Progress in Tourism and Destination Wellbeing Research

Heather Hartwell
Professor of Food Service
Faculty of Management
Bournemouth University
Fern Barrow, Poole, BH12 5BB, UK
Tel: + 1202 524111
Email: hhartwell@bournemouth.ac.uk

Alan Fyall
Orange County Endowed Professor of Tourism Marketing
Graduate Programs Director
Rosen College of Hospitality Management
University of Central Florida
9907 Universal Boulevard
Orlando, FL. 32819, USA
Tel: +407 903-8808
Email: alan.fyall@ucf.edu

Cheryl Willis
Faculty of Management
Bournemouth University
Fern Barrow, Poole, BH12 5BB, UK
Tel: + 1202 524111
Email: cwillis@bournemouth.ac.uk

Stephen Page
Professor of Tourism Management
Faculty of Management
Bournemouth University
Fern Barrow, Poole, BH12 5BB, UK
Tel: + 1202 524111
Email: spage@bournemouth.ac.uk

Adele Ladkin
Professor of Tourism Employment
Faculty of Management
Bournemouth University
Fern Barrow, Poole, BH12 5BB, UK
Tel: + 1202 524111
Email: aladkin@bournemouth.ac.uk

Ann Hemingway
Professor of Public Health and Wellbeing
Faculty of Health and Social Sciences
Bournemouth University
Fern Barrow, Poole, BH12 5BB
UK
Tel: + 1202 524111
Email: aheming@bournemouth.ac.uk
ABSTRACT

A proliferation of research in recent years has revealed a myriad of relationships between tourism and the concept of wellbeing. These include health benefits of visiting tourist destinations, a product focus on wellness, and maintaining good health. Broader interpretations emphasise the complex ways in which tourism can influence the emotional, psychological, cognitive and spiritual dimensions of wellbeing, both for tourists and for destination communities. This study reflects an emerging paradigm shift that incorporates a deeper appreciation of the benefits derived at the destination level from a focus on health and wellbeing. The study highlights three key perspectives, namely the tourist, the destination community, and the destination itself. The study concludes that research in this area is critical to the future development, management and marketing of sustainable and competitive destinations with the wellbeing of tourists, their destination host communities, and the overall destination experience, critical to their ultimate success.

KEYWORDS
Health, wellbeing, wellness, quality of life, tourism, destinations

1. INTRODUCTION

Tourism concerned with health, wellness and wellbeing is a broad concept and includes ideas around both curing ills and maintaining health. Health-related travel, for example, can include activities as diverse as spas, seawater treatments and pilgrimages to sacred sites for physical healing and spiritual cleaning (Bennet, King, & Milner, 2004) as well as travel for medical or surgical interventions (Connell, 2006). The literature detailing the plethora of research undertaken in these areas has grown in importance in tourism discourse over the last decade and within this time, more holistic notions of wellbeing which emphasise emotional and psychological aspects appear to be emerging as significant. Such interpretations of wellbeing which incorporate body, mind and spirit (Smith, 2003; Smith & Puczko, 2010) are increasingly seen as important in a paradigm shift which emphasises healthy lifestyle choices (Cassens, Hörmann, Tarnai, Stosiek, & Meyer, 2012). At the same time, top-down policies aimed at increasing the health and wellbeing of the general population have become more prolific, together with a simultaneous recognition from governments across the world that it is time to move beyond economic growth as the sole measure of social success and instead incorporate aspects of human wellbeing into the equation (Marmot...
et al., 2008; McCabe & Johnson, 2013; ONS, 2011; Stiglitz, Sen, & Fitoussi, 2009; Wiseman & Brasher, 2008). Given the burgeoning problem of lifestyle-related diseases, a shift in focus is apparent across government at all levels and synergies can be drawn between those offering wellbeing services, tourism enterprises, and destinations, catering to peoples’ need to balance their lifestyle with wellbeing and enhance their overall quality of life (Hjalagan & Flagstad, 2012).

This meeting of top-down policies and the emergence of a more bottom-up enlightened public concerned with holistic wellbeing and a desire to fulfil and nurture the human spirit through tourism, as opposed to gaining transient pleasures, has necessitated the need for greater knowledge on the subject. In turn, this has created a need for research to more fully understand these changing patterns and what they mean for tourism and the development, management and marketing of tourist destinations (see for example Benckendorff et al., 2008; Voigt, Brown & Howat, 2011). This review of the literature concerned with the integration of health, wellness and wellbeing with tourism is thus timely as it speaks to new and emerging agendas concerned with more closely aligning discussions around tourism, health, wellbeing and sustainability.

The literature is rich in detail about the many ways in which tourism contributes to the wellbeing of both tourists themselves and to destinations and their communities. For example, studies have shown tourism experiences to reinvigorate the body and mind (Bushell & Sheldon, 2009), to provide opportunities to gain skills, improve self-esteem and increase awareness of nature (Moscardo, 2009), and personal development and identity formation (Dolnicar, Yanamandram, & Cliff, 2012; McCabe & Johnson, 2013). From a destination community perspective, research has largely focused on the degree of impact experienced by resident communities and their consequent perception of tourism (Sharpley, 2014), which has been assessed in various studies in terms of impacts on residents’ quality of life (Anderek & Voigt, 2000; Andereck & Nyaupane 2011; Kim, Uysal & Sirgy, 2013). These studies largely agree that impacts of tourism are moderated by the degree of personal contact and benefit from tourism and also the stage of tourism development. This latter point has interesting implications for considering the health and wellbeing impacts of tourism at different stages of destination development.

There is also the notion of community wellbeing and the means by which a far more detailed understanding of its dynamics can contribute to increasing and more deliberate citizen engagement and policy making at the destination level (Wiseman & Brasher, 2008). The impact of tourism on the overall quality of life of the local community – rather than the traditional focus on jobs and other economic indicators – has traditionally proved to be methodologically challenging which, in turn, has impacted the credibility and applicability of non-economic quality of life studies in the destination development debate. That being said, recent studies by Tyrrell,
Morris Paris and Biaett (2012) and Tyrell, Morris Paris and Casson (2010) have offered a conceptual approach to the measurement of those major dimensions and values of the quality of life of the destination community and the means by which they can be influenced by the tourism industry. With close parallels to studies, and methodologies, adopted in the wider debate on sustainable tourism, the general shift is toward a more community-wide set of benefits rather than benefits accrued to individuals and individual organizations and entities. What is arguably new and innovative emerging from these recent bodies of work is the notion of health and wellbeing as a deliberate and growing strategy among destinations. A shift is evident from product offerings based around the idea of wellness and curing ills to new understandings around a destination focus on wellbeing, where a ‘new market for the healthy’ (Hofer, Honegger, & Hubeli, 2012) seek experiences which speak to a broader conceptualisation of health including psychological, spiritual and transformative experiences (Kusen, 2002; Little, 2012; Mueller & Kaufmann, 2001). This is important not only in understanding and catering for this growing market segment but also to understand the implications of it for destinations and their respective communities and how it might contribute to the wider sustainability of those destinations. The argument here is that using broad conceptualisations of wellbeing to guide tourism development may provide important opportunities for destination competitiveness in a crowded market and thus contribute to prolonging the life span of destinations.

This study first outlines the complexity around understandings of health, wellness, and wellbeing and their relationship to tourism and how tourism has been inextricably linked with positive enhancements for both tourists and destination communities. Second, the study assesses the ways in which these enhancements have evolved from health-inducing tourism experiences to more holistic understandings of the ways in which tourism contributes to health, wellbeing, wellness and quality of life before detailing the method used to undertake this review of the pertinent literature. The review identifies three key themes for discussion, namely the impact on tourists, on destination communities, and on the destinations themselves in terms of product offerings and the marketing potential of a destination focus around wellbeing. The review highlights that studies exploring these potentials are rare but emerging and that closer investigations could yield significant rewards in terms of pointing to management and marketing strategies to change development trajectories and, in turn, prolong the sustainability and life-span of destinations.

2. CRITICAL REVIEW OF THE LITERATURE

To reveal the key themes in the health, wellness and wellbeing related literature, three prominent social sciences databases were used to investigate English language journal articles published in the last 50 years (1965-present) which included in the title “tourism” and “quality of
life" or “health" or “wellness" or “wellbeing" or “wellbeing". The databases interrogated were: Scopus, Web of Science and Science Direct. Notwithstanding a range of related research found in other sources and via alternative search terms, this search shows that research in this area only really appears in journal articles from the late 1980s and shows a greater growth trend since 2009 when such research appears to become increasingly significant. From this search, three key themes are identified as important: wellbeing, wellness, health and quality of life from the perspective of tourists, of destination resident communities, and of destinations themselves.

A search of the literature, which included the key words “health”, “wellness”, “wellbeing” and “quality of life” together with “tourism”, resulted in a great array of papers and reveals the breadth of this research domain. Different markets can be identified from those in search of health rejuvenation and relaxation to those concerned with medical interventions. Medical tourism as a niche has emerged from a desire of people to travel overseas to obtain medical, dental and surgical care while simultaneously being holidaymakers (Connell, 2006). The literature deals comprehensively with this niche market and papers associated with medical tourism are diverse and range from the potentials for developing medical tourism and prospects for the overall tourism economy (see for example Chung, 2008; Kusen, 2002; Oborin & Tryastsin, 2014) to concerns about the lack of regulation and ethical issues associated with medical tourism (Adams, Snyder, Crooks, & Johnston, 2013; Turner, 2011). Analysis of different sectors of the market also include transplant tourism (Evans, 2008; McGuinness & McHale, 2014), fertility clinics (Smith, Behrmann, Martin, & Williams-Jones, 2010) and the impact of medical tourism on domestic health services (Beladi, Chao, Ee, & Hollas, 2015; Forgione & Smith, 2007; Haley, 2011). Whilst this sub-section of the industry is acknowledged as important, it is apparent that the broad health market has witnessed significant diversification in terms of supply. In the midst of what Gustavo (2010, p.127) terms ‘a new paradigm of the myth of eternal life’, the market now incorporates a range of services focussed on a holistic approach to the body and a ‘new vision of the health concept’ (ibid). It is this more broad interpretation of health and wellbeing that provides the focus for this study. Interestingly, such developments are not the sole prerogative of elderly markets with evidence of wellness tourism products and services being available to all markets, from the young in the form of health and food nutrition camps, from Gen Y and Millennials in the form of exponential growth in gym, cross-fit and outdoor pursuit activities to older and more mature markets in the form of products, services and experiences designed for the soul, body and mind.

Despite a proliferation of wellbeing related research in recent years (see for example Diener & Suh, 1997; Keyes, Shmotkin, & Ryff, 2002; Ryan & Deci, 2001; Ryff & Singer, 2008; Seligman, 2011), the debate about how it should be defined remains unresolved (Dodge, Daly, Huyton, & Sanders, 2012) giving rise to the development and use of broad and blurry definitions. The concepts of wellbeing, wellness and quality of life have typically been
confounded through the literature and have been examined from a number of disciplinary perspectives, resulting in conflicting and sometimes confusing interpretations. As a consequence there remains no clear agreement as to how these concepts interrelate (Camfield & Skevington, 2008). Moreover, they are frequently used interchangeably (Filep & Deery, 2010; McCabe, Joldersma, & Li, 2010) and commentators also use similar terms such as “happiness” and “life satisfaction”, making the picture an even more confusing one.

The definition of wellness dates back to the 1960s when Dunn developed the term, with a combination of the words “wellbeing” and “fitness”. Dunn (1959) introduced his model of high-level wellness which hints at wider interpretations of wellness than simply the antithesis of illness, and includes the idea of balancing body, mind and spirit with the social environment, culture and spirituality. Expanding on this, Mueller and Kaufmann (2001, p.7) 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’. Bushell and Sheldon (2009) defined it as a holistic mode of travel that integrates physical health, beauty, longevity, and spiritual awareness and a connection with community, nature, or the divine mystery (Kucukusta & Heung, 2012). Some of the earliest forms of tourism were in fact directly aimed at increasing health and wellbeing. Spas, for example, grew in importance and popularity as did sea bathing or “taking to the waters” for the supposed health properties of sea water (Walton, 1983). More recently, sports and other pursuits such as golf, cycling and yoga aimed at combining wellbeing and tourism across all markets, have emerged as popular in a strong tourist market broadly defined under the umbrella of “health tourism” (Connell, 2006).

As such, wellness tourism has become a fashionable label for tourist products for a number of reasons which include a concern about physical, mental and social wellbeing and the necessity to cope with stress, and the need to get away from the routine of everyday life (Medina-Muñoz & Medina-Muñoz, 2013). The challenging economic circumstances for many markets over the past decade has, in fact, helped contribute to the growth in demand for wellness-related products with the need to “escape”, “rejuvenate” and “refresh” more relevant than ever with many such products available in closer proximity and impacting in some way the need to travel further afield to meet such needs.

The diversity of products and services which are classified under the “wellness” umbrella, however, implies different perspectives of tourists regarding what wellness is and how to achieve it. Huijbens (2010), for example, suggests that the active pursuit of a state of wellbeing through synergies of body, mind, and soul may be the characteristic distinction between wellness tourists and others. This is supported by researchers such as Steiner & Reisinger (2006, p.7) who also place “spirituality” at the core of wellness, which they argue can ‘help one to explore their meaning and purpose in life’. Smith and Kelly (2006b, p.1) similarly assert that ‘wellness no longer constitutes the mere physical nature of the body’.
Wellbeing is often used interchangeably with wellness, although more frequently it is presented through the literature as a multi-dimensional phenomenon conceived of in two distinct ways; “objective” and “subjective” wellbeing (Delle-Fave & Massimini, 2005; Kahneman & Krueger, 2006; White, 2008). Objective wellbeing relates to ideas of the fulfilment of materialistic demands and access to physical, environmental, social and other resources. Subjective wellbeing, meanwhile, relates to self-assessments of satisfaction which renders it much more complex to measure since it includes ideas such as goal achievements and expectations as well as ideas about engagement in meaningful relationships amongst other variables. Diener et al.’s (2009, p.400) extensive writings about subjective wellbeing have defined it as ‘an umbrella term for different valuations that people make regarding their lives, the events happening to them, their bodies and minds and the circumstances in which they live’. In contrast, Mueller and Kaufmann (2001) emphasise that wellness tourism consists of maintaining or promoting health and that it is about the products and services such as hotels with spas, offered to wellness tourists. Pesonen and Komppula, (2011) support broader conceptualisations of wellness and identify emotional and cognitive motivations as important rather than the emphasis being on products and services.

Quality of life (QOL) has also become a topic of discussion in tourism research, both from the perspective of the tourist and of the destination resident community. Quality of life is, however, equally difficult to define and measure and includes considerations of subjective human responses to tourism which depends upon an individuals’ perceptions and feelings (Andereck, Valentine, Vogt, & Knopf, 2007, p.484). They suggest that quality of life ‘refers to one’s satisfaction with life, and feelings of contentment or fulfilment with one’s experience in the world. It is how people view, or what they feel about, their lives’.

Despite the conceptual confusion apparent through the literature in understanding these terms and how they relate to tourism experiences, the prevailing view appears to be that tourists seek products, services and experiences to achieve desired states of health and wellbeing which are conceived of holistically as a balancing of body, mind and spirit. Such experiences can be categorised as those belonging in the realm of “eudaimonic wellbeing” which is associated with personal development and is described as the extent an individual perceives an ability for personal growth and psychological strengths and a sense that they have the resources and skills to be able to meet their goals or maximise their potential (Ryan & Deci, 2001). If touristic experiences can contribute to achieving such states, it is imperative those managing and marketing destinations understand what they are and how to harness them for the benefit of the tourist as well as for the destination community. The following section will expand further on each of these themes.

2.1 Impact of tourism on tourists’ health and wellbeing
Research in this area is broad and encompasses research on the characteristics of tourists who specifically undertake certain touristic experiences for health and wellbeing benefits (see Table 1). Sayili, Akca, Duman, & Esengun (2007), for example, categorise tourists to a particular destination in Turkey associated with healing as those who visit as “treatment seekers” and others whose motivations were primarily about curiosity and relaxation. Gustavo (2010) similarly reveals the motivations of spa-goers as relaxation and stress relief. Importantly, this study concluded that improving both physical and mental health was important to this “new wellness segment” which he suggests is characterised by a shared interest in maintaining and improving health and wellbeing as opposed to seeking to treat any particular ailment.

Table 1: Key themes in wellbeing research (Tourist Health and Wellbeing Perspective)

Although the research concerning the impact of tourism on quality of life of individual tourists remains limited, the results of the studies carried out in this area reveal that each tourist may be positively and negatively affected by tourism (Carneiro & Eusébio, 2011; McCabe et al., 2010; Moscardo, 2009). For example, Moscardo’s (2009) study reveals that tourism may contribute to tourists’ quality of life, mainly improving health, human capital, self-esteem, social capital, and natural capital. Nevertheless, Moscardo’s (2009) study also showed that tourism can negatively affect tourists’ quality of life, for example by exposing the tourist to health risks. Naturally, such assessments largely depend on the measurement criteria being used. Neal, Uysal & Sirgy (2007), for example, note that quality of life studies are typically conducted using objective criteria which include employment, income and crime rates. Less common, however, are studies which assess the subjective experiences of tourists and the self-reported perceived satisfactions with experiences. Hunter-Jones and Blackburn (2007) argue that the literature documenting the relationship between health and holiday taking in general is fragmented. Within this, they highlight the bias towards detailing health risks of travel such as travel-related illness and accidents. More widely, however, the focus on tourism’s impacts on health does cover both physical and psychological health. For example, such a focus reveals a positive slant in detailing the significant benefits of tourism which range from subjective feelings of relaxation and wellbeing to more quantifiable improvements evident in chronic conditions, asthma and arthritis (Hunter-Jones & Blackburn, 2007). This study dealt specifically with the senior market in terms of age but findings are supportive of a range of similar research with a critical mass of studies emerging in the domains of happiness, quality of life and the subjective wellbeing of tourists across all ages.
Studies to understand the connections between tourism and quality of life or wellbeing of tourists have flourished in recent years (Carmeiro & Eusébio, 2011; Dolnicar, Lazarevski, & Yanamandram, 2013; Filep, 2014; McCabe et al., 2010; Michalkó, Kiss, Kovács, & Sulyok, 2009; Moscardo, 2009; Neal et al., 2007). Each of these studies largely converge in understanding tourism as contributing positively in the domains of psychological and social wellbeing or as explained by Carneiro and Eusébio (2011, p.94) that ‘tourism may have an important influence in people’s life by leading to good feelings, positive emotions and interactions that are considered by visitors as fruitful and positive’. In an attempt to more fully understand the ways in which tourists benefit from their experiences, Filep (2014) proposes using conceptualisations based on psychological wellbeing. He argues that the concept of happiness cannot adequately convey the meaningful and engaging holiday experiences that people have, and that “authentic happiness” (Seligman, 2011) offers far greater possibilities for understanding them. The components of authentic happiness as purported by Seligman (2011) are positive emotions (love, interest, joy and contentment), engagement (a sense of involvement in daily life activities) and a sense of meaning or purpose in life. A fulfilling tourist experience is arguably one which is characterised by these components and is thus not simply equated with pleasure but with a personally meaningful experience.

Importantly, evidence of such positive benefits appears to hold true for almost all tourist types. Despite studies reporting that tourism is less important for some segments of the market (see for example Dolnicar et al., 2013), others suggest that benefits are widespread through the tourist market. Michalkó et al. (2009, p.133), for example, demonstrate how in general, travellers are happier than non-travellers and how ‘tourism mobility contributes to life satisfaction’ based on a study of the Hungarian population (see also Ratz & Michalkó, 2011). The value of tourism in terms of enhancements in quality of life of low-income or “social tourists” is also revealed by McCabe et al. (2010) and McCabe & Johnson (2013). Both studies demonstrate that emotional benefits in particular were higher after the holiday and that such factors were important in the reasons for applications for holiday assistance. This suggests that people both recognise the psychological wellbeing benefits of tourism and that such benefits feature most prominently in recollections and measures of the benefits of tourism. Although the relative strength of this impact is mixed from these studies, significant improvements were recorded in aspects around positive functioning and social wellbeing, which suggest improvements associated with eudaimonic wellbeing. McCabe and Johnson (2013, p.60) suggest, therefore, that tourism has the potential to offer more value than ‘short-term hedonic experiences’ and that it can contribute to ‘longer-term broader aspects of life satisfaction and positive functioning’.

Eusébio and Carneiro (2014) similarly report positive benefits of tourism for the youth market, noting particularly, the opportunities afforded by tourism to increase knowledge and leisure opportunities. At the opposite end of the spectrum, Kim, Woo, and Uysal (2015)
concentrate on the elderly travel market, drawing on a sample from South Korea. They conclude that tourism does positively contribute to overall life satisfaction and that such positive experiences can be effective predictors of re-visit intentions. Morgan, Pritchard, and Sedgley (2015, p.1) also sought to understand social tourism experiences and the links between wellbeing and social tourism opportunities for older people. They reveal that social tourism presents older individuals with occasions for escape, respite, companionship, and reminiscence and for renegotiation of self-identity. Moreover, they assert that emotional and psychological wellbeing are vital to ageing well and tourism can be important in this process. They suggest that social tourism trips can have a positive impact on older people’s subjective wellbeing and levels of social engagement and increase their self-esteem and confidence, echoing the findings of social tourism studies with other disadvantaged groups.

2.2 Impact of tourism on destination communities’ health and wellbeing

As Jurowski, Uysal, and Williams (1997) argue, once a community becomes a tourist destination the lives of residents in the community can be affected for better and for worse. They go on to describe, as other researchers have also noted, how satisfaction or dissatisfaction with tourism and its impacts can have “spill-over” effects into other areas of resident community’s lives. This has led to a wide range of research concerned with understanding both the impacts of tourism on destination communities (Bauer, 2008; Cecil, Fu, Wang, & Avgoustis, 2008, 2010; Himmelgreen, Romero-Daza, Amador, & Pace, 2012; Meng, Li, & Uysal, 2010; Perdue, Long, & Yang, 1999) and on impacts on the social and cultural environments at destinations and the perceptions of and attitudes towards those impacts (Anderreck et al, 2007; Anderreck & Nyaupane, 2011; Aref, 2011; Benckendorff et al., 2009; Buzinde, Kalavar, Melubo, 2014; Chancellor, Yu, & Cole, 2011; Khizindar, 2012; Kim et al., 2013; Moscardo, Konovalov, Murphy, & McGehee, 2013; Nawijn & Mitas, 2012; Usher & Kerstetter, 2014). Impact studies generally ask residents in a destination to agree or disagree with statements relating to the impacts of tourism and how they are perceived as affecting the community. There are many ways in which tourism can have an impact on the destination community, from providing objective improvements in quality of life through tourist facilities, attractions and events that residents are equally able to benefit from, to increases in employment opportunities and personal income levels (see Table 2 for a summary of key studies in the area).

Table 2: Key themes in wellbeing research (Resident/Community Perspective)

** Insert table 2 about here **
Of course tourism can also have negative impacts, which can be objectively measured such as increases in traffic congestion, crime rates and low rates of pay. From this objective perspective, studies have sought to understand these impacts and also how different groups and individuals perceive them and their relative importance. Meng et al. (2010), for example, sought to explore whether differences existed in objective indicators of quality of life taken from national statistics in China and related to areas of differing levels of tourism development. Their results showed that where tourism development was greatest, the population appeared (at least from the objective indicators chosen) to enjoy a greater level of quality of life. Similarly, Abdul Ghani, Azmi, and Puteh (2013) investigated the wellbeing of residents on two Malaysian islands which have experienced tourism growth. They reported significant increases in wellbeing which they define in terms of employment and income. Whilst such studies are helpful in determining ways in which tourism can benefit destination communities and contribute to quality of life, they give little detail about what that actually means to the individuals who experience tourism development first hand and how they internalise these impacts. These studies are thus likely to miss much of the nuance involved in assessing how people actually feel about tourism.

Andereck and Nyaupane (2011, p.248) suggest that quality of life studies can take this research further and investigate not only how an area is doing in terms of an objective perspective, but also from a ‘subjective human response perspective’. Notwithstanding the complexity surrounding the terms quality of life, wellbeing and wellness as previously discussed (and which are often used interchangeably), they are broadly taken to ‘refer to one’s satisfaction with life and feelings of contentment, or fulfilment with one’s experiences in the world. It is how people view, or what they feel about, their lives’ (Andereck et al., 2007, p.484). Measuring and understanding such levels of satisfaction and how tourism influences these is of course a difficult undertaking as impacts are subjective and differ between individuals and groups. What has made for interesting research in this area is how satisfaction levels do differ between different groups, for example, between different ethnic groups in the same geographical area (Andereck et al., 2007), between those who are personally involved with and benefit from tourism compared to those who do not (Jurowski & Brown, 2001; Perdue et al., 1999; Peters & Schuckert, 2014; Yu, Chancellor, & Cole, 2011) and distance from the centre of tourist activity (Chancellor et al., 2011). These studies suggest there are a myriad of subjective factors at play in assessing the overall impacts of tourism in addition to economic considerations. This is important from a planning and management perspective when assessing the range and distribution of impacts and the ways in which they might affect different groups and individuals.

This subjective dimension which reflects individual feelings and perceptions is a growing area of concern for researchers and a more holistic conception of destination community wellbeing and satisfaction guides a growing body of work. Andereck and Nyaupane (2011) note
that in assessing how tourism impacts on the quality of life of resident communities, it is important to understand not only how tourism is experienced and factors external to the individual, but critically, how these impacts relate to what they deem as personally important to them and how these impacts contribute to overall life satisfaction. Studies using established constructs and measures of subjective wellbeing are growing in this area and they seek to understand whether the impacts of tourism influence community residents' sense of wellbeing in various domains. Kim et al. (2013), for example, use the domains of material life, community life, emotional life and health and safety as test variables for understanding the ways in which tourism might impact wellbeing. This method has also been replicated in other studies in diverse geographical settings as Iran (Aref, 2011) and Saudi Arabia (Khizindar, 2012). Such an innovative approach to understanding tourism's impacts is important in guiding tourism policy and planning via an understanding of the predictor variables which influence different domains of community wellbeing.

Nawijn and Mitas (2012, p.533) also utilised the idea of subjective wellbeing as a way to understand tourism’s impacts on the host community. Their study takes a mass tourism destination as its focus and uses a self-reported questionnaire with residents to understand which components of subjective wellbeing area affected by tourism, if any. They used both affective and cognitive indicators to assess overall subjective wellbeing and used domains ranging from ‘self’, ‘family’ and ‘interpersonal relationships’ to ‘jobs’, ‘economic situation’ and ‘services and infrastructure’ to gain an overall measure life satisfaction and related these to attitudes towards tourism. They conclude that tourism affects a wide range of domains, but in particular the cognitive component of life satisfaction. Another interesting slant on this theme is a study by Cecil et al. (2008, 2010) who explored how the development of a cultural tourism initiative in Indianapolis impacted on residents’ quality of life. They used three subjective dimensions to measure quality of life: “being” (physical characteristics), “belonging” (environmental characteristics) and “becoming” (emotional, mental and spiritual characteristics). Results suggested that tourism development did affect all three components in a positive way.

Another holistic approach to understanding tourism’s impacts is demonstrated by Jenkins and Romanos (2014) who employed subjective components such as having meaning and purpose in life. They assessed how the interaction of tourists with resident artists affected these components as well as their economic livelihoods and concluded that “slow and purposeful” tourism offers the most positive benefits to resident communities, a sentiment supported also by the work of Moscardo et al. (2013).

The notion that the type of tourism and the management and marketing of the destination itself is important in the wellbeing of destination communities is an intriguing idea and one that has been taken up in more recent literature. In particular, the relationship between the stage of tourism development and community wellbeing has been questioned by a number of
researchers (Kim et al., 2013; Perdue et al., 1999; Usher & Kerstetter, 2014) who largely agree that impacts on both objective and subjective components of wellbeing are moderated by the stage of destination development. These ideas will be explored further with reference to the literature on destinations and destination development around health, wellbeing and wellness.

2.3 Impact on destination of health and wellbeing tourism

Much of the literature around health, wellbeing and wellness tourism concentrates on the product offering as well as the destination characteristics which give rise to this offering (see Tabel 3). Research detailing remedies unique to particular destinations, purported to cure ailments and promote health and wellbeing, are prominent through the literature such as marine remedies (Ivanisevic, 1999), thermal springs (Didaskalou & Nastos, 2003) and Chinese medicine (Islam, 2014) for example.

Table 3: Key themes in wellbeing research (Destination/Product/Industry Perspective)

** Insert Table 3 about here **

Interestingly, a growing body of work discusses the emergence of destination propositions based around ideas of health and wellbeing and of the destination itself as a source of health and wellbeing. Konu, Tuohino, and Komppula (2010), for example, explore the idea of developing a new service proposition based around the area of Eastern Finland which is rich in lakes but which is scarcely utilised in wellbeing and wellness tourism product development. They note the importance of destination areas, which are considered as special or “transcendent” or “magical” in themselves in some way (Little, 2012; Smith & Kelly, 2006). This movement from “cure” to “wellness” tourism (Mueller & Kaufmann, 2001) which highlights the holistic ways in which wellbeing is understood appears to be an emerging driving force behind destination development which it is argued may become a decisive competitive factor (Mueller & Kaufmann, 2001). Within these discussions, the authors present a wellness model based around aspects of spirit, mind, self-responsibility, health, inner and external beauty, relaxation and movement/fitness which Konu et al. (2010) propose may be used as “pillars” from which to build a holistic and contemporary service proposition. It is argued that such an offering will meet consumer demands which may no longer be satisfied through products aimed at one dimension of wellbeing and could provide an attractive complementary offer for a destination (Kušen, 2002; Medina-Muñoz & Medina-Muñoz, 2013).
An interesting development in these discussions is whether certain existing forms of tourism could be considered as “wellness tourism” and by extension, whether they could be developed further and marketed specifically for wellbeing enhancing qualities. Pesonen and Komppula (2010), for example, explore whether rural tourism can be considered a form of wellbeing tourism. Through their research, they assert that rural tourists do in fact share similar motivations to wellness tourists including a desire to escape from busy lives, relaxation, a calm atmosphere and desire to spend time in nature. Similarly, Little (2012) explores the idea of “wild nature” and how it is used in wellbeing strategies. She acknowledges the broad diversification of the tourism industry to include “therapeutic” holidays in varying forms and notes how nature plays an important role in such experiences. She furthermore, concludes that providing for wellness tourism in rural locations may provide new opportunities for rural tourism and economic development. Such diversified and holistic thinking around health, wellness and wellbeing tourism in which a shift is evident from a narrow and product focus to wider understandings which emphasise prevention rather than cure provides some support for the proclamation by Hofer et al. (2012, p.60) that ‘a new market for the healthy is emerging’. Exciting possibilities are thus evident for existing tourism sites to diversify and to appeal to a new market such as heritage sites which Armaitiene, Bertuzyte, and Vaskaitis (2014) consider may also provide the opportunities for the development of health tourism.

Recent literature is emerging which is rich in innovation and enthusiasm for developing tourism sites to capitalise on these opportunities. Hjalager (2011) for example, notes that there is considerable agreement in the literature about the need for innovation and expansion of tourism products to ensure competitiveness, economic sustainability and consumer attention and she provides an outline and analysis of endeavours to invent and implement new wellbeing activities in the region of Southern Denmark. Building on this, Hjalager and Flagestad (2012) discuss the development of holistic touristic experiences which incorporate wellbeing trails in nature, spots for silence, places of spiritual power, areas of cultural or archaeological significance, locations offering various forms of physical activity in addition to the traditional commercial offerings of spas and healthy eating establishments. Many tourist destinations do currently offer natural environments with the potential to be restorative both for local people and visitors, yet may not be marketed with this in mind or designed to enable this to happen. Hartwell, Hemingway, Fyall, Filimonau, and Wall (2012), meanwhile, consider the possibilities of wellbeing as a concept to guide tourism destination strategy development, where the destination enhances and promotes physical and mental health for residents and tourists alike. Successful destination marketing may provide the economic impetus to transform local tourism products towards wellbeing, an approach that, for many destinations, can help alter their life-cycle trajectory. Using wellbeing to inform the design of tourist destinations and experiences therefore, provides an interesting lens through which to view the broader development,
management and marketing of destinations. Coghlan (2015), for example, explores how positive psychology can inform this thinking in ensuring experiences create positive emotions, engagement and meaning and thus provide enhanced participant wellbeing. Whilst tourism has long been understood for its potential restorative, happiness or broader wellbeing outcomes, it is only more recently that researchers have turned their attention to how advances in positive psychology, and the mechanisms that foster wellbeing, apply to the tourism experience (Pearce, 2009). Few studies have considered how positive psychology principles may be incorporated into the design of travel experiences to achieve complete wellbeing outcomes. Wolf, Stricker, and Hagenloh’s (2014) paper on outcome-focused experience management in national parks is an important step forward in this area. Well-designed travel experiences which incorporate ideas of wellbeing are an important part of a sustainable tourism strategy, not least because they move tourism beyond simplistic pleasure-seeking and address aspects of social sustainability in which the satisfaction of both tourists and the destination community is central.

Within these discussions, the quality of products and of the destination itself, as well as cooperation amongst key stakeholders, appear to be key to achieving a competitive advantage in a growing market (Huang & Xu, 2014; Kucukusta & Heung, 2012; Lipovčan, Brajša-Žganec, & Poljanec-Borić, 2014). Providing quality tourism services will also increase opportunities for residents and improve quality of life for both, leading to greater destination sustainability. Relating these ideas to the tourist area life cycle as proposed by Butler (1980) further clarifies the strength of the wellbeing proposition in terms of prolonging destination life. Butler suggested that tourist destinations traverse a recognisable path through a cycle of differing stages of popularity. He based this idea on the product cycle concept whereby sales of a product proceed slowly at first, experience a rapid rate of growth, stabilise and subsequently decline. This cycle for tourism destinations is brought about by a variety of factors including changes in consumer preferences and needs of visitors and the changes and deterioration in the natural and cultural features of the destination, which were the original attractions. Butler notes Plog’s (1972) argument that ‘destination areas carry with them the potential seeds of their own destruction as they allow themselves to become more commercialised and lose their qualities which originally attracted tourists’ (cited in Butler, 1980, p.6). Developing strategies to avoid this decline is thus an essential part of destination management and using wellbeing as guide to destination development is a potentially powerful tool. Such a focus for example, draws attention to people’s own priorities and perceptions and allows sustainability to be measured from different perspectives, including the influences on wellbeing of tourists and resident communities.

Contemporary conceptualisations of health, wellness and wellbeing, as emerging through the literature, which incorporate aspects of the mind, body and spirit (Mueller & Kaufmann, 2001; Smith & Kelly, 2006) have led to new understandings of the need for tourist experiences
which satisfy not only hedonic or ‘low-level’ needs (the need to escape and relax for example) but also ‘high-order’ needs, which include the need for self-development and self-actualisation (Lee, Kruger, Whang, Uysal, & Sirgy, 2014). It is argued that satisfying this wide range of consumer needs has a positive predictive effect on customer behaviour, place attachment and loyalty which may lead in turn lead to greater destination sustainability (Lee et al., 2014). A destination looking for success in terms of increasing market share and avoiding the ‘inevitable decline’ should thus focus on both hedonic (low-level) and eudaimonic (higher level) tourist experiences. As Filep and Deery (2010) note, a life rich in meaning incorporates hedonic aspects of pleasure, but combines it with a search for outcomes such as self-actualization, transcendence, engagement, personal growth, and life goals. Holistic tourist experiences must, therefore, contain elements of all of these. Such an offering will also cater to the needs of residents alongside those of tourists and importantly this may help to sustain a destination in any market. Medina-Muñoz and Medina-Muñoz (2013) for example, explored whether a wellbeing proposition may benefit a mass tourism beach destination and found that such an offer would prove to be attractive and complementary to the current market for whom currently sun and beach tourism was the primary motivation.

Destination decline may be avoided through product transformation and by re-positioning the destination within an overall market (Argawal, 2001). The argument here is that by using wellbeing, as understood in holistic terms, as a concept to guide destination development through product diversification and repositioning, decline may be avoided and competitiveness of the destination maintained or strengthened.

The concept of carrying capacity, or a certain threshold beyond which tourism is no longer tenable, has been used to explain the decline in destinations at certain stages of development. Carrying capacity is, however, complex and involves not only the physical characteristics of the destination but also social factors such as overcrowding and unsociable behaviours by tourists. Kim et al. (2013) note that tourism’s impacts on the destination community is a key factor in measures of carrying capacity and importantly, that this impact may change depending upon the stage of the destination in its life-cycle. The notion that such disruptions can impact on destination community wellbeing and that this can lead to decline in the destination provides compelling argument for embedding the concept of holistic or eudaimonic wellbeing into the design and management of tourist destinations.

3. CONCLUSION

This review highlights an evolution in thinking about health, wellness, wellbeing and quality of life in tourism from concerns about products, tourist motivations and attitudes towards tourism towards a more consolidated and deeper appreciation of the range of benefits provided by
tourism, both for tourists and residents. This has largely been reflected in work highlighting the holistic nature of such benefits and how concepts around wellbeing are complex and include elements of ‘lifestyle, physical, mental, and spiritual wellbeing, and one’s relationship to oneself others, and the environment’ (Smith & Puczko, 2009, p.12). More recently, literature has linked these notions to ideas of positive psychology or the idea of human flourishing and how tourism can contribute to such a state. This paper has argued that these insights may be important in a response to declining destinations in terms of product diversification and a destination re-focussing around wellbeing as an innovative marketing proposition which has the potential to benefit not only tourists but also residents. This, in turn, is a prime goal of sustainable tourism strategies and a possible way to avoid the decline of destinations.

The value of this new understanding of wellbeing as emerging through the literature is that it not only re-focuses attention to the myriad benefits of tourism and how they are internalised by individuals, but it also offers an innovative approach to tourism development focussed on people’s own ‘priorities and perspectives’ (Jenkins & Romanos, 2014, p. 295). The literature to date has enabled us to arrive at an interesting point in understanding wellbeing as a desired and yet multi-dimensional state and in understanding the potential value of it in the development of tourist destinations. Butler (1980, p.11) suggests that tourist destinations are ‘not infinite and timeless but should be viewed and treated as finite and possibly non-renewable resources’. In this way, management can attend to the dynamic nature of the destination and be open to innovative ways to manage its life span.

There is still, however, much to be achieved in terms of understanding the determinants and developments of successful wellbeing destinations and future research will undoubtedly take up the challenges this presents. In view of the myriad of themes covered in this paper, four primary research themes are proposed for future and more detailed investigation, namely: definitions and measurement; external forces for change; market segmentation; collaborative destination development. Although this study provides a critical synthesis of definitions and forms of measurement of wellbeing, one can argue that a certain amount of vagueness and lack of empirical rigor remains despite the growth in the number of such studies, especially over the past two decades. The need for more non-economic studies is also paramount as many countries begin to look at alternative ways in which to measure progress in community wellbeing and overall quality of life. The second area requiring deeper and more sustained research investigation is that pertaining to forces for change in the external environment and the means by which economic and political uncertainty, global insecurity and terrorism, and changing demographic trends are likely to impact (be it positive or negative) on the future adoption of wellbeing tourism-related products that contribute to overall wellbeing and quality of life. Drastic terrorist events in Egypt, Tunisia, France and Belgium in recent months are still fresh in the minds of visitors with their longer-term implications as yet unknown while the slow economic
recovery in many developed nations after the financial crises of 2007-2008 continue to shape tourist behaviour. Such trends lead to the third theme necessitating further research in that different markets not only demonstrate different viewpoints on the hedonic-eudemonic continuum but exhibit different levels of engagement with the wellbeing agenda. As such, there exists a need for more segmentation studies that explore in depth the needs, wants and desires of market groups with a particular need to study generational, geographic, income and social class patterns of wellness adoption. Finally, the means by which destinations are able to deliver wellness products, services and experiences to the benefit of destinations in their entirety necessitates a collaborative model with engagement and buy-in from all salient destination stakeholders. Perhaps most challenging at the destination level, is finding those professionals that are able to bring together the mostly different worlds of tourism and wellness into a seamless, fused wellness destination to the benefit of visitors and the local community. Hence, issues of leadership, collaborative working, governance mechanisms and funding come into play as do strategies to fuse branding and reputation-building expertise with the day-to-day management of a truly wellness destination that offers an enhanced quality of life for all.

References


Habor, O. (2013). At the crossroads between traditional sensibility and the challenges of modernization. *Forays Into the Transylvanian Medical Realm (1876-1914)*.


