Achieving Wellness through Tourism: Comparing International and U.S. Travelers

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ABSTRACT

Health and wellness tourism has become an increasingly popular trend in recent years as many resorts and destinations now offer wellness activities and amenities. This study sought to investigate what might be significant predictors of achieving a high perceived wellness as a result of travel. The results revealed that for international travelers internal motivations of action related activities, the need to be with others, the size of their travel party and education were significant predictors. For domestic travelers, only their perceived physical wellness was a predictor or their overall wellness state. Future research could explore relationships between the domestic and international traveler.
Key words: *health wellness, domestic and international traveler, regression*

INTRODUCTION

Health and wellness tourism has become an increasingly popular trend in recent years as many resorts and destinations now offer wellness activities and amenities. Resorts are creating amenities for guests such as sports complexes with tennis, squash and basketball courts, free weight rooms, lap pools, aerobics centers, steam rooms, and jogging tracks complete with personal trainers, yoga instructors and coaches (Resort + Recreation, 2008). Although the label of "wellness tourism" is relatively new in the United States (U.S.), the idea of offering health related amenities for travelers is not a novel idea amongst Europeans and other global travelers. Little research has been done on translating the wellness term for travelers from the United States. Resorts surged in popularity on the east coast of the U.S. in the 18th century due to the presence of hot water mineral steam baths. Individuals traveled long distances to receive the water's therapeutic benefits (Mill, 2008). In recent years, there has been resurgence in the pursuit of health and wellness tourism across the globe. Specialized health and wellness services are now offered on an unprecedented level through a variety of approaches such as in resorts and spas, specialized travel packages, holistic retreats, and complementary and alternative therapies (Resort + Recreation, 2008; Ringer, 2008; Smith & Kelly, 2006).

Past research on motivations of the wellness traveler has revealed it is multi-faceted in nature (Chen, Prebensen, & Huan, 2008). One method for examination of the multidimensionality of travel motivations is the use of push and pull factors. Traditionally, push factors address internally driven motivations, while pull factors address attributes of the destination. In other words, push factors drive individuals to travel, and pull factors explain the choice of destination (Chul Oh, Uysal, & Weaver, 1995).

Despite their future potential for the tourism industry, there is limited literature on the emergence of the wellness traveler. It is unknown, then, if the current health and wellness travel and tourism attractions, amenities and accommodations will be successful in the future. In order to successfully market or meet the demands of the wellness traveler, an understanding of this group's unique characteristics and motivations is crucial.

Learning more about the wellness traveler's motivations and perceived wellness can assist in the competitive position of travel and tourism businesses. Information of this type may allow them to formulate motivating messages that appeal to this particular target market. Moreover, an understanding of domestic and international traveler's motivations gives travel and tourism businesses the tools they need for future tourism product development (Hallab, 1999).

This study sought to answer the following research questions: What is the demographic profile of the international and domestic wellness traveler? What are significant predictors for individuals as they pursue wellness through travel?

Review of Literature

Health and wellness tourism is defined a myriad of ways and often confused with similar, although different types of tourism. Medical tourism, in particular, is thought of as tourism for health and defined as travel to cure a specific ailment, or cure a disease (Ringer, 2008). Individuals who travel for medical tourism purposes visit destinations in order to meet with a physician or specialized team of medical practitioners. This can consist of domestic or international travel. They often travel to these destinations to have surgeries or obtain a therapy not readily available or prohibited by law in their home countries, or they may travel for the purpose of cosmetic surgery (Bauer, 2009; Connell, 2006).

Wellness tourism, on the other hand, focuses more on the prevention of illness or disease. Wellness tourism centers on all around well-being and is multi-dimensional in nature (Smith & Kelly, 2006). This ideology represents the shift in focus from the treatment of illness and disease to the proactive process of maximizing potential by balancing positive thoughts, feelings, and behaviors associated with quality of life. The concept of wellness is predicated upon the overlapping, integrative nature of its multiple dimensions that uniquely influence each other throughout life. These dimensions represent the whole person (i.e., mind, body, spirit) and include physical, social, intellectual, emotional, psychological, spiritual aspects (Sidman, D'Abundo, & Hritz, 2009).

The Duke Health Profile (DUKE) is a 17 item measure assessing six health areas of physical, mental, social, general, perceived health, and self-esteem and the four dysfunction measures of anxiety, pain, depression, and disability (Parkerson, Broadhead, & Tse, 1990). The Duke Health Profile represents a balance of the dimensions and measures health along the three major World Health Organization (WHO) dimensions of physical, mental and social wellness. The mental health dimension includes one item that measures cognition, two items for emotional symptoms and two items for personal self-esteem. The physical health measure includes three physical symptom items and two ambulation items. Social health includes three items that measure self-concept regarding personal relationships with other people and two items that quantify social activities (Parkerson, et. al., 1990).

Perceived health on the Duke Health Profile is a separate one item indicator of the extent to which the respondent judges herself or himself to be "basically" healthy, according to whatever implicit criteria that person may use. With this added focus and expanding on Smith and Kelly's (2006) definition of wellness tourism, this study specifically defined wellness tourism as travel for the purpose of health in one or more of the six wellness dimensions: physical, social, intellectual, emotional, psychological, and spiritual.

Traditionally, wellness tourism has focused on resorts with spas or a spiritual retreat. However, recent research in wellness tourism reveals that individuals can be motivated by one particular wellness dimension over another and thus desire a myriad of activities. Tiyce (2008) found that individuals travel for the betterment of their mental wellness. Surveying women travelers, the authors find that the power of long term travel could help alienate negative emotions from the loss of a loved one. Other studies have addressed the other dimensions of wellness such as the need to address physical and spiritual needs with yoga classes, and addressing social and intellectual dimensions through visits to museums, exploring and/or learning about nature or wellness itself (Chen, Prebensen, & Huan, 2008; Lehto, Brown, Chen, & Morrison, 2006). Lastly, other studies have focused on escapism, how travel may benefit an individual's psychological wellness by relaxing at the beach, a spa or mountain areas (Pechlaner & Fisher, 2006, Puczko & Bachvarov, 2006).

Given the variety of motivations and benefits sought in wellness travel, it is unlikely they are a homogenous group with the same needs, expectations and behaviors (Voigt, 2008). Wellness tourists can seek all or only some dimensions of wellness. It is unknown if these motivating factors are internally driven or if these travelers travel because the destination itself has attributes that meet their needs. The literature in addressing traveler's motivations is vast and suggests a mixture of both internal and external factors inspire travel choices. Most of the research centers on only describing the wellness traveler and their motivations.

Push and pull factors have traditionally been used to examine relationships between motivations and destination choices (Crompton, 1979). Push factors are internal, socio-psychological forces that predispose or "push" and individual to travel in the first place. Once the need to travel through push factors have been created, pull factors start to peak an interest in specific places to visit. Pull factors are defined as "those that attract the individual to a specific destination once the decision to travel has been made" (Oh, Uysal, & Weaver, 1995, p. 124). Although it is accepted that push factors are present first for travelers, whether consciously or not, push and pull factors are not independent of each other and they should be viewed as essentially related (Klenosky, 2002; Mill & Morrison, 1998). Examples of push factors include motivations for socialization, escape, rest and relaxation, physical activity and self-esteem development. Pull factors consist of destination attributes or the supply of tourism related activities as well as traveler's perceptions of the destination. Examples here include cultural and natural resources, accommodations and attractions available, novelty, curiosity, and excitement (Hallab, 1999).

A multitude of studies in traveler motivations have used the push and pull factors in order to predict future travel patterns, help explain travel choices and generate data specific to a destination. Few studies, however, have introduced the wellness dimensions to understand health

related travel choices using the push and pull factors, despite their popularity in their use to understanding traveler behavior. Hallab (1999) has conducted one of the rare empirical studies examining the relationship between wellness and traveler behavior using the push pull factors. Significant differences were found between healthy living and travel choices. Among the many findings, opportunities for physical activity, healthy eating, and alcohol free establishments were important in explaining travel choices.

It is shown that travel has physical and psychological benefits of rest and relaxation as well as mental and spiritual wellness (Tiyce, 2008). While healthy-living components are significant to travelers, the results also suggest that there is a need for another study on the effects of health awareness on the behavior of travelers (Hallab, 2008). The literature also is lacking in looking at the U.S. travelers and what contributes to their overall health.

Other studies have addressed wellness, however, from a different theoretical approach from the push and pull factors. Mueller and Kaufmann (2001) explored hotel guests in Switzerland and their reasons for staying at a particular property, expectations and satisfaction, and their overall attitudes about health. In general, guests sought high quality amenities and atmosphere with non-smoking areas, information about health topics, relaxation and cultural facilities, and health related tips to take back home with them. Gender differences were also found in the guest's attitudes to health. Women were more likely to be traveling for a wellness related purpose while men were appreciative of wellness amenities of a whirlpool, swimming pool, and sauna. However, men placed wellness activities such as nutrition, culture or relaxation as less important than women. Chen et. al. (2008) found that wellness travelers sought not only an environment to relax and pamper their mind, body and spirit, but also to pursue other activities such as nature, social and recreational activities. Therefore, Chen et. al. (2008) concluded that motivations for the wellness traveler are multi-dimensional in nature.

Method

The data for this research study was collected by a paper and pencil survey administered in the summers of 2010 and 2011. Summer of 2010 data was collected during a student summer abroad experience in the Mediterranean that included the European countries of Italy, Greece and France. The students randomly approached international travelers and asked them if they would take time to complete the survey. The participants had to be able to understand and read and write in English. The domestic travelers were surveyed in the same method of approach during the summer of 2011 in the southeastern part of the U.S.

Section 1 of the survey asked demographic questions such as gender, year of birth, where they were from, highest level of education, number of people in party, daily budget, and how they plan their travel. Sections 2 and 3 addressed travel motivations and destination choice based on the push/pull theory. These were measured on a Likert type scale of 1 = being not at all important to 5 = being very important. Section 2 asked specific questions about push (internal) motivations for wellness travel including "find thrills and excitement, be physically active, learn something new/increase your knowledge, to be together with family, or experience a new culture."

Section 3 addressed travel motivations addressing 'pull' or destination attributes that centered around health and wellness. Questions here addressed motivations such as "travel to visit a modern city", "to visit spas and health resorts", and/or "to engage in educational tour packages with emphasis on wellness". Questions for both section 2 and 3 were borrowed from the Hallab (1999) study.

Section 4 contained the Duke Health Profile in its entirety (Parkerson, et. al., 1990). This instrument measures current health and wellness states with statements such as "I am basically a healthy person, I give up too easily, and I am comfortable being around people." These are measured on a 3 point Likert type scale with 1 = "yes, describes me exactly" to 3 = "no, doesn't describe me at all." The final section on the Duke Health Profile presents a thermometer for the traveler to mark their current health wellness state with 100 = the best and zero = the worst perceived health state.

Analysis

Several analyses were used to interpret the data using SPSS 18.0. Then, survey participants were split into two groups of international and domestic travelers. Domestic travelers were participants that reported living in the United States and international travelers were those who reported living in a country outside the U.S. Descriptive statistics were then computed for an accurate profile of the sample.
In order to reduce the number of variables for the push and pull travel motivation statements, as well as statements on the Duke Health Profile, an exploratory factor analysis (EFA) was performed. The purpose of the EFA was to group together correlated variables (Tabachnick & Fidell, 2001). Lastly, two regression models were computed to determine any significant factors to achieving wellness for both international and domestic travelers.

Results

A total of 700 surveys were collected from international and domestic travelers as a result from both data collections. There were 139 international participants and 554 domestic travelers. The majority of international traveler participants came from the United Kingdom, Canada, France, Germany and Italy. The generations were divided into participants for the Silent Generation, Baby Boomers Generation, Generation X (Gen X), and Generation Y (Gen Y). These generational age cohorts were created using the groupings established by Zemke, Raines, and Filipczak (2000). Gen Y was the biggest for both international and domestic travelers surveyed. Thirty-four percent of International travelers were Gen Y and 42.3% of Domestic travelers surveyed were from that generation as well.

There were 43.9% male and 56.2% females in the international sample and 47.1% males and 52.9% females in the domestic sample. The majority of international travelers finished some college at 34.5% of the demographic while the majority (35.5%) of domestic travelers hold a completed college degree. It was most common for both international and domestic travelers to travel with 2-4 people in their party. Over 50% of both international and domestic travelers had a daily budget averaging between $51-$200. Both international and domestic travelers planned their travel independently opposed to through travel agents or tours. The majority of both types of travelers also used friends and families as the main source of information when planning their travel, second to internet sources.

The individual statements on the travel motivation questions and wellness survey were then examined using exploratory factor analysis. The factors for the EFA were determined with a SCREE plot, eigenvalue greater than one and percent of variance explained. Principal axis factoring with varimax rotation was used. Items with a loading of lower than .40 were eliminated (Tabachnick & Fidell, 2001). This data reduction technique was used to condense the individual push/pull statements as well as the perceived wellness statements. For the push motivations, four factors had eigenvalues greater than one and accounted for 53.625% of total variability. The push travel motivation factors were renamed to "Modern Amenities," "Healthy Choices," "Outdoor Activities," and "Attractions." The pull travel motivations also loaded into a four factor solution with 60.40% of the variability explained. The pull travel motivation factors were renamed to "Action Oriented," "Novelty," "Relationships," and "Relax & Escape." Detailed results of EFA for the push and pull travel motivation statements can be found in Tables 1-2.

For the wellness factors on the Duke Health Profile, three factors had eigenvalues greater than one and accounted for 55.032% of total variability. The wellness factors were named "Mental Wellness", "Physical Wellness", and "Social Wellness". The EFA for the perceived wellness statements can be found in Table 3. In addition, individual means were computed for both international and domestic travelers' motivations as a result of the EFA analysis.

The first standard multiple regression examined international travelers and factors among the perceived wellness state, push and pull travel motivations, perceived wellness factors, age generations, travel party size, and education level. The push and pull travel motivations, perceived wellness factors, age generations, travel party size, and education level were the independent variables and the overall wellness state reported by the participants served as the dependent variable. The results can be found in Table 4. Overall, the model was significant. The significant factors within were the pull (internal) motivations of Action Oriented, Relationships. In addition, an individual's education level, travel party size and their perceived physical and social wellness were significant. Therefore the more education an individual has completed, the higher their overall level of wellness, the larger their travel party size, the more they reported feeling well. In addition the internal motivators to find thrills and excitement or to to be physically active and to be with others were more important for a higher perceived wellness for the international travelers.

The second standard multiple regression analysis examined domestic travelers using the identical dependent and independent variables as the international traveler model. Overall this model was also significant. In contrast to their international counterparts, only one variable was a significant predictor of a wellness state, that of physical wellness. In other words, The more physically well the domestic traveler felt, the higher the overall perceived wellness. No other variable in the model was significant. The detailed results can be found in Table 5.

Conclusion

The data illustrate education plays a role in health wellness tourism for the international traveler. Since larger group sizes play a role for these individuals, travel and tourism providers can promote socialization as a part of the experiences they offer, or make more accommodations for larger groups to attractions and lodgings. The data shows the pull travel motivations were significant in predicting international individual's overall health state whereas the push travel

motivations were not. Therefore, the external motivations of attractions, hospitality of the local community, and the cleanliness of the destination were not as important as the internal motivations for either domestic or international travelers. Travelers from the U.S. appear to equate overall wellness with their physical wellness. Therefore, tourism managers targeting U.S. travelers may wish to emphasize physical activities as part of their wellness tourism product.

TABLES

Table 1: Pull Travel Motivation Statements

Pull Variables	Factor Loadings	Eigen-values	Explained Variance %	Cronbach Alpha
Factor 1: Action Oriented				
Find thrills and excitement	0.544			
Participate in sports	0.816			
Be physically active	0.808			
Be daring and adventurous	0.58			
Participate in wellness/fitness activities	0.787			
Improve my physical and emotional health	0.629			
Enjoy healthy activities (i.e. saunas, yoga…)	0.653	4.296	28.64	0.843
Factor 2: Novelty				
Learn something new/increase knowledge	0.714			
Meeting new friends or locals	0.678			
Experiencing a new culture	0.822	1.927	12.846	0.674
Factor 3: Relationships				
To be together with family	0.872			
Visit with friends or relatives	0.841	1.617	10.778	0.794
Factor 4: Relax & Escape				
Be away from everyday demands	0.799			
Do nothing at all	0.437			
Escape from the ordinary	0.614	1.220	8.133	0.353
Total variance explained			60.397	

Table 2: Push Travel Motivation Statements

Push Variables	Factor Loadings	Eigen-values	Explained Variance %	Cronbach Alpha
Factor 1: Modern Amenities				
Visit a modern city	0.610			
Beach/waterfront area	0.492			

Luxury facilities/services	0.797			
Spas and health resorts	0.810	4.159	25.991	0.646
Factor 2: Healthy Choices				
Clean & Comfortable facilities/ attractions	0.419			
Restaurants with emphasis on healthy cuisine	0.511			
Environmental quality of air, water, soil	0.583			
Smoke free bars/night clubs	0.711			
Availability of alcoholic free beverages	0.584			
Local health care/emergency facilities	0.597	1.770	11.065	0.641
Factor 3: Outdoor Activities				
Campgrounds	0.789			
Outdoor activities (hiking, climbing, rafting)	0.795			
Club/exercise facility or areas	0.527	1.421	8.884	0.653
Factor 4: Attractions				
Historical/archaeological attractions	0.743			
Educational tour packages with emphasis on wellness	0.473			
Sun protection at facilities/ attractions (awnings)	0.446	1.172	7.325	0.543
Total variance explained			53.265	

Table 3: Perceived Wellness Statements

Wellness Variables	Factor Loadings	Eigen-values	Explained Variance %	Cronbach Alpha
Factor 1: Mental Wellness				
I like Who I am.	0.868			
I am not an easy person to get along with.	0.698			
I am basically a healthy person.	0.763			
I give up too easily.	0.797			
I have difficulty concentrating.	0.500			
I am happy with my family relationships.	0.635			
I am confortable being around people.	0.831	4.423	27.646	0.033
Factor 2: Physical Wellness				
Today would you have trouble:				
Walking up a flight of stairs?	0.621			
Running the length of a football field?	0.650			
During the past week, how much trouble have you had with:				

Sleeping?	0.713			
Hurting or aching in any part of your body?	0.721			
Getting tired easily?	0.788			
Feeling depressed or sad?	0.659			
Nervousness?	0.636	3.144	19.652	0.816
Factor 3: Social Wellness				
During the past week, how often did you:				
Socialize with other people (talk or visit with friends or relatives)?	0.795			
Take part in social, religious, or recreation activities?	0.843	1.237	7.733	0.647
Total variance explained			55.032	

Table 4. Regression analysis of overall wellness for International Travelers

Variable	***B***	***SE B***	**β**	**Sig.**	**R2**	**Adj R**
Constant	75.649	3.721		0.000	0.264	0.242
Action Oriented	2.324	0.789	0.147	0.004		
Novelty	0.422	0.679	0.027	0.535		
Relationships	-1.716	0.681	-0.114	0.012		
Relaxation & Escape	0.568	0.63	0.036	0.368		
Emotional wellness	-0.577	0.625	-0.038	0.356		
Physical wellness	-5.459	0.614	-0.37	0.000		
Social wellness	2.986	0.642	0.194	0.000		
Modern Amenities	-0.24	0.721	-0.016	0.739		
Healthy Choices	-0.337	0.746	-0.022	0.652		
Outdoor Activities	0.363	0.593	0.025	0.541		
Attractions	-0.213	0.638	-0.013	0.738		
Gender	-0.645	1.22	-0.021	0.597		
Generation	-0.689	0.765	-0.039	0.369		
Education	2.079	0.632	0.134	0.001		
Travel Party	0.282	0.136	0.082	0.039		

Table 5. Regression analysis of overall wellness

Variable	***B***	***SE B***	**β**	**Sig.**	**R2**	**Adj R**
Constant	73.429	5.787		0.000	0.418	0.337
Gender	0.697	2.046	0.341	0.734		

Generation			-	
	-0.072	1.289	0.006	0.956
Education	1.39	0.918	0.127	0.133
Travel Party	0.269	0.245	0.087	0.275
Action Oriented	1.607	1.296	0.153	0.218
Novelty			-	-
	-0.243	1.209	0.018	0.201
Relationships			-	
	-1.312	1.15	0.102	0.257
Relaxation & Escape	1.472	0.903	0.133	0.106
Emotional wellness	-3.127	2.035	- 0.128	0.127
Physical wellness	-6.155	1.305	-0.44	0.000
Social wellness	1.898	1.197	0.155	0.116
Modern Amenities	0.005	1.272	0.000	0.997
Healthy Choices	-0.674	1.171	- 0.060	0.566
Outdoor Activities	-1.908	1.049	- 0.153	0.072
Attractions			-	
	-0.064	0.948	0.005	0.946

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