
Wellness Tourism: Students' Perception of Importance and Priority

Meng-Mei Chen

Hilary Catherine Murphy

Binbin Narkprasert

École hôtelière de Lausanne, HES-SO // University of Applied Sciences Western Switzerland

Abstract

Wellness tourism is estimated to be a US\$ 439 billion market and projected to grow to US\$ 678.5 billion by 2017 (Global Wellness Institute, 2014). Given the growth of wellness tourism destinations and facilities, it was determined that student perceptions on the importance and priority of key factors related to wellness tourism and associated the economic and social cultural aspects would contribute to better understanding future demand of wellness tourism. A survey conducted in spring 2013 showed that to support the development of wellness tourism the following four items are both important and should be treated as top priority. The four items are: “to inspire self-empowerment to pursue a healthier lifestyle”; “to increase affordable wellness offers”; “to promote prevention as a solution to reduce healthcare costs”; and “to create jobs in the local community”. The implications and related research ideas are discussed. Future research should be focused on the links between wellness and long term reduction in health care costs.

Key Words *Wellness Tourism, Tourism Development*

Theme *Wellbeing, health, wellness and spas*

Focus of Paper *Theoretical/Academic*

Introduction

Due to the growth of aging populations in the developed countries; and the faster growth rate of affluent residents, compared to the growth rates of available medical healthcare and wellness services in these countries, the health tourism market is booming. Many countries and destinations (e.g. Estonia, Latvia, Lithuania, Finland, Iceland, and China) consider wellness tourism as a means to develop tourism and general economy. International networks, such as Baltic Health Tourism Cluster, has been established to encourage regional collaboration, improve service quality, and improve marketing efforts (Smith, 2015).

Given the proliferation of wellness tourism, this research investigates students' perception of wellness tourism development. It is relevant because wellness tourism facilities and amenities are common to Swiss hotels. École hôtelière de Lausanne (EHL) students are very interested in the luxury segment which tends to have wellness tourism facilities. Using wellness tourism to support destination attractions, local economic development is enhanced, destination sustainability could be improved. This study is organized in the following order: the literature review, the methodology used, and findings from 136 responses are addressed. The paper concludes with discussions and recommendation for future researchers.

Literature review

Health tourism consists of medical tourism and wellness tourism. The distinction between medical tourism and wellness tourism is the different target markets. Medical tourism puts emphasis on cure and identification of causes of illness, while wellness tourism pursues the preservation of health and identification of causes of wellness (Smith, 2015; Hofer, Honegger, & Hubeli, 2012; Smith & Kelly, 2006; Heung & Kucukusta, 2013; Mueller & Kaufmann, 2001). Hence, Smith and Puczko (2013) defined wellness tourism as “Trips aiming at a state of health where the main domains of wellness are harmonised or balanced (e.g. physical, mental, psychological, social). There is an emphasis on prevention rather than cure, but some medical treatments may be used in addition to lifestyle-based therapies”.

On the other hand, Mueller and Kaufmann (2001) defined wellness tourism as “the sum of all the relationships and phenomena resulting from a journey and residence by people whose main motive is to preserve or promote their health. They stay in a specialised hotel which provides the appropriate professional know-how and individual care. They require a comprehensive service package comprising physical fitness/beauty care, healthy nutrition/diet, relaxation/meditation, and mental activity/education”. This definition is developed within the context of wellness tourism, and identified more specific services and amenities expected to be included in wellness hotels (Mueller & Kaufmann, 2001).

Given Mueller and Kaufmann's definition, wellness tourism providers must satisfy wellness tourists' diversified needs. Hence, critical elements for wellness tourism destinations should encompass wellness oriented infrastructure, special accommodation, sacred sites, unique wellness attributes, indigenous culture

wellness knowledge, community interaction, volunteering opportunities, information distribution, and qualified practitioners (Heung & Kucukusta, 2013; Sheldon & Bushell, 2009).

Sheldon and Park (2008) identified the advantages for developing wellness tourism in destinations as: encouraging entrepreneurship and upgrading employment; strengthening the destination; generating economic benefits; preserving the environment; diversifying the market; improving the quality of life at the community. Conversely, the disadvantages of developing wellness tourism are: competing for customers and resources against other tourism segments; and suffering from economic leakage due to limited resources available at the host community. Modified from Ritchie and Crouch's 'destination competitiveness and sustainability' model, Sheldon and Park (2008) developed a four-stage model for a sustainable wellness destination. These four-stages are: supporting factors and resources for wellness tourism, core wellness resources and attractions, wellness destination policy and planning, and wellness destination development and management.

Many researchers have investigated regional wellness tourism development. Smith (2015) provided a comprehensive health tourism overview for Baltic countries, including their offerings, associations, target markets, and actionable recommendations for future cooperation. Using Eastern Finland as a case study, Konu, Tuohino and Komppula (2010) shared the experience of building consensus of Lake Wellness tourism experience, the content and design of the product, as well as identification of unique selling points. Rodrigues, Kastenholz, and Rodrigues (2010) discussed hiking as part of wellness tourism product for rural destinations in Portugal. Heung and Kucukusta (2013) identified favourable factors for developing wellness tourism in China including: environmental and safety attributes, supporting facilities, and health facilities. Furthermore, Heung and Kucukusta (2013) identified practitioners' assessment of the effectiveness for promoting wellness tourism in China. Kelly (2010) investigated retreat, a niche market of wellness tourism, and described a vivid picture of retreat owners, their motivations, and common characteristics. Based on the research findings, Kelly (2010) made relevant recommendations including encouraging better understanding of tourism linkages; establishing an industry association; developing certificate programs, adopting sustainable tourism practices.

From the demand side, wellness tourists could be segmented into three distinguish segments, based on their different emphasis on six benefits, including transcendence, physical health and appearance, escape and relaxation, important others and novelty, re-establish self-esteem, and indulgence (Voigt, Brown, & Howat, 2012). Using wellness centres' customers in Gran Canaria, Medina-Munoz and Median-Munoz (2014) identified determinants for selecting a wellness tourism destination including: attractiveness of the offer of wellness treatments and centres, the natural conditions of the destination and the relaxing environment of the hotel, the business offer complementary to wellness treatments, price competitiveness, the offer of sports activities, and differentiation based on personalized and professional attention. Mueller and Kaufmann, (2001) identified four segments of wellness tourism, i.e. demanding health guests, independent infrastructure users, care-intensive health guests, and undemanding recreation guests. Mak, Wong, and Chang (2009) found relaxation and relief, escape, self-reward and indulgence, and health and beauty are important motivation factors for Hong Kong spa-goers.

Research question

For the following reasons, we are interested in understanding students' perception of wellness tourism development.

Firstly, certain wellness amenities such as sauna, solarium, steam bath, sports and massage facilities, are already standard for three to five star hotels in Switzerland. A survey of Swiss wellness and spa hotels found that only 11 percent of these hotels considered wellness as unimportant, because these hotels focus on cure (Mueller & Kaufmann, 2001). Hence, wellness tourism is an established concept among Swiss tourism and hotel professionals. Secondly, our students are interested in career opportunities in the luxury segment which tend to offer wellness tourism services and amenities.

For this exploratory study, our research questions were;

(1) What are the students' perceptions for the level of importance for the identified factors to support the development of wellness tourism?

(2) As tourism destinations face limited resources, what are the students' perceptions of the level of priority for the identified factors to develop wellness tourism?

(3) Are there differences between the level of importance and the level of priority for the identified factors?

Methods

The purpose of this research study was to understand students' perceptions of importance and priority of wellness tourism development. Students attending Ecole hôtelière de Lausanne (EHL) are truly international, representing an average of 80 countries around the world. Given the relative cost of attending EHL, these students tend to reside in affluent households. Therefore, it was determined that an EHL student survey will reflect their global travel experiences with exposure to wellness tourism properties. As shown in Table 1, the instrument used to collect data is a developed questionnaire based on previous studies (Kelly, 2010; Chen & Chen, 2010; Smith, 2009; Sheldon & Park, 2008; Andereck, Valentine, Knopf, & Vogt, 2005).

A pilot study is conducted to test the clarity of items, survey layout and structure. The findings from the pilot study were incorporated into the final questionnaire as shown in Table 1. The questionnaire consisted of three parts. The questionnaire started asking subjects to evaluate the importance of each item using a five-point scale (1 = not at all important; 5 = very important). The second part of the questionnaire asked subjects to evaluate the priority of each item using a five-point scale (1 = not a priority; 5 = essential). The questionnaire concluded with questions related to demographics.

The questionnaire survey was distributed online in spring 2013 to 2,000 EHL students. An e-mail explaining the purpose of this research study, and the link to the online survey was sent to all students.

Table 1 Questionnaire Items

Dimension	Item	Literature
Economic	To support local businesses	Chen & Chen, 2010; Sheldon & Park, 2008; Andereck, et al., 2005
Economic	To create jobs in the local community	Chen & Chen, 2010; Sheldon & Park, 2008; Andereck, et al., 2005
Economic	To improve the standard of living for the local community	Chen & Chen, 2010; Sheldon & Park, 2008; Andereck, et al., 2005
Economic	To attract investors to finance potential wellness projects	Sheldon & Park, 2008
Social - Cultural	To provide skills development opportunities for local community	Sheldon & Park, 2008
Social – Cultural	To strengthen identity of the local community	Chen & Chen, 2010; Sheldon & Park, 2008; Andereck, et al., 2005
Social – Cultural	To encourage cultural understanding through exchange between locals and tourists	Andereck, et al., 2005
Social – Cultural	To inspire self-empowerment to pursue a healthier lifestyle	Smith, 2009
Wellness	To expand accessibility to reach a diversified body of clients	Sheldon & Park, 2008
Wellness	To increase affordable wellness offers	Andereck, et al., 2005
Wellness	To increase wellness recreational activities	Chen & Chen, 2010
Wellness	To promote prevention as a solution to reduce healthcare costs	Ellis, personal communication, March 4, 2013

Results and Discussions

2000 e-mails were sent, received 136 responses, removed 9 responses due to incomplete answers, and finished with 127 responses. The response rate was 6.35%.

To assess consistence, we calculated Cronbach's alpha values of the three dimensions, and their values are all above 0.70 (economical 0.72, social-cultural 0.74, and wellness 0.73).

For each item, we calculated the means for Importance and Priority, and conducted 12 paired t-tests between Importance and Priority. Table 2 shows the means of Importance, Priority, and P-values for t-tests.

Table 2 Means & Standard Deviations of Importance and Priority, and t-test results

Dimension	Item	Important		Priority		2-tailed
		Mean	StD	Mean	StD	P-value
Economic	To support local businesses	3.68	1.03	3.54	1.04	0.13
Economic	To create jobs in the local community	3.85	1.02	3.71	0.96	0.07
Economic	To improve the standard of living for the local community	3.65	0.99	3.58	0.97	0.52
Economic	To attract investors to finance potential wellness projects	3.43	1.04	3.33	1.16	0.28
Social - Cultural	To provide skills development opportunities for local community	3.61	0.96	3.52	0.97	0.25
Social – Cultural	To strengthen identity of the local community	3.43	0.98	3.31	1.19	0.21
Social – Cultural	To encourage cultural understanding through exchange between locals and tourists	3.64	1.07	3.40	1.15	0.01
Social – Cultural	To inspire self-empowerment to pursue a healthier lifestyle	4.09	0.85	3.91	0.94	0.02
Wellness	To expand accessibility to reach a diversified body of clients	3.59	0.93	3.35	1.04	0.01
Wellness	To increase affordable wellness offers	3.88	0.89	3.67	1.02	0.04
Wellness	To increase wellness recreational activities	3.87	0.90	3.55	0.98	0.00
Wellness	To promote prevention as a solution to reduce healthcare costs	3.74	1.02	3.69	1.02	0.48

From a students' points of view, the five important contribution of wellness tourism are: "to inspire self-empowerment to pursue a healthier lifestyle (4.09)"; "to increase affordable wellness offers (3.88)"; and "to increase wellness recreational activities (3.87)"; "to create jobs in the local community (3.85)"; and "to promote prevention as a solution to reduce healthcare costs (3.74)". It is interesting to notice that students ranked wellness related items as important in addition to economic factors. On the other hand, the least important items are: "to strengthen identify of the local community (3.43)"; "to attract investors to finance potential wellness projects (3.43)"; and "to expand accessibility to reach a diversified body of clients (3.59)".

In terms of priority, the top five factors are: "to inspire self-empowerment to pursue a healthier lifestyle (3.91)"; "to create jobs in the local community (3.71)"; "to promote prevention as a solution to reduce healthcare costs (3.69)"; "to increase affordable wellness offers (3.67)"; and "to improve the standard of living for the local community (3.58)". Students gave higher priorities to wellness and economic related items. Students ranked "to strengthen identify of the local community (3.31)", "to attract investors to finance potential wellness projects (3.33)"; and "to expand accessibility to reach a diversified body of clients (3.35)" as lower priorities.

Four items were rated both important and as priority. They are: "to inspire self-empowerment to pursue a healthier lifestyle"; "to increase affordable wellness offers"; "to promote prevention as a solution to reduce healthcare costs"; and "to create jobs in the local community". In contrast, "to strengthen local identity of the local community"; "to attract investors to finance potential wellness projects"; and "to expand accessibility to reach a diversified body of clients" have been ranked both not important and not priorities. It is interesting to note that the standard deviations for importance are smaller than those for priority, which indicates that respondents are more in agreement in terms of importance but not for priority.

There are significant differences between the importance and priority among five items, which are "to encourage cultural understanding through exchange between locals and tourists, $t(127) = 2.79$, $p = 0.01$ "; "to inspire self-empowerment to pursue a healthier lifestyle, $t(127) = 2.33$, $p = 0.02$ "; "to expand accessibility to reach a diversified body of clients, $t(127) = 2.54$, $p = 0.01$ "; "to increase affordable wellness offers, $t(127) = 2.12$, $p = 0.04$ "; and "to increase wellness recreational activities, $t(127) = 3.88$, $p = 0.00$ ".

Discussions

In this study, “strengthening local community identity is not important”, and should be treated as less of a priority. Kelly (2010) found that many retreat visitors do not explore much of the area around the centre while on holiday, preferring enjoying good weather and retreat centre. Mueller and Kaufmann (2001) found culture as a low importance and low satisfaction variable among wellness hotel guests. Based on these findings, wellness tourism marketers should remember the foremost goal of wellness tourists is wellness, not local culture.

The distinction between medical tourism and wellness tourism has been recognized and accepted. Mueller & Kaufmann (2011) stated that although a hotel can host both medical tourists and wellness tourists, the distinction of two segments is essential for marketing strategies. Based on two wellness tourism definitions (Smith & Puczko, 2013; Mueller & Kaufmann, 2001) and the critical elements of wellness tourism (Heung & Kucukusta, 2013; Sheldon & Bushell, 2009; Sheldon & Park, 2008; Mueller & Kaufmann, 2001), more wellness products and experiences need to be developed to deliver an authentic wellness tourism experience. As increasingly number of quality hotels offer on-site spas, message services, healthy diet options, these hotels automatically fall into the ‘hardware wellness hotels’ category developed by Mueller and Kaufmann (2001). Comparing to ‘software wellness hotels’, ‘hardware wellness hotels’ need to emphasize more on individual care, medical supervision, offer information and training to guests (Mueller & Kaufmann, 2001). This brings up human resource challenges!

Chen and Petrick (2013) stated that the positive effects of travel experiences on perceived health and positive effect of travel experiences on physical health (page 709). We support the recommendations of Chen and Petrick (2013), which suggest that the next wellness tourism research agenda should focus on measuring and documenting the relationship between wellness tourism and health preservation. Without support from scientific evidences, wellness tourism could not be effectively differentiated from other types of leisure tourism. With the support from scientific evidences, people and even medical insurance companies may become more serious in participating in wellness tourism.

In addition, as shown in Table 1, the identified reasons for supporting wellness tourism need to be monitored and documented. It should be involved with measuring both tourists and residents perceptions, along with related tourism economics. As many destinations are promoting wellness tourism, hopefully, some case studies could be established to document the development and achievement of wellness tourism to tourists and the community.

Conclusion

Wellness tourism has moved beyond fighting for its own identity from medical tourism, and been considered by many destinations as a means to bring economic, social-cultural and environmental benefits (Smith, 2015; Konu et al., 2010; Rodrigues et al., 2010; Heung & Kucukusta, 2013; Medina-Munoz & Median-Munoz, 2014). Students ranked “to inspire self-empowerment to pursue a healthier lifestyle”; “to increase affordable wellness offers”; “to promote prevention as a solution to reduce healthcare costs”; and “to create jobs in the local community” as both important and as top priorities. In contrast, “to strengthen local identity of the local community”; “to attract investors to finance potential wellness projects”; and “to expand accessibility to reach a diversified body of clients” have been ranked both not important and not priorities. As our students’ values and perceptions on wellness tourism may reflect on future professional attitudes, it appears that the linkage between affordable, self-empowered healthier lifestyles and reduced healthcare costs is important, strengthening research to support this linkage is needed.

The limitation of this study is that the sample is based on only our own EHL students. In addition to some research ideas presented under discussions, and given the proliferation of wellness tourism, future researchers and educators may investigate the feasibility to incorporate wellness tourism into the tourism curriculum. The extent to which the existing curriculum could be leveraged, and the level of speciality are both needed to be rigorously investigated.

References

- Andereck, K. L., Valentine, K. M., Knopf, R. C., & Vogt, C. A. (2005). Residents' perceptions of community tourism impacts. *Annals of tourism research*, 32(4), 1056-1076.
- Bushell, R., & Sheldon, P. J. (Eds.). (2009). *Wellness and tourism: Mind, body, spirit, place*. Cognizant Communication.
- 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.
- Chen, C. F., & Chen, P. C. (2010). Resident attitudes toward heritage tourism development. *Tourism Geographies*, 12(4), 525-545.
- Ellis, S. (2013, March 4). Personal interview.
- Global Wellness Institute. (2014). *The global wellness tourism economy 2013*.
- Heung, V., & Kucukusta, D. (2013). Wellness tourism in china: Resources, development and marketing. *International journal of tourism research*, 15(4), 346-359.
- Hofer, S., Honegger, F., & Hubeli, J. (2012). Health tourism: definition focused on the Swiss market and conceptualisation of health (i) ness. *Journal of Health Organization and Management*, 26(1), 60-80.
- Kelly, C. (2010). Analysing wellness tourism provision: a retreat operators' study. *Journal of Hospitality and Tourism Management*, 17(01), 108-116.
- 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.
- Mak, A. H., Wong, K. K., & Chang, R. C. (2009). Health or self-indulgence? The motivations and characteristics of spa-goers. *International Journal of tourism research*, 11(2), 185-199.
- 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.
- 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.
- Rodrigues, Á., Kastenholz, E., & Rodrigues, A. (2010). Hiking as a relevant wellness activity-results of an exploratory study of hiking tourists in Portugal applied to a rural tourism project. *Journal of Vacation Marketing*, 16(4), 331-343.
- Sheldon, P. J., & Park, S. Y. (2008). Sustainable Wellness Tourism: Governance And Entrepreneurship Issues. *Acta turística*, 20(2), 145-254.
- Smith, M. (2009). *Issues in cultural tourism studies*. Routledge.
- Smith, M. (2015). Baltic health tourism: uniqueness and commonalities. *Scandinavian Journal of Hospitality and Tourism*, 15(4), 357-379.
- Smith, M., & Kelly, C. (2006). Wellness tourism. *Tourism recreation research*, 31(1), 1-4.
- Smith, M., & Puczkó, L. (2013). *Health, tourism and hospitality: Spas, wellness and medical travel*. London: Routledge.

Voigt, C., Brown, G., & Howat, G. (2011). Wellness tourists: in search of transformation. *Tourism Review*, 66(1/2), 16-30.