studies (Anderson & Gerbing, 1998; Byrne, 2010; Hair *et al.*, 2010). The common cross-validation approach is splitting the sample from the same population into two sub-samples: Muay Thai tourists and meditation tourists. Thus, the availability of a large sample size was needed. This study had a large sufficient sample size of  $n=885$  and the sample was split into two sub-samples, which also satisfied the basic requirement in sample size for SEM. One sub-sample was used to test the hypothesised model as a calibration sample and the second sub-sample was used to validate the final model as a validation sample (Byrne, 2010). Consequently, this study tested the model replication of the overall measurement model across the meditation retreat tourists ( $n=385$ ) and Muay Thai fitness tourists ( $n=500$ ). Therefore, the individual measurement models and the overall measurement model were examined to test whether the results from the validation sample replicated well with the model from the results of the calibration sample, in terms of the estimated parameters and relationships with the constructs. The final best-fitting model from CFA of the calibration sample was used as the hypothesised model to test whether the validation sample fit well with no considerable modifications of parameter estimation.

## **5.13 Confirmatory Factor Analysis with the Calibration Sample (Meditation Tourists=385)**

Based on the calibration sample ( $n=385$ , 43.5% of the collected sample), CFA was used to determine the individual measurement as well as overall measurement model with 7 constructs and 43 observed indicators. These procedures aimed to estimate whether the hypothesised model fitted well and reasonably described the calibration data.

### **5.13.1 Confirmatory Factor Analysis of Motivation for Meditation Tourists**

The mean scores and standard deviations of the motivations scale of the meditation tourists are presented in Table 5.46. Mean score ranged between 3.40 and 5.83. An initial estimation of the measurement model of motivations scale produced acceptable levels of model fit, having a Chi-square value of 68.073 with 20 degrees of freedom ( $p<0.01$ ),  $\chi^2/df=3.404$ , RMSEA=0.79, SRMR=0.036, GFI=0.964, AGFI=0.919 and CFI=0.948 at the first order estimation (Table 5.47). Additionally, the second order estimation indicated

a satisfactory fit with  $\chi^2=76.051$ ,  $df=22$ ,  $\chi^2/df=3.457$ ,  $RMSEA=0.079$ ,  $SRMR=0.042$ ,  $GFI=0.962$ ,  $AGFI=0.922$  and  $CFI=0.941$ (Table 5.47).

**Table 5.46 Results of Motivation Scales for Meditation Tourists**

Items		Mean	Standard Deviation
<b>TRC</b>	<b>Transcendence</b>		
Trance1	To be at peace with myself	5.67	1.516
Trance2	To give me time and space for reflection	5.83	1.414
Trance3	To contemplate what is important to me	5.59	1.527
<b>ESC_RLX</b>	<b>Escape and relaxation</b>		
Escape1	To escape the demands of everyday life	3.50	2.047
Escape2	To get away from everything	4.37	1.975
<b>ING</b>	<b>Self-indulgence</b>		
Indugen2	To relax	4.59	1.858
Indugen3	To catch up with my lifestyle	4.20	1.836
<b>EST</b>	<b>Re-establish self esteem</b>		
Esteem1	To gain more confidence about myself	4.63	1.756
Esteem2	To increase my self-esteem	3.40	1.878

**Table 5.47 Goodness-of-Fit Statistics of Motivation Scales for Meditation Tourists**

Goodness-of-Fit Statistics	Motivation First-order	Motivation Second-order
<b>Absolute Fit Measures</b>		
Chi-square ( $\chi^2$ )	68.073	76.051
Degrees of freedom (df)	20.000	22.000
P-value	0.000	0.000
$\chi^2/df$	3.404	3.457
Standardised Root mean square error of approximation (RMSEA)	0.076	0.079
Root mean square residual (SRMR)	0.036	0.042
Goodness-of-fit index (GFI)	0.964	0.962
<b>Parsimonious Fit Measure</b>		
Adjusted goodness-of-fit index (AGFI)	0.919	0.922
<b>Incremental Fit Measure</b>		
Comparative fit index (CFI)	0.948	0.941

Table 5.48 contains the estimates, standard errors and t-values for each observed indicator. All of the estimated parameters of the t-values exceeded a recommended level of t-value for  $\pm 1.96$  at a significant level of 0.05. The examination of unstandardised solutions and the standard error showed that all of the estimated parameters were

reasonable and statistically significant, indicating that the estimated parameters were adequate to explain the hypothesised model of motivation scales.

Further, the squared multiple correlations ( $R^2$ ) that examined whether the hypothesised measurement model appropriately represented the observed indicators yielded between 0.415 and 0.63. The completely standardised factor loadings resulted in a range between 0.594 and 0.866 for the first order model and between 0.644 and 0.794 for the second order model. Additionally, the composite reliability of the constructs resulted in a range between 0.700 and 0.741 and the extracted variances resulted in a range between 0.492 and 0.593 which exceeded a recommended level of 0.7 and 0.50 respectively, except for the AVE of TRC (Transcendence). Although Transcendence's AVE was slightly short (0.492) of the recommendation value, it can be considered as acceptable. Lastly, all the constructs met the recommendation test of discriminant validity (Fornell & Larcker, 1981; Hair *et al.*, 2010: 695), as the squared root of average variance extracted estimates from each construct exceeded the correlation between each construct, meaning that each construct was statistically different from the others (Table 5.49). The results confirmed that the hypothesised model of motivations scale was reliable and valid in representing the calibration sample.

**Table 5.48 Factor loadings of Motivation Scales for Meditation Tourists**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	$R^2$	CR <sub>b</sub>	AVE <sub>a</sub>
<b>TRC</b>	<b>0.673</b>	-	-	-	<b>0.454</b>	<b>0.739</b>	<b>0.492</b>
Trance1	0.839	0.249	6.658	***			
Trance2	0.640	0.140	8.275	***			
Trance3	0.594	-	-	-			
<b>ESC_RLX</b>	<b>0.644</b>	<b>0.371</b>	<b>5.235</b>	<b>***</b>	<b>0.415</b>	<b>0.707</b>	<b>0.547</b>
Escape1	0.734	0.121	8.445	***			
Escape2	0.745	-	-	-			
<b>ING</b>	<b>0.736</b>	<b>0.342</b>	<b>5.099</b>	<b>***</b>	<b>0.541</b>	<b>0.700</b>	<b>0.542</b>
Indugen2	0.820	0.152	8.524	***			
Indugen3	0.641	-	-	-			
<b>EST</b>	<b>0.794</b>	<b>0.392</b>	<b>5.136</b>	<b>***</b>	<b>0.630</b>	<b>0.741</b>	<b>0.593</b>
Esteem1	0.866	0.121	9.727	***			
Esteem2	0.660	-	-	-			

AVE<sub>a</sub> : Average variance extracted

CR<sub>b</sub> : Composite reliability

\*\*\*P-value < 0.001

**Table 5.49 Discriminant Validity of Motivation Scales for Meditation Tourists**

	CR	AVE	EST	ING	ESC_RLX	TRC
<b>EST</b>	0.741	0.593	<b>0.770</b>			
<b>ING</b>	0.700	0.542	0.552	<b>0.736</b>		
<b>ESC_RLX</b>	0.707	0.547	0.521	0.548	<b>0.740</b>	
<b>TRC</b>	0.739	0.492	0.584	0.484	0.350	<b>0.701</b>

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*Note: Square root of average variance extracted (AVE) is shown on the diagonal of the matrix in boldface; inter-construct correlation is shown off the diagonal*

### 5.13.2 Confirmatory Factor Analysis for Lifestyle Congruence for Meditation Tourists

The measurement model of lifestyle congruence was tested with the meditation tourists as the calibration sample. The mean score and standard deviation of the lifestyle congruence scale are presented in Table 5.50. The mean score ranged between 4.12 and 5.49. An initial estimation of the measurement model for the validation data described a well-fitting model to the data without any change within the re-specified estimated parameters. Goodness-of-fit indices of both the first-order and the second-order measurement model indicated the same values having  $\chi^2=60.787$ ,  $df=34$ ,  $\chi^2/df=1.788$ ,  $df=0.003$ ,  $RMSEA=0.045$ ,  $SRMR=0.051$ ,  $GFI=0.973$ ,  $AGFI=0.947$  and  $CFI=0.987$  meaning the satisfactory model fit (Table 5.51).

**Table 5.50 Results of Lifestyle Congruence Scales for Meditation Tourists**

Items		Mean	Standard Deviation
<b>WAT</b>	<b>Wellness Related Activities</b>		
WRA1	I follow a planned exercise programme.	4.12	1.913
WRA2	I exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber).	4.79	1.995
WRA5	I consider myself to have a nutritional balanced diet from vegetable fruits, meat, poultry, fish, dried beans, eggs and nuts group each day.	4.64	1.624
<b>WOPN</b>	<b>Perceived Wellness Congruence</b>		
OQOL1	I have a very high quality of life.	5.14	1.375
OQOL2	Although I have my ups and downs, in general, I feel good about my life.	5.49	1.321
OQOL3	I lead a meaningful and fulfilling life.	4.78	1.35
OQOL5	My social relationships are supportive and rewarding.	5.13	1.473
OQOL6	In general, I consider myself a happy person.	5.25	1.381

Items		Mean	Standard Deviation
OQOL7	Compared to most of my peers, I consider myself a happy person.	5.31	1.366
OQOL8	In most ways my life is close to my ideal.	4.5	1.427
OQOL9	I am satisfied with my life.	5.03	1.368

**Table 5.51 Goodness-of-Fit Statistics of Lifestyle Congruence Scales for Meditation Tourists**

	Lifestyle First-order	Lifestyle Second-order
<b>Absolute Fit Measures</b>		
Chi-square ( $\chi^2$ )	60.787	60.787
Degrees of freedom (df)	34	34
P-value	0.003	0.003
$\chi^2/df$	1.788	1.788
Standardised Root mean square error of approximation (RMSEA)	0.045	0.045
Root mean square residual (SRMR)	0.051	0.051
Goodness-of-fit index (GFI)	0.973	0.973
<b>Parsimonious Fit Measure</b>		
Adjusted goodness-of-fit index (AGFI)	0.947	0.947
<b>Incremental Fit Measure</b>		
Comparative fit index (CFI)	0.987	0.987

As can be seen in Table 5.52, all of the estimated parameters of the t-value exceeded a recommended level of  $\pm 1.96$  at a significant level of 0.05. The squared multiple correlations ( $R^2$ ) resulted in the range between 0.300 and 0.385. The completely standardised factor loadings of each item were greater than 0.5, ranging from 0.561 to 0.873 for first-order measurement and between 0.560 and 0.620 for the second order model. The values for the average variance extracted for wellness related activities construct (0.53) surpassed the suggested value of 0.5. Although perceived wellness congruence's AVE was slightly short (0.48) of the cut-off value, it can be considered as acceptable. The composite reliability of all the constructs exceeded the recommendation value of 0.7 Discriminant validity was also demonstrated (Table 5.53), as the square root of the variance extracted for each factor in the lifestyle congruence construct was greater than the corresponding factor correlations, indicating that discriminant validity was achieved for this model. Thus, the hypothesised measurement model of lifestyle congruence was appropriate and should be accepted at this statistical level.

**Table 5.52 Factor loadings of Lifestyle Congruence Scales for Meditation Tourists**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	R <sup>2</sup>	CR <sub>b</sub>	AVE <sub>a</sub>
<b>WAT</b>	<b>0.560</b>				<b>0.300</b>	<b>0.730</b>	<b>0.480</b>
WRA1	0.631	0.223	6.257	***			
WRA2	0.839	0.088	4.844	***			
WRA5	0.591						
<b>WOPN</b>	<b>0.620</b>	<b>0.071</b>	<b>12.666</b>	<b>***</b>	<b>0.385</b>	<b>0.898</b>	<b>0.53</b>
OQOL1	0.666	0.046	21.369	***			
OQOL2	0.762	0.069	13.908	***			
OQOL3	0.726	0.079	7.867	***			
OQOL5	0.561	0.052	20.418	***			
OQOL6	0.788						
OQOL7	0.750	0.073	14.268	***			
OQOL8	0.743	0.07	16.669	***			
OQOL9	0.873						

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

**Table 5.53 Discriminant Validity of Lifestyle Congruence Scales for Meditation Tourists**

	CR <sub>b</sub>	AVE <sub>a</sub>	WAT	WOPN
WAT	0.730	0.480	<b>0.693</b>	
WOPN	0.898	0.530	0.336	<b>0.728</b>

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*Note: Square root of average variance extracted (AVE) is shown on the diagonal of the matrix in boldface; inter-construct correlation is shown off the diagonal*

### 5.13.3 Confirmatory Factor Analysis for Wellness Self- Image Congruence for Meditation Tourists

The hypothesised model wellness self-image congruence was examined to see whether the calibration sample fitted the measurement model. The mean score and standard deviation of the wellness self-image congruence scale are presented in Table 5.54. The mean score ranged between 4.73 and 5.17. Overall, the hypothesised model was adequate and fitted the data fairly well having  $\chi^2=1.583$ ,  $df=1$ ,  $\chi^2/df=1.583$ , RMSEA=0.004, SRMR=0.012, GFI=0.998, AGFI=0.979 and CFI=0.999 indicating that the model had a good fit (Table 5.55).

**Table 5.54 Results of Wellness Self-Image Congruence Scales for Meditation Tourists**

Items		Mean	Standard Deviation
SIMG1	This wellness related holiday is consistent with how I see myself.	5.17	1.487
SIMG2	This wellness related holiday is consistent with how I like to see myself.	5.34	1.382
SIMG3	This wellness related holiday is consistent with how I believe others see me.	4.49	1.589
SIMG4	This wellness related holiday is consistent with how I would like others to see me.	4.73	1.514

**Table 5.55 Goodness-of-Fit Statistics of Wellness Self-Image Congruence Scales for Meditation Tourists**

	Self-image First-order
<b>Absolute Fit Measures</b>	
Chi-square ( $\chi^2$ )	1.583
Degree of freedom (df)	1
P-value	0.208
$\chi^2/df$	1.583
Standardised Root mean square error of approximation (RMSEA)	0.004
Root mean square residual (SRMR)	0.012
Goodness-of-fit index (GFI)	0.998
<b>Incremental Fit Measure</b>	
Adjusted goodness-of-fit index (AGFI)	0.979
<b>Parsimonious Fit Measure</b>	
Comparative fit index (CFI)	0.999

All of the t-values associated with each of the loadings exceeded the critical values for the significant level of 0.05 ( $\pm 1.96$ ) (Table 5.56). The squared multiple correlation ranged between 0.275 and 0.753. The value of standardised loadings ranged from 0.511 to 0.952. A construct reliability of 0.777 exceeded the recommended level of 0.70. Although the average variance extracted at 0.482 was very slightly short of the recommended level of 0.50 it can be considered as acceptable. Consequently, this measurement was still reliable and adequate to measure the construct of wellness self-image congruence.

**Table 5.56 Factor loadings and Construct Validity of Wellness Self-Image Congruence Scales for Meditation Tourists**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	CR <sub>b</sub>	AVE <sub>a</sub>
<b>Self-image</b>					<b>0.777</b>	<b>0.482</b>
SIMG1	0.674	-	-	-		
SIMG2	0.952	0.141	9.401	***		
SIMG3	0.552	0.092	9.434	***		
SIMG4	0.511	0.095	8.539	***		

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

#### 5.13.4 Confirmatory Factor Analysis for Positive Emotions for Meditation tourists

An initial model of positive emotions construct was examined. The mean score and standard deviation of positive emotions indicators are presented in Table 5.57. The mean scores ranged between 5.19 and 5.53. The results of the estimation of the CFA for this construct showed a well-fitting model (Table 5.58) having a Chi-square value of 6.459 with 5 degrees of freedom ( $p < 0.01$ ), RMSEA of 0.028 and SRMR of 0.012. Other fit indices also indicated that the specified model was acceptable and did not need to be re-specified, showing  $\chi^2/df=1.292$ , GFI=0.994, AGFI=0.976 and CFI=0.999.

**Table 5.57 Results of Positive Emotion Scales for Meditation Tourists**

Items		Mean	Standard Deviation
Posit1	I felt good.	5.46	1.281
Posit2	I felt positive.	5.5	1.244
Posit3	I felt pleasant.	5.19	1.338
Posit4	I felt a sense of joy.	5.34	1.388
Posit5	I felt happy.	5.53	1.277
Posit6	I felt contented.	5.2	1.303



**Table 5.58 Goodness-of-Fit Statistics of Positive Emotion Scales for Meditation Tourists**

	<b>Positive Emotions First-order</b>
<b>Absolute Fit Measures</b>	
<b>Chi-square (<math>\chi^2</math>)</b>	6.459
<b>Degrees of freedom (df)</b>	5
<b>P-value</b>	0.264
<b><math>\chi^2/df</math></b>	1.292
<b>Standardised Root mean square error of approximation (RMSEA)</b>	0.028
<b>Root mean square residual (SRMR)</b>	0.012
<b>Goodness-of-fit index (GFI)</b>	0.994
<b>Parsimonious Fit Measure</b>	
<b>Adjusted goodness-of-fit index (AGFI)</b>	0.976
<b>Incremental Fit Measure</b>	
<b>Comparative fit index (CFI)</b>	0.999

Table 5.59 shows that the t-values associated with each of the loadings were significant at a level of 0.001; the values of the completely standardised loadings were between 0.570 and 0.862. The squared multiple correlations ranged from 0.324 and 0.726. Based on the construct reliability, the value of 0.884 clearly surpassed the recommended level of 0.70, indicating that these six indicators of positive emotions represented the construct fairly well. Further, an extracted variance value of 0.563, which exceeded the recommended level of 0.50, explained that the specified indicators for the construct were sufficient to be accounted for by the construct. Overall, the measurement model was reliable and meaningful to test in further analysis for overall CFA.

**Table 5.59 Factor loadings and Construct Validity of Positive Emotions for Meditation Tourists**

<b>Items</b>	<b>Standardised Loadings</b>	<b>Standard Error</b>	<b>t-statistic</b>	<b>P-value</b>	<b>CR<sub>b</sub></b>	<b>AVE<sub>a</sub></b>
<b>Positive</b>					<b>0.884</b>	<b>0.563</b>
Posit1	0.715					
Posit2	0.782	0.071	14.913	***		
Posit3	0.797	0.081	14.421	***		
Posit4	0.745	0.084	13.503	***		
Posit5	0.862	0.077	15.604	***		
Posit6	0.57	0.055	14.737	***		

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

### 5.13.5 Confirmatory Factor Analysis for Satisfaction during the Trip for Meditation Tourists

The hypothesised model adequacy of satisfaction during the trip scale was assessed with the meditation retreat tourists. The mean score and standard deviation of satisfaction during the trip measurements are presented in Table 5.60. The mean score ranged between 5.46 and 6.43. The CFA was conducted and the results (Table 5.61) suggested a satisfactory model fit with the calibration data in both first-order and second-order measurement estimation ( $\chi^2=5.91$ ,  $df=4$ ,  $p=0.000$ ,  $\chi^2/df=1.478$ ,  $RMSEA=0.035$ ,  $SRMR=0.017$ ,  $GFI=0.994$ ,  $AGFI=0.978$  and  $CFI=0.997$ ).

**Table 5.60 Results of Satisfaction during the Trip Scales for Meditation Tourists**

Items		Mean	Standard Deviation
<b>SEV</b>	<b>Satisfaction with wellness destination services</b>		
Satserv2	Tourist services provided at the vacation site were problem-free.	5.46	1.377
Satserv3	The cost of tourist services at the vacation site was reasonable and well worth it.	6.1	1.263
<b>EXP</b>	<b>Satisfaction with wellness trip experiences</b>		
Satexp1	I am happy about my decision to choose this wellness vacation.	6.23	1.072
Satexp2	I believe I did the right thing when I chose this wellness vacation.	6.43	0.806
Satexp5	I have enjoyed myself on this wellness vacation.	5.73	1.267

**Table 5.61 Goodness-of-Fit Statistics of Satisfaction during the Trip Scales for Meditation Tourists**

	Satisfaction First- order	Satisfaction Second-order
<b>Absolute Fit Measures</b>		
Chi-square ( $\chi^2$ )	5.91	5.91
Degrees of freedom (df)	4	4
P-value	0.000	0.000
$\chi^2/df$	1.478	1.478
Standardised Root mean square error of approximation (RMSEA)	0.035	0.035
Root mean square residual (SRMR)	0.017	0.017
Goodness-of-fit index (GFI)	0.994	0.994
<b>Parsimonious Fit Measure</b>		
Adjusted goodness-of-fit index (AGFI)	0.978	0.978
<b>Incremental Fit Measure</b>		
Comparative fit index (CFI)	0.997	0.997

Based on the examination of the t-value, squared multiple correlations ( $R^2$ ) and completed standardised factor loadings the values of estimated parameters, as presented in Table 5.62, indicated an acceptable model fit. All t-values associated with each of the loadings were significant at a level of 0.001; the values of the completely standardised loadings were between 0.617 and 0.896 for the first-order model and between 0.836 and 0.964 for the second-order model (Table 5.62). The squared multiple correlations ranged between 0.699 and 0.930. Based on the construct reliability, the value ranged between 0.680 and 0.828. The construct reliability of SEV fell somewhat short of composite reliability at the recommended threshold level of 0.70 (Hair *et al.*, 2010: 695). It could be considered as a slightly smaller value, indicating that this composite reliability would not affect the construct correlations for the hypotheses tests, since the calibration sample size was sufficient enough to estimate this model. Further, average variance extracted values ranged between 0.513 and 0.618, which exceeded the recommended level of 0.50. Discriminant validity was achieved, the correlations were smaller than the squared root of average variance extracted values for the corresponding constructs (Table 5.63). Overall, goodness-of-fit indices and the estimated parameters suggested that the specified indicators for the satisfaction construct were sufficient and supported hypothesised model fitting well with the calibration data.

**Table 5.62 Factor Loadings of Satisfaction during the Trip Scales for Meditation Tourists**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	R <sup>2</sup>	CR <sub>b</sub>	AVE <sub>a</sub>
<b>SEV</b>	<b>0.836</b>				<b>0.699</b>	<b>0.680</b>	<b>0.513</b>
Satserv2	0.621	0.104	8.042	***			
Satserv3	0.791	-	-	-			
<b>EXP</b>	<b>0.964</b>				<b>0.930</b>	<b>0.828</b>	<b>0.618</b>
Satexp1	0.896	0.1	12.263	***			
Satexp2	0.778	0.068	11.785	***			
Satexp5	0.617	-	-	-			

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

**Table 5.63 Discriminant Validity of Satisfaction during the Trip Scales for Meditation Tourists**

	CR <sub>b</sub>	AVE <sub>a</sub>	SEV	EXP
<b>SEV</b>	0.68	0.513	<b>0.719</b>	
<b>EXP</b>	0.828	0.618	0.701	<b>0.786</b>

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

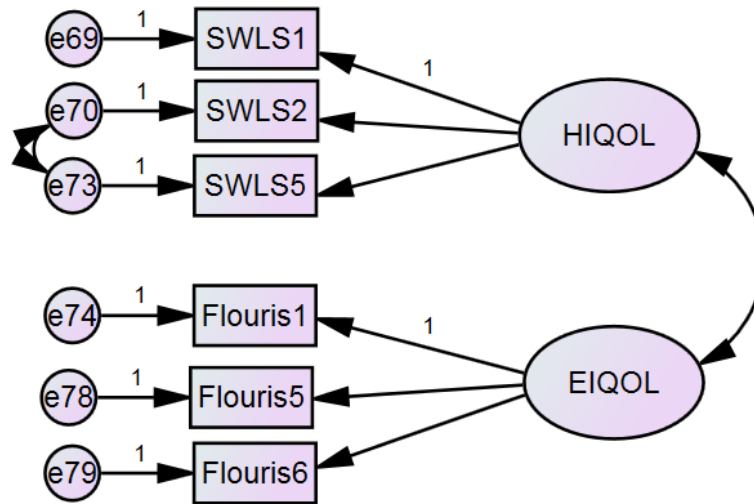
*Note: Square root of average variance extracted (AVE) is shown on the diagonal of the matrix in boldface; inter-construct correlation is shown off the diagonal*

### 5.13.6 Confirmatory Factor Analysis for Incremental Quality of Life for Meditation Tourists

Two constructs and six indicators of incremental quality of life scale were used to estimate the hypothesised model fit and adequately explain with the calibration data (Figure 5.12 and 5.13). The mean score and standard deviation of incremental quality of life scale are presented in Table 5.64. The mean score ranged between 5.32 and 5.88. An initial estimation of the measurement model did not produce acceptable levels of model fit, showing a Chi-square value of 37.608 with 7 degrees of freedom (p<0.01). Some other goodness-of-fit indices also revealed that the initial hypothesised model did not fit the data very well showing  $\chi^2/df= 5.373$  and RMSEA=0.107. These results also suggested that the initial hypothesised model was not reliable and valid. Based on an examination of modification indices, error correlation between Flouris1 and Flouris6 was removed because it led to the poor fit of the measurement model. The results of the modification indices found correlated error between the pair SWLS2 and SWLS5 (MI=18.916). With

the re-specified model, the CFA results in Table 5.65 indicated satisfactory fit in both first-order and second-order measurement models ( $\chi^2=17.513$ ,  $df=7$ ,  $p=0.000$ ,  $\chi^2/df=2.502$ ,  $RMSEA=0.063$ ,  $SRMR=0.020$ ,  $GFI=0.985$ ,  $AGFI=0.956$  and  $CFI=0.991$ ).

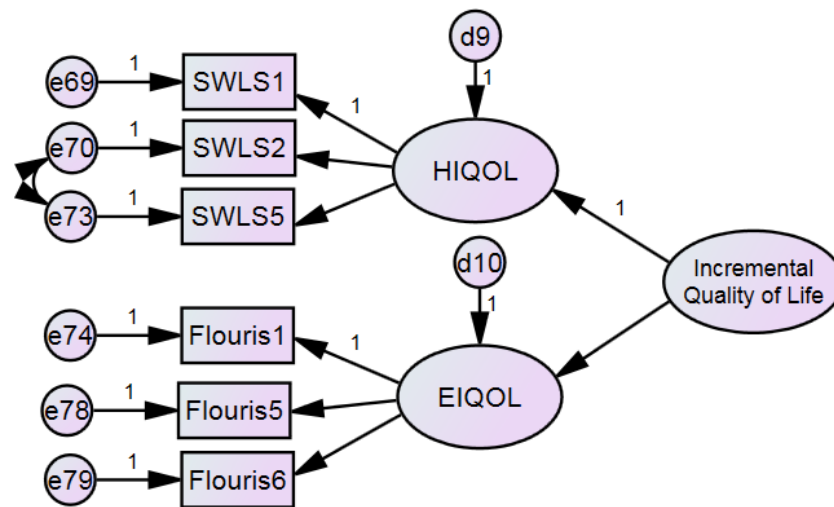
**Figure 5.12 First-order Measurement Model of Incremental Quality of Life for Meditation Tourists**



**Table 5.64 Results of Incremental Quality of Life Scales for Meditation Tourists**

Items		Mean	Standard Deviation
<b>HIQOL</b>	<b>Hedonic incremental quality of life</b>		
SWLS1	This vacation was rewarding to me in many ways.	5.88	1.227
SWLS2	I feel much better about things and myself after this vacation.	5.36	1.404
SWLS5	On this trip, I felt more satisfied with life.	5.68	1.315
<b>EIQOL</b>	<b>Eudaimonic incremental quality of life</b>		
Flouris1	This trip encouraged me to lead a purposeful and meaningful life.	5.66	1.299
Flouris5	This trip made me change my perception of life.	5.32	1.406
Flouris6	The experience from this trip encouraged me to understand myself better.	5.84	1.233

**Figure 5.13 Second-order Measurement Model of Incremental Quality of Life for Meditation Tourists**



**Table 5.65 Goodness-of-Fit Statistics of Incremental Quality of Life Scales for Meditation Tourists**

	QOL First-order	IQOL Second-order
<b>Absolute Fit Measures</b>		
Chi-square ( $\chi^2$ )	17.513	17.513
Degrees of freedom (df)	7	7
P-value	0.000	0.000
$\chi^2/df$	2.502	2.502
Standardised Root mean square error of approximation (RMSEA)	0.063	0.063
Root mean square residual (SRMR)	0.020	0.020
Goodness-of-fit index (GFI)	0.985	0.985
<b>Parsimonious Fit Measure</b>		
Adjusted goodness-of-fit index (AGFI)	0.956	0.956
<b>Incremental Fit Measure</b>		
Comparative fit index (CFI)	0.991	0.991

As presented in Table 5.66, t-value associated with each of the loadings exceeded the critical values for a significant level of 0.05 ( $\pm 1.96$ ), suggesting that all items were significantly related to the construct of incremental quality of life. The values of the completely standardised loadings for the first-order model ranged between 0.684 and 0.852 and between 0.975 and 0.980 for the second-order model. The squared multiple correlations ranged between 0.950 and 0.960. Although both construct reliability (ranging

between 0.780 and 0.845) and variance extracted measure (ranging between 0.550 and 0.650) exceeded the recommended level of 0.70 and 0.05 respectively, the discriminant validity between the hedonic incremental quality of life and the eudaimonic incremental quality of life did not hold (Table 5.67). However, previous studies (e.g., Waterman, 1993; Waterman, Schwartz & Conti, 2008) supported that these two constructs were found highly correlated ranging from 0.83 to 0.87 (Kashdan *et al.*, 2008). Moreover, the second-order model was used since this was quite effective to measure high correlated construct (Chen *et al.*, 2005). Consequently, the measurement model was reliable and meaningful to test the overall measurement in further analysis.

**Table 5.66 Factor loadings of Incremental Quality of Life Scales for Meditation Tourists**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	R <sup>2</sup>	CR <sub>b</sub>	AVE <sub>a</sub>
<b>HIQOL</b>	<b>0.975</b>				<b>0.950</b>	<b>0.780</b>	<b>0.550</b>
SWLS1	0.818	-	-	-			
SWLS2	0.684	0.07	13.697	***			
SWLS5	0.702	0.065	14.069	***			
<b>EIQOL</b>	<b>0.980</b>				<b>0.960</b>	<b>0.845</b>	<b>0.650</b>
Flouris1	0.852	-	-	-			
Flouris5	0.741	0.058	16.133	***			
Flouris6	0.815	0.049	18.669	***			

*AVE<sub>a</sub>* : Average variance extracted

*CR<sub>b</sub>* : Composite reliability

\*\*\*P-value < 0.001

**Table 5.67 Discriminant Validity of Incremental Quality of Life Scales for Meditation Tourists**

	CR <sub>b</sub>	AVE <sub>a</sub>	HIQOL	EIQOL
<b>HIQOL</b>	0.780	0.550	<b>0.742</b>	
<b>EIQOL</b>	0.850	0.650	0.834	<b>0.806</b>

*AVE<sub>a</sub>* : Average variance extracted

*CR<sub>b</sub>* : Composite reliability

Note: Square root of average variance extracted (AVE) is shown on the diagonal of the matrix in boldface; inter-construct correlation is shown off the diagonal

### 5.13.7 Confirmatory Factor Analysis for Behavioural Intention for Meditation Tourists

The behavioural intention scale was tested with the calibration sample to see whether the hypothesised model fitted well with the sample. The mean score and standard deviation of behavioural intentions scale are presented in Table 5.68. The mean score ranged between 4.77 and 6.43. The initial estimations of the hypothesised model produced well-fitting results (Table 5.69), indicating a Chi-square value of 0.146 with 1 degree of freedom ( $p=0.702$ ), a RMSEA value of 0.00, a SRMR of 0.002 and GFI value of 1.000. Other fit statistics also supported the fair fit of this measurement model (AGFI=0.998 and CFI=1.000).

**Table 5.68 Results of Behavioural Intention Scales for Meditation Tourists**

Items		Mean	Standard Deviation
Recom1	I will recommend this wellness vacation to other people (e.g., friends and relatives).	6.22	1.041
Recom2	I will say positive things about this wellness vacation to other people (e.g., friends and relatives).	6.43	0.8
Revisit1	If I had to decide again, I will choose this wellness vacation again.	5.62	1.246
Revisit2	I will revisit this wellness destination in the near future.	4.77	1.838



**Table 5.69 Goodness-of-Fit Statistics of Behavioural Intention Scales for Meditation Tourists**

	<b>Behavioural intention First-order</b>
<b>Absolute Fit Measures</b>	
<b>Chi-square (<math>\chi^2</math>)</b>	0.146
<b>Degree of freedom (df)</b>	1
<b>P-value</b>	0.702
<b><math>\chi^2/df</math></b>	0.146
<b>Standardised Root mean square error of approximation (RMSEA)</b>	0.000
<b>Root mean square residual (SRMR)</b>	0.002
<b>Goodness-of-fit index (GFI)</b>	1.000
<b>Parsimonious Fit Measure</b>	
<b>Adjusted goodness-of-fit index (AGFI)</b>	0.998
<b>Incremental Fit Measure</b>	
<b>Comparative fit index (CFI)</b>	1.000

After reviewing the estimate parameters (Table 5.70), the t-value associated with each of the loadings exceeded the critical values for a significant level of 0.05 ( $\pm 1.96$ ). The squared multiple correlations were adequately represented by the observed measures ranging from 0.313 to 0.795. The completely standardised loadings ranged from 0.531 to 0.893. The construct reliability was 0.807 and the variance extracted value was 0.523, which exceeded a recommended level of 0.70 and 0.05 respectively. Overall, the goodness-of-fit indices and other estimated parameters indicated that the hypothesised model of behavioural intention fitted the data fairly well.

**Table 5.70 Factor loadings and Discriminant Validity of Behavioural Intention Scales for Meditation Tourists**

<b>Items</b>	<b>Standardised Loadings</b>	<b>Standard Error</b>	<b>t-statistic</b>	<b>P-value</b>	<b>CR<sub>b</sub></b>	<b>AVE<sub>a</sub></b>
<b>Behavioural intention</b>					<b>0.807</b>	<b>0.523</b>
Recom1	0.893	-	-	-		
Recom2	0.837	0.054	13.371	***		
Revisit1	0.559	0.072	10.474	***		
Revisit2	0.531	0.107	6.796	***		

*AVE<sub>a</sub>: Average variance extracted*

*CR<sub>b</sub>: Composite reliability*

*\*\*\*P-value < 0.001*

### 5.13.8 Overall Measurement Model for Calibration Sample (Meditation Tourists Group)

The overall measurement model with 7 constructs and 43 observed indicators was tested by CFA as presented Table 5.71. The results indicated that the initial hypothesised model was reliable and valid with satisfactory goodness-of-fit indices ( $\chi^2=1418.748$ ,  $df=821$ ,  $p=0.000$ ,  $\chi^2/df=1.728$ ,  $RMSEA=0.044$ ,  $SRMR=0.070$  and  $CFI=0.924$ ). However, GFI (0.854) and AGFI (0.832) were somewhat short of the recommended level of 0.90 and 0.85 respectively. Since GFI and AGFI are affected by model complexity as well as sample size (Hair *et al.*, 2010), other fit indices should be considered to assess the model fit rather than rely on the GFI and AGFI as stand-alone indices (Hooper, Coughlan & Mullen, 2008). Thus, it can be concluded that the hypothesised overall measurement model fitted fairly well with the calibration sample.

**Table 5.71 Goodness-of-Fit Statistics of Overall Measurement for Meditation Tourists**

	<b>CFA Meditation Tourists(n=385) Second-order</b>
<b>Absolute Fit Measures</b>	
<b>Chi-square (<math>\chi^2</math>)</b>	1418.748
<b>Degrees of freedom (df)</b>	821
<b>P-value</b>	0.000
<b><math>\chi^2/df</math></b>	1.728
<b>Standardised Root mean square error of approximation (RMSEA)</b>	0.044
<b>Root mean square residual (SRMR)</b>	0.070
<b>Goodness-of-fit index (GFI)</b>	0.854
<b>Parsimonious Fit Measure</b>	
<b>Adjusted goodness-of-fit index (AGFI)</b>	0.832
<b>Incremental Fit Measure</b>	
<b>Comparative fit index (CFI)</b>	0.924

Table 5.72 shows the estimates, standard error and t-values for each observed indicator. All of the estimated parameters of the t-values exceeded a recommended level of t-value for  $\pm 1.96$  at a significant level of 0.05. The squared multiple correlations ranged from 0.344 to 0.980. The composite reliability of this measurement construct (Table 5.73) resulted in motivations (0.804), wellness self-images congruence (0.765), positive emotions (0.885), satisfaction during the trip (0.919), incremental quality of life

(0.970) and behavioural intention (0.720) which surpassed recommended values of 0.7. However, lifestyle congruence (0.600) fell somewhat short of composite reliability at the recommended threshold level of 0.70, but it still achieved the acceptable level for the suggested cut-off value of 0.60 (Hair *et al.*, 1998: 695).

Further, the completely standardised factor loadings were evaluated between 0.506 and 0.881 for the first-order model and between 0.510 and 0.990 for the second-order model. Lastly, the values of the average variance extracted (Table 5.73) that represented the overall amount of variance in the indicators accounted for by the latent constructs and values were calculated and indicated motivations (0.508), positive emotions (0.566), satisfaction during the trip (0.851), incremental quality of life (0.941) and behavioural intention (0.566) which exceeded a recommended level of 0.50 (Hair *et al.*, 2010). Although lifestyle congruence (0.470) and wellness self-images congruence (0.460) were slightly short of the cut-off level, they can be considered as acceptable.

For discriminant validity as shown in Table 5.73, this study followed the recommendation by Fornell and Larcker (1981), to assess the theoretical distinctiveness among the constructs to examine whether these constructs measured the same concept or idea or not. Discriminant validity was evident since the correlations among the seven factors were found not to exceed the square root of the average variance extracted values. Consequently, the review of the goodness-of-fit indices for the overall measurement model revealed that the model was well-fitted to the data, suggesting the hypothesised model was reliable and valid in representing the calibration sample. Additionally, other estimation parameter criteria also supported that this hypothesised model with 7 constructs and 43 indicators was adequate in describing the meditation-tourists sample.

**Table 5.72 Factor loadings of Overall Measurement for Meditation Tourists**

Items/Constructs		Standardised Loadings	Standard Error	t-statistic	P-value
<b>Motivations</b>	----> <b>TRC</b>	<b>0.761</b>	-	-	-
TRC	----> Trance1	0.781	0.213	7.18	***
TRC	----> Trance2	0.623	0.134	8.503	***
TRC	----> Trance3	0.506	-	-	-
<b>Motivations</b>	----> <b>ESC_RLX</b>	<b>0.592</b>	<b>0.296</b>	<b>5.245</b>	<b>***</b>
ESC_RLX	----> Escape1	0.700	-	-	-
ESC_RLX	----> Escape2	0.781	-	-	-
<b>Motivations</b>	----> <b>ING</b>	<b>0.722</b>	<b>0.271</b>	<b>5.329</b>	<b>***</b>
ING	----> Indugen2	0.822	0.154	8.468	***
ING	----> Indugen3	0.64	-	-	-
<b>Motivations</b>	----> <b>EST</b>	<b>0.763</b>	<b>0.311</b>	<b>5.301</b>	<b>***</b>
EST	----> Esteem1	0.881	0.134	9.125	***
EST	----> Esteem3	0.649	-	-	-
<b>Lifestyle</b>	----> <b>WAT</b>	<b>0.510</b>	-	-	-
<b>Congruence</b>					
WAT	----> WRA1	0.650	-	-	-
WAT	----> WRA2	0.721	0.208	6.398	***
WAT	----> WRA5	0.581	0.087	4.85	***
<b>Lifestyle</b>	----> <b>WOPN</b>	<b>0.879</b>			
<b>Congruence</b>					
WOPN	----> OQOL1	0.666	0.603	3.224	0.001
WOPN	----> OQOL2	0.766	0.069	12.783	***
WOPN	----> OQOL3	0.725	0.045	21.575	***
WOPN	----> OQOL5	0.594	0.067	14.062	***
WOPN	----> OQOL6	0.791	0.078	8.192	***
WOPN	----> OQOL7	0.756	0.051	20.603	***
WOPN	----> OQOL8	0.74	0.071	14.375	***
WOPN	----> OQOL9	0.867	0.068	16.882	***
Wellness	----> SIMG1	0.684	-	-	-
Self-image					
Wellness	----> SIMG2	0.86	0.092	12.75	***
Self-image					
Wellness	----> SIMG3	0.528	0.092	8.984	***
Self-image					
Wellness	----> SIMG4	0.584	0.09	9.689	***
Self-image					
Positive	----> Posit1	0.722	-	-	-
Emotions					
Positive	----> Posit2	0.778	0.069	15.093	***
Emotions					
Positive	----> Posit3	0.785	0.078	14.498	***
Emotions					
Positive	----> Posit4	0.748	0.082	13.738	***
Emotions					
Positive	----> Posit5	0.866	0.075	15.915	***
Emotions					
Positive	----> Posit6	0.584	0.054	15.115	***
Emotions					

Items/Constructs		Standardised Loadings	Standard Error	t-statistic	P-value	
<b>Satisfaction</b>	---->	<b>SEV</b>	<b>0.838</b>	-	-	
SEV	---->	Satserv2	0.627	0.108	8.452	***
SEV	---->	Satserv3	0.742	-	-	-
<b>Satisfaction</b>	---->	<b>EXP</b>	<b>0.990</b>			
EXP	---->	Satexp1	0.854	0.118	9.593	***
EXP	---->	Satexp2	0.794	0.085	13.04	***
EXP	---->	Satexp5	0.648	0.063	12.405	***
<b>IQOL</b>	---->	<b>HIQOL</b>	<b>0.980</b>	-	-	-
HIQOL	---->	SWLS1	0.82	0.069	14.181	***
HIQOL	---->	SWLS2	0.696	0.064	14.686	***
HIQOL	---->	SWLS5	0.717	0.06	17.041	***
<b>IQOL</b>	---->	<b>EIQOL</b>	<b>0.939</b>			
EIQOL	---->	Flouris1	0.849	-	-	-
EIQOL	---->	Flouris5	0.732	0.058	16.015	***
EIQOL	---->	Flouris6	0.825	0.049	18.965	***
Intention	---->	Revisit1	0.831	0.085	10.025	***
Intention	---->	Revisit2	0.664	-	-	-

\*\*\*P-value < 0.001

**Table 5.73 Discriminant Validity of Overall Measurement for Meditation Tourists**

	CR <sub>b</sub>	AVE <sub>a</sub>	Motivation	Lifestyle	Self-image	Positive	Satisfaction	IQOL	Intention
Motivations	0.804	0.508	<b>0.713</b>						
Lifestyle Congruence	0.600	0.470	-0.146	<b>0.680</b>					
Wellness Self-image	0.765	0.460	0.238	0.551	0.676				
Positive Emotions	0.885	0.566	0.301	0.409	0.436	<b>0.752</b>			
Satisfaction	0.919	0.851	0.332	0.256	0.308	0.410	<b>0.923</b>		
IQOL	0.970	0.941	0.467	0.322	0.570	0.456	0.630	<b>0.970</b>	
Intention	0.720	0.566	0.361	0.212	0.455	0.384	0.674	0.611	<b>0.752</b>

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*Note: Square root of average variance extracted (AVE) is shown on the diagonal of the matrix in boldface; inter-construct correlation is shown off the diagonal*

## 5.14 Confirmatory Factor Analysis for Validation Sample (Muay Thai Tourists, n=500)

The objective of this section was to investigate whether the overall measurement model that was re-specified in the calibration sample replicated a validation sample. Therefore, the hypothesised measurement model with 7 constructs and 43 indicators from the CFA for the calibration sample was examined to assess whether this model was reliable and robust to explain the validation sample (n=500, 56.5% of total sample).

### 5.14.1 Confirmatory Factor Analysis for Motivation for Muay Thai Tourists

Table 5.74 presents the mean score and standard deviation for motivations scale of Muay Thai tourists. The mean score ranged between 4.59 and 5.15. The measurement model of motivations for the validation sample (Muay Thai Tourists) in Table 5.75 suggested a good model fit with the data without any modifications within estimated parameters (First-order model:  $\chi^2=62.550$ ,  $df=20$ ,  $p=0.000$ ,  $\chi^2/df=3.128$ ,  $RMSEA=0.065$ ,  $SRMR=0.030$ ,  $GFI=0.972$ ,  $AGFI=0.938$  and  $CFI=0.973$ ; Second-order-model:  $\chi^2=67.424$ ,  $df=22$ ,  $p=0.000$ ,  $\chi^2/df=3.065$ ,  $RMSEA=0.064$ ,  $SRMR=0.033$ ,  $GFI=0.970$ ,  $AGFI=0.939$  and  $CFI=0.971$ ).

**Table 5.74 Result of Motivation Scales for Muay Thai Tourists**

Items		Mean	Standard Deviation
<b>TRC</b>	<b>Transcendence</b>		
Trance1	To be at peace with myself.	4.80	1.786
Trance2	To give me time and space for reflection.	4.78	1.720
Trance3	To contemplate what is important to me.	4.81	1.662
<b>ESC_RLX</b>	<b>Escape and relaxation</b>		
Escape1	To escape the demands of everyday life.	4.67	1.815
Escape2	To get away from everything.	5.15	1.741
<b>ING</b>	<b>Self-indulgence</b>		
Indugen2	To relax.	4.97	1.707
Indugen3	To catch up with my lifestyle.	4.90	1.626
<b>EST</b>	<b>Re-establish self esteem</b>		
Esteem1	To gain more confidence about myself.	4.98	1.690
Esteem3	To increase my self-esteem.	4.59	1.774

**Table 5.75 Goodness-of-Fit Statistics of Motivation Scales for Muay Thai Tourists**

	<b>Motivation First-order</b>	<b>Motivation Second-order</b>
<b>Absolute Fit Measures</b>		
<b>Chi-square (<math>\chi^2</math>)</b>	62.550	67.424
<b>Degrees of freedom (df)</b>	20	22
<b>P-value</b>	0.000	0.000
<b><math>\chi^2/df</math></b>	3.128	3.065
<b>Standardised Root mean square error of approximation (RMSEA)</b>	0.065	0.064
<b>Root mean square residual (SRMR)</b>	0.030	0.033
<b>Goodness-of-fit index (GFI)</b>	0.972	0.970
<b>Parsimonious Fit Measure</b>		
<b>Adjusted goodness-of-fit index (AGFI)</b>	0.938	0.939
<b>Incremental Fit Measure</b>		
<b>Comparative fit index (CFI)</b>	0.973	0.971

As can be seen in Table 5.76, t-values exceeded a recommended level of t-value for  $\pm 1.96$  at a significant level of 0.05. The squared multiple correlations ( $R^2$ ) yielded between 0.421 and 0.781. The composite reliability of the constructs resulted in a range between 0.700 and 0.828 and the extracted variances resulted in a range between 0.518 and 0.621, which exceeded the suggested threshold of 0.7 and 0.5 respectively. The completely standardised factor loadings ranged between 0.601 and 0.852 for the first-order model and between 0.649 and 0.884 for the second-order model. The evidence of the discriminant validity of the measure (Table 5.77) showed that the correlations between all pairs of constructs were significantly lower than the square root of average variance extracted for each individual construct (Fornell & Larcker, 1981).



**Table 5.76 Factor loadings of Motivation Scales for Muay Thai Tourists**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	R <sup>2</sup>	CR <sub>b</sub>	AVE <sub>a</sub>
<b>TRC</b>	<b>0.884</b>	-	-	-	<b>0.781</b>	<b>0.828</b>	<b>0.618</b>
Trance1	0.852	0.093	14.215	***			
Trance2	0.803	0.088	13.649	***			
Trance3	0.695	-	-	-			
<b>ESC_RLX</b>	<b>0.687</b>	<b>0.096</b>	<b>7.312</b>	<b>***</b>	<b>0.472</b>	<b>0.700</b>	<b>0.518</b>
Escape1	0.826	0.162	8.939	***			
Escape2	0.601	-	-	-			
<b>ING</b>	<b>0.767</b>	<b>0.101</b>	<b>9.898</b>	<b>***</b>	<b>0.588</b>	<b>0.715</b>	<b>0.558</b>
Indugen2	0.690	0.077	11.725	***			
Indugen3	0.800	-	-	-			
<b>EST</b>	<b>0.649</b>	<b>0.102</b>	<b>8.682</b>	<b>***</b>	<b>0.421</b>	<b>0.766</b>	<b>0.621</b>
Esteem1	0.787	0.082	11.657	***			
Esteem3	0.789	-	-	-			

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

**Table 5.77 Discriminant Validity of Motivation Scales for Muay Thai Tourists**

	CR <sub>b</sub>	AVE <sub>a</sub>	EST	ING	ESC_RLX	TRC
<b>EST</b>	0.766	0.621	<b>0.788</b>			
<b>ING</b>	0.715	0.558	0.444	<b>0.747</b>		
<b>ESC_RLX</b>	0.700	0.518	0.455	0.574	<b>0.719</b>	
<b>TRC</b>	0.828	0.618	0.592	0.683	0.582	<b>0.786</b>

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*Note: Square root of average variance extracted (AVE) is shown on the diagonal of the matrix in boldface; inter-construct correlation is shown off the diagonal*

#### **5.14.2 Confirmatory Factor Analysis for Lifestyle Congruence for Muay Thai Tourists**

The mean score and standard deviation for lifestyle congruence scale of the Muay Thai tourists are presented in Table 5.78. The mean scores ranged between 4.73 and 5.82. The initial estimation of lifestyle congruence for the validation sample showed a satisfactory well-fitting model to the data without any changes (See Table 5.79), having equal fit indices in both first-order and second-order models ( $\chi^2=84.271$ ,  $df=34$ ,  $p=0.000$ ,  $\chi^2/df=2.479$ ,  $RMSEA=0.054$ ,  $SRMR=0.033$ ,  $GFI=0.971$ ,  $AGFI=0.944$  and  $CFI=0.978$ ).

**Table 5.78 Results of Lifestyle Congruence Scales for Muay Thai Tourists**

Items		Mean	Standard Deviation
<b>WAT</b>	<b>Wellness Related Activities</b>		
WRA1	I follow a planned exercise programme.	4.89	1.649
WRA2	I exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber).	5.82	1.580
WRA5	I consider myself to have a nutritional balanced diet from vegetable fruits, meat, poultry, fish, dried beans, eggs and nuts group each day.	4.76	1.458
<b>WOPN</b>	<b>Perceived Wellness Congruence</b>		
OQOL1	I have a very high quality of life.	5.43	1.322
OQOL2	Although I have my ups and downs, in general, I feel good about my life.	5.46	1.233
OQOL3	I lead a meaningful and fulfilling life.	5.10	1.277
OQOL5	My social relationships are supportive and rewarding.	5.29	1.395
OQOL6	In general, I consider myself a happy person.	5.46	1.337
OQOL7	Compared to most of my peers, I consider myself a happy person.	5.33	1.282
OQOL8	In most ways my life is close to my ideal.	4.73	1.326
OQOL9	I am satisfied with my life.	5.19	1.310

**Table 5.79 Goodness-of-Fit Statistics of Lifestyle Congruence Scales for Muay Thai Tourists**

	Lifestyle First-order	Lifestyle Second-order
<b>Absolute Fit Measures</b>		
Chi-square ( $\chi^2$ )	84.271	84.271
Degrees of freedom (df)	34	34
P-value	0.000	0.000
$\chi^2/df$	2.479	2.479
Standardised Root mean square error of approximation (RMSEA)	0.054	0.054
Root mean square residual (SRMR)	0.033	0.033
Goodness-of-fit index (GFI)	0.971	0.971
<b>Parsimonious Fit Measure</b>		
Adjusted goodness-of-fit index (AGFI)	0.944	0.944
<b>Incremental Fit Measure</b>		
Comparative fit index (CFI)	0.978	0.978

All of the estimated parameters of the t-value exceeded a recommended level of  $\pm 1.96$  at a significant level of 0.05 (Table 5.80). The squared multiple correlations ( $R^2$ ) ranged between 0.573 and 0.830. The composite reliability of the constructs resulted in

values of 0.765 and 0.881 which exceeded the suggested threshold of 0.7. The extracted variances resulted in a range between 0.489 and 0.522 which exceeded the suggested recommended threshold of 0.5, with exception of perceived wellness congruence (0.489). However, the perceived wellness congruence's AVE can be considered as acceptable. The completely standardised factor loadings ranged between 0.555 and 0.773 for the first-order model and between 0.798 and 0.864 for the second-order model. The correlations between all pairs of constructs were significantly lower than the square root of average variance extracted for each individual construct (Table 5.81), suggesting the discriminant validity of the lifestyle congruence measurement model.

**Table 5.80 Factor loadings of Lifestyle Congruence Scales for Muay Thai Tourists**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	R <sup>2</sup>	CR <sub>b</sub>	AVE <sub>a</sub>
<b>WAT</b>	<b>0.798</b>				<b>0.573</b>	<b>0.765</b>	<b>0.522</b>
WRA1	0.687	-	-	-			
WRA2	0.753	0.116	10.573	***			
WRA5	0.660	0.096	9.516	***			
<b>WOPN</b>	<b>0.864</b>				<b>0.830</b>	<b>0.881</b>	<b>0.489</b>
OQOL1	0.734	0.084	12.947	***			
OQOL2	0.679	0.055	16.881	***			
OQOL3	0.708	0.075	13.56	***			
OQOL5	0.586	0.081	11.272	***			
OQOL6	0.773	0.062	18.745	***			
OQOL7	0.698	-	-	-			
OQOL8	0.555	0.075	10.857	***			
OQOL9	0.692	0.076	13.381	***			

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

**Table 5.81 Discriminant Validity of Lifestyle Congruence Scales for Muay Thai Tourists**

	CR <sub>b</sub>	AVE <sub>a</sub>	WAT	WOPN
WAT	0.765	0.522	<b>0.722</b>	
WOPN	0.881	0.481	0.690	<b>0.699</b>

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*Note: Square root of average variance extracted (AVE) is shown on the diagonal of the matrix in boldface; inter-construct correlation is shown off the diagonal*

### 5.14.3 Confirmatory Factor Analysis for Wellness Self- Image Congruence for Muay Thai Tourists

The mean score and standard deviation of wellness self-image congruence scale were calculated and presented in Table 5.82. The mean score ranged between 5.09 and 5.61. The estimation of wellness self-image congruence for sample validation confirmed that all estimated parameters (Table 5.83) showed similar patterns to results of the calibration sample. Goodness-of-fit indices resulted in the values of  $\chi^2=0.054$ ,  $df=1$ ,  $p=0.817$ ,  $\chi^2/df=0.054$ ,  $RMSEA=0.000$ ,  $SRMR=0.002$ ,  $GFI=1.000$ ,  $AGFI=0.999$  and  $CFI=1.000$ .

**Table 5.82 Results of Wellness Self-Image Congruence Scales for Muay Thai Tourists**

Items		Mean	Standard Deviation
SIMG1	This wellness related holiday is consistent with how I see myself.	5.25	1.338
SIMG2	This wellness related holiday is consistent with how I like to see myself.	5.61	1.241
SIMG3	This wellness related holiday is consistent with how I believe others see me.	5.09	1.346
SIMG4	This wellness related holiday is consistent with how I would like others to see me.	5.24	1.3

**Table 5.83 Goodness-of-Fit Statistics of Wellness Self-Image Congruence Scales for Muay Thai Tourists**

	Self-image First-order
<b>Absolute Fit Measures</b>	
Chi-square ( $\chi^2$ )	0.054
Degree of freedom (df)	1
P-value	0.817
$\chi^2/df$	0.054
Standardised Root mean square error of approximation (RMSEA)	0.000
Root mean square residual (SRMR)	0.002
Goodness-of-fit index (GFI)	1.000
<b>Parsimonious Fit Measure</b>	
Adjusted goodness-of-fit index (AGFI)	0.999
<b>Incremental Fit Measure</b>	
Comparative fit index (CFI)	1.000

As presented in Table 5.84, all t-values exceeded a recommended level of  $\pm 1.96$  at a significant level of 0.05. The squared multiple correlations ( $R^2$ ) ranged between 0.403 and 0.582. The composite reliability and extracted variance of the constructs resulted in values of 0.814 and 0.523 which exceeded the suggested thresholds of 0.7 and 0.5. The completely standardised factor loadings ranged between 0.645 and 0.781.

**Table 5.84 Factor Loadings and Discriminant Validity of Wellness Self-Image Congruence Scales for Muay Thai Tourists**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	CR <sub>b</sub>	AVE <sub>a</sub>
<b>Self-image</b>					<b>0.814</b>	<b>0.523</b>
SIMG1	0.752	-	-	-		
SIMG2	0.708	0.075	11.568	***		
SIMG3	0.781	0.082	12.348	***		
SIMG4	0.645	0.078	10.994	***		

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

#### 5.14.4 Confirmatory Factor Analysis for Positive Emotions for Muay Thai Tourists

The hypothesised model of positive emotions was estimated with validation sample. The findings of mean score and standard deviation for positive emotions scale are presented in Table 5.85. The mean score ranged between 5.46 and 5.99. All estimated parameters indicated similar patterns to the results of the calibration sample. Model fit indices (Table 5.86) resulted in the values of  $\chi^2=9.310$ ,  $df=5$ ,  $p=0.097$ ,  $\chi^2/df=1.862$ ,  $RMSEA=0.048$ ,  $SRMR=0.014$ ,  $GFI=0.994$ ,  $AGFI=0.975$  and  $CFI=0.997$ .

**Table 5.85 Results of Positive Emotions Scales for Muay Thai Tourists**

Items		Mean	Standard Deviation
Posit1	I felt good.	5.99	1.105
Posit2	I felt positive.	5.81	1.188
Posit3	I felt pleasant.	5.46	1.303
Posit4	I felt a sense of joy.	5.61	1.302
Posit5	I felt happy.	5.86	1.203
Posit6	I felt contented.	5.57	1.318

**Table 5.86 Goodness-of-Fit Statistics of Positive Emotions Scales for Muay Thai Tourists**

	<b>Positive Emotions First-order</b>
<b>Absolute Fit Measures</b>	
Chi-square ( $\chi^2$ )	9.310
Degrees of freedom (df)	5
P-value	0.097
$\chi^2/df$	1.862
Standardised Root mean square error of approximation (RMSEA)	0.048
Root mean square residual (SRMR)	0.014
Goodness-of-fit index (GFI)	0.994
<b>Incremental Fit Measure</b>	
Adjusted goodness-of-fit index (AGFI)	0.975
<b>Parsimonious Fit Measure</b>	
Comparative fit index (CFI)	0.997

Additionally, the results from Table 5.87 showed that all t-values exceeded a recommended level of  $\pm 1.96$  at a significant level of 0.05. The squared multiple correlations ( $R^2$ ) ranged between 0.409 and 0.731. The composite reliability and extracted variance of the constructs resulted in values of 0.873 and 0.540 which exceeded the suggested thresholds of 0.7 and 0.5. The completely standardised factor loadings ranged between 0.584 and 0.882.

**Table 5.87 Factor loadings and Discriminant Validity of Positive Emotions Scales for Muay Thai Tourists**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	CR <sub>b</sub>	AVE <sub>a</sub>
<b>Positive</b>					<b>0.873</b>	<b>0.540</b>
Posit1	0.728					
Posit2	0.684	0.057	17.653	***		
Posit3	0.671	0.083	13.153	***		
Posit4	0.817	0.076	17.446	***		
Posit5	0.882	0.075	17.655	***		
Posit6	0.584	0.059	16.348	***		

### 5.14.5 Confirmatory Factor Analysis for Satisfaction during the Trip for Muay Thai Tourists

An initial measurement of satisfaction during the trip was tested with the validation sample. The mean score and standard deviation of satisfaction during the trip scale were calculated and presented in Table 5.88. The mean score ranged between 4.97 and 6.14. The results in Table 5.89 suggested satisfactory models fit with the data without any re-specifications, showing the same fit indices in both first-order and second-order models  $\chi^2=7.719$ ,  $df=4$ ,  $p=0.097$ ,  $\chi^2/df=1.93$ ,  $RMSEA=0.043$ ,  $SRMR=0.019$ ,  $GFI=0.994$ ,  $AGFI=0.977$  and  $CFI=0.996$ .

**Table 5.88 Results of Satisfaction during the Trip Scales for Muay Thai Tourists**

Items		Mean	Standard Deviation
<b>SEV</b>	<b>Satisfaction with wellness destination services</b>		
Satserv2	Tourist services provided at the vacation site were problem-free.	4.97	1.469
Satserv3	The cost of tourist services at the vacation site was reasonable and well worth it.	5.34	1.334
<b>EXP</b>	<b>Satisfaction with wellness trip experiences</b>		
Satexp1	I am happy about my decision to choose this wellness vacation.	5.9	1.217
Satexp2	I believe I did the right thing when I chose this wellness vacation.	6.14	0.952
Satexp5	I have enjoyed myself on this wellness vacation.	5.89	1.124

**Table 5.89 Goodness-of-Fit Statistics of Satisfaction during the Trip Scales for Muay Thai Tourists**

	<b>Satisfaction First-order</b>	<b>Satisfaction Second-order</b>
<b>Absolute Fit Measures</b>		
<b>Chi-square (<math>\chi^2</math>)</b>	7.719	7.719
<b>Degrees of freedom (df)</b>	4	4
<b>P-value</b>	0.102	0.102
<b><math>\chi^2/df</math></b>	1.93	1.93
<b>Standardised Root mean square error of approximation (RMSEA)</b>	0.043	0.043
<b>Root mean square residual (SRMR)</b>	0.019	0.019
<b>Goodness-of-fit index (GFI)</b>	0.994	0.994
<b>Parsimonious Fit Measure</b>		
<b>Adjusted goodness-of-fit index (AGFI)</b>	0.977	0.977
<b>Incremental Fit Measure</b>		
<b>Comparative fit index (CFI)</b>	0.996	0.996

Further, all of the estimated parameters of the t-value exceeded a recommended level of  $\pm 1.96$  at a significant level of 0.05 (Table 5.90). The squared multiple correlations ( $R^2$ ) ranged between 0.630 and 0.780. The composite reliability of the constructs resulted in values of 0.680 and 0.857 which exceeded the suggested threshold of 0.7, except satisfaction with wellness destination services (0.631). However, the composite reliability of satisfaction with wellness destination services can be considered as acceptable (Hair *et al.*, 2010). The extracted variances resulted in a range between 0.519 and 0.667, which exceeded the suggested recommended threshold of 0.5. The completely standardised factor loadings for the first-order model ranged between 0.631 and 0.847 and for the second-order model between 0.793 and 0.8847. From Table 5.91 the correlations between all pairs of constructs were significantly lower than the square root of average variance extracted for each individual construct, suggesting the discriminant validity of the measurement model for satisfaction during the trip.



**Table 5.90 Factor loadings of Satisfaction during the Trip Scales for Muay Thai Tourists**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	R <sup>2</sup>	CR <sub>b</sub>	AVE <sub>a</sub>
<b>SEV</b>	<b>0.793</b>				<b>0.630</b>	<b>0.680</b>	<b>0.519</b>
Satserv2	0.631	0.089	8.823	***			
Satserv3	0.798	-	-	-			
<b>EXP</b>	<b>0.884</b>				<b>0.780</b>	<b>0.857</b>	<b>0.667</b>
Satexp1	0.847	0.055	19.722	***			
Satexp2	0.754	0.042	18.171	***			
Satexp5	0.845	-	-	-			

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

**Table 5.91 Discriminant Validity of Satisfaction during the Trip Scales for Muay Thai Tourists**

	CR <sub>b</sub>	AVE <sub>a</sub>	SEV	EXP
<b>SEV</b>	0.680	0.519	0.720	
<b>EXP</b>	0.857	0.667	0.7	0.817

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*Note: Square root of average variance extracted (AVE) is shown on the diagonal of the matrix in boldface; inter-construct correlation is shown off the diagonal*

#### **5.14.6 Confirmatory Factor Analysis for Incremental Quality of Life for Muay Thai Tourists**

Incremental Quality of Life construct was tested with the Muay Thai Tourists (the validation sample). The mean score and standard deviation of incremental quality of life scale were calculated and presented in Table 5.92. The mean score ranged between 5.02 and 5.74. The initial fit of the first-order and second-order model in Table 5.93 were acceptable well-fitting ( $\chi^2=18.307$   $df=8$ ;  $p=0.019$ ,  $\chi^2/df=2.288$ ,  $RMSEA=0.014$ ,  $SRMR=0.020$ ,  $GFI=0.985$ ,  $AGFI=0.960$  and  $CFI=0.992$ ).

**Table 5.92 Results of Incremental Quality of Life Scales for Muay Thai Tourists**

Items		Mean	Standard Deviation
<b>HIQOL</b>	<b>Hedonic incremental quality of life</b>		
SWLS1	This vacation was rewarding to me in many ways.	5.74	1.312
SWLS2	I feel much better about things and myself after this vacation.	5.48	1.28
SWLS5	On this trip, I felt more satisfied with life.	5.65	1.331
<b>EIQOL</b>	<b>Eudaimonic incremental quality of life</b>		
Flouris1	This trip encouraged me to lead a purposeful and meaningful life.	5.22	1.492
Flouris5	This trip made me change my perception of life.	5.12	1.525
Flouris6	The experience from this trip encouraged me to understand myself better.	5.02	1.593

**Table 5.93 Goodness-of-Fit Statistics of Incremental Quality of Life Scales for Muay Thai Tourists**

	IQOL First-order	IQOL Second-order
<b>Absolute Fit Measures</b>		
<b>Chi-square (<math>\chi^2</math>)</b>	18.307	18.307
<b>Degrees of freedom (df)</b>	8	8
<b>P-value</b>	.019	.019
<b><math>\chi^2/df</math></b>	2.288	2.288
<b>Standardised Root mean square error of approximation (RMSEA)</b>	0.014	0.014
<b>Root mean square residual (SRMR)</b>	0.020	0.020
<b>Goodness-of-fit index (GFI)</b>	0.985	0.985
<b>Incremental Fit Measure</b>		
<b>Adjusted goodness-of-fit index (AGFI)</b>	0.960	0.960
<b>Parsimonious Fit Measure</b>		
<b>Comparative fit index (CFI)</b>	0.992	0.992

As shown in Table 5.94, all of the estimated parameters of the t-values exceeded a recommended level of t-value for  $\pm 196$  at a significant level of 0.05. The squared multiple correlations ( $R^2$ ) ranged between 0.898 and 0.995. The composite reliability of the constructs resulted in values of 0.854 and 0.886 which exceeded the suggested threshold of 0.7. The extracted variances resulted in a range between 0.663 and 0.723 which exceeded the suggested recommended threshold of 0.5. The completely standardised factor loadings ranged between 0.720 and 0.897 for the first-order model and between 0.947 and 0.998 for the second-order model. As presented in Table 5.95, the

shared variance between any pair of constructs was not greater than the AVE of the construct, suggesting the discriminant validity of measurement model for incremental quality of life.

**Table 5.94 Factor loadings of Incremental Quality of Life Scales for Muay Thai Tourists**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	R <sup>2</sup>	CR <sub>b</sub>	AVE <sub>a</sub>
<b>HIQOL</b>	<b>0.998</b>				<b>0.995</b>	<b>0.886</b>	<b>0.723</b>
SWLS1	0.789	-	-	-			
SWLS2	0.897	0.089	12.401	***			
SWLS5	0.861	0.075	14.766	***			
<b>EIQOL</b>	<b>0.947</b>				<b>0.898</b>	<b>0.854</b>	<b>0.663</b>
Flouris1	0.832	-	-	-			
Flouris5	0.720	0.051	17.322	***			
Flouris6	0.882	0.052	21.69	***			

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

**Table 5.95 Discriminant Validity of Incremental Quality of Life Scales for Muay Thai Tourists**

	CR <sub>b</sub>	AVE <sub>a</sub>	HIQOL	EIQOL
<b>HIQOL</b>	0.886	0.723	<b>0.850</b>	
<b>EIQOL</b>	0.850	0.663	0.690	<b>0.814</b>

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*Note: Square root of average variance extracted (AVE) is shown on the diagonal of the matrix in boldface; inter-construct correlation is shown off the diagonal*

#### 5.14.7 Confirmatory Factor Analysis for Behavioural Intentions for Muay Thai Tourists

The measurement model for behavioural intentions was examined with the validation sample (Muay Thai Tourists). The results of mean score and standard deviation for behavioural intentions indicators are presented in Table 5.96, ranging between 5.49 and 6.14. The results revealed that all estimated parameters were reliable and adequate and indicated a consistent pattern to the result of the calibration sample. Goodness-of-fit indices resulted in the values of  $\chi^2=0.733$ ,  $df=1$ ,  $p=0.392$ ,  $\chi^2/df=0.733$ ,  $RMSEA=0.000$ ,  $SRMR=0.005$ ,  $GFI=0.999$ ,  $AGFI=0.993$  and  $CFI=1.000$  (Table 5.97).

**Table 5.96 Results of Behavioural Intention Scales for Muay Thai Tourists**

Items		Mean	Standard Deviation
Recom1	I will recommend this wellness vacation to other people (e.g., friends and relatives).	5.96	1.249
Recom2	I will say positive things about this wellness vacation to other people (e.g., friends and relatives).	6.14	0.96
Revisit1	If I had to decide again, I will choose this wellness vacation again.	5.66	1.367
Revisit2	I will revisit this wellness destination in the near future.	5.49	1.483

**Table 5.97 Goodness-of-Fit Statistics of Behavioural Intention Scales for Muay Thai Tourists**

	Behavioural intention First-order
<b>Absolute Fit Measures</b>	
Chi-square ( $\chi^2$ )	0.733
Degree of freedom (df)	1.000
P-value	0.392
$\chi^2/df$	0.733
Standardised Root mean square error of approximation (RMSEA)	0.000
Root mean square residual (SRMR)	0.005
Goodness-of-fit index (GFI)	0.999
<b>Parsimonious Fit Measure</b>	
Adjusted goodness-of-fit index (AGFI)	0.993
<b>Incremental Fit Measure</b>	
Comparative fit index (CFI)	1.000

As shown in Table 5.98, all t-values exceeded a recommended level of  $\pm 1.96$  at a significant level of 0.05. The squared multiple correlations ( $R^2$ ) ranged between 0.202 and 0.795. The composite reliability and extracted variance of the constructs resulted in values of 0.891 and 0.674 which exceeded the suggested threshold of 0.7 and 0.5. The completely standardised factor loadings ranged between 0.687 and 0.909.

**Table 5.98 Factor loadings and Discriminant Validity of Behavioural Intention Scales for Muay Thai Tourists**

Items	Standardised Loadings	Standard Error	t-statistic	P-value	CR <sub>b</sub>	AVE <sub>a</sub>
<b>Behavioural intention</b>					<b>0.891</b>	<b>0.674</b>
Recom1	0.909	-	-	-		
Recom2	0.777	0.039	16.642	***		
Revisit1	0.891	0.055	14.894	***		
Revisit2	0.687	0.06	11.389	***		

*AVE<sub>a</sub> : Average variance extracted*

*CR<sub>b</sub> : Composite reliability*

*\*\*\*P-value < 0.001*

#### 5.14.8 Overall Measurement Model for Muay Thai

The hypothesised model of overall measurement was tested with the validation sample. The initial results suggest the satisfactory level of model fit. The evaluation of goodness-of-fit statistics for the validation sample was examined and is presented in Table 5.99. Overall fit indices supported that the hypothesised model fitted the validation sample data fairly well ( $\chi^2=1623.339$ ,  $df=819$ ,  $p=0.000$ ,  $\chi^2/df=1.982$ ,  $RMSEA=0.044$ ,  $SRMR=0.054$ ,  $GFI=0.865$ ,  $AGFI=0.884$  and  $CFI=0.925$ ).

**Table 5.99 Goodness-of-Fit Statistics of Overall Measurement for Muay Thai Tourists**

	CFA Muay Thai Tourists(n=500) Second-order
<b>Absolute Fit Measures</b>	
Chi-square ( $\chi^2$ )	1623.339
Degrees of freedom (df)	819
P-value	0.000
$\chi^2/df$	1.982
Standardised Root mean square error of approximation (RMSEA)	0.044
Root mean square residual (SRMR)	0.054
Goodness-of-fit index (GFI)	0.865
<b>Parsimonious Fit Measure</b>	
Adjusted goodness-of-fit index (AGFI)	0.884
<b>Incremental Fit Measure</b>	
Comparative fit index (CFI)	0.925

All of the t-values associated with each of the loadings exceeded the critical values for the significant level of 0.05 ( $\pm 1.96$ ). As presented in Table 5.100 which contains the estimates, standard errors and t-values for each observed indicator, all of the estimated parameters of the t-values exceeded a recommended level of t-value for  $\pm 1.96$  at a significant level of 0.05. The squared multiple correlations ranged from 0.320 to 0.982. The composite reliability of this measurement construct resulted in motivations (0.837), lifestyle congruence (0.816), wellness self-images congruence (0.806), positive emotions (0.876), satisfaction during the trip (0.868), incremental quality of life (0.846) and behavioural intentions (0.764) which exceeded the recommended threshold level of 0.70. Subsequently, the complete standardised factor loadings were evaluated and resulted in a range between 0.569 and 0.883 for the first-order model and between 0.691 and 0.999 for the second-order model. Additionally, the variance extracted measures that represented the overall amount of variance in the indicators, accounted for by the latent constructs and values were calculated and indicated motivations (0.565), lifestyle congruence (0.689), wellness self-images congruence (0.510), positive emotions (0.545), satisfaction during the trip (0.771), incremental quality of life (0.739) and behaviour intention (0.619) which exceeded a recommended level of 0.50 (Hair *et al.*, 2010).

As presented in Table 5.101, discriminant validity for overall measurement was confirmed since the values of correlations among the seven factors were lower than the values of square root of average variance extracted. As a result, the estimated parameters and the fitness indices of the overall measurement model with the validation sample revealed consistent patterns of results of the calibration data. This evidence supported that the model fitted the data well, indicating that the hypothesised model from the calibration sample was reliable and valid in representing the validation sample.

After reviewing the assorted criteria of the model fit indices, the assessment of the theoretical constructs of the hypothesised model with 7 measurements and 43 observed items supported that the hypothesised model was reliable and valid in explaining the split data in both the calibration and the validation sample. Therefore, structural equation modelling for hypotheses testing in further analysis was feasible to be valid and reliable.

**Table 5.100 Factor Loadings of Overall Measurement for Muay Thai Tourists**

Items/Constructs		Standardised Loadings	Standard Error	t-statistic	P-value
<b>Motivations</b>	--> <b>TRC</b>	<b>0.860</b>	-	-	-
TRC	--> Trance1	0.853	0.091	14.294	***
TRC	--> Trance2	0.800	0.087	13.605	***
TRC	--> Trance3	0.702	-	-	-
<b>Motivations</b>	--> <b>ESC_RLX</b>	<b>0.691</b>	<b>0.096</b>	<b>7.599</b>	<b>***</b>
ESC_RLX	--> Escape1	0.808	0.153	9.061	***
ESC_RLX	--> Escape2	0.608	-	-	-
<b>Motivations</b>	--> <b>ING</b>	<b>0.751</b>	-	-	-
ING	--> Indugen2	0.665	0.097	10.434	***
ING	--> Indugen3	0.830	0.075	11.156	***
<b>Motivations</b>	--> <b>EST</b>	<b>0.692</b>	-	-	-
EST	--> Esteem1	0.798	0.102	9.36	***
EST	--> Esteem3	0.779	0.08	12.238	***
<b>Lifestyle</b>	--> <b>WAT</b>	<b>0.799</b>	-	-	-
<b>Congruence</b>					
WAT	--> WRA1	0.599	-	-	-
WAT	--> WRA2	0.742	0.109	10.883	***
WAT	--> WRA5	0.607	0.092	9.731	***
<b>Lifestyle</b>	--> <b>WOPN</b>	<b>0.860</b>	-	-	-
<b>Congruence</b>					
WOPN	--> OQOL1	0.718	0.113	8.342	***
WOPN	--> OQOL2	0.676	0.082	13.405	***
WOPN	--> OQOL3	0.713	0.056	17.133	***
WOPN	--> OQOL5	0.601	0.077	13.669	***
WOPN	--> OQOL6	0.768	0.084	11.562	***
WOPN	--> OQOL7	0.673	0.064	18.543	***
WOPN	--> OQOL8	0.569	0.078	11.219	***
WOPN	--> OQOL9	0.703	0.079	13.594	***
Wellness	--> SIMG1	0.718	-	-	-
Self-image					
Wellness	--> SIMG2	0.754	0.07	14.012	***
Self-image					
Wellness	--> SIMG3	0.663	0.072	12.901	***
Self-image					
Wellness	--> SIMG4	0.718	0.077	12.574	***
Self-image					
Positive	--> Posit1	0.757	-	-	-
Emotions					
Positive	--> Posit2	0.707	0.055	18.324	***
Emotions					
Positive	--> Posit3	0.653	0.074	13.677	***
Emotions					
Positive	--> Posit4	0.809	0.07	18.002	***
Emotions					
Positive	--> Posit5	0.867	0.066	18.96	***
Emotions					
Positive	--> Posit6	0.606	0.056	16.995	***
Emotions					

Items/Constructs			Standardised Loadings	Standard Error	t-statistic	P-value
<b>IQOL</b>	-->	<b>HIQOL</b>	<b>0.990</b>	-	-	-
HIQOL	-->	SWLS1	0.798	0.059	14.931	***
HIQOL	-->	SWLS2	0.723	0.058	18.849	***
HIQOL	-->	SWLS5	0.857	0.062	13.204	***
<b>IQOL</b>	-->	<b>EIQOL</b>	<b>0.691</b>	-	-	-
EIQOL	-->	Flouris1	0.834	-	-	-
EIQOL	-->	Flouris5	0.717	0.051	17.222	***
EIQOL	-->	Flouris6	0.883	0.053	21.33	***
<b>Satisfaction</b>	-->	<b>SEV</b>	<b>0.736</b>	-	-	-
SEV	-->	Satserv2	0.583	0.087	9.562	***
SEV	-->	Satserv3	0.769	-	-	-
<b>Satisfaction</b>	-->	<b>EXP</b>	<b>0.999</b>	-	-	-
EXP	-->	Satexp1	0.853	0.095	13.054	***
EXP	-->	Satexp2	0.746	0.05	22.112	***
EXP	-->	Satexp5	0.835	0.04	18.709	***
Intention	-->	Revisit1	0.846	-	-	-
Intention	-->	Revisit2	0.723	-	-	-

\*\*\*P-value < 0.001



**Table 5.101 Discriminant Validity of Overall Measurement for Muay Thai Tourists**

	CR <sub>b</sub>	AVE <sub>a</sub>	Motivation	Lifestyle	Self-image	Positive	Satisfaction	IQOL	Intention
Motivations	0.837	0.565	<b>0.752</b>						
Lifestyle Congruence	0.816	0.689	0.249	<b>0.830</b>					
Wellness Self-image	0.806	0.510	0.324	0.703	<b>0.714</b>				
Positive Emotions	0.876	0.545	0.247	0.564	0.474	<b>0.739</b>			
Satisfaction	0.868	0.771	0.242	0.617	0.565	0.729	<b>0.878</b>		
IQOL	0.846	0.739	0.558	0.522	0.561	0.685	0.682	<b>0.860</b>	
Intention	0.764	0.619	0.313	0.447	0.518	0.554	0.766	0.654	<b>0.787</b>

*AVE<sub>a</sub>: Average variance extracted*

*CR<sub>b</sub>: Composite reliability*

*Note: Square root of average variance extracted (AVE) is shown on the diagonal of the matrix in boldface; inter-construct correlation is shown off the diagonal*

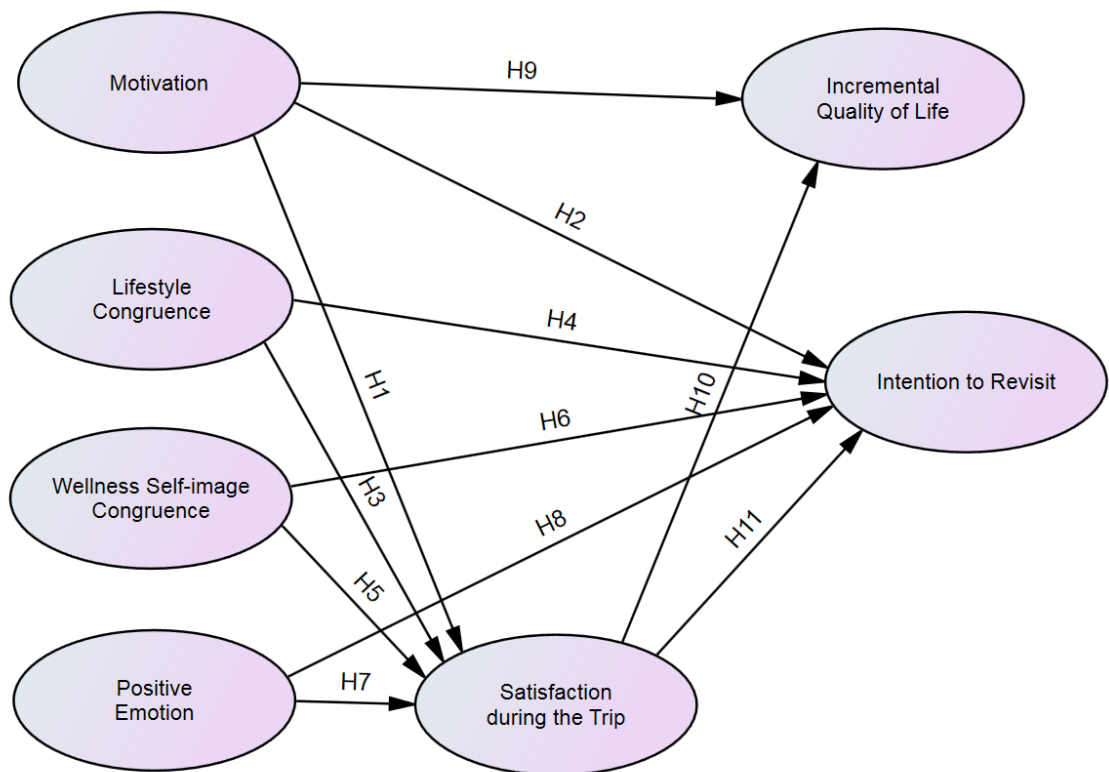
### **5.15 Structural Equation Modelling (SEM)**

Structural Equation Modelling (SEM) is a statistical method which is widely used to examine the relationships among multiple variables. Basically, SEM foundation is the combination of two types of multivariate techniques: factor analysis and multiple regression analysis (Hair *et al.*, 2010). Based on theory, once the hypothesised measurements have been tested and finalised, SEM is performed to specify causal relationships among latent constructs, resulting in estimation of path coefficient results that indicate how these latent variables are related for each of the research hypotheses. The examination of the structural model tests the significance for the estimated paths coefficients, which are the basis for accepting or rejecting the proposed relationships between latent constructs in the hypothesised SEM model. Additionally, the overall SEM model fit is assessed using multiple fit indices such as calculated t-values and standard errors as well as other fit indices such as  $\chi^2$ ,  $\chi^2/df$ , RMSEA and CFI (Byrne, 2010; Hair *et al.*, 2010).

### **5.16 Initial Theoretical Structural Equation Model**

The aims of this study were to develop a theoretical model of wellness tourism and incremental quality of life and to empirically investigate the causal relationships among the following constructs: 1) motivations, 2) lifestyle congruence, 3) wellness-self-images congruence, 4) positive emotions, 5) satisfaction during the trip, 6) incremental quality of life and 7) behavioural intentions.

**Figure 5.14 Initial Theoretical Structural Equation Model and Revised Structural Equation Model**



To test the proposed hypotheses for this study, an initial theoretical SEM model was examined with four exogenous constructs: motivations, lifestyle congruence, wellness self-images congruence, positive emotions and three endogenous constructs: satisfaction during the trip, incremental quality of life and behavioural intentions as presented in Figure 5.14. A total of 43 observed indicators (30 for exogenous constructs and 13 for endogenous constructs) were used to measure these seven theatrical constructs. Fundamentally, examination of the relationships among the exogenous and endogenous constructs for testing hypotheses in SEM can be specified by two types of matrices: a Gamma matrix ( $\gamma$ ) and a Beta matrix ( $\beta$ ) (Bollen, 1989; Byrne, 1998; Mueller, 1996). Gamma matrix estimates of the path coefficients link between the exogenous constructs and the endogenous constructs, whereas the Beta matrix specifies the path coefficients link among the endogenous constructs. Figure 5.14 shows the proposed research hypotheses to be estimated in this study represented by nine Gamma parameters (H1 to H9) and two Beta parameters (H10 and H11).

Consequently, the initial structural equation model was tested using the AMOS 21 program for structural equation modelling (SEM) with the entire sample (n=885). After assessing the initial theoretical structural model, the results revealed an acceptable fit ( $\chi^2=2063.132$ ,  $df=815$ ,  $p=0.000$ ,  $\chi^2/df=2.519$ ,  $RMSEA=0.041$ ,  $SRMR=0.053$ ,  $GFI=0.900$ ,  $AGFI=0.883$  and  $CFI=0.931$ ). However, there was evidence of misfit in the model since this final SEM model was required to be equivalent to a confirmatory measurement model (Anderson & Gerbing, 1988). Thus, the initial SEM model was re-specified. The evidence from a review of the modification indices indicated that the correlated error variance between SWLS1 and SWLS2 ( $MI=14.183$ ); Satexp1 and Satexp2 ( $MI=11.859$ ); and Posit4 and Posit5 ( $MI=6.420$ ) led to misfit in the model. The error covariances for these indicators were reasonably acceptable because each pair of indicators with error correlated and measured the same construct. Re-specification of the model was performed consecutively as presented in Table 5.102. A comparison the Chi-square statistic value of SEM R3 and that of the CFA model indicated the chi square difference value of 0.736 with the difference in degree of freedom of 1 ( $p=0.390$ ), suggesting that the SEM R3 model was no different from the measurement model (CFA). The estimation of the final revised model SEM R3 yielded a Chi-square value of 2006.06 with 816 degrees of freedom ( $p<0.05$ ) which was not statistically significant. However, other fit indices of the revised model achieved quite satisfactory levels for a well-fitting model to the data ( $\chi^2/df=2.458$ ,  $RMSEA=0.041$ ,  $SRMR=0.0514$ ,  $GFI=0.902$ ,  $AGFI=0.886$  and  $CFI=0.934$ ). As a result, the final revised SEM R3 model was accepted as the best model to be used in the testing of the proposed hypotheses in this study.

**Table 5.102 Fit Indices of the Overall Measurement Model and Structural Models**

	$\chi^2$	df	$\chi^2/df$	RMSEA	SRMR	GFI	AGFI	CFI
CFA	2006.796	815	2.462	0.041	0.0520	0.900	0.884	0.934
SEM-T	2063.132	819	2.519	0.041	0.0526	0.900	0.883	0.931
SEM R1	2040.368	818	2.494	0.041	0.0525	0.900	0.885	0.932
SEM R2	2018.675	817	2.471	0.041	0.0515	0.901	0.886	0.933
SEM R3	2006.06	816	2.458	0.041	0.0514	0.902	0.886	0.934

*Note:*

*SEM-T= Theoretical Model*

*SEM R1=Revised model with SWLS1<--> SWLS2, MI=14.183*

*SEM R2=Revised model with SWLS1<--> SWLS2, MI=14.183;*

*Satexp1<-->Satexp2, MI=11.859*

*SEM R3=Revised model with SWLS1<--> SWLS2, MI=14.183;*

*Satexp1<-->Satexp2, MI=11.859;Posit4 <-->Posit5, MI=6.420*

In addition, the squared multiple correlations of the final revised model revealed that four exogenous constructs (motivations, lifestyle congruence, wellness self-images congruence and positive emotions) explained 45% of satisfaction during the trip. Four exogenous constructs and satisfaction during the trip (endogenous construct) explained 63.7% of behavioural intentions. While, 64.3% of the variance in incremental quality of life was explained by the four exogenous constructs and satisfaction during the trip.

As presented in Table 5.103, the t-values and completely standardised coefficients of the final revised structural model for each estimated path were reported. The standardised coefficient describes the strength of the correlation between two constructs and more detailed discussions regarding the hypotheses testing are provided in the next section. All calculated t-values associated with each of the path coefficients exceeded the critical value of  $\pm 1.96$  at the significant level of 0.05, with the exception of H1, H4 and H8 (Table 5.103 and 5.104).

**Table 5.103 Paths Coefficients of Revised Structural Equation Model**

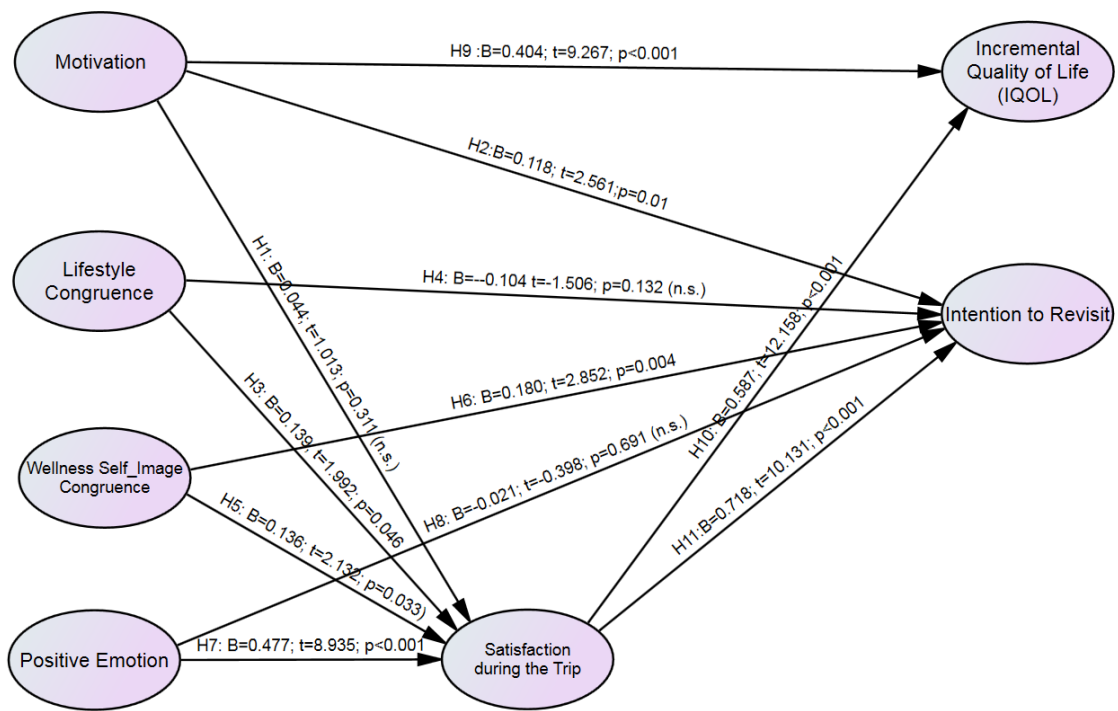
	<b>Paths</b>		<b>Standardised <math>\beta</math></b>	<b>Standard Error</b>	<b>t-statistic</b>	<b>P-value</b>
H1	Motivation	-> Satisfaction	0.044	0.044	1.013	0.311
H2	Motivation	-> Intention	0.118	0.059	2.561	0.01
H3	Lifestyle	-> Satisfaction	0.139	0.068	1.992	0.046
	Congruence					
H4	Lifestyle	-> Intention	-0.104	0.088	-1.506	0.132
	Congruence					
H5	Wellness	-> Satisfaction	0.136	0.048	2.132	0.033
	Self-image					
H6	Wellness	-> Intention	0.180	0.062	2.852	0.004
	Self-image					
H7	Positive	-> Satisfaction	0.477	0.044	8.935	***
	Emotions					
H8	Positive	-> Intention	-0.021	0.057	-0.398	0.691
	Emotions					
H9	Motivation	-> IQOL	0.404	0.06	9.267	***
H10	Satisfaction	-> IQOL	0.587	0.068	12.158	***
H11	Satisfaction	-> Intention	0.718	0.094	10.131	***

$R^2$  of Satisfaction = 0.451

$R^2$  of IQOL = 0.643

$R^2$  of Intention = 0.637

**Figure 5.15 Final Revised Structural Equation Model**



### 5.17 Analysis of Hypotheses Testing

The final structural equation analysis was examined using AMOS 21 to test the proposed hypotheses in this study. Basically, the relationships between the constructs were examined based on t-values corresponding with standardised path coefficients between the constructs. If an estimated t-value was greater than a certain critical value  $\pm 1.96$  ( $p < 0.05$ ) (Byrne, 2010; Hair *et al.*, 2010), the null hypothesis was rejected since the associated estimated parameter was not equal to zero. Therefore, the hypothesised relationship between two constructs was supported. The hypotheses testing in this study is summarised in Table 5.104. Structural equation modelling was used to test a total of eleven proposed hypotheses (Figure 5.15). The relationship between motivations and satisfaction during the trip represented hypothesis 1 and the relationship between motivation and intention to revisit explained hypothesis 2. The relationship between lifestyle congruence and satisfaction during the trip specified hypothesis 3 and the relationship between lifestyle congruence and intention to revisit defined hypothesis 4. The relationship between wellness self-image congruence and satisfaction during the trip represented hypothesis 5 and the relationship between wellness self-image congruence and intention to revisit described hypothesis 6. The relationship between positive

emotions and satisfaction during the trip specified hypothesis 7 and the relationship between positive emotions and intention to revisit indicated hypothesis 8. The relationship between motivation and incremental quality of life represented hypothesis 9. Finally, the relationship between satisfaction during the trip and incremental quality of life defined hypothesis 10 and the relationship between satisfaction during the trip and intention to revisit indicated hypothesis 11.

**Table 5.104 Summary of Hypotheses of Direct Relationship Testing**

Hypotheses	t-statistic	P-value	Results
H1 Motivation ----> Satisfaction	1.013	0.311	<i>Not Supported</i>
H2 Motivation ----> Intention	2.561	0.01	Supported
H3 Lifestyle ----> Satisfaction	1.992	0.046	Supported
H4 Lifestyle ----> Intention Congruence	-1.506	0.132	<i>Not Supported</i>
H5 Wellness ----> Satisfaction Self-image	2.132	0.033	Supported
H6 Wellness ----> Intention Self-image	2.852	0.004	Supported
H7 Positive ----> Satisfaction Emotions	8.935	***	Supported
H8 Positive ----> Intention Emotions	-0.398	0.691	<i>Not Supported</i>
H9 Motivation ----> IQOL	9.267	***	Supported
H10 Satisfaction ----> IQOL	12.158	***	Supported
H11 Satisfaction ----> Intention	10.131	***	Supported

*Note: \*\*\* p-value < 0.01*

### 5.17.1 H1: Motivation is Positively Related to Satisfaction during the Trip

According to the hypotheses testing with SEM, the results revealed that the path between motivation and satisfaction with the trip experience was not significant ( $\beta=0.044$ ,  $t\text{-value}=1.013$ ,  $p=0.311$ ). This finding suggested that travel motivation did not affect satisfaction during the trip of wellness tourists. It can be concluded there is no relationship between travel motivation and satisfaction during the trip.

### 5.17.2 H2: Motivation is Positively Related to Behavioural Intention.

Hypothesis 2 postulated that wellness tourists who have high level of motivation to travel are more likely to revisit wellness destinations. The result of SEM analysis

supported this hypothesis, having a positive relationship between the constructs ( $\beta=0.118$ ,  $t\text{-value}=2.561$ ,  $p<0.05$ ). Subsequently, this finding suggested that if wellness tourists have strong motivation to have wellness holidays, they would possibly be loyal customers for wellness destinations such as Muay Thai fitness camps and meditation retreat centres.

### **5.17.3 H3: Lifestyle-Congruence Positively Affects Satisfaction During the Trip.**

Hypothesis 3 tested the relationship between lifestyle-congruence and satisfactions during the trip. The results supported this hypothesis ( $\beta=0.139$ ,  $t=1.992$ ,  $p<0.05$ ), which implied that tourists with high level of wellness lifestyle congruence tend to be more satisfied during their wellness holidays. It was concluded that there is positive relationship between lifestyle-congruence and satisfactions during the trip.

### **5.17.4 H4: Lifestyle-Congruence Positively Affects Behavioural Intention.**

Hypothesis 4 investigated the relationship between lifestyle-congruence and behavioural intentions. The estimated path coefficient and t-values associated with these two constructs were not significant ( $\beta=-0.104$ ,  $t\text{-value}=-1.506$ ,  $p=0.132$ ). This finding indicated that there is no relationship between lifestyle-congruence and intention to revisit.

### **5.17.5 H5: Wellness Self- Image Congruence Positively Influences Satisfaction during the Trip.**

This hypothesis examined if wellness self-image congruence positively influenced satisfaction with the trip. The results revealed that the estimated parameters supported this hypothesis ( $\beta=0.136$ ,  $t\text{-value}=2.132$ ,  $p=0.033$ ). The findings suggested a positive relation between these two constructs, meaning that tourists who have high level of wellness self-image congruence seem to be more satisfied with their wellness trip experience.

### **5.17.6 H6: Wellness Self- Image Congruence Positively Influences Behavioural Intention.**

Hypothesis 6 investigated the influences of wellness self-image congruence on behavioural intentions. The results suggested that the path between wellness self-image



congruence on intention to revisit was positive and statistically significant ( $\beta=0.180$ ,  $t\text{-value}=2.852$ ,  $p=0.004$ ). The result indicated that the perceived wellness self-image of the tourists positively contributed to their revisit intentions to the wellness destinations.

#### **5.17.7 H7: Positive Emotion Positively Associates with Satisfaction during the Trip.**

Hypothesis 7 examined the relationship between positive emotions and satisfaction with the trip. The results revealed the standardised path coefficient between these two constructs was statistically significant ( $\beta=0.477$ ,  $t\text{-value}=8.935$ ,  $p<0.01$ ). These findings postulated that a higher level of positive emotions of the tourists positively affected their satisfaction level during their wellness vacations.

#### **5.17.8 H8: Positive Emotion Positively Associate with Behavioural Intention.**

Hypothesis 8 tested the relationship between positive emotions and behavioural intentions. The results of the structural relationship indicated no statistically significant relationship of the estimate path coefficient between these two construct ( $\beta=-0.021$ ,  $t\text{-value}=-0.398$ ,  $p=0.691$ ). These findings suggested that positive emotions had no influence on predicting the intention to revisit of the wellness tourists.

#### **5.17.9 H9: Motivation is Positively Related to the Incremental Quality of Life.**

In hypothesis 9, the relationship between motivations and incremental quality of life was examined. The results showed that travel motivations had significantly positive effects on the incremental quality of life of the wellness tourists ( $\beta=0.404$ ,  $t\text{-value}=9.267$ ,  $p<0.01$ ). These findings indicated that motivations played an important role in predicting the incremental quality of life of the wellness tourists.

#### **5.17.10 H10: Satisfaction during the Trip Positively Affects the Incremental Quality of Life.**

This hypothesis tested the relationship between satisfaction during the trip and incremental quality of life. The structural relationship postulated the significant path coefficients that supported this hypothesis ( $\beta=0.587$ ,  $t\text{-value}=12.158$ ,  $p<0.01$ ). These findings suggested a strong positive relation between these two constructs. Satisfaction

during the trip strongly affected the prediction of the perceived incremental quality of life of the wellness tourists.

#### **5.17.11 H11: Satisfaction during the Trip Positively Affects Behavioural Intention.**

Results indicated that the relationship between satisfaction with the trip and behavioural intentions had a statistically significant level of the path coefficient ( $\beta=0.718$ ,  $t\text{-value}=10.131$ ,  $p<0.01$ ). Therefore, this finding suggested that the robustness of satisfaction during the trip positively influenced the intention of the tourists to revisit the wellness destinations.

### **5.18 Mediation Analysis and Hypotheses Testing**

Mediator analysis is a method used to specify how a third variable can have an effect on an independent variable and a dependent variable (Baron & Kenny, 1986). Mediation can be defined as a causal chain and the basic model of mediation comprises of two causal paths onto the outcome variable: the direct part of independent variable (*Path c*), the direct impact of the mediator (*Path b*) and a path from the independent variable to the mediator (*Path a*) (Baron & Kenny, 1986). The classical mediation test of Baron and Kenny (1986) has proved popular and it has been cited in more than ten thousand journal articles (Zhao *et al.*, 2010: 197). The existence of the mediation can be examined by the following three conditions that have to be fulfilled: 1) variations in levels of the independent variable significantly account for variations in the presumed mediator (*Path a*), 2) variations in the mediator significantly account for variations in the dependent variable (*Path b*) and 3) when *Paths a* and *b* are controlled, a previously significant relation between the independent and dependent variables (*Path c*) is no longer significant, suggesting strongest mediation or the full mediation. If *Path c* is significantly decreased, this indicates the operation of multiple mediating factors or partial mediation (Baron & Kenny, 1986). While the popularity of the Baron-Kenny mediation analysis tends to increase continually, recent literature (e.g., Zhao *et al.*, 2010) criticised their procedures and also proposed a new mediation analysis. Zhao and colleagues (2010) pointed out the three shortcomings of Baron and Kenny's test in three points: 1) Baron and Kenny claim that mediation is strongest when there is an indirect effect but no direct effect in *Path c*. However, the strength of mediation should be measured by the size of the indirect effect, not by the lack of the direct effect; the presence of the direct effect can inform theorising about other mediators, 2) there need not be a significant "*effect to be*

*mediated*” in *Path b*. There should be only one requirement to establish mediation, that the indirect effect  $a \times b$  be significant, and 3) the Sobel test is markedly low in power compared to a bootstrap test in some cases (Preacher & Hayes, 2008: 880). Moreover, classification of mediations, full, partial and no mediation is somewhat coarse and misleading because of a one-dimensional conception of mediation better seen as two-dimensional (Zhao *et al.*, 2010). In this study, structural equation modelling was used to assess the mediation test, following the recommendations proposed by Zhao and colleagues (2010).

Mediation analysis proceeded as follows: i) if  $a \times b$  is significant but  $c$  is not, this indicates indirect-only mediation, ii) if  $a \times b$  is not significant but  $c$  is, thus indicates direct-only non-mediation, iii) if neither  $a \times b$  nor  $c$  is significant, this suggests no effect non-mediation, iv) if both  $a \times b$  and  $c$  are significant, determine the sign of  $a \times b \times c$  by multiplying the three coefficients, or by multiplying  $c$  by the mean value of  $a \times b$  from the bootstrap output; if  $a \times b \times c$  is positive, this indicates complementary mediation; if  $a \times b \times c$  is negative, this suggests competitive mediation.

The theoretical model in this study was split into 5 simple mediation models in which one mediational variable (satisfaction during the trip) mediated influence of motivations, lifestyle congruence, wellness self-images congruence and positive emotion variables on the two dependent variables (i.e., incremental quality of life and behavioural intention). Five models were estimated using SEM, showing the standardised  $\beta$  of the five proposed hypotheses, the standardised  $\beta$  of the direct effect and indirect effect of independent variables on the dependent variables and the coefficient of determination ( $R^2$ ) of the dependent variables. Additionally, a consideration of the significance of indirect effects *and* examination of the effect sizes along with effects in the model were recommended (Hair, *et al.*, 2014; Rucker, Preacher, Tormala, *et al.*, 2011). The significance of indirect effect ( $a \times b$ ) was examined using bootstrap analysis at 95% confident interval. The direct effect models were compared with their respective indirect models, providing the effect size ( $f^2$ ) of the  $R^2$  variation (0.02, 0.15 and 0.35 represented small, medium and large effect respectively (Cohen, 1988) whether indirect-only mediation, direct-only non-mediation, no effect non-mediation and complementary mediation existed.

Table 5.105 shows the summary of the indirect relationship testing findings. The results confirmed a complementary mediation effect in 2 out of the 5 simple mediation models, a no effect mediation and two direct effect were found. The direct and indirect

relationship testing and the effect size results are presented in Table 106. The details of the indirect relationship hypotheses testing are reported in the following section.

**Table 5.105 Summary of Hypotheses of Indirect Relationship Testing**

<b>Indirect Relationship Hypotheses</b>	<b>Results</b>
<b>Hypothesis 12:</b> Satisfaction during the trip mediates the association between motivation and incremental quality of life.	<i>Not Supported</i>
<b>Hypothesis 13:</b> Satisfaction during the trip mediates the association between motivation and behavioural intentions.	<i>Not Supported</i>
<b>Hypothesis 14:</b> Satisfaction during the trip mediates the association between lifestyle congruence and behavioural intentions.	<i>Not Supported</i>
<b>Hypothesis 15:</b> Satisfaction during the trip mediates the association between wellness tourists' self-image congruence and behavioural intention.	Supported
<b>Hypothesis 16:</b> Satisfaction during the trip mediates the association between positive emotion and behavioural intention.	Supported

#### **5.18.1 Hypothesis 12: Satisfaction during The Trip Mediates the Association between Motivation and Incremental Quality of Life.**

The direct path from motivations to incremental quality of life with no mediation in the model was examined. The direct relationship was statistically significant ( $\beta = 0.781$ ,  $p=0.000$ ). Satisfaction during the trip was then added in the model to test the indirect relationship between motivations to incremental quality of life. Bootstrapping with 1000 iterations and confidence interval of 95% indication was calculated. The results showed a non-significant indirect relationship ( $a \times b=0.027$ ,  $p=0.427$ ). The results did not support the hypothesis. There was no mediation effect between motivation to incremental quality of life.

### **5.18.2 Hypothesis 13: Satisfaction during the Trip Mediates the Association between Motivation and Behavioural Intentions.**

Result of the direct path from motivation to intentions without satisfaction during the trip (mediator) in the model was statistically significant ( $\beta=0.376$ ,  $p=0.000$ ). Bootstrapping with 1000 iterations and confident interval 95% was conducted to examine the indirect relationship between motivations to intentions by including the mediator back in the model. The indirect effect result was not statistically significant ( $a \times b=0.024$ ,  $p=0.419$ ). The results did not support this hypothesis, which suggested a direct relationship only between motivation to intentions to revisit.

### **5.18.3 Hypothesis 14: Satisfaction during the Trip Mediates the Association between Lifestyle Congruence and Behavioural Intentions.**

The direct relationship without mediator (satisfaction during the trip) between lifestyle congruence and behavioural intentions was examined. Result showed the non-statistical significance of the direct effect ( $\beta =0.03$ ,  $p=0.694$ ). Further, the indirect effect test was conducted using bootstrapping with 1000 iterations and confidence interval 95%. The result of the indirect effect was not statistically significant ( $a \times b=-0.014$ ,  $p=0.108$ ), which did not support this hypothesis. It can be concluded that there was no effect between lifestyle congruence and behavioural intention.

### **5.18.4 Hypothesis 15: Satisfaction during the Trip Mediates the Association between Wellness Self-Image Congruence and Behavioural Intentions.**

The relationship between wellness self-image congruence and behavioural intentions was tested directly without the mediator (satisfaction during the trip). The result was statistically significant ( $\beta=0.178$ ,  $p =0.018$ ). Subsequently, the mediator was included in the model to test the indirect effect. Bootstrapping with 1000 iterations and confident interval 95% was conducted. The findings showed that the indirect path between wellness self-image congruence and behavioural intentions was statistically significant ( $a \times b =0.10$ ,  $p=0.042$ ), which supported this hypothesis. Thus, satisfaction during the trip showed complementary mediation or partial mediation of the relationship between wellness self-image congruence and behavioural intention.

### **5.18.5 Hypothesis 16: Satisfaction during the Trip Mediates the Association between Positive Emotion and Behavioural Intentions.**

The direct relationship between positive emotion and behavioural intention was tested in the model by excluding the satisfaction during the trip (mediator). The findings indicated statistical significance ( $\beta=0.208$ ,  $p=0.000$ ). Further, bootstrapping with 1000 iterations and confidence interval 95% was conducted to examine the indirect effect by including the mediator in the model. The result was statistically significant ( $a \times b=0.52$ ,  $p=0.002$ ), suggesting that the findings supported the hypothesis. Satisfaction during the trip therefore showed complementary mediation or partial mediation of the relationship between positive emotion and intention to revisit.

### **5.18.6 The Results of the Effect Size**

As hypothesised, the effect of wellness self-images congruence on behavioural intentions was partially mediated (complementary mediation) by satisfaction during the trip and the influence of positive emotion on behavioural intention was also partially mediated by satisfaction during the trip.  $R^2$  values of the direct model for exogenous latent variables (motivations, lifestyle congruence, positive emotion and wellness self-images congruence) on the endogenous variables (incremental quality of life and behavioural intentions) were 0.609 and 0.429 respectively. In contrast,  $R^2$  of the indirect model for exogenous latent variables on the endogenous variables indicated the values of 0.643 and 0.637. Consequently, the effect sizes of exogenous latent variables on the incremental quality of life was small ( $f^2=0.095$ ) and exogenous latent variables had a large effect on the size on behavioural intentions ( $f^2=0.573$ ). Satisfaction during the trip did not mediate the relationship between lifestyle congruence and behavioural intention, suggesting no mediation or significant indirect influence. However, the lack of a mediation effect of satisfaction during the trip between motivation and incremental quality of life and a mediation effect of satisfaction during the trip between motivations and behavioural intention were found in this analysis, suggesting the direct effect only of these two mediation models.

In summary, as a whole and as predicted, in the hypothesised model, satisfaction during the trip partially mediated the effect of wellness self-images congruence on behavioural intention. Satisfaction during the trip also partially mediated the effect of positive emotion on behavioural intention. Thus, tourists who have higher levels of wellness self-images congruence tended to be more likely to revisit those wellness

destinations. Additionally, a high degree of positive emotion during the wellness holidays contributed to intention to revisit, that is, customers who have more positive feeling are more willing to return to those wellness destinations.

### **5.19 Summary of the Chapter**

This chapter further assessed the reliability and validity of the measurement scales. Confirmatory Factor Analysis (CFA) was performed using AMOS 21.0 procedures. The measurement for each construct fitted well with all samples. For scale validation, CFA of each measurement model was confirmed with the calibration sample (385 meditation retreats tourists). Further, the CFA model of each construct fitted well with the validation sample (500 Muay Thai Tourists). The proposed model to the data and hypothesised relationships among the constructs were tested using the SEM technique in AMOS. The results indicated that: 1) the measurement scales were both reliable and valid; 2) the model had an acceptable fit to the data; and 3) nine of the sixteen hypotheses were supported by the data. In mediation analysis, the findings indicated that satisfaction partially mediates the effects of wellness self-image congruence and positive emotions on behavioural intentions.

**Table 5.106 Mediation Results**

			Direct Model				Indirect Model						
			$\beta$	P-value	R <sup>2</sup>	Path	$\beta$	P-value	R <sup>2</sup>	<i>a X b</i>	Sig <sub>a</sub>	Interpretation	f <sup>2</sup>
Motivation	->	IQOL	0.781	0.000	0.609	<i>c'</i>	0.404	0.000	0.643	0.027	0.427	<i>Direct only (No mediation)</i>	0.095
Motivation	->	Satisfaction				<i>a</i>	0.046	0.311					
Satisfaction	->	IQOL				<i>b</i>	0.587	0.000					
Motivation	->	Intention	0.376	0.000	0.429	<i>c'</i>	0.118	0.01	0.637	0.024	0.419	<i>Direct only (No mediation)</i>	0.573
Motivation	->	Satisfaction				<i>a</i>	0.033	0.442					
Satisfaction	->	Intention				<i>b</i>	0.718	0.000					
Lifestyle	->	Intention	0.03	0.694	0.429	<i>c'</i>	-0.104	0.132	0.637	-0.014	0.108	<i>No effect</i>	0.573
Congruence													
Lifestyle	->	Satisfaction				<i>a</i>	0.139	0.046					
Congruence													
Satisfaction	->	Intention				<i>b</i>	0.718	0.000					
Wellness	->	Intention	0.178	0.018	0.429	<i>c'</i>	0.18	0.004	0.637	0.10	0.042	<i>Complementary mediation</i>	0.573
Self-images													
Wellness	->	Satisfaction				<i>a</i>	0.136	0.033					
Self-images													
Satisfaction	->	Intention				<i>b</i>	0.718	0.000					
Positive	->	Intention	0.208	0.000	0.429	<i>c'</i>	-0.021	0.691	0.637	0.52	0.002	<i>Complementary mediation</i>	0.573
Emotions													
Positive	->	Satisfaction				<i>a</i>	0.447	0.000					
Emotions													
Satisfaction	->	Intention				<i>b</i>	0.718	0.000					

*Sig<sub>a</sub>* : P-value of the bootstrapping with 1000 iterations and confident interval 95%;  $\beta$  are standardised coefficients; f<sup>2</sup>: Effect size



## Chapter 6 Discussions, Implications and Conclusions

### 6.1 Introduction

This study developed and empirically tested a model of incremental quality of life and behavioural intention in the context of wellness tourism. The structural relationships were tested through a series of analyses using AMOS 21. This chapter discusses the theoretical and managerial implications of the main findings, the limitations of the study are identified and suggestions for future research are put forward.

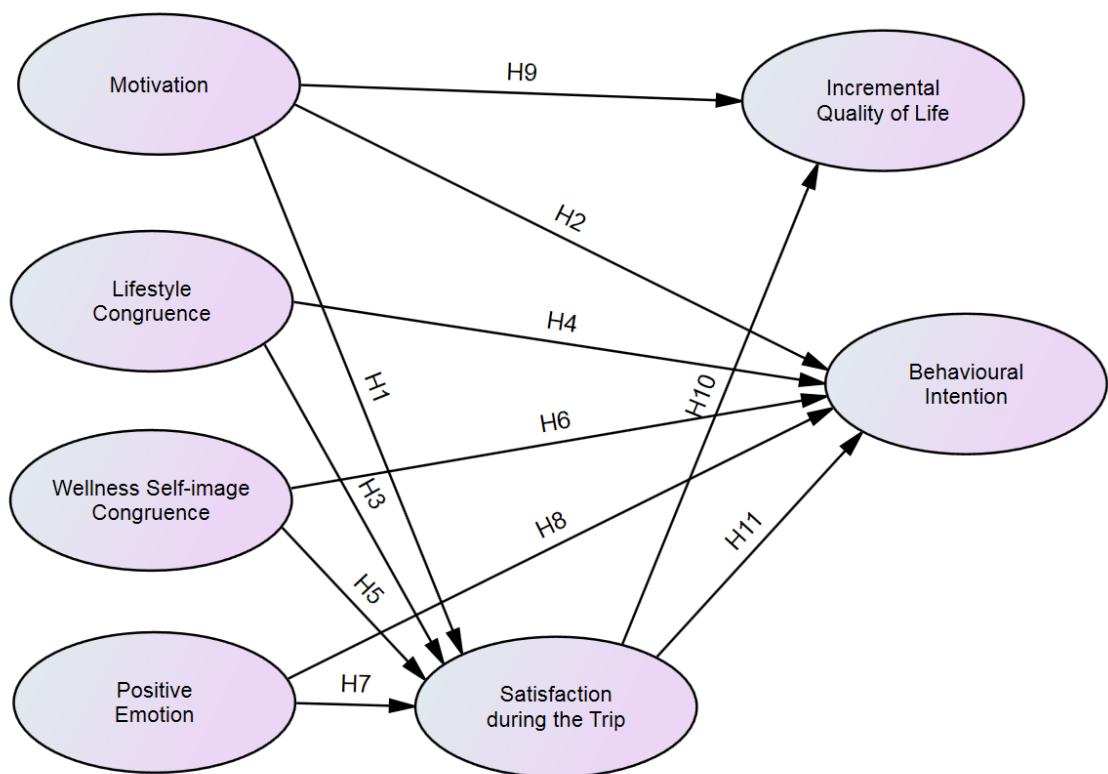
### 6.2 Research Objectives

Existing studies examined motivation factors of different wellness groups such as spa tourists (Mak *et al.*, 2009; Voigt *et al.*, 2011), yoga tourists (Letho *et al.*, 2006), spiritual retreats tourists (Kelly, 2012; Voigt *et al.*, 2011) and lifestyle resort tourists (Chen *et al.*, 2008; Voigt *et al.*, 2011). However, a more comprehensive study to understand other aspects such as the link between motivation, lifestyle, emotions, self-image, satisfaction, behavioural intention and quality of life was lacking. In addition, prior studies mainly adopted a supply-side perspective to define and choose the target population. The sample frame was often described as tourists who just visited or participated in easily labelled wellness tourism options (Moscardo, 2011) such as spas (e.g., Mak *et al.*, 2009; Voigt *et al.*, 2011), yoga centres (Letho *et al.*, 2006) and wellness resorts (Chen *et al.*, 2008; Voigt *et al.*, 2011). This study focused on sport and fitness and spiritual wellness tourism in Thailand as a research context. In particular, the emphasis was on tourists whose main motives were to maintain and enhance their health and quality of life or well-being during their holiday. Two groups of tourists were studied: Muay Thai fitness tourists and meditation retreat tourists. Accordingly, the objectives of this research were as follows:

1. Develop/refine scales to measure motivations, lifestyle congruence, wellness self-image congruence, positive emotions, satisfaction during trip, incremental quality of life and behavioural intentions in the wellness-tourism context.

2. Validate the measurement scales: motivations, lifestyle congruence, wellness self-image congruence, positive emotions, satisfaction during the trip, incremental quality of life and behavioural intentions in the context of wellness tourism.
3. Propose a comprehensive theoretical framework linking motivations, lifestyle congruence, wellness self-image congruence, positive emotions, satisfaction during the trip, incremental quality of life and behavioural intentions (Figure 6.1).
4. Empirically test the proposed model and hypothesised relationships among the constructs in the context of wellness tourism.

**Figure 6.1 The Conceptual Model**



### 6.3 Summary of Main Findings

Qualitative and quantitative methodologies were incorporated in this study to i) understand the factors influencing behavioural intention and incremental quality of life within wellness tourism, and ii) to develop measurement scales for each construct. Semi-structured interviews were conducted with both wellness tourism service providers and international wellness tourists using a purposive sampling method at Phuket, Chaiya and Koh Samui in Surat Thani, Thailand. In terms of supply-side, interview results provided

information to better understand the current situation of wellness tourism in Thailand. There has been an increase in wellness tourists with a growth in the number of wellness service providers and wellness destinations in Thailand. The findings confirmed that wellness tourism is a high growth global trend, as suggested by previous literature (e.g., Moscardo, 2011; Smith & Puczko, 2009). For the demand-side, the qualitative results were integrated with the literature and existing empirical studies in the fields of marketing, tourism, leisure and positive psychology.

### **6.3.1 Measurement Scales and Confirmatory Factor Analysis**

This study followed the procedure of developing measures recommended by Churchill (1979). During the initial phase, two experts reviewed the measurement items to establish the face validity. A pilot study I in *Quantitative Stage I* was conducted with 90 international wellness tourists at Phuket and Chaiya, and an EFA was subsequently performed on the data to purify the motivation and quality of life scales. The initial scales were tested in the pilot test II in *Quantitative Stage II*. Further, the reliability and validity of the measurements were examined using data collected from 60 international wellness tourists, consisting of Muay Thai fitness tourists and meditation tourists.

For the main survey in *Quantitative Stage III*, the total usable questionnaires from the purposive sampling was 885 responses after eliminating the unqualified questionnaires (75 cases), due to both response errors and missing data greater than 10%. The review of demographic information indicated that the samples were international wellness tourists from different continents covering Asia, Europe, Oceania and North America.

The measurement scales for each construct were developed and used to investigate the relationships between the constructs. The reliability and validity of the measurement scales were then examined. The results showed that the measurement scale for each construct was reliable and valid, suggesting acceptable internal consistency and accuracy of the internal measurements. To analyse the structural equation modelling of the behavioural intentions and incremental quality of life model, firstly, Confirmatory factor analysis (CFA) was conducted separately for each construct to refine the presupposed relationships of the observed indicators to the construct. Once CFA was processed, the unidimensionality of each construct was confirmed and the composite reliability was determined.

This study tested a measurement model for the motivation scale. Results show that motivation was best measured using nine statements representing the dimensions transcendence, escape and relaxation, self-indulgence and re-establish self-esteem. From the results of second-order CFA, the self-indulgence construct (standardised loading=0.781) showed the most impact on motivations, followed by the re-establish self-esteem construct (standardised loading=0.713), escape and relaxation (standardised loading=0.685) and transcendence (standardised loading=0.559). Due to the absence of any study in wellness tourism research that previously examined the motivations scales with CFA, a comparison with the findings of previous studies could not be directly determined. However, the results of past studies can provide a marker for indirect comparison. Voigt *et al.* (2011) conducted exploratory factor analysis with 46 motivation items and determined six motivation factors. They also reported the highest mean score for escape and relaxation (mean=5.44), followed by transcendence (mean=4.60); indulgence (mean=4.58); physical health and appearance (mean=4.45); re-establish self-esteem (mean=3.40); importance to others and novelty (mean=2.66). The importance to others and novelty construct was excluded from the final CFA because of the large residual that caused an unsatisfactory fit of the model. These findings were consistent with the results of Voigt *et al.* (2011), where importance to others and novelty also achieved the lowest mean score. However, the results indicated that the motivation factors with the most impact were inconsistent with the study of Voigt *et al.* (2011). The mean score of physical health and appearance was high (mean=4.45) but this factor was dropped in the present research. The average score of the re-establish self-esteem context was quite low (mean=3.40), while this factor in the current study had a high impact on motivation scale (standardised loading=0.713). The composite reliability scores were: self-indulgence (0.707); re-establish self-esteem (0.755); escape and relaxation (0.700); and transcendence (0.839). The average variance extract ranged from 0.524 to 0.635. The composite reliability and average variance extracted from each construct exceeded the recommended levels of 0.70 and 0.5 (Hair *et al.*, 2010). The results of the second-order factor structure for motivations scale gave a satisfactory fit with the data. The results of the study confirmed that motivations could be operationalised as a second-order factor model.

For the lifestyle congruence construct, eleven indicators remained in the final measurement scale that connected to the two sub-constructs: wellness-related activities and perceived wellness congruence. The findings of second-order CFA indicated that perceived wellness congruence items (standardised loading=0.811) seemed to explain the

lifestyle congruence better than the wellness related activity items (standardised loading=0.667). The composite reliability was wellness-related activities (0.730) and perceived wellness congruence (0.886), which suggested an acceptable construct reliability (Hair *et al.*, 2010). The average variance extracted was wellness-related activities (0.478) and perceived wellness congruence (0.506). Although the average variance of wellness-related activities was slightly lower than the recommendation cut-off value of 0.5 (Hair *et al.*, 2010), it still can be considered as an acceptable convergent validity for this construct. The second-order factor structure model fitted the data well, which suggested that the lifestyle congruence scale could be operationalised using a second-order factor model.

For the wellness self-image congruence measure, all four indicators remained in the construct. The finding of the CFA showed that the actual wellness self-image congruence and ideal wellness self-image congruence had more influence on wellness self-image congruence than on social actual wellness-self-image congruence and social ideal wellness-self-image congruence. The standard factor loadings of the actual wellness self-image congruence and ideal wellness self-image congruence were 0.702 (SIMG1) and 0.798 (SIMG2), while those of the social actual wellness-self-image congruence (SIMG4) and the social ideal wellness-self-image congruence (SIMG3) were 0.600 and 0.691. The composite reliability (0.796) and average variance extracted (0.500) exceeded the recommended cut-off values of 0.7 and 0.5 (Hair *et al.*, 2010). The results of the model fit indices suggested that the measurement model fitted well with the data and indicated that the wellness self-image congruence construct was a unidimensional scale.

In terms of positive emotions, six indicators remained to measure this construct. From CFA findings it could be argued that the positive emotion items; “*I felt happy*” (standardised loading = 0.843) and “*I felt a sense of joy*” (standardised loading=0.806) had more impact on positive emotions, followed by; “*I felt positive*” (standardised loading=0.748), “*I felt pleasant*” (standardised loading = 0.714), “*I felt good*” (standardised loading=0.698) and “*I felt contented*” (standardised loading=0.617). The composite reliability (0.879) and average variance extracted (0.550) exceeded the recommended values of 0.7 and 0.5 (Hair *et al.*, 2010). The findings of the model fit indexes indicated an acceptable fit. Therefore, the findings provided good evidence to confirm that positive emotion indicators could be operationalised using the unidimensional model.

For satisfaction during the trip, five indicators remained in the final measurement model that associated satisfaction with the wellness destination services (standardised loading=0.768) and satisfaction with the wellness trip experiences (standardised loading=0.960). Satisfaction with the wellness trip experiences construct had more impact on satisfaction during the trip than satisfaction with the wellness destination services. The composite reliability (0.700 and 0.828) and average variance extracted (0.540 and 0.618) exceeded the recommended cut-off values of 0.7 and 0.5 (Hair *et al.*, 2010). From second-order CFA findings, the fit indices suggested that the measurements fitted well with the data and provided good evidence supporting that the satisfaction during the trip scale could be measured using a second-order factor model.

For the incremental quality of life, six indicators remained for the final measurement construct that connected with two sub-constructs: the hedonic incremental quality of life (standardised loading=0.978) and the eudaimonic incremental quality of life (standardised loading=0.842). The hedonic incremental quality of life had more influence on the incremental quality of life than the eudaimonic incremental quality of life. The composite reliability (0.818 and 0.829) and average variance extracted (0.600 and 0.617) exceeded the recommended cut-off level of 0.70 and 0.5 (Hair *et al.*, 2010). From discriminant validity findings, the square root of the average variance extracted (AVE) values (0.742 and 0.806) indicated a lack of discriminant validity for this measurement model. However, Kashdan *et al.* (2008) argued that the hedonic and eudaimonic well-being overlaps conceptually. The results of past studies reported a high correlation between the two constructs, ranging between 0.83 and 0.87 (e.g., Waterman, 1993; Waterman *et al.*, 2008). Keyes *et al.* (2002) recommended that the combination of both hedonic and eudaimonic variables would be a more efficient measurement. Finally, the finding of the second-order CFA indicated that the incremental quality of life measurement fitted fairly with the data, which provided good supporting evidence that this scale could be operationalised using a second-order factor model.

In terms of behavioural intention, four indicators remained in this construct. The CFA indicated that the two scales of intention to recommend had more impact on behavioural intention than the intention to revisit indicators. The standard factor loading of the intention to recommend was 0.794 and 0.912, while the factor loading of the intention to revisit was 0.511 and 0.624. The model indices suggested a satisfactory model fit. However, when the behavioural intention construct was included in the measurement model, the two items capturing intention to recommend showed a high correlation with satisfaction during the trip construct (correlation > 0.84). Thus, these two indicators were

removed from the final behavioural intention scale. The CFA results of the intention to revisit items in the final measurement, showed that the factor loadings were 0.79 and 0.831. The factor loading of the intention to revisit was higher after the intention to recommend items had been removed. It can be argued that wellness tourists tended to revisit the wellness destination again (standardised loading= 0.79), but not in the near future (standardised loading = 0.831). The composite reliability (0.746) and average variance extracted (0.597) exceeded the recommended values of 0.7 and 0.5 (Hair *et al.*, 2010). The results confirmed that the construct reliability and the convergent validity of the behavioural intentions scale were fairly acceptable.

From the outcome of the overall measurement CFA, composite reliabilities scores were: motivations (0.777), lifestyle congruence (0.719), wellness self-image congruence (0.787), positive emotions (0.882), satisfaction during the trip (0.877), incremental quality of life (0.891) and behavioural intention (0.746). The composite reliability of each construct exceeded the recommended level of 0.70 (Hair *et al.*, 2010). The average variances extracted ranged from 0.500 to 0.805 which exceeded the suggested cut-off value of 0.5 (Hair *et al.*, 2010). The results of the model confirmed that all constructs fitted with the data. Therefore, the overall measurement model was acceptable to use in assessing the structural equation model.

### **6.3.2 Validation of the Measurement Model**

The overall measurement model was examined to establish whether it satisfactorily fitted the data. The sample was split into two: calibration sample n=385 and validation sample n=500. Initially, the overall measurement model was re-specified with the calibration sample. The results indicated a better-fitting model to the data. The validation sample was then used to validate the re-specified theoretical measurement model. The model for the validation sample was derived from the re-specified model, together with the calibration model at the earlier stage. Therefore, the re-specified model was tested with the validation sample to see whether the model fitted fairly with the data without any major re-specification issues. Through these processes, the results of the validation sample replicated the results of the calibration sample without any significant re-specification problems. Consequently, 43 indicators remained to measure the seven constructs. The aims of using CFA with calibration sample and validation sample were mainly to identify the unidimensionality of the constructs as well as to refine the observed indicators of the related construct.

## 6.4 Theoretical Implications

The hypotheses were tested using structural equation modelling, which attempted to identify the structural relationships between the constructs. Ten of the sixteen hypotheses proposed in this study were supported and suggested a significant level of t-values and standardised coefficient scores (Table 6.1). Detailed discussions of findings that correspond to each hypothesis are included in the following section.

**Table 6.1 Summary of Hypotheses Testing**

<b>Hypotheses</b>	<b>Results</b>
H1: Motivation is positively related to satisfaction during the trip.	<i>Not Supported</i>
H2: Motivation is positively related to behavioural intention.	Supported
H3: Lifestyle-congruence positively affects satisfaction during the trip.	Supported
H4: Lifestyle-congruence positively affects behavioural intention.	<i>Not Supported</i>
H5: Wellness tourists' self-image congruence positively influences satisfaction during the trip.	Supported
H6: Wellness tourists' self-image congruence positively influences behavioural intention.	Supported
H7: Positive emotion positively influences satisfaction during the trip.	Supported
H8: Positive emotion positively affects behavioural intention.	<i>Not Supported</i>
H9: Motivation is positively related to the incremental quality of life.	Supported
H10: Satisfaction during the trip positively affects the incremental quality of life.	Supported
H11: Satisfaction during the trip positively affects behavioural intention.	Supported
H12: Satisfaction during the trip mediates the relationship between motivation and incremental quality of life.	<i>Not Supported</i>
H13: Satisfaction during the trip mediates the relationship between motivation and behavioural intention.	<i>Not Supported</i>



Hypotheses	Results
H14: Satisfaction during the trip mediates the relationship between lifestyle congruence and behavioural intention.	<i>Not Supported</i>
H15: Satisfaction during the trip mediates the relationship between Wellness tourists' self-image congruence and behavioural intention.	Supported
H16: Satisfaction during the trip mediates the relationship between positive emotion and behavioural intention.	Supported

#### 6.4.1 Relationship between Exogenous Constructs and Satisfaction

Hypothesis 1 posited that motivations influenced satisfaction during the trip. The SEM model paths showed that motivation had no significant effect on satisfaction ( $\beta=0.044$ ,  $t=1.013$ ,  $p =0.311$ ) while Yoon and Uysal (2005) reported statistically significant associations between push motivation and satisfaction ( $\beta=0.41$ ,  $t=1.54$ ,  $p < 0.05$ ) and pull motivation and satisfaction ( $\beta=-0.54$ ,  $t=-2.17$ ,  $p < 0.05$ ). Findings were also contrary to the positive significant relationship between motivations and satisfaction as reported in other several studies (e.g., Battour *et al.*, 2012; Lin *et al.*, 2012; Prebensen *et al.*, 2010). Methodological differences probably account for these diverging results. First, in this study, motivation scales and satisfaction during the trip were operationalised as second-order constructs. In contrast, Battour *et al.* (2012), Lin *et al.* (2012) and Prebensen *et al.* (2010) used the first order measurement scales in their studies. Secondly, Lin *et al.* (2012) operationalised satisfaction as a dependent variable, whereas this study proposed that satisfaction during the trip was a mediating construct between motivations and behavioural intentions to recommend. Lin *et al.* (2012) reported that the “*Grow up and Endurance*”, “*Learn and Experience*” and “*Experiences of Foreign Culture*” factors strongly correlated with the motivation construct, and “*Experiences*”, “*Development of Self*” and “*Leisure and Recreation*” were the strongest correlation factors of satisfaction. The path coefficient between motivation to satisfaction was 0.868 ( $t=4.498$ ,  $p=0.001$ ), indicating the remarkable influence on satisfaction. Due to the finding contradicts with results from the second order-construct relationships found in the existing literature (Yoon & Uysal, 2005), it could be a contextual difference that a tourist may have many different motivations that lead to different reactions on the evaluation of satisfaction. There may also be other influential factors or moderating variables, such as tourists visiting for the first time and revisiting tourists, or the different types of the motives that may impact the predictive power of motivations in this model.

Hypothesis 3 examined the relationship between lifestyle congruence and satisfaction during the trip. The study found that this hypothesis was supported by the empirical data, suggesting a positive relationship between these two constructs ( $\beta=0.139$ ,  $t=1.992$ ,  $p < 0.05$ ). Although there were methodological differences, the findings were consistent with the results of empirical studies by Nam *et al.* (2011). This study measured lifestyle congruence with 11 statements related to two dimensions on a 7-point scale: strongly disagree/strongly agree. In contrast, Nam *et al.* (2011) used three items adopted from Del Rio *et al.* (2001), Johnson *et al.* (2006) and Vazquez *et al.* (2002) on a 7-point scale. This study examined the path analysis using SEM while Nam *et al.* (2011) analysed the association between lifestyle congruence and satisfaction using regression analysis ( $\beta=0.18$ ,  $t=1.99$ ,  $p < 0.05$ ). It could be argued that tourists who have a higher degree of the wellness lifestyle congruence, tend to have a higher satisfaction during their wellness experience at the destination. Ekinici *et al.* (2013) postulated that tourists who identify their lifestyle with a destination brand tend to develop feelings of affinity towards the destination brand. It is therefore implied that lifestyle congruence is associated with the destination brand and tourists' lifestyle congruence is also essential information for destination developments. Thus, lifestyle congruence needs to be explored to have a clearer insight about the wellness tourists.

However, the evidence in this study indicated that lifestyle congruence did not strongly affect satisfaction. These results for lifestyle congruence and satisfaction may be due to the lack of in-depth analysis of other influential factors in the model (moderator analysis). For example, people who are in different lifecycle stages may have a different lifestyle which links to a different consumption pattern. The majority of the respondents were young people which may influence the results. They may have the diverse attitudes to assess their satisfaction during the trip. Consequently, lifecycle stage may be another influential factor that should be considered as a moderating variable that may impact the predictive power of lifestyle congruence in this model.

Hypothesis 5 which investigated the influence of wellness self-image congruence on satisfaction was supported by the collected data ( $\beta=0.136$ ,  $t=2.132$ ,  $p=0.033$ ). The findings suggested that the notion of the wellness self-image congruence concept had an influence in estimating tourists' satisfaction. This supported the observations of Nam *et al.* (2011) that the role of ideal self-congruence had positive effects on consumer satisfaction ( $\beta=0.56$ ,  $t=6.07$ ,  $p < 0.01$ ). In addition, existing empirical studies also reported a strong relationship between self-image congruence and satisfaction (He & Mukherjee, 2007; Jamal & Al-Marri, 2007; Sirgy *et al.*, 1997). Additionally, Chon (1992)

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and Murphy *et al.* (2007) concluded that self-congruity was related to satisfaction. It can be said that tourists' satisfaction with the holiday experience may appear because a destination has an appeal that is consistent with their actual, and/or their ideal self-concept. In comparison to past studies, the findings here, however indicated a weak relationship. This may be because a possible influence factor or moderator was omitted, such as the types of wellness tourism which may affect the predictive power of wellness self-image congruence on satisfaction within the model.

Hypothesis 7 investigated the influence of positive emotions on satisfaction. The hypothesis was supported by data ( $\beta=0.477$ ,  $t=8.935$ ,  $p < 0.01$ ). The current research adapted the scales from the positive emotional experiences scale of Diener *et al.* (2009; 2010) and these scales were slightly different from emotions measured in the existing empirical studies. The findings indicated that the positive emotions had a favourable effect on satisfaction within the wellness tourism context, consistent with prior studies in tourism as previously discussed (e.g., del Bosque & San Martín, 2008; Faullant *et al.*, 2011; Grappi & Montanari, 2011; Lee *et al.*, 2008; Palau-Saumell *et al.*, 2012; Yüksel & Yüksel, 2007). Additionally, the results were also consistent with past research in the field of marketing (e.g., Dubé & Menon, 2000; Nyer, 1997; Walsh *et al.*, 2011; Westbrook & Oliver, 1991). It can be argued that the positive emotions perceived by a tourist with regards to a wellness holiday experience directly and positively influence his or her satisfaction.

#### **6.4.2 Relationship between Exogenous Constructs and Behavioural Intention**

Hypothesis 2 aimed at examining the influence that the motivation of wellness tourists had on their behavioural intention. The results indicated a positive relationship between the two constructs and implied that respondents who had higher motivation to have a wellness holiday were more likely to revisit the wellness tourism destination in the future. This finding corresponded with the claims of the important role that motivation plays with revisit intention or destination loyalty, as proposed in previous studies (Battour *et al.*, 2012; Kolar & Zabkar, 2010; Yoon & Uysal, 2005). Motivations in this study were a weak predictor of behavioural intention ( $\beta=0.118$ ,  $p=0.01$ ) while Yoon and Uysal (2005) reported a moderate impact ( $\beta=0.41$ ,  $p < 0.05$ ) of the predictive power of push motivations on destination loyalty. Different measurement scales may lead to these diverse results. The motivation scale in this study was the second-order structure factor consisting of four sub-constructs, whereas there were three sub-constructs of the push

motivations in the Yoon and Uysal (2005) study. Kolar and Zabkar (2010) used only four items to capture the cultural motivations (the first-order structure factor). Additionally, the behavioural intention scale in this study was captured with two items of intention to revisit on a 7-point scale: strongly disagree/strongly agree.

In contrast, Yoon & Uysal (2005) measured destination loyalty using two revisit intention items and one item of intention to recommend, with a different rating scale: 1) “*In the next two years, how likely is it that you will take another vacation to Northern Cyprus?*” (1=Not likely at all and 4=Very likely); 2) “*Please describe your overall feelings about your visit?*” (1=this visit was very poor and I will not come again, and 3=this visit was so good that I will come again); 3) “*Will you suggest Northern Cyprus to your friends/relatives as a vacation destination to visit?*” (1=not likely and 3=definitely). Kolar and Zabkar (2010) applied one intention to revisit indicator and one intention to recommend in the final measurement model on a 7-point rating scale: completely agree/completely disagree. It can be argued that motivation construct had a somewhat significant impact on behavioural intention. The moderating analysis should be further tested, because there may be some other influential factors such as the type of wellness tourists that may affect the predictive power of motivation within the model. Voigt *et al.* (2011) suggested that the wellness tourists were heterogeneous. Therefore, different wellness tourist groups may have different motivations to travel, which might impact on the level of association with the behavioural intentions.

Hypothesis 4 posited that lifestyle congruence impacted on behavioural intention. This hypothesis was rejected by data in the study ( $\beta=-0.104$ ,  $t=-1.506$   $p=0.132$ ). This finding was consistent with research by Nam *et al.* (2011) ( $\beta=0.008$ ,  $t=1.02$ ,  $p > 0.05$ ), but was inconsistent with the positive relationship between lifestyle, congruence and destination brand loyalty, as proposed by Ekinci *et al.* (2013) ( $\beta=0.62$ ,  $t=11.00$ ,  $p < 0.001$ ) in their model of the symbolic consumption of tourism destination brands. The methodological differences used might lead to these different results. This study included satisfaction as a mediator between lifestyle congruence and behavioural intention while Ekinci *et al.* (2013) used operationalised satisfaction as a dependent variable. Another reason might be the differences in measurement scales. This study adapted scales from health promotion lifestyle (e.g., Teng *et al.*, 2010) and perceived wellness literature (e.g., Adams *et al.*, 1998; Adams *et al.*, 1997; Dolnicar *et al.*, 2013) and the measure was a second-order structure factor with the two sub-constructs: wellness related activities and perceived wellness congruence. In contrast, Ekinci *et al.* (2013) used three indicators adapted from existing literature (e.g., Del Rio *et al.*, 2001; Johnson *et al.*, 2006; Nam & Deesilatham, S.

Ekinci, 2009; Vazquez *et al.*, 2002). Divergence in the results may appear due to a lack of in-depth analysis, or the moderating variables such as the lifecycle stages may have affected the predictive power of lifestyle congruence impact on behavioural intention within the model.

Hypothesis 6 examined the influence of wellness self-image congruence on behavioural intention. This hypothesis was confirmed by data ( $\beta=0.180$ ,  $t=2.852$ ,  $p=0.004$ ). The study provided evidence for this relationship which corresponded to results by Ekinci *et al.* (2013) who reported a positive relationship between self-congruence and destination brand loyalty ( $\beta=0.22$ ,  $t=3.63$ ,  $p < 0.05$ ). However, Ekinci *et al.* (2013) operationalised behavioural intentions as a dependent variable; the study examined satisfaction as a mediating variable on the relationship between self-image congruence and intention to recommend. Compared with the results of Ekinci *et al.* (2013), the path coefficient in this study indicated a weak relationship between self-image congruence and behavioural intention.

There are two plausible reasons that could explain these different findings. Firstly, the research context was different. The present study collected the data from wellness tourists whose primary purpose was to improve their health and well-being during their holiday. In contrast, Ekinci *et al.* (2013) collected data from typical tourists who visited Antalya. Secondly, measurements in this study were captured with four statements, which included: 1) *“This wellness related holiday is consistent with how I see myself”*; 2) *“This wellness related holiday is consistent with how I like to see myself”*; 3) *“This wellness related holiday is consistent with how I believe others see me”*; 4) *“This wellness related holiday is consistent with how I would like others to see me”*. Ekinci *et al.* (2013) measured self-congruence using three questions: 1) *“A typical tourist of Antalya has an image similar to how I see myself”*; 2) *“The image of Antalya is consistent with how I see myself”*; 3) *“A typical tourist to Antalya has an image similar to how I like to see myself”*. This study measured self-congruence with a particular type of tourism, whilst Ekinci *et al.* (2013) captured self-congruence with the destination personality.

Hypothesis 8 examined whether positive emotion had an influence on behavioural intention. This hypothesis was not supported by the data ( $\beta=-0.021$ ,  $t=-0.398$ ,  $p=0.691$ ). This finding was contrary to the positive relationship between positive emotions and behavioural intentions which previous studies discussed (e.g., del Bosque & San Martín, 2008; Lee *et al.*, 2008; Soscia, 2007; Prayag *et al.*, 2013; Yüksel & Yüksel, 2007). Contrary to previous studies there were plausible explanations that supported these

findings. Firstly, the present study context differed from previous research. For example, Lee *et al.* (2008) examined their model using data collected from visitors attending the Andong Mask Dance Festival. Prayag *et al.* (2013) used the world heritage destination, Petra as the study setting. Yüksel and Yüksel (2007) tested the model with the data collected from tourists who had finished shopping from the main shopping district. Secondly, the scale used to capture the emotion in the contemporary is divergent. For example, Prayag *et al.* (2013) measured positive emotions with 15 statements that connected to three constructs: joy, love and positive surprise on a seven-point scale (strongly disagree/strongly agree). Del Bosque & San Martín (2008), captured the positive emotions using five items: pleased, enchanted, impressed and surprised. The respondents were asked to rate the frequency of their emotions on a seven-point scale (never or almost never/always or almost always).

However, the findings suggest an indirect link between tourists' positive emotions and behavioral intentions. Similar to other studies, there was an indirect effect of positive emotions on behavioral intentions (e.g., Lee *et al.*, 2008; Han *et al.*, 2009; Grappi & Montanari, 2011). Grappi and Montanari's (2011) found only an indirect relationship of positive emotions on behavioral intentions while Lee *et al.* (2008) could only establish both significant direct and indirect effect between positive emotions and loyalty. Additionally, Han *et al.* (2009) reported that the relationship between emotions and revisit intention was mediated by customer satisfaction. According to the mixed evidence, exists in tourism, the relationship between emotions and behavioral intentions that found in those studies are not consistent. It might be related to the complexity of tourist experiences may attributable to such puzzlements. From the findings, it can be concluded that positive emotion has no relationship with the revisit intentions.

#### *6.4.2.1 Relationship between Motivation and Incremental Quality of Life*

The findings of the structural analysis indicated a strong positive relationship between motivations and incremental quality of life (hypotheses 9:  $\beta=0.404$ ,  $t=9.267$ ,  $p < 0.01$ ). The results showed that a higher degree of motivation had a strong positive impact on the incremental quality of life for wellness tourists. This study used the second-order structure factor to capture motivations and the incremental quality of life of the wellness tourists. In contrast, Cini *et al.* (2013) measured motivations using 20 items associated with two motivational constructs: intrinsic and extrinsic motivation. Cini *et al.* (2013) captured well-being using two measures: Satisfaction with Life Scale and Positive and

Negative Experience. Although there were methodological differences, the results of the path coefficient examined was consistent with the previous research discussions. Consistent with this finding, Cini *et al.* (2013) revealed that intrinsic motivation strongly influenced the levels of well-being in terms of life satisfaction ( $\beta=0.439$ ,  $p < 0.05$ ), positive experience ( $\beta=0.56$ ,  $p < 0.05$ ). However, the hypothesis was developed based on limited prior research with regards to the empirical investigation of consumer behaviour within a tourism context. In addition, no previous research in tourism has examined the incremental quality of life measure. Therefore, the indicators underlying this construct, as defined in this study were exploratory. As a result, further validations in future studies within the wellness tourism context need to provide more insight into the relationships between travel motivation and the incremental quality of life.

#### 6.4.2.2 Relationship between Satisfaction and Incremental Quality of Life

Hypothesis 10 examined if the incremental quality of life was positively associated with satisfaction during the trip. The findings strongly supported this hypothesis ( $\beta=0.587$ ,  $t=12.158$ ,  $p<0.01$ ). Consistent with these results, Dagger and Sweeney (2006) revealed that service satisfaction strongly influenced the quality of life in both the exploratory ( $\beta=0.46$ ,  $t=5.2$ ,  $p < 0.05$ ) and confirmatory study ( $\beta=0.21$ ,  $t=2.36$ ,  $p < 0.05$ ). Contemporary tourism literature postulated the relationship of taking a holiday and the enhancement of the individuals' quality of life (Dolnicar *et al.*, 2012; Dolnicar *et al.*, 2013; Neal *et al.*, 2004; 2007; Richards, 1999; Sirgy, 2010; Sirgy *et al.*, 2011). However, limited studies have empirically examined the link between satisfaction and the quality of life in the tourism context. The empirical study and the validation studies of Neal *et al.* (1999; 2004; 2007) postulated satisfaction service aspects that led to significant overall satisfaction with travel/tourism services, which in turn played an important role in the prediction of the quality of life (QOL) of travellers. From the findings, satisfaction with the trip strongly impacted the incremental quality of life of the wellness tourists. In contrast, Neal *et al.* (1999) reported that life satisfaction was significantly predicted by satisfaction with travel/tourism trip experiences with weak coefficient value ( $\beta=0.19$ ,  $p<0.01$ ). This study indicated that satisfaction had a better predictive power on the quality of life than the research results of Neal *et al.* (1999). This could be because this study used the second-order structure factor to capture both satisfaction and incremental quality of life. The application of second-order factor analysis could help researchers gain a broader picture of a theoretical concept or a level of generalisation, rather than using the

first-order factor analysis alone (Gorsuch, 1983). As mentioned earlier, the incremental quality of life measure was the first time it was used in this research to examine a general state of well-being for the wellness tourists. Further scale development of the incremental quality of life measure is needed to gain a greater understanding of the wellness tourists' attitude towards the self-appraisal, with specific regards to their quality of life during their holiday. Also, the scale should be further validated in wellness tourism within future studies.

#### *6.3.2.3 Relationship between Satisfaction and Behavioural Intention*

For hypothesis 11, satisfaction during the trip had a strong positive impact on behavioural intention ( $\beta=0.718$ ,  $t=10.131$ ,  $p<0.01$ ), indicating that the more satisfied the respondents were during the wellness trip, the more supportive they were in their attitude towards revisiting the wellness destination. Thus, this hypothesis was supported just as previous studies have discussed (Dagger & Sweeney, 2006; Huang & Hsu, 2009; Huang *et al.*, 2012; Lee *et al.*, 2011; Nowacki, 2009; Palau-Saumell *et al.*, 2012; Prayag, *et al.*, 2013; Yoon & Uysal, 2005). The relatively high correlations between satisfaction and revisit intention suggest the strong explanatory power of the model. The association of satisfaction with revisit intentions also suggested that the wellness tourists may foster emotional ties with destination loyalty, based on their satisfaction experiences during their holiday at the wellness tourism destination.

#### *6.4.2.4 Contribution to a Mediation Model of Incremental Quality of Life and Behavioural Intension Model*

The present study hypothesised that satisfaction during the trip would mediate the effect of the exogenous constructs (motivation, lifestyle congruence, wellness self-image congruence and positive emotion) and the endogenous constructs (incremental quality of life and behavioural intention) within the structural equation model. Two of the five mediation hypotheses proposed were supported.

The mediation test revealed that customer satisfaction significantly mediated the effect of positive emotions on behavioural intention. This result was consistent with findings from previous research (Han *et al.*, 2009; Grappi & Montanari, 2011; Lee *et al.*, 2008; Walsh *et al.*, 2011), but contrary to Prayag *et al.* (2013). Mixed evidence exists on the relationship between positive emotions and behavioural intentions in tourism



literature. The complexity of tourists' emotional experiences may lead to such ambiguities. It is therefore recommended that researchers exercise more caution when using this with any form of theory development. In addition, satisfaction during the trip was found to be a statistically significant mediator on the relationship between wellness self-image congruence and behavioural intentions, consistent with the study of Nam *et al.* (2011).

The results did not confirm that satisfaction mediated the relationship between lifestyle congruence and behavioural intention and were contrary to the empirical research of Nam *et al.* (2011). As mentioned in the previous section, divergent results may appear due to methodological and contextual differences. Additionally, a lack of potential moderator variables in the model may affect the predictive power of lifestyle congruence. The present study investigated whether satisfaction mediated the influence of motivations on behavioural intentions to recommend. The finding was not consistent with the research by Yoon and Uysal (2005). This may be plausibly explained by the methodological and contextual differences followed. Also, the findings did not support the suggestion that satisfaction mediated on the relationship between motivation and the incremental quality of life. This empirical study is the first to examine the influence of satisfaction on the relationship between motivation and incremental quality of life within wellness tourism. Therefore, a results comparison could not be done, because no previous studies existed within tourism research.

#### *6.4.2.5 Contribution to the Quality of Life Study in Tourism Research*

The quality of life (QOL) has received increasing attention from tourism researchers in recent years. Several studies have attempted to investigate issues of tourism and the quality of life of the residents at the destinations (e.g., Andereck *et al.*, 2007; Choi, 2005; Jurowski, 2001). Furthermore, the quality of life of the tourists has been broadly discussed and examined in much of the recent tourism literature (e.g., Dolnicar *et al.*, 2012; Filep & Deery, 2010; Konu & Laukkanen, 2010; McCabe *et al.*, 2010; Neal *et al.*, 2004; 2007; Sirgy *et al.*, 2011). Quality of life research has been carried out across various tourism contexts, such as social tourism (e.g., McCabe & Johnson, 2013; McCabe *et al.*, 2010; Richards, 1999), wine tourism (Kruger *et al.*, 2013), park tourism (Cini *et al.*, 2013), but no empirical study has been carried out to examine the quality of life within the wellness tourism context. Therefore, the study aimed to extend the knowledge of the existing literature as well as extending the previous framework for measuring the quality

of life from Neal *et al.* (2004; 2007) by incorporating motivation, lifestyle congruence, wellness self-image congruence and positive emotion into this framework. The research also provided empirical evidence that the quality of life can be measured in tourism research. Although there are global measures such as the Satisfaction With Life Scales (SWLS), the life satisfaction scale has been extensively tested in many previous studies (e.g., Cini *et al.*, 2013; Neal *et al.*, 2004; 2007; Sirgy *et al.*, 2011). This study aimed to establish the indicators necessary to measure the incremental quality of life and also achieve high levels of reliability and validity. Because the data was collected from the wellness tourists during their trip it was impossible to conduct the pre-test and post-test with the same tourists. Thus, the quality of life scale had to be adapted as a self-appraisal with a degree of incremental level. The quality of life scale was adapted from the two types of global scale: Satisfaction With Life Scales (Diener *et al.*, 1985) and Flourishing Scale (Diener *et al.*, 2010) that have a high reliability and validity. It should be noted that the original scale may not be appropriate to capture the incremental level of a tourists' quality of life during the trip because the statements are likely to reflect and describe the characteristic of the respondents. Additionally, the research describes how deep and meaningful relationships can be established between the exogenous constructs (motivation, lifestyle congruence, wellness self-image congruence and positive emotion) and endogenous constructs (incremental quality of life and behavioural intention) through satisfaction during the trip. Furthermore, the current research extends the studies of Neal *et al.* (2004; 2007) by incorporating motivation, lifestyle congruence, positive emotion and behavioural intention in the model. It could be argued that the current research was purely exploratory because there were no previous studies in tourism to simultaneously examine all these constructs. However, the model still needs to be developed and validated in future studies.

### 6.4.3 Methodological implications

#### 6.4.3.1 Contribution to the Data Collection Methods in Wellness Tourism Study

This study contributed to wellness tourism research by addressing the gaps in previous studies that focused solely on supply-side definitions and approaches. The sample in past studies was usually defined only based on the label of the “Wellness” destination. However, not all tourists that visit wellness labelled destinations utilise wellness tourism related products and/or services because they are interested in improving their health or well-being. The data collection in previous wellness tourism studies seems to be problematic. For example, Chen *et al.* (2008) collected data from 506 visitors at a spa hotel. Lehto *et al.* (2006) collected data from 75 retreat participants at a Midwest US resort. The researchers of both studies did not provide a clear definition of their study sample. Although these two studies collected data from wellness destinations, not all of those tourists were interested in consuming wellness tourism products to enhance their health or well-being. One recent study by Voigt *et al.* (2011) collected the study sample from the Australasian Spa Association database of membership lists, a client database from Australia’s largest health resort and spa provider and a visitor list from a meditation retreat organisation in South Australia. Data was collected by mail survey. However, the researchers did not report the criteria of how the sample was selected to represent the wellness tourist population. It is also unclear if members, or the visitors on these lists, had experienced or even used the wellness services at these destinations.

Most wellness tourism studies define the sample based on the supply-side and not the demand-side. Therefore, this study extended the wellness tourism literature by designing the data collection procedures to verify who the authentic wellness tourists were. Firstly, the definition of the wellness tourist population was defined as the tourists who had attended the wellness activities at the wellness destination for at least three days. Secondly, the data was collected face to face at the wellness destinations. The potential respondents were asked for their willingness to participate in this study. Further, the field work researchers asked the screening questions to verify whether they were genuine wellness tourists who had a primary objective to attend or to experience wellness related activities at these destinations. For example, the scope of the screening questions verified whether they were international tourists or residents; if the purpose of the trip related to wellness tourism (for Muay Thai, tourists whose main purpose was to attend professional Muay Thai training, were excluded); and if they had attended the wellness activities for more than three days. As a result, this study provided a guideline for the data collection

methods used to investigate and verify particular forms of wellness tourists for future research.

#### *6.4.3.2 Contribution to the Measurement Scale for Wellness Tourism Research*

This research contributed to the scale development of motivations measure in wellness tourism literature. Previous wellness tourism studies have explored the motivations scale and empirically tested it with the data (e.g., Chen *et al.*, 2008; Mak *et al.*, 2009; Moscardo, 2011; Voigt *et al.*, 2011). In this study, the theoretical model and empirical evidence of the second-order factor structures of motivations were examined. Research on the structural constructs of motivation within the tourism research area is still limited. The results of this study confirmed that the motivation scale could be operationalised as a second-order factor model that included self-indulgence, establish self-esteem, escape and relaxation and transcendence. The confirmatory factor analysis revealed that each indicator remained on its original construct, however, the motivation constructs were largely reduced in the number of reliable and appropriate items used to measure these constructs. Although these findings were derived from empirical investigation, tourism researchers and practitioners should be aware that the motivations scale for the wellness tourism context is still at an exploratory stage. Further scale development and scale validation are required in future research.

This study provided empirical evidence supporting a second-order structural factor model of satisfaction during the trip that included two sub-constructs of satisfaction with wellness destination services and satisfaction with wellness trip experiences. The second-order analysis may gain the fullest possible understanding of the data (Gorsuch, 1983). This study contributed to a body of knowledge in tourism research by extending the research of Neal *et al.* (1999; 2004; 2007) by proposing the second-order structure factor of satisfaction and testing it with the empirical data. Although the empirical findings confirmed that satisfaction during the trip could be measured using the second-order factor, scale development and scale validation required examination in any further studies.

The quality of life (QOL) has gained more attention from tourism researchers in recent years. However, past studies often used the Satisfaction With Life Scale (SWLS) and the Scale of Positive and Negative Experience for Positive Feeling (SPAN-E-P) and Negative Experience (SPAN-E-N). This research adapted the knowledge from psychology literature to develop the incremental quality of life scale in tourism study. The research

extended studies by Diener *et al.* (1985; 2010) by incorporating two sub-dimensions to measure the quality of life. The sub-construct “*hedonic incremental quality of life*” adapted from SWLS and “*eudaimonic incremental quality of life*” adapted from the Flourishing Scale. No studies within tourism research have measured the quality of life using a second-order. This study provided empirical evidence supporting an incremental quality of life measurement model that included the hierarchical factor. The results confirmed that the incremental quality of life measure could be operationalised as a second-order factor model. This study contributed a body of knowledge in terms of scale development for examining the incremental quality of life within the area of wellness tourism research. However, this measurement scale is still at an exploratory stage and further scale development and scale validation are still required in future research.

## **6.5 Managerial Implications**

Within tourism industry contemporary literature (Moscardo, 2011; Smith & Puczko, 2009), special interest tourism is a globally growing trend. There is also the increasing demand of tourists who are interested in travel that encourages them to maintain their health and well-being. An understanding of how well-being or the quality of life of tourists can be enhanced during their wellness-related holiday may be applied as a key strategy for developing successful destination management and planning in wellness tourism.

This study provided guidelines for the demand-side approach to conceptualising the analytical framework as well as defining a sample of international wellness tourists. Tourism researchers and destination managers in wellness tourism should be more careful in defining the study population and the data collection procedures. It is important to carefully verify who the wellness tourists are because the representativeness of the data affects the research findings.

Furthermore, a motivation measure in this study was applied to a range of different wellness tourism contexts. The findings suggested that destination managers should give attention to tourists needs for transcendence, escape and relaxation, self-indulgence and re-establishing their self-esteem to appeal to wellness tourists’ internal motives for travel. The implications can be highlighted from a managerial perspective. Therefore, wellness destination marketers should consider the practical implications of these motivation variables because these motivations are fundamental factors in enhancing the quality of life during a trip. The incremental level of quality of life of the tourists to a wellness

destination is likely to support destination loyalty: revisit intentions and the intention to recommend to others.

Lifestyle information is important to determine whether or not a destination experience is in congruence with the tourists' lifestyle. The consistency between the wellness tourism experience offered at the wellness destination and the tourists' lifestyle can increase visitor satisfaction during a trip. Moreover, tourist lifestyle is an important source of information that influences destination development which then leads to an increase in destination loyalty. However, tourists' lifestyles are dynamic and may change over their life cycle. To understand these mutable lifestyles, destination marketers need to be employed to monitor tourists' lifestyles continuously. This is useful for developing goods or services and marketing strategies to enhance destination offerings and destination loyalty.

The wellness self-image congruence in this research was derived from the self-concept. Self-concept refers to how the individuals think about, believe in and perceive themselves. It enhances an individual's ego. Destination marketers should design or create service experiences that are consistent with the tourists' self-images but do not contradict with their beliefs. Furthermore, the results revealed that the relationship between wellness self-image congruence and behavioural intentions was mediated by satisfaction. Thus, either new wellness tourism offers should be developed or the existing services should be adapted according to the self-image congruence to increase the satisfaction and develop destination loyalty.

The research findings suggested that tourists develop loyalty to a destination because the experience at the destination enhances their positive emotions. Thus, wellness destination marketing should focus on designing activities and services that increase tourists' positive feelings and reduce the events that might cause negative experiences. The findings suggested that satisfaction plays a vital mediating role between positive emotions and behavioural intentions. This study suggested that managers should apply emotion determinants to improve the wellness tourists' experience. Therefore, destination managers should consider the environmental factors holistically and examine how they affect tourists' emotions, satisfaction during the trip and loyalty.

The discriminant validity of satisfaction and destination loyalty were confirmed, suggesting that the two concepts are distinct and independent from each other. An integrated approach to measuring tourists' satisfaction during the trip is also desirable with the two constructs of satisfaction with wellness destination services and satisfaction

with wellness trip experiences. The strong effect of satisfaction on revisiting intentions may reflect the tourists' destination loyalty. This supports the idea that the consumer loyalty theory can be applied to measure tourists' loyalty to tourism destinations. Thus, destination managers can estimate tourists' post-purchase behaviour and consider this information in their decision-making. Additionally, the measurement scales in the study could also be adapted as a tool to monitor tourist satisfaction.

The structural equation model in this study provided valid empirical results to gain valuable insights and clues in assessing the quality of life as well as the behavioural intentions of the wellness tourists. The findings suggested that motivations, wellness self-image congruence and positive emotions played an important role as the key determinants that influenced tourists' satisfaction during a trip, incremental quality of life and the intention to revisit. Wellness tourism is a fast growing global trend and many destinations try to market themselves as wellness tourism. This leads to an increase in top competition among tourism destinations. Consequently, it will be necessary for the wellness tourism marketers to understand the profiles of their consumers. Also, current customer profiles are important clues that could help the destination managers to capture future clients who share similar characteristics and needs.

## **6.6 Limitations and Area for Future Research**

This study has several limitations, which provide a guide for future research. Data in this study was collected only from tourists holidaying in Phuket, Chiya and Koh Samui. Results, therefore cannot be generalised beyond this geographical context. Data collected from other geographical destinations may provide different findings and conclusions in terms of the magnitude and directions of relationships among the constructs. For comparisons, future studies should extend to other geographical tourism destinations to determine if similar findings emerge.

Although the structural equation model can provide a satisfactory solution to test the hypotheses in this study, there were some limitations in the selection of the observed indicators. The observed variables and constructs were selected based on the review of the literature and interview results. However, other critical variables and constructs that may contribute to a better understanding of the quality of life and behavioural intention could be included in the model. In-depth analysis in future research is needed to explore the omitted influential variables (moderators/mediators), such as perceived value and the type of wellness tourists that may impact the predictive power of the exogenous variables

on the endogenous variables in the model. For example, previous research suggested that perceived value significantly influenced customer satisfaction, which in turn had an impact on behavioural intentions (Chen & Chen, 2010; Gallarza & Saura, 2006; Lee *et al.*, 2007; Petrick *et al.*, 2001).

Additionally, Lee *et al.* (2007) reported that the overall perceived value had strong relationship with satisfaction ( $\beta=0.52$ ,  $t=5.94$ ,  $p<0.01$ ) and intention to recommend ( $\beta=0.43$ ,  $t=3.35$ ,  $p<0.01$ ). However, this study did not examine the moderator analysis because it required invariance analysis as the prerequisite test. Although the sample in this research seemed to be heterogeneous, the sample size was not equal (Muay Thai=500 and Meditation=385). An unequal sample size across groups tends to decrease prediction power in the model (Ro, 2012). To gain a greater understanding beyond the current research, further research could include variables such as personality and perceived value with proposed theoretical models. Although the findings represent a conceptual relationship between the constructs, the results are not causal inferences. The findings suggested that in-depth analysis in future research is needed to explore the omitted influential variables (moderators) such as lifecycle stage and type of wellness tourism that may have an impact on the predictive power of the exogenous variables on the endogenous variables in the model.

In motivation constructs, the findings of the CFA confirmed that the model fitted well with the data. However, many reliable and appropriate items used to measure these constructs were removed. This implied that the items were not considered as solid measurement indicators for this construct. Further study in developing a more efficient motivations scale is required. Additionally, wellness-related activities and the sub-construct of lifestyle congruence seems to be problematic, as the average variance extracted was slightly lower than 0.5. This suggests that tourists may have diversity in lifestyle and the statements might not be quite consistent with their true lifestyles. Even though these findings are derived from empirical investigations, the lifestyle congruence scale is still exploratory and it should be explored and refined in further studies. Although the incremental quality of life scale was adapted from a high reliability and high validity scale (Diener *et al.*, 1985; Diener *et al.*, 2010), it was used for the first time in a model investigating the study and the results of CFA indicated a good fit. However, half of the indicators were dropped. Thus, there is a need to develop a more effective incremental quality of life in further studies.



The study provides some preliminary insights into profiling wellness tourists based on demographic variables such as gender, age group, nationality and travel behaviour. In addition, comparative analyses were performed on the key constructs (motivation, lifestyle congruence, wellness self-image congruence, incremental quality of life and behavioural intention) by types of wellness tourism, gender and age groups. Given that the main focus of this research was to develop and empirically test a model, future research is encouraged to utilise segmentation analysis to further wellness tourists. Indeed, classification is central conceptually and empirically to advance research by grouping tourists to better understand and to predict behaviour.

## **6.7 Conclusions**

By adopting a demand-side approach this study developed and empirically tested a structural model of incremental quality of life and behavioural intentions. The findings present valuable insights into the key determinants that influence tourists' quality of life and destination loyalty. A thorough understanding of tourists' psychological profiles including motivations, lifestyle, self-image and emotions can help marketers to develop effective and competitive destination strategies to promote and attract tourists. This study is still exploratory, however the recommendations and implications are useful for destination management, tourism agencies, policy-makers and marketers to develop competitive marketing and branding strategies to enhance and promote wellness tourism destinations and ensure that Thailand remains at the cutting edge of this exciting, blossoming and extremely lucrative leisure pursuit.

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# **Appendices**

## Appendix 1.1 Recruitment Letter for Interview with Wellness Service Providers

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### Project Title: Wellness Tourism and Quality of Life

Dear Wellness retreat service provider

This letter is to invite you to participate in a research study.

I am a lecturer from School of Business, University of the Thai Chamber of Commerce, Thailand. I am currently studying for a PhD in Management in the School of Management at Royal Holloway University of London. Dr. Sameer Hosany and Professor Mark Exworthy are supervising my research study.

This research is proposed to assist wellness tourism organisations to find alternative opportunities for competitive advantage and increased market share. In addition to being published in thesis form, the research outcomes will seek to inform a set of consumer insights that can be used to improve the marketing tools for Wellness Tourism in Thailand. This knowledge is intended to project a range of competitive advantage implications from the findings that may be of use to destination managers, businesses, NGOs, academics, and public policy makers in evaluating the potential marketing effectiveness of Wellness Tourism products and services.

I am writing to invite you to participate in a research interview at a time and place that is convenient for you. The interview will take approximately one hour, and I would like to conduct it during September 2013. The objectives for the interview session are to (1) determine an industry perspective of what constitutes Wellness Tourism, (2) generate issues and items for formulation of a survey questionnaire and (3) discuss issues surrounding the topic of Wellness Tourism in Thailand context. I also would like to invite your customers to participate the individual interview regarding to consumer insights as I have already enclosed the interview guide. The interview will take approximately 30 minute to one hour. I would like to audiotape the interviews, and I can assure you that any information you choose to share with me will be treated with the strictest confidence. No information about individuals or organisations will appear in the thesis, or any document growing out of the thesis. Your participation is of course purely voluntary, and, should you agree to participate in an interview, you will be free to withdraw at any time.

If you need more information, please do not hesitate to contact me on mobile +66 (81) 8263968 or email : [siripan.deesilatham.2010@live.rhul.ac.uk](mailto:siripan.deesilatham.2010@live.rhul.ac.uk)

Thank you for your consideration. I will follow up this letter by contacting you by telephone. I look forward to speaking with you then.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Siripan Deesilatham'.

Siripan Deesilatham  
PhD Candidate  
School of Management  
Royal Holloway University of London

## **Appendix 1.2 Semi-structured interview guide for Wellness Service Providers**

### **Interview Questions**

1. What constitutes wellness tourism (Muay Thai Fitness, Meditation, Nutrition, Detox, Spa) in Thailand?
2. Why does wellness tourism receive much more attention among the international tourists?
3. What is the current situation of wellness tourism in Thailand?
4. What aspect of the health and wellness enhancement do you offer through your service/product delivery?
5. How do your services improve the tourist quality of life?
6. In your observations of tourist behaviour, why do they want to have their wellness holiday in Thailand?
7. What settings would you suggest are representative of wellness tourism in Thailand?
8. Is there anything else that you would like to mention relating to wellness tourism?

## Appendix 1.3 Recruitment for Interview with Wellness Tourists

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### Project Title: Wellness Tourism and Quality of Life

Dear Wellness Destination Visitor,

I would like to invite you to participate in a study which will examine spa/retreat visitor's motivations, constraints lifestyle satisfaction in regard to spa/retreat or wellness tourism. This research project is being carried out by Siripan Deesilatham from School of Management, Royal Holloway University of London. Dr.Sameer Hosany and Professor Mark Exworthy are supervising my research study. The study has been approved by my School Research Ethics Committee. The purpose of this study is to analyse whether motivations, constraints, lifestyle of wellness traveller influence on satisfaction with trip experience and quality of life.

This is a potentially important study because wellness tourism is under-researched tourism activities, particularly in Thailand. If the insight of wellness tourists can be linked to quality of life in term of happiness of participants, it would have important implications in a wellness tourism industry in Thailand. It is also hoped to provide the tourism industry with enhanced knowledge about wellness tourists and their needs to improve services and products concerning this activity. Your knowledge and opinions are very important to gain these insights.

If you agree to participate, I will conduct a face-to-face interview with you which are anticipated to last approximately 30 minutes to an hour. Participation in this study is completely voluntary. You may withdraw from this study at any time. All information collected will be kept strictly confidential. To ensure confidentiality your name and other information which could lead to your identification will not be revealed in any of the study results or anything published using the results of this study. The results of the study can be made available to you at your request.

If you are interested in participating in this research project or have any questions, please do not hesitate to contact me. I can be either reached by phone on +66(081)8263968 or by email at siripan.deesilatham.2010@live.rhul.ac.uk. I will then contact you to arrange an interview at a time that is mutually convenient.

Thank you, in anticipation of your future involvement in this project,

Yours sincerely,

A handwritten signature in blue ink, appearing to be 'Siripan Deesilatham'.

Siripan Deesilatham  
PhD Candidate  
Royal Holloway University of London

## Appendix 1.4 Consent Form

School of Management  
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### Consent Form

#### Project Title: Wellness Tourism and Quality of Life

**Researcher's name:** Siripan Deesilatham

**Supervisor's names:** Dr.Sameer Hosany

**Advisor's name:** Professor Mark Exworthy

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it.
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
- I understand that I will audio-taped during the interview.
- I understand that the audio-taped data as well as the interview transcripts will be securely stored for seven years in the researcher's office address, and then destroyed. Only the research study supervisors and the researcher will have access to them. All records containing personal information will remain confidential and no information that could identify me will be released.

Name of participant: .....

Signed:.....Date : .....

## Appendix 1.5 Personal Information

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### PERSONAL INFORMATION FORM

Thank you very much for your participation in this interview. I would also like to know some demographic details about you. Please tick the appropriate boxes as requested below.

1. Gender :  Female  Male
2. Which age group applies to you?  
 18-24       25-34       35-44  
 45-54       55-64       Above 64
3. What is the highest level of education you have completed?  
 High school graduate or less       College/University graduate  
 Professional qualification       Postgraduate degree  
 Doctoral degree       Other (Please specify).....
4. Nationality.....
5. If employed, please list your current main occupation.  
.....
6. How many times have you visited THAILAND before?  
 No previous visits       ..... times
7. Who did you travel with during this trip?  
 Alone       With your Spouse/Partner  
 With Family Members       With Friends  
 With Colleagues       Organized Tour  
 Other (Please specify).....
8. How many nights did/will you spend on this trip? \_\_\_\_\_ nights

**Thank you for your assistance in answering these questions!**



## **Appendix 1.6 Semi-structured interview guide for Wellness Tourists**

### **Semi-structured interview questions for motivations**

1. What are your motivations to travel to Thailand as the Wellness tourist?
  - a. Can you please describe your motivations as a wellness tourist?
  - b. Why do you have wellness tourism holidays?
  - c. What do you expect to get out of your wellness vacation?
  - d. You have mentioned \_\_\_\_\_ as motivations of wellness holidays. Can you think about additional motivations other people might have?
  - e. In your perception, what would a perfect wellness vacation or well-being be like?
  - f. What activities or services do you usually engage in during your wellness holiday?
  - g. How many times have you ever been a wellness tourist?
  - h. How many times do you go per year?
  - i. How long does this vacation typically last?
2. Please describe your opinions about Thailand as wellness tourism destination.
  - a. Please tell me about your Perception of Thailand
  - b. Please tell me about your perception regarding the destination images of Thailand in term of wellness tourism
  - c. Did you ever visit any wellness destinations in other countries?
  - d. Do you think wellness destinations in Thailand is different from in other countries? In what ways?

### **Semi-structured interview questions for wellness related lifestyle**

Please tell me about your wellness related activities

- a. What are your wellness related activities
- b. What do these activities mean to you?
- c. Why do you participate in these activities?
- d. When do you engage in these activities?

### **Semi-structured interview questions for quality of life**

Please tell me about how wellness holiday contributes to your quality of life

- a. Do you think that you are generally in a state of well-being or quality of life?
- b. How does your wellness holiday contributes to your quality of life?

## Appendix 2.1 Questionnaire (English Version)

School of Management  
Royal Holloway, University of London  
Egham, Surrey, TW20 0EX, UK  
www.rhul.ac.uk

T +44 (0)1784 276213  
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Dear Sir/Madam

This survey is conducted as a part of a PhD study on Wellness tourism and quality of life. The project is being supervised by Dr. Sameer Hosany in School of Management, Royal Holloway University of London. The aim of this research is to investigate motivations, constraints, lifestyles and satisfaction quality of life of international wellness tourists in Thailand with particular regard to how their quality of life are affected. The results of this study will assist the wellness tourism industry in providing better understanding the needs of these tourists.

The survey will take approximately 15 minutes. Your responses will be confidential and your name will not be identified at any stage of the research. You may discontinue participation at any time without providing an explanation. Your cooperation is greatly appreciated.

If you have any complaints concerning the manner in which a research project is conducted it may be given to the researcher, or, if an independent person is preferred, either School of Management, Royal Holloway University of London, Egham Hill, Surrey TW20 0EX, Telephone: + 44 (0) 1784 276213

If you wish to get more information or further inquiry about the results of this research, please contact the researcher. By completing this questionnaire you are indicating your willingness and consent to participate in this research. Thank you for your participation in the survey.

Siripan Deesilatham

School of Management, Royal Holloway University of London

Phone: +66 (81) 8263968 +44 (75) 87714721

Siripan.deesilatham.2010@live.rhul.ac.uk

SECTION A: ABOUT YOUR HOLIDAYS		
<b>Q.1 How many times have you visited THAILAND before?</b>		
<input type="checkbox"/> No previous visits	<input type="checkbox"/> 1 time	<input type="checkbox"/> 2 times
<input type="checkbox"/> 3 times	<input type="checkbox"/> 4 times	<input type="checkbox"/> More than 4 times
<b>Q.2 Do you feel you had enough vacations in the last 12 months?</b>		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Q.3 Have you taken any wellness related holidays at this destination (e.g. Muay Thai/Spa/Yoga/Meditation/Wellness Retreat) in the past?</b>		
<input type="checkbox"/> No	<input type="checkbox"/> If yes, .....times	
<b>Q.4 Average length of your past wellness related holidays (e.g. Muay Thai/Spa/Yoga/Meditation/Wellness Retreat) _____ nights</b>		
<b>Q.5 Who are you travelling with on this trip?</b>		
<input type="checkbox"/> Alone	<input type="checkbox"/> With your Spouse/Partner	
<input type="checkbox"/> With Family Members	<input type="checkbox"/> With Friends	
<input type="checkbox"/> With Colleagues	<input type="checkbox"/> Organised Tour	
	<input type="checkbox"/> Other (Please specify).....	
<b>Q.6 Length of this current wellness related holidays (e.g. Muay Thai/Spa/Yoga/Meditation/Wellness Retreat) _____ nights</b>		

SECTION B: PERSONALITY AND LIFESTYLE							
This section is designed <i>to better understand your lifestyle</i> . Please rate your <b>level of agreement or disagreement</b> with the following statements, where <b>1=Strongly Disagree</b> and <b>7=Strongly Agree</b>							
	Strongly Disagree	2	3	4	5	6	Strongly Agree
1. I follow a planned exercise program	1	2	3	4	5	6	7
2. I take a dietary supplement regularly (e.g., Vitamins)	1	2	3	4	5	6	7
3. My social relationships are supportive and rewarding	1	2	3	4	5	6	7
4. This wellness related holiday is consistent with how I see myself	1	2	3	4	5	6	7
5. I enjoy thinking about things	1	2	3	4	5	6	7
6. I talk a lot to different people at parties	1	2	3	4	5	6	7
7. I respect others	1	2	3	4	5	6	7
8. I exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber)	1	2	3	4	5	6	7
9. I have a very high quality of life	1	2	3	4	5	6	7
10. In general, I consider myself a happy person	1	2	3	4	5	6	7
11. This wellness related holiday is consistent with how I like to see myself	1	2	3	4	5	6	7
12. I enjoy looking for a deeper meaning in things	1	2	3	4	5	6	7
13. I feel comfortable around people	1	2	3	4	5	6	7
14. I get stressed out easily	1	2	3	4	5	6	7
15. I take some time for relaxation each day	1	2	3	4	5	6	7
16. Although I have my ups and downs, in general, I feel good about my life	1	2	3	4	5	6	7
17. Compared to most of my peers, I consider myself a happy person	1	2	3	4	5	6	7
18. This wellness related holiday is consistent with how I believe others see me	1	2	3	4	5	6	7
19. I carry out my plans	1	2	3	4	5	6	7
20. I am normally the first to start conversations with people	1	2	3	4	5	6	7
21. I worry about things	1	2	3	4	5	6	7
22. I pace myself to prevent tiredness	1	2	3	4	5	6	7
23. I lead a meaningful and fulfilling life	1	2	3	4	5	6	7
24. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
25. This wellness related holiday is consistent with how I would like others to see me	1	2	3	4	5	6	7
26. I pay attention to details	1	2	3	4	5	6	7

SECTION B: PERSONALITY AND LIFESTYLE							
This section is designed <i>to better understand your lifestyle</i> . Please rate your <b>level of agreement or disagreement</b> with the following statements, where <b>1=Strongly Disagree</b> and <b>7=Strongly Agree</b>							
	Strongly Disagree	2	3	4	5	6	Strongly Agree
27. I sympathize with others' feelings	1	2	3	4	5	6	7
28. I fear for the worst	1	2	3	4	5	6	7
29. I consider myself to have a nutritional balanced diet from vegetable fruits, meat, poultry, fish, dried beans, eggs, and nuts group each day	1	2	3	4	5	6	7
30. I am engaged and interested in my daily activities	1	2	3	4	5	6	7
31. I am satisfied with my life	1	2	3	4	5	6	7
32. I get excited by new ideas	1	2	3	4	5	6	7
33. I am always prepared	1	2	3	4	5	6	7
34. I am concerned about others	1	2	3	4	5	6	7

SECTION C1: MOTIVES							
The following statements describe some of <i>the reasons that might have influenced your decision to take this wellness vacation in Thailand</i> . Please indicate your <b>level of disagreement or agreement</b> with each statement, where <b>1 = Strongly Disagree</b> and <b>7 = Strongly Agree</b> .							
Reasons for choosing this wellness vacation	Strongly Disagree	2	3	4	5	6	Strongly Agree
1. To improve my physical fitness	1	2	3	4	5	6	7
2. To get away from everything	1	2	3	4	5	6	7
3. To gain more confidence about myself	1	2	3	4	5	6	7
4. To improve my health	1	2	3	4	5	6	7
5. To relax	1	2	3	4	5	6	7
6. To catch up with my lifestyle	1	2	3	4	5	6	7
7. To control my weight	1	2	3	4	5	6	7
8. To contemplate what is important to me	1	2	3	4	5	6	7
9. To reduce my stress levels and let go my worries	1	2	3	4	5	6	7
10. To increase my self-esteem	1	2	3	4	5	6	7
11. To treat my body well in order to improve my appearance	1	2	3	4	5	6	7
12. To escape the demands of everyday life	1	2	3	4	5	6	7
13. To be refreshed	1	2	3	4	5	6	7
14. To be with friends	1	2	3	4	5	6	7
15. To fulfil my curiosity	1	2	3	4	5	6	7
16. To be at peace with myself	1	2	3	4	5	6	7
17. To give me time and space for reflection	1	2	3	4	5	6	7
18. To be pampered	1	2	3	4	5	6	7
19. To spend time with family members	1	2	3	4	5	6	7
20. To experience something new and exciting	1	2	3	4	5	6	7

SECTION C2: Perception of Thailand							
The following statements describe some of <i>the reasons that might have influenced your decision to take this wellness vacation in Thailand</i> . Please indicate your <b>level of disagreement or agreement</b> with each statement, where <b>1 = Strongly Disagree</b> and <b>7 = Strongly Agree</b> .							
	Strongly Disagree	2	3	4	5	6	Strongly Agree
1. Thai people are friendly	1	2	3	4	5	6	7
2. Thailand is a famous wellness tourist destination (e.g. Phuket, Samui, Chiang mai)	1	2	3	4	5	6	7
3. Thailand is a destination full of natural scenery and landscape.	1	2	3	4	5	6	7
4. Thailand is safe and secure for traveling.	1	2	3	4	5	6	7
5. Thailand has many good quality of accommodations and restaurants.	1	2	3	4	5	6	7
6. Thailand has pleasant weather and climate	1	2	3	4	5	6	7
7. Thailand is famous for the Muay Thai martial art	1	2	3	4	5	6	7
8. Thailand has a good level of hygiene and cleanliness.	1	2	3	4	5	6	7

SECTION C2: Perception of Thailand							
The following statements describe some of <i>the reasons that might have influenced your decision to take this wellness vacation in Thailand</i> . Please indicate your <u>level of disagreement or agreement</u> with each statement, where <b>1 = Strongly Disagree</b> and <b>7 = Strongly Agree</b> .							
	Strongly Disagree	2	3	4	5	6	Strongly Agree
9. Thailand is a famous destination to visit religious and spiritual sites (e.g. Buddhist temples).	1	2	3	4	5	6	7
10. Thailand is a famous for Thai spa and traditional massage services.	1	2	3	4	5	6	7
11. Thailand is a well publicised tourist destination	1	2	3	4	5	6	7
12. Thailand offers diverse Thai cultures Thai cuisines and ancient traditions.	1	2	3	4	5	6	7
13. Thailand is an inexpensive destination (e.g. for travelling and shopping)	1	2	3	4	5	6	7

SECTION D: YOUR FEELINGS							
During your visit, you may have experienced a series of emotions. <i>Take a few moments to recall your experience</i> . Please indicate to what extent you felt the following emotions where <b>1 = Not at All</b> and <b>7 = Very Much</b>							
	Not at All						Very Much
1. I felt good	1	2	3	4	5	6	7
2. I felt contented	1	2	3	4	5	6	7
3. I was angry	1	2	3	4	5	6	7
4. I felt positive	1	2	3	4	5	6	7
5. I felt negative	1	2	3	4	5	6	7
6. I was afraid	1	2	3	4	5	6	7
7. I felt pleasant	1	2	3	4	5	6	7
8. I felt bad	1	2	3	4	5	6	7
9. I felt a sense of joy	1	2	3	4	5	6	7
10. I felt unpleasant	1	2	3	4	5	6	7
11. I felt happy	1	2	3	4	5	6	7
12. I was sad	1	2	3	4	5	6	7

SECTION E: PERSONAL REFLECTIONS							
The following statements described <i>how you felt after taking this wellness trip</i> . Please indicate your <u>level of disagreement or agreement</u> with each statement, where <b>1 = Strongly Disagree</b> and <b>7 = Strongly Agree</b>							
	Strongly Disagree	2	3	4	5	6	Strongly Agree
1. Overall, I feel that this vacation has enriched my life.	1	2	3	4	5	6	7
2. On this trip, I felt more satisfied with life.	1	2	3	4	5	6	7
3. This trip made me change my perception of life.	1	2	3	4	5	6	7
4. This trip helped me to improve my mental health.	1	2	3	4	5	6	7
5. This vacation was rewarding to me in many ways.	1	2	3	4	5	6	7
6. This trip encouraged me to lead a purposeful and meaningful life.	1	2	3	4	5	6	7
7. The experience from this trip encouraged me to understand myself better.	1	2	3	4	5	6	7
8. The experience from this trip made me feel good about myself.	1	2	3	4	5	6	7
9. I feel much better about things and myself after this vacation.	1	2	3	4	5	6	7
10. On this trip, I have realised that I actively contribute to the happiness and well-being of others more than before.	1	2	3	4	5	6	7
11. On this trip, I felt free from the pressures of life.	1	2	3	4	5	6	7
12. On this trip, I was able to improve my shape and my physical look	1	2	3	4	5	6	7
13. This vacation made me feel that in most ways my life is close to my ideal.	1	2	3	4	5	6	7
14. This trip made me realise that I live a good life.	1	2	3	4	5	6	7
15. Overall, this trip has enhanced my level of happiness.	1	2	3	4	5	6	7
16. On this trip, I established friendships with one or more new people	1	2	3	4	5	6	7
17. Taking this vacation made me realise that the conditions of my life are excellent.	1	2	3	4	5	6	7

SECTION E: PERSONAL REFLECTIONS							
The following statements described <i>how you felt after taking this wellness trip</i> . Please indicate your <b>level of disagreement or agreement</b> with each statement, where <b>1 = Strongly Disagree</b> and <b>7 = Strongly Agree</b>							
	Strongly Disagree	2	3	4	5	6	Strongly Agree
18. This trip encouraged me to be more optimistic about my future.	1	2	3	4	5	6	7
19. This trip helped me to rejuvenate.	1	2	3	4	5	6	7
20. The overall experience was enriching	1	2	3	4	5	6	7

SECTION F: OVERALL EVALUATION OF YOUR EXPERIENCE							
Please indicate your <b>level of disagreement or agreement</b> with the following statements where <b>1 = Strongly Disagree</b> and <b>7 = Strongly Agree</b> .							
	Strongly Disagree	2	3	4	5	6	Strongly Agree
1. Tourist services at the vacation site (e.g. activities, attractions, restaurants, hotels) were of high quality.	1	2	3	4	5	6	7
2. Overall, my experiences on this vacation exceeded expectations.	1	2	3	4	5	6	7
3. If I had to decide again, I will choose this wellness vacation again.	1	2	3	4	5	6	7
4. Tourist services provided at the vacation site were problem-free.	1	2	3	4	5	6	7
5. Overall, I am satisfied with my experience on this wellness vacation.	1	2	3	4	5	6	7
6. I will revisit this wellness destination in the near future.	1	2	3	4	5	6	7
7. The cost of tourist services at the vacation site was reasonable and well worth it.	1	2	3	4	5	6	7
8. I have enjoyed myself on this wellness vacation.	1	2	3	4	5	6	7
9. I am happy about my decision to choose this wellness vacation.	1	2	3	4	5	6	7
10. I will recommend this wellness vacation to other people (e.g. friends and relatives).	1	2	3	4	5	6	7
11. I believe I did the right thing when I chose this wellness vacation.	1	2	3	4	5	6	7
12. I will say positive things about this wellness vacation to other people (e.g., friends and relatives).	1	2	3	4	5	6	7

SECTION G: ABOUT YOURSELF
1. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
2. Age: <input type="checkbox"/> 16-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> Over 64
3. Highest Level of Education Attained <input type="checkbox"/> High school graduate or less <input type="checkbox"/> College/University graduate <input type="checkbox"/> Professional qualification <input type="checkbox"/> Postgraduate degree <input type="checkbox"/> Doctoral degree <input type="checkbox"/> Others (Please specify).....
4. Household income indicator <input type="checkbox"/> I don't earn income yet <input type="checkbox"/> I can afford basic needs <input type="checkbox"/> I am able to save some money monthly <input type="checkbox"/> I live with some comfort <input type="checkbox"/> I hardly make it to live
5. Please tell us your occupation status <input type="checkbox"/> Employed full-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Employed part-time <input type="checkbox"/> Housewife/husband <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed
6. Nationality.....

Thank you for your time and kind cooperation 😊

## Appendix 2.2 Questionnaire (Russian Version)

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### Оздоровительный отдых в Таиланде

Уважаемые господа,

Меня зовут Сирипан Дисилатхам. Я учусь в аспирантуре на факультете Менеджмента при Королевском колледже Холлоуэй Лондонского университета. Я приглашаю Вас принять участие в исследовании, целью которого является изучение мотивации, индивидуальных особенностей, стиля жизни и удовлетворенности туристов, которые приезжают на оздоровительный отдых в Таиланд, а также того, как этот отдых влияет на качество их жизни.

Анкетирование займет у Вас примерно 15 минут. Ваши ответы будут держаться в тайне и Ваше имя не будет упоминаться ни на одной стадии исследования. Вы можете отказаться от участия в любой момент без объяснений. Мы очень ценим сотрудничество с Вами.

Данное исследование одобрено Комитетами по этике исследований при Королевском колледже Холлоуэй Лондонского университета. Если у Вас возникнут жалобы по поводу стиля, в котором проводится исследование, можно их выразить самому исследователю (Сирипан Дисилатхам) или, если Вы предпочитаете независимого человека, обратитесь по адресу: School of Management, Royal Holloway University of London, Egham Hill, Surrey TW20 0EX, телефон: + 44 (0) 1784 276213

Если Вы желаете получить больше информации или в будущем запросить результаты исследования, пожалуйста, обратитесь к исследователю. Благодарим Вас за участие в исследовании.

Сирипан Дисилатхам  
Факультет Менеджмента,  
Королевский колледж Холлоуэй, Лондонский университет  
Телефон: +66 (81) 8263968 +44 (75) 87714721  
Siripan.deesilatham.2010@live.rhul.ac.uk

Раздел А: О Вашем отпуске		
<b>Q.1 Сколько раз раньше Вы уже посещали Таиланд?</b>		
<input type="checkbox"/> Ни разу	<input type="checkbox"/> 1 раз	<input type="checkbox"/> 2 раза
<input type="checkbox"/> 3 раза	<input type="checkbox"/> 4 раза	<input type="checkbox"/> Более 4-х раз
<b>Q.2 По Вашим ощущениям у Вас было достаточно отпускных дней за последние 12 месяцев?</b>		
<input type="checkbox"/> Нет	<input type="checkbox"/> Да	
<b>Q.3 Вы когда-либо раньше проводили отпуск с целью оздоровления (напр. тайский бокс / спа / тайский массаж / йога / медитация / оздоровительный ретрит)?</b>		
<input type="checkbox"/> Нет	<input type="checkbox"/> Если да, то сколько раз? ..... раз	
<b>Q.4 Какова средняя продолжительность Вашего предыдущего оздоровительного отдыха (напр. тайский бокс / спа / тайский массаж / йога / медитация / оздоровительный ретрит)? _____ дней.</b>		
<b>Q.5 С кем Вы путешествуете в этой поездке?</b>		
<input type="checkbox"/> Один (одна)	<input type="checkbox"/> С мужем/партнером	
<input type="checkbox"/> С родственниками	<input type="checkbox"/> С друзьями	
<input type="checkbox"/> С коллегами	<input type="checkbox"/> Организованный тур	
	<input type="checkbox"/> Другое (пожалуйста, объясните).....	
<b>Q.6 Сколько дней Вы намерены потратить на оздоровительный отдых в этот раз? (тайский бокс / спа / тайский массаж / йога / медитация / оздоровительный ретрит)? _____ дней</b>		

Раздел В: Индивидуальность и стиль жизни							
Этот раздел нужен для того, чтобы лучше понять Ваш стиль жизни. Пожалуйста, оцените <b>уровень Вашего согласия или несогласия</b> с приведенными ниже утверждениями, где <b>1=Абсолютно несогласен</b> и <b>7=Полностью согласен</b>							
	Абсолютно несогласен	2	3	4	5	6	Полностью согласен
1. Я следую запланированной программе упражнений	1	2	3	4	5	6	7
2. Я регулярно принимаю пищевые добавки (напр. витамины)	1	2	3	4	5	6	7
3. Мой круг общения меня поддерживает и поощряет	1	2	3	4	5	6	7
4. Этот оздоровительный отдых соответствует тому, как я себя воспринимаю	1	2	3	4	5	6	7
5. Мне нравится думать о разных вещах	1	2	3	4	5	6	7
6. Я много общаюсь с разными людьми на вечеринках	1	2	3	4	5	6	7
7. Я уважаю других людей	1	2	3	4	5	6	7
8. Я энергично тренируюсь 20 или больше минут как минимум 3 раза в неделю (ходьба, велосипед, аэробика, ходьба по ступенькам)	1	2	3	4	5	6	7
9. У меня очень высокое качество жизни	1	2	3	4	5	6	7
10. В общем, я считаю себя счастливым человеком	1	2	3	4	5	6	7
11. Этот оздоровительный отдых соответствует тому, как я хочу себя воспринимать	1	2	3	4	5	6	7
12. Мне нравится искать более глубокий смысл в вещах	1	2	3	4	5	6	7
13. Мне комфортно в окружении людей	1	2	3	4	5	6	7
14. Я легко становлюсь беспокойным	1	2	3	4	5	6	7
15. Каждый день я какое-то время релаксирую, расслабляюсь	1	2	3	4	5	6	7
16. Хотя у меня бывают и взлеты и падения, в общем, я доволен своей жизнью	1	2	3	4	5	6	7
17. По сравнению с большинством моих сверстников, я считаю себя счастливым человеком	1	2	3	4	5	6	7
18. Этот оздоровительный отдых соответствует тому, как в моем представлении другие воспринимают меня	1	2	3	4	5	6	7
19. Я выполняю запланированное	1	2	3	4	5	6	7
20. Обычно я первым начинаю разговор с людьми	1	2	3	4	5	6	7
21. Я часто переживаю	1	2	3	4	5	6	7
22. Я размерен в делах, чтобы избежать усталости	1	2	3	4	5	6	7
23. Я живу жизнью, которая наполнена смыслом и удовлетворенностью	1	2	3	4	5	6	7
24. Во многих отношениях моя жизнь близка к моему идеалу	1	2	3	4	5	6	7
25. Этот оздоровительный отдых соответствует тому, как я хочу, чтобы другие воспринимали меня	1	2	3	4	5	6	7
26. Я уделяю внимание деталям	1	2	3	4	5	6	7



Раздел В: Индивидуальность и стиль жизни							
Этот раздел нужен для того, чтобы лучше понять Ваш стиль жизни. Пожалуйста, оцените <b>уровень Вашего согласия или несогласия</b> с приведенными ниже утверждениями, где <b>1=Абсолютно несогласен</b> и <b>7=Полностью согласен</b>							
	Абсолютно несогласен	2	3	4	5	6	Полностью согласен
27. Я проникаюсь чувствами других людей	1	2	3	4	5	6	7
28. У опасуюсь худшего	1	2	3	4	5	6	7
29. Я считаю, что каждый день получаю сбалансированное питание, состоящее из овощей, фруктов, мяса, птицы, рыбы, бобовых, яиц и орехов.	1	2	3	4	5	6	7
30. Я увлечен повседневными делами и с интересом ими занимаюсь.	1	2	3	4	5	6	7
31. Я удовлетворен моей жизнью	1	2	3	4	5	6	7
32. Новые идеи меня волнуют	1	2	3	4	5	6	7
33. Я всегда подготовлен	1	2	3	4	5	6	7
34. Я внимателен к другим людям	1	2	3	4	5	6	7

Раздел С1: Мотивы							
Эти утверждения описывают некоторые <b>причины, которые могли повлиять на Ваше решение поехать на этот оздоровительный отдых в Таиланд</b> . Пожалуйста, оцените <b>уровень Вашего согласия или несогласия</b> с каждым утверждением, где <b>1=Абсолютно несогласен</b> и <b>7=Полностью согласен</b>							
Причины для выбора этого оздоровительного отдыха	Абсолютно несогласен	2	3	4	5	6	Полностью согласен
1. Улучшить мою физическую форму	1	2	3	4	5	6	7
2. Убежать от всего	1	2	3	4	5	6	7
3. Стать более уверенным в себе	1	2	3	4	5	6	7
4. Улучшить свое здоровье	1	2	3	4	5	6	7
5. Расслабиться, отдохнуть	1	2	3	4	5	6	7
6. Следовать моему стилю жизни	1	2	3	4	5	6	7
7. Контролировать свой вес	1	2	3	4	5	6	7
8. Поразышлять о том, что важно для меня	1	2	3	4	5	6	7
9. Уменьшить уровень стресса и отбросить переживания	1	2	3	4	5	6	7
10. Повысить самооценку	1	2	3	4	5	6	7
11. Дать телу хороший уход, чтобы улучшить свой внешний вид	1	2	3	4	5	6	7
12. Избежать требований повседневной жизни	1	2	3	4	5	6	7
13. Восстановиться, освежиться	1	2	3	4	5	6	7
14. Побывать с друзьями	1	2	3	4	5	6	7
15. Удовлетворить любопытство	1	2	3	4	5	6	7
16. Побывать в гармонии с собой	1	2	3	4	5	6	7
17. Дать себе время и простор для размышлений	1	2	3	4	5	6	7
18. Чтобы меня побаловали	1	2	3	4	5	6	7
19. Провести время с членами семьи	1	2	3	4	5	6	7
20. Получить новый и волнительный опыт	1	2	3	4	5	6	7

Раздел С2: Мотивы							
Эти утверждения описывают некоторые <b>причины, которые могли повлиять на Ваше решение поехать на этот оздоровительный отдых в Таиланд</b> . Пожалуйста, оцените <b>уровень Вашего согласия или несогласия</b> с утверждениями, где <b>1=Абсолютно несогласен</b> и <b>7=Полностью согласен</b>							
	Абсолютно несогласен	2	3	4	5	6	Полностью согласен
1. Тайцы дружелюбны	1	2	3	4	5	6	7
2. Таиланд славится оздоровительным туризмом (Пхукет, Самуи, Чианг Май)	1	2	3	4	5	6	7
3. Потому что в Таиланде много красивой природы и пейзажей	1	2	3	4	5	6	7
4. Я чувствую себя в безопасности и защищенным, путешествуя по Таиланду	1	2	3	4	5	6	7
5. Хорошее качество жилья и ресторанов	1	2	3	4	5	6	7
6. В Таиланде приятная погода и климат	1	2	3	4	5	6	7
7. Таиланд известен таким боевым искусством, как тайский бокс	1	2	3	4	5	6	7
8. Хороший уровень гигиены и чистоты	1	2	3	4	5	6	7
9. Чтобы посетить места, связанные с религией и духовностью (Буддийские храмы)	1	2	3	4	5	6	7
10. Из-за тайского спа и традиционного массажа	1	2	3	4	5	6	7

Раздел С2: Мотивы							
Эти утверждения описывают некоторые причины, которые могли повлиять на Ваше решение поехать на этот оздоровительный отдых в Таиланд. Пожалуйста, оцените <u>уровень Вашего согласия или несогласия</u> с утверждениями, где <b>1=Абсолютно несогласен</b> и <b>7=Полностью согласен</b>							
	Абсолютно несогласен	2	3	4	5	6	Полностью согласен
11. Таиланд – хорошо разрекламированное туристическое направление	1	2	3	4	5	6	7
12. Чтобы прочувствовать тайскую культуру, искусство и традиции	1	2	3	4	5	6	7
13. Таиланд – недорогое направление (напр. для путешествий и шопинга)	1	2	3	4	5	6	7

Раздел D: Ваши чувства							
Во время Вашего визита возможно Вы испытали разные чувства. <b>Пожалуйста, вспомните, что Вы чувствовали.</b> Оцените, в какой степени Вы чувствовали эти эмоции, где <b>1 = совсем нет</b> и <b>7 = очень сильно</b>							
	Совсем нет						Очень сильно
1. Я чувствовал себя хорошо	1	2	3	4	5	6	7
2. Я чувствовал удовлетворение	1	2	3	4	5	6	7
3. Я был зол	1	2	3	4	5	6	7
4. Я чувствовал себя позитивно	1	2	3	4	5	6	7
5. Я чувствовал себя негативно	1	2	3	4	5	6	7
6. Я был испуган	1	2	3	4	5	6	7
7. Я чувствовал себя приятно	1	2	3	4	5	6	7
8. Я чувствовал себя плохо	1	2	3	4	5	6	7
9. Я чувствовал радость	1	2	3	4	5	6	7
10. Я чувствовал себя неприятно	1	2	3	4	5	6	7
11. Я чувствовал себя счастливым	1	2	3	4	5	6	7
12. Я грустил	1	2	3	4	5	6	7

Раздел E: Личные размышления							
Эти утверждения описывают как <b>Вы себя чувствовали после этого оздоровительного отдыха.</b> Пожалуйста, оцените <u>уровень Вашего согласия или несогласия</u> с утверждениями, где <b>1=Абсолютно несогласен</b> и <b>7=Полностью согласен</b>							
	Абсолютно несогласен	2	3	4	5	6	Полностью согласен
1. В целом, этот отдых обогатил мою жизнь	1	2	3	4	5	6	7
2. В этой поездке я чувствовал больше удовлетворения жизнью	1	2	3	4	5	6	7
3. Этот тур изменил мое восприятие жизни	1	2	3	4	5	6	7
4. Этот тур помог улучшить мое психическое здоровье	1	2	3	4	5	6	7
5. Этот отдых был мне полезен во многих отношениях	1	2	3	4	5	6	7
6. Этот тур сподвиг меня вести содержательную и осмысленную жизнь	1	2	3	4	5	6	7
7. Опыт этой поездки помог мне лучше понять себя	1	2	3	4	5	6	7
8. Благодаря опыту этой поездки, я теперь доволен собой	1	2	3	4	5	6	7
9. После этого отдыха я гораздо больше доволен собой и положением дел	1	2	3	4	5	6	7
10. В этом туре я осознал, что теперь я в большей степени, чем раньше, активно способствую счастью и благополучию других людей	1	2	3	4	5	6	7
11. В этом туре я чувствовал себя свободным от жизненных трудностей	1	2	3	4	5	6	7
12. В этом туре я смог улучшить свою форму и внешний вид	1	2	3	4	5	6	7
13. Этот отдых дал мне почувствовать, что во многих отношениях моя жизнь близка к моему идеалу.	1	2	3	4	5	6	7
14. В этом туре я осознал, что моя жизнь хороша	1	2	3	4	5	6	7
15. В целом, этот тур повысил уровень моего счастья	1	2	3	4	5	6	7
16. В этом туре я подружился с новым человеком или новыми людьми	1	2	3	4	5	6	7
17. В этом туре я осознал, что у меня отличные условия жизни	1	2	3	4	5	6	7
18. Этот тур сподвиг меня быть более оптимистичным по поводу своего будущего	1	2	3	4	5	6	7
19. Этот тур помог мне омолодиться	1	2	3	4	5	6	7
20. В целом, это был обогащающий опыт	1	2	3	4	5	6	7

Раздел F: Общая оценка Вашего опыта							
Пожалуйста, оцените <b>уровень Вашего согласия или несогласия</b> с утверждениями, где <b>1=Абсолютно несогласен</b> и <b>7=Полностью согласен</b>							
	Абсолютно несогласен	2	3	4	5	6	Полностью согласен
1. Туристический сервис в месте отдыха (мероприятия, достопримечательности, рестораны, отели) был высокого качества	1	2	3	4	5	6	7
2. В целом, опыт этого отдыха превзошел мои ожидания	1	2	3	4	5	6	7
3. Если у меня будет выбор, я выберу такой оздоровительный отдых снова	1	2	3	4	5	6	7
4. У меня не возникало проблем с предоставляемым в месте отдыха туристическим сервисом	1	2	3	4	5	6	7
5. В целом, я удовлетворен тем, как прошел этот оздоровительный отдых	1	2	3	4	5	6	7
6. Я посетю еще раз это место для оздоровительного отдыха в ближайшем будущем	1	2	3	4	5	6	7
7. Стоимость туристических услуг в этом месте отдыха была разумной и они вполне стоили этих денег	1	2	3	4	5	6	7
8. Я наслаждался на этом оздоровительном отдыхе	1	2	3	4	5	6	7
9. Я счастлив, что выбрал именно этот вид оздоровительного отдыха	1	2	3	4	5	6	7
10. Я буду рекомендовать это место и вид отдыха другим людям (напр. друзьям и родственникам)	1	2	3	4	5	6	7
11. Я уверен, что выбор этого оздоровительного отдыха был правильным решением	1	2	3	4	5	6	7
12. Я буду положительно отзываться об этом оздоровительном отдыхе в беседах с другими людьми (напр.с друзьями и родственниками)	1	2	3	4	5	6	7

Раздел G: О себе	
1. Пол:	<input type="checkbox"/> Мужской <input type="checkbox"/> Женский
2. Возраст:	<input type="checkbox"/> 16-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> Over 64
3. Самый высокий уровень полученного образования:	<input type="checkbox"/> Среднее или меньше <input type="checkbox"/> Высшее (бакалавр) <input type="checkbox"/> Профессиональная квалификация <input type="checkbox"/> Высшее (магистр) <input type="checkbox"/> Кандидат или доктор наук <input type="checkbox"/> Другое (Пожалуйста, поясните).....
4. Уровень доходов	<input type="checkbox"/> Я пока не зарабатываю <input type="checkbox"/> Я могу позволить себе базовые вещи <input type="checkbox"/> Я могу откладывать деньги каждый месяц <input type="checkbox"/> Я живу достаточно комфортно <input type="checkbox"/> Я едва свожу концы с концами
5. Ваша занятость	<input type="checkbox"/> Полная занятость <input type="checkbox"/> Свой бизнес <input type="checkbox"/> Частичная занятость <input type="checkbox"/> Домохозяйка/сизу дома <input type="checkbox"/> Пенсионер <input type="checkbox"/> Студент <input type="checkbox"/> Безработный(ая)
6. Гражданство.....	

Большое спасибо за то, что Вы были так любезны уделить нам время 😊

### Appendix 3.1 Result of Skewness and Kurtosis for Motivations

	N	Mean	Std. Deviation	Skewness	Std. Error	Kurtosis	Std. Error
	Statistic	Statistic	Statistic	Statistic	Error	Statistic	Error
Health1	885	5.11	1.997	-0.841	0.082	-0.565	0.164
Health2	885	5.41	1.631	-1.02	0.082	0.32	0.164
Health3	885	3.49	2.215	0.258	0.082	-1.425	0.164
Trance1	885	5.18	1.728	-0.916	0.082	0.026	0.164
Trance2	885	5.24	1.676	-0.929	0.082	0.132	0.164
Trance3	885	5.15	1.649	-0.836	0.082	0.007	0.164
Escape1	885	4.16	2.005	-0.192	0.082	-1.201	0.164
Escape2	885	4.81	1.886	-0.548	0.082	-0.803	0.164
Relax1	885	5.17	1.602	-0.823	0.082	0.037	0.164
Relax2	885	4.85	1.77	-0.595	0.082	-0.641	0.164
Induge1	885	3.01	1.889	0.504	0.082	-0.914	0.164
Induge2	885	4.8	1.783	-0.538	0.082	-0.707	0.164
Induge3	885	4.6	1.755	-0.451	0.082	-0.733	0.164
Imother1	885	2.32	1.955	1.218	0.082	0.025	0.164
Imother2	885	3.15	2.124	0.488	0.082	-1.209	0.164
Novel1	885	4.59	1.909	-0.503	0.082	-0.886	0.164
Novel2	885	5.12	1.844	-0.861	0.082	-0.273	0.164
Esteem1	885	4.83	1.727	-0.636	0.082	-0.45	0.164
Esteem2	885	4.18	2.068	-0.238	0.082	-1.237	0.164
Esteem3	885	4.23	1.9	-0.246	0.082	-1.002	0.164

### Appendix 3.2 Result of Skewness and Kurtosis for Lifestyle Congruence

	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
WRA1	885	4.55	1.808	-0.298	0.082	-0.873	0.164
WRA2	885	5.38	1.843	-0.948	0.082	-0.205	0.164
WRA3	885	4.5	1.687	-0.262	0.082	-0.888	0.164
WRA4	885	4.13	1.487	-0.22	0.082	-0.471	0.164
WRA5	885	4.71	1.533	-0.368	0.082	-0.404	0.164
WRA6	885	3.72	2.169	0.122	0.082	-1.384	0.164
OQOL1	885	5.3	1.352	-0.66	0.082	0.007	0.164
OQOL2	885	5.47	1.271	-0.799	0.082	0.325	0.164
OQOL3	885	4.96	1.318	-0.389	0.082	-0.249	0.164
OQOL4	885	5.1	1.293	-0.549	0.082	0.099	0.164
OQOL5	885	5.22	1.431	-0.633	0.082	-0.114	0.164
OQOL6	885	5.37	1.359	-0.818	0.082	0.376	0.164
OQOL7	885	5.32	1.318	-0.716	0.082	0.148	0.164
OQOL8	885	4.63	1.375	-0.358	0.082	-0.346	0.164
OQOL9	885	5.12	1.337	-0.602	0.082	-0.051	0.164

**Appendix 3.3 Result of Skewness and Kurtosis for Wellness Self-Image Congruence**

	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
SIMG1	885	5.21	1.405	-0.611	0.082	-0.137	0.164
SIMG2	885	5.49	1.311	-0.747	0.082	0.089	0.164
SIMG3	885	4.83	1.487	-0.496	0.082	-0.378	0.164
SIMG4	885	5.02	1.419	-0.565	0.082	-0.104	0.164

### Appendix 3.4 Result of Skewness and Kurtosis for Positive Emotions

	N	Mean	Std. Deviation	Skewness	Std. Error	Kurtosis	Std. Error
	Statistic	Statistic	Statistic	Statistic	Error	Statistic	Error
Posit1	885	5.76	1.213	-0.927	0.082	0.578	0.164
Posit2	885	5.67	1.221	-0.955	0.082	0.934	0.164
Posit3	885	5.34	1.324	-0.733	0.082	0.205	0.164
Posit4	885	5.49	1.347	-0.778	0.082	0.122	0.164
Posit5	885	5.72	1.246	-0.978	0.082	0.661	0.164
Posit6	885	5.41	1.323	-0.728	0.082	0.197	0.164

### Appendix 3.5 Result of Skewness and Kurtosis for Satisfaction during the Trip

	N	Mean	Std. Deviation	Skewness	Std. Error	Kurtosis	Std. Error
	Statistic	Statistic	Statistic	Statistic	Error	Statistic	Error
Satserv1	885	5.03	1.397	-0.707	0.082	0.385	0.164
Satserv2	885	5.18	1.449	-0.672	0.082	-0.015	0.164
Satserv3	885	5.67	1.356	-0.83	0.082	-0.138	0.164
Satexp1	885	6.04	1.167	-1.315	0.082	1.524	0.164
Satexp2	885	6.27	0.902	-1.086	0.082	0.266	0.164
Satexp3	885	5.22	1.338	-0.596	0.082	0.179	0.164
Satexp4	885	5.88	1.165	-1.057	0.082	1.021	0.164
Satexp5	885	5.82	1.19	-0.937	0.082	0.361	0.164



### Appendix 3.6 Result of Skewness and Kurtosis for Incremental Quality of Life

	N	Mean	Std. Deviation	Skewness	Std. Error	Kurtosis	Std. Error
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic
SWLS1	885	5.8	1.277	-1.045	0.082	0.66	0.164
SWLS2	885	5.43	1.336	-0.702	0.082	0.082	0.164
SWLS3	885	4.97	1.48	-0.513	0.082	-0.241	0.164
SWLS4	885	5.2	1.441	-0.58	0.082	-0.135	0.164
SWLS5	885	5.66	1.323	-0.912	0.082	0.388	0.164
Flouris1	885	5.41	1.428	-0.877	0.082	0.423	0.164
Flouris2	885	4.94	1.566	-0.518	0.082	-0.291	0.164
Flouris3	885	5.36	1.436	-0.798	0.082	0.202	0.164
Flouris4	885	5.4	1.385	-0.889	0.082	0.634	0.164
Flouris5	885	5.2	1.477	-0.605	0.082	-0.248	0.164
Flouris6	885	5.38	1.503	-0.895	0.082	0.309	0.164
Flouris7	885	5.24	1.578	-0.646	0.082	-0.377	0.164

### Appendix 3.7 Result of Skewness and Kurtosis for Behavioural Intentions

	N	Mean	Std. Deviation	Skewness	Std. Error	Kurtosis	Std. Error
	Statistic	Statistic	Statistic	Statistic	Error	Statistic	Error
Recom1	885	6.07	1.169	-1.316	0.082	1.381	0.164
Recom2	885	6.27	0.905	-1.064	0.082	0.171	0.164
Revisit1	885	5.64	1.316	-0.786	0.082	0.039	0.164
Revisit2	885	5.39	1.382	-0.565	0.082	-0.209	0.164

#### Appendix 4.1 Comparison of the Perception of Thailand between MuayThai and Meditation Tourists

Perceptions of Thailand	Muay Thai n=500		Meditation n=385		t	df	P-value
	Mean	SD	Mean	SD			
1 Thai people are friendly.	5.69	1.37	5.23	1.71	4.28	722.60	0.00
2 Thailand is safe and secure for traveling.	5.11	1.44	5.38	1.56	-2.55	790.82	0.01
3 Thailand has many good quality of accommodations and restaurants.	4.49	1.59	3.46	1.76	8.98	780.16	0.00
4 Thailand has a good level of hygiene and cleanliness.	4.11	1.57	3.28	1.65	7.62	883.00	0.00
5 Thailand is a well-publicized tourist destination.	4.78	1.71	3.55	1.94	9.84	767.85	0.00
6 Thailand is a famous wellness tourist destination.	5.44	1.52	4.31	1.98	9.33	699.90	0.00
7 Thailand is famous for the Muay Thai martial art.	6.09	1.31	2.36	1.81	34.19	673.88	0.00
8 Thailand is an inexpensive destination (e.g. for travelling and shopping).	5.34	1.50	4.85	1.72	4.41	762.04	0.00
9 Thailand is the famous destination to visit religious and spiritual sites (e.g. Buddhist temples).	3.84	1.82	3.55	1.91	2.34	883.00	0.02
10 Thailand has pleasant weather and climate.	5.52	1.43	5.37	1.56	1.52	785.98	0.13
11 Thailand offers diverse Thai cultures Thai cuisines and ancient traditions.	4.76	1.73	5.01	1.67	-2.18	883.00	0.03
12 Thailand is a destination full of natural scenery and landscape.	5.32	1.55	5.18	1.59	1.30	883.00	0.19
13 Thailand is a famous for Thai spa and traditional massage services.	4.21	1.78	3.33	1.87	7.15	803.30	0.00

**Appendix 4.2 Comparison of the Benefits from This Wellness Trip between MuayThai and Meditation Tourists**

<b>Benefits from This Wellness Trip</b>		<b>Muay Thai</b>		<b>Meditation</b>		<b>t</b>	<b>df</b>	<b>P-value</b>
		<b>n=500</b>		<b>n=385</b>				
		<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>			
1	This trip helped me to rejuvenate.	5.45	1.40	4.98	1.62	4.60	760.35	0.00
2	This trip helped me to improve my mental health.	5.30	1.58	5.55	1.42	-2.41	883.00	0.02
3	The experience from this trip made me feel good about myself.	5.53	1.36	5.33	1.37	-2.44	861.81	0.02
4	On this trip, I was able to improve my shape and my physical look.	5.62	1.33	3.78	1.89	16.30	658.22	0.00
5	On this trip, I established friendships with one or more new people.	5.46	1.52	4.67	1.98	6.53	699.76	0.00
6	The overall experience was enriching.	6.09	0.93	6.21	0.93	-1.98	883.00	0.05

### Appendix 4.3 Comparison of Motivations between Muay Thai and Meditation Tourists

Motivations	Muay Thai n=500		Meditation n=385		t	df	P-value
	Mean	SD	Mean	SD			
1 To improve my physical fitness	6.24	0.97	3.64	2.04	23.10	516.81	0.00
2 To improve my health	5.85	1.30	4.84	1.83	9.23	663.57	0.00
3 To control my weight	4.39	2.05	2.31	1.84	15.85	863.01	0.00
4 To be at peace with myself	4.80	1.79	5.67	1.52	-7.87	874.68	0.00
5 To give me time and space for reflection	4.78	1.72	5.83	1.41	-9.93	879.24	0.00
6 To contemplate what is important to me	4.81	1.66	5.59	1.53	-7.20	855.99	0.00
7 To escape the demands of everyday life	4.79	1.67	3.75	1.91	8.48	763.62	0.00
8 To get away from everything	5.32	1.45	4.77	1.56	5.36	883.00	0.00
9 To be refreshed	5.31	1.52	5.00	1.69	2.76	778.54	0.01
10 To reduce my stress levels and let go my worries	4.66	1.76	5.11	1.75	-3.77	883.00	0.00
11 To be pampered	3.63	1.85	2.20	1.61	12.30	869.82	0.00
12 To relax	4.97	1.71	4.59	1.86	3.11	788.97	0.00
13 To catch up with my lifestyle	4.90	1.63	4.20	1.84	5.96	771.50	0.00
14 To spend time with family members	2.81	2.13	1.70	1.48	9.14	874.13	0.00
15 To be with friends	3.90	2.09	2.18	1.75	13.27	876.23	0.00
16 To fulfil my curiosity	4.84	1.76	4.28	2.05	4.31	755.76	0.00
17 To experience something new and exciting	5.48	1.61	4.65	2.02	6.58	720.19	0.00
18 To gain more confidence about myself	4.98	1.69	4.63	1.76	3.06	810.15	0.00
19 To treat my body well in order to improve my appearance	5.14	1.66	2.94	1.88	18.13	770.63	0.00
20 To increase my self-esteem	4.59	1.77	3.76	1.96	6.53	783.00	0.00

#### Appendix 4.4 Comparison of Lifestyle Congruence between Muay Thai and Meditation Tourists

Lifestyle Congruence		Muay Thai n=500		Meditation n=385		t	df	P-value
		Mean	SD	Mean	SD			
<b>Wellness related activities</b>								
1	I follow a planned exercise program.	4.89	1.65	4.12	1.91	6.31	758.10	0.00
2	I exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber.)	5.82	1.58	4.79	2.00	8.31	715.82	0.00
3	I take some time for relaxation each day.	4.60	1.63	4.38	1.76	1.91	793.09	0.06
4	I pace myself to prevent tiredness.	4.33	1.47	3.88	1.47	4.47	883.00	0.00
5	I consider myself to have a nutritional balanced diet from vegetable fruits, meat, poultry, fish, dried beans, eggs, and nuts group each day.	4.76	1.46	4.64	1.62	1.19	778.13	0.24
6	I take a dietary supplement regularly (e.g. Vitamins).	4.27	2.03	3.01	2.14	8.97	883.00	0.00
<b>Wellness related opinions</b>								
7	I have a very high quality of life.	5.43	1.32	5.14	1.38	3.19	883.00	0.00
8	Although I have my ups and downs, in general, I feel good about my life.	5.46	1.23	5.49	1.32	-0.35	883.00	0.72
9	I lead a meaningful and fulfilling life.	5.10	1.28	4.78	1.35	3.59	883.00	0.00
10	I am engaged and interested in my daily activities.	5.20	1.25	4.97	1.33	2.56	883.00	0.01
11	My social relationships are supportive and rewarding.	5.29	1.40	5.13	1.47	1.68	883.00	0.09
12	In general, I consider myself a happy person.	5.46	1.34	5.25	1.38	2.29	883.00	0.02
13	Compared to most of my peers, I consider myself a happy person.	5.33	1.28	5.31	1.37	0.27	883.00	0.79
14	In most ways my life is close to my ideal.	4.73	1.33	4.50	1.43	2.42	794.19	0.02
15	I am satisfied with my life.	5.19	1.31	5.03	1.37	1.80	883.00	0.07

**Appendix 4.5 Comparison of Wellness Self-Image Congruence between Muay Thai and Meditation Tourists**

Wellness Self-Image Congruence	Muay Thai n=500		Meditation n=385		t	df	P-value
	Mean	SD	Mean	SD			
1 This wellness related holiday is consistent with how I see myself.	5.25	1.34	5.17	1.49	0.89	883.00	0.37
2 This wellness related holiday is consistent with how I like to see myself.	5.61	1.24	5.34	1.38	3.05	778.07	0.00
3 This wellness related holiday is consistent with how I believe others see me.	5.09	1.35	4.49	1.59	5.99	749.38	0.00
4 This wellness related holiday is consistent with how I would like others to see me.	5.24	1.30	4.73	1.51	5.33	756.22	0.00

**Appendix 4.6 Comparison of Positive Emotions between Muay Thai and Meditation Tourists**

Positive Emotions	Muay Thai n=500		Meditation n=385		t	df	P-value
	Mean	SD	Mean	SD			
1 I felt good.	5.99	1.11	5.46	1.28	6.48	758.41	0.00
2 I felt positive.	5.81	1.19	5.50	1.24	3.73	883.00	0.00
3 I felt pleasant.	5.46	1.30	5.19	1.34	2.98	883.00	0.00
4 I felt a sense of joy.	5.61	1.30	5.34	1.39	3.04	883.00	0.00
5 I felt happy.	5.86	1.20	5.53	1.28	4.00	800.57	0.00
6 I felt contented.	5.57	1.32	5.20	1.30	4.13	883.00	0.00



**Appendix 4.7 Comparison of Satisfaction during the Trip of Life between Muay Thai and Meditation Tourists**

Satisfaction during the Trip	Muay Thai n=500		Meditation n=385		t	df	P-value
	Mean	SD	Mean	SD			
<b>Satisfaction with services</b>							
1 Tourist services at the vacation site (e.g. activities, attractions, restaurants, hotels) were of high quality.	5.16	1.28	4.87	1.52	3.04	748.41	0.00
2 Tourist services provided at the vacation site were problem-free.	4.97	1.47	5.46	1.38	-5.06	883.00	0.00
3 The cost of tourist services at the vacation site was reasonable and well worth it.	5.34	1.33	6.10	1.26	-8.64	846.40	0.00
<b>Satisfaction with trip experiences</b>							
4 I am happy about my decision to choose this wellness vacation.	5.90	1.22	6.23	1.07	-4.27	867.14	0.00
5 I believe I did the right thing when I chose this wellness vacation.	6.14	0.95	6.43	0.81	-4.86	875.15	0.00
6 Overall, my experiences on this vacation exceeded expectations.	5.31	1.28	5.11	1.40	2.15	883.00	0.03
7 Overall, I am satisfied with my experience on this wellness vacation.	5.77	1.19	6.02	1.11	-3.27	850.61	0.00
8 I have enjoyed myself on this wellness vacation.	5.89	1.12	5.73	1.27	1.90	772.16	0.06

#### Appendix 4.8 Comparison of Incremental Quality of Life between Muay Thai and Meditation Tourists

Incremental Quality of Life		Muay Thai n=500		Meditation n=385		t	df	P-value
		Mean	SD	Mean	SD			
<b>Hedonic Incremental of Life</b>								
1	This vacation was rewarding to me in many ways.	5.74	1.31	5.88	1.23	-1.57	883.00	0.12
2	I feel much better about things and myself after this vacation.	5.48	1.28	5.36	1.40	1.24	883.00	0.22
3	This vacation made me feel that in most ways my life is close to my ideal.	5.23	1.34	4.64	1.58	5.94	749.71	0.00
4	Taking this vacation made me realise that the conditions of my life are excellent.	5.25	1.45	5.14	1.43	1.15	883.00	0.25
5	On this trip, I felt more satisfied with life.	5.65	1.33	5.68	1.32	-0.37	883.00	0.71
<b>Eudaimonic Incremental of Life</b>								
6	This trip encouraged me to lead a purposeful and meaningful life.	5.22	1.49	5.66	1.30	-4.73	869.70	0.00
7	On this trip, I have realised that I actively contribute to the happiness and well-being of others more than before.	4.89	1.56	5.00	1.57	-0.98	883.00	0.33
8	This trip made me realised that I live a good life.	5.42	1.40	5.29	1.48	1.31	883.00	0.19
9	This trip encouraged me to be more optimistic about my future.	5.40	1.36	5.39	1.41	0.16	883.00	0.88
10	This trip made me change my perception of life.	5.12	1.53	5.32	1.41	-1.99	883.00	0.05
11	The experience from this trip encouraged me to understand myself better.	5.02	1.59	5.84	1.23	-8.63	882.97	0.00
12	On this trip, I felt free from the pressures of life.	5.42	1.53	5.00	1.61	3.96	883.00	0.00

#### Appendix 4.9 Comparison of Behavioural Intentions between Muay Thai and Meditation Tourists

Behavioural Intentions	Muay Thai n=500		Meditation n=385		t	df	P-value
	Mean	SD	Mean	SD			
1 I will recommend this wellness vacation to other people (e.g. friends and relatives).	5.96	1.25	6.22	1.04	-3.29	877.41	0.00
2 I will say positive things about this wellness vacation to other people (e.g. friends and relatives).	6.14	0.96	6.43	0.80	-5.00	877.58	0.00
3 If I had to decide again, I will choose this wellness vacation again.	5.66	1.37	5.62	1.25	0.49	883.00	0.63
4 I will revisit this wellness destination in the near future.	5.49	1.48	5.27	1.23	2.46	878.25	0.01

## Appendix 5.1 Comparison of the Perception of Thailand by Gender

Perceptions of Thailand	Male n=534		Female n=348		t	df	P- value
	Mean	SD	Mean	SD			
1 Thai people are friendly.	5.51	1.47	5.45	1.65	0.60	679.38	0.55
2 Thailand is safe and secure for traveling.	5.24	1.45	5.22	1.56	0.11	880.00	0.91
3 Thailand has many good quality of accommodations and restaurants.	4.26	1.67	3.72	1.81	4.46	698.34	0.00
4 Thailand has a good level of hygiene and cleanliness.	3.90	1.63	3.53	1.67	3.26	880.00	0.00
5 Thailand is a well-publicized tourist destination.	4.33	1.81	4.12	2.07	1.57	669.28	0.12
6 Thailand is a famous wellness tourist destination.	5.06	1.75	4.77	1.91	2.33	696.62	0.02
7 Thailand is famous for the Muay Thai martial art.	4.83	2.31	3.90	2.47	5.64	706.31	0.00
8 Thailand is an inexpensive destination (e.g. for travelling and shopping).	5.15	1.57	5.10	1.69	0.48	880.00	0.63
9 Thailand is a famous destination to visit religious and spiritual sites (e.g. Buddhist temples).	3.82	1.80	3.56	1.95	1.98	700.87	0.05
10 Thailand has pleasant weather and climate.	5.46	1.43	5.47	1.55	-0.12	880.00	0.91
11 Thailand offers diverse Thai cultures Thai cuisines and ancient traditions.	4.84	1.69	4.92	1.73	-0.61	880.00	0.54
12 Thailand is a destination full of natural scenery and landscape.	5.23	1.57	5.30	1.58	-0.67	880.00	0.50
13 Thailand is a famous for Thai spa and traditional massage services.	3.80	1.78	3.86	2.00	-0.45	682.05	0.65

**Appendix 5.2 Comparison of the Benefits from This Wellness Trip by Gender**

<b>Benefits from This Wellness Trip</b>		<b>Male</b>		<b>Female</b>		<b>t</b>	<b>df</b>	<b>P-value</b>
		<b>n=534</b>		<b>n=348</b>				
		<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>			
1	This trip helped me to rejuvenate.	5.21	1.47	5.30	1.60	-0.90	694.23	0.37
2	This trip helped me to improve my mental health.	5.32	1.53	5.55	1.49	-2.23	880.00	0.03
3	The experience from this trip made me feel good about myself.	5.33	1.36	5.61	1.37	-2.93	880.00	0.00
4	On this trip, I was able to improve my shape and my physical look	4.99	1.74	4.55	1.96	3.42	676.47	0.00
5	On this trip, I established friendships with one or more new people	5.14	1.75	5.09	1.82	0.44	880.00	0.66
6	The overall experience was enriching	6.05	0.94	6.29	0.90	-3.74	880.00	0.00

### Appendix 5.3 Comparison of Motivations by Gender

Motivations	Male n=534		Female n=348		t	df	P-value
	Mean	SD	Mean	SD			
1 To improve my physical fitness	5.26	1.90	4.86	2.12	2.85	683.01	0.00
2 To improve my health	5.40	1.64	5.42	1.62	-0.14	880.00	0.89
3 To control my weight	3.56	2.20	3.38	2.24	1.17	880.00	0.24
4 To be at peace with myself	5.00	1.74	5.46	1.68	-3.95	880.00	0.00
5 To give me time and space for reflection	5.03	1.67	5.57	1.62	-4.76	880.00	0.00
6 To contemplate what is important to me	5.00	1.64	5.40	1.62	-3.54	880.00	0.00
7 To escape the demands of everyday life	4.33	1.81	4.35	1.91	-0.13	880.00	0.90
8 To get away from everything	5.06	1.51	5.13	1.53	-0.67	880.00	0.51
9 To be refreshed	5.10	1.58	5.28	1.64	-1.60	880.00	0.11
10 To reduce my stress levels and let go my worries	4.68	1.77	5.13	1.73	-3.68	880.00	0.00
11 To be pampered	3.01	1.86	3.03	1.94	-0.22	880.00	0.83
12 To relax	4.73	1.77	4.93	1.80	-1.64	880.00	0.10
13 To catch up with my lifestyle	4.64	1.74	4.53	1.79	0.92	880.00	0.36
14 To spend time with family members	2.38	1.95	2.23	1.96	1.13	880.00	0.26
15 To be with friends	3.27	2.08	2.98	2.18	1.93	880.00	0.05
16 To fulfil my curiosity	4.66	1.83	4.51	2.02	1.12	689.15	0.26
17 To experience something new and exciting	5.14	1.75	5.07	1.98	0.58	676.20	0.56
18 To gain more confidence about myself	4.78	1.69	4.93	1.77	-1.27	880.00	0.21
19 To treat my body well in order to improve my appearance	4.29	2.00	4.01	2.16	1.92	700.38	0.06
20 To increase my self-esteem	4.21	1.87	4.26	1.95	-0.35	880.00	0.73

#### Appendix 5.4 Comparison of Lifestyle Congruence by Gender

	Male n=534		Female n=348		t	df	P-value
	Mean	SD	Mean	SD			
<b>Wellness related activities</b>							
1 I follow a planned exercise program	4.68	1.78	4.36	1.84	2.55	880.00	0.01
2 I exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber)	5.50	1.76	5.18	1.96	2.54	684.07	0.01
3 I take some time for relaxation each day	4.73	1.62	4.16	1.73	4.97	880.00	0.00
4 I pace myself to prevent tiredness	4.28	1.50	3.90	1.45	3.65	880.00	0.00
5 I consider myself to have a nutritional balanced diet from vegeAppendix4. fruits, meat, poultry, fish, dried beans, eggs, and nuts group each day	4.65	1.53	4.80	1.54	-1.36	880.00	0.17
6 I take a dietary supplement regularly (e.g. Vitamins)	3.83	2.14	3.57	2.22	1.76	880.00	0.08
<b>Wellness related opinions</b>							
7 I have a very high quality of life	5.36	1.29	5.21	1.45	1.58	880.00	0.11
8 Although I have my ups and downs, in general, I feel good about my life	5.48	1.24	5.45	1.33	0.31	880.00	0.76
9 I lead a meaningful and fulfilling life	4.98	1.29	4.92	1.36	0.73	880.00	0.46
10 I am engaged and interested in my daily activities	5.06	1.28	5.15	1.32	-1.03	880.00	0.30
11 My social relationships are supportive and rewarding	5.15	1.39	5.34	1.49	-1.89	880.00	0.06
12 In general, I consider myself a happy person	5.37	1.30	5.37	1.45	-0.01	683.45	0.99
13 Compared to most of my peers, I consider myself a happy person	5.32	1.28	5.33	1.37	-0.18	880.00	0.86
14 In most ways my life is close to my ideal.	4.59	1.38	4.68	1.38	-0.92	880.00	0.36
15 I am satisfied with my life	5.11	1.31	5.14	1.38	-0.32	880.00	0.75

### Appendix 5.5 Comparison of Wellness Self-Image Congruence by Gender

Wellness Self-Image Congruence		Male n=534		Female n=348		t	df	P-value
		Mean	SD	Mean	SD			
1	This wellness related holiday is consistent with how I see myself	5.16	1.40	5.29	1.41	-1.31	880.00	0.19
2	This wellness related holiday is consistent with how I like to see myself	5.43	1.30	5.59	1.33	-1.71	730.14	0.09
3	This wellness related holiday is consistent with how I believe others see me	4.79	1.44	4.90	1.55	-1.08	880.00	0.28
4	This wellness related holiday is consistent with how I would like others to see me	4.90	1.41	5.19	1.41	-3.00	880.00	0.00



### Appendix 5.6 Comparison of Positive Emotions by Gender

	Positive Emotions	Male n=534		Female n=348		t	df	P-value
		Mean	SD	Mean	SD			
1	I felt good	5.76	1.18	5.76	1.27	-0.04	880.00	0.97
2	I felt positive	5.62	1.23	5.76	1.21	-1.61	880.00	0.11
3	I felt pleasant	5.32	1.33	5.39	1.32	-0.76	880.00	0.45
4	I felt a sense of joy	5.43	1.30	5.58	1.41	-1.64	880.00	0.10
5	I felt happy	5.67	1.24	5.80	1.25	-1.62	880.00	0.11
6	I felt contented	5.40	1.28	5.43	1.38	-0.35	880.00	0.72

## Appendix 5.7 Comparison of Satisfaction during the Trip of Life by Gender

Satisfaction during the Trip		Male n=534		Female n=348		t	df	P-value
		Mean	SD	Mean	SD			
<b>Satisfaction with services</b>								
1	Tourist services at the vacation site (e.g. activities, attractions, restaurants, hotels) were of high quality.	5.02	1.33	5.06	1.50	-0.38	677.40	0.70
2	Tourist services provided at the vacation site were problem-free.	5.12	1.42	5.28	1.49	-1.68	880.00	0.09
3	The cost of tourist services at the vacation site was reasonable and well worth it.	5.57	1.35	5.84	1.35	-2.95	880.00	0.00
<b>Satisfaction with trip experiences</b>								
4	I am happy about my decision to choose this wellness vacation.	5.92	1.17	6.22	1.14	-3.79	880.00	0.00
5	I believe I did the right thing when I chose this wellness vacation.	6.19	0.92	6.39	0.86	-3.36	880.00	0.00
6	Overall, my experiences on this vacation exceeded expectations.	5.11	1.33	5.40	1.34	-3.24	880.00	0.00
7	Overall, I am satisfied with my experience on this wellness vacation.	5.79	1.17	6.01	1.15	-2.71	880.00	0.01
8	I have enjoyed myself on this wellness vacation.	5.77	1.18	5.91	1.21	-1.77	880.00	0.08

## Appendix 5.8 Comparison of Incremental Quality of Life by Gender

Incremental Quality of Life		Male n=534		Female n=348		t	df	P-value
		Mean	SD	Mean	SD			
<b>Hedonic Incremental of Life</b>								
1	This vacation was rewarding to me in many ways.	5.71	1.27	5.95	1.27	-2.81	880.00	0.01
2	I feel much better about things and myself after this vacation.	5.32	1.36	5.60	1.29	-3.09	880.00	0.00
3	This vacation made me feel that in most ways my life is close to my ideal.	4.97	1.40	4.99	1.60	-0.18	880.00	0.85
4	Taking this vacation made me realise that the conditions of my life are excellent.	5.14	1.45	5.31	1.42	-1.79	880.00	0.07
5	On this trip, I felt more satisfied with life.	5.54	1.30	5.85	1.35	-3.44	880.00	0.00
<b>Eudaimonic Incremental of Life</b>								
6	This trip encouraged me to lead a purposeful and meaningful life.	5.31	1.43	5.57	1.39	-2.61	880.00	0.01
7	On this trip, I have realised that I actively contribute to the happiness and well-being of others more than before.	4.83	1.56	5.11	1.55	-2.70	880.00	0.01
8	This trip made me realised that I live a good life.	5.30	1.42	5.47	1.45	-1.70	880.00	0.09
9	This trip encouraged me to be more optimistic about my future.	5.32	1.43	5.52	1.31	-2.06	880.00	0.04
10	This trip made me change my perception of life.	5.10	1.47	5.37	1.48	-2.64	880.00	0.01
11	The experience from this trip encouraged me to understand myself better.	5.29	1.48	5.52	1.51	-2.25	880.00	0.02
12	On this trip, I felt free from the pressures of life.	5.23	1.50	5.26	1.69	-0.32	678.66	0.75

## Appendix 5.9 Comparison of Behavioural Intentions by Gender

Behavioural Intentions	Male n=534		Female n=348		t	df	P-value
	Mean	SD	Mean	SD			
1 I will recommend this wellness vacation to other people (e.g. friends and relatives).	6.02	1.15	6.14	1.20	-1.44	880.00	0.15
2 I will say positive things about this wellness vacation to other people (e.g. friends and relatives).	6.20	0.91	6.36	0.90	-2.65	880.00	0.01
3 If I had to decide again, I will choose this wellness vacation again.	5.57	1.31	5.76	1.32	-2.10	880.00	0.04
4 I will revisit this wellness destination in the near future.	5.28	1.40	5.56	1.35	-2.89	880.00	0.00

## Appendix 6.1 Comparison of the Perception of Thailand by Age Group

Age Group		16-24	25-34	35-44	Over 45	Total	ANOVA	
		n=243	n=425	n=126	n=89	n=883	F	P-value
Perception of Thailand		Mean	Mean	Mean	Mean	Mean		
1	Thai people are friendly.	5.55	5.46	5.58	5.28	5.49	0.84	0.472
2	Thailand is safe and secure for traveling.	5.07	5.23	5.48	5.28	5.23	2.136	0.094
3	Thailand has many good quality of accommodations and restaurants.	4.07	4.02	4.04	4.13	4.05	0.123	0.947
4	Thailand has a good level of hygiene and cleanliness.	3.64	3.69	3.9	4.16	3.75	2.654	0.047
5	Thailand is a well-publicized tourist destination.	4.36	4.37	4.08	3.65	4.25	4.038	0.007
6	Thailand is a famous wellness tourist destination.	4.98	5	4.9	4.71	4.95	0.691	0.557
7	Thailand is famous for the Muay Thai martial art.	4.97	4.6	3.9	3.26	4.47	14.373	0.000
8	Thailand is an inexpensive destination ( e. g. for travelling and shopping).	5.4	5.17	4.75	4.74	5.13	6.552	0.000
9	Thailand is a famous destination to visit religious and spiritual sites (e.g. Buddhist temples).	3.85	3.67	3.75	3.55	3.72	0.749	0.523
10	Thailand has pleasant weather and climate.	5.28	5.62	5.51	5.09	5.46	4.691	0.003
11	Thailand offers diverse Thai cultures Thai cuisines and ancient traditions.	4.98	4.84	4.87	4.72	4.87	0.628	0.597
12	Thailand is a destination full of natural scenery and landscape.	5.26	5.26	5.29	5.2	5.26	0.06	0.981
13	Thailand is the famous for Thai spa and traditional massage services.	3.71	3.82	4	3.97	3.83	0.882	0.450

**Appendix 6.2 Comparison of the Benefits from This Wellness Trip by Age Group**

<b>Age Group</b>		<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>Over 45</b>	<b>Total</b>	<b>ANOVA</b>	
		<b>n=243</b>	<b>n=425</b>	<b>n=126</b>	<b>n=89</b>	<b>n=883</b>	<b>F</b>	<b>P-value</b>
<b>Benefits from This Wellness Trip</b>		<b>Mean</b>	<b>Mean</b>	<b>Mean</b>	<b>Mean</b>	<b>Mean</b>		
1	This trip helped me to rejuvenate.	5.27	5.30	5.20	4.96	5.24	1.341	0.260
2	This trip helped me to improve my mental health.	5.33	5.45	5.47	5.31	5.41	0.556	0.644
3	The experience from this trip made me feel good about myself.	5.46	5.46	5.42	5.28	5.44	0.469	0.704
4	On this trip, I was able to improve my shape and my physical look.	4.87	4.96	4.63	4.29	4.82	3.825	0.010
5	On this trip, I established friendships with one or more new people.	5.37	5.29	4.66	4.25	5.12	13.435	0.000
6	The overall experience was enriching.	6.18	6.15	6.08	6.08	6.14	0.486	0.692

### Appendix 6.3 Comparison of Motivations by Age Group

Age Group	16-24 n=243	25-34 n=425	35-44 n=126	Over 45 n=89	Total n=883	ANOVA	
						F	P-value
Motivations	Mean	Mean	Mean	Mean	Mean		
1 To improve my physical fitness	5.31	5.12	5.02	4.65	5.11	2.502	0.058
2 To improve my health	5.30	5.47	5.46	5.34	5.41	0.663	0.575
3 To control my weight	3.36	3.66	3.43	3.17	3.49	1.764	0.153
4 To be at peace with myself	5.03	5.19	5.43	5.16	5.18	1.490	0.216
5 To give me time and space for reflection	4.91	5.28	5.56	5.46	5.23	5.282	0.001
6 To contemplate what is important to me	4.96	5.20	5.20	5.33	5.15	1.577	0.193
7 To escape the demands of everyday life	4.42	4.42	4.15	3.95	4.34	2.176	0.089
8 To get away from everything	5.14	5.15	4.96	4.71	5.08	2.547	0.055
9 To be refreshed	5.06	5.21	5.28	5.17	5.17	0.659	0.578
10 To reduce my stress levels and let go my worries	4.59	4.95	5.04	4.82	4.85	2.683	0.500
11 To be pampered	2.85	3.10	3.20	2.75	3.01	1.933	0.123
12 To relax	4.65	4.92	4.72	4.70	4.80	1.407	0.239
13 To catch up with my lifestyle	4.58	4.62	4.56	4.55	4.59	0.059	0.981
14 To spend time with family members	2.01	2.45	2.33	2.53	2.32	3.001	0.030
15 To be with friends	3.30	3.15	3.07	2.89	3.15	0.941	0.420
16 To fulfill my curiosity	4.75	4.73	4.28	4.02	4.60	5.083	0.002
17 To experience something new and exciting	5.43	5.22	4.70	4.35	5.12	10.373	0.000
18 To gain more confidence about myself	4.87	4.94	4.64	4.42	4.82	2.823	0.038
19 To treat my body well in order to improve my appearance	4.28	4.28	4.05	3.67	4.18	2.451	0.062
20 To increase my self-esteem	4.46	4.27	4.07	3.62	4.23	4.634	0.003

## Appendix 6.4 Comparison of Lifestyle Congruence by Age Group

Age Group	16-24 n=243	25-34 n=425	35-44 n=126	Over 45 n=89	Total n=883	ANOVA	
Lifestyle Congruence	Mean	Mean	Mean	Mean	Mean	F	P-value
<b>Wellness related activities</b>							
1 I follow a planned exercise program.	4.5	4.61	4.44	4.57	4.55	0.382	0.766
2 I exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber).	5.5	5.47	5.03	5.05	5.38	3.191	0.023
3 I take some time for relaxation each day.	4.58	4.45	4.31	4.84	4.50	2.058	0.104
4 I pace myself to prevent tiredness.	4.05	4.24	3.97	4.04	4.13	1.541	0.202
5 I consider myself to have a nutritional balance diet from vegetable fruits, meat, poultry, fish, dried beans, eggs, and nuts group each day.	4.79	4.69	4.75	4.51	4.71	0.743	0.527
6 I take a dietary supplement regularly (e.g. Vitamins).	3.87	3.65	3.59	3.82	3.72	0.747	0.525
<b>Wellness related opinions</b>							
7 I have a very high quality of life.	5.51	5.25	5.18	5.11	5.30	3.125	0.025
8 Although I have my ups and downs, in general, I feel good about my life.	5.63	5.47	5.28	5.30	5.47	2.857	0.036
9 I lead a meaningful and fulfilling life.	5.1	4.95	4.71	4.97	4.96	2.386	0.068
10 I am engaged and interested in my daily activities.	5.21	5.06	5.09	4.98	5.10	0.924	0.429
11 My social relationships are supportive and rewarding.	5.34	5.31	4.97	4.87	5.22	4.292	0.005
12 In general, I consider myself a happy person.	5.53	5.38	5.28	5.02	5.37	3.206	0.023
13 Compared to most of my peers, I consider myself a happy person.	5.44	5.35	5.14	5.13	5.32	2.089	0.100
14 In most ways my life is close to my ideal.	4.71	4.68	4.39	4.44	4.63	2.397	0.067
15 I am satisfied with my life.	5.33	5.17	4.83	4.73	5.12	6.808	0.000



**Appendix 6.5 Comparison of Wellness Self-Image Congruence by Age Group**

<b>Age Group</b>		<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>Over 45</b>	<b>Total</b>	<b>ANOVA</b>	
		<b>n=243</b>	<b>n=425</b>	<b>n=126</b>	<b>n=89</b>	<b>n=883</b>	<b>F</b>	<b>P-value</b>
<b>Wellness Self-Image Congruence</b>		<b>Mean</b>	<b>Mean</b>	<b>Mean</b>	<b>Mean</b>	<b>Mean</b>		
1	This wellness related holiday is consistent with how I see myself	5.14	5.21	5.38	5.20	5.21	0.826	0.480
2	This wellness related holiday is consistent with how I like to see myself	5.49	5.50	5.52	5.41	5.49	0.139	0.936
3	This wellness related holiday is consistent with how I believe others see me	4.91	4.80	4.84	4.76	4.83	0.385	0.764
4	This wellness related holiday is consistent with how I would like others to see me	5.16	5.01	4.95	4.75	5.02	2.046	0.106

**Appendix 6.6 Comparison of Positive Emotions by Age Group**

<b>Age Group</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>Over 45</b>	<b>Total</b>	<b>ANOVA</b>	
	<b>n=243</b>	<b>n=425</b>	<b>n=126</b>	<b>n=89</b>	<b>n=883</b>	<b>F</b>	<b>P-value</b>
<b>Positive Emotions</b>	<b>Mean</b>	<b>Mean</b>	<b>Mean</b>	<b>Mean</b>	<b>Mean</b>		
1 I felt good.	5.79	5.77	5.77	5.57	5.76	0.790	0.500
2 I felt positive.	5.73	5.65	5.65	5.71	5.67	0.247	0.863
3 I felt pleasant.	5.27	5.31	5.38	5.61	5.34	1.511	0.210
4 I felt a sense of joy.	5.45	5.48	5.58	5.47	5.49	0.255	0.858
5 I felt happy.	5.71	5.71	5.78	5.67	5.72	0.141	0.935
6 I felt contented.	5.35	5.42	5.44	5.45	5.41	0.215	0.886

## Appendix 6.7 Comparison of Satisfaction during the Trip of Life by Age Group

Age Group	16-24 n=243	25-34 n=425	35-44 n=126	Over 45 n=89	Total n=883	ANOVA	
Satisfaction during the Trip	Mean	Mean	Mean	Mean	Mean	F	P-value
<b>Satisfaction with services</b>							
1 Tourist services at the vacation site (e.g. activities, attractions, restaurants, hotels) were of high quality.	5.15	5.05	4.97	4.77	5.04	1.751	0.155
2 Tourist services provided at the vacation site were problem-free.	5.24	5.17	5.24	5.02	5.19	0.546	0.651
3 The cost of tourist services at the vacation site was reasonable and well worth it.	5.66	5.68	5.65	5.71	5.67	0.048	0.986
<b>Satisfaction with trip experiences</b>							
4 I am happy about my decision to choose this wellness vacation.	6.05	6.10	5.93	5.87	6.04	1.430	0.233
5 I believe I did the right thing when I chose this wellness vacation.	6.28	6.28	6.22	6.21	6.27	0.293	0.831
6 Overall, my experiences on this vacation exceeded expectations.	5.40	5.33	4.96	4.61	5.22	10.510	0.000
7 Overall, I am satisfied with my experience on this wellness vacation.	5.93	5.91	5.79	5.71	5.88	1.147	0.329
8 I have enjoyed myself on this wellness vacation.	5.82	5.87	5.72	5.78	5.82	0.567	0.637

## Appendix 6.8 Comparison of Incremental Quality of Life by Age Group

Age Group	16-24	25-34	35-44	Over 45	Total	ANOVA		
	n=243 Mean	n=425 Mean	n=126 Mean	n=89 Mean	n=883 Mean	F	P-value	
<b>Hedonic Incremental of Life</b>								
1	This vacation was rewarding to me in many ways.	5.85	5.76	5.95	5.64	5.80	1.307	0.271
2	I feel much better about things and myself after this vacation.	5.37	5.50	5.32	5.35	5.43	0.944	0.419
3	This vacation made me feel that in most ways my life is close to my ideal.	4.96	5.08	4.85	4.69	4.97	2.113	0.097
4	Taking this vacation made me realise that the conditions of my life are excellent.	5.45	5.22	4.90	4.80	5.20	6.702	0.000
5	On this trip, I felt more satisfied with life.	5.66	5.64	5.80	5.54	5.66	0.754	0.520
<b>Eudaimonic Incremental of Life</b>								
6	This trip encouraged me to lead a purposeful and meaningful life.	5.37	5.49	5.38	5.23	5.41	0.956	0.413
7	On this trip, I have realised that I actively contribute to the happiness and well-being of others more than before.	4.94	5.04	4.67	4.79	4.94	2.182	0.089
8	This trip make me realised that I live a good life.	5.51	5.41	5.17	5.01	5.36	3.580	0.014
9	This trip encouraged me to be more optimistic about my future.	5.54	5.50	5.06	4.95	5.39	7.250	0.000
10	This trip made me change my perception of life.	5.34	5.21	5.06	4.96	5.20	1.976	0.116
11	The experience from this trip encouraged me to understand myself better.	5.33	5.47	5.17	5.29	5.37	1.524	0.207
12	On this trip, I felt free from the pressures of life.	5.22	5.30	5.05	5.20	5.23	0.860	0.462

## Appendix 6.9 Comparison of Behavioural Intentions by Age Group

Age Group	16-24	25-34	35-44	Over 45	Total	ANOVA	
	n=243	n=425	n=126	n=89	n=883	F	P-value
Behavioural Intentions	Mean	Mean	Mean	Mean	Mean		
1 I will recommend this wellness vacation to other people (e.g. friends and relatives).	6.10	6.12	5.91	5.95	6.07	1.427	0.234
2 I will say positive things about this wellness vacation to other people (e.g. friends and relatives).	6.27	6.30	6.12	6.30	6.27	1.270	0.283
3 If I had to decide again, I will choose this wellness vacation again.	5.59	5.73	5.55	5.45	5.64	1.557	0.198
4 I will revisit this wellness destination in the near future.	5.22	5.53	5.32	5.31	5.39	2.885	0.035

## Appendix 7 Glossary of Terms

**Absolute fit indices** Measure of overall goodness-of-fit for both the structural and measurement models. This type of measure does not make any comparison to a specified null model (incremental fit measure) or adjust for the number of parameters in the estimated model (parsimonious fit measure).

**Average variance extracted (AVE)** A summary measure of convergence among a set of items representing a latent construct. It is the average percentage of variation explained (variance extracted) among the items of a construct.

**Causation** Principle by which cause and effect are established between two variables. It requires a sufficient degree of association (covariance) between the two variables, that one variable occurs before the other (i.e., that one variable is clearly the outcome of the other), and that no other reasonable causes for the outcome are present. Although in its strictest terms causation is rarely found, in practice, strong theoretical support can make empirical estimation of causation possible.

**Chi-square ( $\chi^2$ ) difference statistic ( $\Delta\chi^2$ )** Competing, nested SEM models can be compared using this statistic, which is the simple difference between each model's  $X^2$  statistic. It has degrees of freedom equal to the difference in the models' degrees of freedom.

**Chi-square ( $\chi^2$ )** Statistical measure of difference used to compare the observed and estimated covariance matrices. It is the only measure that has a direct statistical test as to its significance, and it forms the basis for many other goodness-of-fit measures.

**Confirmatory analysis** Use of a multivariate technique to test (confirm) a prespecified relationship. For example, suppose we hypothesize that only two variables should be predictors of a dependent variable. If we empirically test for the significance of these two predictors and the non-significance of all others, this test is a confirmatory analysis. It is the opposite of exploratory analysis.

**Confirmatory modeling strategy** Strategy that statistically assesses a single model for its fit to the observed data. This approach is actually less rigorous than the competing models strategy because it does not consider alternative models that might fit better or equally well than the proposed model.

**Construct reliability (CR)** Measure of reliability and internal consistency of the measured variables representing a latent construct. Must be established before construct validity can be assessed.

**Construct** Unobservable or latent concept that the researcher can define in conceptual terms but cannot be directly measured (e.g., the respondent cannot articulate a single response that will totally and perfectly provide a measure of the concept) or measured without error (see measurement error). A construct can be defined in varying degrees of specificity, ranging from quite narrow concepts to more complex or abstract concepts, such as intelligence or emotions. No matter what its level of specificity, however, a construct cannot be measured directly and perfectly but must be approximately measured by multiple indicators.

**Construct validity** Extent to which a set of measured variables actually represents the theoretical latent construct those variables are designed to measure.

**Convergent validity** Extent to which indicators of a specific construct converge or share a high proportion of variance in common.

**Degrees of freedom (df)** The number of bits of information available to estimate the sampling distribution of the data after all model parameters have been estimated. In SEM models, degrees of freedom are the number of non-redundant covariances/correlations (moments) in the input matrix minus the number of estimated coefficients. The researcher attempts to maximize the degrees of freedom available while still obtaining the best-fitting model. Each estimated coefficient "uses up" a degree of freedom. A model can never estimate more coefficients than the number of nonredundant correlations or covariances, meaning that zero is the lower bound for the degrees of freedom for any model.

**Dependence relationship** A regression type of relationship represented by a one-headed arrow flowing from an independent variable or construct to a dependent variable or construct. Typical dependence relationships in SEM connect constructs to measured variables and predictor (exogenous) constructs to outcome (endogenous) constructs.

**Discriminant validity** Extent to which a construct is truly distinct from other constructs both in terms of how much it correlates with other constructs and how distinctly measured variables represent only this single construct.

**Endogenous constructs** Latent, multi-item equivalent to dependent variables. An endogenous construct is represented by a variate of dependent variables. In terms of a path diagram, one or more arrows lead into the endogenous construct.

**Exogenous constructs** Latent, multi-item equivalent of independent variables. They are constructs determined by factors outside of the model.

**Exploratory analysis** Analysis defining possible relationships in only the most general form and then allowing the multivariate technique to reveal relationship(s). The opposite of confirmatory analysis, the researcher is not looking to confirm any relationships specified prior to the analysis, but instead lets the method and the data define the nature of the relationships. An example is stepwise multiple regression, in which the method adds predictor variables until some criterion is met.

**Face validity** Extent to which the content of the items is consistent with the construct definition, based solely on the researcher's judgment.

**Goodness-of-fit (GOF)** Measure indicating how well a specified model reproduces the covariance matrix among the indicator variables.

**Imputation** Process of estimating the missing data of an observation based on valid values of the other variables. The objective is to employ known relationships that can be identified in the valid values of the sample to assist in representing or even estimating the replacements for missing values. See also all-available, complete case, and model-based approaches for missing data.

**Incremental fit indices** Group of goodness-of-fit indices that assesses how well a specified model fits relative to some alternative baseline model. Most commonly, the baseline model is a null model specifying that all measured variables are unrelated to each other. Complements the other two types of goodness-of-fit measures, the absolute fit and parsimonious fit measures.

**Indicator** Observed value (also called a measured or manifest variable) used as a measure of a latent construct that cannot be measured directly. The researcher must specify which indicators are associated with each latent construct

**Latent construct** Operationalization of a construct in structural equation modeling. A latent construct cannot be measured directly but can be represented or measured by one or more variables (indicators). In combination, the answers to these questions



give a reasonably accurate measure of the latent construct (attitude) for an individual.

**Measured variable** Observed (measured) value for a specific item or question, obtained either from respondents in response to questions (as in a questionnaire) or from some type of observation. Measured variables are used as the indicators of latent constructs. Same as manifest variable.

**Measurement error** Degree to which the variables we can measure do not perfectly describe the latent construct(s) of interest Sources of measurement error can range from simple data entry errors to definition of constructs (e.g., abstract concepts such as patriotism or loyalty that mean many things to different people) that are not perfectly defined by any set of measured variables. For all practical purposes, all constructs have some measurement error, even with the best indicator variables. However, the researcher's objective is to minimize the amount of measurement error. SEM can take measurement error into account in order to provide more accurate estimates of the relationships between constructs.

**Measurement model** Specification of the measurement theory that shows how constructs are operationalized by sets of measured variables. The specification is similar to an EFA by factor analysis, but differs in that the number of factors and the items loading on each factor must be known and specified before the analysis can be conducted.

**Measurement relationship** Dependence relationship between indicators or measured variables and their associated construct(s). A common specification depicts the construct "causing" or giving rise to the indicators, thus the arrows point from the construct to the indicators. An alternative specification reverses the relationship.

**Missing at random (MAR)** Classification of missing data applicable when missing values of Y depend on X, but not on Y. When missing data are MAR, observed data for Y are a truly random sample for the X values in the sample, but not a random sample of all Y values, due to missing values of X.

**Missing completely at random (MCAR)** Classification of missing data applicable when missing values of Y are not dependent on X. When missing data are MCAR, observed values of Y are a truly random sample of all Y values, with no underlying process that lends bias to the observed data.

**Model** Representation and operationalization of a theory. A conventional model in SEM terminology consists of two parts. The first part is the measurement model. It represents the theory showing how measured variables come together to represent constructs. The second part is the structural model showing how constructs are associated with each other, often with multiple dependence relationships. The model can be formalized in a path diagram.

**Model respecification** Modification of an existing model with estimated parameters to correct for inappropriate parameters encountered in the estimation process or to create a competing model for comparison.

**Model-based approach** Replacement approach for missing data in which values for missing data are estimated based on all nonmissing data for a given respondent. Most widely used methods are maximum likelihood estimation (ML) of missing values and EM, which involves maximum likelihood estimation of the means and covariances given missing data.

**Multicollinearity** Extent to which a construct can be explained by the other constructs in the analysis. As multicollinearity increases, it complicates the interpretation of relationships because it is more difficult to ascertain the effect of any single construct owing to their interrelationships.

**Observed sample covariance matrix** Typical input matrix for SEM estimation composed of the observed variances and covariances for each measured variable. Typically abbreviated with a bold, capital letter S (**S**).

**Operationalizing a construct** Key process in the measurement model involving determination of the measured variables that will represent a construct and the way in which they will be measured.

**Parsimony fit indices** Measures of overall goodness-of-fit representing the degree of model fit per estimated coefficient. This measure attempts to correct for any overfitting of the model and evaluates the parsimony of the model compared to the goodness-of-fit. These measures complement the other two types of goodness-of-fit measures, the absolute fit and incremental fit measures.

**Path analysis** General term for an approach that employs simple bivariate correlations to estimate relationships in a SEM model. Path analysis seeks to determine the strength of the paths shown in path diagrams.

**Path diagram** A visual representation of a model and the complete set of relationships among the model's constructs. Dependence relationships are depicted by straight arrows, with the arrow emanating from the predictor variable and the arrowhead pointing to the dependent construct or variable. Curved arrows represent correlations between constructs or indicators, but no causation is implied.

**Reliability** Measure of the degree to which a set of indicators of a latent construct is internally consistent in their measurements. The indicators of highly reliable constructs are highly interrelated, indicating that they all seem to measure the same thing. Individual item reliability can be computed as 1.0 minus the measurement error. Note that high reliability does not guarantee that a construct is representing what it is supposed to represent. It is a necessary but not sufficient condition for validity.

**Residual** The difference between the actual and estimated value for any relationship. In SEM analyses, residuals are the differences between the observed and estimated covariance matrices.

**Squared multiple correlations** Values representing the extent to which a measured variable's variance is explained by a latent factor. It is similar to the idea of communality from EFA.

**Standardized residuals** Residuals divided by the standard error of the residual. Used as a diagnostic measure of model fit.

**Structural equation modeling (SEM)** Multivariate technique combining aspects of factor analysis and multiple regression that enables the researcher to simultaneously examine a series of interrelated dependence relationships among the measured variables and latent constructs ( variates) as well as between several latent constructs.

**Structural model** Set of one or more dependence relationships linking the hypothesized model's constructs. The structural model is most useful in representing the interrelationships of variables between constructs.

**Structural relationship** Dependence relationship (regression type) specified between any two latent constructs. Structural relationships are represented with a single-headed arrow and suggest that one construct is dependent upon another. Exogenous

constructs cannot be dependent on another construct. Endogenous constructs can be dependent on either exogenous or endogenous constructs.

**Variance extracted** Total amount of variance a measured variable has in common with the constructs upon which it loads. Good measurement practice suggests that each measured variable should load on only one construct. Thus, it can be thought of as the variance explained in a measured variable by the construct. Also referred to as a communality.