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Well-being and wellness tourism – Same, same but different?

Conceptual discussions and empirical evidence

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During the past decades, health and well-being have become important motives for consumption, attracting the interest of scholars from different disciplines. One of the major challenges concerning both academic research and the well-being tourism industry is, however, the conceptual confusion related to the key terms well-being and wellness. The inconsistent use of the concepts is likely to lead to misunderstandings, false expectations, and unsuccessful tourism experiences. The current study examines how well-being and wellness are defined within consumer and tourism research, and, based on qualitative data (n=22), analyses how they are understood and used within the tourism industry. The results highlight a weak conceptual understanding among the industry professionals, and confirm that there are severe inconsistencies in the use of the key concepts. Wellness was far more commonly used than well-being, contradicting the recommendations of the Finnish Tourist Board, which considers well-being as a more suitable for the Finnish context. Furthermore, there seems to be a lack of understanding and even ignorance of how important conceptual clarity is for the formation of tourists' expectations and experiences. Therefore, further research is needed and requires collaboration with the well-being tourism industry.

Keywords: well-being, wellness, tourism, consumption

Introduction

Individuals' interest in their own health and well-being has increased significantly, and health and well-being have also become important motives for consumption. This is partly due to increased economic affluence, demographic shifts, the increase in and commercialisation of leisure as well as changes in values and lifestyles (Hjalager et al., 2011; Suontausta & Tyni, 2005; Yeoman, 2008). Moreover, consumption has become a culturally accepted means of seeking happiness, well-being, and a better quality of life (Burroughs & Rindfleisch, 2002). However, the relationship between materialism and well-being has been questioned and according to many researchers, consumption increasingly focuses on non-material well-being, finding a meaning in life, self-development and actualisation as well as searching for experiences (Burroughs & Rindfleisch, 2002; Inglehart, 1997; McLarney & Chung, 1999; Yeoman, 2011).

Health and well-being have also attracted the interest of scholars from different disciplines. The issues have been examined from many perspectives, e.g. that of the individual and of the society, the objective and subjective as well as from the material and non-material perspectives of well-being. In consumer research, well-being is often related to the concept of quality of life, and it has been examined with both objective (economic, social, and environment) and subjective (happiness and satisfaction) measures (e.g. Sirgy & Lee, 2006). Lately, health and well-being have also been associated with, e.g. sustainability, nutrition, materialism, and consumption criticism (Burroughs & Rindfleisch, 2002; Gordon, Carrigan, & Hastings, 2011; Kristensen, Boye, & Askegaard, 2011). However, few studies have examined health and well-being in relation to experience or symbolic consumption (Grénman, Räikkönen, & Wilska, 2014).

In tourism and leisure research, health and well-being have been widely discussed, and the Nordic researchers have been well represented in the frontline of the research (Hjalager et al., 2011; Konu, Tuohino, & Komppula, 2010; Suontausta & Tyni, 2005; Tuohino & Kangas, 2009). Also *The Finnish Journal of Tourism Research* has been well attuned to this development (Kangas & Tuohino, 2008; Björk, Tuohino, & Konu, 2011). However, one of the profound problems concerning the research on health and well-being is the conceptual confusion related to the content and use of the key terms (see, e.g. Björk et al., 2011). In particular, the concepts of well-being and wellness are often used somewhat interchangeably as they both refer to the balance of physical, mental, and social well-being. The concepts hold different shades of meaning, and especially wellness lacks a clear and commonly accepted definition (Huijbens, 2011; Konu et al., 2010; Mintel, 2004). This conceptual confusion is partly due to linguistic, translational, and cultural differences (Smith & Puczkó, 2009) but in addition, different disciplines approach these concepts in a slightly different way, which has resulted in scattered research and a fragmented terminology.

The conceptual confusion does not only apply to academic research, but is a major challenge to the whole wellness industry. Wellness seems to have become a trendy marketing gimmick and a fashionable catchword to sell a wide variety of products and services, with only little or none to do with wellness itself (Miller, 2005; Mintel, 2004; SRI International, 2010). Further, the inconsistent use of the concepts

of well-being and wellness among consumers, service providers, and other industry professional has led to misunderstandings, false expectations, and, most importantly, unsuccessful consumption experiences.

In order to fill this research gap, this study examines how the concepts of well-being and wellness are defined within consumer and tourism research, and how these concepts are used within the tourism industry. First, based on previous literature, we examine the similarities and differences of well-being and wellness. And second, based on qualitative data, we examine the supply side of well-being tourism and analyse whether the content and use of these concepts among industry professionals respond to the literature. In the literature review, we present a framework of health-related consumption, trace the differences of health, well-being, and wellness, and discuss the well-being and wellness tourism in Finland. Then, we present the data, methods, and the results of the analysis and discuss the managerial implications. Finally, we address the limitations of the study and suggest paths for future research.

Literature review

A framework of health-related consumption

During the past few years, health has become a major life value and individuals are increasingly aware of and willing to bear responsibility for their health and well-being. Also governments have taken actions to lower their health care costs by, for example, investing in preventive health care. These global trends, on their part, have fuelled the emergence of the “the wellness revolution” that refers to the enormous growth of the market of health-related products and services (Pilzer, 2002; 2007; SRI International, 2010; 2014). Economist Pilzer (2002; 2007) was one of the first to acknowledge the commercial significance of this market and distinguished the wellness industry from the conventional health care sector, i.e. the sickness industry. During the past few years, the significance of the wellness market has been strongly promoted by the Global Spa and Wellness Summit (see SRI International, 2010; 2014), an international non-profit organization that advances not only the spa sector, but the wellness industry as a whole.

The wellness industry branches out into various other sectors, such as tourism, fitness, beauty, culture and entertainment, technology, as well as pharmaceuticals providing products and services (e.g. vitamins, supplements, functional food, fitness centres) mainly to healthy individuals (Miller, 2005; Pilzer, 2002; 2007; SRI International, 2010; Suontausta & Tyni, 2005; Yeoman, 2008). Today, the value of the global wellness industry is estimated to be USD 3.4 trillion, from which the share of the global wellness tourism market is nearly USD 500 billion (SRI International, 2014). Accordingly, what once was a luxury for the few fortunate ones, has now become available to the masses.

The nature and structure of the wellness and sickness industries can be examined through the framework of health-related consumption, which is illustrated in Figure 1 (cf. Pilzer, 2002; 2007; SRI International, 2010). The framework is based on Travis' (1972) two-dimensional illness–wellness continuum that emphasises the differences

between illness and wellness and highlights the responsibility of the individual in achieving high-level wellness through awareness, education, and growth. According to this dichotomy, health is divided into two vast entities: the medical realm and the well-being realm that both include various operations and activities within the private and public sectors. The sickness and wellness industries, in turn, highlight the commercial nature and market potential of these realms.

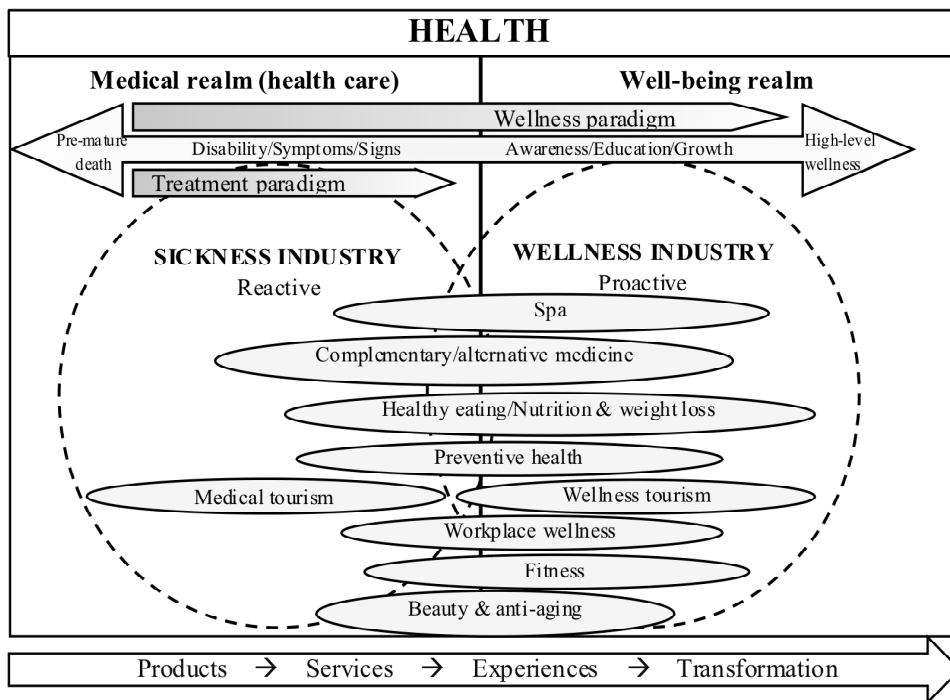


Figure 1. The framework of health-related consumption (modified from SRI International, 2010).

The main difference between the industries is that the wellness industry focuses on improving health and well-being while the sickness industry concentrates on treating diseases and curing illnesses. The wellness industry is proactive, providing products and services to healthy individuals who wish to feel healthier and better looking, slow down the effects of aging, and prevent sickness. Respectively, the products and services of the reactive sickness industry are targeted to the ill in order to facilitate their recovery or, at least, relieve the symptoms (Pilzer, 2007).

The consumers face the service providers of these industries through the various sectors of health-related consumption (cf. SRI International, 2010), for example, in the spa, tourism, beauty, and fitness. Drawing a sharp line between illness and wellness consumption is, however, challenging, because the concepts are strongly linked and even overlapping (e.g. Huijbens, 2011; Konu et al., 2010; Tuohino, 2012). Various spas, tourism businesses, and retailers offer products and services to both markets. For example pharmacies have added various wellness products to their assortment and optical shops can also offer medical services. In Finland, many spas

were originally established to offer rehabilitation services for the war veterans, but due to the diminishing demand, they have had to find new customers through, e.g. the occupational health care, workplace wellness, and leisure tourism (Tuohino & Kangas, 2009).

Another characteristic that differentiates the two industries is the fact that consumers voluntarily become customers of the wellness industry, while becoming a customer of the sickness industry is often a necessity (Pilzer, 2002; 2007). The wellness industry is a model example of the experience or transformation economy (Pine & Gilmore, 1999), in which emotional experiences and even permanent transformations are sought after. Experiences are related to luxury needs, redundant luxury consumption, and dispensable commodities (Sundbo, 2009). Through the consumption of experiences, individuals signal their social status and pursue a meaningful life (Schultze, 1992; Sundbo, 2009). Once their basic needs are fulfilled, it is possible to concentrate on higher level needs (e.g. belonging, self-esteem, and self-actualisation) or even go back to the basics of “the simple life” (e.g. less work and informal interactions) (Sundbo, 2009; cf. Maslow, 1970). Indeed, high-level wellness is pursued through experiences that increase one’s awareness or education, and enable growth. On the other hand, the main objective of the sickness industry is not to offer mental or emotional journeys in terms of experiences, but products and services that treat symptoms and cure diseases.

From health to well-being and wellness

The field of well-being research is very wide and complex. The concept of well-being has emerged from discussions on how to improve individuals’ living conditions. Today, the concept is widely used in studies on, e.g. physical health, material resources, unprivileged social positions, psychosocial instability, and destructive lifestyles (Halleröd & Seldén, 2013). Due to, also attempts to define well-being in an unambiguous way have resulted in a rich use of different concepts and definitions (Konu et al., 2010; Smith & Puczkó, 2009).

In the literature, the concepts of “health”, “well-being”, and “wellness” are used inconsistently depending on the discipline, author, and context (Miller & Foster, 2010; Smith & Puczkó, 2009;). Despite of the nuance differences, these concepts are all somewhat interrelated and, therefore, generally applied to various aspects of human development, practice, and experience (Miller & Foster, 2010).

Health can be seen through a narrow and a broad definition (Suontausta & Tyni, 2005; see also Palosuo et al., 2013). According to the narrow definition, health is only understood as an objective and measurable indicator of the physical state of an individual. However, as early as in 1948, the World Health Organization (WHO) broadened this narrow view by defining health as a “*state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity*” (WHO, 1948). Rather than focusing on illness, this holistic definition considers a person as a whole and emphasises the relation of body, mind, and spirit (Miller & Foster, 2010; Suontausta & Tyni, 2005). In addition to physical, mental, and social aspects, well-being is also influenced by the interaction with social, cultural, and

ecological environments. Thus, health, in a broad sense, is viewed as the balance of the internal factors (physical, mental, social well-being) and external factors (societal structures, social relationships, sociocultural lifestyle, ecological environments) affecting individual's life (Müller & Lanz-Kauffman, 2001; Nahrstedt, 2004; Palosuo et al., 2013; Suontausta & Tyni, 2005).

Well-being is subjective in nature and firmly bound to a specific time, place, culture, and context. The resources of well-being (economic, social, human, natural) can change over time, and furthermore, the meaning of well-being is often understood differently in different cultures and languages (Smith & Puczkó, 2009; Suontausta & Tyni, 2005). Also the concept of "wellness" is frequently used when health and well-being are addressed. Many languages have only one word describing well-being (e.g. "hyvinvointi" in Finnish), but still the English term "wellness" is also used (Konu et al., 2010; Tuohino, 2012). This makes defining well-being even harder as the concepts, despite many similarities, hold different nuances of meaning. For instance, in the USA, wellness is understood as a healthy lifestyle, and in central Europe, it is associated with professional high-quality services, while in the UK it holds a slightly negative connotation (FTB, 2005; 2008).

The development and popularization of wellness started in the 1950s, in the health sciences in the United States. The "founding fathers" of the concept, Dunn (1959), Travis (1972), Ardell (1977), and Hettler (1980), related wellness, first and foremost, to health promotion through lifestyle change. Later on, the meaning has altered and diversified as the concept has also adopted to other disciplines, e.g. psychology, sociology, and economics (de Chavez, Backett-Milburn, Parry, & Platt, 2005; Miller & Foster, 2010). Still, there is no exact definition for the concept, and it seems to be strongly discipline- and context-bound (Miller & Foster, 2010; Sirgy, Lee, & Rahtz, 2007).

Wellness has been related to psychology and counselling (Myers, Sweeney, & Witmer, 2000) as well as the New Age movement and self-help (Miller, 2005; SRI International, 2010). In Europe, the wellness ideology has been applied and further developed especially by tourism and leisure researchers, who have firmly connected the term to spa operations (Müller & Lanz Kauffman, 2001; Nahrstedt, 2004) and well-being tourism (Björk et al., 2011; Hjalager et al., 2011; Konu et al., 2010). Besides enhancing health and well-being, wellness often refers to pleasure, pampering, and luxury (Hjalager et al., 2011; Suontausta & Tyni, 2005). Furthermore, the concept has also gained commercial features and been connected to more mundane consumption and retailing (Miller, 2005; Mintel, 2004).

Despite the similarities, there are certain major differences between the concepts of well-being and wellness. Well-being often refers to the basics of life that are measurable, e.g. the standard of living, subsistence, education, or the availability of food and services (Tuohino, 2012; Palosuo et al., 2013). It can also entail more abstract aspects, such as freedom (Konu et al., 2010). Additionally, well-being is also viewed from a more subjective perspective. Subjective well-being (SWB) examines how individuals evaluate their overall lives or quality of their lives in terms of emotional reactions to events and cognitive judgements of satisfaction, fulfilment, and happiness (Diener et al., 1999; cf. Veenhoven, 1995). Due to, well-being can also

be described with concepts of quality of life, happiness, and life satisfaction, which many authors find difficult to separate from each other (e.g. Helliwell & Putnam, 2004; Seligman, 2011). Recently, a growing number of studies have also discussed the indicators used to measure well-being in order to better understand how different aspects of well-being are tied together (e.g. Halleröd & Seldén, 2013; King, Renó, & Novo, 2014).

One of the profound characteristics of wellness, in turn, is that it emphasises self-responsibility, and can be considered as a lifestyle of self-discovery (Intel, 2004). This means that individuals proactively take responsibility for their own health and well-being in terms of nutrition, physical exercise, beauty care, stress management, and environmental aspects (Müller & Lanz-Kaufmann, 2001; Nahrsted, 2004). Wellness is viewed as a way of life and an active process towards a healthier life (Corbin & Pangrazi, 2001; Miller & Foster, 2010; Sirgy et al., 2007), in which the role of consumption is central (cf. Hjalager et al., 2011).

Well-being and wellness tourism in Finland

Besides the ideological differences, the use of the concepts varies within different contexts and disciplines. The tourism industry and researchers can be considered as the forerunners in the development and research of health-related consumption. Besides research themes such as customer segmentation (Konu, 2010), innovation and product development (Kangas & Tuohino, 2008; Konu et al., 2010), and destination marketing (Björk et al., 2011), the conceptualisation of well-being and wellness tourism has also been widely debated (Björk et al., 2011; Bushell & Sheldon, 2009; Hjalager et al., 2011; Huijbens, 2011; Konu et al., 2010; Smith & Puczko, 2009; Tuohino, 2012). Consequently, even though in the literature the concepts of “well-being” and “wellness” are sometimes used synonymously (e.g. Huijbens, 2011), most often they are distinguished from each other (e.g. Björk et al., 2011; Hjalager et al., 2011; Konu et al., 2010).

In Finland, the research on well-being tourism has to large extent been based on the strategy work of the Finnish Tourist Board (FTB, 2005; 2008; 2014). In these reports, the conceptual confusion is widely addressed, and health-related tourism (Figure 2) is categorised in a similar manner to health-related consumption (see Figure 1). It is divided into medical/health care tourism and well-being tourism. The main motive for medical tourism is treating diseases and curing illnesses through medical procedures. FinlandCare project aims at developing and promoting Finland as a medical tourism destination, while Green Care emphasises the role of nature and countryside in enhancing health and well-being. Well-being tourism, on the other hand, besides maintaining and enhancing health and well-being, focuses on activities that offer pleasure, enjoyment, and pampering. Occupational health care/workplace wellness, in turn, can fall into either category depending on the aim, rehabilitation or prevention.

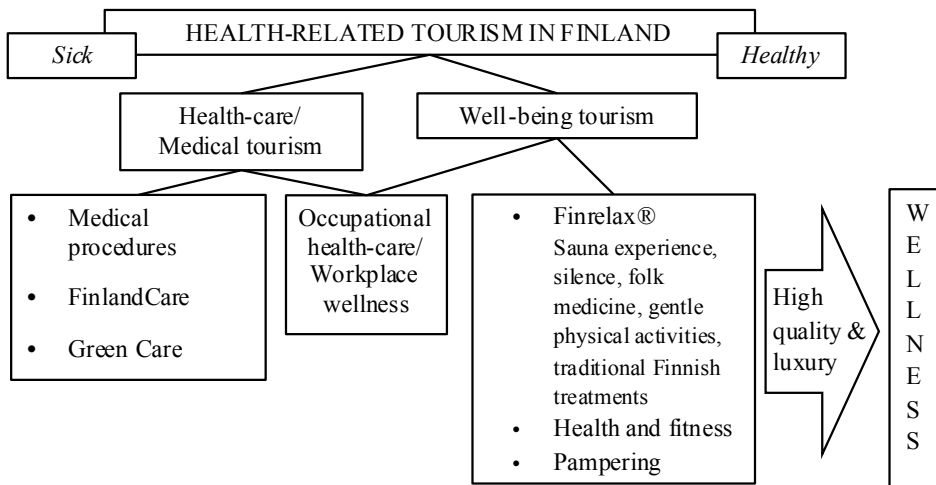


Figure 2. Health-related tourism in Finland (FTB, 2005; 2008; 2014).

Wellness tourism is part of well-being tourism. However, it goes beyond well-being as it is firmly connected to high-quality and luxury. In Finland, as defined by the Finnish Tourist Board (2005, cited in Konu et al., 2010, p. 129):

“Wellness, above all, includes high quality concerning place, atmosphere, settings, service, products and professional staff. It stimulates all senses in an aesthetic environment. A wellness product is a well-planned, segmented, marketed and implemented entity, which also includes a touch of luxury.”

However, as the Finnish tourism products rarely meet the expectations of the international wellness tourists, the more wide-ranging term well-being is more appropriate when describing and marketing Finnish tourism products. Notably, the essentially significant Russian market forms an exception in this sense, and the term wellness is preferred due to the local convention (FTB, 2005; 2008; 2014).

According to the Finnish Tourist Board (FTB, 2008; 2014), Finnish well-being tourism consists of the basic well-being offering “Finrelax®” (previously “Finnrelax”) and two specifically targeted offerings, “Health and fitness” and “Pampering”. The Finrelax® includes elements of getting away from everyday routines, relaxation, peace and nature as well as exploring Finnish culture through, e.g. retreats, Finnish sauna and food. “Health and fitness” consists of different physical activities, professional training, and the use of Finnish wellness technology (e.g. sports watches of Polar and Suunto and Nordic Walking sticks of Exel). “Pampering”, in turn, includes various traditional Finnish spa and beauty treatments in a high-quality environment with a high-quality service. This passive enjoyment is closest to the international understanding of the wellness tourism (Björk et al., 2010; FTB, 2008; 2014).

Summing up – Similarities and differences of well-being and wellness

Based on the discussions of the consumer and tourism research, the similarities and differences between the concepts of well-being and wellness are summarised in Table 1. This division is not all-encompassing, but highlights the key characteristics of both concepts. Well-being and wellness both refer to holistic well-being, i.e. the balance of physical, mental, and social well-being that is influenced by the interaction with social, cultural, and ecological environments. The main aim is to enhance and maintain health and well-being, instead of treating a disease or curing an illness.

Table 1. Similarities and differences of well-being and wellness according to literature.

WELL-BEING AND WELLNESS – SAME, SAME...	
Both incorporate the same elements of physical, mental, and social well-being combined with external influences, and focus on preventing illness and promoting health and well-being.	
...BUT DIFFERENT	
WELL-BEING	WELLNESS
More related to	More related to
<ul style="list-style-type: none"> • material and economic factors, e.g. standard of living, subsistence, education, availability of food and services • abstract aspects, e.g. freedom • subjective well-being, e.g. quality of life, happiness, life satisfaction • non-material well-being, e.g. getting away from everyday routines, relaxation, peace, nature • active enjoyment and indulgence, e.g. physical activity, professional training, wellness technology 	<ul style="list-style-type: none"> • self-responsibility • proactivity and conscious decision making • a self-discovery lifestyle • material well-being, concrete products and services • commerciality, e.g. used as a marketing gimmick and fashionable catchword • hedonistic consumption • experiences • five-star settings • high-quality, even luxury • pampering and indulgence • passive enjoyment, e.g. spa and beauty treatments

In the literature, well-being is frequently connected to material and economic factors, such as the standard of living, subsistence, and education, but also to more abstract aspects like freedom. Moreover, well-being also entails more subjective facets, and is thus paralleled with concepts of quality of life, happiness, and life satisfaction. It is often seen as a non-material well-being, which can be pursued through getting away from everyday routines, relaxation, peace, and nature. Furthermore, it can also refer to a wide range of active enjoyment and indulgence, consisting of, e.g. physical activity, professional training, and technological equipment.

Wellness, in turn, is understood as a lifestyle of self-discovery, which is pursued through self-responsibility, proactivity, and conscious decision making. It is also more related to material well-being, concrete products and services, and commerciality. Furthermore, wellness reflects hedonistic consumption in terms of, e.g. experiences, high-quality, pampering, and indulgence and is, therefore, viewed as a more passive enjoyment through, e.g. spa and beauty treatments.

Data and analyses

After addressing the first research question by a literature review, we move on to the second research question and the empirical part of the study. In order to examine how tourism professionals understand and use the concepts of well-being and wellness, structured qualitative interviews were conducted at the Matka 2013 tourism fair in Helsinki (January 18th, 2013). The data consists of 22 interviews, of which 16 were with tourism businesses and 6 with destination marketing organisations (DMOs). The interviewees (19 organisations) were selected among the tourism fair exhibitors who, according to their own statement, operated in the well-being tourism sector. Additionally, three organisations (Spa Hotel Päiväkumpu, Sunborn Group, and Oy Aurinkomatkat Suntours Ltd) were selected as they were significant actors within the sector.

The interview questions were based on previous literature. From the ten questions, three were analysed in the current study: i) How significant is the growing well-being trend for your organization/destination? ii) Which term, well-being or wellness, do you use in the activities and marketing of your organization/destination? How do you define and separate these terms? iii) What are the most significant well-being tourism products and services of your organization/destination now and in the future?

The interviews were conducted by students of the advanced level course “Tourism research and the future of tourism” at the Turku School of Economics. Notably, some interviews were concise and strictly followed the predetermined structure, while others were more discursive, but still covered all the themes. All interviews were recorded and transcribed.

Content analysis was applied to the analysis of the interviews. To examine how the empirical data corresponded to the conceptual discussion in the literature, the data was themed according to the similarities and differences of well-being and wellness (see Table 1). In order to avoid a research bias, the two researchers first analysed the data individually, after which they compared the themes and combined them in a mutual understanding.

Results of the study

Organisations and their main offerings

In order to understand how the organisations were positioned in the wellness industry, they were first classified according to the sector they operate in. After this, the organisations were examined in relation to their main product and service categories that were emphasised by the interviewees. The organisations and their offerings are presented in Table 2. The spas and hotels included nine organizations, mainly spa hotels, but also few smaller actors and larger hotel chains. Common to all, was that they offered accommodation and various treatments and activities in their own or in their partners’ spa-like facilities. The tour operators and travel agents consisted of seven service providers varying from large tour operators to small actors that operate in a narrow niche market. All, however, offered different kind of wellness tours and

packages, mainly to the outbound tourism market. The destination marketing organisations (DMOs), in turn, comprised of six municipalities or larger tourism destination areas.

All spas and spa hotels offered somewhat similar well-being and wellness products and services. Interestingly, the respondents rarely mentioned the traditional spa and beauty treatments, e.g. massage, manicure, or pedicure. Instead, they emphasised more creative offerings, such as “a sleep product”, a silent room, a salt chamber, and a detox-package. The same seemed to apply to fitness and physical activities. Besides traditional fitness activities, e.g. swimming, gym, and instructed classes, new indoor activities were constantly introduced. Furthermore, nature was seen as a focal source of well-being and experiences. The supply of outdoor fitness activities consisted of a wide variety of activities, such as golf, skiing, horse riding, snowshoeing, and snowmobile safaris. Also more passive and relaxing products like sensory walks were available. All in all, this illustrates, that the basic treatments and fitness offerings are indeed needed, but not sufficient on their own. According to the data, there seems to be a constant pressure for developing new and innovative products and services that meet the customers’ expectations and offer them new experiences.

Moreover, workplace wellness was an important product category for many spas, especially those that have grown out of the rehabilitation services. Particularly the Russian tourists were seen as a growing customer segment. In addition, only few respondents related food and culinary experiences to well-being, even though healthy eating and nutrition form one of the main sectors of the wellness industry. Also, culture in a form of historical events, museums, and concerts, was mentioned in some interviews.

Table 2. Organisations according to the sectors and product and service categories.

Sector	Organization	Product & service categories							Unique offerings
		Spa & treatments	Activities & Workplace	Wellness tours	Nature	Culture	Culinary		
Spas and hotels	Hotel Haikko Manor		X						Sleep product
	Kasnäs Archipelago Spa	X		X					Silent room
	Spa Hotel Päiväkumpu	X	X						Salt chamber
	Sunborn Group (Naantali and Ruissalo Spa)	X	X					X	Detox packages
	Vanajanlinna	X	X					X	Golf, skiing, snowmobile safaris
	Imatra Spa	X	X	X		X			
	Koivuniemi Wellness Center	X	X	X		X	X		Natural treatments, Sensory walks, Celtic summer event
	Restel Hotel Group	X							
	Holiday Club	X		X					
Tour operators and travel agents	Oy Aurinkomatkat Suntours Ltd		X		X				Wellness package tours, Spa hotels
	Matkavekka				X				Spa hotels
	Matkaseniorit/Blue Sky Travels				X				Senior wellness tours
	Mr Travel				X				Spa hotels
	Oy Traveller Ab				X				China
	ATC Loistoristeilyt				X				Cruises
	Raya Group		X						Diving, snorkelling, fishing
DMOs	Loviisa								
	Somero		X					X	
	Vaasa	X					X	X	
	Parainen		X						
	Salla								Previously natural treatments and development projects
	Kaakko 135° (Porvoo)								Referred to Hotel Haikko Manor

The tour operators and travel agents offered wellness packages to different destinations. In addition to Estonia and Thailand, which are popular destinations for Finnish well-being tourists, also, e.g. the Canary Islands and China were mentioned. Suntours targeted its wellness packages to a wider audience while Blue Sky Travels concentrated on a specific segment of senior travellers. All organisations relied

on their partners, e.g. spa hotels and cruise ships, for the supply of well-being and wellness products and services. The only exception was Raya Group, which did not offer package tours, but different kinds of excursions, e.g. scuba diving, snorkelling, fishing, and sailing.

The ability of the destination marketing organisations to describe their well-being tourism offerings was surprisingly weak. Some understood well-being tourism from a very wide perspective, covering all kinds of activities and facilities related to sport, leisure and culture. Others, in turn, could hardly name any well-being and wellness products or services in their destination area. This result is somewhat confusing. Even though these DMOs were not the most important well-being tourism destinations in Finland, the organizations themselves had stated that they operated in the well-being tourism sector.

Well-being versus wellness

In the next phase of the analysis, we examined whether the content and use of the concepts of well-being and wellness among industry professionals respond to the literature. The analysis was based on the conceptual similarities and differences of the literature review (cf. Table 1), and the results of the empirical analysis are summarised in Table 3. First, the main product and service categories are listed, after which some direct quotes (translated from Finnish) describe the similarities and differences of the concepts. The top part of the table represents the organisations which emphasised the similarities between well-being and wellness, while the rest of the table is divided into two columns according to whether the organisations preferred the term well-being or wellness.

It could be assumed that different sectors of the well-being tourism have specific traditions in the use of basic concepts. According to the data, however, this was not the case. Furthermore, the use of well-being or wellness was not dependent on the organisation's products and services as all three groups included offerings related to various product and service categories.

Six organisations used both well-being and wellness, or did not know which one was more commonly used. Out of these six, one represented spas and hotels (Kasnä Archipelago Spa), two tour operators and travel agents (Matkavekka, Raya Group), and three DMOs (Loviisa, Somero, Vaasa). None of the interviewees were able to make an accurate distinction between the concepts. However, three felt that there is a slight difference and stated, for example, that "*Well-being is a wider concept than wellness*" or "*There is a slight difference, but a lot in common, so it is the same*".

Table 3. Similarities and differences of well-being and wellness according to the data.

WELL-BEING AND WELLNESS – SAME, SAME... (6 organisations used both terms)	
<p>Product and service categories:</p> <ul style="list-style-type: none"> • Spa and treatments • Activity and fitness • Workplace wellness • Wellness tours • Nature • Culture <p>Quotes on similarities and differences:</p> <ul style="list-style-type: none"> • “there is a slight difference, but a lot in common, so it is the same” • “well-being is a wider concept than wellness” • “well-being includes more treatment packages” • “wellness is understood as “hyvinvointi” • “wellness is pampering” 	
...BUT DIFFERENT	
<p style="text-align: center;">WELL-BEING (3 organisations preferred the term well-being)</p> <p style="text-align: center;">Product and service categories:</p> <ul style="list-style-type: none"> • Spa and treatments • Activity and fitness • Nature • Culinary <p>Quotes on similarities and differences:</p> <ul style="list-style-type: none"> • “well-being is a wider concept than wellness” • “well-being is more related to active activities that produce well-being, e.g. biking, canoeing and being in the nature” • “wellness is more passive than well-being, and is related to, e.g. body treatments and massage – something that someone else does to your body” 	<p style="text-align: center;">WELLNESS (13 organisations preferred the term wellness)</p> <p style="text-align: center;">Product and service categories:</p> <ul style="list-style-type: none"> • Spa and treatments • Activity and fitness • Workplace wellness • Wellness tours • Nature • Culture • Culinary <p>Quotes on similarities and differences:</p> <ul style="list-style-type: none"> • “well-being is a wider concept than wellness” • “well-being is more related to health care services” • “wellness product includes both physical and mental aspects” • “wellness is more related to physical well-being, e.g. fitness activities and hiking” • “wellness is more related to spa treatments” • “the term “wellness centre” is used when marketing well-being to foreign tourists” • “wellness is related to, e.g. different treatments, health care, and a wine menu, i.e., aspects of the body, mind, and spirit” • “wellness refers to activeness and activities” • “well-being and wellness are both marketing terms”

Only three organizations, two spas and hotels (Hotel Haikko Manor, Vanajanlinna) and one DMO (Parainen) used well-being in their business activities. Characteristically, the interviewees stated that their organisations had somehow considered the content and use of the terms and had ended up using well-being. One interviewee defined that “*Well-being is more related to active activities that produce well-being, e.g. biking, canoeing and being in the nature*” and that “*Wellness is more passive*

than well-being, and is related to, e.g. body treatments and massage – something that someone else does to your body". These organisations were also the ones strongly against the use of foreign terms, and one stated that "...so we have *Wellness centre, Fitness centre, and Beauty centre in our spa, but we are not happy with these English terms*" while another said that "*We avoid using foreign terms... we prefer using Finnish terms*".

A clear majority, 13 organisations, preferred the term wellness over well-being. Six of them represented spas and hotels (Spa Hotel Päiväkumpu, Sunborn Group, Imatra Spa, Koivuniemi Wellness Center, Restel Hotel Group, Holiday Club), five tour operators and travel agents (Oy Aurinkomatkat Suntours Ltd, Matkaseniorit/Blue Sky Travels, Mr. Travel, Oy Traveller Ab, ATC Loistoristeilyt), and two DMOs (Salla, Kaakko 135°/Porvoo). Notably, eight organisations used the term wellness, but could not define how it differed from well-being. One interviewee stated that "*I don't know the difference, and I don't believe that there is one*", while another one even suggested that "*The customers don't know the difference*". However, well-being and wellness were distinguished from each other by statements like "*Well-being is more related to health care services*", "*Wellness is related to, e.g. different treatments, health care, and a wine menu i.e. aspects of the body, mind, and spirit*", and "*Wellness is more related to spa treatments*". Furthermore, five interviewees somehow related wellness to commerciality, marketing, and commodification by stating that "*It's all part of strategy and concept*" and "*Well-being and wellness are both marketing terms*".

Conclusions and discussion

The purpose of this study was to examine the similarities and differences of well-being and wellness through a literature review, and analyse whether these concepts are understood and used consistently within the tourism industry. The literature review revealed certain similarities but also clear differences between well-being and wellness. Both terms refer to the balance of physical, mental, and social well-being, and focus on enhancing and maintaining health and well-being. Well-being, however, is a wider concept and often associated with material and economic factors, e.g. the standard of living, subsistence, and education, but also with more subjective facets of quality of life, happiness, and life satisfaction. Wellness, in turn, is more personal in nature and refers to an individual's self-responsibility and healthy lifestyle. Furthermore, especially in tourism research, well-being is associated with active enjoyment, such as physical activity and professional training, whereas wellness is more about passive enjoyment and pampering through, e.g. spa and beauty treatments.

The results of the study can be combined into three main points, which also offer interesting managerial implications. First, according to the results, the understanding of the similarities and differences between the concepts was surprisingly weak among the industry professionals. Regardless of the well-being tourism sector or the product and service offerings, the use of the concepts was inconsistent. Most of the interviewees were neither able to define the terms nor make a clear distinction between them. Nevertheless, wellness was found to be far more popular than well-being among the

organisations. The reason for the wide use of wellness can only be speculated, but it is probably considered as a more fashionable term due to its over-use in the commercial forums. However, the popularity of the wellness term among the organizations is a significant finding, as it contradicts the recommendations of the Finnish Tourist Board (2005; 2008; 2014), which has striven to develop a common strategy and guidelines for marketing Finnish well-being tourism. It can be argued that the message of the Finnish Tourist Board is not currently filtering down to the industry. There seems to be a need for reasserting the link between the tourism research, marketing, and development organizations and the actual well-being tourism service providers. The valuable strategy work is worthless if not communicated and executed properly at the industry level. Furthermore, there seems to be a lack of understanding and even ignorance of how important conceptual clarity is for the formation of tourists' expectations and experiences.

Second, in relation to the literature review, only a few conceptual differences were addressed in the interviews. Well-being was understood as a wider concept than wellness, even though the interviewees were not able to specify exactly how. Also the contradiction between active and passive was mentioned. Well-being was related to physical activity, and wellness to passive pampering. However, the close connection of wellness and fitness, in turn, created confusion by bringing an active component to wellness. In addition, wellness was related to commerciality and marketing and seen as a part of the total offering and strategy. Interestingly, high quality and luxury were not addressed, even though they are considered as the main attributes that differentiate wellness tourism from well-being tourism (FTB, 2005; 2008; 2014). Neither was the role of experiences directly discussed, but it came up indirectly in discussions related to the constant pressure to develop new and innovative products. Accordingly, wellness communicates high-quality, luxury, and a promise of experiences. This is a managerial issue because using wellness as a mere marketing gimmick and a fashionable catchword is likely to lead to false expectations and unsuccessful tourism experiences.

Third, the analysis offered insight into the product and service offerings of Finnish well-being tourism, which consists of the basic well-being offering "*Finrelax*®" and two specifically targeted offerings, "*Health and fitness*" and "*Pampering*" (FTB, 2008; 2014). Interestingly, besides silence, relaxation, and nature, the elements of the basic offering hardly came up in the data. For instance, Finnish sauna and sauna services were mentioned by only two respondents. This can be partly explained by the fact that sauna is a central element of spa offerings and Finnish culture, and so obvious that it is not even mentioned. However, sauna cannot be taken for granted, especially when foreign tourists are being targeted. Finnish food was also not discussed, even though a few interviewees related culinary experiences to well-being and wellness tourism. On the contrary, products and services of "*Health and fitness*" and "*Pampering*" were frequently addressed. In relation to the domains of well-being, the interviewees pointed out numerous products and services that enhanced physical and mental well-being. Social well-being was not directly addressed, but it came up indirectly when customer types, such as couples, families, and groups of friends were

mentioned. Especially in tourism, the social dimension is central, offering various business opportunities when combined, e.g. with culinary experiences.

As with any study, there are certain limitations that need to be discussed. First, this study is limited to the Finnish context. Due to the theoretical basis as well as cultural and linguistic matters, it cannot be applied to other contexts as such. Second, there are also limitations in the methodology. However, in order to increase the validity and reliability certain actions were taken: the interviewees were briefed in advance, structured interviews were used, all interviews were recorded and transcribed, and two researchers conducted the analysis. Furthermore, all interviewees may not have been the best candidates for a discussion on the conceptual issues in their organisation. However, working at the tourism fair, they were representatives of their organisations, and should have been able to answer the questions adequately.

The current study emphasises the significance of conceptual clarity in well-being tourism, and confirms that there are severe inconsistencies in the use of the key concepts. Therefore, further research is highly needed and essentially requires collaboration with the well-being tourism industry. This work has to be consistent and long-term, as temporal projects do not have a long lasting effect, but instead, may even hinder the development, as stated by one respondent in this study.

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