WESTERN SYDNEY UNIVERSITY

Consumers' Behavioural Intentions in Wellness Tourism: Insights from Hainan, China

Kaixin Wangzhou

Supervisors: Dr. Julie Jie Wen

Dr. Felicity Picken

Submitted in fulfilment of the requirements for the degree of

Doctor of Philosophy

School of Social Sciences

Western Sydney University

2022

Abstract

Wellness tourism has become a popular trend of tourism activity in the 21st century for people to meet the needs of wellness and leisure. As a sunrise industry, wellness tourism has great market potential and prospective future in China. Hainan, the only tropical island in China, has great advantages in developing wellness tourism. Hainan has a pleasant climate and picturesque scenery, its nature environment and unique features attract tourists from all over the world. Given the importance of the wellness tourism industry in Hainan, wellness tourist consumption behaviour needs to be further explored. However, there is a limited study in exploring the consumptive profiles of wellness tourists. In order to fill the gaps of the research in wellness tourism, this study chose wellness tourists as the research subject for the study of consumer behaviour to identify the needs of wellness tourists, factors influencing the tourist needs, and their degree of influence on the choice of wellness tourism.

The theory of planned behaviour (TPB) was applied as the guiding theory based on a comprehensive literature review. As one of the most widely used theories in the research of attitudes and behavioural intentions, the theory of planned behaviour can explain the influence of psychological factors such as attitude, subjective norm, and perceived behaviour control on behavioural intentions. Based on the TPB, this study constructed an extended theory of planned behaviour model to explore the behavioural intentions of wellness tourists. The research continued to focus on the four constructs that have been identified as the most important factors in influencing behaviour: attitude, subjective norm, perceived behavioural control, and behavioural intention. In addition, past behaviour also served as a construct in the modified theory of planned behaviour model along with two new variables (perception of tourist destination and wellness lifestyle) as explanatory variables on travel intention. Perception of destination was introduced as a mediator and wellness lifestyle as a moderator to predict behavioural intention. These two new variables were included in the extended model in order to test their roles in the theory of planned behaviour.

The aim of this research was to achieve the following objectives: (1) To identify the socio-demographic profiles of wellness tourists in Hainan; (2) To analyse the factors including attitude, subjective norm, perceived behavioural control, past behaviour, perception of the tourist destination and wellness lifestyle attributes that affect Chinese people's travel intention of wellness tourism; (3) To test the relevance of the original TPB model and develop an extended TPB model (ETPB).

As the purpose of this study was to gather data to extrapolate meaningful results based on an existing theory, this research utilised a quantitative approach guided by post-positivism as the main research paradigm. Qualitative research method was also selected in order to answer the social and behavioural phenomena. The data analysis was divided into three parts: semi structured interviews, the pilot survey and main survey. The data from the semi-structured interviews were analysed by using thematic analysis. There were 20 interview respondents, aged between 26 and 61 years. The semi-structured interview was designed to improve the questionnaire in the quantitative phase. Before the large-scale distribution of the questionnaire, a pilot survey was conducted to optimize the scales. Reliability and validity of the scales were conformed through item analysis, exploratory factor analysis (EFA) and reliability analysis. Based on the results of exploratory factor analysis of the pilot survey, the determinants of behavioural intention of wellness tourism were investigated through empirical analysis. SPSS 24.0 (Statistical Package for Social Sciences) program and AMOS 17.0 (Analysis of Moment Structure) software were used to code and analyse the full data set. SPSS was used to deal with the descriptive statistics, ANOVA and Cronbach's alpha statistics. AMOS was introduced to analyse the structural equation models. Due to the impact of COVID-19 pandemic, there were 1,629 valid questionnaires collected online from the main survey. Descriptive analysis and variance analysis were conducted to examine the influence of socio-demographic variables. This study followed the two step analytical approach of structural equation models, confirmatory factor analysis (CFA) was applied first to test the structural validity of individual scale by applying the method of maximum likelihood estimation (ML), and the structural models were assessed to specify the relationships between the constructs. The hypotheses of the extended TPB (ETPB) model were examined through structural equation modelling (SEM). The mediating effect of perception of tourist destination and the moderating effect of wellness lifestyle were verified.

The results showed that subjective norm, perceived behavioural control, past behaviour, perception of tourist destination and wellness lifestyle were significantly related to behavioural intention of wellness tourism. Perception of tourist destination was found to function as a mediating variable in the formation mechanism of travel intention of wellness tourism. In addition, the moderating effect of wellness lifestyle has also been tested and verified in the relationships between subjective norm, perceived behavioural control and travel intention of wellness tourism in the ETPB model. Surprisingly, attitude toward wellness tourism was found to exert no direct effect on travel intention of wellness tourism, yet it indirectly predicted travel intention through perception of tourist destination. Moreover, wellness lifestyle failed to moderate the relationship between attitude toward wellness tourism and travel intention.

The findings of this study make a substantive contribution to the field of wellness tourism research. This study not only caters to the needs of people for well-being and leisure in the process of rapid economic development, but also captures the essence of wellness tourism. It fills the gap of current wellness tourism theory, and further improves the theory of planned behaviour.

Key words: perception of tourist destination, theory of planned behaviour, travel intention, wellness lifestyle, wellness tourism

Acknowledgement

I would like to express my gratitude to all those who helped me during the writing of this thesis.

My deepest gratitude goes first and foremost to Dr. Julie Wen, my principal supervisor, for her constant encouragement and guidance. She has walked me through all the stages of the writing of this thesis. She has spent much time reading through each draft and provided me with inspiring advice. Her standards of academic excellence have made my revision an exciting and gratifying experience. Without her consistent and illuminating instruction, this thesis could not have reached its present form. Also, I would like to express my heartfelt gratitude to my second supervisor, Dr. Felicity Picken, who has offered me valuable suggestions in the academic studies. She has devoted a considerable portion of her time to reading my manuscripts and making suggestions for further revisions. The completion of this thesis would not have been possible without my supervisors' patient instruction, insightful criticism and expert guidance.

Furthermore, I would like to dedicate this thesis to my husband and kids for their loving considerations and great confidence in me all through these years. Particularly, I would like to express my sincere gratitude to my parents, as they took good care of my life and gave me a lot of encouragement when I was working at this thesis. I feel much grateful and heartily owe my achievement to them.

Last my thanks would go to my friends who gave me their help and time in listening to me and helping me work out my problems during the difficult course of the thesis.

Statement of Authentication

The work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the text. I hereby declare that I have not submitted this material, either in full or in part, for a degree at this or any other institution.

Table of Contents

List of Tables

List of Figures

Table of Abbreviations

ANOVA	Analysis of variance
ATT	Attitude
CFA	Confirmatory factor analysis
EFA	Exploratory factor analysis
ETPB	Extended theory of planned behaviour
LIFE	Wellness lifestyle
NORM	Subjective norm
PB	Past behaviour
PBC	Perceived behavioural control
PER	Perception of tourist destination
SEM	Structural equation modelling
TPB	Theory of planned behaviour
TRA	Theory of reasoned action
WHO	World Health Organisation

Chapter 1. Introduction

1.1 Research case

A report released by the Global Wellness Institute at the event of the World Travel Market in London shows that from 2015 to 2017, the global wellness tourism industry grew by nearly 7% annually, reaching $639 billion in 2017 (Skoumpi et al., 2021), which was more than twice as fast as the overall tourism revenue (GWI, 2017). The wellness economy grew by 10.6% despite the world economy retracting by -3.6% from 2013-2015 (GWI, 2017; Sibi & Sherry, 2017). The scale of the global wellness economy industry has increased from US $4.3 trillion in 2017 to US $4.9 trillion in 2019, with an average annual growth rate of 6.6%, significantly higher than the global GDP growth rate of 4.0% (GWI, 2021). Since the world suffered the COVID-19 crisis from 2020, the wellness economy industry as well experienced a decline in the scale and revenue. However, the "negative growth" of all forms of economies around the world has become a common phenomenon due to the pandemic (Song & Zhou, 2020).

Although Europe and North America are currently leading the wellness tourism market, analysts point out that health tourism in the Asia-Pacific region has been regarded as one of the most potential and significant industries in the past ten years and is the fastest growing market (Csirmaz & Pető, 2015; Milenkovski et al., 2018). According to the GWI (2018), China and India were the strongest performers, with an increase of about 22 million and 17 million wellness tourists from 2015 to 2017, respectively (GWI, 2018). Even during the COVID-19 pandemic period, China ranked the fourth among the top twenty wellness tourism destinations, with the wellness tourism spending of $19.5 billion in 2020 (GWI, 2021). The Asia Pacific region was one of the largest wellness markets among the globe with the fastest growth rate of 8.1% from 2017 to 2019. In addition, the wellness industry in the Asia Pacific region had the least shrinkage of the scale with

a small negative growth rate of 6.4% during the COVID-19 pandemic period from 2019 to 2020 (GWI, 2021).

The COVID-19 public health crisis in 2020 has adversely impacted the whole wellness market, including the wellness tourism industry. However, with the recovery of the global economy from the influence of the pandemic, and the increasing interest and awareness of consumers on wellness or healthy lifestyle, the scale of the wellness economy is projected to exceed the peak level before the pandemic in 2019 and increase to nearly $7 trillion by 2025 (GWI, 2021). The Global Wellness Institute has forecast that wellness tourism, spa and thermal/ mineral spring sectors are expected to recover and develop rapidly post COVID-19. The average annual growth rate of wellness tourism is anticipated to increase by 20.9% from 2020 to 2025 (Phuthong et al., 2022). For example, according to government data, in 2021, Boao Lecheng pilot zone of international heath tourism in Hainan, China received nearly 130 thousand medical and wellness tourists, with an yearly growth rate up to 90 percent (Hainan Daily, 2022).

Therefore, the wellness tourism industry offers more economic opportunities for many travel-related businesses. For example, traditional Chinese wellness practices, including a range of traditional Chinese medicine treatments, acupuncture, meditation, herbal medicine and diet programs, are targeting tourists with health preserving needs (Heung & Kucukusta, 2013). At present, with the rapid changes taking place in China's society, politics and economy, people's living standards have been continuously improved. The Reform and Opening up Policy in the past 40 years has led to the rapid economic growth in China (Zhang et al., 2012). Figures published in National Bureau of Statistics of China (2018, 2022) show that the gross domestic product (GDP) reached 90.03 trillion yuan in 2018, with an increase of 6.6% over the previous year (National Bureau of Statistics of China, 2018). China has become the second largest economic entity in the world (Guang et al., 2014; International Monetary Fund, 2017). Although the COVID-19 pandemic has caused great pressure to China's economy, it is periodical and temporary. According to the latest data of China's economy in 2021, the gross domestic product (GDP) of China in 2021 exceeded 114 trillion yuan, grew by 8.1% compared with a year earlier and was with an average growth of 5.1% in the two years (National Bureau of Statistics of China, 2022).

The booming economy drives the growth of leisure and recreational demand in China. Before the disruption of COVID-19 crisis, the number of Chinese residents travelling domestically had increased more than ten times from 205 in 1994 to 2,483 million in 2014 (Shen et al., 2018). Besides, the disease prevention and control policies across national borders during the pandemic have also made people travel more domestically than internationally. For example, in 2020, the number of domestic wellness trips in the Asia Pacific region accounted for 93% of the total number of the trips (GWI, 2021).

However, the population in China is aging, as people aged 60 and over take up almost 14% of the total population in China and a quarter of the world's aged population (Kinsella & Velkoff, 2002). It is expected that there will be 400 million aged Chinese by 2050 (Cai et al., 2018; Hu, 2013). The change of population structure will inevitably lead to changes in social needs. The baby boomers are more enthusiastic in seeking healthy lifestyles and they have also been targeted as one of the key demographic markets for wellness tourism (Smith & Puczkó, 2008, 2015). The endless pursuit of health and the growth in disposable income have contributed to the growing level of interest in wellness tourism in China (Heung & Kucukusta, 2013). In addition, the popularity of applying alternative therapies to maintain a balanced body and mind has stimulated the demand of wellness tourism (Voigt et al., 2011).

Major tourism cities in China are now actively utilising their tourism resources and exploring potential demand of wellness tourists. Through providing high-quality wellness tourism services and building wellness tourism as a platform, destinations are hoping to create distinctive wellness tourism brands. Some provinces in China view wellness tourism as a rising star, and they gather the resources of the whole province in order to create a series of wellness tourism clusters, striving to become the leading places of wellness tourism at home and abroad (Wu & Guo, 2014).

Generally, countries with a strong wellness tourism sector have high-quality tourism resources and complete supporting facilities including financial and policy support. Countries that are well-known for wellness tourism, such as Thailand, Malaysia and India, all have quality services at affordable cost, a vast supply of excellent doctors and other medical practitioners, a strong presence

in advanced healthcare (e.g. cardiovascular, organ transplants), high success rate in operations, internationally accredited hospitals and doctors, and diversity of tourism destinations and experiences (Bookman, 2007; Connell, 2006; Sarwar, 2013). Wellness tourism resources develop through the integration of existing tourism resources and health resources. In other words, countries or cities with more resources tend to have more advantages in developing wellness tourism.

Hainan, the only tropical island in China, has great advantages in developing wellness tourism (see Figure 1-1). Hainan has a pleasant climate and picturesque scenery. The temperature of seawater is generally 18-30 degrees Celsius with abundant sunshine through all seasons. People can take sea bathing, sunbathing, sand bathing and wind bathing most of the year. Along the coastline of Hainan Island, the popular five natural elements (sunshine, seawater, beach, ecological environment and fresh air) attract tourists from all over the world (Hainan Almanac Net, 2019). In addition, Hainan has rich tropical traditional medicine resources, low population density and great potential for development. According to statistics, the total number of tourists in Hainan Province was 67.4 million in 2017, with a year-on-year growth of 12% (Hainan Provincial Bureau of Statistics, 2018). The total tourism revenue was 81.2 billion yuan, increasing by 20.8% over the past year (Department of Tourism Culture Radio Television and Sport of Hainan Provice, 2018; Hainan Provincial Bureau of Statistics, 2018). From 2013 to 2016, the total number of visitors to Hainan increased by 10.6%, 11.43% and 12.9% respectively for three consecutive years (The People's Government of Hainan Province, 2017). This means the average number of tourists in Hainan has increased steadily at a rate of more than 10 percentage per year (Liu, 2018). It is also worth noting that Hainan, as a rather low risk area in terms of the COVID-19 pandemic, is welcoming new opportunities for tourism growth and supporting the island as a healthy place. In the 2022 Chinese New Year celebrations, the scenic spots in Sanya received nearly 1.1 million tourists, with an increase of 34.28% from last year, even higher than the number of visitor in the 2019 Chinese New Year Golden Week before the outbreak of COVID-19 (Wang, 2022).

Figure 1-1: Map of Hainan

Source: Lonely Planet (2018).

Hainan's abundant tourist resources provide a broad market for the future development of wellness tourism. In terms of policy, *Several Opinions of the State Council on Promoting the Construction and Development of the Hainan International Tourism Island* (The State Council, 2009) and *Some Opinions of the People's Government of Hainan Province on Enhancing the Development Quality and Level of the Tourism Industry* (The People's Government of Hainan Province, 2016) jointly put forward the policy direction of an innovative tourism development concept, optimisation and upgrading of the tourism industry, and development of eco-tourism (The People's Government of Hainan Province, 2016; The State Council, 2009). In January 2019, The People's Government of Hainan Province (2019) issued the *Hainan Health Industry Development Plan (2019-2025)*, proposing to build a model based on "one nuclear, two poles and three zones" with Boao Lecheng Pioneer Zone as the core. Hainan presents a unique pattern for tourism development in the Pioneer Zone, the northern region focuses on promoting high-end well-being services (advanced medical centers with western practice such as anti-aging treatment, stem cell transplantation and immunotherapy), while the whole region is also committed to promoting traditional Chinese wellness tourism, fitness leisure with marine features, health management services, and

rehabilitation and health care, featuring hot springs, sand therapy, tropical rain forests, green agriculture and other related tourism products and services (The People's Government of Hainan Province, 2015). The main target population for the Boao Medical Pioneer Zone is the high-income tourists from home and abroad. Therefore, the wellness tourism industry in Hainan Province has been highly valued by the state and the provincial government. With their support, the establishment of Hainan Free Trade Port and International Tourist Island, it has become urgent to conduct research into wellness tourism in order to better allocate the right resources and meet the needs of tourists.

The study of tourists is crucial in the research of tourism (Smith et al., 2010). Therefore, given the importance of the wellness tourism industry in Hainan, wellness tourist consumption behaviour needs to be further explored. However, existing studies of wellness tourism are mainly limited to economic issues such as production and tourism, supply-side issues such as business networks or marketing and promotion of tourism (Heung & Kucukusta, 2013; Mueller & Kaufmann, 2001; Ordabayeva & Yessimzhanova, 2016; Page et al., 2017). There is a lack of studies in exploring the consumptive profiles of tourists (Bristow & Yang, 2015; Lim et al., 2016; Voigt et al., 2011), let alone the study of wellness tourist consumption behaviour in Hainan. Tourist consumption behaviour reflects tourists' aesthetic taste, emotional pursuit, personality and attitude. It is the result of knowledge accumulation and the psychological preferences of tourists, along with the demands of culture, tradition and social customs. Wellness tourists participate in wellness tourism activities to satisfy an emotional desire, maintain and preserve health and seek ideal self-concept (Mueller & Kaufmann, 2001). Therefore, understanding the consumer behaviour, and especially its determinants, can help to design appropriate strategies for wellness tourism in Hainan Province.

A lack of research into wellness tourist behaviour in Hainan can result in the confusion of marketing inefficient strategic plans, and the misconception of tourism product design. For example, although there are many wellness tourism products and routes in Hainan Province, few of them integrate the concept of wellness and meet the needs of consumers. The wellness tourism project still needs to be further designed and perfected (Liu, 2018). Hence, it is of vital importance

to research consumer behaviour and influencing factors on the wellness tourism decision making of wellness tourists in Hainan.

This study intends to provide insights on consumer behaviour in order to identify the needs of wellness tourists, factors influencing the tourist needs, and their degree of influence on the choice of wellness tourism, by empirical analysis of potential wellness tourists in Hainan. It is expected that the findings of the research will make a substantive contribution to the field of wellness tourism research and provide recommendations to the wellness tourism industry in understanding the needs of wellness tourists and optimizing the development of the tourism industry.

1.2 Definitions of wellness tourism

A range of definitions of wellness tourism are examined in this section (Bushell & Sheldon, 2009; Goodrich, 1994; Mair, 2005; Smith & Puczkó, 2008). Although there are many kinds of concepts about wellness tourism, there is no accurate and unanimous definition. How to define wellness tourism depends on the circumstances and authors. First of all, wellness tourism is a type of special interest tourism that focuses on human health in a more preventative way (Cambourne et al., 2003; Lehto et al., 2006). Also, most of the research considers wellness tourism as a sub-category of health tourism (Bushell & Sheldon, 2009; Smith & Puczkó, 2008). According to Smith and Puczkó (2008), wellness and health tourism consist of forms of tourism which focus on activities and practices that improve people's health and wellness, including the physical, psychological and emotional aspects of health. This holistic notion of wellness can be differentiated from medical tourism for example, which tends to focus on medical interventions as a sole priority (Smith et al., 2010). Wellness tourism includes leisure, recreation (pampering, sport and fitness, spas, adventures) and spiritual activities such as yoga, meditation and ashrams. Wellness tourist also seek integrity in mental, physical and spiritual health, rather than curing a specific disease. While medical tourism includes surgery in clinics and hospitals aimed at curing a specific disease, wellness tourism is more focused on preventative care and well-being (beauty treatment, water therapy and spa) (Mueller & Kaufmann, 2001). In other words, wellness tourism is a journey for people who are motivated to maintain or promote health in order to achieve a wellness state of physical,

psychological and spiritual harmony. Tourists are more likely to prioritize the improvement of the psychological and physical well-being in wellness travel, including balancing and rejuvenating the body, mind and spirit (Erfurt-Cooper & Cooper, 2009).

Based on Mueller and Kaufmann (2001) and Puczkó and Bachvarov (2006), the research defines wellness tourism as a kind of leisure activity for individuals whose motivation is to preserve or enhance their health and well-being, and who utilise various tourism facilities and means at a destination that are beneficial for maintaining and improving their physical, psychological, spiritual and social well-being as well as quality of work and life.

1.3 Research questions and hypotheses

Wellness tourists are of great significance in the study of wellness tourism. An insight into the influencing factors and mechanisms behind tourists' behaviour can better provide scientific basis for the favourable development of wellness tourism in China. The main research questions are "what factors determine potential tourist's behavioural intention in relation to wellness tourism in Hainan, and what are the relationships between these factors?" By addressing these research questions, it is expected that the research will help to reveal the mechanism of behavioural intention of wellness tourism, offer reference for the study of behavioural intention of domestic tourists, as well as to allow the tourism suppliers to meet the needs of wellness tourists and target the market effectively.

The research questions are related to the following hypotheses,

Hypothesis 1: Attitude, subjective norm, perceived behavioural control, past behaviour, perception of the tourist destination and wellness lifestyle are positively correlated to travel intention.

● 1a: Attitude has a significantly positive correlation to travel intention.

● 1b: Subjective norm has a significantly positive correlation to travel intention.

- 1c: Perceived behavioural control has a significantly positive correlation to travel intention.

- 1d: Past behaviour has a significantly positive correlation to travel intention.

- 1e: Perception of tourist destination has a significantly positive correlation to travel intention

- 1f: Wellness lifestyle has a significantly positive correlation to travel intention

Hypothesis 2: The relationship between tourist's attitude, subjective norm, perceived behavioural control, past behaviour and travel intention is mediated by the perception of tourist destination.

- 2a: Perception of tourist destination has a positive effect on the relationship between tourist's attitude and travel intention.

- 2b: Perception of tourist destination has a positive effect on the relationship between subjective norm and travel intention.

- 2c: Perception of tourist destination has a positive effect on the relationship between perceived behavioural control and travel intention.

- 2d: Perception of tourist destination has a positive effect on the relationship between past behaviour and travel intention of wellness tourism.

Hypothesis 3: Wellness lifestyle functions as a moderator between tourist's attitude, subjective norm, perceived behavioural control and travel intention of wellness tourism.

- 3a: Wellness lifestyle moderates the relationship between tourist's attitude and travel intention.

- 3b: Wellness lifestyle moderates the relationship between subjective norm of wellness tourism and travel intention.

- 3c: Wellness lifestyle moderates the relationship between perceived behavioural control of wellness tourism and travel intention.

Hypothesis 4: Tourist's attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and wellness tourism travel intention are significantly different depending on social-demographic variables (gender, age, income, education, occupation and family structure).

- 4a: Tourist's attitude towards wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and wellness tourism travel intention are significantly different among different genders.

- 4b: Tourist's attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and wellness tourism travel intention are significantly different among ages.

- 4c: Tourist's attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and wellness tourism travel intention are significantly different among different education levels.

- 4d: Tourist's attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, lifestyle and wellness tourism travel intention are significantly different among different income groups.

- 4e: Tourist's attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and wellness tourism travel intention are significantly different among different occupations.

- 4f: Tourist's attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and wellness tourism travel intention are significantly different among different family structures.

1.4 Theoretical framework

The theory of planned behavior (Ajzen, 1991) is applied as the guiding theory to address the research gaps. As one of the most widely used theories in the research of attitudes and behavioural intentions, the theory of planned behaviour comprehensively explains the influence of psychological factors such as attitude, subjective norm, and perceived behaviour control on behavioural intentions (Armitage & Conner, 2001). It has been applied by many researchers in the context of tourism (Han et al., 2010; Japutra et al., 2019; Quintal et al., 2015; Seow et al., 2017; Sparks, 2007).

Based on the theory of planned behavior (TPB), this study constructs a mechanism to explore the behavioural intentions of wellness tourists (see Figure 1-2). The research continues to focus on the four constructs that have been identified as the most important factors in influencing behaviours: attitude, subjective norm, perceived behavioural control, and behavioural intention (Ajzen, 1991). Attitude refers to the perception towards wellness tourism. Subjective norm is the tourist's perception of social normative pressures about whether they should participate in wellness tourism or not. Perceived behavioural control refers to the factors that promote or prevent individual's travel intention of wellness tourism. Behavioural intention is the behavioural intention of wellness tourism in the modified theory of the planned behaviour model. Behavioural intention is considered as the possibility of action, which is the action that individuals plan to take (Fishbein & Ajzen, 1975). In this research, behavioural intention of wellness tourism is the tendency of tourists participating in wellness tourism in Hainan in the future. In the theory of planned behaviour, the relationship between behavioural intention and behaviour is significant, and all motivational factors that may have impact on the actual performance of behaviour indirectly through behavioural intention. As long as there is an opportunity for action, intention can predict the occurrence of behaviour. If behavioural intention can be accurately measured, actual behaviour can be well predicted. Therefore, in this study, wellness tourism intention is taken as the dependent variable. Although past behaviour is not included in the theory of planned behaviour (Ajzen, 1991), researches have confirmed the effect of previous behaviour on behavioural intention or later behaviour (Abraham & Sheeran, 2003; Bamberg et al., 2003; Chien et al., 2012; Hsieh et al., 2016;

Ouellette & Wood, 1998). As Bamberg et al. (2003) suggests, the frequency of previous experience can be used as an independent predictor of subsequent behaviour, especially when the circumstances are stable. Therefore, past behaviour also serves as a construct in the modified theory of planned behaviour model along with attitude, subjective norm and perceived behavioural control to predict behavioural intention. In this research, past behaviour refers to the tourist's previous experience in wellness tourism before making upcoming travel decisions, including the process of the search for information, plan making and selection, perception of destination and the feedback after travelling. Theoretically speaking, when individuals have more positive past experiences, the stronger travel intention they may have toward wellness tourism. Therefore, the researcher employs attitude, subjective norm, perceived behavioural control and past behaviour as the independent variables to predict behavioural intention of wellness tourists, while introducing new variables (i.e. perception of tourist destination and lifestyle) as explanatory variables on travel intention. Because few studies are found on the perception of destination as a mediator and lifestyle as a moderator to predict behavioural intention (Park et al., 2017), the two new variables are included in the extended model in order to test their roles in the theory of planned behaviour.

To sum up, the variables involved in this research can be divided into five categories:

1) Independent variables (Attitude, subjective norm, perceived behavioural control and past behaviour);

2) Mediating variable (Perception of the tourist destination. Whether it has a positive effect on the relationship between the attitude, subjective norm, perceived behavioural control, past behaviour and travel intention;

3) Mediator variable (Lifestyle/ wellness lifestyle. Whether it affects the direction/or strength of the relation between independent variables (i.e attitude, subjective norm, perceived behavioural control) and the outcome variable;

4) Dependent variable (Travel intention /behavioural intention of wellness tourism);

5) Socio-demographic variables (The socio-demographic characteristics including gender, age, income, education, occupation and family structure will be tested through variance analysis).

The theoretical framework has been developed and depicted in the following Figure 1-2.
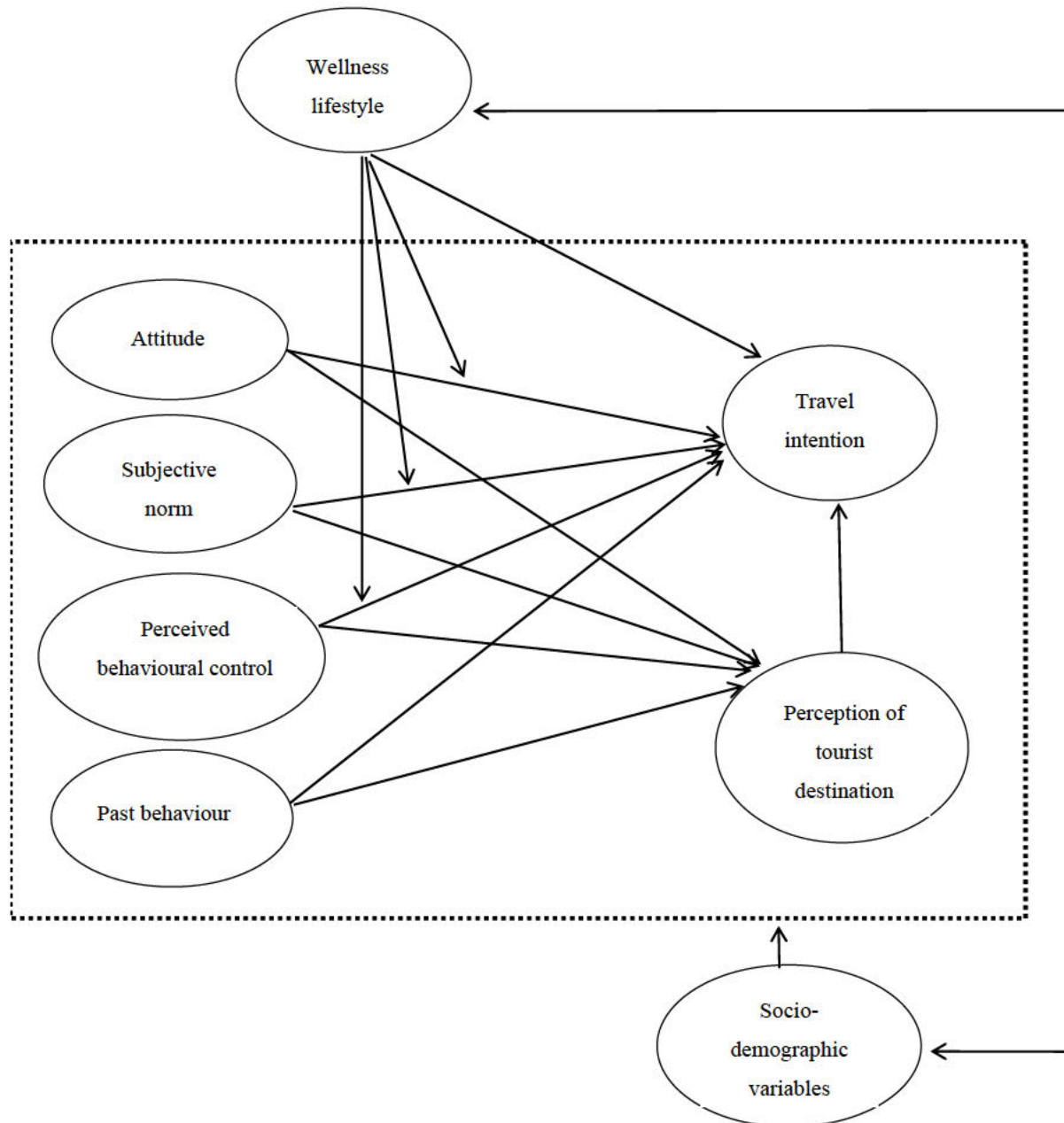
Figure 1-2: Theoretical framework

Source: Developed by the author.

1.5 Research aim and objectives

The aim of this study is to utilise the theory of planned behaviour (TPB) to understand Chinese people's travel intentions towards wellness tourism in Hainan. This research endeavours to achieve the following objectives:

(1) To identify the socio-demographic profiles of wellness tourists in Hainan.

(2) To analyse the factors including attitude, subjective norm, perceived behavioural control, past behaviour, perception of the tourist destination and wellness lifestyle attributes that affect Chinese people's travel intention of wellness tourism

(3) To test the relevance of TPB model and develop an extended TPB model

1.6 The structure of the thesis

The first chapter is introduction. The first part is the introduction of the research background, describing the development and the present research status of wellness tourism in China, and clarifying the research objectives and significance of the research. The concept of wellness tourism involved in this research is defined. After clarifying the limitation of current wellness tourism research, the research questions and relevant hypotheses are put forward. At the same time, the theoretical framework is developed, and the research methods are elaborated. Finally, the structure of the thesis is expounded to explain how and why chapters are structured.

Chapter Two is the literature review and discusses the related theories. Firstly, the forms of wellness tourism, the characteristics of wellness tourists, and main research areas on wellness tourism are summarised. Then, starting from relevant consumer behaviour theories, the development of the theory of planned behaviour is discussed in detail. According to the theory of planned behaviour, this research focuses on the determinants and mechanisms of behavioural intention of wellness tourism and explores new variables that may affect behavioural intentions. This chapter provides the foundation of research and theoretical support for this study.

Chapter Three is the development of the theoretical model and research design. It mainly focuses on the research paradigm, research strategy and design of the research. The questionnaire is developed based on the guiding theory and the variables sorted out in Chapter 2: Literature Review. Sampling method, sample size and data collection method are clarified in this chapter. In addition, the number of samples are determined and data analysis methods in terms of pilot survey and main survey are proposed detailedly.

Chapter Four is the empirical part of this study. This chapter consists of qualitative analysis of the semi-structured interview and quantitative analysis of the questionnaire. This chapter involves the development and examination of the scale, including the pre-investigation of the questionnaire, the measurement and analysis of the formal questionnaire. Chapter 4 is a very important part of the whole study. Because this research focuses on the influencing factors of travel intention of wellness tourism, it is required to analyse the pilot survey in order to improve the scale and form a formal questionnaire. When the reliability and validity of the formal questionnaire are confirmed to formulate the final dimension of the determinants of wellness tourism intention, the examination of the extended TPB models (structural models) can be conducted. The assessment of the structural models is the core part of the study, it is the hypotheses testing based on the theory of planned behaviour. The structural models are modified by deleting the non-significant paths. By properly analysing the role of the variables with significant relationship in each structural model, the path relationship and effect are finally determined. In this chapter, elaborate analysis of the formation mechanism of behavioural intention, and findings of the relationship between the influencing factors are presented.

Chapter Five: Discussion and Implications. This chapter thoroughly discusses the results found in Chapter Four and concludes the theoretical and practical implications of this study. Relevant suggestions related to wellness tourism in Hainan are addressed.

The last chapter is Chapter Six, it is the concluding part of the whole thesis. It summarizes the research and outlines the limitations of the research. Finally, the recommendations for future related research are indicated according to the existing shortcomings and deficiencies.

1.7 Summary

This chapter has described the background related to the research of wellness tourism and discussed the reasons giving rise to the increasing popularity and awareness of wellness tourism in Hainan and China. The importance of developing this industry within this context was outlined. Following a brief introduction to an extended theory of planned behaviour, the research questions and research hypotheses were provided as they were built upon the research aim, objectives, outcomes and research significance. The next chapter will expand upon the literature that informs this research project.

Chapter 2. Literature Review

2.1 Introduction

This chapter provides a comprehensive review of the literature associated with this research. Specifically, the chapter will discuss the definition, history, development and classification of wellness tourism, the definition and previous research of wellness tourists, as well as the issues surrounding wellness tourism development. Relevant consumer behaviour studies, including classic consumer behaviour models, motivation theories and the theory of planned behavior, are also discussed in detail. The theory of planned behaviour is selected as the guiding theory for this research, therefore, key areas and concepts of the theory are emphasized. Since wellness lifestyle and perception of tourist destination are included as the new explaining variables in the theory of planned behaviour, this chapter also reviews and discusses the definitions and relevant previous researches of lifestyle and perception of tourist destination. Research on the relationship between socio-demographic characteristics and travel behaviour is provided in this chapter.

2.2 Wellness tourism

2.2.1 Forms of wellness tourism

The classification of wellness tourism is different between authors with different opinions. Often, medical tourism is excluded from wellness tourism in most of the studies. Instead, spa wellness tourism, forest wellness tourism, seaside wellness tourism and thermal spring wellness tourism are the common areas discussed in scholarly journals and academic dissertations (Chen et al., 2013; Clark-Kennedy & Cohen, 2017; Joppe, 2010; Kelly, 2012; Voigt, 2010; Voigt et al., 2011; Vystoupil et al., 2017). Apart from the conventional types of wellness tourism, medical wellness tourism has emerged from health concerns that include diet, lifestyle advice, and TCM (traditional

Chinese medicine) (Heung & Kucukusta, 2013). Wellness tourism is now a rising star in the tourism industry, even though it is among the oldest forms of tourism and reasons for travel. A broad definition of wellness tourism can be dated back to 5000-1000 BC, when ancestors practised many of the therapies such as Ayurveda, Chinese medicine and Thai massage that are found today. In traditional Chinese culture, a balanced body, mind and social environment is essential to maintain a good health and prolong life-span (Leung, 1998). Ancient Europeans introduced water treatments and immersed in the Dead Sea to engaged in ritual purification. Spas and thermal springs were built to serve the Roman Empire. In the early twentieth century, medical heritage spas and resort and hotel spas were developed intensively. The natural environment has always played a key role in wellness tourism in many countries (Huang & Xu, 2018). For example, a sea coast can offer seawater-related therapies; mountain, jungles and national parks are good places for adventure and excursion; and even deserts make ideal locations for yoga and meditation. It should be noted that countries with natural healing assets such as mineral waters, thermal springs, special muds and natural herbs and medicine tend to have more advantages in developing wellness tourism.

2.2.2 Main research areas on wellness tourism

At present, the research on wellness tourism mainly focuses on the perspectives of economics and management, sociology, anthropology and psychology. Among them, the economic and management perspective pays more attention to the business operations, supply and demand sides, development and marketing strategies. Mueller and Kaufmann (2001) studied wellness tourism in Switzerland from perspectives of supply and demand, pointing out that quality of wellness tourism services was of great importance for wellness hotels in the fiercely competitive market, moreover, they should target different types of wellness tourists based on their demands separately when planning marketing strategies. Kucukusta and Heung (2012) examined the challenges China faced in the development of wellness tourism and proposed a few solutions that may ameliorate these problems including increasing investment in wellness tourism, promotional activities, a talent cultivation programme and upgrading of the management system. In another article by Heung and Kucukusta (2013), development and marketing strategies based on the evaluation of wellness tourism resources in China were investigated. Natural characteristics and safe environments were two of the best assets for

wellness tourism in China as ranked by the tourists, followed by wellness tourism facilities and health facilities. Therefore, marketing and promotions in terms of advertising campaigns, supporting policies and regulations from the government, as well as holding various events and cooperation between industries were considered to be the most effective ways to develop China's wellness tourism industry.

Ordabayeva and Yessimzhanova's (2016) article investigated wellness tourism from the marketing perspective, it was found that there was a huge demand for wellness tourism in Kazakhstan. Marketing suggestions such as diversifying wellness tourism products, providing attractive price offers, improving the quality of tourism services and appropriate promotions were put forward for the development of Kazakhstan's wellness tourism companies and organisations to attract more tourists and business opportunities. Szromek (2021) conducted research by applying CANVAS scheme to analyse the business models in spa tourism companies in Poland. The results showed that they were neither used as a management tool, nor cohered with the rules of sustainable management. Therefore, managers of spa tourism companies were recommended to improve their managerial skills to advance the business model with elements of sustainable management for better development of the spa tourism industry. SWOT analysis was applied in Goodarzi et al.'s (2016) research to evaluate the development opportunities and challenges for wellness tourism in Iran, and strategies were provided for the purpose of transforming disadvantages into market opportunities in the wellness tourism area. Similar researches relating to wellness tourism from the scope of marketing and management are seen in Hjalager and Konu (2011); Huijbens (2011); Konu et al. (2010); Pechlaner and Fischer (2006) and Wray et al. (2010).

Sociology and anthropology focus on the relationship between tourists and local communities, destination ethics, globalisation and cultural invasion as well as changes in social customs and other social issues. Wang et al. (2020) researched the negative social impacts that wellness tourism brought to the local residents especially regional stigma in Bama, China. Bama was famous among tourists with serious chronic diseases for its healing natural environment and having the title of 'longevity village'. Although Bama relied heavily on the economic benefit that wellness tourism has brought, the local residents inclined to isolate themselves from cancer tourists, trying to get rid of the spatial discrimination. The current situation of Bama has resulted in several social problems

and the development of the community was negatively affected. Huang and Xu (2014) studied health and wellness tourism in China through the cultural lens since China has a long history of health preserving culture. Five main wellness activities, including magnetic and oxygen treatment, cave water drinking, Qi Gong related activities, medicinal food therapy and visiting centenarians featuring Yangsheng (health maintenance and recovery), were categorized from interviews with the tourists. Based on empirical research, Huang and Xu (2018) pointed out that therapeutic landscapes that are shaped by China's longevity culture was considered as an important element to attract people from other places to a certain wellness tourist destination to pursue health. As landscapes were the symbols of cultural value, it may be viewed differently for tourists with different cultural backgrounds. Their article studied wellness tourism from a perspective of sociology and anthropology. Another study also indicates that therapeutic landscapes such as thermal springs (onsen) in Japan strongly connected with health and wellness in Japanese culture, it is an essential element with great value for onsen tourists to conduct social interaction as well as bonding local communities together. The social and cultural importance of onsen in hot spring wellness tourism in Japan was stressed in Serbulea and Payyappallimana's (2012) study.

Tourism psychology is also one of the key points in wellness tourism research. The main research areas of tourism psychology include tourists' motivation, tourists' decision-making process, tourist destination preference and tourism satisfaction. For example, Voigt et al. (2011) researched wellness tourism from motivation and behaviour of the tourists. Six motivations or benefits that three different categories of tourists sought from wellness tourism were identified. Factor analysis results showed that there were six common factors extracted from the benefits of wellness tourism scale, and each group of wellness tourists varied significantly in terms of their travel behaviour and benefits sought from wellness tourism. Lehto et al. (2006) explored and discussed motivational factors and destination preferences of yoga tourists in Indiana state, USA and found that yoga tourists motivated diversely (i.e. seeking spirituality, improving psychological and physical health and manage to eliminate bad emotions) for yoga tourism and they favoured nearby places with pleasant natural environment. What is more, their emotional and physical well-being were positively related to their travel intention of yoga tourism. Motivations, tourist involvement and destination loyalty were investigated by Kim et al. (2017) and concluded that tourist motivational

factors could positively influence their engagement in wellness tourism, which in turn increased the propensity to revisit the tourist destination or destination loyalty. Lim et al. (2016) compared tourist motivations and destination satisfaction between first time and repeat visitors to a wellness tourism destination in Korea, the analysis results demonstrated that first time travellers and return visitors were motivated differently for travel and return tourists were more satisfied with the destination. Han et al. (2018) examined several psychological factors that influenced tourists' loyalty to Thailand as wellness tourist destination (i.e. revisit decision making to Thailand, positive word of mouth), perceived destination performances, tourism experience, tourist satisfaction and destination loyalty were found to be positively correlated, of which tourists' overall satisfaction exerted the greatest impact on destination loyalty. Another study also examines psychological factors including desire for relaxation and involvement that may positively influence peoples' travel decision to a wellness destination, it is concluded that individuals who care more in wellness and health display stronger interest in the choice of wellness tourism (Hudson et al., 2017). Pelegrín-Borondo et al. (2020) compared spa choice behaviour between wellness tourists and medical tourist, the analytical results demonstrated that the emotional feeling of pleasure directly predicted wellness tourists' decision to go for a spa. Also, destination satisfaction was investigated by researchers (i.e. Han et al., 2017; Medina-Muñoz & Medina-Muñoz, 2014). For example, Medina-Muñoz and Medina-Muñoz (2014) examined the attracting factors that influence wellness tourists' decision making in choosing a wellness tourism destination and found tourists' overall satisfaction were based on how they perceived those factors.

Broadly speaking, although some achievements have been made in wellness tourism in China and western countries, there are some limitations. Firstly, wellness tourism is discussed mainly from a single form in the field of wellness tourism, of which medical tourism, spa tourism and hot spring tourism are the most frequently researched. Secondly, as a relatively new phenomenon of tourism, there are still not adequate studies focusing on market demand analysis, environmental capacity, management mechanism, wellness tourism relevant policies and regulations, and tourist's behaviour of wellness tourism, especially in the context of China. Therefore, the study of wellness tourism and in Chinese context is still at an early stage, further studies and discussions are needed in order to present an improved knowledge of wellness tourism (Wang et al., 2021).

Table 2-1: Overview of research of wellness tourism

Author	Research area	Content
Mueller and Kaufmann (2001)	Economics and management	Discussed from perspectives of supply and demand; quality of wellness tourism services was of great importance for wellness hotels in the fiercely competitive market
Kucukusta and Heung (2012)	Economics and management	Challenges China faced in the development of wellness tourism; a few solutions were proposed that may ameliorate these problems
Heung and Kucukusta (2013)	Economics and management	Development and marketing strategies based on the evaluation of wellness tourism resources in China were investigated
Ordabayeva and Yessimzhanova (2016)	Economics and management	Investigated wellness tourism from the marketing perspective, it was found that there was an huge demand of wellness tourism in Kazakhstan.
Szromek (2021)	Economics and management	managers of spa tourism companies should improve their managerial skills to advance the business model with element of sustainable management
Goodarzi et al. (2016)	Economics and management	SWOT analysis was applied to evaluate the development opportunities and challenges for wellness tourism in Iran; and strategies were provided.
Wray et al. (2010)	Economics and management	Destination development of wellness tourism in Australia from the perspective of supply and demand.
Hjalager and Konu (2011)	Economics and management	Discussed from the supply side of wellness tourism; co-operation and co-branding increased market competitiveness of a firm.

Author	Research area	Content
Huijbens (2011)	Economics and management	Studied the development of Iceland as a wellness destination from the supplier's side.
Konu et al. (2010)	Economics and management	Concept of wellness tourism product and design; destination marketing and development
Pechlaner and Fischer (2006)	Economics and management	Wellness tourism destination marketing and positioning; developing differentiated and merchantable wellness tourism products and services in the international wellness market.
Wang et al. (2020)	Sociology and anthropology	Researched on the negative social impacts that wellness tourism brought to the local residents especially regional stigma in Bama, China.
Huang and Xu (2014)	Sociology and anthropology	Studied health and wellness tourism in China from the cultural aspect since China has a long history of health preserving culture.
Huang and Xu (2018)	Sociology and anthropology	Studied wellness tourism from a perspective of sociology and anthropology; therapeutic landscape that shaped by China's longevity culture was considered as an important element to attract people from other places to a certain wellness tourist destination to pursue health.
Serbulea and Payyappallimana (2012)	Sociology and anthropology	The social and cultural importance of hot spring (onsen) in hot spring wellness tourism in Japan was stressed.
Voigt et al. (2011)	Psychology	Researched wellness tourism from motivation and behaviour of the tourists. Six motivations or benefits that three different categories of tourists sought from wellness tourism were identified.
Lehto et al. (2006)	Psychology	Explored and discussed motivational factors and destination preferences of yoga tourists in Indiana

Author	Research area	Content
		state, USA and found that yoga tourists motivated diversely.
Kim et al. (2017)	Psychology	Motivations, tourist involvement and destination loyalty were investigated; tourist motivational factors positively influenced their engagement in wellness tourism
Lim et al. (2016)	Psychology	Compared tourist motivations and destination satisfaction between first time and repeat visitors to a wellness tourism destination in Korea.
Han et al. (2018)	Psychology	Examined psychological factors that influenced tourists' loyalty to Thailand as wellness tourist destination
Hudson et al. (2017)	Psychology	Examined psychological factors including desire for relaxation and involvement that may positively influence peoples' travel decision to a wellness destination.
Pelegrín-Borondo et al. (2020)	Psychology	Compared spa choice behaviour between wellness tourists and medical tourist; wellness tourism decision making process
Medina-Muñoz and Medina-Muñoz (2014)	Psychology	Examined the attracting factors that influence wellness tourists' decision making in choosing a wellness tourism destination.
Han et al. (2017)	Psychology	Factors that influenced tourists' loyalty to a wellness tourism destination

Source: Developed by the author.

2.3 Wellness tourist

2.3.1 Definition of wellness tourists

The basic aim of wellness tourists has remained fairly constant throughout the 21st century. They mainly seek relaxation, recreation, health preservation and convalescence during the process of tourism. They want to fulfill the balance of body, mind and spirit through a combination of leisure and recreation in a place that is away from their daily working and living environment (Loverseed, 1998). Wellness tourists have a clear requirement regarding the conditions of the tourist destinations or hotels and resorts. For example, fitness tourists emphasize the wellness facilities such as swimming pools, out-door sports facilities, fitness centers and other health amenities (Goodrich & Goodrich, 1987). Recuperation and health care tourists are interested in their overall physical appearance and mental state, they like to participate in an experience that make them feel satisfied with the services such as hot spring pools, spas, yoga centers, nutrition or diet advice, beauty and pampering treatments, cosmetic surgeries and other services which are good for their well-being (Cohen et al., 2017; Goodrich & Goodrich, 1987). This research, with the exclusion of medical wellness tourists who seek surgical operations and medical treatment, wellness tourists refer to people who temporarily leave their place of residence to a tourist destination for the purpose of maintaining and promoting health and well-being, and a balance of physical, psychological, spiritual health and social wellness is expected to be achieved through a number of wellness tourism activities (Mueller & Kaufmann, 2001; Voigt et al., 2011).

2.3.2 Types of wellness tourist

The types of wellness tourists are very broad. A number of scholars, like Bushell and Sheldon (2009) and Smith and Puczkó (2008), include sport tourists, adventure tourists, medical tourists and other fitness and recreation tourists under the scope of wellness tourists. Although such a classification is comprehensive and illuminating, it is sometimes obscure and impractical (Voigt, 2010). Practically speaking, it is too broad to be applicable for future researchers, as it requires incalculably heavy human and financial resources to investigate such a large population of tourist types.

In Cleaver and Muller's (2002) sociological research, wellness tourists are usually middle class women aged around 45 with professional jobs. They have more time and money for travel, and are willing to participate in "self-fulfilling activities". A few studies show that wellness tourists are normally among people (especially women) aged from 30 to 55+, they often have higher level of disposable income, relatively strong consumption power, sufficient travel time and a desire to achieve self-fulfillment (Bushell & Sheldon, 2009; Cleaver & Muller, 2002; Goodrich & Goodrich, 1987; Mueller & Kaufmann, 2001; Smith et al., 2010). Joppe (2010) pointed out that most wellness tourists are the baby-boomer generation, and they are more motivated to have a wellness lifestyle. Scholars have done substantial research on 'spa wellness tourists', for example, those who visit traditional spas that offer healing and treatment for elderly people; hotel and day spas that offer beauty and pampering treatment for high income women aged 30+ and purpose-built spas with water based therapies and massage targeting at all types of tourists (Bushell & Sheldon, 2009; Wichasin, 2007). Socio-demographic profiles of spiritual retreats and lifestyle resorts visitors are studied by Lehto et al. (2006) and Voigt et al. (2011). Their findings show that many of them are well-educated, bourgeois professional women who were generally happy with their work and life.

2.3.3 Studies of wellness tourists

Research into tourists is mainly aimed at investigating the behaviour of tourists. Hence, the research of wellness tourists basically focuses on wellness tourist behaviour. At the present time, research on the behaviour of wellness tourists can be generally divided into three categories, they are pre-travel behaviour, behaviour in the course of travel and post-travel behaviour. Research that focuses on pre-travel behaviour includes tourists motivating factors, decision-making and behavioural intention of tourists, while researchers pay more attention to tourists' consumption behaviour and experience in studies that focus on the course of tourism. With regard to post-travel behaviour, tourist's satisfaction, intention of revisit and recommendation, and word of mouth influences towards a wellness tourist destination are the focus of tourism scholars.

Wellness tourists' push and pull motivational factors were examined by Aleksijevits (2019) in order to better understand their buying behaviour of online wellness tourism products. It was found

that internal motivating factors such as developing a new skill from a wellness holiday, and relaxation and self-pampering as well as external factors such as hygiene and image of destination strongly influenced the intention of wellness tourist to purchase wellness holiday through the internet. Rancic et al. (2014) investigated the tourist's profiles and the reasons why they visit wellness Centers in Slovenia, finding that different age groups have various motivations in the use of wellness facilities. Kessler et al. (2020) developed a scale to measure wellness tourist motivations with the purpose of understanding the reason why they travelled for a wellness holiday. Seven aspects of motivation emerged from 28 motivational items through qualitative analysis of thousands of coded statements and three underlying factors including food and fitness, relax and escape, and nature and outdoors were extracted through exploratory factor analysis in phase 2 of the study. It was also discovered that motivations such as escape and relaxation were ranked with high importance in a few number of studies of wellness tourists' motivations (i.e. Moscardo, 2011; Voigt, 2010; Voigt et al., 2011). Lee's (2015) research on spa wellness tourists' intention to go to a spa site applied the theory of planned behaviour. Analytical results showed that attitude, subjective norm and perceived behavioural control and their respective belief constructed variables were positively correlated. However, while attitude toward visiting a spa, perceived behavioural control and spiritual wellness functioned as significant variables in the prediction of behavioural intention of spa tourists, subjective norm was found to have no influence. Wellness tourists' motivations and decision-making processes were also seen in a few earlier studies (i.e. Chen et al., 2008; Clemes et al., 2020; Kelly, 2012).

Tavlikou and Assimakopoulos (2018) focused on how socio-economic depression in Greece influenced Greek wellness tourists' spending behaviour and attitude toward wellness tourism. Based on the results of the comparisons of research participants' consumption behaviour on wellness tourism before economic recession and after, Greek wellness tourists displayed a positive attitude toward wellness tourism regardless of income and their demand for wellness tourism services appeared not to be significantly affected by the economic downturn. However, participants with a higher income level presented a declined frequency of use of wellness services compared with tourists with relatively lower income level. Customer experience is often emphasized by researchers in the field of tourism (i.e. Chen et al., 2015; He et al., 2021; Loureiro, 2014; Luo et

al., 2018). For example, Luo et al. (2018) adopted the experience economy framework proposed by Pine and Gilmore (2000) in a tourist behaviour model to testify the relationships between four realms of wellness tourism experience (entertainment, education, aesthetics, and escapism), overall experience, perceived life satisfaction by wellness tourism and perception of quality of life. Results proved that all the constructs were positively correlated. Enjoyable and unforgettable travelling experience positively influenced tourists' satisfaction, which in turn, contributed to perceived quality of life by wellness tourists.

Han et al. (2019) selected 300 tourists who had used wellness services at a spa hotel in the last three years with the aim of investigating the factors that influenced their post travel satisfaction and revisit intention. Result from multiple regression analysis indicated that quality of wellness spa services positively and significantly affected wellness tourists' pleasure. Moreover, tourists' pleasure positively predicted their desire and satisfaction toward spa tourism, both of which consequently increased wellness tourists' behavioural intention to revisit a spa hotel. According to Ashton's (2018) research, spiritual wellness tourists' satisfaction was influenced by internal motivational factors such as seeking something new and stress reduction, as well as the external factors such as natural environment and culture of the tourist destination. In addition, it was revealed that tourists' revisit intention to the same destination was more likely to occur if they were satisfied with the wellness travel experience. Likewise, Manhas et al. (2019) verified the positive relationship between spa ambience, services and professionalism and found that the improvement of these three factors would result in an increased demand for spa tourism and tourists' satisfaction for spa resorts in India. Lin (2014) examined three possible factors that affected wellness tourists' intention to revisit hot spring destinations and found that only food consuming experiences and mental well-being were the important antecedents to determine tourists' behavioural intention to make repeat visit to the same hot spring area. What is more, the moderating effect of individuals' perception of health was confirmed in the study to affect the degree of significance of the relationship between mental well-being, gastronomy experience and revisit intention of wellness tourists.

Despite the growing trend and promising market of wellness tourism in China (Heung & Kucukusta, 2013), there is still not sufficient research on the behaviour of wellness tourists in the background of mainland China. If the marketers and managers want to target the wellness tourists accurately and promote the products and services efficiently, they must be aware of the travel behaviour of wellness tourists including their socio-demographic profiles, purchasing intentions and the main influencing factors in decisions to purchase. It is this gap in research that drives the research questions of the present study: Who are the wellness tourists in China? Why do they choose to partake in wellness tourism, and what key factors influence their behavioural intention?

Table 2-2: Researches of wellness tourist

Author	Research topic	Pre-travel behaviour	Behaviour during wellness tour	Post-travel behaviour
Aleksijevits (2019)	Push and pull motivational factors	√		
Rancic et al. (2014)	Motivations and profiles of tourists	√		
Kessler et al. (2020)	Developing scale of tourist motivations	√		
Voigt et al. (2011)	Benefits sought by wellness tourists.	√		
Moscardo (2011)	Motivations	√		
Lee (2015)	Wellness travel intention	√		
Clemes et al. (2020)	Behavioural intentions of wellness travellers	√		
Kelly (2012)	Motivations and behaviours	√		

Author	Research topic	Pre-travel behaviour	Behaviour during wellness tour	Post-travel behaviour
Chen et al. (2008)	Motivations to wellness tourist destinations	√		
Tavlikou and Assimakopoulos (2018)	Consumption behaviour on wellness tourism		√	
Luo et al. (2018)	Wellness tourism experience		√	
He et al. (2021)	Tourists' experience and engagement		√	
Chen et al. (2015)	Wellness tourism experience and satisfaction		√	
Han et al. (2019)	Post-travel satisfaction and revisit intention			√
Ashton (2018)	Revisit intention			√
Manhas et al. (2019)	Satisfaction of wellness tourist			√
Lin (2014)	Revisit intention			√

Source: Developed by the author

2.4 Consumer behaviour models and theories

At present, the study of tourism consumption behaviour mainly focuses on internal factors (i.e. attitude, motivation, personality, perception), purchase process (i.e. brand awareness or loyalty, choice, evaluation), external factors (i.e. communications, culture, demographics, consumer

socialization) and other areas such as consumerism, public policy and models, among which 76% percent of the research typologies are qualitative (Peighambari et al., 2016).

The definition of consumer behaviour reflects that it examines the totality of consumer's decision processes that precede and determine the acts of acquisition, consumption, and disposition of goods, services, activities and experiences over time (Engel et al., 1968; Jacoby et al., 1976). Consumer behaviour has always been an area of great interest for social science researchers in predicting or analyzing people's consumption behaviour and decision making processes MacInnis and Folkes (2010). Understanding consumer behaviour is the core of marketing strategy, as it helps to target the right segmentation of markets effectively (Schiffman & Kanuk, 2000). As economic theories fail to explain certain market phenomena, marketing scholars begin to research in the consumer behaviour from social science perspectives such as psychology, social psychology, sociology, and anthropology (Demirdjian & Mokatsian, 2014). Psychology is to study the internal factors of the consumer such as motivation, perception, learning, beliefs, attitudes, those variables have been used in explaining how individuals process the information, make decisions and why (Howard & Sheth, 1969). The research of consumer behaviour also borrows the concepts in social psychology, because individuals are interact with other people and being influenced by them (Engel et al., 1968). The sociological perspective studies the consumer behaviour in a social context within which it takes place by focusing on the concept of role theory, family life cycle, social class and cultures in groups and social organizations (Demirdjian & Mokatsian, 2014). Unlike sociology, anthropology explores the past behaviour patterns in the societies(customs, cultural myths, holiday observance, rituals, superstitions) that may influence the future behaviour (Demirdjian & Mokatsian, 2014).

Mitchell et al. (2000) suggested that consumer behaviour research is important for stakeholders (hotel and resort managers, travel agencies, tourism enterprises, festival and event organisers) in the tourism industry, because it can help classify the tourists types, provide an insightful understanding of what and why motives them to take a tour or purchase a certain product, thus allowing the marketer and managers to target their market and establish marketing strategy effectively.

Tourist motivation theories and several behaviour models are introduced here.

2.4.1 Tourist motivation theories

Tourism as a social activity or phenomenon, its occurrence is not only driven by tourists' external factors, but also influenced by internal psychological factors. They study of tourist motivation is to examine the internal factors of tourist consumption behaviour and travel decision making (Horner & Swarbrooke, 2016). A trip allows people to stay away from monotonous and routine living environment, thus, one of the most important motivations that people travel is the desire to experience something new and different from their daily settings (Pearce & Lee, 2005). Also, people seek to alleviate physical and psychological tension, as well as restoring the well-being of body and mind through travelling (Crompton, 1979). Dann (1977), Dunn Ross and Iso-Ahola (1991) identified that some of the core push factors for travelling are at a more spiritual level such as self-fulfillment, self-reward and self-indulgence. Examples can be found in Wen et al.'s (2019) study of Chinese tourists visiting Israel. Page and Connell (2006) pointed that tourist motivation is an integral part of tourist's consumer behaviour. Psychologically, it is believed that the direct cause of behaviour is motivation. There are two reasons for producing motivation: internal drive and external cause. Internal drive is an intrinsic condition that tends to maintain and restore physical or psychological balance when a person is in a state of physical or mental deprivation. When this tendency becomes a reflection of human consciousness, it turns into a person's desire or desire for a certain objective or a certain goal. While external incentives are external conditions, (i.e. external stimuli). When external conditions remain unchanged, the inner need becomes the cause of a person's motivation. It can be seen that the need is the basis of motivation (Pearce, 2011). Therefore, to explore the reasons for tourism behaviour, tourism needs and motivations ought to be considered (Mowen & Michael, 2001).

There is no coverall theory of tourist motivation due to the problem of turning complex psychological factors and behaviour into a simplified theory that can be used in various tourism situations. Main theoretical approaches in motivation are needs-based approaches, value-based approaches, benefits sought or realized approaches, expectancy-based approaches and pull/push

32

factors (Page, 2019). Needs-based approaches and pull/push factor approaches are reviewed based on the purpose of this research.

2.4.1.1 Gray's tourism driving force theory

Gray (1970) suggested that there are two drives for tourism in his book International Travel-International Trade, they are wanderlust and sun-lust, respectively. He believes that the pursuit of wander is an intrinsic factor, which evokes the desire of people to leave their familiar environment and travel to other places to experience exciting exotic cultures. On the contrary, the satisfaction of the desire to the sun depends on the objective existence of beautiful exotic scenery that can meet the tourist' needs (for example, a large number of tourists flock to the scenic tropical area for "sun-lust"). Gray (1970) interprets "wanderlust" as an intrinsic "push" factor, and the pursuit of sunshine as a response (pull factor) to the above factor. The theory seems to reveal the driving force of tourists' travel behaviour, the motivation of tourism is not clearly stated. In addition, Gray's (1970) model regards these two driving force (wanderlust and sunlust) as psychological qualities, and there are yet to be verified. However, this model clearly reveals that the tourist behaviour is caused by the internal and external factors, especially the contradictory state of the two.

2.4.1.2 Maslow's hierarchy of needs

Motivational research models and theories on tourist behaviour stress the close relationship between the nature and socio-psychology (Andrei, 2015). Maslow's (1987) theory is one of the most universally acknowledged theories of motivations, it is the needs-based theory that can be referred to the study of tourism motivation (Page, 2019). The concept of this theory is that individuals have a number of needs, which is often demonstrated as hierarchical levels within a pyramid. According to Maslow (1987), only when the basic needs are satisfied, will individuals begin to consider other requirements. From the bottom of the hierarchy upwards, the needs are: physiological, safety, love and belonging, esteem and self-actualization.

In the field of tourism, the travel needs of different tourists at various times and stages often correspond to different forms of Maslow's needs, even a single tourist's travel behaviour in a certain

tourism process is also composed of a number of Maslow's needs. Physiological needs include the basic needs of human beings for basic living factors such as food, water, and housing. In the process of tourism, there are two major aspects related to physiological needs in the five major aspects of food, housing, transportation, shopping and entertainment.

The physiological demand in Maslow's theory is not simply the need for survival. For example, with the improvement of people's living standards, more and more consumers are eager to taste more delicious food and live in better houses. While travelling, some tourists are more concerned about five-star hotels, sea view villas and other similar accommodations, which is manifested in the pursuit of the physiological needs of "residence". Food-oriented tourists often emphasize the physiological needs of food, and food in tourism can be highly experiential than functional to consumers (Mitchell et al., 2000). Social needs are also known as the need for love and belonging. Tourists can travel with their families and friends so that the relationship with each other can be strengthened during traveling and their sense of belonging is improved. In addition, tourists will also encounter all kinds of people (e.g. passers-by, backpackers, Bed and Breakfast owners, etc.), which meet the social needs of tourists. Self-esteem is expressed in the spiritual demands of self-confidence, achievement and being respected by others. Self-actualisation demand is the highest pursuit of human needs. It can be the pursuit of a certain culture, self-reflection, or the display of individual ideals and aspirations. People can get rid of the limitations of their current life, fully integrate into the tourism experience and activities such as engaging in drama and performing music, those experiences make people achieve self-fulfillment and sublimation, help to develop a variety of skills and abilities as well as satisfy their inner long-cherished wish. The theory emphasizes the gradual sublimation of human needs from the material basis to the spirit and mind.

However, in the real life of human beings, the five types of demands in Maslow's (1987) theory do not appear in a step-by-step manner. In a complex social system, the five categories of demands produce various social behaviours in the way of coexistence.
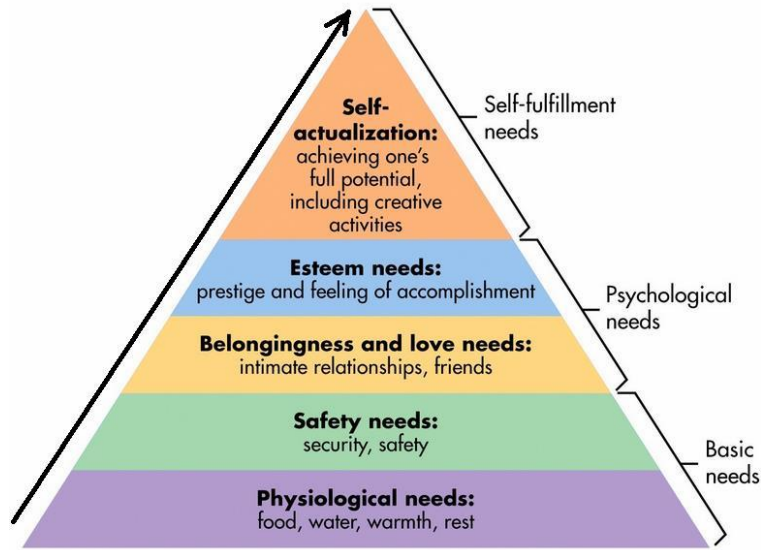
Figure 2-1: Maslow's hierarchy of needs
Source: Maslow (1987).

2.4.1.3 Dann's pull and push theory

Dann (1977) defined the concept of "push" and "pull", and applied the push-pull theory to the study of tourism disciplines. Dann (1977) stated that the push factors are the internal driving force of tourism that play a key role in tourists' decision-making, push factors constitute the nature of tourism motivation. The pull factors are the factors that influence the travel decision-making of potential tourists (i.e. the attraction of a tourist destination). Push factors are considered to be the psychological motivations that predispose an individual to travel (Kim & Lee, 2002), the fundamental tourism behaviour. While push factors are deem as instinctive and innate desires or abilities, pull factors are external, situational or the cognitive factors from the outside (Yoon & Uysal, 2005). For example, the price and quality of services in the tourist destination are the pull factors that may influence tourist travel behaviour. That is, in the push-pull theory of tourism motivation, the push motivations are intrinsic, and the pull motivations are external. Pull factors are related to the attributes of tourism destination and its attractions, they are the stimuli produced by the perception of the attributes of tourism destination that affect individual's travel choices. Push factors are the main factors that generate individual's travel motives, and they are the demands

35

that caused by people's tension or imbalance between their inner demands and the external environment.

Dann (1977) classified tourism motivation into reaction to anomie, ego-enhancement and fantasy, respectively. Dann (1977) and Crompton's (1979) classification of tourism motivation is very close. Crompton's (1979) article travel motivation published in the Annals of Tourism Research in 1979, reveals the cultural-social-psychological motivations of tourists.

They are as following: 1. escape from the perceived routine environment; 2. self-discovery and self-evaluation; 3. relaxation; 4. show off their social stuatus; 5. return; 6. bond closed family relations; 7. enhance social interaction.

2.4.1.4 Iso-Ahola's theory of tourism motivation

A more theoretical model was proposed in Iso-Ahola's (1982) article Toward a Social Psychological Theory of Tourism Motivation A Rejoinder published in Annals of Tourism Research, 1982. The theory holds that when people's living environment cannot meet their spiritual and material needs, the imbalance between their inner demands and the external environment will lead to a sense of insecurity at the spiritual level. The sense of insecurity is the internal driving force of tourism, and when the internal driving force reaches a certain level, it will stimulate tourism needs. This kind of tourism needs is essentially the five types of needs in Maslow's (1987) theory. When people have needs for tourism, they will inevitably drive people to produce tourism motives. Besides being influenced by tourism needs, tourism motivations also react with external social concepts and cultures. Tourism needs affect tourist's choice in finding suitable tourism types (e.g. wellness tourism, business tourism or gastronomic tourism), while external factors directly determine the choice of tourists. Both internal and external factors constitute tourism motivations. With full consideration of their own economic condition, time, physical condition and other related factors, tourists finally make their decisions.

In Iso-Ahola's (1982) model, the "escaping element" is supplemented or integrated by a a factor called "seeking element". On one hand, the driving force of tourism comes from the desire of

individuals to get rid of their personal environment in which he or she is located (troubles, problems, difficulties and frustrations) or interpersonal environment (partners, family members, friends and neighborhoods). On the other hand, it comes from individuals' desire to get certain psychological reward (both personal and interpersonal) through travel in a new environment. Iso-Ahola's (1982) theory holds that the fundamental reason for tourism lies in the "escape from reality" behaviour formed when people's spiritual demands conflict with their actual daily living conditions. For example, people living with severe haze problems are eager to travel to places with fresh air and good natural environment; those who have long been depressed by heavy workloads are more eager to travel in tranquil and comfortable cities; Tourists who are keen on gourmet food but no longer attractive to local restaurants are more likely to travel in areas with tasty local cuisines; some southern tourists are more enthusiastic about traveling to northern cities and experiencing local ice and snow sports. Therefore, the key of social psychology tourism motivations proposed by Iso-Ahola (1982) is the "escape element" formed by the intensification of internal demands and external contradictions. Tourism is a way for people to choose a new life for a short period of time and a reflection of tourists' ideal state of life. Therefore, tourism demand is transformed from social contradictions, in the process of turning into real tourism behaviour, it will also be influenced by economic conditions, time constraints, cultural differences, health status, spatial barriers of destination and other factors.

2.4.1.5 McIntosh's tourism motivations

Having considered Maslow's hierarchy of needs theory, American scholar McIntosh et al. (1995) divided tourism motivations into four categories: physical motivation, cultural motivation, interpersonal motivation and social status and prestige motivation. Physical motivation includes vacation breaks, sports activities, beach recreation, recreational activities, and other health-related activities, as well as medical treatment or advice for off-site treatment, hot springs, mineral springs, medical check-ups, and more. The motives in this area have one thing in common, that is, the elimination of tension through activities related to the body. Cultural motivation comes from the desire to understand foreign cultures. Interpersonal motivation mainly refers to contacting people from other places, visiting relatives and friends, avoiding daily routines and social environment

such as family or neighborhood, making new friends, etc. The motivation of social status and prestige includes personal achievement and personal development needs, such as business, conferences, research, pursuit of hobbies and schooling. Tourists can gain appreciation, attention and good reputation through this motivation.

2.4.2 General consumer behaviour model—EKB model

One of the classic theories of consumer behaviour is the EKB model, also known as Engel model, was proposed by Engel et al. (1968) in 1968 and revised in 1984. The EKB model went through several revisions and corrections and finally became a modified model in 2001 (Osei & Abenyin, 2016). EKB model has been appeared in the study of leisure related behaviour by some scholars (Kim & Littrell, 1999; Osei & Abenyin, 2016). The model regards the consumer decision-making process as a problem-solving decision-making process, focusing on the analysis of the consumer decision-making process.

The modified EKB model consists of four stages, which are information input stage, information processing stage, decision making process stage and influencing variables on decision process stage, among which, decision-making is the core part of the model. At the information input stage, the consumer gets information form marketers and others, which also influence the problem recognition in decision making process, that is, the consumer will continue to search for more information if he/she does not make a decision (Schiffman & Wisenblit, 2014). Information processing stage includes the consumer's exposure, attention, acceptance and retention of the new information. At this stage, the consumer will be exposed to the information, allocate space for this information, interpret the stimuli, and retain the message by transferring the input to long-term memory. Decision making process stage consists of five sub-stages: problem recognition, alternatives search, evaluation of alternatives (during which there is a probability that the consumer may have a purchase intention based on individual's beliefs and attitudes, the evaluative criteria of the consumer is formed by external information and previous experience, but it is influenced by motivations), purchasing processes and outcomes (post purchase evaluation). Finally, influencing variables on decision process stage comprises individual and environmental factors that affect the

five stages of the decision making process. Environmental factors include culture, reference groups, family and unexpected circumstances such as individual's economic situation. Individual variables are motivations, values, lifestyle, personality and other demographic variables, among which personality and demographic variables are the main factors contributing to the differences in purchasing behaviour among consumers.

However, this model suffers the weakness of complexity, Osei and Abenyin (2016) pointed out that it fails to define the variables and adequately explain how various factors influence consumer decision making. Also, the environmental and individual variables in this model are lack of a clear definition and the role they play in affecting behaviour is vague. Also, it depends on the actual circumstances for a consumer to make a purchase decision and it is not necessary for them to go through all the stages of this model. Being too restrictive to adequately accommodate the variety of consumer decision situations is another drawback of EKB model (Osei & Abenyin, 2016).

Information processing   Central control system   Environmental factors
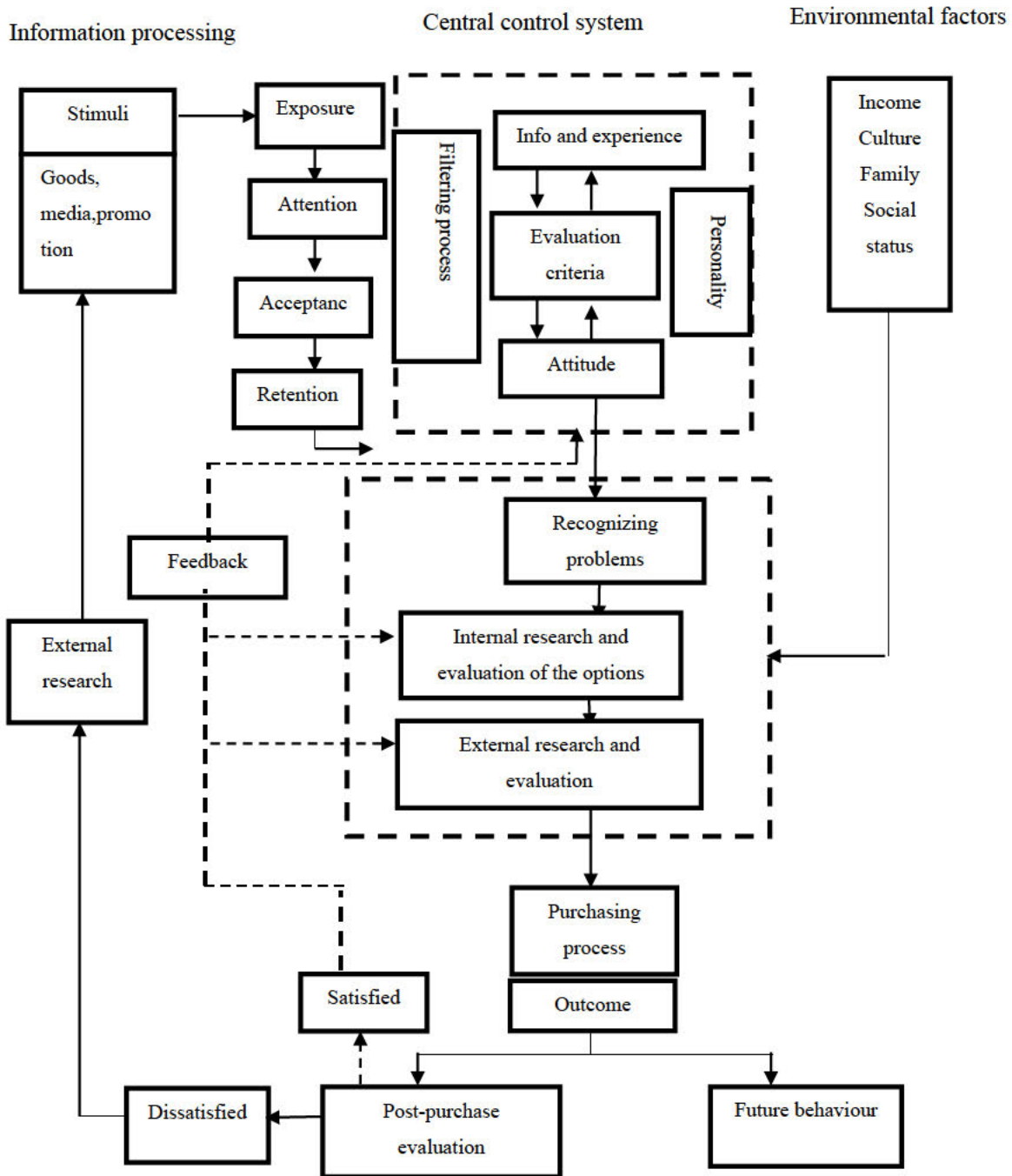
Figure 2-2: EKB model

Source: Engel et al. (1968).

40

2.4.3 Tourist behaviour models

2.4.3.1 Mathieson and Wall travel buying behaviour model

Mathieson and Wall proposed a linear tourism decision model in 1982. One of the great features of this model is that it presents the decision-making process of tourists concisely and clearly. Mathieson and Wall's (1982) model believes that tourist decision-making consists five stages: generating a need or desire for travel, search and evaluation of information, decision-making of tourism, travel preparation and travel, and post-travel satisfaction and evaluation. The initial model is not complete, as it simply explains the process of tourists' decision-making, and does not involve the factors affecting tourists' decision-making. Mathieson and Wall then amended the original model by adding factors (e.g. tourists' social-demographic profile and resources and image of tourist destinations) that influence tourists' decision-making process. Mathieson and Wall's (1982) model recognizes that tourism is a more a service than a product, it is intangible, inseparable, perishable and heterogeneous, which makes it differ from a physical product. On the contrary, the model excludes several important variables such as perception, memory, personality, and information processing, and it emphasizes more on the perspective of the product rather than consumer behaviour (Andrei, 2015; Millar, 2009; Sirakaya & Woodside, 2005).
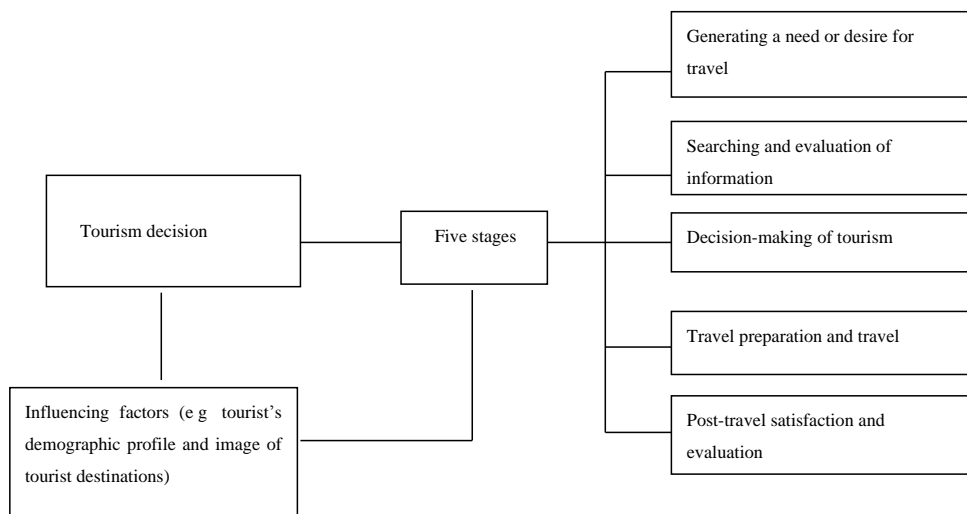
Figure 2-3: Mathieson and Wall travel buying behaviour model

Source: Adapted from Mathieson and Wall (1982).

2.4.3.2 Wahab, Crampon, and Rothfield's tourism decision making model

Wahab et al. (1976) studied holiday makers' purchasing behaviour, the primary findings behind Wahab et al. (1976) was that tourists make their decisions rationally based on analyzing the cost and effectiveness of a travel (Sirakaya & Woodside, 2005).

Wahab et al. (1976) argued that the tourist behaviour is determined and designed in the purchase, vacation purchasing behaviour has the following characteristics : no tangible rate of return on their investment; (2) consumption cost is major; (3) purchasing behaviour is not spontaneous; (4) expenditure includes saving and pre-planning (Andrei, 2015). Therefore, in order to influence the tourist's decisions and establish customer loyalty, enterprises and marketers should "accompany" consumers through the whole decision- making process. Yet the model has its weakness in neglecting that tourists may not make their travel decisions deliberately (Millar, 2009).
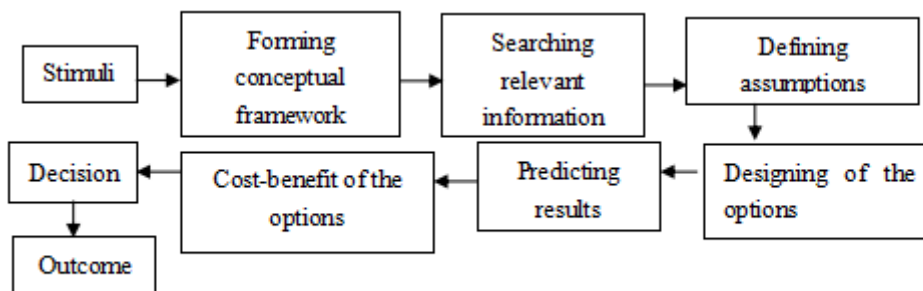
Figure 2-4: Wahab, Crampon, and Rothfield's tourism decision making model
Source: Wahab et al. (1976).

2.4.2.3 Schmoll's Travel decision process model

Schmoll's (1977) model regards motivations, desires, needs and expectations as the social and personal determinants of tourist consumption behaviour, those are being influenced by travel stimuli, traveler's confidence, destination image, past experience, and time and financial constraints. The model has four fields, with each exerting some influence on the final travel

decision (Schmoll, 1977). They are travel stimuli, personal and social determinants, external variables and features of the tourist destination.

Field 1: Travel stimuli, which includes external stimuli such as advertising and promotion, tourist information, suggestions and opinions of fellow tourists and tourism suppliers.

Field 2: Social and personal determinants factors that suggest tourist's choice of destination involving motivations, needs and desires, expectations.

Field 3: External variables are in terms of potential consumer confidence in service provider, destination image, previous experience, subjective and objective risks related to travel, and time and money constraints.

Field 4: This final decision consists of the features related to tourist destination and services, including quality or quantity of travel information, accommodation type, type of agreements related to travel, etc. The final step is actually the result of another process involving a series of sequential fields" (Schmoll, 1977).

However, there is no feedback or stimuli in the model and the attitudes and values of consumers are not fully taken into account. Therefore, it is difficult to regard the model as a dynamic model. Nevertheless, the inclusion of destination image as a part of the decision making process was important, as image plays an essential role in the process of demand generating.

These approaches cannot be applied to analyse the tourist behaviour systematically. Because the psychological needs of tourists are actually very dispersed, and they are quite unstable and highly replaceable (Yousaf et al., 2018). There is more than one type of tourism motivation, because there are often more than one reason for a person to travel, and there may be several different motives to encourage people to travel, also the motivation of tourism can be ranked by tourists according to the different degrees of importance. Moreover, although the aforementioned decision making models explain the decision-making process for holiday buying behaviour or tourist destination selection, they all assume tourists as homogeneous groups. Sirakaya and Woodside (2005) pointed

out that few of the model can be quantified, as a result, they cannot be used as predictive tools to predict the tourist behaviour or the demands of a destination or service. In addition, only certain related concepts and a series of decision making processes are integrated to form an entire model (Decrop, 2014). Therefore, they are hardly regarded as dynamic models as the relationships between the factors that affect tourist's travel decision making and the complexity of tourism decision making are not fully described (McCabe et al., 2016).
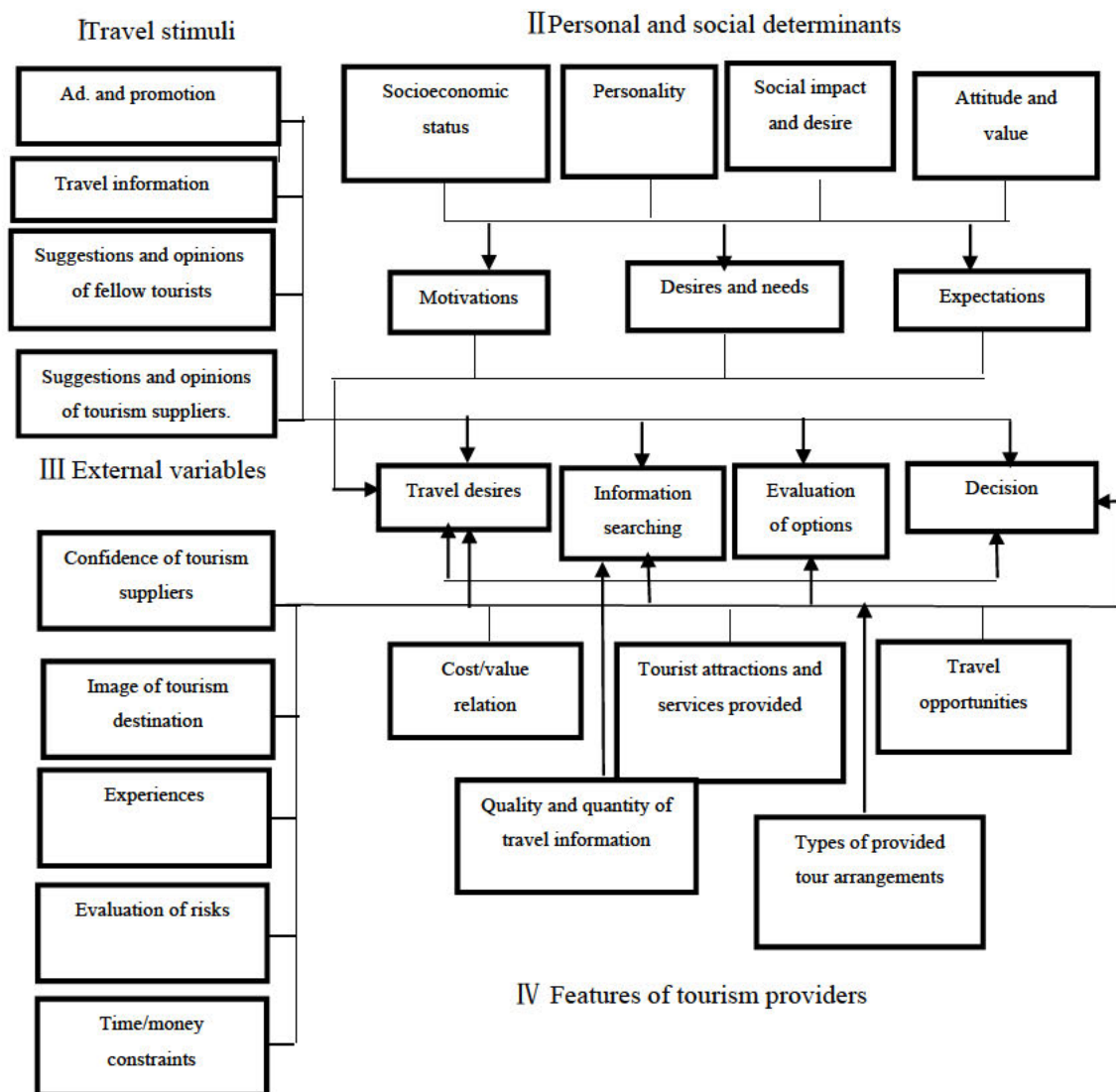
Figure 2-5: Schmoll's Travel decision process model
Source: Schmoll (1977).

2.4.4 The Theory of Planned Behaviour (TPB)

Consumer behaviour research has become an independent scientific system since 1960s. Such research examines a range of internal and external factors that influence on decision making of tourists. The internal factors are motivation, attitudes and beliefs, learning, lifestyles and personality, while the external factors are demographics, culture, reference groups (Swarbrooke & Horner, 2007). By understanding how tourists make their decisions to participate in tourism activities or purchase products will help tourism companies to improve and promote and their products and services appropriately (Mitchell et al., 2000).

Consumer behaviour research is multidisciplinary by taking concept and theories from a number of subjects such as psychology, sociology, social psychology, psychology, marketing, economics, cultural studies and geography (Blackwell et al., 2001). Social psychologists are interested in studying factors that affect behaviour such as feelings, thoughts, beliefs, intentions, attitudes, and goals (Kruglanski & Stroebe, 2011). Attitudes and beliefs are the determinants of vital importance that influence tourists' consumption behaviour as they are more ingrained and long-lasting in individual's mind (Kotler et al., 2006). As this study is to quantify and predict wellness tourists' travel intention and behaviour, hence, none of the above models are suitable for this objective.

As a result, one of the classic theories to examine people's attitude and behaviour is introduced in this research-- the theory of planned behaviour (TPB) put forward by Azjen (1988). The theory of planned behaviour (TPB) is widely used because it can help understand how people change their behaviour patterns. It is grounded in the theory of reasoned action (TRA) proposed by Azjen and Fishbein (1980), which originates from social cognitive psychology. The difference between the original TRA and modified TRB is the influencing factors, in the TRA, attitude and subjective norm are the factors that affect individual's consumption intention, while in the TPB, the third factors called perceived behaviour control factor is included (Ajzen & Driver, 1992). TPB is based on the premise that people will carry out a certain behaviour if they perceive that this behaviour will bring positive consequences, implying that there is a positive relationship between intentions and action (Macabe et al,. 2016). The theory is to explain the antecedents of human behavioural

intention. According to TPB (Figure 2-6), behavioural intention is determined by three psychological variables: attitude, subjective norm and perceptual behavioural control (Ajzen, 1991). Behavioural attitude, subjective norm and perceptual behaviour control interact with each other and act together on behavioural intention to predict individual behaviour (Figure 2-6). The theory of planned behaviour effectively incorporates three categories of cognitive factors into the study of the antecedents and mechanism of tourism decision-making, such as attitudes, the influence of family and friends, previous tourism experience and the degree of subjective perception control of behaviour (Seow et al., 2017; Sparks & Pan, 2009). A more detailed introduction of each factors show as following in the next section (Ajzen, 1991).

The theory of planned behaviour explains the general process of individual decision-making behaviour from the perspective of the Expectancy-value theory and attitude, behavioural intention is the core of the theory. Fishbein and Ajzen (1975) believed that the direct way to predict whether consumers will perform a specific behaviour in the future is to understand their willingness to take such behaviour. Moreover, the variable "perceived behavioural control" introduced in the theory of planned behaviour is able to explain and predict all behaviours, not only those under individuals' volitional control (Ajzen, 1991). Hence, accurate measurement of behavioural intention is the key to precisely predict consumers' actual achievement of the behaviour. On the other side, research on actual behaviour requires different setting of variables and types of data. For example, it is difficult to obtain data as the research participants need to be constantly followed and investigated, which may lead to the low data accessibility. Therefore, the research intents to explore the intentions in decision making, instead of actual travel behaviour.

2.4.4.1 Behavioural intention

Azjen and Fishbein (1980) believed that behavioural intention is the propensity of an individual to take a particular action. It refers to the individual's subjective probability of taking a particular action, which reflects the individual's willingness to adopt a particular action. The theory assumes that behaviour intentions are closely linked to individual's volitional actions, if a person has strong intention to perform a certain behaviour, the behaviour is more likely to be acted (Ajzen, 1985,

1991). From Ajzen's (1991) point of view, behavioural intention (motivation) and behavioural control (ability) collectively result in achieving an actual behaviour.

2.4.4.2 Attitude

Attitude towards a behaviour is the first determinant of behavioural intention. According to Fishbein and Ajzen's (1980) theory of expectation-value, attitude refers to a kind of preset position of persistent likes or dislikes reflected by an individual to a particular object, or a positive or negative evaluation of an individual's specific behaviour. In other words, attitude is the degree to which a person has a favourable or unfavourable evaluation or appraisal of the behaviour in question (Ajzen, 1991). It is believed that the formation of attitude can be interpreted from the individual's salient beliefs or behavioural beliefs and outcome evaluation (Fishbein & Ajzen, 1975). The intensity of behaviour belief refers to the possibility of performing a certain behaviour, that is, whether the expected outcome is occurring after taking such behaviour, while outcome evaluation is one's assessment of the behaviour consequence.

Attitude can be expressed by the following equation: in this functional expression, the behavioural belief (BB) is multiplied by the outcome evaluation (OE) of a specific behaviour, and the attitude toward a behaviour (AB) is directly proportional to the sum of the resulting products across the salient beliefs (Ajzen, 1991).

$$AB \propto \sum BBiOEi$$

i=number of salient belief

Source: Adapted from Ajzen (1991).

The expected outcomes of performing the behaviour are the important antecedents and determinants of the behavioural intention (Ajzen, 1991). The behaviour beliefs are closely related to the positive or negative outcomes, which are depending on the how consumers subjectively view the consequences(Verdurme & Viaene, 2003). Individuals tend to have positive attitudes towards

the behaviour if it would produce favourable outcomes, on the contrary, if the outcomes are unfavourable, consumers would hold a completely different attitudes to the behaviour (Dholakia, 2001). For instance, tourism consumers may hold a positive attitude towards wellness tourism if certain benefits are perceived and the outcome is expected to be positive in taking part in this activity. On the contrary, the negative attitude towards wellness tourism may lead to a weak travel intention.

A few previous studies have evidenced that attitude was significant in determining behavioural intention in the context of tourism (e.g. Goh et al., 2017; Hsu & Huang, 2012). For example, Hsu and Huang (2012) concluded that attitude had a positive causal relationship with behavioural intention on Chinese mainlanders' visiting intention to Hongkong, even the effect was marginal. In contrast, the influence of attitude is different from those reported by Han and Kim (2010) and Han et al. (2010), where attitudes were responsible for more variance explained than subjective norm and perceived behavioural control in predicting behavioural intention. However, as Ajzen (1991) claimed, not all the constructs needed to exert the same influence on behavioural intention as samples and circumstances were varied (Sparks & Pan, 2009).

2.4.4.3 Subjective Norm

The subjective norm is included in the theory of planned behaviour as the second determinant of behavioural intention. Subjective norm is concerned with one's beliefs that whether the important referencing individuals or groups think he/she should perform a given behaviour (Ajzen, 1985). It is the perception of social pressure that individuals feel when they take a particular action. The subjective norm is considered as a social factor formed from the individual's expectation of important others or groups on whether they should perform a specific behaviour (normative beliefs) and motivation to comply with the anticipations of significant others or groups, or motivation to comply (Ajzen, 1991; Lam & Hsu, 2004). Thus, consumers will value the opinion of salient referent individuals or groups (e.g. parents, friends, colleagues, relatives, neighbours) and those opinions will influence their consumption decision making or behavioural intention. For example, if a person's parents or friends want him or her to participate in wellness tourism in Hainan, his or

her travel intention of wellness tourism in Hainan will be high. Conversely, he or she will perceive social pressure to avoid wellness tourism if it is not approved by the salient referents.

The normative belief (NB) is multiplied by the motivation to comply (MC), and the subjective norm (SN) is directly proportional to the sum of the resulting products across the salient referents (Ajzen, 1991). Thus, subjective norm (SN) can be modeled as the following equation.

$$SN \propto \sum NBjMCj$$

j=number of normative belief

Source: Adapted from Ajzen (1991).

The positive and significant relationship between subjective norm and behavioural intention have been verified by many researchers (Kim et al., 2013; Lam & Hsu, 2006; Quintal et al., 2015; Sparks & Pan, 2009) while different findings were reported in the studies of Armitage and Conner (2001) and Yadav and Pathak (2016). For example, Armitage and Conner's (2001) meta-analytic review found that subjective norm had the faintest influence on intention among the components of the TPB model. However, Lam and Hsu (2006) have proved that opinions from significant others was influential in forming travel intention to Hong Kong of Taiwanese tourists.

2.4.4.4 Perceived Behavioural Control

The third important determinant of behavioural intention is perceived behavioural control, which is defined as the perceived ease or difficulty of performing the behaviour (Ajzen, 1991). By performing such behaviour of interest, his or her ability, available resources, opportunities and other possible elements are taken into account at the same time. Perceived behavioural control also reflects people's past experience and perception of the possible obstacles to engaging in a particular behaviour (Ajzen & Madden, 1986).

Perceived behavioural control consists of two factors: control belief and perceived power. Control belief refers to an individual's perception of whether the requisite resources or opportunities are available to achieve a certain behaviour, while perceived power is considered as his or her evaluation of the degree of importance of such resources for performing the behaviour (Ajzen & Madden, 1986; Han et al., 2010; Lee et al., 2012). It is postulated that individuals with stronger control belief and perceived power would have a greater intention to perform a certain behaviour of interest (Ajzen & Driver, 1992). Basically, perceived behavioural control (PBC) includes internal control factors, such as individual differences, skills, abilities or emotions, and external control factors, such as information, opportunities, dependence on others or obstacles (Notani, 1998). For example, wellness tourism may not be performed if a person perceived that he or she does not have the abilities to do so, or other impeding factors such as lacking of money and time would also prevent an individual from carrying out the intention of participating in wellness tourism).

Generally, the more resources and opportunities individuals possess, the less obstacles or impediment they anticipate, the greater perceived control over the behaviour will be (Ajzen, 1991). That is, when perceived behavioural control is close to an individual's actual ability of behaviour control, it can directly affect behavioural intention. The theory posits that behavioural intention is not only affected by attitude and subjective norm, but also by individual's perceived self-efficacy and perceived control over the implementation of the behaviour (Ajzen, 1991), unlike the first two predictors, perceived behavioural control can also be used to predict behaviour directly (Ajzen, 1985).

Perceived behavioural control can be expressed by the following equation: in this functional expression, the control belief (CB) is multiplied by the perceived power (PP) of the particular control factor to facilitate or hinder the behaviour in question, and the resulting products are summed across the salient control beliefs to produce the perception of behavioural control (PBC) (Ajzen, 1991).

$$PBC \propto \sum CB_k PP_k$$

k=number of behavioural control

Source: Adapted from Ajzen (1991).

50

The significant positive relationship between perception of behavioural control and intention can be seen in a few studies in the tourism and food industry. For example, Lam and Hsu (2004); Lee et al. (2012) and Yadav and Pathak (2016) found that perceived behavioural control weighted heavier than attitude and subjective norm in predicting behavioural intentions. Lam and Hsu (2004) pointed out that there was a significant negative relationship between perceived behavioural control and travel intention, which indicating that the greater barriers the tourists perceived, the lower intention of travel presented among them. It is worth mentioning that their study measured perceived behavioural control from the aspect of constraints. Perceived behavioural control also appeared to be a very strong determinant of Japanese tourists' intention to travel to Korea for medical treatment in Lee et al.'s (2012) work as well. Since control beliefs can further or hinder a specific behaviour in question (Ajzen, 1991), one's perception of having or not having resources to partaking in wellness tourism will be important in the formation of his or her travel intention in this research.

2.4.4.5 Past Behaviour

Although past behaviour is not involved in the theory as an independent predictor of behaviour, Ajzen (1991) did not deny that past behaviour has an important impact on later behaviour. Repeated behaviour in the past may develop into habits, and in turn, individuals make decisions or perform a certain behaviour in part according to their habits (Ajzen, 2001). Moreover, some scholars have found that past behaviour can significantly predict behavioural intention or future behaviour, it should be included in the model as an independent variable (e.g. Bagozzi & Kimmel, 1995; Beck & Ajzen, 1991; Bentler & Speckart, 1981; Fredricks & Dossett, 1983). If individuals tend to be consistent with their behaviour, there will be a significant correlation between their past behaviour and future behaviour (Albarracín & Wyer, 2000). Past experience or behaviour may explain more variance of consumer behaviour. For example, in Norman and Conner's (2006) study of binge drinking behaviour, past binge drinking behaviour was found to account for more variance explained in the prediction of binge drinking intention and behaviour, also, past behaviour moderated in the relationship between attitude and intention. Verplanken et al. (1998) proved that intention was significantly affected by prior experience in car use in the study of prediction of

51

people's behavioural intention to use cars as a means of transportation. Thus, in this study, it is rational to suppose that early behaviour could influence future behavioural intention.

2.4.4.6 Applications of the Theory of Planned Behaviour

The theory of planned behaviour has been applied to predict tourism and leisure behaviour. Ajzen and Driver (1992) applied the TPB to predict the intention and behaviour of college students' tourism activities. By using TPB model, Kerner and Kalinski (2002) found that the attitudes have positive affect on leisure activity intention; Basala and Klenosky (2001) put forward the social pressure had impact on the choice of tourism destinations; Lam and Hsu (2004) found that attitudes and perceived behavioural control were significantly correlated with tourism intention; Quintal et al. (2010) found that the constructs of theory of planned behaviour are significant antecedents toward behaviour intention to visit tourism destinations; Quintal et al. (2015) applied TPB to examine the predictive power that the winescape attributes had on wine tourists attitudes and behaviour intention, and winescape scale was introduced to the TPB; Han and Kim (2010) studied the revisit intention to a green hotel by investigating the attitudes, subjective norms and perceived behavioural control elements in the TPB and found they were all positively related to the revisit intention; Sparks's (2007) study the willingness of tourist to revisit and recommend a winery by examining the subjective norms and perceived behavioural control constructs and the findings validated the keys roles those two constructs in the TPB. Chen (2007) and Wu et al. (2016) applied TPB in food tourism researches. Also, the TPB has been utilised across a range of research areas such as health behaviour, marketing, social psychology and other forms of tourism (e.g. Alavion et al., 2017; Armitage & Conner, 2001; French & Hankins, 2003; Goh et al., 2017; Quintal et al., 2015; Yoon & Uysal, 2005).

Although the TPB has been widely used to predict consumer's behavioural intention across various disciplines, it has its shortcomings. Behavioural attitude, subjective norm and perceived behaviour control can be used as the antecedents of behaviour, however, they cannot directly contribute to its occurrence. Also, the theory does not take some affective factors into account (i.e. the past behaviour is considered as an affective variable in influencing intention and behaviour) (Norman

et al., 1999; Ouellette & Wood, 1998). Conner and Armitage (1998) stated that one of the deficiencies of this model is the casual assumptions are not fully proven. Moreover, the hypothesis of the theory of planned behaviour is that people are always rational in choosing and executing behaviour, yet in many cases, as McCabe et al. (2016) argued that individual stores limited memory and therefore behaviour is often spontaneous and intuitive rather than logical, it may be influenced by surrounding environment, emotions, lifestyles, habits and other factors. Nevertheless, Armitage and Conner's (2001) meta-analysis shows the capability and sufficiency in the TPB to predict the intention and behaviour.

As this study is to research the behavioural intention of wellness tourism consumers, theory of planned behaviour (Ajzen, 1991) is sufficient to be applied as the main theory to guide this research. In addition, in order to fill the gaps of this theory, this study will not only examine the three core factors in the TPB in the context of wellness tourism, but also other possible determining variables (i.e., past behaviour, wellness lifestyle).
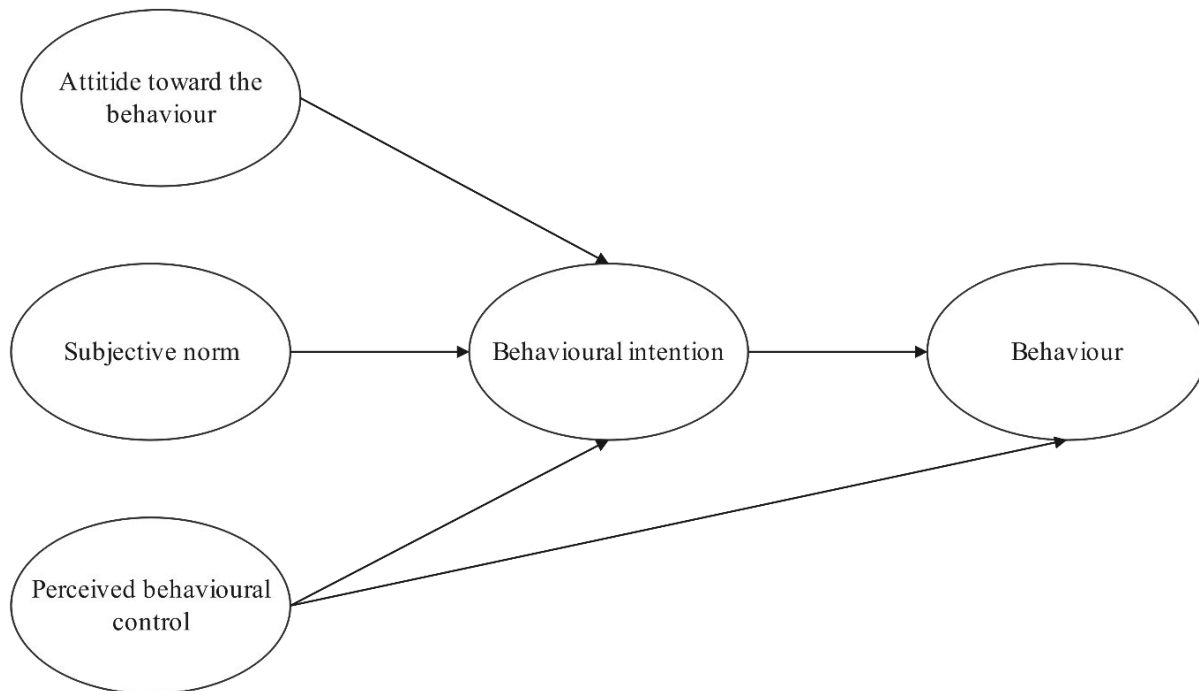
Figure 2-6: The theory of Planned Behaviour

Source: The theory of Planned Behaviour (Ajzen & Driver, 1992).

2.5 Wellness lifestyle in wellness tourism

2.5.1 Health, wellness and tourism

World Health Organization (1948) stated that health is a state of complete physical, mental and social well-being and not just the absence of disease or infirmity. Health is much more than not being physically ill. The concept of wellness takes this idea even deeper, and tourists who seek to preserve health rather than specific medical solutions are more likely to choose wellness trips (Smith & Puczkó, 2008).

There is a natural linkage between tourism and wellness. In general, tourism activities are conducive to relaxing the mind, regulating physical and mental health, and alleviating the "sub-health status" in modern medicine. As early as 460-377 BC, the "Father of Medicine", ancient Greek physician, Hippocrates regarded sunlight, air, water and exercise as the sources of life and health. It cannot be doubted that the ancient Greeks travelled for reasons of health, they travelled away from the city to rest in the sunshine and fresh air in the mountains (Bankoff, 1946; Kevan, 1993). Tourism activity is usually associated with nature and social- cultural environments that play a significant role in health and wellness. It links to the concept of revitalising, healing and integration of body, mind and spirit (Kevan, 1993). Leisure activities and wellness and health are often mutually reinforcing, that is, many leisure activities are promoted on the basis of enhanced wellness and health. Andereck and Nyaupane's (2011) research indicated that tourism has great potential to affect people's QoL (quality of life). Blackwell (2010) suggested that one of the central motives for the pilgrim to travel a long way to a holy place is to improve their spiritual health and repay the wrongs of present day. For example, the Alps in Europe and Buddhist temples make ideal locations for wellness tourists. In the 19th century, Europeans travelled to spa destinations believing they would become recharged and relaxed by the curative water (Bacon, 1997).

Nowadays, as the economic development and growing awareness of life-preserving, wellness continues to grow as one of the motivations for travelling alongside business, cultural and other common interest tourism. On one side, tourism is not only conducive to releasing people's tension from work and life, refreshing and achieving balanced body and mind, preserving health and

assuring a longer life, but also satisfies individual's higher levels of needs including social interactions with other people, being respected in the society and personal fulfillment. On the other side, tourism has increased the popularity of tourist destinations and promoted mutual understanding and communication among people of all nationalities in the world. It urges people to form a healthy and harmonious relation between human being and nature.

2.5.2 Wellness and wellness lifestyle

2.5.2.1 The key elements of wellness

Health is not merely about not being sick, it relates to one's mental status such as emotions, thoughts and feelings. As Bushell and Sheldon (2009) and Vrkljan and Hendija (2016) mentioned, the concept of wellness is subjective and unfixed and the needs of wellness tourists may vary substantially at different levels and times of their lives. According to the definition of wellness suggested by the National Wellness Institute (2007), wellness is an active process of becoming aware of and making choices toward a more successful existence, it is supposed to create harmony in mental and physical, spiritual and biological health as a whole. Thus, the concept has strong connections with changing lifestyle as much as with curing a specific medical condition (National Wellness Institute, 2007). The World Health Organization (WHO) indicated that 55% of the causes of chronic non-communicable diseases (e.g. obesity, diabetes, hypertension, cardiovascular disease) are related to individual lifestyles and the risk can be greatly reduced by changes to unhealthy lifestyles (Lalonde, 2003).

Despite the varying definitions of wellness, there is a consensus on the key elements (Bushell & Sheldon, 2009; Dossey & Keegan, 2009; Edlin & Golanty, 2004; National Wellness Institute, 2007; Smith et al., 2010; Smith & Puczkó, 2008; Stoewen, 2017; Wilcock, 1998). These are outlined as follows:

● Wellness and health are interchangeable, it is an alternative understanding of health.

- Wellness has strong connections with individual lifestyles where more responsible actions of individuals result in a higher degree of wellness.

- Wellness is to prevent illness and maintain the health of all age groups.

- Wellness is to create harmony and balance in physical, psychological and spiritual health as a whole.

- Wellness is a constantly changing process, and is complex, perceptual and subjective to dynamic influences.

- Wellness tends towards a higher level of human potential (e.g. self-actualisation.and self-fulfillment).

2.5.2.2 Wellness lifestyle

Lalonde (1974) distinguished four main areas that affect health, they are bio-genetic factors (e.g., genetic inheritance); health care organisations (e.g. hospitals, Centers for Disease Control); living environment (e.g. natural and social environment) and lifestyle (e.g. physical activity, nutrition, stress management, etc.). Of these, lifestyle factors account for 55% of the reasons that influence health. WHO's definition of lifestyle is "a way of living associated with the interaction of individuals, families and the social environments, it is the individual behaviour patterns that have been identified by the individual's socio-cultural and personal characteristics (Lalonde, 1974). Lifestyle is expressed in the way individuals cope with their physical, psychological, social and economic environment on daily basis, and the lifestyle choices made by individuals that affect the maintenance of health and prevention of disease (Abel, 1991; Gorzelak & Pierzak, 2017; Lalonde, 2003; Pender et al., 2019). That is, healthy/ wellness lifestyles are the foundations for continuing good health and wellness.

The Lancet (2018) showed that 73.4% (41 million) of the global deaths in 2017 were non communicable diseases (NCDs) (The Lancet, 2018). There is a growing trend of non-

communicable diseases in the developing world, especially in densely populated countries (Murray & Lopez, 2017). One of the noteworthy factors in this is the increasingly unhealthy lifestyles that people live (Wagner & Brath, 2012). Lack of physical activity, unbalanced and unhealthy eating habits, stress, excessive consumption of alcohol and smoking cause at least 75% of NCDs, yet a healthy lifestyle such as healthy diet, regular exercise, stress management and avoidance of tobacco and alcohol use can significantly reduce the risk factors of cardiovascular diseases (CVDs), type 2 diabetes, chronic obstructed pulmonary disease (COPD), high blood pressure, high cholesterol as well as other NCDs (Gorzelak & Pierzak, 2017; Wagner & Brath, 2012; World Cancer Research Fund & American Institute for Cancer Research, 2007; World Health Organisation, 2002). The treatments of these chronic diseases or sub-health status are not limited to operation or surgery, more importantly, alternative methods such as Traditional Chinese Medicine (TCM) and meditation have been introduced to deal with these health-related problems. Recently, healthy lifestyle promotion campaigns have been carried out in many countries to prevent illness and enhance health (Gorobets, 2015; Morley et al., 2016). For example, the Ministry of Health in China initiated a campaign named "China Healthy Lifestyle for All" in 2007, emphasizing healthy living and harmful behaviour modification (Chinese Center For Disease Control And Prevention, 2016).

According to Laffrey et al. (1986), healthy lifestyles can be associated with two health paradigms, they are the "pathogenic paradigm" and "health/wellness paradigm", respectively. Examples of healthy lifestyles within the "pathogenic paradigm" are disease preventing or control behaviour (Pender et al., 2006), such as regular physical examination, vaccination; avoidance of harmful environment; eliminating bad habits such as smoking, drinking and substance abuse and other activities that protect the human body from being sick (Pender, 1996; Steele & McBroom, 1972). Individuals within the "disease or pathogenic paradigm: receive care or comply with doctor's suggestions passively and dependently (Laffrey et al., 1986). However, behaviour within the "health/ wellness paradigm" is considered to be at a higher level of one's lifestyle, it is more an active process of the individual creating integrity and balance in body, mind and spirituality than just illness prevention and treatment (Laffrey et al., 1986; Nemec et al., 2015; Pender et al., 2019; Swarbrick, 2006). In this context, people want to improve their lifestyle so that they can remain healthy as they become old. The relationship between body, mind and spirit is becoming

increasingly important among tourists. In other words, people are not only concerned about their physical health, but also their wellness as a whole. Therefore, there has been an increasing demand for health and wellness tourism in recent years (Csirmaz & Pető, 2015; Heung & Kucukusta, 2013; Yang et al., 2015).

In this research, a wellness lifestyle is defined as a conscious, purposeful set of behaviours and actions that help to maintain and enhance wellness in every dimension of an individual's life. Wellness lifestyle is holistic and beneficial to a person's physical, mental, psychological, socio-cultural and spiritual domains (Nemec et al., 2015). Referring again to the relationship of wellness and tourism, tourism activity is health and wellness enhancing, it links to the concept of revitalising, healing and integration of body, mind and spirit. Tourism scholars state that wellness tourism locations such as spas, hot springs, hotel and resorts with health and fitness facilities, seaside resorts, thalassotheropy centers and yoga centers are promoting wellness and health enhancing lifestyle deliberately, and wellness tourists are more self-aware, active seekers of well-being, health and meanings of life (Bushell & Sheldon, 2009; Hall & Brown, 2006; Puczkó & Bachvarov, 2006; Smith et al., 2010). For instance, spas and hot spring resorts can be seen as pressure reducing places by offering a range of activities and treatments that help tourists in stress management.

Lifestyle and individual lifestyle decisions are the manifestation of their external and internal motivations and lifestyle is closely linked to travel motivations (Cambourne et al., 2003). Researchers claim that people who are more conscious to live a healthy life tend to engage in wellness tourism than those who are not. Alternatively, wellness tourists take part in wellness tourism in order to correct their unhealthy lifestyle (Puczkó & Bachvarov, 2006; Voigt, 2010). However, empirical researches on "how wellness lifestyles influence tourists' behaviour intention" and "the relationship between lifestyle and tourists travel decision making" remain scarce.

One of the research objectives of this study is to explore the relationship of lifestyle on the factors included in the theory of planned behaviour. This theory stipulates that wellness tourism behaviour intention is positively affected by attitude, subjective norm, and perceived behavioural control and in some cases, past behaviour. In this research, it is assumed that tourists with a wellness lifestyle

tend to have higher intentions to participate in wellness tourism. Hence, tourists with a wellness lifestyle with a more positive attitude to wellness tourism are more likely to have wellness travel intentions than tourists with a less healthy lifestyle. When tourists with a wellness lifestyle have more support from their family, friends and other salient groups, their travel intention is likely to be higher than those without wellness a lifestyle. Similarly, when tourists with wellness lifestyle perceive less difficulty in wellness tourism activities, the likelihood of travel intention is greater than those without a wellness lifestyle. Therefore, in this research, (wellness) lifestyle is considered a moderator variable that affects the direction/or strength of the relation between an independent variable and a dependent or outcome variable.

2.6 Perception of tourist destination

2.6.1 The importance of perception in tourism

Tourism is a service that has its unique characteristics, unlike regular manufactured goods, services are intangible, imperishable and cannot be restored or experienced before purchase (Sirakaya & Woodside, 2005). Therefore, individuals' travel decisions will largely depend on their psychological judgment of the tourist destinations, or, their perception of the destination (Crompton & Ankomah, 1993). Perception is a phenomenon that involves interpreting and giving meaning to new information from the environment (Webb, 2010). The importance of perception in the context of consumer decision making has led service providers' to value how consumers perceive their products or services and, as a result, to gain a comprehensive understanding of consumer profiles and factors that will increase customer satisfaction (Fornell, 1992; Webb, 2010; Woodruff, 1997). Lennon et al. (2001) utilised a model to clarify that tourist perceptions of Northern Ireland had a significant influence on their future behavioural intentions. Pine and Gilmore's (2000) 3S experience model indicated that customer satisfaction is a function of what the customer expects to get and what the customer perceives they get. Thus, consumer's perception of vacation destinations has the following implications:

(1) A need for the supply side of tourism (e.g.travel agencies, hotels, tourism enterprises) to develop a more attractive image of a certain tourist destination for the purpose of promoting tourist opinion and satisfaction of that particular destination (Goodrich, 1978);

(2) That the marketers take the appropriate marketing strategies to position in the right market, stimulate tourists demands, enhance tourist destination familiarity and loyalty (Wang et al., 2013).

2.6.2 Tourist's perceived value and tourist behaviour

The research of customer perceived value began in the 1990s. In 1988, Zeithaml first proposed the theory of perceived value from the perspective of customers. Zeithaml (1988) defined customer perceived value as the overall evaluation of the product or service utility based on the customer perception on the benefits and the cost of acquiring the product or service. Likewise, Day's (1990) definition of perceived customer value is the trade-off between customer's perceived benefits and their perceived cost. Perceived value is an important factor in consumer behaviour and decision making, which helps to achieve competitive advantages for enterprises (Bolton & Drew, 1991; Huber et al., 2001; Ruiz et al., 2007; Sweeney & Soutar, 2001; Zeithaml, 1988). Customers first measure perceived value through quality, price, emotions and other aspects, then assesses the overall benefits and losses to obtain a final perceived value. Therefore, customer value should be determined by customer's own perception, not by the perception of the product or service provider (Woodruff, 1997; Zeithaml, 1988). For example, Zeithaml (1988) researched consumer perception from the perspective of consumer psychology and concluded that the more favourable the consumer's perception on products or services, the more likely that they will purchase them.

The initial application of the theory in the tourism industry focused on hospitality management (Oh, 1999). Since then, there has been a growing number of researches on customer perceived value of services or products of tourism enterprises and tourist perception of tourism destinations in recent years (Bigné et al., 2001; Duman & Mattila, 2005; Khawash & Baksi, 2017; Oh, 1999; Petrick & Backman, 2002; Petrick et al., 2001; Ramseook-Munhurrun et al., 2015; Sánchez et al., 2006). The perceived value of a tourism destination is very important for tourists as tourism destinations offer an integrated experience to the consumers (Buhalis, 2000). That is, tourists will perceive the value

of a travel experience from a holistic perspective and the destination can be regarded as a carrier for the overall experience. In other words, tourist's perceived value is the perceived value of a tourist destination. Therefore, the perception of the value of a tourist's destination is likely to influence their travel behaviour.

The hypothesis that the perceived value positively correlates to tourists' behaviour or behavioural intention has been verified by many researchers. De Ruyter et al. (1997) conducted empirical research on customer perceived value on museum visits and concluded the overall customer satisfaction is influenced by the perceived value. Petrick et al. (2001) investigated the relationship between tourists' past experience, perceived holiday value, customer satisfaction and the willingness to revisit the destination. The result showed that these three variables significantly affect the tourists' revisiting intentions. Petrick and Backman (2002) examined perceived value as a construct to predict golfer's revisit intentions and found that the perceived transaction value can explain traveler's repurchase intention. Chen and Tsai's (2007) study found that perceived value is a variable that precedes tourist satisfaction and it also affects the tourists' repurchase intention and the degree of customer satisfaction. Rahman et al. (2018) researched tourist's preferences on the choice of Malaysia local food and found that tourists' satisfaction and perception have a positive and significant impact on the local foods purchase intention and tourist's satisfaction and perceived quality toward the tourist's perception of local foods are also positively related. Boulding et al. (1993) and Bigné et al. (2001) stipulated that perceived quality of experience is a major factor that influences tourist's behaviour and overall satisfaction. By applying structural models, Başarangil (2018) verified the role perceived service quality plays in tourist satisfaction and loyalty. A model is developed by González et al. (2007) to describe how perceived service quality affects consumer's behavioural intentions. They investigated tourists' willingness to visit spa-themed resorts by conducting a social survey, and it is proved that service quality has a significantly positive impact on tourist's behavioural intentions.

2.6.3 Perception of destination image

Goodrich (1978) mentioned that the product preference is influenced by perception, familiarity, and/ or knowledge of the product in his work as early as 1978, and drew an conclusion that the perception of tourists regions strongly influenced the selection of vacation destinations. In this case, the perception of destination plays a significant role in stimulating consumers' motivations and influencing their attitude and purchase behaviour. In this research, the perception of tourism destination includes the perception of tourist destination image. Destination image has been defined in many ways. Fakeye and Crompton (1991) defined it as tourists' overall perceptions of a specific destination. Gartner's (1994) suggested that cognitive, affective and conative image are the three hierarchical components of image that influence travel behaviour, while Echtner and Ritchie's (1993) classified image into attribute-based and holistic-based components. In spite of the categorizations of the image, it is the sum of beliefs, ideas and views that a person holds of an unfamiliar place that are based on the general impression of a selection of essential image components (Bigné et al., 2001; Crompton, 1979; Hosany et al., 2007; Stylidis et al., 2017). Individuals have a personal filing system that is similar to a "personal construct", allowing people to match the new message with information or knowledge that already exists in one of the files. Consumers tend to evaluate the information by a few criteria that they deem important (Kelly et al., 1963). For example, if the service quality of a tourist destination is deemed to be important by a tourist, and they see an advertising campaign for a destination emphasizing the superior service they will be more likely to have intention to go. Because the tourists are not fully familiar with the environment of the destination, their travel decision-making will rely on whether the products or services of the tourist destination meets their needs or expectations. By processing the information from various channels, tourists then form an indirect image of the destinations. As the image is people's vague mental pictures of something "yet to be seen and experienced", this implies that the real images of a destination may be different from the imagined pictures in traveler's mind. The gap between the "real" images and "unseen" images holds much relevance to the tourism suppliers as it may influence the visitor's satisfaction (Martín-Santana et al., 2017). For example, Ramseook-Munhurrun et al. (2015) investigated the relationships of destination image and perceived value in the case of a small island destination as well as proving their important roles in predicting tourists'

behaviour. Wang et al. (2013) explored the tourism image of Xi'an city in China and reached a conclusion that tourism infrastructure construction, transportation and services remarkably affect the perception of destination image. Popescu and Profiroiu (2013) studied foreigners' perception of Romania's image as a tourist destination and found that improving international tourists' perception can increase awareness on Romania's tourism. It is believed that the following factors in a tourism destination will affect tourist's travel intention:(1) the degree of comfortableness, convenience and accessibility of the tourist destination; (2) the natural environment of the destination; (3) the number of attractions; (4) destination culture; (5) the facility and quality of the accommodation; (6) the quality of service (7) the attitude of service staff (Ryan, 1997).

In general, perception of a tourist destination refers to the idea, and impression, that the destination brings to people (Fakeye & Crompton, 1991). How tourists perceive a destination also affects their overall satisfaction, as well as their willingness to visit, revisit and recommend the destination (Alcañiz et al., 2005; Stylidis et al., 2017).

There has been a great number of researches focusing on the analysis and evaluation of the perception of tourist destinations from the perspective of marketing, customer satisfaction and intention to revisit (Alcañiz et al., 2005; Bigné Alcañiz et al., 2009; Chen & Tsai, 2007; Chenini & Touaiti, 2018; Echtner & Ritchie, 1993; Lennon et al., 2001; Stylidis et al., 2017; Wang et al., 2013). However, given the paucity of study on the perception of a wellness tourist destination as a mediator in the theory of planned behaviour (Chew & Jahari, 2014; Kani et al., 2017; Park et al., 2017; Veasna et al., 2013), it is necessary that it be included in this research. Does the tourists' perception of a tourist destination have an impact on their travel intention? In order to find the relation between the tourists' perception of tourist destination and the behaviour intention in the theory of planned behaviour, it is included in the behaviour model as a mediating variable that affects the outcome or dependent variable (behavioural intention). In this research, the perception consists of the factors (i.e. service quality, price, environment of tourist destination) that influence wellness tourist's perceived value on wellness tourism destinations.

2.7 Demographic characteristics and travel behaviour

There are many influencing factors of travel intention and behaviour, covering almost every aspect of tourism. Demographic profiles of tourists, traveller's psychological factors, environmental factors of tourist destination, attributes of travel product as well as marketing and promotion of tourism destinations are the common contributing factors in the decision making of tourists. A number of studies have proved that demographic factors have a strong impact on travel intention and behaviour (Barnett, 2006; Bernini & Cracolici, 2015; Li et al., 2020). For example, the socio-economic environment and cultural background of tourists as well as their occupation, economic status, age, gender, education level, and other demographic components affect tourist's travel intention (Liddle, 2014). The above mentioned demographic characteristics are considered as the variables in the study of social behaviour, and they have been taken into account as important influencing factors in many tourism behaviour models.

Ryu et al. (2016) analysed the demographic characteristics of Korean tourists to Japan by using the T-test methodology and found that there were differences in the decision-making of purchasing travel products depending on gender, age, income and living area. Female tourists were concerned more with the attributes of travel products including travel expenditure, exchange rate, traffic convenience, tourist experience and other aspects than males, while tourists with higher income were less price sensitive. Lehto et al.'s (2006) article investigated the socio-demographic profiles and motivational factors of yoga tourism participants in central Indiana through empirical research, and concluded that the yoga tourists in general were middle age females with higher levels of education, higher household income and good physical health conditions. Kim and Kim (2020) introduced demographic variables of elderly tourists to testify the statistical relationship among their lifestyles and travel motivations. The result confirmed that a number of sociodemographic characteristics such as age, educational background, health status and economic status were able to predict the travel- related behaviour.

Gu et al. (2016); Hwang et al. (2020); Osadchuk et al. (2020) and Romsa and Blenman's (1989) research mentioned that the behavioural intention of travel of aged people was affected by age,

family structure, marital status, health status, income level, attitude of the children, environment and climate of the tourist destination, medical facilities and services, level of education and other variables. Hritz et al. (2014) explored the motivations of wellness tourism of the educated Generation Y travelers by applying push and pull theories and found that gender played an important role in travel behaviour. Men were motivated to travel more for relaxation and women for the nightlife. Lee (2013) drew upon both demographic and psychographic attributes to research the influence of tourists' health knowledge and personality characteristics on the intention to purchase healthcare tourism products available in Taiwan. The result indicated that extroverted and optimistic consumers with higher level of health knowledge expressed more willingness to buy Taiwan's health tourism products. Han et al. (2018) investigated the demographic characteristics of Korean domestic tourists with regard to their preference and participation in health tourism by using comparative analysis, and the result implied that the preference for health tourism varied between genders, while significant difference were identified in actual participation in terms of age and income. It was concluded that tourists with different levels of income, age and education level should be targeted separately in the health-oriented tourism market in Korea. Musa et al. (2012) examined the relationship between demographic characteristics and satisfaction of medical tourists in Malaysia, and the findings proved that the dimensions of satisfaction of hospital facilities, hospital atmosphere, hospital services and doctor were statistically different based on the age, educational background and nationality of medical travelers.

From what has been discussed above, conclusion can be drawn that tourist's behavioural intention may vary with different demographic characteristics. In this respect, this study includes gender, age, income, education, occupation and family structure as sociodemographic variables so as to clarify the influence on consumer's wellness tourism intention.

2.8 Summary

This chapter identified the main research areas on wellness tourism. These areas include the perspectives of economics and management, sociology, anthropology and psychology. Among them, the anthropology and psychology perspectives pay more attention to tourists' motivation,

tourists' decision-making process, tourist destination preference and tourism satisfaction. It has been pointed out that the research on behaviour of wellness tourists can be generally divided into three categories, they are pre-travel behaviour, behaviour in the course of travel and post-travel behaviour, respectively. This chapter critically reviewed consumer behaviour models and theories and selected the theory of planned behaviour as the guiding theory to investigate the consumer' behavioural intention for wellness tourism in Hainan. The theory of planned behaviour has not been greatly applied in this special interest tourism (wellness tourism) for the reason that wellness tourism is an emerging industry. However, the theory integrates social influence and individual factors as predictors of human behaviour, it performs a crucial role in the study of individuals' consumption behaviour as a whole. It is regarded as one of the most mature and influential social psychology theories in the prediction of social behaviour and health related behaviour. As a result, the theory of planned behaviour is beneficial for interpreting behaviour of wellness tourists.

Also, the two important elements in wellness tourism: perception of tourist destination and wellness lifestyle were explored. In the final section of this chapter, the research of demographic characteristics of tourists and their travel behaviour were discussed. In summary, this study chooses the theory of planned behaviour as the leading theory and incorporates the theory of perceived value to excavate new constructs that may affect behavioural intention of wellness tourism. Three factors in the theory of planned behaviour are retained, in addition to past behaviour. Moreover, perception of tourist destination and wellness lifestyle are introduced as antecedent factors, which are the main innovative points of this research. Further, the mediation effect of perception of destination and the moderating effect of wellness lifestyle on behavioural intention of wellness tourism will also be examined in the following chapters, so as to comprehensively and effectively explain the impact of destination factor and individual's health factor on travel intention of wellness tourism.

Chapter 3. Development of the Theoretical Model and Research Design

3.1 Introduction

In this chapter, research methodologies are discussed to explain the research hypotheses presented above in order to meet the aims and objectives of the study. The adoption of the paradigm is discussed. Both qualitative and quantitative research approaches are introduced in detail followed by a discussion of the data analysis method. The data analysis is divided in to three parts: semi structured interviews, the pilot survey and main study. This chapter fully discusses the design of the measurement scales and how all of the indicating items of the scales are adopted from previous studies or already existing questionnaires through a thorough literature review. In order to suit the research aim of the study properly, all the measurement scales, including wording and number, are revised according to the research problems and hypotheses. Finally, the ethical considerations of the study are considered at the end of this chapter.

3.2 Research paradigm

A paradigm is a group of propositions that explain how the world is viewed (Sarantakos, 1998). The notion of paradigm is a basic set of beliefs that guides action, whether of the everyday garden variety or action taken with relation to a disciplined inquiry (Guba, 1990). A scientific study should be conducted on the basis of a paradigm, otherwise, there may be a lack of general orientation towards the research questions, methods and techniques (Corbetta, 2003). There are a range of paradigms in the social science disciplines, including pragmatism, postpositivism and interpretive social science. According to Morgan (2007), those are based on certain paradigmatic assumptions in connection with the concepts in the philosophical field: ontology, epistemology and

methodology. Ontology is concerned with reality and the structure of being. Epistemology is the study of knowledge of the reality, it is concerned with the questions such as what are the necessary and sufficient conditions of knowledge? Methodology is the study of how to know that reality, and involves questions such as how reality is being studied (Crabtree et al., 1995). Because the three notions are related to each other, the specified answer to any one restrains the possible answers available to the others (Denzin & Lincoln, 1994).

In the ontological field, the positivists think the physical world is based on stringent rules of logic, and scientific methods such as formal statistical analysis of hypotheses are used to develop general laws describing and predicting patterns (Guba & Lincoln, 1994). Postpositivism continues the positivism's view on precise concepts and variables, controlled conditions, and empirical testing (Guba & Lincoln, 1994), whereas postpositivists advocate a critical realist position (Tashakkori et al., 1998). Although positivism and postpositivism share the same view that the truth is universal and not dependent on human perception, the postpositivist paradigm assumes that not everyone can be approachable to the universal truth (Guba & Lincoln, 1994; Kohli & Burbules, 2000). In other words, reality can never be thoroughly known and the attempts to measure it are not limitless. Interpretivists believe that there is no absolute objectivity, because people are changing and there is no objective "fact". The so-called knowledge is understood and translated by people, and reality is socially constructed (Bless & Fiedler, 2014). As for pragmatists, they are not interested in determining truth, since for them it is practical experience that is the most important. Theory is only a hypothetical summary of the results of behaviour and whether it is valuable depends on whether it can achieve a practical result (Baert, 2003).

Epistemologically, positivist and postpositivist paradigms are different, postpositivist critically digress from the positivist position that researchers see the world objectively as it is and that their observations are neutral and without biases. The postpositivists' assumption is that observations are based on the background theories and hypotheses, so that absolutely objective observations are hardly possible (Norbeck, 1987; Reichardt & Rallis, 1994; Schumacher & Gortner, 1992). Postpositivists are concerned about the relationship between the cause and results, and epistemology underpins objectivity, subjectivity or intersubjectivity (Weaver & Olson, 2006). Thus,

epistemologically, postpositivists consider that social behaviour can be elucidated by identifying and assessing the relationships between the causes and effects (Phillips, 1992). Rather than simply viewing the causes and outcomes as a linear process, they hold the view that a range of complex and interactive variables that give rise to the outcomes should be investigated. In addition, postpositivists advocate for replication across diversified populations and settings (Giddings & Grant, 2007; Greene, 1990). While the positivist emphasis is on testifying and replicating hypotheses and findings, the postpositivist's focus is on altering hypotheses (Guba & Lincoln, 1994; Morse & Field, 1995). By contrast, interpretivism believes that utterly objective research does not exist. Interpretivists discover and study meaning from subjective personal experiences and feelings. They hold the view that only through interaction with the respondents (i.e. interview, observation or focus group) can the truth be verified (Neuman, 2006). From an epistemological point of view, pragmatism thinks that truth is based on empirical differences which means that a conclusion or argument is true if empirical difference occurs, otherwise, it is meaningless (Baert, 2003).

By applying scientific methodologies, postpostivism is often associated with the quantitative approaches (Giddings & Grant, 2007), yet postpostivists acknowledge that the hypotheses and data can be manipulated and interpreted from different perspectives and there is no single perfect quantitative method to be used in the whole research process (Letourneau & Allen, 1999). As a result, they encourage the use of different methods (packages of various methods and theories) in order to reduce or minimize the errors or biases (Letourneau & Allen, 1999). It can be concluded that postpositivists advocate that the measures applied in the research should be varied according to different contexts; research hypotheses and findings may not be interpreted strictly by only one theoretical framework and the data should be analysed through mixed methods. Instead of quantitative methods, qualitative methodologies such as hermeneutics, phenomenology and ethnography all belong to interpretivism paradigm (Neuman, 2006). As fundamental principle of pragmatism emphasizes on practice and effect, pragmatists support both quantitative and qualitative methods based on what works to solve one's research problems (Onwuegbuzie et al., 2009).

The aim of this research is to understand the consumer behaviour (behaviour intention and its influencing factors) of wellness tourists comprehensively. The theory of planned behaviour has been chosen as the guiding theory for this study to predict wellness tourists' travel intentions of wellness tourism. A number of hypotheses are developed on the basis of the main research question with the purpose of utilizing the theory in the context of wellness tourism. Since postpositivism supports the use of both qualitative and quantitative methods and follows the predetermined measurement and strict scientific rules to control, specify and falsify the variables, it is the most appropriate paradigm to guide the research. Furthermore, due to the interdisciplinary characteristics in the field of tourism and human behaviour, a postpositivist paradigm is utilised to guide a wide range of tourism research (Pearce, 2004).

Table 3-1: Four paradigms and their paradigmatic notions

Paradigmatic notions	Positivism	Postpositivism	Interpretivism	Pragmatism
Ontology (reality and structure of being)	the physical world is based on stringent rules of logic	advocate a critical realist position	there is no absolute objectivity	not interested in truth; emphasizing on practical experience
Epistemology (the study of knowledge of the reality)	replicating hypotheses and findings	altering hypotheses	discover and study meaning from personal experiences	truth is based on empirical differences
Methodology (how reality is being studied)	quantitative	mixed methods but largely quantitative	qualitative	both qualitative and quantitative

Source: Neuman (2006); Onwuegbuzie et al. (2009); Tashakkori et al. (1998).

3.3 Research strategy

3.3.1 Qualitative approach

Creswell (2009) defined that qualitative research is an inquiry process of understanding based on a distinct inquiry that explores a social problem to provide valuable insight into the social circumstances. The qualitative researcher views cultures and people in their own terms, and the research often takes place in a natural setting with a variety of data collection method (Creswell et al., 2007). Ethnography, phenomenological research, narrative research and case studies are some common inquiry methods to carry out qualitative research (Creswell, 2009). Accordingly, analysis techniques such as thematic and content analysis by coding and semiological analysis are developed for interpreting qualitative data. For instance, as the goal of case-oriented analysis is to interpret and analyse the views, experiences, meanings, attitudes and perspectives of the participants, a qualitative approach and analysis are better to be applied in (Onwuegbuzie et al., 2009). Also, open ended interview questions can be analysed through qualitative methods such as constant comparison and content analysis (Glaser & Strauss, 2017; Onwuegbuzie et al., 2009). Qualitative research also has its disadvantages. Because data are collected through direct observation or interviews, the cost may be relatively higher. Secondly, as it is based on the researcher's personal observation of a specific group, the objectivity and reliability of the conclusions may be questioned.

3.3.2 Quantitative approach

Quantitative and qualitative research methods are different in terms of the characteristics, data collection method and analysis procedures. A quantitative approach is a rigorous scientific method used to confirm or explain, to test, predict, and verify a theory or hypothesis (Johnson & Onwuegbuzie, 2004). Quantitative data are quantifiable and can be analysed by applying statistical methods (Carr, 1994; Denscombe, 2010). In order to ensure the reliability of the data, the quantitative method often requires a larger sample size (Denscombe, 2010). Questionnaires, measurements and standardized interviews are the most common data collection methods in quantitative researches. The purpose of quantitative research is to gather data from the respondents

71

and applies a deductive approach to testify the meanings of the proposed hypotheses (Bryman, 2016). For example, a quantitative approach is more apt for variable-oriented analysis because it includes statistically identifying the probabilistic relationships (Milles et al., 1984; Onwuegbuzie et al., 2009). Descriptive or inferential statistical analysis such as multiple regression may be used by a quantitative researcher to examine which variables predict some quantitative outcomes (Onwuegbuzie et al., 2009). Whereas qualitative research focuses on exploration, induction, theory or hypothesis generation, it is generally preoccupied with words and pictures rather than variables (Silverman, 2016). Because a quantitative approach is based on rigorous logical deduction and a high degree of standardised examination, the causal relationship between phenomena can be assessed more accurately and as a result, quantitative research is objectively scientific (Carr, 1994). In the next place, it is more efficient to get larger size of samples covered and comparatively cost-effective to achieve the objectivity (Hackett, 2019). The deviation of quantitative research methods is smaller than that of qualitative researches. Researchers are able to apply different statistical techniques to examine the data and make predictions (McMillan & Schumacher, 2001).

However, quantitative research approaches have their own limitations. Bryman (2016) argued that quantitative research stresses the objectivity and universality of nature while ignoring the subjectivity and particularity of humans. They see the social world as if it is set in natural order and it is subject to the limitations of existing knowledge and norms, or, to verifying the existing theories instead of creating theories. Also, the predominant and authoritative role of the researchers may discourage the respondents from thinking and interpreting their experiences freely.

From the above discussion, it can be concluded that the quantitative research methodology is answering the confirmatory questions in the study, and the qualitative approach is answering the exploratory questions (Tashakkori & Teddlie, 2003). The goal of qualitative research is to understand a specific group of people or a culture in a certain place or a time, whereas in comparison, quantitative research is more stringent in using scientific ways to explain the abstract and nomological knowledge (Onwuegbuzie et al., 2009). Therefore, as the purpose of this study is to gather data to extrapolate meaningful results based on an existing theory, this research applies a quantitative approach guided by postpositivism as the main research paradigm. However, because

social phenomena are highly complex and interrelated with each other due to the multifarious nature of human science, just applying quantitative research methods may not fully answer the social and behavioural phenomena.

This research intends to give insight into the theory of planned behaviour to understand the behavioural intentions of wellness tourists and although it is explanatory to a large extent, qualitative data collection methods such as semi-structured interviews will be conducted as the initial work of formal data research. The interview is utilised to gain a preliminary understanding of why or why not they would like to take part in wellness tourism in Hainan. Thus, it allows respondents to describe their own perspectives.

In addition, although postpositivism is largely quantitative, Onwuegbuzie et al. (2009) argued that from postpositivists point of view, they believe that it is beneficial to comprise qualitative approaches and data, depending on the condition of the research designs. Therefore, as in a quantitative dominant study, the researcher needs to take a quantitative stance concerning the process of the research, while including the benefits that come from additional qualitative data analysis.

3.4 Research design

A structure of research is needed prior to the data collection and analysis. This section explains the research methods applied in this project and discusses the data collection methods and data analysis techniques as well as the sampling strategies. The research is aiming to use the theory of planned behaviour (Ajzen, 1991; Ajzen & Driver, 1992) to examine wellness tourists' travel intentions of wellness tourism in Hainan. From the literature review, it is concluded that researchers (Goh et al., 2017; Lam & Hsu, 2006; Quintal et al., 2015; Seow et al., 2017; Sparks & Pan, 2009) either focus on the original theory of planned behaviour to investigate how the three variables (attitude, subjective norm and perceived behavioural control) influence behaviour intention or actual behaviour, or researchers add new variables to explore the relationship between various factors and their impacts on behavioural intention. According to Armitage and Conner (2001), because the variance of behavioural intention that can be explained by three variables (attitude, subjective norm

and perceived behavioural control) is limited, the traditional TPB model may not fully explain the behavioural intention in reality. Therefore, it requires the introduction of new variables to construct an extended model based on the theory of planned behaviour. This study will introduce "wellness lifestyle" and "perception of tourist destination" as latent variables that influence tourists' travel intentions towards wellness tourism in Hainan. The lifestyle variable is introduced as a moderating variable while perception of tourist destination is a mediated variable that affects the factors in the theory of planned behaviour and the relationships with behaviour intention.

This study unfolds in two phases. The first phase is the qualitative research phase and the second is the quantitative phase. The quantitative phase is divided into three sub-phases: pilot survey, main survey and major data analysis and interpretation phases. The first, qualitative phase, consists of semi-structured interviews with participants to gather their attitude toward wellness tourism in Hainan and specifically, whether they would like to join wellness tourism or not. The findings of the first phase of qualitative research will help to improve the quantitative phase.

The second phase is the quantitative research phase. The first sub-phase is the pilot survey. The initial items of the potential variables in the research model (the modified theory of planned bahviour) are evaluated based on the pilot survey questionnaire. The main purpose is to use the data generated from the pilot survey to validate the initial items of the variables in order to modify the questionnaire into a formal one. In other words, a pilot survey is developed before undertaking the main data collection process to test the reliability and validity of the initial questionnaire. Reliability and validity tests are necessary as there may be incorrect items in the questionnaire which is also known as the standard interview and is designed to answer a number of closed-ended questions face to face. The researcher develops an interview guide listing the wording and orders of questions (Patton, 1990). Normally additional questions outside the interview schedule and spontaneous wordings are not allowed. The advantages of the structured interview include increased comparability, reduced bias and easier data analysis through statistical methods. At the same time, the confined flexibility of the standard questions prevent the participants from expressing their views freely (Jennings, 2010). The common difference between unstructured interviews and semi-structured interviews is the increased flexibility in the former, while the

commonality is that the researcher prepares a framework of themes ensuring specific areas a covered. The initial items of observational variables in the pilot survey will be examined from three different statistical techniques: item analysis, reliability analysis and validity analysis (exploratory factor analysis). The second sub-phase is the main survey. The theoretical framework and proposed research hypotheses in this study will be tested in this phase and data collection will be conducted online. The final phase is the major data analysis and interpretation.
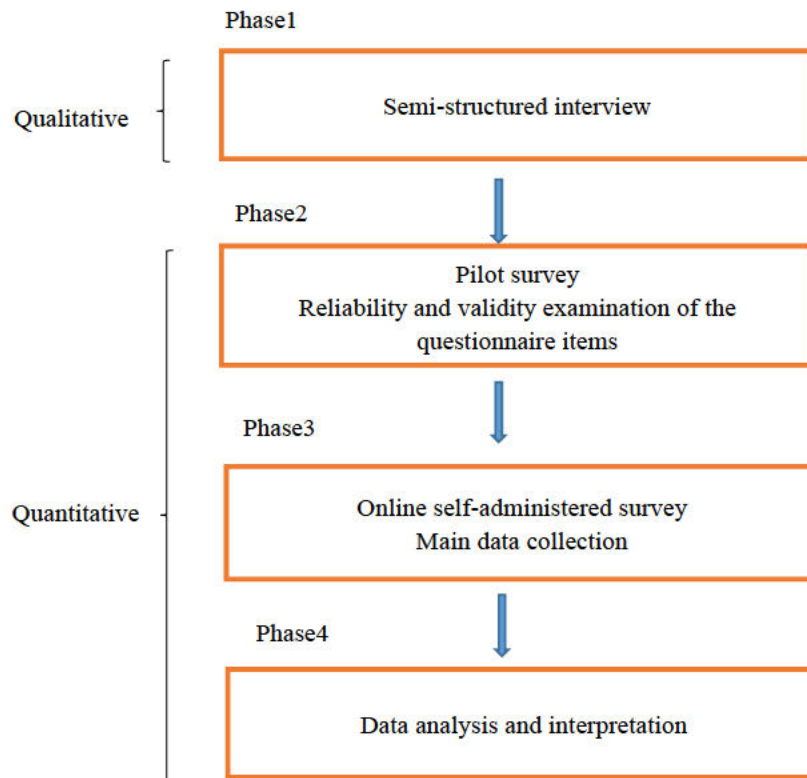
Figure 3-1: Research design of this study
Source: Developed by the author.

3.4.1 Qualitative phase: Semi-structured interview

To obtain the participants' opinions of wellness tourism in Hainan, participants are asked if they would consider participating in wellness tourism and the reasons for why or why not. They are also asked how their reference groups and social environment view their choice of wellness tourism in

Hainan as well as the benefits they believe they will gain from taking wellness tourism in Hainan. Interviews were conducted prior to the quantitative phase. There are three forms of interviews depending on the aims of the research, ranging from unstructured interviews to structured interviews (Finn et al., 2000; Jennings, 2010). The structured interview is also known as the standard interview, which is designed to answer a number of closed-ended questions face to face. The researcher develops an interview guide listing the wording and orders of questions (Patton, 1990). Normally additional questions outside the interview schedule and spontaneous wordings are not allowed. As noted, the advantages of structured interviews include increased comparability, reduced bias and easier data analysis through statistical methods. The common point between unstructured interview and semi-structured interview is the increased flexibility, while the difference is that the researcher prepares a framework of themes ensuring specific areas are covered in a semi-structured interview. That said, interviewers can flexibly make necessary adjustments according to the actual circumstances at the time of interview. For example, the questions and general areas listed in the interview framework are not in specific sequences, the recording method, the way to respond, and the time and place of the interview can be decided by the interviewer according to the situation.

Considering the current COVID-19 pandemic, the researcher distributed materials (text for recruiting interview participants, consent form and information sheet) online with her name, phone number and the name of the University. A person who agrees to be involved in this study can contact the researcher. This online delivery does not require any specific location for the participant. They can be a wellness tourist on a holiday now, a potential wellness tourist or have been a wellness tourist in Hainan in the past. Because the research subject is Chinese tourists, foreign tourists are not included at all in this research and those aged under 18 years old are excluded in this research as well.

The number of participants were 20 interviewees aged 18 years old and above. The interviewees were informed that if they were not feeling comfortable to answer any of the questions asked, he/she had the right to quit from the process at any time without penalty. The duration of the interviews was approximately 15-20 minutes. Finally, the participants were given their interview

transcripts to check, and they could contact the researcher via email for the research results if they were interested (See Appendix C for interview schedules).

The data from the semi-structured interviews were analysed by using thematic analysis. Thematic analysis is a common qualitative analysis technique that is applied to analyse the textual material systematically (Guest et al., 2012). Thematic analysis has been recognised as a practical method to describe the experiences, perspectives and reality of the participants (Braun & Clarke, 2006). It is used to identify, organise and label patterns through coding the data. Thematic analysis is considered to be a very useful method in obtaining the implicit and explicit meaning within data (Guest et al., 2012). Inductive and deductive thematic analysis approaches have been utilised to explore the new information as well as recognising themes that match with theoretical propositions (Patton, 2002). In the inductive thematic approach, the codes and themes come from the data instead of being fitted into predetermined frames, while codes from a deductive thematic analysis are developed based on pre-existing models and previous researches (Boyatzis, 1998; Braun & Clarke, 2006; Patton, 1990). It depends on the researcher's epistemologies in selecting these two approaches. Braun and Clarke (2006) believed that the "theme" represents the repeated elements in the data, and "thematic analysis" is the process of systematically reproducing these topics. Six steps were outlined by Braun and Clarke (2006) for researchers to conduct a thematic analysis: (1) Transcribe the interview data and get familiar with the content; (2) Generate preliminary codes by coding particular features of the data systematically; (3) Find the themes; (4) Review and refine the coded data until a thematic "map" is developed; (5) Generate unambiguous definitions and names for the theme; (6) Final analysis and report writing. Therefore, the answers from the interviews were transcribed, read and re-read by the researcher before pre-coding the answers, then the researcher categorized the similar answers into a code book by utilizing NVivo software. Finally, a report was produced and NVivo software was used to facilitate the interpretation of the data.

3.4.2 Quantitative phase: Questionnaire design

Questionnaire design is important to this research because of its aim to examine the variables that influence the wellness tourists' travel intention by applying the theory of planned behaviour. Attitude, subjective norm, perceived behavioural control and past behaviour are considered as the four independent variables and the dependent variable is wellness tourists' travel intention. Wellness lifestyle and perception of tourist destination are the two new variables proposed by the researcher, they serve as the mediating variable and moderating variable in the theory, respectively. Finally, socio-demographic factors are included as the socio-demographic variables. Each variable in the theory needs to be measured by measurement scales. Different measurement scales are included in the questionnaire for the six variables: attitude, subjective norm, perceived behavioural control, wellness tourists' travel intention, wellness lifestyle and perception of tourist destination. All measurement scales are adopted from previous studies or already existing questionnaires discovered through the literature review. For example, the wellness lifestyle scale is adapted from Health-Promoting Lifestyle Profile (Walker et al., 1987). In order to fit the research aim of the study properly, all the measurement scales including wording and number were revised according to the research problems and hypotheses.

This research uses the Likert Scale to measure participants' attitude. Various kinds of rating scales have been developed to measure people's attitudes, among which, the Likert Scale is the mostly widely used (Likert, 1932). Respondents may be given a choice of five to seven or nine pre-coded points assuming the degree or intensity of experience (i.e. on a continuum from very important to unimportant). Scholars have different views on how to choose the Likert scale, some scholars argue that the use of a Likert 7-point scale may increase the time and difficulty for the participants to respond, especially for those who are not sensitive to wordings. However, a Likert 7-point scale can improve the validity of the scale and the sensitivity between variables (Colman et al., 1997; Lewis, 1993). Therefore, this research chooses Likert 7-point scale to measure respondents' attitudes.

The sample groups of this research are Chinese wellness tourists in China. This means that the participants are likely to have a primary language of Chinese origin. In addition, the researcher is also Chinese so using Chinese for communicating was not a problem. Therefore, data collection was conducted in Chinese rather than English. The survey was firstly written in Chinese and translated to English by the researcher afterwards. Moreover, it was proof-read and revised by the researcher's supervisors to ensure accuracy and consistency.

3.5 Design of the measurement scales

3.5.1 Measuring items of attitude

In the classic theory of planned behaviour, behavioural attitudes are considered to be the degree of acceptances or preferences for a particular behaviour. Favoured attitudes towards behaviours lead to positive outcomes (Ajzen, 1991). In terms of the travel intention of wellness tourism, the researcher postulates that when the tourists' attitude towards wellness tourism is more positive, then the willingness to engage in that specific tourism activity is more strengthened. At present, there is no standardised measurement scales to the attitude of wellness tourism. Measuring items of attitude in the context of tourism that can be used as references including Amaro (2014); Quintal et al. (2015) and Sparks and Pan's (2009) studies. The Cronbach's alphas of the attitude scale in those researches were 0.72, 0.91 and 0.95, respectively, indicating a good reliability. Quintal et al. (2015) investigated the factors that affect the wine tourists' intention to revisit and recommend a winery in the theory of planned behaviour. In her study, attitudes were measured by a 7 point Likert scale ranging from "strongly disagree" to "strongly agree" with a reliability greater than 0.72: My attitude toward this winery is bad or good, dissatisfied or satisfied, unenjoyable or enjoyable. Amaro (2014) examined the determinants of online travel buying behaviours. In Amaro's (2014) work, attitudes towards online travel shopping intentions were adapted from Azjen and Fishbein (1980), which were measured by five items with 5 point Likert scales ranging from strong disagree to strongly agree: Online travel purchase is a good, wise idea; I like the idea of buying a tour online, purchasing travel online is pleasant and appealing. Sparks and Pan's (2009) research applied theory of planned behaviour in order to identify the intentions and the influencing factors of Chinese

tourists choosing Australia as a travel destination, attitudinal evaluation was measured using six statement with a seven point semantic differential scale: "Taking a holiday to Australia in the next twelve months would be...unenjoyable - enjoyable, bad - good, foolish - fun, unpleasant - pleasant, and disliked - liked.

In this study, attitude was measured by four statements with a 7 point Likert scale ranging from very strongly disagree to very strongly agree. Yet modifications and alternations of the items were made to fit more appropriately for the Chinese tourists, in this case, attitude was measured as the following: Participating in wellness tourism helps me to meet new people and promote social relationships; Wellness tourism activities promote my health and physical fitness; Participating in wellness tourism can make me healthier and more energetic; Wellness tourism activities can help to reduce tensions and Participating in wellness tourism can alleviate my pressure from work and life; Wellness tourism activities are relaxing; Participating in wellness tourism is pleasant for me. The higher the scores the respondents achieve, the more positive attitude they have towards wellness tourism.

Table 3-2: Research on measuring items of attitude

Research area	Scales of attitude	Reliability
Wine tourism Quintal et al. (2015)	My attitude toward this winery is: Bad-Good; Dissatisfied -Satisfied; Unenjoyable -Enjoyable	Good
Online travel purchasing intentions Amaro (2014)	Online travel purchase is good, wise idea; I like the idea of buying tour online, purchasing travel online is pleasant and appealing.	High
Chinese tourists choosing Australia as a travel destination Sparks and Pan (2009)	Taking a holiday to Australia in the next twelve months would be...unenjoyable-enjoyable, bad-good, foolish-fun, unpleasant-pleasant, and disliked-liked.	High

Source: Developed by the author.

3.5.2 Measuring items of subjective norm

Subjective norm refers to the social pressures an individual perceives when deciding whether to perform a particular behaviour (Ajzen, 1991). The instrument items of subjective norm were adopted from previous sources such as Quintal et al. (2015); Wang et al. (2018); Wu and Chen (2005). There were three items in Quintal et al.'s (2015) article to measure the subjective norm in the theory of planned behaviour by using 7 point Likert scale: Most of the people important to me suggested I should visit this winery; I visited this winery after hearing recommendations from family/friends; I visited this winery since it is popular among my family/ friends. Similarly, Wu and Chen (2005) used three statements to evaluate subjective norm in the study of adoption of on-line tax, they were measured by 7 point Likert scale ranging from 1 "strongly disagree" to 7 "strongly agree" with 0.86 construct reliability: People who are important to me would think that I should use on-line income tax declaration; People who influence me would think that I should use on-line income tax declaration; People whose opinions are valued to me would prefer that I should use on-line income tax declaration. Seow et al. (2017) adapted Wu and Chen's (2005) scale to measure subjective norm in the study of tourists' travel intentions to visit Malaysia for medical tourism (Cronbach's alpha: 0.825). Wang et al. (2018) identified the Chinese consumers' intentions to visit eco-friendly hotels with the extended theory of planned behaviour model. Subjective norm was assessed through four sentences on a Likert scale (5 point) from 1 "strongly agree" to 5 "strongly disagree" and the Cronbach's alpha value of this scale was 0.87: Most people who are important to me think I should choose a green hotel when traveling; Most people who are important to me would want me to choose a green hotel when traveling; Most people who are important to me wish me to choose a green hotel when I travel; People whose opinions I value would prefer that I choose a green hotel when traveling.

Table 3-3: Research on subjective norm scales

Research area	Scales of subjective norm	Reliability
Winescape effects on wine tourist behaviour Quintal et al. (2015)	Most of the people important to me suggested I should visit this winery; I visited this winery after hearing recommendations from family/friends; I visited this winery since it is popular among my family/ friends	Good
Adoption of on-line income tax declaration Wu and Chen (2005)	People who are important to me would think that I should use on-line income tax declaration; People who influence me would think that I should use on-line income tax declaration; People whose opinions are valued to me would prefer that I should use on-line income tax declaration	High
Chinese consumers' intentions to visit eco-friendly hotels Wang et al. (2018)	Most people who are important to me would want me to choose a green hotel when traveling; Most people who are important to me wish me choose a green hotel when travel; People whose opinions I value would prefer that I choose a green hotel when traveling.	High

Source: Developed by the author.

The wordings of these scales were slightly modified in order to fit the purpose of this research. Subjective norm was measured by six statements with Likert scale (7 point) ranging from 1 "very strongly disagree" to 7 "very strongly agree": People who are important to me would think that I should participate in wellness tourism; People who influence me would think that I should participate in wellness tourism; People whose opinions I value would prefer that I should participate in wellness tourism; Most of the people important to me would suggest I should participate in wellness tourism; I would like to take part in wellness tourism after hearing recommendations from my friends and family; I would like to participate in wellness tourism because it is popular amongst my friends and family.

3.5.3 Past behaviour scale

The relationship between past behaviour, behavioural intention and future behaviour has been verified by several researchers (e.g. Ajzen & Driver, 1992; Beck & Ajzen, 1991; Ouellette & Wood, 1998). For example, Conner et al. (1999) found that adding past experience and behaviour as a variable in the TPB can explain more variances in consumer behaviour intention or actual behaviour. Individuals tend to make decisions and perform behaviours according to their habits or the behaviour they continually act in the past and as a result, past behaviour can effectively predict future actions (Ouellette & Wood, 1998). Lam and Hsu (2004) included prior behaviour in the study of the travel intention of potential mainland Chinese tourists to Hong Kong and found that the frequency of past visits has positive effect on the travel intention. Past behaviour was measured with two sentences, Lam and Hsu (2004) first used a "Yes" or "No" statement to gather the answers whether the targeted population had ever visited Hong Kong before, then the numbers of visit were categorized in to five groups from once to more than 10 times.

Considering that past behaviour is normally measured within a certain time frame, ranging from two weeks to 12 months (Ouellette & Wood, 1998), in this research, past behaviour was investigated by asking whether the respondents have participated in wellness tourism before and the frequency of that behaviour in the past twelve months. In order to obtain their responses directly, past behaviour was measured by one single choice question: How many times you have joined in wellness tourism over the past year? Responses from the question are coded into five categories: never, once, 2-4 times, 5 to 10 times, and more than 10 times indicating the frequency of "never", "rarely", "neither less nor more", "many" and "a great many".

3.5.4 Measuring items of perceived behavioural control

Perceived behavioural control is an individual's perception of the ease and difficulty in performing a behaviour (Ajzen, 1991). It consists of two parts: control beliefs and perceived power (Lee et al., 2012). The perceived behavioural control is determined by the individual's beliefs about the factors that may impede or facilitate the travel intention of wellness tourism. Sparks (2007) used three items by using a Likert 7 point scale to measure perceived behavioural control in the TPB model

to predict tourists' wine tourism intentions: I have enough money to take a wine holiday; I have enough time to take a wine holiday; Nothing prevents me from taking a holiday to a wine region if I want to. There were three items in Quintal et al.'s (2015) article to measure perceived behavioural control and using a 7 point Likert scale. Example sentences included "Nothing prevented me from visiting this winery" and "Whether or not I visited this winery was entirely up to me". Lee et al. (2012) researched the Japanese tourists' travel intentions of medical tourism to Korea by utilising the TPB model, and perceived behavioural control was evaluated through three statements on a Likert 7 point scale ranging from 1 "strongly disagree" to 7 "strongly agree" : Whether or not travel to Korea for medical treatment is completely up to me; I am confident that if I want, I can travel to Korea for medical treatment; I have resources, time, and opportunities to travel to Korea for medical treatment.

The wordings of perceived behavioural control scales went under several modifications in order to fit the purpose of this research. Perceived behavioural control was measured by six sentences by using a Likert 7 point scale from 1 "very strongly disagree" through to 7 "very strongly agree": I am confident that if I want, I can participate in wellness tourism; Whether or not to participate in wellness tourism is entirely up to me; I have enough time to participate in wellness tourism; I have enough money to participate in wellness tourism; I have enough physical strength to participate in wellness tourism; I can find enough information about wellness tourism in Hainan.

Table 3-4: Research on measuring scales of perceived behavioural control

Research area	Scales of perceived behavioural control	Reliability
Wine tourism intentions Sparks (2007)	I have enough money to take a wine holiday; I have enough time to take a wine holiday; Nothing prevents me from taking a holiday to a wine region if I want to.	High
Winescape effects on wine tourist behaviour Quintal et al. (2015)	Example sentences included "Nothing prevented me from visiting this winery" and "Whether or not I visited this winery was entirely up to me	Good

Research area	Scales of perceived behavioural control	Reliability
Japanese tourists' travel intentions of medical tourism to Korea Lee et al. (2012)	Whether or not travel to Korea for medical treatment is completely up to me; I am confident that if I want, I can travel to Korea for medical treatment; I have resources, time, and opportunities to travel to Korea for medical treatment.	High

Source: Developed by the author.

3.5.5 Measuring items of behavioural intention of wellness tourism

The theory of planned behaviour believes that behavioural intention is affected by attitude, subjective norm and perceived behavioural control. These factors interact with each other and act together on behavioural intention to predict behaviour, of which behavioural intention serves as the most important and proximal factor influencing actual behaviour (Ajzen & Driver, 1992). Apart from this, considering that the purpose of this research is to empirically analyse the constructs in the TPB model that affect behavioural intention of wellness tourism and the role of each variable in the formation of behavioural intention, and the unexpected and incidental factors that may occur in the course of investigating actual behaviour, behavioural intention is treated as the dependent variable in this study. Behavioural intention of wellness tourism refers to the tendency of individuals to perform wellness tourism in the future. Measurement scales of behavioural intention in the context of tourism/ leisure activities can be seen in Ajzen and Driver (1992); Hsu and Huang (2012), and Hudson et al. (2017) studies. Hsu and Huang (2012) developed an extended theory of planned behaviour model to examine the consumer behaviour of potential mainland Chinese travelers to visit Hong Kong. Behavioural intentions of visiting Hong Kong were measured by four statements on a 7 point Likert scale ranging from "strong agree" to "strongly disagree" with a Cronbach's alpha value at 0.861, they were: "You intend to visit Hong Kong in the next 6 months," "You plan to visit Hong Kong in the next 6 months," "You want to visit Hong Kong in the next 6 months," and "You probably will visit Hong Kong in the next 6 months. Ajzen and Driver (1992) testified the theory of planned behaviour to the choices of leisure activities and concluded that the TPB model can sufficiently help to understand leisure behaviours. Behavioural intention was

measured by two 7 point semantic differential items with a reliability of 0.93: "I plan to engage in this activity in the next 6 months; "I will try to engage in this activity in the next 6 months". Hudson et al. (2017) applied TPB to investigate the factors that affect tourists' intentions to visit a wellness center in the USA. The intention items were measured using four sentences on a Likert 5 point scale from "very unlikely" to "extremely likely", one of the examples was "I plan to take a wellness vacation within the next year" and the Cronbach's alpha for the four items was 0.958.

In this study, travel intention of wellness tourism was measured by three items with 7 point Likert scale ranging from 1 "very strongly disagree" to 7 "very strongly agree". Wordings of the items were under minor alternation in this research: "I intend to participate in wellness tourism in the next 12 months," "I plan to participate in wellness tourism in the next 12 months," and "I probably will participate in wellness tourism in the next 12 months.

Table 3-5: Research on behavioural intention scales

Research area	Scales of behavioural intention	Reliability
Consumer behaviour of potential mainland Chinese travelers to visit Hong Kong Hsu and Huang (2012)	"You intend to visit Hong Kong in the next 6 months," "You plan to visit Hong Kong in the next 6 months," "You want to visit Hong Kong in the next 6 months," and "You probably will visit Hong Kong in the next 6 months	High
Leisure behaviours Ajzen and Driver (1992)	"I plan to engage in this activity in the next 6 months; "I will try to engage in this activity in the next 6 months"	High
Tourists' intentions to visit a wellness center Hudson et al. (2017)	Example sentence: "I plan to take a wellness vacation within the next year"	High

Source: Developed by the author.

3.5.6 Measuring items of perception of tourist destination

Tourist perception is a psychological process in which tourists choose and process the information related to the travel destination, then finally form an overall impression and evaluation of the place (Pearce & Kang, 2009). How tourists view a destination may have effect on their decision-making in organizing a trip, therefore, marketers in tourism sector have paid much attention in shaping destination image in order to attract more travelers (Bigné Alcañiz et al., 2009). Studies have shown that the level of tourist satisfaction, the willingness to travel and make revisits to a destination are influenced by the tourists perception of holiday destination or destination image ((Buhalis, 2000; Martín-Santana et al., 2017; Yilmaz et al., 2009). Bai et al. (2008); Bigné et al. (2001); Chen and Tsai (2007) and Fakeye and Crompton's (1991) study indicated that tourists cognitive behaviour and perceived value are positively correlated with their travel intention, that is, when the level of individual perceived value is higher, then individual's behaviour intention to a tourist destination is stronger. As there is no standardised measuring items of perception of tourist destination, the scales of perception of tourist destination were extracted from previous articles (Chen & Tsai, 2007; Echtner & Ritchie, 1993; Huang & Huang, 2007; Ramseook-Munhurrun et al., 2015). Generally, those studies divided the questionnaire of tourist perception into the following aspects: tourists' perceived value of the macro environment of the tourist destination; tourists' cognition and evaluation of the service quality, including tourism infrastructure, accommodation, catering, transportation, shopping, entertaining activities and other ancillary services; the emotional value evaluation of the destinations such as a sense of joy and novelty ((Duman & Mattila, 2005; Petrick, 2002). According to Nunnally (1978), the Cronbach's coefficient alpha is preferably higher than 0.7. However, the value of Cronbach's coeffificient alpha greater than 0.6 still means that the data is acceptably reliable when the number of measurement items on the scale is more than six (Peterson, 1994; Zhou, 2006). The Cronbach's alphas of the perception scale in those researches were all above the "criterion-in-use" from 0.67 to 0.85, and thus indicating a good reliability. For example, Ramseook-Munhurrun et al.'s (2015) study empirically researched on the constructs of destination image and perceived value that are likely to affect tourist's intention to revisit and satisfaction to a small island destination. Perceived value and destination image were measured by a Likert 5 point scale, from strongly disagree (=1) to strongly agree (=5) in their study: When I

travel to..., I can enjoy the safe and secure environment; when I travel to..., I can enjoy the fascinating scenery and natural attractions; when travelling to..., I feel the atmosphere is peaceful and restful; when I travel to ..., there is a large selection of restaurants and cuisines.

In this study, perception of tourist destination was measured by twenty statements based on a 7 point Likert scale ranging from very strongly disagree to very strongly agree. A 7 point Likert type scale can better avoid the extreme answers as it offers the participant a wider range of responses (Lee & Lings, 2008). The wordings of perception of tourist destination items were under some modifications so as to fit the purpose of this research properly: I can enjoy the picturesque scenery when I come to Hainan for wellness tourism; I can experience the unique island culture and customs of the Li and Miao people when I come to Hainan for wellness tourism; I can breathe fresh air when I come to Hainan for wellness tourism; I can enjoy the sea, sunshine and beach in Hainan when I come to Hainan for wellness tourism; There are hot springs and spas that attract me when I come to Hainan for wellness tourism; I can enjoy Hainanese food when I come to Hainan for wellness tourism; The local transportation is convenient when I come to Hainan for wellness tourism; Hotels in Hainan are comfortable and well-equipped when I come for wellness tourism; The quality of service is good when I come to Hainan for wellness tourism; I can easily purchase the goods I need when I come to Hainan for wellness tourism; I feel relaxed when I come to Hainan for wellness tourism; Coming to Hainan for wellness tourism cheers me up; I can experience something new when I come to Hainan for wellness tourism; Coming to Hainan for wellness tourism helps relieve my pressure; I can participate in a variety of recreational activities when I come to Hainan for wellness tourism; I can take part in wellness activities(e.g. surfing, hot spring, spa and forest bathing) suitable for different groups of people when I come to Hainan for wellness tourism; I can participate in various folk activities or exhibitions when I come to Hainan for wellness tourism; The price level in Hainan is low; The cost of travelling in Hainan for wellness tourism is low; The travel expense (transportation, accommodation, food and scenic spots) in Hainan is low.

Table 3-6: Research on measuring items of perception of tourist destination

Research area	Scales of perception of tourist destination	Reliability
Tourist's intention to revisit and satisfaction to a small island destination. Ramseook-Munhurrun et al. (2015)	When I travel to..., I can enjoy the safe and secure environment; when I travel to..., I can enjoy the fascinating scenery and natural attractions; when travelling to..., I feel the atmosphere is peaceful and restful; when I travel to ..., there is a large selection of restaurants and cuisines.	Good
The relationships between image of tourist destination and evaluative factors in predicting tourist behavioural intentions. Chen and Tsai (2007)	E.g. Offers personal safety; A good quality of life; A good shopping place; Varied gastronomy; Great variety of fauna and flora; Price of accommodation; Cleanness of beaches; General infrastructure	Good
Designing the measurement of destination image. Echtner and Ritchie (1993)	E.g. Common functional factors such as price levels, transportation infrastructure, types of accommodation, climate, etc. Psychological characteristics such as friendly and safe environment, quality of service, reputation, etc.	Good
Development and evaluation of the measurement of tourists' perceived value. Huang and Huang (2007)	Example sentences: I can participate in various recreational activities when I am travelling to...; I can take part in adventurous and exciting activities when travelling to ...; I can have a good time with my family when I am travelling to ...	Good
Influencing factors on perceived value in a cruise vacation. Duman and Mattila (2005)	E.g. I had a chance to meet interesting people; I could communicate freely with employees; My belongings were safe; I was having fun	High

Source: Developed by the author.

3.5.7 Measuring items of wellness lifestyle

Lifestyle is closely related to people's health. According to the World Health Organization (WHO), lifestyle and behaviour account for a substantial part of the many factors that affect people's health and longevity (Huang, 2006; Minelli & Breckon, 2009). The World Health Organization (WHO) has been advocating health promotion for over 30 years since 1986. Health promotion emphasizes the importance of developing individual's healthy lifestyle and aims to gradually increase people's participation by formulating relevant health promotion strategies (Cao et al., 2016). Its fundamental principle is to actively develop a variety of personal resources to control different risk factors affecting health, so as to improve the health level of individuals and groups. Therefore, health promoting lifestyle plays an important role in both personal, national and other health-related issues (Fielding et al., 2013).

Lifestyle is regarded as the sum of personal actions, interests, preferences and opinions (Thew & McKenna, 2009). Walker et al. (1987) pointed out that health promotion is a positive approach, which is different from disease prevention. Health promotion behaviour is the performance of people's tendency of realisation that guides individuals to maintain and improve the level of health and comfort, self actualisation and personal satisfaction (Walker et al., 1987).

The measurement of lifestyle has long been an important topic in the field of health behaviour science. One of the most widely used measurement tools in academia is the health promoting lifestyle profile (HPLP) developed by Walker et al. (1987). The original HPLP scale contains 48 measuring items and six factors, describing an individual's health promotion lifestyle as well as measuring the probability of individuals participating in health promoting related behaviours. The health promoting lifestyle profile (HPLP) then was revised into a new version (HPLP-II) in 1995, the new measurement scale consists of 52 items and remains a six factor structure: physical activity (PA), health responsibility (HR) and stress management (SM), nutrition (N), interpersonal relations (IR) and spiritual growth (SG). Researchers have used the HPLP-II since 1996 to measure the change of lifestyle and health promotion behaviour.

The scale has been translated into several languages in order to adapt to the cultural differences. For example, Teng et al. (2010) modified the HPLP-II scale into a Chinese version for global Mandarin speakers as the English version has not been psychometrically tested for Chinese. They conducted a research in Taiwan to examine the validity and reliability of the Chinese short form of the HPLP-II and found that the remaining 30 items from the Health Promotion Lifestyle Profile-II still properly measured a healthy lifestyle among mandarin-speaking adults. Teng et al. (2010) combined interpersonal relations (IR) and stress management (SM) into one dimension, health management (HM) in the Chinese version (HPLP-IICR), while 22 items deleted from the original one. Therefore, the Chinese HPLP-II short form contains 30 items in total and five dimensions: spiritual growth, physical activity, nutrition, health responsibility and health management. The Chinese version of HPLP-II in Teng et al. (2010) explained 53% of the variance in healthy lifestyle, which was 7% more than the original one. It is proven that the lifestyle is culturally dependent. Cao et al. (2016) were concerned that the direct translation of the HPLP-II from the English version without any revision may not be suitable for Chinese people. They developed a Chinese version of the health promoting lifestyle profile-II (HPLP-II) and tested its structure of factors, reliability and validity. The results showed that the revised Chinese version of HPLP-II supported the original 6-factor structure and explained 48.95% of the total variance in healthy lifestyle. The correlation between each item and its dimension (convergent validity) is higher than that between the item and other dimensions (discriminant validity), the split-half reliability was 0.64-0.78, the cronbach's α coefficient ranged from 0.63 to 0.81, and the test-retest reliability was 0.69 in the new Chinese HPLP-II. The modified Chinese HPLP-II contains 40 items, example sentences including "I'm happy to praise others for their success", "Choosing foods that are low in fat, saturated fat and cholesterol" and "Participating in vigorous exercise at least three times a week (such as walking fast, cycling, aerobic dancing, stair climbing, 20 minutes or more each time)". Wang et al. (2009) evaluated the reliability and validity, and discussed the applicability of simplified Chinese version of adolescent health promotion (AHP) scale in college students in mainland, China based on the traditional Chinese version of AHP developed by scholars in Taiwan. The total cronbach's α coefficient of the scale was 0.91, and the cronbach's α coefficient of each factor ranged from 0.68 to 0.88, which was basically the same as the reliability test in Taiwan. In addition, the item-to-own sub-scale correlation was higher than item-to-other sub-scale correlations, indicating that the items

in each dimension can properly represent the subject to be measured. Example statements of the AHP included "Three meals a day containing five kinds of food (such as fish, egg, milk, rice, noodles, vegetables, fruits, and a small amount of oil)" and "Maintaining good interpersonal relationships".

The wordings of wellness lifestyle scales were slightly modified so as to fit the purpose of this research. Wellness lifestyle were measured by 32 statements with Likert scale (seven point) ranging from 1 "very strongly disagree" to 7 "very strongly agree": Look forward to the future; I'm working towards the long-term goal of my life; I look forward to new experiences and challenges; I think life has its purpose; I know what is important; I feel like I'm growing and changing; I discuss health concerns with professionals; I control the intake of sugar and sugary foods; I choose to eat the foods that are low in fat, saturated fat and cholesterol; I seek for health information; I report my symptoms to health professionals. I ask health professionals questions to understand their wellness guidance; I will prevent tiredness; I think about some pleasant things at bedtime; I find some time to relax every day; I do meditation to relieve my pressure; I am willing to express my concern and love to others; I get support from social network; I maintain meaningful relationships; I get in touch with my friends; I praise others for their accomplishment; I take part in vigorous exercise at least three times a week (such as fast walking, cycling, aerobic dancing, stair climbing); I take part in some mild to moderate physical activities (such as walking); I do stretching exercise at least three times a week; I take part in some recreational activities (such as swimming, dancing); I get exercise from my daily activities (such as walking after meals, taking stairs instead of elevators, less cars and more walking); I follow exercise plans; I eat vegetables every day; I eat fruit every day; I eat breakfast every day; I eat bread, rice, noodle and cereal every day; I eat meat, poultry, fish, beans, eggs and nuts every day.

Table 3-7: Research on the measuring items of wellness lifestyle

Research area	Scales of lifestyle	Reliability
Development and initial psychometric evaluation of the health-promoting lifestyle profile. Walker et al. (1987)	e.g. Like myself; look forward to future; read books about health; discuss health concerns; vigorous exercise three times a week...	High
Developing Chinese short form of HPLP-II. Teng et al. (2010)	Example items: New experience and challenge; follow exercise program; prevent tiredness; eat vegetables; report symptoms to MD	High
Development and psychometric assessment of HPLP-II for Chinese. Cao et al. (2016)	I'm happy to praise others for their success; Choosing foods that are low in fat, saturated fat and cholesterol; Participating in vigorous exercise at least three times a week...	Good
Developing Chinese version of adolescent health promotion (AHP) scale. Wang et al. (2009)	Three meals a day containing five kinds of food (such as fish, egg, milk, rice, noodles, vegetables, fruits, and a small amount of oil)"; "Maintaining good interpersonal relationships"	High

Source: Developed by the author.

3.6 Sampling method and sample size

3.6.1 Sampling method

Sampling is a process of choosing participants for a research project. The main objective of sampling is to obtain a meaningful selection of the sampling units within the population (Smith,

1995). Probability sampling and non-probability sampling techniques are commonly used in the research of tourism (Finn et al., 2000). The primary requirement of probability sampling is that a sampling frame should reflect the target population as accurately as possible, which means every person in the population has an equal chance of being selected (Finn et al., 2000). Although the data from probability sampling is more reliable and representative due to the complex and time-consuming features of its sample selection and construction of a sampling frame, it requires more strict analysis (Thompson, 2012). In a real situation, there may be a possibility where a sampling frame is not applicable. Non-probability sampling refers to the method by which the investigator draws samples according to his or her own convenience or subjective judgment. It does not strictly choose the sample according to the principle of random sampling (Finn et al., 2000). Convenience or accidental sampling, quota sampling, snowball sampling, expert choice sampling, purposive sampling are some types of non-probability sampling (Ardilly & Tillé, 2006). Compared to probability sampling, non-probability sampling is time and money-saving, easier to operate and it is statistically simpler than probability sampling. In consideration of all of the above reasons, convenience sampling is more suitable for this research.

Current tourists in Hainan and Chinese who have visited Hainan before were recruited to this study as they are the research subject and they are more likely to provide clear and deep perceptions in relation to behavioural intention of wellness tourism. Because this research aims to target Chinese tourists, foreign tourists were not included. The self-administered survey was created from a professional online survey platform called "questionnaire star", then a webpage link and QR code were generated. The questionnaire was distributed to various popular online travel platforms and social media platforms (e.g. Weibo, Wechat and Xiaohongshu) by the researcher. Preamble questions were written in Chinese in the survey to sort out the eligibility of the respondents.

3.6.2 Sample size

Practically, the researcher needs to consider the level of resources available (time, cost or convenience of data collection) and the purpose of data (whether it is sufficient for statistical analysis) in determining the sample size (Francis et al., 2010). Sample size is determined by the

degree of error tolerated and the level of confidence desired in a study (Finn et al., 2000). In theory, larger sample sizes result in increased precision of the estimates, and more confidence in the analysis. The size of population and the structure of the key variables are two other considerations when deciding the sample size. For example, an analysis of variance in behaviour or attitudes by social or demographic characteristic would need a larger sample. Sample size is also influenced by the method in which a researcher plans to analyse the data. Since this research employs the structural equation model (SEM) as the major quantitative research method in the main date analysis phase, when considering the number of samples, the principle of determining samples of SEM needs to be taken into account. Likewise, in the analysis of SEM, a larger sample size means more representativeness and precision (Bollen & Noble, 2011). The stability and accuracy of parameters in the structural equation model will increase with larger sample sizes.

Hoyle and Gottfredson (2015) demonstrated that a sample size less than 100 may result in repeated occurrences of non-convergence and improper value when performing SEM. Although the reliability of indicators are improved in small samples, the estimation problems do not disappear (Gagné & Hancock, 2006). MacCallum et al. (2001) stated that other factors such as the degree of factor determinacy and communality level across the variables also influence the accuracy of model. The rule of thumb indicates that the minimum sample size is 100 or 200 (Bentler & Chou, 1987). Bollen (1989) and Boomsma (1985) suggested that observations should reach more than five times the estimated parameters, and 10 to 15 participants per variable (Nunnally, 1967; Tanaka, 1987). The observational variables in this research are estimated to be 72. In order to meet the requirements of the rules of thumb in structural equation modelling, the sample size should be around 720 to 1080. Considering the return rate and effectiveness of questionnaires, 900 or more questionnaires will be distributed throughout Hainan. Whereas the pilot survey is to determine the validity and reliability of the items in the questionnaire, the sample size is not strictly counted. The samples of the pilot survey take up about one-fifth of the samples of the main data collection, thus, the estimated questionnaires for the pilot survey are set to around 200.

3.6.3 Data collection

In the pilot survey phase, the questionnaire was distributed online using the "questionnaire star" (a professional online survey platform: https://www.wjx.cn/) and various Chinese social media platforms to gather data from current tourists in Hainan and Chinese in other parts of China who travelled to Hainan before. The data collection period of the pilot survey was from 1st of August to 30th of September, 2020. The aim of the pilot survey is to collect the data of initial items in the questionnaire through a small scale of the sample population, so as to modify and finalise the questionnaire before main data collection. The researcher first advertised this research to various Chinese social media platforms, then the survey was posted on those platforms as well. In addition, she advertised her research through several travel agencies in Hainan in order to increase the response rate. Anyone who wanted to take part in this project could contact her. Participants in the study were provided with information about the project, detailing their involvement, the study aims and likely outcomes. A consent form was attached with the questionnaire and a question at the start of the survey asked whether the participants' consent to being part of the study as well. Participants were aware of this information before filling up the questionnaire. And all the participants were told that the questionnaire would take approximately 20 minutes.

The main data collection of this research was collected online as well due to the COVID-19 pandemic from March to June in 2021 targeting the respondents who were travelling in Hainan or had travelled to Hainan, the situation of the pandemic got better in China during that period of time. The researcher utilised the online questionnaire platform and social media to gather data from potential Chinese wellness tourists. Likewise, the "questionnaire star" was employed by the researcher to form the questionnaire online. A webpage link or QR code was generated and sent out to main popular Chinese social media platforms by the researcher. Usually, there were many anonymous user communities in the online travel platforms and social media platforms, the researcher shared the questionnaire to the communities in order to increase the respond rate. Participants were informed that there were no direct benefits to them. The indirect benefits they would receive for participation were not limited to the future tailored wellness tourism service and

the contribution to the development of the tourism industry. The participants could can contact the researcher via email for the research results if they were interested.

3.7 Ethical considerations

Human research is research conducted with or about people. Although it involves little risk in most cases, significant risks may exist and can lead to serious consequences (National Health Medical Research Council & Australian Vice-Chancellors' Committee, 2018). Western Sydney University requires all the researchers to submit an ethics application before conducting research with human participants. Therefore, ethical approval was obtained from Western Sydney Human Research Ethics Committee before recruiting any participants.

Participants in the study were provided with information about the project, detailing of their involvement, the study aims and likely outcomes (see Appendix A: Information Sheet and Appendix B: Consent Form). The data collection was conducted in a respectful manner. No sensitive issues, such as religion, were asked and only some general socio-demographic information was collected. However, the researcher took measures to minimise any possible discomfort that could have been experienced by the participants. For example, the researcher made sure to monitor the progress of an interview and adapted questions correspondingly. It was emphasized that participation was totally voluntary, and participants could withdraw from the study at any time if any of the questions discomforted them without penalty. The findings of the research were expressed in ways that would not identify participants and no specific participants were reported in this study. While participants were aware that the information gained during this project may be published, the identity or personal information of the participants remained confidential. Only the research team had authority to use, access, transcribe and analyse the data. Information such as personal details, consent forms, audiotapes and transcripts were restricted to the research team and kept in a box locked in the principal researcher's drawer. Digital information such as interview recordings, digital copies of transcripts and survey data was stored at WSU Cloud service, with access being secured by a password that was shared only by the research team.

3.8 Data Analysis methods

As the analysis of qualitative data from the interviews was outlined in section 3.4.1, in this section, the researcher analysed and processed various types of data based on the questionnaire. In the data analysis phases, data from the pilot survey and online self-administered survey were analysed separately by using different data analysis techniques. In order to establish reliability and validity of scales in this study, item analysis, reliability analysis, validity analysis (exploratory factor analysis) and confirmatory factor analysis were applied in this study. Descriptive analysis, variance analysis, inferential analysis and regression analysis were employed in the main survey to test the research hypotheses. SPSS 24.0 (Statistical Package for Social Sciences) program and AMOS 17.0 (Analysis of Moment Structure) software were used to code and analyse the full data set. SPSS was used to deal with the descriptive statistics, ANOVA and Cronbach's alpha statistics. AMOS was introduced to analyse the structural equation models. The structural equation model is a statistical method based on the variable variance matrix to analyse the relationship between variables, so it is also called covariance structure analysis.

3.8.1 Analysis method of the pilot survey

Item analysis, reliability, and validity analysis were the three statistical analysis techniques used to test the reliability and validity of the item. Item analysis is used to evaluate the effectiveness of items in a test. Measures such as item discrimination and item difficulty are used as the major standards in item analysis (Westwick, 1976). Independent sample T test and correlation tests are commonly used for item analysis to explain whether the initial scale items are appropriate (Kriedt & Clark, 1949). The independent sample T-test is performed on the item analysis to examine the variance between the high value groups (usually the top 27%) and the low value groups (usually the bottom 27%), critical ratio (CR) is to determine whether the item is significant (Kelley, 1939; Mosier & McQuitty, 1940). If the critical ratio value of an item reaches a significant level, the item can be retained, otherwise, the item should be discarded if the critical ratio is not significant (Kelley, 1939). The criterion is a significance level if a critical ratio is less than 0.05 (p<0.05) (Crocker & Algina, 1986).

Correlation test is another form of item analysis, it calculates the correlation coefficient between each item and the overall scale by using the Pearson product-moment correlation. The test standards are that the correlation coefficient is greater than 0.4 (>0.4) and the significance is less than 0.05 (p<0.05). Therefore, the researcher will consider removing the item if the correlation between the scale and the overall does not reach the significance, or the correlation coefficient is less than 0.4.

The reliability analysis of the scale was used to examine the stability of the measuring scale in this research and is very important for testing the consistency of multiple item scales(Cortina, 1993; Streiner, 2003). The internal consistency coefficient Cronbach's alpha (α) is used to test the reliability of the initial scale (Knapp, 1991). The internal consistency is a measure based on the correlations between different items on the same scale, it is to measure whether the items from the scale that propose to demonstrate the same idea produce similar scores (Cortina, 1993). The criterion for reliability analysis depends on the internal consistency coefficient value. A Cronbach alpha coefficient greater than 0.8 (α>0.8) means there is excellent reliability (George & Mallery, 2003). The reliability is considered very high if the Cronbach alpha coefficient is 0.95 or greater, however, it is not necessarily satisfactory as it indicates the redundancy of the items (Streiner, 2003). Cortina (1993) and George and Mallery (2003) suggested that Cronbach alpha coefficient higher than or equal to 0.7 is considered acceptable, which means a 0.7 Cronbach alpha coefficient value is the minimum reliability level. It should be noticed that the Cronbach alpha coefficient value may be lower for tests measuring more general constructs and shorter scales, yet it is still preferable in many situations (Vaske et al., 2017).

Validity analysis or exploratory factor analysis (EFA) was applied to determine the construct validity. Construct is generated by researchers with the purpose of conceptualizing the potential variables Messick (1995). Construct validity is commonly applied in social science, psychology and psychometrics, it is the measurement or scale that measures the degree of theoretical construction or the degree of psychological traits measured Messick (1995). Exploratory factor analysis (EFA) is commonly used by researchers to testify the potential relationships in a group of measured variables (Fabrigar et al., 1999; Norris & Lecavalier, 2010). Before performing factor

analysis, it is essential to examine whether the whole scale and each item is suitable for factor analysis. Kaiser-Meyer-Olkin (KMO) (Kaiser & Rice, 1974) and Bartlett's sphericity test (Bartlett, 1950) are two measures to identify whether the data are suitable for factor analysis. When the KMO index is greater than 0.7 and the significance level of Barlett's test of sphericity is less than 0.05, the data are considered adequate for factor analysis (Hair, 2010; Kaiser & Rice, 1974; Netemeyer et al., 2003). If the KMO is less than 0.5 (KMO <0.5), factor analysis is considered unsuitable. Generally, the closer the KMO value is to 1, the more suitable the data are for factor analysis (Fabrigar et al., 1999; Tabachnick & Fidell, 2001). In this research, principal component analysis was used in SPSS to do the factor extraction. In order to interpret factor matrixes, anorthogonal rotation method with Kaiser criterion is applied and orthogonal rotation constrains factors not to be correlated (Baglin, 2014; Fabrigar et al., 1999). After orthogonal rotation, if the item with a factor loading on each principal component exceeds 0.45, the item can be retained and included in the formal questionnaire.

To sum up, the above discussed three statistical techniques (item analysis, reliability analysis and exploratory factor analysis) that were employed to identify the validity and reliability of the scales in the pilot survey before the formal questionnaire design.

3.8.2 Analysis method of the main survey

The main survey is the major data collection phase, which is the most important part in this research. At this stage, descriptive analysis, confirmatory factor analysis, variance analysis and inferential analysis (structural equation modelling) were carried out to explain the data.

3.8.2.1 Descriptive analysis

Descriptive analysis is used to describe or generalize characteristics of a set of data quantitatively (Weiss, 2016). Before applying statistical techniques, the level of measurement (i.e. nominal, ordinal and interval) needs to be considered. The way of describing a variable in a data set depends on the level of measurement. For nominal level data such as gender, the measure of dispersion is frequency distribution and the central tendency measure is the most frequent number of data in a

group (Fisher & Marshall, 2009). Central tendency measures including the mean, median and mode, and variability measures, frequency distribution and other statistical graphs are commonly used methods in the descriptive analysis. In this research, descriptive analysis was to describe the socio-demographic features of respondents. For example, the percentage, number and frequency distribution of gender, age and income were calculated.

3.8.2.2 Variance analysis

This research conducted a variance analysis to investigate whether different socio-demographic data have effects on the variables. Variance analysis was to test the hypothesis 4: tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, previous behaviour, perception of tourist destination, lifestyle and wellness tourism travel intention are significantly different depending on social-demographic variables (gender, age, income, education, occupation and family structure). Exploratory factor analysis was carried out on each variable before performing the analysis of variance. T-test and one-way ANOVA were applied to analyse the social-demographic data. The T-test applied in this part of research was to test the significant difference of means of two sets of data. A T-test is used to test for the differences in attitude, subjective norm, perceived behavioural control, lifestyle, perception of the tourist destination and travel intention of wellness tourism between genders. One-way analysis of variance was used to test whether there is a significant relation between two or more groups (Girden, 1992). A p-value that is less than 0.05 ($p<0.05$) indicates that there is significant difference. A One-way ANOVA was calculated to test for attitude, subjective norm, perceived behavioural control, lifestyle, perception of the tourist destination and travel intention differences among age, education, income, occupation and family structure.

3.8.2.3 Confirmatory factor analysis

Confirmatory factor analysis is a widely used technique for social science research. According to Thompson (2004), explanatory factor analysis (EFA) and confirmatory factor analysis (CFA) are two major types of factor analysis. EFA is applied to establish the construct validity of the scale or

questionnaire, while CFA is used to test the appropriateness and accuracy of the construct validity (Hurley et al., 1997).

It is to hypothesize factor loadings, correlations, as well as uniqueness and test the fit of a reproduced matrix to sample data without estimating any parameters based on sample data (Hurley et al., 1997). Exploratory factor analysis (EFA) is applied prior to the confirmatory factor analysis (CFA), the difference between exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) is that CFA is used to verify whether the indicator variables can be effectively used as the measurement variables of a latent variable, whereas EFA is to identify the number of factors affecting the observed variables, and the relationship between each factor and observed variable, a priori hypothesis about factors of measured variables is not required (Finch & West, 1997). If the scale a researcher used is not mature, EFA is usually used for exploratory factor analysis or validity analysis. In this research, since the scales were mainly adapted from the previous researches, EFA was employed in the pilot survey phase.

By contrast, confirmatory factor analysis (CFA) is to examine how well the theory-based hypothesized model fits to the data, and whether measures of a factor are in accordance with a researcher's thinking of the nature of that latent variable or factor. In other words, before examining the structural models that test the latent variables, confirmatory factor analysis is applied to testify the relationship between a set of measured variables and a set of constructs that can explain the measured variables, and allows researchers to verify whether the relationship between the measured variables and factors is correct or to specify whether the measured variables satisfactorily reflect certain latent variables (Brown, 2015; Stevens, 2012; Thompson, 2004). CFA is a typical application in the SEM family. It can not only analyse the correlations between the factor structures, but also examine the random measurement error in the measured variables as well as the reliability and validity of the indicator variables (Spicer, 2005; Wu, 2010). Therefore, confirmatory factor analysis is ideally used for developing scales and analysing the construct validity (Brown, 2015). Since CFA can be used to examine whether the structure of the measure identified in the EFA remains unchanged in different samples at different times (Harrington, 2009), in this research, CFA is also used to cross-validate the findings in the EFA (Haig, 2005). CFA models are classified as

general structural equation models or covariance structural models that are able to interpret and reflect latent variables (Wu, 2010). Factor loading is the standardized regression coefficient of the latent variable to the observed variable, which is one of the criteria that determines the appropriateness of the model and convergence validity. Hair et al. (2010) stated that a low factor loading is below 0.4, while a factor loading from 0.5 to 0.95 is desirable (Bagozzi & Yi, 1988). The indices of model fitting matrices are to test the overall fit of the model, several statistical indicators are used to determine the degree of the model fitting to the data in CFA. For example, absolute fit indices including Normed chi-Squared (X^2/df), the Root mean square error of approximation (RMSEA) and the goodness of fit index (GFI) indices. However, it should be noted the Normed chi-square value is largely influenced by the sample size, other indices should be taken into account to determine if the model is acceptable (Hayduk, 1987); RMSEA value < 0.08 means acceptable while less than 0.05 indicating a good model fit; and a value of GFI over 0.9 (GFI > 0.9) indicates the model fits well (Baumgartner & Homburg, 1996; Jöreskog & Sörbom, 1996). Other values such as comparative fit index, normed fit index and non-normed fit index are expected to be greater than 0.9 (CFI > 0.9; NFI > 0.9; NNFI > 0.9) (Bentler & Bonett; Bentler, 1990) (Tucker & Lewis, 1973).

To analyse the internal structure of the model, two indicators such as average variance extracted (AVE) and composite reliability (CR) need to be taken into consideration (Fornell & Larcker, 1981; Hair, 1998). If the AVE value of each factor is greater than 0.5 (AVE > 0.5) and the CR value is over 0.7(CR > 0.7), it means a good convergence validity. In addition, the composite reliability (CR) values support the reliability of the measures' internal consistency (Bentler, 2009; Raykov & Tisak, 2004). Bagozzi and Yi (1988) suggested that the following criteria to evaluate the fit of the internal structure of the model: the individual item reliability is greater than 0.5, the R^2 value of the observed variable reflects the reliability of its latent variable; the composite reliability (CR) of latent variables is greater than 0.6, it is mainly used to evaluate the consistency of a group of latent construct indicators. High composite reliability indicates that the indicators are highly intercorrelated; the average variance extracted (AVE) of latent variables is higher than 0.5, a satisfactory AVE value means that the indicator variable can effectively reflect its latent variable (Bagozzi & Yi, 1988); the estimated values of all parametric statistics are statistically significant

103

(t value > 1.96 or P < 0.05); and the modification index is less than 3.84. Nevertheless, researcher had better not determine whether the hypothetical model is consistent with the observed data only by "most of the indicators meet the criteria (majority rule)" or the "modification index", the theoretical construct and practical significance need to be taken into consideration as well (Huberty & Morris, 1988; Wu, 2020).

Table 3-8: Preliminary fit and fit of internal structural model

Fit indices		Criteria
Preliminary fit	Whether there are negative error variances	> 0 / no negative error variances
	Whether factor loading is between 0.5~0.95	0.50~0.95
	Whether there are very large standard errors	Small standard errors
Internal fit	Parameter estimates should be statistically significant	t value > 1.96 or P < 0.05
	Individual item reliability	$R^2 > 0.50$
	Average variance extracted (AVE)	> 0.50
	Composite reliability (CR)	> 0.60
	Modification Index (MI)	< 3.84

Source: Adopted from Bagozzi and Yi (1988); Wu (2010).

3.8.2.4 Structural equation modelling

Structural equation modelling (SEM) is a melding of statistical procedures for examining the relationship between multiple variables based on the covariance matrix of variables, which is an important tool for multivariate data analysis (Kline, 2015). It is a linear statistical modeling technique that combines a series of multivariate analysis methods such as path analysis, factor analysis, multiple regression and multivariate analysis of variance (Bowen & Guo, 2011; Hoyle, 1995; Schumacker & Lomax, 2012). SEM is also known as covariance structural analysis, linear structure analysis, equation system analysis, and moment structures analysis (Hair, 2010). In the

context of social science, many patterns (e.g. attitudes, behaviour, emotions) are too complex and abstract to be measured directly and accurately. Therefore, a set of observed indicators are used to measure those latent variables. While traditional statistical methods cannot effectively process those latent variables, structural equation models have the ability to simultaneously process the latent variables and their indicators (Wolf et al., 2013).

In this research, SEM was employed to identify the relationships between the variables: four independent variables (attitude, subjective norm, perceived behavioural control and past behaviour), one outcome variable (travel intention), one mediating variable (perception of tourist destination) and one moderating variable (wellness lifestyle). Structural equation modelling (SEM) is frequently used to analysis data with a combination of simultaneous regression equations and factor analysis (Ecob & Cuttance, 1987). Measurement model and structural model are the two parts in structural equation models (Bollen, 1989; Kline, 2015). The measurement model evaluates the relationship between observed variables and latent variables, confirmatory factor analysis is applied to test whether the latent variables are measured properly by a number of observed variables (Brown, 2015). And the hypotheses between different latent variables are examined in the structural model. In the analysis of SEM models with latent variables, measurement model is performed before the structural model. The hypotheses between different variables are examined in the structural model, which is to testify whether the causal relationship hypothesized in the theoretical construction stage is valid.

Path analysis is a multivariate statistical technique that is considered to be a specific form of structural equation modelling (SEM), while SEM can be regarded as a multivariate form of path analysis model or path analysis with latent variables (Loehlin, 1998). The main purpose of path analysis is to verify whether there is causal relationship between variables (Kline, 2015). Path analysis can be divided into two types according to the attributes of variables. One is called path analysis with latent variables, which consists of traditional path analysis and confirmatory factor analysis (Garson, 2007). Since both observed variables and latent variables are incorporated, and the analyses of paths and factors are integrated in the "path analysis with latent variables" model, the relationship between latent variables and their corresponding measured variables, as well as the

relationships among the variables can be examined simultaneously (Kline, 1991). The other path analysis is known as path analysis with observed variables, none of the latent variables are included in this model, in other words, "path analysis with observed variables" model is a structural equation model that contains only structural models (Wu, 2020). According to Bollen (1989), structural equation models with observed variable are the most ordinary structural equation models, it is a special case of the structural equation models with latent variables. The path analysis model assumes that each conceptual variable can be weighed by a single measuring indicator without error, that is, there is no measurement error when measuring per variable, each measurement is deemed as an accurate reflection of its corresponding underlying variable (Maruyama, 1998).

SEM models need to be identified in order to manipulate the matrices, identification issues will lead to the failure of parameter estimation (Loehlin, 1987). Model identification is intended to determine whether each parameter in the model can obtain a unique estimate using the variance and covariance matrix of each observed variable in the model (Byrne, 2006). Schumacker and Lomax (2012) concluded that there are three levels of model identification regarding to the amount of data and the number of parameters to be estimated: not identified or under-identified, just-identified and over-identified. The first step of model identification is to calculate the number of data points and the number of parameters in the model. The data of SEM is the variance and covariance in the sample's covariance matrix, the number of data points is the number of variance and covariance of the sample, and the number of parameters is the total number of regression coefficient, variance, covariance, mean and intercept term to be estimated in the model (Tabachnick & Fidell, 2007). If a SEM model is having more variances and covariances in the data matrix than the parameters to be estimated, it is said to be over-identified (Kline, 2005). However, an over-identified model is too perfect to be used for researchers. If the parameter to be estimated is consistent with the elements of the covariance matrix in the model, then the model is just-identified (Bollen & Long, 1993). When the degrees of freedom for the model is negative (d.f.<0), SEM model is under-identified and the parameter estimates are problematic (Kline, 2005). The degrees of freedom are calculated by the subtraction of the number of parameters from the variances and covariances numbers. To avoid the identification issues, it is necessary to impose additional constrains on model parameters, set the model as a recursive model and make sure the variables

are not mutually related, or meet the parameter requirements of a parsimonious model (Schumacker & Lomax, 2012). In other words, researchers must carefully consider which variables are relevant to the research question. The variables must be conceptually mutually exclusive to avoid the problem of multicollinearity.

The advantages of SEM models over traditional regression analyses and the simultaneous equation models are:1) processing multiple dependent variables simultaneously; 2) measuring the structure and the correlations between various factors at the same time; 3) allowing measurement errors of both independent variables and dependent variables; 4) the ability to analyse more complicated models (i.e.a model where an indicator is subject to various factors); 5) calculating the degree of model fit of the entire model (Bowen et al., 2002; Byrne, 2006; Fornell & Larcker, 1981). Thus, SEM models are extensively applied for theory development in the fields of social sciences as well as other areas such as psychology, health and even biology (Bagozzi & Burnkrant, 1979; Briere et al., 2017; Shipley, 1999).
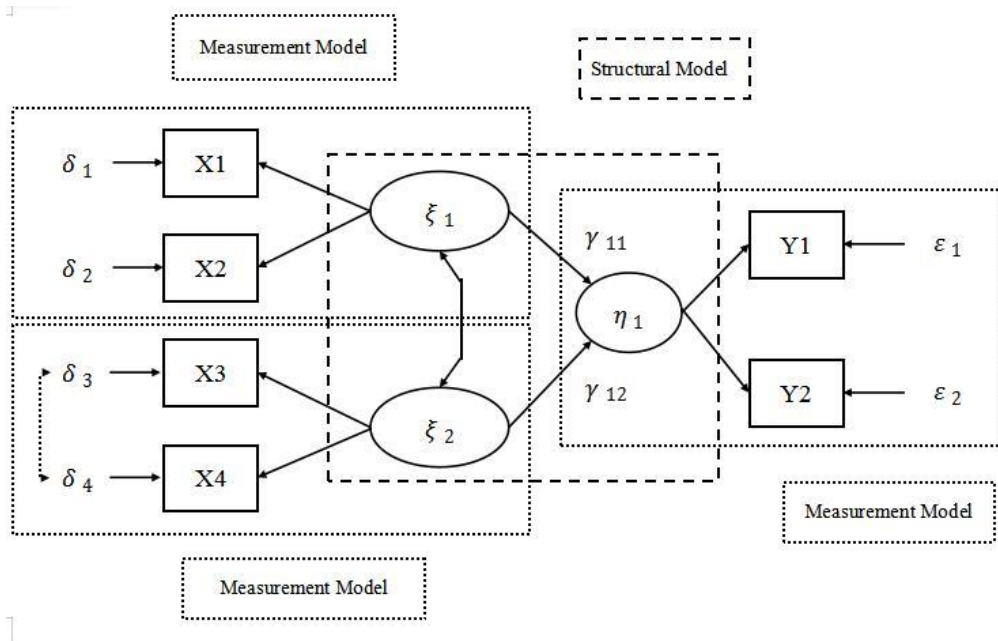
Figure 3-2: Structural equation model

Source : Byrne (2006); Wu (2010).

3.8.2.5 Procedures of performing SEM

This research adopted Bollen (1989); Kline (2005, 2015) and Hair's (2010) steps when applying SEM. The procedure of structural equation modelling generally has the following eight steps: 1) The first step is to find the theory since this is the basis for establishing the structural equation models. Since structural equation modelling is an empirical research method, model construction needs to be guided by substantive theory. The researcher can construct direct and indirect possible causal relationships between the variables based on his or her professional knowledge; 2) The second step is the data collection and establishment of a valid original data file and recognizing that an insufficient sample may result in model fit problems; 3) Construct a path diagram. The research hypotheses generated through analysis of the theory are presented in SEM, which can be represented by constructing a path diagram. On the basis of the theoretical model, the relationship between the estimated variables is expressed in the form of a path diagram; 4) Model identification. The model may not be identified or unidentified in some cases. However, the parameters cannot be estimated until the model is properly identified; 5) Model estimation. Maximum likelihood (ML) and generalised least squares (GLS) algorithms are the most commonly used methods for parameter estimation. The analysis software includes LISREL, EQS, MPLUS and AMOS. AMOS is employed in this research. If the model is set incorrectly, the overall model may not be estimated. At this time, the model should be corrected until the preliminary estimated value is obtained. Most of the parameter estimation methods in SEM analysis require the data to present a normal distribution of univariate and multivariate; 6) Evaluate model goodness-of-fit. Model fit indices are including but not limited to chi-square, root mean square error of approximation (RMSEA), goodness of fit index (GFI), standardized residual root mean square (SRMR), comparative fit index (CFI) and normed fit index (NFI); 7) Model modification. On the basis of the analysis and evaluation of model fit, the model may need to be modified to obtain a better fit; 8) Interpretation of the model result. The models are interpreted in order to make claims about the causation.

```
┌─────────────────────────┐
│      Find the theory     │
└─────────────────────────┘
             ↓
┌─────────────────────────┐
│      Data collection     │
└─────────────────────────┘
             ↓
┌─────────────────────────┐
│  Construct path diagram  │
└─────────────────────────┘
             ↓
┌─────────────────────────┐
│    Model identification  │
└─────────────────────────┘
             ↓
┌─────────────────────────┐
│    Parameter estimation  │
└─────────────────────────┘
         ↓          ↓
┌──────────────┐  ┌──────────────────┐
│ Model evaluation │ │ Model modification │
└──────────────┘  └──────────────────┘
         ↓          ↓
      ┌─────────────────────┐
      │    Interpretation   │
      └─────────────────────┘
```
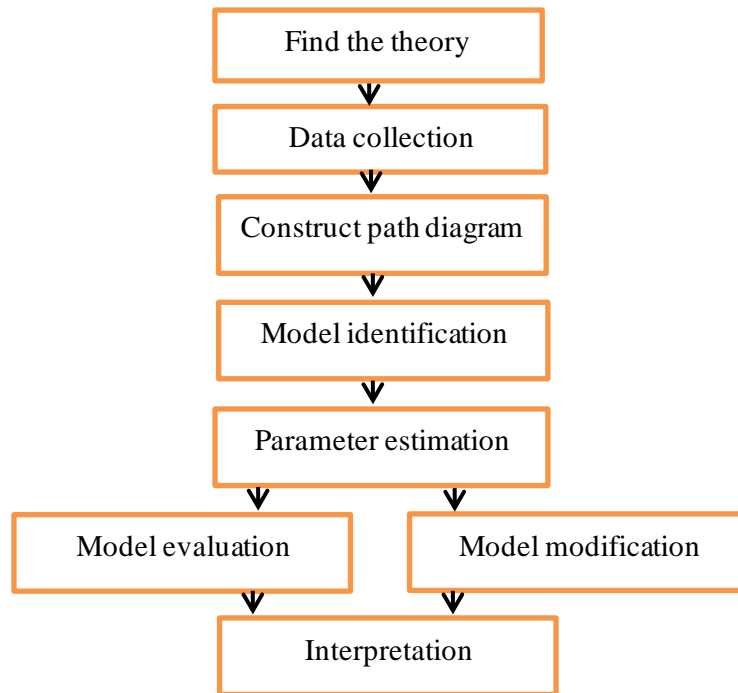
Figure 3-3: Procedures of performing SEM

Source: Adopted from Bollen (1989); Kline (2005, 2015) and Hair (2010).

3.8.2.6 Evaluating the Structural Equation modelling

An important concept of model evaluation is that SEM analysis can only be used to assess whether the hypothetical theoretical model proposed by the researcher is appropriate. A good fit between the hypothetical model and the sample data does not mean that the hypothetical model is the optimal model, but only that the hypothetical model has a high degree of fit with the actual data (Bagozzi & Yi, 1988; Byrne, 1998). Researchers should construct hypothesis models based on relevant theories before applying the fit indices to evaluate the models (Hair, 1998). Bagozzi and Yi's (1988) argument was that in order to evaluate whether the hypothetical model is consistent with the actual data, the following three aspects need to be considered: preliminary fit criteria, overall model fit and fit of internal structural model.. The indicators of overall model fit are subdivided into absolute fit indices, relative fit indices and parsimonious fit indices, respectively. Three categories of measuring indices are introduced by Hair (2010) to evaluate the model, they are absolute fit measurement, incremental fit measurement and parsimonious fit measurement. The

overall fit of the model is deemed as the test of the external quality of the SEM models. Siguaw and Diamantopoulos (2000) points of view, overall fit assessment is to evaluate the external quality of the model, including absolute fit indices, relative fit indices and parsimonious fit indices; assessment of measurement model and structural model then replaces the evaluation of preliminary fit criteria and internal structural model fit indices. The evaluation of the fit of internal structure of the measurement model aims to understand the reliability and validity of the constructs, while the evaluation of internal structure for structural model is to assess whether the causal relationships hypothesized in the theoretical stage is tenable. Therefore, multiple measuring indicators need to be considered simultaneously when evaluating the model fit, so as to agree on the acceptability or rejection of the model. As the evaluation of the internal fit of the model has been discussed early in this chapter, only the evaluation of the overall fit of the model is presented here.

Evaluation of the overall fit of the model: Hair (1998) suggested that when testing the overall model fit indices, whether the parameters of the model had offending estimates should be checked first. In the Heywood case (namely negative error variance), the correlation coefficient between the standardized estimates of covariance is greater than 1, the covariance metric is not a positive definite matrix, standardized coefficient exceeding or very close to 1 and very large standard error are common anomalies of offending estimates (Bentler, 1995). Generally speaking, the following indicators can be used to assess if the overall model fit indices meet the criteria of fit. (1) Absolute fit indices including $\chi2$ (chi-square value), $\chi2/df$ (value of chi-square /degree of freedom), RMR (root mean square residual), SRMR (standardised root mean square residual) and RMSEA (root mean square of approximation), GFI (goodness of fit index) and AGFI (adjusted goodness of fit index), EVCI (expected crossed-validation index), NCP (non-centrality parameter) and SNCP (scaled non-centrality parameter). For example, in general, a higher value of GFI and AGFI indicates a good fit of the model. On the contrary, the smaller the GFI value is, the worse fit of the model is. The AGFI value greater than 0.9 (AGFI > 0.9) means that the path graph of the model can fit well with the actual data (Hu & Bentler, 1999; Jöreskog & Sörbom, 1996). (2) Incremental fit measurement usually compares the fit of the hypothesized theoretical model with the baseline model to determine the fit of the model. Indices include NFI (normed fit index), RFI (relative fit index), IFI (incremental fit index), CFI (comparative fit index) and TLI/NNFI (Tacker-Lewis

index/non-normed fit index), a good fit of the model requires the values of these indices close to 1, of which the value of TLI/NNFI, CFI and IFI may be greater than 1. As Hu and Bentler (1995) found out that the closer the CFI index is to 1, the more effectively it can improve the degree of non-centrality. Normally, a good fit between the path diagram and the actual data needs the value of the above five indices greater than 0.9. (3) Parsimonious fit indices (AIC, CAIC, PNFI, PGFI and CN [critical N]). However, a number of good fit indices do not mean the model is either useful or the path diagram is correct (Kline, 2015). Analyst may need to re-specify the model based on their professional knowledge as well as model modification index (MI) if the model is not well fitted (Bagozzi & Yi, 1988).

Table 3-9: Fit indices and criteria for SEM

Fit indices		Criteria
Overall model fit	χ^2	P > 0.05
	χ^2 / df ration	< 3.00
	GFI	> 0.90
	AGFI	> 0.90
	RMR	< 0.05
	RMSEA	< 0.08
	NFI	> 0.90
	NNFI	> 0.90
	CFI	> 0.90
	IFI	> 0.90
	PNFI	> 0.50
	PGFI	> 0.50
	RFI	> 0.90
	AIC	The smaller, the better

Source: Adopted from Baumgartner and Homburg (1996); Bentler and Bonett ; Byrne (1998); Hu and Bentler (1995); Jöreskog and Sörbom (1996); Tucker and Lewis (1973).

3.8.2.7 Analysis of Mediating effect

A mediator is a certain variable that explains the relationship between the predictor and the criterion. It is the intermediary of the independent variable's influence on the dependent variable, emphasizing the role of internal factors in the behaviour (Brehm & Cohen, 1962). The effect of a mediator is considered as an interaction. When assuming the influence of the independent variable X on the dependent variable Y, another variable M is taken into account. If X affects Y by affecting the variable M, then M is called the mediator variable (Baron & Kenny, 1986; Kenny, 2008). For example, in this study, "tourist's attitude towards wellness tourism" is assumed to have an impact on the "travel intention to wellness tourism", and at the same time, through "perception of tourist destination" in turn affects "wellness tourism travel intention". Another example is "product price" has a direct effect on "customer loyalty" through "perceived value on product". In these two examples "tourist destination perception" and "perceived value on product" are mediating variables.

The following equations and path diagrams are to describe the relationship between variables. The coefficient c of the first equation is the total effect of the independent variable X on the dependent variable Y; the coefficient a of the second equation is the effect of the independent variable X on the mediator variable M; and the coefficient b of equation three is the effect of the mediator variable M on the dependent variable Y after controlling the influence of the independent variable X.; the coefficient c' is the direct effect of the variable X on the variable Y after controlling the influence of the variable M; e1~e3 are the regression residuals. When there is only one mediator variable, the relationship between the effects can be expressed as (MacKinnon et al., 1995; Wen & Ye, 2014):

$$c = c' + ab.$$
$$(1)\ Y = cX + e1$$
$$(2)\ M = aX + e2$$
$$(3)\ Y = c'X + bM + e3$$

In order to test whether M functions as a mediator variable, and if the mediator effect is significant, Baron and Kenny (1986) and Judd and Kenny (1981) suggested that a group of regression equations should be tested. To specify a mediator, the researcher needs to estimate three regression models:

First, the mediator variable regresses on the independent variable; Secondly, the dependent variable regresses on the independent variable; and finally, the dependent variable is regressed on both the mediator variable and on the independent variable. The regression coefficient of each equation should be estimated and analysed (Baron & Kenny, 1986). A mediating effect exists if the following requirements are met: firstly, the regression coefficient of the independent variable is significance in the regression one; then the regression coefficient of the independent variable should reach a significant level in the second regression; and thirdly, the mediator variable must have influence on the dependent variable in the regression model three. If all the above conditions met as predicted, the regression coefficient of independent variables on the dependent variable is decreased in the third equation, which means the influence of the independent variable on the dependent variable is smaller in the third than in the second (Baron & Kenny, 1986). When the regression coefficient of independent variable is reduced to an insignificant level, the mediator variable plays as a perfect mediation role (James & Brett, 1984); the mediator functions as a partial mediating effect if the regression coefficient of the independent variable is reduced, but still reaches a significant level.

The above discussed Baron and Kenny's (1986) causal steps method can be explained by the equations (Figure 3-5): the first step is to test the coefficient c of equation one, which is the total effect of X on Y; the second step is to test the coefficient a of equation two and the coefficient b of equation three in turn, that is, to test if the product of coefficients is significant; the last step is to test whether the intermediary functions as a perfect mediator. It can be concluded that the mediating effect is significant when the coefficient c of equation (1) is significant, and meanwhile the coefficients a and b of equations 2 and 3 are both significant (Wen & Ye, 2014). The independent variable and the mediator are correlated, and also the precondition of test a mediating effect is that the independent variable is assumed to cause the dependent variable (Baron & Kenny, 1986; Fairchild & MacKinnon, 2009). However, a "mediating effect" may still exists even though the premise fails to be significant. In order to differentiate this situation, many scholars regard it as a suppressing effect (Cheung & Lau, 2008; Kenny et al., 2003; MacKinnon, 2008; MacKinnon et al., 2000; Shrout & Bolger, 2002). Wen and Ye (2014) suggested that the researcher combines the causal steps method and Bootstrap method (Hayes, 2009; Preston & Wood, 2010) in examining a

mediator to reduce type I error and increase statistical power. To be more specific, when applying Baron and Kenny's (1986) causal steps method in testing an mediating effect, Bootstrap method should be employed to test the coefficient product (i.e. H0: ab = 0) of the equation two and three (see Figure 3-5) if the one of the results in the second step of the causal steps method is not significant (i.e. either coefficient a or b is non-significant). The significance of the coefficient ab in Bootstrap indicates a valid mediating effect (Wen & Ye, 2014).

In this study, the regression coefficients between variables were tested first, then structural equation modelling (SEM) was applied to verify whether perception of destination mediates between independent variables (i.e. attitude, subjective norm, perceived behavioural control and previous behaviour) and outcome variable (travel intention) as SEM can evaluate each hypothesis simultaneously.

$$X \xrightarrow{c} Y \leftarrow e1 \qquad Y = cX + e1$$

$$M \leftarrow e2 \qquad M = aX + e2$$

$$X \xrightarrow{c'} Y \leftarrow e3 \qquad Y = c'X + bM + e3$$
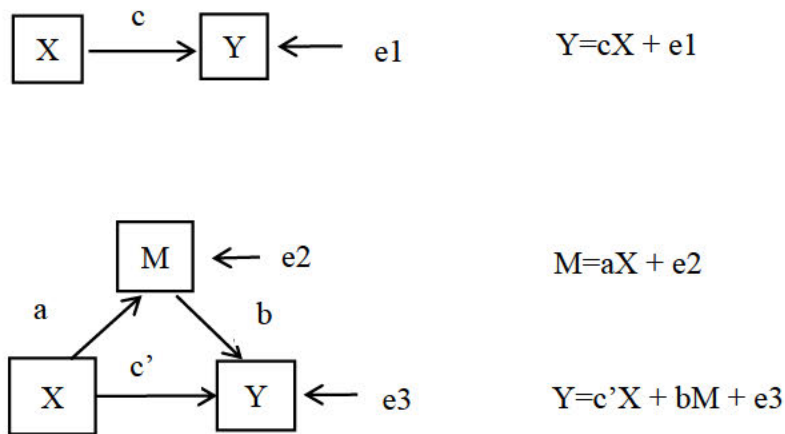
Figure 3-4: Framework of the mediator effect

Source: MacKinnon et al. (1995); Wen and Ye (2014).

3.8.2.8 Analysis of Moderating effect

According to Baron and Kenny (1986), a moderator is third (qualitative or quantitative) variable that accounts for the degree of strength of the relationship between outcome variable and predicting variable. Thus, a mediator is to explain under what circumstances independent variables may affect

dependent variables. That is, a mediator is a kind of variable that answers the variation of the size or direction between two other variables. It participates in the interaction between independent variables and dependent variables, thereby affecting the slope in the equations. In this study, one of the hypotheses is to testify if the positivity of the relation between attitude, subjective norm and perceived behavioural control and travel intention is stronger for individuals with wellness lifestyle than for those with unhealthy, hence the lifestyle may act as an moderator to affect the relations between the independent variables (i.e. attitude, subjective norm and perceived behavioural control) and dependent variable (travel intention). For example, tourists with wellness lifestyles are assumed to have more positive attitude toward wellness tourism, their travel intention increases. A moderator effect can be explained by the regression equation: $Y = aX + bM + cXM + e$, where Y is the dependent variable, X is the predictor, M is the moderator. A hierarchical regression analysis is applied to identify if a moderating effect exists: first, regressing Y on X and M, then regressing Y on X, M and XM, the moderating effect is significant if the second determination efficient R_2^2 is significantly higher than the first. Alternatively, a moderating effect is supported if the regression coefficient of XM is significant (Aiken et al., 1991; Cohen et al., 2003; Wen et al., 2005). Baron and Kenny (1986) introduced a general framework to analyse a moderator variable (Figure 3- 6), from the moderator model, it can be concluded that the assumption of a moderating effect is supported if the product of the predictor variable and moderator variable (path *c*) is statistically significant. The effects of predictor variable and moderator variable (path *a* and path *b*) may be also significant, however, these are not directly related to the hypothesis of testing a moderator variable. Unlike the relationship between the mediator and predictor variable, where the predictor variable is antecedent variable to the mediator, both the mediator and the predictor are the antecedent or exogenous variables of causal variables in generating the criterion effects. In other words, mediator always functions as an independent variable while the role of mediator can be varied from outcomes to causes (Baron & Kenny, 1986). In this research, wellness lifestyle is hypothesized as a moderator interacting with the independent variables (i.e. attitude, subjective norm, and perceived behavioural control) and one outcome variable (travel intention) in the theory of planned behaviour. The model diagrammed in Figure 3-6 has seven causal paths that flow into the outcome variable (travel intention), a moderating effect is supported when the interaction of paths *c* is statistically significant.
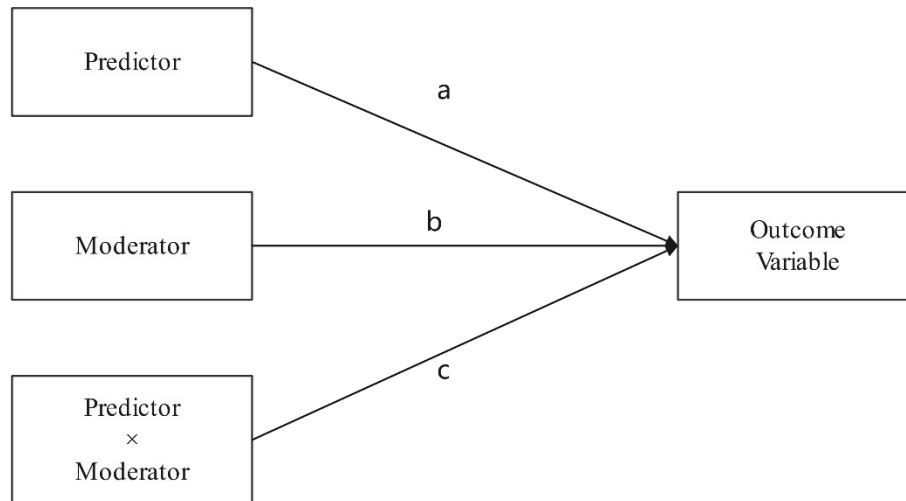
Figure 3-5: Framework of the moderating effect

Source: Baron and Kenny (1986).

3.9 Summary

In this chapter the research methodology was addressed in detail in order to explain how this research was conducted. The methodology phase including the research paradigm, research strategy and research design were discussed comprehensively. The sampling procedure, sample size, questionnaire design and how the data were analysed through different data analysis techniques in the pilot survey and main data collection phases were fully discussed. The following chapter will discuss the results and findings that this has produced.
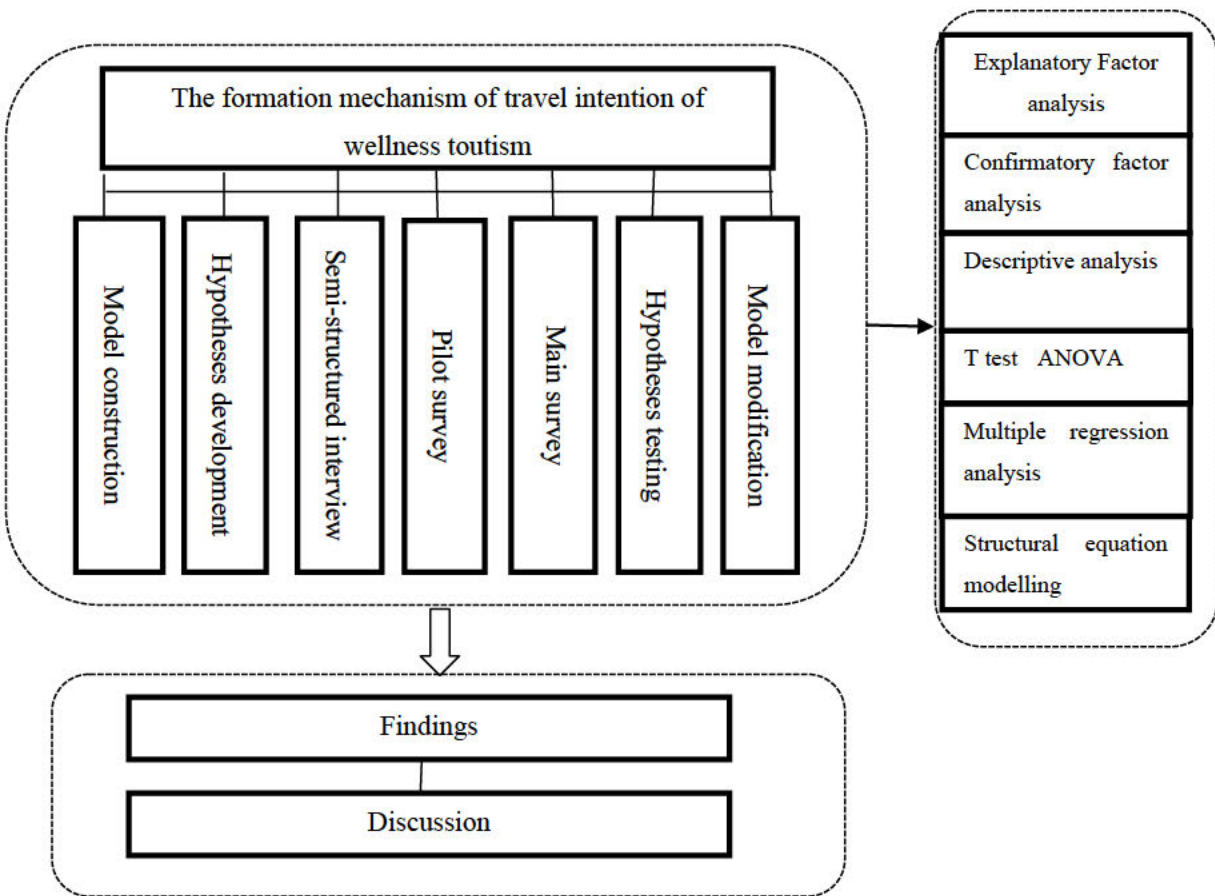
Figure 3-6: Research map for the study

Source: Developed by the author.

Chapter 4. Findings

4.1 Introduction

This chapter presents the findings that were produced from the pilot survey and online self-administered survey. The findings of the semi-structured interviews were analysed by using the qualitative analysis method of thematic analysis. Other findings that derived from the surveys were analysed quantitatively. Reliability and validity assessments of the variables in the pilot survey phase were utilised and confirmatory factor analysis was applied to further verify the scales. Structural equation modelling was employed to explain the main collection of data. All the research hypotheses related to wellness tourism travel intention were examined in this chapter.

4.2 Findings of the semi-structured interview

4.2.1 Data collection

The researcher first sent out texts for recruiting interview participants online with her name, phone number and the name of the university. A person who wanted to be involved in this study as an interviewee could contact the researcher. All interviews took place online to avoid a face to face contact due to the COVID-19 outbreak. In fact, there are several advantages of an online interview over a face to face one in respect of safety, confidentiality as well as geographical restriction. In addition, online interviews would allow people to express their experience more candidly and freely without impairing the quality of the interview (Carr & Worth, 2001). Participant information sheets were provided and consent forms were completed and sent back to the researcher before the interview and it was stressed that the all information collected was treated as anonymous (only basic demographic details such as gender, age, educational background and occupation were obtained for analyzing purposes) and the involvement of participants was entirely voluntary. The

semi-structured interview was aimed at investigating the participants' attitude toward wellness tourism in Hainan, the reasons why they would, or would not, like to travel to Hainan for wellness tourism, how their significant others and social environment influence their choice of participating in wellness tourism in Hainan and the benefits they believe they will gain from participating in wellness tourism in Hainan. There were 20 interview respondents, aged between 26 and 61 years. The semi-structured interview was designed to optimize the questionnaire in the quantitative phase.

4.2.2 Findings

The following conclusions were drawn through the thematic analysis (Table 4-1). First of all, Hainan's natural resources and geographic advantages were the most attractive features according to the answers provided by participants. The island's cultural characteristics including religious and folk culture, health preserving culture, local customs and traditional Hainanese food were also very popular among the interview respondents. The respondents had a positive attitude toward wellness tourism and showed interest in wellness tourism in Hainan. Wellness tourism was considered to be fun and exciting, taking part in wellness tourism activities helped to maintain health, relax and relieve stress, and connect people of like-minded. Also, wellness tourism was recommended by peers, family members or colleagues of the interviewees. However, a number of restrictions such as limited budgets, pressures from daily life and work, high price level and an under-developed transportation system in Hainan discouraged people from travelling to Hainan for wellness tourism. The following quotations are examples of the participants that depicted the characteristics of Hainan as a tourist destination.

> *I am from Jiangsu. I think, uhm, Hainan is really a very great place. After getting off the plane, the first things to catch my sight were the green trees and grasses. I really appreciated the blue sea and clear sky of Hainan. The air quality here is much better than in my hometown. As a tropical tourist destination, Hainan is famous for its climate and wonderful views, and the locals are also very welcoming and hospitable. Generally, I have very good impression of Hainan. (Aunt Chen, 61, retired teacher, high school)*

Hainan is warm at all seasons. It has duty-free shops, great air quality and plenty of delicious seafood and fruits. I like authentic local street foods, such as rice noodles, Hainan noodles, Qing Bu Liang and so on, also, cuisines from other provinces can be seen here, so I have many choices of foods in Hainan. I've heard that people from the north like to spend their holidays in Hainan, especially the seniors and the kids, they love to fly to Hainan to spend their winter holidays. Well, I guess it's because of the warm weather even in winter. It is not too hot in summer and I can cool off at the beaches at night. I think it's so comfortable and fun. Travelling to Hainan for wellness tourism relaxes my body and mind. (Ms. Zhang, 29, civil servant, university degree)

I went to Hainan again more than ten years ago. I enjoyed Hainan's pleasant climate and it was a very nice place for tourism. I would like to come to Hainan to experience wellness tourism. (Chen, 45, government official, university degree)

Many of the relatives, friends and family members of the interview participants all advocated their choice of wellness tourism. For example, Ms. Liu (44, freelancer, junior college) and You Kelili (40, designer, postgraduate) stated:

They are all interested, and I have a few close friends who want to join me for wellness tourism. Wellness travel is good for physical and mental health, so people around me are very supportive.

Some of my colleagues have been to Hainan, I am interested in wellness tourism in Hainan as well. I asked their opinions before, they thought wellness tourism improved their health to some extent, and it was very fun. On one hand, wellness tourism can broaden our horizons, one the other hands, it is beneficial for people's physical and mental health. Well, it makes the best of both worlds, why not!

The main benefits of participating in wellness tourism in Hainan mentioned by the interview participants were enjoying life, making new friends, expanding horizons, feeling relaxed,

120

cultivating minds, releasing pressures from work, strengthening and healing the body and restoring health. For example, Liu Hua (35, lawyer, university degree) explained the benefits as follows:

In my opinion, wellness tourism in Hainan is helpful for the development of physical and mental health. It is said that the air quality in Hainan ranks the best in the country, which is really cool. The sea water quality in Hainan is also good and very suitable for swimming. Swimming not only can exercise every major muscle of our body, but also relax our mind. I think there are numerous benefits of taking wellness tourism in Hainan. Oh, by the way, the diet in Hainan is relatively light and healthy. Eating healthy can help to cleanse our digestive system and lose weight, people like me who often eat greasily need to follow Hainan people's dietary habit a bit, haha!

Similarly, Mr. Han (50, businessman, university degree) said:

Hainan has a rich and diverse culture and history. It has its unique Li and Miao culture, besides, Nanyang culture from Singapore is incorporated. Recently, I went to the intangible cultural heritage exhibition in Qilou, Haikou, it was quite amazing, I really appreciated it. I think the benefits of participating in wellness tourism in Hainan are enjoying the sunshine, sea and fresh air here. I feel so comfortable and peaceful when looking at the boundless sea. In Hainan, I can enjoy the breeze from the sea, I feel so energetic and happy when taking a giant breath of the fresh air in the tropical rain forests and mangroves. Hey, you can also learn swimming in Hainan, swimming is good for your health, er, good for your lung's capacity. I like water sports, too. They can build up your endurance and balance your body.

The interview participants were also asked about some recommendations on the further development of wellness tourism in Hainan. The 12 female tourists interviewed expressed their needs for relaxing, healing and tranquil wellness tourism activities that could substantially get their physical and mental health promoted, while a retired female participant among them paid more attention to low-impact and convalescent wellness tourism projects. Most of the male interviewees suggested to increase entertaining and body-building wellness tourism products and services with distinctive Hainan features. In general, suggestions included but were not limited to improving

wellness tourism infrastructure and services, providing adequate supporting facilities for the elderly, upgrading the public health system of Hainan and increasing input of resources into the wellness tourism industry. For example, Ms. Bi (33, manager, postgraduate) and Mr Deng (38, engineer, university degree) noted:

As a human resources manager, I am usually busy at work. And you know what, I feel quite stressful every day, because I have to take care of my kids, too. I love to see more wellness tourism activities that are therapeutic, tension and fatigue reducing. Um, Hainan has many hot springs, which I think should be developed. Oh, by the way, it will be exciting if there are wellness tourism projects (products and services) that can do good to my beauty.

I think, first of all, improving tourism infrastructure is very important. In the second place, we should have more ocean-themed wellness tourism projects. When I searched for travel information about Hainan on the internet, I noticed that there are not a few bays with good water quality. Well, I love diving and surfing, I believe that Hainan, with a coastline of more than 1600 kilometers, is a paradise for divers like me. This type of wellness tourism is novel and cool. I've heard that our body's main muscle groups can get well exercised in the sea, and it is a good way to release the pressure that piles up at work.

It was found that respondents' attitude and evaluation on wellness tourism, their salient others' opinion on wellness tourism, the resources and information individual possessed, as well as the past wellness tourism experience were the key factors affecting the behavioural intention of wellness tourism. The interview participants also made some suggestions that contributed to the survey so that the researcher would not leave out some important measurement items of the influencing factors of travel intention of wellness tourism. The initial questionnaire was then formed by referring to the earlier mature scales in addition to the information gleaned from semi-structured interviews.

Table 4-1: Result of thematic analysis

Selective coding	Axial coding	Initial concept
Attitude toward wellness tourism	Feeling relaxed and relieved	Accompanied by family members and friends
		Feeling happy
		Relieve pressure from work
	Improving physical and mental health	Ameliorate sub-health status
		Watching movie by the sea and getting relaxed
		Learn some health preserving methods.
		Hainan is known as the longevity island
Travel intention of wellness tourism	Traveling to Hainan for wellness tourism	Want to come to Hainan again for travelling
		Will fly to Sanya after the pandemic
		Plan to come to Hainan
		Looking forward to travelling to Hainan.
Wellness lifestyle	Need to improve physical and mental health	Broaden my horizons
		Enjoying life
		Meet the needs of health and tourism
		Satisfied the physical and psychological needs
		Live my retired life in Hainan without worrying anything

Selective coding	Axial coding	Initial concept
		The pursuit of a balanced body and mind
		Enhance social adaption
		Maintain mental health
		Having light diet
Perception of tourist destination	Air quality	The air quality is poor in the north
		No haze in Hainan
	Climate	Warm in winter
		The climate of Hainan is not conducive to virus proliferation
		Climate is pleasant.
	Geographic advantages	Hainan has unique geographic advantages
		Beautiful scenery.
	Improvement of infrastructure	Reinforcing the construction of transportation system
		Establishing a more diversified wellness tourism system
		Developing tourism infrastructure
		Improving supporting facilities for the aged
	Local customs	
		Diversified folk culture
		Experiencing local customs
		Peaceful religious atmosphere in Sanya
	Traditional food of Hainan	Attracted to boiled Hainanese chicken

Selective coding	Axial coding	Initial concept
		Tasty local foods in Hainan
	Vegetation	High forest coverage rate
		Rich in fruits
	Water resources	Water quality in Hainan is good
		Clean seawater
		Rich in thermal spring resources
Perceived behavioural control	Finance	High price level
		No disposable income to travel
		Not enough budgets
	Time	No spare time
		Limited leisure time
Subjective norm	Family environment	Support from family members
		Suitable for the aged
	Social environment	Recommend wellness tourism to friends
		People around me are very supportive
		Should promote wellness tourism
		wellness tourism is popular among my friends and colleagues
Past behaviour	Past experience in wellness tourism	Went forest walking before
		Brought my family to a hot spring last time

4.3 Pilot survey result

4.3.1 Dimensions of the scales in the pilot survey questionnaire

As discussed in detail in the chapter 3 about research design, the scales in the pilot survey were constructed based on previous mature scales. A complete questionnaire was then formed and sent out in order to obtain data. The questionnaire was divided into eight parts or dimensions, the first part was socio-demographic factors, attitude toward health tourism was the second part; the third part was subjective norm measures; the fourth part asked about participants' past experience of wellness tourism; the fifth part was the questions of perceived behavioural control; behavioural intention of wellness tourism in Hainan was the sixth part; the seventh part investigated participants' perception of Hainan as a tourist destination and the final (eighth) part was the measures of lifestyle/ wellness lifestyle. All items in the scales were measured on a Likert 7-point scale except past behaviour, and each option was assigned a corresponding score. Dimensions and questionnaire items are shown in Table 4-2:

Table 4-2: Dimensions and items of the scales

Dimensions	No.	Items of the scales
Attitude toward wellness tourism	Q7_1	Participating in wellness tourism helps me to meet new people and promote social relationships
	Q7_2	Wellness tourism activities promote my health and physical fitness, participating in wellness tourism can make me healthier and more energetic.
	Q7_3	Wellness tourism activities can help to reduce tensions, and participating in wellness tourism can alleviate pressure from work and life
	Q7_4	Wellness tourism activities are relaxing, participating in wellness tourism is pleasant for me

Dimensions	No.	Items of the scales
Subjective norm	Q8_1	People who are important to me would think that I should participate in wellness tourism
	Q8_2	People who influence me would think that I should participate in wellness tourism
	Q8_3	People whose opinions I value would prefer that I should participate in wellness tourism.
	Q8_4	Most of the people important to me would suggest I should participate in wellness tourism.
	Q8_5	I would like to take part in wellness tourism after hearing recommendations from my friends and family.
	Q8_6	I would like to participate in wellness tourism because it is popular amongst my friends and family.
Past behaviour	Q9_1	How many times you have joined in wellness tourism over the past year?
Perceived behavioural control	Q10_1	I have enough money to participate in wellness tourism.
	Q10_2	I have enough time to participate in wellness tourism.
	Q10_3	I have enough physical strength to participate in wellness tourism.
	Q10_4	I can find enough information about wellness tourism in Hainan.
	Q10_5	I am confident that if I want, I can participate in wellness tourism.
	Q10_6	Whether or not to participate in wellness tourism is entirely up to me.
Travel intention of wellness tourism	Q11_1	I intend to participate in wellness tourism in the next 12 months
	Q11_2	I plan to participate in wellness tourism in the next 12 months
	Q11_3	I probably will participate in wellness tourism in the next 12 months
Perception of tourist destination	Q14_1	I can enjoy the picturesque scenery when I come to Hainan for wellness tourism.
	Q14_2	I can experience the unique island culture and customs of the Li and Miao people when I come to Hainan for wellness tourism.
	Q14_3	I can breathe fresh air when I come to Hainan for wellness tourism.

Dimensions	No.	Items of the scales
	Q14_4	I can enjoy the sea, sunshine and beach in Hainan when I come to Hainan for wellness tourism.
	Q14_5	There are hot springs and spas that attract me when I come to Hainan for wellness tourism.
	Q14_6	I can enjoy Hainanese food when I come to Hainan for wellness tourism.
	Q14_7	The local transportation is convenient when I come to Hainan for wellness tourism.
	Q14_8	Hotels in Hainan are comfortable and well-equipped when I come for wellness tourism.
	Q14_9	The quality of service is good when I come to Hainan for wellness tourism.
	Q14_10	I can easily purchase the goods I need when I come to Hainan for wellness tourism.
	Q14_11	I feel relaxed when I come to Hainan for wellness tourism.
	Q14_12	Coming to Hainan for wellness tourism cheers me up.
	Q14_13	Coming to Hainan for wellness tourism helps relieve my pressure.
	Q14_14	I can experience something new when I come to Hainan for wellness tourism.
	Q14_15	I can participate in a variety of recreational activities when I come to Hainan for wellness tourism.
	Q14_16	I can take part in wellness activities (e.g. surfing, hot spring, spa and forest bathing) suitable for different groups of people when I come to Hainan for wellness tourism.
	Q14_17	I can participate in various folk activities or exhibitions when I come to Hainan for wellness tourism.
	Q14_18	The price level in Hainan is low.
	Q14_19	The cost of travelling in Hainan for wellness tourism is low.

Dimensions	No.	Items of the scales
	Q14_20	The travel expense (transportation, accommodation, food and scenic spots) in Hainan is low.
	Q15_1	I look forward to the future.
	Q15_2	I'm working towards the long-term goal of my life.
Wellness lifestyle	Q15_3	I look forward to new experiences and challenges.
	Q15_4	I think life has its purpose.
	Q15_5	I know what is important.
	Q15_6	I feel like I'm growing and changing.
	Q15_7	I discuss health concerns with professionals.
	Q15_8	I control the intake of sugar and sugary foods.
	Q15_9	I choose to eat the foods that are low in fat, saturated fat and cholesterol.
	Q15_10	I seek health information.
	Q15_11	I report my symptoms to health professionals.
	Q15_12	I ask health professionals questions to understand their wellness guidance.
	Q15_13	I will prevent tiredness.
	Q15_14	I think about some pleasant things at bedtime.
	Q15_15	I find some time to relax every day.
	Q15_16	I do meditation to relieve my pressure.
	Q15_17	I am willing to express my concern and love to others.
	Q15_18	I get support from my social network.
	Q15_19	I maintain meaningful relationships.
	Q15_20	I get in touch with my friends.
	Q15_21	I praise others for their accomplishment.
	Q15_22	I take part in vigorous exercise at least three times a week (such as fast walking, cycling, aerobic dancing, stair climbing).
	Q15_23	I take part in some mild to moderate physical activities (such as walking).

Dimensions	No.	Items of the scales
	Q15_24	I do stretching exercises at least three times a week.
	Q15_25	I take part in some recreational activities (such as swimming, dancing).
	Q15_26	I get exercise from my daily activities (such as walking after meals, taking stairs instead of elevators, less cars and more walking).
	Q15_27	I follow exercise plans.
	Q15_28	I eat vegetables every day.
	Q15_29	I eat fruit every day.
	Q15_30	I eat breakfast every day.
	Q15_31	I eat bread, rice, noodles and cereal every day.
	Q15_32	I eat meat, poultry, fish, beans, eggs and nuts every day.

4.3.2 Analysis of the pilot survey result

Before the large-scale distribution of the formal questionnaire, this questionnaire was sent out to a small number of participants through the internet for a pilot test. A total of 146 valid questionnaires were collected, including 96 female respondents (65.75%) and 50 male respondents (34.25%). In order to construct a final questionnaire, several sentences, expressions and semantics of some questions in the questionnaire were further improved and ambiguity was eliminated as much as possible.

4.3.2.1 Item analysis

Firstly, all samples were grouped according to the critical points of the top 27% and the bottom 27% of the total score to obtain the high, low and middle value groups. The variance of the average scores of the two groups with the high and the low values on each item was analysed to obtain the CR value (namely, the critical ratio). Three questions (Q14_18, Q14_19, Q14_20) did not reach the significance level ($P>0.05$) and each of the CR value was less than 3, which should be deleted

or modified as Kelley (1939) suggested. All other items were retained as the CR values were greater than three and statistically significant (P<0.05).

In addition to the extreme group comparison, correlation test was also applied for calculating the correlation coefficient between each item and the overall scale. The criterion is that the correlation coefficient should be greater than 0.4. The higher correlation between an item and the total score of all items indicated that the more relevant the question was to the overall scale. The Pearson correlation coefficients of the three items (Q14_ 18, Q14_ 19, Q14_ 20) were all lower than 0.4, indicating the they were not correlated with the total score of the whole items. Therefore, the three items were considered to be removed by the researcher. All other items were retained as the Pearson correlation coefficient of each item was greater than 0.4 and reached a level of statistical significance (P<0.05).

4.3.2.2 Exploratory factor analysis

Construct validity was analysed by calculating KMO value and Bartlett's test of sphericity. KMO value was applied to examine the correlations between variables, while Bartlett's test of sphericity was to test whether the correlation matrix of the data was an identity matrix. The correlation between variables is considered to be weaker if the KMO value is closer to 0. According to Kaiser and Rice (1974) and Hair (2010), when the KMO value is greater than 0.7, and the coefficient of Bartlett's test of sphericity is significant (P< 0.05), the data are suitable for factor analysis.

4.3.2.2.1 Exploratory factor analysis of attitude toward wellness tourism scale

According to the results, the value of KMO was 0.823 >0.7, and the significance level of Bartlett's test of sphericity was 0.000< 0.05, proving that the correlation matrix of this part was not an identity matrix and a common factor was found. Therefore, factor analysis can be carried out to analyse the attitude scale.

Also, one common factor was extracted from the four items in the attitude toward wellness tourism scale with an eigenvalue greater than 1, and the cumulative variance contribution was 82.672% (greater than 60%). Therefore, the extracted factor for attitude toward wellness tourism was ideal.

The factor loading of each item in attitude scale was from 0.82 to 0.95, indicating that the variable was well-explained by the items and could be distinguished from other variables. Therefore, all four items were retained to measure attitude toward wellness tourism in the final questionnaire.

Table 4-3: Factor matrix of attitude toward wellness tourism [a]

| | Factor |
	1
Q7_2	.954
Q7_3	.950
Q7_4	.906
Q7_1	.821

Extraction method: principal component analysis

a. 1 factor extracted.

4.3.2.2.2 Exploratory factor analysis of subjective norm scale

Before factor analysis, KMO and Bartlett's test of sphericity were performed in the first place. The results showed that the KMO value was 0.897 >0.7, and Bartlett's test of sphericity was significant at the level of 0.000 < 0.05, which indicated that the correlation matrix was not an identity matrix. Therefore, factor analysis can be carried out to analyse the subjective norm scale. As one factor solution was extracted from the six items in the subjective norm scale with an eigenvalue greater than 1, explaining the cumulative variance of 82.672%. Therefore, the extracted factor for subjective norm was ideal as the total variance explained was greater than 60%.

As demonstrated in Table 4-4 of the factor matrix, the factor loading of each item was from 0.80 to 0.93, showing that the variable was well-explained by the items and could be distinguished from

132

other variables. Therefore, all six items were kept to measure the subjective norm of wellness tourism in the final questionnaire.

Table 4-4: Factor matrix of subjective norm [a]

	Factor
	1
Q8_2	.928
Q8_3	.915
Q8_4	.901
Q8_1	.887
Q8_5	.865
Q8_6	.805

Extraction method: principal component analysis

a. 1 factor extracted.

4.3.2.2.3 Exploratory factor analysis of perceived behavioural control scale

The results showed that the KMO value was 0.804 >0.7, and Bartlett's test of sphericity was significant at the level of 0.000 < 0.05, indicating that the correlation matrix was not an identity matrix. Therefore, this part of data was suitable for factor analysis. One factor was extracted from the six items in the perceived behavioural control scale from principal component analysis (PCA) with Varimax rotation, explaining the cumulative variance of 58.674%. Although the total variance was greater than 50%, it did not meet the ideal standard of 60% (Wu, 2020). As a result, two items (Q10-5 and Q10-6) were to be discarded for the second analysis. The second analysis showed that there was only one common factor extracted from the four items in the perceived behavioural control scale with an eigenvalue greater than 1, explaining the cumulative variance of 63.943% > 60%. Therefore, this extracted factor for perceived behavioural control was ideal.

As demonstrated in Table 4-5 of the factor matrix, the factor loading of each item was from 0.76 to 0.85, indicating that the variable was well-explained by the items and could be distinguished from other variables. Therefore, all four items (Q10_1, Q10_2, Q10_3 and Q10_4) were retained in the final questionnaire to measure perceived behavioural control.

Table 4-5: Factor matrix of perceived behavioural control [a]

	Factor
	1
Q10_2	.848
Q10_4	.810
Q10_3	.777
Q10_1	.761

Extraction method: principal component analysis

a. 1 factor extracted.

4.3.2.2.4. Exploratory factor analysis of travel intention of wellness tourism scale

Before factor analysis, KMO and Bartlett's test of sphericity were performed. The results showed that the KMO value was 0.766 >0.7, and Bartlett's test of sphericity was significant at the level of 0.000 < 0.05, which indicated that the correlation matrix was not an identity matrix. Therefore, factor analysis can be carried out to analyse the travel intention of wellness tourism scale.

There was only one common factor extracted from the three items in the travel intention of wellness tourism scale with an eigenvalue greater than 1 through principal component analysis (PCA) with Varimax rotation. According to the results from the analysis, accounting for the total variance of 92.980%. Therefore, the extracted factor for travel intention of wellness tourism was ideal as the total variance explained was greater than 60%.

As demonstrated in Table 4-6 of the factor matrix, the factor loading of each item was between 0.95 and 0.97, showing that the variable was well-explained by the three items.

134

Table 4-6: Factor matrix of travel intention of wellness tourism[a]

	Factor
	1
Q11_1	.972
Q11_2	.970
Q11_3	.951

Extraction method: principal component analysis

a. 1 factor extracted.

4.3.2.2.5 Exploratory factor analysis of perception of tourist destination scale

Although the first exploratory factor analysis showed that the factor loading of each item was above 0.45 in the scale of perception of tourist destination, four items (Q14_5, Q14_15, Q14_16, Q14_17) were to be dropped by the researcher as they were found to span two common factors. As a result, a second factor analysis was conducted. Factor analysis can be carried out to further analyse the perception of tourist destination scale as KMO value was 0.920 >0.7 and Bartlett's test of sphericity was significant at the level of 0.000 < 0.05). According to the results from the principal component analysis (PCA) with Varimax rotation., there were two factors extracted from the 13 items in the perception of tourist destination scale with eigenvalues greater than 1, accounting for the total variance of 81.743%. Therefore, the extracted factors for perception of tourist destination were ideal as the total variance explained was higher than 60%.

As demonstrated in Table 4-7 of the rotated factor matrix through rotation method of orthogonal rotation with Kaiser Normalization, the factor loading of each item was above 0.45, indicating that the variable was well-explained by the items and could be distinguished from other variables. Therefore, 13 items were retained in the final questionnaire to measure perception of tourist destination. According to the following table, the 1st component contained 9 items (1, 2, 3, 4, 6, 11, 12, 13 and 14) that were related to the attraction of tourist destination. Hence, factor 1 can be named as perception of attraction of tourism destination. The 2nd component consisted of four items (7, 8,

9 and 10). Since component 2 mainly related to services of tourist destination such as "Hotels in Hainan are comfortable" and "The quality of service is good ", factor 2 was named as perception of tourist destination services.

Table 4-7: Final rotated factor matrix of perception of tourist destination [a]

	Factor	
	1	2
Q14_4	.878	
Q14_3	.874	
Q14_1	.868	
Q14_2	.844	
Q14_12	.821	
Q14_13	.821	
Q14_14	.782	
Q14_11	.774	
Q14_6	.769	
Q14_9		.847
Q14_8		.802
Q14_7		.772
Q14_10		.737

Extraction method: principal component analysis

Rotation method: Varimax with Kaiser Normalization

a. Rotation converged in 3 iterations

4.3.2.2.6 Exploratory factor analysis of lifestyle/ wellness lifestyle scale

The wellness lifestyle scale went through four rounds of exploratory factor analysis, only the final result was presented in this thesis due to the space constraints. The first exploratory factor analysis revealed that item 18 ("I get support from social networks") was double loaded between factor 2 and

factor 3 with only 0.02 difference. Thus, this item was considered to be dropped. In the second exploratory factor analysis, item 32 ("I eat meat, poultry, fish, beans, eggs and nuts every day.") was found to be not consisted with the factor construct, as well as double loading between factor 3 and factor 4 with 0.08 difference. Thus, it was considered to be deleted for a third factor analysis. Although the rotated factor matrix of the third factor analysis showed that the factor loading of each item was above 0.45, item 9 ("I choose to eat the foods that are low in fat, saturated fat and cholesterol.") was considered to be dropped by the research as it was not consisted with its factor construct.

The fourth EFA results of the modified questionnaire (29 items) showed that the data were suitable for factor analysis with Kaiser Meyer Olkin (KMO) value = 0.906, and Bartlett $\chi 2 = 4627.03$, P < 0.001). Also, four factors were extracted with eigenvalues greater than 1 from the 29 items in the wellness lifestyle scale through Principal component analysis and Varimax with orthogonal rotation, which explained 75.123 % of the total variance. Therefore, the extracted factor for wellness lifestyle was ideal as the total variance explained was greater than 60%.

As seen in Table 4-8, factor 1 included eight items (1, 2, 3, 4, 5, 6, 7 and 10) that were related to "personal development and growth"; factor 2 contained eight items (13, 14, 22, 23, 24, 25, 26 and 27) that were associated with the notion of "exercise"; factor 3 included seven items (8, 11, 12, 28, 29, 30 and 31) that reflected "nutritious diet and health" and the last six items (15, 16, 17, 19, 20 and 21) were under factor 4 named as "interpersonal relationship and stress management" according to the theoretical structure of the scale. The factor loading of each item on its corresponding common factor was above 0.45, and the communalities of all items were greater than 0.20, indicating that the variable was well-explained by the items and could be distinguished from other variables. Therefore, 29 items were retained in the final questionnaire to measure wellness lifestyle.

Table 4-8: Final rotated factor matrix of wellness lifestyle [a]

	Component			
	1	2	3	4
Q15_1	.871			
Q15_4	.855			
Q15_3	.850			
Q15_2	.849			
Q15_5	.786			
Q15_6	.755			
Q15_10	.637			
Q15_7	.629			
Q15_24		.907		
Q15_22		.903		
Q15_23		.868		
Q15_27		.847		
Q15_25		.814		
Q15_26		.712		
Q15_13		.669		
Q15_14		.649		
Q15_30			.781	
Q15_31			.727	
Q15_12			.687	
Q15_11			.683	
Q15_28			.643	
Q15_29			.607	
Q15_8			.566	
Q15_20				.759
Q15_17				.753
Q15_19				.700

	Component			
	1	2	3	4
Q15_21				.668
Q15_15				.633
Q15_16				.599

Extraction method: principal component analysis.

Rotation method: Varimax with Kaiser Normalization.

a. Rotation converged in 7 iterations

4.3.2.3 Reliability analysis

Twelve items (Q10_5, Q10_6, Q14_5, Q14_15, Q14_16, Q14_17, Q14_18, Q14_19, Q14_20, Q15_9, Q15_18, Q15_32) were deleted based on the results of item analysis and factor analysis. Reliability analysis was then performed to test the reliability of the scales, the Cronbach α values were greater than 0.7 of all six dimensions in the questionnaire as shown in Table 4-9, demonstrating the items of all scales had good internal consistency under their respective dimensions. Therefore, all the remaining items were retained in the final questionnaire.

Table 4-9: Reliability analysis

Variable	Cronbach α value
Attitude toward wellness tourism	0.926
Subjective norm	0.943
Perceived behavioural control	0.810
Travel intention	0.962
Perception of tourist destination	0.976
Wellness lifestyle	0.964

4.4 Result of the confirmatory factor analysis

In this study, confirmatory factor analysis, correlation analysis, individual item reliability (R^2) of observed variables, composite reliability and average variance extracted of latent variables were used to examine the reliability and validity of the scale in the final questionnaire.

Confirmatory factor analysis (CFA) was used to test the structural validity of individual scale by applying the method of maximum likelihood estimation (ML). Since Chi square test is too sensitive to large sample size data, fit indices such as $X^{2/}df$, comparing the fitting index (CFI), goodness of fit index (GFI), normed fit index (NFI), root mean square residual (RMR), root mean square error of approximation (RMSEA), relative fit index (RFI) were applied to evaluate the rationality of the scale structure. The criteria of the fit indices are: CFI >0.9; GFI > 0.9; NFI > 0.9; RMR< 0.05; RMSEA < 0.08; RFI > 0.9. The internal quality of the scale was evaluated by item reliability (R^2) of individual observed variables, composite reliability and average variance extracted of latent variables.

4.4.1 Reliability and Validity analysis of attitude toward wellness tourism scale

4.4.1.1 Confirmatory factor analysis

Confirmatory factor analysis was conducted to examine the factor structure of the scale of attitude toward wellness tourism. The observed variables in the model (i.e. the corresponding items in the questionnaire) are shown in Table 4-10.

Table 4-10: Observed variables and the corresponding items in the measurement model of attitude toward wellness tourism

Latent variable	Code of observed variable	Observed variables (items in the questionnaire)
Attitude	ATT1	Participating in wellness tourism helps me to meet new people and promote social relationships.
	ATT2	Wellness tourism activities promote my health and physical fitness, participating in wellness tourism can make me healthier and more energetic.
	ATT3	Wellness tourism activities can help to reduce tensions, and participating in wellness tourism can alleviate my pressure from work and life.
	ATT4	Wellness tourism activities is relaxing, participating in wellness tourism is pleasant for me.

The fit indices are presented in Table 4-11, all important indices met the standards of goodness-of-fit with the fit indices CFI, GFI and NFI were greater than 0.90, RFI was greater than 0.9, RMR value was small than 0.05 and RMSEA value was less than 0.10 in the modified model of attitude scale. Therefore, it can be considered that the model was well fitted and displayed a better structure as shown in Figure 4-1.

The parameters of the model are demonstrated in Table 4-12. The results showed that the standardized factor loading of each observed variable was excellent between $0.851 \sim 0.944$, the loading of each item on its common factor was greater than 0.45 and statistically significant ($P < 0.001$).

Table 4-11: Evaluation of fit of the measurement model of attitude toward wellness tourism

Index	Measurement model	Fit criteria
χ^2	3.908 n.s.	P> 0.05
χ^2/df	1.954	< 3
CFI	0.997	> 0.90
GFI	0.992	> 0.90
NFI	0.996	> 0.90
RMR	0.009	<0.05
RMSEA	0.024	<0.08
RFI	0.978	> 0.9

Note: CFI=Comparative Fit Index; GFI=Goodness-of-fit Index; NFI=Normed Fit Index; RMR= Root Mean Square Residual; RMSEA=Root Mean Square Error Approximation; RFI=Relative Fit Index *P<0.001; n.s.= not significant.
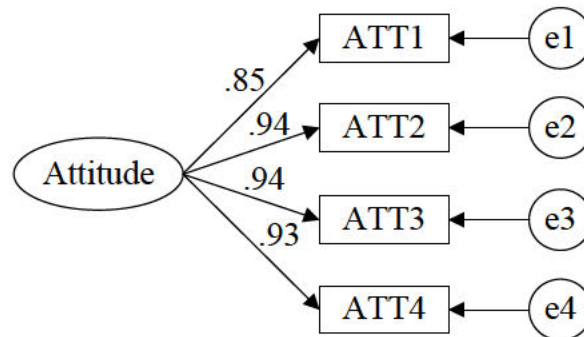
Figure 4-1: Measurement model of attitude toward wellness tourism

Table 4-12: Factor loading for the measurement model of attitude toward wellness tourism

Observed variable	Standardized factor loading	*SE*	*C.R.*	*P*
ATT1	0.851	-	-	-
ATT2	0.944	0.008	18.752	<0.001
ATT3	0.936	0.008	20.419	<0.001
ATT4	0.933	0.008	17.983	<0.001

Note: SE=Standard Error.

4.4.1.2 Fit of the internal structure of the scale (attitude toward wellness tourism)

See Table 4-13 for individual item reliability (R^2), composite reliability and average variance extracted of the latent variable. The variance of measurement error was from 0.115 to 0.303 (less than 0.50), indicating that each observed variable can be used as an ideal measured item of its latent variable. The R^2 values of each observed variable were 0.697 ~ 0.885 ($R^2 > 0.50$), proving that the individual item reliability of each observed variable was reliable. The measured items of attitude toward wellness tourism were highly inter-correlated as the composite reliability was 0.947. Also, the value of average variance extraction was 0.843, greater than 0.50, indicating that the internal quality of the model was good.

Table 4-13: Results of the fit of the internal structure of attitude toward wellness tourism

Variable	Variance of measurement error	Squared multiple correlation coefficient (R^2)	CR	AVE
Attitude (Latent variable)			0.947	0.843
ATT1	0.303	0.697		
ATT2	0.126	0.874		
ATT3	0.115	0.885		
ATT4	0.120	0.880		

4.4.2 Reliability and Validity analysis of subjective norm scale

4.4.2.1 Confirmatory factor analysis

Confirmatory factor analysis was conducted to examine the factor structure for the scale of subjective norm of wellness tourism. The observed variables in the model, namely, the corresponding items in the questionnaire are shown in Table 4-14.

Table 4-14: Observed variables and the corresponding items in the measurement model of subjective norm

Latent variable	Code of observed variable	Observed variables (items in the questionnaire))
Subjective norm	NORM1	People who are important to me would think that I should participate in wellness tourism.
	NORM2	People who influence me would think that I should participate in wellness tourism.
	NORM3	People whose opinions I value would prefer that I should participate in wellness tourism.
	NORM4	Most of the people important to me would suggest I should participate in wellness tourism.
	NORM5	I would like to take part in wellness tourism after hearing recommendations from my friends and family.
	NORM6	I would like to participate in wellness tourism because it is popular amongst my friends and family.
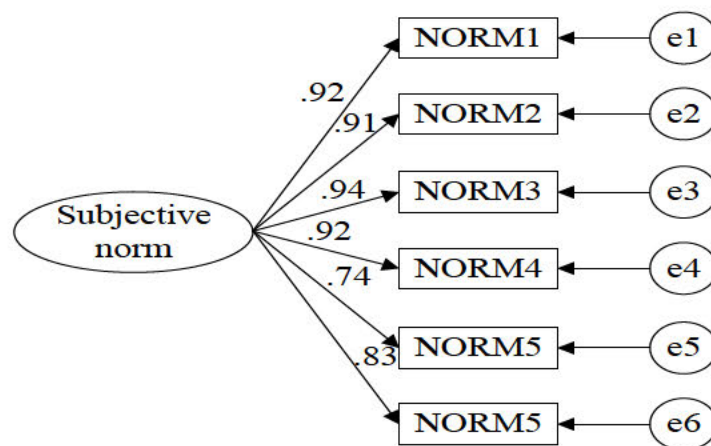
Figure 4-2: Measurement model of subjective norm

144

The evaluation of fit and the results of parameters for the measurement model of subjective norm scale are shown in Table 4-15 and Table 4-16. Results showed that the indices of fit for the measurement model of subjective norm met the criteria of overall fit of the model, indicating that the model was reasonable fit to the data. The standardized factor loading of each observed variable was ranging from 0.743 to 0.944, the loading of each item on its factor was found to be greater than 0.45 and statistically significant with P < 0.001.

Table 4-15: Evaluation of fit of the measurement model of subjective norm

Index	Measurement model	Fit criteria
χ^2	12.362 n.s.	P> 0.05
χ^2 / df	1.766	< 3
CFI	0.998	> 0.90
GFI	0.998	> 0.90
NFI	0.997	> 0.90
RMR	0.033	< 0.05
RMSEA	0.021	<0.08
RFI	0.989	> 0.90

Note: CFI=Comparative Fit Index; GFI=Goodness-of-fit Index; NFI=Normed Fit Index; RMR= Root Mean Square Residual; RMSEA=Root Mean Square Error Approximation; RFI=Relative Fit Index *P<0.001, n.s.=not significant.

Table 4-16: Factor loading for the measurement model of subjective norm

Observed variable	Standardized factor loading	*SE*	*CR*	*P*
NORM1	0.920	-	-	-
NORM2	0.912	0.009	22.825	<0.001
NORM3	0.944	0.007	18.885	<0.001
NORM4	0.915	0.009	22.415	<0.001
NORM5	0.743	0.022	27.227	<0.001
NORM6	0.831	0.019	26.023	<0.001

Note: SE=Standard Error.

4.4.2.2 Fit of the internal structure of the scale (subjective norm)

Individual item reliability (R^2), composite reliability and average variance extracted of the latent variable are demonstrated in Table 4-17. The variance of measurement error was from 0.115 to 0.455 (less than 0.50), indicating that each observed variable can be used as an ideal indicating item of its latent variable. The R^2 values of each observed variable were 0.544 ~ 0.886 (R^2 >0.50), proving that the individual item reliability of each observed variable was reliable. The measured items of subjective norm were highly inter-correlated as the composite reliability was 0.951. Also, the value of average variance extraction was 0.765, which was above the critical value of 0.5. Therefore, the internal quality of subjective norm scale was satisfactory and reliable.

Table 4-17: Results of the fit of the internal structure of subjective norm

Variable	Variance of measurement error	Squared multiple correlation coefficient (R^2)	CR	AVE
Subjective norm (Latent variable)			0.951	0.765
NORM1	0.157	0.843		
NORM2	0.174	0.827		
NORM3	0.115	0.886		
NORM4	0.154	0.847		
NORM5	0.455	0.544		
NORM6	0.314	0.686		

4.4.3 Reliability and Validity analysis of perceived behavioural control scale

4.4.4.1 Confirmatory factor analysis

Confirmatory factor analysis was conducted to examine the factor structure for the scale of perceived behavioural control. The observed variables in the model (i.e. the corresponding items in the questionnaire) are shown in Table 4-18.

The evaluation of the overall fit of the measurement model of perceived behavioural control is shown in Table 4-19. All important indices met the standards of goodness-of-fit with the fit indices CFI, GFI and NFI were greater than 0.90, and RMSEA value was less than 0.08. As a result, it can be concluded that the modified model of perceived behavioural control scale was better fitted to the data. The measurement model is shown in Figure 4-3.

Table 4-18: Observed variables and the corresponding items in the measurement model of perceived behavioural control

Latent variable	Code of observed variable	Observed variables (items in the questionnaire)
Perceived behavioural control	PBC1	I have enough money to participate in wellness tourism.
	PBC2	I have enough time to participate in wellness tourism.
	PBC3	I have enough physical strength to participate in wellness tourism.
	PBC4	I can find enough information about wellness tourism in Hainan.

Table 4-19: Evaluation of fit of the measurement model of perceived behavioural control

Index	Measurement model	Fit criteria
χ^2	5.670 n.s.	P> 0.05
χ^2/df	2.835	< 3
CFI	0.989	> 0.90
GFI	0.983	> 0.90
NFI	0.988	> 0.90
RMR	0.025	<0.05
RMSEA	0.056	<0.08
RFI	0.965	> 0.9

Note: CFI=Comparative Fit Index; GFI=Goodness-of-fit Index; NFI=Normed Fit Index; RMR= Root Mean Square Residual; RMSEA=Root Mean Square Error Approximation; RFI=Relative Fit Index *P<0.001, n.s.=not significant.
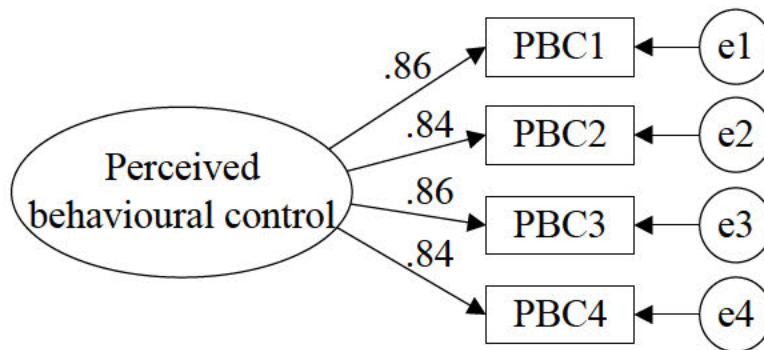
Figure 4-3: Modified measurement model of perceived behavioural control

The parameter estimates of the model are demonstrated in Table 4-20. The results showed that the standardized factor loading of each observed variable was excellent between 0.838 ~ 0.864, the loading of each item on common factor was greater than 0.45 and statistically significant (P < 0.001).

Table 4-20: Factor loading for the measurement model of perceived behavioural control

Observed variable	Standardized factor loading	SE	CR	P
PBC1	0.862	-	-	-
PBC2	0.840	0.022	21.793	<0.001
PBC3	0.864	0.019	20.159	<0.001
PBC4	0.838	0.020	21.909	<0.001

Note: SE=Standard Error.

4.4.3.2 Fit of the internal structure of the scale (perceived behavioural control)

Individual item reliability (R^2), composite reliability and average variance extracted of the latent variable are demonstrated in Table 4-21. The variance of measurement error was from 0.219 to 0.350 (less than 0.50), indicating that each observed variable can be used as an ideal indicating item of its latent variable. The R^2 values of each observed variable were 0.650 ~ 0.781 (R^2 >0.50), proving that the individual item reliability of each observed variable was reliable. The measured items of perceived behavioural control were highly inter-correlated as the composite reliability was 0.913> 0.6. Meanwhile, the value of average variance extraction was 0.725, which was greater than the critical value of 0.5. Therefore, the internal quality of perceived behavioural control scale was satisfactory and reliable.

Table 4-21: Results of the fit of the internal structure of perceived behavioural control

Variable	Variance of measurement error	Squared multiple correlation coefficient (R^2)	CR	AVE
Perceived behavioural control (Latent variable)			0.913	0.725
PBC1	0.311	0.689		
PBC2	0.350	0.650		
PBC3	0.219	0.781		
PBC4	0.272	0.728		

4.4.4 Reliability and Validity analysis of travel intention of wellness tourism scale

4.4.4.1 Confirmatory factor analysis

Confirmatory factor analysis was conducted to examine the factor structure for the scale of travel intention of wellness tourism. The observed variables in the model (namely, the corresponding items in the questionnaire) are shown in Table 4-24.

The results of the measurement model of travel intention of wellness tourism showed that the model was just-identified. The goodness-of-fit did not apply in the just-identified model. Therefore, only factor loadings were presented here. The parameter estimates in Table 4-23 showed that the standardized factor loading of each observed variable was between 0.963 and 0.981 ($P < 0.001$), the loading of each item on common factor was greater than 0.45 and statistically significant ($P < 0.001$).

Table 4-22: Observed variables and the corresponding items in the measurement model of travel intention of wellness tourism

Latent variable	Code of observed variable	Observed variables (items in the questionnaire)
Travel intention of wellness tourism	INT1	I intend to participate in wellness tourism in the next 12 months.
	INT2	I plan to participate in wellness tourism in the next 12 months.
	INT3	I probably will participate in wellness tourism in the next 12 months.

Table 4-23: Factor loading for the measurement model of travel intention of wellness tourism

Observed variable	Standardized factor loading	*SE*	*CR*	*P*
INT1	0.968	-	-	-
INT2	0.981	0.005	13.173	<0.001
INT3	0.963	0.007	21.697	<0.001

Note: SE=Standard Error; CR=Critical Ratio.

4.4.5 Reliability and Validity analysis of perception of tourist destination scale

4.4.5.1 First order confirmatory factor analysis

Confirmatory factor analysis was applied to examine the factor structure for the scale of perception of tourist destination. The observed variables in the model (i.e. the corresponding items in the questionnaire) are shown in Table 4-24.

Table 4-24: Observed variables and the corresponding items in the measurement model of perception of tourist destination

Latent variable	Code of observed variable	Observed variables (items in the questionnaire)
Factor 1	PER1	I can enjoy the picturesque scenery when I come to Hainan for wellness tourism.
	PER2	I can experience the unique island culture and customs of the Li and Miao people when I come to Hainan for wellness tourism.
	PER3	I can breathe fresh air when I come to Hainan for wellness tourism.
	PER4	I can enjoy the sea, sunshine and beach in Hainan when I come to Hainan for wellness tourism.
	PER5	I can enjoy Hainanese food when I come to Hainan for wellness tourism.
	PER10	I feel relaxed when I come to Hainan for wellness tourism.
	PER11	Coming to Hainan for wellness tourism cheers me up.
	PER12	Coming to Hainan for wellness tourism helps relieve my pressure.
	PER13	I can experience something new when I come to Hainan for wellness tourism.
Factor 2	PER6	The local transportation is convenient when I come to Hainan for wellness tourism.
	PER7	Hotels in Hainan are comfortable and well-equipped when I come for wellness tourism.

Latent variable	Code of observed variable	Observed variables (items in the questionnaire)
	PER8	The quality of service is good when I come to Hainan for wellness tourism.
	PER9	I can easily purchase the goods I need when I come to Hainan for wellness tourism.

The evaluation of the overall fit of the measurement model of perception of tourist destination is shown in Table 4-25. The model fitted well in terms of a range of fit indices, for example, the RMSEA value in the model was less than 0.08 and all other important indices met the criteria of goodness-of-fit (CFI and NFI value were greater than 0.90, and RMR value was smaller than 0.05), revealing that the measurement model of perception of tourist destination scale was well fitted to the data. The measurement model is shown in Figure 4-4.

Table 4-25: Evaluation of fit of the measurement model of perception of tourist destination

Index	Measurement model	Fit criteria
χ^2	186.829 n.s.	P> 0.05
χ^2/df	2.788	< 3
CFI	0.978	> 0.90
GFI	0.940	> 0.90
NFI	0.977	> 0.90
RMR	0.028	<0.05
RMSEA	0.067	< 0.08
RFI	0.961	> 0.90

Note: CFI=Comparative Fit Index; GFI=Goodness-of-fit Index; NFI=Normed Fit Index; RMR= Root Mean Square Residual; RMSEA=Root Mean Square Error Approximation; RFI=Relative Fit Index *P<0.001, n.s.=not significant.

Figure 4-4: Measurement model of perception of tourist destination

The parameter estimates of the model are demonstrated in Table 4-26. The results showed that the standardized factor loading of each observed variable was excellent between 0.800 ~ 0.922, the loading of each item on its common factor was greater than 0.45 and statistically significant (P < 0.001).

Table 4-26: Factor loading for the measurement model of perception of tourist destination

Latent variable	Observed variable	Standardized factor loading	*SE*	*CR*	*P*
Factor 1	PER1	0.912	-	-	-
	PER2	0.871	0.018	55.227	<0.001
	PER3	0.906	0.017	61.514	<0.001
	PER4	0.905	0.018	61.318	<0.001
	PER5	0.895	0.017	59.287	<0.001
	PER10	0.806	0.021	46.313	<0.001
	PER11	0.922	0.016	64.698	<0.001
	PER12	0.914	0.016	63.208	<0.001
	PER13	0.892	0.017	58.773	<0.001
Factor 2	PER6	0.860	-	-	-
	PER7	0.829	0.023	43.756	<0.001
	PER8	0.800	0.022	41.097	<0.001
	PER9	0.922	0.020	53.760	<0.001

Note: SE=Standard Error.

4.4.5.2 Fit of the internal structure of the scale (perception of tourist destination)

Individual item reliability (R^2), composite reliability and average variance extracted of the latent variable are demonstrated in Table 4-27. The variance of measurement error was from 0.111 to 0.291 (< 0.5) for Factor 1 (perception of attraction of tourism destination), and between 0.139 and 0.347 (< 0.5) for Factor 2 (perception of tourist destination services), indicating that each observed variable can be used as an ideal indicating item of its latent variable. The R^2 values of the observed variables for Factor 1 and Factor 2 were 0.709 ~ 0.889 and 0.653 ~ 0.861, respectively, showing that the individual item reliability of each observed variable is acceptable and reliable. The measured items of perception of tourist destination were highly inter-correlated as the values of composite reliability for both factors in the scale were 0.970 and 0.905, respectively. As for average variance extraction of the latent variables, the value of average variance extraction for Factor 1 was

0.784, while for Factor 2 was 0.705, both were greater than the criterion of 0.5. Therefore, the internal structure of perception of tourist destination scale was acceptable and reliable, and all items were retained.

Table 4-27: Results of the fit of the internal structure of perception of tourist destination

Variable	Variance of measurement error	Squared multiple correlation coefficient (R^2)	CR	AVE
Factor 1			0.970	0.784
PER1	0.211	0.789		
PER2	0.291	0.709		
PER3	0.226	0.774		
PER4	0.226	0.774		
PER5	0.197	0.803		
PER10	0.135	0.865		
PER11	0.133	0.867		
PER12	0.111	0.889		
PER13	0.188	0.812		
Factor 2			0.905	0.705
PER6	0.192	0.808		
PER7	0.139	0.861		
PER8	0.165	0.835		
PER9	0.347	0.653		

4.4.5.3 Second order confirmatory factor analysis

The correlation coefficient of "perception of attraction of tourist destination" and "perception of tourist destination services" was 0.79, indicating that there was a medium to high correlation

between these two latent variables, and there could be a higher level of common factor. Therefore, the researcher conducted a second order confirmatory factor analysis for the perception of tourist destination scale. The evaluation of fit for the second order CFA model of perception of tourist destination are shown in Table 4-28. Results showed that the overall fit indices of the model were above the standards with the RMSEA value was 0.066, CFI was 0.977, NFI value was 0.974, and RMR value=0.032, indicating that the model was reasonable fit to the data. The factor loadings were ideal and statistically significant (0.81 and 0.76, respectively), suggesting that the two primary factors of "perception of attraction of tourist destination" and "perception of tourist destination services" were fully explained by the second order factor of "perception of tourist destination". Since the results of the hypothesized paths of the model were consistent with the results of the first order confirmatory factor analysis, it was not described to avoid repetition. The second order confirmatory factor analysis model for perception of tourist destination is shown in Figure 4-5.

Table 4-28: Evaluation of fit of the second order CFA for the measurement model of perception of tourist destination

Index	Measurement model	Fit criteria
χ^2	831.028 n.s.	P> 0.05
χ^2/df	2.860	< 3
CFI	0.977	> 0.90
GFI	0.961	> 0.90
NFI	0.974	> 0.90
RMR	0.032	<0.05
RMSEA	0.066	< 0.08
RFI	0.974	> 0.90

Note: CFI=Comparative Fit Index; GFI=Goodness-of-fit Index; NFI=Normed Fit Index; RMR= Root Mean Square Residual; RMSEA=Root Mean Square Error Approximation; RFI=Relative Fit Index *P<0.001, n.s.=not significant.
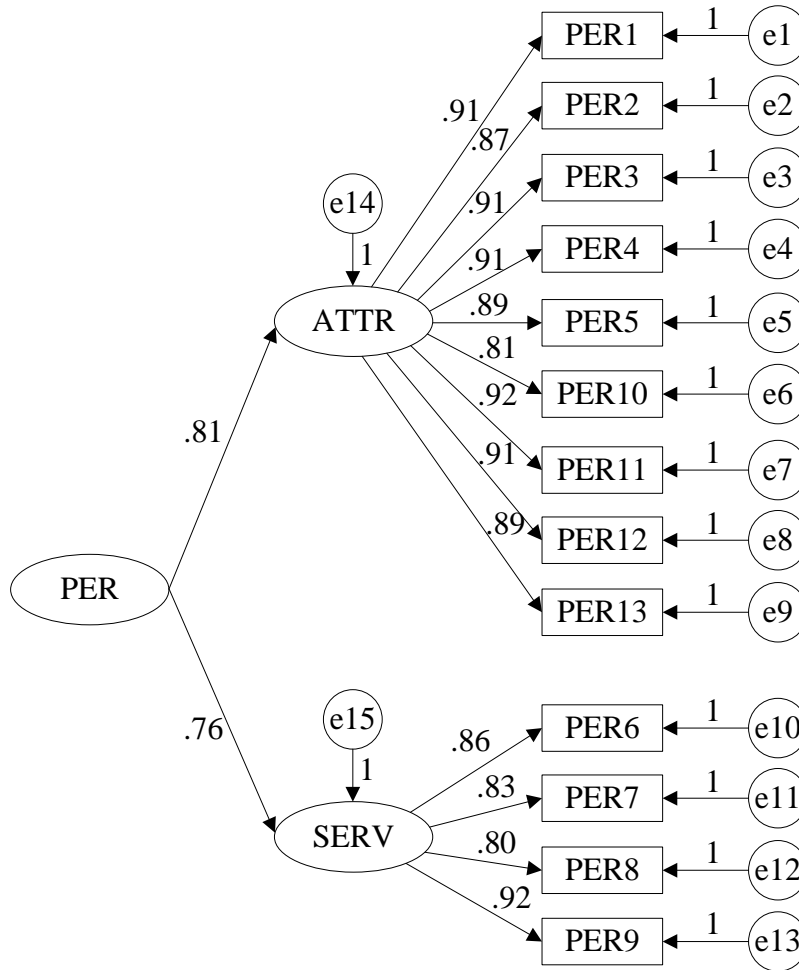
Figure 4-5: Path diagram of second order CFA for perception of tourist destination

4.4.6 Reliability and Validity analysis of wellness lifestyle scale

4.4.6.1 First order confirmatory factor analysis

Confirmatory factor analysis was applied to examine the factor structure for the scale of wellness lifestyle. The observed variables in the model (i.e. the corresponding items in the questionnaire) are shown in Table 4-29.

Table 4-29: Observed variables and the corresponding items in the measurement model of wellness lifestyle

Latent variable	Code of observed variable	Observed variables (items in the questionnaire)
Factor 1	LIFE1	I look forward to the future.
	LIFE2	I'm working towards the long-term goal of my life.
	LIFE3	I look forward to new experiences and challenges.
	LIFE4	I think life has its purpose.
	LIFE5	I know what is important.
	LIFE6	I feel like I'm growing and changing.
	LIFE7	I discuss health concerns with professionals.
	LIFE9	I seek for health information.
Factor 2	LIFE12	I will prevent tiredness.
	LIFE13	I think about some pleasant things at bedtime.
	LIFE20	I take part in vigorous exercise at least three times a week (such as fast walking, cycling, aerobic dancing, stair climbing).
	LIFE21	I take part in some mild to moderate physical activities (such as walking).
	LIFE22	I do stretching exercise at least three times a week.
	LIFE23	I take part in some recreational activities (such as swimming, dancing).
	LIFE24	I get exercise from my daily activities (such as walking after meals, taking stairs instead of elevators, less cars and more walking).
	LIFE25	I follow exercise plans.
Factor 3	LIFE8	I control the intake of sugar and sugary foods.
	LIFE10	I report my symptoms to health professionals.
	LIFE11	I ask health professionals questions to understand their wellness guidance.
	LIFE26	I eat vegetables every day.
	LIFE27	I eat fruit every day.
	LIFE28	I eat breakfast every day.

Latent variable	Code of observed variable	Observed variables (items in the questionnaire)
	LIFE29	I eat bread, rice, noodle and cereal every day.
Factor 4	LIFE14	I find some time to relax everyday.
	LIFE15	I do meditation to relieve my pressure.
	LIFE16	I am willing to express my concern and love to others.
	LIFE17	I maintain meaningful relationships.
	LIFE18	I get in touch with my friends.
	LIFE19	I praise others for their accomplishment.

The evaluation of the overall fit of the measurement model of wellness lifestyle is shown in Table 4-30. All important indices met the standards of goodness-of-fit with the fit indices CFI, GFI and NFI were greater than 0.90, RFI was greater than 0.9, RMR value was small than 0.05 and RMSEA value was less than 0.08 in the measurement model of wellness lifestyle scale. Therefore, it can be considered that the model was well fitted and displayed a better structure as shown in Figure 4-6.

Table 4-30: Evaluation of fit of the measurement model of wellness lifestyle

Index	Measurement model	Fit criteria
χ^2	1065.102 n.s.	$P > 0.05$
χ^2 / df	2.679	< 3
CFI	0.931	> 0.90
GFI	0.936	> 0.90
NFI	0.926	> 0.90
RMR	0.044	< 0.05
RMSEA	0.071	< 0.08
RFI	0.911	> 0.90

Note: CFI=Comparative Fit Index; GFI=Goodness-of-fit Index; NFI=Normed Fit Index; RMR= Root Mean Square Residual; RMSEA=Root Mean Square Error Approximation; RFI=Relative Fit Index *P<0.001, n.s.=not significant.
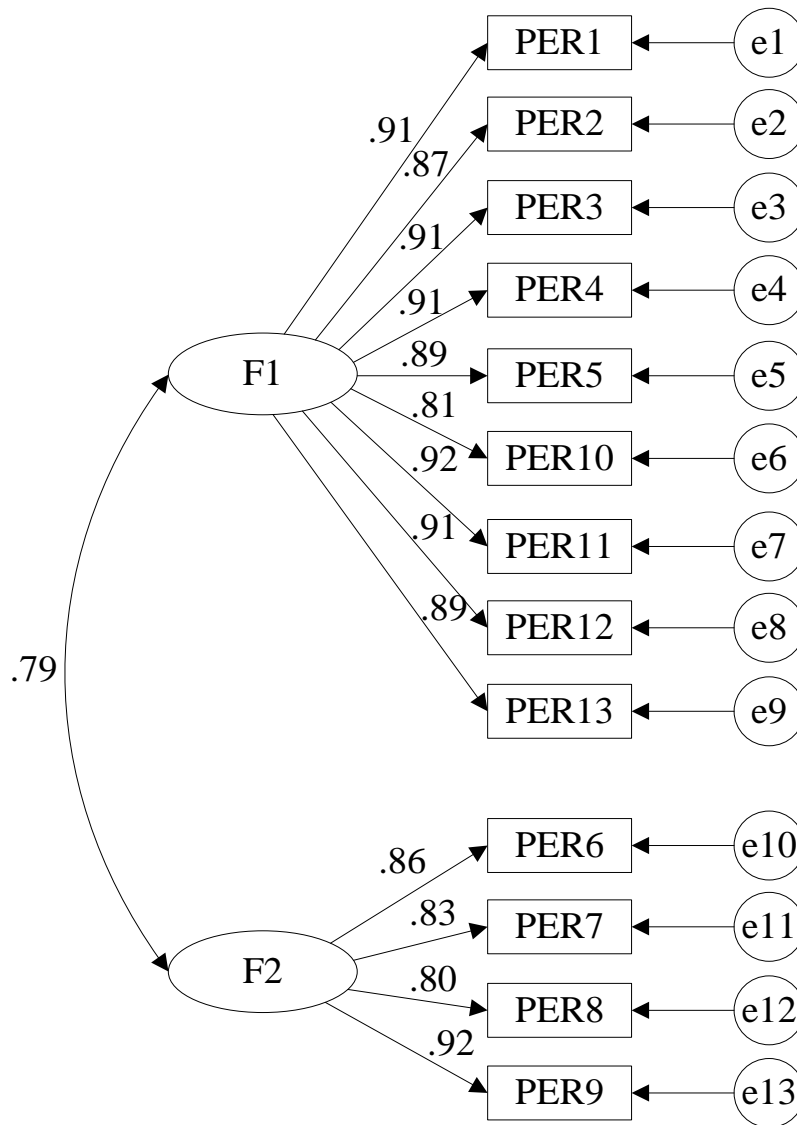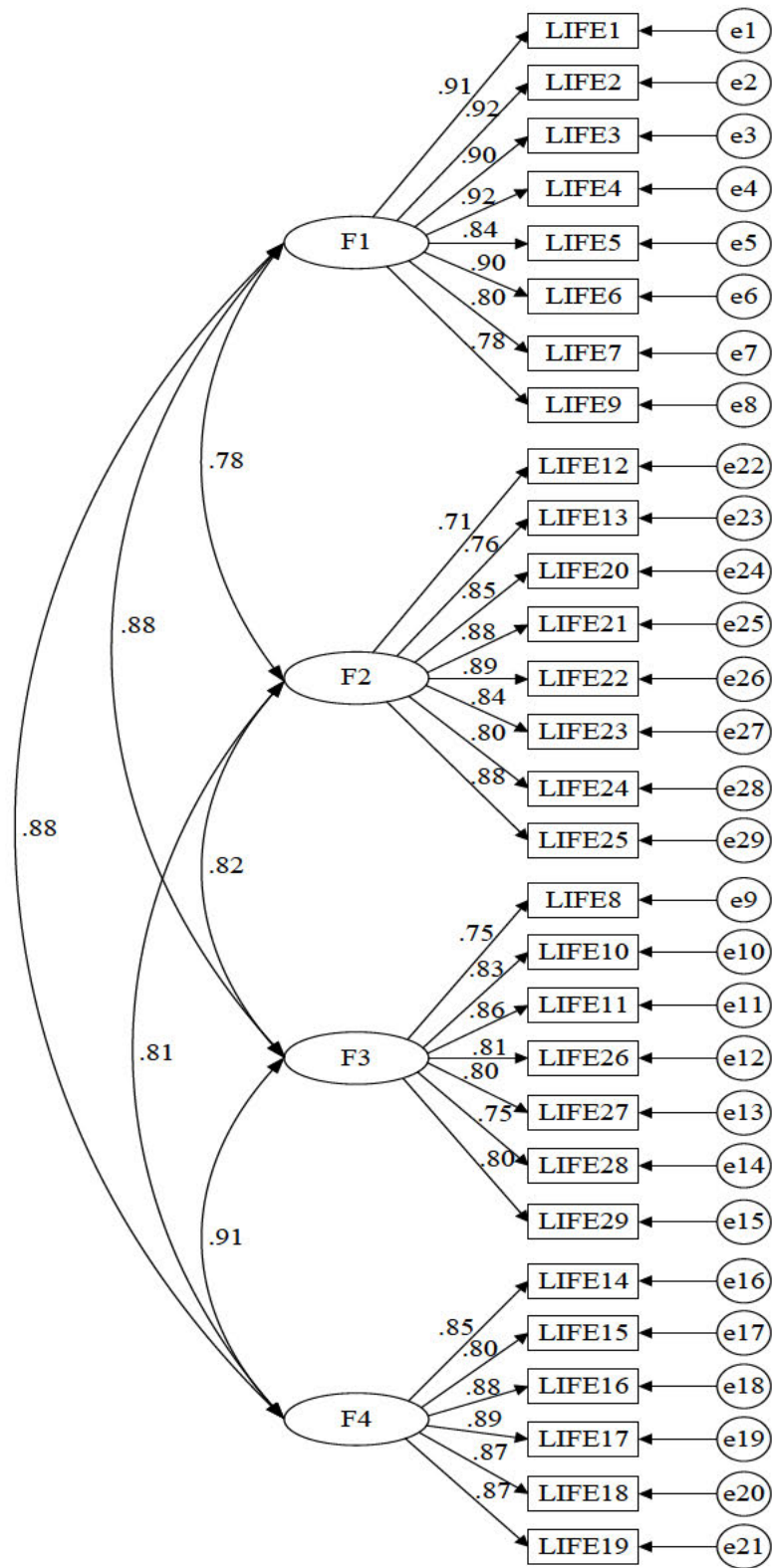
Figure 4-6: Measurement model of wellness lifestyle

The parameter estimates of the model are demonstrated in Table 4-31. The results showed that the standardized factor loading of each observed variable was good between 0.715 ~ 0.923, the loading of each item on its common factor was greater than 0.45 and statistically significant (P < 0.001).

Table 4-31: Factor loading for the measurement model of wellness lifestyle

Latent variable	Observed variable	Standardized factor loading	SE	CR	P
Factor 1	LIFE1	0.913	-	-	-
	LIFE2	0.923	0.016	64.543	<0.001
	LIFE3	0.896	0.018	59.316	<0.001
	LIFE4	0.918	0.016	63.462	<0.001
	LIFE5	0.839	0.018	50.257	<0.001
	LIFE6	0.902	0.017	60.284	<0.001
	LIFE7	0.795	0.021	44.874	<0.001
	LIFE9	0.776	0.021	42.756	<0.001
Factor 2	LIFE12	0.715	-	-	-
	LIFE13	0.757	0.036	30.165	<0.001
	LIFE20	0.855	0.042	34.135	<0.001
	LIFE21	0.879	0.041	35.134	<0.001
	LIFE22	0.888	0.042	35.503	<0.001
	LIFE23	0.836	0.042	33.371	<0.001
	LIFE24	0.802	0.038	31.983	<0.001
	LIFE25	0.883	0.041	35.288	<0.001
Factor 3	LIFE8	0.748	-	-	-
	LIFE10	0.835	0.03	35.377	<0.001
	LIFE11	0.861	0.03	36.674	<0.001
	LIFE26	0.812	0.028	34.271	<0.001
	LIFE27	0.800	0.031	33.695	<0.001
	LIFE28	0.751	0.03	31.328	<0.001
	LIFE29	0.798	0.028	33.575	<0.001

Latent variable	Observed variable	Standardized factor loading	SE	CR	P
Factor 4	LIFE14	0.848	-	-	-
	LIFE15	0.796	0.025	39.995	<0.001
	LIFE16	0.884	0.021	47.947	<0.001
	LIFE17	0.893	0.021	48.841	<0.001
	LIFE18	0.873	0.021	46.827	<0.001
	LIFE19	0.867	0.021	46.221	<0.001

Note: SE=Standard Error.

4.4.6.2 Fit of the internal structure of the scale (wellness lifestyle)

Individual item reliability (R^2), composite reliability and average variance extracted of the latent variable are demonstrated in Table 4-32. The variance of measurement error was from 0.133 to 0.424 (< 0.5) for Factor 1 (personal development and growth), and between 0.204 and 0.497 (< 0.5) for Factor 2 (exercise), 0.303 to 0.457 for Factor 3 (nutritious diet and health), and from 0.206 to 0.396 for Factor 4 (interpersonal relationship and stress management), indicating that each observed variable can be used as an ideal indicating item of its latent variable. The R^2 values of the observed variables for Factor 1 to Factor 4 were 0.576~0.867, 0.503~0.796, 0.543~0.697 and 0.604~0.794, respectively, showing that the individual item reliability of each observed variable is acceptable and reliable. The values of composite reliability of all four factors in the scale were greater than 0.6 (Factor 1 =0.961; Factor 2 = 0.804; Factor 3 = 0.903 and Factor 4 = 0.909). As for average variance extraction of the latent variables, the values of all four factors were greater than the criterion of 0.5, ranging from 0.571 to 0.750. Therefore, the internal structure of wellness lifestyle scale was acceptable and reliable, a four-factor structure of the scale and all items were retained.

Table 4-32: Results of the fit of the internal structure of wellness lifestyle

Variable	Variance of measurement error	Squared multiple correlation coefficient (R^2)	CR	AVE
Factor 1			0.961	0.750
LIFE1	0.157	0.843		
LIFE2	0.133	0.867		
LIFE3	0.188	0.812		
LIFE4	0.148	0.852		
LIFE5	0.316	0.684		
LIFE6	0.204	0.796		
LIFE7	0.392	0.608		
LIFE9	0.424	0.576		
Factor 2			0.804	0.632
LIFE12	0.497	0.503		
LIFE13	0.433	0.567		
LIFE20	0.293	0.707		
LIFE21	0.266	0.734		
LIFE22	0.231	0.769		
LIFE23	0.289	0.711		
LIFE24	0.346	0.654		
LIFE25	0.204	0.796		
Factor 3			0.903	0.571
LIFE8	0.457	0.543		
LIFE10	0.377	0.623		
LIFE11	0.323	0.677		
LIFE26	0.303	0.697		
LIFE27	0.336	0.664		

Variable	Variance of measurement error	Squared multiple correlation coefficient (R^2)	CR	AVE
LIFE28	0.430	0.570		
LIFE29	0.354	0.646		
Factor 4			0.909	0.626
LIFE14	0.308	0.692		
LIFE15	0.396	0.604		
LIFE16	0.206	0.794		
LIFE17	0.226	0.774		
LIFE18	0.260	0.740		
LIFE19	0.236	0.764		

4.4.6.3 Second order confirmatory factor analysis

As shown in Figure 4-6, the correlation coefficient of "personal development and growth" and "exercise" was 0.78; "exercise" and "nutritious diet and health" was 0.82; "nutritious diet and health" and "interpersonal relationship and stress management" was 0.91; "personal development and growth" and "nutritious diet and health" was 0.88; "exercise" and "interpersonal relationship and stress management" was 0.81; and "personal development and growth" and "interpersonal relationship and stress management" was 0.88, indicating that there was a medium to high correlation between these four latent variables, and there could be a higher level of common factor. Therefore, the researcher conducted a second order confirmatory factor analysis for the wellness lifestyle scale. However, as seen in Table 4-33, the results showed that the important overall fit indices of the second order CFA model did not met the standards, for example, the RMSEA value in the model was over 0.08, CFI and GFI value were small than 0.90, and RFI value was less than 0.09 as well, revealing that the model was not well fitted. The higher order factor (wellness lifestyle) could not explain the four primary factors (personal development and growth, exercise, nutritious

diet and health, and interpersonal relationship and stress management). Therefore, no further analysis was conducted.

Table 4-33: Evaluation of fit of the second order CFA for the measurement model of wellness lifestyle

Index	Measurement model	Fit criteria
χ^2 /df	27.127	< 3
CFI	0.820	> 0.90
GFI	0.611	> 0.90
NFI	0.919	> 0.90
RMR	0.090	<0.05
RMSEA	0.127	< 0.08
RFI	0.799	> 0.90

Note: CFI=Comparative Fit Index; GFI=Goodness-of-fit Index; NFI=Normed Fit Index; RMR= Root Mean Square Residual; RMSEA=Root Mean Square Error Approximation; RFI=Relative Fit Index *P<0.001, n.s.=not significant.

4.4.7 Reliability test of formal questionnaire

The internal reliability of the formal scale was tested by adopting the Cronbach α value. The Cronbach α values were greater than 0.7 of all dimensions in the questionnaire as seen in Table 4-34, demonstrating the items of all scales had good internal consistency under their respective dimensions.

Table 4-34: Reliability of the formal scale

Scale	Secondary dimension	Item No.	Cronbach α value
Attitude		6	0.954
Subjective norm		4	0.952
Perceived behavioural control		4	0.913
	Perception of attraction of tourist destination	9	0.972
	Perception of tourist destination services	4	0.924
Perception of tourist destination		13	0.977
	Personal development and growth	8	0.960
	Exercise	8	0.936
	Nutritious diet and health	7	0.920
	interpersonal relationship and stress management	6	0.912
Wellness lifestyle		29	0.980
Travel intention		3	0.977

4.5 Evaluating travel intention of wellness tourism models

Based on the results of exploratory factor analysis of the pilot survey and confirmatory factor analysis of the final questionnaire, this section investigated the influencing factors of behavioural intention of wellness tourism through empirical analysis. Firstly, the influence of demographic factors on wellness tourism intention was analysed. Secondly, as additional variables were introduced in the original model of theory of planned behaviour, SEM was applied to testify the

application of the extended model of the theory of planned behaviour (ETPB) in the field of wellness tourism. Hypotheses of the extended TPB model were verified through several different statistical techniques by using the data obtained from the main survey.

4.5.1 The influence of socio-demographic factors on travel intention

4.5.1.1 Descriptive analysis

Before conducting empirical analysis on the collected sample data, a descriptive analysis of the 1,629 valid questionnaires collected from the main survey was carried out first. This analysis was based on the six socio-demographic characteristics of the surveyed subjects displayed in Table 4-35, including sex (male, female), age (18-30 years old, 31-40 years old, 41-50 years old, 50-60 years old, 61 or above), monthly income (2000 Yuan or less, 2001-4000 Yuan, 4001-6000 Yuan, 6001 Yuan or more), educational background (junior middle school or below, high school, college, university degree, postgraduate or above), occupation (civil servant, institution staff, enterprise staff, military, farmer, self-employed, retired, teacher, student, other), family structure (single, married without children, married and at least one child under 18 years old, married and children over 18 years, other). The sample consisted of 850 (52%) male participants and 779 (48%) female participants. The age group of 31 to 50 made up half of participants (51%) and 465 were the elderly aged 50 or above. 443 (27.1%) of the respondents earned 2001-4000 RMB a month, there was roughly an equal amount of all four groups. More than one third of the population (40%) held a bachelor degree or above, while 32% of the participants only educated at a junior middle school or below level. 320 (19.6%) participants were engaged in agriculture, while 41.6% tourists had relevant stable jobs working as civil servants, institution staff, enterprise staff and teachers. 75% of the respondents were married with or without children. Therefore, potential wellness tourists were married, young and middle-aged working people who were well-educated. However, 19.6% of the participants were farmers, which proves that China is a large agricultural country. The detailed research data are as follows:

167

Table 4-35: Socio-demographic profiles of participants (n= 1629)

Socio-demographic variables	Type	Frequency	Percentage (%)
Gender	Male	850	52%
	Female	779	48%
Age	18-30	335	20%
	31-40	391	24%
	41-50	438	27%
	50-60	225	14%
	61 or above	240	15%
Income	¥2000 or less / month	334	21.1%
	¥2001-4000/month	443	27.1%
	¥4001-6000 / month	408	25%
	¥6001 more/month	434	26.6%
Education	Junior middle school or below	518	32%
	High school	210	13%
	College	244	15%
	University degree	467	29%
	Postgraduate or above	190	11%
Occupation	Civil servant	51	3.1%
	Institution staff	257	15.8%
	Enterprise staff	252	15.5%
	Military	14	0.9%
	Farmer	320	19.6%
	Self-employed	140	8.6%
	Retired	107	6.6%
	Teacher	118	7.2%
	Student	61	3.7%
	Other	309	19%
Family structure	Single	349	21%

Socio-demographic variables	Type	Frequency	Percentage (%)
	Married, but no children	74	5%
	Married and at least one child under 18 years old	511	31%
	Married and children over 18 years	646	40%
	other	47	3%

4.5.1.2 Descriptive analysis of the formal scale

The statistical results of the mean, standard deviation, kurtosis and skewness of each variable are listed in the Table 4-36. Kurtosis and skewness were applied as the two indicators to test the normality of the sample. When the absolute value of skewness was less than 3 and the absolute value of kurtosis was less than 10, it is assumed that the data were normally distributed (Kline, 1998). The absolute values of skewness of all scales were below 3, and the absolute values of kurtosis were less than 10 as seen in the table below. Therefore, the data in this research were normally distributed and can be further analysed.

Table 4-36: Descriptive analysis of the formal scale

Variable	Mean	SD	Kurtosis	Skewness
Attitude	5.174	1.055	0.973	-0.140
Subjective norm	4.780	1.010	1.368	0.185
Perceived behavioural control	4.475	1.107	0.900	0.153
perception of attraction of tourist destination	5.186	1.000	0.762	0.052
perception of tourist destination services	4.974	1.013	0.834	0.215
perception of tourist destination	4.969	0.933	0.982	0.225
Personal development and growth	5.028	0.983	0.728	0.261
Exercise	4.839	0.968	0.906	0.362
Nutritious diet and health	5.100	0.917	1.172	0.199

Variable	Mean	SD	Kurtosis	Skewness
Interpersonal relationship and stress management	4.203	0.831	0.863	0.311
Wellness lifestyle	4.971	0.914	1.156	0.333
Travel intention	4.448	1.293	0.205	-0.011
Past behaviour	2.266	1.062	-0.439	0.429

4.5.1.3 Independent sample T-test

A T-test was applied to verify Hypothesis 4: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, previous behaviour, perception of tourist destination, lifestyle and wellness tourism travel intention are significantly different depending on social-demographic variables (gender, age, income, education, occupation and family structure).

- 4a: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, previous behaviour, perception of tourist destination, lifestyle and wellness tourism travel intention are significantly different among different genders.

Abundant experiences can be used for reference for the analysis of differences in gender dimension from the current research results. Although there are two options under the gender dimension in the mainstream method of difference analysis. Independent-samples T-test is more extensively applied for analysis as Box (1987) stated. The specific statistical index is whether Sig. is greater than 0.05. If Sig. is greater than 0.05, it means that there is no significant difference in the sample data under gender dimension. Therefore, this research employed the independent-samples T-test method to analyse the relationship between genders of respondents and seven factors (attitude toward wellness tourism, subjective norm, perceived behavioural control, wellness lifestyle, perception of tourist destination, past behaviour and travel intention) in the TPB model.

There were two groups of gender (male and female) for the grouping variables. According to the data shown in Table 4-37, it can be found that under the significance test level of 0.05, there was no significant difference in perceived behavioural control between different gender groups, while there was a significant difference in attitude, subjective norm and wellness tourism intention

between different gender groups. Also, differences were seen in wellness lifestyle, perception of tourist destination, and past behaviour (P<0.05).

Therefore, it can be concluded that gender exerted certain impact on attitude, subjective norm, wellness lifestyle, perception of tourist destination, past behaviour and travel intention of wellness tourism. For example, women may be more likely to be affected by the reference group than men. Moreover, different sex may affect personal lifestyles, perceived image of tourist destination, and past behaviour, which in turn affects wellness tourism intention. In comparison to men, women may pay more attention to healthy diet and body management, they are more inclined to choose a healthy lifestyle. In addition, men and women have different concerns about image of tourist destination. Women may care more about destination services, and men may pay greater attention to wellness tourism products in tourist destinations.

Table 4-37: Independent-samples T-tests of different gender groups in attitude, subjective norm, perceived behavioural control, travel intention of wellness tourism, past behaviour, perception of tourist destination, and wellness lifestyle

		Levene Variance Equality Test		Means Equality T-Test							
		F	Significance	t	DF	Sig.(2-tailed)	Mean difference	Standard error difference	Difference 95% confidence interval		
									Lower	Upper	
Attitude Toward Wellness	Equal variances assumed	5.317	.021	2.898	1627	.004	.606	.209	.196	1.015	
Tourism	Equal variances not assumed			2.892	1597.855	.004	.606	.209	.195	1.016	
Subjective norm	Equal variances assumed	4.372	.037	2.872	1627	.004	.861	.300	.273	1.449	

		Levene Variance Equality Test		Means Equality T-Test					Difference 95% confidence interval	
		F	Significance	t	DF	Sig.(2-tailed)	Mean difference	Standard error difference	Lower	Upper
	Equal variances not assumed			2.874	1620.088	.004	.861	.300	.274	1.449
Perceived behavioural control	Equal variances assumed	.669	.414	1.098	1627	.272	.241	.220	-.190	.672
	Equal variances not assumed			1.098	1618.268	.272	.241	.219	-.189	.672
Travel intention of wellness tourism	Equal variances assumed	3.919	.048	4.511	1627	.000	.295	.065	.167	.423
	Equal variances not assumed			4.523	1625.985	.000	.295	.065	.167	.423
Past behaviour	Equal variances assumed	1.176	.278	4.270	1627	.000	.224	.052	.121	.326
	Equal variances not assumed			4.279	1624.873	.000	.224	.052	.121	.326
Perception of tourist destination	Equal variances assumed	5.066	.025	2.923	1627	.004	1.849	.633	.608	3.091
	Equal variances not assumed			2.918	1604.039	.004	1.849	.634	.606	3.092
Wellness lifestyle	Equal variances assumed	.027	.869	3.249	1627	.001	4.260	1.311	1.688	6.831
	Equal variances not assumed			3.245	1606.782	.001	4.260	1.312	1.685	6.834

4.5.1.4 One-Way ANOVA analysis

One-Way ANOVA analysis was used to test Hypothesis 4: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and wellness tourism travel intention are significantly different depending on social-demographic variables (gender, age, income, education, occupation and family structure).

- 4b: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, previous behaviour, perception of tourist destination, lifestyle and wellness tourism travel intention are significantly different among ages.

The research subjects were divided into five age groups, including 18-30 years old, 31-40 years old, 41-50 years old, 51-60 years old, and over 60 years old. In this part, One-Way ANOVA was applied to perform F-test on age variable, and then whether there is a difference in each factor in age groups was examined through the test of significance. As shown in the table below, the significance levels of attitude toward wellness tourism, subjective norm, perceived behavioural control, wellness lifestyle, perception of tourist destination, past behaviour, and travel intention of wellness tourism were all less than 0.05 ($P < 0.05$), suggesting that these variables were distinctly different among various age groups. Therefore, to further analyse the differences between the five age groups, LSD method was applied in this research to make the afterward pairwise comparison.

Table 4-38: One-Way ANOVA for different age groups in attitude, subjective norm, perceived behavioural control, travel intention, past behaviour, perception of tourist destination, and wellness lifestyle

		Sum of Squares	DF	Mean Square	F	Significance
Attitude Toward Wellness Tourism	Between groups	2921.048	4	730.262	45.444	.000

		Sum of Squares	DF	Mean Square	F	Significance
	Within groups	26096.709	1624	16.069		
	Total	29017.757	1628			
Subjective norm	Between groups	2114.459	4	528.615	14.888	.000
	Within groups	57663.342	1624	35.507		
	Total	59777.801	1628			
Perceived behavioural control	Between groups	1423.020	4	355.755	18.946	.000
	Within groups	30494.067	1624	18.777		
	Total	31917.088	1628			
Travel intention of wellness tourism	Between groups	249.807	4	62.452	38.862	.000
	Within groups	2609.811	1624	1.607		
	Total	2859.618	1628			
Past behaviour	Between groups	77.744	4	19.436	17.953	.000
	Within groups	1758.162	1624	1.083		
	Total	1835.905	1628			
Perception of tourist destination	Between groups	20208.914	4	5052.229	33.350	.000
	Within groups	246018.287	1624	151.489		
	Total	266227.202	1628			

		Sum of Squares	DF	Mean Square	F	Significance
Wellness lifestyle	Between groups	93495.805	4	23373.951	36.129	.000
	Within groups	1050649.828	1624	646.952		
	Total	1144145.633	1628			

From the analysis results of LSD (Table 4-39), it can be seen that for the above dimensions, the differences between age groups were statistically significant. The pairwise comparison results are demonstrated in the table and the notes under the table.

Attitude toward wellness tourism was significantly different between different age groups. There were very subtle differences between age groups 31-40 and 18-30. Also, differences between 41-50 and 18-30, 31-40; 51-60 and 18-30, 31-40, 41-50; 61 or above and 18-30, 31-40, 41-50, 51-60 were seen in the table. Among them, the mean value (M=5.52) of the 31-40 age group was the highest, indicating this age group had the most positive attitude toward wellness tourism. There is a possibility that wellness tourism is a relatively new form of tourism, by contrast, this part of the sample population (the young and middle-aged) has a higher acceptance of new things than the elderly.

Subjective norm as well significantly varied between different age groups. There was a difference between 31-40 and 18-30; 41-50 and 18-30, 31-40; 51-60 and 18-30, 31-40; 61 or above and 18-30, 31-40, of which the mean value of 18-30 and 31-40 was higher, proving that referent groups and social environment of these two groups of participants were more supportive of their participation in wellness tourism.

There were differences in past behaviour between age groups. Among them, the younger groups (18-30, 31-40) had a greater mean value than the elderly groups (51-60, 61 or above), showing that

the younger groups used to participate in wellness tourism more often, while the elderly group may take part in wellness tourism less frequently due to some physical factors.

Perceived behavioural control was significantly different in different age groups. For example, differences were found between 31-40 and 18-30; 41-50 and 18-30, 31-40; 51-60, 18-30, and 31-40; and 61 or above and the other four age groups, whereas there was no difference between the 41-50 and 51-60 groups. The 18-30 age group had the highest perceived behavioural control, possibly because the younger group of participants are less anxious and stressful in their life, and their self-efficacy of wellness tourism should be higher.

There were also differences in travel intention of wellness tourism between age groups. For example, differences were found between 18-30 and all other age groups. Compared with the elderly group, younger groups had stronger wellness tourism intention (M=4.97 for the age group of 18-30, for the age group of 31-40, M=4.73), indicating that the young and middle-aged groups were more yearning for wellness tourism than the old age group (for 61 or above, M=3.88).

Different age groups appeared to have various perception of tourist destination. For example, there was a difference between group 61 or above and all other age groups, which demonstrated that the young and middle-aged groups were more positive on the image of the tourist destination or perceived more value of the destination. The older groups were not so concerned about the destination image and service as the younger groups, and they were not easy to be satisfied. It may be that the young and middle-aged groups are in the golden age of life and they have greater enthusiasm for things. They have less experience (Woodruff & Gardial, 1996) compared with the elderly, so that they tend to be easier to satisfy with what tourist destinations can offer. This finding is similar to Petrick and Backman's (2002) result, where people at their younger age were found to be more likely to perceive value at a golf destination than older golf tourists.

Wellness lifestyle was significantly different between different age groups. There was no difference between groups 41-50 and 51-60, while differences were found between 18-30 and all other groups. This indicated that the younger group scored higher on wellness lifestyle, whereas the elderly groups have lower lifestyle scores. It is possible that the young and middle-aged groups

in China have better physical fitness and higher health literacy, while Chinese old people have weaker physical conditions and relatively lower health literacy (Liu et al., 2015), thus, their lifestyle scores are lower. For example, the age group 61 or above had the lowest mean value (M=4.53), since the scale of wellness lifestyle involved the examination of sports, interpersonal support, and health management. Elderly people in China may not pay much attention to these aspects because of their low health literacy. This is the same as the findings of Liu et al. (2015), the Chinese elderly had a low level of health literacy, which led to insufficient health-related behaviour.

Table 4-39: LSD pairing comparison results of different age groups

Dimension	Age Groups	N	Mean ± SD	P
Attitude Toward Wellness Tourism	18-30	335	5.51±1.03	0.001
	31-40	391	5.52±1.00[a]	
	41-50	438	5.07±0.96[ab]	
	51-60	225	4.87±1.04[abc]	
	61 and above	240	4.62±0.99[abcd]	
Subjective Norm	18-30	335	5.03±1.05	0.001
	31-40	391	4.95±1.02[a]	
	41-50	438	4.67±0.97[ab]	
	51-60	225	4.54±0.98[ab]	
	61 and above	240	4.58±0.93[ab]	
Past Behaviour	18-30	335	2.47±0.99	0.001
	31-40	391	2.49±1.11[a]	
	41-50	438	2.19±1.01[ab]	
	51-60	225	2.14±1.08[ab]	
	61 and above	240	1.87±1.01[abcd]	
Perceived Behavioural Control	18-30	335	4.78±1.09	0.001
	31-40	391	4.66±1.10[a]	
	41-50	438	4.38±0.99[ab]	
	51-60	225	4.23±1.13[ab]	

Dimension	Age Groups	N	Mean ± SD	P
	61 and above	240	4.14±1.15[abcd]	
Travel intention of wellness Tourism	18-30	335	4.97±1.19	0.001
	31-40	391	4.73±1.31[a]	
	41-50	438	4.24±1.24[ab]	
	51-60	225	4.08±1.29[ab]	
	61 and above	240	3.88±1.33[abc]	
Perception of Tourist Destination	18-30	335	5.45±1.06	0.001
	31-40	391	5.39±0.97[a]	
	41-50	438	4.94±0.87[ab]	
	51-60	225	4.92±0.88[ab]	
	61 and above	240	4.74±0.94[abcd]	
Wellness lifestyle	18-30	335	5.26±0.94	0.001
	31-40	391	5.22±0.88[a]	
	41-50	438	4.84±0.85[ab]	
	51-60	225	4.82±0.81[ab]	
	61 and above	240	4.53±0.90[abcd]	

Note: "a" represents that the difference is statistically significant compared to the age of 18-30; "b" represents that the difference is statistically significant compared to the age of 31-40; "c" represents that the difference is statistically significant compared to the age of 41-50; "d" represents that the difference is statistically significant compared to the age of 51-60.

- 4c: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, previous behaviour, perception of tourist destination, lifestyle and wellness tourism travel intention are significantly different among different education levels.

In this part, One-Way ANOVA was used to test whether there is a significant difference in attitude toward wellness tourism, subjective norm, perceived behavioural control, wellness lifestyle, perception of tourist destination, past behaviour and travel intention on the level of education. Educational backgrounds include junior high school and below, high school, college, university

degree, postgraduate or above. On the basis of the analysis results in Table 4-40, it can be seen that the significance levels of respondents' attitude toward wellness tourism, perceived behavioural control, subjective norm, wellness lifestyle, perception of tourist destination, past tourism behaviour and wellness tourism intention were less than 0.05 (P<0.05), demonstrating that research subjects with different educational backgrounds varied in the above seven aspects. Therefore, in order to further analyse the differences between groups with different educational levels, this research applied LSD method to make afterwards pairwise comparisons.

Table 4-40: One-Way ANOVA for different levels of education in attitude, subjective norm, perceived behavioural control, travel intention, past behaviour, perception of tourist destination, and wellness lifestyle

		Sum of Squares	DF	Mean Square	F	Significance
Attitude toward wellness tourism	Between groups	4863.860	4	1215.965	81.756	.000
	Within groups	24153.897	1624	14.873		
	Total	29017.757	1628			
Subjective norm	Between groups	4762.883	4	1190.721	35.149	.000
	Within groups	55014.918	1624	33.876		
	Total	59777.801	1628			
Perceived behavioural control	Between groups	4707.479	4	1176.870	70.241	.000
	Within groups	27209.609	1624	16.755		
	Total	31917.088	1628			

		Sum of Squares	DF	Mean Square	F	Significance
Travel intention of wellness tourism	Between groups	524.996	4	131.249	91.299	.000
	Within groups	2334.622	1624	1.438		
	Total	2859.618	1628			
Past behaviour	Between groups	283.636	4	70.909	74.186	.000
	Within groups	1552.269	1624	.956		
	Total	1835.905	1628			
Perception of tourist destination	Between groups	29732.905	4	7433.226	51.044	.000
	Within groups	236494.297	1624	145.625		
	Total	266227.202	1628			
Wellness lifestyle	Between groups	156170.265	4	39042.566	64.177	.000
	Within groups	987975.367	1624	608.359		
	Total	1144145.633	1628			

The results of LSD test revealed that differences were statistically significant in all education levels. See the superscript in Table 4-41 and the notes under the table for the pairwise comparison results.

For example, differences existed in attitude toward wellness tourism between groups with different educational backgrounds in the categories of junior middle school and below, and all other education groups (high school, college, university degree, postgraduate or above). The higher the

education level participants have, the more positive the attitude toward wellness tourism they express, indicating that people with high educational backgrounds were more interested in wellness tourism, which could be beneficial to their physical and mental health. There were also differences in subjective norm between groups with different educational backgrounds. The groups with the highest educational backgrounds (postgraduate or above) had the largest mean value (M=5.18), demonstrating that their referent group were more likely to support and encourage them to participate in wellness tourism. Compared with the groups with a low educational background, groups with high educational backgrounds have participated in wellness tourism more times, and showed more confidence and ability for wellness tourism, while participants with lower educational background displayed less ability and confidence (M=3.90 for junior middle school and below, M=5.02 for postgraduate or above). Differences were found between all categories of educational backgrounds in terms of perception of tourist destination. For example, there was a difference between high school group and junior middle school and below group; university degree and junior middle school and below. Besides, there was a difference between postgraduate or above and all the other four groups. Participants graduated from junior middle school and below had the lowest score (M=4.76) for perception of tourist destination, possibly because people in this group are less educated, and they may have not much travel experience and relatively higher expectations for tourist destinations. As a result, they are more likely to be stringent in the evaluation of the destination. Interestingly, the difference between high school and college groups was very weak, possibly because these two groups shared almost the same educational backgrounds. Similarly, Wang et al. (2021) found that postgraduate students had a higher level of attitude, perceived behavioural control and destination image than people with lower levels of education.

Differences were seen in wellness lifestyles between groups with different educational backgrounds. For example, there was no large difference between university degree and postgraduate or above with M=4.54 for junior middle school and below and M=5.41 for postgraduate or above. In general, participants with higher education levels obtained higher score in wellness lifestyle scale, which illustrated that the higher the educational background the participants possessed, the healthier the lifestyle they lived. This finding is consistent with the findings in Liu et al. (2021), where well-educated Chinese residents scored higher in the health

promotion lifestyle scale than those with low levels of education. It can be concluded that people with higher levels of education express stronger willingness for wellness tourism, well-educated people are more desired to participate in wellness tourism than the less educated groups.

Table 4-41: LSD pairing comparison results of different educational levels

	Education	N	Mean±SD	P
Attitude toward wellness tourism	Junior middle school or below	518	4.65±0.91	0.001
	High school	210	5.11±0.98 [a]	
	College	244	5.04±1.02 [ab]	
	University degree	467	5.58±0.99 [abc]	
	Postgraduate or above	190	5.83±0.94 [abcd]	
Subjective norm	Junior middle school or below	518	4.44±0.90	0.001
	High school	210	4.63±0.91 [a]	
	College	244	4.76±0.98 [ab]	
	University degree	467	5.07±1.04 [abc]	
	Postgraduate or above	190	5.18±1.05 [abcd]	
Past behaviour	Junior middle school or below	518	1.70±0.87	0.001
	High school	210	2.21±1.02 [a]	
	College	244	2.43±1.05 [ab]	
	University degree	467	2.64±1.01 [abc]	

	Education	N	Mean±SD	P
	Postgraduate or above	190	2.74±1.03 abcd	
Perceived behavioural control	Junior middle school or below	518	3.90±1.02	0.001
	High school	210	4.49±0.96 [a]	
	College	244	4.58±1.05 [ab]	
	University degree	467	4.84±1.02 abc	
	Postgraduate or above	190	5.02±1.07 abcd	
Travel intention of wellness tourism	Junior middle school or below	518	3.67±1.17	0.001
	High school	210	4.35±1.20 [a]	
	College	244	4.57±1.21 [ab]	
	University degree	467	4.95±1.17 abc	
	Postgraduate or above	190	5.13±1.32 abcd	
Perception of tourist destination	Junior middle school or below	518	4.76±0.79	0.001
	High school	210	4.98±0.87 [a]	
	College	244	4.97±1.00 [ab]	
	University degree	467	5.50±1.00 abc	
	Postgraduate or above	190	5.54±1.03 abcd	
Wellness lifestyle	Junior middle school or below	518	4.54±0.74	0.001
	High school	210	4.91±0.84 [a]	

Education	N	Mean±SD	P
College	244	4.97±0.87 ab	
University degree	467	5.30±0.93 abc	
Postgraduate or above	190	5.41±0.92 abcd	

Note:"a" indicates that the difference is statistically significant compared to junior middle school or below; "b" indicates that the difference is statistically significant compared to high school; "c" indicates that the difference is statistically significant compared to college; "d" indicates that the difference is statistically significant compared to university degree.

- 4d: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, previous behaviour, perception of tourist destination, lifestyle and wellness tourism travel intention are significantly different among different monthly income.

One-Way ANOVA method was employed continually in this part to examine the differences for attitude toward wellness tourism, subjective norm, perceived behavioural control, wellness lifestyle, perception of tourist destination, past behaviour and travel intention of wellness tourism among monthly income levels (RMB) of the respondents. Different monthly income levels included 2000 or less, 2001-4000, 4001-6000, and 6001 more. When P value was less than 0.05, there were significant differences in the above seven dimensions at different monthly income levels. From the results shown in Table 4-42, the significance level of each dimension of the research participants with different monthly income level was less than 0.05, indicating that people with different monthly income levels significantly influenced on the attitude toward wellness tourism, subjective norm, perceived behavioural control, wellness lifestyle, perception of tourist destination, past behaviour and travel intention. Therefore, to further analyse the variations between different monthly income groups, this research used LSD method to make afterward pairwise comparison. Due to limited space, the researcher only marked the results of LSD in the last column of the table. From the analysis results of LSD, it can be seen that in terms of attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination,

wellness lifestyle, and wellness tourism intention, differences existed between monthly income of 2000 or below and 2001-4000; 4001-6000 and 2000 or below; 2001-4000, 6001 more and 2000 or below; 2001-4000 and 4001-6000 categories. The mean value of 6001 above group ranked the highest, while 2000 or below was the lowest.

Results demonstrate that different income groups significantly differentiated in attitude toward wellness tourism, subjective norm, perceived behavioural control, and wellness tourism intention. People with higher monthly income are more likely to seek for higher level of fulfillment (e.g. the improvement of body, mind, and spirit) once the basic needs are satisfied (e.g. enough food and clothing. Therefore, the higher the monthly income participants in this study earn, the more they are concerned about health issues and healthier lifestyle (Liu et al., 2021). However, people with higher monthly income may be busier at work, which leads to limited leisure time. In this study, people with higher income are inclined to have more available resources, and higher control over their intended behaviour. For instance, Szendrey and Fiala (2018) mentioned that high-income families had better financial management skills. In addition, since individuals with different monthly incomes possess various levels of resources and opportunities, before going for wellness tourism, they would evaluate whether they have the abilities required for wellness tourism and the degree of difficulty they may face in wellness tourism. In turn, their travel intention will be affected.

Table 4-42: One-Way ANOVA for different levels of income in attitude, subjective norm, perceived behavioural control, travel intention, past behaviour, perception of tourist destination, and wellness lifestyle

		Sum of Squares	DF	Mean Square	F	Significance	LSD
Attitude toward wellness tourism	Between groups	3488.794	3	1162.931	74.024	.000	2000 and below<2001-4000<4001-6000<6001+
	Within groups	25528.963	1625	15.710			
	Total	29017.757	1628				

		Sum of Squares	DF	Mean Square	F	Significance	LSD
Subjective norm	Between groups	3078.212	3	1026.071	29.407	.000	2000 and below<2001-4000<4001-6000<6001+
	Within groups	56699.589	1625	34.892			
	Total	59777.801	1628				
Perceived behavioural control	Between groups	4102.017	3	1367.339	79.882	.000	2000 and below<2001-4000<4001-6000<6001+
	Within groups	27815.071	1625	17.117			
	Total	31917.088	1628				
Travel intention of wellness tourism	Between groups	394.999	3	131.666	86.812	.000	2000 and below<2001-4000<4001-6000<6001+
	Within groups	2464.620	1625	1.517			
	Total	2859.618	1628				
Past behaviour	Between groups	295.598	3	98.533	103.951	.000	2000 and below<2001-4000<4001-6000<6001+
	Within groups	1540.307	1625	.948			
	Total	1835.905	1628				
Perception of tourist destination	Between groups	24926.426	3	8308.809	55.954	.000	2000 and below<2001-4000<4001-6000<6001+
	Within groups	241300.776	1625	148.493			
	Total	266227.202	1628				
Wellness lifestyle	Between groups	121746.138	3	40582.046	64.501	.000	2000 and below<2001-

186

	Sum of Squares	DF	Mean Square	F	Significance	LSD
Within groups	1022399.495	1625	629.169			4000<4001-6000<6001+
Total	1144145.633	1628				

- 4e: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, lifestyle and wellness tourism travel intention are significantly different among different occupations.

In this part, One-Way ANOVA was used to conduct a analysis. When P value is less than 0.05, it indicates that there is a significant difference in attitude toward wellness tourism, subjective norm, perceived behavioural control, wellness lifestyle, perception of tourist destination, past behaviour and travel intention of wellness tourism among occupations. In this study, occupations include civil servants, institution staff, enterprise employee, military, farmer, self-employed, retired, teacher, student and others. According to the analysis results in Table 4-43 below, the significance levels of the above seven dimensions were all less than 0.05 (P<0.05), indicating that occupations had significant impact on attitude toward wellness tourism, subjective norm, perceived behavioural control, wellness lifestyle, perception of tourist destination, past behaviour and travel intention of wellness tourism. Different occupations may result in different levels of monthly income and length of free time, which would also influence on participants' travel intention of wellness tourism. In order to further analyse the differences between various occupational groups, this research applied LSD method to make afterwards pairwise comparisons. Due to limited space, the researcher only marked the results from LSD pairwise comparison in the last column of Table 4-43 (the top two occupations with the highest score and the last two occupations with the lowest score). From the comparison results of LSD, it is found that there were differences among people with different occupations in attitude toward wellness tourism, subjective norm, past behaviour, perceived behavioural control, perception of tourist destination, wellness lifestyle, and travel intention.

Generally speaking, civil servant, institution staff, enterprise staff, and teacher scored higher in all dimensions, namely, attitude toward wellness tourism, subjective norm, past behaviour, perceived behavioural control, perception of tourist destination, wellness lifestyle, and travel intention, whereas farmers and retirees had the lowest scores in the above seven dimensions. For example, the mean value of civil servant (M=5.31) was obviously higher than the score of farmer (M=3.60) in travel intention of wellness tourism, and there were significant differences between these two occupational groups.

Occupations are related to the level of education and monthly income. The reasons for the low scores of farmers may be that this group has a low level of education, relatively low income, and less travel experience, so they express less interest in a higher level of demand such as wellness tourism. As a result, their intention for wellness tourism becomes lower. Retired people scored low as well, the reasons may be that Chinese old people are more conservative and frugal traditionally, they may lack sufficient knowledge and physical conditions for wellness tourism. Since there are many travel restrictions and not enough behavioural control over wellness tourism for the retired people, their travel intention decreases (Chen et al., 2021). Moreover, in China, civil servant, institution staff, and teacher normally have higher academic qualifications, stable income, and relatively fixed leisure time, thus, it is logical that they receive the highest scores in all dimensions of wellness tourism.

Table 4-43: One-Way ANOVA for different occupations in attitude, subjective norm, perceived behavioural control, travel intention, past behaviour, perception of tourist destination, and wellness lifestyle

		Sum of Squares	DF	Mean Square	F	Significance	LSD
Attitude toward wellness tourism	Between groups	2835.002	9	315.000	19.478	.000	civil servant>institution staff>retired>farmer
	Within groups	26182.755	1619	16.172			
	Total	29017.757	1628				

		Sum of Squares	DF	Mean Square	F	Significance	LSD
Subjective norm	Between groups	2931.065	9	325.674	9.275	.000	civil servant>enterprise staff>retired>farmer
	Within groups	56846.736	1619	35.112			
	Total	59777.801	1628				
Perceived behavioural control	Between groups	3391.030	9	376.781	21.384	.000	civil servant>teacher>retired>farmer
	Within groups	28526.058	1619	17.620			
	Total	31917.088	1628				
Travel intention of wellness tourism	Between groups	389.526	9	43.281	28.368	.000	civil servant>institution staff>retired>farmer
	Within groups	2470.092	1619	1.526			
	Total	2859.618	1628				
Past behaviour	Between groups	227.736	9	25.304	25.474	.000	civil servant>teacher>retired>farmer
	Within groups	1608.169	1619	.993			
	Total	1835.905	1628				
Perception of tourist destination	Between groups	17815.784	9	1979.532	12.901	.000	civil servant>teacher>retired>farmer
	Within groups	248411.418	1619	153.435			
	Total	266227.202	1628				
Wellness lifestyle	Between groups	107648.276	9	11960.920	18.683	.000	civil servant>institution staff>retired>farmer
	Within groups	1036497.357	1619	640.208			
	Total	1144145.633	1628				

- 4f: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, previous behaviour, perception of tourist destination, lifestyle and wellness tourism travel intention are significantly different among different family structures.

189

Again, One-Way ANOVA was applied in this part for analysis. Significant differences exist in attitude toward wellness tourism, subjective norm, perceived behavioural control, wellness lifestyle, perception of tourist destination, past behaviour and travel intention of wellness tourism among family structures when P value is less than 0.05. In this study, family structures included five situations: single, married, but no children, married and at least one child under 18 years old, married and children over 18 years old, and other. According to the statistical results demonstrated in Table 4-44, participants with different family structures have reached 0.05 significance level (P<0.05), showing that family structure had notable influence on every dimension of wellness tourism. Thus, in order to further analyse the differences between various family structure groups, LSD was employed to make afterward paring comparison. The LSD pairwise comparison results were marked by the researcher in the last column in Table 4-44 so as to save space. The comparison results of LSD unfolded that there were significant differences in attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and travel intention of wellness tourism between married and children over 18 years families and single, married without children, married and at least on child under 18 years families.

The differences in the mean values of all dimensions of married and children over 18 years families were lower than those of other types of family structures. However, single, married without children groups had higher perceptions of wellness tourism than married and adult children family groups, and they both received high scores in terms of attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, travel intention of wellness tourism, perception of tourist destination, and wellness lifestyle, of which the single group scored higher. The result is logical, because people who are married with children over 18 years old are older, and they may have more restraining factors for travel. Compared with married with adult children or adolescent children groups, single people tend to have more leisure time at their disposal. In addition, since they may not have much financial burden on family's daily expenses, they will save more spare time, energy and available funds for travel. Therefore, they are more willing to take part in wellness tourism. This result is consistent with the findings of Koskinen and Wilska (2019).

Table 4-44: One-Way ANOVA for different family structures in attitude, subjective norm, perceived behavioural control, travel intention, past behaviour, perception of tourist destination, and wellness lifestyle

		Sum of Squares	DF	Mean Square	F	Significance	LSD
Attitude toward wellness tourism	Between groups	1718.511	4	429.628	25.558	.000	single>married and at least one child under 18>other>married and children over 18
	Within groups	27299.246	1624	16.810			
	Total	29017.757	1628				
Subjective norm	Between groups	906.502	4	226.626	6.252	.000	other>single>married and at least one child under 18>married and children over 18
	Within groups	58871.299	1624	36.251			
	Total	59777.801	1628				
Perceived behavioural control	Between groups	1084.302	4	271.075	14.278	.000	single>other>married and at least one child under 18>married and children over 18
	Within groups	30832.786	1624	18.986			
	Total	31917.088	1628				
Travel intention of wellness tourism	Between groups	184.952	4	46.238	28.075	.000	single>other>married and at least one child under 18>married and children over 18
	Within groups	2674.667	1624	1.647			
	Total	2859.618	1628				
Past behaviour	Between groups	52.166	4	13.042	11.874	.000	married but no children>single>married and at least one child under 18>married and children over 18
	Within groups	1783.739	1624	1.098			
	Total	1835.905	1628				
Perception of tourist destination	Between groups	11135.693	4	2783.923	17.723	.000	single>other>married and at least one child under 18>married and children over 18
	Within groups	255091.509	1624	157.076			

		Sum of Squares	DF	Mean Square	F	Significance	LSD
	Total	266227.202	1628				
Wellness lifestyle	Between groups	55797.730	4	13949.432	20.815	.000	other>single>married and at least one child under 18>married and children over 18
	Within groups	1088347.903	1624	670.165			
	Total	1144145.633	1628				

4.5.2 Evaluation of the extended TPB model

This part is the evaluation of the extended TPB model—structural models for extended theory of planned behaviour (the mediating effect of perception of tourist destination and moderating effect of wellness lifestyle).

4.5.2.1 Preliminary analysis

Before testing the theoretical model and hypothesis through structural equation modelling (SEM), it is necessary to investigate whether the variables are correlated. Generally speaking, the hypothesized relationship between variables can be preliminarily confirmed through correlation analysis. There may be a causal relationship between the two variables if they are correlated, and the correlation coefficient reaches the level of significance ($P<0.05$) as well. However, correlation analysis has no dependent variables and independent variables, it can not reflect the causal relationship between variables. Moreover, even if two variables are significantly correlated with each other in correlation analysis, the path between the two variables may not be significant in structural equation modelling analysis. Therefore, correlation analysis was only applied in this study as a means of preliminary test, the hypothesized path relationships between variables were verified by the final results of structural equation modelling.

As demonstrated in Table 4-45, the correlation coefficients were statistically significant ($P < 0.001$), indicating that attitude toward wellness tourism, subjective norm, perceived behavioural control, past travel behaviour, perception of tourist destination, wellness lifestyle and travel intention were

positively correlated. Then the discriminant validity was examined to ensure each latent construct is distinct from other constructs (Hair et al., 2010). According to Fornell and Larcker (1981), when the squared root of AVE is greater than the correlation value in the same columns, the discriminant validity is confirmed. In this study, the squared root of AVE for each construct in the diagonal was larger than the correlation coefficient with other constructs, proving that there was a good discriminant validity between constructs (see Table 4-45).

Table 4-45: Correlation and discriminant validity examination

Variable	Mean	SD	1	2	3	4	5	6	7
1. Attitude toward wellness tourism	5.17	1.06	0.918						
2. Subjective norm	4.78	1.01	0.746*	0.875					
3. Perceived behavioural control	4.48	1.11	0.596*	0.650*	0.851				
4. Past behaviour	2.27	1.06	0.386*	0.399*	0.471*	--			
5. Perception of tourist destination	5.12	0.98	0.690*	0.646*	0.607*	0.326*	0.863		
6. Wellness lifestyle	4.97	0.91	0.702*	0.680*	0.664*	0.421*	0.807*	0.803	
7. Travel intention of wellness tourism	4.43	1.33	0.573*	0.640*	0.733*	0.511*	0.562*	0.627*	0.929

Note: n=1629; *$P<0.001$

4.5.2.2 Regression analysis

Before constructing the structural equation models, regression analysis was applied to analyse each hypothetical path. The cumulative contribution and explanatory power of exogenous variables to endogenous variables can be testified by regression analysis. The control variables were included in the regression models so as to examine the influence of the control variables on the dependent variable. Secondly, in order to further discuss the multi-collinearity problem and avoid the pseudo regression effect caused by multi-collinearity, VIF (variance inflation factor) was introduced and tested. It is generally considered that there is none multicollinearity if the value of VIF is less than 10. However, regression analysis only provides the direct effects between different variables, any potential indirect effects cannot be revealed by regression analysis, thus, it is necessary to further

test the hypotheses proposed in this study through structural equation modelling. This research takes the result of the structural equation modelling as the final result of the hypotheses.

4.5.2.2.1 Test of the direct effect of attitude on perception of tourist destination and travel intention of wellness tourism

From the results in the table below, the influence coefficient of its monthly income was statistically significant (t = 3.959, P < 0.001), which shows that the people with higher monthly income will perceive the tourist destination better. The influencing coefficient was 0.677 (t = 35.850, P < 0.001) for attitude, indicating that there was a significant positive relationship between attitude and perception of tourist destination. The influence coefficient of the relationship between attitude and behavioural intention was 0.483 (t = 22.597, P < 0.001), indicating that there was a significant positive relationship between attitude and travel intention of wellness tourism.

Table 4-46: Regression analysis of the direct effects of attitude on perception of tourist destination and travel intention of wellness tourism

Variable	Model 1 (perception of tourist destination)			Model 2 (travel intention)		
	β	T	VIF	β	T	VIF
Gender	-0.021	-1.183	1.048	-0.072	-3.651***	1.048
Age	-0.005	-0.187	2.486	-0.004	-0.119	2.486
Monthly income	0.090	3.959***	1.789	0.118	4.591***	1.789
Education Level	0.030	1.173	2.326	0.153	5.216***	2.326
Occupation	-0.003	-0.195	1.068	0.011	0.575	1.068
Family structure	0.004	0.148	2.233	0.001	0.018	2.233
Attidude	0.677	35.850***	1.238	0.483	22.597***	1.238
R^2		0.533			0.402	
Adj R^2		0.531			0.399	
F		264.458			155.534	
P		0.000			0.000	

Dependent variable: perception of tourist destination; travel intention.

194

4.5.2.2.2 Test of the direct effect of subjective norm on perception of tourist destination and travel intention of wellness tourism

From the results in the table below, the influencing coefficient was 0.664 (t = 36.179, P < 0.001) for subjective norm, indicating that there was a significant positive relationship between subjective norm and perception of tourist destination. The influence coefficient of the relationship between subjective norm and behavioural intention was 0.570 (t = 31.006, P < 0.001), indicating that there was a significant positive relationship between subjective norm and travel intention of wellness tourism.

Table 4-47: Regression analysis of the direct effects of subjective norm on perception of tourist destination and travel intention of wellness tourism

Variable	Model 3 (perception of tourist destination)			Model 4 (travel intention)		
	β	T	VIF	β	T	VIF
Gender	-0.017	-0.959	1.048	-0.062	-3.493***	1.048
Age	-0.065	-2.439*	2.452	-0.033	-1.216	2.452
Monthly income	0.135	6.023***	1.772	0.143	6.137***	1.772
Education Level	0.059	2.284*	2.301	0.147	5.570***	2.301
Occupation	0.005	0.313	1.069	0.023	1.298	1.069
Family structure	0.002	0.093	2.234	-0.017	-0.670	2.234
Subjective norm	0.644	36.179***	1.109	0.570	31.006***	1.109
R^2		0.537			0.506	
Adj R^2		0.535			0.504	
F		268.501			237.381	
P		0.000			0.000	

Dependent variable: perception of tourist destination; travel intention.

4.5.2.2.3 Test of the direct effect of perceived behavioural control on perception of tourist destination and travel intention of wellness tourism

From the results in the table below, the influencing coefficient was 0.729 (t = 42.675, P < 0.001) for perceived behavioural control, indicating that there was a significant positive relationship between perceived behavioural control and perception of tourist destination. The influence coefficient of the relationship between perceived behavioural control and behavioural intention was 0.678 (t = 39.199, P < 0.001), indicating that there was a significant positive relationship between perceived behavioural control and travel intention of wellness tourism.

Table 4-48: Regression analysis of the direct effects of perceived behavioural control on perception of tourist destination and travel intention of wellness tourism

Variable	Model 5 (perception of tourist destination)			Model 6 (travel intention)		
	β	T	VIF	β	T	VIF
Gender	-0.039	-2.419*	1.045	-0.081	-5.027***	1.045
Age	-0.119	-4.877***	2.438	-0.080	-3.257	2.438
Monthly income	0.036	1.703	1.814	0.048	2.248*	1.814
Education Level	0.009	0.386	2.330	0.095	3.939***	2.330
Occupation	-0.031	-1.910	1.066	-0.009	-0.538	1.066
Family structure	0.040	1.743	2.216	0.014	0.576	2.216
Perceived behavioural control	0.729	42.675***	1.201	0.678	39.199***	1.201
R^2	0.606			0.596		
Adj R^2	0.604			0.594		
F	355.932			341.835		
P	0.000			0.000		

Dependent variable: perception of tourist destination; travel intention.

4.5.2.2.4 Test of the direct effect of past behaviour on perception of tourist destination and travel intention of wellness tourism

From the results in the table below, the influencing coefficient was 0.277 (t = 11.327, P < 0.001) for past behaviour, indicating that there was a significant positive relationship between past behaviour and perception of tourist destination. The influence coefficient of the relationship between past behaviour and behavioural intention was 0.314 (t = 12.993, P < 0.001), indicating that there was a significant positive relationship between past behaviour and travel intention of wellness tourism.

Table 4-49: Regression analysis of the direct effects of past behaviour on perception of tourist destination and travel intention of wellness tourism

Variable	Model 7 (Perception of tourist destination)			Model 8 (Travel intention)		
	β	T	VIF	β	T	VIF
Gender	-0.024	-1.053	1.060	-0.029	-1.325	1.060
Age	-0.144	-4.209***	2.437	-0.174	-5.166***	2.437
Monthly income	0.106	3.543***	1.860	0.056	1.910	1.860
Education Level	0.138	4.157***	2.319	0.150	4.551***	2.319
Occupation	-0.028	-1.252	1.066	-0.048	-2.131	1.066
Family structure	0.079	2.431*	2.215	0.105	3.253***	2.215
Past behaviour	0.277	11.327***	1.251	0.314	12.993***	1.251
R²		0.224			0.243	
Adj R²		0.221			0.240	
F		66.998			74.329	
P		0.000			0.000	

Dependent variable: perception of tourist destination; travel intention.

4.5.2.2.5 Test of the direct effect of perception of tourist destination on travel intention of wellness tourism

This part was to examine of the relationship between perception of tourist destination and travel intention of wellness tourism, since there were two secondary dimensions in the perception of tourist destination (perception of attraction of tourist destination and service perception), the relationship of the secondary dimensions of perception of tourist destination on travel intention was as well assessed in this study. According to the results of model 9, the direct effect coefficients of perceived attraction of tourist destination and service perception on travel intention were 0.208 (t = 4.513, P < 0.001) and 0.274 (t = 6.082, P < 0.001), respectively. It indicates that both dimensions of perception of tourist destination had a significant positive impact on travel intention. The influence coefficient of perception of tourist destination on travel intention was 0.581 (t = 30.128, P < 0.001) in model 10, proving that there was a significant positive relationship between perception of tourist destination and travel intention of wellness tourism.

Table 4-50: Regression analysis of the direct effects of perception of tourist destination on travel intention of wellness tourism

Variable	Model 9 (travel intention)			Model 10 (travel intention)		
	β	T	VIF	β	T	VIF
Gender	-0.070	-3.565***	1.050	-0.064	-3.566***	1.048
Age	-0.025	-0.845	2.470	-0.019	-0.670	2.460
Monthly income	0.110	4.298***	1.794	0.078	3.289***	1.805
Education Level	0.207	7.174***	2.280	0.159	5.940***	2.293
Occupation	0.008	0.389	1.071	0.010	0.560	1.067
Family structure	0.026	0.907	2.219	0.011	0.429***	2.220
Perceived attraction	0.208	4.513***	5.830			
Perceived services	0.274	6.082***	5.559			
Perception of tourist destination				0.581	30.128***	1.195
R²		0.408			0.496	

Adj R²	0.405			0.494		
F	139.576			227.633		
P	0.000			0.000		

Dependent variable: travel intention.

4.5.2.2.6 Test of the direct effect of wellness lifestyle on travel intention of wellness tourism

The relationship between wellness lifestyle and travel intention of wellness tourism was tested in this part, since there were four secondary dimensions in wellness lifestyle (i.e. personal development and health; exercise; nutritious diet and health and interpersonal relationship and stress management), the relationships of the secondary dimensions of wellness lifestyle on travel intention were also examined in this study. According to the results of model 11, only the direct effect coefficients of "personal development and health" and "exercise" on travel intention were significant (β=0.390, t =6.553, P < 0.001) and 0.274 (β= 0.361, t = 4.551, P < 0.001). However, the influence coefficient of wellness lifestyle on travel intention was 0.541 (t = 27.028, P < 0.001) in model 12, proving that there was a significant positive relationship between wellness lifestyle and travel intention of wellness tourism.

Table 4-51: Regression analysis of the direct effects of wellness lifestyle on travel intention of wellness tourism

Variable	Model 11 (travel intention)			Model 12 (travel intention)		
	β	T	VIF	β	T	VIF
Gender	-0.064	-3.433***	1.053	-0.061	-3.268***	1.049
Age	0.004	0.139	2.512	-0.008	-0.275	2.471
Monthly income	0.107	4.400***	1.798	0.106	4.351***	1.790
Education Level	0.147	5.282***	2.334	0.156	5.617***	2.304
Occupation	0.017	0.898	1.070	0.019	1.029	1.069
Family structure	0.004	0.132	2.235	0.000	-0.001	2.227
Personal development and health	0.290	6.553***	3.908			

Variable	Model 11 (travel intention)			Model 12 (travel intention)		
	β	T	VIF	β	T	VIF
Exercise	0.261	4.551***	3.899			
Nutritious diet and health	-0.036	-0.853	3.441			
interpersonal relationship and stress management	0.058	0.960	3.110			
Wellness lifestyle				0.541	27.028***	1.196
R²		0.463			0.458	
Adj R²		0.460			0.455	
F		139.682			195.467	
P		0.000			0.000	

Note: *, p<0.05; **, p<0.01; ***, p<0.001.

Dependent variable: travel intention.

4.5.2.3 The extended theory of planned behaviour--Structural model for the mediating effect of perception of tourist destination

The measurement model of attitude toward wellness tourism, subjective norm, perceived behavioural control, travel intention of wellness tourism and perception of tourist destination has been confirmed as adequate through confirmatory factor analysis. Since this study follows the two step analytical approach of SEM model suggested by Anderson and Gerbing (1988), in this part, the structural model was assessed to specify the relationships between the constructs.

4.5.2.3.1 Theoretical hypotheses

Theoretical hypotheses with respect to the mediating effect of perception of tourist destination are as follows:

Hypothesis 1: Attitude, subjective norm, perceived behavioural control, previous behaviour, perception of tourist destination, wellness lifestyle are positively correlated to travel intention.

- 1a: Attitude has a significantly positive correlation to travel intention.

- 1b: Subjective norm has a significantly positive correlation to travel intention.

- 1c: Perceived behaviour control has a significantly positive correlation to travel intention.

- 1d: Past behaviour has a significantly positive correlation to travel intention.

- 1e: Perception of tourist destination has a significantly positive correlation to travel intention

Hypothesis 2: The relationship between tourist's attitude, subjective norm, perceived behavioural control, previous behaviour and travel intention is mediated by the perception of tourist destination.

- 2a: Perception of tourist destination has positive effect on the relationship between tourists' attitude and travel intention. Specifically, perception of tourist destination is playing a mediating role between tourist's attitude and wellness tourism travel intention.

- 2b: Perception of tourist destination has positive effect on the relationship between subjective norm and travel intention.

- 2c: Perception of tourist destination has positive effect on the relationship between perceived behavioural control and travel intention.

- 2d: Perception of tourist destination has positive effect on the relationship between past behaviour and travel intention of wellness tourism.

The extended theory of planned behaviour model (ETPB) is shown in Figure 4-7.
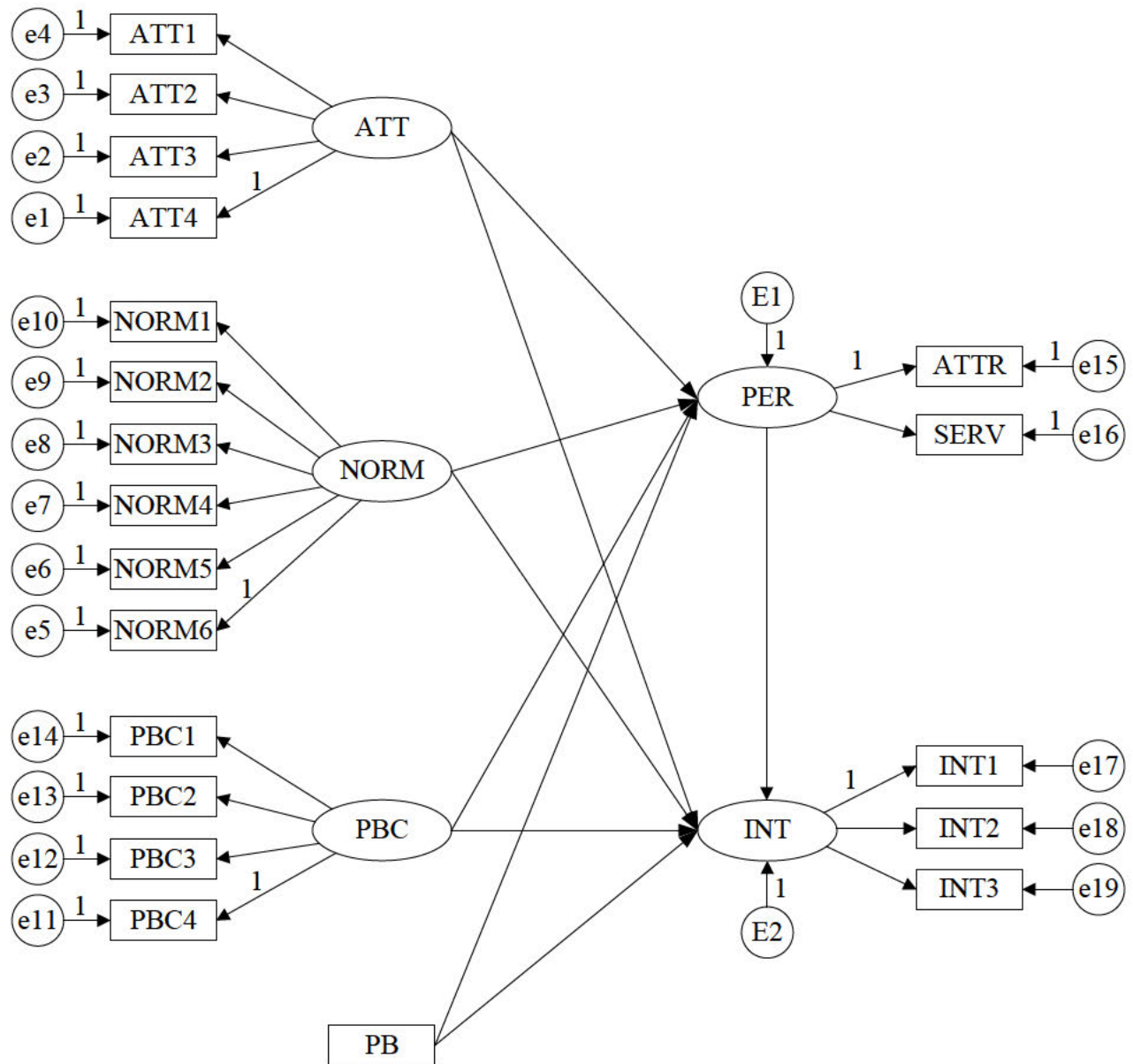
Figure 4-7: Hypothesized ETPB model- structural model for the mediating effect of perception of tourist destination

4.5.2.3.2 Construction and evaluation of the structural model for the mediating effect of perception of tourist destination

The relationships between attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and participants' travel intention of wellness tourism were analysed through SEM models by applying maximum likelihood estimation (ML) for parameter estimation through Amos 17.0 software. A number of goodness of fit indices such as $X^{2/}df$, comparing the fitting index (CFI), goodness of fit index (GFI), normed fit index (NFI), root mean square residual (RMR), root mean square error of approximation (RMSEA), relative fit index (RFI) were applied to evaluate the overall fit of the structural model. The criteria of the fit indices are: CFI >0.9; GFI > 0.9; NFI > 0.9; RMR < 0.05; RMSEA < 0.08; RFI > 0.9. The significance levels were set on both sides $\alpha = 0.05$, P< 0.05.

The initial structural model for mediating effect of perception of tourist destination is shown in Figure 4-8. According to the results of "model fit summary", although the NFI, RFI and CFI indices met the criteria of overall fit of the initial structural model, other important fit indices such as RMSEA and GFI were below the standard. For example, the value of RMSEA = 0.115 > 0.08, GFI=0.808 < 0.9 and $X^2/df = 22.609 > 5$, revealing that the model was poorly fitted, and it was found that the modification indices (MI) value between some variables was greater than 100. In addition, the path "attitude toward wellness tourism $\rightarrow$ behavioural intention" (β= 0.012, P = 0.061) did not reach a level of statistical significance. Therefore, modifications needed to be made in order to improve the model for a better fit.
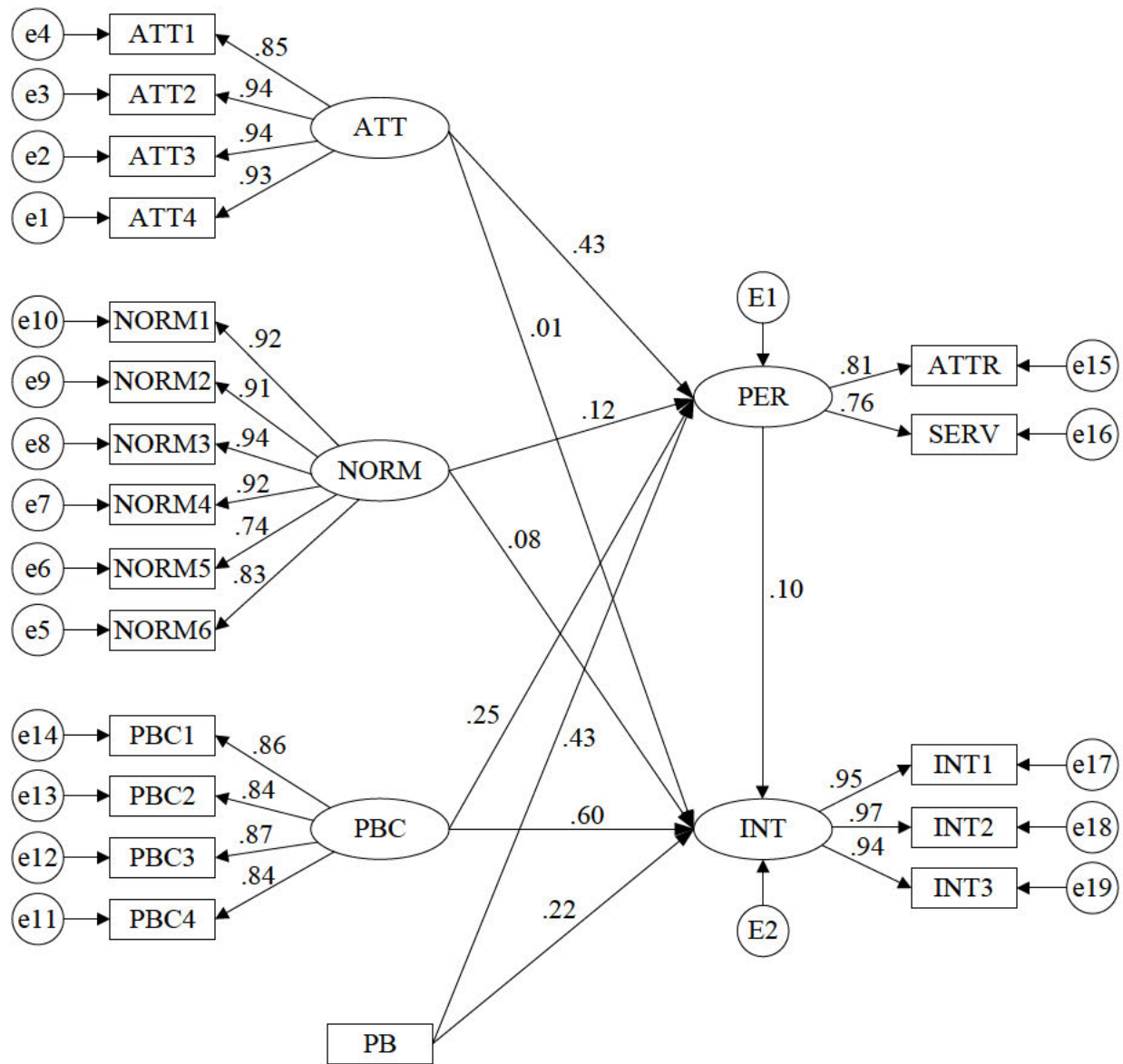
Figure 4-8: Initial ETPB model of the mediating effect of perception of tourist destination

4.5.2.3.3 Modification of the structural model for the mediating effect of perception of tourist destination

According to the parameter estimates, the path with no statistical significance (P > 0.05) was deleted. Therefore, the researcher deleted the insignificant path "attitude toward wellness tourism → behavioural intention" and revised the model according to the modification indices (MI). The modified model is shown in Figure 4-9, and the results of model fit for the modified model are shown in Table 4-52. Compared with the initial model, the overall fit indices of the model were much better than the initial model. The results of the fit of the model showed that all important fit indices in the model reached the standards of good fit, indicating that the modified model for the mediating effect of perception of tourist destination was appropriately fitted to the sample data.

Table 4-52: Evaluation of the fit of the final version of modified ETPB model

Index	Initial model	Modified model
χ^2/df	22.609	2.460
CFI	0.908	0.979
GFI	0.808	0.939
NFI	0.905	0.968
RMR	0.082	0.040
RMSEA	0.115	0.058
RFI	0.909	0.977

Note: CFI=Comparative Fit Index; GFI=Goodness-of-fit Index; NFI=Normed Fit Index; RMR= Root Mean Square Residual; RMSEA=Root Mean Square Error Approximation; RFI=Relative Fit Index.
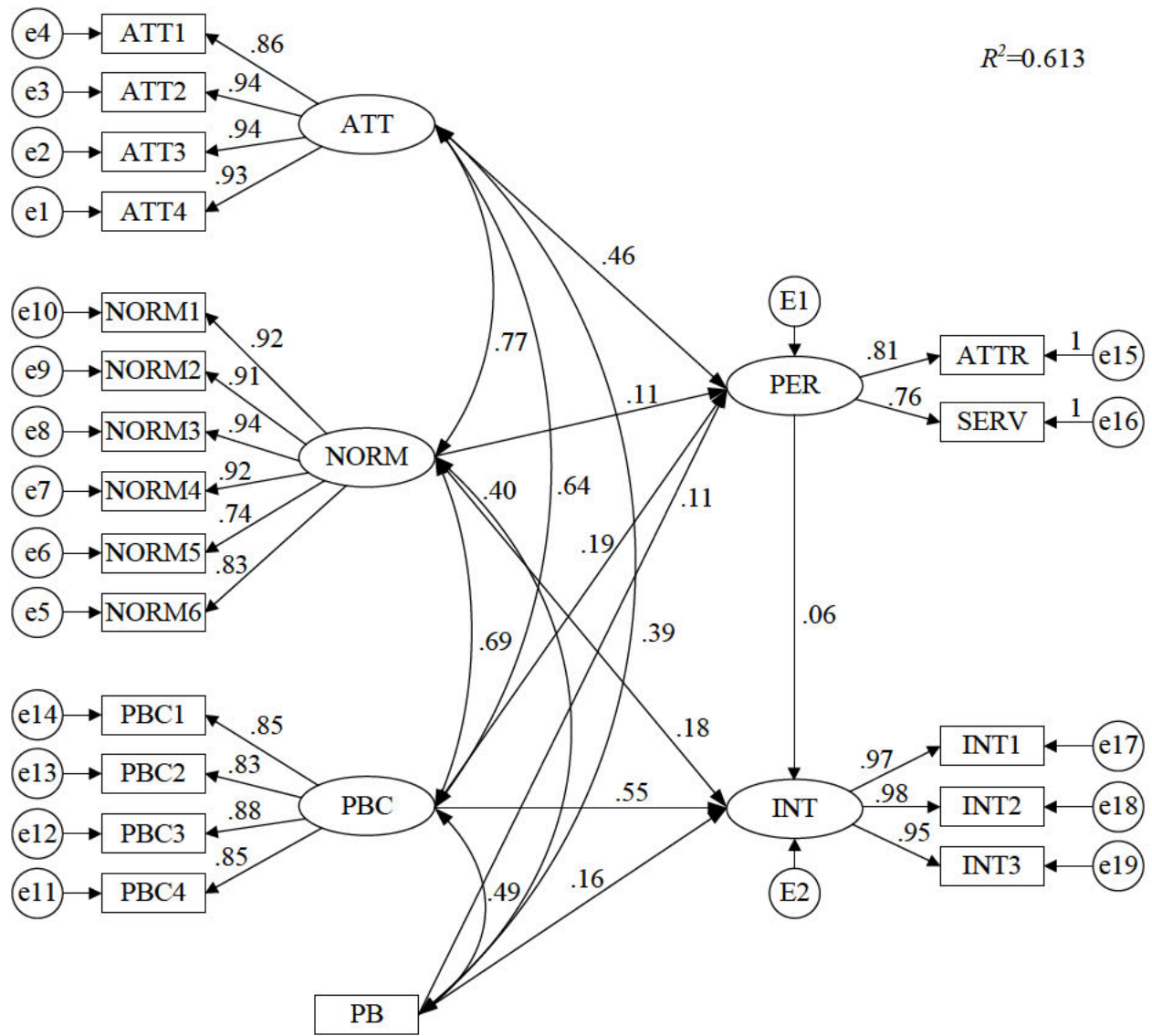
Figure 4-9: Final modified ETPB model —structural model for the mediating effect of perception of tourist destination

4.5.2.3.4 Results of standardised path coefficient

As shown in Table 4-53, all the hypothesized paths were positive and statistically significant (P < 0.05).

Table 4-53: Results of standardised path coefficients of ETPB model—modified structural model for mediating effect of perception of tourist destination

Path	Standardized path coefficient (β)	SE	P
Attitude toward wellness tourism → perception of tourist destination	0.464	0.028	< 0.001
Subjective norm → perception of tourist destination	0.113	0.031	< 0.001
Perceived behavioural control → perception of tourist destination	0.189	0.026	< 0.001
Past behaviour → perception of tourist destination	0.105	0.018	0.036
Past behaviour → Travel intention of wellness tourism	0.158	0.022	< 0.001
Perception of tourist destination → Travel intention of wellness tourism	0.064	0.028	0.003
Subjective norm → Travel intention of wellness tourism	0.175	0.032	< 0.001
Perceived behavioural control → Travel intention of wellness tourism	0.552	0.034	< 0.001

4.5.2.3.5 Results of the ETPB model—mediating effect of perception of tourist destination

Total effect is acquired by adding the values of the indirect effect and the direct effect among variables (Total effect = direct effect + indirect effect), which is more important in the interpretation of the results as it includes all the changes (Bollen, 1989). Direct effect refers to the path coefficient indicated by the arrow from the independent variable to the dependent variable seen in the structural equation model, whereas indirect effect is defined as the indirect impact of the independent variable on the dependent variable through the mediating variable, and there could be one or more mediating variables in the model. The indirect effect is calculated by multiplying the

path coefficient that connects the independent variable to the dependent variable. The total effect, indirect effect and direct effect of the influencing factors in the ETPB model on behavioural intention can be obtained through calculating the standardised path coefficients in the modified model.

The values of standardised direct effect, indirect effect and total effect of each influencing factor on behavioural intention are shown in Table 4-54. The results are as following:

Subjective norm, perceived behavioural control, past behaviour and perception of tourist destination directly and positively predicted travel intention of wellness tourism, and the standardized direct effect values were 0.175, 0.552, 0.158 and 0.064, respectively.

Attitude toward wellness tourism exerted no direct effect on travel intention of wellness tourism, yet it indirectly predicted travel intention through perception of tourist destination. The standardized total effect value was 0.030, which demonstrated that perception of tourist destination played a complete mediating role between attitude toward wellness tourism and travel intention. The mediating effect of perception of tourist destination was 0.030, and the Bootstrap bias corrected confidence interval at 95% confidence level was (0.015, 0.057), P = 0.012, indicating that the mediating effect of perception of tourist destination on the relationship between attitude and travel intention of wellness tourism was statistically significant.

Subjective norm directly predicted travel intention of wellness tourism, also, it indirectly predicted travel intention of wellness tourism through perception of tourist destination. The standardised total effect value was 0.182. The value of mediating effect of perception of tourist destination was 0.007, and the Bootstrap bias corrected confidence interval at 95% confidence level was (0.007, 0.029), P = 0.012. Therefore, the mediating effect of perception of tourist destination on the relationship between subjective norm and travel intention of wellness tourism was statistically significant.

Moreover, the value of mediating effect (0.007) shared the same direction with the value of direct effect (0.175) of "subjective norm → behavioural intention", indicating that perception of tourist

destination served as a partial mediating role between subjective norm and behavioural intention with the mediating effect accounted for 0.007 /0.182 = 3.85% of the total effect.

Perceived behavioural control not only directly predicted travel intention of wellness tourism, but also indirectly predicted behavioural intention through perception of tourist destination. The value of standardized total effect was 0.564, the value of mediating effect of perception of destination was 0.012, and the Bootstrap bias corrected confidence interval at 95% confidence level was (0.010, 0.040), P = 0.009. Therefore, the mediating effect of perception of tourist destination on the relationship between perceived behavioural control and travel intention of wellness tourism was statistically significant. Besides, the value of mediating effect (0.012) shared the same direction with the value of direct effect (0.552) of "perceived behavioural control → travel intention of wellness tourism", the mediating effect took up for 0.012 / 0.564 = 2.13% of the total effect, indicating that perception of tourist destination partially mediated between perceived behavioural control and travel intention of wellness tourism.

Past behaviour not only directly predicted travel intention of wellness tourism, but also indirectly predicted behavioural intention through perception of tourist destination. The value of standardized total effect was 0.165, the value of mediating effect of perception of destination was 0.007, and the Bootstrap bias corrected confidence interval at 95% confidence level was (0.005, 0.031), P = 0.009. Therefore, the mediating effect of perception of tourist destination on the relationship between past behaviour and travel intention of wellness tourism was statistically significant. Besides, the value of mediating effect (0.007) shared the same direction with the value of direct effect (0.158) of "past behaviour → travel intention of wellness tourism", the mediating effect accounted for 0.007 / 0.165 = 4.24% of the total effect, indicating that perception of tourist destination partially mediated between past behaviour and travel intention of wellness tourism.

Table 4-54: Results of the effect of influencing factors on behavioural intention

Influencing factor	Direct effect	Indirect effect	Total effect
Attitude toward wellness tourism	-	0.030	0.030
Subjective norm	0.175	0.007	0.182
Perceived behavioural control	0.552	0.012	0.564
Past behaviour	0.158	0.007	0.165
Perception of tourist destination	0.064	-	0.064

4.5.2.4 The extended theory of planned behaviour--Structural model for the moderating effect of wellness lifestyle

4.5.2.4.1 Theoretical hypotheses

Theoretical hypotheses with respect to the moderating effect of wellness lifestyle are as follows:

Hypothesis 1: Attitude, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, and wellness lifestyle are positively correlated to travel intention.

- 1f: Wellness lifestyle has a significantly positive correlation to travel intention.

Hypothesis 3: Wellness lifestyle functions as a moderator between tourist's attitude, subjective norm, perceived behavioural control and travel intention of wellness tourism.

- 3a: Wellness lifestyle moderates the relationship between tourist's attitude and travel intention. Specifically, the strength of the relationship between attitude towards wellness tourism and travel intention is regulated by wellness lifestyle.

- 3b: Wellness lifestyle moderates the relationship between subjective norm of wellness tourism and travel intention. To be more specific, the strength of the relationship between subjective norm of wellness tourism and travel intention is regulated by wellness lifestyle.

- 3c: Wellness lifestyle moderates the relationship between perceived behavioural control of wellness tourism and travel intention. To be more specific, the strength of the relationship between perceived behavioural control of wellness tourism and travel intention is regulated by wellness lifestyle.

The extended theory of planned behaviour model (ETPB) — moderating effect of wellness lifestyle is shown in Figure 4-10.
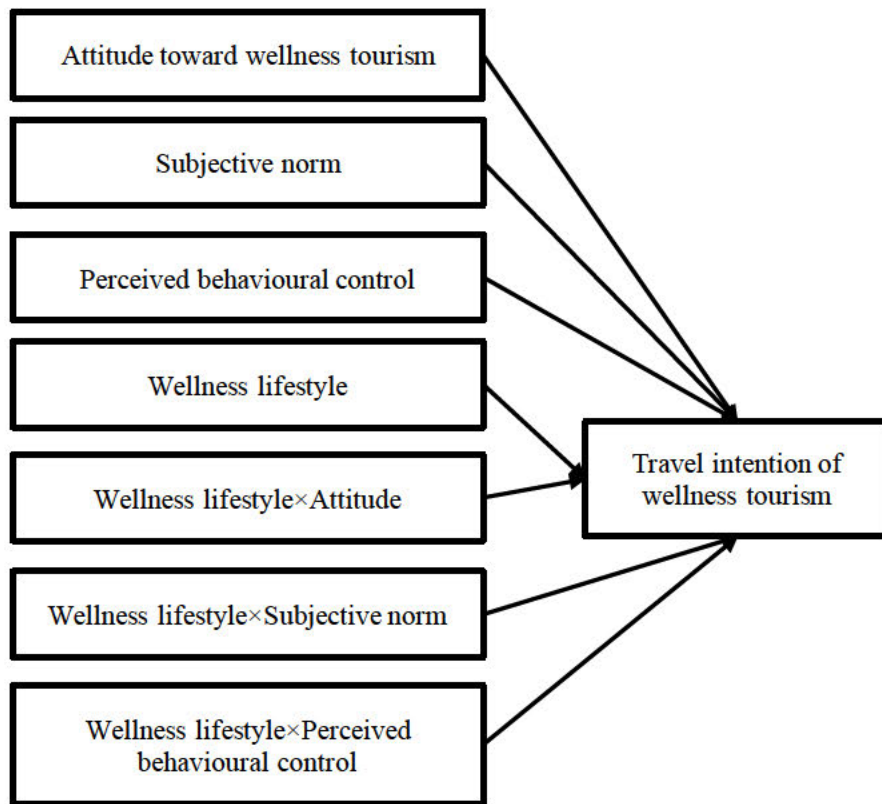

Figure 4-10: Hypothesized ETPB model- structural model for the moderating effect of wellness lifestyle

4.5.2.4.2 Assigning values to variables

The variables in the structural model for the moderating effect of wellness lifestyle and their assigned values are shown in Table 4-55. The data were standardised before fitting into the model

of moderating effect.

Table 4-55: Assigned values of the variables

Variable	Value
Attitude toward wellness tourism	Standardised score of attitude toward wellness tourism scale
Subjective norm	Standardised score of subjective norm scale
Perceived behavioural control	Standardised score of perceived behavioural control scale
Wellness lifestyle	Standardised score of wellness lifestyle scale
Wellness lifestyle×Attitude toward wellness tourism	Standardised score of wellness lifestyle scale× Standardised score of attitude toward wellness tourism scale
Wellness lifestyle×Subjective norm	Standardised score of wellness lifestyle scale× Standardised score of subjective norm scale
Wellness lifestyle×Perceived behavioural control	Standardised score of wellness lifestyle scale× Standardised score of perceived behavioural control scale
Travel intention of wellness tourism	Standardised score of travel intention of wellness tourism scale

Note: Standardized score = (individual's total score on a scale - mean)/SD.

4.5.2.4.3 Construction and evaluation of the structural model for the moderating effect of wellness lifestyle

All important fit indices of the model have met the criteria of goodness of fit, indicating that the initial model of moderating effect was reasonably fitted. The structural model for moderating effect of wellness lifestyle (Figure 4-11) was constructed on the basis of the theoretical hypothesized model (Figure 4-10). The result of initial model fit showed that the model was reasonably fitted. However, parameter estimates showed that the paths "attitude toward wellness tourism → behavioural intention" (β= 0.028, P = 0.280) and "wellness lifestyle × attitude toward wellness tourism→ behavioural intention "(β=- 0.032, P = 0.364) did not reach a level of statistical significance, thus, the initial model needed to be modified.

212

Table 4-56: Evaluation of the fit of the initial ETPB model— structural model for moderating effect of wellness lifestyle

Index	Initial model	Criteria
CFI	0.991	> 0.90
GFI	0.989	> 0.90
NFI	0.991	> 0.90
SRMR	0.069	< 0.08
RMSEA	0.095	< 0.08
RFI	0.952	> 0.90
AIC	104.844	The smaller, the better

Note: CFI=Comparative Fit Index; GFI=Goodness-of-fit Index; NFI=Normed Fit Index; SRMR= Standardised Root Mean Square Residual; RMSEA=Root Mean Square Error Approximation; RFI=Relative Fit Index; AIC=Akaike's Information Criterion.
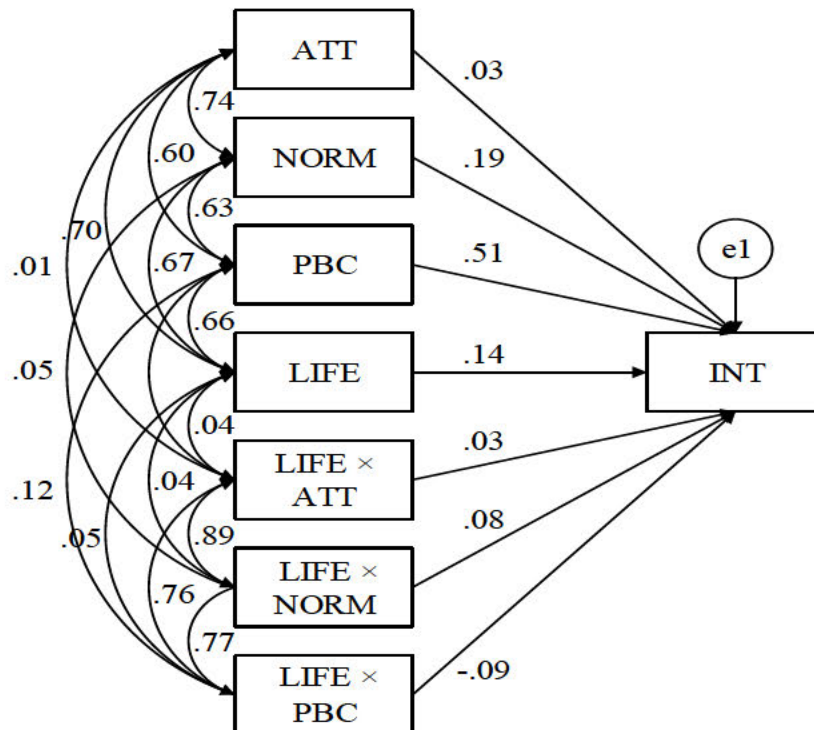

Figure 4-11: Initial ETPB model— structural model for moderating effect of wellness lifestyle

4.5.2.4.4 Modification and evaluation of the structural model for the moderating effect of wellness lifestyle

The modified model is shown in Figure 4-12, and the results of model fit for the modified model are shown in Table 4-57. As demonstrated in Table 4-57, the model was improved after removing the paths "attitude toward wellness tourism → travel intention" and "wellness lifestyle × attitude toward wellness tourism→ behavioural intention". The fit indices reached the standards of good fit except the value of RMSEA was slightly larger than 0.08 (RMSEA=0.087). However, as MacCallum et al. (1996) suggested, the cut-points of RMSEA was between 0.08 and 0.10, the model was deem to be poor fitted if RMSEA value was over 0.10. Therefore, in this research, the modified structural model for moderating effect of wellness lifestyle was reasonably fitted. In addition, the AIC of the modified structural model was 87.237, smaller than that of the initial model (104.844), indicating that the final model was better fitted to the data.
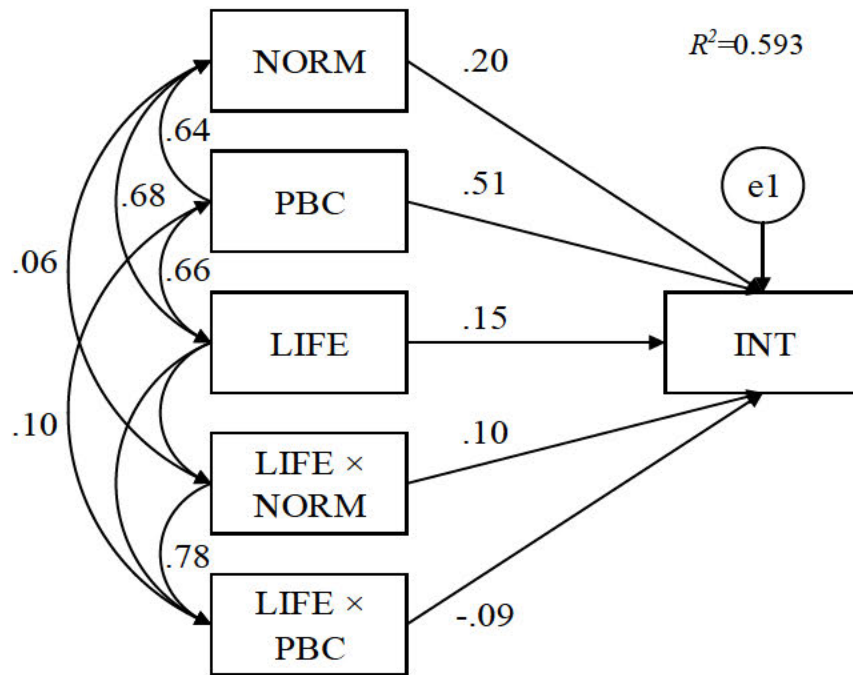

Figure 4-12: Final modified ETPB model —structural model for the moderating effect of wellness lifestyle

Table 4-57: Evaluation of the fit of the final version of modified ETPB model

Index	Modified model	Fit criteria
CFI	0.991	> 0.90
GFI	0.989	> 0.90
NFI	0.990	> 0.90
SRMR	0.077	<0.08
RMSEA	0.087	< 0.08
RFI	0.963	> 0.90
AIC	87.237	The smaller, the better

Note: CFI=Comparative Fit Index; GFI=Goodness-of-fit Index; NFI=Normed Fit Index; SRMR= Standardised Root Mean Square Residual; RMSEA=Root Mean Square Error Approximation; RFI=Relative Fit Index; AIC=Akaike's Information Criterion.

4.5.2.4.5 Results of standardized path coefficient

As shown in Table 4-58, all the hypothesized paths were positive and statistically significant (P < 0.05).

Table 4-58: Results of standardized path coefficients of ETPB model— modified structural model for moderating effect of wellness lifestyle

Path	Standardized path coefficient (β)	SE	P
Subjective norm → Travel intention of wellness tourism	0.198	0.031	R^2= < 0.001
Perceived behavioural control → Travel intention of wellness tourism	0.510	0.031	< 0.001
Wellness lifestyle → Travel intention of wellness tourism	0.152	0.031	< 0.001

Path	Standardized path coefficient (β)	SE	P
Wellness lifestyle×subjective norm → Travel intention of wellness tourism	0.101	0.021	< 0.001
Wellness lifestyle×perceived behavioural control → Travel intention of wellness tourism	-0.087	0.022	< 0.001

4.5.2.4.6 Explanation of the ETPB model—moderating effect of wellness tourism

From what has been presented above, attitude toward wellness tourism had no direct influence on travel intention, as the path coefficient did not reach a level of statistical significance ($P > 0.05$), wellness lifestyle failed to moderate the relationship between attitude toward wellness tourism and travel intention, either.

Subjective norm of wellness tourism positively and directly predicted travel intention ($\beta = 0.198$, P < 0.001), the interaction between subjective norm and wellness lifestyle (Subjective norm × Wellness lifestyle) also had a positive impact on travel intention of wellness tourism ($\beta = 0.101$, $P < 0.001$), indicating that the direct effect of subjective norm on travel intention of wellness tourism was positively regulated by wellness lifestyle. Wellness lifestyle significantly strengthened the relationship between subjective norm and travel intention of wellness tourism.

The direct impact of perceived behavioural control on travel intention of wellness tourism was statistically significant from the path coefficient ($\beta = 0.510$, $P < 0.001$). Moreover, the interaction between wellness lifestyle and perceived behavioural control (Perceived behavioural control × Wellness lifestyle) statistically significantly impacted on travel intention of wellness tourism as well ($\beta = -0.087$, $P < 0.001$), indicating that the direct effect of perceived behavioural control on travel intention of wellness tourism was negatively moderated by wellness lifestyle. In general, wellness lifestyle has weakened the impact of perceived behavioural control on travel intention of wellness

tourism.When the participants scored lower on wellness lifestyle, the positive effect of perceived behavioural control become more obvious, however, the positive effect of perceived behavioural control on travel intention gradually decreased when the score of wellness lifestyle went up.

The path coefficient indicated that the direct effect of wellness lifestyle on travel intention of wellness tourism was statistically significant (β= 0.152, P < 0.001), that is, wellness lifestyle can significantly and positively affect tourists' travel intention of wellness tourism.

4.5.3 Conclusion of the hypotheses

The hypotheses in this thesis are summarized as follows:

Table 4-59: Results of Hypotheses testing

Hypotheses	Supported or not
Hypothesis 1: Attitude, subjective norm, perceived behavioural control, previous behaviour, perception of tourist destination, and wellness lifestyle are positively correlated to travel intention.	Partially supported
1a: Attitude has a significantly positive correlation to travel intention.	Not supported
1b: Subjective norm has a significantly positive correlation to travel intention.	Supported
1c: Perceived behavioural control has a significantly positive correlation to travel intention.	Supported
1d: Past behaviour has a significantly positive correlation to travel intention.	Supported
1e: Perception of tourist destination has a significantly positive correlation to travel intention.	Supported
1f: Wellness lifestyle has a significantly positive correlation to travel intention.	Supported
	Supported

Hypotheses	Supported or not
Hypothesis 2: The relationship between tourist's attitude, subjective norm, perceived behavioural control, previous behaviour and travel intention is mediated by the perception of tourist destination.	
2a: Perception of tourist destination has positive effect on the relationship between tourist's attitude and travel intention.	Supported
2b: Perception of tourist destination has positive effect on the relationship between subjective norm and travel intention.	Supported
2c: Perception of tourist destination has positive effect on the relationship between perceived behavioural control and travel intention.	Supported
2d: Perception of tourist destination has positive effect on the relationship between past behaviour and travel intention of wellness tourism	Supported
Hypothesis 3: Wellness lifestyle functions as a moderator between tourist's attitude, subjective norm, perceived behavioural control and travel intention of wellness tourism.	Partially supported
3a: Wellness lifestyle moderates the relationship between tourist's attitude and travel intention.	Not supported
3b: Wellness lifestyle moderates the relationship between subjective norm of wellness tourism and travel intention.	Supported
3c: Wellness lifestyle moderates the relationship between perceived behavioural control of wellness tourism and travel intention.	Supported
Hypothesis 4: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, previous behaviour, perception of tourist destination, lifestyle and wellness tourism travel intention are significantly different depending on social-demographic variables (gender, age, income, education, occupation and family structure).	Partially supported
4a: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness	Partially supported

Hypotheses	Supported or not
lifestyle and wellness tourism travel intention are significantly different among different genders.	
4b: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and wellness tourism travel intention are significantly different among ages.	Supported
4c: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and wellness tourism travel intention are significantly different among different education levels.	Supported
4d: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and wellness tourism travel intention are significantly different among different monthly income.	Supported
4e: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and wellness tourism travel intention are significantly different among different occupations.	Supported
4f: Tourists' attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and wellness tourism travel intention are significantly different among different family structures.	Supported

4.6 Summary

The chapter utilised various statistical techniques to validate the results and findings and how the semi-structure interview results helped to provide a preliminary understanding of the participants' attitude toward wellness tourism in Hainan, the reason why or why not they would like to travel to

Hainan for wellness tourism, how their significant others and social environment influence their choice of wellness tourism, and the benefits of participating in wellness tourism in Hainan. Exploratory factor analysis was used to testify the factors in the measurement scales and confirmatory factor analysis was to confirm the factor structure in the main survey phase. Independent sample T-test and One-Way ANOVA analysis were used to test the differences between variables in the TPB model based on social-demographic profiles of tourists. It was found that there were differences in tourists' travel behaviour depending on their social-demographic profiles. Major hypotheses were tested through structural equation modelling, the results showed TPB model can adequately predict the participants' behavioural intention of wellness tourism. The mediating role of perception of tourist destination and the moderating role of wellness lifestyle were verified in this chapter of the study.

Chapter 5: Discussions and Implications

5.1 Introduction

This chapter undertakes a detailed discussion of the results found in the previous chapter. The conclusions drawn from this study are summarized. The theoretical contributions and practical implications are discussed in detail, while the relevant implications in relation to wellness tourism in Hainan are put forward.

5.2 Discussion of the extended TPB model—Mediating effect of perception of tourist destination

This section will discuss the mediating effect of perception of tourist destination based on the findings in the previous chapter.

5.2.1 Discussion of Hypothesis 2a and Hypothesis 1a

From the results of multiple regression analysis in the previous chapter, attitude was found to be positively associated with behavioural intention. However, in the analysis of the extended model of the theory of planned behaviour-the mediation effect model, when perception of tourist destination was included as a mediating variable, the direct effect of attitude toward wellness tourism on travel intention disappeared. That is, the Hypothesis 1a in the extended TPB model: attitude toward wellness tourism has a significant impact on travel intention of wellness tourism was not supported, whereas Hypothesis 2a: Perception of tourist destination has positive effect on the relationship between tourist's attitude and travel intention was supported. In other words, attitude toward wellness tourism cannot sufficiently influence travel intention in the ETPB model,

people's attitude toward wellness tourism in Hainan whether it is positive or not does not impact on their travel intention. Their attitude toward wellness tourism determines how they perceive a tourist destination, then the travel intention of wellness tourism is affected by perception of tourist destination. Scholars who studied tourists' behaviour have revealed that the relationship between attitude and behavioural intention may not be constantly positive or significant (e.g. Juschten et al., 2019; Lam & Hsu, 2006; Sparks & Pan, 2009). For example, Lam and Hsu's (2006) research found that attitude did not significantly impact on potential Taiwanese tourists' behavioural intention to Hong Kong when restraining factors existed. Also, the result aligned with Sparks and Pan's (2009) finding, their research found that attitude failed to predict intentions of Chinese tourists to travel in Australia, although there was a significantly positive relation with travel intention.

Despite the result that attitude toward wellness tourism was a non-significant independent variable in predicting travel intention, it had an indirect effect on behavioural intention of wellness tourism to Hainan through perception of tourist destination. The total effect and indirect effect of attitude on behavioural intention are 0.030, indicating that attitude toward wellness tourism had very weak effect on potential wellness tourists' travel intention. Moreover, attitude was the weakest predicting construct of behavioural intention of wellness tourism to Hainan.

However, the insignificant relationship between attitude and behavioural intention was because of the mediating effect of perception of tourist destination. As a matter of fact, the impact of attitude toward wellness tourism on travel intention was mediated by perception of tourist destination. Therefore, perception of tourist destination played a full mediating role in the process of the impact of attitude on behavioural intention, or the effect exerted by attitude toward wellness tourism on travel intention was completely transmitted by the mediator, namely, perception of the tourist destination. In this study, the more positive the tourists' attitude toward wellness tourism is, the more positively they perceive Hainan as the tourist destination, in turn, their willingness of wellness tourism to Hainan becomes higher. However, as discussed before, whether the attitude toward wellness tourism is positive or not does not directly influence tourists' travel decision making of wellness tourism. Another reason that attitude toward wellness tourism failed to directly predict travel intention may be that the correlation between attitude and behavioural intention was a

secondary correlation. Hence, the relationship between attitude toward wellness tourism and behavioural intention was not statistically significant in the model with perception of tourist destination as a mediator. However, Wang et al.'s (2021) research investigated tourist destination choice among Chinese college students during COVID-19 pandemic period in theory of planned behaviour and proved that attitude positively directly influenced their travel intention, meanwhile, destination image and visit intention were significantly related to attitude, which was contrary to the findings in this study.

Attitude did not significantly affect behavioural intention, suggesting that it may not be always ideal to take attitude as an antecedent variable to directly explain behavioural intention. When testing the relationship between attitude and behavioural intention, researchers should be aware that although attitude can explain behavioural intention in TPB model, the explanatory power is sometimes very weak. In addition, as Ajzen (1991) suggested, the roles that the three predictors played in predicting behavioural intention could be different and controversial in various settings and backgrounds, the variance explained in planned behaviour might be enhanced if additional constructs were introduced in the TPB model. Since the aim of this study is to investigate the travel intention of wellness tourism to Hainan, it needs to take additional variables such as perception of destination or other factors into consideration in order to test their roles in the model. Various new variables were integrated in the TPB model to predict behavioural intention and proved to be effective in a number of earlier studies (e.g. Girish et al., 2021; Park et al., 2017). In Park et al.'s (2017) study, for example, two new variables including destination image and travel constraints were incorporated in the TPB model to predict Chinese students' travel intention to Japan, the result revealed the direct and indirect impact of destination image on travel intention as well as the mediating role travel constraints played in the relationship between attitude and behavioural intention. The extended TPB model captured 10% more predictive power compared with the original one.

Moreover, because attitude describes a person's expectation or belief in the outcome of a certain behaviour, in other words, the positive or negative feeling of the outcome, thus, attitude may be affected by the image of tourist destination or the opinions of other people. This connotes that

attitude might have different roles in predicting consumer behavioural intention in the context of tourism, attitude may be functioned as a mediating variable rather than an independent variable in the prediction of travel intention (e.g. Han & Kim, 2010; Hasan et al., 2020; Liang et al., 2019). For example, in Hasan et al.'s (2020) study of tourist revisit intention to beach destinations, perceived value and perceived service quality of a destination were included as antecedents to affect travel intention while attitude as a mediator, the result showed that attitude significantly mediated the relationship between the independent variables (i.e. subjective norm, perceived value and service quality) and revisit intention. Having said that, it can be determined that even though attitude failed to directly predict travel intention in this study, it still exerted effect on the formation mechanism of behavioural intention of wellness tourism.

5.2.2 Discussion of Hypothesis 2b and Hypothesis 1b

This study also examined the mediating effect of perception of tourist destination between subjective norm and behavioural intention of wellness tourism. The statisitic significance of the Hypothesized paths "2b: Perception of tourist destination has positive effect on the relationship between subjective norm and travel intention" and "1b in ETPB: Subjective norm has a significantly positive correlation to travel intention" confirmed that perception of destination partly mediated the relationship between subjective norm and people's travel intention of wellness tourism in Hainan. From the path relationship in the previous chapter, it can be seen that subjective norm had a significant and direct impact on travel intention. Also, the significant relationships between subjective norm and perception of destination, perception of destination and travel intention indicated that as an independent variable in the ETPB model, subjective norm not only had a positive and direct impact on travel intention, but also exerted an indirect positive influence on the outcome variable (behavioural intention of wellness tourism in this study) through the variable of perception of the tourist destination. Therefore, individuals' intention to choose a travel destination not only based on their perception of the destination, but also some external factors such as the influence of social environment and referent groups. Potential tourists' travel intention will be increased through the effect of perception of the tourist destination. In the context of

wellness tourism, perception of a tourist destination appears to be one of the impetuses for tourist in choosing a specific destination.

In addition, it should be noted that subjective norm had a relatively strong effect on travel intention of wellness tourism, ranking the second significant predictor of intention in this study. The direct and indirect effects of subjective norm on travel intention were 0.175 and 0.007, respectively, indicating that subjective norm could both directly and indirectly predict travel intention. Its indirect effect on travel intention was transmitted from the mediating variable-- perception of tourist destination, which played a partial mediating role in the relationship between subjective norm and behavioural intention. The total effect (β=0.182) of subjective norm on travel intention was greater than attitude (β=0.030), which seemed to be different from some previous studies. Normally, the predictive power of subjective norm was weaker than attitude and other components in the TPB accounting for the explained variance in intention (Armitage & Conner, 2001). This suggests the conformity of individuals, they hope that what they do conform to the social environment and the expectations of their referent groups (such as colleagues, friends or family). Thus, the social groups that tourists usually contact with and the opinions of individuals or groups they think important to them have an impact on their behavioural intention (Azjen & Fishbein, 1980; Moutinho, 1987). For instance, Wang et al.'s (2021) research testified that subjective norm positively and directly influenced the Chinese students' travel intention, the overall destination image was also confirmed to predict destination visit intention in the model as well, yet the relationship between subjective norm and behavioural intention via overall destination image was not outlined.

Moreover, a feature of collectivism presented by Chinese travelers was detected in this study. Different from the individualistic culture in many western countries, China is an oriental country that is strongly collective. Potential wellness tourists tend to be more influenced by others' opinions as they are from a collective-oriented country like China. They are more likely to be affected by social factors, in other words, when a certain behaviour is approved by the community or social environment, or when this type of behaviour (i.e. participating in wellness tourism in Hainan) is recommended by their salient referent groups such as family, friends or colleges, the possibility of

implementing that behaviour will be higher. That is why in this study, subjective norm exerted significant effect on people's travel intention, this finding is consistent with Han et al. (2011); Lam and Hsu (2006) and Liang et al.'s (2019) study, in which taking Chinese tourists as the research population as well. Besides, subjective norm seems to have a relatively strong relation with travel intention in the context of wellness or health tourism, similar findings can be seen in Liang et al. (2019). However, Cheng et al. (2006) found that subjective norm functioned as the strongest construct to predict behavioural intention, which was slightly different from the finding in this study. Surprisingly, the non-significant relation between subjective norm and behaviour intention was detected by Lam and Hsu (2004) in the research of mainland Chinese traveller's visiting intention to Hong Kong, one of the possible reasons was the outbound travel was uncommon and not affordable at that time from the authors point of view. Also, normative variable seems to have little impact on food choice behaviour in several studies (Thompson et al., 1994; Yadav & Pathak, 2016).This further validates that the importance of the three constructs (attitude, subjective norm and perceived behavioural control) in TPB to explain behavioural intention may differ (Sparks & Pan, 2009).

In addition, the subjective norm's indirect effect has been confirmed not only in this study, but also in several earlier works. For example, Lee et al. (2012) and Song et al.'s (2012) study verified the indirect effect subjective norm had on behavioural intention via desire as a mediator in the goal-directed behaviour model. Stylos and Bellou (2019) applied both baseline and competing models in their article to evaluate the tourists' behavioural patterns of revisiting intention, as the suggestions from the salient referents may alter individual's thinking, subjective norm was included in the models and confirmed to have positive and direct influence on tourists' revisit intentions and destination loyalty, in addition, its indirect effect on behavioural intention was testified through destination loyalty. Thus, the result in this study echoes the findings in the consumer behaviour research that tourists' travel intention is influenced not only by the attitude toward a tourist destination but also by what their referent groups think they should behave.

Therefore, from the empirical evidence, it can be seen that opinions from significant others and the social environment of wellness tourists affected how they view Hainan as a wellness tourism

destination, in turn, influenced their visiting intention. In other words, perception of destination transmitted the indirect influence that social norms had on tourists' travel intention of wellness tourism, suggesting that subjective norm increased the perception of destination before they added to travel intention of wellness tourism. How tourists' view Hainan as a tourist destination played a critical role in transmitting the indirect effect that the influences of social pressures had on tourists' travel intention of wellness tourism. Hence, when tourists are encouraged and supported by their important referent groups and social environment to participate in wellness tourism in Hainan, their perception of Hainan as a wellness tourism destination becomes more positive, then the willingness to choose Hainan for wellness tourism will be stronger.

5.2.3 Discussion of Hypothesis 2c and Hypothesis 1c

According to Ajzen (1991), perceived behavioural control refers to an individual's perceived ease or difficulty of carrying out a specific behaviour. By performing such behaviour of interest, his or her ability, available resources, opportunities and other possible elements are taken into account at the same time. Perceived behavioural control also reflects people's past experience and perception of the possible obstacles to engaging in a particular behaviour. When the perceived behavioural control is close to an individual's actual ability of behaviour control, it can directly affect behavioural intention. In general, behavioural intention is not only affected by attitude and subjective norm, but also by individual's perceived self-efficacy over the implementation of the behaviour (Ajzen, 1985). Perceived behavioural control consists of two factors: control belief and perceived power, it is postulated that individuals with stronger control belief and perceived power would have a greater intention to perform a certain behaviour of interest (Ajzen & Driver, 1992).

It can be seen that in the structural equation model, the path coefficient value of perceived behavioural control on travel intention of wellness tourism was 0.552, which shows that perceived behavioural control had a positive significant impact on travel intention of wellness tourism. The standardised total effect value was 0.564 and the indirect effect was 0.012, suggesting that perceived behavioural control exerted impact on tourists' behavioural intention of wellness tourism through perception of tourist destination. The total effect of perceived behavioural control on travel

intention appeared to be the strongest in this model. The result of path coefficients from chapter four indicated that perception of destination partly mediated the relationship between perceived behavioural control and people's travel intention of wellness tourism in Hainan. That is, part of the impact of perceived behavioural control on travel intention of wellness tourism was transmitted through the perception of destination.

The result further proves that perceived behavioural control can be applied as a powerful antecedent, and perception of tourist destination as a mediator in the prediction of behavioural intention. In this study, perceived behavioural control was found to directly influence the potential tourists' travel intention of wellness tourism as well as indirectly influencing individual's behavioural intention through the perception of Hainan as the tourist destination. When tourists perceive that they have enough resources to engage in wellness tourism, their preference for the wellness tourist destination increases, then the travel intention to Hainan would go up subsequently. Thus, the stronger the extent of perceive behavioural control is for wellness tourists, the more favourable the perceived image of tourist destination is, and the higher travel intention of wellness tourism in Hainan they would have.

One of the possible reasons that potential wellness tourist perceived higher behavioural control of wellness tourism may be attribute to the current situation, potential travelers may think that it would be a good timing to travel to Hainan after the COVID-19 outbreak as there tend to be more promotions and cost-effective deals (Lepp & Gibson, 2003). The finding also indicates that time, money, physical strength and information are perceived as control factors that affecting individual's travel intention to Hainan for wellness tourism, and wellness tourists were able to overcome those obstructive factors to participate in wellness tourism in Hainan. That's because they are probably more longing for health and wellness and more eager for the pleasure brought by tourism than before, especially when they have gone through the COVID-19 pandemic.

This aspect is congruent with the research of Lee et al. (2012) regarding the factors in attracting Japanese tourist to Korea for medical tourism. They claimed that as the degree of self-confidence in the ability for Japanese tourists to travel to Korea for medical tourism increased, the extent of

intention to travel increased accordingly. In Lam and Hsu's (2004) study, they found out that there was a significant negative relationship between perceived behavioural control and travel intention, which indicating that the greater barriers the tourists perceived, the lower intention of travel presented among them. It is worth mentioning that their study measured perceived behavioural control from the aspect of constraints. However, a different picture in regards to the explanatory power of perceived behavioural control was displayed in a range of early researches (Goh et al., 2017; Kim et al., 2013; Liang et al., 2019; Seow et al., 2017), where perceived behavioural control was either non-significant or weakly related to behavioural intention. For instance, the scant impact of perceived behavioural control on travel intention of medical tourism in Seow et al. (2017) were due to the volitional reasons of the sample groups, young people were not attracted to medical tourism that included surgeries and organ transplantation. Other possible causes were, but not limited to, "new phenomenon", "not enough knowledge", "few resources" and "unfamiliar contexts".

The findings with regard to the indirect effect in this research are similar to a few previous studies (Chen et al., 2013; Girish et al., 2021; Park et al., 2017) while contradict to others (Li et al., 2021). For example, Girish et al.'s (2021) study examined the relationships between perception of tourist destination (i.e. destination image, reliability of destination source and fascination of destination), perceived behavioural control and tourists' travel intention to Cayman islands. The findings suggested that the perception of destination (i.e. fascination of destination) indirectly affected tourists' intention to visit a small island through perceive behavioural control, which indicating the mediating role it played in the TPB model. Likewise, Chen et al.'s (2013) research found that the image of destination fully mediated the relationship between tourists' perceived travel constraints or difficulties such as financial condition, health status and visiting intention to China. To be more specific, perceived travel difficulties would negatively impact on the destination image, and in turn affect the intention of travel. Chew and Jahari's (2014) investigation revealed that the potential tourists' perceived financial and socio-psychological risks of Japan negatively impacted on the cognitive image and emotional feelings of Japan as a tourist destination, perceived image linked the relationship between repeat tourists' perceived travel risks to Japan and their revisit intention. Destination image was again found to mediate the relationship between tourists' perceived risks,

perceived constraint and international tourists' intention to travel to Pakistan in Nazir et al.'s (2021) work. The claimed that as the perceived risks and constraints were the difficulties that negatively influenced the behavioural intention to travel, tourists may not incline to revisit if they perceived risks and constraints, yet the unwillingness to visit may be alleviated by the positive perception of destination.

By contrast, Li et al. (2021) investigated the factors that affected U.S tourists' travel intention to China in the modified TPB model and found that destination image positively related to perceived behavioural control of tourists, whereas the path of destination image to travel intention was not significant. Destination overall image was found to directly impact on travel intention and indirectly influence the intention to visit as a mediator in Wang et al. (2021), although perceived behavioural control factor was proved to have positive effect on travel intention as well in the model, the relationship between perceived behavioural control, overall destination image and behavioural intention was not tested. Park et al. (2017); Li et al. (2021) and Girish et al.'s (2021) research also presented that the different roles TPB constructs functioned in various settings and contexts.

In summary, from what have been discussed above, researches on travel intention and its relevant constructs such as perceived risks of travel, travel constraints and perception of destination image through applying the TPB models are well-established. In addition, plenty of studies have also verified the positive effect of perceived behavioural control on travel intention and the perception of tourist destination as a mediator in the TPB models. However, there is still a lack of literature specifically focusing the mediating effect of perception of destination between the relationship of perceived behavioural control and travel intention. The findings in this research not only confirm the significant positive relationships between perceived behavioural control and perception of tourist destination, perceived behavioural control and travel intention, respectively, but also advance the tourism research and TPB model by incorporating the basic construct (perceived behavioural control) and additional construct (perception of tourist destination) together to investigate the mediating role of perception of destination. The mediating role perception of

destination played between perceived behavioural control and travel intention of wellness tourism is sufficiently supported by the empirical evidence in the research.

5.2.4 Discussion of Hypothesis 2d and Hypothesis 1d

From the results of the structural equation model, it can be seen that past behaviour had a significant impact on travel intention of wellness tourism, and the influence of past behaviour on perception of tourist destination was statistically significant, indicating that prior travel behaviour had a positive causal relationship with behavioural intention, perception of tourist destination partially mediated the relationship between previous travel experience and behavioural intention of wellness tourism.

The role of past behaviour has been confirmed in a range of researches in the theory of reasoned action, a raise of the explanatory variance in the prediction of behaviour was found when it was added to the perception of behavioural control in the theory of planned behaviour (Ajzen, 1991). In other words, Ajzen (1991) doubted if past behaviour should be regarded as a direct predictor of future behaviour. Conversely, a host of previous studies showed that past behaviour could be included in the TPB model as a separate component (e.g. Bagozzi & Kimmel, 1995; Bentler & Speckart, 1981; Ouellette & Wood, 1998), as individuals may perform a certain behaviour habitually, this type of behaviour is more likely to be repeated if it has happened before. According to Ouellette and Wood (1998), when behaviour has high opportunity and it is in unchanged circumstances, past behaviour is expected to have a direct relation to the future behaviour, and when the context of these acts is inconstant, the behavioural subjects would decide whether to implement such behaviour consciously.

One of the possible reasons that perception of destination significantly linked the relationship between past behaviour and behavioural intention may be the familiarity and trust of destination obtained by the repeated tourists (Han & Hyun, 2015; Rasoolimanesh et al., 2021). Tourists may get familiar with the image of destination through past visiting experiences, the more they visit a certain destination, the more trust and preference over the destination they develop. This, in turns would positively influence the travel intention.

The result in this research indicates that potential tourists with an increase in the number of previous travel experiences of wellness tourism to Hainan would have a greater intention of travel. This finding is in line with a number of empirical studies with regard to travel behaviour (Chien et al., 2012; Juschten et al., 2019; Lam & Hsu, 2004, 2006). For example, Lam and Hsu (2004) found that travelers who have visited Hong Kong before expressed higher willingness to visit. Similarly, tourists' past visiting experience to summer tourism destinations in Austria was found to have significant influence on their next visiting intention to the destination in Juschten et al.'s (2019) work. In the investigation of beach resorts choosing behaviour, the inclusion of prior behaviour was testified to be the strongest contributing construct to predict the intended behaviour by Chien et al. (2012).

Consistent with the above mentioned studies and different from the suggestion of Ajzen (1991), evidence in this study again proves that past travel experience can be applied as an independent variable in the TPB model rather than included in perceived behavioural control.

5.2.5 Discussion of Hypothesis 1e

In the theory of planned behaviour, behavioural intention is mainly influenced by three endogenous psychological variables, including attitude, subjective norm and perceived behavioural control (Ajzen, 1991). However, the relationships between these three dimensions and the strength of their relationships may be varied in different circumstances. According to the result of the structural model from the previous chapter, perception of destination significantly influenced people's intention to travel.

Generally, perception of tourist destination is determined by a range of factors. These are ones' perceived value of tourist destination, quality of tourism products, tourism services, cost of travel, natural environment, culture, local customs and these factors may directly affect tourists' behavioural intention. In this research, perception of tourist destination was served as a mediator, hence, the three variables in the TPB model (namely, attitude toward wellness tourism, subjective norm and perceived behavioural control) exerted indirect influence on the travel intention of wellness tourism through perception of tourist destination.

232

Many previous studies have confirmed that perception of tourist destination not only can directly predict travel behaviour, but also can be applied as a mediating variable to predict tourists' behavioural intention indirectly (e.g. Bigné et al., 2001; Chen & Chen, 2010; Chen & Tsai, 2007; Gibson et al., 2008; Kani et al., 2017; Veasna et al., 2013; Yoon & Uysal, 2005). For example, Chen and Tsai's (2007) study found that destination image had both directly and indirectly influenced tourist's revisit and recommendation intentions. Chew and Jahari (2014) evaluated the role destination image played between perceived risks and revisit intention, and found that perceived socio-psychological and financial risks influenced Malaysian tourists' intention to revisit Japan through re-forming images of the destination. Other research also proved that the relationship between tourist's experience quality and travel intention was indirect via the mediators of perceived value and satisfaction of tourist destination (Chen & Chen, 2010). In addition, the complete mediating effect of perception of tourist destination has been proved in some articles as well. For example, Chen et al.'s (2013) research also confirmed the full mediating effect of destination image on perceived travel constraints and travel intention, the insignificant path of travel constraints to intention indicated that the additional variable, namely, destination image functioned as a full mediator. Also, overall image of destination was proved to function a full mediating role between three types of brand components and travel intention in Qu et al.'s (2011) research. Nazneen et al.'s (2021) work also verified the significant roles residents' perception of destination played as an antecedent variable and a full mediator to predict behaviour by utilising a different tourism behaviour model. In short, the findings with respect to perception of tourist destination in this research are similar to the results in the above articles. Therefore, it can be further concluded that the perception of tourist destination was adequate in predicting the travel behaviour of potential wellness tourists.

5.2.6 Summary of the mediating effect of perception of tourist destination

To sum up, in the mediating model of wellness tourism intention, perceived behavioural control has the greatest impact, with an overall effect of 0.564, followed by subjective norm, with an overall effect of 0.182, past behaviour (total effect of 0.165), perception of tourist destination (total effect of 0.064), and lastly attitude toward wellness tourism, with a total effect of 0.030 merely, of

which attitude had the weakest impact on behavioural intention of wellness tourism. This suggests that tourists' positive or negative feelings about wellness tourism are not enough to stimulate potential tourists' desire for wellness tourism. Because attitude was found to have no direct impact on the behavioural intention of wellness tourism, its indirect influence on travel intention was completely transmitted through perception of destination. This result showed that the construct of destination perception needs to be paid attention to, specifically, tourism providers and local governments should endeavor to create a positive destination image in order to increase tourists' preference and positive evaluation of Hainan as a tourist destination.

Perceived behavioural control had the strongest impact on behavioural intention of wellness tourism. On the one hand, perceived behavioural control directly predicted wellness tourism intention, on the other hand, it indirectly affected travel intention of wellness tourism through perception of destination, indicating that time, money, physical power and destination information are determinant factors in the tourists' decision making process. If individuals perceive that they can't control these factors, his or her behavioural intention of wellness tourism would be reduced to a large extent. Subjective norm also exerted significant influence in the prediction of travel behaviour. Social norms had both direct and indirect impact on the behavioural intention of wellness tourism, its indirect impact was transmitted through perception of destination. Due to the influence from traditional oriental culture, the behaviour of Chinese tourists is more likely to be strongly affected by the social environment and the people they consider important to them. Therefore, efforts should be made to enhance the public recognition of wellness tourism. Increased popularity of wellness tourism among the social groups may help to improve tourists' willingness of participation. In addition, this research revealed that past travel behaviour directly predicted travel intention of wellness tourism, and indirectly impacted on intention through perception of tourist destination. The finding suggests that wellness tourists have agreed with their behaviour of wellness tourism, which may directly affect the (next) behavioural intention of wellness tourism. Besides, their past travel experience decides how they view the tourist destination, in this case, Hainan, and in turn, influences their travel intention.

As a mediating variable, tourist destination had a significant positive effect on travel intention, which demonstrates that improving tourists' perception of tourist destination would make the destination-Hainan more attractive to tourists. This hypotheses model presents that among the predictive variables of behavioural intention of wellness tourism, perception of destination and past behaviour were the two well introduced factors. The inclusion of perception of tourist destination as a mediator in the TPB model not only accounted for more of the variance in behavioural intention (61.3%), but also linked the influence of other variables on the behavioural intention of wellness tourism.

5.3 Discussion of the extended TPB model—Moderating effect of wellness lifestyle

This section will discuss the moderating effect of wellness lifestyle based on the findings in the previous chapter.

5.3.1 Discussion of Hypothesis 3a: Wellness lifestyle moderates the relationship between tourist's attitude and travel intention.

The path coefficient result revealed that there was no significant relationship between attitude toward wellness tourism and behavioural intention (β= 0.028, P = 0.280), travel intention of wellness tourism was not determined by tourists' attitude toward wellness tourism. Besides, the interaction between attitude toward wellness tourism and tourists' lifestyle (Lifestyle × Attitude) on travel intention of wellness tourism appeared to be insignificant (β= 0.032, P=0.364), indicating that lifestyle cannot moderate the relationship between attitude toward wellness tourism and travel intention. Although some wellness tourism scholars asserted that wellness attitudes greatly influenced wellness travel intention and consuming behaviour (e.g. Koskinen & Wilska, 2019; Voigt et al., 2011), it is not evident in behavioural models within this study. It is not common that attitude failed to predict behavioural intention in the TPB model as attitude usually exerted profound influence on behavioural intention in most of the studies (e.g. Ajzen, 1991; Park et al., 2017; Quintal et al., 2015).

Nevertheless, only marginal effect exerted by attitude was found in the prediction of travel intention of wellness tourism in the original TPB model, and attitude did not have direct impact on travel intention of wellness tourism as well in the mediation model, in which its indirect effect on travel intention of wellness tourism was transmitted through perception of tourist destination. This finding is consistent with a range of previous studies in tourism settings that attitude either failed to directly predict destination choosing behaviour (Juschten et al., 2019; Lam & Hsu, 2006) (Sparks, 2007; Sparks & Pan, 2009) or had very minor effect on behavioural intention (e.g. Quintal et al., 2010). One of the possible reasons may be that the explanatory power of attitude is not enough to affect people's travel intention to a particular destination. Moreover, Hainan is the first province in China to put forward the concept of wellness tourism, and it is also a destination famous for tourism, tourists may have generally good appraisal of tourism in Hainan (Juschten et al., 2019). Therefore, in this study, whether respondents have a positive attitude towards wellness tourism does not affect their actual travel intention. Thirdly, as Yuzhanin and Fisher (2016) questioned, the measuring scales of attitude may not be clear enough.

Furthermore, it is postulated that attitude and/or wellness lifestyle may function differently in the prediction of travel intention of wellness tourism within this study. It is noteworthy that in the analysis of the moderating effect of wellness lifestyle in the TPB model, the researcher found that there was a positive association between attitude toward wellness tourism and behavioural intention when wellness lifestyle was not included, however, the direct effect of attitude on behavioural intention disappeared as soon as wellness lifestyle was included. This suggests that wellness lifestyle may play a full mediating role in the relationship between attitude towards wellness tourism and travel intention. If wellness lifestyle is assumed to be a mediating variable, attitude toward wellness tourism may have a direct impact on lifestyle and an indirect impact on travel intention, meanwhile, wellness lifestyle could directly predict travel intention of wellness tourism. Upon the conjecture, the impact of attitude toward wellness tourism on travel intention may be transmitted through wellness lifestyle, wellness lifestyle might serve as a mediator. This is in accordance with earlier researches supposing that the direct relationship between attitude and travel intention may be spurious or debatable (e.g. Juschten et al., 2019). This finding also suggests that when investigating the relationship between attitude and behavioural intention, it is of great

importance to take additional variable (e.g. wellness lifestyle) into account. For example, wellness lifestyle's mediating effect was discovered in Chen's (2009) work that individual's concern for health exerted an indirect effect on organic food buying attitude through consumer's healthy lifestyle.

5.3.2 Discussion of Hypothesis 3b: Wellness lifestyle moderates the relationship between subjective norm of wellness tourism and travel intention.

In this study, wellness lifestyle was incorporated as a moderating variable to affect the strength of the relationships between three antecedent variables (namely, attitude, subjective norm and perceived behavioural control) in TPB on travel intention of wellness tourism. From the path coefficient result in the previous chapter, it was found that subjective norm directly predicted travel intention of wellness tourism, and the interaction between subjective norm and wellness lifestyle (Subjective norm × Wellness lifestyle) also had a positive impact on travel intention of wellness tourism (Figure 5-1).

When the important referent groups (such as friends and family members) of individuals with wellness/healthier lifestyles suggest that they should participate in wellness tourism, their travel intention of wellness tourism to Hainan will increase. In other words, the greater the intensity of significant others of potential tourists think they should go to Hainan for wellness tourism, the more positive their travel intention of wellness tourism will be, this positive effect will be even stronger among tourists with wellness or healthier lifestyles. In this case, wellness lifestyle strengthens the positive relationship between social norm and travel intention of wellness tourism.

The significant impact subjective norm had on travel intentions in the contexts of wellness tourism or other forms of health-related tourism has been ascertained in a number of previous studies (e.g. Lee et al., 2012; Liang et al., 2019; Seow et al., 2017; Song et al., 2014). For example, Lee et al.'s (2012) finding confirmed that when Japanese tourists perceived social pressure from their important others to travel to Korea for health tourism, their travel intention was likely to increase. A common point in these articles is that their respondents are from Asian countries with relatively

strong collectivist culture (e.g. China, Japan). People in these countries are more likely to comply with what their important referent groups think they should do (such as going for wellness tourism). In contrast, social pressure from one's important others seems to be of less importance among people in western countries. For example, social influence from potential Spanish spa tourists' referent groups (e.g. family, friends and colleagues) did not play a determining role on their behavioural intentions to go for spas as Pelegrín-Borondo et al. (2020) reported. The finding in this research re-affirms Quintal et al.'s (2010) viewpoint that collectivist country is more normatively controlled.

Consistent evidence from a number of prior studies has verified the positive relationship between subjective norm and health behaviour such as lifestyle (e.g. Banerjee & Ho, 2020; Finlay et al., 1997; Finlay et al., 1999). For instance, Banerjee and Ho (2020) found that social norms significantly influenced the intention of Singaporeans to engage in health promoting lifestyles. Draper et al. (2015) suggested that social norms and support from family members may help to improve young people's health behaviour. Again, the positive influence of social groups on healthier eating behaviour was justified in Kervenoael et al.'s (2021) study.

Based on the aforementioned, it is logical that wellness lifestyle moderates the relationship between subjective norm and behavioural intention of wellness tourism. People are more inclined to participate in wellness tourism in Hainan if they perceive approval and support of wellness tourism from their family members, colleagues or friends. Especially in the groups with wellness/ healthy lifestyles, the positive impact of social pressure on behavioural intention becomes more significant. Since there is no identifiable study testing the moderation effect of wellness lifestyle in the prediction of travel intention, the current result is only seen in this study, moreover, the influence of the interaction between wellness lifestyle and subjective norm in determining potential tourists' travel intention is understood with sound empirical evidence.
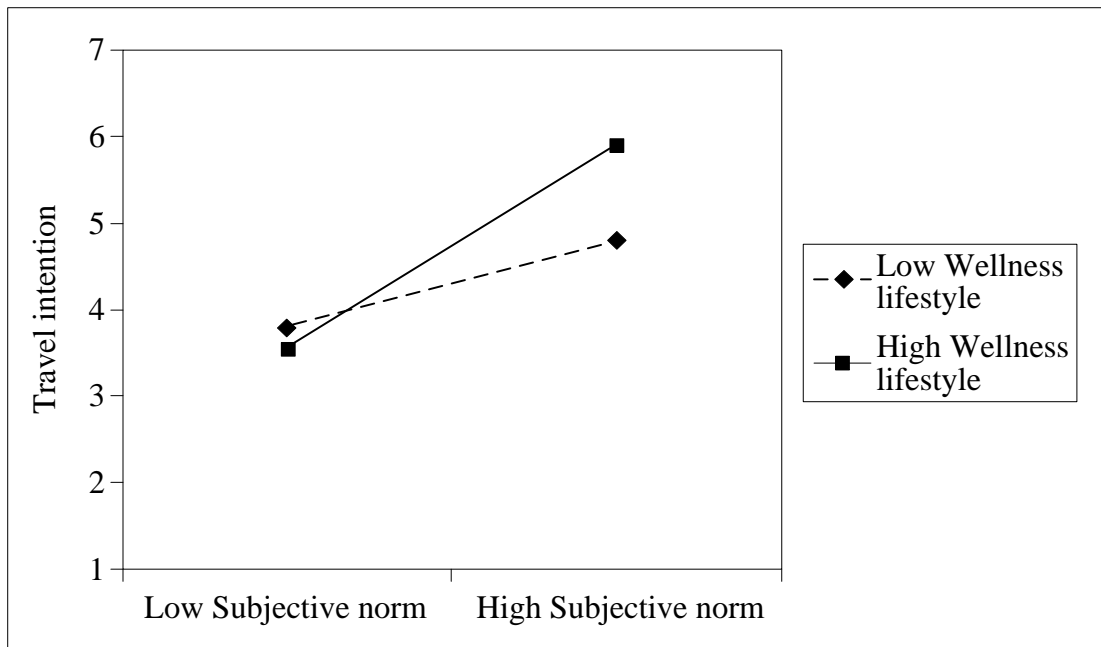
Figure 5-1: Moderating effect of wellness lifestyle on the relationship between subjective norm and travel intention

5.3.3 Discussion of Hypothesis 3c: Wellness lifestyle moderates the relationship between perceived behavioural control of wellness tourism and travel intention

The direct impact of perceived behavioural control on travel intention of wellness tourism was statistically significant from the path coefficient (β=0.510, P<0.001), and the interaction between wellness lifestyle and perceived behavioural control statistically significantly impacted on travel intention of wellness tourism as well (β=-0.087, P<0.001). On one hand, perceived behavioural control had significant positive influence on travel intention of wellness tourism, perceived behavioural control has been verified as the most powerful construct to predict travel intention in all of the TPB models in this study. On the other hand, the result demonstrates that the direct effect of perceived behavioural control on travel intention of wellness tourism was negatively regulated by wellness lifestyle. Wellness lifestyle moderated the relationship between perceived behavioural control and behavioural intention, in other words, the strength of the relationship between perceived behavioural control of wellness tourism and travel intention was regulated by wellness

lifestyle (as shown in Figure 5-2). There was a significant moderating influence exerted from wellness lifestyle on the relationship between perceived behavioural control and travel intention of wellness tourism.

The significant negative moderation indicates that as a moderator, wellness lifestyle restrains the relationship between the antecedent variable (perceived behavioural control) and the outcome variable (travel intention) in the extended TPB model. To be more precise, perceived behavioural control positively predicts behavioural intention, so that the main effect of the hypothesis is positive. However, the negative interaction of wellness lifestyle and perceived behavioural control (Wellness lifestyle × Perceived behavioural control) demonstrates that the healthier the lifestyle of tourists is, the weaker the positive impact of perceived behavioural control has on behavioural intention. When tourists perceive less difficulties or barriers and when the perceived difficulties can be controlled, their visiting intention of wellness tourism to Hainan would be higher, on the other hand, the effect of perceived behavioural control on travel intention of wellness tourism is reduced among tourists with healthier or wellness lifestyles. That is, for the tourists with healthy lifestyles, even if they perceive difficulties, they would still want to participate in wellness tourism more than those with less healthy lifestyles. By comparison, the direct effect exerted from perceived behavioural control on travel intention of wellness tourism to Hainan would be strengthened for tourists with less healthy lifestyles. In addition to serving as a moderating variable in the relationship between perceived behavioural control and travel intention of wellness tourism, wellness lifestyle also directly predicted behavioural intention. Hence, travel intention of wellness tourism is more likely to increase for tourists with healthier lifestyles. In this case, the researcher supposes that wellness lifestyle may filter out the strength of the effect of perceived behavioural control on travel intention of wellness tourism.
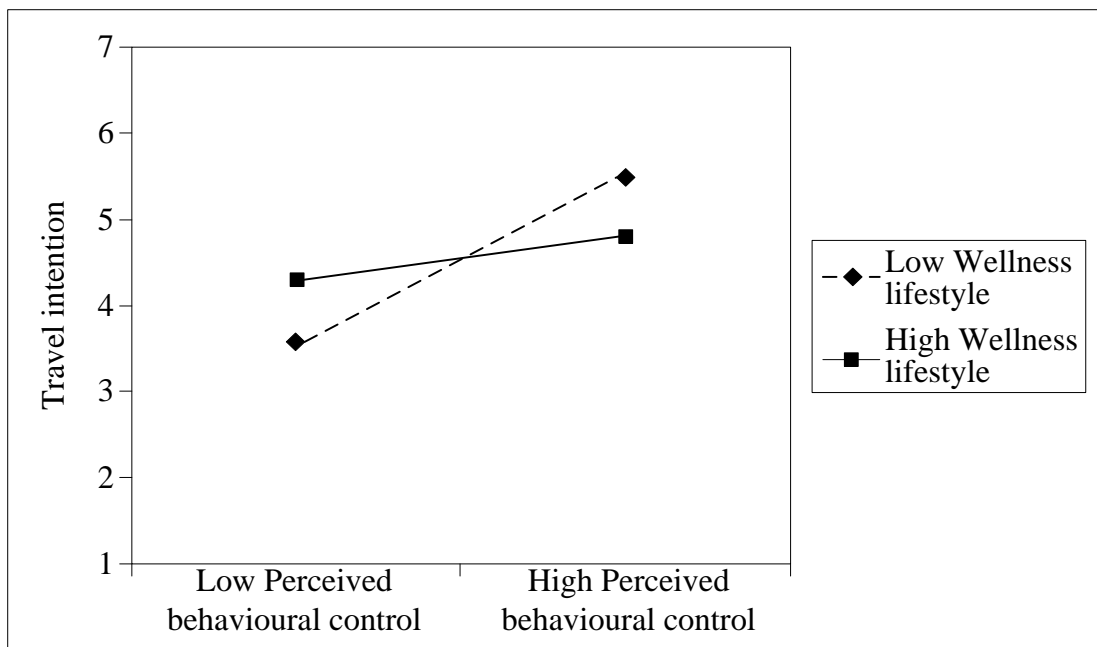
Figure 5-2: Moderating effect of wellness lifestyle on the relationship between perceived behavioural control and travel intention.

5.3.4 Discussion of Hypothesis 1f: Wellness lifestyle has a significantly positive correlation to travel intention

Wellness lifestyle was found to significantly and positively affect tourists' travel intention of wellness tourism to Hainan. The finding is logical, because wellness tourism improves tourists' well-being in terms of physical, psychological and spiritual sides (Chen et al., 2014; Mueller & Kaufmann, 2001; Smith & Puczkó, 2008; Težak Damijanić, 2019), there is a relation between wellness lifestyle to wellness tourism (Težak Damijanić, 2019). The finding in this study verifies the hypothesis that individuals with wellness lifestyle would have greater travel intention of wellness tourism. This is in line with the findings of several previous researches (e.g. Hallab, 2006; Težak Damijanić, 2019). For example, tourists with wellness lifestyles were more willing to participate in wellness activities that improved physical and spiritual health and were more attracted to a destination with wellness features according to Hallab (2006) and Težak Damijanić (2019). The result also confirms a few previous finding that people who had a healthy daily life

might be more interested in travelling (Chen & Petrick, 2013; Cleaver & Muller, 2002) and tourists' travel decision making process was influenced by their lifestyles (Težak Damijanić, 2019). In Cleaver and Muller's (2002) research, tourists with socially and environmentally responsible lifestyle were found to be more motivated to eco-friendly tourism. Konu (2010); Koskinen and Wilska (2019); Smith & Puczko (2009) and Voigt et al.'s (2011) research concluded that lifestyles of tourists were strongly linked with their travel intention and choice of wellness tourism.

The relationship between wellness lifestyle and behavioural intention also validates the findings of several earlier works. For example, Szakály et al. (2012) clarified the positive relationship between health-conscious lifestyle consumers and their consuming habits of healthful food products. In the examination of organic food purchase behaviour, Ham et al. (2018) reported that incorporating uniqueness- seeking lifestyle in the TPB model enhanced the variance explained in the organic food buying intention and actual behaviour. Individuals who have more health concern in their daily life expressed more favourable attitude towards organic foods and they were more interested in consuming organic food products according to Yadav and Pathak 's (2016) findings. Consumers who concerned more in maintaining healthy lifestyles were more likely to seek health information in product purchasing process in Parashar et al. 's (2019) work, yet the acquisition behaviour was found to have no significant relationship with health-conscious lifestyles. Empirical results from Hudson et al.'s (2017) study indicated that tourists who considered wellness as important in their lifestyle showed stronger travel intention for wellness tourism. Though slight opposing evidence exists, the finding in this research resonates the evidence from various research that people with healthy/ wellness lifestyle are more prone to engage in healthful behaviour.

In addition, interesting findings emerged in this study that as a newly added variable, the total direct effect of wellness lifestyle (β= 0.152, P < 0.001) was nearly the same as the classical variable subjective norm (β= 0.198, P < 0.001) in the prediction of travel intention of wellness tourism. This indicates that lifestyle/wellness lifestyle can be served as a critical antecedent to predict travel intention of wellness tourism in TPB model, therefore, the perspective that individuals who have wellness lifestyles would have stronger intention to travel for wellness tourism in Hainan is further strengthened.

5.3.5 Conclusion of the moderating effect of wellness lifestyle

Not much literature with respect to lifestyle or wellness lifestyle is related to behavioural intention in leisure studies, yet its moderating and predicting role can still be found in some previous researches. Although the current evidence is unique to this study, similar findings can be seen in a few studies (e.g. Chen, 2011; Mensah et al., 2021). For example, Mensah et al. (2021) applied a behaviour model to examine the relationship between corporate social responsibility, environmentally friendly lifestyle and environmentally friendly behaviour in a hotel setting and found that environmentally friendly lifestyle was both a moderator and direct predictor of behaviour. Environmentally friendly lifestyle in the hotels strengthened the relationship between corporate social responsibility and environmentally friendly behaviour, in addition, it was verified that hotel employees with environmentally friendly lifestyle were more inclined to behave environmentally friendly at work. Chen's (2011) study investigated the moderating effect of health-related lifestyle on functional food choice behaviour and found that people with healthy lifestyle showed greater degree of intention to consume functional food in contrast to the people who cared less about their health. Perception of individual's health was found to be served as a moderator in the relationship between mental well-being, food experience and tourists' revisit intention of wellness tourism, it was concluded that the relationship between mental well-being and revisit intention appeared to be stronger among tourists with high level of perceived self-health (Lin, 2014). Likewise, in Lee et al.'s (2014) work, health consciousness was affirmed to moderate the relation between healthy eating options and perceived social responsibility, they claimed that individuals who were more concerned about the importance of healthy lifestyle on their health were more intended to consider a restaurant is socially responsible to provide healthful food options than low health conscious consumers. Interestingly, the moderating effect was not evident between provided nutrition information and perceived social responsibility. Her and Seo's (2017) study also reached a conclusion that the main effect of perceived healthiness of entree on intention of subsequent food consumption was greater among less health concerned customers, which stressed the moderation role of health consciousness.

As individuals' lifestyle may influence their perception of a shop, Wang and Sun (2015) pointed out that one's lifestyle may interact the relationship between the environment of hotel and consumers' perceived quality, while perceived quality directly influenced intentions of purchase. Similarly, Matzler et al. (2007) stated that lifestyles moderated the relationship between customer satisfaction and loyalty to Alpine ski resorts in terms of intention of revisit and word-of mouth recommendation, especially in the family and health-oriented customers, the satisfaction and loyalty relationship became stronger. Moderating effect of lifestyle can also be seen in some health-related studies (e.g. Lin et al., 2018; Yang et al., 2021). For example, a smoking habit was found to significantly regulate the impact of environmental factors on mental well-being in Yang et al.'s (2021) work.

Despite the fact that the researches came from different fields and contexts, evidence from those studies did verify the moderation effect that lifestyle/ healthy lifestyle has on bahvioural intention or behaviour. People who pay more attention to their health are more inclined to keep wellness or healthy lifestyles, and so they display stronger willingness to take part in health improving activities (i.e. wellness tourism). In short, when analysing behavioural intention in the TPB model, lifestyle or wellness lifestyle may need to be taken into consideration as its multiple effects on travel intention of wellness tourism has been underlined in this study.

The squared multiple correlation value (R^2) for travel intention in the structural model concerning wellness lifestyle as a moderator was 0.593, indicating that the overall variance in travel intention of wellness tourism explained through the model added up to 59.3%. And the value of R^2 in the model adding perception of destination as a mediator to predict travel intention was 61.3%. Since TPB model generally explained 39% of the variance in behavioural intention on average (Armitage & Conner, 2001), the R^2 values in this study suggest that the models had a relatively high predictive power for travel intention, in addition, it proves to be practicable to apply the extended TPB with additional constructs to predict travel intention in the wellness tourism context.

5.4 Implications

5.4.1 Theoretical implications

In the first place, according to the theories that are related to tourism and tourist behaviour, this study introduced additional explanatory variables on the basis of the original model of theory of planned behaviour to construct a hypothetical model of the influencing factors of wellness tourism behaviour (namely, the extended theory of planned behaviour), the empirical analysis proved that the extended theory of planned behaviour model (ETPB) can well explain the travel intention of tourists to Hainan for wellness tourism. The results in this study have answered the question of what factors affect the formation of travel intention of wellness tourism, also how these factors interact to jointly influence the formation of behavioural intention of wellness tourism has been unraveled. Previous studies normally investigated behavioural intention from a single perspective of the theory of planned behaviour, either tested the mediating effect or moderating effect of a certain variable in the TPB model (i.e. Hasan et al., 2020; Seow et al., 2017; Wang et al., 2021). However, this study offers an innovative perspective by not only incorporating three new explanatory variables - past behaviour, perception of tourist destination and wellness lifestyle, but also examining the mediating effect of perception of tourist destination and the moderating effect of wellness lifestyle in the extended TPB model, respectively. It is indicated that the forming of behavioural intention of wellness tourism is the result of interaction and mutual relation of the influencing factors. When analysing behavioural intention of wellness tourism, researchers should not only look at the problem from a single aspect, but should comprehensively consider the predictive mechanism of different factors. Moreover, few of the studies have analysed the impact of lifestyle on Chinese wellness tourists' behaviour in-depth, this study fills the research gap of the impact of individual's health behaviour (wellness lifestyle) on wellness tourist's travel intention, especially in the post COVID-19 pandemic period. Therefore, this study provides a new research perspective for the study of the influencing factors of behavioural intention of wellness tourism and a solid evidence for exploring the applicability of planned behaviour theory in the context of wellness tourism. It is important for future researchers to consider the extension of the TPB model

as it contributes to the improvement of the explanatory power of behavioural intention, in the meantime, it has greatly enriched the research areas of theory of planned behaviour.

Secondly, this study makes a contribution to the theory of planned behaviour by conducting an empirical research on the influencing factors of behavioural intention of wellness tourism. Analytical results revealed that subjective norm, perceived behavioural control, past behaviour, perception of tourist destination and wellness lifestyle positively influenced tourists' behavioural intention of wellness tourism. In addition, perception of tourist destination was found to function as an important mediating variable in the formation mechanism of travel intention of wellness tourism. Its full mediating effect in the relationship between attitude and behavioural intention was confirmed. Further, perception of tourist destination partially mediated the relationships between subjective norm, perceived behavioural control, past behaviour and behavioural intention of wellness tourism. In the ETPB model—mediating effect of perception of tourist destination constructed in this research, the direct impact of attitude on travel intention of wellness tourism disappeared, and its indirect impact was transmitted through perception of tourist destination. What is more, in order to contribute to current knowledge with regard to the predicting power of wellness lifestyle, the moderating effect of wellness lifestyle has also been tested and verified in the forming mechanism of wellness tourism intention in the ETPB model. The strength of the relationships between subjective norm, perceived behavioural control and behavioural intention of wellness tourism was moderated by wellness lifestyle, and wellness lifestyle exerted a significant impact on travel intention of wellness tourism as well.

Moreover, this study has developed a scale for measuring wellness tourism intentions. Based on the theory of planned behaviour and literature review, a scale to predict travel intention of wellness tourism has been constructed from seven dimensions in terms of attitude toward wellness tourism, subjective norm, perceived behavioural control, past behaviour, perception of tourist destination, wellness lifestyle and travel intention. Exploratory factor analysis and confirmatory factor analysis were applied to test the validity and reliability of the scale, the results showed that there was a good reliability and validity in the scale, so that it can be applied to measure and explicate the behavioural intention of wellness tourism.

5.4.2 Practical implications

In order to increase tourist's willingness to participate in wellness tourism, and to stimulate their actual travel behaviour, effective marketing and promotion of wellness tourism should be put forward by taking the findings in this study into account. A number of practical implications for the development of wellness tourism can be derived from the study.

Although attitude failed to directly predict travel intention of wellness tourism in this study, it indirectly influenced wellness tourism intention through perception of tourist destination. Therefore, in order to reinforce positive attitude towards wellness tourism in Hainan and impress the public, government departments can work together with tourism enterprises to build a favourable environment of wellness tourism for tourists by improving tourism infrastructure, wellness facilities and services, and creating the image of Hainan as a wellness tourist destination more than a destination just for the traditional holidays.

The findings in this study indicate that individual's travel decision-making was significantly influenced by their important others such as friends, family members and co-workers. Therefore, positive word of mouth from visitors is of vital importance for upgrading the positive image of Hainan, tourism sectors and companies should make efforts to establish a wellness tourism brand of Hainan as the "renowned wellness tourist destination in China". In order to attract more wellness tourists and enhance the competitiveness and destination branding of wellness tourism in Hainan, tourism authorities and private tourism organisations could implement appropriate promotion strategies both online and offline. For example, hosting tourism fairs (e.g. wellness tourism exposition in Hainan) and cultural events stressing the unique experience and wellness features of Hainan could be the effective promotion means for marketers to boost tourist's positive perception of the destination.

Concerning the influence of social normative influence on travel intention, tourism operators should find ways to reach the people who are important to tourists. On one hand, destination marketing managers can promote more value-for-money wellness tourism products such as family tours and group tours in order to motivate tourists to make group travel to Hainan. On the other

hand, it is essential for tourism suppliers to provide high quality products and services as well as creating memorable and unique wellness travel experience to satisfy customers during their holidays in Hainan. Visitors should be encouraged to write feedback about the experience after travel, and recommend Hainan to their salient referent groups such as relatives, peers and colleagues through positive word of mouth. Wellness tourism operators can take various measures to promote wellness tourism to the public and strengthen the image of Hainan as a wellness tourism destination through mass media. For example, the benefits of participating in wellness tourism and the beautiful ecological environment of Hainan should be advertised to the potential wellness tourists through various media platforms such as radio, television, newspapers, magazines and other online social media platforms in the form of promotional videos, short films, photographs and wellness tourism websites. In addition, tourism sectors can invite popular celebrities or famous public figures to be wellness tourism ambassadors for Hainan, with the influence of famous figures, people's intention to partake in wellness tourism in Hainan will be further enhanced

The results reveal that the perceived behavioural control had the greatest impact on travel intention of wellness tourism. With the aim of attracting more wellness tourist to Hainan, the administrative role of governmental bodies should not be ignored. The government departments can support tourism enterprises to strengthen the perceived behavioural control of potential wellness tourists. For example, in order to increase the opportunity of individuals participating in wellness tourism, Hainan provincial department of culture and tourism is suggested to cooperate with media to ensure the sufficient amount of exposure of information in relation to wellness tourism. However, the local tourist office and tourism suppliers do not merely need to promote Hainan to the public via mass media, it is of the same importance to design and provide differentiated wellness tourism services and products for the consumer market with different socio-demographic profiles. A number of wellness tourism activities should be tailored to meet the needs of different groups of people, so as to increase the perceived behavioural control, which in turn enhances their intention for wellness tourism. For instance, forest yoga and meditation, beauty spa, and hot spring wellness tourism are recommended to female tourists, while rehabilitation and recuperating activities such as Tai Chi, forest walking and food therapy are more suitable for the elderly. Male groups may be more interested in vigorous wellness tourism programs such as marine sports and forest marathons. In

addition, it is necessary for tourism managers to apply appropriate marketing strategies to further segment the wellness tourism market according to the income levels of tourists. For example, "high-end" or "showy" wellness tourism services can be offered to tourists with higher personal income and spending power. Nowadays, online marketing seems to be one of the most cost-effective marketing tactics and it may be more effective for the younger generation of travellers. Marketers in the wellness tourism industry are encouraged to take advantage of modern information technology and big data to accurately target the market, thus, to increase the confidence and self-efficacy of potential tourists to seek wellness tourism in Hainan.

Concerning the moderating effect in this study, it is found that wellness lifestyle positively related to tourists' travel intention of wellness tourism and strengthened the relationship between social norms and travel intention. Besides, tourists scored higher in wellness lifestyle seems to be more capable of overcoming some difficulties to participate in wellness tourism. As a result, tourism sectors need to be committed to improving potential tourists' health literacy by making joint effort with the Ministry of Education, National Health Commission, media and other non-governmental sectors to publicize the benefits of living a healthy lifestyle. Effective health promoting behaviour interventions (i.e. health education programs, health lectures and health behaviour mutual assistant groups) should be taken to improve people's health knowledge, so as to enable them to develop health promoting behaviour such as wellness lifestyle whereby it would increase the likelihood of individuals to participate in wellness tourism in Hainan (Cui et al., 2021). Although generally wellness tourism is found to appeal to those who already care about health, promoting wellness lifestyle can not only make an appeal to an untapped market of people who don't perceive wellness tourism is designed for them, it might also make more of the population healthy in the longer term.

5.5 Summary

This chapter has discussed the hypotheses in the TPB models and the reasons why various variables had the different levels of influence on travel intention of wellness tourism in Hainan were further explored. The findings in this study were found to be in line with a number of earlier studies while they contradicted some others. Then, the theoretical implications and practical implications were

provided in the final sections of this chapter. It is with the hope that these findings in this research will help not only the tourism authorities and marketer in Hainan to develop wellness tourism more effectively and meet the needs of wellness tourists but that this research will have wider implications for destinations all over the world that are pursuing wellness tourism economies.

Chapter 6: Conclusions

6.1 Major findings and contribution to knowledge

The last chapter of this research will summarize the research and identify its limitations and future recommendations.

The purpose of the study was to examine the main factors affecting wellness tourists' behavioural intention by utilising the theory of planned behaviour. Based on the original theory of planned behaviour, a modified theoretical model is proposed to explain the wellness tourism travel intention in Hainan through analysing the relationships between the influencing factors of behavioural intention. This thesis confirms that the extended theory of planned behaviour can well predict tourists' behavioural intention, but that an extended theory of planned behaviour can explore more factors that affect tourists' behavioural intention of wellness tourism. The formation mechanism of behavioural intention of wellness tourism is influenced by different variables, both directly and indirectly.

What sets this study apart from previous studies is the focus on the domestic tourists' travel behaviour and the important findings through extending the model of theory of planned behaviour in this research. Firstly, it is verified that as a mediator, perception of tourist destination links the relationships between attitude, subjective norm, perceived behavioural control and wellness tourism behavioural intention. Secondly, this research reveals that whether a tourist's lifestyle was healthy already significantly affected their wellness tourism intention, and it played a moderating role in the relationship between subjective norm, perceived behavioural and behavioural intention. The influence of socio-demographic characteristics in different variables has been reaffirmed. In addition, this study has proved that adding new variables into the original TPB increased the

251

explanatory power of the extended TPB model. Giving the recent increasing demand for wellness tourism in Hainan, it is crucial for the wellness tourism operators and related department to clearly understand the mechanism and determinants of the behavioural or travel intention of wellness tourists.

Theoretically, the study of wellness tourism not only caters to the needs of people for well-being and leisure in the process of rapid economic development, but also captures the essence of wellness tourism, fills the gap of current wellness tourism theory, and further improves the theory of planned behaviour. The use of a mixture of methodological approaches in this research can provide scientific guidance for the methodologies adopted by future researchers. The empirical results in this research as well indicate that tourism scholars can modify and apply the TPB model to explain other types of travel behaviour in the tourism industry.

In practice, this research provides recommendations for the development of wellness tourism in Hainan, and the optimization of wellness tourism services and products as well as upgrading the structure of tourism industry in Hainan Province. Wellness tourism operators need to understand the buying behaviour of tourists in order to tailor their products and services effectively. The government and tourism sectors are playing a key role in the development of wellness tourism.

At the national level, the relevant departments should focus on improving consumers' positive evaluation and perception of wellness tourism in all aspects. Therefore, the regulatory role of governmental bodies should not be ignored. The national governmental sectors are suggested to carry out macro-control policies in order to ensure that wellness tourism suppliers are competent to consistently provide quality products and services. Apart from this, wellness tourism resources can be better allocated through the supervision of the governmental bodies, which consequently contributes to the sustainable development of wellness tourism. Moreover, the government is encouraged to commission researches on wellness tourism from universities, research institutions, industry associations and outstanding enterprises.

The provincial government is suggested to expedite the preparation of long-term development plans for major wellness tourism cities in Hainan, as well as increasing investment in the wellness

tourism industry. The regional advantages of wellness tourism in Hainan should be brought into full play through scientific layout to promote the industrial agglomeration effect. In the second place, certain land can be reserved for the development of large and medium-sized wellness tourism projects through reasonable planning of the resources by the governmental bodies. Thirdly, the government is encouraged to offer financial support and preferential land tax policies to the wellness tourism projects with a great potential.

Hainan is a major tourism province in China, attracting a large number of tourists every year. In order to minimize the negative impacts of COVID-19 pandemic in Hainan wellness tourism, two suggestions are put forward. First of all, under the guidance of China's pandemic prevention and control policies, the provincial government should avoid taking the two extremes of excessive prevention and control and undue laxity. Secondly, according to the significant seasonality of tourism and the demographic characteristics of wellness tourists, the government is suggested to direct tourists to stagger travel times. On one hand, off peak travel helps to reduce the risk of cross infection of coronavirus during travel. On the other hand, tourists are more likely to receive better tourism services at non-peak period, and consequently increase tourists' perception of destination. This is not only beneficial to improving tourists' positive attitude towards wellness tourism, but also contribute to the virtuous circle of the development of tourism destinations. Thus, the needs of both the supply and demand sides will be balanced.

This study contributes to wellness tourism operators or enterprises by providing them with the directions and thoughts of marketing. That is, to implement the development of wellness tourism products and improve quality of service. The wellness tourism market needs to be accurately segmented according to different characteristics of consumers. Secondly, which segmented market(s) enterprises intend to enter should be carefully determined based on the resources and competence of the enterprises so that they can develop corresponding wellness tourism projects to the selected market(s). wellness tourism suppliers should attach importance to the quality of tourism products and services, since it will have an influence on consumers' perception of the destination, thereby affecting the long-term development of the wellness tourism industry.

In general, a comprehensive understanding of wellness tourism can help policy makers to establish appropriate policies and regulations for the industry. The findings from this research will assist wellness tourism stakeholders to identify the tourists' preferences and their key characteristics so that the tourism sectors will be aware of what needs to be emphasized and improved. Furthermore, as the research focuses on the Chinese people' travel intention of wellness tourism in Hainan, the findings of the research will be applicable to other destinations pursuing wellness tourism.

6.2 Limitations of the study

This research applied convenience sampling as the sampling strategy, which may result in certain problems with the generalization of the finding. Second, the sample is limited to domestic tourists within a cultural framework of collectivity that does not take account of different groups of international tourists and how they may respond. In addition, due to the limitation of time, funding and resources, it is difficult to conduct research on a wider range of consumers, especially during the period of COVID-19 public health crisis. Some of the sub-questions in the questionnaire were generic and not specific to Hainan Province although this thesis was aimed to provide insights into consumer behaviour in the wellness tourism industry in Hainan Province. Another limitation is the application value of the research since this study only identified and analysed the relationship between several main factors and behavioural intention, but failed to consider all the possible influencing factors that may affect wellness tourism travel intention. Moreover, the influencing factors of wellness tourism travel intention were examined mainly from the social and psychological perspectives, with less emphasis on economic factors such as cost-effectiveness being taken into consideration. Therefore, the result of this research may not fully capture economic influences that drive decision-making and the general value in practice is limited to some extent.

6.3 Recommendations for future research

This research explored the behavioural intention of wellness tourism instead of the actual travel behaviour. The research of actual behaviour requires to track the same subjects for a given time, and it may be affected by some uncertainties. However, in order to broaden the directions for the

study of tourist's behaviour in wellness tourism, in the future, in-depth research on actual behaviour of wellness tourism can be conducted if conditions permit. Additionally, the relevant variables in the forming of behavioural intention and behaviour should be further investigated.

It was found that the ETPB constructs had significant differences among various socio-demographic characteristics of tourists, which suggested that a specific group of tourists such as female wellness tourism consumers could be selected for the further study on the formation of travel intention of wellness tourism. This would be more helpful for wellness tourism operators to accurately formulate marketing strategies to meet the needs of the targeted sub-markets.

References

Abel, T. (1991). Measuring health lifestyles in a comparative analysis: Theoretical issues and empirical findings. *Social Science and Medicine, 32*(8), 899–908. https://doi.org/10.1016/0277-9536(91)90245-8

Abraham, C., & Sheeran, P. (2003). Acting on intentions: The role of anticipated regret. *British Journal of Social Psychology, 42*(4), 495–511. https://doi.org/10.1348/014466603322595248

Aiken, L. S., West, S. G., & Reno, R. R. (1991). *Multiple regression: Testing and interpreting interactions*. Sage.

Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl & J. Beckman (Eds.), *Action-control: From cognition to behavior* (pp. 11–39). Springer Berlin Heidelberg. https://doi.org/10.1007/978-3-642-69746-3_2

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes, 50*(2), 179–211. https://doi.org/10.1016/0749-5978(91)90020-T

Ajzen, I. (2001). Nature and operation of attitudes. *Annual Review of Psychology, 52*, 27–58. https://doi.org/10.1146/ANNUREV.PSYCH.52.1.27

Ajzen, I., & Driver, B. L. (1992). Application of the theory of planned behavior to leisure choice. *Journal of Leisure Research, 24*(3), 207–224. https://doi.org/10.1080/00222216.1992.11969889

Ajzen, I., & Madden, T. J. (1986). Prediction of goal-directed behavior: Attitudes, intentions, and perceived behavioral control. *Journal of Experimental Social Psychology, 22*(5), 453–474. https://doi.org/10.1016/0022-1031(86)90045-4

Alavion, S. J., Allahyari, M. S., Al-Rimawi, A. S., & Surujlal, J. (2017). Adoption of agricultural e-marketing: Application of the theory of planned behavior. *Journal of International Food and Agribusiness Marketing, 29*(1), 1–15.

https://doi.org/10.1080/08974438.2016.1229242

Albarracín, D., & Wyer, R. S. (2000). The cognitive impact of past behavior: Influences on beliefs, attitudes, and future behavioral decisions. *Journal of Personality and Social Psychology, 79*(1), 5–22. https://doi.org/10.1037/0022-3514.79.1.5

Alcañiz, E. B., García, I. S., & Blas, S. S. (2005). Relationships among residents' image, evaluation of the stay and post-purchase behaviour. *Journal of Vacation Marketing, 11*(4), 291–302. https://doi.org/10.1177/1356766705056626

Aleksijevits, K. (2019). Consumer motivation and behaviour when selecting a wellness holiday destination. *International Journal of Spa and Wellness, 2*(2), 78–97. https://doi.org/10.1080/24721735.2020.1771017

Amaro, S. F. (2014). *Determinants of online travel purchase intentions: A holistic approach* (Publication Number 10591085) Universidade de Aveiro (Portugal)]. ProQuest.

Andereck, K. L., & Nyaupane, G. P. (2011). Exploring the nature of tourism and quality of life perceptions among residents. *Journal of Travel Research, 50*(3), 248–260. https://doi.org/10.1177/0047287510362918

Anderson, J. C., & Gerbing, D. W. (1988). Structural equation modeling in practice: A review and recommended two-step approach. *Psychological Bulletin, 103*(3), 411–423. https://doi.org/10.1037/0033-2909.103.3.411

Andrei, D. R. (2015). Theoretical aspects of models for conceptualizing the eco-sustainable tourism development. *Romanian Economic and Business Review, 9*(4), 69–81.

Ardilly, P., & Tillé, Y. (2006). *Sampling methods: Exercises and solutions*. Springer Science & Business Media.

Armitage, C. J., & Conner, M. (2001). Efficacy of the theory of planned behaviour: A meta-analytic review. *British Journal of Social Psychology, 40*(4), 471–499. https://doi.org/10.1348/014466601164939

Ashton, A. S. (2018). Spiritual retreat tourism development in the Asia Pacific region: investigating the impact of tourist satisfaction and intention to revisit: a Chiang Mai, Thailand case study. *Asia Pacific Journal of Tourism Research, 23*(11), 1098–1114. https://doi.org/10.1080/10941665.2018.1526198

Azjen, I. (1988). *Attitudes, personality, and behavior*. Dorsey Press.

Azjen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Prentice-Hall.

Bacon, W. (1997). The rise of the german and the demise of the english spa industry: A critical analysis of business success and failure. *Leisure Studies, 16*(3), 173–187. https://doi.org/10.1080/026143697375386

Baert, P. (2003). Pragmatism, realism and hermeneutics. *Foundations of Science, 8*(1), 89–106. https://doi.org/10.1023/A:1022445814115

Baglin, J. (2014). Improving your exploratory factor analysis for ordinal data: A demonstration using FACTOR. *Practical Assessment, Research and Evaluation, 19*(5), 1–15. https://doi.org/10.7275/dsep-4220

Bagozzi, R. P., & Burnkrant, R. E. (1979). Attitude organization and the attitude-behavior relationship. *Journal of Personality and Social Psychology, 37*(6), 913–929. https://doi.org/10.1037/0022-3514.37.6.913

Bagozzi, R. P., & Kimmel, S. K. (1995). A comparison of leading theories for the prediction of goal‐directed behaviours. *British Journal of Social Psychology, 34*(4), 437–461. https://doi.org/10.1111/J.2044-8309.1995.TB01076.X

Bagozzi, R. P., & Yi, Y. (1988). On the evaluation of structural equation models. *Journal of the Academy of Marketing Science, 16*(1), 74–94. https://doi.org/10.1007/BF02723327

Bai, K., Ma, Y. F., & You, X. Q. (2008). Reflections on the conception of tourist perception and cognition based on researches of tourist behaviors. *Tourism Science, 22*(1), 22–28.

Bamberg, S., Ajzen, I., & Schmidt, P. (2003). Choice of travel mode in the theory of planned behavior: the roles of past behavior, habit, and reasoned action. *Basic and Applied Social Psychology, 25*(3), 175–187. https://doi.org/10.1207/S15324834BASP2503_01

Banerjee, S., & Ho, S. S. (2020). Applying the theory of planned behavior: Examining how communication, attitudes, social norms, and perceived behavioral control relate to healthy lifestyle intention in Singapore. *International Journal of Healthcare Management, 13*(S1), 496–503. https://doi.org/10.1080/20479700.2019.1605687

Bankoff, G. A. (1946). *The conquest of tuberculosis*. MacDonald & Evans.

Barnett, L. A. (2006). Accounting for leisure preferences from within: The relative contributions of gender, race or ethnicity, personality, affective style, and motivational orientation.

Journal of Leisure Research, 38(4), 445–474.

https://doi.org/10.1080/00222216.2006.11950087

Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research. conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*(6), 1173–1182. https://doi.org/10.1037/0022-3514.51.6.1173

Bartlett, M. S. (1950). Tests of significance in factor analysis. *British Journal of Statistical Psychology, 3*(2), 77–85. https://doi.org/10.1111/J.2044-8317.1950.TB00285.X

Basala, S. L., & Klenosky, D. B. (2001). Travel-style preferences for visiting a novel destination: A conjoint investigation across the novelty-familiarity continuum. *Journal of Travel Research, 40*(2), 172–182. https://doi.org/10.1177/004728750104000208

Başarangil, İ. (2018). The relationships between the factors affecting perceived service quality, satisfaction and behavioral intentions among theme park visitors. *Tourism and Hospitality Research, 18*(4), 415–428. https://doi.org/10.1177/1467358416664566

Baumgartner, H., & Homburg, C. (1996). Applications of structural equation modeling in marketing and consumer research: A review. *International Journal of Research in Marketing, 13*(2), 139–161. https://doi.org/10.1016/0167-8116(95)00038-0

Beck, L., & Ajzen, I. (1991). Predicting dishonest actions using the theory of planned behavior. *Journal of Research in Personality, 25*(3), 285–301. https://doi.org/10.1016/0092-6566(91)90021-H

Bentler, P., & Bonett, D. (1970). Significant tests and goodness-of-fit in the analysis of covariance structures. *Psycltological Bulletin, 88*, 58–606.

Bentler, P. M. (1990). Comparative fit indexes in structural models. *Psychological Bulletin, 107*(2), 238–246. https://doi.org/10.1037/0033-2909.107.2.238

Bentler, P. M. (1995). *EQS structural equations program manual*. Multivariate Software.

Bentler, P. M. (2009). Alpha, dimension-free, and model-based internal consistency reliability. *Psychometrika, 74*(1), 137–143. https://doi.org/10.1007/S11336-008-9100-1

Bentler, P. M., & Chou, C. P. (1987). Practical issues in structural modeling. *Sociological Methods & Research, 16*(1), 78–117. https://doi.org/10.1177/0049124187016001004

Bentler, P. M., & Speckart, G. (1981). Attitudes "cause" behaviors: A structural equation

analysis. *Journal of Personality and Social Psychology, 40*(2), 226–238.
https://doi.org/10.1037/0033-295X.86.5.452

Bernini, C., & Cracolici, M. F. (2015). Demographic change, tourism expenditure and life cycle
behaviour. *Tourism Management, 47*, 191–205.
https://doi.org/10.1016/J.TOURMAN.2014.09.016

Bigné Alcañiz, E., Sánchez García, I., & Sanz Blas, S. (2009). The functional-psychological
continuum in the cognitive image of a destination: A confirmatory analysis. *Tourism
Management, 30*(5), 715–723. https://doi.org/10.1016/J.TOURMAN.2008.10.020

Bigné, J. E., Sánchez, M. I., & Sánchez, J. (2001). Tourism image, evaluation variables and after
purchase behaviour: Inter-relationship. *Tourism Management, 22*(6), 607–616.
https://doi.org/https://doi.org/10.1016/S0261-5177(01)00035-8

Blackwell, R. (2010). Motivation for pilgrimage: using theory to explore motivations. *Scripta
Instituti Donneriani Aboensis, 22*, 24–37. https://doi.org/10.30674/SCRIPTA.67360

Blackwell, R. D., Miniard, P. W., & Engel, J. F. (2001). *Consumer behavior* (9th ed.).

Bless, H., & Fiedler, K. (2014). *Social cognition: How individuals construct social reality*.
Psychology Press.

Bollen, K. A. (1989). *Structural equations with latent variables*. John Wiley & Sons.

Bollen, K. A., & Long, J. S. (1993). *Testing structural equation models*. Sage.

Bollen Kenneth, A., & Noble Mark, D. (2011). Structural equation models and the quantification
of behavior. *Proceedings of the National Academy of Sciences, 108*(supplement_3),
15639–15646. https://doi.org/10.1073/pnas.1010661108

Bolton, R. N., & Drew, J. H. (1991). A multistage model of customers' assessments of service
quality and value. *Journal of Consumer Research, 17*(4), 375–375.
https://doi.org/10.1086/208564

Bookman, M. (2007). *Medical tourism in developing countries*. Springer.

Boomsma, A. (1985). Nonconvergence, improper solutions, and starting values in lisrel
maximum likelihood estimation. *Psychometrika, 50*(2), 229–242.
https://doi.org/10.1007/BF02294248

Boulding, W., Kalra, A., Staelin, R., & Zeithaml, V. A. (1993). A dynamic process model of
service quality: From expectations to behavioral intentions. *Journal of Marketing*

Research, 30(1), 7–27. https://doi.org/10.1177/002224379303000102

Bowen, N. K., Bowen, G. L., & Ware, W. B. (2002). Neighborhood social disorganization, families, and the educational behavior of adolescents. *Journal of Adolescent Research, 17*(5), 468–490. https://doi.org/10.1177/0743558402175003

Bowen, N. K., & Guo, S. (2011). *Structural equation modeling*. Oxford University Press.

Box, J. F. (1987). Guinness, gosset, fisher, and small samples. *Statistical Science, 2*(1), 45–54. https://doi.org/10.1214/SS/1177013437

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Sage.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706QP063OA

Brehm, J. W., & Cohen, A. R. (1962). *Explorations in cognitive dissonance*. John Wiley & Sons.

Briere, J., Runtz, M., Eadie, E., Bigras, N., & Godbout, N. (2017). Disengaged parenting: Structural equation modeling with child abuse, insecure attachment, and adult symptomatology. *Child Abuse and Neglect, 67*, 260–270. https://doi.org/10.1016/J.CHIABU.2017.02.036

Bristow, R. S., & Yang, W. T. (2015). Sea, sun, sand and …. Selecting surgery: An exploration of health, medical and wellness tourist's mobility. *Human Geographies, 9*(2), 117–129. https://doi.org/10.5719/HGEO.2015.92.1

Brown, T. A. (2015). *Methodology in the social sciences. Confirmatory factor analysis for applied research* (2nd ed.). The Guilford Press.

Bryman, A. (2016). *Social research methods*. Oxford University Press.

Buhalis, D. (2000). Marketing the competitive destination of the future. *Tourism Management, 21*(1), 97–116. https://doi.org/10.1016/S0261-5177(99)00095-3

Bushell, R., & Sheldon, P. J. (2009). *Wellness and tourism: Mind, body, spirit, place*. Cognizant Communication.

Byrne, B. M. (1998). *Structural equation modeling with LISREL, PRELIS, and SIMPLIS: Basic concepts, applications, and programming*. Erlbaum Associates.

Byrne, B. M. (2006). *Structural equation modeling with EQS: Basic concepts, applications, and programming*. Routledge.

261

Cai, Y., Feng, W., & Shen, K. (2018). Fiscal implications of population aging and social sector expenditure in China. *Population and Development Review, 44*(4), 811–831. https://doi.org/10.1111/PADR.12206

Cambourne, B., Mitchell, R., Hall, C., Sharples, L., & Macionis, N. (2003). *Food tourism around the world. Developments, management and markets*. Butterworth-Heinemann.

Cao, W.-J., Guo, Y., Ping, W.-W., & Zheng, J.-Z. (2016). Development and psychometric tests of a Chinese version of the HPLP-Ⅱ scales. *Chinese Journal of Disease Control & Prevention, 20*(3), 286–289.

Carr, E. C. J., & Worth, A. (2001). The use of the telephone interview for research. *NT Research, 6*(1), 511–524. https://doi.org/10.1177/136140960100600107

Carr, L. T. (1994). The strengths and weaknesses of quantitative and qualitative research: what method for nursing? *Journal of Advanced Nursing, 20*(4), 716–721. https://doi.org/10.1046/J.1365-2648.1994.20040716.X

Chen, C. C., & Petrick, J. F. (2013). Health and wellness benefits of travel experiences: A literature review. *Journal of Travel Research, 52*(6), 709–719. https://doi.org/10.1177/0047287513496477

Chen, C. F., & Chen, F. S. (2010). Experience quality, perceived value, satisfaction and behavioral intentions for heritage tourists. *Tourism Management, 31*(1), 29–35. https://doi.org/10.1016/J.TOURMAN.2009.02.008

Chen, C. F., & Tsai, D. C. (2007). How destination image and evaluative factors affect behavioral intentions? *Tourism Management, 28*(4), 1115–1122. https://doi.org/10.1016/J.TOURMAN.2006.07.007

Chen, F., Dai, S., Xu, H., & Abliz, A. (2021). Senior's travel constraint, negotiation strategy and travel intention: Examining the role of social support. *International Journal of Tourism Research, 23*(3), 363–377. https://doi.org/10.1002/JTR.2412

Chen, J. S., Prebensen, N., & Huan, T. C. (2008). Determining the motivation of wellness travelers. *Anatolia, 19*(1), 103–115. https://doi.org/10.1080/13032917.2008.9687056

Chen, K.-H., Chang, F.-H., & Tung, K.-X. (2014). Measuring wellness-related lifestyles for local tourists in Taiwan. *Tourism Analysis, 19*(3), 369–376. https://doi.org/10.3727/108354214X14029467968682

Chen, K. H., Chang, F. H., & Liu, F. Y. (2015). Wellness tourism among seniors in Taiwan: Previous experience, service encounter expectations, organizational characteristics, employee characteristics, and customer satisfaction. *Sustainability (Switzerland), 7*(8), 10576–10601. https://doi.org/10.3390/SU70810576

Chen, K. H., Chang, F. H., & Wu, K. C. (2013). Investigating the wellness tourism factors in hot spring hotel customer service. *International Journal of Contemporary Hospitality Management, 25*(7), 1092–1114. https://doi.org/10.1108/IJCHM-06-2012-0086

Chen, M. F. (2007). Consumer attitudes and purchase intentions in relation to organic foods in Taiwan: Moderating effects of food-related personality traits. *Food Quality and Preference, 18*(7), 1008–1021. https://doi.org/10.1016/J.FOODQUAL.2007.04.004

Chen, M. F. (2009). Attitude toward organic foods among Taiwanese as related to health consciousness, environmental attitudes, and the mediating effects of a healthy lifestyle. *British Food Journal, 111*(2), 165–178. https://doi.org/10.1108/00070700910931986

Chen, M. F. (2011). The joint moderating effect of health consciousness and healthy lifestyle on consumers' willingness to use functional foods in Taiwan. *Appetite, 57*(1), 253–262. https://doi.org/10.1016/J.APPET.2011.05.305

Chen, P. J., Hua, N., & Wang, Y. (2013). Mediating perceived travel constraints: The role of destination image. *Journal of Travel and Tourism Marketing, 30*(3), 201–221. https://doi.org/10.1080/10548408.2013.774914

Cheng, S., Lam, T., & Hsu, C. H. C. (2006). Negative word-of-mouth communication intention: An application of the theory of planned behavior. *Journal of Hospitality and Tourism Research, 30*(1), 95–116. https://doi.org/10.1177/1096348005284269

Chenini, A., & Touaiti, M. (2018). Building destination loyalty using tourist satisfaction and destination image: A holistic conceptual framework. *Journal of Tourism, Heritage & Services Marketing, 4*(2), 37–43.

Cheung, G. W., & Lau, R. S. (2008). Testing mediation and suppression effects of latent variables: Bootstrapping with structural equation models. *Organizational Research Methods, 11*(2), 296–325. https://doi.org/10.1177/1094428107300343

Chew, E. Y. T., & Jahari, S. A. (2014). Destination image as a mediator between perceived risks and revisit intention: A case of post-disaster Japan. *Tourism Management, 40*, 382–393.

https://doi.org/10.1016/J.TOURMAN.2013.07.008

Chien, G. C. L., Yen, I. Y., & Hoang, P. Q. (2012). Combination of theory of planned behavior and motivation: An exploratory study of potential beach-based resorts in Vietnam. *Asia Pacific Journal of Tourism Research, 17*(5), 489–508. https://doi.org/10.1080/10941665.2011.627352

Chinese Center For Disease Control And Prevention. (2016). *China healthy lifestyle for all*. http://www.chinacdc.cn/jiankang121/mryw/201601/t20160128_126109.html

Clark-Kennedy, J., & Cohen, M. (2017). Indulgence or therapy? Exploring the characteristics, motivations and experiences of hot springs bathers in Victoria, Australia. *Asia Pacific Journal of Tourism Research, 22*(5), 501–511. https://doi.org/10.1080/10941665.2016.1276946

Cleaver, M., & Muller, T. E. (2002). The socially aware baby boomer: Gaining a lifestyle-based understanding of the new wave of ecotourists. *Journal of Sustainable Tourism, 10*(3), 173–190. https://doi.org/10.1080/09669580208667161

Clemes, M. D., Dean, D. L., & Thitiya, T. (2020). Modelling the behavioural intentions of day spa customers. *Asia Pacific Journal of Marketing and Logistics, 32*(8), 1699–1716. https://doi.org/10.1108/APJML-04-2019-0258

Cohen, M. M., Elliott, F., Oates, L., Schembri, A., & Mantri, N. (2017). Do wellness tourists get well? an observational study of multiple dimensions of health and well-being after a week-long retreat. *Journal of Alternative and Complementary Medicine, 23*(2), 140–148. https://doi.org/10.1089/ACM.2016.0268

Cohen, P., West, S. G., & Aiken, L. S. (2003). *Applied multiple regression/correlation analysis for the behavioral sciences* (3rd ed.). Lawrence Erlbaum Associates Publishers.

Colman, A. M., Norris, C. E., & Preston, C. C. (1997). Comparing rating scales of different lengths: Equivalence of scores from 5-point and 7-point scales. *Psychological Reports, 80*(2), 355–362. https://doi.org/10.2466/PR0.1997.80.2.355

Connell, J. (2006). Medical tourism: The newest of niches. *Tourism Recreation Research, 31*(1), 99–102. https://doi.org/10.1080/02508281.2006.11081252

Conner, M., & Armitage, C. J. (1998). Extending the theory of planned behavior: A review and avenues for further research. *Journal of Applied Social Psychology, 28*(15), 1429–1464.

https://doi.org/10.1111/J.1559-1816.1998.TB01685.X

Conner, M., Warren, R., Close, S., & Sparks, P. (1999). Alcohol consumption and the theory of planned behavior: An examination of the cognitive mediation of past behavior. *Journal of Applied Social Psychology, 29*(8), 1676–1704. https://doi.org/10.1111/J.1559-1816.1999.TB02046.X

Corbetta, P. (2003). *Social research: Theory, methods and techniques*. Sage.

Cortina, J. M. (1993). What is coefficient alpha? An examination of theory and applications. *Journal of Applied Psychology, 78*(1), 98–104. https://doi.org/10.1037/0021-9010.78.1.98

Crabtree, B. F., Miller, W. L., & Swenson, M. M. (1995). Doing qualitative research. *Nursing Research, 44*(4), 254–255. https://doi.org/10.1097/00006199-199507000-00011

Creswell, J. W. (2009). *Research designs: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Sage.

Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and Implementation. *The Counseling Psychologist, 35*(2), 236–264. https://doi.org/10.1177/0011000006287390

Crocker, L., & Algina, J. (1986). *Introduction to classical and modern test theory*. Holt, Rinehart, and Winston.

Crompton, J. L. (1979). Motivations for pleasure vacation. *Annals of Tourism Research, 6*(4), 408–424. https://doi.org/10.1016/0160-7383(79)90004-5

Crompton, J. L., & Ankomah, P. K. (1993). Choice set propositions in destination decisions. *Annals of Tourism Research, 20*(3), 461–476. https://doi.org/10.1016/0160-7383(93)90003-L

Csirmaz, É., & Pető, K. (2015). International trends in recreational and wellness tourism. *Procedia Economics and Finance, 32*, 755–762. https://doi.org/10.1016/S2212-5671(15)01458-6

Cui, G. H., Li, S. J., Yin, Y. T., Chen, L. J., Li, J. Q., Liang, F. Y., Liu, X. Y., & Chen, L. (2021). The relationship among social capital, eHealth literacy and health behaviours in Chinese elderly people: a cross-sectional study. *BMC Public Health, 21*(1), Article 45. https://doi.org/10.1186/S12889-020-10037-4

Dann, G. M. S. (1977). Anomie, ego-enhancement and tourism. *Annals of Tourism Research,*

4(4), 184–194. https://doi.org/10.1016/0160-7383(77)90037-8

Day, G. S. (1990). *Market driven strategy*. The Free Press.

de Kervenoael, R., Schwob, A., Hasan, R., & Ting, Y. S. (2021). Consumers' perceived value of healthier eating: A SEM analysis of the internalisation of dietary norms considering perceived usefulness, subjective norms, and intrinsic motivations in Singapore. *Journal of Consumer Behaviour, 20*(3), 550–563. https://doi.org/10.1002/CB.1884

De Ruyter, K., Wetzels, M., Lemmink, J., & Mattsson, J. (1997). The dynamics of the service delivery process: A value-based approach. *International Journal of Research in Marketing, 14*(3), 231–243. https://doi.org/10.1016/S0167-8116(97)00004-9

Decrop, A. (2014). Theorizing tourist behavior. In S. McCabe (Ed.), *The Routledge handbook of tourism marketing*. Routledge.

Demirdjian, Z., & Mokatsian, Z. (2014). Paradigm shifts in consumer behavior: A meta analysis. *ASBBS Proceedings, 21*(1), 220–231.

Denscombe, M. (2010). *The good research guide: For small-scale social research projects* (4th ed.). Mc Graw Hill Education

Denzin, N. K., & Lincoln, Y. S. (1994). *Handbook of qualitative research*. Sage.

Department of Tourism Culture Radio Television and Sport of Hainan Provice. (2018, January 24). *Annual report*. http://lwt.hainan.gov.cn/xxgk_55333/0200/0202/201903/t20190319_2444232.html

Dholakia, U. M. (2001). A motivational process model of product involvement and consumer risk perception. *European Journal of Marketing, 35*(11/12), 1340–1362. https://doi.org/10.1108/EUM0000000006479

Dossey, B., & Keegan, L. (2009). *Holistic nursing: A handbook for practice*. Jones & Bartlett Learning.

Draper, C. E., Grobler, L., Micklesfield, L. K., & Norris, S. A. (2015). Impact of social norms and social support on diet, physical activity and sedentary behaviour of adolescents: A scoping review. *Child: Care, Health and Development, 41*(5), 654–667. https://doi.org/10.1111/CCH.12241

Duman, T., & Mattila, A. S. (2005). The role of affective factors on perceived cruise vacation

value. *Tourism Management, 26*(3), 311–323.
https://doi.org/10.1016/J.TOURMAN.2003.11.014

Dunn Ross, E. L., & Iso-Ahola, S. E. (1991). Sightseeing tourists' motivation and satisfaction. *Annals of Tourism Research, 18*(2), 226–237. https://doi.org/10.1016/0160-7383(91)90006-W

Echtner, C. M., & Ritchie, J. R. B. (1993). The measurement of destination image: An empirical assessment. *Journal of Travel Research, 31*(4), 3–13. https://doi.org/10.1177/004728759303100402

Ecob, R., & Cuttance, P. (1987). An overview of structural equation modeling. In P. E. Cuttance & R. E. Ecob (Eds.), *Structural modeling by example: Applications in educational, sociological, and behavioral research* (pp. 9–23). Cambridge University Press.

Edlin, G., & Golanty, E. (2004). *Health and wellness* (8th ed.). Jones and Bartlett.

Engel, J., Kollat, D., & Blackwell, R. (1968). *Consumer behavior.* Holt, Rinehart, and Winston.

Erfurt-Cooper, P., & Cooper, M. (2009). *Health and wellness tourism: Spas and hot springs.* Channel View Publications.

Fabrigar, L. R., MacCallum, R. C., Wegener, D. T., & Strahan, E. J. (1999). Evaluating the use of exploratory factor analysis in psychological research. *Psychological Methods, 4*(3), 272–299. https://doi.org/10.1037/1082-989X.4.3.272

Fairchild, A. J., & MacKinnon, D. P. (2009). A general model for testing mediation and moderation effects. *Prevention Science, 10*(2), 87–99. https://doi.org/10.1007/S11121-008-0109-6

Fakeye, P. C., & Crompton, J. L. (1991). Image differences between prospective, first-time, and repeat visitors to the lower rio grande valley. *Journal of Travel Research, 30*(2), 10–16. https://doi.org/10.1177/004728759103000202

Fielding, J. E., Kumanyika, S., & Manderscheid, R. W. (2013). A perspective on the development of the healthy people 2020 framework for improving U.S. population health. *Public Health Reviews, 35*(1), Article 3. https://doi.org/10.1007/BF03391688

Finch, J. F., & West, S. G. (1997). The investigation of personality structure: Statistical models. *Journal of Research in Personality, 31*(4), 439–485. https://doi.org/10.1006/JRPE.1997.2194

Finlay, K. A., Trafimow, D., & Jones, D. (1997). Predicting health behaviors from attitudes and subjective norms: Between-subjects and within-subjects analyses. *Journal of Applied Social Psychology, 27*(22), 2015–2031. https://doi.org/10.1111/J.1559-1816.1997.TB01638.X

Finlay, K. A., Trafimow, D., & Moroi, E. (1999). The importance of subjective norms on intentions to perform health behaviors. *Journal of Applied Social Psychology, 29*(11), 2381–2393. https://doi.org/10.1111/J.1559-1816.1999.TB00116.X

Finn, M., Walton, M., & Elliott-White, M. (2000). *Tourism and leisure research methods: Data collection, analysis, and interpretation*. Longman.

Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention, and behavior: An introduction to theory and research*. Addison-Wesley Pub.

Fisher, M. J., & Marshall, A. P. (2009). Understanding descriptive statistics. *Australian Critical Care, 22*(2), 93–97. https://doi.org/10.1016/J.AUCC.2008.11.003

Fornell, C. (1992). A national customer satisfaction barometer: The Swedish experience. *Journal of Marketing, 56*(1), 6–21. https://doi.org/10.1177/002224299205600103

Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research, 18*(1), 39–50. https://doi.org/10.1177/002224378101800104

Francis, J. J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V., Eccles, M. P., & Grimshaw, J. M. (2010). What is an adequate sample size? Operationalising data saturation for theory-based interview studies. *Psychology and Health, 25*(10), 1229–1245. https://doi.org/10.1080/08870440903194015

Fredricks, A. J., & Dossett, D. L. (1983). Attitude-behavior relations: A comparison of the Fishbein-Ajzen and the Bentler-Speckart models. *Journal of Personality and Social Psychology, 45*(3), 501–512. https://doi.org/10.1037/0022-3514.45.3.501

French, D. P., & Hankins, M. (2003). The expectancy-value muddle in the theory of planned behaviour - and some proposed solutions. *British Journal of Health Psychology, 8*(1), 37–55. https://doi.org/10.1348/135910703762879192

Gagné, P., & Hancock, G. R. (2006). Measurement model quality, sample size, and solution propriety in confirmatory factor models. *Multivariate Behavioral Research, 41*(1), 65–83.

https://doi.org/10.1207/S15327906MBR4101_5

Garson, G. D. (2007). *Statnotes: topics in multivariate analysis*. NC State University.
http://faculty.chass.ncsu.edu/garson/PA765/statnote.htm

Gartner, W. C. (1994). Image formation process. *Journal of Travel and Tourism Marketing, 2*(2-3), 191–216. https://doi.org/10.1300/J073V02N02_12

George, D., & Mallery, P. (2003). *Using SPSS for windows step by step: A simple guide and reference* (4th ed.). Pearson Education.

Gibson, H. J., Qi, C. X., & Zhang, J. J. (2008). Destination image and intent to visit China and the 2008 Beijing Olympic Games. *Journal of Sport Management, 22*(4), 427–450. https://doi.org/10.1123/JSM.22.4.427

Giddings, L. S., & Grant, B. M. (2007). A Trojan Horse for positivism?: A critique of mixed methods research. *Advances in Nursing Science, 30*(1), 52–60. https://doi.org/10.1097/00012272-200701000-00006

Girden, E. R. (1992). *ANOVA: Repeated measures*. Sage.

Girish, V. G., Park, E., & Lee, C. K. (2021). Testing the influence of destination source credibility, destination image, and destination fascination on the decision-making process: Case of the Cayman Islands. *International Journal of Tourism Research, 23*(4), 569–580. https://doi.org/10.1002/JTR.2427

Glaser, B. G., & Strauss, A. L. (2017). *The discovery of grounded theory: Strategies for qualitative research*. Routledge.

Goh, E., Ritchie, B., & Wang, J. (2017). Non-compliance in national parks: An extension of the theory of planned behaviour model with pro-environmental values. *Tourism Management, 59*, 123–127. https://doi.org/10.1016/J.TOURMAN.2016.07.004

González, M. E. A., Comesaña, L. R., & Brea, J. A. F. (2007). Assessing tourist behavioral intentions through perceived service quality and customer satisfaction. *Journal of Business Research, 60*(2), 153–160. https://doi.org/10.1016/J.JBUSRES.2006.10.014

Goodarzi, M., Haghtalab, N., & Shamshiry, E. (2016). Wellness tourism in Sareyn, Iran: resources, planning and development. *Current Issues in Tourism, 19*(11), 1071–1076. https://doi.org/10.1080/13683500.2015.1012192

Goodrich, J. N. (1978). The relationship between preferences for and perceptions of vacation

destinations: Application of a choice model. *Journal of Travel Research, 17*(2), 8–13. https://doi.org/10.1177/004728757801700202

Goodrich, J. N. (1994). Health tourism. *Journal of International Consumer Marketing, 6*(3-4), 227–238. https://doi.org/10.1300/J046v06n03_12

Goodrich, J. N., & Goodrich, G. E. (1987). Health-care tourism - An exploratory study. *Tourism Management, 8*(3), 217–222. https://doi.org/10.1016/0261-5177(87)90053-7

Gorobets, A. (2015). Promotion of sports, physical activity, and a healthy lifestyle in Russia. *The Lancet, 385*(9986), 2459–2459. https://doi.org/10.1016/S0140-6736(15)61131-X

Gorzelak, M., & Pierzak, M. (2017). Life-style and health. *Medicus, 7*(11), 268–280.

Gray, H. P. (1970). *International travel–International trade*. Heath Lexington Books.

Greene, J. C. (1990). Three views on the nature and role of knowledge in social science. In E. G. Guba (Ed.), *The paradigm dialog* (pp. 227–245). Sage.

Gu, D., Zhu, H., Brown, T., Hoenig, H., & Zeng, Y. (2016). Tourism experiences and self-rated health among older adults in China. *Journal of Aging and Health, 28*(4), 675–703. https://doi.org/10.1177/0898264315609906

Guang, T., Yu, L., Li, X., & Tian, K. (2014). The development of market economy in China. *Advances in Management and Applied Economics, 4*(4), 73–99.

Guba, E. G. (1990). The paradigm dialog. In E. G. Guba (Ed.), *The paradigm dialog* (pp. 17‑27). Sage.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105–117). Sage.

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. Sage.

GWI. (2017, January 31). *Global Wellness Institute releases "global wellness economy monitor" - Packed with regional & national data on wellness markets*. https://globalwellnessinstitute.org/press-room/press-releases/global-wellness-institute-releases-global-wellness-economy-monitor-packed-with-regional-national-data-on-wellness-markets/

GWI. (2018). *Global wellness tourism economy*. The Global Wellness Institute. https://globalwellnessinstitute.org/industry-research/global-wellness-tourism-economy/

GWI. (2021). *The global wellness economy: Looking beyond COVID*. The Global Wellness

Institute. https://globalwellnessinstitute.org/wp-content/uploads/2022/02/GWI-WE-Monitor-2021_Wellness-Tourism.pdf

Hackett, P. (2019). *Quantitative research methods in consumer psychology*. Routledge.

Haig, B. D. (2005). Exploratory factor analysis, theory generation, and scientific method. *Multivariate Behavioral Research, 40*(3), 303–329. https://doi.org/10.1207/S15327906MBR4003_2

Hainan Almanac Net. (2019). *Hainan Yearbook*.

Hainan Daily. (2022). *Lecheng, build a good reputation and expand the circle of friends*. http://hnrb.hinews.cn/html/2022-04/26/node_1.htm?v=1

Hainan Provincial Bureau of Statistics. (2018). *Report on national economy and social development of Hainan Province in 2017*. http://stats.hainan.gov.cn/tjj/tjgb/fzgb/n_991238/201801/t20180124_1628698.html

Hair, J. F. (1998). *Multivariate data analysis*. Prentice-Hall International.

Hair, J. F. (2010). *Multivariate data analysis*. Prentice Hall.

Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2010). *Multivariate data analysis*. Prentice Hall.

Hall, D. R., & Brown, F. (2006). *Tourism and welfare: Ethics, responsibility and sustained well-being*. Cabi Publishing.

Hallab, Z. (2006). Catering to the healthy-living vacationer. *Journal of Vacation Marketing, 12*(1), 71–91. https://doi.org/10.1177/1356766706059043

Ham, M., Pap, A., & Stanic, M. (2018). What drives organic food purchasing? – evidence from Croatia. *British Food Journal, 120*(4), 734–748. https://doi.org/10.1108/BFJ-02-2017-0090

Han, H., Hsu, L. T., & Sheu, C. (2010). Application of the theory of planned behavior to green hotel choice: Testing the effect of environmental friendly activities. *Tourism Management, 31*(3), 325–334. https://doi.org/10.1016/J.TOURMAN.2009.03.013

Han, H., & Hyun, S. S. (2015). Customer retention in the medical tourism industry: Impact of quality, satisfaction, trust, and price reasonableness. *Tourism Management, 46*, 20–29. https://doi.org/10.1016/J.TOURMAN.2014.06.003

Han, H., Kiatkawsin, K., Jung, H., & Kim, W. (2018). The role of wellness spa tourism

performance in building destination loyalty: the case of Thailand. *Journal of Travel and Tourism Marketing, 35*(5), 595–610. https://doi.org/10.1080/10548408.2017.1376031

Han, H., Kiatkawsin, K., Kim, W., & Lee, S. (2017). Investigating customer loyalty formation for wellness spa: Individualism vs. collectivism. *International Journal of Hospitality Management, 67*, 11–23. https://doi.org/10.1016/J.IJHM.2017.07.007

Han, H., & Kim, Y. (2010). An investigation of green hotel customers' decision formation: Developing an extended model of the theory of planned behavior. *International Journal of Hospitality Management, 29*(4), 659–668. https://doi.org/https://doi.org/10.1016/j.ijhm.2010.01.001

Han, H., Lee, S., & Lee, C. K. (2011). Extending the theory of planned behavior: Visa exemptions and the traveller decision-making process. *Tourism Geographies, 13*(1), 45–74. https://doi.org/10.1080/14616688.2010.529930

Han, H., Thuong, P. T. M., Kiatkawsin, K., Ryu, H. B., & Kim, J. J. (2019). Spa hotels: Factors promoting wellness travelers' postpurchase behavior. *Social Behavior and Personality, 47*(6), 1–13. https://doi.org/10.2224/SBP.7605

Han, J. S., Lee, T. J., & Ryu, K. (2018). The promotion of health tourism products for domestic tourists. *International Journal of Tourism Research, 20*(2), 137–146. https://doi.org/10.1002/JTR.2161

Harrington, D. (2009). *Confirmatory factor analysis*. Oxford University Press.

Hasan, K., Abdullah, S. K., Islam, F., & Neela, N. M. (2020). An integrated model for examining tourists' revisit intention to beach tourism destinations. *Journal of Quality Assurance in Hospitality and Tourism, 21*(6), 716–737. https://doi.org/10.1080/1528008X.2020.1740134

Hayduk, L. A. (1987). *Structural equation modeling with LISREL: Essentials and advances*. Johns Hopkins University Press.

Hayes, A. F. (2009). Beyond Baron and Kenny: Statistical mediation analysis in the new millennium. *Communication Monographs, 76*(4), 408–420. https://doi.org/10.1080/03637750903310360

He, M., Liu, B., & Li, Y. (2021). Tourist inspiration: How the wellness tourism experience inspires tourist engagement. *Journal of Hospitality and Tourism Research*, Article

10963480211026376. https://doi.org/10.1177/10963480211026376

Her, E. S., & Seo, S. (2017). Health halo effects in sequential food consumption: The moderating roles of health-consciousness and attribute framing. *International Journal of Hospitality Management, 62*, 1–10. https://doi.org/10.1016/J.IJHM.2016.11.009

Heung, V. C. S., & Kucukusta, D. (2013). Wellness tourism in China: Resources, development and marketing. *International Journal of Tourism Research, 15*(4), 346–359. https://doi.org/10.1002/JTR.1880

Hjalager, A. M., & Konu, H. (2011). Co-branding and co-creation in wellness tourism: The role of cosmeceuticals. *Journal of Hospitality Marketing and Management, 20*(8), 879–901. https://doi.org/10.1080/19368623.2011.611727

Horner, S., & Swarbrooke, J. (2016). *Consumer behaviour in tourism*. Routledge.

Hosany, S., Ekinci, Y., & Uysal, M. (2007). Destination image and destination personality. *International Journal of Culture, Tourism and Hospitality Research, 1*(1), 62–81. https://doi.org/10.1108/17506180710729619

Howard, J. A., & Sheth, J. N. (1969). *The theory of buyer behavior*. John Wiley.

Hoyle, R. H. (1995). The structural equation modeling approach: Basic concepts and fundamental issues. In R. H. Hoyle (Ed.), *Structural equation modeling: Concepts, issues, and applications* (pp. 1–5). Sage.

Hoyle, R. H., & Gottfredson, N. C. (2015). Sample size considerations in prevention research applications of multilevel modeling and structural equation modeling. *Prevention Science, 16*(7), 987–996. https://doi.org/10.1007/S11121-014-0489-8

Hritz, N. M., Sidman, C. L., & D'Abundo, M. (2014). Segmenting the college educated generation Y health and wellness traveler. *Journal of Travel and Tourism Marketing, 31*(1), 132–145. https://doi.org/10.1080/10548408.2014.861727

Hsieh, C. M., Park, S. H., & McNally, R. (2016). Application of the extended theory of planned behavior to intention to travel to japan among taiwanese youth: investigating the moderating effect of past visit experience. *Journal of Travel and Tourism Marketing, 33*(5), 717–729. https://doi.org/10.1080/10548408.2016.1167387

Hsu, C. H. C., & Huang, S. (2012). An extension of the theory of planned behavior model for tourists. *Journal of Hospitality and Tourism Research, 36*(3), 390–417.

https://doi.org/10.1177/1096348010390817

Hu, L.-T., & Bentler, P. M. (1995). Evaluating model fit. In R. H. Hoyle (Ed.), *Structural equation modeling: Concepts, issues, and applications.* (pp. 76–99). Sage.

Hu, L. T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling, 6*(1), 1–55. https://doi.org/10.1080/10705519909540118

Hu, Q. (2013). Study on the seniors' recreation in coastal regions from the perspective of wellness tourism: A case study of Hailing Island. *Journal of Landscape Research, 5*(7-8), 17–19.

Huang, J. T. (2006). *Health education*. Fudan Press.

Huang, L., & Xu, H. (2014). A cultural perspective of health and wellness tourism in China. *Journal of China Tourism Research, 10*(4), 493–510. https://doi.org/10.1080/19388160.2014.951752

Huang, L., & Xu, H. (2018). Therapeutic landscapes and longevity: Wellness tourism in Bama. *Social Science & Medicine, 197*, 24–32. https://doi.org/https://doi.org/10.1016/j.socscimed.2017.11.052

Huang, Y., & Huang, F. (2007). Tourists' perceived value model and its measurement: An empirical study. *Tourism Tribune, 22*(8), 42–47.

Huber, F., Herrmann, A., & Morgan, R. E. (2001). Gaining competitive advantage through customer value oriented management. *Journal of Consumer Marketing, 18*(1), 41–53. https://doi.org/10.1108/07363760110365796

Huberty, C. j., & Morris, J. D. (1988). A single contrast test procedure. *Educational and Psychological Measurement, 48*(3), 567–578. https://doi.org/10.1177/0013164488483001

Hudson, S., Thal, K., Cárdenas, D., & Meng, F. (2017). Wellness tourism: stress alleviation or indulging healthful habits? *International Journal of Culture, Tourism, and Hospitality Research, 11*(1), 35–52. https://doi.org/10.1108/IJCTHR-09-2015-0111

Huijbens, E. H. (2011). Developing wellness in Iceland. Theming wellness destinations the Nordic way. *Scandinavian Journal of Hospitality and Tourism, 11*(1), 20–41. https://doi.org/10.1080/15022250.2011.525026

Hurley, A. E., Scandura, T. A., Schriesheim, C. A., Brannick, M. T., Seers, A., Vandenberg, R. J., & Williams, L. J. (1997). Exploratory and confirmatory factor analysis: Guidelines,

issues, and alternatives. *Journal of Organizational Behavior, 18*(6), 667–683.

Hwang, J., Kim, J. J., Lee, J. S. H., & Sahito, N. (2020). How to form wellbeing perception and its outcomes in the context of elderly tourism: Moderating role of tour guide services. *International Journal of Environmental Research and Public Health, 17*(3), Article 1029. https://doi.org/10.3390/IJERPH17031029

International Monetary Fund. (2017). *IMF annual report 2017.* https://www.imf.org/external/pubs/ft/ar/2017/eng/index.htm

Iso-Ahola, S. E. (1982). Toward a social psychological theory of tourism motivation: A rejoinder. *Annals of Tourism Research, 9*(2), 256–262. https://doi.org/10.1016/0160-7383(82)90049-4

Jacoby, J., Szybillo, G. J., & Berning, C. K. (1976). Time and consumer behavior: An interdisciplinary overview. *Journal of Consumer Research, 2*(4), 320–339. https://doi.org/10.1086/208644

James, L. R., & Brett, J. M. (1984). Mediators, moderators, and tests for mediation. *Journal of Applied Psychology, 69*(2), 307–321. https://doi.org/10.1037/0021-9010.69.2.307

Japutra, A., Loureiro, S. M. C., Molinillo, S., & Ekinci, Y. (2019). Travellers' mindsets and theory of planned behaviour. *Tourism Management Perspectives, 30*, 193–196. https://doi.org/10.1016/J.TMP.2019.02.011

Jennings, G. (2010). *Tourism research* (2nd ed.). John Wiley & Sons.

Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher, 33*(7), 14–26. https://doi.org/10.3102/0013189X033007014

Joppe, M. (2010). One country's transformation to spa destination: The case of Canada. *Journal of Hospitality and Tourism Management, 17*(1), 117–126. https://doi.org/10.1375/JHTM.17.1.117

Jöreskog, K. G., & Sörbom, D. (1996). *LISREL 8: User's reference guide*. Scientific Software International.

Judd, C. M., & Kenny, D. A. (1981). Process analysis: Estimating Mediation in treatment evaluations. *Evaluation Review, 5*(5), 602–619. https://doi.org/10.1177/0193841X8100500502

Juschten, M., Jiricka-Pürrer, A., Unbehaun, W., & Hössinger, R. (2019). The mountains are calling! An extended TPB model for understanding metropolitan residents' intentions to visit nearby alpine destinations in summer. *Tourism Management, 75*, 293–306. https://doi.org/10.1016/J.TOURMAN.2019.05.014

Kaiser, H. F., & Rice, J. (1974). Little Jiffy, Mark Iv. *Educational and Psychological Measurement, 34*(1), 111–117. https://doi.org/10.1177/001316447403400115

Kani, Y., Aziz, Y. A., Sambasivan, M., & Bojei, J. (2017). Antecedents and outcomes of destination image of Malaysia. *Journal of Hospitality and Tourism Management, 32*, 89–98. https://doi.org/10.1016/J.JHTM.2017.05.001

Kelley, T. L. (1939). The selection of upper and lower groups for the validation of test items. *Journal of Educational Psychology, 30*(1), 17–24. https://doi.org/10.1037/H0057123

Kelly, C. (2012). Wellness tourism: Retreat visitor motivations and experiences. *Tourism Recreation Research, 37*(3), 205–213. https://doi.org/10.1080/02508281.2012.11081709

Kelly, G., Kelly, G. A., & Kelly, G. A. (1963). *A theory of personality: The psychology of personal constructs*. WW Norton & Company.

Kenny, D. A. (2008). Reflections on mediation. *Organizational Research Methods, 11*(2), 353–358. https://doi.org/10.1177/1094428107308978

Kenny, D. A., Korchmaros, J. D., & Bolger, N. (2003). Lower level mediation in multilevel models. *Psychological Methods, 8*(2), 115–128. https://doi.org/10.1037/1082-989X.8.2.115

Kerner, M. S., & Kalinski, M. I. (2002). Scale construction for measuring adolescent boys' and girls' attitudes, beliefs, perception of control, and intention to engage in leisure-time physical activity. *Perceptual and Motor Skills, 95*(1), 109–117. https://doi.org/10.2466/PMS.2002.95.1.109

Kessler, D., Lee, J.-H., & Whittingham, N. (2020). The wellness tourist motivation scale: a new statistical tool for measuring wellness tourist motivation. *International Journal of Spa and Wellness, 3*(1), 24–39. https://doi.org/10.1080/24721735.2020.1849930

Kevan, S. M. (1993). Quests for cures: A history of tourism for climate and health. *International Journal of Biometeorology, 37*(3), 113–124. https://doi.org/10.1007/BF01212620

Khawash, N., & Baksi, A. K. (2017). Assessing the impact of perceived destination-based service

quality on tourist satisfaction and destination loyalty using TOURQUAL protocol. *Asian Journal of Management, 8*(3), 688–688. https://doi.org/10.5958/2321-5763.2017.00109.3

Kim, E., Chiang, L., & Tang, L. (2017). Investigating wellness tourists' motivation, engagement, and loyalty: in search of the missing link. *Journal of Travel and Tourism Marketing, 34*(7), 867–879. https://doi.org/10.1080/10548408.2016.1261756

Kim, M., & Kim, C. (2020). Lifestyle and travel motivation of the elderly in South Korea: baseline characteristics and the relationship between demographic factors. *International Journal of Hospitality and Tourism Administration, 21*(2), 141–164. https://doi.org/10.1080/15256480.2018.1464417

Kim, S., & Littrell, M. A. (1999). Predicting souvenir purchase intentions. *Journal of Travel Research, 38*(2), 153–162. https://doi.org/10.1177/004728759903800208

Kim, S. S., & Lee, C. K. (2002). Push and pull relationships. *Annals of Tourism Research, 29*(1), 257–260. https://doi.org/10.1016/S0160-7383(01)00043-3

Kim, Y. J., Njite, D., & Hancer, M. (2013). Anticipated emotion in consumers' intentions to select eco-friendly restaurants: Augmenting the theory of planned behavior. *International Journal of Hospitality Management, 34*(1), 255–262. https://doi.org/10.1016/J.IJHM.2013.04.004

Kinsella, K., & Velkoff, V. A. (2002). The demographics of aging. *Aging Clinical and Experimental Research, 14*(3), 159–169. https://doi.org/10.1007/BF03324431

Kline, R. (2005). *Methodology in the social sciences Principles and practice of structural equation modeling. New York* (2nd ed.). Guilford Press.

Kline, R. (2015). *Methodology in the social sciences Principles and practice of structural equation modeling* (4th ed.). Guilford Press.

Kline, R. B. (1991). Latent variable path analysis in clinical research: A beginner's tour guide. *Journal of Clinical Psychology, 47*(4), 471–484. https://doi.org/https://doi.org/10.1002/1097-4679(199107)47:4<471::AID-JCLP2270470402>3.0.CO;2-O

Kline, R. B. (1998). *Structural equation modeling*. Guilford Press.

Knapp, T. R. (1991). Focus on psychometrics. Coefficient alpha: Conceptualizations and anomalies. *Research in Nursing & Health, 14*(6), 457–460.

https://doi.org/10.1002/NUR.4770140610

Kohli, W. R., & Burbules, N. C. (2000). *Postpositivism and educational research (Philosophy, theory, and educational research)*. Rowman & Littlefield.

Konu, H. (2010). Identifying potential wellbeing tourism segments in Finland. *Tourism Review, 65*(2), 41–51. https://doi.org/10.1108/16605371011061615

Konu, H., Tuohino, A., & Komppula, R. (2010). Lake wellness - A practical example of a new service development (NSD) concept in tourism industries. *Journal of Vacation Marketing, 16*(2), 125–139. https://doi.org/10.1177/1356766709357489

Koskinen, V., & Wilska, T. A. (2019). Identifying and understanding spa tourists' wellness attitudes. *Scandinavian Journal of Hospitality and Tourism, 19*(3), 259–277. https://doi.org/10.1080/15022250.2018.1467276

Kotler, P., Bowen, J. T., & Makens, J. C. (2006). *Marketing for hospitality and tourism* (4th ed.). Pearson Prentice Hall.

Kriedt, P. H., & Clark, K. E. (1949). "Item analysis" versus "scale analysis". *Journal of Applied Psychology, 33*(2), 114–121. https://doi.org/10.1037/H0061643

Kruglanski, A., & Stroebe, W. (2011). *Handbook of the history of social psychology*. Psychology Press.

Kucukusta, D., & Heung, V. C. S. (2012). The problems of developing wellness tourism in China: From supply perspective. *Journal of China Tourism Research, 8*(2), 146–158. https://doi.org/10.1080/19388160.2012.677363

Laffrey, S. C., Loveland‐Cherry, C. J., & Winkler, S. J. (1986). Health behavior: Evolution of two paradigms. *Public Health Nursing, 3*(2), 92–100. https://doi.org/10.1111/J.1525-1446.1986.TB00474.X

Lalonde, A. B. (2003). International women's health issues, 2003-2004. *Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstétrique et gynécologie du Canada : JOGC, 25*(11), 905–907. https://doi.org/10.1016/S1701-2163(16)30235-3

Lalonde, M. (1974). *A new perspective on the health of Canadians*. Minister of Supply and Services Canada. http://www.phac-aspc.gc.ca/ph-sp/pdf/perspect-eng.pdf

Lam, T., & Hsu, C. H. C. (2004). Theory of planned behavior: Potential travelers from China. *Journal of Hospitality and Tourism Research, 28*(4), 463–482.

https://doi.org/10.1177/1096348004267515

Lam, T., & Hsu, C. H. C. (2006). Predicting behavioral intention of choosing a travel destination. *Tourism Management, 27*(4), 589–599. https://doi.org/10.1016/J.TOURMAN.2005.02.003

Lee, C. K., Song, H. J., Bendle, L. J., Kim, M. J., & Han, H. (2012). The impact of non-pharmaceutical interventions for 2009 H1N1 influenza on travel intentions: A model of goal-directed behavior. *Tourism Management, 33*(1), 89–99. https://doi.org/10.1016/J.TOURMAN.2011.02.006

Lee, K., Conklin, M., Cranage, D. A., & Lee, S. (2014). The role of perceived corporate social responsibility on providing healthful foods and nutrition information with health-consciousness as a moderator. *International Journal of Hospitality Management, 37*, 29–37. https://doi.org/10.1016/J.IJHM.2013.10.005

Lee, M., Han, H., & Lockyer, T. (2012). Medical tourism—attracting japanese tourists for medical tourism experience. *Journal of Travel and Tourism Marketing, 29*(1), 69–86. https://doi.org/10.1080/10548408.2012.638564

Lee, M. J. (2015). An Investigation of spa-goers' intention to visit a luxury hotel spa: An extension of theory of planned behavior. *Pan - Pacific Journal of Business Research, 6*(2), 15–31.

Lee, N., & Lings, I. (2008). *Doing business research: a guide to theory and practice*. Sage.

Lee, Y. C. (2013). The influence of personality traits, health knowledge, and product attributes on intent to purchase Taiwan's healthcare tourism products. *Social Behavior and Personality, 41*(3), 395–409. https://doi.org/10.2224/SBP.2013.41.3.395

Lehto, X. Y., Brown, S., Chen, Y., & Morrison, A. M. (2006). Yoga tourism as a niche within the wellness tourism market. *Tourism Recreation Research, 31*(1), 25–35. https://doi.org/10.1080/02508281.2006.11081244

Lennon, R., Weber, J. M., & Henson, J. (2001). A test of a theoretical model of consumer travel behaviour: German consumers' perception of Northern Ireland as a tourist destination. *Journal of Vacation Marketing, 7*(1), 51–62. https://doi.org/10.1177/135676670100700105

Lepp, A., & Gibson, H. (2003). Tourist roles, perceived risk and international tourism. *Annals of*

Tourism Research, 30(3), 606–624. https://doi.org/10.1016/S0160-7383(03)00024-0

Letourneau, N., & Allen, M. (1999). Post-positivistic critical multiplism: a beginning dialogue. *Journal of Advanced Nursing, 30*(3), 623–630. https://doi.org/10.1046/j.1365-2648.1999.01133.x

Leung, J. P. (1998). Emotions and mental health in Chinese people. *Journal of Child and Family Studies, 7*(2), 115–128. https://doi.org/10.1023/A:1022989730432

Lewis, J. R. (1993). MultipoInt scales: Mean and median differences and observed significance levels. *International Journal of Human-Computer Interaction, 5*(4), 383–392. https://doi.org/10.1080/10447319309526075

Li, R., Luo, Z., Bilgihan, A., & Okumus, F. (2021). Marketing China to U.S. travelers through electronic word-of-mouth and destination image: Taking Beijing as an example. *Journal of Vacation Marketing, 27*(3), 267–286. https://doi.org/10.1177/1356766720987869

Li, Z., Shu, H., Tan, T., Huang, S., & Zha, J. (2020). Does the demographic structure affect outbound tourism demand? A panel smooth transition regression approach. *Journal of Travel Research, 59*(5), 893–908. https://doi.org/10.1177/0047287519867141

Liang, L. J., Choi, H. C., Joppe, M., & Lee, W. (2019). Examining medical tourists' intention to visit a tourist destination: Application of an extended MEDTOUR scale in a cosmetic tourism context. *International Journal of Tourism Research, 21*(6), 772–784. https://doi.org/10.1002/JTR.2303

Liddle, B. (2014). Impact of population, age structure, and urbanization on carbon emissions/energy consumption: Evidence from macro-level, cross-country analyses. *Population and Environment, 35*(3), 286–304. https://doi.org/10.1007/S11111-013-0198-4

Likert, R. (1932). A technique for the measurement of attitudes. *Archives of Psychology, 22 140*, 55–56.

Lim, Y. J., Kim, H. K., & Lee, T. J. (2016). Visitor motivational factors and level of satisfaction in wellness tourism: comparison between first-time visitors and repeat visitors. *Asia Pacific Journal of Tourism Research, 21*(2), 137–156. https://doi.org/10.1080/10941665.2015.1029952

Lin, C. H. (2014). Effects of cuisine experience, psychological well-being, and self-health

perception on the revisit intention of hot springs tourists. *Journal of Hospitality and Tourism Research, 38*(2), 243–265. https://doi.org/10.1177/1096348012451460

Lin, T. Y., Liao, P. J., Ting, M. K., & Hsu, K. H. (2018). Lifestyle characteristics as moderators of the effectiveness of weight control interventions among semiconductor workers. *Biomedical Journal, 41*(6), 376–384. https://doi.org/10.1016/J.BJ.2018.09.002

Liu, C. F. (2018). Research on the innovation and development of health tourism in Hainan Province. *Modern Business Trade Industry,* (10), 36–37.

Liu, Q., Huang, S., Qu, X., & Yin, A. (2021). The status of health promotion lifestyle and its related factors in Shandong Province, China. *BMC Public Health, 21*(1), Article 1146. https://doi.org/10.1186/S12889-021-11152-6

Liu, Y. B., Liu, L., Li, Y. F., & Chen, Y. L. (2015). Relationship between health literacy, health-related behaviors and health status: A survey of elderly Chinese. *International Journal of Environmental Research and Public Health, 12*(8), 9714–9725. https://doi.org/10.3390/IJERPH120809714

Loehlin, J. C. (1987). *Latent variable models: An introduction to factor, path, and structural equation analysis*. Lawrence Erlbaum Associates.

Loehlin, J. C. (1998). *Latent variable models: An introduction to factor, path, and structural equation analysis* (3rd ed.). Lawrence Erlbaum.

Lonely Planet. (2018). *Lonely planet, Hainan*. SinoMaps Press.

Loureiro, S. M. C. (2014). The role of the rural tourism experience economy in place attachment and behavioral intentions. *International Journal of Hospitality Management, 40*, 1–9. https://doi.org/10.1016/J.IJHM.2014.02.010

Loverseed, H. (1998). Health and spa tourism in North America. *Travel & Tourism Analyst,* (1), 46–61.

Luo, Y., Lanlung, C., Kim, E., Tang, L. R., & Song, S. M. (2018). Towards quality of life: the effects of the wellness tourism experience. *Journal of Travel and Tourism Marketing, 35*(4), 410–424. https://doi.org/10.1080/10548408.2017.1358236

MacCallum, R. C., Browne, M. W., & Sugawara, H. M. (1996). Power analysis and determination of sample size for covariance structure modeling. *Psychological Methods, 1*(2), 130–149. https://doi.org/10.1037/1082-989X.1.2.130

MacCallum, R. C., Widaman, K. F., Preacher, K. J., & Hong, S. (2001). Sample size in factor analysis: The role of model error. *Multivariate Behavioral Research, 36*(4), 611–637. https://doi.org/10.1207/S15327906MBR3604_06

MacInnis, D. J., & Folkes, V. S. (2010). The disciplinary status of consumer behavior: A sociology of science perspective on key controversies. *Journal of Consumer Research, 36*(6), 899–914. https://doi.org/10.1086/644610

MacKinnon, D. P. (2008). *Introduction to statistical mediation analysis*. Lawrence Erlbaum Associates.

MacKinnon, D. P., Krull, J. L., & Lockwood, C. M. (2000). Equivalence of the mediation, confounding and suppression effect. *Prevention Science, 1*(4), 173–181. https://doi.org/10.1023/A:1026595011371

MacKinnon, D. P., Warsi, G., & Dwyer, J. H. (1995). A simulation study of mediated effect measures. *Multivariate Behavioral Research, 30*(1), 41–62. https://doi.org/10.1207/S15327906MBR3001_3

Mair, H. (2005). Tourism, health and the pharmacy: Towards a critical understanding of health and wellness tourism. *Tourism, 53*(4), 335–346.

Manhas, P. S., Charak, N. S., & Sharma, P. (2019). Wellness and spa tourism: finding space for Indian Himalayan spa resorts. *International Journal of Spa and Wellness, 2*(3), 135–153. https://doi.org/10.1080/24721735.2020.1819705

Martín-Santana, J. D., Beerli-Palacio, A., & Nazzareno, P. A. (2017). Antecedents and consequences of destination image gap. *Annals of Tourism Research, 62*, 13–25. https://doi.org/10.1016/J.ANNALS.2016.11.001

Maruyama, G. M. (1998). *Basics of structural equation modeling*. Sage.

Maslow, A. H. (1987). *Motivation and personality*. Harper & Row.

Mathieson, A., & Wall, G. (1982). *Tourism, economic, physical and social impacts*. Longman.

Matzler, K., Füller, J., & Faullant, R. (2007). Customer satisfaction and loyalty to Alpine ski resorts: the moderating effect of lifestyle, spending and customers' skiing skills. *International Journal of Tourism Research, 9*(6), 409–421. https://doi.org/10.1002/JTR.613

McCabe, S., Li, C., & Chen, Z. (2016). Time for a radical reappraisal of tourist decision making?

Toward a new conceptual model. *Journal of Travel Research, 55*(1), 3–15. https://doi.org/10.1177/0047287515592973

McIntosh, R. W., Goeldner, C. R., & Ritchie, J. B. (1995). *Tourism principles, practices, philosophies* (7th ed.). John Wiley & Sons.

McMillan, J. H., & Schumacher, S. (2001). *Research in education: A conceptual introduction* (5th ed.). Longman.

Medina-Muñoz, D. R., & Medina-Muñoz, R. D. (2014). The attractiveness of wellness destinations: An importance-performance-satisfaction approach. *International Journal of Tourism Research, 16*(6), 521–533. https://doi.org/10.1002/JTR.1944

Mensah, H. K., Agyapong, A., & Osei, B. A. (2021). Effect of corporate social responsibility on eco-citizenship behaviour in luxury hotels: eco-lifestyle as a moderator. *Journal of Global Responsibility, 12*(2), 189–209. https://doi.org/10.1108/JGR-03-2020-0039

Messick, S. (1995). Validity of psychological assessment: Validation of inferences from persons' responses and performances as scientific inquiry into score meaning. *American Psychologist, 50*(9), 741–749. https://doi.org/10.1037/0003-066X.50.9.741

Milenkovski, A., Gjorgievski, M., & Nakovski, D. (2018). Thermal / mineral springs industry: Need for transformation in function of tourism. *UTMS Journal of Economics, 9*(2), 181–187.

Millar, M. (2009). *A Choice model approach to business and leisure traveler's preferences for green hotel attributes* (Publication Number 951) [Doctoral dissertation, University of Nevada]. UNLV.

Milles, M. B., Huberman, M. A., & Saldana, J. (1984). *Qualitative data analysis*. Sage Publication.

Minelli, M. J., & Breckon, D. (2009). *Community health education: Settings, roles, and skills*. Jones & Bartlett Publishers.

Mitchell, R., Hall, C. M., & McIntosh, A. (2000). Wine tourism and consumer behaviour. In M. Sigala (Ed.), *Wine tourism around the world* (pp. 115–135). Butterworth-Heinemann.

Morgan, D. L. (2007). Paradigms lost and pragmatism regained: Methodological implications of combining qualitative and quantitative methods. *Journal of Mixed Methods Research, 1*(1), 48–76. https://doi.org/10.1177/2345678906292462

Morley, B., Niven, P., Dixon, H., Swanson, M., Szybiak, M., Shilton, T., Pratt, I. S., Slevin, T., Hill, D., & Wakefield, M. (2016). Population-based evaluation of the 'LiveLighter' healthy weight and lifestyle mass media campaign. *Health Education Research, 31*(2), 121–135. https://doi.org/10.1093/HER/CYW009

Morse, J. M., & Field, P. A. (1995). *Qualitative research methods for health professionals*. Sage.

Moscardo, G. (2011). Searching for well-being: Exploring change in tourist motivation. *Tourism Recreation Research, 36*(1), 15–26. https://doi.org/10.1080/02508281.2011.11081656

Mosier, C. I., & McQuitty, J. V. (1940). Methods of item validation and abacs for item-test correlation and critical ratio of upper-lower difference. *Psychometrika, 5*(1), 57–65. https://doi.org/10.1007/BF02288561

Moutinho, L. (1987). Consumer behaviour in tourism. *European Journal of Marketing, 21*(10), 5–44. https://doi.org/10.1108/EUM0000000004718

Mowen, J. C., & Michael, S. (2001). *Consumer behavior: A framework*. Prentice Hall.

Mueller, H., & Kaufmann, E. L. (2001). Wellness tourism: Market analysis of a special health tourism segment and implications for the hotel industry. *Journal of Vacation Marketing, 7*(1), 5–17. https://doi.org/10.1177/135676670100700101

Murray, C. J. L., & Lopez, A. D. (2017). Measuring global health: motivation and evolution of the Global Burden of Disease Study. *The Lancet, 390*(10100), 1460–1464. https://doi.org/10.1016/S0140-6736(17)32367-X

Musa, G., Doshi, D. R., Wong, K. M., & Thirumoorthy, T. (2012). How satisfied are inbound medical tourists in Malaysia? A study on private hospitals in Kuala Lumpur. *Journal of Travel and Tourism Marketing, 29*(7), 629–646. https://doi.org/10.1080/10548408.2012.720150

National Bureau of Statistics of China. (2018). *China statistical yearbook 2018*. Statistics Press.

National Bureau of Statistics of China. (2022). *General trend of high-quality development remained unchanged despite the increased downward pressure on economy*. http://www.stats.gov.cn/tjsj/zxfb/202201/t20220117_1826404.html

National Health Medical Research Council, & Australian Vice-Chancellors' Committee. (2018). *National statement on ethical conduct in human research (Rev. ed.)*. National Health and Medical Research Council.

National Wellness Institute. (2007). *Definition of wellness*. www.nationalwellness.org

Nazir, M. U., Yasin, I., & Tat, H. H. (2021). Destination image's mediating role between perceived risks, perceived constraints, and behavioral intention. *Heliyon, 7*(7), Article e07613. https://doi.org/10.1016/J.HELIYON.2021.E07613

Nazneen, S., Xu, H., & Ud Din, N. (2021). Assessment of residents' destination image and their pro-tourism development behaviour: perspectives on the China–Pakistan economic corridor. *Tourism Review, 76*(1), 184–197. https://doi.org/10.1108/TR-08-2019-0352

Nemec, P. B., Swarbrick, M. A., & Merlo, D. M. (2015). The force of habit: Creating and sustaining a wellness lifestyle. *Journal of Psychosocial Nursing and Mental Health Services, 53*(9), 24–30. https://doi.org/10.3928/02793695-20150821-01

Netemeyer, R. G., Bearden, W. O., & Sharma, S. (2003). *Scaling procedures: Issues and applications*. Sage.

Neuman, W. L. (2006). *Social research methods : qualitative and quantitative approaches* (6th ed.). Pearson/Allyn and Bacon.

Norbeck, J. s. (1987). In defense of empiricism. *Image: the Journal of Nursing Scholarship, 19*(1), 28–30. https://doi.org/10.1111/J.1547-5069.1987.TB00583.X

Norman, P., & Conner, M. (2006). The theory of planned behaviour and binge drinking: Assessing the moderating role of past behaviour within the theory of planned behaviour. *British Journal of Health Psychology, 11*(1), 55–70. https://doi.org/10.1348/135910705X43741

Norman, P., Conner, M., & Bell, R. (1999). The theory of planned behavior and smoking cessation. *Health Psychology, 18*(1), 89–94. https://doi.org/10.1037/0278-6133.18.1.89

Norris, M., & Lecavalier, L. (2010). Evaluating the use of exploratory factor analysis in developmental disability psychological research. *Journal of Autism and Developmental Disorders, 40*(1), 8–20. https://doi.org/10.1007/S10803-009-0816-2

Notani, A. S. (1998). Moderators of perceived behavioral control's predictiveness in the theory of planned behavior: A meta-analysis. *Journal of Consumer Psychology, 7*(3), 247–271. https://doi.org/10.1207/S15327663JCP0703_02

Nunnally, J. C. (1967). *Psychometric theory*. McGraw-Hill.

Nunnally, J. C. (1978). *Psychometric theory*. McGraw-Hill.

Oh, H. (1999). Service quality, customer satisfaction, and customer value: A holistic perspective. *International Journal of Hospitality Management, 18*(1), 67–82. https://doi.org/10.1016/S0278-4319(98)00047-4

Onwuegbuzie, A. J., Johnson, R. B., & Collins, K. M. T. (2009). Call for mixed analysis: A philosophical framework for combining qualitative and quantitative approaches. *International Journal of Multiple Research Approaches, 3*(2), 114–139. https://doi.org/10.5172/MRA.3.2.114

Ordabayeva, M., & Yessimzhanova, S. (2016). Development of healthcare and wellness tourism marketing. *International Review of Management and Marketing, 6*(5), 118–124.

Osadchuk, M. A., Osadchuk, A. M., Solodenkova, K. S., & Trushin, M. V. (2020). Health medical tourism: The present and the future. *Journal of Environmental Management and Tourism, 11*(4), 809–818. https://doi.org/10.14505//JEMT.V11.4(44).04

Osei, B. A., & Abenyin, A. N. (2016). Applying the Engell–Kollat–Blackwell model in understanding international tourists' use of social media for travel decision to Ghana. *Information Technology and Tourism, 16*(3), 265–284. https://doi.org/10.1007/S40558-016-0055-2

Ouellette, J. A., & Wood, W. (1998). Habit and intention in everyday life: The multiple processes by which past behavior predicts future behavior. *Psychological Bulletin, 124*(1), 54–74. https://doi.org/10.1037/0033-2909.124.1.54

Page, S. J. (2019). *Tourism management* (6th ed.). Routledge.

Page, S. J., & Connell, J. (2006). *Tourism: A modern synthesis* (2nd ed.). Thomson Learning.

Page, S. J., Hartwell, H., Johns, N., Fyall, A., Ladkin, A., & Hemingway, A. (2017). Case study: Wellness, tourism and small business development in a UK coastal resort: Public engagement in practice. *Tourism Management, 60*(C), 466–477. https://doi.org/10.1016/J.TOURMAN.2016.12.014

Parashar, S., Mungra, Y., & Sood, G. (2019). Health consciousness as an enabler for exploratory buying behavior among consumers. *SCMS Journal of Indian Management, 16*(2), 87–102.

Park, S. H., Hsieh, C. M., & Lee, C. K. (2017). Examining Chinese college students' intention to travel to Japan using the extended theory of planned behavior: Testing destination image and the mediating role of travel constraints. *Journal of Travel and Tourism Marketing,*

34(1), 113–131. https://doi.org/10.1080/10548408.2016.1141154

Patton, M. Q. (1990). *Qualitative evaluation and research methods*. Sage.

Patton, M. Q. (2002). Two decades of developments in qualitative Inquiry: A personal, experiential perspective. *Qualitative Social Work, 1*(3), 261–283. https://doi.org/10.1177/1473325002001003636

Pearce, P. L. (2004). Theoretical innovation in Asia Pacific tourism research. *Asia Pacific Journal of Tourism Research, 9*(1), 57–70. https://doi.org/10.1080/1094166042000199639

Pearce, P. L. (2011). *Tourist behaviour and the contemporary world*. Multilingual Matters. https://doi.org/10.21832/9781845412234

Pearce, P. L., & Kang, M. h. (2009). The effects of prior and recent experience on continuing interest in tourist settings. *Annals of Tourism Research, 36*(2), 172–190. https://doi.org/10.1016/J.ANNALS.2009.01.005

Pearce, P. L., & Lee, U. I. (2005). Developing the travel career approach to tourist motivation. *Journal of Travel Research, 43*(3), 226–237. https://doi.org/10.1177/0047287504272020

Pechlaner, H., & Fischer, E. (2006). Alpine well ness: A resource-based view. *Tourism Recreation Research, 31*(1), 67–77. https://doi.org/10.1080/02508281.2006.11081248

Peighambari, K., Sattari, S., Kordestani, A., & Oghazi, P. (2016). Consumer behavior research: A synthesis of the recent literature. *SAGE Open, 6*(2), Article 2158244016645638. https://doi.org/10.1177/2158244016645638

Pelegrín-Borondo, J., Araújo-Vila, N., & Fraiz-Brea, J. A. (2020). Comparison of spa choice between wellness tourists and healthcare/medical tourists. *Healthcare (Switzerland), 8*(4), Article 544. https://doi.org/10.3390/HEALTHCARE8040544

Pender, N. J. (1996). *Health promotion in nursing practice* (3rd ed.). Prentice Hall International.

Pender, N. J., Murdaugh, C. L., & Parsons, M. A. (2006). *Health promotion in nursing practice* (5th ed.). Prentice Hall.

Pender, N. J., Murdaugh, C. L., & Parsons, M. A. (2019). *Health promotion in nursing practice* (8th ed.). Pearson.

Peterson, R. A. (1994). A meta-analysis of Cronbach's coefficient alpha. *Journal of Consumer Research, 21*(2), 381–381. https://doi.org/10.1086/209405

Petrick, J. F. (2002). Development of a multi-dimensional scale for measuring the perceived value of a service. *Journal of Leisure Research, 34*(2), 119–134. https://doi.org/10.1080/00222216.2002.11949965

Petrick, J. F., & Backman, S. J. (2002). An examination of the construct of perceived value for the prediction of golf travelers' intentions to revisit. *Journal of Travel Research, 41*(1), 38–45. https://doi.org/10.1177/004728750204100106

Petrick, J. F., Morais, D. D., & Norman, W. C. (2001). An examination of the determinants of entertainment vacationers' intentions to revisit. *Journal of Travel Research, 40*(1), 41–48. https://doi.org/10.1177/004728750104000106

Phillips, D. C. (1992). *The social scientist's bestiary. A guide to fabled threats to, and defences of, naturalistic social science*. Pergamon Press.

Phuthong, T., Anuntavoranich, P., Chandrachai, A., & Piromsopa, K. (2022). Developing and validating an assessment scale to measure the competitiveness of wellness destinations. *Sustainability (Switzerland), 14*(7), Article 4152. https://doi.org/10.3390/SU14074152

Pine, B. J., & Gilmore, J. H. (2000). Satisfaction, sacrifice, surprise: Three small steps create one giant leap into the experience economy. *Strategy & Leadership, 28*(1), 18–23. https://doi.org/10.1108/10878570010335958

Popescu, R. I., & Profiroiu, A. G. (2013). Study on foreigners' perception on Romania's image as tourism destination. *Transylvanian Review of Administrative Sciences,* (39), 147–159.

Preston, S. P., & Wood, A. T. A. (2010). Two-sample bootstrap hypothesis tests for three-dimensional labelled landmark data. *Scandinavian Journal of Statistics, 37*(4), 568–587. https://doi.org/10.1111/J.1467-9469.2010.00690.X

Puczkó, L., & Bachvarov, M. (2006). Spa, bath, thermae: What's behind the labels? *Tourism Recreation Research, 31*(1), 83–91. https://doi.org/10.1080/02508281.2006.11081250

Qu, H., Kim, L. H., & Im, H. H. (2011). A model of destination branding: Integrating the concepts of the branding and destination image. *Tourism Management, 32*(3), 465–476. https://doi.org/10.1016/J.TOURMAN.2010.03.014

Quintal, V. A., Lee, J. A., & Soutar, G. N. (2010). Risk, uncertainty and the theory of planned behavior: A tourism example. *Tourism Management, 31*(6), 797–805. https://doi.org/10.1016/J.TOURMAN.2009.08.006

Quintal, V. A., Thomas, B., & Phau, I. (2015). Incorporating the winescape into the theory of planned behaviour: Examining 'new world' wineries. *Tourism Management, 46*, 596–609. https://doi.org/10.1016/J.TOURMAN.2014.08.013

Rahman, M. S., Zaman, M. H., Hassan, H., & Wei, C. C. (2018). Tourist's preferences in selection of local food: perception and behavior embedded model. *Tourism Review, 73*(1), 111–132. https://doi.org/10.1108/TR-04-2017-0079

Ramseook-Munhurrun, P., Seebaluck, V. N., & Naidoo, P. (2015). Examining the structural relationships of destination image, perceived value, tourist satisfaction and loyalty: Case of mauritius. *Procedia - Social and Behavioral Sciences, 175*, 252–259. https://doi.org/10.1016/J.SBSPRO.2015.01.1198

Rancic, M., Pavic, L., & Mijatov, M. (2014). Wellness centers in Slovenia: Tourists' profiles and motivational factors. *Turizam, 18*(2), 72–83. https://doi.org/10.5937/TURIZAM1402072R

Rasoolimanesh, S. M., Seyfi, S., Rastegar, R., & Hall, C. M. (2021). Destination image during the COVID-19 pandemic and future travel behavior: The moderating role of past experience. *Journal of Destination Marketing and Management, 21*, Article 100620. https://doi.org/10.1016/J.JDMM.2021.100620

Raykov, T., & Tisak, J. (2004). Examining time-invariance in reliability in multi-wave, multi-indicator models: A covariance structure analysis approach accounting for indicator specificity. *British Journal of Mathematical and Statistical Psychology, 57*(2), 253–263. https://doi.org/10.1348/0007110042307267

Reichardt, C. S., & Rallis, S. F. (1994). The relationship between the qualitative and quantitative research traditions. *New Directions for Program Evaluation, 1994*(61), 5–11. https://doi.org/10.1002/EV.1663

Romsa, G., & Blenman, M. (1989). Vacation patterns of the elderly German. *Annals of Tourism Research, 16*(2), 178–188. https://doi.org/10.1016/0160-7383(89)90066-2

Ruiz, D. M., Castro, C. B., & Armario, E. M. (2007). Explaining market heterogeneity in terms of value perceptions. *Service Industries Journal, 27*(8), 1087–1110. https://doi.org/10.1080/02642060701673760

Ryan, C. (1997). *The tourist experience : A new introduction (studies in tourism)*. Cassell.

Ryu, K., Han, J. S., & Lee, T. J. (2016). Selection attributes of travel products: A case of Korean tourists to Japan. *Journal of Travel and Tourism Marketing, 33*(5), 671–686. https://doi.org/10.1080/10548408.2016.1167360

Sánchez, J., Callarisa, L., Rodríguez, R. M., & Moliner, M. A. (2006). Perceived value of the purchase of a tourism product. *Tourism Management, 27*(3), 394–409. https://doi.org/10.1016/J.TOURMAN.2004.11.007

Sarantakos, S. (1998). *Validity in social research* (2nd ed.). MacMillan Education.

Sarwar, A. (2013). Medical tourism in Malaysia: Prospect and challenges. *Iranian Journal of Public Health, 42*(8), 795–805.

Schiffman, L. G., & Kanuk, L. L. (2000). *Consumer behavior* (7th ed.). Prentice Hall.

Schiffman, L. G., & Wisenblit, J. (2014). *Consumer behavior* (11th ed.). Pearson Education.

Schmoll, G. A. (1977). *Tourism promotion*. Tourism International Press.

Schumacher, K. L., & Gortner, S. R. (1992). (Mis)conceptions and reconceptions about traditional science. *ANS. Advances in nursing science, 14*(4), 1–11. https://doi.org/10.1097/00012272-199206000-00003

Schumacker, R. E., & Lomax, R. G. (2012). *A beginner's guide to structural equation modeling* (3rd ed.). Routledge.

Seow, A. N., Choong, Y. O., Moorthy, K., & Chan, L. M. (2017). Intention to visit Malaysia for medical tourism using the antecedents of Theory of Planned Behaviour: A predictive model. *International Journal of Tourism Research, 19*(3), 383–393. https://doi.org/10.1002/JTR.2120

Serbulea, M., & Payyappallimana, U. (2012). Onsen (Hot Springs) in Japan – Transforming terrain into healing landscapes. *Health and Place, 18*(6), 1366–1373. https://doi.org/10.1016/J.HEALTHPLACE.2012.06.020

Shen, H., Wang, Q., Ye, C., & Liu, J. S. (2018). The evolution of holiday system in China and its influence on domestic tourism demand. *Journal of Tourism Futures, 4*(2), 139–151. https://doi.org/10.1108/JTF-10-2016-0027

Shipley, B. (1999). Testing causal explanations in organismal biology: Causation, correlation and structural equation modelling. *Oikos, 86*(2), 374–382. https://doi.org/10.2307/3546455

Shrout, P. E., & Bolger, N. (2002). Mediation in experimental and nonexperimental studies: New

procedures and recommendations. *Psychological Methods, 7*(4), 422–445. https://doi.org/10.1037/1082-989X.7.4.422

Sibi, P. s., & Sherry, A. (2017). Wellness tourism - An analysis of tourist preferences and perceptions in Puducherry. *Journal of Hospitality Application & Research, 12*(2), 61–79.

Siguaw, J. A., & Diamantopoulos, A. (2000). *Introducing Lisrel: A guide for the uninitiated.* Sage.

Silverman, D. (2016). *Qualitative research* (4th ed.). Sage.

Sirakaya, E., & Woodside, A. G. (2005). Building and testing theories of decision making by travellers. *Tourism Management, 26*(6), 815–832. https://doi.org/10.1016/J.TOURMAN.2004.05.004

Skoumpi, M., Tsartas, P., Sarantakou, E., & Pagoni, M. (2021). Wellness tourism resorts: A case study of an emerging segment of tourism sector in Greece. In V. Katsoni & C. van Zyl (Eds.), *Culture and tourism in a smart, globalized, and sustainable world* (pp. 477–495). Springer International Publishing.

Smith, M., MacLeod, N., & Robertson, M. H. (2010). *Key concepts in tourist studies.* Sage.

Smith, M., & Puczkó, L. (2008). *Health and wellness tourism.* Butterworth‐Heinemann.

Smith, M., & Puczkó, L. (2015). More than a special interest: Defining and determining the demand for health tourism. *Tourism Recreation Research, 40*(2), 205–219. https://doi.org/10.1080/02508281.2015.1045364

Smith, S. C. (1995). *Tourism analysis, A handbook* (2nd ed.). Longman.

Song, H. J., Lee, C. K., Kang, S. K., & Boo, S. j. (2012). The effect of environmentally friendly perceptions on festival visitors' decision-making process using an extended model of goal-directed behavior. *Tourism Management, 33*(6), 1417–1428. https://doi.org/10.1016/J.TOURMAN.2012.01.004

Song, H. J., You, G. J., Reisinger, Y., Lee, C. K., & Lee, S. K. (2014). Behavioral intention of visitors to an Oriental medicine festival: An extended model of goal directed behavior. *Tourism Management, 42*, 101–113. https://doi.org/10.1016/J.TOURMAN.2013.11.003

Song, L., & Zhou, Y. (2020). The COVID-19 pandemic and its impact on the global economy: What does it take to turn crisis into opportunity? *China & World Economy, 28*(4), 1–25. https://doi.org/https://doi.org/10.1111/cwe.12349

Sparks, B. (2007). Planning a wine tourism vacation? Factors that help to predict tourist behavioural intentions. *Tourism Management, 28*(5), 1180–1192. https://doi.org/10.1016/J.TOURMAN.2006.11.003

Sparks, B., & Pan, G. W. (2009). Chinese Outbound tourists: Understanding their attitudes, constraints and use of information sources. *Tourism Management, 30*(4), 483–494. https://doi.org/10.1016/J.TOURMAN.2008.10.014

Spicer, J. (2005). *Making sense of multivariate data analysis: An intuitive approach*. Sage.

Steele, J. L., & McBroom, W. H. (1972). Conceptual and empirical dimensions of health behavior. *Journal of health and social behavior, 13*(4), 382–392. https://doi.org/10.2307/2136830

Stevens, J. P. (2012). *Applied multivariate statistics for the social sciences*. Routledge.

Stoewen, D. L. (2017). Dimensions of wellness: Change your habits, change your life. *Canadian Veterinary Journal, 58*(8), 861–862.

Streiner, D. L. (2003). Starting at the beginning: An introduction to coefficient alpha and internal consistency. *Journal of Personality Assessment, 80*(1), 99–103. https://doi.org/10.1207/S15327752JPA8001_18

Stylidis, D., Shani, A., & Belhassen, Y. (2017). Testing an integrated destination image model across residents and tourists. *Tourism Management, 58*, 184–195. https://doi.org/10.1016/J.TOURMAN.2016.10.014

Stylos, N., & Bellou, V. (2019). Investigating tourists' revisit proxies: The key role of destination loyalty and its dimensions. *Journal of Travel Research, 58*(7), 1123–1145. https://doi.org/10.1177/0047287518802100

Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal, 29*(4), 311–314. https://doi.org/10.2975/29.2006.311.314

Swarbrooke, J., & Horner, S. (2007). *Consumer behaviour in tourism* (2nd ed.). Butterworth‑Heinemann.

Sweeney, J. C., & Soutar, G. N. (2001). Consumer perceived value: The development of a multiple item scale. *Journal of Retailing, 77*(2), 203–220. https://doi.org/10.1016/S0022-4359(01)00041-0

Szakály, Z., Szente, V., Kövér, G., Polereczki, Z., & Szigeti, O. (2012). The influence of lifestyle

on health behavior and preference for functional foods. *Appetite, 58*(1), 406–413. https://doi.org/10.1016/J.APPET.2011.11.003

Szendrey, J., & Fiala, L. (2018). "I think I can get ahead!" perceived economic mobility, income, and financial behaviors of young adults. *Journal of Financial Counseling and Planning, 29*(2), 290–303. https://doi.org/10.1891/1052-3073.29.2.290

Szromek, A. R. (2021). The sustainable business model of spa tourism enterprise—results of research carried out in Poland. *Journal of Open Innovation: Technology, Market, and Complexity, 7*(1), 1–20. https://doi.org/10.3390/JOITMC7010073

Tabachnick, B. G., & Fidell, L. S. (2001). *Using multivariate statistics*. Allyn & Bacon.

Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics* (5th ed.). Allyn & Bacon.

Tanaka, J. S. (1987). "How big is big eno

ugh?": Sample size and goodness of fit in structural equation models with latent variables. *Child Development, 58*(1), 134–146. https://doi.org/10.2307/1130296

Tashakkori, A., & Teddlie, C. (2003). Issues and dilemmas in teaching research methods courses in social and behavioural sciences: US perspective. *International Journal of Social Research Methodology: Theory and Practice, 6*(1), 61–77. https://doi.org/10.1080/13645570305055

Tashakkori, A., Teddlie, C., & Teddlie, C. B. (1998). *Mixed methodology: Combining qualitative and quantitative approaches*. Sage.

Tavlikou, E., & Assimakopoulos, C. (2018). Study on the impact of socio-economic crisis on Greek wellness tourists' spending behavior. *Journal of Tourism, Heritage & Services Marketing., 4*(2), 24–31.

Teng, H. L., Yen, M., & Fetzer, S. (2010). Health promotion lifestyle profile-II: Chinese version short form. *Journal of Advanced Nursing, 66*(8), 1864–1873. https://doi.org/10.1111/J.1365-2648.2010.05353.X

Težak Damijanić, A. (2019). Wellness and healthy lifestyle in tourism settings. *Tourism Review, 74*(4), 978–989. https://doi.org/10.1108/TR-02-2019-0046

The Lancet. (2018). *Global burden of disease study*. https://www.thelancet.com/gbd

The People's Government of Hainan Province. (2015). *The development planning outline of the medical industry in Hainan Boao Lecheng international medical tourism pilot zone*

(2015-2024).

https://www.hainan.gov.cn/hainan/szfbgtwj/201503/735a72f0a3f942d4ab76faced25362f3.shtml

The People's Government of Hainan Province. (2016). *Some opinions of the People's Government of Hainan Province on enhancing the development quality and level of the tourism industry (2016)*. https://www.hainan.gov.cn/data/zfgb/2016/06/3569/

The People's Government of Hainan Province. (2017). *Economic statistics of Hainan, 2016*. http://www.hainan.gov.cn/hn/yw/jrhn/201701/t20170122_2218852.html

The People's Government of Hainan Province. (2019). *Hainan health industry development plan (2019-2025)*.

http://www.hainan.gov.cn/hainan/szfwj/201901/8cd4a9fbb67f4be1b38884b1c7f93767.shtml

The State Council. (2009). *Several opinions of the state council on promoting the construction and development of the Hainan International Tourism Island*.

http://www.gov.cn/zwgk/2010-01/04/content_1502531.htm

Thew, M., & McKenna, J. (2009). *Lifestyle management in health and social care*. John Wiley & Sons.

Thompson, B. (2004). *Exploratory and confirmatory factor analysis: Understanding concepts and applications*. American Psychological Association.

Thompson, K. E., Haziris, N., & Alekos, P. J. (1994). Attitudes and food choice behaviour. *British Food Journal, 96*(11), 9–13. https://doi.org/10.1108/00070709410074632

Thompson, S. K. (2012). *Sampling* (3rd ed.). John Wiley & Sons.

Tucker, L. R., & Lewis, C. (1973). A reliability coefficient for maximum likelihood factor analysis. *Psychometrika, 38*(1), 1–10. https://doi.org/10.1007/BF02291170

Vaske, J. J., Beaman, J., & Sponarski, C. C. (2017). Rethinking internal consistency in cronbach's alpha. *Leisure Sciences, 39*(2), 163–173. https://doi.org/10.1080/01490400.2015.1127189

Veasna, S., Wu, W. Y., & Huang, C. H. (2013). The impact of destination source credibility on destination satisfaction: The mediating effects of destination attachment and destination image. *Tourism Management, 36*, 511–526.

https://doi.org/10.1016/J.TOURMAN.2012.09.007

Verdurme, A., & Viaene, J. (2003). Consumer beliefs and attitude towards genetically modified food: Basis for segmentation and implications for communication. *Agribusiness, 19*(1), 91–113. https://doi.org/10.1002/AGR.10045

Verplanken, B., Aarts, H., Van Knippenberg, A., & Moonen, A. (1998). Habit versus planned behaviour: A field experiment. *British Journal of Social Psychology, 37*(1), 111–128. https://doi.org/10.1111/J.2044-8309.1998.TB01160.X

Voigt, C. (2010). *Understanding wellness tourism: An analysis of benefits sought, health‑promoting behaviours and positive psychological well‑being* [Doctoral dissertation, DOC Paper. http://docplayer.net/44544504-Understanding-wellness-tourism-an-analysis-of-benefits-sought-health-promoting-behaviours-and-positive-psychological-well-being.html

Voigt, C., Brown, G., & Howat, G. (2011). Wellness tourists: In search of transformation. *Tourism Review, 66*(1-2), 16–30. https://doi.org/10.1108/16605371111127206

Vrkljan, S., & Hendija, Z. (2016). Business performance of health tourism service providers in the Republic of Croatia. *Acta Clinica Croatica, 55*(1), 79–86. https://doi.org/10.20471/ACC.2016.55.01.12

Vystoupil, J., Šauer, M., & Bobková, M. (2017). Spa, spa tourism and wellness tourism in the Czech Republic. *Czech Journal of Tourism, 6*(1), 5–26. https://doi.org/10.1515/CJOT-2017-0001

Wagner, K. H., & Brath, H. (2012). A global view on the development of non communicable diseases. *Preventive Medicine, 54*(SUPPL.), S38–S41. https://doi.org/10.1016/J.YPMED.2011.11.012

Wahab, S., Crampon, L., & Rothfield, L. (1976). *Tourism marketing*. Tourism International Press.

Walker, S. N., Sechrist, K. R., & Pender, N. J. (1987). The health-promoting lifestyle profile. *Nursing Research, 36*(2), 76–81. https://doi.org/10.1097/00006199-198703000-00002

Wang, D., Chen, M. Y., & Zhou, C. (2009). Study on the applicability of adolescent health promotion scale in a university in mainland China. *Chinese Journal of Health Statistics, 2*(26), 80–82.

Wang, D., Li, K., Hao, F., Sun, P., & Yao, R. (2013). The study on tourist destination tourism

image perception and evaluation in Xi' an City. *Agricultural Science & Technology,*
14(9), 1285–1288.

Wang, J., Wang, S., Wang, Y., Li, J., & Zhao, D. (2018). Extending the theory of planned
behavior to understand consumers' intentions to visit green hotels in the Chinese context.
International Journal of Contemporary Hospitality Management, 30(8), 2810–2825.
https://doi.org/10.1108/IJCHM-04-2017-0223

Wang, K., Xu, H., & Huang, L. (2020). Wellness tourism and spatial stigma: A case study of
Bama, China. *Tourism Management, 78*, Article 104039.
https://doi.org/10.1016/J.TOURMAN.2019.104039

Wang, L., Togtokhbuyan, L., & Yadmaa, Z. (2021). Visual analysis of the international wellness
tourism WOS literature from 1992 to 2019. *International Journal of Spa and Wellness,*
4(1), 1–16. https://doi.org/10.1080/24721735.2020.1830527

Wang, L., Wong, P. P. W., & Zhang, Q. (2021). Travellers' destination choice among university
students in China amid COVID-19: extending the theory of planned behaviour. *Tourism*
Review, 76(4), 749–763. https://doi.org/10.1108/TR-06-2020-0269

Wang, M.-T., & Sun, Y.-H. (2015). The effects of hotel environmental factors on consumers'
emotions and attitudes - The moderating effect of lifestyle. *Athens Journal of Tourism,*
2(1), 9–17. https://doi.org/10.30958/AJT.2-1-1

Wang, X. (2022, February 7). Tourism in sanya during the spring festival holiday has returned to
its pre epidemic level. *China News*. http://www.hi.chinanews.com.cn/hnnew/2022-02-
07/624533.html

Weaver, K., & Olson, J. K. (2006). Understanding paradigms used for nursing research. *Journal*
of Advanced Nursing, 53(4), 459–469. https://doi.org/10.1111/J.1365-2648.2006.03740.X

Webb, K. (2010). *Consumer behaviour* (2nd ed.). McGraw-Hill Education.

Weiss, N. (2016). *Introductory statistics* (10th ed.). Pearson.

Wen, J., Huang, S., & Ying, T. (2019). Relationships between Chinese cultural values and tourist
motivations: A study of Chinese tourists visiting Israel. *Journal of Destination Marketing*
and Management, 14, Article 100367. https://doi.org/10.1016/J.JDMM.2019.100367

Wen, Z., Hau, K.-T., & Chang, L. (2005). A comparison of moderator and mediator and there
applications. *Acta Psychologica Sinica, 37*(2), 268–274.

Wen, Z., & Ye, B. (2014). Analyses of mediating effects: the development of methods and models. *Advances in Psychological Science, 22*(5), Article 731. https://doi.org/10.3724/SP.J.1042.2014.00731

Westwick, C. (1976). Item analysis. *Nurse Educator, 15*(1), 27–32. https://doi.org/10.1097/00006223-199001000-00002

Wichasin, P. (2007). *A study of Thai women as health tour participants in relation to lifestyle and leisure practice* (Publication Number 13018) Bournemouth University]. ePrints BU. eprints

Wilcock, A. A. (1998). Occupation for health. *British Journal of Occupational Therapy, 61*(8), 340–345. https://doi.org/10.1177/030802269806100801

Wolf, E. J., Harrington, K. M., Clark, S. L., & Miller, M. W. (2013). Sample size requirements for structural equation models: An evaluation of power, bias, and solution propriety. *Educational and Psychological Measurement, 73*(6), 913–934. https://doi.org/10.1177/0013164413495237

Woodruff, R. B. (1997). Customer value: The next source for competitive advantage. *Journal of the Academy of Marketing Science, 25*(2), 139–153. https://doi.org/10.1007/BF02894350

Woodruff, R. B., & Gardial, S. (1996). *Know your customer: New approaches to understanding customer value and satisfaction*. Wiley.

World Cancer Research Fund, & American Institute for Cancer Research. (2007). *Food, nutrition, physical activity, and the prevention of cancer: a global perspective*. American Institute for Cancer Research.

World Health Organisation. (2002). *The world health report 2002 - Reducing risks, promoting healthy life*.

World Health Organization. (1948). *Preamble to the constitution of the World Health Organization as adopted by the international health conference*. http://www.who.int/abouwho/en/definition.html

Wray, M., Laing, J., & Voigt, C. (2010). Byron Bay: An alternate health and wellness destination. *Journal of Hospitality and Tourism Management, 17*(1), 158–166. https://doi.org/10.1375/JHTM.17.1.158

Wu, I. L., & Chen, J. L. (2005). An extension of trust and TAM model with TPB in the initial

adoption of on-line tax: An empirical study. *International Journal of Human Computer Studies, 62*(6), 784–808. https://doi.org/10.1016/J.IJHCS.2005.03.003

Wu, K., Raab, C., Chang, W., & Krishen, A. (2016). Understanding Chinese tourists' food consumption in the United States. *Journal of Business Research, 69*(10), 4706–4713. https://doi.org/10.1016/J.JBUSRES.2016.04.018

Wu, M. L. (2010). *Questionnaire statistical analysis practice: SPSS operation and application*. Chongqing University Press.

Wu, M. L. (2020). *Structural equation modeling: AMOS operation and application*. Chongqing University Press.

Wu, Z., & Guo, Q. (2014). Research on the countermeasures for the development of wellness tourism industry in China. *Chinese Journal of Health Policy, 7*(3), 7–11.

Yadav, R., & Pathak, G. S. (2016). Intention to purchase organic food among young consumers: Evidences from a developing nation. *Appetite, 96*, 122–128. https://doi.org/10.1016/J.APPET.2015.09.017

Yang, J. Y., Paek, S., Kim, T., & Lee, T. H. (2015). Health tourism: Needs for healing experience and intentions for transformation in wellness resorts in Korea. *International Journal of Contemporary Hospitality Management, 27*(8), 1881–1904. https://doi.org/10.1108/IJCHM-11-2013-0505

Yang, Z., Song, Q., Li, J., Zhang, Y., Yuan, X. C., Wang, W., & Yu, Q. (2021). Air pollution and mental health: The moderator effect of health behaviors. *Environmental Research Letters, 16*(4), Article ABE88F. https://doi.org/10.1088/1748-9326/ABE88F

Yilmaz, Y., Yilmaz, Y., Îçigen, E. T., Ekin, Y., & Utku, B. D. (2009). Destination image: A comparative study on pre and post trip image variations. *Journal of Hospitality and Leisure Marketing, 18*(5), 461–479. https://doi.org/10.1080/19368620902950022

Yoon, Y., & Uysal, M. (2005). An examination of the effects of motivation and satisfaction on destination loyalty: A structural model. *Tourism Management, 26*(1), 45–56. https://doi.org/10.1016/J.TOURMAN.2003.08.016

Yousaf, A., Amin, I., & Jose Antonio, C. (2018). Tourists' motivations to travel: A theoretical perspective on the existing literature. *Tourism and Hospitality Management, 24*(1), 197–211. https://doi.org/10.20867/THM.24.1.8

Yuzhanin, S., & Fisher, D. (2016). The efficacy of the theory of planned behavior for predicting intentions to choose a travel destination: a review. *Tourism Review, 71*(2), 135–147. https://doi.org/10.1108/TR-11-2015-0055

Zeithaml, V. A. (1988). Consumer perceptions of price, quality, and value: A means-end model and synthesis of evidence. *Journal of Marketing, 52*(3), 2–22. https://doi.org/10.1177/002224298805200302

Zhang, N. J., Guo, M., & Zheng, X. (2012). China: Awakening giant developing solutions to population aging. *Gerontologist, 52*(5), 589–596. https://doi.org/10.1093/GERONT/GNS105

Zhou, Z. (2006). The study of brand relationships index model: A perspective of scale development. *Journal of Marketing Science, 2*(2), 24–40.

Appendices

Appendix A. Consent Form

WESTERN SYDNEY
UNIVERSITY

Appendix A. Consent Form

Consent Form – Interview participants

Project Title: Consumers' behavioural intentions in wellness tourism

This study has been approved by the Human Research Ethics Committee at Western Sydney University. The ethics reference number is: H13856

I hereby consent to participate in the above named research project.

I acknowledge that:

•   I have read the participant information sheet (or where appropriate, have had it read to me) and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s

•   The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.

I consent to:

☒ *Participating in an interview*

☒ *Having my information audio recorded*

I consent for my data and information provided to be used in this project and other related projects for an extended period of time.

I understand that my involvement is confidential and that the information gained during the study may be published and stored for other research use but no information about me will be used in any way that reveals my identity.

I understand that I can withdraw from the study at any time without affecting my relationship with the researcher/s, and any organisations involved, now or in the future.

Signed:

Name:

Date:

WESTERN SYDNEY
UNIVERSITY

What if I have a complaint?

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through Research Engagement, Development and Innovation (REDI) on Tel +61 2 4736 0229 or email humanethics@westernsydney.edu.au.

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

WESTERN SYDNEY
UNIVERSITY

W

Consent Form – Wellness tourist

Project Title: Consumers' behavioural intentions in wellness tourism

This study has been approved by the Human Research Ethics Committee at Western Sydney University. The ethics reference number is: H13856

I hereby consent to participate in the above named research project.

I acknowledge that:

• I have read the participant information sheet (or where appropriate, have had it read to me) and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s

• The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.

I consent to:

☒ *Filling up a questionnaire*

I consent for my data and information provided to be used in this project and other related projects for an extended period of time.

I understand that my involvement is confidential and that the information gained during the study may be published and stored for other research use but no information about me will be used in any way that reveals my identity.

I understand that I can withdraw from the study at any time without affecting my relationship with the researcher/s, and any organisations involved, now or in the future.

Signed:

Name:

Date:

WESTERN SYDNEY
UNIVERSITY

What if I have a complaint?

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through Research Engagement, Development and Innovation (REDI) on Tel +61 2 4736 0229 or email humanethics@westernsydney.edu.au.

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Appendix B. Participant Information Sheet

WESTERN SYDNEY
UNISITY

W

Appendix B. Participant Information Sheet

Participant Information Sheet – Interview Participants

Project Title: Consumers' behavioural intentions in wellness tourism

Project Summary: This research aims to understand wellness tourists in Hainan by understanding consumer behaviour in order to identify the needs of wellness tourists, the influencing factors and the influencing degree on consumer choices about wellness tourism. This study is to reveal the characteristics of wellness tourist consumption behaviour in Hainan and examine what factors affect the travel intentions of wellness tourists. The study will make a substantive contribution to the field of consumer behaviour in wellness tourism research and provide recommendations to the wellness tourism industry in understanding the needs of wellness tourists.

You are invited to participate in this research study being conducted by Kaixin Wangzhou, PhD candidate, under the supervision of Dr. Julie. Wen and Dr Feliciy Picken, in the School of Social Sciences at Western Sydney University.

How is the study being paid for? The study is being undertaken in the fulfillment of a Doctorate of Philosophy at Western Sydney University.

What will I be asked to do?

You will be asked to participate in a semi-structured interview.

How much of my time will I need to give?

The interview will take about 20 minutes.

What benefits will I, and/or the broader community, receive for participating?

The findings of the research can make a substantive contribution to the field of wellness tourism research and provide recommendations to the wellness tourism industry in understanding the needs of wellness tourists and optimising the development of the tourism industry.

Will the study involve any risk or discomfort for me? If so, what will be done to rectify it?

It is not anticipated your involvement will pose any risks and all information collected will be treated as confidential. Your data will be stored for at least five years in a password protected computer and the only persons who will have access to the data are the researcher and her supervisors. All your personal information that could result in your identification will not be connected with any of the study results or any publications.

WESTERN SYDNEY
UNIVERSITY

How do you intend to publish or disseminate the results?

It is anticipated that the results of this research project will be published and/or presented in a final thesis and in publications and in conference presentations. In any publication and/or presentation, information will be provided in such a way that the participant cannot be identified.

Will the data and information that I have provided be disposed of?

The data will be retained under secure arrangement for the period of five years and will then be securely disposed of via the permanent deletion of any electronic data and shredding of any paper data.

Can I withdraw from the study?

Participation in this study is entirely voluntary and you are not obliged to be involved. If you do choose to participate you can withdraw your participation at any time without giving reason.

If you do choose to withdraw, any information that you have supplied, will be removed from the study and destroyed.

What if I require further information?

Please contact Kaixin Wangzhou should you wish to discuss the research further

Kaixin Wangzhou, PhD candidate,School of Social Sciences, Email:17925987@student.westernsydney.edu.au

Dr. Julie. Wen, Supervisor, School of Social Sciences, Tel:+61296859146.

What if I have a complaint?

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through Research Engagement, Development and Innovation (REDI) on Tel +61 2 4736 0229 or email humanethics@westernsydney.edu.au.

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

If you agree to participate in this study, you may be asked to sign the Participant Consent Form. The information sheet is for you to keep and the consent form is retained by the researcher/s.

This study has been approved by the Western Sydney University Human Research Ethics Committee. The Approval number is H13856.

Participant Information Sheet – Wellness Tourists

Project Title: Consumers' behavioural intentions in wellness tourism

Project Summary: This research aims to understand wellness tourists in Hainan by understanding consumer behaviour in order to identify the needs of wellness tourists, the influencing factors and the influencing degree on consumer choices about wellness tourism. This study is to reveal the characteristics of wellness tourist consumption behaviour in Hainan and examine what factors affect the travel intentions of wellness tourists. The study will make a substantive contribution to the field of consumer behaviour in wellness tourism research and provide recommendations to the wellness tourism industry in understanding the needs of wellness tourists.

You are invited to participate in this research study being conducted by Kaixin Wangzhou, PhD candidate,under the supervision of Dr.Julie.Wen and Dr Feliciy Picken, in the School of Social Sciences at Western Sydney University.

How is the study being paid for? The study is being undertaken in the fulfillment of a Doctorate of Philosophy at Western Sydney University.

What will I be asked to do?

You will be asked to fill in the questionnaire.

How much of my time will I need to give?

The questionnaire will take about 20 minutes.

What benefits will I, and/or the broader community, receive for participating?

The findings of the research can make a substantive contribution to the field of wellness tourism research and provide recommendations to the wellness tourism industry in understanding the needs of wellness tourists and optimising the development of the tourism industry.

Will the study involve any risk or discomfort for me? If so, what will be done to rectify it?

It is not anticipated your involvement will pose any risks and all information collected will be treated as confidential. Your data will be stored for at least five years in a password protected computer and the only persons who will have access to the data are the researcher and her

supervisors. All your personal information that could result in your identification will not be connected with any of the study results or any publications.

How do you intend to publish or disseminate the results?

It is anticipated that the results of this research project will be published and/or presented in a final thesis and in publications and in conference presentations. In any publication and/or presentation, information will be provided in such a way that the participant cannot be identified.

Will the data and information that I have provided be disposed of?

The data will be retained under secure arrangement for the period of five years and will then be securely disposed of via the permanent deletion of any electronic data and shredding of any paper data.

Can I withdraw from the study?

Participation in this study is entirely voluntary and you are not obliged to be involved. If you do choose to participate you can withdraw your participation at any time without giving reason. If you do choose to withdraw, any information that you have supplied, will be removed from the study and destroyed.

What if I require further information?

Please contact Kaixin Wangzhou should you wish to discuss the research further

Kaixin Wangzhou, PhD candidate, School of Social Sciences, Email:17925987@student.westernsydney.edu.au

Dr. Julie. Wen, Supervisor, School of Social Sciences, Tel:+61296859146.

What if I have a complaint?

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through Research Engagement, Development and Innovation (REDI) on Tel +61 2 4736 0229 or email humanethics@westernsydney.edu.au.

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome. If you agree to participate in this study, you may be asked to sign the Participant Consent Form. The information sheet is for you to keep and the consent form is retained by the researcher/s. This study has been approved by the Western Sydney University Human Research Ethics Committee. The Approval number is H13856.

Appendix C. Questions of semi-structured interview

1. To obtain the participants' opinions of wellness tourism in Hainan.

2. The reasons why they would, or would not, like to travel to Hainan for wellness tourism.

3. How their reference groups and social environment view their choice of wellness tourism in Hainan?

4. The benefits they will probably gain from taking wellness tourism in Hainan?

5. Whether they would like to travel to Hainan for wellness tourism in the future?

Appendix D. Questionnaire

Dear participant:

I am conducting my PhD research on potential wellness tourist's travel intention of wellness tourism in Hainan, with a view to identify the needs of wellness tourists, the influencing factors and the influencing degree on the choice of wellness tourism.

All data collected are only used for statistical analysis and remain completely confidential. Participation of this questionnaire is anonymous and entirely voluntary, you have the right to quit from the process at any time without penalty.

Wellness tourism is a journey for people who are motivated to maintain or promote health in order to achieve a wellness state of physical, psychological and spiritual harmony. Wellness tourism includes but is not limited to leisure, recreation (e.g. pampering, beauty treatment, sport and fitness, spas, adventures) and spiritual activities such as yoga, meditation and ashrams.

There are no right or wrong answers, you only need to click "√"on the corresponding options according to your actual situation.

I would like to thank you very much for your help.

Kaixin Wangzhu
PHD Candidate
Western Sydney University
TEL: 0425598677
Email: 17925987@student.westernsydney.edu.au

*在填写问卷之前，请确保您是一名在海南旅游的游客或者您曾经到海南旅游过。

Before you start to fill up the questionnaire, please make sure that you are travelling in Hainan or you have visited Hainan before. Please consider whether you consent to being part of the study?

❑Yes, please continue   ❑No, please opt out.

1. Your gender

❑Female   ❑Male

2. Your age

❑18-30   ❑31-40   ❑41-50   ❑51-60   ❑61 or above

3. Your income

❑¥2000 or less / month   ❑¥2001-4000/month   ❑¥4001-6000 / month
❑¥6001 more/month

4. Your education level

❑Junior middle school or below   ❑High school

❑College   ❑University degree   ❑Postgraduate or above

5.Your occupation

❑Civil servant ❑Institution staff ❑Enterprise staff ❑Military ❑Farmer ❑Self-employed ❑Retired ❑Teacher ❑Student ❑Other

6.Your family structure

❑Single ❑Married, but no children
❑Married and at least one child under 18 years old
❑Married and children over 18 years ❑Other

7. Attitude toward wellness tourism

There is no standard answer, please carefully read the following sentences and indicate the degree you agree or disagree with by ticking " √ " on the option that best suits your situation.

	Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
1.Participating in wellness tourism helps me to meet new people and promote social relationships.							
2.Wellness tourism activities promote my health and physical fitness, participating in wellness tourism							

311

can make me healthier and more energetic.							
3.Wellness tourism activities can help to reduce tensions, and participating in wellness tourism can alleviate my pressure from work and life.							
4.Wellness tourism activities are relaxing, participating in wellness tourism is pleasant for me.							

8. Subjective norm

	Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
1. People who are important to me would think that I should participate in wellness tourism.							
2.People who influence me would think that I should							

participate in wellness tourism.			313			
3.People whose opinions I value would prefer that I should participate in wellness tourism.						
4.Most of the people important to me would suggest I should participate in wellness tourism.						
5.I would like to take part in wellness tourism after hearing recommendations from my friends and family.						
6. I would like to participate in wellness tourism because it is popular amongst my friends and family.						

9. How many times you have joined in wellness tourism over the past year?

❏Never ❏Once ❏2-4 times ❏5 to 10 times ❏More than 10 times

10. Perceived behavioural control

	Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
1.I have enough money to participate in wellness tourism.							
2.I have enough time to participate in wellness tourism.							
3.I have enough physical strength to participate in wellness tourism.							
4.I can find enough information about wellness tourism in Hainan.							

11. Travel intention of wellness tourism

	Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
1.I intend to participate in wellness tourism in the next 12 months.							
2.I plan to participate in wellness tourism in the next 12 months.							
3.I probably will participate in wellness tourism in the next 12 months.							

	No influence at all	Barely no influence	A little influence	Neutral	Relatively strong influence	Strong Influence	Very Strong Influence

	Very bad	Bad	Relatively bad	Average	Good	Relatively good	Very good
12. Do you think the destination image will influence your choice							

	Very bad	Bad	Relatively bad	Average	Good	Relatively good	Very good
13.What is your overall impression of Hainan as a wellness tourism destination							

14. Perception of tourist destination

	Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
1.I can enjoy the picturesque scenery when I come to Hainan for wellness tourism.							
2.I can experience the unique island culture and customs of the Li and Miao people							

when I come to Hainan for wellness tourism.			317			
3.I can breathe fresh air when I come to Hainan for wellness tourism.						
4.I can enjoy the sea ,sunshine and beach in Hainan when I come to Hainan for wellness tourism.						
5.I can enjoy Hainanese food when I come to Hainan for wellness tourism						
6.The local transportation is convenient when I come to Hainan for wellness tourism.						
7.Hotels in Hainan are comfortable and well-equipped when I come for wellness tourism						
8.The quality of service is good when I come to Hainan for wellness tourism						

9.I can easily purchase the goods I need when I come to Hainan for wellness tourism							
10.I feel relaxed when I come to Hainan for wellness tourism							
11.Coming to Hainan for wellness tourism cheers me up.							
12.I can experience something new when I come to Hainan for wellness tourism							
13.Coming to Hainan for wellness tourism helps relieve my pressure.							

15.Wellness Lifestyle

	Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
1. Look forward to the future.							

2.I'm working towards the long-term goal of my life.			319			
3.I look forward to new experiences and challenges.						
4.I think life has its purpose.						
5. I know what is important.						
6.I feel like I'm growing and changing.						
7.I discuss health concerns with professionals.						
8.I control the intake of sugar and sugary foods.						
9. I seek for health information.						
10.I report my symptoms to health professionals.						
11.I ask health professionals questions to understand their wellness guidance.						
12.I will prevent tiredness.						
13.I think about some pleasant things at bedtime.						

14.I find some time to relax every day.						
15.I do meditation to relieve my pressure.						
16.I am willing to express my concern and love to others.						
17. I maintain meaningful relationships.						
18.I get in touch with my friends.						
19.I praise others for their accomplishment.						
20.I take part in vigorous exercise at least three times a week (such as fast walking, cycling, aerobic dancing, stair climbing).						
21.I take part in some mild to moderate physical activities (such as walking).						
22.I do stretching exercise at least three times a week.						
23.I take part in some recreational activities (such as swimming, dancing).						

			321				
24.I get exercise from my daily activities (such as walking after meals, taking stairs instead of elevators, less cars and more walking).							
25.I follow exercise plans.							
26.I eat vegetables every day.							
27. I eat fruit every day.							
28. I eat breakfast every day.							
29.I eat bread, rice, noodle and cereal every day.							

Thank you. Please leave your contact details or contact the researcher via email if you wish to follow up with the research.

Appendix E. Human ethics approval letter

WESTERN SYDNEY
UNIVERSITY

W

HUMAN RESEARCH ETHICS COMMITTEE

28 July 2020
Doctor Julie Wen
School of Social Sciences

Dear Julie,

Project Title: "Consumers behavioural intentions in wellness tourism"

HREC Approval Number: H13856
Risk Rating: Low 1 - LNR

I am pleased to advise the above research project meets the requirements of the National Statement on Ethical Conduct in Human Research 2007 (Updated 2018).

Ethical approval for this project has been granted by the Western Sydney University Human Research Ethics Committee. This HREC is constituted and operates in accordance with the National Statement on Ethical Conduct in Human Research 2007 (Updated 2018).

Approval of this project is valid from 28 July 2020 until 28 July 2023.

This protocol covers the following researchers:

Julie Wen, Kaixin Wangzhou, Felicity Picken

Summary of Conditions of Approval

1. A progress report will be due annually on the anniversary of the approval date.

2. A final report will be due at the expiration of the approval period.

3. Any amendments to the project must be approved by the Human Research Ethics Committee prior to being implemented. Amendments must be requested using the HREC Amendment Request Form.

4. Any serious or unexpected adverse events on participants must be reported to the Human Research Ethics Committee via the Human Ethics Officer as a matter of priority.

5. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the Committee as a matter of priority.

6. Consent forms are to be retained within the archives of the School or Research Institute and made available to the Committee upon request.

7. Approval is only valid while you hold a position or are enrolled at Western Sydney University. You will need to transfer your project or seek fresh ethics approval from your new institution if you leave Western Sydney University.

8. Project specific conditions:
There are no specific conditions applicable.

Please quote the registration number and title as indicated above in the subject line on all future correspondence related to this project. All correspondence should be sent to humanethics@westernsydney.edu.au as this email address is closely monitored.

Yours sincerely

Professor Brett Bowden
Presiding Member,
Western Sydney University Human Research Ethics Committee

Western Sydney University
ABN 53 014 069 881 CRICOS Provider No. 00917K
Locked Bag 1797 Penrith NSW 2751 Australia
westernsydney.edu.au

322