# A SYSTEMS THEORY APPROACH TO THE WELL-BEING EFFECTS OF TOURISM IN THE UNITED KINGDOM

**SARAH JANINE PYKE**

A thesis submitted in partial fulfilment of the requirements of Bournemouth University for the degree of Doctor of Philosophy

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**SARAH JANINE PYKE**

## ABSTRACT

The synergy between the fields of public health and tourism around the emerging theme of well-being is evident from global, European Union (EU) and United Kingdom (UK) perspectives. It is suggested that a vision where public health and tourism strategy are allied will not only contribute to a region economically in terms of Gross Domestic Product (GDP) and employment, but will also provide sustainable well-being for residents and tourists alike. As a result, there is potential for well-being to be incorporated as a resource to create new products.

Research on the well-being impacts of tourism is limited and there remains a dearth of literature on the significance of these benefits. Therefore, to better understand this area there is a need for a more in-depth exploration and analysis. As a result, the aim of this research is to critically investigate the well-being effects of tourism on the individual within the UK.

This study employs an exploratory mixed methodological research approach whereby the first empirical study (inductive stakeholder focus groups) contributed to the development of the second empirical study (deductive consumer questionnaire). Focus groups (n=11) were used to understand how tourism investors view the concept of well-being in relation to tourism and the potential to adopt it as a tourism product resource. Findings validated by a wider group (n=50) exposed the barriers and enablers of implementing well-being in this way. The potential for businesses and policymakers to transform these barriers into enablers was also identified. In addition, study findings were mapped onto the study's theoretical framework (a systems theory approach, a model extracted from the public health sector and applied here in a tourism context). A postal questionnaire (n=240) was utilized to measure the well-being effects of tourism guided by elements of a systems theory approach. Results indicate that infrastructure and health/tourism services together with the tourist's expectations of the holiday lead to increased well-being in terms of an individual's relationships with family and friends as well as their emotional well-being.

This research makes a contribution to knowledge by using a systems theory approach to quantitatively measure the well-being effects of tourism on the individual. It is a challenge taking a model from one discipline and transferring it to another therefore the limitations of the systems theory approach are debated. From an academic perspective the interdisciplinary nature of this research is innovative and demonstrates how tourism and public health can be brought together, which is an emerging area of interest. Moreover, research findings provide a more holistic view of tourism and well-being, as the well-being impacts on mainstream tourism are examined. The research influences policy by identifying the appropriate links among tourism, well-being and policy with the potential to create healthier, more sustainable communities at tourism destinations. Finally, data from this research aids tourism/business practice and development by embedding a well-being philosophy for tourist destinations whereby tourism can be promoted and marketed as a healthy lifestyle experience due to the positive benefits that may be realized.

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## RESEARCH PROFILE

To date, the details of all outputs associated with this PhD are as follows:

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- Awarded Associate Fellowship of the Higher Education Academy, August 2016
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# 1 INTRODUCTION

## 1.1 Introduction

Tourism provides many benefits to consumers including contribution to self-development, improved mental health, reduced stress levels, increased physical activity, improved sleep and better work productivity (Diener and Seligman 2004). There are important linkages between well-being and tourism; however, the importance of these benefits has been sporadic and therefore has not yet been fully examined (Uysal et al. 2016; Chase et al. 2012; Weiermair and Peters 2012). Notwithstanding, the well-being effects have been studied in the tourism literature, particularly with regard to *Social Tourism*, referring to those who would not normally be able to afford a holiday (McCabe 2009). This research on *Social Tourism* highlights the benefits to low-income families and suggested that tourism is associated with well-being, stating that future studies should focus on the positive gains tourism can provide for the mainstream population (McCabe and Johnson 2013). Hartwell et al. (2012) propose a two-pronged approach whereby public health and tourism strategy are linked. This relationship will not only enhance a region economically but will also contribute to sustainable well-being for those who travel to a particular destination.

Well-being is an ambiguous term that has caused much debate in terms of its definition and is often used interchangeably with other health related words (Hanlon et al. 2013). Notwithstanding, well-being has been described in numerous ways such as an individual's optimistic assessment of their lives including contentment, positive emotion, engagement and purpose (Diener and Seligman 2004). It has also been explained in terms of developing as a person, being fulfilled and making a contribution to the community (Stoll et al. 2012). In 1946 The World Health Organization (WHO) originally proposed that, "*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*" (WHO 1946). While the WHO's description of health is not a definition of well-being per se; it outlines fundamental principles, demonstrates where the concept originates and has been considered an appropriate framework for conceptualising this (Clift et al. 2010). Therefore, the WHO's explanation of health was deemed as a suitable underpin of well-being for this study. In addition, a more contemporary interpretation was also adopted as appropriate. Alder and Seligman (2016) suggest, "*Well-being integrates*

*hedonic well-being (feeling good) and eudemonic well-being (functioning well)"* (p. 5) and takes direction from Diener et al. 2003, who consider the definition multidimensional and not simply as a positive emotion but thriving across multiple domains of life.

The well-being benefits realized from a holiday experience provide an opportunity for the visitor economy, as well-being has the potential to be used as a marketing tool to influence the consumer's choice of holiday destination. It has been documented in the literature that well-being is a desired feature that consumers are looking to fulfil while engaging in tourism (Voigt and Pforr 2014). Tourism not only influences well-being it also impacts the economy (VisitBritain 2014). Tourism contributes to economic development for respective destinations, as consumer spending creates additional employment opportunities, contributes to Gross Domestic Product (GDP) and therefore positively impacts local businesses (VisitBritain 2014; World Travel & Tourism Council 2014; Deloitte 2013). According to Deloitte (2013), "*The tourism economy also contributes to the wider policy agenda including economic and social inclusion, enterprise/business formation, sustainable development impacts and regeneration*" (p. 4). By embedding a health and well-being philosophy for tourist destinations, more individuals may potentially engage in tourism and the economic benefits will follow.

To explore the well-being effects of tourism on the individual, a systems theory approach has been adapted in a tourism context whereby the research explores input, throughput and output (Hagerty et al. 2001). An analysis of this type has not been previously conducted within the tourism field and thus makes this research unique.

## 1.2 Rationale

Tourism research has often been misinterpreted leading to assumptions and skewed results, which according to Mings (1978) is due to the two extreme views of tourism – "*tourism as a godsend and tourism as evil*" (qtd. in Crick 1989, p. 308). Further evidence of these extremities is outlined in Jafari's (1990) four distinct tourism research approaches: advocacy approach, cautionary approach, adaptancy approach and knowledge-based approach (Moscardo 2009). An advocacy approach focuses on the economic benefits of tourism and a cautionary approach focuses on the negative aspects of tourism. An adaptancy approach proposes other forms of tourism in

response to the negative aspects of tourism. Lastly, a knowledge-based approach is more scientific and not restricted to individual views and opinions (Jafari 1990). Moscardo (2009) argues that tourism research is bound by contradictory social representations of tourism and is the reason that critical examination is lacking. Nevertheless, the majority of researchers believe tourism has the potential for positive gains and as a result choose to support a particular type of tourism. Resultantly, gaps in the literature prevail, specifically in the area of tourism and its positive and/or negative impacts on the individual (McCabe and Johnson 2013; Dolnicar et al. 2012, Moscardo 2009; Tribe 1997; Pearce et al. 1996). Contemporary tourism authors agree and suggest that the specific impacts of leisure activities (including tourism) on an individual's well-being is incomplete (Naawijn and Veenhoven 2011). Authors conclude that the focus of published literature on tourism impacts is on environmental effects, destination impressions and how to increase visitor numbers (Uysal et al. 2016; Moscardo 2009; Moscardo 2008). Therefore, a dearth of literature is identified and a better understanding of tourism and its influence on the individual is required (Moscardo 2009; Mason 2008). Neal et al. (2004) postulate that studies related to the impact of tourism on an individual's subjective well-being should be encouraged. It was a study by Neal et al. (2004) that first recognized a connection between satisfaction with trip experience and satisfaction with life in general (McCabe and Johnson 2013; Neal et al. 2004). It is suggested that the influence of tourism on the individual depends largely on how that person values subjective well-being (McCabe and Johnson 2013; Sirgy 2010).

For some time tourism was viewed as a break from daily life; however, it has advanced in the literature as an activity that contributes to one's health and well-being (Filep and Derry 2010). Yet although this is the case, knowledge regarding the contribution of tourism on different aspects of well-being is underdeveloped (Filep and Derry 2010). Given the lack of knowledge in this area, contemporary authors have studied the relationship between tourism and well-being and believe the two concepts are connected (Filep and Derry 2010; Gilbert and Abdullah 2004). However, it appears more research is required on this topic, as there are vital associations between tourism and well-being that haven't yet been examined.

### 1.3 Aim and Objectives of the Study

A review of the literature reveals a gap exists on the well-being effects of tourism on the individual. As a result, the following research aim has been crafted:

- To critically evaluate the well-being effects of tourism on the individual within the United Kingdom (UK)

To accomplish the research aim, the following objectives have been formulated:

- To critically interrogate the literature on tourism and well-being
- To explore well-being as a tourism product resource
- To evaluate and measure the well-being of individuals after a holiday through the application of two empirical studies (stakeholder focus groups and consumer questionnaire)
- To develop and present a new system framework in a tourism and well-being context based on primary research findings
- To draw conclusions accordingly and make recommendations based on the research findings for both industry and policymakers

### 1.4 Structure of the Thesis

#### 1.4.1 Chapter Two

The literature on tourism and well-being is interrogated in this chapter. The synergy between the fields of tourism and public health around the emerging concept of well-being is discussed in detail and the potential for tourism to serve as a possible public health intervention (or to enhance other health interventions) is highlighted. The implications of merging tourism and public health are discussed from global, EU and UK perspectives.

#### 1.4.2 Chapter Three

This chapter presents well-being as a tourism product resource. The consumer behaviour process is highlighted and the potential for well-being to be implemented into business strategy and development is discussed. The various ways to measure well-being are considered and a detailed explanation of Hagerty’s systems theory approach (a model extracted from the public health sector and applied in a tourism context) as well as the limitations of the proposed framework are presented and debated.

### 1.4.3 Chapter Four

This chapter provides a detailed overview of the mixed methodological research design employed in order to achieve the research aim and objectives. Research philosophies and methodologies are debated and the justification for each empirical study is presented.

### 1.4.4 Chapter Five

The results from both empirical studies (stakeholder focus groups and consumer questionnaire) are presented with preliminary interpretation.

### 1.4.5 Chapter Six

This chapter provides an integrated discussion of the focus group findings and questionnaire results. Primary and secondary research is drawn on to demonstrate the importance of the findings/results to the aim and objectives of this study. The chapter concludes with a new tourism and well-being system framework based on primary research findings.

### 1.4.6 Chapter Seven

A critical reflection of the research process undertaken in this study is discussed and evaluated. Validity and legitimization of theoretical procedures is assessed and justification is provided.

### 1.4.7 Chapter Eight

This final chapter provides conclusions with regard to the research aim and objectives. The implications for policy and practice, recommendations for future research and study limitations are discussed.

# 2 TOURISM, PUBLIC HEALTH AND THE CONCEPT OF WELL-BEING

## 2.1 Introduction

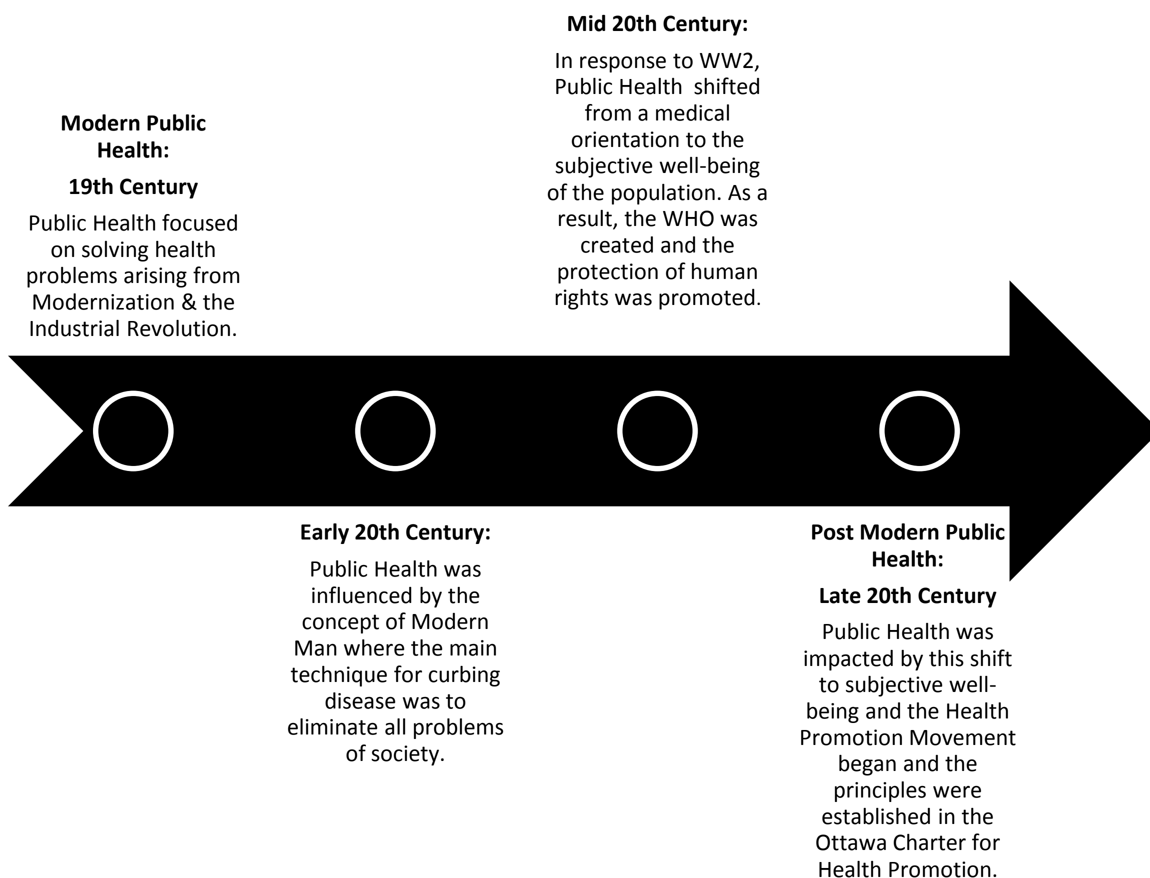
The goal of this chapter is to critically evaluate the literature on the relationship between tourism and public health around the emerging theme of well-being. Additionally, the history of public health and conceptualizations of well-being and its related terms are explored in detail. Tourism and public health are explored in-depth from global, EU and UK perspectives and the merging of these topics with regards to well-being is addressed. Finally, tourism is presented as a possible public health intervention and reasoning is provided.

## 2.2 Background

Public health dates back to the 19th century where the role was to identify and resolve health issues derived from the modernization and Industrial Revolution in Western Societies (Lindstrom and Eriksson 2006). The notion of Modernity was also applied in a general sense to all of society; however, as Giddens (1991) argues problems arose with this view, as actions were taken without bearing in mind the impact on the person. For these reasons, this view was analysed and criticized by many researchers. In the early 20th century public health was focused on eliminating all societal defects with the support of genetics and technology (Lindstrom and Eriksson 2006). Following the outcome of the Second World War, the mid-20th century was characterized by the protection of human rights and the WHO was formed with a focus on the physical, mental and social well-being of the population. A post-modern public health focus was reached in the late 20th century where researchers, experts and academics produced philosophies from different areas of science, not solely medicine (Carlisle and Hanlon 2008; Lindstrom and Eriksson 2006).

A timeline of the history of public health is presented in Figure 1.

**Figure 1: History of Public Health**




**(Source: Adapted from Lindstrom and Eriksson, 2006)**

## 2.3 Public Health Defined

Four main goals of public health professionals have been established (Skills for Health 2009), and translated into the purpose of this sector which is to:

- *Improve health and well-being in the population;*
- *Prevent disease and minimise its consequences;*
- *Prolong valued life;*
- *Reduce inequalities in health (Skills for Public Health 2009, p. 4).*

UK health policy has acknowledged that disease prevention is better than cure, attributing to a more profitable long-term investment (Hartwell et al. 2012; Wanless 2002). As well-being has become an important goal in society, public health in the UK has made improvements by taking into account a 'pro' rather than an 'anti' perspective. These improvements in the UK are depicted by five "waves" of health (Hanlon et al. 2011). The first wave emerged as a response to the health of the population following the industrial revolution; the second wave was driven by

scientific innovation and medicine; the third wave focused on welfare reforms and the creation of healthcare services (ie. National Health Services in the UK) and; the fourth wave has concentrated on curbing disease and lifestyle issues such as smoking, alcohol, drugs and physical inactivity. Issues such as obesity, social inequalities in health and loss of well-being have led to the possibility of a fifth wave of public health. The first four waves focused on structural variations within general society, which ignored human beings and what it actually means to be human. Whereas, the fifth wave of public health raises important issues. It views human beings as complex adaptive systems rather than simple controlled systems. Furthermore, it suggests a rebalancing of mind-set from "anti" (antibiotics) to "pro" (well-being) and from independence (expertise) to interdependence (cooperation with others). The fifth wave of public health also proposes a rebalancing of models from "mechanics" that diagnose and fix problems to "gardeners", reflecting a more organic approach that supports growth. This new wave advocates for a rebalancing orientation by incorporating the objective with the subjective as well as innovation to guide the future as opposed to upholding the existing unsustainable situation. Scale up through learning by trying new things and gaining knowledge guides the future of this wave (Hanlon et al. 2011). The transformations in the fifth wave of public health are highlighted in Table 1.

**Table 1: Fifth Wave of Public Health**

| | **From:** | **To:** |
|---|---|---|
| **Human Beings:** | Simple, controlled systems | Complex, adaptive systems |
| **Rebalancing mind-set:** | "Anti" | "Pro" |
| | Independence | Interdependence |
| **Rebalancing models:** | "Mechanics" (diagnose) | "Gardeners" (organic) |
| **Rebalancing orientation:** | Objective | Subjective |
| **Future:** | Unsustainable situation | Innovation |

**(Source: Adapted from Hanlon et al., 2011)**

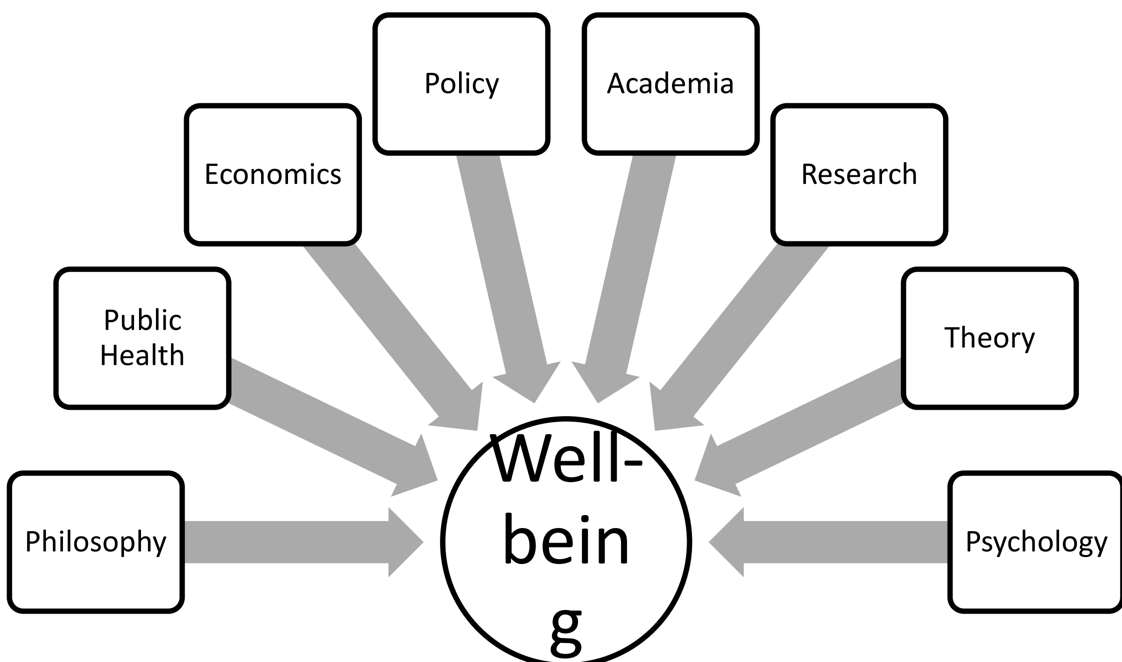
## 2.4 Well-being Defined

As mentioned previously, the WHO (1946) suggested that, "*Health is not the mere absence of diseases but a state of well-being*" and from this point onward well-being has become a challenging concept to define (La Placa and Knight 2014). In light of this,

issues such as the association between health and well-being and whether or not well-being should be considered subjective or objective in nature all contributes to the contemporary evaluation of well-being from both an economical and psychological viewpoint.

Well-being has been used in a broad sense by philosophers, economists and public health professionals to discuss the general population and has also been understood in a narrow sense regarding an individual's positive functioning. Notwithstanding, the concept of well-being extends across a wide range of subject areas including philosophy, public health, economics, policy, academia, research, theory and psychology (Hanlon et al. 2013). Well-being spanning across many disciplines is schematically presented at Figure 2.

**Figure 2: Well-being Across Many Disciplines**




**(Source: Adapted from Hanlon et al., 2013)**

Well-being has been defined differently by various authors (McMahan and Estes 2011a; Kahn and Juster 2002). These concepts have been used to describe well-being and as a result have led to a misunderstanding across many sectors (Hanlon et al. 2013). Due to these broad definitions and varying interpretations, the perception of well-being differs depending on the individual. A summary of the multi-variance definitions of well-being is shown in Table 2.

**Table 2: Well-being Definitions**

| **Well-being Definition** | **Reference** |
|---|---|
| People's positive evaluations and feelings about their life including positive emotion, engagement, satisfaction, achievement and meaning. | Diener 2009; Seligman 2011 |
| Well-being has four dimensions: experience of pleasure, avoidance of negative experience, self-development and contribution to others. | McMahon and Estes 2011b |
| Well-being cannot be realized solely by material items such as income. Social indicators are more accurate in defining well-being. | Kahn and Juster 2002 |
| Well-being is versatile and is not expected to be entirely realized by single dimensions that capture only one part of one's overall functioning. Six key dimensions of well-being: purpose in life, self-acceptance, autonomy, personal growth, positive relationships and environmental mastery with conceptual theoretical underpinnings. | Ryff and Singer 2008 |
| Well-being is multifaceted and is not best captured solely by hedonic aspects, but instead includes eudemonic aspects. In this sense well-being is defined as vital and full functioning. | Deci and Ryan 2008 |
| Well-being is more than just happiness. As well as feeling satisfied and happy, well-being means developing as a person, being fulfilled, and making a contribution to the community. | Stoll et al. 2012 |

**(Souce: Adapted from Stoll et al., 2012; McMahon and Estes, 2011b; Seligman, 2011; Diener, 2009; Deci and Ryan, 2008; Ryff and Singer, 2008; Kahn and Juster, 2002)**

### 2.4.1 The Well-being Concept

Self-determination theory (SDT) is an important theory to understand when discussing the concept of well-being (Deci and Ryan 2002, 1995, 1991). This theory demonstrates why engaging in behaviour related to health and well-being can make individuals and communities better-off (Deci and Ryan 2002). Before SDT, research suggested that extrinsic motives controlled an individual's behaviour; however, Deci and Ryan's (2002) SDT is characterized as a macro theory that concentrates on the degree to which one's behaviour is self-motivated and self-determined. Furthermore, the focus is on the motives that influence the choices that individuals make minus any external influence.

As research on SDT developed, it went beyond simply distinguishing between intrinsic and extrinsic motivation and suggested that three basic intrinsic psychological needs form the basis of this theory: competence, autonomy and relatedness. These three needs are what motivate an individual to act in a certain way and they are critical to one's psychological health and well-being (Deci and Ryan 2002).

The 'set-point' theory of well-being is the underlying research paradigm in the domain of subjective well-being (Headey 2010). Although the theory has recently begun to be critiqued, it has been the dominant theory of subjective well-being for over 30 years and therefore is vital to any discussion on well-being. Research has shown the main idea behind this theory is that each individual has a fixed, stable, biologically driven set point of well-being that seldom deviates (Anusic et al. 2014; Headey 2010; Lucas 2007). It is suggested that individuals react to major life events which causes their set point level to fluctuate, but will ultimately return to their baseline level of well-being following the major event (Anusic et al. 2014 and Lucas 2007). As a result, it could be argued that that each individual has their own unique appreciation of what well-being means to them.

Discussions on the various concepts of well-being first began around the topic of ethics and how one might go about life in order to achieve a happy and fulfilling existence (Haybron 2008). Keeping in line with this conceptualization, Veenhoven (2008) postulates that sociologists looked at well-being subjectively where an individual has the power to contribute to their own sense of well-being within the limitations of greater society. Currently, debates on the topic of well-being are being discussed in literature and policy (La Placa and Knight 2014). Since the 1960's there has been over 3,000 studies published on the topic of well-being, and as such demonstrate that this field extends across many borders and subject areas (Nettle 2005). However, a true definition of the concept is somewhat muddy and indistinct (Hanlon et al. 2013).

In the literature, well-being has mainly been used interchangeably with quality of life (Uysal et al. 2016). Moreover, a trend exists whereby well-being has also been used correspondently with other words such as health, public health, life satisfaction and wellness. The ambiguity of well-being and related terminology has created much

confusion with regard to the interpretation and perception of this concept (Hanlon et al. 2013). A summary of these concepts with their definitions is provided in Table 3.

**Table 3: Well-being and Related Concepts**

| **Term** | **Definition** | **Reference** |
|---|---|---|
| **Quality of Life** | An individual's perception of their position in life in the context of their culture and value system and in relation to their goals, standards and concerns. | McCabe and Johnson 2013 |
| **Health** | A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. | World Health Organization 1946 |
| **Public Health** | The science and art of preventing disease, prolonging life and promotion of health through the organized efforts of society. | Acheson 1988 |
| **Life satisfaction** | The degree to which an individual judges the overall quality of his/her life as a whole favourably. | McCabe and Johnson 2013 |
| **Wellness** | Comprised of a multi-dimensional, holistic, lifestyle, and self-responsibility by the individual, but also influenced by one's environment and evolving over time. | Voigt and Pforr 2014; Smith and Puczko 2009; Hettler 1983; Travis and Ryan 1981; Ardell 1977; Dunn 1959a, 1959b |

**(Source: Adapted from Voigt and Pforr, 2014; McCabe and Johnson, 2013; Smith and Puczko, 2009; Acheson, 1988; Travis and Ryan, 1981; Hettler, 1983; Ardell, 1977; Dunn, 1959a, 1959b ; WHO, 1946)**

### 2.4.2 Objective vs. Subjective Well-being

The goal of measuring well-being in the Western world was first introduced in the 1950's and 1960's with the understanding that happiness could not be measured solely by material values, such as an individual's income level. Objective measures are restricted because they do not reveal a person's assessment of their own lives, including their environment and other social indicators. By simply asking someone how they think and feel about their lives is important and up until recently economists

and policymakers have focused solely on objective indicators, but these do not take into account what society truly values. What's more, objective well-being differs from subjective well-being, as the latter refers to an individual's evaluation of themselves (Hanlon et al. 2013). Subjective well-being has been defined as feelings of high positive affectivity, low negative affectivity and fulfilment with one's life (Deci and Ryan 2008), a notion that dates back to Aristotle and the extent to which life has meaning, "*living well*" or experiencing the "*good life*" (McCabe and Johnson 2013; Hanlon et al. 2013).

### 2.5 Wellness Defined

It is important to expand on the term 'wellness' because as the values of both consumers and industry have moved to elements focused on health and well-being, wellness has gone mainstream and has become an important aspect of everyday life (Voigt and Pforr 2014). Wellness has been used interchangeably with a number of other related terms; notwithstanding, the consumer and industry have viewed it similarly, as both have awareness and appreciation of this concept (Voigt and Pforr 2014; SRI International 2012). A visual summary of the top ten terms most frequently associated with wellness according to SRI International (2012) are outlined in Table 4. The concept of 'wellness' has a history rooted in therapy and healing as well as medicinal, spiritual and religious connotations (Voigt and Pforr 2014).

**Table 4: Terms Associated with 'Wellness'**

| **Top 10 terms most frequently associated with 'wellness'** | |
|---|---|
| **By consumer** | **By industry** |
| Quality of life | Quality of life |
| Physical fitness | Balance |
| Happiness | Emotional balance |
| Balance | Holistic health |
| Relaxation | Physical fitness |
| Emotional balance | Spa |
| Mental health | Relaxation |
| Stress reduction | Spiritual health |
| Spa | Happiness |
| Medical health | Stress reduction |

**(Source: Adapted from SRI International, 2012)**

It is nearly impossible to discuss ‘wellness’ without giving mention to four key, influential authors. The first of these is Dunn (1959a, 1959b) who claims there is no optimal level of wellness, as it is concerned with a progress towards exploiting an individual’s full capacity within their surrounding environment. Wellness has been defined as a lifestyle, a self-responsibility to look after ourselves by staying active, ensuring proper nutrition, engaging in healthy relationships and being emotionally stable (Ardell 1977). Wellness has been deemed as multi-dimensional and can be defined in six fundamental dimensions: physical, emotional, occupational, spiritual, intellectual and social (Hettler 1983). Wellness has also been viewed as never being a static state, but instead as a process developing along a continuum (Travis and Ryan 1981). Despite the different linguistic and cultural interpretations associated with the term ‘wellness’, the way in which these influential authors describe wellness remain true for the present day (Voigt and Pforr 2014). Wellness can be defined as a self-responsibility influenced by the environment, as a lifestyle, as a process evolving along a continuum and as multidimensional and holistic (Voigt and Pforr 2014; Smith and Puczko 2009; Dunn 1959a, 1959b; Ardell 1977; Hettler, 1983; Travis and Ryan 1981).

Nevertheless, ‘wellness’ has also been defined as a mishmash of the terms well-being and fitness (Voigt and Pforr 2014; Konu et al. 2010; Bushell and Sheldon 2009; Puczko and Bachvarov 2006; Nahrstedt 2004) where the tourism industry has embraced and adapted it. Wellness has become a common term in society, used often by media and marketers to emphasize tasteful, up-to-date and stylish products (Voigt and Pforr 2014; Global Spa & Wellness Summit 2013). It is important to note that although ‘wellness’ has been adapted by the business community, from a public health point of view the term is hard to describe. Whilst the concept has gained credibility and importance among the tourism/business sector, public health academics and professionals have not yet adopted ‘wellness’, as they continue to use ‘well-being’ in its place.

### 2.6 Synergy between Public Health & Well-being

Although the concept of well-being is debatable and is not clearly defined, it has taken a developing and prominent role in the realm of public health policy. Furthermore, the field of public health holds the potential to influence communities by increasing the growth of locally rooted conceptualizations of well-being particularly as it relates to

the community at large. Well-being is rooted in public health agendas, as the promotion and development of a complete holistic feeling of fulfilment. It incorporates the shared effort of national and local bodies and not solely the responsibility of the individual (La Placa and Knight 2014). The synergy of public health and well-being is depicted in the influential work of Aaron Antonovsky (1993, 1987) on the concept of salutogenesis.

### 2.6.1 Salutogenesis

Antonovsky's (1993, 1987) contribution to the field of public health is significant and has provided a fresh ground-breaking direction (Lindstrom and Eriksson 2006). The salutogenic framework originated from the victims of the Holocaust, as Antonovsky attempted to understand how survivors were able to uphold strong health and live good lives despite their negative, stressful and chaotic surroundings (Lindstrom and Eriksson 2006). For years the public health sector focused on factors that caused disease and classified stress as a negative experience that amplified the threat of an individual losing self-control. However, Antonovsky viewed health as relative, on a continuum and identified the key research question as to what causes health (salutogenesis), rather than what causes disease (pathogenesis) (Lindstrom and Eriksson 2006). It was this contradiction that launched the salutogenic framework and influenced the field of public health in terms of health promotion. Other studies support the value of Antonovsky's salutogenic health perspective, as it has been adapted by health professionals and it is important in the understanding of long-term mental health. It is suggested that health promotion should continue to adopt the salutogenic model to guide practice (Morrison and Clift 2007). Over the years studies inspired by salutogenesis have been carried out throughout the world and have incorporated at least 32 countries, demonstrating the far reaching global importance (Lindstrom and Eriksson 2006).

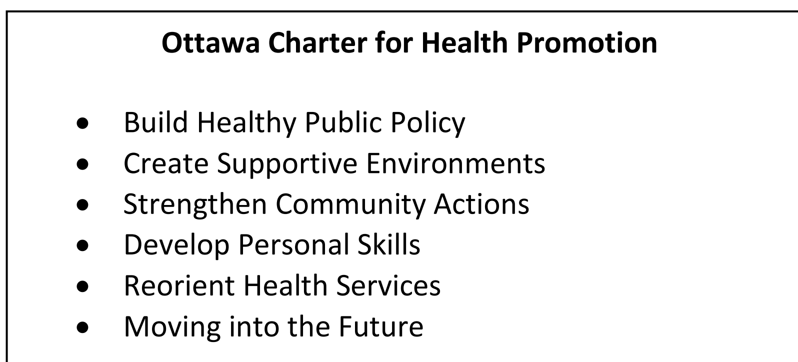
### 2.7 Global Public Health Movement: Ottawa Charter for Health Promotion

The Ottawa Charter for Health Promotion is focused on a new global public health movement (WHO 1986). The work of public health authorities is often based on the determinants of health which are:

- *the social and economic environment,*
- *the physical environment, and*
- *the person's individual characteristics and behaviours (*WHO *2015a, p. 1).*

Public health professionals do not have control over many of these determinants. Therefore, to better promote the health and well-being of the population they must work together with other sectors and key stakeholders. The health and well-being of the general population is a wide issue that should be addressed by all sectors, not solely the health sector (Hartwell et al. 2012). The Health Promotion Movement has shed new liveliness and energy into public health practice (Lindstrom and Eriksson 2006). The roles and duties of health professionals are highlighted in the Ottawa Charter for Health Promotion in Figure 3.

**Figure 3: Ottawa Charter for Health Promotion**




**(Source: WHO, Ottawa Charter for Health Promotion, 1986)**

#### 2.7.1 Global Public Health Movement: WHO Healthy Cities Initiative

The WHO developed the Healthy Cities initiative, another addition to the global public health movement. The goal of this project is to demonstrate that health and well-being are not just an obligation of the health sector; it is the responsibility of all stakeholders and should be positioned at the top of social, economic and political programs. Furthermore, this initiative suggests that local governments are in a strong position to influence decisions related to health and well-being of the local population

through capacity-building, networking/partnerships and contemporary projects (WHO 2015b).

### 2.8 EU Public Health Movement: Health 2020

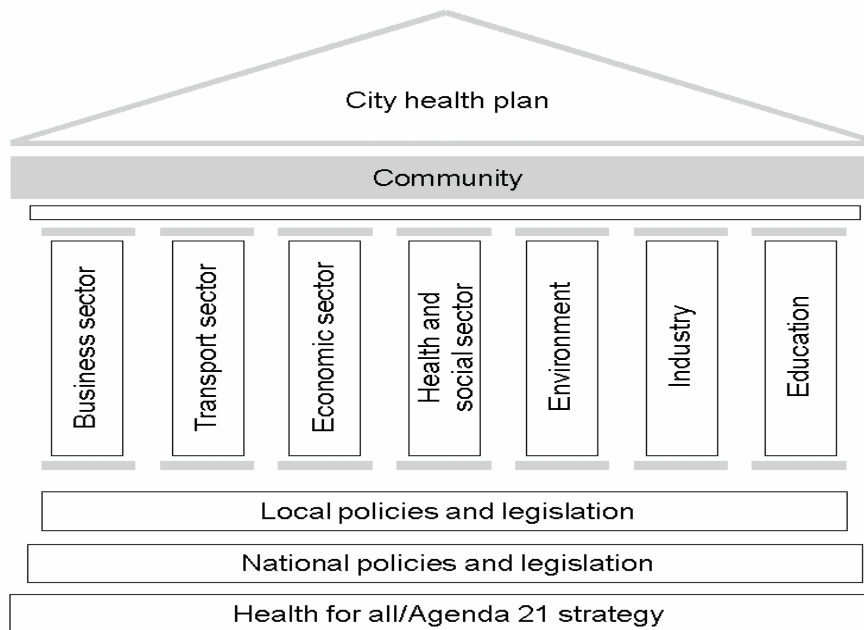
In response to the global public health movement, Europe is focusing in many ways on improving the health and well-being of its citizens. One way is through the establishment of 'Health 2020', an initiative to ensure the health and well-being of the population is of utmost importance. It contains public policy surrounding health and proves that investment in health is an excellent goal, as positive health is advantageous to all aspects of society. Health 2020 capitalizes on the fact that strong health is critical to the social and economic development at local, regional and national levels. In addition, Health 2020 provides policymakers with strategic plans with regards to tackling inequalities and improving the overall health of society for today and for the future (WHO 2015c). All 53 countries of the WHO European Region created and implemented Healthy 2020 as a shared policy agenda to assist and engage government officials across all sectors to boost the health and well-being of its people (WHO 2015c).

#### 2.8.1 EU Public Health Movement: City Health Development Plans

Reflecting the WHO's Healthy Cities Initiative, public health and tourism are coming together and the opportunity for collaboration is grounded in the EU's city health development plans. Embedding a well-being culture in local government may encourage individuals and businesses to think more about this concept and provide motivation to work together to improve the well-being of both tourists and residents through improved services and infrastructure. These plans are constructed to outline ways in which the government can address health disparities by reflecting on the roles of various sectors whose activities impact health and by substantiating health as fundamental and vital at the local level (WHO 2015d, 2001; 1997; 1996). As of 1998 all member cities of the WHO European Healthy Cities Initiative are required to construct and execute city health development plans. These plans outline how all sectors of the city can make strategic efforts towards developing health and well-being. City health development plans also have political significance, proving that health is of utmost importance to the city and encompasses all departments. Local authorities better achieve their objectives when all sectors are striving towards a shared goal, as it

creates consistency among all divisions (WHO 2001). Europe's Parthenon of city health development plan is shown in Figure 4. In order for the city plan to be successfully implemented, the collaboration of all sectors and participation of the local community is required (WHO 2015d, 2001; 1997; 1996).

**Figure 4: Parthenon of City Health Development Plans**




**(Source: WHO, 2015d)**

## 2.9 UK Public Health Movement: Relocation of Power to Local Authorities

Just as the global public health movement has impacted Europe, the same is true for the UK. The fusion of public health and tourism became more apparent when the public health sector changed hands from the National Health Service (NHS) to local authorities, where the tourism bodies reside. The reason for merging the two sectors is to form a collaborative relationship to enhance health and well-being at a local level. By engaging local communities in a shared learning environment, it demonstrates that the health and well-being of the population is of paramount importance when it comes to decision making. With council budget cuts, the public health workforce is concerned that health issues may be sacrificed or not given the necessary attention. There is also concern about the role of politics in decision-making; however, there is opportunity to inspire political representatives by expanding their knowledge of the advantages of integrating public health goals with council services. For those sectors

who previously worked closely with local authorities, the changeover has been fairly smooth; however, for other sectors (such as tourism and health) this has been more challenging. As this collaboration is still in the early stages, there remains slight tension between tourism providers and public health professionals so there is still a long way to go. Nonetheless, public health professionals remain positive about this new transition and believe in the opportunity this collaboration can provide for better community involvement with decisions regarding health and well-being (Royal Society for Public Health 2014).

Debates on well-being have led to an increasing amount of research on this topic; moreover, it has profoundly impacted public health policy. The concept of well-being is now being measured and evaluated by the UK government; likewise, well-being has emerged as a key strategic goal of public health professionals (La Placa and Knight 2014).

Population health in England has improved in recent years. People are living longer and infectious diseases have decreased dramatically; however, this creates new problems as not everyone has benefited in the same capacity and health inequalities (in life expectancy and quality of life) persist (Department of Health 2010). Strong health and well-being is not only beneficial to individuals but also to their respective communities. Contrarily, poor health and well-being is not beneficial to individuals or to their communities and often serves as a burden to society and the economy (Department of Health 2010).

To address the issue of inequalities, government in the UK is moving power to local communities. Local authorities will be instrumental players for improving the health and well-being of its citizens and eliminating inequalities among their populations (Department of Health 2010). Although the fusion of public health and tourism is quite well-developed in the United States and different countries in Europe (i.e. Hungary), it is not so vibrant in the UK. However, it is an emerging area of interest in the UK where two disciplines have the opportunity to work collaboratively; even so, as of yet, the evidence base is lacking to really suggest a way forward as to how policy and practice might be able to identify with this.

## 2.10 Tourism and Positive Well-being

In general, well-being coincides with a successful society, one that allows the individual to grow and contribute positively to their respective communities. Diener and Seligman (2004) assert that current evidence demonstrates that individuals with high well-being carry themselves more productively when compared to those with low well-being. Furthermore, individuals high in well-being blossom in relationships and are more productive in the workplace with greater salaries and improved health, both physically and mentally. Therefore, it could be argued that well-being positively affects individuals and contributes to a better way of life (Diener and Seligman 2004). The benefits being increased longevity, happiness, health, and self-esteem, leading to increased satisfaction with numerous life domains and overall satisfaction with life (Neal et al. 2004; Diener 1984).

Well-being plays a vital role in tourism, as individuals aim to achieve well-balanced lives (VisitBritain 2010). These findings suggest not only are individuals aspiring to have secure careers, strong relationships with family and friends, good health and time for leisure activities, but the desire for rest and relaxation has become particularly important. Resultantly, individuals in developed countries ranked 'having time to relax' as one of their top three priorities in life (VisitBritain 2010). To achieve a more balanced life (including time to relax) holidays are one avenue whereby individuals can make this priority a reality. Other researchers agree with these findings and believe the market for holidays focused on well-being is growing exponentially (Voigt and Pforr 2014).

Holidays are now viewed as a fundamental need in life, serving as a way for individuals to de-stress and unwind (VisitBritain 2010). This is a very different idea of how holidays were originally portrayed, often associated with richness, extravagance and indulgence. Despite which area of the world one is traveling from those destinations that enhance one's well-being are attractive to tourists. As people begin to make lifestyle changes and want to become healthier, tourism can play an important role by having a positive impact on an individual's well-being (Wellness Tourism Worldwide 2011; VisitBritain 2010).

#### 2.10.1 Slow Tourism

More evidence of the connection between tourism and well-being is in the evolution of *Slow Tourism*. *Slow Tourism* does not refer to the tourist's mode of transportation to the particular destination, but instead implies the activities people engage in when on holiday (Mintel 2011). People who participate in *Slow Tourism* explore the outdoors, connect with nature, self-develop and engage in experiences authentic to the area while minimizing environmental and climate effects (Mintel 2011; Fullagar et al. 2012; Dickinson and Lumsdon 2010). Additionally, once a tourist arrives at the destination walking and cycling become a popular means of transport. There has been a substantial rise in *Slow Tourism* in the UK and this can be attributed to three key themes over the past five to ten years which are: increase in the number of middle/older-aged holidaymakers, aspiration for more authentic tourist experiences and rise in domestic tourism. As a result, these trends create opportunities for the UK tourism/well-being market. The themes also provide evidence of the close rapport between tourism and well-being (Mintel 2011). For instance, market trends including the rise in domestic tourism provides an opportunity for tourism aimed at enhancing well-being, as well-being can be captured at both domestic and international destinations. Contemporary themes in UK tourism as well as their explanations and opportunities with regard to well-being are highlighted in Table 5.

**Table 5: UK Tourism Themes, Explanations and Opportunities**

| UK tourism theme | Explanation | Opportunity for UK tourism/well-being market |
|---|---|---|
| Increase in the number of middle/older-aged holidaymakers | This future age bracket will be more mobile and familiar with traveling aboard; therefore, have higher consumer expectations | Develop experiences that capitalize on leisure and enhancing the well-being of middle/older aged tourists |
| Aspiration for more authentic tourist experiences | Holidaymakers are looking to escape from the world of technology by abandoning the use of cell phones/computers and engaging in a more leisurely tourist experience | Opportunity for tourist offerings (particularly countryside/seaside areas) to market their destinations as relaxing and technology-free |
| Rise in domestic tourism | In response to the economic downturn, weekend and shorter holidays have become increasingly popular in the UK | As domestic tourists move away from overindulgence, there is an opportunity for tourism associated with well-being and sustainability by developing experiences that allow tourists to connect with local history/heritage |

**(Source: Adapted from Mintel, 2011 and VisitEngland, 2013)**

### 2.10.2 Wellness Tourism

Further confirmation of the connection between tourism and well-being lies in the rise in *Wellness Tourism*, defined in the literatures as:

> *The sum of all phenomena resulting from a journey by individuals whose motive in whole or in part is to maintain or promote their health and well-being, and who stay at least one night at a facility that is specifically designed to holistically enable and enhance people's physical, psychological, spiritual and/or social well-being, and that ideally also takes into account environmental and community wellness in a sustainable manner* (Voigt and Pforr 2014, p. 33).

Tourism has been treated as an activity that enhances health and well-being and with public health scrutiny is gaining in importance (Global Spa & Wellness Summit 2013). Unhealthy lifestyles are a pressing concern around the globe today, but many consumers are recognizing the importance of healthy living and are taking initiatives to improve their well-being (Voigt and Pforr 2014). As people are becoming more mindful of their decisions and are looking to maintain good health, tourism can be viewed as an outlet to help achieve this desired lifestyle (Voigt and Pforr 2014). It is

this growing trend in consumer thinking that has brought about the emergence of *Wellness Tourism* in the global market. Individuals are searching for ways to take better care of themselves and *Wellness Tourism* is becoming a popular method to rest, relax and rejuvenate (Voigt and Pforr 2014; Global Spa & Wellness Summit 2013).

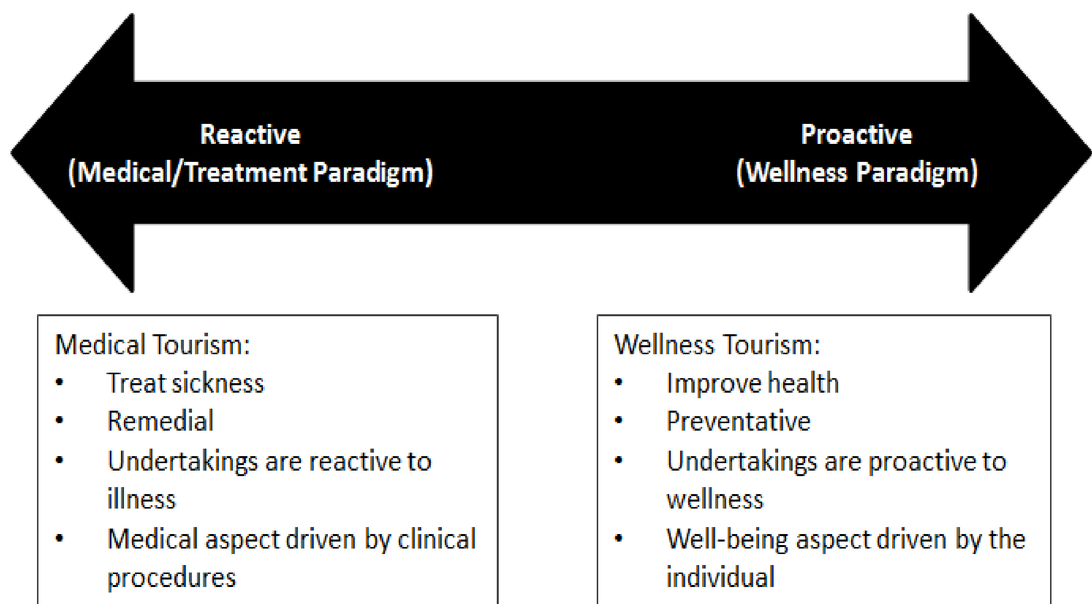
*Wellness Tourism* is known as one of the fastest growing international and domestic niche tourism markets in the world and this emergence is not projected to change over the next decade. *Wellness Tourism* holds a key role of an increasing market of consumer goods and services related to health and well-being which has now become a lucrative business (Voigt and Pforr 2014; Pilzer 2007; Kickbusch and Payne 2003). There are six 'megatrends' that have contributed to the rise in *Wellness Tourism* (Voigt and Pforr 2014):

1) Holistic health and increased health consciousness: People are educated about their health and are taking responsibility of their lives by living healthier lifestyles. *Wellness Tourism* provides individuals with the opportunity to enhance an individual's health and well-being.
2) Pace of life acceleration: People are struggling with the notion of 'not enough hours in a day' to get everything done and to balance work/family life. *Wellness Tourism* can be seen as an outlet from this chaos and as a way to de-stress.
3) Inconspicuous consumption: People are making more conscious decisions that take into account the effect of their behaviour on their health and well-being, environment and society and thus present an opportunity for *Wellness Tourism*.
4) Individualization: People are concerned with self-development and unleashing their full potential. *Wellness Tourism* fosters an environment for one's own potential to be achieved.
5) Quest for spirituality: People are looking for awareness of their spirituality and values, which can be realized by engaging in this type of tourism.
6) Ageing populations: As the population ages, people want to look after themselves to remain healthy and fit. As a result, the demand for *Wellness Tourism* has increased.

According to the World Economic Forum (WEF), health and wellness will be among the most significant drivers for innovation, economic growth and business success (WEF 2014). This philosophy has become important to everyday life, politicians, economists and policy analysts. The significance of health and well-being has been shown in the 2014 WEF, where the agenda contained a strong emphasis on these themes. As the global economy begins to improve, it could be argued that an ideal place to start is to focus on improving the population's overall health and well-being (WEF 2014).

*Wellness Tourism* is often confused with medical tourism; however, there are important distinctions between the two. *Medical Tourism* is a reactive approach focused on resolving medical problems driven by clinical procedures; contrarily, *Wellness Tourism* is a proactive approach focused on improving health and well-being driven by the individual. Figure 5 provides a diagrammatic summary of the differences between *Medical Tourism* and *Wellness Tourism* as suggested by Travis and Ryan (1981).

**Figure 5: Illness-Wellness Continuum**

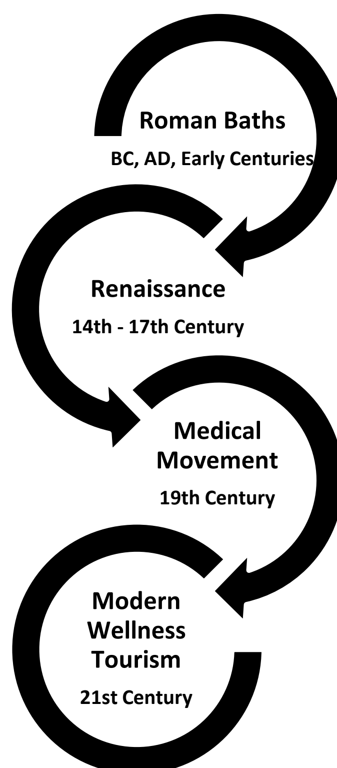



**(Source: Adapted from Travis and Ryan, 1981)**

### 2.10.3 History of Wellness Tourism: Four Major Eras

It is important to explore the history of *Wellness Tourism*, as this is a current phenomenon with prehistoric origins (SRI International 2012). Over the centuries, the concept of wellness with regards to health-related tourism has gone through various periods of peaks and troughs and has been influenced by several cultures (Smith and Puczko 2009). The first major era (BC, AD, and early centuries) was characterized by the Roman Baths and focused on healing and therapeutic traditions to curb illnesses. The geothermal and mineral springs served as medicinal cures for the Romans. The second major era ($14^{th}$ – $17^{th}$ centuries) was influenced by the Renaissance in Italy when the significance of water was reintroduced for remedial purposes (Jackson 1990). Fashionable spa and coastal resorts were established to accommodate wealthy people for not only healing purposes, but for recreational use with the introduction of a pleasure feature. The third major era ($19^{th}$ century) included an expansion of spa and seaside resorts in response to the rising popularity from tourists in most of Europe (Palmer 1990). Therapy gained from visiting spa and seaside resorts was seen as an alternative to medicine in most European countries (Bacon 1997); however, Great Britain and the rest of Europe had different connotations of the word 'spa' (Puczko & Bachvarov 2006). 'Spa' in an English sense refers to tourism, whereas 'spa' in the rest of Europe refers to medicine (Puczko & Bachvarov 2006). The fourth major era ($21^{st}$ century) has brought us to modern *Wellness Tourism*. An illustration of the four main eras of health-related tourism according to Voigt and Pforr (2014) is shown in Figure 6.

**Figure 6: Four Eras of Health-related Tourism**




**(Source: Adapted from Voigt and Pforr, 2014)**

## 2.11 Tourism and Negative Well-being

Whilst there are positive well-being impacts of tourism, we cannot ignore the negative. Tourism has not always been associated with well-being due to increased stress levels, loss of sleep/exercise routine and perhaps overeating/drinking leading to high blood pressure and cholesterol (Richards and Rundle 2011). The majority of literature on the more serious negatives aspects of tourism relates to alcohol consumption and binge drinking; however, this corresponds as much to the hospitality sector as to the tourism sector. Furthermore, the effects revolve around tourism development and social impacts in a more general sense rather than explicitly in regards to individuals. Notwithstanding, a discussion of these potentially negative impacts is applicable to provide a holistic view of tourism and well-being. One means of understanding tourists' consumption of alcohol relates to the fact that holidays are viewed as a break from the stressors of everyday life and an opportunity to experience something new (Inglis 2000). There remain conflicting opinions with regards to the relationship between alcohol consumption and hospitality and tourism. From a business perspective, marketing and promotional strategies often incorporate the uniqueness

and authenticity of food and drink as a way of increasing visitor numbers (Murray and O'Neill 2012). Contrariwise, the consumption of alcohol while on holiday does not sit well from a public health point of view, as the rise in 'binge drinking' and 'alcotourism' has the potential to lead to poor destination image in the minds of potential consumers (Munar 2013; Bell 2008).

Risky behaviours such as binge drinking and casual sex (often unprotected) have been linked to tourism, as Sonmez et al. (2006) reports on spring break, a popular week long holiday among young adults in North America. Apostolopoulos et al. (2002) echo this and suggest that excessive drinking, drug abuse, unsafe sex, risk of acquiring sexually transmitted infections (STI's), serious accidents (sometimes fatal) and acts of crime only brush the surface of this topic. The same risky behaviour (binge drinking and unprotected sex) has been documented in studies with young British travellers to resorts in Europe (Andriotis 2010).

In recent years, government officials in towns and city centres have become concerned with improving the 'night-time economy' (NTE) by creating a lively nightlife in an attempt to improve the area's attractiveness (Roberts and Eldridge 2009). The NTE is apparent and noteworthy in the UK, specifically in city centres (Wickham 2012). The NTE can be defined as the money generated between early evening (6:00pm) and early morning (6:00am), typically on Friday and Saturday and includes the sale of alcohol to individuals, with a large proportion to the younger age bracket (Wickham 2012). Whilst the sale of alcohol for consumption provides strong economic returns for businesses, a number of social problems arise in conjunction with drinking. This includes increases in violence, crime and fear of crime (Brands et al. 2015). In addition to rises in criminal events, the consumption of alcohol in the NTE can lead to a reliance on police, hospital and emergency services and the cleanliness of roads located nearby buildings and take-away establishments can also be an issue (Wickham 2012). Furthermore, the potential for the sale of alcohol to individuals not yet of age is increased as well as commotion and/or uproars and light pollution may be connected to alcohol consumption in the NTE (Wickham 2012). Studies on tourism and the NTE are rare; hence the potential negative effects of the NTE noted above are certainly not exclusive to the tourism sector. However, research on coastal resort destinations

often has the reputation for binge drinking and the associated risky behaviour that evolves in the NTE (Haydock 2014; Munar 2013; Thurnell-Read 2012).

In the literature there is discussion about *Sex Tourism*, *Party Tourism* and *Alcotourism*, and these forms of tourism may not sit well within a public health framework. *Sex Tourism* is defined as the act of engaging in tourism where the main objective (or at minimum, part of the holiday) is to participate in sexual activity (Ryan and Hall 2001). *Party Tourism* is often packaged as a way of escaping reality, as holidays are promoted as an essential pause from everyday life, leaving the consumer feeling relaxed, refreshed and rejuvenated, and is often characterized by alcohol consumption (Diken and Laustsen 2004). *Alcotourism* is related to tourism that has drinking and alcohol consumption at the forefront, referring to a number of situations such as the intention to drink while on holiday, consuming alcohol while travelling to a destination (in transit) or drinking while on holiday (Bell 2008). However, it is a substantial challenge to accurately measure the impact and size of these forms of tourism, especially *Sex Tourism*, due to its illegal nature and the reluctance of government officials and political representatives to disclose any information of this topic area (Ryan and Hall 2001).

Eudemonic well-being occurs when one experiences meaning and self-fulfilment in a life while hedonic well-being arises from bursts of happiness and pleasure attainment (Waterman et al. 2008; Deci and Ryan 2008). The ancient concepts of eudemonic and hedonic well-being have been particularly enshrined within the tourism sector, as tourism offers products and services to consumers whereby one can experience either eudemonic or hedonic well-being. It could be argued that potentially negative impacts of tourism discussed above stem from a hedonic well-being perspective. However, it could be said that a hedonic tourism product/service offering is categorized by excessive eating and drinking (such as the negative impacts mentioned above) and is less agreeable to society and the field of public health (Hartwell et al. 2012). Notwithstanding, a eudemonic tourism product/service offering is focused on human development and could be portrayed as more in line with society standards and the public health sector (Hartwell et al. 2012). Other studies reiterate that tourism offers individuals long-term, sustainable life satisfaction and positive functioning, rather than short-term, extreme pleasure attaining hedonic experiences (McCabe and Johnson

2013). It can be debated that the eudemonic tourism product offering is perhaps increasing with regards to attractiveness because of society's shift towards the eudemonic philosophy. Visitors experiencing the eudemonic tourist offering can realize the benefits to their own well-being (both mental and physical). Additionally, local residents exposed to the physical provisions associated with eudemonic tourism have the opportunity to experience similar well-being advantages (Hartwell et al. 2012).

### 2.11.1 Tourism and Negative Employee Well-being

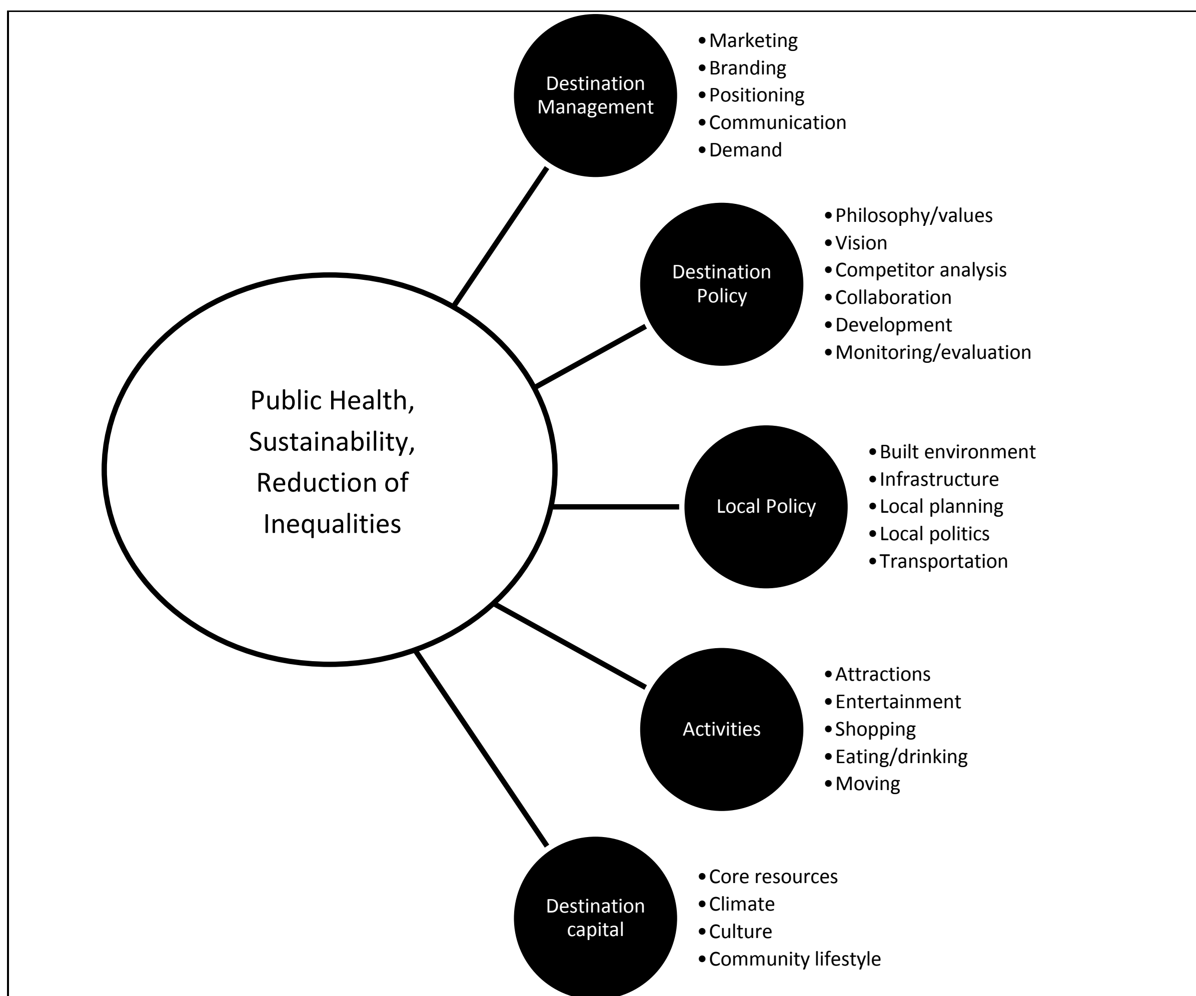
The tourism sector has been criticised for the negative effects on employee well-being. Proof of this rests more in the hospitality (rather than tourism) literature but is still important to note. Employees of tourism are poorly compensated (Walmsley 2004; Riley et al. 2002) and empirical studies suggest that pay has the most influence on employee motivation (Wildes 2007; Dermody et al. 2004). In fact, Baum (2007) posits that after agriculture, hospitality and the associated tourism is the poorest paid sector in the UK. Employment in the fields of tourism and hospitality has been portrayed as having poor wages, unfavourable image, minimal skills, seasonal and/or part-time jobs and lack of good management and career paths (Walmsley 2004). Tourism and hospitality jobs are generally categorized by long hours, physical labour and are mundane and repetitive (Baum 2006). Hours of employment are often when other individuals have down time and therefore the risk of anti-socialism exists (Baum et al. 1997). Employees in the tourism and hospitality sector do not have a healthy work-life balance resulting in high stress levels (Wong and Ko 2009; Karatepe and Uludag 2007). It has been argued that stress caused from the workplace negatively impacts an individual's well-being (Cooper et al. 2009; Fortes-Ferreira et al. 2006). Contrariwise, there are beneficial elements to individuals working in the tourism and hospitality sector. Some of these positives include the diversity of individuals who employees get to interact with, learning new languages and cultures and traveling opportunities (Riley et al. 2002). It is evident that more research is needed with regard to tourism labour, as it has the potential to contribute to future economies and societies. Keeping individuals knowledgeable about the condition, difficulties and significance of tourism labour can serve as a basis for forthcoming discoveries (Ladkin 2011).

## 2.12 The Fusion of Public Health and Tourism around Well-being

The health of the population is not exclusively an obligation of the health sector. To the contrary, it is a wide multi-sectorial concern (Hartwell et al. 2012). This change to having health and well-being at society's forefront has forced some sectors to come together to reach a shared goal: increase the health and well-being of its citizens. Public health and tourism bodies come from different backgrounds and business cultures, have unlike opinions, speak in dissimilar languages and potentially have altered views on the definition of well-being. Regardless of these variances, where the two parties can find common ground is under the well-being effect value of tourism. A diagrammatic view is provided (Figure 7) of this rapport drawing on the work of Ritchie and Crouch (2003) and demonstrating how public health affects tourism's destination management, destination policy, local policy, activities and destination capital (Hartwell et al. 2012). This conceptual relationship reveals the fusion of public health and tourism using effective strategy and public policy formation. For the public health sector, which has a purpose of improving the population's health, tourism has proven to contribute positively to well-being and thus enhances its relationship with tourism. For the tourism sector, this synergy with public health proves the value and importance of tourism.

While the relationship between public health and tourism is evident, it has not been fully assessed and researchers believe there is potential for well-being to steer public health and tourism strategy development and policy formation. Although the goals of reducing inequalities and promoting sustainability can be promoted in public health and in tourism, it can be argued that there is greater proof of this connection in the field of public health (Hartwell et al. 2012). Figure 7 uses the principles of sustainable tourism to demonstrate the synergy between public health and tourism to reduce inequalities and promote sustainability.

**Figure 7: Merging Tourism and Public Health around Well-being**




**(Source: Hartwell et al., 2012 and Ritchie and Crouch, 2003)**

## 2.13 Tourism as a Public Health Intervention

Rychetnik et al. (2002) define an intervention as actions with the goal of creating change and generating results. As such, according to Kelly et al. (2005) the main goal of a public health intervention is to reduce inequalities in health to create a better, more sustainable and healthier society. Kelly et al. (2005) postulate that while the overall health of the population has improved, inequalities in health have grown and as a result the need for public health interventions has become increasingly important. The issue of health inequality is being addressed in countries all over the world. In particular, The European Commission (2009) is advocating for 'solidarity in health' and is striving to tackle the issue of health inequalities by partnering with government at the local, regional and national level. Evaluating the results of EU policies, constant monitoring and more knowledge on funding to aid authorities in responding to these

health inequalities are all important steps being taken by the European Commission (European Commission 2013). Signal et al. (2008) suggest that inequalities emerge when the main determinants of health, such as employment, education, housing and social networks are not equally distributed among the population. Subsequently, inequalities can be defined as the unfair and unequal consequence of policies, procedures and practices (Signal et al. 2008). Even though health disparities have formed, they can equally be diminished (Signal et al. 2008). The issue of equality is a major concern for the general population and working towards a more unbiased, equitable and sustainable society is considered of utmost importance (Tuters 2012; Wilkinson and Picket 2009; Gardner 2008).

Public health has traditionally been about measuring reductions in morbidity and mortality and although cause and effect is not the goal of this thesis there are elements of causation from specific areas which have emerged in the tourism literature. Tourism is often viewed solely as an industry; however, Higgins-Desbiolles (2006) present tourism as something much greater than that. Tourism is an important social force which can accomplish essential goals for all of society and humankind (Higgins-Desboilles 2006). Other studies confirm this belief by demonstrating the positive impacts on an individual's 'social and community networks', a key element in the main determinants of health. Relatedness and social support are important contributors to an individual's well-being (Deci and Ryan 2002) and research suggests that leisurely activities (i.e. tourism) provide social support and foster an environment to form close relationships and friendships (Nawijn and Veenhoven 2011). Other studies reiterate that tourism provides an atmosphere where one can self-develop and experience a heightened level of self-esteem (McCabe and Johnson 2013; VisitBritain 2010; Minnaert et al. 2009). Research has also shown how tourism plays a role in one's personal and social development, providing individuals with the opportunity to mix and mingle with individuals from different cultural backgrounds and broadening their knowledge base (McCabe 2009).

The positive benefits of tourism can be categorized under the 'social and community networks' element of the main determinants of health and thus can be argued that tourism has the potential to serve as an effective public health intervention. It could

be argued that tourism impacts the social determinants of health because those who engage in tourism experience an increase/improvement in:

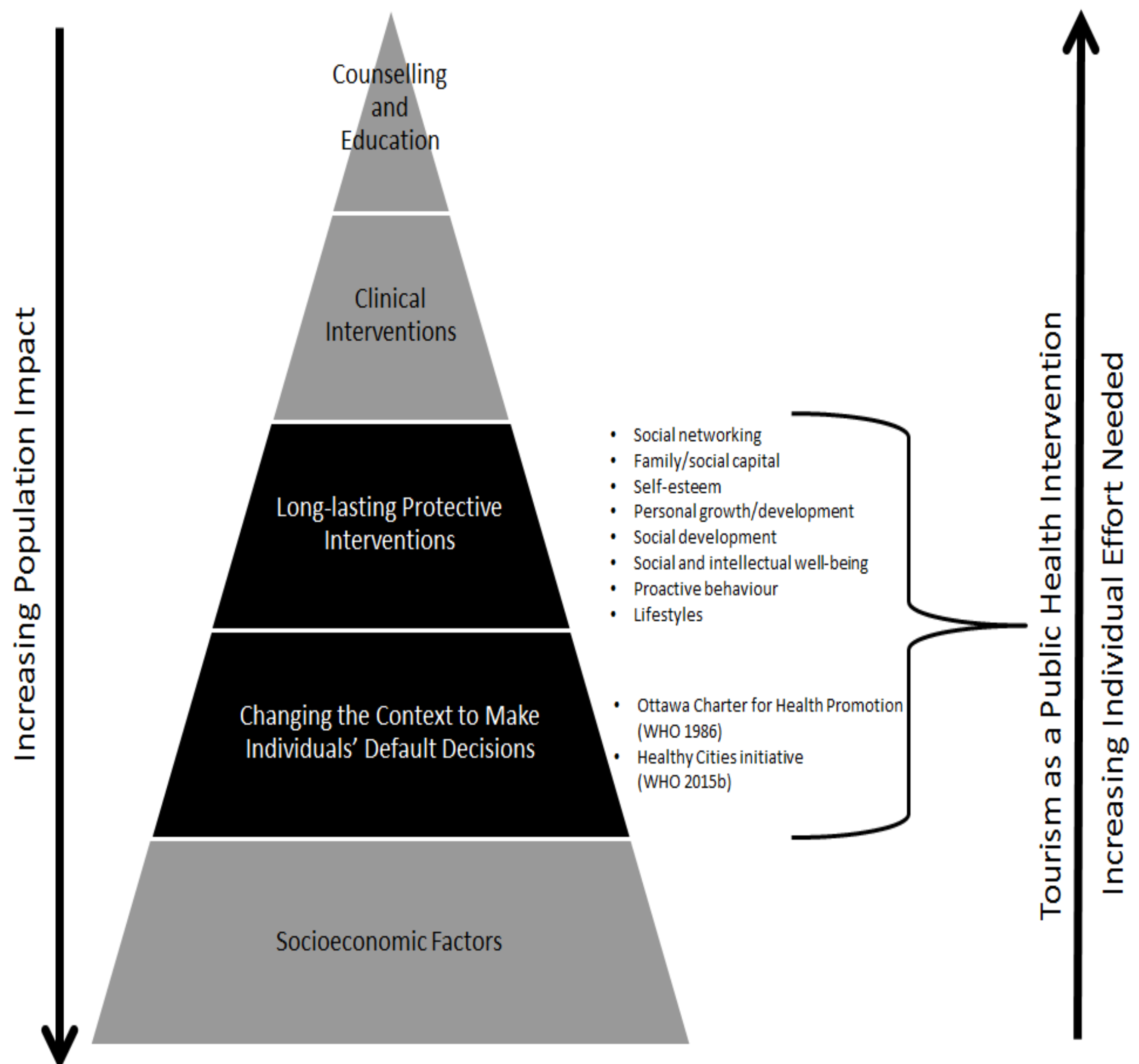
- Social networking – relationships/friendships (Minnaert et al. 2009; Moscardo 2009)
- Family and social capital (McCabe and Johnson 2013; Minneart et al. 2009; Moscardo 2009)
- Self-esteem (Minnaert et al. 2009; Moscardo 2009)
- Personal growth and self-development (McCabe and Johnson 2013; McCabe 2009)
- Social development (McCabe and Johnson 2013; McCabe 2009)
- Social and intellectual well-being by expanding knowledge base and integrating with different cultures (McCabe and Johnson 2013; VisitBritain 2010; Minnaert et al. 2009; Moscardo 2009)
- Proactive behaviour (Minneart et al. 2009)
- Lifestyles (McCabe 2009)

Rychetnik et al. (2002) have identified two types of health interventions: a public health intervention and a clinical intervention. Public health interventions focus on the health of communities/populations and clinical interventions concentrate on the health of individuals. Frieden (2010) suggests the health impact pyramid is a commonly used five-tier structure on how to enhance health and is often employed to assess clinical and public health interventions (Figure 8). As the pyramid descends from top to bottom the impact on the population becomes larger. Furthermore, those interventions concentrated near the base of the pyramid address issues of health inequality and resultantly have the largest impact. The pyramid demonstrates how the biggest health effects are realized when interventions provide long-lasting benefits, support individuals to make healthier choices and have positive socioeconomic influence, all of which are characterized by public health interventions. Clinical interventions and counselling individuals are located at the top of the pyramid, indicating these interventions have a smaller impact on the health of the population as the focus here is solely on the individual (Frieden 2010).

Frieden's (2010) health pyramid has been adapted to demonstrate how two levels of the pyramid support the notion that tourism has the potential to serve as a public

health intervention: long-lasting protective interventions and changing the context to make individuals' default decisions healthy (Figure 8). Research to support this notion is categorized and labelled in the health pyramid to validate how tourism could be considered an effective public health intervention. While the benefits of tourism have been identified as short-lived, hedonic experiences, research also suggests that the positive impacts of tourism on the social determinants of health are longer lasting, protective interventions, contributing to one's eudemonic well-being (McCabe and Johnson 2013; McCabe 2009). In addition, there are policies in place that allow and support individuals to make healthier decisions. These principles are reiterated in the WHO Ottawa Charter for Health Promotion and the Healthy Cities Initiative, which were discussed in detail in sections 2.7 and 2.7.1 respectively.

**Figure 8: Health Impact Pyramid**




**(Source: Adapted from Frieden, 2010)**

### 2.14 Social/Community Networks and Health Impact

The negative health effects associated with loneliness and social isolation have become a pressing concern around the globe (Hemingway and Jack 2013; Quinn and Stacey 2010; Stanley et al. 2010; Murphy 2006; Ekwall et al. 2005). Its negative impacts have been compared to the harmful effects of smoking, coronary heart disease and other serious threats to health. In addition, social isolation not only negatively impacts an individual's mental health, but is also detrimental to one's physical health (Waldinger 2016; House 2001). On the contrary, the involvement in social networks and social relationships is very beneficial to one's physical and mental health (Waldinger 2016) in the following ways:

- Boosts immune system (Pressman and Cohen 2005)
- Decreases cardiovascular disease and the damaging effects of stress (Seeman et al. 1994)
- Supports behaviours that contribute to one's health (Kinney et al. 2005)
- Improves self-esteem (Cornman et al. 2003)
- Reduces the risk of death and increases the quality/length of life (Waldinger 2016; Glass et al. 1999)

Research indicates that those individuals immersed in social networks and social relationships have a higher degree of health and well-being than those who are not, particularly in elderly people (Hemingway and Jack 2013; Fioto 2002). Tourism provides individuals with the opportunity to mix and mingle with people of different income, education and social status while learning about various cultures contributing to one's personal and social development (McCabe and Johnson 2013; VisitBritain 2010; Minnaert et al. 2009). As a result, this type of learning lends itself to the overall awareness of humanity, realizing one's role in society and contributing to social and intellectual well-being (Wellness Tourism Worldwide 2011). Therefore, tourism plays a vital role in contributing to one's 'social and community influences', a key characteristic of effective public health interventions.

As health interventions aim to reduce inequalities, the University College London (UCL) Institute of Health Equity (2013) believes tackling the social determinants of health is the answer. This report was published from the WHO Regional Office for Europe and

suggests that addressing the social determinants of health should be a main priority on the agendas of local, regional, national and international governments (European Commission 2013). The UCL of Health Equity (2013) recommends that decreasing social disparities should become a key measure in determining the efficiency of a nation's health system, the performance of the government collectively and the progress of the WHO in each particular region.

### 2.15 Summary

Public policy analysts realize that the health of individuals and communities is not always something one can control. Outside and/or environmental factors such as an individual's income status can have a negative impact on ones' health and their respective communities. The role of public policy therefore can provide avenues that afford individuals the opportunity to make healthier decisions and create policies to allow for healthier lifestyles. It is important to recognize that tourism can play a vital role in contributing to an individual's health and well-being. Given the benefits of tourism on an individual, it is critical for public health officials to realize these positives and develop policies linking tourism to improved health. The literature suggests an approach whereby public health and tourism strategy are connected. This relationship will not only potentially enhance a region economically, but will also contribute to sustainable health for those who travel to a particular destination and for the local population.

# 3 WELL-BEING AS A TOURISM PRODUCT RESOURCE

## 3.1 Introduction

The chapter begins by discussing well-being as an influencing factor with regard to the consumer behaviour process. The societal marketing concept is examined and the influence of branding/promotional material on the consumer decision making process is discussed. The well-being movement is emphasized and the importance of moving beyond economic measures such as GDP towards well-being is debated. The chapter concludes by highlighting the various ways of measuring well-being and an in-depth explanation of the systems theory approach in a tourism context together with the limitations is provided. Within the system theory model there is a focus on subjective well-being and this has the potential to connect tourism to the concepts of QOL, well-being and wellness.

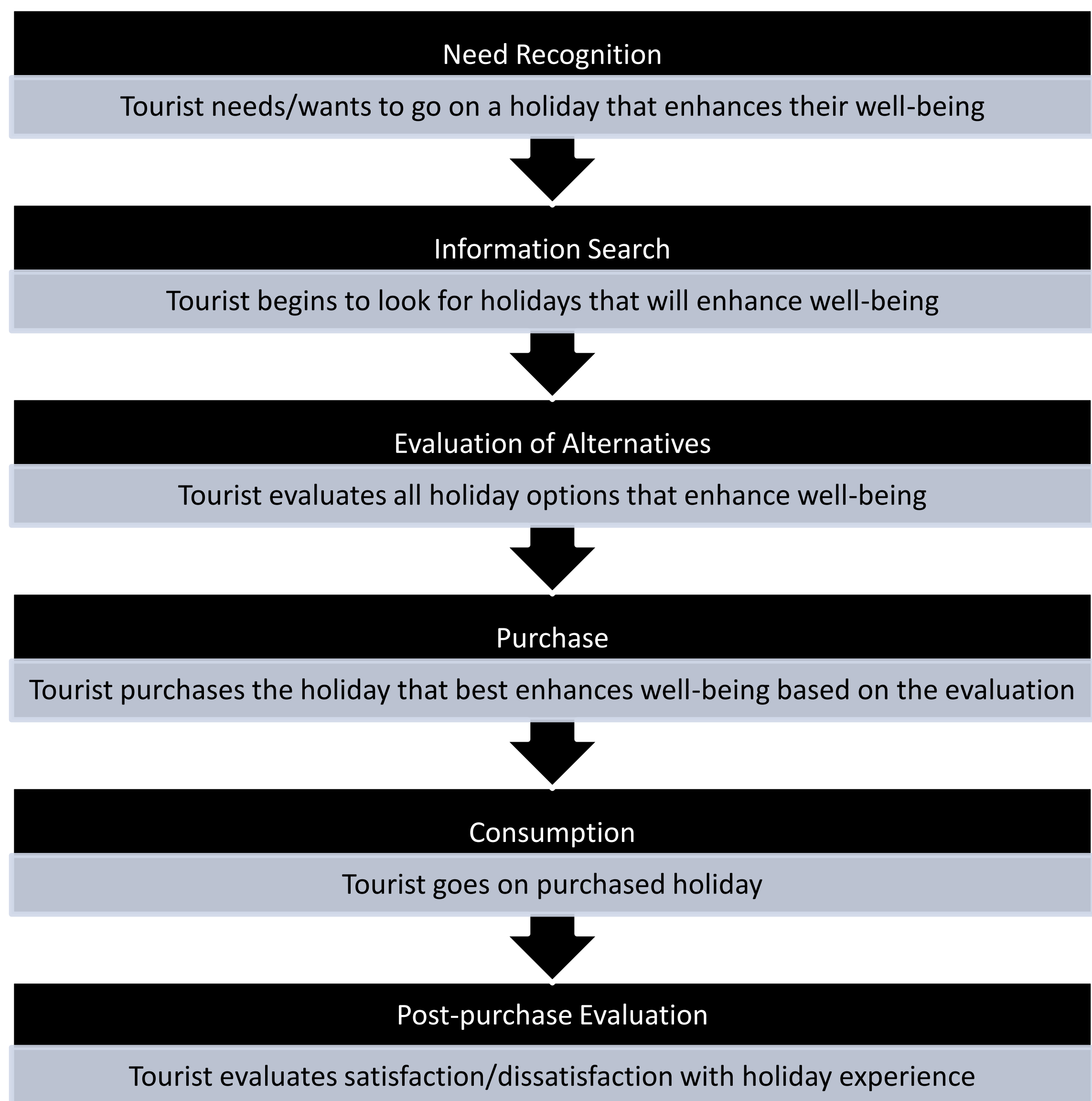
## 3.2 Background

Tourism is viewed as a powerful force related to human development and serves the wider public good (Higgins-Desbiolles 2006). As a result, it is critical for tourism researchers, academics and leaders to embrace this vision in the face of opposition and challenges, which this industry faces (Higgins-Desbiolles 2006). The tourism sector has become one of the fastest growing industries in the world (World Tourism Organization 2014). In the last five decades, growth has been exponential and this trend is not expected to change in the future. From a business perspective, the volume matches or exceeds that of powerful industries such as oil, food and automobiles (United Nations World Tourism Organization 2013). The growth and impact of globalization has provided destinations around the globe with many benefits including employment for residents and increases in GDP/economic development (VisitBritain 2014; Deloitte 2013; World Economic Forum 2014). With this development also come challenges such as increased competition, and as a result tourism researchers have embraced the principles of consumer behaviour, specifically in order to better understand consumer site selection, destination image formation and revisit intention.

### 3.3 Tourism and Consumer Behaviour

Consumer behaviour can be characterized as the study of the motivation that drives individuals to satisfy needs by the choice, usage and removal of products and services (Blackwell et al. 2006). In the past consumer behaviour concentrated purely on the activity of consumers making rational decisions to purchase products and services (Schiffman et al. 2012); however, it has since evolved, as contemporary consumer behaviour research encompasses many other factors that influence this process (Blythe 2013; Blackwell et al. 2006). Figure 9 demonstrates the potential for well-being to be an influencing factor in the consumer behaviour process and consequently, the tourist's choice of destination.

**Figure 9: Consumer Decision Making Model**




**(Source: Adapted from Blackwell et al., 2006)**

It is important for marketers to study consumer/tourist behaviour so needs, purchase motives and the decision process can be better understood. With an application of consumer behaviour models to tourism, marketers can understand the impact of various branding and promotional tools, have a better understanding of the different market segments based on purchase behaviour and have knowledge to improve their marketing plans and ultimately their business success.

### 3.4 The Evolution of Marketing Tourism

Marketers are particularly concerned with analysing consumer behaviour in order to produce exceptional promotional/marketing strategies. Consumers are now exposed to countless options when choosing a holiday and as a result unique branding becomes essential to the survival of destinations by finding innovative ways of differentiating themselves from the growing competition (Echtner and Ritchie 2003). One way in which this differentiation can be achieved is for destinations to embed a well-being philosophy in their marketing and promotional strategies (Voigt and Pforr 2014). Through the development of a consistent branding message of well-being, the confusion associated with the definition of well-being (as identified in Chapter Two) may be relieved.

Marketing has evolved over the past number of decades from a focus on producing products and oversupply to the current era where consumer needs are at the forefront of business operations (Crane et al. 2011). In the past, it was suggested that marketers were not recognizing the adverse effects of tourism on the destination, as the focus was solely on the financial benefits and attracting as many people as possible to destinations regardless of negative economic, social, political and /or cultural repercussions (Batra 2006). Buhalis (2000) supports this concern and stresses the need for marketers to create a sense of equilibrium between the sustainability of resources and stakeholder needs and wants. If this balance is achieved, destinations will gain and the satisfaction of tourism consumers will be enhanced (Buhalis 2000). In response to this, the present day societal marketing concept emphasizes satisfying consumers' needs and wants while providing for society's well-being (Blythe 2013; Blackwell et al. 2006). The change has been a shift from producers' interests to consumers' wants and needs and demonstrates the value associated with incorporating well-being into business operations. Businesses in the tourism industry

could utilize this new way of thinking as an opportunity to make adjustments to current marketing strategies to drive a new market through the promotion of the well-being aspect. Table 6 outlines the marketing evolution indicating the timeframe and business focus for each era.

**Table 6: The Evolution of Businesses**

| **1860-1930** | **1920-1960** | **1950-1990** | **1990-2010** | **2000-2010** | **2010-2020** |
|---|---|---|---|---|---|
| Production Era | Sales Era | Marketing Concept Era | Market Orientation Era | Customer Experience Era | Societal Marketing Era |
| Consumers had to be satisfied with goods produced | Salesforce was to find consumers as goods produced exceeded demand | Focused on satisfying the needs and wants of consumers | Collecting, sharing and using customer information to create value | Satisfying customers at all organizational touch points | Satisfy consumer needs and provide for society's well-being |

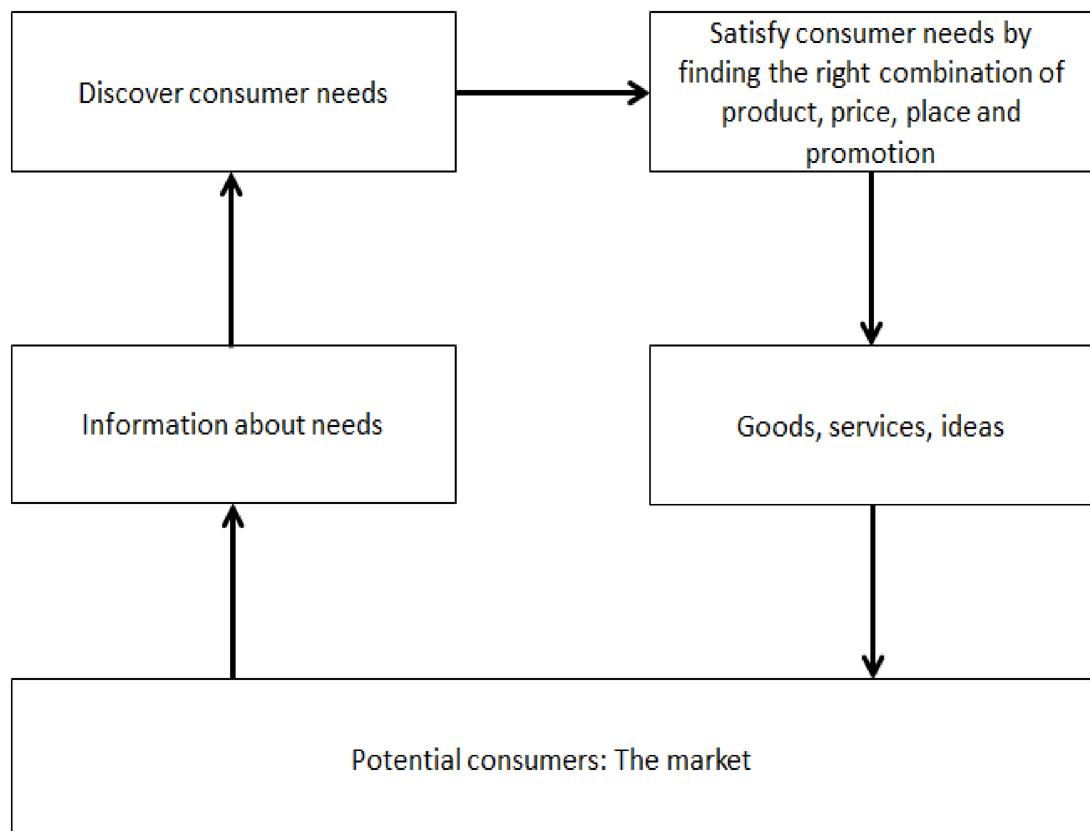
**(Source: Adapted from Crane et al., 2011)**

The production concept suggests that consumers want products which are available and affordable. Management's focus is on production and distribution efficiency. Consumers were interested in quality, performance and features in products and companies focused on continuous product improvement. The selling concept suggests that consumers will not buy products unless the company engages in a large-scale selling and promotion effort. During the marketing concept era marketers better understood the needs and wants of target markets and delivered satisfaction better than the competition. Further researching and collecting data on consumers and satisfying needs and wants at all points during the relationship are key undertakings during the marketing orientation and customer experience eras (Armstrong et al. 2015). The societal marketing concept (Crane et al. 2011) is the view that organizations should satisfy consumer needs in a way that provides for society's well-being. Moving beyond an exclusive focus on the act of purchasing toward an approach

that takes into account other important influences that impact the consumer's decision such as consumption, disposal, environmental factors and social influence is the new way of understanding and analysing consumer behaviour (Blythe 2013; Blackwell et al. 2006).

Effective marketing strategies integrate the marketing mix to provide goods and services while influencing the behaviour of prospective buyers. Current company efforts embrace the societal marketing concept where consumer needs are better understood so marketing tools can be adjusted to ensure consumer and society's well-being are at the forefront. Although there are obvious financial costs associated with the establishment and marketing of a well-being product or service, it has been identified as a consumer need therefore businesses should consider this philosophy as the returns may outweigh the expenses. Figure 10 shows how the process is continuous with needs being triggered and satisfied by products that will stimulate future demand (Crane et al. 2011).

**Figure 10: Organization's Marketing Department**



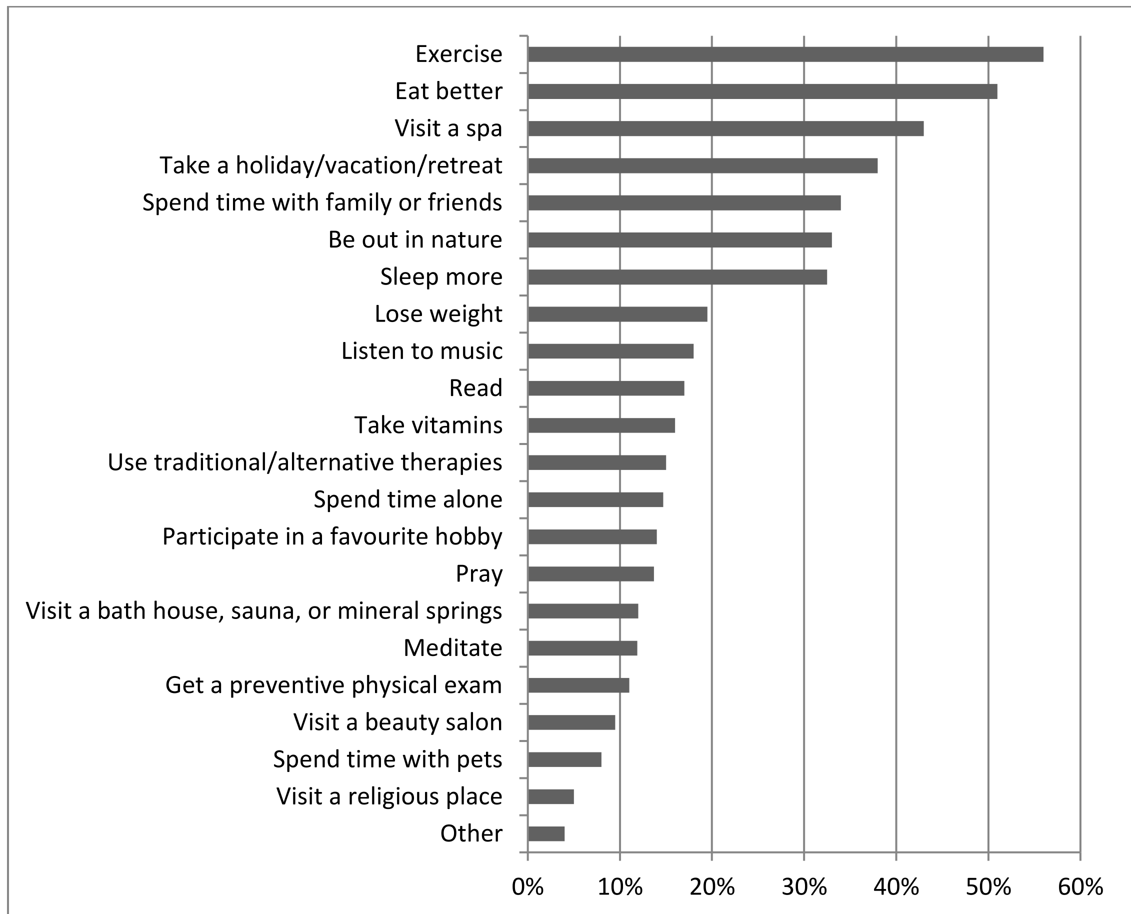

**(Source: Crane et al., 2011)**

If the marketer understands consumers' needs, then products can be developed to provide superior customer value. The set of marketing tools (product, price, place and promotion) can be manipulated to satisfy customer needs and build customer relationships (Armstrong et al. 2015). Well-being has been identified as a need/want, therefore there is potential for well-being to play a key role in the consumer decision making process with regards to choice of holiday. As individuals begin to recognize the importance of healthy living and are taking initiatives to change for the better, people may be motivated to go to those destinations that contribute positively to their health and well-being (Voigt and Pforr 2014; Global Spa & Wellness Summit 2013). Consequently, this change in consumer climate provides an opportunity for the tourism/well-being market.

### 3.5 Well-being as a Business Opportunity: Growing the Visitor Economy

It has been suggested that wellness (or well-being) is nearly a $2 trillion global industry with 289 million wellness consumers (SRI International 2012). Consumer responses when asked what they would do to enhance or maintain wellness demonstrate that 'taking a holiday, vacation or retreat' is ranked fourth, behind exercising, eating better and visiting a spa (Figure 11). These results show the perceived value that consumers place on tourism in contributing to well-being. Furthermore, this demonstrates the expectations that consumers have of tourism, as an activity that enhances or maintains health and well-being. It could be argued that exercising (ranked first), eating better (ranked second) and visiting a spa (ranked third) also provide an opportunity for tourism and well-being to streamline their products and services to encompass fitness, healthy food and spa options, adding additional revenue for a destination (SRI International 2012).

**Figure 11: What Consumers do to Enhance or Maintain Wellness**




**(Source: SRI International, 2012)**

### 3.5.1 Well-being in Product Offering: Blue Gym, Green Gym

The growing concepts of 'blue gym, green gym' have been given close research attention and have been highlighted by the European Centre for Environment and Human Health (2014). 'Blue gym, green gym' is underpinned by the notion that natural environments are positively linked to increased well-being, as individuals are considerably more content in natural, rural settings when compared to artificial, urban surroundings (MacKerron and Mourato 2013). This link was also proven through data revealed from a smartphone app entitled "mappiness" where smartphone users rate their level of happiness at various points throughout the day (MacKerron and Mourato 2013, MacKerron 2012). Similarly, it has been documented that time invested outdoors (such as the near the seaside) supports and boosts an individual's health and well-being, and as such allows individuals to blossom (Ashbullby et al. 2013; MacKerron and Mourato 2013; White et al. 2013; Wheeler et al. 2012; Depledge et al. 2011; Yerrel 2007). Even those who cannot afford to live near the coast often choose

to take holidays near the sea to reap the benefits. This reality of rest and recuperation associated with being near natural environments dates back to the UK's history, as Victorians were often sent to coastal destinations to recover from illness (Depledge and Bird 2009). Furthermore, individuals stated having superior overall health (including mental health) when residing within 5km of the sea (White et al. 2013). Additionally, individuals use the beach as a way to enhance health and well-being (Ashbullby et al. 2013). Beaches not only motivated families to be more physically active which in turn provided physical benefits, but equally important, psychological benefits were also gained, such as feelings of fun and enjoyment, as well as increases in social and family capital (Ashbullby et al. 2013).

The concepts of 'blue gym, green gym' have provided an opportunity for businesses to grow the visitor economy by incorporating the well-being element into their product offering to create a new image and drive the market. As an example, outdoor health programs might be better promoted as an alternative option to indoor gym programs due to the increased health and well-being benefits (Depledge et al. 2011). In short, there is significant value provided to individuals through the benefits of natural environments and this is beginning to be reflected in business operations.

While sustainability is an important aspect to consider, the economic importance of tourism is still a major factor to highlight because of its powerful impact on economies worldwide in terms of its contribution to GDP and employment (Deloitte 2013; World Economic Forum 2013; World Travel & Tourism Council 2014).

### 3.6 Well-being Movement

In general terms, today we are richer, enjoy better homes, food, vehicles and take more holidays than ever before; however, with this material success well-being does not necessarily follow (Diener and Seligman 2004). In the past, psychologists were more concerned with negative symptoms and mental illness and not enough attention was paid to positive feelings; however, "positive psychology" concerns itself with positive emotions and traits, which for most, is a movement in the right direction (Baumgardner and Crothers 2009; Anielski 2007; Kasser 2006; Diener and Seligman 2004).

There is worry that policy and decisions made on the foundation of GDP and other economic evaluations ignore those factors which are truly valued by society, such as use of time, happiness, well-being, living standards, good governance, culture, ecology and health (Sirgy 2012). In line with this reasoning, the government of Bhutan has moved away from using GDP as a way to measure prosperity and has adapted an interesting model that measures Gross National Happiness (Baumgardner and Crothers 2009; Anielski 2007; Kasser 2006; Diener and Seligman 2004). Authors agree that this framework is useful in articulating a value for those factors which are really important to humans (Wangmo and Valk 2012). The Global Happiness and Well-being Movement began following a high profile meeting held by the United Nations (UN) and inspired by the Bhutan government (United Nations News Centre 2012). This movement is a grassroots, bottom-up approach to happiness and well-being focused on compassion, social justice and equity for all individuals. This new paradigm is concentrated on moving from increasing economic growth to increasing the health, well-being and happiness of its citizens. It is a holistic approach to sustainable development whereby non-economic factors such as well-being are taken into consideration when measuring the prosperity of a nation (United Nations News Centre 2012). GDP does not measure up as a true indicator of well-being as it does not take into account non-material factors (Adler and Seligman 2016; Stiglitz et al. 2009). Decisions at all levels (organization, corporate and governmental) should take into account matters associated with well-being. It is interesting to note that as the economic output of a country rises, there is no increase in quality of life or life satisfaction reported by residents despite GDP per capita (Easterlin 2013). Resultantly, well-being has become an important concept to explore.

This idea of moving past GDP is gaining increased attention, extending well outside the limits of research analysts (Boarini and D'Ercole 2013). Although GDP has been the leading measure of economic activity and has often been the only method used (Boumans 2007), the question remains whether or not it is an adequate measure of the health and well-being of the economy (Boarini and D'Ercole 2013). According to the Stiglitz, Fen and Fitoussi Report (2009), GDP or other measures of production should not be discredited because they provide good information, but the use of these measures should be limited to matters of measure and production and not well-being.

## 3.7 Measuring Tourism Impacts: Integrating QOL and Subjective Well-being

A summary of the most popular measurements of well-being with explanations is provided in Table 7.

**Table 7: Measurements of Well-being**

| Well-being Measurement | Explanation |
|---|---|
| Life Satisfaction | Indicates how satisfied individuals are with their life as a whole |
| Overall Happiness | A comprehensive measure of happiness that measures how happy people are in general |
| Happiness in the Past | Focuses on the participants level of happiness 'yesterday' or 'in the past week' |
| Cantril's Ladder | Challenges individuals to self-anchor themselves on a scale to demonstrate where they feel at this particular moment in their life, with the top of the ladder representing the most desired life and the bottom signifying the least desired life |
| Warwick-Edinburgh Mental Well-being Scale | Aimed precisely at psychological well-being both from a hedonic and eudemonic perspective |
| The Centre for Epidemiological Studies Depression Scale | Geared specifically at an individual's levels of depression |
| Satisfaction with Life Scale | Consists of five questions related to the respondent's cognitive perception of satisfaction with their life |
| General Health Questionnaire | Identifies psychiatric conditions and therefore has a focus on psychological well-being |
| Domain Satisfaction | A way of evaluating various life domains that contribute to well-being and the individual's satisfaction with these factors |
| The Day Reconstruction Method | Advises people to reflect on 'yesterday' and evaluate different parts of their day based on emotions |

**(Source: Adapted from Stoll et al., 2012)**

While these measurements provide valuable information, most are lacking a holistic appreciation of well-being, as the focus is usually on one factor or perspective of this multi-dimensional concept. Furthermore, these tools do not contain a well-established theory, as none of the above identifies environmental, individual and well-being factors.

A model to determine the well-being impacts of tourism on the individual is incomplete (Moscardo 2009); however, the QOL concept sheds light in this area by offering a number of useful frameworks (Moscardo 2009; Alkire 2002; Sirgy 2012). Among these models is Hagerty's systems theory approach, a potential framework to measure the impacts of tourism on the individual. Hagerty et al. (2001) evaluated 22 of the most widely used QOL indexes in the last 30 years and their influence on public policy. The authors concluded that most of the indexes did not measure overall QOL nor did they contain a well-established theory. In other words there was no index to identify the underlying pathways amongst exogenous and endogenous factors nor was there an index that had been empirically tested. Table 8 provides a summary of the 22 most popular QOL indexes as identified by Hagerty et al. (2001) and their corresponding critique.

**Table 8: Quality of Life Indexes with Critique**

| Quality of Life Index | Critique |
|---|---|
| Centre for Disease and Control Health-Related Quality of Life | Limited to only the health domain |
| World Health Organization Quality Of Life | Difficulties with the claim of a 'broad range of domains'; does not measure overall QOL |
| Consumer Confidence Index | Restricted focus, as the emphasis is on subjective assessments of material elements |
| Money's Best Places | Problem with the overweighting given to the economic conditions of the 300 cities used in the US |
| Index of Economic Well-being | Only includes the economic domain |
| Genuine Progress Index | Recommended as a substitute for GDP and therefore is only focused on the economic domain |
| American Demographics of Well-being | Domains do not incorporate the totality of life experience |
| Johnson's Quality Of Life Index | Based purely on objective measures |
| Eurobarometer | A limited QOL index built on marketing theory and not QOL theory |
| Veenhoven's Happy-Life Expectancy Scale | Focused on happiness and not useful for monitoring the short-term impact of interventions resulting from public policy initiatives |
| International Living Index | The aim of the magazine is to support businesses and individuals with immigration, corporate expansion, travel and retirement; however, most QOL indexes evaluate the status of native citizens |
| United Nations Development Index | Does not measure the totality of life experience |
| Miringoffs' Index of Social Health | Low reliability and could improve by using traditional standardization measures |
| State-Level Quality of Life Surveys | No studies or data are reported concerning the reliability, validity, or sensitivity of this measure and a number of domains are absent |
| Estes' Index of Social Progress | Theory is based in social development and therefore is not necessarily equivalent to QOL theory |
| Diener's Basic and Advanced Quality Of Life Indexes | Reported problems of combining subjective and objective data; additional research is needed to determine the general psychometric adequacy of this index |
| Cummins' Comprehensive Quality of Life Scale | More reliability and validity studies are required for this index |
| Michalos' North American Social Report | Index was developed on time-series data from 1974 therefore updating is necessary; no formal theory is presented |
| Philippines' Weather Station | Does not take into account cultural variation in the determination of social class and QOL |
| Netherlands Living Conditions Index | Unequal weights in computing this index with regard to living conditions |
| German System of Social Indicators | Responsibility of the reader to determine QOL weights for combining domains |
| Swedish ULF System | No attempts in creating global indexes and focused solely on objective measures |

**(Source: Hagerty et al., 2001)**

Given these evaluations, Hagerty et al. (2001) proposed a systems theory approach, supported by concepts related to input (exogenous factors), throughput (endogenous factors) and output (result of input and throughput). Input is variables that are controlled by the environment and public policy, throughput is the individual's response to the environmental and public policy inputs and output is the result of input and throughput. There is misunderstanding about what QOL represents (input), the factors that add to QOL (throughput) and the consequences of QOL (output) (Bell 2005). Due to this confusion, Hagerty et al. (2001) developed a theory that has a goal of making a distinction among these three items and suggest that input, throughput and output should be made clear to help explain the impacts of public policy inputs. Creating these distinctions is beneficial and valuable to policy analysts due to the fact that they analyse and evaluate policies using a similar framework (Hagerty et al. 2001; Hoos 1983). Policymakers need to be able to see the effects of public policy input on the output (subjective well-being), which is the end goal (Hagerty et al. 2001). Potential methodological issues with regards to subjective well-being cause concern (Dolan and White 2007); however, Hagerty et al. (2001) conducted an evaluation on the reliability, validity and sensitivity of various QOL indexes and found that a systems theory approach scored high on all three items, while many of the indexes only scored high in terms of reliability and validity.

Many researchers have developed core QOL domains, but a complete list is subject to criticism (Moscardo 2009; Bell 2005) including cultural differences because what one considers "the good life" in one country may not be the same in another region. Nonetheless, Hagerty et al. (2001) propose a list of QOL domains that can be viewed as mutual to all countries: relationships with family and friends, emotional well-being, material well-being, health and personal safety, work and productivity and feeling part of one's local community. 'Relationships with family and friends' refer to an individual's satisfaction with their family and friend relationships in general as well as their interaction with others (Kim et al. 2015). 'Emotional well-being' is one's satisfaction with achieving self-fulfilment, emotional health and personal goals (Kim et al. 2015). 'Material well-being' suggests an individual's satisfaction with their material life, financial situation and standard of living (Kim et al. 2015). 'Health and personal safety' denotes an individual's satisfaction with their health in general, their physical

well-being and their physical fitness (Kim et al. 2015). ‘Work and production’ represents an individual’s satisfaction with their job responsibilities, how their employer values their contribution at work and the environment in which they work (Hagerty et al. 2001). ‘Local community’ includes an individual’s satisfaction with what their community provides, their contribution to the local community and their community leaders/decision makers (Hagerty et al. 2001).

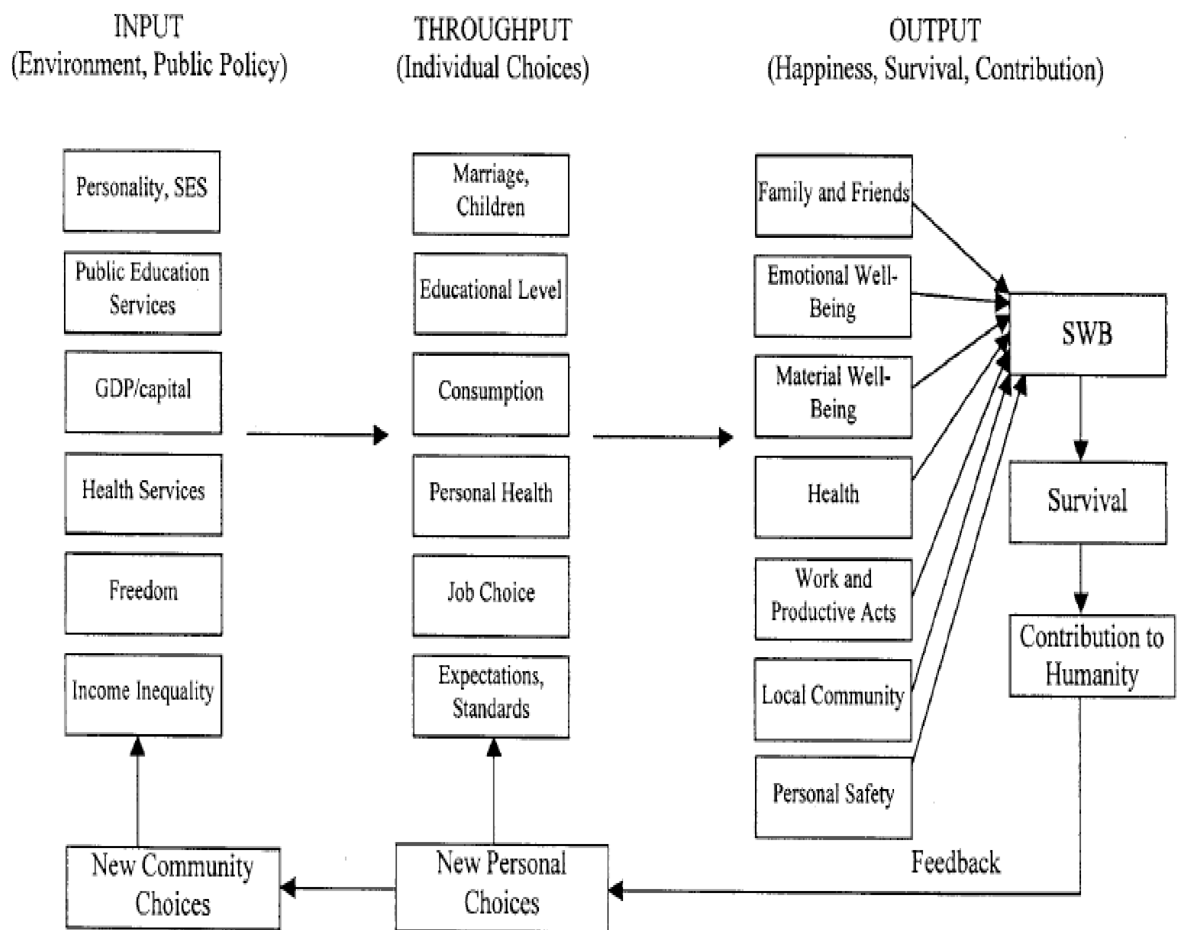
Although Hagerty’s model measures QOL, it is considered a useful concept for the current study because QOL is the theoretical underpin and/or foundation within which subjective well-being is placed. Up until this point QOL, well-being and wellness have been used interchangeably in the literature (and how these concepts relate to tourism), creating confusion; however, Hagerty’s model provides a sense of clarification and serves as a way of ridding the confusion by tying these concepts together. Therefore, for the purposes of this research Hagerty’s model is considered a useful tool to help integrate and make connections among these concepts in order to determine the well-being effects of tourism on the individual. Authors support this relationship and suggest that QOL is useful in integrating the concept of well-being by making connections between objective and subjective features of this complex concept (Costanza et al. 2007). It is important to note that QOL is useful as a concept but only because it has been studied more in the literature, as QOL measures are used to assess and evaluate interventions in terms of improved quality and cost effectiveness for different groups (Owens et al. 2011).

Hagerty’s model takes into account the nature of well-being as a multidimensional concept by breaking it down into various dimensions. According to Boarini and D’Ercole (2013), multidimensional concepts are difficult to measure and it has been recommended that analysing the concept of well-being using various dimensions allows policy analysts to monitor the progress of each dimension rather than one single measure. Additionally, Hagerty’s model acknowledges that policymakers need an assortment of factors focused on well-being that can be transferrable to individuals and countries around the globe in order to evaluate and provide knowledge to make informed decisions. Furthermore, given that the focus of public health is on disease prevention rather than cure (Hartwell et al. 2012; Wanless 2002) a systems theory

approach sits well within this concept, as public health analysts may alter, adjust and improve public policy inputs to reach a certain goal (subjective well-being).

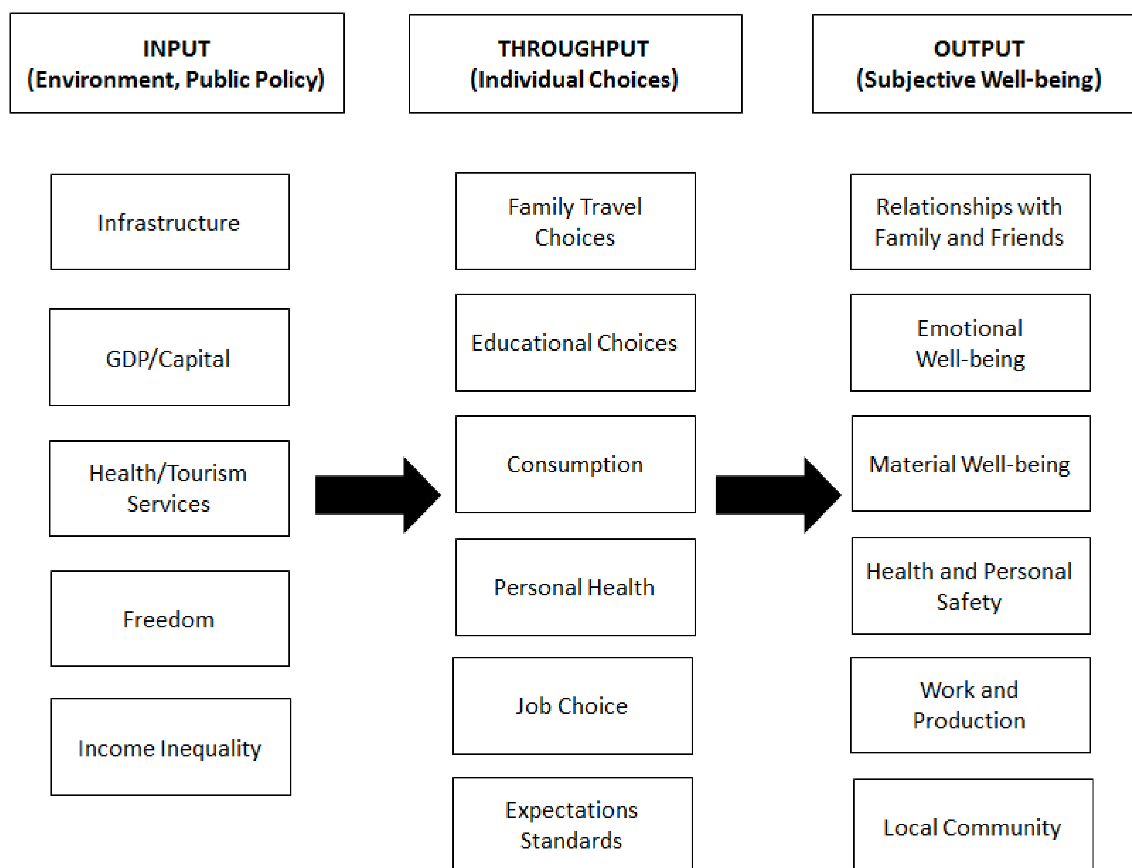
Hagerty's systems theory approach is a well-established philosophy that blends various dimensions of an individual's life to arrive at a single model while integrating the concepts of QOL, well-being and tourism. From a broad perspective the focus of this thesis is on the marriage of public health and tourism around the emerging theme of well-being and determining how policy and practice might be able to identify with this fusion. This evidence will be underpinned by Hagerty's systems theory approach, a model extracted from the public health sector and adapted in a tourism context. The original systems theory approach is presented at Figure 12 and the revised version in a tourism context is displayed at Figure 13.

**Figure 12: Original Systems Theory Approach by Hagerty et al. (2001)**




**(Source: Hagerty et al., 2001)**

**Figure 13: Systems Theory Approach in a Tourism Context - A Conceptual Framework**




**(Source: Adapted from Hagerty et al., 2001)**

While the systems theory approach provides a strong framework to demonstrate the potential synergies between the fields of public health and tourism in relation to the concept of well-being, there are a number of critiques. Since it is the first time this model is being transferred to the tourism sector the labelling and subsequent interpretation had to be adjusted. To illustrate, 'Public Education Services' was removed from Hagerty's model and replaced with 'Infrastructure' to better represent the tourism view. In addition, 'Marriage, Children' was changed to 'Family Travel Choices' to reflect a tourism experience. The word 'choices' was selected to remain consistent with the labelling of other factors within the model such as 'Job Choices'. However, it is important to recognize that choices are also about opportunities, as individuals can only make choices based on the opportunities available to them.

In the input column the 'Personality' factor was eliminated because this column is focused on uncontrollable environmental factors whereas the throughput column is concentrated on individual factors/choices. For these reasons 'Personality' did not seem to fit in this section. Since Hagerty's systems theory approach was established to

measure the effect of public health policies, some of the factors were not relevant in a tourism context and therefore the interpretation had to be altered. Consequently, although 'GDP/Capital' is appropriate to acknowledge from a public policy perspective, it is not suitable to measure in a tourism well-being context. Therefore, this was interpreted as 'Income' to make sense from a tourist's perspective. 'Income Inequality' is reasonable from a policy perspective; however, when applied to tourism, it was best to clarify this as the cost of well-being activities because that is something beyond the tourist's control. 'Freedom' was originally interpreted as providing tourists with the freedom to unleash their well-being potential; however, individuals are not always free to make their own choices. This interpretation assumes that everyone is equal which may not necessarily be the case. 'Freedom' was kept in the model but has been interpreted in a tourism context as evaluating whether or not destinations provide an environment for tourists to move towards healthier lifestyles. Apart from minor alternations to the wording/labelling, all factors in the throughput and output sections remained the same as Hagerty's model because all items were considered applicable to tourism.

The systems theory approach presented by Hagerty et al. (2001) contained a feedback loop which was quite prescriptive in that it suggested an individual who experiences subjective well-being would lead to survival and make a contribution to humanity. This seemed to restrict the model, therefore the 'Survival' and 'Contribution to Humanity' elements were eliminated, and resultantly the feedback loop as well. Justification for removal of the feedback loop is due to the fact that the goal of this study is not to understand the elements of human survival and contribution to humanity. The overall aim of this thesis is to evaluate the well-being effects of tourism on the individual; therefore, this revised version of the model is now more reflective of the research focus.

The systems theory approach in a tourism context (Figure 13 above) provides a simple and linear relationship among input, throughput and output factors. As this is the first time that a systems theory is being applied in a tourism setting, the model may not represent fully all the many variables that could be involved in the decisions, activities, experiences and outcomes associated with tourism. No model is perfect and there are always limitations. Nevertheless, the systems theory provides a unique way to

investigate the relationships between tourism and an individual's well-being. It should also be noted that although the input (environment) and throughput (individual choices) have been categorized separately, both sets of variables could actually be combined and viewed as inputs thereby eliminating the throughput column. The model presented at Figure 13 has made an attempt to make clear distinctions between structural factors of the destination that are not subject to personal decision (infrastructure, services, etc.) and personal and/or psychological decisions that are (education, job, etc.). Demand for a complex systems model of evidence for public health has been identified (Rutter et al. 2017) and the researcher's conceptualisation of the systems theory model supports this.

Notwithstanding, there remains complexity regarding the variables within the model, particularly the differences among input and throughput. To control for this confusion, the labelling and interpretation was adjusted to make it clearer. Tables 9, 10 and 11 identify how the original systems theory was adapted to a tourism context as well as the labelling and subsequent interpretation of the input, throughput and output variables. While it is important to understand the distinctions between the two sets of variables, the input and throughput columns are essentially all inputs that are contributing and/or predicting the outcome column, which in this case is well-being (output).

**Table 9: Input Variables with Interpretation**

| Original Systems Theory | Systems Theory Tourism Context | Interpretation |
|---|---|---|
| Public Education Services | Infrastructure | • Shops were in close proximity<br>• Tube, train and bus stations were accessible<br>• Restaurants and cafes were in close proximity |
| GDP/Capital | Income | What is your household income? |
| Health Services | Health/Tourism Services | • I could cycle or walk to recreation grounds/sports grounds<br>• There were pavements and cycle ways everywhere<br>• The GP surgery and pharmacy were in close proximity |
| Freedom | Freedom (Whether or not the destination's environment permits tourists to move towards healthier lifestyles) | • The destination was close to green spaces and a park<br>• The destination contained open spaces for recreation which were in close proximity/quick to access<br>• There was quick access to open spaces where children could play |
| Income Inequality | Cost of well-being activities | • I did not need excessive amounts of money to engage in activities that enhanced my well-being<br>• Well-being activities were often free<br>• Any activity related to well-being was elite and luxurious |

**Table 10: Throughput Variables with Interpretation**

| Original Systems Theory | Systems Theory Tourism Context | Interpretation |
|---|---|---|
| Marriage, Children | Family Travel Choices | What was your party composition while on holiday? (Went alone, with partner, etc.) |
| Educational Level | Educational Choices | What is the highest qualification you have? (Higher Degree, Degree, etc.) |
| Consumption | Consumption (Both positive and negative) | Positive Consumption:<br>• I engaged in relaxing activities that contributed positively to my well-being<br>• I did sightseeing by foot<br>• I went for a short walk (up to 1 hour)<br><br>Negative Consumption:<br>• I ate too much while on holiday<br>• I consumed more alcohol than I normally do while on holiday<br>• I did not engage in healthy and/or sporty activities |
| Personal Health | Personal Health | • Overall, my holiday improved my health<br>• Generally I feel good about myself<br>• I was capable of engaging in activities related to my well-being because I am in good health |
| Job Choice | Job Choice | Which of these activities best describes what you are doing at present?<br>(Employed, unemployed, etc.) |
| Expectations Standards | Expectations Standards | • I was expecting my holiday to make me feel better<br>• I was expecting my holiday to improve my overall well-being<br>• I was expecting my holiday to positively contribute to my personal health |

**Table 11: Output Variables with Interpretation**

| Original Systems Theory | Systems Theory Tourism Context | Interpretation |
|---|---|---|
| Family and Friends | Relationships with Family and Friends | • I am satisfied with my family relationship in general<br>• I am satisfied with my friendships in general<br>• I am satisfied with my interaction with others |
| Emotional Well-being | Emotional Well-being | • I am satisfied with achieving self-fulfilment<br>• I am satisfied with achieving emotional health<br>• I am satisfied with achieving personal goals, hopes |
| Material Well-being | Material Well-being | • I am satisfied with my material life<br>• I am satisfied with my financial situation<br>• I am satisfied with my standard of living |
| Health | Health and Personal Safety | • I am satisfied with my health in general<br>• I am satisfied with my physical well-being<br>• I am satisfied with my physical fitness |
| Work and Productive Arts | Work and Production | • I am satisfied with my job responsibilities<br>• I am satisfied with how my employer values my contribution at work<br>• I am satisfied with the environment in which I work |
| Local Community | Local Community | • I am satisfied with what my community provides<br>• I am satisfied with my contribution to the local community<br>• I am satisfied with my community leaders/decision makers |

## 3.8 Theoretical Underpinnings of a Systems Theory Approach

The general systems theory was created by Ludvig von Bertalanffy in 1955 to explain the biological science of systems and originally materialized from a desire to resolve 'real world problems' (Chen and Stroup 1993). Although Bertalanfyy's systems theory has evolved in its application, the key principles still prevail in the present day such as: the interrelationships of factors within the model, the transformative process from input to output, the hierarchy of complicated systems broken down into subsystems and the interaction of objects to arrive at a desired goal (Skyttner 2005).

In a general sense, a systems theory has been defined as interdisciplinary in nature because it has been applied in a variety of natural, social and scientific contexts (Chen and Stroup 1993); however, it is being applied to the field of tourism for the first time in this study. It is a theory regarding the disposition of intricate and complicated systems, and provides a foundation to examine and interpret a variety of factors that interact collectively to arrive at an outcome (Skyttner 2005). In conclusion, any effort to answer questions, provide recommendations and anticipate the future requires theories and/or models with the appropriate underpinning. In this study Hagerty's systems theory approach is being applied in a tourism context for the first time and provides an innovative framework (with limitations) in order to satisfy the research aim and objectives.

The underpinnings of a systems theory approach (Hagerty et al. 2001) echo the current literature in a variety of ways. Closely related to the systems theory approach is the model developed by Neal et al. (1999) of how to measure the impacts of tourism on an individual's overall satisfaction with life. These authors argue that satisfaction with the primary domains of life (i.e. relationships with family and friends, health status, employment, community, etc.) is what contributes to overall contentment, similarly as articulated by Hagerty et al. (2001) systems theory approach. The theoretical foundation as implied by Neal et al. (1999) is that life fulfilment is based on an individual's satisfaction with the main domains of life. Therefore, the more content an individual is with each life domain, the more satisfied an individual is with their life in general (Neal et al. 1999). Similarly, Alkire (2002) suggests there are five shared ideas across all sectors in terms of QOL dimensions or domains, all of which have strong empirical research support. Although an exhaustive list of QOL domains has been

debated (Moscardo 2009); Alkire (2002) suggests the main QOL domains include: material well-being, emotional well-being, health, productivity and friendships, safety and community. Hagerty et al.'s (2001) framework portrays the principles of both models and thus helps to demonstrate the applicability of the systems theory approach; however, like every model there are criticisms and limitations, which were discussed in detail in the previous section. Table 12 outlines the similarities and linkages between the results from Neal et al. (1999), Alkire's (2002) recommendations and Hagerty et al.'s (2001) findings.

**Table 12: Linking Hagerty et al. (2001) Model to Current Literature**

| | Neal et al. (1999) | Alkire (2002) | Hagerty et al. (2001) |
|---|---|---|---|
| **Well-being and/or QOL Domains** | • Relationships with family and friends<br>• Health status<br>• Employment<br>• Community | • Material well-being<br>• Emotional well-being<br>• Health<br>• Productivity and friendships<br>• Safety and community | • Family and friends<br>• Emotional well-being<br>• Material well-being<br>• Health and personal safety<br>• Work and production<br>• Local community |

**(Source: Author, 2014; Adapted from Alkire, 2002; Hagerty et al., 2001; Neal et al., 1999)**

It is suggested that in order to meet the needs outlined in various QOL frameworks, individuals must have access to five different types of capital: social, human, physical, financial and natural (Vermuri and Costanza 2006). Four of the five types of capital presented by Vermuri and Constanza (2006) can be matched with Hagerty et al.'s (2001) input and throughput columns of the systems theory approach (Table 13). Hagerty et al.'s (2001) research encompasses the main QOL domains, the key factors of evaluating QOL dimensions and the accessibility to four different types of capital. Hagerty's model has proven to be an all-encompassing, well-established framework,

strongly supported by theory that has the potential to connect tourism to the concepts of QOL, well-being and wellness.

**Table 13: Matching Systems Theory to Vermuri and Costanza's Findings**

| **Type of Capital** | **Explanation** | **Link to Hagerty et al.'s Systems Theory Approach** |
|---|---|---|
| Social Capital | Networks within the community and the opportunities/resources that arise from these relationships | • Personal choice<br>• Freedom<br>• Family status<br>• Consumption |
| Human Capital | Health, knowledge and educational opportunities | • Educational choices<br>• Personal health<br>• Job choice |
| Physical Capital | Infrastructure available to individuals and the community at large | • Infrastructure<br>• Health services |
| Financial Capital | Income available to individuals and groups | • GDP/capital<br>• Income inequality |

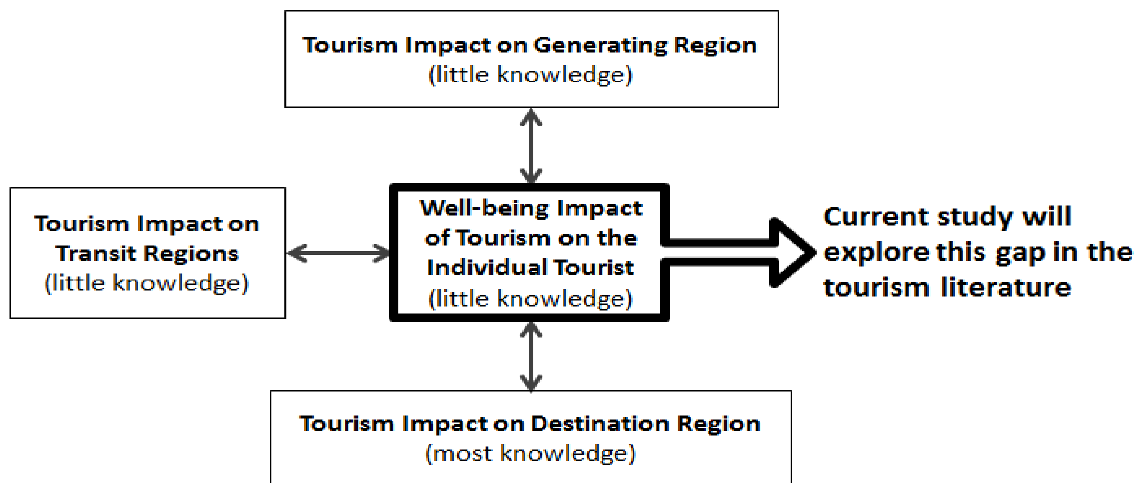
**(Source: Adapted from Vermuri and Costanza, 2006)**

### 3.9 Tourism Literature Gap

A critical review of the literature has identified that a gap exists on the well-being effects of tourism on the individual. Moscardo (2009) believes there are four main areas where individuals and places are most likely to be influenced by tourism: generating region (where the tourist resides), transit region (where the tourist stops along the way), destination region (where the tourist is traveling to) and the individual tourist. Tourism impacts on the various domains of QOL (often used interchangeably with well-being) have been examined in the literature; however, the focus has mainly been on the destination and its residents and not on the individual tourists (Moscardo 2009; Mason 2008). Generating and transit regions are other areas with little

knowledge on the effects of tourism (Moscardo 2009). Moscardo (2009) alludes to this gap in knowledge and a diagrammatic view of this study's focus is presented at Figure 14. Individuals are the focus of this framework, yet few studies have examined the well-being effects of tourism on the individual therefore further primary research is needed in this area.

**Figure 14: Gap in the Tourism Literature**




**(Source: Adapted from Moscardo, 2009)**

It could be argued that one reason a gap in the literature exists is because a framework to measure the impacts of tourism on an individual's well-being (and to develop theories) is lacking (Moscardo 2009). As highlighted earlier, one area that offers potential for such a model is related to the concept of QOL (Moscardo 2009; Alkire 2002; Sirgy 2012).

### 3.10 Summary

In this thesis, Hagerty's systems theory approach will provide the benchmark (with limitations) to examine the well-being effects of tourism on the individual within the UK. It is a robust model that has been extracted from the public health sector and applied in a tourism context thus making this research unique. A critical review of the literature indicates an analysis of this nature has not been undertaken and therefore contributes to new knowledge in this field. Table 14 provides a summary of the themes emerging from the literature review and identifies key points as they pertain to the research aim and objectives.

**Table 14: Literature Review Summary**

| Themes Emerging from the Literature | Reference(s) | Key Points |
|---|---|---|
| Well-being is a challenging concept to define | Ryan and Deci (2001); Kahn & Juster (2002); McMahon & Estes (2011a, 2001b) | There are multiple definitions of well-being. Additionally, well-being has been used interchangeably with other health-related words/concepts such as QOL, health, public health, wellness and life satisfaction. |
| Synergies between the fields of public health and tourism (tourism research in the UK and worldwide) | La Placa and Knight (2014); Antonovsky (1993, 1987), WHO (2015a, 2015b, 2015c, 2015d, 2001, 1997, 1996, 1986)<br>National tourism bodies: Visit England (2013); Visit Britain (2010, 2014) | The synergy between the fields of public health and tourism around the emerging theme of well-being is evident from global, EU and UK perspectives. |
| Tourism and well-being | Voigt and Pforr (2014); Diener and Seligman (2004)<br>Trade authors: Wellness Tourism Worldwide (2011); Global Spa & Wellness Summit (2013) | Discusses the well-being impact of tourism:<br>contribution to self-development, improved mental health, reduced stress levels, increased physical activity, improved sleep, better work productivity, etc. |
| Measuring well-being | Hagerty et al. (2001); Moscardo (2009); Sirgy (2012, 2010); Alkire (2002) | Research suggests that a model to determine the well-being effects of tourism is incomplete; however, the QOL concept sheds light in this area through the systems theory approach. |
| Wellbeing as a business focus: examples are particularly related to the rise of *Wellness Tourism* | Voigt and Pforr (2014); Mackerron and Mourato (2013); MacKerron (2012); Ashbully et al. (2013); Depledge et al. (2011); White et al. (2013) | Well-being is a desired feature that consumers are looking to fulfill while engaging in tourism.<br>Well-being has now become a lucrative business and can be used in marketing, branding and promotion. |
| Identifying the research gap: few studies have explored the well-being effects of tourism on the individual | Uysal (2016); McCabe (2009);<br>McCabe and Johnson (2013) | *Social Tourism* authors have looked at the links between this type of tourism and an individual's well-being and suggest that future research should investigate the well-being effects on mainstream tourism. |

# 4 METHODOLOGY

## 4.1 Introduction

The dearth of literature on the well-being effects of tourism on the individual became evident through an in-depth review and analysis of the literature. This chapter discusses the rigorous path and critical synthesis undertaken by the researcher to arrive at an appropriate research philosophy to meet the research aim and objectives as well as how data was collected and analysed. Upon evaluation of the different methodologies and methods, a series of steps was developed for the current study that was deemed most suitable to achieve reliable and valid results. Therefore, the goal of this chapter is to provide clarity regarding the various research methodologies derived from the literature and the appropriate reasoning for the methodology selected for this study. Epistemologies along with various research philosophies and paradigms are debated and justification for the chosen research methodology and methods is provided.

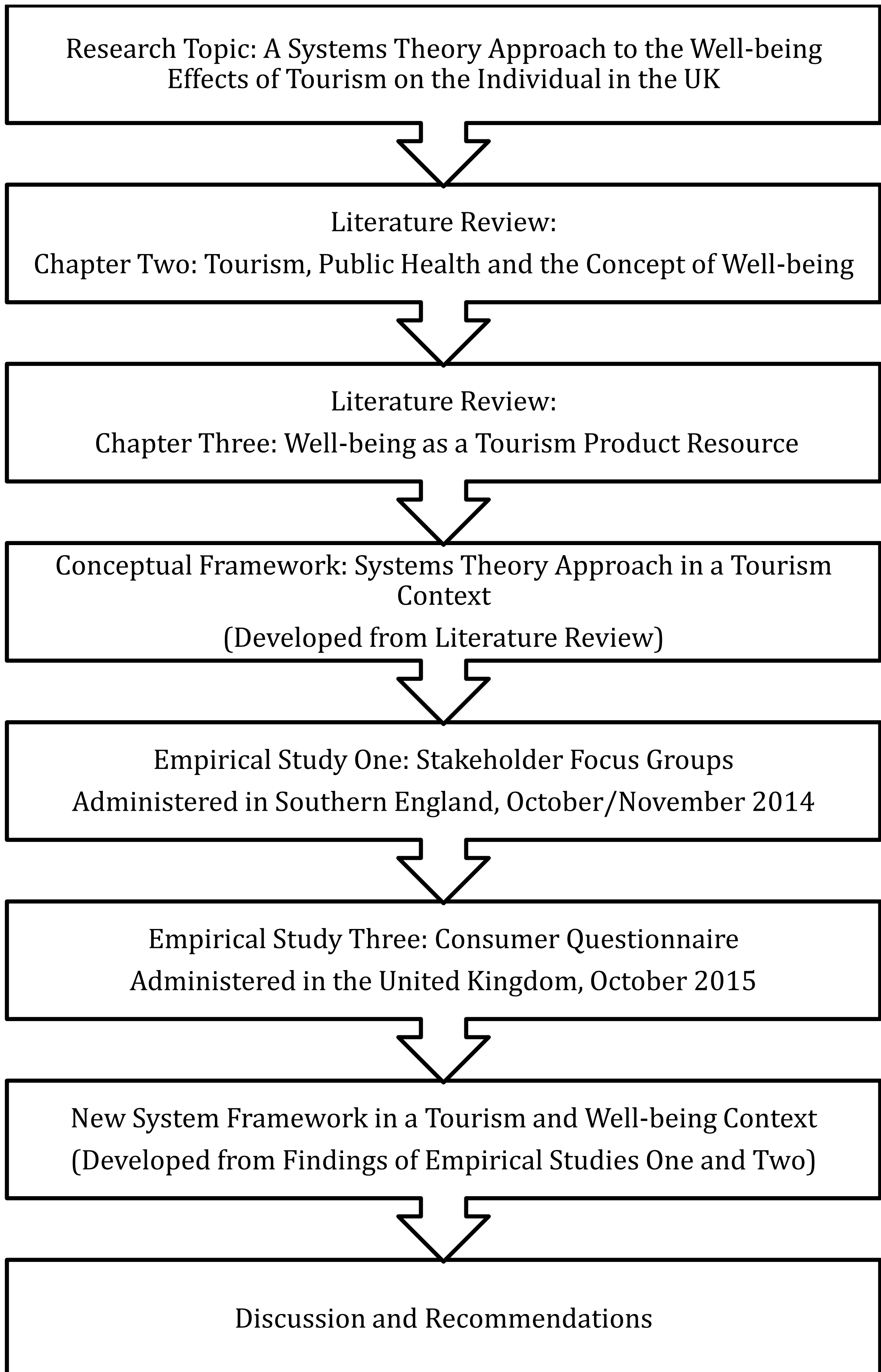
## 4.2 Research Aim and Objectives

The aim of this thesis is to critically evaluate the well-being effects of tourism on the individual within the UK. In order to accomplish the research aim, the following objectives have been formulated:

- To critically interrogate the literature on tourism and well-being
- To explore well-being as a tourism product resource
- To evaluate and measure the well-being of individuals after a holiday through the application of two empirical studies (stakeholder focus groups and consumer questionnaire)
- To develop and present a new system framework in a tourism and well-being context based on primary research findings
- To draw conclusions accordingly and make recommendations based on the research findings for both industry and policymakers

A summary of the research process designed to satisfy the aim and objectives of this thesis is portrayed at Figure 15. Justification for the research process is provided in the remainder of this chapter.

**Figure 15: Research Process**



## 4.3 Choice of Research Approach

The process undertaken in this study was to choose a philosophical approach that permitted the data to guide the study derived from the knowledge and understanding of participants/respondents during that period of time. While choosing a suitable philosophical stance, it was evident that in order to achieve the study's aim and corresponding research objectives it would require a route which highlighted the experiences of both tourism stakeholders and consumers. In this way the results obtained would yield information to highlight conversation and connotation through the accumulation and examination of data. From the outset a flexible route to arriving at the research aim and objectives was undertaken. It was identified that a variety of paradigms, approaches and designs existed with regard to different ways of interpreting information, making sense and obtaining knowledge. Notwithstanding, it was recognized that the current research study would require the application of separate methods of analysis for different data sets. This awareness of multiple techniques led to the scrutiny of the pragmatic philosophy and paradigm but not before giving careful consideration to alternative philosophical and methodological approaches.

There have primarily been four worldviews discussed in research: positivism, constructivism (used interchangeably with interpretivism), transformative and pragmatism (Creswell 2014). Further research suggests that the dominant philosophies have traditionally fallen into two main categories: positivism and interpretivism (Easterby-Smith et al. 2011). The positivist research paradigm is considered a more structured approach, as it is directed by an objective epistemology whereby the goal is to uncover the objective truth utilizing quantitative methods (Gray 2009). Contrariwise, the interpretivist or constructivist research paradigm is a less structured approach, as it is guided by a constructivist epistemology which argues that there are numerous realities and ways of performing depending on the environment through the use of qualitative methods (Gray 2009). By tradition, quantitative and qualitative research strands have been viewed as contradictory (Bryman 2012), and being impossible to combine (Guba and Lincoln 2008). Regardless of this debate, mixed methodologies have become a popular approach in contemporary research with high credibility, a recognized identity and as a valid way to tackle this quantitative/qualitative divide (Bryman 2012; Feilzer 2010). Although some believe

the two stands of research are distinctive, others believe there are valuable connections and endorse mixed methods research (Denscombe 2008; Guba and Lincoln 2008; Onwuegbuzie and Johnson 2004). Proponents of mixed methods suggest that it provides an eclectic representation of the data, which often results in more rich and sophisticated research (Onwuegbuzie and Johnson 2004). The two worldviews supporting mixed methods research are: transformative and pragmatism. A transformative philosophical stance is focused on providing equality to all groups and parties that have conventionally been discounted. This worldview emphasizes power and justice by combining political and social forces in order to create change (Creswell 2014). In other words, this underpinning is useful for researchers who give preference to justice and concern for human rights. Finally, a pragmatic worldview is focused on the research problem where a collection of quantitative and qualitative data sets can be used in the design (Creswell 2014). Under a pragmatic philosophy, a diversified use of research methodologies in the interest of finding suitable methods to resolve research questions is exercised (Tashakkori and Teddlie 2010). As a result, the contrast between qualitative and quantitative research methodologies and methods is exchanged for a range of opportunities to solve research questions by combining both measures (Tashakkori and Teddlie 2010).

It was evident that an application of a solely quantitative (positivist) or qualitative (interpretivist) approach would not satisfy the research aim and objectives and therefore was not considered suitable for this study. As a result the researcher chose between two worldviews: transformative and pragmatism, as both of these philosophies support mixed methodologies and methods. The study's priority was more on using different forms of analysis for different data sets, which is underpinned by a pragmatic worldview rather that the issues of power and social justice illustrated within a transformative philosophy. Firstly, since the current study requires the use of multi-analysis, the conclusion to undertake a mixed methodological pragmatic research approach was reached. Secondly, pragmatism is a practical research approach that can be applied in a natural setting in order to influence policy and practice, which is desirable in this study. Thirdly, pragmatism takes a sensible approach to research, making appropriate connections, common understandings and joint meaning (Feilzer 2010). Lastly, this tactic was suitable because it did not restrict

the research to one way of thinking and therefore allowed for a sensible equilibrium when interpreting results.

Upon evaluation of different philosophical worldviews a mixed methodological approach was considered the most suitable. A mixed methodological research approach has been characterized as a thriving third paradigm in social science research (Bryman 2012) and as previously mentioned pragmastism is one of the philosophies that underpins this (Denscombe 2008; Onwuegbuzie and Johnson 2004). A pragmatic approach exhibits a balanced stance to research and provides a practical resolution to the traditional differentiations among purely qualitative and quantitative research. By adopting this approach, the transmission of ideas among researchers from contrasting philosophies and paradigms is enhanced in an effort to increase expertise and know-how (Onwuegbuzie and Johnson 2004; Maxcy 2003). By blending research approaches together, complex questions requiring more than one method have the potential to be investigated (Doyle et al. 2009).

Pragmatism is a philosophy derived from American philosophers Charles Sanders Peirce, William James and John Dewey in the late 1800's and early 1900's (Hookway 2015). All three pragmatic philosophers provided insight and clarification with regards to how individuals view the world and their environments, employing the word 'inquiry' in order to gain a stronger analysis of various situations. Both Peirce and James focused on 'truth' as a benchmark for understanding concepts and ideas. In other words, for Peirce and James the essence of pragmatism relied on the concept of truth (Hookway 2015). Following the views of Peirce and James, pragmatic philosopher John Dewey viewed pragmatism as being used to simplify and solve human problems (Teddlie and Tashakkori 2009; Powell 2001). Dewey suggested that pragmatism proposes an alternate theoretical perspective to interpretivism and positivism (Teddlie and Tashakkori 2009) with the problem being examined at the heart of this theory (Morgan 2014). Pragmatism accepts the notion that there are numerous realities to be studied and explored when providing answers to 'real world' issues and through the use of 'inquiry' these problems can be resolved in a practical way (Creswell and Plano Clark 2011).

Pragmatism has been characterized in the literature both as a philosophy and a paradigm (Morgan 2014; 2007). As a philosophy, pragmatism has a focus on common sense and as a paradigm the emphasis has been on inquiry, providing researchers with a new way of thinking. Furthermore, pragmatism has been portrayed in the social sciences as a universal belief system as well as a rationalization for mixing qualitative and quantitative research methods (Feilzer 2010; Morgan 2007). Pragmatism suggests that the relationships between epistemology and methodology, and methodology and methods should be given equal consideration. Resultantly, the methodology should be positioned at the heart of the research, rather than a top-down approach. A pragmatic approach argues that ideas about the nature of knowledge should not be separated from concerns regarding epistemology and research design (Morgan 2014; 2007).

Some researchers dispute that it is impossible to mix qualitative and quantitative methods; however, others argue it is a widely accepted and popular means of collecting data (Bryman 2012; Morgan 2007). Rather than using an "all-or-nothing" approach, this "in between" grey area is where many researchers operate and pragmatism resides. Three main distinctions or dimensions exist among qualitative and quantitative research: connection of theory and data, relationship to research process and inference from data (Morgan 2007). In terms of the connection of theory and data, rarely is it exclusively inductive (qualitative) or deductive (quantitative). Instead, pragmatism argues in favour of an abductive approach, striking a balance between theory and data and not being limited to just one. Pragmatism contends for a back and forth procedure between induction and deduction when designing, collecting and analysing data (Feilzer 2010; Morgan 2007). This abductive approach allows the researcher to prevent potential issues that may arise when there is a heavy dependence on the traditional inductive and deductive approaches (Powell 2001). A good example of combining data and theory is when researchers use responses from a qualitative inductive method to inform a quantitative deductive approach (Morgan 2007). Pragmatism also suggests that research cannot be completely subjective (qualitative research) or objective (quantitative research), as this is not the way research functions. Again, it is a balance between the two extremes, which a pragmatic approach defines as "intersubjectivity". This implies that research goes through a reflexive process focused on mutual understanding for all parties involved

such as the researcher, respondents, colleagues and reader (Morgan 2007). Pragmatism contradicts both the positivist (focused on objectivity) and anti-positivist (based on subjectivity) perspectives and instead takes on a third angle, providing a useful avenue to understanding human discovery and solving human problems (Powell 2001; Stich 1990).

The use of pragmatism provides a practical human component allowing the researcher to be inquisitive and flexible, especially with unanticipated data (Johnson and Onwuegbuzie 2004). Furthermore, using only one method runs the risk of restricting the research in a number of ways; however, the use of various methods allows the researcher to be adaptable (Feilzer 2010). This approach provides researchers in the social sciences with a new way of examining research, as a viewpoint that is focused on 'abduction',' intersubjectivity' and 'transferability' (Morgan 2007). It is important to note that although the rise in mixed methodologies and pragmatism provides researchers with a sensible solution and middle ground to offer superior answers to research questions, the debates on philosophy continue to prevail (Johnson and Onwuegbuzie 2004). Pragmatism has been critiqued in the literature as an uncritical investigation or examination in regards to the emphasis on inquiry and choosing methods according to the situation (Crotty 2003). The reason for this is that pragmatism permits the researcher to direct all attention to the aim and objectives, as opposed to the methodologies and methods (Creswell 2014). In the current study, under a pragmatic underpinning, there was no obligation to choose a certain method for the research, instead a mix of methods and logic was used in terms of data collection and analysis in order to obtain reliable and valid results.

Pragmatism has also been referred to as a non-traditional research philosophy that authorizes any idea or theory to be implemented (Robson 2011; Seale 2004). However, it could be debated that by concentrating on what is pertinent and useful in practice the pragmatic researcher is being efficient with regards to the procedures they implement in order to concentrate on the topic being researched. In the current study the use of pragmatism allowed the researcher to broaden the scope of data collection and analysis without being restricted to a particular set of methodological principles (Johnson and Onwuegbuzie 2004). Pragmatism was suitable because it allowed the flexibility of mixing various research methods and types of analysis through an

abductive approach to create practical results applicable to real world situations (Feilzer 2010; Johnson and Onwuegbuzie 2004).

In this thesis, the results from empirical study one (inductive focus groups with stakeholders) were used to inform empirical study two (deductive questionnaire with consumers). Findings from these two studies were initially analysed independently by both inductive and deductive perspectives prior to abductively analysing the findings where the data sets were used to enrich one another to provide valid and reliable answers to the research questions (Morgan 2007; Ivankova et al. 2006). 'Intersubjectivity' was used to solve the research problem, where research progressed through a reflexive process focused on mutual understanding for all parties involved. This was achieved through shared meaning and striking a balance between the results of the subjective focus groups and the objective questionnaire (Powell 2001). Finally, a pragmatic approach does not suggest that research is merely context-specific (qualitative research) nor is it generalizable (quantitative research); it is a system of 'transferability' and investigating whether the information gained from research results can be applied to other environments (Morgan 2007). In this study the research results can be applied to both tourism policy and practice.

## 4.4 Methodology

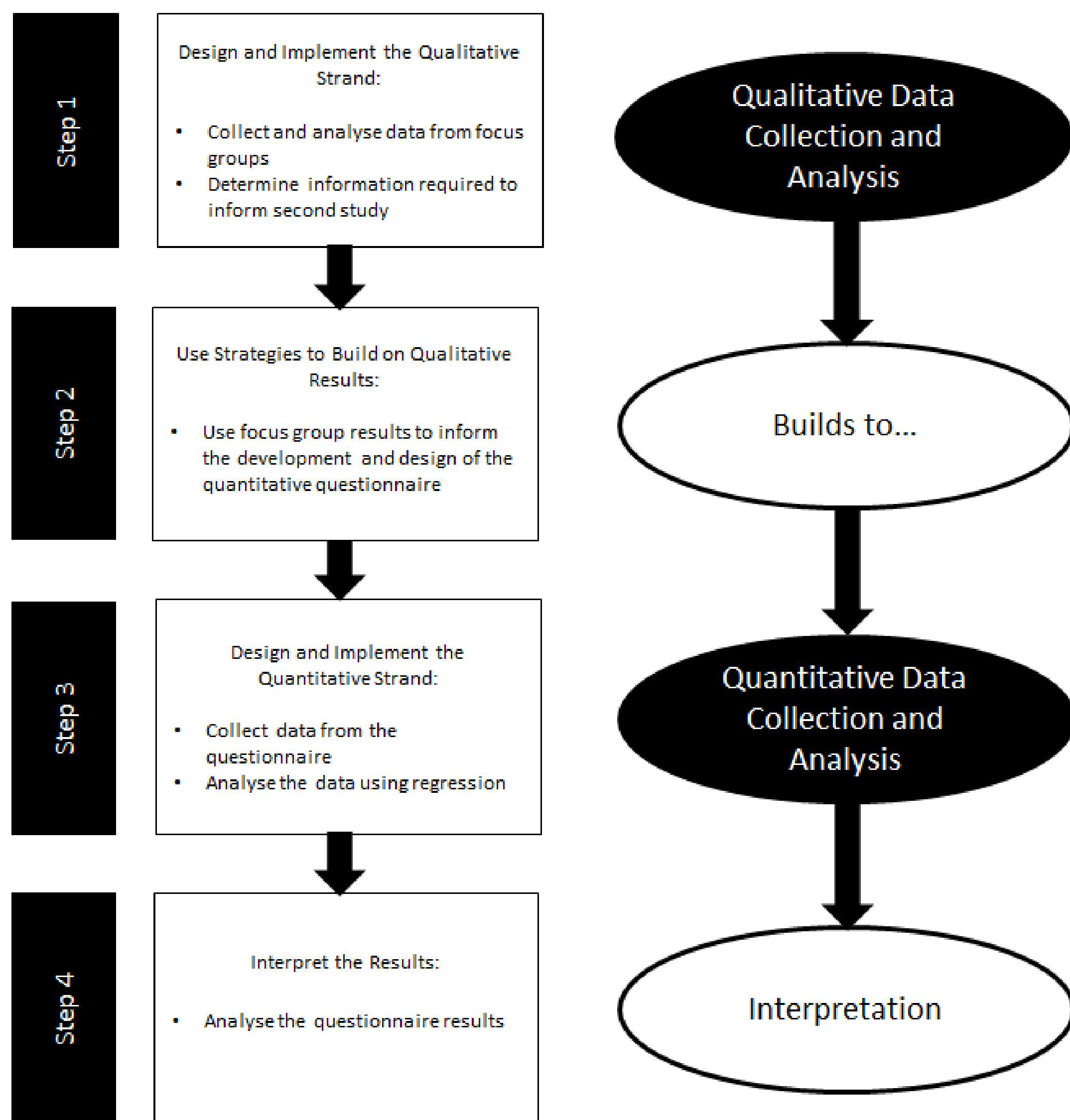
### 4.4.1 Quantitative and Qualitative Methodologies

A mixed methodology works well when the research is too complex and therefore must be examined from two perspectives or world views (qualitative and quantitative) in order to satisfy the research aim and objectives. It is important to report both qualitative and quantitative research findings/results because if not, the mixed methods approach is not being used correctly (Bryman 2012; Creswell 2010).

To fully investigate the research area, stakeholder focus groups were conducted which enabled the development of a second research instrument, a consumer questionnaire. The initial stage of the thesis (focus groups) was carried out through an inductive process, as prompts from the literature were used to explore the topic. Qualitative methods provide an inductive reasoning, allowing the researcher to gain a thorough and comprehensive understanding of the research area. Focus groups are considered a productive method to develop concepts and provide an opportunity for subjects to

be probed from a variety of perspectives that may not have been predicted by the researcher beforehand (Krueger and Casey 2009). As a result, focus groups were deemed an appropriate initial method for this thesis. Information that materialized from the focus groups was abstracted using a more deductive process through the development of a quantitative consumer questionnaire to determine the well-being effects of tourism on the individual (Creswell 2009). An outline of the exploratory mixed method research design that was adapted in the thesis is presented in Figure 16.

**Figure 16: Exploratory Mixed Method Research Design**




**(Source: Adapted from Creswell and Plano Clark 2011)**

### 4.5 Empirical Study One: Stakeholder Focus Groups

Focus groups serve as a popular research technique, as this method typically sets the context of the study (van Teijlingen and Pitchforth 2007; Bryman 2006; Jenkins 1999). Qualitative methods are often used as a preliminary, initial exploration tool and are developed to better understand the "why" and "how" of complex research topics (van Teijlingen et al. 2011; del Bosque and Martin 2008). Focus groups can be characterized as group interviews which are usually regulated by a facilitator (van Teijlingen and Pitchforth 2007). This qualitative approach is effective in generating ideas from a diverse group of individuals, inspiring participants to think profoundly about the topic and producing ideas that the researcher may not have envisioned prior to the focus group (Krueger and Casey 2009; van Teijlingen and Pitchforth 2007). The researcher/facilitator usually prearranges discussion prompts; however, has the liberty to deviate and probe for additional information based on the participants' responses (Berg 2009). In this thesis focus groups were used to facilitate a first-hand discussion on how tourism stakeholders viewed the affiliation between tourism and well-being and its potential to be used as a tourism product resource. This method enabled an open forum of discussion where stakeholders' concept of well-being tourism (i.e. wellness tourism) and potential benefits/obstacles were explored and authentic examples provided. This setting also enabled tourism operators to reflect on their current business operations. These areas would be difficult to address through a quantitative questionnaire, as a deeper understanding is required and this can be achieved through a qualitative analysis (Denzin and Lincoln 2000). Stakeholders are in direct and/or close contact with tourists and their responses were important in understanding the potential well-being impact of tourism on the individual.

Information obtained from the literature review was examined to assist in the formulation of prompts for the stakeholder focus groups. Prompts rather than questions are often a better choice when conducting interviews and/or focus groups, as questions can regularly be interpreted as clunky and unnatural leading to poor responses (King and Horrocks 2010). The researcher used an open-approach with prompts to allow flexibility and permit participants to lead the conversation.

### 4.5.1 Focus Group Pre-Test

According to Willis (2005), researchers should pre-test the use of prompts to identify what works, where potential problems can arise and how these issues can be resolved. Focus group prompts were cross-referenced with experts in the fields of public health and tourism and were deemed appropriate and accurate. Prompts were also pre-tested with individuals not immersed in the fields of public health and tourism to ensure open dialogue could be encouraged, regardless of an individual's professional background and/or expertise. The prompt protocol for this study is presented at Appendix A.

### 4.5.2 Focus Group Sampling

Two exploratory focus groups (n=11) comprised of six and five participants respectively were assembled in the UK with tourism stakeholders where key themes were then tested against a wider group (n=50). Participants included an eclectic representation of stakeholders within the tourism industry including providers of accommodation, leisure activity, food service, sightseeing/tours, adventure sports as well as local tourism business and political representatives and consumers. This empirical study was used to understand the thoughts and opinions of stakeholders with regard to the implementation of well-being as a tourism product resource, to confirm the factors relevant to the main study (consumer questionnaire), to provide context prior to the design of the questionnaire and to confirm the findings from the literature on this topic area.

Focus groups were conducted in a quiet room during two knowledge exchange workshops with industry. This natural, unbiased and relaxed setting allowed stakeholders to feel comfortable and not intimidated when telling a story. The goal of these workshops was to foster an environment for stakeholders to exchange knowledge on tourism and well-being and thus served as an appropriate platform to conduct focus groups. Participants and the researcher were seated around a large circular table to ensure everyone felt included (Robinson 1999). Each focus group discussion was approximately one hour in length and included six and five participants respectively. The focus groups were large enough to include people from diverse backgrounds but small enough to ensure shy participants felt comfortable expressing their ideas (Corbetta 2003). Prior to the focus group discussion, participants were

verbally informed about the research study and information sheets were distributed. The researcher received written informed consent from all participants and also clearly stated they could withdraw from the study at any point. The participant information sheet and the consent form for this study are presented at Appendix B. Prior to any focus groups being conducted the researcher obtained approval from the university's research ethics committee. Participant responses were recorded using a table microphone to ensure background noise was kept to a minimum and a handheld recorder was used for backup purposes (Peterson-Sweeney 2005). In qualitative research, recording interviews or focus groups is always preferred; however, there are times when written notes must be fully depended upon, especially in the situation where focus group participants refuse to be recorded (King and Horrocks 2010). In this study permission was granted from all focus group members to record the interview and/or take notes. No financial reward was offered to focus group participants; however, refreshments were provided as part of the workshops (Barbour 2008). Findings from the exploratory focus groups (n=11) were endorsed by the larger group (n=50) to ensure saturation of data and to contribute to the robustness of data collection. The dynamics of the wider stakeholder party were similar to the focus groups, which contained a diversified representation of tourism stakeholders including business and political representatives. The wider stakeholder group was part of an Ideas Café study entitled 'Destination Feel Good' conducted to explore the potential to incorporate well-being into tourism business operations (Destination Feel Good 2015).

### 4.5.3 Focus Group Limitations

Focus groups were conducted at a knowledge exchange workshop comprised of business leaders, council members and consumers in the tourism industry. This could be seen as a limitation because participants registered for the workshop themselves and therefore the sample may contain biases. Notwithstanding, stakeholder focus groups were only used as a scoping exercise to confirm the relevant factors to include in the second research instrument (consumer questionnaire). The main focus of this thesis is the consumer questionnaire which contains a random sample of the general UK population based on postal addresses, therefore containing no biases.

### 4.5.4 Analysis of Empirical Study One: Stakeholder Focus Groups

Focus group data can be analysed by the researcher or through the use of various computer software programs (Forrest Keenan et al. 2005). Research suggests that focus groups are best analysed (particularly when there is only a small number) when the researcher groups and codes the data by hand (van Teijlingen et al. 2011). Furthermore, the use of computer software packages to analyse qualitative data has been criticised, as the whole idea of the analysis is to gain a deeper understanding of the research topic and this is something that a positivist technological program may not be able to identify (Roberts and Wilson 2002; Catteral and MacLaran 1997). The majority of concern with choosing a computer program to analyse qualitative data is that the researcher risks missing out on a holistic interpretation of the findings, as important details needed to successfully scrutinize the data may be sacrificed (Wilkinson 2004; Catteral and MacLaran 1997). It could be argued that valuable interaction among participants in focus groups can only truly be captured through a thorough analysis by an individual, as opposed to a computer program (Wilkinson 2004; Catteral and MacLaran 1997). Consequently, the choice of using a computer program for analysis of the focus groups was decided against.

In this study recordings from both the focus groups and the wider stakeholder activity were transcribed by the researcher shortly following the discussions to ensure details were appropriately captured (van Teiglingen and Pitchforth 2007; Kardorff et al. 2004). All data were analysed using thematic analysis, which included reading and rereading of the transcripts to group and identify themes, relationships, similarities and differences that emerged from the findings (Gibson and Brown 2009; Braun and Clarke 2006). These were then cross-checked for accuracy and validity by a moderator who was present during the research. A consensus view was therefore reached.

#### 4.5.4.1 Concept Mapping

In order to better understand the focus group findings, the current study used a holistic approach of concept mapping to allow relationships and linkages to be identified. Concept mapping is a visual depiction of qualitative research and demonstrates an understanding of the processes and relationships inherent with a complex research topic. Illustrating data in this format allows the researcher to better appreciate opinions and beliefs of stakeholders, as it makes ideas clear and evident

(Butler-Kisber and Poldma 2010). Furthermore, concept mapping is a means to reproduce qualitative data (i.e. focus group responses) in a way that is more understandable to the audience (Rose 2001). The concept map is provided and discussed further in the findings/results chapter at section 5.3.

### 4.6 Empirical Study Two: Consumer Questionnaire

Quantitative methods allow the researcher to concentrate on a sample to gain insight into the wider population. Quantitative methods are often considered a productive and relatively inexpensive way to gather primary data (Enger et al. 1993). Results from empirical study one helped probe the research area, discover what the types of issues might be relevant to the questionnaire, develop theory and explore the thoughts and opinions of stakeholders in terms of using well-being as a tourism product resource. Notwithstanding, measuring the influence of tourism on an individual's well-being is an area requiring further investigation. Therefore, focus group findings provided valuable input for the development of an advanced second research instrument, the consumer questionnaire.

Firstly, focus groups confirmed that 'plain language' must be used because there are varying interpretations of what well-being truly means. This was acknowledged by adding a definition of well-being to the questionnaire to ensure consistency and to eliminate confusion. Secondly, focus group participants included business and political representatives who agreed that tourism has a positive impact on one's well-being. Notwithstanding, there was a realization that not everyone has this opinion of tourism, as there are negative aspects which need to be discussed. Therefore, the negative well-being impacts experienced while on holiday was addressed in the questionnaire.

#### 4.6.1 Development and Design of the Research Instrument

The questionnaire was designed to include questions needed to perform a statistical analysis and to satisfy the research aim while also guaranteeing it was a feasible undertaking for respondents. The questionnaire was comprised of both positively and negatively phrased/worded questions to avoid bias and response by rotes. A professional software package SNAP was used for the design and layout of the questionnaire to ensure timely completion. The questionnaire design was focused on themes identified by stakeholders in the inductive focus groups (empirical study one) as well as themes identified by the literature review and more specifically with regards

to factors in the systems theory approach. The questionnaire contained questions pertaining to each factor in the systems theory approach presented at Figure 13, five input, six throughput and six output (17 items in total).

The questionnaire dataset included both ordinal and nominal variables. Ordinal variables can automatically be included in the quantitative analysis (i.e. Likert scales) because each numeric category depicts the intensity of the variable being evaluated and therefore can be ranked. With regard to ordinal variables, the researcher understands the order of the categories but cannot understand differences between the values of each; therefore, the groupings cannot be viewed as equal (Hair 2010). Contrariwise, nominal variables cannot be included in a quantitative analysis (unless regrouped accordingly), as the categories are considered mutually exclusive with no quantitative significance in regard to the variable being measured (Field 2013). Nominal variables assign numerical categories to label the subjects being examined; however, these numbers do not represent any particular order or value.

Likert scale questions involve asking respondents to specify their level of agreement and/or satisfaction with specific statements (Finn et al. 2000). Since the launch of Likert scales in 1932 research debates have evolved in order to determine the appropriate number of scale points to boost reliability. The results are largely paradoxical (Philip and Hazlett 1997) with some researchers concluding that reliability is independent of the quantity of scale points, whereas other studies suggest that reliability is enlarged through the use of different ranges of point scales (three-point, five-point or seven-point for example). Data emerging from Likert scales has been criticized as the result of varying interpretations due to unequal measures between point scale categories (Sandiford and Ap 2003). Responding to Likert scale questions is not as simple as reading a ruler, as individuals need to make a judgement in their own mind about how to respond. Likert scales are about working on something that is subjective in nature and expressing it quantitatively through a psychological process (Marsden and Wright 2005). There will always be semantic differences associated with Likert scale data that will impact the responses; however, what's most important is that the researcher provides the respondent with some sort of middle ground. Without a neutral category the respondent is forced to make a decision to agree or disagree with the statement. Consequently, odd-numbered scales of five were used in

this study to provide an opportunity for respondents to answer questions freely with either a 'neutral' or 'unsure' category to show their disinterest, disengagement or misunderstanding. Despite the criticisms identified, the use of Likert scales produces more consistent and reliable data with regard to the respondent's level of agreement or satisfaction with statements (Oppenheim 2000).

A scale containing five points was used in this research based on the suggestions of Oppenheim (2000) and because other studies using a systems theory approach with statistical analysis consisted of five-point Likert scales (Kim et al. 2015; von Wirth et al. 2014). Questionnaire respondents were requested to draw upon a recent leisure holiday experience (last 12 months) and indicate their level of agreement or satisfaction with specific statements regarding the factors in Hagerty's systems theory approach. Variables pertaining to agreement were anchored using five-point Likert scales where 1 = strongly disagree, 2 = disagree, 3 = unsure, 4 = agree and 5 = strongly agree. Similarly, items related to satisfaction were also assessed on a 5-point Likert scale where 1 = very unsatisfied, 2 = unsatisfied, 3 = neutral, 4 = satisfied and 5 = very satisfied. The questionnaire was structured in three sections: general tourism information, most recent leisure holiday experience and demographics. Internal consistency and reliability of scales and factors was computed using Cronbach's alpha (Pallant 2013), and is presented in Chapter Five.

#### 4.6.1.1 Part A: General Tourism Information

The first section of the questionnaire included filter questions and determined context detail. For example, respondents were asked whether or not they had been on a leisure holiday in the past 12 months. Those who responded 'yes' were prompted to continue with this section while those who responded 'no' were filtered to Part C of the questionnaire. The second question in this section asked respondents if they had any negative experiences while on holiday. This question was added to eliminate any research biases, as someone who had a negative experience while on holiday may complete the questionnaire in order to reflect on this bad experience.

#### 4.6.1.2 Part B: Most Recent Leisure Holiday (Last 12 Months)

This section was the main part of the questionnaire and included detailed questions regarding the respondent's most recent leisure holiday. Reflecting on their experience, respondents were asked to report their level of agreement or satisfaction

with a variety of Likert scale questions related to the input, throughput and output factors in Hagerty's systems theory approach.

#### 4.6.1.3 Part C: About You

The last section of the questionnaire was comprised of demographic information such as gender, age, household income, education and employment. These questions were asked to satisfy demographic elements of the systems theory approach and to ensure that the sample included a diverse representation of UK residents. These questions and their response categories were formulated based on the classifications used by national research bodies such as Visit England (2013) and Visit Britain (2014).

### 4.6.2 Questionnaire Pre-Test

Writing valid and reliable questionnaires can be a challenge and this is why the pre-testing stage is critical (Willis 2005). Pre-testing was conducted to ensure questions were clear and concise, well developed and easily understood. In the pre-testing stage, the researcher was present while a group of ten volunteers completed the questionnaire. This afforded individuals the opportunity to ask questions on areas that might need clarification. Before posting to the main sample, slight adjustments were made to the wording of some questions for added clarity, but no addition or deletion of questions was recommended or needed. Based on the pre-testing stage, respondents completed the questionnaire in approximately ten minutes, which was considered respectable, as longer questionnaires run the risk of poor response rates because of the additional time required to finish (Sahlqvist et al. 2011). Appropriate to the feedback received, revisions were completed and the final questionnaire was assembled and is presented at Appendix C together with the covering letter.

### 4.6.3 Questionnaire Sampling

It has been determined that the best time to administer a questionnaire to tourists is at a minimum of four weeks and a maximum of one year following their holiday (VisitEngland 2013; Leones 1998). Having tourists complete a questionnaire once after their visit, controls the opportunity for respondents to drop out of the study. The rationale for this was supported in market studies conducted by the national tourism board for England (VisitEngland 2013). Their methodology included interviewing tourists within four weeks after their holiday. Leones (1998) proposes that the best time to administer a questionnaire to tourists is over the time period of one year

following their holiday, as there are seasonal differences that exist in tourist destinations (high, shoulder and low seasons). Furthermore, this period of one year allow tourists time between the holiday and their evaluation to form organic, induced and modified-induced opinions (Gunn 1988). Therefore, posting a questionnaire to tourists between four weeks and one year after their holiday was deemed appropriate and robust for the current study.

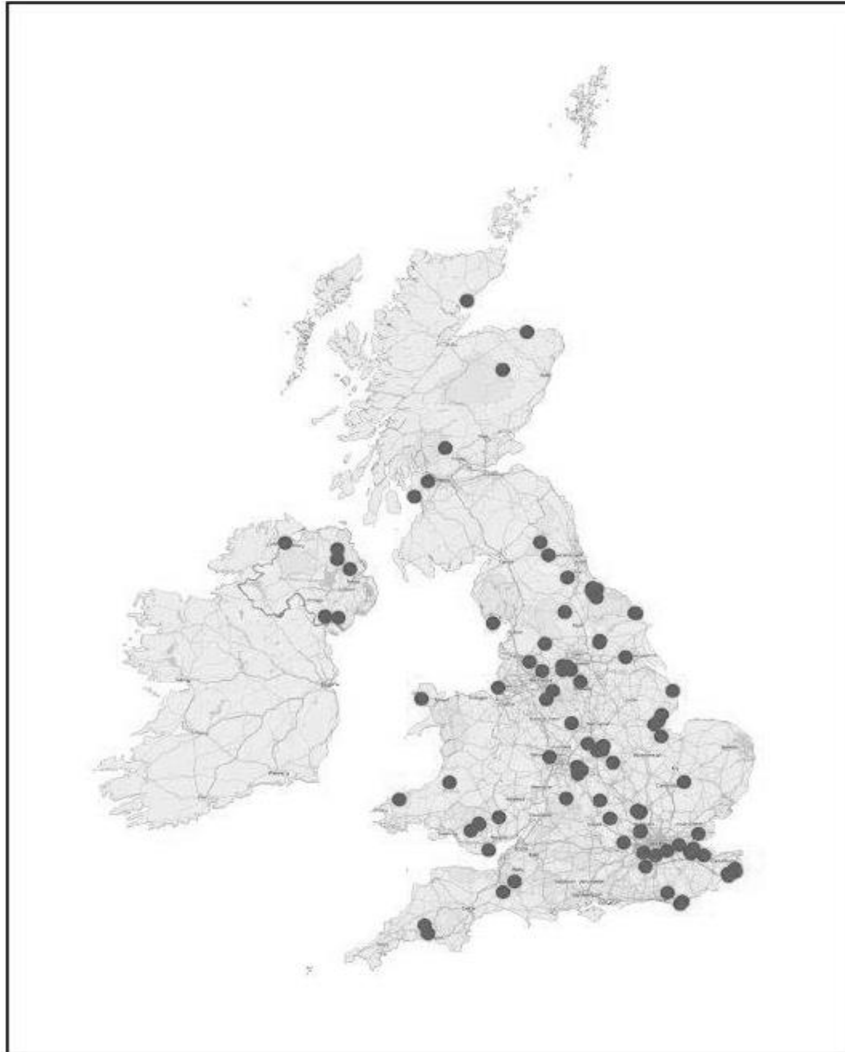
The questionnaire was completed by UK residents only. Justification for this is three-fold due to the: increase in domestic travel, accuracy of local tourists' perception and elimination of population biases. The rise in domestic tourism in response to the economic downturn has become a very important topic to local and national tourism bodies in the UK (VisitEngland 2013). As this type of tourism becomes increasingly popular, destination offerings close to home become important to the visitor economy and create an opportunity for those who work and/or contribute to the tourism environment. The image a person forms of a particular tourist destination is unique to that individual because memories, relations and imaginations all contribute to destination image; however, individuals tend to have more accurate perceptions of a destination close to their home because local people are more likely to have visited these places (Jenkins 1999). UK residents were used as the target sample to eliminate population biases that arise when comparing tourists from different nationalities. Comparing questionnaire answers of individuals from various population backgrounds provides implications, as people from different cultures have varied interpretations (Arana and Leon 2013).

To ensure the sample was representative of adults in the UK over 16 years of age, a self-administered questionnaire was determined the most practical option. This was considered appropriate because the observer is independent; therefore, personal conceptions or beliefs were not articulated through the self-administered questionnaire, which is considered one strength of this method (Easterby-Smith et al. 2011). Furthermore, the mailing of questionnaires is reasonably fast to administer and convenient for respondents (Bryman 2012). Just as there are advantages to using self-administered questionnaires, there are also disadvantages. Firstly, since the researcher is not present during completion of the questionnaire they cannot respond to any queries from the respondent (Bryman 2012); however, the pre-testing stage

confirmed that the questionnaire was clear and concise. Secondly, the respondent is in full control of the questionnaire with the ability to read it over from start to end before completing it which may influence their responses (Bryman 2012); however, all questions were considered independent therefore this was not a concern. Thirdly, poor response rates are a major concern with self-administered postal questionnaires (Gilbert 2008); however, an adequate response rate (11.5%) was achieved during this study. The current study adopted a mail out questionnaire to reach a national sample, thereby eliminating the potential limited response, for example poor Internet access inherent with an online questionnaire.

Using the Royal Mail Postal Address Finder (PAF) a random sample of 28 million UK postal addresses was identified. The PAF was used because this is the most current and comprehensive database of addresses in the UK (Royal Mail 2015). One hundred postcode districts were randomly selected from the 2,981 listed and residential addresses were extracted for each of the selected districts. A weighted sample was obtained from this to create a database of 100,000 addresses. A sample of 3,000 was randomly selected from these and stratified by the number of addresses within each district. To ensure a comprehensive nationwide sample had been reached, a diagrammatic summary of the 100 postcode districts was produced and is presented at Figure 17. This demonstrates the diversified districts of the postcodes used in the sample.

**Figure 17: GIS Map Highlighting Postcode Districts Involved in Study**



**(Source: Market Research Group, 2016)**

The most current mail-out list was obtained from the Royal Mail PAF. The questionnaire was posted to the address without identifying the resident's name therefore respondents received a windowed envelope just revealing the address. Contained inside was a letter printed on letterhead explaining the reason for the study, the importance of completion and the researcher's contact information should respondents have any questions or concerns about the study. No incentive to complete the questionnaire was provided. A pre-paid business envelope was also included in the mail-out to provide convenience and to help ensure response rates. An identification number appeared on every questionnaire. This number helped the researcher identify addresses with no response and ascertain the geographic area of respondents. Respondents were provided with a brief summary of the research topic,

similar to the information sheet provided to focus group participants. This brief introduction to the study was provided and informed consent was implied in the completion. As mentioned previously, the covering letter is displayed at Appendix C.

### 4.6.4 Sample Size and Response Rates

Three thousand questionnaires were posted at the beginning of October 2015 and a total of 346 (or 11.5%) usable responses were received from adults over 16 years of age; however, an additional 43 were eliminated from the analysis because they had not taken a leisure holiday in the last twelve months. Following the elimination of incomplete responses, 240 cases were used in the analysis. Beliefs on the appropriate sample size for analysis have been diversified; notwithstanding, it has been recommended that a sample of 200 offers a strong foundation for estimation and analysis (Hair et al. 2010). Anderson and Gerbing (1988) reinforce this recommendation and suggest that a minimum sample size of 200 is required for justifiable application of statistical analysis. Although the sample size (240) is sufficient for regression analysis purposes, due to the low response rate (11.5%) representativeness has unfortunately been lost. This limitation is discussed further in the Conclusion Chapter in section 8.8.

### 4.6.5 Questionnaire Limitations

Questionnaires have been criticized in the literature as potentially being misinterpreted by respondents (Gillham 2005); however, the questionnaire was cautiously created and pre-tested to ensure potential connotations were consistent among individuals. Furthermore, the input from the initial qualitative focus groups ensured validity of the second research instrument, as the themes which materialized from the focus groups were included in the questionnaire providing assurance that the appropriate factors were being examined. The limitations of the questionnaire designed for this study are highlighted in full detail in the Conclusion Chapter in Section 8.8.

### 4.6.6 Analysis of Empirical Study Two: Consumer Questionnaire

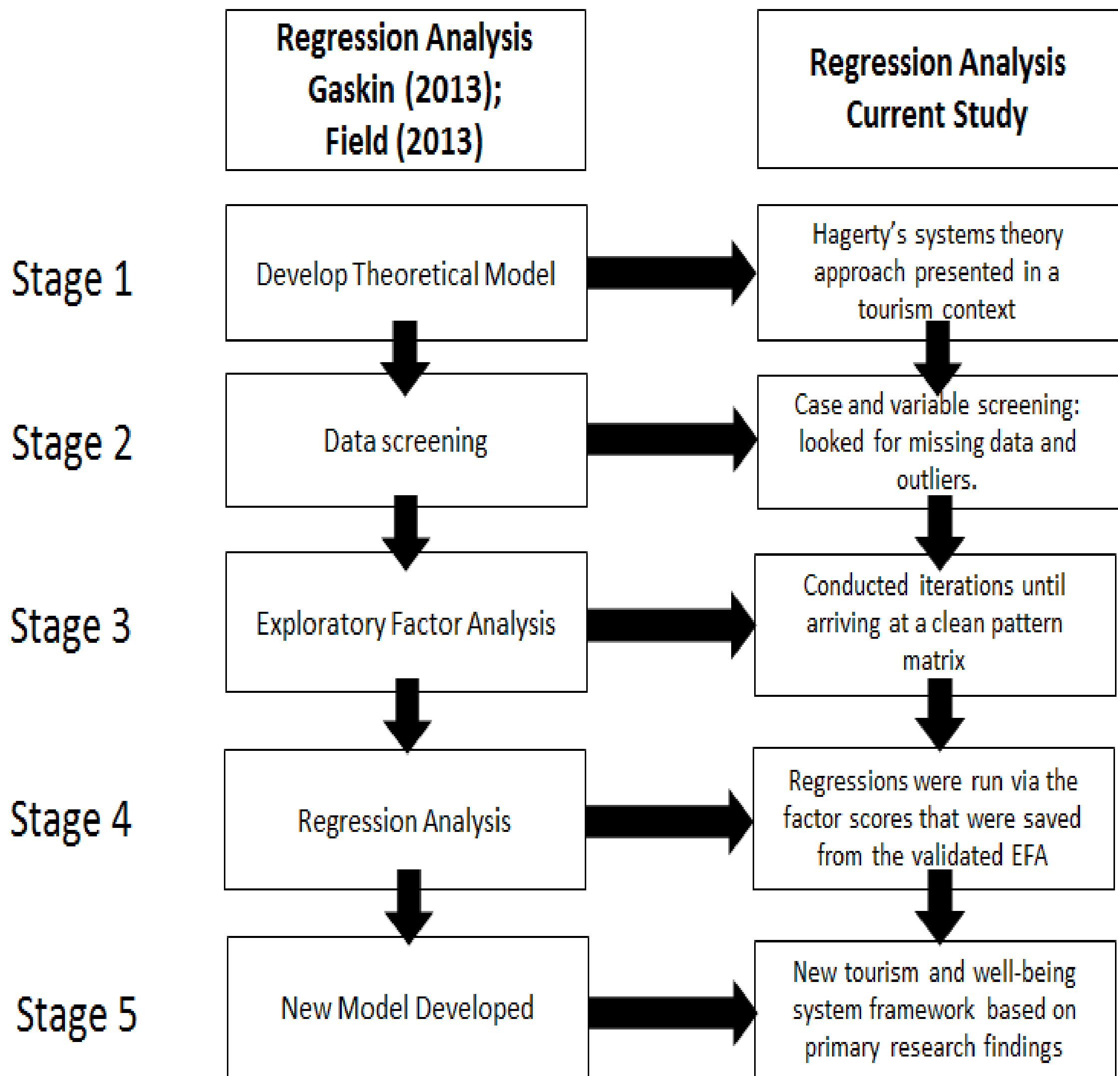
In the beginning, the systems theory approach was presumed to be a very complicated model; however, upon further examination and scrutiny the model was deemed somewhat simple. The effect of the simplification on the way in which the model turned out was re-expressible as a regression equation. This is referring to the power

of the model to be articulated as a regression equation with two predictor variables (input and throughput) pointing to an output variable (subjective well-being). Furthermore, non-ordinal variables (income, party composition, education and employment) which could not be conveyed as Likert scale questions could now be dealt with and included in the analysis in a much more transparent manner. The regression analysis was conducted as a series of hierarchical models to determine the effect of any newly added variables. To control for these variables, a logical order of applying the variables was obtained. If the variance had a sufficiently significant impact it was kept in the equation. Alternatively, if new variables did not have an effect, they were removed.

Structural Equation Modelling (SEM), a statistical technique to test relationships among a set of variables and in recent years has become an attractive way to analyse theory (Hair 2010), was strongly considered in the outset. However, due to further clarification of the systems theory approach and the ability to write it as a regression equation, a parsimonious, rational and economical decision was reached and it was concluded that the elaboration of SEM was unnecessary. Therefore, the application of regression analysis was used to identify and confirm the links between tourism and well-being. Regression analysis complements the systems theory approach utilized to determine the linkages among input, throughout and output. This type of analysis was able to identify the values linking different factors in the systems theory approach in relation to the well-being of tourists following a holiday experience. More specifically, regression was able to distinguish those linkages that are really important from those that are irrelevant.

One of the issues with mathematical modelling is that no model is completely true, as they are all oversimplifications (Field 2013; Hair 2010). The end goal is to find the best model that is a compromise between adequate fit but also explains the relationships in simple terms. This was prepared in a classical way using regression analysis by not taking any great liberties with the data, therefore arriving at a very simple equation where the impact of new variables became immediately apparent. Following the expertise of Gaskin (2013) and Field (2013), the regression analysis was achieved by five important stages, as presented at Figure 18.

Figure 18: Stages of Regression Analysis




**(Source: Adapted from Gaskin, 2013 and Field, 2013)**

The first stage involved developing a theoretical model, which was based on Hagerty's systems theory approach. It is a model extracted from the public health sector and for the first time applied in a tourism context to determine the well-being effects of tourism on the individual. There are limitations of the proposed framework; however, from an academic perspective it is unique and demonstrates the interdisciplinary nature of two sectors (tourism and public health) merging around the topic of well-being. Stage two of the analysis was data screening, completed carefully by the researcher. As previously mentioned, the questionnaire was designed using the program SNAP and therefore was formatted in a way that allowed automatic scanning of the data. As a result, all returned questionnaires were scanned and immediately uploaded to SPSS, a statistical computer software package. The program SNAP was

deemed accurate and reliable because the researcher reviewed all questionnaires to ensure data provided by the program was correct. The researcher also engaged a colleague's assistance to check 10% of the data presented against the questionnaire responses. Both the researcher and colleague reported no amendments. All data was presented exactly as depicted in the returned questionnaires. Once the data was exported to SPSS, further cleaning took place in terms of shortening the labels and running descriptives to ensure the charts and tables weren't too clunky or unreadable. The third stage included the application of Exploratory Factor Analysis (EFA). At this point the researcher produced numerous iterations of the pattern matrix to determine which measured variables were consistently loading onto each of the three latent variables (input, throughput and output). This step was repeated until the researcher arrived at a clean, polished and respectable pattern matrix which could then be taken to the fourth stage, regression analysis (Field 2013). EFA is guided by data and identifies and/or explains the covariance among variables (Chu 2008). If a model and its measures have been entirely established from the beginning, EFA may not be required (Byrne 2009). This is the first instance where a systems theory approach has been applied in a tourism context, hence the model is not considered fully developed. For this reason, it was appropriate to apply EFA in the outset to explain the covariance among the variables. EFA was used not only to screen variables, but also to form the basis of obtaining factor scores for the regression equation. The other option was to apply a more finalized version of EFA into Confirmatory Factor Analysis (CFA) to produce the factor scores for the regression equation (Field 2013). Notwithstanding, a well-fitting and validated EFA analysis was reached, therefore the migration to CFA was unnecessary and the extension directly to regression via the factor scores that were saved from EFA was an appropriate and logical procedure. Overall the regression produced a robust statement about relationships between the input and throughput variables in relation to the output. Lastly (stage five), a new tourism and well-being system framework was built based on primary data collected and is presented in Chapter Six. This revised framework represents the results of a systems theory approach to the well-being effects of tourism on the individual.

### 4.7 Summary

This chapter discussed how the appropriate philosophical worldview, methodology and methods emerged from the literature in order to satisfy the overall aim and objectives of this study. Table 15 draws the research together and summarizes the method(s) employed to achieve each research objective. The qualitative findings (stakeholder focus groups) and quantitative results (consumer questionnaire) are presented in Chapter Five. An integrated discussion (Chapter Six) with both primary and secondary research will follow which combines the focus group findings and questionnaire results to demonstrate the contribution to knowledge and subsequent implications for tourism policy and practice.

**Table 15: Methods Employed to Satisfy Research Objectives**

| Research Objective | Method Used to Achieve Objective |
|---|---|
| To critically interrogate the literature on tourism and well-being | Literature review conducted and identified six important strands of research which are:<br>• Well-being is a challenging concept to define<br>• Synergies between the fields of public health and tourism (examples from the UK, EU and worldwide)<br>• Tourism and well-being<br>• Measuring well-being<br>• Well-being as a business focus: examples are particularly related to the rise in *Wellness Tourism*<br>• Identifying the research gap: few studies have explored the well-being effects of tourism on the individual |
| To explore well-being as a tourism product resource | Focus groups were used to investigate the thoughts and opinions of stakeholders with regard to the implementation of well-being as a tourism product resource. |
| To evaluate and measure the well-being of individuals after a holiday through the application of two empirical studies (stakeholder focus groups and consumer questionnaire) | An exploratory mixed methodological research approach was employed whereby qualitative stakeholder focus groups contributed to the development of a quantitative consumer questionnaire. In addition to the qualitative findings, the literature review and elements of Hagerty's systems theory approach were also used to form the second research instrument to measure the well-being effects of tourism on the individual within the UK. |
| To develop and present a new system framework in a tourism and well-being context based on primary research findings | A new tourism and well-being system framework has been developed based on the qualitative findings and quantitative results which were analyzed using regression analysis (Chapter Six). |
| To draw conclusions accordingly and make recommendations based on the research findings for both industry and policymakers | Together with the findings from the stakeholder focus groups and the results from the consumer questionnaire, recommendations have been made to inform tourism practice and policy (Chapter Eight). |

# 5 RESULTS

## 5.1 Introduction

The purpose of this chapter is to present the findings from empirical study one (stakeholder focus groups) and empirical study two (consumer questionnaire) separately. The results from both studies will be discussed collectively, along with the literature, in Chapter Six with recommendations being made to inform tourism policy and practice.

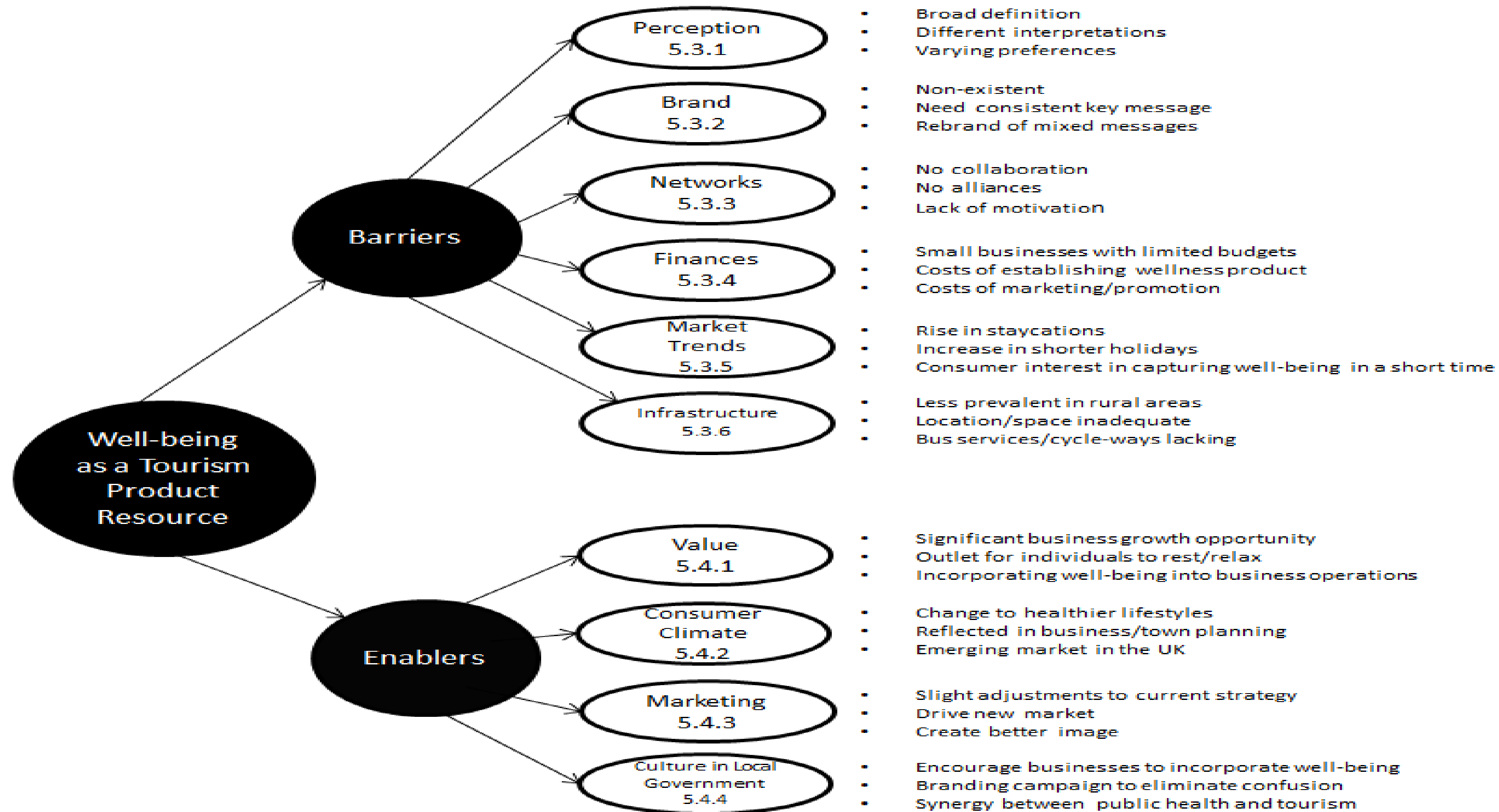
## 5.2 Empirical Study One Findings: Stakeholder Focus Groups

The method for the first empirical study included conducting two focus groups with stakeholders in the tourism industry (i.e. accommodation providers, leisure activity providers, food service providers, sightseeing/tours providers, adventure sports providers, local tourism/business and political representatives as well as consumers). Both focus groups were approximately one hour in length and were comprised of six and five participants respectively (n=11). Transcripts were analysed using thematic analysis and the main findings exposed the barriers and enablers of the potential to use well-being as a tourism product resource. These key findings were then tested against a wider stakeholder group (n=50).

## 5.3 Key Themes Identified through Focus Group Findings

Focus group findings revealed two major topics of which secondary level themes emerged. Key subjects that materialized were the barriers (perception, brand, networks, finances, market trends and infrastructure) and enablers (value, consumer climate, marketing and culture in local government) to developing well-being as a tourism product resource as identified by tourism stakeholders. Figure 19 provides a visual representation (in the form of a concept map) of these primary and secondary themes extracted from the focus group findings in ranking order of most to least prevalent for both barriers and enablers, respectively.

**Figure 19: Concept Map Generated from Stakeholder Focus Groups: Barriers and Enablers (in ranking order)**



### 5.3.1 Barrier One: Perception (of wellness tourism by stakeholders)

All stakeholders agreed that wellness tourism (or tourism focused on enhancing well-being) is a very broad concept and each individual and business defines and interprets well-being and/or wellness differently. The general consensus was that tourism associated with well-being is often perceived as elite so needs to be better defined for business owners and clients;

*"Wellness tourism should be categorized. For some, it's adventurous sports and for others it's going to the spa. Maybe for someone else well-being is all about just lying on the beach or taking a walk in the garden" – adventure sports provider*

*"The perception of well-being is completely different from one individual to another. Something that is relaxing to someone might be considered activity for another" – political representative*

Just as individuals have different perceptions of well-being/wellness; these diversified views are also prevalent within society. Stakeholders felt that sometimes the preferences of family members may result in varying degrees of participation or even lack of engagement by individuals in well-being activities. Different ideas about well-being within the family could present a challenge for businesses when attempting to engage partners and children during their holiday;

*"Husband might want to go off cycling for two days and the wife might want to go to the spa for two days. The reason for going on holiday is to go together so it is difficult to manage the different perceptions of well-being" – leisure activity provider*

### 5.3.2 Barrier Two: Brand

Stakeholders felt there are many great opportunities taking place right on their doorstep but little is being done to "brand" this and get the message out to consumers. Stakeholders recognized that their present location doesn't have a brand and therefore is currently not promoted in terms of a well-being or wellness destination. Additionally, stakeholders believed it is difficult to change the perception of consumers from a destination not currently associated with well-being or wellness to a destination now promoting this aspect of tourism. The general consensus was that a rebranding of mixed messages needs to be addressed;

*"We don't seem to be a destination known for activity and/or wellness holidays. We need to change the brand of the area." – sightseeing/tours provider*

*"It seems like we need to be all things to all men. As someone who works at a hotel, I can't imagine having ten guests on a wellness holiday and ninety guests on a hen/stag holiday. Unless you were very good at dividing up your business, it is very difficult to do" – accommodation provider*

### 5.3.3 Barrier Three: Networks

A common theme identified by businesses in the tourism sector was that there is no community collaborative effort on tourism and well-being initiatives. It was agreed that discovering motivated organizations to connect and work collectively with is difficult. Political members' response to networks was equally negative, suggesting that businesses often have a tendency to stay in their own 'box' because if they push their boundaries there are high costs involved and a risk of potential failure;

*"It's hard to get people to buy into a tourism and well-being philosophy. Many business owners are just happy to stay as they are and aren't motivated to change or connect with other stakeholders in the community" – accommodation provider*

### 5.3.4 Barrier Four: Finances

Stakeholders were passionate about tourism focused on enhancing well-being but unfortunately the availability and accessibility of finances was an issue. As mentioned previously, activity/wellness providers are often small businesses and sometimes their financial situation does not allow them to establish the well-being/wellness product offering. Stakeholders were concerned and recognized that even if they currently provide a well-being product, businesses may not have the finances to properly market it. The costs associated with the promotion of activities focused on enhancing an individual's well-being can be substantial, especially for small business owners working with limited budgets;

*"There are costs involved in promoting a wellness holiday and in the first year you could spend a lot of money before word of mouth becomes enough to attract customers" – accommodation provider*

### 5.3.5 Barrier Five: Market Trends

Stakeholders felt the rise in domestic travel (i.e. staycations) was deemed an important topic for tourism bodies and in particular for business operators within the industry. To elaborate, it was discussed that as staycations become increasingly popular, destination offerings close to home become very important for the visitor economy. Stakeholders admitted they were concerned with their inability in providing individuals with a wellness enhancing holiday in a short period of time. Stakeholders viewed staycations and shorter holidays as an increasing trend in the UK and this was seen as a barrier when promoting well-being to consumers;

*"The majority of our customers come for short stays. Being able to capture well-being in this short amount of time is difficult" – accommodation provider*

### 5.3.6 Barrier Six: Infrastructure

Another idea under discussion among stakeholders was around the topic of infrastructure. Comments were pessimistic; as businesses indicated that infrastructure (especially in rural areas) to support well-being initiatives was poor and therefore viewed as a barrier. Bus services and safe cycle-ways were considered inadequate and/or not supporting individuals, partners and families looking to engage in well-being activities while on holiday;

*"General infrastructure in the rural parts of the country makes it difficult to encourage and promote well-being activities" – accommodation provider*

Finding an appropriate location (even to rent) for activities focused on well-being was also discussed. Most stakeholders want to provide more health and well-being initiatives but the availability of space is often problematic;

*"A set bit of space to rent for wellness-focused activities and finding these vacancies is seen as a barrier" – adventure sports provider*

## 5.4 Enablers to Developing Well-being as a Tourist Product Resource

In addition to the barriers identified by stakeholders, four enablers were revealed: value, consumer climate, marketing and culture in local government; presented in descending order from most to least mentioned.

### 5.4.1 Enabler One: Value

All stakeholders agreed that tourism associated with well-being is a significant business growth opportunity. Stakeholders pointed out the challenge of balancing work and family commitments experienced by many individuals in today's society. Pace of life is at such a rate where family members need downtime to recharge from their daily stressors. Notwithstanding, this is where the well-being effects of tourism can serve as an outlet for individuals to rest, relax and recuperate with family and friends. Stakeholders made note that investing in oneself and quality time can have a high rate of return both for productivity in business and the well-being of families. This way of thinking is positive, as stakeholders are realizing the value in well-being tourism and looking for ways to incorporate it into their current business operations;

*"Well-being is not something that is new. It's important to us and our marketing" – leisure activity provider*

*"Well-being is inherent in all aspects of tourism. It isn't just good for someone who is on a dedicated wellness holiday. All holidays are supposed to make you feel better because it is a break from everyday life" – sightseeing/tours provider*

### 5.4.2 Enabler Two: Consumer Climate

The consensus among businesses was that consumers were aware of the negative effects of unhealthy lifestyles and are looking for ways to make positive life changes. Political representatives agreed and recognized that people are altering their way of life to become healthier and this is being reflected in local business offerings and town planning. One politician implied that today more people are mindful of health issues such as obesity. As a result, businesses are providing healthy alternatives and solutions that align with their current offerings. Businesses noted that this type of marketing and branding is well established in continental Europe; however, it is still under development in the UK. Both businesses and political members endorsed the fact that a change to healthier lifestyles has the potential to create opportunities for businesses to develop a market focused on well-being;

*"What's happening on the high street is a lifestyle change that's happening now and probably within the next five years. We will see a completely different high street picture as an offer including health clubs, yoga bars and restaurants with healthier*

*options like organic and vegetarian, and it's up to us to help guide that picture for town planning and such like" – political representative*

Moreover, the majority of stakeholders felt that customers are incorporating more well-being activities into their daily lives and are looking to continue this routine while on holiday. Stakeholders alluded to the important role media plays in educating people about the negative effects of unhealthy lifestyles (obesity, type 2 diabetes, etc.). As a result, consumers are constantly subjected to information which stresses the need to become more active and healthier. According to stakeholders this new consumer climate has the power to expand the health and well-being tourism market;

*"As far as people being aware, a lot of people are actually coming to me because they are after this well-being thing. They want to be outside, doing activities and embracing that aspect. They're already coming with a certain request, need or hope and the demand for it is growing" – food service provider*

*"Holidays used to be much more about eating and drinking, but not anymore. There are a lot of people now incorporating activities that contribute to their well-being into their holidays" – sightseeing/tours provider*

Focus group participants were enthusiastic in discussing the potential of increased tourist visitation by offering a wellness enhancing product/service and reflecting this offering in their marketing materials to draw health conscious consumers to their businesses.

### 5.4.3 Enabler Three: Marketing

It is interesting to note that some stakeholders were already using elements of well-being in their product offerings (by providing consumers with information on activities such as hiking, cycling and water sports for example) but many hadn't associated this as promoting or providing a well-being holiday. Attracting a whole new market by making small adjustments to their current marketing strategy to include the well-being aspect was greeted with universal approval;

*"I think a slight tweak to our marketing could drive a whole new market" – sightseeing/tours provider*

There was a general consensus among participants that there have been really good initiatives focused on well-being within the community and business but marketing was inadequate. Nevertheless, stakeholders believed by establishing pockets of networks and alliances (barrier three) and working together on improving the consumer well-being message, there is potential to produce positive results.

Stakeholders felt there were a lot of free, simple activities that provide a huge amount of value (in terms of well-being) to consumers but they weren't effectively marketed. As a result, these well-being activities must be identified and properly promoted to potential consumers;

*"Well-being is important to our business; however, we don't do enough to promote health and well-being in our products and services. We, as businesses, tend to get too bogged down on our own facilities and services, and marketing tends to get neglected" – leisure activity provider*

### 5.4.4 Enabler Four: Culture in Local Government

The suggestion that local government should be nurturing and encouraging to businesses to promote well-being as a tourism product resource was received positively by business representatives; however, evidence of tension between businesses and political members on this issue became evident. Political representatives felt that a significant portion of their budget was designated to health and well-being. Notwithstanding this, the opportunity to work together was certainly welcomed;

*"A campaign run by the government geared at categorizing well-being would be helpful" – adventure sports provider*

Stakeholders also believed that local government should take responsibility to help deliver the message to consumers about the well-being impacts of holidays. Furthermore, local government could take on some of the liabilities, risks and costs of getting this message to tourists, allowing for businesses who want to promote well-being to prosper. Political members recognized the importance of merging public health and tourism and the benefits this can provide for both tourists and residents alike.

It is important to note that finances are always a barrier for many initiatives in a variety of contexts. If more finances were available, this would facilitate many activities and enable impediments to be dealt with. Although policymakers are supporters of tourism and well-being opportunities, business representatives need to recognize that another alternative will be sacrificed if government funding goes towards tourism and well-being activities.

### 5.5 Summary

The qualitative findings from empirical study one highlighted the barriers and enablers of using well-being as a tourism product resource as identified by tourism stakeholders. The quantitative results from empirical study two (consumer questionnaire) will now be presented in subsequent sections.

### 5.6 Empirical Study Two Results: Consumer Questionnaire

A self-administered questionnaire was distributed to a sample of 3,000 randomly selected addresses in the UK. Questionnaires were posted at the beginning of October 2015 and a total of 346 (or 11.5%) usable responses were received from adults over 16 years of age. A further 12.4% (or 43 cases) were eliminated from the overall sample because they had not taken a leisure holiday in the last 12 months and therefore were not able to contribute to the analysis. Following the removal of incomplete responses, a total of 240 cases were used for data analysis.

The application of regression analysis was used to identify and confirm the links between tourism and well-being. Hagerty's systems theory approach had the power to be articulated as a regression equation whereby the two predictor variables (input and throughput) pointed to an output variable (subjective well-being). The first issue with regard to regression analysis was to determine the factor scores to be included in the equation (Field 2013). This was accomplished through EFA, an analytical tool that is guided by the data and identifies the covariance among variables (Chu 2008). As a systems theory approach applied in a tourism context has not previously been developed, EFA is an important step (Byrne 2009). This can be used to explain the covariance among the variables, followed by the use of regression via the factor scores from EFA to test and confirm the well-being effects of tourism on the individual using a systems theory approach. A well-fitting and validated EFA analysis was reached, therefore the migration to CFA was unnecessary and the extension directly to

regression via the factor scores that were saved from EFA was an appropriate and logical procedure. Overall the regression produced a robust statement about the relationships between the dependent (well-being) and independent variables (environmental/public policy and individual choices).

## 5.7 Descriptive Statistics of the Sample

Prior to undertaking any type of statistical analysis, the initial stage is to ensure the sample is strong in terms of diversity. In this study, descriptive statistics were conducted to provide context (Field and Hole 2003), and to ensure the sample was well representative in terms of age, gender, educational level and job status. The median, mean and standard deviation of each question were calculated and are presented at Table 16. The mean is a measure of central tendency which provides the average score and the median is the middle score obtained when all scores are placed in chronological or sequential order (Field 2013). The mean of ordinal data has been criticized as unrepresentative due to the unequal value between each numerical category; therefore, the median has been included as a measure of central tendency to ensure accuracy and robustness of the data (Field 2013). As presented in Table 16, it is evident that there are more female respondents (61.7%) than male respondents (38.3%). The age of participants was relatively equal with the 65 and over representing the largest category at 19.2%. Approximately 60% of the respondents reported an annual household income of £30,000 or greater, over half of the sample (50.5%) held a university degree or higher degree and 70% were employed. Only 11 individuals (or 4.6%) went on holiday alone, whereas the remainder of the respondents went with their spouse/partner, family or friends.

There were four variables that could not be asked in Likert scale format (party composition, income level, employment and education) and therefore were re-coded into dummy variables. The researcher needed to represent these ordinal categories in the analysis because they were part of the systems theory model. Likert scale questions are ordinal so they would have to be recoded to dummies to be used as independent variables in linear regression. From a rigorous perspective, the use of dummy variables to represent categories, ordered or not, is correct in linear regression (Field 2013). As this is such a well-established practice in this general field, to do otherwise might lead to more trouble than it warranted.

The reason for recoding them is that all categorical variables need to be entered as dummies because, whether ordered or not, they are categorical (i.e. not continuous). The intervals between the categories are undefined. Therefore, in the case of ordinals, an assumption of equality of internal and underlying continuity has to be made if the researcher decided not to recode them. The reasoning for recoding them is that the researcher preferred not to make that assumption in this case. In short, these predictors are categorical, and the researcher does not need to assume that the ordinal ones are continuous.

Due to small categorical occupancy of the dummy variables, the number of categories for each was reduced to five. The result of this was relatively equal or balanced occupancy in each of the categories for each of the dummy variables. An example is provided at Table 17 to demonstrate how the question pertaining to 'educational attainment' was condensed to five categories (from the original ten). An identical procedure was performed for the remaining dummy variables (party composition, income level and employment).

**Table 16: Characteristics of the Respondents (N=240)**

| Variables | Sample size | Percentage |
|---|---|---|
| *Gender* | | |
| Male | 92 | 38.3 |
| Female | 148 | 61.7 |
| Median | 2.00 | |
| Mean | 1.62 | |
| Standard deviation | 0.487 | |
| *Age* | | |
| 16 to 24 | 43 | 17.9 |
| 25 to 34 | 29 | 12.1 |
| 35 to 44 | 36 | 15 |
| 45 to 54 | 42 | 17.5 |
| 55 to 64 | 44 | 18.3 |
| 65 and over | 46 | 19.2 |
| Median | 5.00 | |
| Mean | 4.64 | |
| Standard deviation | 1.754 | |
| *Household income* | | |
| Less than £15,000 | 18 | 7.5 |
| £15,000-£19,999 | 23 | 9.6 |
| £20,000-£29,999 | 53 | 22.1 |
| £30,000-£49,999 | 75 | 31.3 |
| Over £50,000 | 71 | 29.6 |
| Median | 4.00 | |
| Mean | 3.66 | |
| Standard deviation | 1.210 | |
| *Educational attainment* | | |
| Pre-GCSE | 31 | 12.9 |
| GCSE | 41 | 17.1 |
| A-level | 45 | 18.8 |
| Degree | 64 | 26.7 |
| Higher Degree | 59 | 24.6 |
| Median | 4.00 | |
| Mean | 3.33 | |
| Standard deviation | 1.355 | |
| *Employment situation* | | |
| Full-time | 116 | 48.3 |
| Part-time | 35 | 14.6 |
| Self-employed | 17 | 7.1 |
| Wholly retired | 51 | 21.3 |
| Out of work | 21 | 8.8 |
| Median | 2.00 | |
| Mean | 2.28 | |
| Standard deviation | 1.458 | |
| *Party composition* | | |
| Alone | 11 | 4.6 |
| Spouse/partner | 83 | 34.6 |
| With family | 100 | 41.7 |
| With friends | 23 | 9.6 |
| Family and friends | 23 | 9.6 |
| Median | 3.00 | |
| Mean | 2.85 | |
| Standard deviation | 0.995 | |

**Table 17: An Example of Reduced Categorical Occupancy**

| Questionnaire (Education): Ten Categories | Occupancy | Reduced Form: Five Categories | Occupancy |
|---|---|---|---|
| Higher Degree | 24.6% | Higher Degree | 24.6% |
| Degree | 26.7% | Degree | 26.7% |
| A-level or equivalent | 18.8% | A-level or equivalent | 18.8% |
| Other further education qualifications | 8.4% | GCSE or further education | 17.1% |
| GCSE's grade A*-C or equivalent | 8.7% | | |
| Professional qualifications | 5.8% | Pre-GCSE | 12.9% |
| Other vocational/work-related qualifications | 4.6% | | |
| Foreign qualifications | 2.5% | | |
| No qualifications | — | | |
| Don't know | — | | |

## 5.8 Exploratory Factor Analysis

EFA was performed on all variables related to the systems theory approach. Seventeen items that were relevant in a tourism setting were taken from Hagerty et al. (2001). To create a questionnaire, three questions for each of the 17 items were devised, most of which were taken from other studies that have either used Hagerty's model in a different context (von Wirth et al. 2014) or measured well-being using different models (Kim et al. 2015; VisitEngland 2013). To clarify, the seventeen items that were included in the analysis were derived from the five input factors, six throughout factors and six output factors in Hagerty's systems theory model (Figure 13). Of these seventeen items, thirteen could be asked in Likert format. Therefore, three questions were asked in Likert scale format for each of thirteen items (39 questions). Three additional Likert scale questions were added for the 'consumption' variable (42 questions in total). The justification for this was to reflect both positive (three questions) and negative (three questions) tourist consumption. Descriptive statistics for the measured variables are reported in Table 18. This table provides the data on these 42 questions/statements. The remainder of the seventeen items included in the analysis correspond to the dummy variables (party composition, income, education and job choice).

**Table 18: Descriptive Statistics of the Measured Variables**

| Descriptive statistics (M = mean; SD = standard deviation) | | |
|---|---|---|
| **Input variables (environment, public policy)** | **M** | **SD** |
| *Shops were in close proximity* | 3.58 | 1.329 |
| *Tube, train and bus stations were accessible* | 2.96 | 1.403 |
| *Restaurants and cafes were in close proximity* | 3.84 | 1.252 |
| *I could cycle or walk to recreation grounds/sports grounds* | 3.35 | 1.294 |
| *There were pavements and cycle-ways everywhere* | 3.11 | 1.407 |
| *The GP surgery and pharmacy were in close proximity* | 3.10 | 1.155 |
| *The destination was close to green spaces and a park* | 3.79 | 1.229 |
| *The destination contained open spaces for recreation* | 3.98 | 1.098 |
| *There was quick access to open spaces where children could play* | 3.86 | 1.152 |
| *Well-being activities were inexpensive* | 3.97 | 0.932 |
| *Well-being activities were often free* | 3.62 | 1.132 |
| *Any activity related to well-being was elite and luxurious* | 2.44 | 1.094 |
| *Where 1=strongly disagree, 2=disagree, 3=unsure, 4=agree, 5=strongly agree | | |
| **Throughput variables (individual choices)** | | |
| *I did not engage in any healthy and/or sporty activities* | 2.23 | 1.282 |
| *Engaged in relaxing activities that contributed positively to my well-being* | 4.15 | 0.830 |
| *I did sightseeing by foot* | 4.04 | 0.957 |
| *I went for a short walk (up to 1 hour)* | 4.11 | 0.937 |
| *Capable of engaging in well-being activities* | 4.31 | 0.726 |
| *I ate too much while on holiday* | 2.77 | 1.172 |
| *I consumed more alcohol than I normally do while on holiday* | 2.82 | 1.312 |
| *Overall, my holiday improved my health* | 3.73 | 0.872 |
| *Generally I felt good about myself* | 4.15 | 0.695 |
| *I was expecting my holiday to make me feel better* | 3.70 | 1.063 |
| *I was expecting my holiday to improve my overall well-being* | 3.66 | 1.070 |
| *I was expecting my holiday to positively contribute to my personal health* | 3.53 | 1.097 |
| *Where 1=strongly disagree, 2=disagree, 3=unsure, 4=agree, 5=strongly agree | | |
| **Output variables (subjective well-being)** | | |
| *My friendships in general* | 4.08 | 0.753 |
| *My family relationships in general* | 4.38 | 0.709 |
| *My interaction with others* | 4.15 | 0.640 |
| *Achieving self-fulfilment* | 3.91 | 0.774 |
| *Achieving emotional health* | 3.96 | 0.751 |
| *Achieving personal goals/and or hopes* | 3.83 | 0.797 |
| *My material life* | 3.87 | 0.725 |
| *My financial situation* | 3.72 | 0.889 |
| *My standard of living* | 3.99 | 0.729 |
| *My health in general* | 3.93 | 0.765 |
| *My physical well-being* | 3.90 | 0.830 |
| *My physical fitness* | 3.74 | 0.906 |
| *My job responsibilities* | 3.61 | 0.883 |
| *How my employer values my contribution at work* | 3.43 | 0.937 |
| *The environment in which I work* | 3.54 | 0.868 |
| *What my community provides* | 3.58 | 0.779 |
| *My contribution to the local community* | 3.51 | 0.781 |
| *My community leaders/decision makers* | 3.22 | 0.833 |

*Where 1=very unsatisfied, 2=unsatisfied, 3=neutral, 4=satisfied, 5=very satisfied

The inter-relationships before EFA were looked at and are presented in the full correlation matrix of all variables at Appendix D. Category 1 was excluded for each of the dummy variables, as it served as the benchmark for which comparisons could then be made for the remaining categories (2 – 5). The relationships between the predictor variables and the well-being outcomes are very weak. Investigating the correlation between all measured variables was a useful step to consider before embarking on a factor analysis. After examining the measured variables, three iterations of EFA were run. The initial un-rotated factor solution is presented at Table 19 with scree plot (Figure 20), the Varimax solution at Table 20 and the Promax solution at Table 21. All measured variables were kept in these EFA iterations. The reasoning was so all variables were given equal consideration.

The initial un-rotated factor analysis reported a twelve-factor result and this accounted for 63% of the variance (Table 19). It was immediately obvious from this that a three-factor solution was sufficient. The un-rotated factor solution provides the results that naturally emerge from the geometry of this multidimensional space (dimensional space is based on the number of questions). In other words, the un-rotated solution does not try to do anything special other than the geometry for trying to associate variables with factors, which is exactly what was needed for this analysis (Gaskin 2013), as the goal was to determine which set of variables are most highly correlated with each factor. Eigenvalues greater than one were employed to select the amount of factors extracted. A set of eigenvalues is a way of summarizing the correlation matrix in terms of numbers, which represent how much variation is explained by each of the composite variables that the researcher is looking to find. If the eigenvalues are less than one it is not useful hence the removal of eigenvalues less than one in the analysis. Since there was no rotation or score extraction in this initial analysis, the only decision the researcher had to make at this stage was the method of extraction. There are three possibilities: Principal Component Analysis (PCA), Maximum Likelihood (ML) and Principal Axis Factoring (PAF). PCA accounts for all of the variance in its solution and therefore was decided against. ML is useful if the intention was to move to CFA and then SEM. PAF often gives a "cleaner" solution than PCA, as it accounts for only that part of the variance explained by the extracted factors (i.e. it excludes variance

which is essentially noise). Since PAF works best for EFA, this method of extraction was used.

The scree test corresponding to the initial un-rotated factor solution is provided at Figure 20. This is a plot of the decay of the eigenvalue as it moves through the factor list. The scree test is supposed to help the researcher decide how many factors to extract. The number of factors where the slope is steepest and variance is being cumulatively explained rapidly, are the most important. This is because each explains a large chunk of variance. Where the slope is gentle, each factor explains small amounts of variance. Based on the scree test, a three-factor solution seems to be explaining the most variance. Nevertheless, all factor solutions were explored to ensure this was appropriate.

At this point the researcher considered deleting some variables on the grounds of very low communalities but in practice this is better done with respect to communalities and low factor loadings when you have a rotated pattern matrix and redistributed variance to take into account. For these reasons, the researcher moved to Varimax (Table 20) and Promax (Table 21) rotated solutions.

The two solutions (Varimax and Promax) are similar but not identical. The Promax rotation is the appropriate one with which to impute scores for various factor solutions, as it contains the covariance needed for the regressions. In Varimax the factors are orthogonal (i.e. mutually at right angles, and therefore innately uncorrelated), whereas Promax allows them to be oblique (i.e. mutually not at right angles, and therefore innately correlated) giving covariance among them, which gives regression something to work with. Hence, Varimax is not appropriate for imputing scores because it does not contain the covariance needed for the regressions.

It should be acknowledged that the degree of obliqueness in Promax is under the researcher's control (through the value of the Kappa parameter). The researcher has exercised this control by accepting the default value provided by SPSS. The choice of Kappa therefore arbitrarily determines how much covariance there will be among the factor score variables when scores are extracted from the rotated EFA. This will feed into, and affect the outcome of the regression model.

Using Promax, a twelve-factor solution is produced accounting for 63% of the variance. Given that all factors could be translated into meaningful concepts, the researcher explored all solutions. The researcher labelled each of the factor solutions as follows:

Factor 1: well-being 1 (relationships with family/friends and emotional well-being)

Factor 2: expectations (individual choices)

Factor 3: infrastructure and services (environment)

Factor 4: well-being 2 (health and personal safety)

Factor 5: well-being 3 (work and production)

Factor 6: freedom (environment)

Factor 7: well-being 4 (local community)

Factor 8: well-being 5 (material well-being)

Factor 9: income inequality (environment)

Factor 10: positive consumption (individual choices)

Factor 11: negative consumption (individual choices)

Factor 12: personal health (individual choices)

Since the researcher could make sense of all factor solutions beyond three, regressions were run for four-factor, five-factor, six-factor, seven-factor, eight-factor, nine-factor, ten-factor, eleven-factor and twelve-factor solutions. The scores on the four, five, six, seven, eight, nine, ten, eleven and twelve EFA factor solutions were saved from the final EFA so that these factors could then become the variables for the regression equations. Factor solutions three, four, five, seven and eight contained different output (or dependent) variables which in this case refers to the different dimensions of well-being as outlined in Hagerty's systems theory model (relationships with family/friends and emotional well-being, physical well-being, material well-being, work and production and local community). Factor solution six, nine, ten, eleven and twelve contained different predictor (or independent) variables so for these reasons a regression was run for each of the independent or output variables.

Although the nine-factor, ten-factor eleven-factor and twelve-factor solutions contained eigenvalues less than one (as highlighted in Table 21), low loadings and/or

no correlation with well-being variables (as highlighted in Appendix D), the researcher still ran regressions for these solutions. This was to ensure the analysis was well rounded and that all options were given equal consideration before making a judgment.

A total of five different regression models were considered. There were five regression models because each model used a different dependent variable. The dependent variables used in models 1-5 were labelled as follows:

- Well-being 1: relationships with family/friends and emotional well-being;
- Well-being 2 = health and personal safety;
- Well-being 3 = work and production;
- Well-being 4 = local community;
- Well-being 5 = material well-being.

Within these five regression models, there were six iterations (A to F) because each iteration introduced one new independent variable. To illustrate:

- A = individuals' expectations and infrastructure/services
- B = freedom
- C = income inequality
- D = positive consumption
- E = negative consumption
- F = personal health

Using the Promax rotated solution, the first factor encompassed six variables: achieving self-fulfilment, achieving emotional health, achieving personal goals/hopes, interaction with others, relationships with family and relationships with friends. All variables corresponding to this factor related to an individual's 'relationships with family and friends' and 'emotional wellbeing', both dimensions of well-being and corresponding to the 'output' column in the systems theory approach. The second factor also contained six variables: shops, restaurants/cafes, tube, train, bus, pavements/cycle-ways, GP surgery/pharmacy and recreation/sports grounds. These variables relate to the 'health/tourism services' and 'infrastructure' elements in the 'input' column of Hagerty's systems theory approach. The third factor included four

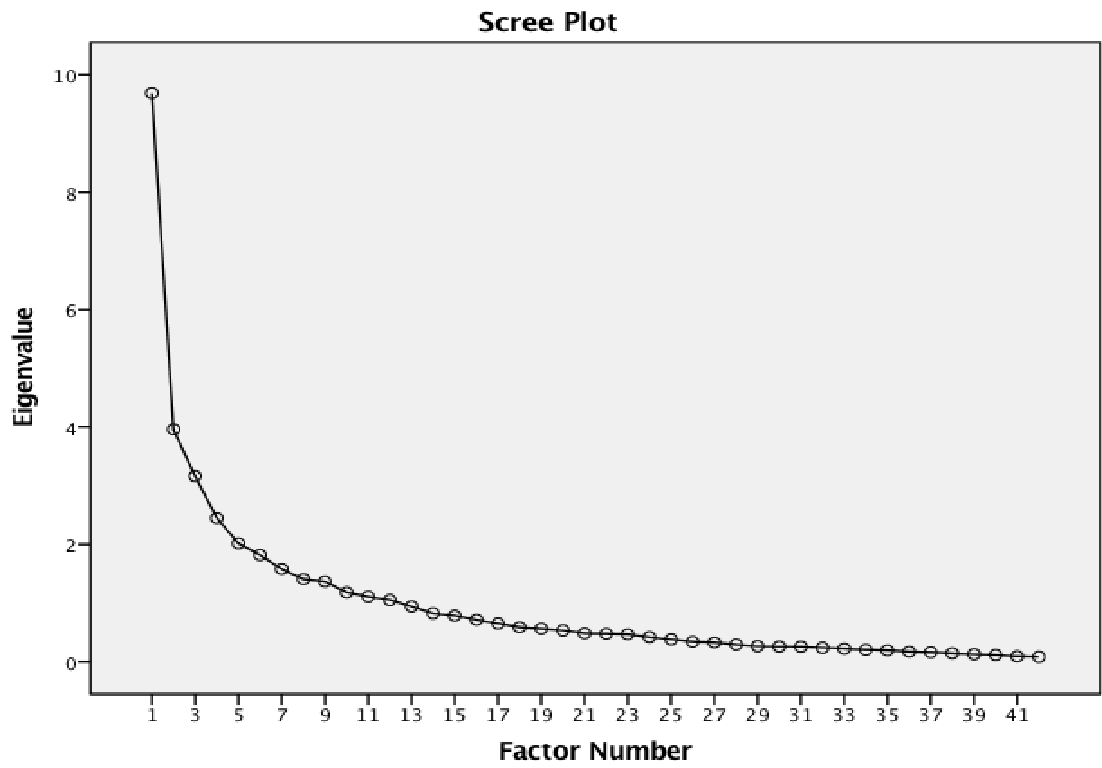
variables which were associated with an individual's 'expectation standards' or the 'throughput' column of Hagerty's systems theory approach: expected holiday to improve well-being, expected holiday to contribute to health, expected holiday to make me feel better and overall my holiday improved my health. These variables measure elements of an individual's 'expectation standards' of a holiday and relate to the 'throughput' column of Hagerty's systems theory approach.

According to the EFA results, it was expected that the fundamental structure of tourism and well-being encompassed three first-order factors: input (environment/public policy), throughput (individual choices) and output (subjective well-being). Preliminary integration of the quantitative data through EFA identified the values linking different factors in the systems theory approach in relation to the well-being of tourists following a holiday experience. The scores on these three factors were saved from the final EFA so that these three factors could then become the variables for the regression equation. Cronbach's alpha was calculated for factor one, two and three with coefficients reported as 0.88, 0.84, and 0.87 respectively. In line with figures derived from the literature, this demonstrates good internal consistency as values above 0.7 are deemed acceptable but values above 0.8 are desirable (Pallant 2013, Oppenheim 1998).

Upon analyses of the full correlation matrix (Appendix D), the initial un-rotated factor solution with scree plot as well as the Varimax and Promax solutions and re-running a series of regression models it can be concluded that the three-factor solution is the most optimal solution. Further support for the three-factor solution is in the result of the scree test presented at Figure 20. According to the scree test, a three-factor solution is explaining the most variance. Furthermore, the $R^2$ is .135 and this is the highest of all the regression models that were explored. Details on the three-factor solution are provided in the following section (5.9).

| Table 19: Initial Un-rotated Twelve-factor Result Accounting for 63% of the Variance | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| My physical well-being | .739 | | | | | | | | | | | |
| Achieving self-fulfilment | .730 | | | | | | | | | | | |
| Achieving emotional health | .724 | | | | | | | | | | | |
| My health in general | .718 | | | | | | | | | | | |
| Achieving personal goals and/or hopes | .703 | | | | | | | | | | | |
| My contribution to the local community | .685 | | | | | | | | | | | |
| My interaction with others | .636 | | | | | | | | | | | |
| My physical fitness | .626 | | | | | -.40 | | | | | | |
| My standard of living | .622 | | | | | | | | | | | |
| My material life | .622 | | | | | | | | | | | |
| My friendships in general | .561 | | | | | | | | | | | |
| What my community provides | .559 | | | | | | | | | | | |
| My financial situation | .542 | | | | | | | | | | | |
| The environment in which I work | .537 | | .429 | | | | | | | | | |
| My community leaders/decision makers | .514 | | | | | | | .411 | | | | |
| Generally, I felt good about myself | .493 | | | | | | | | | | | |
| My family relationship in general | .469 | | | -.44 | | | | | | | | |
| I was expecting my holiday to make me feel better | .466 | | -.41 | | | | | | | | | |
| Well-being activities were often free | .450 | | | | | | | | | | | |
| I did not engage in any healthy and/or sport activities | | | | | | | | | | | | |
| There were pavements and cycle ways everywhere | | .674 | | | | | | | | | | |
| I could cycle or walk to recreation grounds/sports grounds | | .666 | | | | | | | | | | |
| Shops were in close proximity | | .642 | | | | | | | | | | |
| Restaurants and cafes were in close proximity | | .629 | | | | | | | | | | |
| The GP surgery and pharmacy were in close proximity | | .559 | | | | | | | | | | |
| There was quick access to open spaces where children could play | | .527 | | | | | | | | | | |
| Tube, train and bus stations were in close proximity | | .514 | | | | | | | | | | |
| The destination contained open spaces for recreation which were quick to access | | .489 | | -.42 | | | -.42 | | | | | |
| The destination was close to green spaces and a park | | | | | | | | | | | | |
| I was expecting my holiday to positively contribute to my personal health | .477 | | -.55 | | | | | | | | | |
| I was expecting my holiday to improve my overall well-being | .460 | | -.54 | .423 | | | | | | | | |
| My job responsibilities | .478 | | .495 | | | | | | | | | |
| How my employer values my contribution at work | .436 | | .492 | | | | | | | | | |
| Overall, my holiday improved my health | .468 | | -.49 | | | | | | | | | |
| I engaged in relaxing activities that contributed positively to my well-being | | | -.44 | | | | | | | | | |
| I was capable of engaging in activities related to my wellbeing because I am in good health | | | | | -.43 | | | | | | | |
| I did not need excessive amounts of money to engage in activities that enhanced my well-being | | | | | | .400 | | | | | | |
| Well-being activities were often free | | | | | | | | | | | | |
| I went for a short walk (up to 1 hour) | | | | | | | | | | | | |
| I did sightseeing by foot | | | | | | | | | .42 | | | |
| Any activity related to well-being was elite | | | | | | | | | | | | |
| Eigenvalue | 9.38 | 3.58 | 2.82 | 2.12 | 1.65 | 1.46 | 1.18 | 1.07 | 0.93 | 0.81 | 0.66 | 0.58 |
| Variance Explained (%) | 22.3 | 8.52 | 6.72 | 5.04 | 3.92 | 3.47 | 2.80 | 2.55 | 2.22 | 1.92 | 1.57 | 1.39 |
| Cumulative variance (%) | 22.3 | 30.9 | 37.6 | 42.6 | 46.5 | 50 | 52.8 | 55.4 | 57.6 | 59.5 | 61.1 | 62.5 |

**Figure 20: Initial Un-rotated PAF Solution Scree Plot**



| Table 20: Varimax Twelve-factor Result Accounting for 63% of the Variance | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| My interaction with others | .788 | | | | | | | | | | | |
| Achieving self-fulfilment | .768 | | | | | | | | | | | |
| Achieving personal goals and/or hopes | .684 | | | | | | | | | | | |
| My friendships in general | .642 | | | | | | | | | | | |
| My family relationship in general | .638 | | | | | | | | | | | |
| My interaction with others | .597 | | | | | | | | | | | |
| I was expecting my holiday to improve my overall well-being | | .863 | | | | | | | | | | |
| I was expecting my holiday to make me feel better | | .831 | | | | | | | | | | |
| I was expecting my holiday to positively contribute to my personal health | | .742 | | | | | | | | | | |
| Overall, my holiday improved my health | | .623 | | | | | | | | | | |
| I engaged in relaxing activities that contributed positively to my well-being | | .467 | | | | | | | | | | |
| Shops were in close proximity | | | .799 | | | | | | | | | |
| Restaurants and cafes were in close proximity | | | .750 | | | | | | | | | |
| There were pavements and cycle ways everywhere | | | .661 | | | | | | | | | |
| Tube, train and bus stations were accessible | | | .658 | | | | | | | | | |
| The GP surgery and pharmacy were in close proximity | | | .573 | | | | | | | | | |
| I could cycle or walk to recreation grounds/sports grounds | | | .519 | | | | | | | | | |
| My physical well-being | | | | .773 | | | | | | | | |
| My physical fitness | | | | .753 | | | | | | | | |
| My health in general | | | | .730 | | | | | | | | |
| My job responsibilities | | | | | .778 | | | | | | | |
| The environment in which I work | | | | | .740 | | | | | | | |
| How my employer values my contribution at work | | | | | .686 | | | | | | | |
| The destination contained open spaces for recreation which were in close proximity | | | | | | .915 | | | | | | |
| There was quick access to open spaces where children could play | | | | | | .716 | | | | | | |
| The destination was close to green spaces and a park | | | | | | .581 | | | | | | |
| My community leaders/decision makers | | | | | | | .770 | | | | | |
| My contribution to the local community | | | | | | | .713 | | | | | |
| My What my community provides | | | | | | | .689 | | | | | |
| My financial situation | | | | | | | | .765 | | | | |
| My material life | | | | | | | | .732 | | | | |
| My standard of living | | | | | | | | .668 | | | | |
| Well-being activities were often free | | | | | | | | | .787 | | | |
| I did not need excessive amounts of money to engage in activities that enhanced my well-being | | | | | | | | | .687 | | | |
| I did sightseeing by foot | | | | | | | | | | .662 | | |
| I went for a short walk (up to 1 hour) | | | | | | | | | | .607 | | |
| I was capable of engaging in activities related to my well-being because I am in good health | | | | | | | | | | .546 | | |
| I ate too much while on holiday | | | | | | | | | | | .592 | |
| I consumed more alcohol than I normally do while on holiday | | | | | | | | | | | .534 | |
| Eigenvalue | 4.00 | 3.21 | 3.00 | 2.40 | 2.23 | 2.17 | 2.15 | 2.07 | 1.69 | 1.64 | 1.05 | 0.62 |
| Variance Explained (%) | 9.53 | 7.63 | 7.15 | 5.71 | 5.32 | 5.17 | 5.11 | 4.93 | 4.02 | 3.90 | 2.51 | 1.47 |
| Cumulative variance (%) | 9.53 | 17.2 | 24.3 | 30.0 | 35.3 | 40.5 | 45.6 | 50.6 | 54.6 | 58.5 | 61.0 | 62.5 |

| Table 21: Promax Twelve-factor Result Accounting for 63% of the Variance | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Achieving emotional health | .832 | | | | | | | | | | | |
| Achieving self-fulfilment | .791 | | | | | | | | | | | |
| My family relationships in general | .759 | | | | | | | | | | | |
| My friendships in general | .717 | | | | | | | | | | | |
| Achieving personal goals and/or goals | .673 | | | | | | | | | | | |
| My interaction with others | .580 | | | | | | | | | | | |
| I was expecting my holiday to improve my overall well-being | | .927 | | | | | | | | | | |
| I was expecting my holiday to positively contribute to my personal health | | .882 | | | | | | | | | | |
| I was expecting my holiday to make me feel better | | .768 | | | | | | | | | | |
| Overall, my holiday improved my health | | .602 | | | | | | | | | | |
| Shops were in close proximity | | | .858 | | | | | | | | | |
| Restaurants and cafes were in close proximity | | | .771 | | | | | | | | | |
| Tube, train and bus stations were accessible | | | .690 | | | | | | | | | |
| There were pavements and cycle ways everywhere | | | .575 | | | | | | | | | |
| The GP surgery and pharmacy were in close proximity | | | .534 | | | | | | | | | |
| I could cycle or walk to recreation grounds/sports grounds | | | .411 | | | | | | | | | |
| My physical well-being | | | | .865 | | | | | | | | |
| My physical fitness | | | | .826 | | | | | | | | |
| My health in general | | | | .802 | | | | | | | | |
| My job responsibilities | | | | | .863 | | | | | | | |
| The environment in which I work | | | | | .797 | | | | | | | |
| How my employer values my contribution at work | | | | | .720 | | | | | | | |
| The destination contained open spaces for recreation which were in close proximity | | | | | | 1.02 | | | | | | |
| There was quick access to open spaces where children could play | | | | | | .766 | | | | | | |
| The destination was close to green spaces and a park | | | | | | .603 | | | | | | |
| My community leaders/decision makers | | | | | | | .823 | | | | | |
| My contribution to the local community | | | | | | | .711 | | | | | |
| My What my community provides | | | | | | | .700 | | | | | |
| My standard of living | | | | | | | | .806 | | | | |
| My material life | | | | | | | | .799 | | | | |
| My financial situation | | | | | | | | .713 | | | | |
| Well-being activities were often free | | | | | | | | | .980 | | | |
| I did not need excessive amounts of money to engage in activities that enhanced my well-being | | | | | | | | | .882 | | | |
| I did sightseeing by foot | | | | | | | | | | .766 | | |
| I went for a short walk (up to 1 hour) | | | | | | | | | | .725 | | |
| I was capable of engaging in activities related to my well-being because I am in good health | | | | | | | | | | .524 | | |
| I ate too much while on holiday | | | | | | | | | | | .626 | |
| I consumed more alcohol than I normally do while on holiday | | | | | | | | | | | .572 | |
| I engaged in relaxing well-being activities that contributed positively to my well-being | | | | | | | | | | | | .462 |
| Any activity related to well-being was elite and luxurious | | | | | | | | | | | | .448 |
| Rotation Sums of Squared Loadings | 6.84 | 4.73 | 3.45 | 5.89 | 4.83 | 3.64 | 4.17 | 4.44 | 4.10 | 3.00 | 1.57 | 2.14 |

## 5.9 Regression Analysis

When using regression there are a number of analyses the researcher can choose from. A series of hierarchal regressions was used to predict the well-being of individuals (dependent variable) following a holiday experience based on environmental factors (independent variable one) and individual choice factors (independent variable two), with 95% confidence intervals being used to determine statistical significance. The 'hierarchal approach' (based on the 'enter' method) occurs when predictors are chosen after careful consideration by the researcher who then determines the order of predictors to be entered in the equation. Predictors can go into the model all at once, in a stepwise fashion or in a hierarchy (Field 2013). In this study, the predictors were added to the model all at once (dummy variables, together with the environment and individual choice variables) and then removed by the researcher as they became non-significant. To repeat, Appendix D displays the correlation matrix for all variables. Table 22 shows the result of the final hierarchal regression.

**Table 22: Final Hierarchal Regression**

| Model | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| (Constant) | 0.068 | 0.065 | | 1.035 | 0.302 |
| Environment | 0.150 | 0.064 | 0.144 | 2.340 | 0.020 |
| Individual Choices | 0.290 | 0.061 | 0.294 | 4.789 | 0.000 |
| Job 4: Retired | -0.319 | 0.142 | -0.136 | -2.239 | 0.026 |

In order to ensure that decisions made on what variables to include and/or exclude in the hierarchal process were objective and did not bias results, an alternative method (stepwise regression) was also employed. Stepwise regression occurs when the choice of predictor variables is run by an automatic process (Field 2013). The initial stepwise regression result indicated that some categories were significant with regard to job choice (category 4, retired) and education (categories 2 and 4) whereas no categories for party composition and income were significant (Table 23). The fact that only one job choice category is significant is not problematic in that the job choice categories (1 = full-time employed; 2 = part-time employed; 3 = self-employed; 4 = wholly retired; 5 = out of work) are not ordinal. The significance of two education categories is however problematic, as the education categories do correspond to an order (1 = higher degree; 2 = degree; 3 = A-level; 4 = GCSE; 5 = pre-GCSE), and it is then inconsistent to include categories 2 and 4 but not 3 and 5. For an ordinal variable, either all categories need to be included, or none.

A second stepwise regression (Table 24) was therefore computed using the results from the initial stepwise regression with all education categories included. The results from this second regression show that all education variables were non-significant using a 95% confidence interval (sig. > 0.05). A final stepwise regression was therefore estimated with environment, individual choices and job status (retirement), as these were the three remaining significant variables. The result of the final stepwise regression is presented at Table 25.

**Table 23: Initial Stepwise Regression**

| Model | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| (Constant) | 2.56 | 0.084 | | 3.064 | 0.002 |
| Individual Choices | 0.272 | 0.060 | 0.275 | 4.562 | 0.000 |
| Environment | 0.141 | 0.063 | 0.136 | 2.254 | 0.025 |
| Job 4: Retired | -0.370 | 0.140 | -0.158 | -2.643 | 0.009 |
| Education 4: | -0.382 | 0.134 | -0.177 | -2.847 | 0.005 |
| Education 2: | -0.442 | 0.158 | -0.173 | -2.792 | 0.006 |

**Table 24: Second Stepwise Regression**

| Model | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| (Constant) | 0.227 | 0.174 | | 1.307 | 0.192 |
| Environment | 0.142 | 0.063 | 0.136 | 2.244 | 0.026 |
| Individual Choices | 0.273 | 0.061 | 0.276 | 4.457 | 0.000 |
| Education 2: | -0.413 | 0.216 | -0.162 | -1.913 | 0.057 |
| Education 3: | 0.044 | 0.210 | 0.018 | 0.209 | 0.834 |
| Education 4: | -0.354 | 0.200 | -0.163 | -1.775 | 0.077 |
| Education 5: | 0.030 | 0.204 | 0.013 | 0.145 | 0.884 |
| Job 4: Retired | -0.365 | 0.146 | -0.156 | -2.509 | 0.013 |

**Table 25: Final Stepwise Regression**

| Model | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| (Constant) | 0.068 | 0.065 | | 1.035 | 0.302 |
| Environment | 0.150 | 0.064 | 0.144 | 2.340 | 0.020 |
| Individual Choices | 0.290 | 0.061 | 0.294 | 4.789 | 0.000 |
| Job 4: Retired | -0.319 | 0.142 | -0.136 | -2.239 | 0.026 |

A significant regression equation was found ($F(3, 236) = 12.307$ $p < .005$), with an $R^2$ of 0.135. To ensure the residuals are normally distributed, a necessary condition for the regression to be valid, two common tests of normality can be performed. The first is Shapiro-Wilk which is often used for relatively small samples or Kolmogorov-Smirnov which is regularly employed for larger samples (Field 2013). Since the sample used in this study is considered large (240), Kolmogorov-Smirnov was utilized and considered non-significant which indicates that the residuals are normally distributed.

There are advantages to using stepwise regression over the alternatives due to its natural, simple application and ease of explaining to different audiences the reasoning some variables enter the model and why others do not (Yamashita et al. 2007). Furthermore, it is rational to perform stepwise regression for the selection of variables in predictive modelling; hence, this method has been used extensively in the literature (Yamashita et al. 2007). However, just as all types of analyses have been critiqued, the same implies to stepwise regression. The biggest critique is that it capitalizes on 'chance' (Field 2013). To control for the critiques of stepwise regression, the hierarchal method of regression analysis was employed in the onset and then stepwise was used solely to ensure that this process was objective and free from biases. The final equation produced using the hierarchal regression was identical to the final stepwise regression therefore the researcher can proceed with confidence in knowing that the analysis has produced reliable, valid and consistent results.

Questionnaire respondents' predicated that the well-being of an individual following a holiday experience is equal to a combination of two independent variables. The destination's environment ($p=0.020$) and the individual's choices ($p=0.000$) were both significant predictors of well-being. In other words, the presence of the environment and individual choice variables increases the value of the outcome variable (well-being). The individual choices parameter is approximately twice the value of environmental/public policy input parameters. However, the presence of job status (retired people) decreases the value of the outcome variable. Based on the relative effects (standardized coefficients) individual choices is the most important effect with a value of .294. Environment (.144) and job status (-.136) are about equal in importance but different in sign. Based on the literature there is no proven

explanation for retired individuals reporting lower well-being following a holiday than people who are employed either full-time or part-time.

### 5.10 Conclusion

The focus group findings revealed key themes such as the barriers and enablers to developing a well-being proposition. Empirical study one served as an initial exploration into the study to understand how businesses think and feeling about well-being as a tourism product resource and to investigate what the types of issues might be relevant to the questionnaire. The questionnaire results identified the impact of the destination environment as well as personal choices on the perceived well-being of individuals following a recent leisure holiday experience. The well-being effects of tourism on the individual were guided by elements of the systems theory approach, focus group findings and literature review findings. Results indicate that infrastructure and health/tourism services together with the tourist's expectations of the holiday lead to increased well-being in terms of an individual's relationships with family and friends as well as their emotional well-being. Hence, investments in infrastructure and facilities at destinations have a role to play in enhancing well-being. The results of this study demonstrate the synergies between tourism and public health and also provide important implications for practice and policy by making the appropriate links among tourism, well-being, business and policy development. The focus groups findings and questionnaire results will be discussed in light of the literature in Chapter Six.

# 6 FINDINGS AND DISCUSSION

## 6.1 Introduction

In this chapter a discussion of findings from the stakeholder focus groups and results of the consumer questionnaire are provided along with a critique of the literature. A comparative analysis of findings/results and a systems theory approach is provided for each empirical study. To conclude, a discussion of both empirical studies is presented using a new tourism and well-being system framework based on primary research findings. This theoretical model provides information on the well-being effects of tourism on the individual and offers a framework for the implications of results for tourism and public health theory, policy and practice. The headings in section 6.2 were derived from the focus group findings in Chapter Five (barriers and enablers) and the headings in section 6.3 were adopted from elements of Hagerty's systems theory approach.

## 6.2 Qualitative Findings Underpinned by the Literature

Corresponding to qualitative findings in Chapter Five, the potential for stakeholders (businesses and policymakers) to transform barriers into enablers was acknowledged and is presented at Table 26. It was identified that barriers could also serve as enablers by providing gateways for businesses and policymakers. The rationale for this conversion was to demonstrate to tourism practitioners the ability to provide well-being as a tourism product resource without inhibitors. This was validated by using the strengths of what tourism has to offer and capitalizing on opportunities that arise when identified 'barriers' are transformed to 'enablers'.

From this research it was evident that barriers outweighed the enablers, demonstrating that businesses in the tourism sector are finding it difficult to incorporate a well-being strategy into their current operations. Even so, tourism investors think and feel that the concept of well-being is important and of great value in relation to tourism strategies. It was acknowledged that businesses are keen to learn from and overcome these barriers. Furthermore, findings suggested that political representatives are exploring ways to facilitate, support and guide businesses in developing and implementing well-being as a tourism product resource. Both businesses and policymakers see well-being as a significant business growth opportunity with added value for their consumers and communities.

**Table 26: Overcoming the Barriers of Using Well-being as a Tourism Product Resource**

| | 6.2.1 Perception | 6.2.2 Brand | 6.2.3 Networks | 6.2.4 Finances | 6.2.5 Market Trends | 6.2.6 Infrastructure |
|---|---|---|---|---|---|---|
| **Change Barrier to Enabler (Businesses)** | - Alter perception that tourism contributes to well-being and can be captured in simple ways<br>- Create better image to drive new market<br>- Consistent meaning for businesses and tourists | - New branding campaign to ensure consistent well-being message in offerings<br>- Joint effort to rebrand and reposition brand/image<br>- Host events focused on well-being | - Collaborative marketing campaigns<br>- Packages offered among businesses<br>- Workshops/events to encourage synergy and motivation among businesses | - Gain knowledge about financial resources<br>- Tourism offering presented as unique offering<br>- Collaborate to receive more funding as joint offering | - Promote domestic tourism to local community<br>- Promote ability to engage in tourism that contributes to well-being in day/weekend trips<br>- Increase awareness among potential local tourist | - Joint initiatives to apply for funding<br>- Improve existing offering to accomodate for tourist traffic<br>- Better promote current offerings |
| **Change Barrier to Enabler (Policymakers)** | - Encourage businesses to incorporate well-being into product offerings<br>- Branding campaign reflected in business/town planning<br>- Create synergy between public health and tourism | - Create a better image of tourism as an activity that enhances well-being<br>- Ensure consistent regional message<br>- Provide support for businesses in rebranding exercise | - Financial or consultative support for joint efforts among businesses<br>- Collaboration among business offerings<br>- Provide networking opportunities for businesses | - Provide information for businesses to access external financial support<br>- Allocate portion of health/well-being budget to businesses<br>- Efforts to bring local businesses together to discuss joint funding options | - Provide expertise to local businesses in promotion of domestic tourism<br>- Educate local community on capturing well-being during day/weekend holidays<br>- Offer assistance to promote domestic tourism as a healthy lifestyle activity | - View development as a significant business growth opportunity<br>- Recognized improvements as benefical to both tourists and residents<br>- Provide consulting and financial support to businesses |

### 6.2.1 Perception (of well-being tourism by stakeholders)

Stakeholders (business and political representatives as well as consumers) were eager to overcome the identified perception barrier. Businesses emphasized that holidays focused on enhancing well-being don't have to be all about luxury spas and high-end accommodations because holidays (in general) contribute to an individual's well-being, and often these well-being enhancing activities are at a low (or no) financial cost to consumers. An example was given suggesting that well-being doesn't have to be about physical activity; well-being could be about learning a new culture, developing a new skill, feeling part of the destination's landscape and/or connecting with people. Stakeholders were enthusiastic about this suggestion and agreed that aside from traditional wellness enhancing activities like hiking, swimming and surfing, learning and development can also contribute positively to an individual's well-being. Businesses proposed that they should not exclude customers who can't afford premium products and services because well-being can still be achieved in simple ways such as a walk on the beach or a hike in the park which can have long-lasting effects on the individual (Ashbullby et al. 2013; MacKerron and Mourato 2013);

*"There are natural, fundamental things that we can offer consumers for free such as going for a walk or hike, cycling, relaxing on the beach, sitting in the sand or going for a paddle for example. It doesn't have to be about spas, hot stones and premium products and services" – sightseeing/tours provider*

Businesses expressed that the current marketing strategy had to be adjusted to attract this new market and to create an image of tourism as a well-being initiative;

*"Identifying simple well-being activities that we currently offer and informing people of them is important, we need to improve the marketing of these activities, as it could be very beneficial and could drive a whole new market" – leisure activity provider*

Policymakers agreed they should continue to encourage businesses to promote the well-being aspect of tourism. They also felt the re-brand has begun to be incorporated into business/town planning with the goal of ensuring the synergy between public health and tourism is optimized and in turn helping to alter consumer perceptions that tourism is an activity that contributes to well-being (Voigt and Pforr 2014; VisitBritain 2010);

*"There is a rebranding happening right now and the town centre will look quite different in the next few years. There will be a lot less retail, much more health options and these opportunities have the ability to change and develop the health and well-being market" – political representative*

### 6.2.2 Brand

Tourism businesses agreed that in order to tackle this barrier there must be one strong and consistent key message and/or brand of well-being so potential customers aren't confused;

*"We need a consistent message to consumers, a joint effort among everyone. Brands encourage people to go somewhere and gives them something to buy into" – sightseeing/tours provider*

Businesses had a realistic attitude about this, acknowledging the fact that changing consumers' perceptions is not something that will readily happen, but is a goal that the visitor economy could work together to achieve (Solomon 2015). Initiatives such as hosting big festivals focused on health and well-being were discussed by participants as a way to create this image in consumers' minds with the intention they will revisit a destination for well-being purposes. One business owner shared their own positive experience with incorporating a consistent brand;

*"Giving people a brand to buy into is so important. It is just giving your product offering a different emphasis to create a new image and drive a new market. This has worked really well for us" – leisure activity provider*

Policymakers concurred the need for a consistent message around well-being and stated that support could be provided to local businesses in a re-branding exercise. It was also suggested that government agencies such as VisitEngland might develop a branding campaign so that both businesses and consumers could recognize what well-being truly means and ensure a consistent regional message;

*"The Director of Public Health should be involved in this re-branding campaign. Public health and tourism can marry quite well together" – political representative*

Consumers are now exposed to countless options when choosing a holiday and as a result unique branding/marketing becomes essential to the survival of destinations by finding innovative ways of differentiating themselves from the growing competition (Echtner and Ritchie 2003). One way in which this differentiation can be achieved is for destinations to embed a well-being philosophy in their marketing and promotional strategies (Voigt and Pforr 2014). Some destinations have capitalized on their natural resources to identify a notion of personalized well-being such as the Nordic countries who have rebranded themselves as countries perfect for contributing to well-being (Hjalager et al. 2011). This then allows branding and/or marketing strategies to naturally develop this well-being philosophy.

### 6.2.3 Networks

Although networks were deemed insufficient, comments from business representatives supported the notion of collaborative marketing campaigns and offering a joint tourism package to overcome this obstacle. Business representatives suggested that even if businesses don't necessarily have a well-being product to offer, they could develop alliances with destinations that do and as a result they would be creating 'added value' (Armstrong et al. 2015). For example, the Algarve in Portugal has collaborated with the Portuguese Association for Health and Well-being Tourism to deliver a joint well-being destination offering (Fyall et al. 2016). Wellness and/or activity providers are mainly small business owners lacking budgets to invest heavily in marketing, but with the creation of networks it could be a win-win for all parties involved. It was agreed that if more workshops existed where businesses could share ideas, this may serve as a motivator to engage in joint efforts such as well-being tourism;

*"We should be working together to offer packages focused on enhancing well-being to consumers. I don't feel like there's a community that we can reach out to and work together on tourism and well-being initiatives, but if something like this existed, just to get people talking and trying to get them motivated to work together, it would certainly help" – leisure activities provider*

It was suggested that policymakers might provide financial or consultative support, collaborate on business offerings and provide opportunities for businesses to connect. Policymakers recognized the importance of networking and concurred that

collaboration was needed among businesses. One political member summarized their feelings and suggested that this collaboration has the ability to strengthen and revive a local town;

*"There's a real culture of health and well-being and that is filtering into the business community. We can then use that collection of growing small businesses promoting health and well-being activities to work together to restore the town" – political representative*

An example of this is Manchester (UK) where the city is developing a tourism strategy that provides an improved quality of life for local residents, "*…our quality of life across the City Region must come first if we are to attract a renewed global market…we must be better for ourselves and only then will we know we have a product to be proud of*" (Visit Manchester 2008, p. 9).

### 6.2.4 Finances

In order to tackle financial impediments tourism operators expressed the desire to undertake collaborative efforts to secure external funding to offset the cost of developing and marketing tourism associated with improving well-being;

*"Activity providers are usually small businesses with small budgets so we need to join networks to apply for funding because we will be more successful if we come together" – leisure activity provider*

Policymakers agreed they could assist business owners to obtain information on external funding sources. They were willing to provide this service during collaborative business information sessions and perhaps allocate some of the current health and well-being budget to businesses;

*"The council [local government] currently has a 4 million pound budget for health and well-being through public health so there is potential for financial support" – political representative*

It is evident that the well-being of citizens is essential to government policy. As a result governments have recognized the need to develop policies that take into account an individual's well-being (McCabe and Johnson 2013). To illustrate, the local Government Act 2000 in the UK gave authorities the capability to boost all aspects of

well-being (economic, social and environmental) of their counties and/or regions. This Act recognized that governmental policies should ensure the well-being of individuals in an effort to achieve optimistic results for tourists and residents. As governments become more focused on well-being there is opportunity for policy and finance to work together in an effort to enhance society (Stoll et al. 2012).

#### 6.2.5 Market Trends

'Staycations' (domestic tourism) are an alternative form of tourism which business operators believed were increasing in popularity among UK residents (VisitEngland 2013); however, it was seen as a 'barrier' because of the problem with capturing well-being in a short period of time. Generally, though, businesses thought there was potential to provide individuals with short well-being holidays and to promote domestic tourism as a way to engage in healthy living;

*"There are ways to adapt to the staycation phenomenon; there are all sorts of well-being activities that can be done in a short stay or day visit like walking, cycling, paddling, volleyball, yoga classes, tai chi classes and such like" – sightseeing/tours provider*

As domestic tourism becomes increasingly popular in the UK, the destination offerings close to home become very important to the visitor economy and create an opportunity for those who work and/or contribute to the tourism environment. It has been argued that well-being can be captured in simple, daily activities such as exposure to natural environments and the seaside which can be done by simply going for a walk (Ashbully et al. 2013; MacKerron and Mourato 2013). Policymakers expressed a desire to provide expertise to local businesses on the promotion of domestic tourism, to educate the community on capturing well-being during day/weekend holidays and to assist in the promotion of 'staycations' as a healthy and affordable lifestyle. Policymakers were optimistic about the potential to capture well-being during a domestic holiday;

*"There are elements of health and well-being all over the place and visitors can take advantage of these opportunities during short stays. Once you step out of your hotel there are huge opportunities to engage in well-being right at your doorstep – parks,*

*sports, walking, cycling – and this can all be done in a day or weekend trip" – political representative*

### 6.2.6 Infrastructure

Stakeholders recognized the need for more rural infrastructure to accommodate for well-being initiatives and discussed the potential of coming together to apply for funding to improve this barrier. Notwithstanding this, businesses suggested that even without the appropriate infrastructure, they could develop and expand on their current offerings to accommodate for tourist traffic;

*"Rather than spending money on improving and expanding health and well-being products, services and infrastructure, I think those products and services are already there so we need to spend our time and money on promoting these fantastic well-being options to customers" – sightseeing/tours provider*

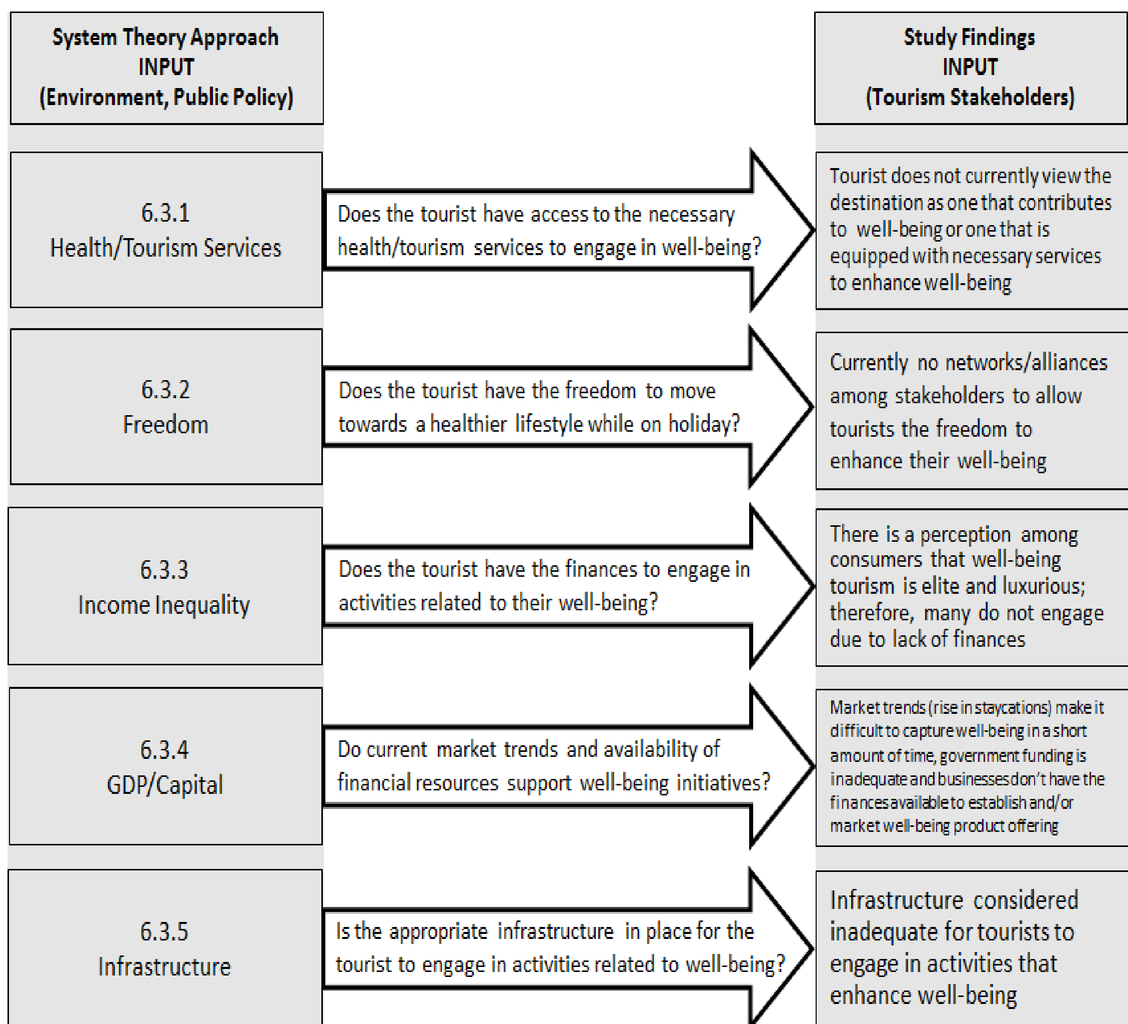
Infrastructure was viewed as a significant business growth opportunity by policymakers and the possibility of providing financial support for such improvements was also endorsed. One stakeholder summarized their feelings by suggesting that developing infrastructure such as a bike hire has potential to not only benefit tourists but also local residents as well (Hartwell et al. 2012). Infrastructure to enhance well-being ambitions is gaining impetus. For example, international projects are being launched to connect tourism stakeholders and cyclists in an effort to improve cycling options for individuals while on holiday (European Commission 2015). These initiatives not only support well-being among tourists and local residents, but also promote sustainability at destinations. This idea was greeted energetically by policymakers;

*"Developing infrastructure is a valuable investment because I agree that these improvements could be beneficial to both tourists that visit the area and local residents" – political representative*

### 6.3 Relevance to Theory: Mapping of Findings onto a Theoretical Framework

It became evident from focus groups findings that the study provided transparency, as elements of Hagerty's systems theory approach became clear in the conclusions. These findings provide further evidence of the fusion of public health and tourism around the emerging theme of well-being. Figure 21 provides a visual representation of a comparative analysis conducted of Hagerty's systems theory approach and study findings with items ranked in descending order of most to least mentioned by stakeholders.

**Figure 21: Comparative Analysis of Systems Theory Approach and Focus Group Findings (in ranking order)**




As demonstrated in Figure 20, study findings were readily mapped onto the systems theory approach. The factors in Hagerty's model (2001) were highlighted in the focus group findings and endorsed within the wider stakeholder group. Each item in the input column and its connection to qualitative data was identified.

### 6.3.1 Health/Tourism Services

Health/Tourism Services alludes to the accessibility of essential health/tourism services for tourists to participate in well-being activities. The general consensus among stakeholders revealed that consumers' perception of the destination was not affiliated with well-being nor was the destination viewed as one that supplies appropriate services to achieve well-being;

*"We don't seem to be known for activity/wellness holidays and we need to adapt our products and services to change consumer perceptions" – accommodations provider*

The mapping of public health and tourism is in its infancy and clearly there is more work needed from both a policy perspective and that of tourism operation.

### 6.3.2 Freedom

Freedom, also identified as important was defined as the ability for the tourist to move toward a healthier lifestyle during a holiday. Generally, the response received from stakeholders was negative, as there is currently a lack of networks and/or alliances to allow tourists to fully optimize their well-being capacity while on holiday. Overall, stakeholders felt that information sharing and exchange among tourism businesses, political representatives and the general public was non-existent;

*"As consumers, they don't know the area and what it has to offer, as businesses we've got that knowledge so we need to form a network, join up together, package our services like activities, attractions, food and accommodations to make it easy for the consumer to choose what they want when looking for a well-being holiday. We need to make alliances with other businesses, destinations and websites to join in a network" – leisure activities provider*

### 6.3.3 Income inequality

Income inequality is a key issue in tourism where it is debated that the positive impact of tourism on the well-being of low-income families cannot be ignored; this stresses the need for linkages between social policy agendas and improved lifestyles, which can be realized from a holiday experience (McCabe 2009). An empirical study by Minnaert et al. (2009) revealed that low-income individuals who engage in tourism exhibit a heightened level of self-esteem, social networking and pro-active behaviour. There is an emerging market where consumers are positive to making a change towards

healthier lifestyles and wanting to continue this lifestyle while on holiday by incorporating a well-being feature (Voigt and Pforr 2014). However, stakeholders believed that due to consumer perceptions that well-being tourism is exclusive and luxurious, many do not partake simply because they do not have the financial means;

*"Wellness tourism is associated with luxury, potentially, and I think this perception discourages people from going on well-being holidays" – adventure sports provider*

### 6.3.4 GDP/Capital

It was agreed by stakeholders that current market trends include a rise in domestic tourism, as it is becoming more and more popular for individuals to take shorter holidays such as day trips or weekend excursions (VisitEngland 2013);

*"We are seeing a change in consumer patterns. Tourists seem to be taking short holiday trips and day trips" – adventure sports provider*

Stakeholders believed the increase in shorter holidays is challenging and problematic to developing a well-being proposition; as there is a perception that well-being cannot be captured in a small amount of time. Also, the tourism industry is mainly comprised of small and medium-sized enterprises (SMEs) relying on a strong market position to optimize any innovative product development (Buhalis and Peters 2006). Consequently, stakeholders specified that the availability of financial resources to support well-being initiatives is generally scarce;

*"Finances are an issue and perhaps council [local government] could help with this. Many small businesses don't necessarily have the resources to take on the costs of marketing these wellness enhancing products and services" – sightseeing/tours provider*

### 6.3.5 Infrastructure

Infrastructure appears to be critical for the optimization of any well-being strategy. Development of infrastructure at tourist destinations is advantageous to both locals and tourists (Uysal et al. 2016; Hartwell et al. 2012). For example, secure bicycle compounds improves the experience for holidaymakers, and also contributes to the well-being of local residents. Increased participation in activities like walking or cycling does not only enhance both physical and mental health, but is equally beneficial in the

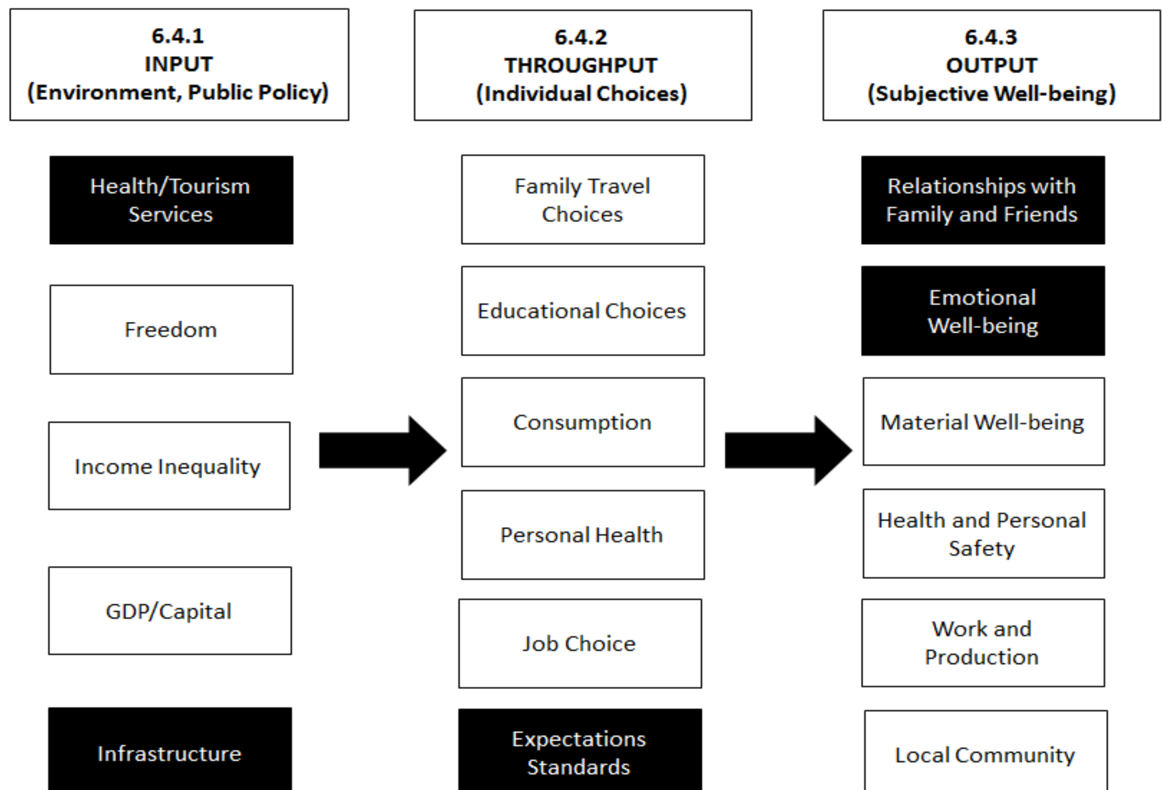
reduction of carbon impacts, producing a more favourable image of a destination (European Commission 2015). As one stakeholder suggested, this development in infrastructure could be in the form of safe cycle-ways and improved bus routes for individuals and families. All stakeholders concurred that infrastructure was currently insufficient and patchy to support well-being product offerings;

*"In order for the tourist to engage in wellness activities, infrastructure needs to be improved, especially in the rural parts" – accommodations provider*

### 6.4 Quantitative Results Underpinned by the Literature

As the qualitative findings were mapped onto the study's theoretical framework, a comparative analysis of the quantitative results to Hagerty's systems theory approach was also conducted. The quantitative results and the relevance to the systems theory approach are identified and the ones that can are mapped against tourism criteria at Figure 22. The relationships among the input, throughput and output factors are detailed in subsequent sections.

**Figure 22: Comparative Analysis of Systems Theory Approach and Questionnaire Results**




***NB: Highlighted items represent elements of Hagerty's systems theory approach that were supported by the quantitative results**

### 6.4.1 Input

It was recognized that the availability of infrastructure to support well-being initiatives and access to appropriate health and/or tourism services are required for tourists to enhance their well-being. It could be argued that these factors actually go hand-in-hand, as infrastructure is needed to support health and/or tourism services. With regard to infrastructure, study results revealed that the destination must be equipped with appropriate shops, restaurants and cafes to enhance well-being. In addition, the destination's transportation system including the tube, train and bus stations should be readily accessible to tourists. When discussing the appropriate health/tourism services to foster a well-being destination environment, data suggests that the accessibility of recreation and/or sports grounds by foot or bike as well as convenient pavements and cycle-ways are all important to achieving well-being while on holiday. Furthermore, proximity to the local GP surgery and pharmacy are required to maximize the well-being environment of a destination. It should be acknowledged that the implementation of infrastructure and health/tourism services to support well-being initiatives will not only benefit tourists but local residents as well (Uysal et al. 2016; Hartwell et al. 2012). This can also generate happier tourism employees who in turn will provide improved services through the use and enjoyment of enhanced well-being infrastructure (Uysal et al. 2016). For instance, developments across the globe are being undertaken to link stakeholders in the cycling community with a goal of expanding and developing opportunities for tourists (European Commission 2015). These projects encourage sustainability of destinations in addition to boosting well-being for both residents and tourists.

The tourism sector has been recognized as having a positive impact on the community and hence the QOL of local residents (Kim et al. 2013; Nawijn and Mitas 2012). Impacts on community residents are: economic, social, cultural and environmental. While destination residents have identified and are mindful of the negative aspects of tourism on the community (such as traffic and overcrowding and even more extreme negative effects with regard to *Sex Tourism*, *Party Tourism, Alcotourism* and exploitation), they are more aware of the benefits of tourism and the general attitude is that tourism is a positive and highly accepted activity (Andereck et al. 2005). Creating awareness and educating residents on the advantages of tourism to the community will provide individuals with a better appreciation of the industry

(Andereck et al. 2005). In order for tourism to succeed at various destinations, the support of the host community is critical, therefore the benefits need to be understood and encouraged (Deery et al. 2012). The QOL for citizens will be augmented if infrastructure and services are focused on well-being. These quantitative results correspond with the qualitative findings in section 6.2.6, as stakeholders identified the importance for improved infrastructure to support well-being initiatives because of the benefits to both tourists and locals.

The remaining input factors in Hagerty's systems theory model (freedom, income inequality and GDP/Capital) were not considered important with regard to the well-being reported by tourists following a recent leisure holiday experience. To elaborate, the cost of well-being activities was not a contributing factor for individuals and their well-being. Consumers felt they did not need excessive amounts of money to engage in activities that enhanced their well-being. Well-being activities were often free and consumers did not believe that any activity related to well-being was luxurious. This is interesting to note because stakeholders believed tourism associated with enhancing well-being has an elite connotation and must be better defined. Consequently, 'perception' was identified as a barrier (section 6.2.1). This corresponds with the literature, as well-being has been characterized as a challenging concept to define and has led to a misunderstanding across many sectors, including tourism (La Placa and Knight 2014; Hanlon et al. 2013). It is promising to note this 'barrier' may be overcome because the qualitative findings contradict the quantitative results, as consumer responses' alluded to the fact that well-being can be achieved in simple, economical ways. This result is supported in the literature through the concepts of 'blue gym' and 'green gym' (European Centre for Environment and Human Health 2014). These ideas are underpinned by the notion that natural environments are positively linked to increased well-being and time invested outdoors boosts an individual's health (Ashbullby et al. 2013; MacKerron and Mourato 2013; White et al. 2013; Wheeler et al. 2012; Depledge et al. 2011; Yerrel 2007). Finally, an individual's level of income was reported by consumers as insignificant with regard to the well-being effects of a holiday. These quantitative results also correspond with the qualitative findings in section 6.2.1; which discusses how tourism stakeholders agreed that well-being can be achieved in simple ways and without an enormous amount of financial cost.

### 6.4.2 Throughput

An individual's overall expectation of a holiday plays a key role with regard to their reported well-being. Data suggests that consumers hold expectations that a holiday is supposed to make them feel better, improve their overall well-being and contribute positively to their personal health. To illustrate, a study conducted by SRI International (2012) asked individuals what they do to improve their wellness (or well-being). Individuals rated 'taking a holiday, vacation or retreat' as fourth, with exercising, eating better and visiting a spa valued at first, second and third respectively. These outcomes demonstrate the expectation of consumers in regard to tourism and its contribution to well-being. The assumption that tourism is designed to make an individual feel healthier and in turn enhance their overall well-being has been identified in the literature (Chase et al. 2012). There is both an implicit and explicit assumption that tourism provides all stakeholders with a variety of benefits that contribute to their well-being. However, the research on these well-being assumptions has been scarce (Weiermair and Peters 2012). This study will help stakeholders understand the importance of branding tourism as an activity that enhances well-being. An initiative is needed to ensure a consistent message to consumers, as identified by the focus group findings (section 6.2.2). The concept of well-being (or QOL) and its relationship to the tourism sector is an emerging topic which is expected to receive more attention in the future (Uysal et al. 2016).

The remaining throughput factors in Hagerty's systems theory approach (family travel choices, educational choices, consumption, personal health and job choice) were identified as irrelevant with respect to well-being achieved from a recent leisure holiday experience. Whether an individual went on holiday alone or with family and friends, did/did not hold a university degree, or their choice of consumption, both good (went for a walk, participated in healthy/sporty activities) or bad (overeating, alcohol consumption) was unimportant to the reported well-being following a holiday. Furthermore, a tourist's personal health (i.e. their capability of engaging in activities related to their well-being) was also insignificant to the perceived well-being experienced from a holiday. With regard to job status, retired people reported lower well-being and there is no immediate explanation for this.

### 6.4.3 Output

Two dimensions of well-being (relationships with family and friends and emotional well-being) were identified as most positively impacted by a holiday. Data from the consumer questionnaire showed that satisfaction with both family and friend relationships as well as interaction with others is elevated following a leisure holiday experience. Furthermore, emotional well-being with regard to achieving self-fulfillment, emotional health and personal goals/hopes is also increased when an individual engages in tourism. These findings are supported in the literature. For instance, over the course of 75 years, generations of researchers looked at what contributes to our health and well-being in a longitudinal study that has been identified as the longest and most complete study of adult life ever documented. The clearest message from this study is that good relationships keep individuals healthier and happier (Waldinger 2016). People who are more socially connected to family, friends and community are happier, physically healthier and live longer than people who are less well connected. The experience of loneliness can be negative because people who are more isolated than they want to be from others find that they are less happy, their health deteriorates earlier, their brain functioning declines sooner and they live shorter lives (Waldinger 2016). The negative health effects associated with loneliness and social isolation have been identified as a pressing concern for everyone (Hemingway and Jack 2013; Quinn and Stacey 2010; Stanley et al. 2010; Murphy 2006; Ekwall et al. 2005). The adverse impacts have been compared to the harmful effects of smoking, coronary heart disease and other serious threats to health. Social isolation not only negatively impacts an individual's mental condition, but is also detrimental to one's physical health (House 2001). On the contrary, involvement in social networks and relationships is beneficial to one's physical and mental health as it boosts immune systems (Pressman and Cohen 2005), decreases cardiovascular disease and the damaging effects of stress (Seeman et al. 1994), supports behaviours that contribute to one's health (Kinney et al. 2005), improves self-esteem (Cornman et al. 2003), reduces the risk of death and increases the quality/length of life (Waldinger 2016; Glass et al. 1999). Research indicates that those individuals immersed in social networks and relationships have a higher degree of health and well-being than those who are not, particularly in elderly people (Hemingway and Jack 2013; Fioto 2002).

Tourism provides individuals with the opportunity to mix and mingle with people of different income, education and social status while learning about various cultures contributing to one's personal and social development (McCabe and Johnson 2013; VisitBritain 2010; Minnaert et al. 2009). Additionally, tourism gives individuals the chance to understand different ways of life and to acquire new information. This type of learning lends itself to the overall awareness of humanity, realizing one's role in society and contributing to social and intellectual well-being (Wellness Tourism Worldwide 2011). Higgins-Desbiolles (2006) agree and suggest that tourism is often viewed solely as an industry; however, it is something much greater than that. It is an important social force which can accomplish essential goals for all of society and humankind. Other studies confirm this belief by demonstrating the positive impacts on an individual's 'social and community networks', a key element in the main determinants of health. Relatedness and social support are important contributors to an individual's well-being (Deci and Ryan 2002). Research suggests leisurely activities (i.e. tourism) provide social support and fosters an environment to form close relationships and friendships (Nawijn and Veenhoven 2011). Tourism provides an atmosphere where one can self-develop and experience a heightened level of self-esteem (McCabe and Johnson 2013; VisitBritain 2010; Minnaert et al. 2009). These quantitative results correspond with the qualitative findings where it was suggested that well-being does not have to be completely physical, it could be learning a new skill or culture and connecting with people. Tourism provides this sort of atmosphere for individuals to learn and grow together (section 6.2.1).

With regard to emotional well-being and tourism, consumers expect to enjoy themselves and to create unforgettable memories while on holiday (Hosany 2012; Sirgy 2010). Therefore, individuals tend to feel better and experience more positive emotions during a holiday in comparison to daily life (Nawijn and Veenhoven 2011). Using Hagerty's systems theory approach it is evident that the nature of well-being as a multidimensional concept is paramount. Furthermore, clear distinctions among the model's input (environment/public policy) and throughput (individual choices) are identified. The combination of these exogenous and endogenous factors impacts the various dimensions of well-being. Precisely identifying the essential input and throughput factors to enhance an individual's well-being following a holiday

experience helps explain the importance for tourism policy and practice. The remaining output factors in Hagerty's systems theory approach (material well-being, health and personal safety, work and production and local community) were not as positively impacted by a holiday experience as the well-being dimensions of relationships with family/friends and emotional well-being.

### 6.5 New System Framework based on Primary Research Findings

A new tourism and well-being system framework has been developed and refined based on primary research findings and is presented at Figure 23. This model has been crafted by combining both the qualitative findings (stakeholder focus groups) and the quantitative results (consumer questionnaire) to consolidate contemporary issues corresponding to the aim and objectives of this research. Up until this point, Hagerty's systems theory approach has been portrayed as a sequential and complicated process. Consequently, input influences throughput which then impacts output. However, given that this study is the first time that a systems theory approach is being presented in a tourism context, this is not necessarily the most precise interpretation, as the transferring of a model from one discipline to another is challenging.

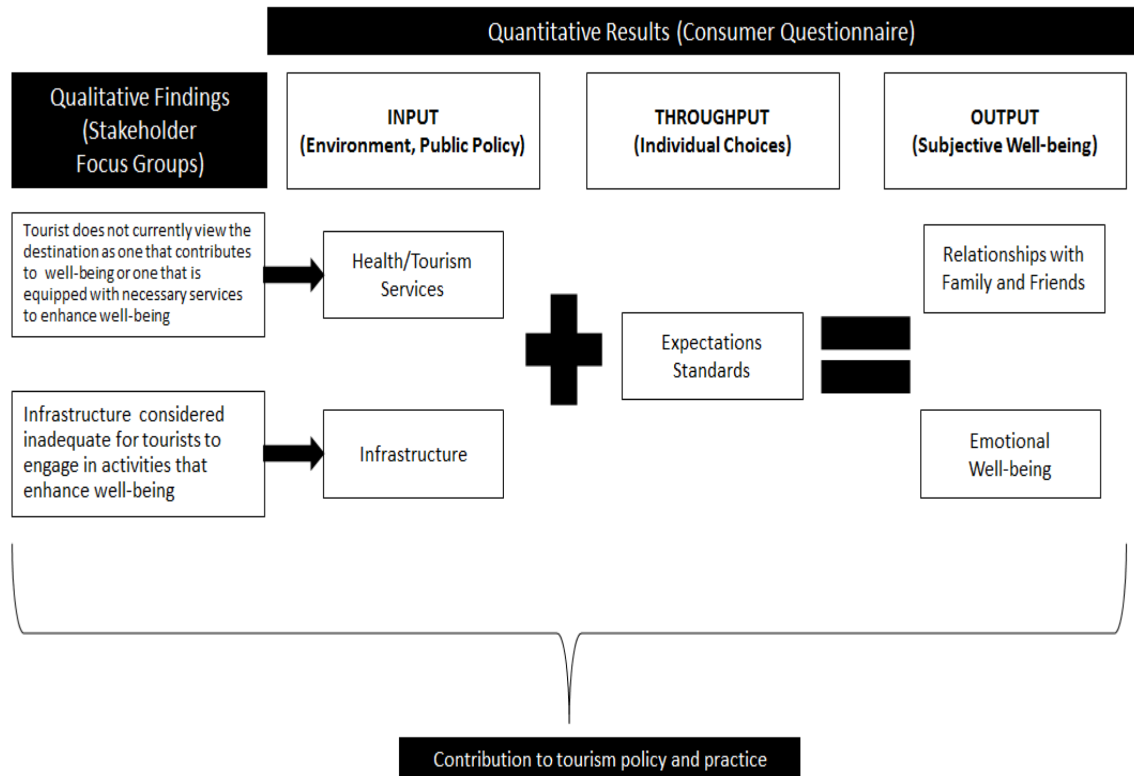
According to Skyttner (2005), a systems theory approach has been characterized as a theory regarding the nature of complicated systems, and provides a foundation to understand a variety of factors that interact collectively to arrive at an outcome. Notwithstanding, Hagerty's original framework does not necessarily represent a systems theory approach in a tourism context nor does it symbolize the results from this study. The systems theory approach that Hagerty et al. (2001) originally presented demonstrates how input leads to throughput and throughput leads to output. However, the revised framework is more representative of the systems theory in a tourism context. This relationship is simple and liner. Given these realities, arrows have been removed and replaced with a plus sign (from input to throughput) and an equal sign (from throughput to output) to better demonstrate the collaborative relationship among the input and throughput factors in arriving at the output factor.

Upon collection and analysis of the primary data it was determined that input (environment, public policy) plus throughput (individual choices) equals output (well-being). Therefore, from a tourism context a better representation of reality is to specify input and throughput factors as working together to achieve output. It is not

accurate to suggest that input happens before throughput or that input and throughput do not act in conjunction with one another, or not influenced by one another. Input and throughput are, in fact, all inputs and/or predictors of the outcome factor which in this case is well-being. While input and throughput are both predictors, it is important to still separate them because they signify two different types of predictors. Input factors refer to elements of the destination's environment and throughput factors represent characteristics of the individual. For these reasons, input and throughput columns continue to stand alone.

This new interpretation of Hagerty's systems theory approach suggests that stakeholders should focus on establishing appropriate health/tourism services and creating infrastructure to support well-being initiatives. If the appropriate services and infrastructure are provided at a destination, tourists' expectations of improving well-being while on holiday may be enhanced and in turn an increase in well-being will be realized. Similarly, if a destination is not equipped with the appropriate services and infrastructure, the opposite effect could be experienced. Quantitative results recognised services and infrastructure as important predictors from which well-being could be achieved; however, it was identified from qualitative findings that destinations are not equipped with the necessary services to enhance well-being and infrastructure provided at tourist destinations is lacking. These identified barriers have been articulated by the stakeholder focus groups. This could be overcome by focusing on the implementation of appropriate health/tourism services and infrastructure as identified by consumers as pertinent to achieving well-being while on holiday. In this sense, the input factors are serving as enablers to overcome the barriers. Instilling required services and infrastructure at a destination, together with the tourist's expectations of the holiday will lead to increased well-being, specifically in regard to an individual's relationship with family and friends as well as their emotional well-being. This new tourism and well-being system framework offers a foundation for conclusions and recommendations which are provided in detail in Chapter Eight.

**Figure 23: Tourism and Well-being System Framework**




## 6.6 Summary

In this chapter a new system framework demonstrating the well-being effects of tourism on the individual and the implications for policy and practice based on the integration of both primary and secondary research is provided. A shift from Hagerty's original complicated systems theory approach has been revised based on the applicability of the model to the tourism sector and the results from this research. This updated framework demonstrates a collaborative, linear relationship between the environment and individual choice factors to arrive at the outcome (well-being). Regardless of the limitations inherent with transferring a model from one sector to another, the results of this interdisciplinary approach provide an innovative and unique contribution to new knowledge. Chapter Eight will discuss the study's conclusion, implications for policy and practice, study limitations and suggestions for future research.

# 7 A CRITICAL REFLECTION OF THE RESEARCHER'S JOURNEY

## 7.1 Introduction

In this chapter Dellinger and Leech's (2007) Validation Framework (VF) was adopted to evaluate the mixed methods research approach undertaken in this study. The VF is a relatively new tool used to help pragmatic researchers with the interpretation of mixed method research studies. The qualitative and quantitative strands are reviewed independently before assessing the mixed methods approach collectively. To conclude, a personal reflection of the researcher's journey is presented.

## 7.2 Foundational Element

As an initial exploration into the study and to provide context, a critical review of the literature was conducted. Both theoretical and empirical evidence was debated and discussed with regard to the fields of public health and tourism around the emerging concept of well-being and the implementation of well-being as a tourism product resource. This argument influenced the development of a theoretical framework, which involved the extraction of a robust model from the public health sector (systems theory approach) and uniquely applied in a tourism context to satisfy the research aim and objectives. A critical review of the literature yielded the direction and assistance for the study's design and methods.

To evaluate the well-being effects of tourism it was important to understand the destination's environment as well as the individuals' choices, as both have the potential to influence perceived well-being. Therefore, Hagerty's systems theory approach (together with key elements from the literature review) acted as the theoretical underpin for this study. Using the systems theory approach as the foundation facilitated the progression towards an exploratory mixed methods research design. This allowed the research aim and objectives to be satisfied in a clear and concise fashion by providing a systematic understanding of the research topic.

## 7.3 Appraisal of the Methodological and Analytical Methods Employed

In this study the researcher has aspired to provide a comprehensive and thorough representation of the research design in addition to how data was collected and analysed. The rigorous path taken to arrive at the appropriate methodology and methods to achieve the research aim and objectives was presented. In an effort to understand the relationships between tourism and well-being, an initial exploration

into the study was conducted via stakeholder focus groups. Findings from the focus groups confirmed relevant factors to be included in the questionnaire and further enhanced the study's theoretical underpin. The focus group findings together with the literature review were used to formulate a second advanced research instrument, the consumer questionnaire. This was undertaken to ensure the systems theory approach was appropriate to achieve the research aim and also to ensure results of the study were valid and reliable.

The remainder of this chapter uses Dellinger and Leech's (2007) VF to evaluate and assess both the qualitative and quantitative strands of the research as well as the mixed methods approach. Each study is discussed separately in subsequent sections.

## 7.4 Qualitative Data Strand: Empirical Study One

Focus groups with tourism stakeholders were conducted and analysed using thematic analysis. This was considered a suitable approach, as it provided a preliminary investigation of the study area, secured the factors that were relevant for empirical study two and confirmed findings from the literature review. Using Dellinger and Leech's (2007) VF the qualitative strand of the research has been assessed using the Framework's primary criteria and elements of construct validation: credibility and authenticity, criticality and integrity as well as congruence and sensitivity.

### 7.4.1 Credibility and Authenticity

Prior to conducting any focus groups, ethical approval was sought from the university's research ethics committee and therefore corresponded with good practice. With permission from the participants, focus group discussions were recorded and transcribed immediately following the session. In addition to consultations with the supervisory team, transcriptions were cross-checked for accuracy, validity and biases by a moderator who was present during the deliberations. Furthermore, findings from the focus groups were endorsed by the larger group to ensure saturation of data and to contribute to the robustness of data collection. Once a consensus was reached, findings from the stakeholder focus groups were shared with interested participants. The researcher used an open-approach with prompts derived from the literature review (and then cross-checked with experts in the field) to allow flexibility and also to permit participants to lead the conversation. This technique enabled the researcher to

remain neutral; therefore, all efforts were exhausted to prohibit subjectivity and/or individual beliefs with regard to the administration and examination of the data.

Two focus groups with tourism stakeholders (businesses, policymakers and consumers) were conducted in the UK during a knowledge exchange workshop with industry. This natural, unbiased and relaxed setting allowed stakeholders to feel comfortable and not intimidated when telling a story. The goal of these workshops was to foster an environment for stakeholders to exchange knowledge on tourism and well-being and thus served as an appropriate platform. Chapter Five (results) provides a detailed report of focus group findings and stakeholder views on tourism and well-being. Since focus groups took place in an authentic environment, the researcher is confident the analyses of data are a reliable and trustworthy depiction of the truth.

### 7.4.2 Criticality and Integrity

Prior to the focus group discussion, participants were verbally informed about the research study and information sheets were distributed. The researcher received written informed consent from all participants and also clearly stated they could withdraw from the study at any point. As previously mentioned, the researcher also obtained approval from the university's research ethics committee. The confidentiality and security of participants was considered of utmost importance and therefore all information was gathered and stored electronically. The transcription and analysis of the data (Chapter Five) and subsequent interpretation (Chapter Six) have been initiated by the critical synthesis of the research process in a system that is efficient and reasonable.

### 7.4.3 Congruence

A critical review of the literature revealed an exploration into the potential impact of tourism on an individual's well-being; however, no studies had attempted to quantitatively measure the significance of these benefits. This lack of knowledge provided an opportunity for this study to provide new quantitative evidence of the links between the fields of tourism and public health around the emerging concept of well-being. The methodology employed in this study facilitated a strong recognition of the main factors contributing to an individual's well-being captured from a holiday experience. The methodology also enabled the development of a model to measure well-being. This was essential to achieve the research aim and objectives. Each strand

of the research (both qualitative and quantitative) was connected to maintain consistency throughout the research process.

### 7.4.4 Sensitivity

The issue of sensitivity was vital throughout the entire research process. Focus groups were comprised of business and political representatives so it was important to ensure they felt comfortable to share their opinions and ideas without jeopardizing their business and/or political image. The researcher was respectful and sensitive by ensuring the responses were kept completely and entirely anonymous. Furthermore, the focus group prompts were designed for a general discussion among stakeholders to achieve the research aim and not to expose any issues concerning a particular business or political representative. Focus group findings provided an eclectic representation of stakeholders within the tourism industry including providers of accommodation, leisure activity, food service, sightseeing/tours, adventure sports as well as local tourism business and political representatives and consumers. Consequently, the recorded opinions and perspectives were from a variety of backgrounds which provided for more well-rounded and comprehensive findings. Not only has this research been beneficial for the current study, but value to the wider tourism community is evident.

## 7.5 Quantitative Data Strand: Empirical Study Two

The second empirical study consisted of a self-administered consumer questionnaire to a random sample of the general UK population. Three thousand questionnaires were posted. A total of 346 usable responses were collected; however, a total of 240 cases were used in the analysis due to the removal of incomplete responses and the elimination of individuals who had not been on a holiday in the last 12 months. The questionnaire was designed to include questions needed to perform a strong statistical analysis and to satisfy the research aim and objectives. The questionnaire concentrated on the arguments identified by the stakeholders in the focus groups (empirical study one) in addition to themes derived from the literature review and more specifically with regards to the 17 items in Hagerty's systems theory approach, relevant in a tourism context (Hagerty et al. 2001).

Adopting Dellinger and Leech's (2007) VF, the quantitative strand of the research has been assessed using elements of construct validation such as design-related elements, measurement-related elements and inference-related elements.

### 7.5.1 Design-Related Elements

The quantitative strand of the research has been evaluated in terms of internal and external validity with regard to the study's design-related elements.

#### 7.5.1.1 Internal Validity

A self-administered questionnaire was deemed the most appropriate option because the observer could remain independent and interjection of personal opinions could not be articulated. This ensured any threats to internal validity were kept to a minimum, as the respondents had complete control of the questionnaire and total freedom to answer the questions honestly and accurately. One could argue that the presence of the researcher is important to ensure respondents' queries are addressed; however, the pre-testing stage confirmed that the questions were straight-forward and clear. Furthermore, the questionnaire was designed using a professional software package and posted from the university, which demonstrated to recipients that this was a valid and trustworthy study. With regards to the analysis, a professional software program was used to record the findings in a uniform manner. This was cross-checked by the researcher as well as a colleague to ensure the recorded data were accurate. By addressing these potential threats to internal validity, the researcher can conclude the results provide a credible representation of the truth.

#### 7.5.1.2 External Validity

External validity is concerned with the idea of generalizing. Although this study has been conducted and applied in the UK, the results had the potential to be transferrable and generalizable to an international context. However, due to the low response rate (11.5%) representativeness has unfortunately been lost. Notwithstanding, the response rate is beyond the researcher's control and the systems theory approach still has implications for the wider, global population because it includes factors that are mutually exclusive to all cultures and countries: relationships with family and friends, emotional well-being, material well-being, health and personal safety, work and productivity and feeling part of one's local community (Hagerty et al. 2001).

### 7.5.2 Measurement-Related Elements

The quantitative strand of the research has been assessed in terms of reliability and validity including the internal structure of the quantitative measure and statistical inference-related issues.

#### 7.5.2.1 Reliability

To ensure reliability, the questionnaire was created by developing three questions for each of the 17 items devised; most of which were taken from other studies that have either used Hagerty's systems theory approach in a different context (von Wirth et al. 2014) or measured well-being using different models (Kim et al. 2015; VisitEngland 2013). Although debates surrounding the appropriate number of scale points to enhance reliability prevail, the most important point is that the researcher provides respondents with a neutral category so they are not forced to agree or disagree with any given statement. Resultantly, five-point Likert scales were used in this study to provide respondents with the 'unsure' category and also because other studies using a systems theory approach with statistical analysis followed this measurement scale. Furthermore, research suggests that the application of Likert scales yields more reliable data with regard to respondents' level of agreement or satisfaction with statements (Oppenheim 2000).

#### 7.5.2.2 Internal Structure

EFA was conducted in the initial stages of data analysis following the development of the theoretical model (Hagerty's systems theory approach in a tourism context) and completion of data screening. This allowed the researcher to determine which measured variables were consistently loading onto each of the three latent variables (input, throughput and output) in a reliable and logical way. From this, the researcher reported an explained variance of 57%, considered to be an adequate percentage. EFA was used not only to screen variables, but also to form the basis of obtaining factor scores for the regression analysis. The correlation matrix for all measured variables is provided as well as the results of the regression analysis in Chapter Five.

### 7.5.3 Statistical Inference-Related Elements

The goal of the quantitative data approach was to measure the well-being effects of tourism on individuals. The quantitative strand revealed the optimal combination of input (destination's environment) and throughput (individual choices) needed to

achieve or enhance the well-being experienced from a holiday. This was accomplished by the application of regression analysis (via the factor scores from EFA), as this form of statistical analysis identified and confirmed the links between the destination's environment and personal choices on an individual's well-being.

The systems theory approach (subject to its limitations when applied to the tourism sector) had the power to be expressed as a regression equation, did not take any great liberties with the data, explained the relationships within the model in simple terms and provided the opportunity for the researcher to identify the variance when new variables were added. Consequently, regression was deemed the most appropriate form of statistical analysis for this study.

## 7.6 Mixed Methods: The Integration of Empirical Studies One and Two

The integration of the study's qualitative and quantitative strands provided recommendations for industry to implement well-being into their tourism business strategies. As a result, consumers can view tourism as a healthy lifestyle choice. Furthermore, the combination of qualitative and quantitative studies provides new theoretical knowledge on the well-being effects of tourism using the systems theory approach as a benchmark. This model is familiar to policy analysts and therefore provides implications for tourism policy. Justification and reasoning have followed each step of the exploratory mixed methods research process. The mixed methods approach has been evaluated with respect to design quality, legitimation and interpretive rigor.

### 7.6.1 Design Quality

In the following sections, the design quality of the mixed methods approach has been assessed in terms of suitability, adequacy/fidelity, consistency and analytic adequacy.

#### 7.6.1.1 Design Suitability

The application of an exploratory mixed methods design was appropriate because the current research is complex and consequently was best examined from two perspectives in order to achieve the research aim and objectives. The thoughts and opinions gathered from the stakeholder focus groups together with the views and beliefs from the consumer questionnaires provided a more accurate, complete and well-rounded depiction of the research topic. Integrating the two worldviews demonstrated how the well-being benefits of tourism identified by consumers can be

used by stakeholders and potentially as a tourism product resource. The data collected from the qualitative strand (stakeholder focus groups) in addition to the findings from the literature review supported the construct validation for the creation of the quantitative strand (consumer questionnaire). The questionnaire was developed using arguments acknowledged by the stakeholders, themes identified by the literature review and more specifically in relation to the factors in the systems theory approach.

#### 7.6.1.2 Design Adequacy/Fidelity

The needs and wants of the various participants and respondents were respected and taken into consideration with regard to the design of both empirical studies. Consequently, focus groups were conducted in a quiet room during two knowledge exchange workshops with industry. Conducting focus groups as part of the workshop was deemed the most appropriate setting and also the most convenient for participants. The questionnaire was posted to a random sample of the general UK population and therefore respondents could complete the questionnaire at their discretion. In addition, a pre-paid business envelope was included in the mail-out to provide convenience and a reasonable response rate. Both empirical studies were performed and designed to capitalize on the potential for revealing potential themes and relationships.

#### 7.6.1.3 Within Design Consistency

Both empirical studies were designed with consistency by following a rational, valid and pragmatic progression. Thematic analysis was used to analyse data collected from both focus groups which provided consistency and uniformity. Furthermore, the same prompts were used in each of the focus groups. The analysed data were then cross-checked for accuracy and validity by a moderator. The Likert-scale consumer questionnaire was pre-tested to ensure questions were clear and concise, well developed and well understood. To ensure only one questionnaire was posted to each address an identification number appeared on every cover letter and questionnaire. This number also helped the researcher identify addresses with no response and to understand the geographical area of respondents.

#### 7.6.1.4 Analytic Adequacy

As highlighted previously, data from the focus groups were analysed using thematic analysis. The reading and rereading of transcripts to identify themes provided valuable input for the development of the questionnaire, as elements of the literature review findings became evident and a resonance to the study's theoretical underpinning (Hagerty's systems theory approach) became apparent. The questionnaire was examined using a series of regression analyses to ensure the researcher could witness the effect of any newly added variables. In the outset, the systems theory approach was presumed to be a very complicated model; however, upon further examination the model was deemed somewhat simple. The effect of this simplification resulted in the model being re-expressible as a regression equation. Regression analysis complements the systems theory approach to determine the linkages among input, throughout and output. This type of analysis afforded the ability to identify values linking different factors in the systems theory approach in relation to the well-being of tourists following a holiday experience.

### 7.6.2 Legitimation

The legitimation of the mixed methods approach has been evaluated with regard to sample integration, weakness minimization, conversion, inside-out, paradigmatic mixing, commensurability and multiple validities.

#### 7.6.2.1 Sample Integration Legitimation

To enable maximization of inferences, composition of the sample selected for the focus groups included a smaller representation of respondents chosen to complete the questionnaire. However, in addition to consumer participation in the focus groups, participants included a diverse representation of stakeholders within the tourism industry including providers of accommodation, leisure activity, food service, sightseeing/tours, adventure sports as well as local tourism business and political representatives. This eclectic representation of participants and respondents allowed for more well-rounded and complete findings and results.

#### 7.6.2.2 Weakness Minimization Legitimation

Potential weaknesses inherent from one empirical study were mediated and recouped by administering the other empirical study. For instance, findings from empirical study one served as a strong initial exploration into the study and identified relevant factors

for the questionnaire. Notwithstanding, qualitative findings were potentially not generalizable whereas quantitative results can be generalized to provide reliable and valid data about the destination environment; while additionally highlighting the effects of personal choices on the perceived well-being of individuals following a holiday experience. Any potential biases that may have unintentionally affected focus group findings were eliminated with the postal questionnaire (administered to a much larger and diverse consumer group), due to researcher absenteeism.

#### 7.6.2.3 Conversion Legitimation

In relation to the connection between theory and data, Morgan (2007) argues it is seldom solely inductive (qualitative) or deductive (quantitative). Alternatively, it is an abductive approach, striking a balance between theory and data, and not being restricted to just one method. In this study, data was designed, collected and analyzed utilizing a back and forth procedure between induction and deduction (Feilzer 2010; Morgan 2007). Following the initial independent inductive and deductive analysis of both studies, an abductive approach followed where data sets were joined to enhance the findings/results (Morgan 2007; Ivankova et al. 2006). The integration of data and theory occurred when responses from the qualitative inductive method (stakeholder focus groups) to inform the quantitative deductive approach (consumer questionnaire) were utilized to create valid and reliable results to the research aim and objectives.

#### 7.6.2.4 Inside-Outside Legitimation

This type of legitimation evaluates views of the subject (inside perspective) and views of the observer (outside perspective). In this study, the opinions of tourism stakeholders (business/political representatives and consumers) are presented in detail in the results chapter (Chapter Five) together with the observer views.

#### 7.6.2.5 Paradigmatic Mixing Legitimation

While some believe qualitative and quantitative strands are individual and separate, others consider mixed methodologies as a highly credible approach to identify relationships and linkages between the two (Denscombe 2008; Guba and Lincoln 2008; Onwuegbuzie and Johnson 2004). In this study, the two data sets provided a diverse representation of both stakeholder and consumers viewpoints which resulted in more rich and comprehensive results (Onwuegbuzie and Johnson 2004)

#### 7.6.2.6 Commensurability Legitimation

Examining the research area from two perspectives and blending data sets together allows complex topics to be examined (Doyle et al. 2009). In this study, qualitative and quantitative views were explored prior to a combination of both.

#### 7.6.2.7 Multiple Validities Legitimation

Attention to validity within and among the qualitative, quantitative and mixed methods strands remained consistent throughout this study. An exploratory mixed methods research design allowed the researcher to explore the topic from different perspectives which led to more well-rounded results.

### 7.6.3 Interpretive Rigor

The interpretive rigor of the mixed methods approach has been appraised through both the interpretive and theoretical consistency as well as the integrative efficacy.

#### 7.6.3.1 Interpretive Consistency

The interpretation of qualitative findings and quantitative results were consistent, as elements of the systems theory approach became evident in the initial stakeholder focus groups. These findings and their resonance to the study's theoretical underpin were then tested in the consumer questionnaire and interpreted collectively.

#### 7.6.3.2 Theoretical Consistency

To ensure theoretical consistency, focus groups findings and quantitative results were compared to the systems theory approach, identified as a robust model from the public health sector. This model was adapted to a tourism context; data from both empirical studies provided a high degree of consistency.

#### 7.6.3.3 Integrative Efficacy

The two data sets were integrated effectively by interpreting the results separately prior to interpreting them as a whole. The collective interpretation of findings and results provided a strong representation of stakeholders and consumer views to satisfy the research aim and objectives.

## 7.7 Summary

Following the evaluation of several methodologies, an exploratory mixed methodological approach was deemed most suitable to satisfy the research aim and objectives. The qualitative focus groups served as an initial exploration into the study, provided a strong resonance to theory and gathered the thoughts of stakeholders

regarding the potential for well-being to be used as a tourism product resource. The quantitative questionnaire was developed based on findings from the focus groups, theories identified in the literature review and factors in the systems theory approach. Extracting from the study's primary research findings, a new tourism and well-being system framework was developed to demonstrate characteristics of the destination and the individual needed to enhance the potential well-being effects from a leisure holiday experience. Upon evaluation of this study's methodological and analytic processes, Dellinger and Leech's (2007) VF has provided confidence in the research methodology, specifically with regards to reliability and validity.

### 7.8 Personal Reflection

Academics have always been a huge part of my life and pursing a PhD has been a personal dream of mine for many years. My parents imparted the importance of higher education since I was a young girl. My mother is a PhD graduate so I think academia and higher education is something I have instilled within myself. Furthermore, I've always had an interest and a passion for well-being and healthy living and it is an important part of my everyday life. When I enrolled in my Master's program I decided to do my thesis in this area ("Creating Positive Change through Health and Well-being"). When I graduated from my MBA, I hoped to expand this research further and complete a PhD. I was fortunate enough to be enrolled in a PhD where my personal and research interests aligned.

Writing a thesis on an emerging topic (well-being) is both exciting and challenging. My research explores the potential synergies between the fields of public health and tourism around the concept of well-being, identified by the WHO as a topic which is important for global society. Since then, tourism researchers have also adopted a position of exploring well-being from a product differentiation perspective and increasing competitiveness with respect to destination marketing and management. This research is identifying where the two sectors can collaborate. The study has been underpinned by Hagerty's systems theory approach, a well-established, robust model extracted from the public health sector, and for the first time applied in a tourism context, thus making this research unique. The collaboration between public health and tourism is an exciting alliance; however prior to this research, there was very little evidence to suggest how policy and practice might align with this relationship.

Therefore, this research provides new quantitative evidence of the well-being effects of tourism on the individual.

My research topic encompasses two important sectors: public health and tourism. Upon reflection, the first few months of my PhD journey was spent learning about both of these fields. In the beginning I felt very out of my comfort zone but I quickly realized this was the best place to be because this meant I was learning and growing. I now have expanded my knowledge in an area of key commercial interest within the disciplines of public health and tourism from a global, regional and local level. I have also gained new expertise in the fields of business and marketing, as I've discussed the topics of consumer behaviour with regard to implementing well-being into tourism strategy and development.

Reflecting on data analysis, I believe this was the most challenging part of the PhD. Learning new statistical and analytical skills was a steep learning curve for me. I now have a good appreciation for quantitative methods of analysis such as regression and SEM and am comfortable using SPSS as well as SNAP, a professional program to design and format questionnaires. Prior to the commencement of my PhD, I considered myself to be someone with strong research and writing skills; however, after this experience I am confident that my abilities have improved immensely and I am looking forward to conducting more research as my career unfolds. I've learned about focus group facilitation, questionnaire development and administration as well as the importance of staying neutral and unbiased as a researcher. My organizational skills have been honed as well as my interpersonal skills due to the interaction with my supervisory team, sponsor, colleagues and tourism stakeholders (businesses, policymakers and consumers). Working with the ESRC Destination Feel Good project (Destination Feel Good 2015) was invaluable as I was able to witness first-hand the potential implications of my research findings. My presentation skills have also been enhanced, as I've delivered my research to both international and local audiences. I've also disseminated my findings to my sponsor and government officials demonstrating the ability to communicate to specialist and non-specialist groups by applying appropriate and selective conceptual knowledge to professional situations. I have enthusiastically taken advantage of various extra-curricular development activities to better refine my abilities within the research and teaching fields. For instance, I

attended workshops on researching, teaching and learning and as a result was awarded Associate Fellowship of the Higher Education Academy. My research profile is provided in detail at the beginning of this thesis.

I've learned to accept criticism and learn from it. As PhD students, we are subjected to criticism which is sometimes difficult to accept, but at the same time this is where we learn the most. I've also learned how to balance everything that life offers. Finding a level of equilibrium among personal, social, work and school life is challenging but this PhD journey has proven it is possible. Overall, I've learned a lot about myself over the past three years; from adapting to a new culture and surroundings to the everyday challenges of completing a PhD thesis. The PhD can be a somewhat isolated journey, as you are the only person exploring a particular topic so the reliance on classmates and professors does not exist. You are in control of your own work and you spend an enormous amount of time analysing and questioning everything you're doing. This PhD journey has taught me a lot about perseverance, to never give up, to keep going even when it seems like nothing is going your way and to see commitments through to the end. In short, I would be confident in saying that I've learned invaluable research skills and life lessons that I will continue to use as I progress in my career and life.

# 8 CONCLUSION

## 8.1 Introduction

This thesis commenced by providing rationale for the study and identifying the research gap which emerged from a critical review of the literature (Chapter One). The synergies between the fields of public health and tourism around the emerging concept of well-being (Chapter Two) and the utilization of well-being as a tourism product resource (Chapter Three) were discussed in detail. Therefore, the research aim, objectives and appropriate methodological approach (mixed methods) emerged from the literature (Chapter Four). The qualitative findings (stakeholder focus groups) and quantitative results (consumer questionnaire) were presented in Chapter Five. Focus groups findings and questionnaire results were then underpinned by the literature and combined to present a new tourism and well-being system framework to demonstrate implications for tourism policy and practice (Chapter Six). Chapter Seven involved an evaluation of the research methodology, analytical processes employed as well as a personal reflection of the researcher's journey. This final chapter consolidates the research by drawing on key findings and making appropriate conclusions with regard to the well-being effects of tourism on the individual. Implications for policy and practice are highlighted as well as recommendations for future research and study limitations are presented.

## 8.2 Key Findings from Empirical Study One (Stakeholder Focus Groups):

- Stakeholders identified a number of barriers (perception, brand, networks, finances, market trends and infrastructure) and enablers (value, consumer climate, marketing and culture in local government) of implementing well-being into tourism business strategy
- The potential for stakeholders (both businesses and policymakers) to transform the identified barriers into enablers was discussed
- Findings provided a resonance to theory and were mapped onto the study's theoretical framework, Hagerty's systems theory approach, a model extracted from the public health sector and applied in a tourism context

## 8.3 Key Findings from Empirical Study Two (Consumer Questionnaire):

- Infrastructure and facilities at destinations have a role to play in enhancing an individual's well-being
- The tourist's expectation standards also have an impact on the perceived well-being of individuals following a recent leisure holiday experience
- Infrastructure and health/tourism services together with the tourist's expectations of the holiday lead to increased well-being in terms of an individual's relationships with family and friends as well as their emotional well-being

## 8.4 Conclusion

The purpose of this study was to critically evaluate the well-being effects of tourism on the individual within the UK using the framework of a systems theory approach as baseline. The collaboration of tourism and public health academic debate within the platform of well-being is gaining momentum; however, there are limited suggestions with regard to how both policy and practice can associate with this alliance. Therefore, the strength of this study is the interdisciplinary nature of the research focus where an initial discussion of tourism and public health is presented in light of tourism business development and political strategy. It is apparent that further efforts are needed from both a policy perspective and communication as a strategic direction. However, it is also obvious that 'wellness' has transformed from a niche product market to a more mainstream holistic appreciation. While the advantages of holidays on an individual's well-being have been realized and documented in the literature, few studies have attempted to quantitatively measure the significance of these benefits. This research adapts a theory from public health and translates concepts into a tourism focus, providing the benefit of transferring learning from one discipline to another. Consequently, this study's interdisciplinary approach demonstrates implications for both tourism policy and practice. Prior to revealing details on these implications and providing recommendations for policy and practice, the objectives of this study are revisited. Steps taken to satisfy each objective are highlighted in Table 27.

**Table 27: Revisiting the Research Objectives**

| Research Objective | Method Used to Achieve Objective |
|---|---|
| To critically interrogate the literature on tourism and well-being | Literature review conducted and identified six important strands of research which are:<br>• Well-being is a challenging concept to define<br>• Synergies between the fields of public health and tourism (examples from the UK, EU and worldwide)<br>• Tourism and well-being<br>• Measuring well-being<br>• Well-being as a business focus: examples are particularly related to the rise in *Wellness Tourism*<br>• Identifying the research gap: few studies have explored the well-being effects of tourism on the individual |
| To explore well-being as a tourism product resource | Focus groups were used to investigate the thoughts and opinions of stakeholders with regard to the implementation of well-being as a tourism product resource. |
| To evaluate and measure the well-being of individuals after a holiday through the application of two empirical studies (stakeholder focus groups and consumer questionnaire) | An exploratory mixed methodological research approach was employed whereby qualitative stakeholder focus groups contributed to the development of a quantitative consumer questionnaire. In addition to the qualitative findings, the literature review and elements of Hagerty's systems theory approach were also used to form the second research instrument to measure the well-being effects of tourism on the individual within the UK. |
| To develop and present a new system framework in a tourism and well-being context based on primary research findings | A new tourism and well-being system framework has been developed based on the qualitative findings and quantitative results which were analyzed using regression analysis (Chapter Six). |
| To draw conclusions accordingly and make recommendations based on the research findings for both industry and policymakers | Together with the findings from the stakeholder focus groups and the results from the consumer questionnaire, recommendations have been made to inform tourism practice and policy (Chapter Eight). |

### 8.4.1 Objective One

The first objective was to critically interrogate the literature on tourism and well-being. Upon completion, key themes emerged from the literature, which are highlighted in Table 28. Findings from the literature review suggest that while the well-being effects of tourism have been researched to some extent, a dearth of literature remains, as there is little quantitative evidence provided which examines the relationship between tourism and well-being. Furthermore, research suggests that a model to determine the well-being effects of tourism is incomplete. Therefore, to better understand this area the researcher has extracted a robust model from the public health sector to measure well-being. Table 28 demonstrates the preliminary work of adapting the systems theory approach in a tourism context to assess the well-being effects of tourism on the individual.

**Table 28: Revisiting the Literature Review**

| Themes Emerging from the Literature | Reference(s) | Key Points |
|---|---|---|
| Well-being is a challenging concept to define | Ryan and Deci (2001); Kahn & Juster (2002); McMahon & Estes (2011a, 2001b) | There are multiple definitions of well-being. Additionally, well-being has been used interchangeably with other health-related words/concepts such as QOL, health, public health, wellness and life satisfaction. |
| Synergies between the fields of public health and tourism (tourism research in the UK and worldwide) | La Placa and Knight (2014); Antonovsky (1993, 1987), WHO (2015a, 2015b, 2015c, 2015d, 2001, 1997, 1996, 1986)<br>National tourism bodies: Visit England (2013); Visit Britain (2010, 2014) | The synergy between the fields of public health and tourism around the emerging theme of well-being is evident from global, EU and UK perspectives. |
| Tourism and well-being | Voigt and Pforr (2014); Diener and Seligman (2004)<br>Trade authors: Wellness Tourism Worldwide (2011); Global Spa & Wellness Summit (2013) | Discusses the well-being impact of tourism:<br>contribution to self-development, improved mental health, reduced stress levels, increased physical activity, improved sleep, better work productivity, etc. |
| Measuring well-being | Hagerty et al. (2001); Moscardo (2009); Sirgy (2012, 2010); Alkire (2002) | Research suggests that a model to determine the well-being effects of tourism is incomplete; however, the QOL concept sheds light in this area through the systems theory approach. |
| Wellbeing as a business focus: examples are particularly related to the rise of *Wellness Tourism* | Voigt and Pforr (2014); Mackerron and Mourato (2013); MacKerron (2012); Ashbully et al. (2013); Depledge et al. (2011); White et al. (2013) | Well-being is a desired feature that consumers are looking to fulfill while engaging in tourism.<br>Well-being has now become a lucrative business and can be used in marketing, branding and promotion. |
| Identifying the research gap: few studies have explored the well-being effects of tourism on the individual | Uysal (2016); McCabe (2009);<br>McCabe and Johnson (2013) | *Social Tourism* authors have looked at the links between this type of tourism and an individual's well-being and suggest that future research should investigate the well-being effects on mainstream tourism. |

### 8.4.2 Objective Two

The second objective was to explore well-being as a tourism product resource. This was accomplished through focus groups with an eclectic representation of tourism stakeholders including providers of accommodation, leisure activity, food service, sightseeing/tours, adventure sports as well as local tourism business and political representatives and consumers. Key findings revealed barriers (perception, brand, networks, finances, market trends and infrastructure) and enablers (value, consumer climate, marketing and culture in local government) of implementing tourism into business strategy development. Analysis of the focus group data suggested that stakeholders view well-being as a significant business growth opportunity, despite the barriers of implementation.

### 8.4.3 Objective Three

The third objective was to critically evaluate and measure the well-being of individuals after a holiday by using a systems theory approach to determine input, throughput and output. This was satisfied by the implementation of an exploratory mixed methodological research approach. The first empirical study involved focus groups with tourism stakeholders (businesses, policymakers and consumers). This was conducted as an initial exploration into the study in addition to identifying items relevant for inclusion in the second empirical study (consumer questionnaire). The qualitative findings contributed to the development of the quantitative questionnaire. Analysis of the questionnaire data implied the availability of appropriate health/tourism services and infrastructure to enhance well-being together with the expectations of tourists will lead to an increase in well-being achieved from a holiday experience. These findings further suggest this heightened level of well-being specifically impacts an individual's relationships with family and friend as well as their emotional well-being.

### 8.4.4 Objective Four

The fourth objective was to develop and present a new system framework in a tourism and well-being context based on primary research findings. This was completed in conjunction with the interpretation and synthesis of key issues raised and is further elaborated in Chapter Six. Hagerty's original systems theory approach was presented in a tourism context to provide a foundation and to guide the research methodology. Subsequently, this framework was developed and refined to reflect primary data

collected in this study. The results suggest that instead of a complicated, sequential process, the relationship is collaborative, simple and linear because the input and throughput factors are working collectively to achieve the outcome (well-being).

#### 8.4.5 Objective Five

The fifth objective was to draw conclusions accordingly and make recommendations for both industry and policymakers based on research findings. Consequently, the overall conclusions formalized from this research are highlighted in section 8.5 and recommendations for policy and practice are provided in section 8.6 and 8.7 respectively.

### 8.5 Overall Conclusions

Firstly, this research has provided new theoretical knowledge on the well-being effects of tourism through the adoption of the systems theory approach in a tourism context, subject to its limitations. It is evident that inputs of infrastructure and health/tourism services are critical to ensure the enhancement of tourists' well-being. Creating an environment which allows tourists to develop or maintain a healthy lifestyle while on holiday is vital to achieving optimal well-being status. However, throughput is also an important factor and has been identified as the 'expectation standards' of the tourist. Those individuals who go on holiday expecting it to make them feel better, to improve their overall well-being and to positively contribute to their personal health will inevitably report increased well-being. This leads to the final factor of Hagerty's systems theory approach or the end goal, well-being. It has been identified that if the appropriate infrastructure and health/tourism services are available and the individual has an expectation that the holiday is meant to positively affect their well-being, it will be enhanced, specifically with respect to relationships with family and friends and emotional state.

Secondly, using well-being as a business opportunity has the potential to grow the visitor economy and serve as a means for economic development. Integrating the two worldviews (stakeholders and consumers) demonstrated how the well-being benefits of tourism identified by consumers can be used by stakeholders and potentially as a tourism product resource. If the well-being value of tourist destinations is promoted through business marketing strategies, consumers will recognize the importance of healthy lifestyles. As a result, more people may be inclined to visit those destinations

which positively contribute to their well-being, leading to economic benefits for these regions. Tourism can therefore be promoted as a healthy way of life bringing positive benefits to both tourists and residents.

Thirdly, findings from this study provide insights into potential synergy between public health aims and tourism strategy policy; although further research is needed to ascertain the strength of this alliance. While barriers outweighed enablers, business operators remain enthusiastic about the possibility to utilize well-being as a tourism product resource. Similarly, political representatives also see value in this unique product offering. The implications provided by findings from this study, for practice and business development are clear.

Fourthly, this research applied measures that examined and assessed the relationships among environmental, individual and well-being factors using Hagerty's systems theory approach, a model well-known to policymakers. This model is of particular interest because policy analysts formulate their analysis using a structure similar to the systems theory by examining input, throughput and output (Hagerty et al. 2001). Policymakers must have the ability to visualize the effects of policy input (environmental factors) on the output (i.e. subjective well-being). Findings from this study provide a sense of clarity for policy analysts to act upon. Building these connections has the potential to create healthier, more sustainable tourist destinations.

Lastly, tourism has the potential to be presented as an effective public health intervention due to its interdisciplinary approach. This study has identified that tourism plays a vital role in contributing to one's relationships and social influences, which can lead to reduced feelings of isolation and improved health and well-being. This resides well within a public health platform, as it suggests that the social determinants of health have the potential to be positively influenced by those who engage in a tourism experience. In addition, social networking and development can be achieved through tourism by providing an opportunity to integrate individuals from diverse backgrounds, therefore mitigating social exclusion and improving well-being.

## 8.6 Recommendations for Policy

- Political representatives could adopt and support businesses with well-being initiatives through local policy/planning and communication.
- A cross-disciplinary approach of merging tourism and public health around the concept of well-being has the potential to create healthier, more sustainable populations at tourist destinations and therefore should be encouraged by political representatives so both local residents and tourists can benefit.

## 8.7 Recommendations for Practice

- Businesses could integrate the principles of public health (i.e. well-being) into their operations and strategies through their company culture/philosophy, marketing and branding.
- Businesses within the tourism industry could prioritize the implementation of better infrastructure, and consequently, improved tourism/health services to achieve the desired output (well-being). This could be endorsed by government officials by providing consulting and financial support for those businesses currently offering well-being products and services. This may also encourage businesses not currently focused on well-being to embed such a philosophy within their product offerings and strategies.

## 8.8 Limitations of the Study

This study has been conducted and applied in the UK; however, the results can be transferrable and may be theoretically generalizable to an international context. It should be noted that the importance of each well-being domain varies among individuals and within different contexts. However, research suggests that the systems theory approach used in this study is robust because it includes factors that are relevant to all cultures and countries: relationships with family and friends, emotional well-being, material well-being, health and personal safety, work and productivity and feeling part of one's local community (Hagerty et al. 2001). Therefore, the results of this study still have important implications for the wider, global population.

The sample size used in this study was sufficient for regression analysis purposes. The sample contained an older population (retired people), highly educated individuals and people with higher income levels. Due to these sample biases it was difficult to conduct a comparison between young and old age groups, high income and low

income levels and higher education versus lower education, which could be the focus for future research.

Although the sample size used in this study was sufficient for regression analysis purposes, the representative of the achieved sample (n=240) was compromised due to the low response rate (11.5%). The researcher took an ambitious approach to sampling by posting a self-administered questionnaire to the general UK population that had the potential to be a representative national sample. Unfortunately the response rate was poor but this was out of the researcher's control. Obtaining a large sample size is difficult to achieve within a strict three-year PhD time frame. Similarly, conducting a longitudinal study is ideal for tourism and well-being impact studies; however, the three-year PhD time frame and lack of financial resources restricted the research design and sampling strategy.

The questionnaire itself imposed limitations, as details on the leisure holiday undertaken were lacking. For example, questions regarding whether or not the holiday was a domestic (within the UK) or foreign destination, the type of destination (seaside, countryside, city break, small town, etc.), what month the holiday began as well as the length of the holiday (one night, one week, more than one week, etc.) were not asked. For example, those who went on a seaside holiday as opposed to someone who went on a city break holiday may report increased well-being. Similarly, those who went on a leisure holiday for more than one week might declare higher well-being than someone who went on an overnight holiday. Furthermore, the number of leisure holidays the participant had taken in the last 12 months and whether they had an upcoming holiday planned were also not asked. For instance, those who went on numerous leisure holidays as opposed to someone who just went on one may report increased well-being. Likewise, those who said they had an upcoming holiday planned might proclaim higher well-being because they are excited about the forthcoming trip. These questions could have been added to eliminate research biases.

Another limitation is the use of Hagerty's systems theory model. Due to its original application in a public health context it may be unfamiliar to people in the tourism sector. Additionally, the adoption of the systems theory in a tourism setting led to a simple and linear model which may not represent fully all of the variables that could be

involved in the decisions, activities, experiences and outcomes associated with tourism. Notwithstanding, the general goal of this PhD was to merge tourism and public health around the emerging topic of well-being. Therefore, extracting a well-established model from the health sector and adapting it to the field of tourism demonstrates the framework's appropriateness and facilitated the achievement of the overall research aim and objectives. Furthermore, the model is familiar to policy analysts and therefore can provide clear implications for both tourism policy and practice. If Hagerty's model is eliminated from the research completely, findings still provide new quantitative evidence on the well-being effects of tourism, thus making this research unique as the majority of research on tourism and well-being to date employs qualitative research methodologies.

## 8.9 Suggestions for Future Research

Findings from this study provide insights into potential connections between public health aims and tourism strategy and policy. Nevertheless, further research is needed to understand the power of this alliance. Introducing the notion of well-being to the tourism business community could enable a broader product reach while demonstrating the place the industry could inhabit within a much bigger societal goal. The synergy between the fields of public health and tourism in building more sustainable tourism destinations is evident and an exciting progression within tourism practice and policy. Recommendations can be suggested regarding future research where results could be compared across cultures and provide further implications for tourism theory, policy and practice. Although future research is required to gain a better understanding of the collaboration between the fields of tourism and public health, this study provides a strong evidence base and an interesting opportunity for two sectors to align. The current research focuses on the well-being effects of tourism on the individual following a holiday experience; however, more investigation is needed to understand the benefits to local communities as well as tourism employees. To ensure sustainability, future studies should focus on providing evidence of tourism's potential to contribute to the well-being of all stakeholders including consumers, community residents and employees within the sector.

Future research could evaluate which health/tourism services and infrastructure contribute the most to the well-being of individuals following a holiday experience.

Consequently, research on the cost-effectiveness of implementing these health/tourism services and infrastructure to support well-being initiatives would be beneficial for tourism practitioners. For instance, the proximity of shops, restaurants and cafes in addition to the accessibility of tube, train and bus stations were recognized in this study as important to achieving well-being from a holiday. Moreover, the tourist's ability to cycle or walk to recreation and sports grounds, the availability and accessibility of pavements and cycle-ways and the proximity to the GP surgery and pharmacy were all identified as significant in enhancing the well-being achieved from a holiday.

This study and the literature have identified that services and infrastructure focused on well-being at destinations is not only beneficial to tourists but equally important for local residents. Therefore, it could be argued that the establishment of well-being services and infrastructure is cost-effective because of the potential benefits to the general population. Accordingly, the recommendations from this study would be to implement services and infrastructure that can be used not just by tourists but also by residents of the destination. Furthermore, it is possible that local governments may save on health costs by establishing these services and infrastructure to improve the well-being of tourists and destination residents. Therefore, an evaluation of the expenses of establishing services and infrastructure to support well-being initiatives is paramount. This suggestion is based on integrating policy making which relates to public health and local authorities coming together which has the potential to create healthier, more sustainable communities. In terms of future policy development, moving destination communities towards a well-being philosophy may help to refocus or influence policymakers by progressing away from the negative aspects of tourism that occur typically due to the high financial or economic returns. Overtime, the policy impact of a well-being focus and the positive characteristics of tourism may impede the negative aspects of tourism from continuing and therefore promote sustainability.

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# Appendices

## Appendix A: Prompt Protocol for Stakeholder Focus Groups

1. **Definitions**

Tell me how you define well-being

Do you find it's used interchangeably with other words?

2. **Awareness of policy**

Describe your awareness of policies surrounding well-being.

Are you aware of the well-being movement generally? (Well-being has become an important aspect in everyday life, there is government policy surrounding it (i.e. Politicians and government officials are always talking about well-being. The Happiness index has been established as an alternative way to measure a community's prosperity as opposed to GDP).

3. **Concrete examples of where well-being has been used (i.e. vignettes)**

Ask stakeholders if they've used well-being in their products. If yes, ask to meet with them at a later date to get more information and to develop a qualitative vignette of their business operations.

Is well-being an important focus of marketing your products?

If yes – describe how you do this.

If no – why? Has your business ever thought about using well-being to market their products or is it something you've never considered?

Here is where I am looking to understand the barriers and enablers to that businesses face when marketing well-being.

4. **Decision makers**

Who are the people making the decisions on marketing in your business?

Is there just one person in charge of this or is there a department dedicated to marketing and promotions?

5. **Perceived benefits/strengths**

Does your business see a value in promoting well-being? Why or why not?

Are there limitations or areas of confusion in promoting well-being in your products?

## Appendix B: Participation Information Sheet & Consent Form

**Destination FeelGOOD**

**INFORMATION SHEET**

**A study by Bournemouth University into using wellbeing as a destination resource**

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

**WHAT IS THE PURPOSE OF THE STUDY?**

The aim of this study is to critically evaluate the use and benefit of using wellbeing as a destination resource.

**WHY HAVE I BEEN CHOSEN?**

We are working with local SMEs in Dorset and the surrounding areas.

**DO I HAVE TO TAKE PART?**

It is up to you decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

**WHAT WILL HAPPEN TO ME IF I TAKE PART?**

A researcher may ask your opinion about wellbeing and your business. This is because we would like to know if wellbeing is important as a marketing focus for a destination. Some of the conversation may be recorded and key messages put on a flip chart so that it can be transcribed at a later date.

**WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?**

There are no disadvantages or risk in taking part in this study.

**WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART?**

You will be helping in a research study funded by a UK research council, the Economic and Social Research Council (ESRC). Information given will also help businesses understand the barriers and enablers to marketing wellbeing.

**WHAT HAPPENS WHEN THE RESEARCH STUDY STOPS?**

The research will be written up and used as policy evidence for UK destinations.

**WILL MY TAKING PART IN THIS BE KEPT CONFIDENTIAL?**

All information which is collected about you during the course of the research will be kept strictly confidential. The recordings are anonymous, and will not have any personal details on them.

**WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY?**

The results will be written up and maybe published at a later date. A summary will be placed on the project web site.

**WHO IS ORGANISING AND FUNDING THE RESEARCH?**

This research is funded by the ESRC and organised by Bournemouth University in collaboration with the NCTA (National Coastal Tourism Academy).

**WHO HAS REVIEWED THE STUDY?**

The project has been through Bournemouth University's processes of ethical review.

**CONTACT FOR FURTHER INFORMATION**

- If you have any queries please don't hesitate to contact me:- Sarah Pyke, Bournemouth University. Tel: 01202 965046 or Professor Heather Hartwell, Bournemouth University. Tel: 01202 961712

Many thanks for your help in this project please keep a copy of the information sheet and signed consent form.

## CONSENT FORM

**Destination FeelGOOD**

NAME OF RESEARCHER: Sarah Pyke

1. I confirm that I have read and understood the information sheet for the above study. ☐

2 I agree to take part in the above study. ☐

3 I understand that I can withdraw at any time and without giving a reason. ☐

4 Some media students will be filming the data collection and I agree to be filmed ☐

---

__________________ _________________ ______________________________

Name of Participant Date Signature

Sarah Pyke

______________________ _________________ ______________________________

Name of Person taking Consent Date Signature

## Appendix C: Covering Letter & Consumer Questionnaire

Dear Sir or Madam,

I am a researcher at Bournemouth University conducting an in-depth research study with tourists to gauge their reaction to a recent (within the last 12 months) leisure holiday experience. An important component of this study involves the completion of a short questionnaire (5-10 minutes) by UK residents and your address was chosen at random to receive this survey.

In order for my research to be valuable it would be extremely beneficial to me if someone in your household could fill out and return the attached questionnaire by **Friday 13th November 2015**. Your involvement is a critical component of my research and I would be very grateful for your assistance.

Participation in this survey is strictly on a volunteer basis and you can withdraw at any time. By filling out the questionnaire you are agreeing to participate in this study. To ensure anonymity, please do not write your name on this document. All questionnaire responses will be treated in the strictest confidence.

For further information, and to see how the results of this survey will be used, please visit https://research.bournemouth.ac.uk/schools/st/. If you have any additional questions or concerns regarding this questionnaire I would be delighted to discuss my research with you. Please find my contact details below.

Many thanks in advance for your cooperation with this study. You have helped me immensely with my research.

Warm wishes,

Sarah Pyke

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Bournemouth University

ID ______

# Bournemouth University Tourism and Well-being Survey

Thank you for taking the time to participate in this survey. The aim of the following questionnaire is to gauge tourists' reactions towards a recent (within the last 12 months) holiday experience. Your responses are greatly valued and will form an important part of a wider doctoral study into the subject of Tourism and Well-being. For the purposes of this study, well-being has been defined as elements of feeling good and functioning well. Well-being is not simply a positive emotion but thrives across multiple domains of life.

We kindly ask that only one household member completes this survey. Once completed, please return your questionnaire to Bournemouth University by Friday 13th November using the freepost envelope provided.

## Part A: General Tourism Information

**Q1 Have you been on a leisure holiday in the last 12 months? (Please tick one option only)**

Yes ........................ ❑ Go to Q2 No ........................ ❑ Go to Part C

**Q2 Have you had any negative experiences while on holiday in the last 12 months? If yes, please explain in the textbox provided. (Please tick one option only)**

Yes (please specify below) ........................ ❑ No ........................................................ ❑

Please specify:

______________________________________________

______________________________________________

______________________________________________

______________________________________________

## Part B: Most Recent Leisure Holiday (Last 12 Months)

**When answering the following questions, please only consider your most recent leisure holiday.**

**Q3 What was your party composition while on holiday? (Please tick one option only)**

| | | | |
|---|---|---|---|
| No one, I went alone ........................ | ❑ | Went with friends........................ | ❑ |
| Went with spouse/partner only ........................ | ❑ | Went with both family and friends........................ | ❑ |
| Went with family ........................ | ❑ | Went as part of an organised group ............ | ❑ |

**Q4 Thinking about your most recent leisure holiday experience, please indicate your level of agreement with each of the following statements. (Please tick one option per row only)**

| | Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Shops were in close proximity | ❑ | ❑ | ❑ | ❑ | ❑ |
| Tube, train and bus stations were accessible | ❑ | ❑ | ❑ | ❑ | ❑ |
| Restaurants and cafes were in close proximity | ❑ | ❑ | ❑ | ❑ | ❑ |
| I could cycle or walk to recreation grounds/sports grounds | ❑ | ❑ | ❑ | ❑ | ❑ |
| There were pavements and cycle ways everywhere | ❑ | ❑ | ❑ | ❑ | ❑ |
| The GP surgery and pharmacy were in close proximity | ❑ | ❑ | ❑ | ❑ | ❑ |
| The destination was close to green spaces and a park | ❑ | ❑ | ❑ | ❑ | ❑ |
| The destination contained open spaces for recreation which were in close proximity / quick to access | ❑ | ❑ | ❑ | ❑ | ❑ |
| There was quick access to open spaces where children could play | ❑ | ❑ | ❑ | ❑ | ❑ |

**Q5 Thinking about your most recent leisure holiday experience, please indicate your level of agreement with each of the following statements. (Please tick one option per row only)**

| | Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |
|---|---|---|---|---|---|
| I did not need excessive amounts of money to engage in activities that enhanced my well-being | ❑ | ❑ | ❑ | ❑ | ❑ |
| Well-being activities were often free | ❑ | ❑ | ❑ | ❑ | ❑ |
| Any activity related to well-being was elite and luxurious | ❑ | ❑ | ❑ | ❑ | ❑ |
| I did not engage in any healthy and/or sporty activities | ❑ | ❑ | ❑ | ❑ | ❑ |
| I engaged in relaxing activities that contributed positively to my well-being | ❑ | ❑ | ❑ | ❑ | ❑ |
| I did sightseeing by foot | ❑ | ❑ | ❑ | ❑ | ❑ |
| I went for a short walk (up to 1 hour) | ❑ | ❑ | ❑ | ❑ | ❑ |
| I was capable of engaging in activities related to my well-being because I am in good health | ❑ | ❑ | ❑ | ❑ | ❑ |

**Q6 Thinking about your most recent leisure holiday experience, please indicate your level of agreement with each of the following statements. (Please tick one option per row only)**

| | Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |
|---|---|---|---|---|---|
| I ate too much while on holiday | ❑ | ❑ | ❑ | ❑ | ❑ |
| I consumed more alcohol than I normally do while on holiday | ❑ | ❑ | ❑ | ❑ | ❑ |
| Overall, my holiday improved my health | ❑ | ❑ | ❑ | ❑ | ❑ |
| Generally I felt good about myself | ❑ | ❑ | ❑ | ❑ | ❑ |
| I was expecting my holiday to make me feel better | ❑ | ❑ | ❑ | ❑ | ❑ |
| I was expecting my holiday to improve my overall well-being | ❑ | ❑ | ❑ | ❑ | ❑ |
| I was expecting my holiday to positively contribute to my personal health | ❑ | ❑ | ❑ | ❑ | ❑ |

**Q7 Please indicate how satisfied you are with each life domain after your most recent leisure holiday. (Please tick one option per row only)**

| | Very Unsatisfied | Unsatisfied | Neutral | Satisfied | Very Satisfied |
|---|---|---|---|---|---|
| My friendships in general | ❑ | ❑ | ❑ | ❑ | ❑ |
| My family relationship in general | ❑ | ❑ | ❑ | ❑ | ❑ |
| My interaction with others | ❑ | ❑ | ❑ | ❑ | ❑ |
| Achieving self-fulfilment | ❑ | ❑ | ❑ | ❑ | ❑ |
| Achieving emotional health | ❑ | ❑ | ❑ | ❑ | ❑ |
| Achieving personal goals and/or hopes | ❑ | ❑ | ❑ | ❑ | ❑ |
| My material life | ❑ | ❑ | ❑ | ❑ | ❑ |
| My financial situation | ❑ | ❑ | ❑ | ❑ | ❑ |
| My standard of living | ❑ | ❑ | ❑ | ❑ | ❑ |
| My health in general | ❑ | ❑ | ❑ | ❑ | ❑ |
| My physical well-being | ❑ | ❑ | ❑ | ❑ | ❑ |
| My physical fitness | ❑ | ❑ | ❑ | ❑ | ❑ |
| My job responsibilities | ❑ | ❑ | ❑ | ❑ | ❑ |
| How my employer values my contribution at work | ❑ | ❑ | ❑ | ❑ | ❑ |
| The environment in which I work | ❑ | ❑ | ❑ | ❑ | ❑ |
| What my community provides | ❑ | ❑ | ❑ | ❑ | ❑ |
| My contribution to the local community | ❑ | ❑ | ❑ | ❑ | ❑ |
| My community leaders / decision makers | ❑ | ❑ | ❑ | ❑ | ❑ |

## PART C: About You

**To assist us in gathering information about those who have taken a leisure holiday in the last 12 months as well as those who have not, please answer the following questions. Information provided will help us to identify individual experiences and perceptions of an area. Results from this questionnaire will be considered confidential.**

**Q8 What is your gender? (Please tick one option only)**

Male ................................ ❑ Female ................................ ❑

**Q9 What is your age? (Please tick one option only)**

| Under 16 | 16 to 24 | 25 to 34 | 35 to 44 | 45 to 54 | 55 to 64 | 65 and over |
|---|---|---|---|---|---|---|
| ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

**Q10 What is your household income? (Please tick one option only)**

Less than £15,000 ................................ ❑ £30,000 to £39,999 ................................ ❑

£15,000 to £19,999 ................................ ❑ £40,000 to £49,999 ................................ ❑

£20,000 to £29,999 ................................ ❑ Greater than £50,000 ................................ ❑

**Q11 Which is the highest qualification you have? (Please tick one option only)**

**If your qualification is not listed, tick the box that contains its nearest equivalent. If you have qualifications gained outside the UK, tick the 'foreign qualifications' box and the nearest UK equivalents (if known).**

Higher degree (for example, MA, PhD, PGCE) ................................ ❑

Degree (for example, BA, BSc) ................................ ❑

A-level or equivalent ................................ ❑

Other further education qualification (for example, HND, NVQ Level 4-5) ................................ ❑

GCSE's grades A*-C or equivalent ................................ ❑

Professional qualifications (for example, teaching, nursing, accountancy) ................................ ❑

Other vocational / work-related qualifications ................................ ❑

Foreign qualifications ................................ ❑

No qualifications ................................ ❑

Don't know ................................ ❑

**Q12 Which of these activities best describes what you are doing at present? (Please tick one option only)**

Employee in full-time job (30 hours plus per week) ................................ ❑

Employee in part-time job (under 30 hours per week) ................................ ❑

Self-employed (full or part-time) ................................ ❑

On a government supported training programme (e.g. Modern Apprenticeship/ Training for Work) ❑

Full-time education at school, college or university ................................ ❑

Unemployed and available for work ................................ ❑

Permanently sick / disabled ................................ ❑

Wholly retired from work ................................ ❑

Looking after the home ................................ ❑

Doing something else ................................ ❑

**Thank you for your participation in this study.**
**Please return your completed questionnaire to us by Friday 13th November using the freepost envelope provided.**

# Appendix D: Correlation Matrix for All Measured Variables

| | Shops in close proximity | Tube, train, bus | Restaurants, cafes | Cycle/walk to recreation grounds | Pavements/Cycleways | GP surgery /pharmacy | Green spaces / park | Open spaces for recreation | Open spaces for children | Low cost of well-being activities | Well-being activities free | Well-being activities elite |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Shops in close proximity | 1 | | | | | | | | | | | |
| Tube, train, bus | .539** | 1 | | | | | | | | | | |
| Restaurants, cafes | .681** | .442** | 1 | | | | | | | | | |
| Cycle/walk to recreation grounds | .405** | .318** | .420** | 1 | | | | | | | | |
| Pavements/Cycleways | .431** | .496** | .428** | .623** | 1 | | | | | | | |
| GP surgery/pharmacy | .528** | .392** | .465** | .434** | .449** | 1 | | | | | | |
| Green spaces / park | .131* | .229** | .220** | .373** | .323** | .245** | 1 | | | | | |
| Open spaces for recreation | .124 | .147* | .193** | .452** | .314** | .311** | .607** | 1 | | | | |
| Open spaces for children | .204** | .206** | .273** | .465** | .343** | .346** | .481** | .684** | 1 | | | |
| Low cost of well-being activities | -.042 | .021 | -.094 | .124 | .054 | .120 | .148* | .098 | .034 | 1 | | |
| Well-being activities free | -.058 | -.080 | -.126 | .164* | .042 | .095 | .099 | .222** | .153* | .622** | 1 | |
| Well-being activities elite | .040 | .016 | .022 | -.027 | .046 | -.008 | -.119 | -.045 | -.048 | -.195** | -.222** | 1 |
| Did not engage in healthy activity | -.014 | .059 | .059 | -.140* | .012 | .006 | -.137* | -.096 | -.130* | -.191** | -.291** | .216** |
| Engaged in relaxing activities | .027 | -.002 | -.021 | .224** | .201** | .002 | .195** | .243** | .074 | .244** | .377** | -.018 |
| Sightseeing by foot | .190** | .185** | .138* | .294** | .333** | .213** | .288** | .197** | .134* | .161* | .164* | -.077 |
| Went for a short walk | .189** | .175** | .137* | .261** | .225** | .210** | .126 | .112 | .181** | -.029 | -.058 | -.043 |
| Capable of engaging in activities | .036 | .043 | .006 | .235** | .151* | .144* | .181** | .213** | .187** | .170** | .135* | -.163* |
| Ate too much | -.002 | -.143* | -.117 | -.069 | -.084 | -.052 | -.039 | .084 | .103 | -.061 | .041 | .103 |
| Consumed more alcohol | .050 | -.101 | .056 | -.078 | -.037 | .039 | -.139* | -.092 | -.008 | .026 | .009 | .050 |
| Holiday improved health | .038 | .176** | .039 | .196** | .161* | .113 | .161* | .213** | .101 | .189** | .216** | -.119 |
| Felt good about myself | .102 | .109 | .019 | .178** | .188** | .174** | .126 | .191** | .067 | .241** | .229** | -.011 |
| Expecting holiday to make me feel better | .049 | .051 | .074 | .099 | .041 | .091 | .128* | .175** | .064 | .180** | .282** | -.026 |
| Expecting holiday to improve well-being | .092 | .092 | .106 | .130* | .094 | .077 | .122 | .130* | .050 | .203** | .243** | -.140* |
| Expecting holiday to contribute to health | .117 | .162* | .093 | .109 | .079 | .075 | .116 | .131* | .059 | .144* | .209** | -.115 |
| Relationships with friends | .096 | .102 | .054 | .217** | .189** | .193** | .199** | .251** | .187** | .236** | .207** | -.085 |
| Relationships with family | .078 | .035 | .045 | .072 | .001 | .114 | .155* | .222** | .237** | .108 | .141* | -.052 |
| Interaction with others | .047 | .081 | .056 | .166** | .187** | .140* | .151* | .207** | .178** | .254** | .244** | -.025 |
| Achieving self-fulfillment | .050 | .105 | .003 | .018 | .112 | .173** | .214** | .200** | .147* | .257** | .196** | -.104 |
| Achieving emotional health | .089 | .082 | .105 | .056 | .115 | .149* | .196** | .248** | .151* | .160* | .200** | -.140* |
| Achieving personal goals/hopes | .035 | .114 | .106 | .001 | .050 | .172** | .139* | .168** | .056 | .257** | .141* | -.053 |
| My material life | .098 | .081 | .147* | .045 | .129* | .140* | .106 | .060 | .123 | .179** | .183** | .043 |
| My financial situation | -.022 | .015 | .083 | -.024 | -.029 | .157* | .070 | .037 | .080 | .186** | .200** | .002 |
| My standard of living | .012 | -.021 | .076 | .027 | -.019 | .111 | .134* | .084 | .158* | .178** | .212** | -.039 |
| My health in general | -.013 | .064 | .005 | .059 | .100 | .102 | .221** | .108 | .141* | .272** | .196** | -.044 |
| My physical fitness | .017 | .097 | .009 | .047 | .116 | .097 | .227** | .094 | .100 | .282** | .246** | -.074 |
| My physical well-being | .039 | .206** | .026 | .052 | .140* | .112 | .133* | .058 | .096 | .238** | .239** | -.018 |
| My job responsibilities | .194** | .199** | .119 | .161* | .194** | .277** | .084 | .034 | .044 | .143* | .120 | -.099 |
| How employer values work contribution | .220** | .188** | .138* | .124 | .185** | .164* | .111 | .022 | .076 | .061 | .081 | .010 |
| Work environment | .166* | .132 | .101 | .110 | .082 | .152* | .122 | .109 | .042 | .128 | .184** | -.061 |
| What my community provides | .133* | .067 | .127* | .167** | .140* | .176** | .119 | .039 | .075 | .206** | .226** | -.094 |
| Contribution to community | .086 | .128* | .111 | .076 | .162* | .159* | .121 | .042 | .051 | .190** | .235** | -.021 |
| Community leaders/decision makers | .057 | .108 | .047 | .057 | .123 | .169** | .102 | .060 | .089 | .150* | .209** | -.035 |
| Party 2 | .063 | .107 | .052 | .002 | .062 | .069 | -.048 | -.058 | -.180** | .007 | .081 | -.100 |
| Party 3 | -.053 | -.044 | -.059 | -.004 | -.065 | -.048 | .012 | .047 | .206** | -.179** | -.128* | .126 |
| Party 4 | -.036 | -.102 | -.003 | .033 | .056 | .010 | .044 | -.007 | -.097 | .194** | .122 | -.185** |
| Party 5 | -.015 | -.032 | -.003 | -.021 | -.045 | -.027 | .044 | .071 | .114 | .027 | -.066 | -.016 |
| Income 2 | -.079 | -.052 | -.048 | -.021 | -.065 | -.039 | -.134* | -.086 | -.113 | .027 | .047 | .137* |
| Income 3 | -.030 | .079 | .093 | -.041 | .073 | .008 | .116 | .102 | .011 | -.003 | -.124 | .060 |
| Income 4 | .056 | -.053 | -.085 | .021 | -.058 | .030 | -.171** | -.160* | -.052 | -.043 | -.036 | -.093 |
| Income 5 | -.058 | -.120 | -.033 | -.025 | -.070 | -.086 | .081 | .088 | .095 | -.065 | .048 | -.056 |
| Education 2 | .009 | .052 | -.012 | -.062 | -.051 | -.076 | -.013 | -.022 | .016 | -.115 | -.044 | .143* |
| Education 3 | .062 | -.048 | .062 | -.054 | -.029 | .053 | .039 | -.088 | -.046 | .086 | -.037 | .025 |
| Education 4 | -.066 | -.092 | -.065 | .101 | .007 | -.034 | -.099 | .081 | .032 | -.019 | .036 | -.020 |
| Education 5 | -.010 | -.026 | -.003 | -.003 | -.058 | -.056 | .058 | .002 | -.008 | .072 | .097 | -.171** |
| Job 2 | .085 | .095 | -.031 | .072 | .052 | .048 | .109 | .040 | .060 | -.023 | .034 | .049 |
| Job 3 | -.048 | -.085 | -.081 | -.200** | -.091 | -.079 | -.059 | -.128* | -.137* | -.025 | -.123 | -.008 |
| Job 4 | .048 | .043 | .116 | -.005 | .083 | .125 | -.011 | -.055 | -.056 | .073 | .057 | .084 |
| Job 5 | -.047 | -.055 | .017 | -.003 | -.076 | -.064 | -.043 | -.062 | .012 | .122 | .065 | .058 |

| | Did not engage in healthy activity | Engaged in relaxing activities | Sightseeing by foot | Went for a short walk | Capable of engaging in activities | Ate too much | Consumed more alcohol | Holiday improved health | Felt good about myself | Expecting holiday to make me feel better | Expecting holiday to improve well-being | Expecting holiday to contribute to health |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Shops in close proximity | | | | | | | | | | | | |
| Tube, train, bus | | | | | | | | | | | | |
| Restaurants, cafes | | | | | | | | | | | | |
| Cycle/walk to recreation grounds | | | | | | | | | | | | |
| Pavements/Cycleways | | | | | | | | | | | | |
| GP surgery/pharmacy | | | | | | | | | | | | |
| Green spaces / park | | | | | | | | | | | | |
| Open spaces for recreation | | | | | | | | | | | | |
| Open spaces for children | | | | | | | | | | | | |
| Low cost of well-being activities | | | | | | | | | | | | |
| Well-being activities free | | | | | | | | | | | | |
| Well-being activities elite | | | | | | | | | | | | |
| Did not engage in healthy activity | 1 | | | | | | | | | | | |
| Engaged in relaxing activities | -.225$^{**}$ | 1 | | | | | | | | | | |
| Sightseeing by foot | -.200$^{**}$ | .241$^{**}$ | 1 | | | | | | | | | |
| Went for a short walk | -.088 | .123 | .495$^{**}$ | 1 | | | | | | | | |
| Capable of engaging in activities | -.327$^{**}$ | .255$^{**}$ | .430$^{**}$ | .422$^{**}$ | 1 | | | | | | | |
| Ate too much | -.013 | .005 | -.063 | .005 | -.030 | 1 | | | | | | |
| Consumed more alcohol | .006 | -.009 | -.074 | .031 | -.012 | .333$^{**}$ | 1 | | | | | |
| Holiday improved health | -.215$^{**}$ | .352$^{**}$ | .183$^{**}$ | .094 | .243$^{**}$ | -.193$^{**}$ | -.326$^{**}$ | 1 | | | | |
| Felt good about myself | -.121 | .344$^{**}$ | .117 | .031 | .261$^{**}$ | -.064 | .066 | .416$^{**}$ | 1 | | | |
| Expecting holiday to make me feel better | -.154$^{*}$ | .411$^{**}$ | .093 | -.038 | .091 | -.034 | -.027 | .435$^{**}$ | .266$^{**}$ | 1 | | |
| Expecting holiday to improve well-being | -.178$^{**}$ | .387$^{**}$ | .090 | -.025 | .091 | -.045 | -.088 | .519$^{**}$ | .211$^{**}$ | .780$^{**}$ | 1 | |
| Expecting holiday to contribute to health | -.266$^{**}$ | .395$^{**}$ | .105 | .027 | .147$^{*}$ | -.074 | -.139$^{*}$ | .599$^{**}$ | .271$^{**}$ | .626$^{**}$ | .769$^{**}$ | 1 |
| Relationships with friends | -.092 | .249$^{**}$ | .263$^{**}$ | .165$^{*}$ | .200$^{**}$ | -.017 | .055 | .129$^{*}$ | .321$^{**}$ | .129$^{*}$ | .127$^{*}$ | .106 |
| Relationships with family | -.069 | -.032 | .201$^{**}$ | .163$^{*}$ | .090 | .069 | .002 | .073 | .239$^{**}$ | .059 | .013 | -.014 |
| Interaction with others | -.077 | .203$^{**}$ | .230$^{**}$ | .140$^{*}$ | .166$^{*}$ | .084 | .131$^{*}$ | .170$^{**}$ | .260$^{**}$ | .137$^{*}$ | .139$^{*}$ | .146$^{*}$ |
| Achieving self-fulfillment | -.130$^{*}$ | .196$^{**}$ | .276$^{**}$ | .112 | .221$^{**}$ | -.004 | .075 | .293$^{**}$ | .461$^{**}$ | .152$^{*}$ | .176$^{**}$ | .217$^{**}$ |
| Achieving emotional health | -.126 | .184$^{**}$ | .258$^{**}$ | .077 | .145$^{*}$ | .043 | .076 | .310$^{**}$ | .420$^{**}$ | .295$^{**}$ | .302$^{**}$ | .375$^{**}$ |
| Achieving personal goals/hopes | -.006 | .115 | .129$^{*}$ | .048 | .079 | -.087 | .084 | .305$^{**}$ | .403$^{**}$ | .291$^{**}$ | .285$^{**}$ | .257$^{**}$ |
| My material life | -.141$^{*}$ | .124 | .098 | .090 | .016 | .043 | .086 | .120 | .182$^{**}$ | .193$^{**}$ | .147$^{*}$ | .142$^{*}$ |
| My financial situation | -.128$^{*}$ | -.022 | .013 | .018 | .002 | -.055 | .033 | .088 | .200$^{**}$ | .146$^{*}$ | .106 | .090 |
| My standard of living | -.208$^{**}$ | .052 | .061 | .051 | .055 | .085 | .060 | .166$^{*}$ | .169$^{**}$ | .190$^{**}$ | .177$^{**}$ | .176$^{**}$ |
| My health in general | -.182$^{**}$ | .116 | .198$^{**}$ | .087 | .297$^{**}$ | -.070 | .074 | .234$^{**}$ | .399$^{**}$ | .139$^{*}$ | .104 | .160$^{*}$ |
| My physical fitness | -.215$^{**}$ | .106 | .305$^{**}$ | .041 | .301$^{**}$ | -.053 | -.010 | .258$^{**}$ | .367$^{**}$ | .176$^{**}$ | .166$^{*}$ | .212$^{**}$ |
| My physical well-being | -.193$^{**}$ | .113 | .204$^{**}$ | .059 | .341$^{**}$ | -.162$^{*}$ | -.009 | .259$^{**}$ | .396$^{**}$ | .172$^{**}$ | .169$^{**}$ | .231$^{**}$ |
| My job responsibilities | -.108 | .021 | .043 | .119 | .147$^{*}$ | -.032 | .125 | .051 | .193$^{**}$ | .072 | -.018 | -.026 |
| How employer values work contribution | -.095 | .061 | .014 | .084 | .038 | .057 | .072 | .006 | .135$^{*}$ | .112 | .027 | .010 |
| Work environment | -.147$^{*}$ | .099 | .096 | .091 | .129 | .055 | .118 | .080 | .175$^{**}$ | .162$^{*}$ | .056 | .083 |
| What my community provides | -.083 | .105 | .089 | .112 | .066 | -.096 | -.030 | .149$^{*}$ | .168$^{**}$ | .228$^{**}$ | .185$^{**}$ | .183$^{**}$ |
| Contribution to community | -.084 | .133$^{*}$ | .187$^{**}$ | .064 | .092 | -.127$^{*}$ | -.064 | .269$^{**}$ | .262$^{**}$ | .254$^{**}$ | .293$^{**}$ | .292$^{**}$ |
| Community leaders/decision makers | -.023 | -.006 | .063 | .032 | -.019 | -.026 | -.065 | .083 | .100 | .141$^{*}$ | .127 | .109 |
| Party 2 | .029 | .016 | .082 | .109 | .040 | .015 | -.096 | .179$^{**}$ | .078 | .112 | .164$^{*}$ | .153$^{*}$ |
| Party 3 | -.012 | -.051 | -.113 | -.020 | .007 | .122 | .007 | -.141$^{*}$ | -.066 | -.147$^{*}$ | -.232$^{**}$ | -.192$^{**}$ |
| Party 4 | -.093 | .112 | .017 | -.130$^{*}$ | .015 | -.178$^{**}$ | -.032 | .038 | .050 | .037 | .076 | .049 |
| Party 5 | .063 | -.093 | .002 | .037 | -.043 | .027 | .187$^{**}$ | -.076 | -.072 | -.016 | .010 | -.041 |
| Income 2 | .124 | .026 | -.042 | -.069 | -.141$^{*}$ | -.057 | -.043 | .005 | -.011 | .024 | .050 | .037 |
| Income 3 | .138$^{*}$ | -.181$^{**}$ | -.116 | -.150$^{*}$ | -.116 | -.059 | -.012 | -.028 | -.118 | -.088 | -.095 | -.129$^{*}$ |
| Income 4 | -.052 | -.003 | .002 | .063 | .105 | .078 | -.021 | .058 | .006 | -.049 | -.023 | .052 |
| Income 5 | -.163$^{*}$ | .114 | .051 | .088 | .110 | .111 | .095 | -.068 | .053 | .069 | .008 | -.021 |
| Education 2 | .085 | .011 | -.064 | -.043 | -.029 | .013 | -.006 | -.098 | -.085 | .012 | -.105 | -.068 |
| Education 3 | -.024 | -.100 | .003 | -.138$^{*}$ | -.105 | -.088 | -.016 | -.057 | -.045 | -.128$^{*}$ | -.138$^{*}$ | -.076 |
| Education 4 | .038 | .016 | .006 | .028 | .038 | .021 | .008 | .028 | -.080 | .008 | -.004 | -.059 |
| Education 5 | -.151$^{*}$ | .107 | .049 | .138$^{*}$ | .127$^{*}$ | .070 | .084 | .080 | .110 | .114 | .190$^{**}$ | .201$^{**}$ |
| Job 2 | -.054 | .025 | .120 | .064 | .049 | .131$^{*}$ | .017 | .063 | -.024 | .037 | .042 | .070 |
| Job 3 | .026 | .048 | -.181$^{**}$ | -.068 | .060 | -.085 | .138$^{*}$ | -.062 | -.038 | -.015 | -.034 | .015 |
| Job 4 | .116 | -.069 | -.020 | -.106 | -.209$^{**}$ | -.107 | -.007 | .047 | .002 | -.066 | .021 | -.018 |
| Job 5 | .016 | .086 | -.074 | -.053 | -.073 | -.128$^{*}$ | -.028 | -.021 | .080 | .003 | -.013 | -.002 |

| | Relationships with friends | Relationships with family | Interaction with others | Achieving self-fulfillment | Achieving emotional health | Achieving personal goals/hopes | My material life | My financial situation | My standard of living | My health in general | My physical fitness | My physical well-being |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Shops in close proximity | | | | | | | | | | | | |
| Tube, train, bus | | | | | | | | | | | | |
| Restaurants, cafes | | | | | | | | | | | | |
| Cycle/walk to recreation grounds | | | | | | | | | | | | |
| Pavements/Cycleways | | | | | | | | | | | | |
| GP surgery/pharmacy | | | | | | | | | | | | |
| Green spaces / park | | | | | | | | | | | | |
| Open spaces for recreation | | | | | | | | | | | | |
| Open spaces for children | | | | | | | | | | | | |
| Low cost of well-being activities | | | | | | | | | | | | |
| Well-being activities free | | | | | | | | | | | | |
| Well-being activities elite | | | | | | | | | | | | |
| Did not engage in healthy activity | | | | | | | | | | | | |
| Engaged in relaxing activities | | | | | | | | | | | | |
| Sightseeing by foot | | | | | | | | | | | | |
| Went for a short walk | | | | | | | | | | | | |
| Capable of engaging in activities | | | | | | | | | | | | |
| Ate too much | | | | | | | | | | | | |
| Consumed more alcohol | | | | | | | | | | | | |
| Holiday improved health | | | | | | | | | | | | |
| Felt good about myself | | | | | | | | | | | | |
| Expecting holiday to make me feel better | | | | | | | | | | | | |
| Expecting holiday to improve well-being | | | | | | | | | | | | |
| Expecting holiday to contribute to health | | | | | | | | | | | | |
| Relationships with friends | 1 | | | | | | | | | | | |
| Relationships with family | .618** | 1 | | | | | | | | | | |
| Interaction with others | .618** | .533** | 1 | | | | | | | | | |
| Achieving self-fulfillment | .515** | .464** | .609** | 1 | | | | | | | | |
| Achieving emotional health | .501** | .467** | .578** | .779** | 1 | | | | | | | |
| Achieving personal goals/hopes | .364** | .432** | .443** | .769** | .709** | 1 | | | | | | |
| My material life | .418** | .407** | .421** | .449** | .421** | .496** | 1 | | | | | |
| My financial situation | .253** | .275** | .316** | .341** | .260** | .416** | .675** | 1 | | | | |
| My standard of living | .330** | .406** | .381** | .428** | .389** | .450** | .733** | .724** | 1 | | | |
| My health in general | .373** | .365** | .466** | .548** | .484** | .501** | .451** | .407** | .494** | 1 | | |
| My physical fitness | .380** | .388** | .499** | .566** | .525** | .525** | .430** | .377** | .496** | .879** | 1 | |
| My physical well-being | .263** | .262** | .433** | .445** | .367** | .454** | .304** | .335** | .318** | .735** | .785** | 1 |
| My job responsibilities | .273** | .213** | .266** | .266** | .211** | .311** | .358** | .328** | .356** | .354** | .302** | .284** |
| How employer values work contribution | .155* | .159* | .247** | .181** | .186** | .191** | .381** | .356** | .281** | .288** | .253** | .227** |
| Work environment | .179** | .175** | .352** | .303** | .273** | .330** | .382** | .400** | .345** | .370** | .351** | .329** |
| What my community provides | .212** | .180** | .299** | .312** | .250** | .348** | .427** | .416** | .375** | .363** | .338** | .265** |
| Contribution to community | .251** | .248** | .385** | .483** | .439** | .517** | .409** | .385** | .364** | .446** | .456** | .448** |
| Community leaders/decision makers | .179** | .192** | .261** | .368** | .294** | .379** | .361** | .318** | .274** | .341** | .352** | .254** |
| Party 2 | -.053 | -.039 | -.084 | -.065 | .048 | .013 | .037 | .015 | .049 | .010 | .000 | .043 |
| Party 3 | -.078 | .137* | -.021 | -.036 | -.082 | -.084 | -.078 | -.102 | -.067 | .001 | -.035 | -.030 |
| Party 4 | .173** | .027 | .103 | .092 | .073 | .070 | .040 | .088 | .083 | .012 | .055 | .046 |
| Party 5 | .098 | -.012 | .036 | .055 | .016 | .034 | .001 | .040 | -.014 | -.007 | .003 | -.095 |
| Income 2 | -.091 | -.072 | -.119 | -.073 | -.021 | -.037 | -.096 | -.008 | -.014 | .012 | -.014 | -.064 |
| Income 3 | -.083 | -.041 | -.074 | -.083 | -.081 | .013 | -.082 | -.136* | -.129* | -.069 | -.072 | -.048 |
| Income 4 | .001 | .024 | .001 | -.075 | -.086 | -.104 | .062 | .063 | .061 | -.067 | -.020 | -.016 |
| Income 5 | .078 | .031 | .066 | .073 | .093 | .024 | .018 | .053 | .074 | .108 | .042 | .024 |
| Education 2 | -.033 | -.037 | -.121 | -.149* | -.155* | -.111 | -.054 | -.005 | .023 | -.074 | -.135* | -.054 |
| Education 3 | .049 | .062 | .057 | .054 | .067 | -.018 | .029 | .021 | -.050 | .045 | .017 | .007 |
| Education 4 | -.076 | -.067 | -.079 | -.151* | -.096 | -.060 | -.136* | -.200** | -.093 | -.092 | -.067 | -.067 |
| Education 5 | .056 | .026 | .142* | .203** | .158* | .135* | .132* | .117 | .143* | .142* | .194** | .131* |
| Job 2 | .019 | .065 | -.020 | -.045 | -.027 | -.030 | .027 | -.068 | .007 | .023 | .048 | .027 |
| Job 3 | -.051 | -.054 | .013 | .031 | .014 | .080 | .073 | .033 | .049 | .004 | .012 | .007 |
| Job 4 | -.123 | -.160* | -.119 | -.099 | -.124 | -.080 | -.101 | .074 | -.033 | .022 | .011 | .013 |
| Job 5 | .085 | .044 | .091 | .035 | .035 | .048 | .016 | .082 | -.035 | -.049 | -.089 | .023 |

| | My job responsibilities | How employer values work contribution | Work environment | What my community provides | Contribution to community | Community leaders/decision makers | Party 2 | Party 3 | Party 4 | Party 5 |
|---|---|---|---|---|---|---|---|---|---|---|
| Shops in close proximity | | | | | | | | | | |
| Tube, train, bus | | | | | | | | | | |
| Restaurants, cafes | | | | | | | | | | |
| Cycle/walk to recreation grounds | | | | | | | | | | |
| Pavements/Cycleways | | | | | | | | | | |
| GP surgery/pharmacy | | | | | | | | | | |
| Green spaces / park | | | | | | | | | | |
| Open spaces for recreation | | | | | | | | | | |
| Open spaces for children | | | | | | | | | | |
| Low cost of well-being activities | | | | | | | | | | |
| Well-being activities free | | | | | | | | | | |
| Well-being activities elite | | | | | | | | | | |
| Did not engage in healthy activity | | | | | | | | | | |
| Engaged in relaxing activities | | | | | | | | | | |
| Sightseeing by foot | | | | | | | | | | |
| Went for a short walk | | | | | | | | | | |
| Capable of engaging in activities | | | | | | | | | | |
| Ate too much | | | | | | | | | | |
| Consumed more alcohol | | | | | | | | | | |
| Holiday improved health | | | | | | | | | | |
| Felt good about myself | | | | | | | | | | |
| Expecting holiday to make me feel better | | | | | | | | | | |
| Expecting holiday to improve well-being | | | | | | | | | | |
| Expecting holiday to contribute to health | | | | | | | | | | |
| Relationships with friends | | | | | | | | | | |
| Relationships with family | | | | | | | | | | |
| Interaction with others | | | | | | | | | | |
| Achieving self-fulfillment | | | | | | | | | | |
| Achieving emotional health | | | | | | | | | | |
| Achieving personal goals/hopes | | | | | | | | | | |
| My material life | | | | | | | | | | |
| My financial situation | | | | | | | | | | |
| My standard of living | | | | | | | | | | |
| My health in general | | | | | | | | | | |
| My physical fitness | | | | | | | | | | |
| My physical well-being | | | | | | | | | | |
| My job responsibilities | 1 | | | | | | | | | |
| How employer values work contribution | .659** | 1 | | | | | | | | |
| Work environment | .658** | .685** | 1 | | | | | | | |
| What my community provides | .423** | .425** | .578** | 1 | | | | | | |
| Contribution to community | .413** | .390** | .491** | .702** | 1 | | | | | |
| Community leaders/decision makers | .316** | .388** | .360** | .630** | .651** | 1 | | | | |
| Party 2 | -.077 | -.061 | -.091 | -.015 | .028 | -.047 | 1 | | | |
| Party 3 | .112 | .142* | .109 | .014 | -.057 | -.032 | -.615** | 1 | | |
| Party 4 | .034 | -.017 | .064 | .141* | .095 | .141* | -.237** | -.275** | 1 | |
| Party 5 | -.038 | -.062 | -.016 | -.096 | -.032 | -.019 | -.237** | -.275** | -.106 | 1 |
| Income 2 | -.017 | .022 | .023 | -.023 | .022 | .037 | .001 | -.045 | -.010 | .038 |
| Income 3 | -.198** | -.175* | -.185** | -.034 | -.041 | -.033 | .035 | -.124 | .100 | .100 |
| Income 4 | .051 | .018 | .017 | -.050 | -.097 | -.039 | .077 | -.023 | -.006 | -.036 |
| Income 5 | .109 | .109 | .113 | .047 | .019 | -.030 | -.126 | .248** | -.118 | -.025 |
| Education 2 | .059 | .008 | .019 | -.067 | -.100 | -.121 | .089 | -.047 | -.073 | .003 |
| Education 3 | .055 | .120 | .074 | -.020 | .040 | .016 | -.035 | .049 | .025 | -.048 |
| Education 4 | -.061 | -.109 | -.043 | -.085 | -.058 | -.059 | -.102 | .045 | .092 | -.004 |
| Education 5 | -.024 | .023 | .077 | .124 | .084 | .116 | .073 | -.070 | -.054 | .077 |
| Job 2 | .011 | .026 | .072 | -.018 | .001 | -.025 | .097 | -.014 | -.054 | -.014 |
| Job 3 | .033 | -.001 | -.044 | -.059 | -.036 | -.054 | -.030 | -.003 | .020 | .020 |
| Job 4 | -.156* | -.104 | -.176** | -.012 | .011 | .024 | .029 | -.170** | .038 | .073 |
| Job 5 | -.027 | -.031 | -.025 | -.040 | -.014 | -.136* | -.132* | .067 | .049 | -.051 |

| | Income 2 | Income 3 | Income 4 | Income 5 | Education 2 | Education 3 | Education 4 | Education 5 | Job 2 | Job 3 | Job 4 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Shops in close proximity | | | | | | | | | | | |
| Tube, train, bus | | | | | | | | | | | |
| Restaurants, cafes | | | | | | | | | | | |
| Cycle/walk to recreation grounds | | | | | | | | | | | |
| Pavements/Cycleways | | | | | | | | | | | |
| GP surgery/pharmacy | | | | | | | | | | | |
| Green spaces / park | | | | | | | | | | | |
| Open spaces for recreation | | | | | | | | | | | |
| Open spaces for children | | | | | | | | | | | |
| Low cost of well-being activities | | | | | | | | | | | |
| Well-being activities free | | | | | | | | | | | |
| Well-being activities elite | | | | | | | | | | | |
| Did not engage in healthy activity | | | | | | | | | | | |
| Engaged in relaxing activities | | | | | | | | | | | |
| Sightseeing by foot | | | | | | | | | | | |
| Went for a short walk | | | | | | | | | | | |
| Capable of engaging in activities | | | | | | | | | | | |
| Ate too much | | | | | | | | | | | |
| Consumed more alcohol | | | | | | | | | | | |
| Holiday improved health | | | | | | | | | | | |
| Felt good about myself | | | | | | | | | | | |
| Expecting holiday to make me feel better | | | | | | | | | | | |
| Expecting holiday to improve well-being | | | | | | | | | | | |
| Expecting holiday to contribute to health | | | | | | | | | | | |
| Relationships with friends | | | | | | | | | | | |
| Relationships with family | | | | | | | | | | | |
| Interaction with others | | | | | | | | | | | |
| Achieving self-fulfillment | | | | | | | | | | | |
| Achieving emotional health | | | | | | | | | | | |
| Achieving personal goals/hopes | | | | | | | | | | | |
| My material life | | | | | | | | | | | |
| My financial situation | | | | | | | | | | | |
| My standard of living | | | | | | | | | | | |
| My health in general | | | | | | | | | | | |
| My physical fitness | | | | | | | | | | | |
| My physical well-being | | | | | | | | | | | |
| My job responsibilities | | | | | | | | | | | |
| How employer values work contribution | | | | | | | | | | | |
| Work environment | | | | | | | | | | | |
| What my community provides | | | | | | | | | | | |
| Contribution to community | | | | | | | | | | | |
| Community leaders/decision makers | | | | | | | | | | | |
| Party 2 | | | | | | | | | | | |
| Party 3 | | | | | | | | | | | |
| Party 4 | | | | | | | | | | | |
| Party 5 | | | | | | | | | | | |
| Income 2 | 1 | | | | | | | | | | |
| Income 3 | -.173** | 1 | | | | | | | | | |
| Income 4 | -.219** | -.359** | 1 | | | | | | | | |
| Income 5 | -.211** | -.345** | -.437** | 1 | | | | | | | |
| Education 2 | .003 | .079 | .028 | -.052 | 1 | | | | | | |
| Education 3 | .134* | -.050 | -.024 | -.007 | -.218** | 1 | | | | | |
| Education 4 | .060 | -.026 | .000 | .022 | -.274** | -.290** | 1 | | | | |
| Education 5 | -.120 | -.071 | .074 | .096 | -.259** | -.274** | -.344** | 1 | | | |
| Job 2 | -.014 | .065 | .002 | -.087 | .189** | -.078 | -.062 | .011 | 1 | | |
| Job 3 | -.090 | .010 | .059 | -.001 | -.039 | .117 | -.056 | .031 | -.114 | 1 | |
| Job 4 | .281** | .116 | -.109 | -.270** | -.046 | .064 | -.083 | -.131* | -.215** | -.143* | 1 |
| Job 5 | -.101 | -.058 | -.018 | .025 | .016 | .229** | -.020 | -.143* | -.128* | -.085 | -.161* |

***Please note the sample size used in this study was 240.**