

Wellness Tourism Motivates Tourists to Participate

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Abstract

Wellness tourism has the potential to increase community job possibilities while also helping society financially. Despite its lengthy history and economic benefits, wellness tourism receives little attention in the literature. There is very limited research taken place that drive tourists to take part in wellness tourism in Rajasthan, India, where the industry is rapidly increasing. This study aims at finding out why domestic visitors in Rajasthan, India, are interested in wellness tourism. In Rajasthan, a study of potential wellness tourism participation is being conducted. The data was gathered in both an offline and online mode, and the data was processed and analyzed using the SPSS software. To analyze the differences, ANOVA tests were used. The motivating variables in the wellness tourism setting, as well as travelers' intentions to take part in wellness tourism, were investigated in this study. The behavioural intention of tourists to visit a wellness tourism site was used to characterize their desire to attend. Electronic and paper surveys were used to conduct self-administered surveys. Statistical studies were carried out in order to determine the link between behavioural intention to visit and incentive components. Using factor analysis, several motivating item factor structures were discovered.

Keywords: Wellness tourism, Motivation, Rajasthan, India, Hotel

1.0 Introduction

People have come from diverse regions with distinct natural resources for leisure since the dawn of time (Goodrich, 1993). Relaxing might indicate psychological, mental, or bodily well-being. Tourists go on holiday for a variety of reasons, including relaxation (Crompton, 1979). Tourists' are growing need for leisure, and hence well being, raised demand for wellness services, creating a new sector inside the tourism business. In 2006, 225 million visitors went for various reasons, including health and well being, according to the Department of Tourism, Rajasthan, (2017). In the last three decades, health spas have grown rapidly as an essential component of wellness tourism. Although tourism industry has its various roots in tourism, it is a growing sector that provides both existing and new locations significant development prospects (Kuhl, 1985). Despite its lengthy

history and shown economic advantages, however, wellness tourism received very little attention in the literature.

One probable reason is that wellness tourism is a comparatively novel professional specialization in the tourist business (Medina-Muñoz, 2013).

Although research on the issue is scarce, they have embraced a new notion of wellness tourism, which is sometimes mistaken with health tourism. It's critical to distinguish between health and wellness visitors.

Health sector and health resorts are closely connected. It is important to note, however, those tourism industry and wellness tourists are not synonymous. Some studies looked at wellness tourism as a subset of medical tourists (Pearce & Lee, 2005) while others looked at spa tourism as a tourist segment (Mak et al., 2009). (Carrera & Bridges, 2006), according to them the health and wellness tourism is categorized as a group/part of health tourism, but health tourism is related to travel activities which needs more concern and procedures than wellness tourism.

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Wellness tourism is distinguished from health and medical tourism by (Chen & Tsai, 2007). People are travelling for three sorts of medical care, according to (Bhonsale, 2019) it is an invasive, diagnostic and lifestyle and defined wellness tourism is a part of health tourism. Prominent wellness tourism sector includes spas (Spivack, 1998). Rest and meditation, exercise, and cosmetic treatments are all regarded key wellness tourism activities (Huijbens, 2011).

Though several studies have been conducted on tourist motivating variables in a variety of niches in the tourism sector (Kapoor, 2017), there has been little research on the relationship of tourists' inspiration and their attitudinal involvement in wellness tourist areas. The main reason of the study to analyze the intentions of the potential tourists to engage in wellness tourism in the Rajasthan, India, because a few academics have looked into it in a country where an increasing number of people are interested. The motivating variables in the wellness tourism environment, as well as visitors' intentions to enroll in wellness tourism, are explained in this study. The individual goal of this research is to examine the "push and pull" elements that influence visitors' motivation in the context of wellness tourism, as well as their impacts on tourists' desire to engage in wellness and health tourism. Because it is a fairly original matter in academic tourism studies, the research on that topic will have practical concern for marketing methodologies, administration, and procedure of tourism locations, thereby recuperating wellness enthusiasts' knowledge.

There are the following research questions to look into this matter:

- What motivates people in Rajasthan, India to engage in wellness tourism?
- How likely are Indians to partake in wellness tourism activities while on vacation?
- What role do motivating variables have in determining the behaviour of wellness seekers?
- How does previous experience affect visitor motivation and behaviour while visiting a beauty and nutrition location?

2.0 Literature review

In recent years, academic interest has shifted to this specialty tourism Smith & Kelly, (2006) although the study of wellness tourism is still in its ancient times, and talks of medical and lifestyle tourism have mostly concentrated on health as well as wellness tourism as a business and commodity Pizametal., (1994). The definition and scope of wellness tourism Brian & Milman, (1994) as well as the increase of wellness tourists (Jenkins, 1999) are all current research topics. Although the literature on the definition of wellness tourism is still inconsistent, most studies indicate that wellness tourism, like

health tourism, tends to fall under the umbrella of health tourism (Ahmad Mir, 2018). Based on visitor motivations and product purpose and benefits, according to the previous state-of-art, wellness tourism can be expressed in six ways, "Wellness and Tourism: Mind, Body, Spirit, and Place." Medical, health, sport, fitness, pleasure, wellness, and change are among them (Chen & Tsai, 2007). Travelling for health reasons (Baker & Crompton, 2009.), and wellness tourism refers to travel for need encourage a certain level of fitness, according to (Ajzen, 1987). Health and wellness tourism, according to this study, is defined as destinations that focus activities related to the health and wellness and are equipped with only wellness services such as spa.

The perceptions of wellness tourist have been explored by certain researchers. The visitors were also divided into four groups: Needs health visitors, individual infrastructure users, care-intensive cure visitors, and demanding recreation visitors according to (Dann,1981).

(Gowda, 2014) looked in five wellness facilities, researchers looked into consumers' customer expectations, attitudes about wellness services, and client clusters, as well as using importance-performance analysis to look into travelers' opinions of wellness tourism.

Three groupings of clients were found based on their behavioural characteristics: occupational disease prevention seekers and frequent weekend clients, hereditary prevention and treatment seekers and costumers. Leading market, which accounts for the majority of industry revenue, growing market, traditional market, and niche market are the four segments. The findings have significance for wellness tourism marketing segmentation from the supplier side. Tourist market segmentation is frequently based on demographic in formation, geographic limitations, purchasing behaviour, and desired benefits (Bhonsale, 2019). Because different individuals have different health problems, some localities target people with specialized health care needs, whilst other places can provide comfort health and therapies for high-end clients as a consequence of income partition (Goodrich, 1993). (Khangarot & Sahu, 2019) offered a fresh market segmentation model based on health and wellness tourism service features, which are different from usual approach focused on consumer view points. As company suppliers, we are constantly carefully aware of even minor market consumption trends.

Motivation variables (Radder & Han, 2013), expenditure determinants (Medina-Muñoz 2013), study of retreat operators (Smith & Kelly, 2006), and location growth have all been studied in relation to beauty and nutrition tourism (Huijbens, 2011). However, it is critical to focus on motivation research in order to get insight into new tourist concepts. Individual motivation explains tourist behaviour. Motivation has a long history in tourist literature, and different models to describe motivation have been

established. The leisure motivation scale was developed by (Beard & Ragheb, 1983) and they claim that people travel for intellectual, social, competency mastering, and stimulus avoidance reasons. In the context of motivation, established a tourist typology that encompasses both push and pull forces. External variables, such as qualities of a place motivate visitors to engage in a holiday, whereas push factors are internal individual requirements. The push and pull forces technique allows this study to look at both internal and external motivations for health tourism. Motivation is a key component in understanding wellness tourists' behaviour, requirements, and expectations. In wellness tourism the push and pull factors concepts utilized in this research study to assess tourist's motivation.

Medical or wellness tourism is a rapidly increasing sector in which individuals travel for health benefits (Wray et al., 2010). Products in this market are developed to address the health-related demands of visitors so that they can recuperate and improve quality of life. Spa, massages, sports courses, and spa services (pampering), as well as nutritious gourmet meals, exercise programmes, and healthcare treatments, are all created to attract travelers looking for positive behaviours while on vacation (J.S. Chenetal., 2008). A number of tourism academics have examined the motivations for medical and wellness tourism. In visit or motivation research, the 'push and pull' concept is commonly used, which also applies to the medical and wellness tourism industry. The 'pull' aspects are the qualities and attractions of the places, in addition to the 'push' components that come from the tourists themselves (Maketal., 2009). As a result, the characteristics of the site might be a driving force behind travellers. Although motivating factors explain why visitors participate in wellness tourism, area management and marketing organizations must also know tourists' behavioural intentions to attend a location.

The majority of behavioural intention research has focused on behavioural intention as a consequence factor. (Connell, 2006) attempted to describe the function of one motivating component, "novelty seeking," in visitors' intention to return to a given place. (Wrayetal., 2010), performed two researches to determine the link with healthcare tourists 'motivating elements and their plans to visit Finland for a wellness vacation. The findings show that motivations like exercising regularly, getting in form, and helping to promote and boosting wellbeing whereas motivations like seeing the landscapes, and experiencing nature, etc. have a negative impact. Past wellness vacation experience has been found to have the largest predictive influence on behavioural intention. The incentive items, according to (Wrayetal., 2010) investigations, are confined to those that are strongly associated to health tourism, such as improving emotional wellness, relaxing, and soon.

3.0 Literature Gap

The summary of the literature review discovered that motivation has not gotten much focus when it comes to wellness tourism. This might be because wellness tourism is a relatively new industry in the context of travel books. On the other hand, different perspectives on earlier studies on the subject could also contribute to this issue. The majorities of the new studies are explorative in character, and are still in the early stages of study. More comprehensive research and a broader diversity of research viewpoints are required. Only a few researches have been done on the motivational elements of fitness and wellbeing tourists, particularly those that look at motivation as an explanation variable for tourists' behavioural intentions. This article will explore the influence of motivation of tourists' on their behaviour intention to register in wellness tourism by investigating the motivating elements of fitness and wellbeing tourists in Rajasthan, India and utilizing inspiration as a factor.

4.0 Research Problem

Wellness tourism motivates tourists to participate.

5.0 Research Objectives

- To identify the potential of domestic wellness tourists in, Rajasthan.
- To identify the potential of international wellness tourists in Rajasthan.
- To identify and analyze the impact of wellness tourism in Rajasthan.

6.0 Methodology

6.1 Research Design

This study using the survey research approach of tourists and visitors regarding wellness tourism has taken place in Rajasthan state. A structured questionnaire is designed based on previous state-of-art to obtain the opinions of the tourists.

6.2 Measurement

The questionnaire is divided into three sections: The first part is to demonstrate a demographic profile of the tourists and the second and third parts focus on the "push and pull factors".

6.3 Sample

Surveys were carried for two groups of wellness tourism customers: current and future customers. Current customers are individuals who have visited a wellness location, whereas located clients are those who have not visited a wellness destination but want to do so. "Have you ever participated in wellness tourism activities?" is a screening question at the start of the survey. "Yes" or "No" is set to assist distinguish between two categories of clients. Street intercepts, emails, and letters were used to complete the surveys. After the data collecting process was done, the variables were coded recorded in SPSS version 24, for the statistical technique utilized in the study.

7.0 Empirical Result

7.1 Summary Statistics

The survey of 350 questionnaires was distributed between visitors in which 225 male and 125 females responded to the questionnaires. The respondents' demographic characteristics are subjected to descriptive analysis (Table 1). Female respondents made up per cent of the total 35 per cent, while male respondents made up to 64 per cent. The majority of the interviews between the ages of 20 and 30 is 42%.

7.1.1 Factor Analysis

The key scope of visitors' wellness tourism items in terms of push and pull parameters were extracted using principle analysis. Before doing exploratory factor analysis, a KMO and Bartlett's test of sphericity was performed for push factors. The data were found to be appropriate for further analysis

Table 1: Demographic characteristics

	Characteristics	No.	Percentage
Gender	Female	125	35%
	Male	200	64%
Age	20-30	150	42%
	30-40	70	20%
	40-50	80	22%
	50-60	50	14%
	Travel frequency	One	30
	Two	60	17%
	Three	90	25%
	Four	70	20%
	Five or above	100	28%

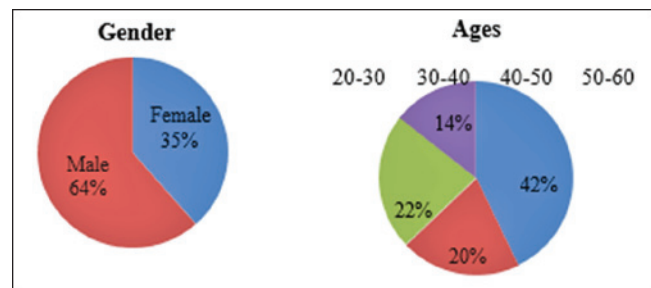


Figure 1: (a) Gender

(b) Age

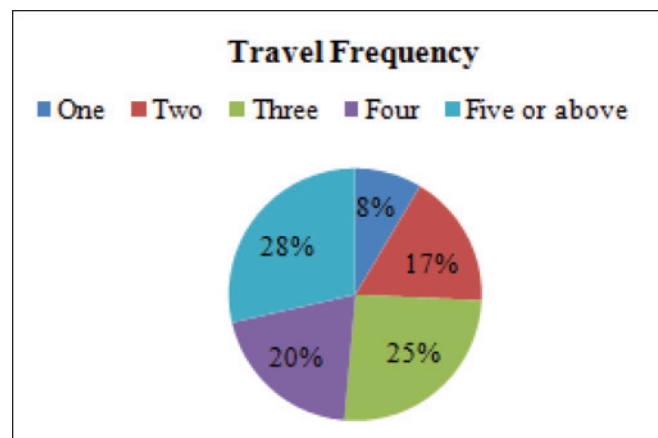


Figure 2: Travel frequency

(KMO=0.675, $p=0.0000.001$). In principle component analysis, the Varimax approach was used as a consequence, no item was deleted. The four variables explain 59 per cent of the total range, implying that they account for 59 per cent of the entire variation. The first aspect looks on the attitude in the health and wellness is the latest drift and viewed as pleasant and robust, and is categorized as "Demand" based on the things that fall into each dimension. The second aspect is referred to as "Motivation for healthy lifestyle" since it includes mental things such as mental and spiritual treatment. Because the third element explicitly states "Demand." The last component has a high factor loading on "Enhancing my quality of life" and "Experiencing something new," indicating that respondents anticipate enhancing their quality of life through health and wellness activities, and is thus termed "life improvement". Each component is subjected to are liability study to determine the internal consistency of the collection of items. The first two components have Cronbach's values of more than 0.7, indicating adequate internal consistency; however, the latter two variables have Cronbach's values within 0.5 and 0.6, indicating poor internal consistency (Gnoth, 1997).

For pull factors, the KMO and Bartlett's test of sphericity is used to ensure that the data is appropriate for factor analysis. The information is appropriate for factor analysis,

Table 2: Cronbach'sá of push factor motivations of wellness seeker

Constructs	Cronbach'sá	No. of Item
Demand	.744	6
Motivation for healthy lifestyle	.712	7
Service	.731	7
LifeImprovement	.764	4

Table 3: KMO and Bartlett's testfor push factors

Kaiser-Meyer-Olkin measure of sampling adequacy		0.675
Bartlett's test of Sphericity	Approximate Chi-square	411.065
	df	103
	Sig.	.000

Table 4: KMO and Bartlett's testfor pull factors

Kaiser-Meyer-Olkin measure of sampling adequacy		0.769
Bartlett's test of sphericity	Approximate Chi-square	.389
	Df	120
	Sig.	0.00

Table 5: Cronbach'sá of pull factor motivations of wellness seekers

Constructs	Cronbach'sá	No. of item
Core products provided by destination	.793	10
Accessibility of destination	.713	6
Popularity of destination (Reputation of destination)	.569	8

Table 6: Results from ANOVA analysis

	Sum of squares	Df	Mean square	F	Sig.
Between groups	0.476	4	0.117	0.089	0.000
Within groups	110.501	87	1.35		
Total	115	91			

Table 7: Regression Result

	Unstandardized coefficients	Standardized coefficients	
	B	Std.Error	Sig.
(Constant)	3	0.117	0.00
Motivation for healthy Lifestyle	0.319	0.150	0.037
Service	0.30	0.147	0.050
Demand	0.178	0.11	0.122
Life improvement	-0.154	0.114	0.228
Coreproducts provide by destination	0.145	0.181	0.412
Accessibility of destination	0.198	0.145	0.165
Reputation of destination	0.212	0.129	0.115
R-Square	0.29		
Adj-R-square	0.23		

as shown by the results (KMO=0.769, p=0.000 0.001). Following the dimension reduction, three primary components are extracted, and the cumulative variance explained by the three factors is 49.35 per cent, implying that the three factors account for 59.40 per cent of the overall variation. The objects belong to the first category. The focus is mostly on the destination's items, services, and facilities, which are the primary products of a health and wellness tourist destination. This dimension explains the widest range of reasons why tourists visit. The second and third dimensions describe the site's intangible characteristics, such as accessibility, availability, environment, atmosphere, climate, and popularity. Furthermore, "core items given by destination," "accessibility of destination, "and" reputation of destination" are the three main criteria retrieved from pull factor motives.

An ANOVA is used to see if there are any variations in perceptions of the relevance of the motivating factor "healthy lifestyle" leading people to health and wellness tourism among five age groups. The significance between groups in the ANOVA test is 0.000 (≥ 0.05 , at the confidence interval percentage 95 per cent), indicating that there is no significant variation in perceptions of "healthy lifestyle" among various age groups.

7.1.2 Multiple regression analysis

Multiple regression analysis was also used to Assess the study's premise. The regression analysis shows overall statistically significant result, with the independent factors

predicting 23% of the dependent variable. We looked at whether the dataset's characteristics, such as the destination's reputation, core goods, accessibility, stress relief, life enhancement, motivation for healthy lifestyle, and demand. Only demand and motivation for healthy lifestyle are significant predictors of the dependent variable, at the 5% substantial level, I will visit a health and wellness destination in the next several years, according to the coefficient stable. The remaining factors, on the other hand, appear to have no bearing on the dependent variable's prediction.

8.0 Conclusions

The motivating variables in the wellness tourism setting, as well as travellers' willing to participate in wellness tourism, were investigated in this study. According to (Crompton, 1979), the motivation context may be divided into two categories: Factors that push and pull. The behavioural intention of tourists to attend a wellness tourism site was used to characterize their desire to attend. Electronic and paper surveys were used to conduct self-administered surveys. Statistical studies were carried out in order to determine the link between behavioural intention to visit and incentive components. Using factor analysis, several motivating item factor structures were discovered. To further analyze the differences, ANOVA tests were used. The overall factor loading should focus on the pull and the push factors.

Despite low factor loading and Cronbach's alpha scores, four push and three pull factors were established. Demand, service, motivation, and life improvement were the reasons of the push dimension, respectively. The pull dimension factors were named core items given by the destination, accessibility of the location, and image of the destination, in that order. However, regression analysis found that just two push variables, demand and motivation for healthy lifestyle, are important in predicting behavioural intention to attend and they are only significant at a 5% level. We found no variations in visit intention between age groups. That is to say, wellness tourism is not limited to a specific age group. There is no gender difference when it comes to suggesting wellness travel to others. We could not identify a substantial link between wellness tourism travel preferences and encouraging family and friends to participate in wellness tourism.

There are no well-developed scales in this new niche, and we can tell that arbitrarily mixing elements from the literature will not work. Scale development should be followed. Our time and resources, however, were limited. The first step in future study should be to develop a reliable related to this project for health and wellness tourism. The study's representative sample is also a major problem. The sample is not representative since it was not picked at random, is not evenly distributed, and is small in number. A random sampling

strategy with consistently dispersed and representative samples should be used in future studies.

9.0 References

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