

Antecedents of Tourist Loyalty in Health and Wellness Tourism: The Impact of Travel Motives, Perceived Service Quality, and Satisfaction.

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This study attempts to contribute to theory and practice by examining the role of travel motive, perceived service quality, tourist satisfaction and revisit intention in the context of health and wellness tourism. The study relies on primary data collected from international tourists travelling for health and wellness reasons in Phuket, Thailand. Data was collected using convenience sampling and a self-administered approach. The findings indicated that the relationships of travel motive with perceived quality of service and satisfaction were positive and significant. Furthermore, the results revealed that perceived quality of service and satisfaction to tourist loyalty were also positive and significant. The additional analysis also provided for testing the mediating effect of perceived quality of service and satisfaction on the relationship between travel motive and revisit intention.

Keywords: *Travel motives, Tourist satisfaction, Perceived service quality, Health and wellness tourism and Thailand.*

Introduction

The growth of health and wellness tourism has increasingly received attention from both academics and managers (Chen, Liu, et al., 2013; Han et al., 2018; Lee, 2010). Specifically, the Asian context has gained substantial advantages for economic growth through this industry (Connell, 2013; Han et al., 2015; Heung et al., 2011). For instance, governments in some Asian nations, such as Thailand, Malaysia, Singapore, and India, have promoted and

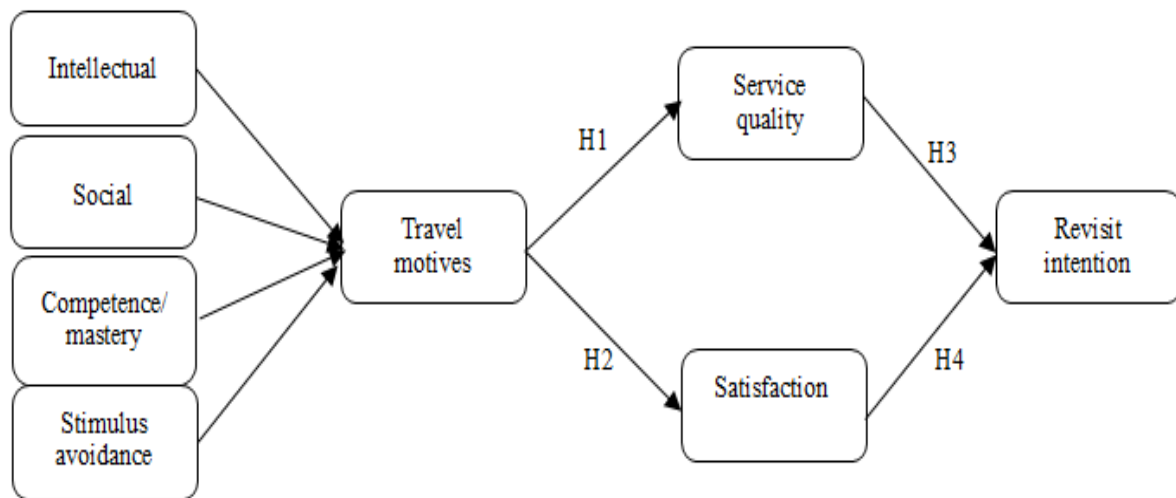
implemented health and wellness as well as medical policies and programs to motivate international customers (hereafter referred to as tourists) to visit destinations. Also, these countries have promoted their countries as world-class health and wellness centres (Heung et al., 2011; Kucukusta et al., 2013).

Beladi et al. (2019) attempted to empirically estimate the annual growth rate of GDP per capita from the health and wellness tourism market by using a time-series approach. The ratio of health and wellness tourism revenue to GDP for the Asia-Pacific region has been trending upwards. Despite the enormous market potential of health and wellness tourism in Asia-Pacific countries, relatively little research has been conducted thus far on the pre and post-perception evaluations of international tourists in visiting health and wellness destinations. Some studies have focused on the post-consumption evaluation of health and wellness tourism services, such as tourist satisfaction, perceptions of value, and associated behaviours (Choi et al., 2015; Han et al., 2018; Jaapar et al., 2017). Han and Hyun (2015) attempted to determine how perceived service quality, satisfaction, trust, and perceived price reasonableness were related to intentions to revisit Korea as a medical care destination.

While Asian-Pacific regions, such as Thailand, have emerged as dominant providers of health and medical tourism services in recent years (Connell, 2013; Wang, 2012), studies regarding the motives of health and wellness tourists and their post-consumption evaluation of the industry have been scarce. Most studies on health and wellness tourism have been conducted in developed countries such as China, Hong Kong, Malaysia, Singapore, South Korea, and Taiwan (Habibi et al., 2018; Heung et al., 2011; Jaapar et al., 2017; Yu & Ko, 2012). Thus, given the importance of studying international tourists who visit Thailand as a health and wellness destination, it is important to consider the motives and post-consumption evaluations of health and wellness tourists, such as satisfaction, perceived quality, and behavioural intentions, in order to plan realistic strategies to engender favourable tourist outcomes.

The present study attempts to help fill this gap in the health and wellness tourism literature by proposing an integrated model that examines the relationships between travel motive, tourist satisfaction, perceived service quality, and revisit intention. The objective of this study was thus to lay a foundation for evaluating the decision-making processes of international tourists in Thailand. The conceptual model and results of the study can contribute to the strategic development of international tourism in Thailand. The study adds to the literature in several ways. First, it examined and tested factors relevant to travel motives by using theoretical research related to their structure. Second, the study identified the suitability of a conceptual framework via inspecting a tourist decision-making process model and analysing the relationships between travel motive, tourist satisfaction, service quality, and revisit intention in a wellness tourism destination setting. The conceptual model is presented in Fig. 1.

Figure 1. Conceptual framework



Literature Review

Travel Motives and Perceived Quality of Service

Motives can be explained in a focused approach by establishing why tourists behave a certain way and what occurs when tourists expect certain activities and service providers attempt to satisfy those wants and needs (Albayrak & Caber, 2018; Dann, 1981; Mill & Morrison, 1998). Prior studies have demonstrated the positive effect of travel motives on tourist behavioural outcomes, including satisfaction and loyalty (Lee et al., 2011; Li & Cai, 2012; Meeprom & Charoenrat, 2019). However, there has been a distinct lack of research investigating if tourists are motivated to visit the destination and generate evaluations about the perceived quality of the destination offering, especially for health and wellness tourism services.

In the context of health and wellness tourism, tourist motives impel and compel individuals to make travel decisions. This is because they need to meet their relaxation needs, physical capabilities, knowledge-seeking desires and need to escape from routine life in order to promote health (Chen, Chang, et al., 2013; Jang & Wu, 2006; Mueller & Kaufmann, 2001). Different types of motives that predispose tourists to varied outcomes, especially in terms of an overall health and wellness experience, may have a definite bearing on the perceived quality of service. Therefore, this study postulates that tourists who are strongly expected to promote their health tend to interpret a more favourable health and wellness service experience. To investigate the impact of tourist motivation as an antecedent of perceived quality of service evaluation, the following hypothesis was proposed:

H1: Travel motive is positively related to perceived quality of service.

Travel Motives and Satisfaction

Satisfaction is defined as an individual judgment on goods and services (Oliver, 1977; Pizam & Ellis, 1999). Two approaches are commonly used in evaluating the level of satisfaction: the disconfirmation model, and the cumulative satisfaction perspective. According to the disconfirmation literature, satisfaction is the result of addressing a customer's fulfilment response, which was initially a concept of the expectation-confirmation model (Oliver, 1977). This study focused on the critical issue of travel motive as a trigger for driving post-experience evaluation, such as tourist satisfaction in a tourism experience (Albayrak & Caber, 2018; Devesa et al., 2010). Tourist satisfaction is crucial to successful destination marketing because it affects the tourism destination choice, the evaluation of the tourism products and services, and the intention to revisit (Yoon & Uysal, 2005). Previous research has examined the relationship between travel motive and tourist satisfaction and postulated that travel motive is a direct antecedent of tourist satisfaction (e.g., Battour et al., 2012; Lee & Hsu, 2013; Meeprom & Charoenrat, 2019). Some researchers suggest that tourist motive is the sole factor that determines tourist satisfaction (Correia et al., 2013; Jaapar et al., 2017). For example, Battour et al. (2014) found that travel motive was significantly and positively related to tourist satisfaction. Therefore, the following hypothesis was proposed:

H2: Travel motive is positively related to tourist satisfaction.

Perceived Quality of Service and Loyalty

Previous research confirms that perceived quality of service acts as an antecedent of tourist post-consumption evaluations of service offerings, such that improved service quality increases tourist loyalty (Keshavarz & Jamshidi, 2018; Manaf et al., 2015; Wong et al., 2015; Žabkar et al., 2010). For example, Cole and Illum (2006) revealed that the performance of tourism quality influenced the experience quality of tourists, which led to enhanced tourist behavioural intentions in the context of tourism destinations. Further, Akhoondnejad (2016) examined the links between quality and behavioural intentions (e.g., revisit intention) in the context of special events. This study found that tourists' perceived quality of festival attributes had a positively significant impact on behavioural intentions. Manaf et al. (2015) examined the role of service quality in the context of health and medical services. Moreover, the work of Manaf et al. (2015) suggests that customers' positive evaluations of service quality were favourable to health and medical consumption. This in turn resulted in positive behavioural intentions, such as revisit intentions in the future. As indicated by this research, it is accepted that perceived quality of service is a good predictor of tourist loyalty. Thus, the following hypothesis was proposed:

H3: Perceived quality of service is positively related to revisit intention.

Satisfaction and Loyalty

Tourist satisfaction is one of the most compelling drivers for the formation of various positive future behavioural intentions, including the intention to revisit, positive feedback and recommendations to others, word-of-mouth (WOM), publicity, destination engagement, and loyalty (Ali et al., 2016; Kim, 2018; Kim & Cha, 2002; Prayag et al., 2017). Yoon et al. (2010) defined loyalty or behavioural intentions as repurchase intentions, WOM communication, recommendations, and high tolerances for premium pricing. Several studies in the hospitality and tourism context have examined the relationship between tourist satisfaction and loyalty (Lee et al., 2008; Mason & Paggiaro, 2012; Prayag et al., 2013). An overall level of satisfaction positively correlated to a decision to revisit the same destination (Chen & Gursoy, 2001; Chi, 2012; Quintal & Polczynski, 2010). Moreover, a tourist's overall satisfaction is a key antecedent of WOM publicity, among other factors (Hui et al., 2007). A level of satisfaction also positively correlated to the intention to recommend (Prayag et al., 2017). In conclusion, a review of previous literature has suggested that overall visitor experience may have a significant positive relationship with customers' loyalties. Therefore, the follow hypothesis was proposed:

H4: Satisfaction is positively related to revisit intention.

Research Method

Sample Design and Procedure

Data was collected using convenience sampling and a self-administered approach from international tourists who had fully experienced health and wellness services (e.g., spa and wellness services, healthcare services, medical services and beautification) in Phuket, Thailand. Questionnaires with incomplete or missing data were eliminated from the analysis. 254 usable questionnaires were retained.

Measures

Each construct in the study was measured using a multi-item scale. Validated scales from prior empirical research were identified and modified as appropriate for the context of this study. The travel motive construct was based on the work of Albayrak and Caber (2018). It was operationalised as a second-order formative variable with four first-order reflective dimensions: intellectual, social, competence/mastery, and stimulus avoidance. The respondents were asked to indicate their responses on a 7-point Likert-type scale ranging from not at all important (1) to very important (7). Drawing from Yim et al. (2012), this study measured tourist satisfaction using a 7-point satisfaction scale ranging from very dissatisfied (1) to very satisfied (7). To assess the tourists' perceived quality of services provided by the

health and wellness providers, the study adapted from So et al. (2016). The respondents were asked to indicate their responses on a 7-point semantic differential scale. Lastly, revisit intention was measured on a 7-point Likert-type scale ranging from strongly disagree (1) to strongly agree (7) which was adapted from Abubakar and Ilkan (2016). To allow for a more robust test of the research model, this study employed age, gender, and nationality as a control for tourist heterogeneity and to ensure that the findings were not due to their covariance with the other constructs.

Results

The respondents provided information on various characteristics, such as gender, age, nationality, education, occupation, and time spent at the health and wellness service. There was a slight majority of males (50.4%) versus females (49.6%). The highest proportion of respondents were 21-30 years old (51.2%), followed by respondents 31-40 years old (24%) and tourists aged 18-20 years old were the smallest group (5.1%). With regard to nationality, 33.1% of the respondents self-identified as Europeans, followed by 29.7% as Asians (such as Chinese, Korean and Japanese), 11.5% were American, and 10.5% Australian. Most of the respondents were well educated, as 37.4% had an undergraduate degree and 29.5% had postgraduate degrees. A small number of respondents had received only a primary school education (0.8%). In terms of occupation, 50.4% of respondents reported full-time employment, while 1.6% were unemployed. Regarding the service encounter, 37.4% had spent around two hours there, 26.3% had been there more than 3 hours, and 15.0% were there less than 1 hour.

Measurement Assessment

Convergent validity and discriminant validity of the constructs of interest were assessed before testing the hypotheses. Exploratory factor analysis (EFA) with a varimax rotation was used to assess the factor structures of the measures. The results of the factor analysis indicated that all the indicator loadings were greater than a cut-off criterion of 0.60 (Hair et al., 2017). Cronbach's alpha was used to demonstrate construct reliability, and all measurement constructs exceeded the criterion of 0.70.

Table 1: Discriminant Validity

	M	SD.	CR	AVE	1	2	3	4	5	6	7	8	9	10
(1) Gender	-	0.50	-	-										
(2) Age	33	12.43	-	-	0.00									
(3) Nationality	-	2.16	-	-	-0.01	0.06								
(4) IT	4.92	1.43	0.78	0.55	0.04	-0.16	-0.08	<i>(0.75)</i>						
(5) SC	4.88	1.27	0.77	0.52	-0.01	-0.20	-0.18	0.75	<i>(0.72)</i>					
(6) COM	5.27	1.05	0.80	0.51	0.06	-0.24	-0.05	0.58	0.62	<i>(0.71)</i>				
(7) SA	5.21	1.10	0.73	0.50	0.03	-0.09	-0.05	0.46	0.44	0.66	<i>(0.71)</i>			
(8) PQS	6.10	1.45	0.95	0.88	-0.04	-0.01	-0.08	0.10	0.17	0.21	0.20	<i>(0.94)</i>		
(9) TS	4.85	1.16	0.94	0.83	-0.01	-0.07	-0.07	0.34	0.36	0.44	0.40	0.43	<i>(0.91)</i>	
(10) TR	4.84	1.08	0.89	0.73	-0.00	0.06	-0.06	0.08	0.18	0.28	0.33	0.41	0.45	<i>(0.85)</i>

Note: IT = Intellectual, SC = Social, COM = Competence/mastery, SA = Stimulus avoidance, PQS = Perceived quality of service, TS = Tourist satisfaction, RT = Revisit intention.

Diagonal bold italics entries are square root of AVE, all others are correlations coefficients. M: Mean, SD: Standard Deviation, CR = Composite Reliability, AVE = Average Variance Extracted.

Convergent validity was also examined. The average variance extracted (AVE) of each measurement construct was greater than the acceptable minimum criterion of 0.50 as suggested by Hair et al. (2017). As shown in Table 1, the discriminant validity was calculated

and exhibited that the square root of AVE for each measurement variable exceeded the corresponding correlation (Fornell & Larcker, 1981).

Testing of Hypotheses

The proposed hypotheses were tested using a multivariate regression analysis with an ordinary least squares estimator (Aiken et al., 1991). The findings of the study are reported in Table 2. In H1, it was hypothesised that the influence of travel motive is positively related to perceived quality of service. Step 2 of Model 1 demonstrates that travel motive had a positive effect on perceived quality of service ($\beta = 0.20, p < 0.01$), supporting H1. Step 2 of Model 2 presents a positive and significant relationship between travel motive and tourist satisfaction ($\beta = 0.40, p < 0.001$), supporting H2. The results in Step 3 of Model 3 show that the relationship between perceived quality of service and revisit intention was significant and positive ($\beta = 0.26, p < 0.001$), supporting H3. Finally, Step 3 of Model 3 indicates the relationship between tourist satisfaction and revisit intention was significant and positive ($\beta = 0.34, p < 0.001$), supporting H4.

Table 2: Regression Results

Variables	Model 1: Perceived quality of service		Model 2: Tourist Satisfaction		Model 3: Revisit intention			
	Step 1	Step 2	Step 1	Step 2	Step 1	Step 2	Step 3	Step 4
Control variables								
Gender	-0.04	-0.05	-0.02	-0.01	-0.01	-0.02	0.01	0.00
Age	-0.01	0.03	-0.07	0.02	0.06	0.12	0.09	0.10
Nationality	-0.09	-0.07	-0.07	0.00	-0.07	-0.04	-0.02	-0.02
Independent variables								
Travel motive		0.20**		0.40***		0.27* **		0.08
Perceived quality of service				0.36***			0.26***	0.26** *
Tourist satisfaction							0.34***	0.31** *
R ²	0.01	0.05	0.01	0.34	0.01	0.08	0.27	0.27
ΔR^2	-0.00	0.03	-0.00	0.32	-0.00	0.06	0.25	0.26
F value	0.76	3.13*	0.78	25.00** *	0.65	5.31* **	18.27** *	15.51* **

Notes: * $p < .05$ standardized regression coefficients are reported.

** $p < .01$ standardized regression coefficients are reported.

*** $p < .001$ standardized regression coefficients are reported.

Given the above findings, an additional analysis was performed to determine if perceived quality of service and tourist satisfaction mediated the relationship between travel motive and revisit intention. To this end, the mediation procedure suggested by Baron and Kenny (1986) was used, and the results are reported in Table 2. First, the study assessed whether travel motive influenced revisit intention. As seen in Step 2 of Model 3, the relationship between travel motive and revisit intention was positive and significant ($\beta = 0.27, p < 0.001$). Second, the study assessed whether travel motive impacted the mediating variables (perceived quality of service and tourist satisfaction). This is essentially H1 and H2 (Step 2 of Models 1 and 2), which were supported as discussed previously. Third, the study assessed whether the mediating factors affected revisit intention. This is essentially H3 and H4, which were supported (Step 3 of Model 3). Fourth, the study assessed whether the previously significant influence of travel motive on revisit intention decreased substantially or became insignificant after the inclusion of the mediating variables. As presented in Step 4 of Model 3, the influence of travel motive on revisit intention was reduced and showed an insignificant impact. These findings suggest that perceived quality of service and tourist satisfaction mediate the relationship between travel motive and revisit intention. In corroborating these findings, the procedure suggested by Preacher & Hayes, (2004) was used with a bootstrapping approach. The findings indicated that the indirect effect of travel motive on revisit intention through perceived quality of service was statistically significant ($a \times b = 0.07, SE = 0.03$) with bias-corrected 95% confidence intervals that excluded zero (0.03-0.13). The bootstrapping analysis found that the indirect effect of travel motive on revisit intention via tourist satisfaction was also statistically significant ($a \times b = 0.20, SE 0.04$), with bias-corrected 95% confidence intervals that excluded zero 0.12-0.28).

Conclusions and Implications

With the increased significance of the travel industry across the globe, tourists have been seeking high quality health and wellness service destinations for many years (Fetscherin & Stephano, 2016). Understanding travel motives, service quality, tourist satisfaction, and tourist retention in the context of health and wellness tourism has become a prevalent phenomenon in both developed and developing countries. This study also extended the work by Han et al. (2018) and Kim et al. (2017) and proposed that the missing link between travel motives and revisit intentions among international tourists is the perception of service quality and satisfaction with the health and wellness tourism services. We argue that international tourists are motivated to engage in health and wellness tourism in order to achieve their goals of improving their physical and mental health. Thus, they choose Thailand's health and wellness sites as tourism destinations to fulfil their needs and wants. We further argue that perceived service quality and satisfaction with the service offerings are crucial factors affecting tourist decision-making and the evaluation of the actual service quality and satisfaction with the tourism experiences, including individual satisfaction with selecting a



destination and individual satisfaction ratings given prior expectations. In doing so, we advance destination marketing theory and practice in several ways.

This study contributes to the health and wellness literature by offering a mechanism through which travel motives impact revisit intentions in Thailand. This study also shows that the path from travel motives to revisit intentions is indirect and passes through service quality and satisfaction. This finding suggests that as tourists' levels of travel increase, they are more likely to have revisit intentions for the future because of perceived quality of service and satisfaction with health and wellness tourism. Consistent with the work of Kim et al. (2017), we suggest that travel motives, especially learning or intellectual motives, are a fundamental driver of tourism to health and wellness destinations. In addition, Caber and Albayrak (2016) indicated that tourist desires to achieve, to be challenged, or to have expectations met from service providers plays an important role in physical improvement, specifically in health and wellness tourism. In contrast, Prebensen et al. (2010) found that escapism is an important factor that triggers people to visit wellness destinations. The varied results among research on motivational orientations to visit a certain destination can be explained by knowing that tourists visit destinations for different reasons based on their motives and personal characteristics. However, we extend this knowledge by articulating reasons behind tourist behaviours. We extend prior research by investigating service quality and satisfaction with health and wellness tourism services. It is important to discern which specific travel motives facilitate the reflection of tourist's needs and wants. In promoting sites, one must remember that revisit intentions manifest through post-consumption behaviour, emphasizing perceived quality of service and satisfaction when choosing the right destination.

Interestingly, travel motives were found to have a positive influence on service quality within the context of health and wellness. This suggests that with increasing levels of travel motives, international tourists perceive a higher quality of service offerings. Moreover, the results of this study addressed our expectation that travel motives positively and significantly impact tourist satisfaction, which was consistent with previous research (Albayrak & Caber, 2018; Lee & Hsu, 2013). It is said that travel motives are an important basis for tourist satisfaction. The results of this study also indicated that service quality and satisfaction with the health and wellness tourism service influence revisit intentions for the future. These findings were consistent with previous studies, such as So et al. (2016), suggesting that service brand evaluation including service quality and satisfaction was the strongest predictor of customers' level of loyalty to a service provider.

The findings of this study have several managerial implications. We encourage tourism businesses to target health and wellness tourists. Managers are advised to design their communication messages carefully to attract international health and wellness tourists by providing them with opportunities to explore new experiences, to relax mentally and



physically, and to encourage social development. Perhaps the tourism managers can highlight the quality of their health and wellness products or services in their communications with international tourists. If international tourists perceive the qualities of health and wellness services that are distinct and unique compared to other potential competitive destinations, the services and products become more attractive and motivating to them. Importantly, tourist post-consumption experience has become a key in health and wellness tourism marketing. This is because satisfaction with service offerings is often triggered by the global experience received. Tourism managers have to improve their marketing strategies in order to attract potential new tourists and retain existing tourists through loyalty.

The study has a few limitations that open up opportunities for future research. First, the sample of this study was drawn from a health and wellness context. Therefore, generalising the results of this study to other tourism domains should be done cautiously. Future researchers may replicate our research model in other tourism settings as needed. Second, this study explored the path through which travel motives impact tourist loyalty through service quality and satisfaction. Further, future researchers can consider other mediators or moderators that translate the influence of travel motives to tourist loyalty, such as involvement, participation, and perceived value.

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