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## **Progress in Tourism and Destination Wellbeing Research**

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## **ABSTRACT**

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

## **KEYWORDS**

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

## **1. INTRODUCTION**

Tourism concerned with health, wellness and wellbeing is a broad concept and includes ideas around both curing ills and maintaining health. Health-related travel, for example, can include activities as diverse as spas, seawater treatments and pilgrimages to sacred sites for physical healing and spiritual cleaning (Bennet, King, & Milner, 2004) as well as travel for medical or surgical interventions (Connell, 2006). The literature detailing the plethora of research undertaken in these areas has grown in importance in tourism discourse over the last decade and within this time, more holistic notions of wellbeing which emphasise emotional and psychological aspects appear to be emerging as significant. Such interpretations of wellbeing which incorporate body, mind and spirit (Smith, 2003; Smith & Puczko, 2010) are increasingly seen as important in a paradigm shift which emphasises healthy lifestyle choices (Cassens, Hörmann, Tarnai, Stosiek, & Meyer, 2012). At the same time, top-down policies aimed at increasing the health and wellbeing of the general population have become more prolific, together with a simultaneous recognition from governments across the world that it is time to move beyond economic growth as the sole measure of social success and instead incorporate aspects of human wellbeing into the equation (Marmot

et al., 2008; McCabe & Johnson, 2013; ONS, 2011; Stiglitz, Sen, & Fitoussi, 2009; Wiseman & Brasher, 2008). Given the burgeoning problem of lifestyle-related diseases, a shift in focus is apparent across government at all levels and synergies can be drawn between those offering wellbeing services, tourism enterprises, and destinations, catering to peoples' need to balance their lifestyle with wellbeing and enhance their overall quality of life (Hjalagan & Flagstad, 2012).

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

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

There is also the notion of community wellbeing and the means by which a far more detailed understanding of its dynamics can contribute to increasing and more deliberate citizen engagement and policy making at the destination level (Wiseman & Brasher, 2008). The impact of tourism on the overall quality of life of the local community – rather than the traditional focus on jobs and other economic indicators – has traditionally proved to be methodologically challenging which, in turn, has impacted the credibility and applicability of non-economic quality of life studies in the destination development debate. That being said, recent studies by Tyrrell,

Morris Paris and Biaett (2012) and Tyrell, Morris Paris and Casson (2010) have offered a conceptual approach to the measurement of those major dimensions and values of the quality of life of the destination community and the means by which they can be influenced by the tourism industry. With close parallels to studies, and methodologies, adopted in the wider debate on sustainable tourism, the general shift is toward a more community-wide set of benefits rather than benefits accrued to individuals and individual organizations and entities. What is arguably new and innovative emerging from these recent bodies of work is the notion of health and wellbeing as a deliberate and growing strategy among destinations. A shift is evident from product offerings based around the idea of wellness and curing ills to new understandings around a destination focus on wellbeing, where a 'new market for the healthy' (Hofer, Honegger, & Hubeli, 2012) seek experiences which speak to a broader conceptualisation of health including psychological, spiritual and transformative experiences (Kusen, 2002; Little, 2012; Mueller & Kaufmann, 2001). This is important not only in understanding and catering for this growing market segment but also to understand the implications of it for destinations and their respective communities and how it might contribute to the wider sustainability of those destinations. The argument here is that using broad conceptualisations of wellbeing to guide tourism development may provide important opportunities for destination competitiveness in a crowded market and thus contribute to prolonging the life span of destinations.

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

## **2. CRITICAL REVIEW OF THE LITERATURE**

To reveal the key themes in the health, wellness and wellbeing related literature, three prominent social sciences databases were used to investigate English language journal articles published in the last 50 years (1965-present) which included in the title "tourism" and "quality of

life” or “health” or “wellness” or “wellbeing” or “wellbeing”. The databases interrogated were: *Scopus*, *Web of Science* and *Science Direct*. Notwithstanding a range of related research found in other sources and via alternative search terms, this search shows that research in this area only really appears in journal articles from the late 1980s and shows a greater growth trend since 2009 when such research appears to become increasingly significant. From this search, three key themes are identified as important: wellbeing, wellness, health and quality of life from the perspective of tourists, of destination resident communities, and of destinations themselves.

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

Despite a proliferation of wellbeing related research in recent years (see for example Diener & Suh, 1997; Keyes, Shmotkin, & Ryff, 2002; Ryan & Deci, 2001; Ryff & Singer, 2008; Seligman, 2011), the debate about how it should be defined remains unresolved (Dodge, Daly, Huyton, & Sanders, 2012) giving rise to the development and use of broad and blurry definitions. The concepts of wellbeing, wellness and quality of life have typically been

confounded through the literature and have been examined from a number of disciplinary perspectives, resulting in conflicting and sometimes confusing interpretations. As a consequence there remains no clear agreement as to how these concepts interrelate (Camfield & Skevington, 2008). Moreover, they are frequently used interchangeably (Filep & Deery, 2010; McCabe, Joldersma, & Li, 2010) and commentators also use similar terms such as “happiness” and “life satisfaction”, making the picture an even more confusing one.

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

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

The diversity of products and services which are classified under the “wellness” umbrella, however, implies different perspectives of tourists regarding what wellness is and how to achieve it. Huijbens (2010), for example, suggests that the active pursuit of a state of wellbeing through synergies of body, mind, and soul may be the characteristic distinction between wellness tourists and others. This is supported by researchers such as Steiner & Reisinger (2006, p.7) who also place “spirituality” at the core of wellness, which they argue can ‘help one to explore their meaning and purpose in life’. Smith and Kelly (2006b, p.1) similarly assert that ‘wellness no longer constitutes the mere physical nature of the body’.

Wellbeing is often used inter-changeably with wellness, although more frequently it is presented through the literature as a multi-dimensional phenomenon conceived of in two distinct ways; “objective” and “subjective” wellbeing (Delle-Fave & Massimini, 2005; Kahneman & Krueger, 2006; White, 2008). Objective wellbeing relates to ideas of the fulfilment of materialistic demands and access to physical, environmental, social and other resources. Subjective wellbeing, meanwhile, relates to self-assessments of satisfaction which renders it much more complex to measure since it includes ideas such as goal achievements and expectations as well as ideas about engagement in meaningful relationships amongst other variables. Diener et al.’s (2009, p.400) extensive writings about subjective wellbeing have defined it as ‘an umbrella term for different valuations that people make regarding their lives, the events happening to them, their bodies and minds and the circumstances in which they live’. In contrast, Mueller and Kaufmann (2001) emphasise that wellness tourism consists of maintaining or promoting health and that it is about the products and services such as hotels with spas, offered to wellness tourists. Pesonen and Komppula, (2011) support broader conceptualisations of wellness and identify emotional and cognitive motivations as important rather than the emphasis being on products and services.

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

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

### *2.1 Impact of tourism on tourists’ health and wellbeing*



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

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

\*\* Insert table 1 about here \*\*

Although the research concerning the impact of tourism on quality of life of individual tourists remains limited, the results of the studies carried out in this area reveal that each tourist may be positively and negatively affected by tourism (Carneiro & Eusébio, 2011; McCabe et al., 2010; Moscardo, 2009). For example, Moscardo’s (2009) study reveals that tourism may contribute to tourists’ quality of life, mainly improving health, human capital, self-esteem, social capital, and natural capital. Nevertheless, Moscardo’s (2009) study also showed that tourism can negatively affect tourists’ quality of life, for example by exposing the tourist to health risks. Naturally, such assessments largely depend on the measurement criteria being used. Neal, Uysal & Sirgy (2007), for example, note that quality of life studies are typically conducted using objective criteria which include employment, income and crime rates. Less common, however, are studies which assess the subjective experiences of tourists and the self-reported perceived satisfactions with experiences. Hunter-Jones and Blackburn (2007) argue that the literature documenting the relationship between health and holiday taking in general is fragmented. Within this, they highlight the bias towards detailing health risks of travel such as travel-related illness and accidents. More widely, however, the focus on tourism’s impacts on health does cover both physical and psychological health. For example, such a focus reveals a positive slant in detailing the significant benefits of tourism which range from subjective feelings of relaxation and wellbeing to more quantifiable improvements evident in chronic conditions, asthma and arthritis (Hunter-Jones & Blackburn, 2007). This study dealt specifically with the senior market in terms of age but findings are supportive of a range of similar research with a critical mass of studies emerging in the domains of happiness, quality of life and the subjective wellbeing of tourists across all ages.

Studies to understand the connections between tourism and quality of life or wellbeing of tourists have flourished in recent years (Carneiro & Eusébio, 2011; Dolnicar, Lazarevski, & Yanamandram, 2013; Filep, 2014; McCabe et al., 2010; Michalkó, Kiss, Kovács, & Sulyok, 2009; Moscardo, 2009; Neal et al., 2007). Each of these studies largely converge in understanding tourism as contributing positively in the domains of psychological and social wellbeing or as explained by Carneiro and Eusébio (2011, p.94) that 'tourism may have an important influence in people's life by leading to good feelings, positive emotions and interactions that are considered by visitors as fruitful and positive'. In an attempt to more fully understand the ways in which tourists benefit from their experiences, Filep (2014) proposes using conceptualisations based on psychological wellbeing. He argues that the concept of happiness cannot adequately convey the meaningful and engaging holiday experiences that people have, and that "authentic happiness" (Seligman, 2011) offers far greater possibilities for understanding them. The components of authentic happiness as purported by Seligman (2011) are positive emotions (love, interest, joy and contentment), engagement (a sense of involvement in daily life activities) and a sense of meaning or purpose in life. A fulfilling tourist experience is arguably one which is characterised by these components and is thus not simply equated with pleasure but with a personally meaningful experience.

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

Eusébio and Carneiro (2014) similarly report positive benefits of tourism for the youth market, noting particularly, the opportunities afforded by tourism to increase knowledge and leisure opportunities. At the opposite end of the spectrum, Kim, Woo, and Uysal (2015)

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

## *2.2 Impact of tourism on destination communities' health and wellbeing*

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

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

\*\* Insert table 2 about here \*\*

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

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

This subjective dimension which reflects individual feelings and perceptions is a growing area of concern for researchers and a more holistic conception of destination community wellbeing and satisfaction guides a growing body of work. Andereck and Nyaupane (2011) note

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

Nawijin and Mitas (2012, p.533) also utilised the idea of subjective wellbeing as a way to understand tourism's impacts on the host community. Their study takes a mass tourism destination as its focus and uses a self-reported questionnaire with residents to understand which components of subjective wellbeing area affected by tourism, if any. They used both affective and cognitive indicators to assess overall subjective wellbeing and used domains ranging from 'self', 'family' and 'interpersonal relationships' to 'jobs', 'economic situation' and 'services and infrastructure' to gain an overall measure life satisfaction and related these to attitudes towards tourism. They conclude that tourism affects a wide range of domains, but in particular the cognitive component of life satisfaction. Another interesting slant on this theme is a study by Cecil et al. (2008, 2010) who explored how the development of a cultural tourism initiative in Indianapolis impacted on residents' quality of life. They used three subjective dimensions to measure quality of life: "being" (physical characteristics), "belonging" (environmental characteristics) and "becoming" (emotional, mental and spiritual characteristics). Results suggested that tourism development did affect all three components in a positive way. Another holistic approach to understanding tourism's impacts is demonstrated by Jenkins and Romanos (2014) who employed subjective components such as having meaning and purpose in life. They assessed how the interaction of tourists with resident artists affected these components as well as their economic livelihoods and concluded that "slow and purposeful" tourism offers the most positive benefits to resident communities, a sentiment supported also by the work of Moscardo et al. (2013).

The notion that the type of tourism and the management and marketing of the destination itself is important in the wellbeing of destination communities is an intriguing idea and one that has been taken up in more recent literature. In particular, the relationship between the stage of tourism development and community wellbeing has been questioned by a number of

researchers (Kim et al., 2013; Perdue et al., 1999; Usher & Kerstetter, 2014) who largely agree that impacts on both objective and subjective components of wellbeing are moderated by the stage of destination development. These ideas will be explored further with reference to the literature on destinations and destination development around health, wellbeing and wellness.

### *2.3 Impact on destination of health and wellbeing tourism*

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

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

\*\* Insert Table 3 about here \*\*

Interestingly, a growing body of work discusses the emergence of destination propositions based around ideas of health and wellbeing and of the destination itself as a source of health and wellbeing. Konu, Tuohino, and Komppula (2010), for example, explore the idea of developing a new service proposition based around the area of Eastern Finland which is rich in lakes but which is scarcely utilised in wellbeing and wellness tourism product development. They note the importance of destination areas, which are considered as special or “transcendent” or “magical” in themselves in some way (Little, 2012; Smith & Kelly, 2006). This movement from “cure” to “wellness” tourism (Mueller & Kaufmann, 2001) which highlights the holistic ways in which wellbeing is understood appears to be an emerging driving force behind destination development which it is argued may become a decisive competitive factor (Mueller & Kaufmann, 2001). Within these discussions, the authors present a wellness model based around aspects of spirit, mind, self-responsibility, health, inner and external beauty, relaxation and movement/fitness which Konu et al. (2010) propose may be used as “pillars” from which to build a holistic and contemporary service proposition. It is argued that such an offering will meet consumer demands which may no longer be satisfied through products aimed at one dimension of wellbeing and could provide an attractive complementary offer for a destination (Kušen, 2002; Medina-Muñoz & Medina-Muñoz, 2013).

An interesting development in these discussions is whether certain existing forms of tourism could be considered as “wellness tourism” and by extension, whether they could be developed further and marketed specifically for wellbeing enhancing qualities. Pesonen and Komppula (2010), for example, explore whether rural tourism can be considered a form of wellbeing tourism. Through their research, they assert that rural tourists do in fact share similar motivations to wellness tourists including a desire to escape from busy lives, relaxation, a calm atmosphere and desire to spend time in nature. Similarly, Little (2012) explores the idea of “wild nature” and how it is used in wellbeing strategies. She acknowledges the broad diversification of the tourism industry to include “therapeutic” holidays in varying forms and notes how nature plays an important role in such experiences. She furthermore, concludes that providing for wellness tourism in rural locations may provide new opportunities for rural tourism and economic development. Such diversified and holistic thinking around health, wellness and wellbeing tourism in which a shift is evident from a narrow and product focus to wider understandings which emphasise prevention rather than cure provides some support for the proclamation by Hofer et al. (2012, p.60) that ‘a new market for the healthy is emerging’. Exciting possibilities are thus evident for existing tourism sites to diversify and to appeal to a new market such as heritage sites which Armaitiene, Bertuzyte, and Vaskaitis (2014) consider may also provide the opportunities for the development of health tourism.

Recent literature is emerging which is rich in innovation and enthusiasm for developing tourism sites to capitalise on these opportunities. Hjalager (2011) for example, notes that there is considerable agreement in the literature about the need for innovation and expansion of tourism products to ensure competitiveness, economic sustainability and consumer attention and she provides an outline and analysis of endeavours to invent and implement new wellbeing activities in the region of Southern Denmark. Building on this, Hjalager and Flagestad (2012) discuss the development of holistic touristic experiences which incorporate wellbeing trails in nature, spots for silence, places of spiritual power, areas of cultural or archaeological significance, locations offering various forms of physical activity in addition to the traditional commercial offerings of spas and healthy eating establishments. Many tourist destinations do currently offer natural environments with the potential to be restorative both for local people and visitors, yet may not be marketed with this in mind or designed to enable this to happen. Hartwell, Hemingway, Fyall, Filimonau, and Wall (2012), meanwhile, consider the possibilities of wellbeing as a concept to guide tourism destination strategy development, where the destination enhances and promotes physical and mental health for residents and tourists alike. Successful destination marketing may provide the economic impetus to transform local tourism products towards wellbeing, an approach that, for many destinations, can help alter their life-cycle trajectory. Using wellbeing to inform the design of tourist destinations and experiences therefore, provides an interesting lens through which to view the broader development,

management and marketing of destinations. Coghlan (2015), for example, explores how positive psychology can inform this thinking in ensuring experiences create positive emotions, engagement and meaning and thus provide enhanced participant wellbeing. Whilst tourism has long been understood for its potential restorative, happiness or broader wellbeing outcomes, it is only more recently that researchers have turned their attention to how advances in positive psychology, and the mechanisms that foster wellbeing, apply to the tourism experience (Pearce, 2009). Few studies have considered how positive psychology principles may be incorporated into the design of travel experiences to achieve complete wellbeing outcomes. Wolf, Stricker, and Hagenloh's (2014) paper on outcome-focused experience management in national parks is an important step forward in this area. Well-designed travel experiences which incorporate ideas of wellbeing are an important part of a sustainable tourism strategy, not least because they move tourism beyond simplistic pleasure-seeking and address aspects of social sustainability in which the satisfaction of both tourists and the destination community is central.

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

Contemporary conceptualisations of health, wellness and wellbeing, as emerging through the literature, which incorporate aspects of the mind, body and spirit (Mueller & Kaufmann, 2001; Smith & Kelly, 2006) have led to new understandings of the need for tourist experiences



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

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

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

### **3. CONCLUSION**

This review highlights an evolution in thinking about health, wellness, wellbeing and quality of life in tourism from concerns about products, tourist motivations and attitudes towards tourism towards a more consolidated and deeper appreciation of the range of benefits provided by

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

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

There is still, however, much to be achieved in terms of understanding the determinants and developments of successful wellbeing destinations and future research will undoubtedly take up the challenges this presents. In view of the myriad of themes covered in this paper, four primary research themes are proposed for future and more detailed investigation, namely: definitions and measurement; external forces for change; market segmentation; collaborative destination development. Although this study provides a critical synthesis of definitions and forms of measurement of wellbeing, one can argue that a certain amount of vagueness and lack of empirical rigor remains despite the growth in the number of such studies, especially over the past two decades. The need for more non-economic studies is also paramount as many countries begin to look at alternative ways in which to measure progress in community wellbeing and overall quality of life. The second area requiring deeper and more sustained research investigation is that pertaining to forces for change in the external environment and the means by which economic and political uncertainty, global insecurity and terrorism, and changing demographic trends are likely to impact (be it positive or negative) on the future adoption of wellbeing tourism-related products that contribute to overall wellbeing and quality of life. Drastic terrorist events in Egypt, Tunisia, France and Belgium in recent months are still fresh in the minds of visitors with their longer-term implications as yet unknown while the slow economic

recovery in many developed nations after the financial crises of 2007-2008 continue to shape tourist behaviour. Such trends lead to the third theme necessitating further research in that different markets not only demonstrate different viewpoints on the hedonic-eudemonic continuum but exhibit different levels of engagement with the wellbeing agenda. As such, there exists a need for more segmentation studies that explore in depth the needs, wants and desires of market groups with a particular need to study generational, geographic, income and social class patterns of wellness adoption. Finally, the means by which destinations are able to deliver wellness products, services and experiences to the benefit of destinations in their entirety necessitates a collaborative model with engagement and buy-in from all salient destination stakeholders. Perhaps most challenging at the destination level, is finding those professionals that are able to bring together the mostly different worlds of tourism and wellness into a seamless, fused wellness destination to the benefit of visitors and the local community. Hence, issues of leadership, collaborative working, governance mechanisms and funding come into play as do strategies to fuse branding and reputation-building expertise with the day-to-day management of a truly wellness destination that offers an enhanced quality of life for all.

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Table 1

Author / Date	Theme / Purpose	Research Design	Notes on results
Dunn, H. L. (1959). High-level wellness for man and society.	The author presents a conceptualization of positive health (high-level wellness) and indicates the ways in which he thinks it might be used for research in this area.	The paper provides a conceptualization for which future researchers can utilize and expand on.	The awakened interest of the public shows indicates a use for the conceptualization.
Ryff, C. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological wellbeing.	The purpose of this study is to give theoretical grounding and operationalization to measures of psychological wellbeing.	Three hundred and twenty-one men and women, divided among young, middle-aged, and older adults, rated themselves on these measures along with six instruments prominent in earlier studies.	Results revealed that positive relations with others, autonomy, purpose in life, and personal growth were not strongly tied to prior assessment indexes, thereby supporting the claim that key aspects of positive functioning have not been represented in the empirical arena. Furthermore, age profiles revealed a more differentiated pattern of wellbeing than is evident in prior research.
Waterman, A. S. (1993). Two conceptions of happiness: Contrasts of personal expressiveness and hedonic enjoyment.	The purpose is to show how Aristotle's concept of eudaimonia and hedonic enjoyment constitute 2 philosophical conceptions of happiness.	Two studies involving combined samples of undergraduate and graduate students: (Study 1, n = 209; Study 2, n = 249) were undertaken to identify the convergent and divergent aspects of these constructs.	The 2 conceptions of happiness are related but distinguishable and that personal expressiveness, but not hedonic enjoyment, is a signifier of success in the process of self-realization.
Diener, E., & Suh, E. (1997). Measuring quality of life: Economic, social and subjective indicators.	The purpose is to use alternative indicators to assess three philosophical approaches to wellbeing that are based, respectively, on normative ideals, subjective experiences, and the ability to select goods and services that one desires.	The strengths and weaknesses to various approaches to deducing wellbeing are reviewed and compared.	Each approach to measuring the quality of life contains information that is not contained in the other measures.
Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology.	The purpose is to highlight the science of positive subjective experience, positive individual traits, and positive institutions promises to improve quality of life and prevent the pathologies that arise when life is barren and meaningless.	The article discusses such issues as what enables happiness, the effects of autonomy and self-regulation, how optimism and hope affect health, what constitutes wisdom, and how talent and creativity come to fruition.	The authors outline a framework for a science of positive psychology, point to gaps in our knowledge, and predict that the next century will see a science and profession that will come to understand and build the factors that allow individuals, communities, and societies to flourish.
Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic wellbeing.	The purpose is to show how new methodological developments concerning multilevel modeling and construct comparisons are also allowing researchers to formulate new questions for the field.	This is a review of research done on the concepts of hedonic and eudaimonic approaches to wellbeing.	These two views have given rise to different research foci and a body of knowledge that is in some areas divergent and in others complementary.

Smith, M. (2003). Holistic holidays: Tourism and the reconciliation of body, mind and spirit.	This paper explores the current trend towards spiritual tourism, focusing on the quest for the enhancement of self through physical, mental and creative activities.	The paper provides an analysis of the factors that have created a need for personal and collective engagement in such forms of tourism.	The results suggest that the postmodern era of global capitalism has, in many Western developed countries, created a feeling of existential angst or alienation among its citizens.
Musa, G., Hall, C. M. & Higham, J. E. S. (2004). Tourism sustainability and health impacts in high altitude adventure, cultural and ecotourism destinations: A case study of Nepal's Sagarmatha National Park.	Health issues, despite the number of ailments commonly experienced by tourists, remain neglected in tourism literature. This study aims to investigate the health consequences of visiting this national park.	750 questionnaires were given out during three separate seasons in 1999, of which 448 completed usable questionnaires were returned giving a 59.7% response rate.	The results show that despite good travel preparation, the majority of tourists (89.4%) suffer some form of health ailment. The study shows several significant relationships between the incidence of health ailments and demographic profiles, motivation and satisfaction. It proposes that for high altitude ACE destinations like SNP, health issues should be a core component of destination management in order to ensure the sustainability of tourism development.
Smith, M., & Kelly, C. (2006a). Holistic tourism: Journeys of the self?	The paper emphasizes how there has been an unprecedented intensification in the pursuit of wellness in the history of tourism in recent years.	This article is a review of the existential growth and demand for wellness centres and holistic travel.	The theories suggest that the fragmentation of communities, the breakdown of religion, and the anomie and western, capitalist societies are the reasons for the exponential growth.
Steiner, C. J., & Reisinger, T. (2006). Ringing the fourfold: A philosophical framework for thinking about wellness tourism.	The fourfold is an intimate relationship between earth, sky, morals, and the divinities, which may be a philosophical basis for wellness that is facilitated by tourism.	Philosophical theories and tourism literature are used to argue Heidegger's theory.	Tourism facilitates appreciation of the fourfold by bringing tourists into an authentic encounter with the earth, sky, divinities, and mortals to create a world unlike the world of technicity.
Hunter-Jones, P. & Blackburn, A. (2007). Understanding the relationship between holiday taking and self-assessed health: an exploratory study of senior tourism.	Health is one variable, which is particularly significant to this consumer. Personal health influences all patterns of consumer behaviour regardless of age, although the full extent to which this models senior tourism activity is unclear.	An exploratory qualitative study was undertaken in the spring of 2005, with 22 senior consumers (aged 55 years plus) interviewed.	The challenge for the industry is to find avenues of communication, and for the consumer, to enter into an extended dialogue. This study also reaffirms that senior tourists are anything but a homogenous consumer group. Instead, at least three broad types of senior traveller from a health perspective were identified.
Neal, J. D., Uysal, M. & Sirgy, J. M. (2007). The effect of tourism services on travellers' quality of life.	The objective of this study was to develop a model explaining the effect of tourism services on the quality of life (QOL) of travelers. The model posits that overall life satisfaction is determined by satisfaction within the major life domains, including leisure life.	A self-administered survey questionnaire was mailed to 2,000 adult consumers of travel/tourism services residing in Southwest Virginia, USA. The overall response rate was 47.7% (826 respondents).	From a theoretical perspective, the study validates the notion that affect related to specific dimensions of tourism services can, in fact, indirectly contribute to that individual's overall QOL (Diener and Suh 1997; Sirgy 2002). It also confirms that tourism is an important aspect of leisure life, which is an important factor in overall life satisfaction (Neal, Sirgy and Uysal 1999, 2004). The study revealed that leisure experiences can play a significant role in enhancing QOL. The model guides management to examine each phase of the travel experience in regard to its ability to contribute to traveler QOL.
Sayili, M., Akca, H., Duman, T. & Esengun, K. (2007). Psoriasis treatment via doctor fishes as	In Turkey, research about thermal Health centers and their visitors, is fairly	104 visitors to the destination were surveyed and visitor perceptions about the destination and	Overall, research results suggest that Kangal Fish Spring attracts two main types of visitors. First are

part of health tourism: A case study of Kangal Fish Spring, Turkey.	limited from a tourism experience point of view. This study aimed to explore the Kangal Fish Spring's demand and destination characteristics from a marketing perspective.	visitor characteristics were reported (June-August 2004).	the treatment seekers who make up the majority of demand for this destination. The second group of visitors visits the spring for short-term recreation purposes (curiosity and relaxation needs). However, the marketing of health tourism destinations is not effective in creating demand for these destinations and more can be done.
Chen, J.S., Prebensen, N., & Huan, T.C. (2008). Determining the motivation of wellness travelers.	The paper suggests a new investigative theme pertaining to travel motivation to wellness destinations	An empirical study involving qualitative and quantitative analyses to find specific attributes alluring travellers.	The study found that relaxation is the most important indicator to allure travellers. This research has relevant market implications and also suggests further research be done on the topic.
Chung, O. (2008). Tourism for the health of it.	The purpose is to highlight health tourism as a legitimate sector of the industry. It also underscores tourists' confidence in certain markets based solely on popularity rather than quality.	Analysis of Taiwan's medical tourism industry with recommendations to aid in its growth.	Taiwan's creation of a high-tech medical tourism destination is in the works; however, they must establish themselves as a leisure tourist destination, as well, if they want to be a favoured location for medical tourism.
Deci, E. L., & Ryan, R. M. (2008). Hedonia, eudaimonia and wellbeing: An introduction.	The article presents discussions and research reviews from the eudaimonic tradition, rather than the hedonic one.	A review of research on how the concept of eudaimonia adds an important perspective to our understanding of wellbeing.	The results suggest that the happiest people live by both the hedonic and eudaimonic perspectives.
Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological wellbeing.	Here is an effort to strengthen conceptual foundations of eudaimonic wellbeing.	Key messages from Aristotle's <i>Nicomachean Ethics</i> are revisited. Also examined are ideas about positive human functioning from existential and utilitarian philosophy as well as clinical, developmental, and humanistic psychology.	Biological correlates (cardiovascular, neuroendocrine, immune) of psychological wellbeing are briefly noted as they suggest possible health benefits.
White, S. C. (2008). But what is wellbeing? A Framework for analysis in social and development policy and practice.	The purpose is to set out an approach for the analysis of wellbeing in social and development policy and practice.	Wellbeing is defined and then explored using three basic dimensions of measurement.	The research suggests that wellbeing occurs through relationships, the collective community, and through the 'home' context of wellbeing.
Bushell, R., & Sheldon, P. J. (Eds.). (2009). Wellness and tourism: mind, body, spirit, place.	The purpose is to present a complete picture of the evolving wellness tourism industry by presenting a wide range of topics on the subject.	The book utilizes diagrams and research from many industry professionals.	The research suggests that many different types of tourism are, in fact, wellness tourism in their own ways as wellbeing is, in fact, subjective.
Michalkó, G., Kiss, K., Kovács, B. & Sulyok, J. (2009). The impact of tourism on subjective quality of life among Hungarian population.	In Hungary, the National Tourism Development Strategy (2005-2013) attributes paramount importance to travelling of Hungarian population as one of the means to increase QoL. This paper reports the findings of a government request to the Hungarian Central Statistical Office to perform a survey on the happiness markers related to travelling behaviour of the country's population.	This survey by questionnaires was conducted in 11,500 households in the year 2007,	A special emphasis is addressed to the general linkage between travels and overall life satisfaction and to the components of happiness offered by travelling. The Hungarian population bears witness to the close relationship between tourism mobility and life satisfaction when thinking about travelling as a source of happiness. Tourism mobility contributes to life satisfaction, as travellers have proven to be happier than non-travellers.
Moscardo, G. (2009). Tourism and quality of life: Towards a more critical approach.	Almost all the academic literature on tourism impacts has focussed on the consequences of tourism for the	The present study used the Internet as a source to identify potential social representations of tourism and tourists. In particular	It could be argued that we have a very limited understanding of the relationships between tourism and QoL. The prevailing



	destination and its residents. Very little attention has been paid to the impacts of tourism on tourists, the regions they come from or the places they travel through in transit to their destination. This paper examines social representations of tourism and argues that a more explicit consideration of QoL can help in the development of a better framework for critically analysing tourism impacts.	it sought to establish the range of costs and benefits associated with travel, especially as they related to QoL of the tourist, that were incorporated into social representations of travel and tourists.	social representation of tourism that guides academic research appears to be one that emphasises the destination, assumes that tourism can be a positive force under certain conditions, rarely questions the value of tourism as an activity in general, and when considering potential positive outcomes for tourists, tends to focus on more specialised travel and to assume that stated goals for travel are met.
Pearce, P. L. (2009). The relationship between positive psychology and tourist behavior studies.	This article reviews the basic concerns in positive psychology and highlights two areas of study in tourist behavior—specifically, the study of optimism and the assessment of positive emotions of visitors during their experience—to illustrate some of the potential in establishing connections.	This article utilizes various researchers' work to evaluate and review the concerns in positive psychology as they relate to tourists' behaviours.	The results suggest that the scope and scale of attention to positive psychology themes in tourism settings may also have important consequences for the integration and wellbeing of tourism researchers into broader, very active, and increasingly well-respected academic communities.
Filep, S., & Deery, M. (2010). Towards a picture of tourists' happiness.	In tourism studies, the concept of happiness is relatively understudied. The discussion in this article complements, but differs from, recent examinations of wellness and quality of life of tourists.	This paper is a discussion on how tourists' happiness is created. Models and concepts from positive psychology are utilized so that the researchers can empirically analyse happiness.	The results of the article suggest that the tourists' happiness is a state in which the tourists' experience positive emotions.
Gustavo, N. S. (2010) A 21st-century approach to health tourism spas: The case of Portugal.	This article sets out to present, examine and discuss a review of the literature on current principles and issues associated with health and body management, especially as they pertain to periods of leisure and tourism. Then, the article portrays the client profile of the new spas (including the new wellness segment tourist).	Questionnaires from 29 spas throughout Portugal, resulted in 824 completed questionnaires between May and August 2009. Spa-goers were questioned as to the regularity, services, motivation and context of their spa use, as well as their other healthcare habits.	Based on the information gathered, a profile of spa-goers in Portugal was designed and, by means of a classification technique, clusters were subsequently identified in this consumer group. The study shows that the development of the spa market reflects a set of new ideals associated with health and its management, centred on more self-responsible and positivist acceptance of health, where wellbeing is a dominating theme.
McCabe, S., Joldersma, T. & Li, C. (2010). Understanding the benefits of social tourism: Linking participation to subjective wellbeing and quality of life	This paper aims to explore the relationship between wellbeing, quality of life and holiday participation among low-income families in the UK. There have been very few studies that have examined quality of life (QOL) and subjective wellbeing in relation to tourism and none that have attempted to apply measures to assess the benefits of holidays for those people who are generally excluded from participation.	This study evaluates the types of reasons given for financial assistance in applications to the Family Holiday Association including follow-up research with a sample of successful applicants on the perceived benefits of the holiday, including questions on QOL factors.	The findings are limited in scope but do indicate that increases in QOL were reported among low-income families. The paper concludes by arguing that further research on adapted wellbeing and QOL measures be applied to tourism consumption.
Smith, E., Behrmann, J., Martin, C., & Williams-	The paper's purpose is to examine the	The article design is centered on the argument	As an argumentative paper, the conclusion finds that

Jones, B. (2010). Reproductive tourism in Argentina: Clinic accreditation and its implications for consumers, health professionals and policy makers.	context-specific ethical and policy implications of private Argentinean fertility clinics that market reproductive services via the internet.	that regulation and oversight is needed. Research is used to support the argument.	oversight is needed in Latin American fertility clinics, just as North America, Europe and Asia have. This is so because it is in the consumers' best interests to provide responsible and safe medical services.
Carneiro, M. J. & Eusébio, C. (2011). Segmentation of the tourism market using the impact of tourism on quality of life.	The aim of this study is to: (i) to measure visitors' perceptions of tourism impact on their QOL by adopting subjective indicators; and (ii) to segment visitors based on perceptions of tourism impact on their QOL.	Survey carried out with residents in a city located in the Centre of Portugal – Aveiro (n-337) who had made at least one tourist trip in the last 3 years. Questions included: travel experience, motivations to travel, travel behaviour, perceptions of tourism impact on the QOL, satisfaction with trips, and socio-demographics.	Study results reveal that tourism is likely to have a more positive impact on the psychological and social domains of QOL and that QOL is a good basis for segmenting the tourism market. Visitors perceiving more positive tourism impacts in their QOL differ from others on several features such as motivations to travel, travel group, interaction with local residents and satisfaction with the trip.
Rátz, T. & Michalkó, G. (2011). The contribution of tourism to wellbeing and welfare: The case of Hungary	This paper explores the influence of tourism on the Hungarian society's perception of wellbeing and welfare	Based on two national surveys conducted by the Hungarian Central Statistical Office in 2007, and by the Geographical Research Institute of the Hungarian Academy of Sciences	The research findings indicate that although various benefits of tourism are acknowledged, it is not considered a crucial component of one's quality of life. The analysis of socio-cultural factors indicates that age and financial circumstances affect the contribution of tourism to wellbeing: a person's financial situation and age determine, to a great extent, the role of travel in their life, and consequently also influences the function of travel as a happiness-inducing factor.
Seligman, M. (2011). Flourish: A Visionary Understanding of Happiness and Well Being.	Seligman's positive psychology emphasis of happiness is abandoned for a more comprehensive and expansive view of an overall multi-layered goal of wellbeing.	He utilizes a conceptual and empirical approach to identify four factors to help individuals thrive.	People of various backgrounds and ages can utilize the research and concepts. It's relevant to more than just tourism, but also to students, soldiers with PTSD, etc.
Dolnicar, S., Yanamandram, V., & Cliff, K. (2012). The contribution of vacations to quality of life.	This study investigates the specific contributions of vacations to peoples' quality of life.	The present study (1) presents empirical evidence for the contribution of vacations to QOL, (2) determines the extent of this contribution, and (3) investigates variation in the extent to which vacations contribute to the QOL of different people.	Results indicate that vacations contribute to the QOL of the majority of people, are as important a QOL domain as Leisure and People, and that QOL means different things to different people at different points in their life, representing an individual and dynamic concept.
Adams, K., Snyder, J., Crooks, V. A. & Johnston, R. (2013). Promoting social responsibility amongst health care users: Medical tourists' perspectives on an information sheet regarding ethical concerns in medical tourism.	This paper explores the feedback from former Canadian medical tourists regarding the use of an information sheet to address this knowledge gap and raise awareness of the safety and ethical concerns related to medical tourism.	24 semi-structured interviews (ages 24-65) were completed on Canadian national medical tourists.	According to feedback from interviews with former Canadian medical tourists, the tool we have developed has the potential to raise awareness of ethical concerns during the decision-making process. However, it is unknown at this point whether this awareness will lead to shifts in attitude and changes in behavior at both the individual and societal level to contribute to social responsibility in health care provision and utilization, and ultimately improved global health equity
Chen, K. H., Chang, F. H. & Kenny, C. W. (2013). Investigating the wellness tourism factors in hot	Studies show that enhanced customer service increases competitive advantage	The authors interviewed 13 experts in the hot spring hotel industry and more than 469 hot spring	The analytical results of this study suggest that hot spring hotels in Taiwan can focus on critical

spring hotel customer service.	in the tourism industry. However, customer service differs from what customers prefer. This study aims to establish customer service factors for wellness tourism from both service providers and customer perspectives, and to determine whether gender and age factors affect older tourist opinions of customer service.	hotel visitors who are over 50 years of age (in Tawain). This study uses the verbal-linguistic evaluation to assess customer service factors and each service item associated with these factors.	customer-service items, resource management, and resource allocation.
Dolnicar, S., Lazarevski, K. & Yanamandram, V. (2013). Quality of life and tourism: A conceptual framework and novel segmentation base	The present study (1) develops a dynamic, individual hierarchical model of the importance of vacations to Quality of Life (QOL), and (2) introduces this concept as a novel segmentation base, acknowledging that not all people want to go on vacation.	Data were collected in January 2010 using a questionnaire sent out to members of a permission-based internet panel. A total of 1000 responses were collected.	Results show that 10% of Australians perceive vacations as critical to QOL. Another 60% perceive vacations add to, but they are not essential to QOL.
McCabe, S. & Johnson, S. (2013). The happiness factor in tourism: Subjective wellbeing and social tourism.	New research is emerging on the relationships between tourism and quality of life (QOL) and subjective wellbeing (SWB). This paper develops a measure of SWB and reports findings from a two-step survey that measured changes in wellbeing amongst low-income individuals who had received financial support to access a holiday break ('social tourists').	In total 642 (UK) lead applicants were contacted before going on holiday, and a total of 168 pre-holiday surveys were completed (26.2% response rate). The same respondents were then contacted again between four and eight weeks after their return from holiday. In total, 127 post-holiday surveys were collected (75.6% response rate, 19.8% of the original sample).	The findings indicate that tourism contributes to social tourist's wellbeing. There are greater effects in some areas including psychological resources, leisure and family life domains contributing to social wellbeing.
Medina-Muñoz, D. R. & Medina-Muñoz, R. D. (2013). Critical issues in health and wellness tourism: An exploratory study of visitors to wellness centres on Gran Canaria.	This study discusses the commodification of health care and landscape, the relationship between everyday life and going on holiday, as well as the motives for medical and wellness tourism. Wellness tourism development on Gran Canaria is also analysed as a case study that could prove useful for those working on diversification within coastal tourism.	An exploratory study of European visitors to wellness centres on the island is presented to understand sociodemographic characteristics, motives for the visit to the island, the importance of the wellness offer, tourist and travel behaviour and wellness behaviour both at the destination and at the place of residence. 998 questionnaires were undertaken using 'face-to-face' personal interviews, which were conducted with visitors to 11 hotel spas and 3 hotel thalassotherapy centres that form part of the 'Gran Canaria Spa & Wellness' association.	A relationship between everyday life and life on holiday in terms of wellness behaviour is suggested. There are also differences among participants of varying socio-demographic characteristics in the use of varying types of wellness centres and wellness treatments. This work argues that it is necessary to know the characteristics of the wellness demand so that regions and enterprises interested in wellness tourism can successfully develop and promote their wellness offer.
Eusébio, C. & Carneiro, M. J. (2014). The impact of tourism on quality of life: A segmentation analysis of the youth market.	Research on the impact of tourism on quality of life (QOL) of the youth market and on the factors that influence this impact is very limited. This article implements a segmentation approach based on the impact of tourism on features related to several domains of youth tourists' QOL (physical health,	The impact of tourism on youth tourists' QOL was assessed using an adapted version of the WHOQOL-BREF scale. 412 valid questionnaires were obtained. The questionnaire was administered personally by researchers to students who had taken at least one tourism trip in the last 5 years.	The results reveal that tourism has an impact on the QOL of youth tourists and that this market is heterogeneous regarding the perceptions of this impact. Moreover, travel motivations, host-tourist interactions, the travel group, and the type of destination visited seem to be the factors that have a higher influence on the perceptions of the impact of tourism on QOL.

	psychological features, social relationships, and environment		
Filep, S. (2014) Moving Beyond Subjective Wellbeing: A Tourism Critique.	To craft a more complete picture of tourist happiness, a deeper qualitative appreciation of meaningful tourist experiences and special and engaging tourist moments is required. This brief critique highlights the problems of conceptualizing tourist happiness and suggests an alternative approach to the subjective wellbeing theory.	Conceptual paper critiquing current approaches using SWB to understand tourist happiness and experiences.	Advancements to the conceptualization of tourist happiness could here include possible integration of PERMA's achievement and positive relationships elements with the travel phases and the motivation and the satisfaction themes proposed.
Lee, D. J., Kruger, S., Whang, M. J., Uysal, M. & Sirgy, M. J. (2014). Validating a customer wellbeing index related to natural wildlife tourism.	This study reports an attempt to validate a customer wellbeing (CWB) index related to natural wildlife tourism. It was hypothesized that the CWB index related to wildlife tourism has a positive influence on travel outcomes (length of stay, number of visits, and total expenses), mediated by perceived value and customer loyalty	The conceptual model was tested using data collected from a series of surveys conducted among overnight visitors at the Kruger National Park in South Africa. A total of 1727 usable responses were included in the final data set with an average response rate of 48%.	The results indicate that customer loyalty has a greater influence on the behavioral outcomes (length of stay, visit frequency, and total spending) than customer perceived value. Customer loyalty in turn is influenced by satisfaction of high-order needs (HNS) as well as satisfaction of low-order needs (LNS). This leads us to conclude that to ensure positive behavioral outcomes, park managers should make a concerted effort to enhance patron's wellbeing by increasing high order and low-order need satisfaction.
Kim, H., Woo, E. & Uysal, M. (2015). Tourism experience and quality of life among elderly tourists.	The main purpose of this research is to investigate the relationship between the travel behavior of elderly tourists and overall quality of life. Specifically, the study examines elderly tourists' perceptions toward involvement, perceived value, satisfaction with trip experience, leisure life satisfaction, overall quality of life, and revisit intention in relation to travel behaviour.	Using a questionnaire instrument and sample drawn from elderly (over 65) tourists in South Korea, the research model investigates nine hypotheses using a structural equation modeling approach.	The results indicated that all of the relationships are positively supported. The study also supported the bottom-up spillover theory. That is, overall life satisfaction is determined by satisfaction with leisure life satisfaction, and leisure life domain is also affected by subdomains such as tourism experience. This study found that leisure life satisfaction and QOL can be effective predictors of revisit intention.
Morgan, N., Pritchard, A. & Sedgley, D. (2015). Social tourism and wellbeing in later life.	This paper informs understandings of social tourism experiences and explores the links between wellbeing and social tourism opportunities for older people.	The study is based on participant-driven interviews during a UK social tourism trip	It reveals that social tourism presents older individuals with occasions for escape, respite, companionship, and reminiscence and for renegotiation of self-identity following spousal bereavement, but that these trips can be anxiously anticipated. The study proposes a research agenda, which explores the physiological, psychological, social and spiritual impacts of social tourism on older people's wellbeing.

Table 2

Author / Date	Theme / Purpose	Research Design	Notes on results
Jurowski, C., Uysal, M., & Williams, D. R. (1997). A theoretical analysis of host community resident reactions to tourism.	This research organizes resident reactions to tourism in the context of a theoretical paradigm based on the principles of social exchange theory.	A telephone survey of 2,494 random residents in 5 counties.	The analysis demonstrates that potential for economic gain, use of the tourism resource, eco-centric attitude, and attachment to the community affect resident perceptions of the impacts and modify, both directly and indirectly, resident support for tourism.
Bachleitner, R., & Zins, A. (1999). Cultural tourism in rural communities: The residents' perspective.	The purpose of this research was to understand how culture tourism affects the quality of life of people in rural communities.	Empirical analysis using the TIAS model developed by Lankford and Howard. The four-quadrant model of social impacts by Bjorklund and Philbrick was used to elucidate perceptual shifts.	The results indicated that cultural tourism fosters tourism growth in the rural communities; however, it verifiable affects the psychosocial behaviors of the residents who live there.
Perdue, R. R., Long, P. T. & Kang, Y. S. (1999). Boomtown tourism and resident quality of life: The marketing of gaming to host community residents.	The purpose of this research was to compare the tourism development cycle and social disruption theories for assessing the impact of gaming tourism on resident quality of life (QOL) in host communities.	Comparison of data from early and late gaming sites to assess resident changes in QOL.	Rate of growth is a key variable. Results are mediated by individual attitudes towards gaming and personal benefits.
Anderek, K. L., & Voigt, C. A. (2000). The relationship between residents' attitudes toward tourism and tourism development options.	The purpose of this research is to underscore the relationship between tourism and residents' support for tourist development.	Analysis of peer reviewed research on topics pertaining to community attitudes towards tourism developments.	Overall, residents support tourism development, but only specific projects as they see as beneficial to their local communities. Attitudes do vary by community.
Jurowski, C. & Brown, D. O. (2001). A comparison of the views of involved versus non-involved citizens on quality of life and tourism development issues.	To assess the relationship between involvement in community organisations and support for tourism development in Kentucky USA.	Telephone survey of residents	Results indicated that there are no statistically significant differences in how involved versus non-involved citizens evaluate the potential impacts of tourism, differences in the support each group indicated for the development of cultural tourism infrastructure were identified
Besculides, A., Lee, M., & McCormick, P. (2002). Residents' perceptions of the cultural benefits of tourism.	To examine the perceptions of cultural tourism by Hispanics and non-Hispanic residents along the Los Caminos Antiguos Scenic and Historic byway in Southwest Colorado, USA.	The examination of how the relationship between cultural heritage and cultural tourism exists. Culturally strong towns and their tourism development evidence it.	The results indicate that the Hispanic populations took more pride in their cultural heritage than their non-Hispanic counterparts, showing greater concern for preserving their distinct cultural atmospheres.
Kahneman, D., & Krueger, A. B. (2006). Developments in the measurement of subjective wellbeing.	Subjective wellbeing may have a useful role in the measurement of consumer preferences and social welfare.	The paper aims to discuss research on how individuals' responses to subjective wellbeing questions vary with their circumstances and other factors.	The research concluded that subjective wellbeing was more accurate towards the perception than economists' data on it. The research led to the creation of the U-index, a misery index.
Andereck, K. L., Valentine, K. M., Vogt, C. A. & Knopf, R. C. (2007). A cross-cultural analysis of tourism and quality of life perceptions.	To investigate the differences between Hispanic and Anglo residents with respect to their perceptions of tourism and quality of life in Arizona	Telephone and mail survey.	Hispanics in this study reported more positive perceptions of tourism's effect on QOL variables than Anglos, despite perceiving less personal benefit and having less knowledge about

			tourism.
Bauer, I. (2008). The health impact of tourism on local and indigenous populations in resource-poor countries.	To assess the potential health impacts on populations living at tourist destinations outside the industrialised world.	Potential health implications are outlined, following a classification of direct and indirect impacts.	The urgent need for more research is highlighted, and some solutions to minimize health impact are suggested.
Camfield, L., & Skevington, S. (2008). On subjective wellbeing and quality of life.	To determine the subjective wellbeing as it pertains to social perspectives.	This research combines the multi-disciplinary fields of quality of life and wellbeing to determine social subject wellbeing.	Upon conducting the research, further pragmatic research is recommended.
Cecil, A. K., Fu, Y. Y., Wang, S. & Avgoustis, S. H. (2008). Exploring resident awareness of cultural tourism and its impact on quality of life.	To determine relationship between level of community awareness of cultural tourism initiative in Indianapolis and QOL at two intervals (2004 and 2006)	Questionnaire to assess QOL based on items associated with 'being', 'belonging' and 'becoming', to determine if any changes occurred with increased awareness of cultural tourism initiative.	This study helps reinforce the assumption that development of cultural tourism is positively correlated with the residents' quality of life
Evans, R. W. (2008). Ethnocentrism is an unacceptable rationale for health care policy: A critique of transplant tourism position statements.	The merits of culturally insensitive policy statements issued by otherwise well-intended transplant professionals, and the organizations they represent, must be evaluated within the broader context of foreign relations and diplomacy, as well as cultural and ethical relativity.	An informative and informational research paper discussing the need for international regulations and evaluations on transplant tourism.	The results suggest international action to regulate transplant tourism.
Spiegel, J. M., Gonzalez, M., Cabrera, G. J., Catusus, S., Vidal, C. & Yassi, A. (2008). Promoting health in response to global tourism expansion in Cuba.	Study to determine health impacts on residents of expansion of tourism in Cuba.	4 focus groups and key informant interviews in 2 coastal communities.	Participants expressed concerns about psycho-social impacts as well as occupational and environmental concerns, and both infectious and chronic diseases. Programmes to mitigate impacts were described.
Benckendorff, P., Edwards, D., Jurowski, C., Liburd, J. J., Miller, G. & Moscardo, G. (2009) Exploring the future of tourism and quality of life.	Whether tourism as phenomena and practice may support the growing body of evidence that demonstrates a positive relationship between existential factors such as life purpose / meaning, personal growth and wellbeing (Vella-Brodrick, 2007 ) was the topic of intense debate during the 2008 Business Enterprises for Sustainable Travel Education Network (BEST EN) Think Tank VIII. This paper gives an overview of that debate.	Conceptual paper exploring issues around tourism and QOL.	
Cecil, A. K., Fu, Y. Y., Wang, S. & Avgoustis, S. (2010). Cultural tourism and quality of life: Results of a longitudinal study.	This research reports the findings of a five-year study, from 2004-2008, to monitor patterns and changes in residents' quality of life (QOL) measurement and perceptions of cultural tourism.	A series of surveys were carried out with residents to evaluate observations of cultural tourism development, and to explore the relationships between residents' QOL and cultural tourism development.	The results indicate that there are not significant increases in QOL ratings of Indianapolis residents, as it relates to cultural tourism development.
Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M., & Geddes, I., et al. (2010). Fair society, healthy lives: Strategic review of health inequalities in England post 2010.	An independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010.	Used indicators and targeted research to present findings.	The findings suggested that reducing health inequalities would require action on 6 different policy objectives.
Meng, F., Li, X. & Uysal, M. (2010). Tourism development and regional quality of life: The case	This article used China as a case to examine how tourism development	The source of data mainly consisted of the National Bureau of Statistics of China and all	The results indicated that the residents of provinces with the highest level of tourism development lead a

of China.	relates to and possibly impacts objective measures of residents' QOL at a regional level.	provincial bureaus of statistics from 1990 to 2006	significantly "better life" than those who are in the regions on medium or low level of tourism development.
Andereck, K. L. & Nyaupane, G. P. (2011). Exploring the nature of tourism and quality of life perceptions among residents.	This study is an attempt to go beyond attitude research and explicitly consider tourism's influence on QOL and support for tourism in the community.	A mail survey was conducted with residents throughout Arizona to measure perceived QOL impacts of tourism using 8 QOL domains.	Analysis found that perceived personal benefit derived from tourism mediated the effect of the economic aspects of QOL, contact with tourists, and employment in tourism on the perceptions of the role of tourism in the local economy.
Aref, F. (2011). The effects of tourism on quality of life: A case study of Shiraz, Iran.	This study investigates the effect of tourism upon quality of life in Shiraz, Iran.	Questionnaire to examine the effect of tourism on quality of life of 200 residents in tourist communities.	The results revealed that tourism has the positive effect on quality of life of residents, the strongest tourism impacts are found to be linked with emotional wellbeing, community wellbeing, and income and employment. Health and safety are found to be least favourably impacted.
Chancellor, C., Yu, C. P. S. & Cole, S. T. (2011). Exploring quality of life perceptions in rural mid-western (USA) communities: An application of the core-periphery concept in a tourism development context.	The purpose of this study was to better understand the relationship between tourism development and residents' quality of life, using the CP model as a conceptual framework. Specifically, this study sought to determine if residents' quality of life varied depending upon if the respondent lived in the core or a periphery location.	Survey instruments were mailed to a random selection of 2000 households in Orange County, Indiana to measure subjective assessments of objective indicators of QOL (employment, traffic etc).	The idea that residents' quality of life may be affected, whether or not the resident lives in an area of tourism development, was supported by this study. The periphery group reported a statistically significant higher <i>overall quality of life</i> score than the core group.
Yamada, N., Heo, J., King, C. & Fu, Y. Y. (2011). Urban residents' life satisfaction and cultural tourism development: The role of health perception, wealth, safety, community contentment, and cultural tourism development.	This study examined the relationship between urban residents' life satisfaction and five life domains-health perception, wealth, safety, community contentment, and cultural tourism development.	A survey with convenience sample of 364 residents was administered in Indianapolis	The results showed that the five domains were positively related to life satisfaction.
Yu, C.-P., Chancellor, H. C. & Cole, S. T. (2011). Examining the effects of tourism impacts on resident quality of life: Evidence from rural Midwestern communities in USA.	This study examines three specific impacts of tourism, perceived social costs, environmental sustainability, and perceived economic benefit, to determine their effects on resident perceived quality of life	Analysis of data collected on perceived social costs, environmental sustainability, and perceived economic benefit.	The results indicate that the social cost dimension has no significant effect on resident quality of life, however both environmental sustainability and perceived economic benefit dimensions significantly affect resident quality of life.
Himmelgreen, D. A., Romero-Daza, N., Amador, E. & Pace, C. (2012) Tourism, economic insecurity, and nutritional health in rural Costa Rica: Using syndemics theory to understand the impact of the globalizing economy at the local level.	This article presents data from an area of rural Costa Rica that has experienced a rapid economic shift from dairy farming and coffee production to a mixed economy based increasingly on tourism and to a lesser extent on agriculture	During a one-year period (2004-2005), socio-demographic, employment, dietary intake, food security, anthropometric, and ethnographic (food habits) data were collected from 148 households in two rural communities.	The results show that 50 percent of the households are directly involved in the tourism industry. Overall, high rates of food insecurity were documented and show high rates of caregiver and child overweight and obesity and a diet that varies according to food security status.
Khizindar, T. M. (2012) Effects of tourism on residents' quality of life in Saudi Arabia: An empirical study.	This article discusses four key dimensions that specifically define the scope of tourism: economic, social, cultural, and environmental, and with the analyses of empirical data from	Data was collected through questionnaire from a sample of 775 local residents who lived in the Makkah region-the destination of Muslim pilgrims from all over the world.	The regression analysis showed that tourism had a fairly direct impact on the quality of life of the residents. Generally, the economic impact of tourism negatively influenced the overall quality of life while the social, cultural, and environmental impacts had a

	Saudi Arabia these dimensions are tested for their relationship with the broader demographic variables of Saudi Arabia.		positive influence on the overall quality of life.
Nawijn, J. & Mitas, O. (2012). Resident attitudes to tourism and their effect on subjective wellbeing: The case of Palma de Mallorca.	This study addresses the host perspective and assesses the association between perceived tourism impacts and residents' subjective wellbeing in a mass tourism destination.	Self report questionnaires of residents (n=373).	Findings indicate that perceived tourism impacts are associated with life satisfaction, the cognitive component, and not with hedonic level of affect, the affective component. The life domains of health, interpersonal relationships, friends, and services and infrastructure, in particular, are positively affected.
Abdul Ghani, N., Hafiza Azmi, N. & Ali Puteh, D. A. H. M. (2013). The impact of the tourism industry on the community's wellbeing on Langkawi and Redang Islands, Malaysia	This study aims to investigate the contribution of the tourism sector towards the wellbeing of the islanders through multiple indicators of wellbeing; employment, expenditure and ownership.	Qualitative methods (focus groups, interviews and observations) were employed to look at the changes of the islanders wellbeing over 10 years, after the year 2001.	The results showed there was a clear improvement in the wellbeing of people on both islands, especially in terms of employment, income and expenses. All respondents acknowledged that their wellbeing has changed after getting a lot of job opportunities on the islands and they admitted this enhanced the level of community wellbeing.
Angeloni, S. (2013). Cultural tourism and wellbeing of the local population in Italy.	This paper sets out to explore the weaknesses and potential of Italy's tourism system in order to determine ways in which governments and community can benefit from tourism and avoid its negative impacts.	Secondary data analysed for potential and weaknesses in current Italian cultural tourist offering.	Cultural heritage is undervalued both in terms of tourism (number of visitors) and economically (revenue per tourist) with respect to all international benchmarks. A better understanding local government's role in enhancing cultural and sustainable tourism is necessary. A tourist area able to manage its resources efficiently and effectively is also a territory able to meet the wellbeing of the local population.
Kim, K., Uysal, M. & Sirgy, M. J. (2013). How does tourism in a community impact the quality of life of community residents?	The objective of this study is to test a theoretical model that links community residents' perceptions of tourism impact (economic, social, cultural, and environmental) with residents' satisfaction with particular life domains (material wellbeing, community wellbeing, emotional wellbeing, and health and safety wellbeing) and overall life satisfaction.	The model was tested using a survey of 321 respondents from communities varying in their level of tourism development.	Results are mostly supportive of the overall model. The model also posits that the strength of these perceptual relationships is moderated by the stage of tourism development in the community.
Michalkó, G., Bakucz, M. & Rátz, T. (2013). The relationship between tourism and residents' quality of life: A case study of Harkány, Hungary.	The paper delineates the connections between tourism and the local population's quality of life in Harkány, a spa-town located in Southwest Hungary.	During the spring of 2011, a questionnaire survey of 297 residents was undertaken in the town, in order to investigate their participation in tourism, and associated quality of life issues	The data analysis suggested that whilst the spa has a significant presence in the everyday life of the residents, the development of spa tourism has had very limited effects on their quality of life.
Moscardo, G., Konovalov, E., Murphy, L. & McGehee, N. (2013). Mobilities, community wellbeing and sustainable tourism.	This paper employs a study conducted at the intersection of this new mobilities paradigm, a consideration of destination community wellbeing, and the analysis of tourism sustainability through an examination of its positive and negative	It describes a qualitative investigation of tourism impacts on community wellbeing in three Australian destinations that revealed six distinct types of tourists each characterised by different patterns of mobility.	The study found that patterns of impacts could be connected to these distinct types of tourists. Four key themes were identified and described-the consistent linkages between mobility variables and tourism impacts, the perceptions of tourists and tourism as providing resources for destination



	impacts on destinations		communities, the modification of impacts as a result of the physical, social and economic characteristics of destination communities and the emergence of conflicts and collisions between different types of tourists and residents in shared spaces.
Buzinde, C. N., Kalavar, J. M. & Melubo, K. (2014). Tourism and community wellbeing: The case of the Maasai in Tanzania.	This inquiry adopts a bottom-up approach to examine indigenous conceptions of wellbeing and to understand how tourism influences indigenous experiences of wellbeing.	Focus groups in two communities aimed to uncover local understanding of wellbeing, the factors influencing wellbeing and how tourism affected culture, environment, and the economy of the Maasai; as well as the challenges and benefits of tourism.	Participants in both communities, be they young, old, male or female, generally agreed that tourism positively as well as negatively impacted community wellbeing. Children, livestock, and land resources were the most prevalent factors of wellbeing articulated by participants in both villages.
Jenkins, L. D. & Romanos, M. (2014). The art of tourism-driven development: economic and artistic wellbeing of artists in three Balinese communities.	This comparative case study focuses on the economic and artistic wellbeing of artists in three communities.	Study based on our interviews with artists, museum directors, collectors, community activists and leaders, arts entrepreneurs, and civil servants.	We conclude that the impact of tourism-driven development on artists' wellbeing varies tremendously even within one region in Bali and that slow, purposeful arts tourism and forward-looking, hybrid approaches offer the most artistic and economic benefits to local artists.
Lipovčan, L. K., Brajša-Žganec, A., & Poljanec-Boric, S. (2014). What is good for tourists should be good for residents too: The relationship between the quality of the touristic offer and subjective wellbeing of residents.	To examine the relationship between the quality of tourist destinations and the subjective wellbeing of people living in the destination.	Subjective wellbeing measures on a scale of 0 to 10 with a data set of 2,171 residents (aged 15-64) from 41 different tourist destinations. The destinations were grouped into three categories based on touristic quality.	The residents of destinations with the higher evaluated quality of tourist offer were more happy, more satisfied with their lives in general, than the residents from the destinations with medium and lower quality of tourist offer.
Mai, N. T. T., Rahtz, D. R. & Shultz Ii, C. J. (2014) Tourism as catalyst for quality of life in transitioning subsistence marketplaces: Perspectives from Ha Long, Vietnam.	The authors used multiple methods to gain insights into QOL in Ha Long, a community transitioning from central economic planning and a focus on heavy and extractive industries, to one that is increasingly dominated by tourism.	Methods included site observations, depth interviews and data collection via an instrument designed and developed by the authors that quantifies perceptions of the evolution of residents' wellbeing, including anticipated QOL.	Findings indicate that a large majority of citizen-stakeholders in Ha Long generally feel life-quality has improved because of policy changes and subsequent tourism development. Concern is growing, however, that some environmental and societal degradation has accompanied positive economic outcomes.
Moscardo, G. (2014). Tourism and community leadership in rural regions: Linking mobility, entrepreneurship, tourism development and community wellbeing.	This study explored the characteristics of tourism entrepreneurs and their connections to the destination community, their roles as community leaders and the overall outcomes of tourism development for the host community	This exploration was conducted through a qualitative analysis of 47 case studies of rural tourism development and used concepts from the new mobilities paradigm and community wellbeing framework to examine how entrepreneurs could be connected to tourism development outcomes	The results suggested that the local-outsider distinction was not a useful way to classify actors in tourism development, that community entrepreneurs were the most successful at supporting positive outcomes for both tourism and the destination community, that social and human capital were more important than financial and built capital for community development and that governance structures were critical to the long-term outcomes of tourism development.
Oborin, M., & Tryastin, M. (2014). Medical and health tourism in Russia: Some economic development features.	To discuss both Russia's position as a health tourist destination and the economic development features related.	Utilizes UIISS data to compare changes in the Health Resort Organizations in the Russian districts.	The negative dynamics of development suggest that there is a reduction in the demand for health tourism in Russia.
Peters, M. & Schuckert, M. (2014). Tourism entrepreneurs' perception of quality of life: An explorative study.	This article analyzes entrepreneurs' perception of their quality of life (QOL) as well as their entrepreneurial activities.	Based on a literature review, the authors develop a qualitative study that aims at investigating the role of QOL perception for tourism businesses' growth.	Within this industry, the authors identify lifestyle entrepreneurial behaviors, and highlight how QOL perceptions are interrelated with individuals' perception of entrepreneurship in tourism. They

			clearly perceive the need for a balance between enterprise growth and a good work-life relationship (QOL), and they tend to put a stronger emphasis on QOL.
Sharpley, R. (2014). Host perceptions of tourism: A review of the research.	The purpose of this Progress Review is to explore critically the development of the research into residents' perceptions of tourism.	The research is presented as a critical review of relevant research and topics.	The topical themes are underscored and critiqued, suggesting a more multidimensional approach to future research.
Usher, L. E. & Kerstetter, D. (2014). Residents' perceptions of quality of life in a surf tourism destination: A case study of Las Salinas, Nicaragua.	Studies examining the impacts of tourism on local residents have failed to capture the way in which rural residents in LDCs perceive their lives before considering the impact of tourism. This study aimed to understand residents' perceptions of their quality of life in the face of tourism development.	This case study draws on the perspectives of residents of who have been exposed to the development of facilities and services for surf tourists, using an ethnographic approach.	Many factors, including tourism, affected Las Salinas residents' perceptions of QOL. When residents talked about tourism, they were quite positive. One reason for their positivity may be because Las Salinas was in the beginning stages of tourism development. Residents did express minimal concern about tourism and its impact on their QOL. For example, drugs, which several residents believe were introduced by tourists, were damaging the health of young people and contributed to familial conflict.
Beladi, H., Chao, C. C., Ee, M. S., & Hollas, D. (2015). Medical tourism and health worker migration in developing countries.	The purpose is to examine the effects of migration and medical tourism and how the two impact local economies.	A compare and contrast of the positive and negative effects of medical tourism as it relates to migration's effect on the local economies.	The data suggests that medical tourism can increase domestic welfare if the benefits from migration retention and tourism exports outweigh the losses in revenue and productivity declines.

Table 3

Author / Date	Theme / Purpose	Research Design	Notes on results
Butler, R. W. (1980). The concept of a tourist area life cycle of evolution: Implications for management of resources.	The article illustrates a recognizable cycle in the evolution of tourist areas and their popularity.	A concept model is created to underscore to highlight the data collected.	The implications of using the model are noted by the decline in the environmental quality and attractiveness of the tourist areas.
Goodrich, J. N. & Goodrich, G. E. (1987) Health-care tourism - an exploratory study.	To identify destinations that advertise touristic health care facilities, characteristics and motivations of users of such services (health-care tourism is defined as the attempt on the part of a tourist facility (e.g. hotel) or destination (e.g. Baden, Switzerland) to attract tourists by <i>deliberately</i> promoting its health-care services and facilities, in addition to its regular tourist amenities.	It is based on a pilot study that involved a survey of 206 travellers, 22 travel agents, 12 medical doctors and two herbalists; a review of the tourism and travel literature; and content analysis of 284 travel brochures about 24 countries.	This paper has discussed the novel concept of health-care tourism. What is fairly new, however, is the concept of health-care tourism as a deliberate and growing marketing strategy. It can be a positioning strategy for some hotels or resorts in a world that is becoming more health conscious.
Alleyne, G. A. (1990). Health and tourism in the Caribbean.	The health and environment of the Caribbean can have good or bad effects upon the health of visitors, and tourism has health consequences for local residents. Tourism for health purposes also needs to be considered.	The paper is a descriptive and naturalistic observational one.	This article points out the major issues related to these interactions, indicates where more data are needed, and suggests lines of future action.
Kevan, S. M. (1993). Quests for cures – A history of tourism for climate and health.	This paper creates a framework for the study of the history of tourism for climate and health. It traces the ways in which people have both moved away from detrimental health conditions and towards places thought to provide climatic cures.	Descriptive designs use conceptualizations to lay the foundation for future research.	It brings to light the complex issues that have affected the course of the tourist trade. In this way it helps to explain that the modern geographical distribution of the highly fashionable resort areas of the world owe a great deal to past and present interpretations of the Hippocratic Corpus
Ivanisevic, G. (1999). Marine remedies of the island of Losinj - the basis for the development of health and spa tourism.	The paper describes the marine remedies of the island of Losinj: the climate, air, seawater, algae, promenades, paths and solar radiation. Natural remedies are the basis for the development of health and spa tourism on the island of Losinj. The conditions for choosing the thalassic therapy centre of the island of Losinj are considered.	An observational study is used.	The marine remedies are important to wellness tourism on the island of Losinj. The article notes the healing properties of the natural resources and examines its overall impact in the quality of life it provides during medical tourism treatments.
Kahneman, D., Diener, E. & Schwartz, N. (Eds.) (1999). Wellbeing: The Foundations of Hedonic Psychology.	The purpose of this book is to draw upon research to transform our understanding of the nature of wellbeing.	The book relies surveys, questionnaires, and various psychological experiments.	The book suggests some countries are happier than others, while explaining why men or happier than women, overall. It also suggests that different ways in which we humans function on a day to day basis

			at the most basic of psychological levels.
Richter, L. K. & Richter, W. L. (1999). Ethics challenges: Health, safety and accessibility in international travel and tourism.	This paper provides an overview of trends and issues relating to travel-related ethics in health, safety and accessibility. It considers risk to host societies and to travellers.	Conceptual paper	This study provides an overview of trends and issues, explores their ethical dimensions, and identifies relevant strategies to prepare public administrators to deal appropriately with these concerns.
Horvat, U. (2001). The influence of tourism on the development of the Rogaška Slatina health resort.	The author uses the example of a health resort with a long history to discuss the effects of tourism on the development and structure of a settlement that developed in the mid 19th century into one of the most important tourist areas in Slovenia.	The first part of the article discusses the various phases of the health resort's development and the features of the tourist visits in Rogaška Slatina. The emphasis is on its dependence on tourist supply and demand as well as on changing economic, social, and political circumstances. The second part deals with the demographic, economic, and spatial development of the settlement.	In as far as Rogaška Slatina is a multi-functional tourist area, the emphasis is on the influence of health and tourism-related activities as well as on industry, on the development and structure of employment, on the dynamics of population growth, and on the economic structure of the population and households. Individual functional zones in Rogaška Slatina are defined, particularly those in which tourism and recreation represent the dominant type of land-use.
Mueller, H. & Kaufmann, E. L. (2001). Wellness tourism: Market analysis of a special health tourism segment and implications for the hotel industry.	The principal observations regarding the wellness industry concern an expanding supply of and an insufficiently researched demand for wellness programmes. The quality dimension of wellness services is increasingly becoming the decisive competitive factor.	The first research objective, defining and delimiting the terms 'wellness' and 'wellness tourism', was mainly pursued through analysis of literature and discussion with experts. The market analysis of the wellness tourism market included comprehensive empirical surveys which were carried out in two steps: a representative random survey of some 400 middle-class and luxury hotels in Switzerland to understand importance of cure and wellness tourism and tourist characteristics.	Wellness hotels should specialise in health information, individual care and a wide range of cultural and relaxation programmes. Although the same hotel can host cure and wellness guests at the same time, these two segments have to be considered separately when deciding on the marketing strategy.
Plog, S. (2001). Why destination areas rise and fall in popularity.	The article takes a look at the causes for a destination to lose its attractiveness in the tourists' eyes.	A psychographic study of 16 travel industry clients was conducted.	The results suggested that personality traits are a cause. In addition, various other factors played a role in why destinations lose their attractiveness. The main culprit, however, was that a travel product was not improving over time, but rather remaining the same.
Agarwal, S. (2002). Restructuring seaside tourism: The resort lifecycle.	This paper evaluates the theoretical insights provided by Butler's resort cycle and the restructuring thesis, and it explores two theoretical relationships that may be drawn between these two constructs.	The article highlights the seaside tourism, conceptualizes it, and then references the cause for decline. A study is conducted to show a theoretical relationship between the lifecycle and restructuring.	Both internal and external forces, requiring constant restructuring and renewed competitiveness cause the decline.
Keyes, C. L. M., Shmotkin, D., & Ryff, C. D. (2002). Optimizing wellbeing: The empirical encounter of two traditions.	The purpose is to show that subjective wellbeing and psychological wellbeing are conceptually related, but empirically distinct.	Data are from a national sample of 3,032 Americans aged 25–74.	Factor analyses confirmed the related-but-distinct status of SWB and PWB. The probability of optimal wellbeing (high SWB and PWB) increased as age, education, extraversion, and conscientiousness increased and as neuroticism decreased. Compared with adults with higher SWB than PWB, adults with higher PWB than SWB were younger, had more education, and showed more openness to

<p>Kušen, E. (2002). Health tourism.</p>	<p>Current tourism products only partially satisfy tourism demand when it comes to holistically understood health (physical, psychological and spiritual) whether it is maintenance of health or health improvement. , the purpose of this paper is to define health tourism and its current position as a part of tourism economy based on the analysis of health tourism in Croatia, Slovenia, Austria, Germany and Italy.</p>	<p>A theoretical model is developed that gives special attention to the type of the health tourism.</p>	<p>experience. Dimensions of the model are: Contact with service providers (ie. wellness tourism, health tourism, medical tourism, hospital tourism), classification according to the characteristics of health tourism accommodations, functional systems relating to the direct and indirect regulations of the natural remedies for the needs of the health and medical tourism and organisations involved in provision of the health tourism such as spas, spa resorts and health tourism destinations.</p>
<p>Didaskalou, E. A. &amp; Nastos, P. T. (2003). The role of climatic and bioclimatic conditions in the development of health tourism product</p>	<p>The aim of this paper is to discuss the concept of health tourism product as a competitive tourism product with a focus on Ikaria Island, Greece. The diversification of the health tourism product is explored and the study identifies key components for a successful development of a spa resort. The paper also examines the prospects for the thermal/mineral springs of Ikaria Island, taking account of the climatic and bioclimatic regimes of the area.</p>	<p>This paper is a review of a niche of the industry in Greece.</p>	<p>The study concludes that there are prospects for future development if the spa product is diversified. This, in combination with the good climatic conditions of the area, can be a starting point for providing services in order to satisfy potential clients.</p>
<p>Hallab, A, Yonn, Y., &amp; Uysal, M. (2003). An identification of Market segments based on healthy-living attitude.</p>	<p>This study unveils characteristics related to healthy-living market segments and their relating to the tourism system's supply components</p>	<p>A total of 520 questionnaires were collected of which 477 usable ones were analyzed for this study after removing uncompleted questionnaires.</p>	<p>This study portrays results related to healthy-living oriented demand components which destination management organizations may incorporate in its various promotional activities and product development initiatives. Particularly, given the fact that limited, if any, research has been done on tourist behavior related to healthy-living attitude or similar values, it is hoped that studies such as this could be very useful is assisting destination marketers and planners in understanding this specific and rapidly growing tourist market segment.</p>
<p>Bennet, M., King, B., &amp; Milner, L. (2004). The health resort sector in Australia: A positioning study.</p>	<p>The purpose of this study is to provide a profile of the health resort sector in Australia.</p>	<p>The study conducted an analysis of promotional materials produced by each of the resorts within the population and discussions with representatives of Australia's various state tourism organizations.</p>	<p>It was found that most properties in the health resort category may be described as being mainstream and offering a tourism focus. The smallest number are found in the alternative and medical treatment focus categories.</p>
<p>Delle-Fave, A., &amp; Massimini, F. (2005). The relevance of subjective wellbeing to social policies: Optimal experience and tailored intervention.</p>	<p>The chapter discusses the implications of studies on subjective wellbeing in the fields of psychology, health, and social sciences.</p>	<p>The chapter highlights various methodologies and social policies used in wellness psychology.</p>	<p>The knowledge derived from such studies enabled the creation of more relevant and effective interventions and social policies that prevent rather than just treat problems.</p>
<p>Mair, H. (2005). Tourism, health and the pharmacy: Towards a critical understanding of</p>	<p>The paper aims to explore the emergence of health and wellness</p>	<p>This paper utilizes brief cases of health and wellness tourism policy to explore its significance</p>	<p>Promoting bodily experiences signifies (implicitly and explicitly) health and wellness through illness</p>

health and wellness tourism.	tourism by investigating it in light of three broad, yet inter-related social and political economic influences: (i) the withdrawal of government involvement in the provision of health services and the ethic of self-care; (ii) the commodification and corporatization of health care products and services; and (iii) the embodiment of tourism.	in commercial, private, and health-related travel exploration.	prevention strategies including stress reduction, enhanced family quality time, and physical fitness and must be considered part of the continued commodification process as is fostered by tourism development more broadly.
Connell, J. (2006). Medical tourism: Sea, sun, sand and surgery.	The article discusses how medical tourism has inadvertently generated conventional tourism, thus benefitting the travel industry considerably.	This is a discussion paper, utilizing research and statistical data to highlight and argue the topic.	The rise of medical tourism emphasizes the privatization of health care, the growing dependence on technology, uneven access to health resources and the accelerated globalization of both health care and tourism.
Forgione, D. A. & Smith, P. C. (2007). Medical tourism and its impact on the US health care system.	The rising cost of healthcare in the US is causing employers, insurance companies, and employees to seek medical care internationally.	This article utilizes statistical data to show a growing trend in the US, which could lead to an implosion of sorts due to the astronomical healthcare costs.	The US health care system has not fully internalized the effects this will have on its economic structure and policies. Medical tourism will ultimately have a negative affect on the US health care system.
Laing, J.H., & Weiler, B.V. (2008). Mind, body and spirit: Health and wellness tourism in Asia.	The book aims to provide insight into topical, industry focused issues while benefiting from academic depth and rigor and an awareness of tourism history in the Asian region.	The book explores the domestic and intraregional tourism of Asia through three topics/sections. It utilizes contributions from well-respected names from within the tourism field.	Tourism in Asia is growing faster than anywhere else in the world, driven by the increasing wealth of countries like Taiwan, South Korea and Malaysia, and by the huge populations of China, India and Indonesia -the first second and fourth biggest countries.
Sheldon, P., & Park, S. (2008). Sustainable wellness tourism: Governance and entrepreneurship issues.	This paper examines the management of the space in which the Wellness experience occurs, and analyzes the components of a sustainable Wellness destination. It examines strategies used by various destinations and discusses the advantages and disadvantages of developing such a sector.	Utilizes the creation of a wellness model.	The tasks of the national, state, or local tourism office in developing a Wellness destination are critical. They include building the vision, encouraging a dialog between Wellness practitioners and the industry so that they can collaborate in creating the Wellness services. It is also necessary to encourage innovation in production and to identify the best products and practices.
Didascalou, E., Lagos, D. & Nastos, P. (2009). Wellness tourism: Evaluating destination attributes for tourism planning in a competitive segment market.	The purpose of the present study is to identify the various factors that decision makers must take into account when ranking destinations for placing a spa resort/hotel in the thriving health and wellness industry	The DSS is developed using a computer based information system, evaluates the key factors and proposes a hierarchical structure for rating destinations, useful for private or public planners in the wellness market.	The study suggests a decision support system (DSS) based on key factors as climate, tourism development and attractions.
Diener, E., Wirtz, D., Biswas-Diener, R., Tov, W., Kim-Prieto, C., Choi, D.-w. & Oishi, S. (2009). New measures of wellbeing.	The paper presents new measures of wellbeing to assess the following concepts: 1. Psychological Wellbeing (PWB); 2. Positive Feelings, Negative Feelings, and the balance between the two (SPANE-P, N, B); and 3. Positive Thinking.	573 college student at five universities were sampled using the PWB, N, P, and SPANE Scales to determine the psychometric statistics used for this paper.	The researchers combined the scales to get a more accurate assessment of the data. It provided a broader range for them study.
Smith, M., & Puczko, L. (2009). Health and	This book seeks to better define the	The book's central focus is accurately defining	Opinion is divided on whether this sector represents

Wellness Tourism.	meaning behind the labels that various organizations and countries use to describe medical tourism.	various types of medical tourism as they relate to each sector of the industry.	medicine or tourism, and whether and to what extent the two can meet.
Stiglitz, J., Sen, A., & Fitoussi, J.-P. (2009). Report by the Commission on the Measurement of Economic Performance and Social Progress.	In this CMEPSP report, economists Joseph Stiglitz, Amartya Sen, and Jean Paul Fitoussi analyze the limits of GDP as an indicator of economic performance and social progress and assess alternative measurements of performance.	Statistical data was collected and analysed to determine the results on a larger scale.	The report resulted in 5 recommendations for the French government to do to aid in the expansion of wellbeing. The authors noted that the research isn't perfect, but is a solid foundation upon which the French government can continue to work on.
Huijbens, E. H. (2010). Iceland country report: The Myvatn region as a possible Nordic wellbeing destination.	This report is aimed at highlighting the health tourism of Iceland and to enhance the competitiveness of Nordic Tourism.	A combination of customer surveys, delphi studies, and interviews were conducted to collect the data.	The results suggest that there is a niche market that could be tapped into. With that said, there is no major strategy in place to go after that market; however, the bottom-up approach is something that is being considered should the decision be made for the region to become branded.
Kelly, C. (2010). Analysing wellness tourism provision: A retreat operators' study.	The aim of this article is to focus on developing an understanding of wellness tourism provision through a detailed focus of the holistic or wellness 'retreat'.	An operator database was created of retreat centres globally, based on the author's definitional classification criteria. Over 500 centres' data were collated and reviewed. From this a more in-depth survey took place, whereby 50 retreat providers were interviewed to research a range of motivational, experiential and management issues related to wellness tourism.	The research shows that retreat operators are a relatively unique group of wellness tourism providers insofar as they are poorly organised collectively (compared, for example, to the spa sector); the vast majority can be classified as 'lifestyle entrepreneurs' in terms of their business motivations and aspirations; many own, manage and teach at their centres, and their views on and engagement with training, regulation and the tourism sector itself are very much place-specific. The product focus of many retreats is what sets them apart from other aspects of wellness tourism.
Konu, H. (2010). Identifying potential wellbeing tourism segments in Finland.	The purpose of this paper is to identify potential Finnish wellbeing tourism segments based on factors connected to tourists' lifestyles, and find out if there are statistically significant differences between the segments concerning demographic factors, factors related to travelling behaviour, and interests in diverse activities.	Potential tourists are segmented based on activities, interests and opinions (AIO-segmentation). The data of the tourist profiles for the research were collected during 2007 and 2008 by self-administered electronic questionnaire. In total 1,012 sufficient responses were obtained. Collected data were analyzed by using factor-cluster method in order to group respondents into different segments.	Altogether six segments were identified: Sport and nature people interested in technology; Home appreciating travellers; Family and health oriented sport and nature people; Culture appreciative self-developers; Material wellbeing appreciatives; and Indifferent about travelling and social issues. Statistically significant differences were found between the segments considering geo-demographic factors, travelling habits and also interest in different activities.
Konu, H., Tuohino, A. & Komppula, R. (2010). Lake wellness - a practical example of a new service development (NSD) concept in tourism industries.	The purpose of this article is to discuss if the experiential environment of the lakes and lake landscape in Eastern Finland can act as a potential resource for the core content of a 'Lake Wellness' experience product.	12 interviews to find out wellbeing and wellness companies thoughts and ideas of wellness tourism and wellness tourism development in Eastern Finland. 2 discussion workshops with the business network to enable companies to discuss concepts related to wellbeing, wellness and Lake wellness and to agree a definition that all companies could use in future. Results from interviews and	This research defined the content of the Lake Wellness product and it is concluded that lake wellness products can help Eastern Finland to differentiate itself from other parts of Finland and raise the profile of the area as a wellbeing and wellness tourism destination in a national and international context.

		workshops were presented to experts (5 interviews) for their opinions on developing Lake Wellness. Electronic customer survey in addition to find out needs and wants of potential wellbeing tourists.	
Kucerová, J., Marceková, R. & Nedelová, G. (2010). Wellness tourism in Slovakia.	The wellness tourism market in four selected tourist regions in Slovakia is analysed in this paper. A primary objective is to investigate the inter-dependencies between life style and participation in wellness tourism. Associations between existing demand for wellness facilities and six independent variables (smoking, fitness activities in daily life, diet, age, educational level and nationality) are tested.	Field research, conducted by means of a questionnaire survey carried out by the ATLAS research group	The inter-dependencies among the six independent variables and visiting wellness facilities are exemplified in this project.
Pesonen, J. & Komppula, R. (2010). Rural wellbeing tourism: Motivations and expectations.	The goals of this article are twofold: first, to investigate if rural tourism could be seen as a form of wellbeing tourism by comparing motivations; and second, to use motivation segmentation to find out how the wellbeing segment differs from other segments	A questionnaire was developed based on literature on wellness and rural tourism motivations. Data were collected on a Finnish rural tourism website during the summer of 2009. A total of 727 responses were analysed using k-mean cluster analysis to create segments.	The results show that among Finnish rural tourists a segment of rural wellbeing can be distinguished. The segment members want to relax away from the ordinary, escape from a busy everyday life, have a hassle-free vacation, get refreshed, have a sense of comfort and have an opportunity for physical rest more than members of other segments. The wellbeing segment wants to feel relaxed. It values privacy, does not want schedules, likes a calm atmosphere and wants to spend time outside in nature more than other segments.
Dimitrov, P. (2011). Long-term forecasting of the spa and wellness subsector of the Bulgarian tourism industry.	The present paper regards the application of some forecasting methods in the spa and wellness sub-sector of the Bulgarian tourism industry such as linear trend forecasting and double exponential forecasting (Holt's method).	A time series and past period predictions have been constructed based on statistical records since 1964 in order to test the forecasting methods presented in the paper and to produce forecasts up to the year 2022.	Results suggest that the steady growth of the Bulgarian spa and wellness tourism industry will continue with certain fluctuations but these will not endanger the positive long-term investment in this subsector.
Haley, B. (2011). Public policy and medical tourism: Ethical implications for the Egyptian health care system.	The aim is to highlight how Egypt's medical tourism industry has been experiencing tremendous growth; however, Egypt continues to lack the necessary investment in its public health system to effectively care for its population.	The paper utilizes research presented by reputable industry leaders to underscore the main purpose.	As a new Egyptian government emerges, it is important for policymakers to understand the critical issues and ethical concerns of existing health policy. This understanding may be used to propose new policy that more effectively allocates to care for Egypt's population.
Hjalager, A. M. (2011). The invention of a Danish wellbeing tourism region: Strategy, substance, structure, and symbolic action.	This study reflects on a comprehensive wellbeing tourism development process in a regional setting. The paper provides an outline and analysis of endeavours to invent and implement new wellbeing	The research is organized into case studies in so-called "laboratory regions"; one for each of the Nordic countries. Follow-up telephone interviews have been carried out with a number of industry actors in order to clarify specific issues of	Inventing a regional product or brand requires a painstaking combination of strategy, substance, structure and symbolic action, and in Southern Denmark, the first steps have been taken.



	activities in the region of Southern Denmark. The paper analyses the success of efforts to create a wellbeing product that might eventually develop into a brand.	importance for the themes raised in the overall Nordic study. An interview guide was applied to the semi-structured interviews. Market survey with 3,500 respondents.	
Hjalager, A. M. & Konu, H. (2011). Co-branding and co-creation in wellness tourism: The role of cosmeceuticals.	With examples from the Nordic countries, it is demonstrated that alliances in the value chain can lead to innovation and development in cosmeceutical (cosmetics and pharmaceuticals) enterprises, and that the collaboration can also assist the wellness industry in its attempts to achieve inimitability and competitiveness.	On the basis of the innovation literature, the article discusses models for co-creation and co-branding in the value chain. Factors that facilitate or impede collaborative processes are discussed.	The Nordic evidence suggests that the opportunities are not fully exploited for developments that enhance targeted place branding.
Speier, A. R. (2011). Health tourism in a Czech health spa.	This paper is about the changing shape of health tourism in a Czech spa town. The research focuses on balneotherapy as a traditional Czech healing technique, which involves complex drinking and bathing therapies, as it is increasingly being incorporated into the development of a Czech health tourism industry which is attempting to harmoniously combine balneology, travel and business activities.	Review based paper.	The research picks up on subtle shifts and consequent incongruities as doctors struggle for control over the medical portion of spa hotels. At the same time, marketing groups are creating new packages for a general clientele, and the implementation of these new packages de-medicalizes balneotherapy. There is a general consensus among spa doctors and employees that balneotherapy has become commoditised. Thus, while balneotherapy remains a traditional form of therapy, the commercial context in which it exists has created a new form of health tourism.
Turner, L. G. (2011). Quality in health care and globalization of health services: Accreditation and regulatory oversight of medical tourism companies.	Establishing high standards for the operation of medical tourism companies should reduce risks facing patients when they travel abroad for health care.	This paper considers recommendations on how to enhance the medical tourism industry and provides examples that show why those examples can be corrected.	The results suggest that patients are crossing national borders in search of affordable and timely health care. Many medical tourism companies are now involved in organizing cross-border health services. Despite the rapid expansion of the medical tourism industry, few standards exist to ensure that these businesses organize high-quality, competent international health care.
Cassens, M., Hörmann, G., Tarnai, C., Stosiek, N. & Meyer, W. (2012). Health tourism: Increasing importance of touristic settings for public health and medical prevention.	Health tourism is becoming increasingly important in a paradigm shift, which emphasises healthy lifestyle choices. We discuss three aspects of health tourism in relation to their relevance for the health system as a whole. We consider patient or medical tourism, spa tourism and medical wellness.	No access to full paper	The increasing commercialisation of health tourism offers opportunities and risks. Advantageously, patients have early access to the health care system. Furthermore, health care professionals are provided with additional career alternatives. One significant issue remains reduced accessibility of the system for individuals of lower socioeconomic standing.
Dodge, R., Daly, A. P., Huyton, J. & Sanders, L. D. (2012). The challenge of defining wellbeing.	The article argues that many attempts at expressing its nature have focused purely on dimensions of wellbeing,	The design highlights the pertinence of dynamic equilibrium theory of wellbeing (Headey & Wearing, 1989), the effect of life challenges on	It would be appropriate for a new definition of wellbeing to centre on a state of equilibrium or balance that can be affected by life events or

	rather than on definition.	homeostasis (Cummins, 2010) and the lifespan model of development (Hendry & Kloep, 2002).	challenges. The article closes by proposing this new definition, which we believe to be simple, universal in application, optimistic and a basis for measurement. This definition conveys the multi-faceted nature of wellbeing and can help individuals and policy makers move forward in their understanding of this popular term.
Hartwell, H., Hemingway, A., Fyall, A., Filimonau, V. & Wall, S. (2012) Tourism engaging with the public health agenda: can we promote 'wellville' as a destination of choice?	The aim of this paper is to introduce wellbeing as a potential concept to guide tourism destination strategy development, where the destination enhances and promotes physical and mental health for residents and tourists alike.	Conceptual paper.	A successful destination strategy should have the ability to increase tourism expenditure, increase either the volume or quality of visitors, and provide satisfying, memorable experiences while enhancing the wellbeing of the destination's residents and preserving the natural capital. Making links between tourism and public health could create a new platform from which to progress, creating stronger, healthier communities.
Hjalager, A. M. & Flagestad, A. (2012) Innovations in wellbeing tourism in the Nordic countries.	Based on case studies in Denmark, Finland, Iceland, Norway and Sweden, this article investigates categories of product innovation in wellbeing tourism that ensure modernisation and quality improvement, aligning these with developments in the still more sophisticated tourism market.	The study is organised with case investigations in so-called laboratory areas, one in each of the Nordic countries. As the term suggests, the researchers' aim was to initiate and draw on close collaboration with local actors in a multiple case study set-up. The laboratory areas served as the arenas for a systematic collection of empirical information about the wellbeing product and its suppliers. During the project, a total of 110 stakeholder interviews were undertaken.	The article outlines diversifications that expand the conception of wellbeing. In the Nordic countries, such diversifications comprise festivals and events, season-enhancing products and products for new target groups, for example, children. Third, the importance of technology supplies for the innovation of the wellbeing product is demonstrated. In Nordic wellbeing tourism, commercial success in the future calls for entrepreneurial muscle and public-private sector partnerships in capacity conjunction.
Hofer, S., Honegger, F. & Hubeli, J. (2012) Health tourism: definition focused on the Swiss market and conceptualisation of health(i)ness.	This paper's purpose is to give an overview of current research regarding the concept of "health tourism" with a focus on Switzerland, and to determine whether a consensus on this concept and its embedding in existing/future markets can be found.	The paper is an explorative study combining literature review, questionnaires and qualitative interviews. Grounded theory was employed.	A service from the field of health care must have been provided prior to health tourism, allowing it to be classified under the health care system. Thus, health tourism is classified under the market for the sick and not under tourism which targets the healthy. Furthermore a new market for the healthy is emerging, which needs to be defined. As an example health illness could help to clarify the terminology, to be seen as a gatekeeper of health and as a cultural paradigm change from cure to prevention.
Hudson, S., & Li, X. (2012). Domestic medical tourism: a neglected dimension of medical tourism research.	This article will examine domestic medical tourism in the United States.	The authors' present new model for domestic tourism based upon research present by previous topics.	The results suggest the data may stimulate improvement in health care offerings in the United States, and lead to an increase in such medical tourism.
Kucukusta, D. & Heung, V. C. S. (2012) The Problems of Developing Wellness Tourism in China: From Supply Perspective.	the study reported here examined the possible challenges faced by the wellness tourism sector in China and gathered potential solutions from wellness tourism experts, including	The structured questionnaire was distributed to all attendees at the 2009 Wuyi International Wellness Tourism Summit Forum in China. Of the 300 questionnaires distributed, 131 were useable. Questions sought opinions on obstacles facing	The results indicate that a lack of trained personnel, insufficient cooperation between key players, and a lack of facilities and attractions are the major obstacles to sectoral development. The experts surveyed proposed that these obstacles

	professionals working in the tourism, health, and education industries	China's wellness tourism sector, how obstacles could be overcome and demographic details.	could be overcome by government support, promotional activities, and personnel training
Lee, Y. C. & Wu, W. L. (2012). Key factors in developing medical and wellness tourism - Asian consumers as an example.	This study aimed to investigate consumers' cognition of and demand for medical and wellness tourist services and provided relevant suggestions for government organizations, medical institutions, and the tourist industry.	The design suggests numerous ways to investigate consumer cognition and the affect of said cognition on the industry.	This study showed that there is an increased demand for medical and wellness tourism.
Liu, X, Shi, X., Xue, Q., Shang Guan, W., Tong, J., Pan, Z., & Huang, B. (2012). Summarizing and Prospects of China Health Tourism Research in 2000-2010.	Tourism has transformed from sightseeing tour to entertaining and sports tourism with the main purpose of building up health, which become the new direction of development of the tourism industry.	The paper chooses "the health tourism", "the forest tourism", "the hot spring tourism", "the sports tourism", "the rural tourism", "the diet therapy", "the aromatherapy" and so on as Key words, these 13 aspects on health tourism are retrieved in the full-text databases in China Journal Net and other databases from 2000 to 2010 and the relevant literature review is also organized.	It is found the following areas need to be strengthened: the basic comprehensive theoretical research, the development plan of health tourism resources, the combination of health tourism and eco-tourism and etc.

<p>Little, J. (2012) Transformational Tourism, Nature and Wellbeing: New Perspectives on Fitness and the Body.</p>	<p>This article examines transformational tourism and the ways in which nature, and in particular wild nature, is drawn into more contemporary concerns about health, wellbeing and the body. The article explores how wild nature (as a location and a set of practices) becomes part of a strategy employed by the individual to discipline the body in terms of ideas about size, shape and fitness and to inform broader lifestyle and therapeutic practices in the 'care of the self'.</p>	<p>The material on which this article draws comes from on going research on fitness/ weight loss holidays. This includes promotional material from UK websites, press and magazine reports featuring examples of the holidays and also testimonials from consumers who have participated. The research also involved in depth interviews with representatives from two particular holiday companies which offer fitness/weight loss holidays. These interviews were semi-structured and both lasted for over an hour and a half.</p>	<p>My interest here is in that group of therapeutic holidays that go beyond the usual 'activity' holiday by claiming to provide an element of personal development. Built into the holiday is an assumption of a life changing or transformative experience that will have a lasting effect on participants' lifestyles and even quality of life. The 'transformational' holidays discussed here aimed at fitness and weight loss appear to be becoming more popular. My assertion here is that they can teach us a lot about the search for and priorities around wellbeing and they can show how contemporary medical discourses which privilege particular kinds of (docile) bodies (especially those that are thin) shape concerns about health and fitness. For the rural social scientist, such concerns raise additional questions about the tourist sites themselves and about the ways in which we engage with nature. Providing for wellness tourism in rural locations may not simply be about introducing nature to those seeking health and fitness, but may provide new opportunities for rural tourism and economic development.</p>
<p>Vincent, C., &amp; Deniz, K. (2012). Wellness tourism in China: Resources, development and marketing.</p>	<p>Although wellness tourism in China is in its infancy, it can offer new opportunities in, and strengthen the overall competitiveness of, China's tourism industry.</p>	<p>It surveys professionals working in tourism, health and education in China.</p>	<p>The results reveal that environmental assets, including fresh air, clean water and natural features, are considered the most important attributes for the development of wellness tourism in China and that the promotion of wellness tourism can best be achieved through advertising in mass media, governmental support and organizing new regional events.</p>
<p>Zhou, B., &amp; Fang, W. (2012). Comments on domestic wellness tourism research.</p>	<p>With the development of tourism, there's a new trend in tourism consumption that leisure and wellness tourism is replacing traditional tourism. Wellness tourism becomes a new tourism attraction</p>	<p>The paper is written on the basis of summarizing and analyzing the concept of wellness tourism, recent progress of wellness tourism types and research of wellness tourism market in China.</p>	<p>It may provide a new thought for the research of domestic wellness tourism in future.</p>

	people preferred. Domestic scholars' study on wellness tourism is deepening step by step.		
Habor, O. (2013). At the crossroads between traditional sensibility and the challenges of modernization.	The route starts from Bohemia and eventually reaches the Banat and Transylvania. We find that the most famous baths in the empire are rivalled, among others, by the landscapes and, especially, by the natural resources of the resorts in the heart of Transylvania. The periphery itself may become a centre.	No access to full paper.	
Heung, V. C. S. & Kucukusta, D. (2013). Wellness tourism in China: Resources, development and marketing.	This study examines the potential for wellness tourism development in terms of resources and promotion from the point of view of wellness tourism experts.	It surveys professionals working in tourism, health and education in China	The results reveal that environmental assets, including fresh air, clean water and natural features, are considered the most important attributes for the development of wellness tourism in China and that the promotion of wellness tourism can best be achieved through advertising in mass media, governmental support and organizing new regional events.
Armaitiene, A., Bertuzyte, R. & Vaskaitis, E. (2014). Conceptual framework for rethinking of nature heritage management and health tourism in national parks.	The aim of the study is to analyze conceptual framework of new trends of heritage management in above-mentioned areas. New initiatives of development of the peripheral national park areas as innovative tourist destinations and exploiting the recognized health benefits of the local nature heritage and resources have been observed in whole Europe	In the survey aiming to assess the outcomes of the management of the natural heritage and the potential of the health tourism services, as well as the planning of the prospects of tourism development, 31 in-depth interviews were carried out. The duration of one interview ranged from 40 minutes to 2 hours. The respondents included local residents, businesspeople, and the staff of the administrations of the Curonian Spit National Park and the Municipality.	The contemporary competitive conditions of the development of tourism call for the rethinking of tourism development in such traditional sites of tourist attraction as protected areas. As witnessed by the survey, the representatives of the local administration and governmental institutions highly appreciated the health promotion potential of natural resources, however, failed to see the opportunities of their exploitation. For the promotion of tourism in peripheral protected areas and the mitigation of the negative effects of peripherality, the following elements are proposed: the development of health tourism by means of exploitation of natural resources and a tourist attraction network.
Huang, L. & Xu, H. (2014). A cultural perspective of health and wellness tourism in China.	This paper aims to explore the key features of Chinese wellness tourism through a case study in Bama, Guangxi Autonomous Region. The paper argues that the behaviours of Chinese wellness tourists are greatly influenced by the traditional Chinese wellness culture. Being in nature, doing moderate exercise in nature, and appropriate diet are the key activities for the wellness tourists in Bama. While these activities	This study applies a case study approach. The Bama county in Guangxi Autonomous Region is chosen because of its renown as a wellness tourism destination. The purpose of this study is to understand the behaviours of Chinese wellness tourists, therefore the data collection was conducted mainly by participant observation. In total, 83 respondents were interviewed (66 tourists and 17 locals who included government officials, owners of small businesses, and villagers, who provided official documentations and oral	Four kinds of tourism activities are promoted as wellness tourism, namely spa, eco- tourism activities, forest-related activities and activities related to Chinese medicine. Although wellness tourism can bring potential economic benefits, it can be seen that destination quality management and reasonable cost for services are crucial for the sustainable development of wellness tourism. A proper destination management plan should be formulated, implemented, and monitored. More important is the cooperation between the tourism

	are also practised in daily life back home, the tourists believe that the best results from these practices can be achieved in Bama. The traditional beliefs in health and new scientific discovery about the Bama county as a longevity place have together contributed to the current behaviours of wellness tourists	narrations of Bama's history and tourism development.	and health authorities (Hjalager, 2011; Voigt et al, 2010) to formulate policies incorporating wellness therapies into the healthcare system and enabling everyone to benefit from wellness tourism, so as to achieve the social benefits of wellness tourism.
Islam, N. (2014). Chinese Medicine as a product filling the wellness health tourism niche in China: Prospect and challenges.	This study includes a survey to explore the pattern of tourists' health product and services consumption during their stays in China.	The research team also visited a couple of resorts and observed the pattern of health products and services that were offered under the brand name of Chinese Medicine.	The vast majority of these tourists was short term visitors and had consumed Chinese herbal medicine, body massage, hot spring baths, foot massage, and spa activities for health rejuvenation and relaxation. This trend has made Chinese Medicine a prime label for promoting various health products and services as wellness tourism. The major reasons for tourists' consumption of such Chinese Medicine appear to be to reduce stress, relax, reduce pain, and try new things which are not accessible or affordable in their own countries. However, concern has risen about the quality and authenticity of the Chinese Medicine products and services tourists consume. As the data show, very few of the expatriates were aware of the professional background of the service providers and had little knowledge about Chinese Medicine. This paper concludes that Chinese Medicine has been used as a label to cater to tourists, where the prime selling points are Chinese culture, minimum side-effects, and stress reduction. However, this development has also been facing various challenges, such as quality control, lack of regulation and the authenticity of the Chinese Medicine products and services involved.
Maneenetr, T., Naipinit, A., & Tran, T. H. (2014). Guidelines to development wellness tourism in Roi-Kaen-San-Sin cluster, Thailand.	The aim of this study is to investigate tourists' opinions on wellness tourism in Roi-Kaen-San-Sin cluster, Thailand and guidelines to develop wellness tourism in Roi-Kaen-San-Sin cluster, Thailand.	Quantitative data collection is from questionnaire of 400 tourists and qualitative data is collected from focus group discussion.	The results showed that overall, tourists' opinions on wellness tourism here are high. The guidelines to develop wellness tourism in Roi- Kaen-San-Sin cluster is comprised 1) improving facilitates for tourists 2) promoting wellness tourism through advertising activities 3) publish map direction of wellness destination in Roi-Kaen-San-Sin cluster and 4) diversity wellness activities for tourists.
McGuinness, S., & McHale, J. V. (2014). Transnational crimes related to health: How should the law respond to the illicit organ tourism?	In this paper the authors explore the contested legalities and illegalities of medical tourism. Increasingly, individuals are travelling outside of their home jurisdiction to access health services.	In this paper, the authors examine the legitimacy of using extra-territorial jurisdiction to enforce the ban on the commercial trade in organs found in the Human Tissue Act 2004.	The authors' suggest that this, along with the recent Draft Council of Europe Convention against Trafficking in Human Organs, provide an effective response to the transnational crime of illicit organ tourism.

Rocha, A. S. S. & Brandao, A. (2014). On developing wellness and medical tourism: The characterization of a national thermal network.	The present work focuses on the characterization of the Portuguese sector through its offers. Special attention was given to a set of variables, namely the type and number of health professionals involved in the thermal universe, the average costs of different available treatments, as well as the average comparative costs among the different management models carried out at Portuguese thermal institutions	A questionnaire was designed and used as a tool to gather information on the above parameters in a representative sample corresponding to 20 national thermal institutions.	This study showed that both the 'classical' and 'wellness hydrotherapies' are performed in the majority of thermalism institutions, which operate all year round (thus contradicting the traditional seasonality of the sector). Results also showed four professional categories: physiotherapists, nurses, balneotherapy technicians, and physiotherapy assistants.
Coghlan, A. (2015) Tourism and health: using positive psychology principles to maximise participants' wellbeing outcomes – a design concept for charity challenge tourism.	This conceptual paper explores the use of psychology, especially positive psychology, to inform the design of travel experiences for a specific health outcome – enhanced participant wellbeing or mental health. The paper reviews how positive psychology seeks to combine hedonic, eudemonic and social wellbeing into the integrated concept of "flourishing", creating positive emotions, engagement, and meaning. It uses the charity challenge model to explore tourism experiences that enhance participant wellbeing.	Conceptual paper	Charity challenge events inherently combine recognised pathways to wellbeing, e.g. being active, doing something meaningful, giving, and connecting with others. Other principles from positive psychology, such as intentional and volitional activity, goal attainment, activation of signature strengths, experiencing positive emotions/gratification, and capitalisation on positive experiences, can be incorporated into the event design to foster wellbeing outcomes. The paper suggests how this design might take shape, as well as management implications and further research questions.
Kiss, K. (2015). The challenges of developing health tourism in the Balkans.	This paper analyses some of the challenges of developing health tourism in the Balkan region. It focuses on eleven countries. Although the region has a long history and traditions of health tourism including balneology and spas, it has been difficult to develop destinations and facilities beyond domestic, state-supported tourism. The reasons for this are numerous, including instability and conflict, political mismanagement and corruption, lack of funding, limited infrastructural development, poor levels of service, and inadequate marketing	In order to research further the challenges and opportunities for health tourism in the Balkan region, a two-round Delphi study was undertaken with health tourism experts from or with a special interest in the Balkan region. They were asked to identify the main unique selling propositions for health and wellbeing; to suggest products and destinations; to comment on existing and desired collaborations in health and wellbeing; and to explain the main challenges and opportunities for developing health tourism in the region.	Because of the high levels of poverty and low salaries in many countries in this region, it is unlikely that the existing domestic tourists would be able to afford alternative forms of health tourism such as wellness hotels or leisure spas. New developments of this kind therefore depend on the interest that can be generated among international foreign visitors for whom the region is still relatively cheap and somehow 'exotic'. In order to attract those tourists for whom the region is unknown or has a negative image might be more challenging. However countries like Slovenia and Croatia have already proved that it is possible to become highly successful tourism destinations, even for health tourism. It may therefore only be a matter of time before the other countries of the Balkan region manage to improve their offer, promote new products, and place themselves firmly on the map of European or even global health tourism

<p>Konu, H. (2015) Developing a forest-based wellbeing tourism product together with customers - An ethnographic approach.</p>	<p>This study aims to examine the usability and usefulness of ethnographic approaches in new service development (NSD) in tourism. This paper discusses and describes what kind of information is gained through the process.</p>	<p>The paper includes a case study which uses an ethnographic approach in one phase of the NSD process. The data was collected during a tourism product test phase on-site by participant observation, conducting surveys and holding group interviews.</p>	<p>The results show that an ethnographic approach brings highly versatile and detailed information that benefits different phases of NSD and the development of the service concept, service process and service system. This study provides an example of how consumers are involved in NSD and how an ethnographic approach can be utilised.</p>
<p>Wolf, I. D., Stricker, H. K. &amp; Hagenloh, G. (2015). Outcome-focused national park experience management: Transforming participants, promoting social wellbeing, and fostering place attachment.</p>	<p>Understanding visitor experiences is essential if park managers are to facilitate beneficial outcomes for both individuals and society.</p>	<p>Outcomes attained by first-time and repeat participants were assessed by questionnaires with more detailed insights from semi-structured interviews with repeat participants.</p>	<p>The tour series proved an effective tool for outcome-focused park management, providing significant personal benefits to participants with positive implications for larger societal benefits, plus political and financial advantages for park managements.</p>