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## An Exploratory Study of Wellness Travel: Differences Between U.S. and Non-U.S. Travelers

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## **An Exploratory Study of Wellness Travel: Differences Between U.S. and Non-U.S. Travelers**

### **Cover Page Footnote**

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## **An Exploratory Study of Wellness Travel: Differences Between U.S. and Non-U.S. travelers**

### **Introduction**

Globally, there has been resurgence in the pursuit of health and wellness tourism. Specialized health and wellness services are now offered on an unprecedented level through a variety of both active and passive activities in resorts and spas, and specialized travel packages (Ringer, 2008; Smith & Kelly, 2006). Although the label of “wellness tourism” is relatively new in the United States (U.S.), the idea of offering health related amenities for travelers is not a novel idea in Europe and Asia. In addition, little research has been done on translating the wellness term for travelers from the United States although it appears the concept of travel for health and wellness has existed since the 18<sup>th</sup> century. Resorts surged in popularity on the east coast of the U.S. during the late 1700 and 1800’s due to the presence of hot water mineral steam baths (Mill, 2011). Health and wellness tourism has become an increasingly popular trend in recent years in the U.S. as many resorts and destinations now offer wellness activities and amenities, multi-use sport complexes, free weight rooms, lap pools, steam rooms, as well as yoga and lifestyle coaches (Resort + Recreation, 2008).

Past research reveals that U.S. citizens receive less guaranteed vacation than workers in other countries (Ray & Schmitt, 2007). In addition, the U.S. lacks social tourism programs for subsidized travel for the economically disadvantaged (Minnaert, Maitland, & Miller, 2009). Moreover, over seventy percent of U.S. workers fail to use all their time off (Howard, 2012). Therefore, U.S. and non-U.S. travelers may not only differ in their wellness travel choices but ultimately in the overall health status. Therefore, U.S. and non U.S. travelers may view health and wellness differently from one another. It is unknown if the current wellness attractions, amenities, accommodations or destinations are suitable for both populations. In order to successfully market or meet the demands of all wellness travelers, an understanding of these group’s unique characteristics and motivations is crucial.

### **Review of Literature**

Health and wellness tourism is defined a myriad of ways and often confused with similar, although different types of tourism. Medical tourism, in particular, is thought of as travel for specific health needs and defined as travel to cure an ailment or disease (Ringer, 2008). Individuals who travel for medical tourism purposes visit destinations in order to meet with a physician or specialized team of medical practitioners. They often travel to these destinations to have surgeries or obtain a therapy not readily available or prohibited by law in their home countries, or they may travel for the purpose of cosmetic surgery (Bauer, 2009; Connell, 2006).

Wellness tourism, on the other hand, focuses more on the prevention of illness or disease. Wellness tourism centers on all around well-being (Smith & Kelly, 2006). Wellness is multidimensional, a state of being described in terms of quality of life and a sense of well-being (Corbin, Pangrazi, & Franks 2000). This ideology represents the shift in focus from the treatment of illness and disease to the proactive process of balancing positive thoughts, feelings, and behaviors associated with quality of life. The concept of wellness is predicated upon the overlapping, integrative nature of its multiple dimensions that uniquely influence each other. These dimensions represent the whole person (i.e., mind, body, spirit) and include the physical, social, intellectual, emotional, psychological, spiritual aspects of an individual's life (Sidman, D'Abundo, & Hritz, 2009).

As early as the 1980's researchers theorized that individuals travel for intrinsic reward and well-being (Iso-Ahola, 1983). A multitude of studies followed, noting that while the motivations for travel were diverse and complex, the internal motivator was ever present. More recently, a new trend has emerged for the specific purpose of traveling in order to feel well (Lehto, Brown, Chen, Morrison, 2006). Reasons for these phenomena are not clear nor the focus of this paper, however, Yeoman (2012) concludes that the baby boomer generation as they age are driving it with their desire to extend their healthy and active years.

Traditionally, wellness tourism has focused on resorts with spas or spiritual retreats. However, recent research in wellness tourism reveals that individuals can be motivated by one particular wellness dimension over another and thus seek an assortment of activities that can range from the more active pursuits such as bicycling to satisfy a physical wellness need, to the passive activities such as meeting new people to increase their desire for social wellness. For example, Tiyce (2008) found that individuals travel for the betterment of their mental wellness and found that long-term travel could help alleviate the sense of loss of a loved one. Other studies have addressed the other dimensions of wellness such as the need to address physical and spiritual needs with yoga classes, addressing social and intellectual dimensions through visits to museums, exploring and/or learning about nature or wellness itself (Chen, Prebensen, & Huan, 2008; Lehto, Brown, Chen, & Morrison, 2006). Other studies have focused on escapism and how travel may benefit an individual's psychological wellness by relaxing at the beach or the mountains, or at a spa (Pechlaner & Fisher, 2006, Puczko & Bachvarov, 2006). Expanding on Smith and Kelly's (2006) definition of wellness tourism, this study specifically defined wellness tourism as travel for the purpose of improving one's quality of life in one or more of the wellness dimensions: physical, mental and social and overall perceived wellness.

Given the variety of motivations and benefits sought in wellness travel, it is unlikely wellness tourists are a homogenous group with the same needs, expectations and behaviors (Voigt, 2008). Wellness tourists can seek all or only some dimensions of wellness. It is unknown if these motivating factors are

internally driven or if these individuals travel because the destination itself has attributes that meet their needs. The literature in addressing traveler motivations is vast and suggests a mixture of both internal and external factors inspire travel choices.

### ***Travel motivations and wellness***

Past research on motivations of the wellness traveler has revealed it is multi-faceted in nature (Chen, Prebensen, & Huan, 2008). One method for examination of the multidimensionality of travel motivations is the use of push and pull factors. Traditionally, push factors address internal motivations, while pull factors address attributes of the destination. In other words, push factors drive individuals to travel, and pull factors explain the choice of destination (Chul Oh, Uysal, & Weaver, 1995).

Push and pull factors have traditionally been used to examine relationships between motivations and destination choices (Crompton, 1979). Push factors are internal, socio-psychological forces that predispose or “push” and individual to travel in the first place. Once the need to travel through push factors have been created, pull factors start to pique an interest in specific places to visit. Pull factors are defined as “those that attract the individual to a specific destination once the decision to travel has been made” (Oh, Uysal, & Weaver, 1995, p. 124). Generally push factors are present first for travelers, whether consciously or not. However, push and pull factors are not independent of each other and they should be viewed as essentially related (Klenosky, 2002). Examples of push factors include motivations for socializing, intellectual stimulation, escape, rest and relaxation, physical activity and self-esteem development. Pull factors consist of destination attributes or tourism related activities as well as traveler’s perceptions of the destination. Examples include cultural and natural resources, accommodations and attractions available, novelty, curiosity, and excitement (Hallab, 1999).

A multitude of studies on traveler motivations have used the push and pull factors in order to predict future travel patterns, help explain travel choices and generate data specific to a destination. Few studies, however, have introduced the wellness dimensions using the push and pull factors to understand travel choices. Hallab (1999) conducted one of the few empirical studies examining the relationship between wellness and traveler behavior using the push and pull factors. Significant differences were found between healthy living and travel choices. Among the many findings, opportunities for physical activity, healthy eating, and alcohol free establishments were found to be important in explaining travel choices of wellness travelers. A large limitation to the Hallab (1999) study was the participants themselves were not necessarily traveling for wellness related purposes. Rather the samples was from those travelers at an airport and asked to complete a survey related to wellness related travel behavior.

While healthy-living components are significant to travelers, the results from the Hallab study also suggest there is a need for further study on the effects of health consciousness behaviors of travelers (Hallab, Yooshik, & Muzaffer, 2008). The literature also is lacking in looking at U.S. travelers specifically and what contributes to their overall wellness.

Other studies have addressed wellness, however, from a different theoretical approach than the push and pull factors. Mueller and Kaufmann (2001) explored hotel guests in Switzerland and their reasons for staying at a particular property, expectations and satisfaction, and their overall attitudes about health. Guests sought high quality amenities with non-smoking areas, information about wellness topics, relaxation and cultural facilities, and health related tips to take back home with them. Gender differences were found in the guest's attitudes to health. Women were more likely to be traveling for a wellness related purpose while men were appreciative of wellness amenities of a whirlpool, swimming pool, and sauna. However, men placed wellness activities such as nutrition, culture or relaxation as less important than women. Chen et. al. (2008) in their study found that wellness travelers sought not only an environment to relax and pamper their mind, body and spirit, but also to pursue other activities in nature, be social and participate in recreational activities. Chen et. al. (2008) concluded that motivations for the wellness traveler are multi-dimensional in nature.

#### ***U.S. and Non-U.S. Travelers and Wellness***

Past research has compared vacation days amongst countries across the globe. The U. S. is one of the only modern, developed countries without vacation-time minimums mandated by law. European Union citizens are given about four weeks paid vacation by law (Ray & Schmitt, 2007). In Canada and Japan vacation can range from ten days to two weeks (Harris/Decima, 2009; Ray & Schmitt, 2007). The most vacation days are given to citizens of France (Harris/Decima, 2009). In the U.S., most employees have to work at a job for more than a year before getting the conventional two-week vacation and there is no law ordering employers to give that vacation time, thus, Americans may not be making full use of their vacation days and may not be getting sufficient time away from work (Howard, 2012).

Approximately 70% of employed adults in the U.S. are sacrificing their vacation time. This has been a trend that continues to rise. Americans in 2011 left an average of 6.2 unused vacation days and in 2012 they left an average of 9.2 (Steinmetz, 2012). This has consequences for those working and living in the U.S. More than one in four adults employed in the U.S. has trouble coping with stress from work at some point during their vacation (Harris/Decima, 2009). Vacation has also been linked to positive effects on health and well-being (DeBloom, Kompier, Geurts, DeWeerth, Taris, & Sonnentag, 2009). After vacation, physical complaints, the quality of sleep, and mood had improved as compared to before vacation (Strauss-Blasche, Ekmekcioglu, & Marktl, 2000). If employees do not

get enough vacation time, stress builds and can result in unscheduled absences and reduced productivity while at work (Braun Consulting, 2004). As continuous exposure to daily stressors is a major precursor of burnout, many health care providers recommend time off work as a means of "recharging one's batteries" and the opportunity to reinvigorate (Etzion, Eden, Yapidot, 1998).

Although vacation from work provides a valuable opportunity for recovery, few studies have assessed its effects and most of the studies have centered on non-U.S. citizens (DeBloom, Geurts, Taris, Sonnentag, DeWerth, & Kompier, 2010). Past research on the wellness traveler has either focused only on U.S. travelers, European travelers, or other global travelers. No studies have compared the two groups. Other research links less vacation time to less productivity and stress but do not consider an individual's overall wellness. Given that U.S. and many non-U.S. travelers have a disparity between vacation time awarded, wellness travel motivations may be different between U.S. and non U.S. travelers.

The purpose of this study was to expand upon the Hallab (1999) initial study on wellness travel and explore the wellness motivation differences between U.S. and non U.S. travelers. In addition, this study sought to assess the overall perceived wellness of the two groups.

### **Method**

The data for this research study was collected by a paper and pencil survey administered during the summers of 2010 and 2011. Summer of 2010 data was collected in the European countries of Italy, Greece, Turkey, and France. Summer 2011 data was collected from a sample of individuals traveling in the southeastern part of the U.S. Both were samples of convenience of individuals in public tourist areas such as airports, beaches, and shopping areas by the researchers.

#### ***Instrumentation***

The survey was divided into five sections. Section 1 asked demographic questions such as gender, year of birth, home town and country, highest level of education, number of people in travel party, daily budget, and how they planned their travel for this trip. Sections 2 and 3 addressed wellness travel motivations and destination choice based on the push/pull theory. These were measured on a Likert type scale of 1 = being not at all important to 5 = being very important.

Section 2 asked specific questions about push (internal) motivations for wellness travel including "find thrills and excitement", "be physically active, " "learn something new/increase your knowledge, " "to be together with family, " or "experience a new culture." Section 3 addressed travel motivations addressing pull or destination attributes that centered on health and wellness. Questions addressed motivations such as "travel to visit a modern city", "to visit spas and health resorts", and/or "to engage in educational tour packages with emphasis on wellness". Questions for both section 2 and 3 were borrowed from the Hallab (1999) study.

Section 4 contained the 16 question Duke Health Profile (Parkerson, Broadhead & Tse, 1990). This instrument measures current health and wellness states with statements such as “I am basically a healthy person,” “I give up too easily,” and “I am comfortable being around people.” These were measured on a three point Likert type scale with 1 = “yes, describes me exactly” to 3 = “no, doesn’t describe me at all.” The Duke Health Profile (DUKE) is a measure of health and wellness following the three major World Health Organization (WHO) dimensions of physical, mental and social wellness. The mental wellness dimension includes questions such as “I like who I am” and “I give up too easily.” The physical wellness statements included the items “during the past week I have had trouble sleeping” and “today I would have trouble walking up a flight of stairs.” The social wellness statements contained “I am happy in my relationships” and “I am comfortable being around people” (Parkerson et. al., 1990).

The final section of the survey presented a thermometer-type scale for the traveler to mark their current health state with 100 being the best perceived health state and zero being the worst perceived health state. This was borrowed from the Euroqol health related quality of life instrument (Brooks, Jendteg, Lindgren, Persson, & Bjork, 1991). The Euroqol instrument was designed to describe and quantify health and wellness related quality of life issues (Brooks, et. al., 1991). Participants indicated with an arrow where on the thermometer they perceived their wellness on that day. This gave a score for each participant’s overall perceived wellness.

#### ***Data Analysis***

Data from the surveys was entered in SPSS 18.0 and survey participants were divided into two groups of non U.S. and U.S. travelers. For both data collections the participants were grouped as non U.S. travelers or U.S. travelers and could have been traveling in either of the geographic areas of the Southeastern U.S. in the summer of 2011 or in the European countries listed above in the summer of 2010. Non U.S. travelers were defined as individuals who stated having a permanent residence outside the U.S., while U.S. travelers were those that reported they did.

Descriptive statistics were computed for an accurate profile of the sample using the demographic information from Section 1. In addition, means were calculated for social, physical and mental wellness from the statements on the Duke Health Profile and an overall perceived wellness score for each individual from the Euroqol thermometer found in Section 4.

In order to reduce the number of variables for the push and pull travel motivation statements an exploratory factor analysis (EFA) was performed. The purpose of the EFA was to group together correlated variables (Tabachnick & Fidell, 2001). Before the EFA was performed, the variables were examined for skewness and kurtosis as well as univariate outliers. Several univariate outliers



were detected and deleted. Inspection of these revealed the survey participant had scored the same number for each statement on the survey. A visual inspection of histograms, after these univariate outliers were deleted, showed a normal distribution of the variables.

Lastly, a series of independent samples t-tests were performed to examine differences between the non U.S. and U.S. groups on the resulting EFA factors mean scores for the push and pull wellness travel motivators, as well as the factors on the Duke Health Profile and the overall perceived wellness score.

### **Results**

A total of 700 surveys were collected from non U.S. and U.S. travelers. As a result of both data collection periods, there were 139 non U.S. travelers and 554 U.S. travelers. The majority of non U.S. travelers were from the United Kingdom, Canada, France, Germany and Italy. The participants were divided into generations that included the Silent Generation, Baby Boomers Generation, Generation X (Gen X), and Generation Y (Gen Y). These generational age cohorts were created using the groupings established by Zemke, Raines, and Filipczak (2000). Gen Y was the biggest group for both non U.S. and U.S. travelers surveyed. Thirty-four percent of non U.S. travelers were Gen Y and 42.3% of U.S. travelers surveyed were from that generation. The U.S. travelers were somewhat younger in the sample than the non U.S. sample.

Table 1: Descriptive Profile of the Participants

Variable	Non-U.S. Travelers		U.S. Travelers	
	N	%	N	%
<b>Gender</b>				
Female	78	56.1	370	52.9
Male	61	43.9	329	47
<b>Generation</b>				
Silent generation(1919-1943)	7	5	30	4.3
Baby Boomers(1944-1960)	44	31.7	139	19.9
Generation X(1961-1980)	39	28.1	229	32.7
Generation Y(1981-2000)	48	34.5	296	42.3
<b>Education</b>				
High School/GED	17	12.2	89	12.7
Some College	48	34.5	241	34.4
College Degree	41	29.5	248	35.4
Masters Degree	21	15.1	85	12.1
Doctorate Degree	8	5.8	26	3.7
Other	2	1.4	4	0.6
<b>Travel Party</b>				
Alone	3	2.2	3	0.4
1 other	15	10.8	112	16
2-4 people	93	66.9	454	64.8
5-9 people	15	10.8	90	12.8
10 or more	10	7	35	4.8

The majority of the travelers in both samples were female (non U.S. = 56.2% and U.S. = 52.9% female). Over half the participants in both groups (50.4% and 51.2% respectively) of non-U.S. and U.S. travelers have a completed college degree or higher education. The majority (66.9% and 64.8% respectively) of both non U.S. and U.S. participants traveled with 2-4 people in their party. Overall, non-U.S. travelers perceived their wellness higher than U.S. travelers (81.26 % to 78.77 % respectively). The demographic results can be found in Table 1.

Travel motivations were examined using exploratory factor analysis. The factors for the EFA were determined with a SCREE plot, eigenvalue greater than one and percent of variance explained. Principal axis factoring with varimax rotation was used. Items with a loading of lower than .40 were eliminated (Tabachnick & Fidell, 2001). The push travel motivations loaded into a four factor solution with 60.397% of the variability explained. The resulting push travel motivation factors were named to “Action Oriented,” “Novelty,” “Relationships,” and “Relax & Escape.” For the pull motivations, four factors had eigenvalues greater than one and accounted for 53.625% of total variability. The

pull travel motivation factors were named to “Modern Amenities,” “Healthy Choices,” “Outdoor Activities,” and “Attractions.” Detailed results of EFA for the push and pull travel motivation statements can be found in Tables 2-3.

Table 2: Exploratory factor analysis push travel motivation statements

Push Variables	Factor Loadings	Eigen-values	Explained Variance %	Cronbach Alpha
<b>Factor 1: Action Oriented</b>				
Find thrills and excitement	0.544			
Participate in sports	0.816			
Be physically active	0.808			
Be daring and adventurous	0.58			
Participate in wellness/fitness activities	0.787			
Improve my physical and emotional health	0.629			
Enjoy healthy activities (i.e. saunas, yoga...)	0.653	4.296	28.64	0.843
<b>Factor 2: Novelty</b>				
Learn something new/increase knowledge	0.714			
Meeting new friends or locals	0.678			
Experiencing a new culture	0.822	1.927	12.846	0.674
<b>Factor 3: Relationships</b>				
To be together with family	0.872			
Visit with friends or relatives	0.841	1.617	10.778	0.794
<b>Factor 4: Relax &amp; Escape</b>				
Be away from everyday demands	0.799			
Do nothing at all	0.437			
Escape from the ordinary	0.614	1.220	8.133	0.353
<b>Total variance explained</b>			60.397%	

Note: Push factors established based on statements borrowed from Hallab (1999).

A mean score for each question of wellness from the Duke Health Profile were calculated and a grand mean in each wellness dimension generated for a score for each individual in social, physical and mental wellness.

A series of t-tests for independent means were used to examine significant differences between non U.S. and U.S. travelers in their travel motivations, wellness dimensions and overall perceived wellness. Results indicated U.S. and non U.S. travelers were similar in some respects but also had different opinions and priorities when it came to wellness travel.

Table 3: Exploratory factor analysis pull travel motivation statements

Pull Variables	Factor Loadings	Eigen-values	Explained Variance %	Cronbach Alpha
<b>Factor 1: Modern Amenities</b>				
Visit a modern city	0.610			
Beach/waterfront area	0.492			
Luxury facilities/services	0.797			
Spas and health resorts	0.810	4.159	25.991	0.646
<b>Factor 2: Healthy Choices</b>				
Clean and comfortable facilities/ attractions	0.419			
Restaurants with emphasis on healthy cuisine	0.511			
Environmental quality of air, water, soil	0.583			
Smoke free bars/night clubs	0.711			
Availability of alcoholic free beverages	0.584			
Local health care/emergency facilities	0.597	1.770	11.065	0.641
<b>Factor 3: Outdoor Activities</b>				
Campgrounds	0.789			
Outdoor activities (hiking, climbing, rafting)	0.795			
Club/exercise facility or areas	0.527	1.421	8.884	0.653
<b>Factor 4: Attractions</b>				
Historical/archaeological attractions	0.743			

Educational tour packages with emphasis on wellness	0.473			
Sun protection at facilities/ attractions (awnings)	0.446	1.172	7.325	0.543
<b>Total variance explained</b>			53.265%	

*Note: Pull factors established based on statements borrowed from Hallab (1999).*

The Outdoor Activities pull motivation factor showed significant difference between U.S. and non U.S. travelers ( $p = .049$ ). Here U.S. travelers were more likely to want to participate in outdoor activities such as hiking and camping when traveling compared to non U.S. travelers.

U.S. and non U.S. travelers were also different in the two wellness dimensions of physical and social wellness. Non U.S. travelers felt more physically well compared to the U.S. travelers ( $p = .012$ ). In other words, non U.S. travelers felt they were more likely to be able to walk up a flight of stairs and run a length of a football field without too much physical trouble than the U.S. travelers. In social wellness, however, the U.S. travelers felt more socially well ( $p < .001$ ). In other words, U.S. travelers felt happier in their relationships and reported partaking in more social activities than non U.S. travelers.

However, additional results, although not statistically significant, are worth noting any may provide glimpses into the need for further research beyond this exploratory study. In the push factor of Action Oriented, ( $p = .063$ ), U.S. travelers appeared to travel for thrills, excitement, participate in wellness and fitness activities and healthy activities more than non U.S. travelers. In addition, the push factor of Relax and Escape may indicate that U.S. travelers found it more necessary and wanted to relax than non-U.S. travelers ( $p = .071$ ). Therefore U.S. travelers may be feeling more of a need to escape and be away from everyday demands more so than non U.S. travelers.

The overall perceived wellness t-test was also close to significance ( $p = .059$ ). As a result U.S. travelers may perceived their overall wellness lower than the non U.S. traveler. Complete results of the t-tests can be found in Table 4.

Table 4: Differences in means for U.S. and non U.S. visitors

	Mean	SD	$p$
<b>Push factors</b>			
Relationships			
U.S.	3.69	1.12	
Non U.S.	3.83	1.08	.502
Novelty			

U.S.	3.65	.858	
Non U.S.	4.12	.740	.095
Action Oriented			
U.S.	3.19	.836	
Non U.S.	3.07	.970	.063
Relax & Escape			
U.S.	3.75	.727	
Non U.S.	3.68	.847	.071
<b>Pull factors</b>			
Modern Amenities			
U.S.	3.27	.958	
Non U.S.	3.40	.795	.089
Healthy Choices			
U.S.	3.40	.777	
Non U.S.	3.42	.727	.708
Outdoor Activities			
U.S.	2.88	.921	
Non U.S.	2.61	1.02	.049 <sup>a</sup>
Attractions			
U.S.	2.95	.844	
Non U.S.	3.13	.809	.571
<b>Wellness scores</b>			
Mental Wellness			
U.S.	2.06	.361	
Non U.S.	1.33	.315	.413
Physical Wellness			
U.S.	1.60	.484	
Non U.S.	1.45	.371	.006 <sup>b</sup>
Social Wellness			
U.S.	2.41	.453	
Non U.S.	1.82	.287	.000 <sup>b</sup>
Overall Perceived Wellness			
U.S.	78.77	15.34	
Non U.S.	81.26	12.31	.059

Note: <sup>a</sup> significant at  $p < .05$ ; <sup>b</sup> = significant at  $p < .001$ . Push and pull factors were measured on a scale of 1 = not at all important to 5 = very important. Wellness factors were measured on a scale of 1 = yes, describes me exactly to 3 = no, doesn't describe me at all. Overall wellness was measured on a scale of 1 – 100,

*with 100 = best imaginable health state. Push/pull factors established from statements borrowed from Hallab (1999); Wellness scores established from Duke Health Profile (Parkerson, et. al., 1990). Overall wellness score computed from the Euroquol instrument (Brooks et. al., 1991).*

### **Discussion**

The results of this study based on a convenience sample of tourists in Europe and the U.S., may reveal that non U.S. travelers generally perceive themselves as more “well” than U.S. travelers. Combined with the significant differences with the two groups in the t-tests, the descriptive results also may provide a look of a bigger picture.

In general and overall, the destinations themselves and their attractions were not as important for either the U.S. or non U.S. traveler in their travel. What were pertinent are why they traveled in the first place and the internal benefits they got from their travel. When comparing the means of both types of travelers’ answers for each wellness travel motivation factor, it appears the push (internal) travel motivations were scored higher for both U.S. from non U.S. travelers than the pull (external, destination attributes).

Of the destination attributes, the non U.S. traveler was not as interested in the outdoor activities such as hiking, climbing, camping, as the U.S. traveler. Perhaps since the U.S. traveler perceives themselves to be more physically well than their non U.S. traveler counterpart, they like to engage more in those activities. Therefore, lodging properties catering to mostly a U.S. based crowd could make guests more aware of these amenities.

In addition to the differences in travel motivations, the results show U.S. travelers felt less well compared to non U.S. travelers when in their overall perceived wellness and mental wellness. Therefore, U.S. travelers may feel more motivated to try to make themselves feel better in their travel as they felt the need more so than the non U.S. travelers to relax and escape while traveling and participate in fitness or wellness activities.

### ***Limitations and future research***

There were many limitations in this study. One limitation was that the participants were asked about their perceived wellness during their actual vacation. Future research should explain how perceived wellness may shift throughout the stages of a vacation experience, perhaps with the use of a pre/post, or longitudinal design. In addition, participants in this study were only a convenience sample of those traveling in the southeastern U.S. or in Europe. Thus, ability to generalize these results to other geographic areas is limited. Both U.S. and non U.S. had to speak and read English and had to exclude those who did not. The study was also limited to specific summers which could have affected the answers due to the difficult economic times and the ways it has affected travel choices. In addition, there may be other factors not considered in this study that may affect the health and wellness traveler, for example, personal

and national economic conditions, obesity rates, and exercise habits. Therefore, this study should be considered only exploratory in nature and further investigation is needed.

Additional aspects that could explain the reasons non U.S. travelers perceive themselves more “well” than U.S. travelers is the age of the convenience sample in this study and difference in the number of vacation days allowed in non U.S. countries compared to what U.S. citizens are allowed. The U.S. traveler respondents in this study were younger than the non U.S. travelers. In addition, the number of vacation days allotted in countries across the globe is different from one another. Future research should investigate if these are important variables.

Lastly, this study sought to understand the wellness traveler, however, it is unknown if the participants purposefully sought wellness or wellness related activities during their vacation. Like the Hallab (1999) study, participants were asked to complete a survey in a general tourist area not specifically related to wellness tourism. Therefore it was assumed in this study that all the individuals were motivated to travel for some sort of wellness related purpose. Future research should examine those traveling specifically for a wellness related goals and destination attributes to see if differences exist from the results found in this study.



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