

THE PENNSYLVANIA STATE UNIVERSITY
SCHREYER HONORS COLLEGE

SCHOOL OF HOSPITALITY MANAGEMENT

SELF DETERMINATION THEORY & WELLNESS TOURISM: WHAT MOTIVATES
CHOICE?

OLIVIA A. MORGAN
SPRING 2017

A thesis
submitted in partial fulfillment
of the requirements
for baccalaureate degrees
in Hotel, Restaurant, and Institutional Management and Nutritional Sciences
with honors in Hotel, Restaurant, and Institutional Management

Reviewed and approved* by the following:

Anna Mattila
Marriott Professor of Lodging Management
Professor-in-Charge Graduate Program
Thesis Supervisor

Breffni Noone
Associate Professor of Hospitality Management
Honors Advisor

* Signatures are on file in the Schreyer Honors College.

ABSTRACT

With the recent decline in health, there has been an increased interest in wellbeing. This interest has generated a new, rapidly growing sector of tourism called wellness tourism, best defined as a destination aimed at rejuvenating the body, mind, and spirit of the partaker. Within this sector, there are three dominant packages: spiritual, physical, and emotional. Using the self-determination theory, which evaluates internal versus external motivation, booking interest in, and attitude towards the three wellness packages were assessed. A 3 package type (spiritual vs. physical vs. emotional wellness) X 2 motivation (intrinsic vs. extrinsic) quasi-experiment was performed using 200 participants recruited through Amazon Mechanical Turk. This study found that booking interest in, and attitude towards, the three packages were positively affected by internal motivations and negatively affected by external motivations. Based on these results, wellness tourism managers can properly cater their marketing materials to the internal motivations that dominate wellness tourists' decisions.

TABLE OF CONTENTS

LIST OF FIGURES	iii
LIST OF TABLES	iv
ACKNOWLEDGEMENTS	v
Chapter 1 Introduction	1
Chapter 2 Literature Review	6
Chapter 3 Research Methods	24
Chapter 4 Results	30
Chapter 5 Discussion	40
Chapter 6 Implications, Limitations, Future Research, and Conclusions.....	43
Appendix A Survey.....	46
BIBLIOGRAPHY.....	50

LIST OF FIGURES

Figure 1: Deci & Ryan, 2006.....	14
Figure 2: Conceptual Model	23
Figure 3: Survey Image, Rancho La Puerta	25
Figure 4: Survey Image, Rancho La Puerta	46

LIST OF TABLES

Table 1: Pretest- Booking Interest	31
Table 2: Pretest- Attitude	31
Table 3: Demographic Information.....	33
Table 4: Program Choice	34
Table 5: All Packages- Booking Interest	34
Table 6: All Packages- Attitude	35
Table 7: Spiritual- Booking Interest.....	35
Table 8: Spiritual- Attitude	36
Table 9: Physical- Booking Interest.....	36
Table 10: Physical- Attitude	37
Table 11: Emotional- Booking Interest.....	37
Table 12: Emotional- Attitude	38
Table 13: ANOVA Results	38
Table 14: Tukey Post-Hoc Test	39

ACKNOWLEDGEMENTS

I would like to humbly thank Dr. Anna Mattila for her continuous support and encouragement throughout this entire process. From every late night email, thousands of questions and minor panic attacks, she was there to help assure that I was on the right path. Without her, I would not be half the scholar I am today.

Additionally, I would like to thank my honors advisor Dr. Breffni Noone for her unrelenting guidance throughout the past two years. Both Dr. Noone and Dr. Mattila believed in me even when I did not believe in myself. I would also like to thank Ms. Beth Egan for assuring me that a double major and a minor was a challenge that I could undertake and conquer.

Finally, I would like to thank my parents, Kathy and Dave Morgan, for not only being the greatest parents a girl could ever ask for and encouraging me to be the greatest version of myself, but also for raising me to want to be a Penn Stater more than anything. I will be forever true to you, dear old white and blue.

Chapter 1

Introduction

“The greatest wealth is health.” ~Virgil

National health is declining, and there is an emerging search for wellness at an individual and societal level. The surge of interest in wellness has resulted in responses from many industries, including the hospitality industry. Wellness tourism incorporates services specifically oriented towards benefiting individual wellness into the tourism context. This relatively new sector is an exciting opportunity for growth within the hospitality industry; however, solid research in this field has been limited (Sheldon & Bushell, 2009).

Wellness tourism is a segment of special interest tourism. Special interest tourism is motivated by a yearning to further explore an existing interest, or to create a new interest by visiting a specific destination suitable for that particular interest (Hall, 1992; Swarbrook & Horner, 1999). Although a finite definition has not yet been established, Hall and Weiler (1992) best characterize special interest tourism as occurring when “traveler's motivation and decision-making are primarily determined by a particular special interest with a focus either on activities and/or destinations and settings” (Hall & Weiler, 1992, p. 5). An important delineation between special interest tourism and other forms of tourism is that ordinary hotel accommodations do not provide the entire special interest product (Hall, 1992). Wellness tourism is a type of special interest tourism with its own subsectors (Hall, 1992; Trauer, 2006). Within the wellness tourism sector, travelers may be motivated to pursue the property when a previous interest exists, or in

order to cultivate a new interest (Swarbrook & Horner, 1999). Comprehension of the special interest tourism product is integral to understanding the wellness tourism product.

Wellness tourism has emerged recently in the tourism field, and, thus, existing research is rather scarce. Sheldon and Bushell (2009) conclude that there has not been a great deal of research within wellness tourism, and it “is often brushed to the side with a sense of triviality” (Sheldon & Bushell, 2009, p. 4). The economic and physical growth in the industry, however, shows that it should not be ignored (Wellness Tourism Worldwide, 2014). In 2009, Dillard analyzed existing information by completing searches for “wellness” followed by “tourism” in various databases. At the time, Google Scholar yielded only 31 results containing the phrase “wellness tourism,” while 1,510 results were retrieved that contained both words when they were not in sequence (Dillard, 2009). Eight years later, relevant research on wellness tourism is still limited, with a simple Google Scholar search yielding 3,750 results that contain the phrase “wellness tourism.” Although prevalence of research concerning this sector of hospitality has grown tremendously, there is still a need for more specific research.

The health benefits of taking a vacation and how this affects overall wellbeing have been considered, though it is not specific to the wellness tourism sector but more of a statement about the relaxation and stress-reducing benefits of vacations in general (Chen & Petrick, 2013). It has been suggested that those who are active and live a healthy life are expected to take more vacations, though vacations have yet to be positively linked to helping individuals lead a healthy life (Chen & Petrick, 2013). Vacationing may aid in reducing stress, and stress is often considered to be a strong inhibitor of wellness (Yvette, 2010). Vacations, in general, may lead to increased wellness (Chen & Petrick, 2013).

Developing a wellness tourism destination can have many advantages for the host community, including preserving the natural setting, which is often the focal point of the wellness destination, and encouraging entrepreneurial economic growth through an emergent tourism segment (Sheldon & Park, 2009). Additionally, wellness tourism can be used as a strategy to “increase repeat visitation, to fill low seasons with a new product, or develop new tourist markets” (Sheldon & Park, 2009, p. 103). The industry is expected to grow tremendously over the next ten years (Kastenholz & Rodrigues, 2010). Experts cite that the industry may expand to around six million trips annually in the upcoming years (Kastenholz & Rodrigues, 2010).

Wellness tourism represents a significant component of the global tourism economy. The Global Wellness Institute (2015) found that in 2012 wellness tourism was a “\$438.6 billion global market within the \$3.2 trillion global tourism economy” (2015, p. 36). While wellness tourism only represents 6% of the overall number of trips, or 524 million of the 8.2 billion total trips, it accounts for 14%, or \$438.6 billion, of the total tourism expenditures of \$2.7 trillion as of 2012 (Global Wellness Institute, 2015). Furthermore, the U.S. represented the top country for wellness tourism expenditures, the most domestic wellness tourism trips, and the most inbound international wellness tourists (Global Wellness Institute, 2015).

Additionally, the industry is projected to grow at a much higher rate than tourism overall. It is expected that wellness tourism will continue to grow 8.5% annually through 2017 while total tourism is only expected to grow 6.2% annually (Global Wellness Institute, 2015). With that growth, expenditures in wellness tourism are expected to grow from 14% to 16% of overall tourism spending by 2017. It is important to expand research in this field as it is expected to

grow significantly in the coming years. The economic statistics and growth projections confirm how critical it is to conduct further research into this emergent sector of tourism.

Furthermore, Wellness Tourism Worldwide found in a 2013 survey that 89% of participants polled believe that vacations have the ability to improve health. Vacations also prompt many big life decisions, the most often of which is “starting a new health regimen” (Wellness Tourism Worldwide, 2014, p. 35). Health and wellness are becoming increasingly important, and this relatively new sector of tourism has the ability to not only help people get away from their daily life, but also improve their health.

From a managerial perspective, it is necessary to understand why individuals choose to pursue a wellness tourism property. However, it is even more important to establish why a specific wellness package is chosen in order to best market that package and whether the decisions were based on internal or external motivations. As the industry continues to expand, this information will greatly help properties develop marketing strategies for each package.

It is not yet known what makes wellness tourists chose specific destinations and what motivates that choice. The focus of this research is on wellness tourism where the wellness services are the focus of the destination, and not an auxiliary component. An auxiliary wellness component would be if the wellness services were not the reason for taking the vacation, but simply something to experience during a vacation with a different focus. The Self-Determination Theory will be used to whether motivations are internally-based, or if they come from external sources (Deci & Ryan, 1999). In this research, how internal versus external motivators relate to booking interest and attitude towards three wellness packages including spiritual wellness, physical wellness, and emotional wellness will be explored. These packages were chosen based on the 2014 Global Wellness Tourism Economy report by the Global Wellness Institute (2014).

This report found that there are six aspects of wellness that wellness travelers “seek” including physical, mental, social, spiritual, emotional and environmental wellness (Global Wellness Institute, 2014). Of these six, the most relevant to the industry are the physical, spiritual and emotional wellness components which will be defined and discussed further throughout this research.

Chapter 2

Literature Review

Wellness and Health Trends

Recently, the establishment and maintenance of individual health has become a topic of great interest. As obesity and other related diseases are on the rise, Americans are very concerned about overall health (Ogden, Carroll, Kit, & Flegal, 2013). The most recent obesity statistics (from 2011-2012) indicate that 34.9% of adults over the age of 20 are considered to be obese; in general, obesity is defined as a BMI of 30 or greater (Ogden et al., 2013). As of 2015, three states, Arkansas, Mississippi, and West Virginia reported obesity statistics above 35% with levels at 35.9%, 35.5%, and 35.7% respectively (Trust for America's Health, & Robert Wood Johnson Foundation, 2015). Even though the overall obesity statistics did not show a significant increase from the results of the 2003-2004 obesity statistics (Ogden et al., 2013), the question still remains as to how we can lower the current rate. It is incredibly costly to be obese from both the financial perspective and health perspective. Over 50% of adult deaths can be attributed to preventable diseases (Nash, Reifsnyder, Fabius & Pracilio, 2011). Obesity contributes to many preventable chronic diseases including type II diabetes mellitus, cardiovascular disease (CVD), myocardial infarctions (heart attacks), cancers, hypertension, and others (Dixon, 2010). CVD is the leading cause of death in the U.S.; however, almost all of the major risk factors for CVD are avoidable, including high blood pressure and cholesterol, excess fat and obesity, leading a sedentary life, and type II diabetes (Nash et al., 2011). The real cost of obesity is evident in the 42% increase in medical spending per capita for an obese individual when compared to that of a

non-obese individual (Finkelstein, Trogdon, Cohen, & Dietz, 2009). Around 80% of healthcare spending can be attributed to treatment of preventable diseases (Nash et al., 2011). It has been estimated that as a nation, the health care cost related to obesity ranges from \$147 billion to \$210 billion (Finkelstein et al., 2009; Cawley & Meyerhoefer, 2012).

Prevention is one of the key ways to assist in decreasing obesity and subsequent chronic illness rates (Nash et al., 2011). The prevention response to the increase in obesity and chronic diseases is a movement that can be referred to as the “wellness revolution” (Pilzer, 2002). Before the 1990’s, the wellness industry barely existed, but it has boomed to an over \$200 billion industry in less than a decade (Pilzer, 2002). It is predicted that the wellness industry will soon be the next trillion-dollar industry (Pilzer, 2002). This industry is more than a reaction to the “sickness” that is tormenting our nation by way of obesity, but it is also a desire for the “freedom that wellness offers” (Pilzer, 2002, p. 16). The hospitality industry has reacted to the wellness trend with the expansion of the special interest tourism sector of wellness tourism.

Defining Wellness

Researchers in the current literature have consistently struggled to establish a suitable definition of wellness (Corbin & Pangrazi, 2001) thus leading to vastly different definitions (Mackey, 2009). In fact, the Wellness Tourism Worldwide (2014) research group found in their investigation for a finite definition that the term “wellness” was even used to categorize hair salon and wax appointments on some websites. The World Health Organization first defined the positive component of health (later, wellness) in 1958 “as complete physical, mental and social well-being, not merely negatively as the absence of disease or infirmity” (Grad, 1948, p. 981). The concept of wellness itself was first conceptualized by Dunn in 1959, but has evolved greatly over time. Dunn initially defined high-level wellness as an “integrated method of functioning,

which is oriented toward maximizing the potential of which the individual is capable, within the environment where he is functioning” (1959, p. 447). This preliminary perspective was far more general and straightforward than more recent definitions. One of the most important aspects in defining wellness is that it is not simply a lack of illness, but also a presence of another component (Sutter, 1986). Quite often, health and wellness are seen as opposite ends of a spectrum; on the health end there are the components that directly relate to survival, and at the wellness end it is more focused on “the quality of existence” (Sutter, 1986, p. 284). Health is a reactive state where the concentration is on treating and curing illness, while wellness is a proactive state concentrating on improving and preventing diseases (Global Wellness Institute, 2015).

With all of these inconsistencies and variations in the definition of wellness, it is very challenging to establish a fixed description. Steiner and Reisinger (2006) formulated a definition of wellness for their research that exemplifies how ambiguous the definition can be: “When we exist in accord with our reason for being (connected to the mystery of life) we will be authentic, we will be well” (Steiner & Reisinger, 2006, p. 9). This is a particularly ambiguous definition, as the idea of “being” and “authentic” are not easy to define and consequently not usable in other research. Their definition highlights how challenging it is to establish an accurate definition of wellness that is both precise and allows for some interpretation for different applications.

Corbin and Pangrazi (2001) did extensive work in order to specifically define wellness. They concluded “wellness is a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and sense of well-being” (Corbin & Pangrazi, 2001, p. 1). They also highlighted how often wellness and health are used interchangeably in literature; however, Corbin and Pangrazi (2001) indicate that wellness is the

positive component of health; whereas, health is considered a lack of illness and, therefore, a more negative concept. This distinction is very important; nevertheless, their definition did not specify the dimensions included in wellness, instead highlighting quality of life and sense of well-being, which are not included in other definitions.

The definition formulated by Myers, Sweeney, and Witmer (2000) helps to fill this gap. They define wellness “as a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community (Myers, Sweeney, & Witmer, 2000, p. 252). This definition is substantially more comprehensive, and it incorporates theoretical concepts from multiple disciplines including clinical, health and developmental psychology (Myers et al., 2000). Psychology is very important in wellness as it is generally considered to be more of a psychological state than a physical state (Smith & Kelly, 2006).

The most important considerations in defining wellness can be summarized as such: Wellness is a state of being and the dimensions should be considered in a current rather than a future-oriented mindset (Mackey, 2009). In terms of future-oriented mindset it is noted that “the experience of wellness is rooted in being, not becoming” (Mackey, 2009, p. 104). Furthermore, wellness should be considered outside the concept of illness and as something that is possessed by an individual (Corbin & Pangrazi, 2001; Mackey, 2009).

Based on the research and etymological considerations in defining wellness, the definition proposed by Myers et al. (2000) will be used for this research. Their definition incorporated the important foci of Corbin and Pangrazi (2001) and Mackey (2009), along with the multidimensionality of the term.

Defining Wellness Tourism

Throughout the research available on wellness tourism, there have been incongruences when it comes to its definition as well. Wellness tourism is even more difficult to define than wellness itself simply because it is such a new concept and research has been limited (Dillard, 2009). The origin of wellness tourism is not entirely clear, although some suggest the 1990's were the beginning of contemporary wellness tourism research (Dillard, 2009). Yet, services and concepts for enhancing wellness are not new, as some can be dated back to 100 B.C., when the Thais began practicing massages, and 1000 B.C. when Chinese medicine began (Smith & Puczko, 2009). Coincidentally, these two services are often practiced in current wellness tourism (Smith & Puczko, 2009). There has been a revival of purely wellness-focused tourism destinations. In 1974 The Ashram in California opened as the first fitness-spa, which focused entirely on weight loss and fitness (Smith & Puczko, 2009). Canyon Ranch in Tucson, Arizona followed in 1979 with a similar concept. Over the past 40 years we have seen the predominant appearance of this sector with an increasing number of wellness-focused tourism destinations opening each year (Smith & Puczko, 2009). It is important to note that wellness destinations are considered different than spa destinations. Spa tourism is a subsector of wellness tourism with a focus on overindulgence and relaxation (Wellness Tourism Worldwide, 2014).

Because researchers have had such a difficult time in defining wellness, it is logical that describing wellness tourism would be equally as challenging. Sheldon and Bushell propose that:

Wellness tourism is a holistic mode of travel that integrates a quest for physical health, beauty, or longevity, and/or a heightening of consciousness or spiritual awareness, and a connection with community, nature, or the divine mystery. It encompasses a range

of tourism experiences in destination with wellness products, appropriate infrastructures, facilities, and natural and wellness resources. (2009, p. 11)

Many previous definitions, as is highlighted by Sheldon and Bushell (2009), limit the concept overall. The industry is highly multidimensional and is continually evolving as the clientele demand, which could limit the usability of a finite definition for wellness tourism. Sheldon and Bushell's (2009) definition does address the multidimensional nature of this sector and attempts to address the concept of mind, body, and spirit; three very important concepts within wellness tourism as can be seen with the book series Sheldon and Bushell edited, *Wellness and Tourism: Mind, Body, Spirit, Place* (2009). Chen and Prebensen (2009) used the following definition in their research: "a phenomenon to enhance personal well-being for those traveling to destinations which deliver services and experiences to rejuvenate the body, mind, and spirit of the participant" (Chen & Prebensen, 2009, p. 231). This definition is a more succinct version of Sheldon and Bushell's definition while still incorporating the overarching concepts of wellness. Moreover, this definition highlights the destination as a component of the services. Most wellness tourists are looking for an authentic, "location-based" experience that takes advantage of the natural surroundings (Johnston, Puczkó, Smith & Ellis, 2011). For those reasons, the definition of Chen and Prebensen will be used in this research.

A substantial component of a wellness tourism destination is the specific characteristics of the destination itself (Dvorak, Saari & Tuominen, 2014). These destinations are often characterized by an abundance of natural resources and surroundings that correspond to a healthy life. These can include a climate or landscape useful for physical activities, geothermal and mineral waters and others (Dvorak, Saari & Tuominen, 2014). All of these components play a

role in wellness tourism as a whole. In understanding what wellness tourism entails, it is also necessary to understand what motivates tourists to choose a wellness vacation.

Intrinsic versus Extrinsic Motivation

Intrinsic and extrinsic motivation emerged as components of the Self-Determination Theory (SDT), developed by Deci and Ryan (1985). The basic needs theory (BNT) is a sub-theory of the SDT that suggests the main difference between extrinsic and intrinsic motivations is how each aligns with the basic psychological needs for autonomy, competence and relatedness (Deci & Ryan, 1990). In satisfying these needs, human wellness can be improved (Chang, Huang & Lin, 2014). Autonomy as a psychological need implies that a person has an ability to choose their behavior (Chang et al., 2014). The need for competence indicates a feeling of assurance and confidence in one's ability to face situations that arise in their lives (Chang et al., 2014). Finally, relatedness suggests a connection with others in combination with their support (Chang et al., 2014). The fulfillment of all three of the psychological needs has been linked with psychological health (Deci & Ryan, 2000), which is an integral component of wellness, and is thus important in this research.

Internal motivation is composed of four distinct components (Deci & Ryan, 1990). The first component states that intrinsically motivated behaviors will “occur in the absence of any apparent external reward” (Deci & Ryan, 1990, p. 241). The second approach suggests that pure interest is what causes behaviors to be motivated intrinsically. The behaviors should be “optimally challenging” according to the third approach (Deci & Ryan, 2009, p. 241-2). Finally, the fourth approach proposes that the behaviors are grounded in the basic psychological needs of autonomy, competence and relatedness (Deci & Ryan, 2009). To summarize the four approaches, intrinsically motivated behaviors are based on psychological needs and are driven by interests

that challenge the individual without an external reward (Deci & Ryan, 1985; Deci & Ryan, 2009).

External motivation is described as when psychological needs are not satisfied, and therefore individuals have to look outside of their own needs for a motivator, whereas intrinsic motivation uses the needs as the basis for motivation (Deci & Ryan, 1990). These motivators are not natural to a person, but society somehow forces them upon an individual (Deci & Ryan, 1985). With extrinsic motivations “people pursue these goals because they provide some substitute or compensation for the lack of true need satisfaction” (Deci & Ryan, 2008, p. 183). Cini, Kruger and Ellis (2012) define extrinsic motivation as an “outcome that is separable from the activity itself” (2012, p. 47).

Deci and Ryan established a continuum for the two components of the SDT as part of the organismic integration theory (OIT), another subcomponent of the SDT (Deci & Ryan, 2000). The OIT is based on two core principles that behavior is partially regulated with internal structures that are expounded upon with experience, and that, by nature, humans are active (Deci & Ryan 1985). As seen on the continuum in Figure 1, the locus of causality and regulation are identified in conjunction with the type of motivation, including amotivation (neither intrinsic nor extrinsic). The continuum shows that intrinsic motivation is purely caused and regulated by internal factors. Conversely, extrinsic motivation can range from a combination of internal and external regulation caused by internal factors, to a motivator that is solely externally caused and regulated. This continuum shows that intrinsic motivation is completely internal, while extrinsic may be a combination of internal and external components (Deci & Ryan, 2000).

Internalization is a very important component when examining SDT (Deci & Ryan, 2011). The more internalized a regulation is, the more likely it is to lead to positive changes

(Deci & Ryan, 2011). Internalization is best defined as “the means through which individuals assimilate and reconstitute formerly external regulations so that the individual can be self-determined while enacting them” (Deci & Ryan, 2000). The internalization of extrinsic motivation is especially important for “effective functioning and well-being” (Deci & Ryan, 2011, p. 422). Internalization leads to autonomy, because when an external motivator becomes internalized it is then seen as something that is being selected from an internal set of choices (Deci & Ryan, 2011).

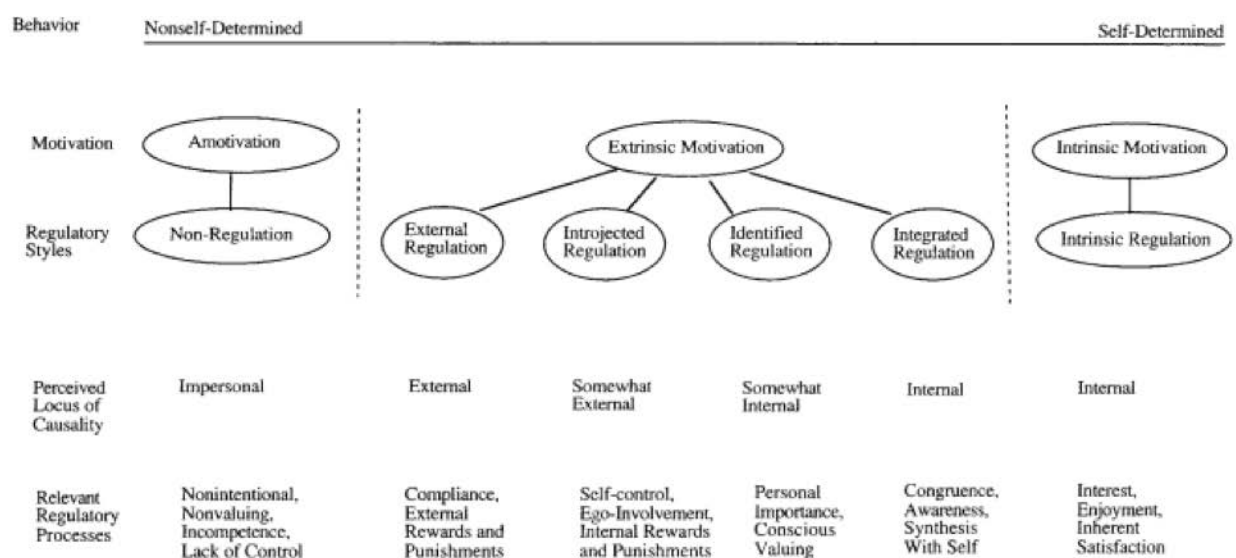


Figure 1: Deci & Ryan, 2006

The level of autonomy of extrinsic motivations can help to predict wellbeing results (Ryan, Huta & Deci, 2006). To internalize an extrinsic motivator requires extensive reorganization of capacities and tendencies, and often an alteration of values and perspectives (Deci & Ryan, 1985). However, Kasser and Ryan (1996) found that extrinsic aspirations were negatively linked to feelings of wellbeing and positively linked to distress. In order for extrinsically motivated behaviors to occur, there has to be some kind of outside influence that is not linked to innate interest in order for them to occur at all (Deci & Ryan, 1985). The

congruence of these findings with motivation of choice of wellness tourism packages will be further explored in this research.

Self-Determination Theory in Existing Tourism Research

The self-determination theory has yet to be consistently applied to a general hospitality context. Tourism research that has used this theory has found it to be very effective, despite its lack of presence in much of the existing literature (White & Thompson, 2009). White and Thompson (2009) utilized the self-determination theory to investigate wine club motivations. They found that other motivational theories left some major gaps that the self-determination theory was able to cover more effectively (White & Thompson, 2009). Maslow's hierarchy of needs theory is often used to evaluate motivation, but this theory and other needs-based theories do not evaluate motivation extensively (White & Thompson, 2009). Social and contextual influences can have a significant effect on motivation, neither of which is considered in a needs-based theory (White & Thompson, 2009). Iso-Aloha's stimulus-cognition-response behavior model (2006) was created to specifically examine leisure motivations, such as tourism (Snepenger, King, Marshall & Uysal, 2006). This model asserts that four dimensions motivate leisure behaviors (Snepenger et al., 2006). The four dimensions are "personal escape, personal seeking, interpersonal escape, and interpersonal seeking" and apply to all leisure activities, including, but not limited to, tourism (Snepenger et al., 2006, p. 140). The principal of this model is flawed in that it assumes that people all share a single common need, and it cannot predict future behaviors (White & Thompson, 2009). The flaws in these theories suggest that using the self-determination theory to evaluate motivation is much more thorough than other models.

The self-determination theory does, however, have a larger presence in sport psychology and sport tourism literature. Aicher and Brenner (2015) evaluated the self-determination theory

with regard to the motivation to participate in sport tourism and found the conceptual framework to be applicable to the industry. Additionally, they highlighted that even though the theory was not completely exhaustive as to sources of motivation, it is still a viable theory for their purposes (Aicher & Brenner, 2015). Sport tourism is not exactly the same as wellness tourism, but the viability of the framework can still be applicable to wellness tourism.

Overall, although the self-determination theory has not been used a lot in tourism research, it has been proven to provide a solid framework within the wellness tourism context.

Who is the wellness tourist?

One of the major questions for professionals in the wellness tourism industry is exactly who is their target wellness tourist. Within the wellness tourism sector, there are two dominant categories of tourists who pursue wellness tourism. Primary purpose tourists choose a vacation with a complete wellness focus (Global Wellness Institute 2015). Secondary purpose tourists will choose to take any kind of trip, but try to maintain wellness and participate in wellness activities while on their vacation (Global Wellness Institute 2015). This difference is subtle, but very important when looking to define the sector. An example of a primary purpose wellness tourist is someone who travels to a specific holistic wellness center or destination with a goal of jumpstarting weight loss. Secondary purpose travelers would take a trip for business but look for healthy dining and fitness options during the trip (Global Wellness Institute 2015). For this research, the focus will be on primary purpose wellness tourists.

Secondary purpose wellness tourists represent the largest percentage of total wellness tourists; however, at an average of \$680 spent per trip, they spend the least on wellness tourism trips (Global Wellness Institute, 2015). Primary purpose wellness tourists spend the most per trip, with a per trip average of \$2,066; although, they represent a much smaller percentage of

total wellness tourists. Overall, domestic wellness travelers tend to spend more per trip than the average domestic tourist: both primary and secondary purpose domestic wellness tourists spend an average of 150% more per trip (Global Wellness Institute, 2015).

According to a study by Wellness Tourism Worldwide of 500 individuals, 83% of people in both the 18-24 (known as the millennial age group) and 35-44 age range had participated in wellness tourism either as secondary or primary wellness tourism (2014). The over 65 age group was the least likely to have already taken a wellness vacation, and often needed an explanation as to exactly what wellness tourism entailed (Wellness Tourism Worldwide, 2014). In a quote by Linden Schaffer, owner of Pravassa Wellness Travel, she stated that individuals in their 20-40's "understand what we do immediately as they already think along the lines of eating for better health, or fitness for your body and mind, or travel for the sake of adventure" (Wellness Tourism Worldwide, 2014, p. 80). These statistics identify the ideal wellness tourist is either in the millennial age range or more middle-aged.

Additionally, women were more likely to have taken a wellness vacation in the past than men (Wellness Tourism Worldwide, 2014). It has been found that "health travelers are usually female, middle-aged, and medium to well educated" (Dvorak, Saari & Tuominen, 2014). Nonetheless, millennials are becoming more important target market for wellness tourism.

Wellness tourists are often classified along a continuum in market research (Dvorak, Saari & Tuominen, 2014). This continuum is made up of reactive and proactive clientele. Proactive consumers tend to be in better health, nearing the "optimum state of wellbeing" portion of the continuum. They also have a high education level and income level, and they do not see the wellness services as extravagant. Reactive consumers are often already suffering from some illness and are looking at wellness tourism as an alternative to medical approaches (Dvorak,

Saari & Tuominen, 2014). The demographics of this group are more varied than the proactive group, and this type of consumer occurs more frequently in society.

Wellness Tourism Dimensions and Packages

Wellness is not composed of a singular dimension but many dimensions. There is some variation in establishing these dimensions throughout literature. Hettler (1976) was one of the first to look at the different dimensions of wellness (Kulczycki & Lück, 2009). He introduced the six dimensions of wellness, which included occupational, social, intellectual, physical, emotional and spiritual wellness (Hettler, 1976). Frequently, these six dimensions are referred to as a “wheel of wellness” (Myers et al., 2000). The wheel has been adapted and extended somewhat over time, but generally the dimensions remain similar. Hawk (2004) utilized five of the six, choosing to leave out occupational wellness for his research. Occupational wellness is, however, incorporated in other literature (Croese, Nicholas, Gable & Frank, 1992). The trend is for researchers to choose which of the six dimensions they want to look at, often with a slight variation. Although Kulczycki and Lück (2009) indicate that the “wheel” will not be able to function without all six components, the work by Hawks (2004) and Myers et al. (2000) suggested otherwise.

Mueller and Lanz Kaufmann (2000) proposed a slight variation in the six dimensions: “physical fitness/beauty care, healthy nutrition/diet, relaxation/meditation, mental activity/education and environmental sensitivity/social contacts (Mueller & Lanz Kaufmann, 2000, p. 7).” Els and De La Rey (2006) expanded the components well beyond these. They identified an extensive list including self-worth, institutional concern, personal attributes, local safety, social identity, work, self-care, friendship, emotion, stress management, realistic beliefs, nutrition, intelligence, humor, leisure, gender identity, love, spirituality, and exercise in their

attempt to create a holistic model of wellness (Els & De La Rey, 2006). This perspective is better for a more comprehensive view of wellness. Nonetheless, their research warrants to be mentioned, as there is some overlap between their model and Hettler's original model (1976). As seen in the works of Mueller et al. (2000) and Els and De La Rey (2006), six dimensions of wellness still appear even when they are not utilized verbatim.

Wellness destinations have specific services that often target a certain dimension of wellness. The packages that will be utilized in this research include yoga tourism services (spiritual wellness), adventure fitness tourism services (physical wellness), and complementary and alternative medicine or CAM (emotional wellness). The classification of programs within the context of the dimensions of wellness is not consistent throughout the literature. For the purpose of this research, the classifications were chosen based on research from different companies and authors.

Spiritual wellness is defined as "the ability to rise above and go beyond oneself to find meaning and purpose in life" (Strout & Howard citing Hettler 1976, 2012, p. 201). The focus of spiritual wellness is on unity and harmony in all parts of life and acceptance of unknowns (Strout & Howard, 2012). Yoga tourism is a type of special interest tourism within the spiritual wellness sector (Lehto, Brown, Chen & Morrison, 2006). It specifically focuses on the spiritual elements of wellness involving yoga, meditation, and relaxation (Knight, 2009). Yoga is often used to help relieve stress (Knight, 2009) and to unite the mind, body, and spirit (Smith & Kelly, 2006). Spirit is widely considered as the link between mind and body, and yoga can help to reaffirm this connection in order to increase overall wellness.

Physical wellness emphasizes several components of self-care including physical activity and nutrition in conjunction with their effect on body functioning (Strout & Howard, 2012 citing

Hettler, 1976) Tourism services that incorporate the physical activity component of wellness are often realized in the context of adventure tourism (Kulczycki & Lück, 2009). Activities associated with adventure tourism include bicycle touring, kayaking, rock-climbing, running, as well as others (Hall, 1992). Adventure tourism generally consists of outdoor activities conducted by a guide. Other components of physical wellness that are often associated with the wellness tourism context are fitness classes and gyms.

Emotional wellness “is reflected through taking responsibility to manage one’s life in personally fulfilling ways and recognizing limitations and seeking support when necessary” (Strout & Howard, 2012, p. 200). Research on emotional wellness and CAM in tourism has yet to be evaluated completely. Emotional wellness, based on the definition provided by Strout and Howard, involves the “seeking [of] support” and is often a component of CAM (Lightsey, 1996). Lightsey stated, “clients often seek help because of negative emotions and associated decrements in wellbeing” (1996, p. 718). By assessing these negative emotions, the providers can help their clients achieve increased positive emotions, eventually leading to emotional wellness (Lightsey, 1996). Complementary medicine refers to practices that are done in addition to traditional medicine (NCCIH, 2008). Alternative medicine practices take the place of traditional medicine (NCCIH, 2008). CAM may entail massage, naturopathy, relaxation techniques such as breathing exercises or guided imagery, meditation, acupuncture, and many others (NCCIH, 2008). Complementary and alternative medicine is gaining in popularity and is often used for the purpose of reducing stress, a major stimulus for individuals seeking wellness tourism (Wellness Tourism Worldwide, 2014).

Research Question and Hypotheses

Satisfaction of psychological needs has been linked positively to psychological wellbeing (Baard, Deci & Ryan, 2004), which could have implications in the wellness tourism sector.

When customers are choosing to book a specific wellness tourism package, what factors motivate their decision? Are certain packages linked to a specific type of motivation? For a destination offering any of these packages, it is necessary to know how their clientele are motivated to book a vacation with them. The research question for this study is as follows: *Do internal or external motivational factors positively or negatively affect choice of spiritual, physical and emotional wellness packages?* The conceptual model for this research can be seen in Figure 2.

Spiritual wellness is an internal concept. When one is spiritually well, as opposed to physically well or fit, for instance, it is not necessarily externally visible. If someone wants to increase their spiritual wellness, they are making this decision based on an internalized desire. In searching for spiritual wellness, it is likely to be driven by basic psychological needs and pure interest for the individual benefit without an external reward, causing the decision to be positively motivated by intrinsic factors (Deci & Ryan, 2009). Thus, the following hypothesis is proposed:

H1: Internal factors will positively motivate choice of a spiritual wellness package.

When someone is physically well, it is externally visible. Others can see what kind of physical shape someone is in, safely guess their fitness level, and estimate if they are overweight or not. Physical wellness yields many external benefits. However, choosing to pursue physical activity can also be linked to self-determined motivation (a motivation that occurs within the self) (Brunet & Sabiston, 2009). Long-term engagement in physical activity is more likely to be

motivated intrinsically (Brunet & Sabiston, 2009). However, in the case of wellness travelers, it is unknown if the participants have been engaging in physical activity for a long time, or if they are using their wellness vacation to revamp their physical fitness and start a new routine. The time it would take to internalize an external motivation may not be available in this situation depending on the length of stay and the effectiveness of the location in providing tools to help an individual internalize their physical goal (Deci & Ryan, 1985). With this information, the following hypothesis has been proposed:

H2: Both internal and external factors will positively motivate the choice of a physical wellness package.

Emotional wellness, similar to spiritual wellness, cannot be seen if achieved. In pursuing emotional wellness in wellness tourism, it aligns with intrinsic motivation characteristics: the choice is driven by the satisfaction of psychological needs that benefit the individual based on a pure interest that has no external reward (Deci & Ryan, 2009). CAM can be employed to improve components of the psychological needs of the self-determination theory. Practices in CAM focus on improving health and wellness in place of normal medicinal practices. Finally, there are no external rewards for achieving emotional wellness; hence, the following hypothesis has been suggested:

H3: Internal factors will positively motivate the choice of an emotional wellness package.

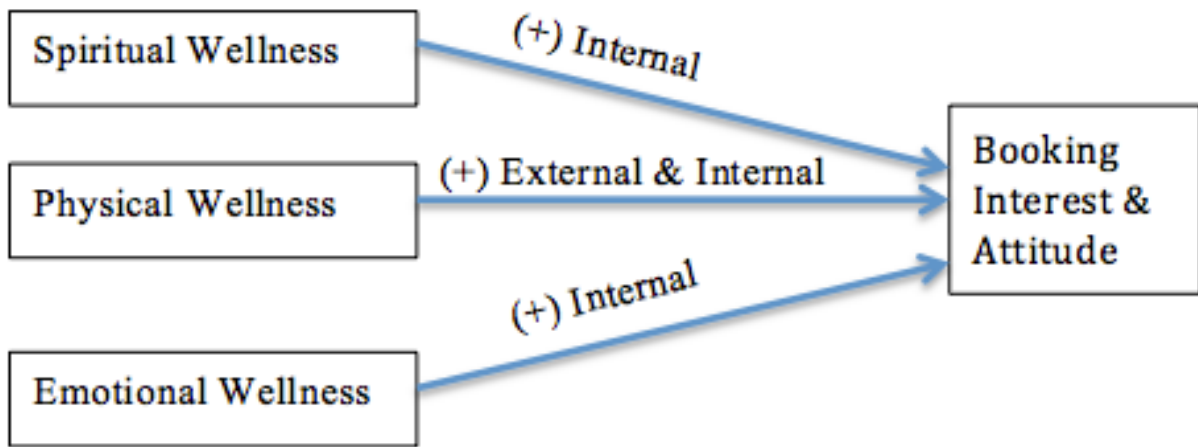


Figure 2: Conceptual Model

Chapter 3

Research Methods

Design

The design of this study is a 3 package type (spiritual vs. physical vs. emotional wellness tourism packages) X 2 motivation (intrinsic vs. extrinsic) quasi-experiment. The data was collected using Qualtrics Survey Software. The participants for the experiment were recruited through Amazon Mechanical Turk and were screened to assess their interest in pursuing a wellness tourism vacation. To quantify this, the participants were asked to what degree they agree with the following statement “I would be interested in taking a vacation with the sole purpose of improving health.” They were asked to choose one of the four Likert-style options: *not at all, somewhat interested, interested, very interested*. Participants who answered “not at all” will be directed to the end of the survey.

All participants were asked for consent before proceeding through the survey. The purpose of the survey was presented at the beginning in addition to an explanation of the general format. The participants were asked to imagine that they were looking at taking a vacation with a focus on health and were all presented with an image of a wellness resort (see Figure 3). The participants were all asked to choose a program that they would most be interested, and then were directed to read the scenario associated with that program choice. This was done to ensure that the participants were actually interested in the wellness program they were going to read about. This image and selection was presented to the participants for 15 seconds to ensure that they had adequate time to look at the image and make the selection.



Figure 3: Survey Image, Rancho La Puerta

Data Collection Instruments & Procedures

The three scenarios that the participants read are described below and were presented to the participants for 30 seconds to ensure adequate time to read the entire scenario thoroughly:

Scenario 1 (spiritual): You are browsing online for wellness destinations. You come across a destination that emphasizes spiritual wellness through yoga specifically and decide to explore it more. On their website you find a detailed schedule of the services they offer daily including hatha, restorative, and vinyasa flow yoga classes. The resort also offers a variety of healthy cuisine to fit any dietary needs and is well rated. They even have specific meditation coaches and classes to help beginners get started. You think that this trip could be something that could have a positive effect on your overall spiritual wellbeing.

Scenario 2 (physical): You are browsing online for wellness destinations. You come across a destination in a mountainous area that emphasizes physical activity but through a variety of activities. As you look into the different activities offered, you find that there are many

different activities including hiking, mountain biking, and kayaking in a local river. The resort also offers a variety of healthy cuisine to fit any dietary needs and is well rated. You think that this trip could be something that could have a positive effect on your overall wellbeing and specifically the physical component of wellness.

Scenario 3 (emotional): You are browsing online for wellness destinations. You come across a destination that emphasizes emotional wellness through offering many different complementary and alternative medicine services. The website lists massage, naturopathy, relaxation techniques, and acupuncture as some examples of the services they offer. The resort also offers a variety of healthy cuisine to fit any dietary needs and is well rated. You think that this trip could be something that could have a positive effect on your emotional wellbeing.

After reading the scenario, the participants' booking interest was first measured with four items using a seven-point Likert scale for level of agreement with the statement: *strongly disagree, disagree somewhat disagree, neither agree or disagree, somewhat agree, agree, strongly agree*. Booking interest was measured with the following items adapted from Fleck, Korchia, & Le Roy (2012):

1. I would be interested in booking a wellness program like the one that I have just read about.
2. I see value in the wellness program that I have just read about.
3. I would be motivated to book the wellness program that I have just read about.
4. I would be likely to pursue the wellness program that I have just read about.

Attitude towards the package was measured with the following four items also adapted from Fleck et al. (2012):

5. I like the wellness program I have just read about.
6. I am favorable to the wellness program that I have just read about.
7. I appreciate the wellness program that I have just read about.
8. The wellness program I have just read about is a good program.

After assessing booking interest and attitude, the participants' levels of internal and external motivation were measured. For all statements the participants responded using the same seven-point Likert scale described above. The statements used to assess the internal and external motivation were based on the principles of the SDT by Deci and Ryan (1990). The four components that indicate internal motivation established by Deci and Ryan (1990) were broken into seven statements here due to the basic needs component which consists of three separate quantifiers that may not always occur simultaneously. The four basic components are that intrinsic motivation occurs in the absence of external reward, indicates a pure interest, occurs when there is optimal challenge and when the basic needs for autonomy, competence and relatedness are satisfied (Deci & Ryan, 1990). The following statements were used to assess the internal motivation factors using the same seven-point Likert scale:

1. I would choose this program without the motivation of external rewards.
2. I am interested in pursuing this program.
3. I would be relatively challenged by this program.
4. (autonomy) The decision to pursue this program is grounded in my personal need to feel that I am in charge of my behavior.

5. (competence) The decision to pursue this program is grounded in my personal need to feel confident and assured that I can face situations in my life.
6. (relatedness) The decision to pursue this program is grounded in my personal need to feel that others support me.

External motivation, however, occurs when the basic needs for autonomy, competence, and relatedness are not satisfied and when external compensation of some nature is present (Deci & Ryan, 1990). The statements for measuring external motivation used the same scale and were as follows:

1. I would choose this program because I will receive some kind of reward outside the completion of the program itself.
2. (autonomy) The decision to pursue this program is grounded in a belief that I am not in charge of my own behavior.
3. (competence) The decision to pursue this program is grounded in a belief that I am not confident and am not assured that I can face situations in my life.
4. (relatedness) The decision to pursue this program is grounded in a belief that others do not support me.

In addition to the internal and external factors, alternative motivations were also tested with the following statements using the same seven-point Likert scale as well:

1. I would choose this program solely for the purpose of relaxation.
2. I would choose this program as a proactive way to improve my health.
3. I would choose this program as a reaction from a medical professional who instructed me to improve my health.

Demographic information such as age, gender, income, education level, and ethnicity was also collected. Finally, the participants were asked to what degree they agree with the following statements using the same scale for additional information about the wellness tourist in general:

1. I would describe myself as a very healthy person.
2. I would describe myself as a somewhat healthy person.
3. I should make some lifestyle changes to make myself a more healthy person.
4. I would be likely to book a trip with a sole purpose of improving my health.

For the analysis of the data, all internal and external motivation questions were averaged into one variable each. For booking intention, the first four statements were averaged to generate a “booking interest” dependent variable, and the last four statement were averaged to create an “attitude” dependent variable.

Chapter 4

Results

Pretest Results

A pretest was conducted via Amazon Mechanical Turk with 50 participants. Of the 50 valid responses the program choice breakdown was as follows: 11 (22%) chose the spiritual package, 23 (46%) chose the physical package, and 16 (32%) chose the emotional package. Reliability for all booking interest questions across all packages was $\alpha = .867$. Reliability for the attitude questions across all packages was $\alpha = .884$. Reliability for the internal motivation questions across all packages was $\alpha = .697$. Reliability for external motivation across all packages was $\alpha = .832$. Due to the overall reliability of the scales during the pretest, no further changes were made before the data collection.

Table 1 was generated using a regression analysis of the internal and external motivation scales using the booking interest for the chosen package summated variable as the dependent variable. The regression results indicate that only the internal scale was significant at $\alpha < .05$. As shown in Table 1, internal motivation had a positive impact on booking interest ($B = .637$, $p < .05$). For this regression, 41.1% of the variance in booking interest was explained by the internal and external motivation factors ($F(2,47) = 18.112$, $p < .05$). However, the external scale was not significant ($p > .05$).

Table 1: Pretest- Booking Interest

Pretest- Booking Interest	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
Constant	3.162	.540		5.856	.001*
Internal Motivation	.637	.107	.681	5.943	.001*
External Motivation	-.170	.065	-.301	-2.632	0.11

Table 2 was generated using a regression analysis of the internal and external motivation scales using attitude as the dependent variable. The regression below indicates that both types of motivation were significant at alpha of .05. As shown in Table 2 internal motivation had a positive impact on attitude ($B = .474, p < .05$), and external motivation had a negative impact on attitude ($B = -.206, p < .05$). The regression indicated that 25.8% of the variance in attitude can be explained with the internal and external motivation scales ($F(2,47) = 9.504, p < .05$).

Table 2: Pretest- Attitude

Pretest- Attitude	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
Constant	4.302	.600		7.169	.001*
Internal Motivation	.474	.119	.512	3.979	.001*
External Motivation	-.206	.072	-.368	-2.859	.006*

The pretest analysis indicated that a higher level of internal motivation resulted in increased booking attitude and booking interest. The analysis also showed that a decrease in external motivation resulted in an increase in booking attitude and interest.

Main Data Collection Analyses

For the main data collection, regression analyses for the combined packages, as well as the packages individually were performed using both of the dependent variables separately. Internal and external motivations were used as the independent variables. ANOVA and regression analyses were also performed using both booking interest and booking attitude as the dependent variables in separate analyses. Factors for the ANOVA were the internal and external summated variables with the package choice as the independent variable.

Main Study

For the data collection, 201 valid participants were recruited using Amazon Mechanical Turk. One case was excluded because of incomplete or missing data. Of the 201 participants, 113 (56.2%) were male and 88 (43.8%) were female. Demographic information for age, ethnicity, education level, and economic status was also collected and is presented in Table 3 below.

Table 3: Demographic Information

Demographic Information		
	Frequency	Percent (%)
Age		
19-29	72	35.8
30-40	76	37.8
41-51	28	13.9
52-62	18	9.0
63-73	4	2.0
74-84	3	1.5
Ethnicity		
Asian	18	9.0
African American	15	7.5
Hispanic or Latino	13	6.5
Caucasian	152	75.2
Other	3	1.5
Education		
Less than a high school degree	1	0.5
High school degree or some equivalent	24	11.9
Some college but no degree	60	29.9
Associate degree	19	9.5
Bachelor degree	81	40.1
Graduate degree or higher	16	7.9
Economic Status		
\$0- \$9,999	13	6.5
\$10,000-\$29,999	40	19.9
\$30,000-\$49,999	55	27.2
\$50,000-\$69,999	35	17.4
\$70,000-\$89,999	25	12.4
\$90,000-\$99,999	10	5.0
\$100,000-\$199,999	20	9.9
Over \$200,000	3	1.5

The breakdown for the choice of program for the 201 participants is listed below in Table

4.

Table 4: Program Choice

Program Choice		
	Frequency	Percent (%)
Spiritual Wellness Program	57	28.4
Physical Wellness Program	79	39.3
Emotional Wellness Program	65	32.3

Reliability across the three packages for the booking interest scale was $\alpha = .891$, and reliability for the attitude scale was $\alpha = .902$. For the internal motivation scale reliability was $\alpha = .768$, and for the external motivation scale reliability was $\alpha = .830$.

Regression Analyses

A regression analysis indicated that 44.3% of the variance in booking interest across the three packages is explained by internal and external motivations ($F(2, 194) = 77.164, p < 0.05$). Internal motivation had a positive effect on booking interest ($B = .658, p < .05$) and external motivation had a negative effect ($B = -.228, p < .05$) for all packages. Results of the regression are listed in Table 5.

Table 5: All Packages- Booking Interest

All Packages-Booking Interest	B	SE B	β	t	p
Constant	3.228	.304		10.631	.001*
Internal Motivation	.658	.057	.623	11.568	.001*
External Motivation	-.228	.041	-.301	-5.599	.001*

Another regression analysis was performed with booking attitude as the dependent variable and the internal and external scales as the independent variables. This model indicated that 49.6% of the variation in attitude can be explained by internal and external motivation ($F=(2, 196), 96.533, p < 0.05$). Internal motivation had a positive effect on attitude towards all packages ($B= .772, p<.05$), and external motivation had a negative effect on attitude towards all packages ($B= -.188, p<.05$). Results of the regression are listed in Table 6.

Table 6: All Packages- Attitude

All Packages- Attitude	B	SE B	β	t	p
Constant	2.348	.306		7.673	.001*
Internal Motivation	.772	.057	.686	13.471	.001*
External Motivation	-.188	.041	-.236	-4.634	.001*

The data were then divided by package choice and regression analyses for both dependent variables (booking interest and attitude) were performed on each package.

For the spiritual wellness package, 28.3% of variance in booking interest was explained by internal and external motivations ($F(2,53)=10.465, p < .05$). Internal motivation had a positive effect on booking interest of the spiritual wellness package ($B= .429, p<.05$), and external motivation had a negative effect ($B= -.223, p<.05$). The regression results are detailed in Table 7.

Table 7: Spiritual- Booking Interest

Spiritual- Booking Interest	B	SE B	β	t	p
Constant	4.293	.721		5.956	.001*
Internal Motivation	.429	.128	.389	3.340	.002*
External Motivation	-.223	.076	-.341	-2.931	.005*

For the spiritual wellness package, 36.2% of variance in attitude was explained by the internal and external motivation scales ($F(2,53)=15.024, p < .05$). Internal motivation had a positive effect on attitude towards the spiritual wellness package ($B = .463, p < .05$), and external motivation had a negative effect ($B = -.186, p < .05$). The regression results are detailed in Table 8. Thus, H1, which proposed that spiritual wellness would be positively affected by internal motivation, is supported. In addition, external motivation was found to have a significant negative affect on the booking interest and attitude towards the spiritual wellness package.

Table 8: Spiritual- Attitude

Spiritual- Attitude	B	SE B	β	t	p
Constant	3.851	.589		6.542	.001*
Internal Motivation	.463	.105	.485	4.415	.001*
External Motivation	-.186	.062	-.329	-2.993	.004*

For the physical wellness package, 61.9% of the variance in booking interest was explained by the internal and external motivation scales ($F(2,73)= 59.247, p < .001$). Internal motivation had a positive effect on the physical wellness package booking interest ($B = .886, p < .05$), and external motivation had a negative effect ($B = -.280, p < .05$). The regression results are detailed in Table 9.

Table 9: Physical- Booking Interest

Physical- Booking Interest	B	SE B	β	t	p
Constant	2.271	.423		5.369	.001*
Internal Motivation	.886	.084	.769	10.522	.001*
External Motivation	-.280	.065	-.315	-4.310	.001*

For the physical wellness package, 55.2% of the variance in booking attitude was explained by internal and external motivations ($F(2,75)= 46.245, p < .005$). Internal motivation had a positive effect on attitude towards the physical wellness package ($B = .959, p < .05$), and

external motivation had a negative effect ($B = -.219, p < .05$). External motivation had a significant negative effect on booking interest and attitude. H2, which proposed that physical wellness choice would be affected positively by both internal and external motivation, is partially supported due to the significant negative effect of external motivation.

Table 10: Physical- Attitude

Physical- Attitude	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
Constant	1.495	.510		2.933	.004*
Internal Motivation	.959	.101	.741	9.494	.001*
External Motivation	-.219	.076	-.224	-2.871	.005*

For the emotional wellness package, 38.2% of the variance in booking interest was explained by internal and external motivations ($F(2,61) = 18.852, p < .010$). Internal motivation had a positive effect on emotional wellness package booking interest ($B = .544, p < .05$), and external motivation had a negative effect ($B = -.183, p < .05$). The regression results are detailed in Table 11.

Table 11: Emotional- Booking Interest

Emotional- Booking Interest	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
Constant	3.820	.502		7.603	.001*
Internal Motivation	.544	.093	.598	5.870	.001*
External Motivation	-.183	.069	-.271	-2.660	.010*

For the emotional wellness package, 52.8% of the variance in attitude was explained by internal and external motivations ($F(2,61) = 34.074, p < .010$). Internal motivation had a significant positive effect on attitude towards the emotional wellness package ($B = .750, p < .05$), and external motivation had a negative effect ($B = -.182, p < .05$). The regression results are detailed in Table 12. Therefore, H3, which proposed that emotional wellness would be

positively affected by internal motivation, was accepted. External motivation was found to have a significant negative affect on the booking interest and attitude towards the emotional wellness package.

Table 12: Emotional- Attitude

Emotional-Attitude	B	SE B	β	t	p
Constant	2.567	.501		5.128	.001*
Internal Motivation	.750	.092	.723	8.126	.001*
External Motivation	-.182	.069	-.236	-2.656	.010*

ANOVA Results

An ANOVA was performed to look at the three packages where internal motivation was the dependent variable and package choice was the independent variable. The ANOVA revealed a statistically significant difference in the three packages ($F(2,196) = 3.940, p = .021$). Results of the ANOVA are listed in Table 13.

Table 13: ANOVA Results

Package	Mean	Standard Deviation	N
Spiritual Wellness	5.1023	.86817	57
Physical Wellness	4.7607	.92916	78
Emotional Wellness	5.1719	1.00702	64

Tukey Post-Hoc testing of the ANOVA model revealed that the greatest difference was between the physical and emotional packages when internal motivation was the dependent variable ($p = .027$). Respondents for the physical wellness package scored significantly lower on internal motivation than emotional wellness respondents. Additionally, there was a marginally significant difference between the spiritual wellness and physical wellness package ($p = .095$). Respondents of the physical wellness package scored marginally lower on internal motivation

than spiritual wellness respondents. All results of the Tukey Post-Hoc testing with internal motivation as the dependent variable are listed in Table 14 below.

Table 14: Tukey Post-Hoc Test

(I) Package Choice	(J) Package Choice	Mean Difference (I-J)	Std. Error	Significance
Spiritual Wellness	Physical Wellness	.3417	.16351	.095
	Emotional Wellness	-.0695	.17089	.913
Physical Wellness	Spiritual Wellness	-.3417	.16351	.095
	Emotional Wellness	-.4112*	.15826	.027
Emotional Wellness	Spiritual Wellness	.0695	.17089	.913
	Physical Wellness	.4112*	.15826	.027

An ANOVA using external motivation as the dependent variable and package choice as the independent variable did not reveal statistically significant differences in terms of external motivations across package choices.

Chapter 5

Discussion

This research substantially contributes to the wellness tourism literature due to the limited existing research into the field as a whole, and minimal application of the SDT in the wellness tourism context despite its effectiveness in the sport tourism context (Sheldon & Bushell, 2009; White & Thompson, 2009). This research is the first to utilize the SDT in the wellness tourism context to examine different wellness packages. From this study, it is evident that the SDT is an effective way to assess booking interest in, and attitudes towards wellness tourism. Though the SDT is not completely exhaustive in terms of evaluating every possible motivation, it is a clear component of wellness tourism motivations (Aicher & Brenner, 2015).

The ultimate goal of this research was to determine whether intrinsic or extrinsic factors positively or negatively affected choice of spiritual, physical, and emotional wellness packages. From the data, it is clear that for all packages intrinsic factors had a positive effect and extrinsic factors had a negative effect on both attitude and booking interest. The SDT clearly plays a role in wellness tourism motivation. Additionally, there has been minimal research comparing motivations for different wellness tourism packages, indicating further implications of this research.

Spiritual Wellness Discussion

Internal motivation had a significant positive effect on booking interest in, and attitude towards, this package. Additionally, external motivation had a significant negative effect on booking interest and attitude. Prior research has indicated that spiritual wellness should be more

positively motivated by internal factors. Spiritual components of wellness tourism have been proposed to focus on uniting the mind, body and spirit (Smith & Kelly, 2006). This research confirms that internal motivations positively dominate choice of this package and any external motivations exhibit a negative effect.

Physical Wellness Discussion

Internal motivation had a significant positive effect on both booking interest in, and attitude towards, the physical wellness package. Though there are many external components to physical wellness that were expected to play a role in physical wellness package choice, the research indicates that internal components overshadow external components. It is externally visible when an individual is physically well; however, the choice to become physically well must be internalized to maintain physical wellness long term (Brunet & Sabiston, 2009), as proven by this research.

Emotional Wellness Discussion

Internal motivation had a significant positive effect on booking interest in, and attitude towards, the emotional wellness package. Once again, external motivation had a significant negative effect on booking interest and attitude. Of the three packages, research on emotional wellness has been the most limited. Nonetheless, it has important implications for stress reduction, one of the main incentives for pursuing wellness tourism (Wellness Tourism Worldwide, 2014). Emotional wellness has been defined as an internal concept, further proven by this research (Lighsey, 1996).

All Package Discussion

The differences between levels of internal motivation for the three packages were also significantly different. This indicates that even though the three packages are all positively

impacted by internal motivation, the levels are not consistent between the three. The most notable difference was between emotional and physical wellness, where physical wellness was significantly lower than emotional wellness for internal motivation. Physical wellness was also marginally lower than spiritual wellness for internal motivation. Therefore, even though physical wellness was positively affected by internal motivation, the levels were lower than the other two packages. This indicates that there is a significant difference between wellness tourism packages, and further differences likely exist. Previous research has generally focused on wellness tourism as a whole, or on one specific package (Global Wellness Institute, 2015; Wellness Tourism Worldwide, 2014). However, this study indicates the importance of comparing packages instead of simply evaluating them individually.

This research shows that wellness tourism packages differ in terms of motivations. Therefore, research that examines wellness tourism as a whole may not properly evaluate the complexities and differences between the various types of wellness tourism. Though this research only examined the three dominant types of packages, there are others to investigate in future research (Global Wellness Institute, 2014). As the first study to examine SDT in the wellness tourism context, further research to examine how the SDT applies to other packages within wellness tourism is needed as well.

Chapter 6

Implications, Limitations, Future Research, and Conclusions

Implications

This study is one of the first to look at motivation to pursue different packages within wellness tourism as opposed to wellness tourism as a whole. When marketing packages in the spiritual, physical, and/or emotional wellness classification, it is important to draw on the internal motivation cues in order to draw more bookings. It is especially important for the marketing of physical wellness packages, as external motivation cues would be expected to be more important for this package. However, this research showed that internal motivation, though less impactful for physical wellness than for the other packages, still plays a positive role. There are notable differences between the three types of packages in this research, and marketing should be catered to each specific package instead of utilizing a generic marketing campaign.

When designing marketing for these three packages, utilizing the six internal motivation statements could focus on what wellness tourists are ultimately looking for in their wellness vacation. Internal benefits to the packages should be highlighted while any external benefits should be moderated. A marketing campaign that specifically features the challenges of the program, as well as autonomy, competence and relatedness (support from others) would be very effective.

Limitations

The first limitation of this study is low external validity. This study has a high level of internal validity, but a low level of external validity due to the overall model of the survey and

scenarios. This limits many specific implications of the research beyond the boundaries of the experimental scenarios.

The second limitation of this study concerns the package grouping. This study only looked at three broad package categories with limited description, allowing for a high level of interpretation by participants. Additionally, there are many other possible packages that exist in wellness tourism that were not utilized in this study.

The third limitation of this study was the focus solely on the Self Determination Theory and internal and external motivation. Many other possible motivations to pursue wellness tourism exist and should also be investigated with future research. Though Maslow's hierarchy of needs is not completely exhaustive, it should also be tested with regard to wellness tourism motivation (White & Thompson, 2009). Iso-Aloha's stimulus-cognition-response behavior model, discussed previously, should also be tested due to its initial success in leisure tourism motivation research (Snepenger et al., 2006).

The final limitation was the sample utilized for this study. There is a significant amount of wellness tourism growth abroad, but this study only used U.S. participants. Though Amazon Mechanical Turk has been cited as reliable for data collecting with a relatively diverse sample population, there is always the possibility of some error in sampling (Buhrmester, Kwang & Gosling, 2011).

Future Research & Conclusions

Wellness tourism research has been limited, despite the continued growth of the industry. Additional research is essential for this segment of the industry and its specific packages. This study showed a significant distinction between different packages, indicating a need for specialized marketing. This will appeal to the guests who are purchasing wellness tourism

packages. Future research should look at all possible wellness tourism packages and the applicability of the SDT to those packages as well. Though research that focuses on wellness tourism as a whole is important, this study indicated clear differences between wellness tourism packages. Research using different packages can increase applicability of results to actual practice. Further research is needed to examine other motivating factors for wellness tourism packages beyond the SDT.

With the growth of the wellness tourism industry, research needs to expand as well in order to allow for more economic success of the industry as a whole.

Appendix A

Survey

You are being invited to volunteer to participate in a research study. This summary explains information about this research.

-The purpose of this research is to determine whether internal or external factors motivate an individual to pursue various different wellness tourism programs.

-First, you will read a scenario and then you will be asked to answer some questions regarding the scenario as well as some demographic information.

-No identifying information will be asked. All the data from this research will be kept on a password protected personal laptop computer.

Your participation is voluntary and you may decide to stop at any time. You do not have to answer any questions that you do not want to answer.

Your participation implies your voluntary consent to participate in the research.

1. I would be interested in taking a vacation with the sole purpose of improving or maintaining my personal health.
 - a. Not at all
 - b. Somewhat interested
 - c. Interested
 - d. Very interested

Imagine that you are looking to take a vacation with a specific focus on your health.



Figure 4: Survey Image, Rancho La Puerta

2. Of the 3 different programs below, which would you be the most interested in pursuing?
 - a. Spiritual Wellness- a program that involves a lot of yoga practice benefitting both the body and the soul

- b. Physical Wellness- a program that involves many outdoor activities like hiking and kayaking
- c. Emotional Wellness- a program that involves a lot of relaxation techniques and complementary and alternative medicine

Scenario 1: Spiritual

You are browsing online for wellness destinations. You come across a destination that emphasizes spiritual wellness through yoga specifically and decide to explore it more. On their website you find a detailed schedule of the services they offer daily including hatha, restorative, and vinyasa flow yoga classes. The resort also offers a variety of healthy cuisine to fit any dietary needs and is well rated. They even have specific meditation coaches and classes to help beginners get started. You think that this trip could be something that could have a positive effect on your overall spiritual wellbeing.

Scenario 2: Physical

You are browsing online for wellness destinations. You come across a destination in a mountainous area that emphasizes physical activity but through a variety of activities. As you look into the different activities offered, you find that there are many different activities including hiking, mountain biking, and kayaking in a local river. The resort also offers a variety of healthy cuisine to fit any dietary needs and is well rated. You think that this trip could be something that could have a positive effect on your overall wellbeing and specifically the physical component of wellness.

Scenario 3: Emotional

You are browsing online for wellness destinations. You come across a destination that emphasizes emotional wellness through offering many different complementary and alternative medicine services. The website lists massage, naturopathy, relaxation techniques, and

acupuncture as some examples of the services they offer. The resort also offers a variety of healthy cuisine to fit any dietary needs and is well rated. You think that this trip could be something that could have a positive effect on your emotional wellbeing.

1. To what degree, on a scale of 1 to 7, do you agree with the following statements (1-Strongly disagree, 2-Disagree, 3-Somewhat disagree, 4-Neither agree or disagree, 5-Somewhat agree, 6-Agree, 7-Strongly Agree)
 - a. I would be interested in booking a wellness program like the one that I have just read about.
 - b. I see value in the wellness program that I have just read about.
 - c. I would be motivated to book the wellness program that I have just read about.
 - d. I would be likely to pursue the wellness program that I have just read about.
 - e. I like the wellness program I have just read about.
 - f. I am favorable to the wellness program that I have just read about.
 - g. I appreciate the wellness program that I have just read about.
 - h. The wellness program I have just read about is a good program.
2. To what degree, on a scale of 1 to 7, do you agree with the following statements (1-Strongly disagree, 2-Disagree, 3-Somewhat disagree, 4-Neither agree or disagree, 5-Somewhat agree, 6-Agree, 7-Strongly Agree)
 - a. I would choose this program because I will receive some kind reward outside the completion of the program itself.
 - b. The decision to pursue this program is grounded in belief that I am not in charge of my own behavior.
 - c. The decision to pursue this program is grounded in a belief that I am not confident and am not assured that I can face situations in my life.
 - d. The decision to pursue this program is grounded in a belief that others do not support me.
3. To what degree, on a scale of 1 to 7, do you agree with the following statements (1-Strongly disagree, 2-Disagree, 3-Somewhat disagree, 4-Neither agree or disagree, 5-Somewhat agree, 6-Agree, 7-Strongly Agree)
 - a. I would choose this program solely for the purpose of relaxation.
 - b. I would choose this program as a proactive way to improve my health.
 - c. I would choose this program as a reaction from a medical professional who instructed me to improve my health.
4. What is your age?
5. What gender do you identify with?
 - a. Male
 - b. Female
 - c. Other
6. How important is health to you?
 - a. Extremely important
 - b. Very important
 - c. Moderately important
 - d. Slightly important

- e. Not at all important
7. What ethnicity do you identify with?
- a. Asian
 - b. African American
 - c. Pacific Islander
 - d. Hispanic or Latino
 - e. Caucasian
 - f. Other
8. What is the highest level of school you have completed?
- a. Less than a high school degree
 - b. High school degree or some equivalent
 - c. Some college but no degree
 - d. Associate degree
 - e. Bachelor degree
 - f. Graduate degree or higher
9. Which category includes an approximate income level for your total household income in the past year?
- a. \$0- \$9,999
 - b. \$10,000-\$29,999
 - c. \$30,000-\$49,999
 - d. \$50,000-\$69,999
 - e. \$70,000-\$89,999
 - f. \$90,000-\$99,999
 - g. \$100,000-\$199,999
 - h. \$200,000-\$299,999
 - i. Over \$300,000
10. To what degree, on a scale of 1 to 7, do you agree with the following statements (1-Strongly disagree, 2-Disagree, 3-Somewhat disagree, 4-Neither agree or disagree, 5-Somewhat agree, 6-Agree, 7-Strongly Agree)
- a. I would describe myself as a very healthy person.
 - b. I would describe myself as a somewhat healthy person.
 - c. I should make some lifestyle changes to make myself a more healthy person.
 - d. I would be likely to book a trip with a sole purpose of improving my health.

BIBLIOGRAPHY

- Aicher, T. J., & Brenner, J. (2015). Individuals' Motivation to Participate in Sport Tourism: A Self-Determination Theory Perspective. *International Journal of Sport Management, Recreation & Tourism, 18*, 56-81.
- Baard, P., Deci, E., & Ryan, R. (2004). Intrinsic Need Satisfaction: A Motivational Basis of Performance and Well-Being in Two Work Settings¹. *Journal of Applied Social Psychology, 34*(10), 2045-2068.
- Brunet, J., & Sabiston, C. (2009). Social physique anxiety and physical activity: A self-determination theory perspective. *Psychology of Sport and Exercise, 10*(3), 329-335.
- Buhrmester, M., Kwang, T., & Gosling, S. D. (2011). Amazon's Mechanical Turk. *Perspectives on Psychological Science, 6*(1), 3-5. Retrieved March 10, 2017.
- Cawley, J., & Meyerhoefer, C. (2012). The medical care costs of obesity: An instrumental variables approach. *Journal of Health Economics, 31*(1), 219-230. Retrieved February 24, 2016.
- Chang, J., Huang, C., & Lin, Y. (2014). Mindfulness, Basic Psychological Needs Fulfillment, and Well-Being. *Journal of Happiness Studies, 16*(5), 1149-1162.
- Chen, C., & Petrick, J. (2013). Health and Wellness Benefits of Travel Experiences: A Literature Review. *Journal of Travel Research, 52*(6), 709-719.
- Chen, J., & Prebensen, N. (2009). Wellness as Tourist Motivation: Case of Taiwan. In *Wellness and Tourism: Mind, Body, Spirit, Place* (pp. 231-238). Elmsford: Cognizant Communication Corporation.
- Corbin, C.B. Pangrazi, R.P. (2001) Toward a Uniform Definition of Wellness: A Commentary. *President's Council on Physical Fitness and Sports 3*(15) 1-8.

- Deci, E., & Ryan, R. (1985). Toward an Organismic Integration Theory. In *Intrinsic motivation and self-determination in human behavior*. New York, New York: Plenum Press.
- Deci, E., & Ryan, R. (1990). A Motivational Approach to Self: Integration in Personality. In *Perspectives in Motivation* (pp. 237-342).
- Deci, E., & Ryan, R. (2000). The "What" and "Why" of Goal Pursuits: Human Needs and the Self-Determination of Behavior. *Psychological Inquiry*, 11(4), 227-268.
- Deci, E., & Ryan, R. (2011). Self Determination Theory. In P. Van Lange, A. Kruglanski, & E. Higgins (Eds.), *Handbook of Theories of Social Psychology: Collection* (Vol. 1, pp. 416-437).
- Dillard, D. P. (2009) Wellness Tourism: Bibliographic and Webliographic Essay. In R. Bushell & P. Sheldon (Eds). *Wellness and Tourism: Mind, Body, Spirit, Place* (pp. 239-250). Elmsford, New York: Cognizant Communication Corporation.
- Dixon, J. B. (2010). The effect of obesity on health outcomes. *Molecular and Cellular Endocrinology*, 316(2), 104-108.
- Dunn, H. L. (1959) High-Level Wellness for Man and Society. *Am J Public Health Nations Health American Journal of Public Health and the Nations Health* 49(6), 786-92.
- Dvorak, D., Saari, S., & Tuominen, T. (2014, November). *Developing a Competitive Health and Well-being Destination* [PDF]. WelDest Project Partners.
- Els, D., & Rey, R. (2006). Developing A Holistic Wellness Model. *SA Journal of Human Resource Management*.
- Finkelstein, E. A., Trogon, J. G., Cohen, J. W., & Dietz, W. (2009). Annual medical spending attributable to obesity: Payer-and service-specific estimates. *Health Affairs*, 28(5), W822-W831.
- Fleck, N., Korchia, M., & Le Roy, I. (2012). Celebrities in advertising: looking for congruence or likability?. *Psychology & Marketing*, 29(9), 651-662.

Global Wellness Institute. The Global Wellness Tourism Economy: 2013 & 2014 (Rep.). (2015, June).

Retrieved February 13, 2016, from Global Wellness Institute website:

http://www.globalwellnesssummit.com/images/stories/gwi/GWI_2014_Global_Wellness_Tourism_Economy_Report_Final.pdf

Grad, F. (2002). Preamble to the Constitution of the World Health Organization as Adopted by the

International Health Conference. *Bulletin of the World Health Organization*, 80(12), 981-982.

Global Wellness Institute. The Global Wellness Tourism Economy: 2013 & 2014 (Rep.). (2015,

June). Retrieved February 13, 2016, from Global Wellness Institute website:

http://www.globalwellnesssummit.com/images/stories/gwi/GWI_2014_Global_Wellness_Tourism_Economy_Report_Final.pdf

Hall, C. (1992). Adventure, Sport and Health Tourism. In B. Weiler (Ed.), *Special Interest Tourism* (pp.

141-158). London: Belhaven Press.

Hawks, S. (2004). Spiritual Wellness, Holistic Health, and the Practice of Health Education. *American*

Journal of Health Education, 35(1), 11-18.

Hettler B. (1976). *The six dimensions of wellness*. Retrieved from <http://www.hettler.com/sixdimen.htm>

Johnston, K., Puczkó, L., Smith, M., & Ellis, S. (2011, May). Wellness Tourism and Medical Tourism:

Where Do Spas Fit? (Rep.). Retrieved February 13, 2016, from Global Spa Summit website:

http://www.globalwellnesssummit.com/images/stories/pdf/spas_wellness_medical_tourism_report_final.pdf

Kasser, T., & Ryan, R. (1996). Further Examining the American Dream: Differential Correlates of

Intrinsic and Extrinsic Goals. *Personality and Social Psychology Bulletin*, 22(3), 280-287.

- Konu, H., Tuohino, A., & Komppula, R. (2010). Lake Wellness -- a practical example of a new service development (NSD) concept in tourism industries. *Journal of Vacation Marketing, 16*(2), 125-139.
- Kulczycki, C., & Lück, M. (2009). Outdoor Adventure Tourism, Wellness and Place Attachment. In R. Bushell & P. Sheldon (Eds.), *Wellness and tourism: Mind, body, spirit, place* (pp. 165-176). Elmsford, New York: Cognizant Communication.
- Lightsey, O. (1996). What Leads to Wellness: The Role of Psychological Resources in Well-Being. *The Counseling Psychologist, 24*(4), 589-735.
- Mackey, S. (2010). Towards an ontological theory of wellness: A discussion of conceptual foundations and implications for nursing. *Nursing Philosophy, 11*(3), 103-112.
- Mueller, H., & Lanz Kaufmann, E. (2001). Wellness tourism: Market analysis of a special health tourism segment and implications for the hotel industry. *Journal of Vacation Marketing, 7*(1), 5-17. R
- Myers, J. E., Sweeney, T. J., & J, M. W. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling and Development : JCD, 78*(3), 251-266.
- Nash, D. B., Reifsnnyder, J., Fabius, R. J., & Pracilio, V. P. (2011). Population health: Creating a culture of wellness. Sudbury, MA: Jones and Bartlett Learning.
- NCCIH. (2008, October). Complementary, Alternative, or Integrative Health: What's In a Name? Retrieved April 02, 2016, from <https://nccih.nih.gov/health/integrative-health#types>
- Ogden, C. L. Carroll, M. D. Kit, B. K. Flegal, K.M. (2013) Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. *The Journal of the American Medical Association, 311*(8), 806-14. JAMA

- Pilzer, P. (2002). *The wellness revolution: How to make a fortune in the next trillion dollar industry*. New York: Wiley & Sons.
- Rancho La Puerta. (n.d.). Photo Tour. Retrieved June 26, 2016, from <http://www.rancholapuerta.com/about-the-ranch/grounds/photo-tour/>
- Rodrigues, Á. Kastenholz, E. Rodrigues, A. (2010) Hiking as a wellness activity- an exploratory study of hiking tourists in Portugal. *Journal of Vacation Marketing*, 16(4), 331-343.
- Ryan, R., & Deci, E. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68-78.
- Ryan, R., Huta, V., & Deci, E. (2006). Living Well: A Self-Determination Theory Perspective on Eudaimonia. *Happiness Studies Book Series The Exploration of Happiness*, 117-139.
- Seppälä, A., Nykänen, P., & Ruotsalainen, P. (2012). Development of Personal Wellness Information Model for Pervasive Healthcare. *Journal of Computer Networks and Communications*, 2012, 1-10.
- Sheldon, P., & Park, S. (2009). Development of a Sustainable Wellness Destination. In R. Bushell (Ed.), *Wellness and tourism: Mind, body, spirit, place* (pp. 99-113). Elmsford, New York: Cognizant Communication.
- Sheldon, P. J. Bushell, R. (2009) Introduction to Wellness and Tourism. In R. Bushell & P. Sheldon (Eds). *Wellness and Tourism: Mind, Body, Spirit, Place* (pp. 3-18). Elmsford, New York: Cognizant Communication Corporation.
- Snepenger, D., King, J., Marshall, E., & Uysal, M. (2006). Modeling Iso-Ahola's Motivation Theory in the Tourism Context. *Journal of Travel Research*, 45(2), 140-149.
- Smith, M., & Puczko, L. (2009). Historical Overview. In *Health and Wellness Tourism* (pp. 21-38). Amsterdam: Elsevier/Butterworth-Heinemann.

- Steiner, C., & Reisinger, Y. (2006). Ringing the Fourfold: A Philosophical Framework for Thinking about Wellness Tourism. *Tourism Recreation Research*, 5-14.
- Strout, K., & Howard, E. (2012). The Six Dimensions of Wellness and Cognition in Aging Adults. *Journal of Holistic Nursing*, 30(3), 195-204.
- Suter, S. (1986). Health psychophysiology: Mind-body interactions in wellness and illness. Hillsdale, NJ: L. Erlbaum Associates.
- Swarbrooke, J., & Horner, S. (1999). *Consumer behaviour in tourism*. Oxford: Butterworth-Heinemann.
- Trauer, B. (2006). Conceptualizing special interest tourism—frameworks for analysis. *Tourism Management*, 27(2), 183-200.
- Trust for America's Health, & Robert Wood Johnson Foundation. (2015). The State of Obesity: Obesity data trends and policy analysis. Retrieved December 07, 2015, from <http://stateofobesity.org/>
- Weiler, B., & Hall, C. M. (1992). *Special interest tourism*. London: Belhaven Press.
- Wellness Tourism Worldwide. (2014). *Wellness Travel: Shaping America's Health & Economy* (Rep.). Wellness Tourism Worldwide. Retrieved February 28, 2016.
- White, C. J., & Thompson, M. (2009). Self Determination Theory And The Wine Club Attribute Formation Process. *Annals of Tourism Research*, 36(4), 561-586.

ACADEMIC VITA
Olivia Anna Morgan
♦ *omorgan0360@gmail.com* ♦

Education

The Pennsylvania State University: University Park, PA *Graduation: May 2017*

- Schreyer Honors Scholar pursuing a thesis focused on wellness tourism and travel motivations.
 - Bachelor of Science in Nutritional Sciences
 - Bachelor of Science in Hospitality Management: Management Dietetics Option, Minor in French
 - **Link to e-portfolio:** <http://oliviamorgan31.weebly.com/>
-

Work Experience

WaterSound Beach Club: Santa Rosa, FL *Summer 2016*

- Intern in the F&B department with many responsibilities: food running, expediting, banquet serving, bar backing, bartending, cocktailing, waitressing, & assisting with food ordering, billing, and inventory

The Sheraton: Boston, MA *Winter 2016*

- Externship in the rooms division of this 1,200 room hotel

The Kiawah Island Club: Kiawah Island, SC *Summer 2015*

- Assisted in day-to-day functions, and events at the upscale dining option *Tides at The Beach Club*
- Supported 40 employees, assisted with daily restaurant functions and managerial tasks

The Hotel Hershey: Hershey, PA *Fall 2011- Summer 2014*

- Front desk attendant: Responsible for billing, room blocking, and guest check-ins and check outs
 - Dinner and lunch hostess: For the restaurant, Harvest, which specializes in farm-to-table cuisine
 - Breakfast and brunch hostess: For the four-star restaurant, The Circular Dining Room
-

Leadership Positions

President (2015-2016) & Secretary (2014-2015) of the American Hotel & Lodging Association Student Chapter

- Provided learning opportunities by arranging guest speakers, several conventions, and current news updates
- Organized and funded a trip to the New York Hotel Show in November 2015 for 20 students
- Introduced new fundraising methods for Shatterproof, aimed at helping break the stigma of addiction

Secretary (2016-2017) & Treasurer (2015-2016) for Volé: the Penn State Ballet Club

- Managed & budgeted the over \$10,000 funds for 170-person organization
- Coordinated three full-scale showcases throughout each school year
- Managed information for all 170 members & coordinated updated communication methods to members
- Assisted with THON fundraisers, club events, increasing communication effectiveness and member retention

Security Leader for THON 2015 and THON 2016's Event Safety Rules & Regulations Committee (2014-2016)

- Led my committee of 43 students when my captain was not present, taught and organized security lessons
 - Raised funds for THON, the largest student-run philanthropy directly benefiting families affected by pediatric cancer at Hershey Medical Center
 - Integral part of maintaining safety during THON 2015 and 2016
-

Awards

- Awarded second place in the College of Health & Human Development Alumni Society Research Poster competition
 - Awarded the Student Excellence Award from the Alumni Society of the College of Health & Human Development for the School of Hospitality Management
 - Awarded the Alfred F. Hull Memorial Award Fund Scholarship Summer 2016
 - Awarded a Summer 2016 Research Grant from the College of Health & Human Development
 - Awarded the Edith M., Marion E., and Ralph E. Johnson Memorial Award Fall 2015
 - Awarded Dean's List recognition for all semesters at Penn State
 - Recognized for first year academic achievements in the Spring 2014 Student Award Ceremony
-

Skills and Certificates

- *Servsafe* & *Cvent* Certified (Fall 2014), *RAMP* Certified (Fall 2016)
- Professional Working Proficiency in French, proficient in SuperTracker and Microsoft Office
- Completed a gastronomical-immersion course at the Institute Paul Bocuse in Lyon, France