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Wellness Tourism and Quality of life: Motivations, Constraints, Lifestyles and Satisfaction

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Background of the Study

Tourism is an important industry that drives the world economy. The World Tourism Organization (2012) reported that international tourism increased by 4.6% to reach 983 million tourists worldwide in 2011. In particular, international tourism receipts recorded a 3.9% growth rate from US\$927 billion in 2010 to US\$1,030 billion in 2011. Moreover, in Southeast Asia, several countries showed double-digit growth in international arrivals, for example, Myanmar (+26%), Cambodia (+17.3%), Thailand (+19.8%), Singapore (+13.4%), and Vietnam (+19.1%). In 2011, Thailand recorded the largest increase with more than three million tourist arrivals, followed by Singapore, which received more than one million arrivals. Many tourism destinations try to develop suitable tourism products in order to satisfy consumers' varying motivations for travel (e.g., leisure, recreation, and holidays; business and professional; health; religious and pilgrimage; and visits to family and friends). Health is now a motivation that many destinations use as a key strategy to attract international and local tourists. Indeed, health tourism contributes significantly to the economies of many countries—such as India, Thailand, Malaysia, and Singapore—which increasingly offer health-tourism services to foreign customers.

Health tourism is a broad concept that incorporates medical tourism and wellness tourism (Smith & Puczkó, 2009). On one hand, *medical tourism* satisfies the tourist's motivation to obtain good, whereas on the other hand, *wellness tourism* satisfies the need to improve one's health and well-being. Since the dawn of the twenty-first century, wellness has been a popular trend among health-preservation and illness-prevention enthusiasts (Heung & Kucukusta 2012). According to the supply side, wellness tourism is unique in that it improves individual health and well-being more effectively compared to other modes of tourism, and it is offered in various forms around the world. Moreover, spa and wellness tourism are often considered synonymous, and the same can be said of medical and health tourism (Wellness Tourism Worldwide, 2011). Wellness tourism assets are broadly available

across different regions. Wellness Tourism Worldwide Report (2011) showed that Africa, the Americas, Europe, the Middle East, Australia, New Zealand, and the South Pacific focus more on the natural environment and natural healing as assets. On the other hand, Southeast Asia and the Far East focus on spirituality as well as complementary and alternative treatment assets; holistic retreats—including ashrams, wellness hotels, resorts, and spas—dominate the wellness assets across these countries.

From a demand perspective, wellness tourism has recently become popular among well-educated middle- and upper-class consumers. Health consciousness and an awareness of the need to cope with work stress seem to be the main reasons for this emerging trend. Most people want to relax and improve their health by travelling to far-away destinations. Kevan (1993) asserted that the desire to improve one's health and well-being through travel can be linked to the evolution of civilisation. Furthermore, changing demographics, such as an aging population of baby boomers, have impacted the growth of the wellness industry. While medical tourism has received more attention from tourism marketers and researchers, wellness tourism still seems to be new and unfamiliar among most tourism experts. Nevertheless, wellness tourism has drawn attention from many scholars and researchers since *Tourism Recreation Research* published its special issue on wellness tourism in 2006. Then, in 2010, the TTRA Europe conference theme was *Health, Wellness and Tourism: Healthy Tourists, Healthy Business*.

However, several studies were undertaken to understand wellness tourism's characteristics, from both the supply and demand perspectives. There is a lack of research investigating the profile of international wellness tourists, who include both leisure-wellness tourists (who seek spas, beauty treatments, pampering, and sports and fitness) and holistic-wellness tourists (who seek spiritual retreats, yoga, and meditation). 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, 2004; Konu & Laukkanen, 2010). However, previous studies of wellness tourism (e.g., Magdalini & Paris, 2009; Mak, Wong, & Chang, 2009) focused only on the motivations and characteristics of spa goers, who comprise only one category of leisure-wellness tourists. Furthermore, there was a paucity of research on constraints in tourism studies (e.g., Hudson & Gilbert, 2000; Nyaupane & Andereck, 2007; Hudson, 2000). These studies use the three dimensions of constraints—intrapersonal constraints, interpersonal constraints, and structural constraints—to investigate the travel constraints of tourists. To consider both sides of the same coin, wellness tourism studies should not examine only motivations but also the constraints of wellness tourists. Furthermore, wellness is a key element of lifestyle (Wellness Tourism Worldwide, 2011). Most existing studies only included several health-related lifestyle items as motivations (e.g., Voigt, Brown, & Howat, 2011). Motivation studies are based on intrinsic and extrinsic needs, while lifestyle studies focus more on patterns of consumer behaviour, such as activities, interests, and opinions (Plummer, 1974). However, researchers have not explored the wellness tourist's lifestyle. Although several studies have explored the links between wellness tourism and health enhancement, there is no empirical evidence regarding any link with quality of life, which goes beyond health enhancement.

Need for This Research and Its Contributions to the Tourism Literature

To date, the shortage of information about consumer behaviours of wellness tourists has made it difficult for wellness service providers to develop suitable facilities and promote their wellness services. Little research has been done on the motivations, constraints, satisfaction and lifestyle of wellness travellers in particular. Most research is descriptive and lacks empirical study in the field of wellness tourism. Recently, a study investigated the understanding of wellness tourism by analysing the benefit sought by tourists; the researchers compared the different motivational factors among tourists of different socio-demographic characteristics (Voigt et al., 2011). Although there are several studies investigated local wellness tourist's profile (e.g., Hui et al., 2012; Mak, Wong, & Chang, 2009; Mueller and Kaufmann, 2001; Voigt et al., 2011), only a few other studies investigated the international wellness tourist's profile, which includes leisure-wellness tourists (e.g., Medina-muñoz & Medina-muñoz, 2012; Pesonen, Laukkanen & Komppula, 2011).

The majority of tourism research focuses only on the positive aspects of travel motivation. However, travel constraints—a negative aspect—should be included as a factor that may impact travel patterns. To date, researchers have not examined travel constraints alongside travel motivation in the context of wellness tourism. This thesis explores types of travel constraints and investigates how they impact travel patterns. In the context of wellness tourism, a particular lifestyle, with respect to self-responsibility and individual choice, can be reflected in the health and well-being enhancement of the individual tourist (Ardell, 1986). In addition, wellness lifestyle can positively influence one's psychological well-being. Therefore, it is important to explore the lifestyles of wellness tourists and to determine whether their lifestyles influence their travel patterns, as well as their individual senses of well-being.

Many QOL studies in tourism have investigated tourism's impact in general on local communities and residents (e.g., Andereck & Nyaupane, 2010; Puczko & Melanie, 2011), as well as on tourists (e.g., Dolnicar, Yanamandram, & Cliff, 2012; Moscardo, 2009; Neal, Uysal, & Sirgy, 2007). Two studies investigated the links between evaluations of service, satisfaction, and experiences to overall QOL of tourists (e.g., Neal et al., 1999, 2004). Their results showed that trip experiences have a direct effect on the overall life satisfaction of leisure travellers. Additionally, factors such as trip reflections and non-leisure life domains (e.g., family, job, and health) affect overall satisfaction with life. However, no empirical studies have examined the link between particular motivations, constraints, or lifestyles of wellness tourists and their QOL. There is a need to analyse whether such a relationship exists. Previous tourism research (e.g., Bieger & Laesser, 2002; Boksberger & Laesser, 2009; Park & Yoon, 2009) considers only travel motivations and demographics. No studies have included constraints, lifestyles, as well as quality of life to segment these groups in the tourism context. Therefore, this thesis will contribute to the tourism-marketing literature because it aims to (i) investigate the links between motivation, constraint, lifestyle, satisfaction, and quality of life, (ii) propose a new segmentation approach to identifying market-segment profiles in wellness tourism, in which travel motivations, constraints, wellness lifestyles, and satisfaction contribute to the wellness tourist's QOL, and (iii) recommend important implications to practitioners and policy makers in wellness tourism.

Objectives of the Study

In addition to investigating the influential factors of wellness travel patterns by examining travel motivations, constraints, lifestyles, and tourists' satisfaction, this study also measures whether wellness tourism affects tourists' QOL (or sense of well-being and happiness). This research will identify the particular motivations, constraints, and lifestyles as well as the key factors that influence the happiness of wellness tourists. Furthermore, this study will evaluate how these factors relate to the degree of tourists' QOL. Therefore, this research seeks to achieve the following objectives: (i) develop/refine scales to measure motivations, constraints, lifestyles, satisfaction levels, and QOL in the wellness-tourism context; (ii) evaluate a comprehensive theoretical framework linking motivations, constraints, lifestyles, and QOL; and (iii) develop a new segmentation base for wellness tourism using lifestyle and QOL constructs.

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