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The inspired wellness: unveiling the connection between mental health and wellness tourism

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ABSTRACT

Wellness tourism, where individuals seek optimal physical and mental well-being through travel, has gained prominence due to changing health attitudes and the growing integration of wellness into lifestyle choices. This study delves into the nuanced relationship between individual wellness states and their specific travel decisions within this context. Employing quantitative methods and analysing the data through logistic regressions, the research focuses on how prospective travellers' wellness factors influence their choices regarding wellness-oriented hotel experiences and the selection of wellness activities. It also examines the broader implications of these choices for wellness experience advancements in hotels. By linking wellness factors with travel preferences, the study aims to enrich the theoretical framework of wellness tourism beyond traditional motivations and provide practical insights for industry stakeholders to adapt their innovation strategies according to diverse traveller needs.

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KEYWORDS

Well-being; wellness tourism; holistic wellness; travel choices; wellness experiences; innovation in hospitality

Introduction

Wellness is a way of life focused on achieving optimal health and well-being in which a person integrates their body, mind, and spirit to live more completely within the human and environmental worlds (Myers & Sweeney, 2004). Wellness tourism is a commonly acknowledged phenomenon wherein individuals temporarily relocate from their primary place of residence or work to another destination with the aim of achieving and sustaining optimal physical and mental well-being (Sivanandamoorthy, 2021) and is becoming increasingly popular because of shifting attitudes towards health and wellness (Kucukusta & Denizci Guillet, 2014). Through several important areas and a predisposing attitude, wellness tourism involves embarking on a path to take charge of one's quality of life, lead a healthy lifestyle, and achieve another dimension of well-being and fulfilment (Stănculescu et al., 2015). Given that the predispositions related to lifestyle and perceived quality of life are extremely subjective, it can be inferred that the choice to embark on wellness tourism endeavours will also be subjective. However, little is known about the connection between individuals' wellness status and their choices during their wellness travel (Kemppainen et al., 2021).

Previous research has enumerated different characteristics of individuals who set on wellness travels across the continuum of health and wellness (Global Wellness Institute, 2023; Kemppainen et al., 2021). While there are primary wellness travellers who are motivated to travel due to wellness and seek events and experiences that will contribute to enhancing their overall wellness (Kemppainen et al., 2021). These travellers engage in experiences that are centred around wellness, such as yoga retreats (Bowers & Cheer, 2017), sound healing (Goldsby & Goldsby, 2020), and Ayurveda therapy (Islam, 2012). On the other hand, there are secondary wellness travellers who are seeking wellness while on their travel instead of being motivated by wellness to travel. These secondary wellness travellers often indulge in wellness activities during their business or leisure travel (Tsartas et al., 2022). Research also discusses another kind of traveller who engages in wellness tourism motivated by their health decline or age factors (Kemppainen et al., 2021). However, while prior studies have explored travellers' engagement in distinct activities during wellness travel, there remains a lack of cohesive understanding regarding how individual wellness dimensions directly influence these choices (Bočkus et al., 2023; Sangkakorn &

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Krajangchom, 2024). Furthermore, Cooper and Buckley (2022) have emphasised the need for conducting research focused on how tourists contemplate and integrate mental well-being preservation into their travel decisions. Addressing this gap is critical for developing tailored marketing strategies and enhancing the global competitiveness of wellness tourism enterprises (Bočkus et al., 2023).

To fill these gaps, this research is focused on analysing the connection between individual wellness factors and their potential experiential preferences in hotels, utilising wellness and psychological frameworks. Specifically, this research utilises quantitative methods to develop an exploratory analysis of the attitudes of potential wellness travellers and their preferences for wellness-focused hotel experiences based on wellness factors. To this end, the following research questions (RQ) are raised:

RQ1. How could travellers' wellness factors influence their selection of hotel wellness experiences?

RQ2. What are the key wellness experiences that could attract wellness travellers when selecting wellness-oriented hotels?

RQ3. How might the most convenient wellness experiences, identified through this exploratory research, inform wellness-oriented innovation strategies in hotels?

By conducting a quantitative exploratory research, current work contributes two-fold to the tourism and hospitality academia and practice: (a) developing the framework for integrating individual wellness factors and their choices to engage in wellness tourism contributes to the theoretical advancement of the literature on wellness tourism, going beyond the traditional examinations of traveller motivations; (b) the findings from the current work establish a foundation for developing targeted innovation strategies for hotel managers, highlighting the importance of tailoring these strategies to accommodate varying traveller perceptions influenced by individual wellness factors, such as mental health, physical wellbeing, and lifestyle preferences. This approach encourages hotel managers to adopt policies that align more closely with the diverse wellness needs of guests, ultimately enhancing customer satisfaction and loyalty.

Literature review

Tourism, mental health and wellness

Mental health and wellness have been extensively studied in the tourism literature, with previous researchers highlighting the significant impact of tourism on the

mental health and wellness of tourists (Kemppainen et al., 2021). Before exploring the relationships that have been discussed by previous literature, it is important to differentiate between mental health and wellness – as they are commonly used interchangeably. According to Buckley et al. (2019), mental health is the external perception of how an individual's mind is working, while wellness is the self-perception by the individual. Research highlights that tourism has critical implications in lowering stress levels, rehabilitation, lifestyle changes, and making better memories after traumatic events (Buckley, 2023). Previous literature also shows how national park visits have been recommended under nature therapies, with substantial increases in happiness after individuals visited parks (Buckley, 2020). Researchers examining the gender-based impact of tourism on mental health also underscored the psychotherapeutic impact of nature walks on women (Buckley & Westaway, 2020). While discussions on tourism and mental health are readily available and provide critical insights, they also highlight the dearth of literature on the impact of tourism on the wellness of an individual, as most literature has focused on evaluating the changes in mental health and related challenges (for more discussion, see Buckley, 2023). Researchers, underscoring the complexity of wellness, have called for investigations on wellness and its relationship with tourism (Buckley, 2023). It has also been noted that since wellness is a self-perceived aspect, the measurement and evaluation of different aspects should be carried out before establishing its relationship with tourism (Buckley, 2023).

Wellness models

Adams et al. (1997) define wellness from six different perspectives: physical, spiritual, intellectual, psychological, social and emotional, occupational and environmental. Physical health refers to having good bodily health and good body environments, as well as a positive perception and expectation (Adams et al., 1997). Spiritual wellness refers to having a good purpose, finding meaning in life, a belief in a force that unites body and mind (Adams et al., 1997). While psychological wellness is related to the idea of facing problems or situations that may arise in life from a positive point of view with the trust that things will turn out well, social wellness is defined as the idea of having support from our family and friends at times when we need it (Adams et al., 1997). Furthermore, emotional wellness was defined as having a secure and positive self-image and was related to self-esteem (Adams et al., 1997). Intellectual wellness is the feeling that we are receiving the right

amount of intellectually stimulating activity (Adams et al., 1997). The model proposed by Adams et al. (1997) has traditionally been analysed in its entirety, as each dimension significantly impacts the others. Findings indicated that a decrease in one dimension adversely affected the others. If one-dimension exhibits exceptionally positive results, it is likely that other dimensions will also demonstrate positive outcomes, potentially offsetting lower results in other areas. This model illustrates the connection between various aspects of individual wellness; however, it does not address how different dimensions, or the holistic model might forecast future interest in wellness initiatives.

Myers and Sweeney (2004) proposed a widely examined wellness model consisting of five life tasks, depicted as a wheel with interrelated and interconnected spokes. The five tasks identified are spirituality, self-regulation, work, friendship, and love. The proposed life tasks are intended to interact dynamically with multiple life elements, including family, community, religion, education, government, media, and business (Myers & Sweeney, 2004). This model builds upon the work of Adams et al. (1997) by incorporating external factors that individuals cannot control, illustrating that wellness is a complex process that encompasses both physical health and environmental quality. This model includes essential components; however, the absence of categorisation of factors by their significance or nature presents an opportunity for further development.

Researchers kept improving on the wellness models proposed by Adams et al. (1997) and Myers and Sweeney (2004). As a result, the idea of an indivisible self was proposed (Hattie et al., 2004). This model proposes five dimensions of the indivisible self namely, creative, coping, physical, essential and social. The creative dimension in this model is defined as the combination of attributes that each individual possesses that makes them unique (Adler, 1954; Ansbacher, 1967, cited by Myers & Sweeney, 2004). The dimension titled coping is made up of elements that regulate our response and consist of realistic thinking, stress management, self-esteem and leisure. The physical factor consists of the elements of nutrition and exercise, and the essential dimension encompasses factors such as spirituality, self-care, gender identity and cultural identity that give meaning to our lives and identity. The social factor includes the elements of love and friendship derived from family and friends. This model represents a comprehensive approach to wellness, effectively illustrating the concept of an entangled self. It emphasises that wellness is a complex process influenced by both internal and external factors affecting the mind and body. The

model proposed by Hattie et al. (2004) emphasises the significance of contextual variables, illustrating that wellness is influenced not only by controllable decisions or attributes but also by external factors beyond our control. This model is more holistic than those previously discussed; however, it fails to consider illnesses and discomfort, as well as the effects of chronic and acute conditions on individual wellness. Myers and Sweeney (2004) concluded that good mental health is crucial for managing stress and anxiety, as well as for preventing illness and discomfort. Wellness tourism and hospitality initiatives, while primarily focused on enhancing overall quality of life, may also provide indirect benefits to individuals managing illness and discomfort (Kay Smith & Diekmann, 2017).

Building on the previously discussed three models of wellness, this study proposes a new model – the inspired wellness (Figure 1); a term used by McKinsey & Company (2021) in its definition of the different categories of health tourism, referring to those practices that aim to improve the quality of life of people in all senses. It means that the wellness of an individual is composed of six factors – essential wellness, social wellness, intellectual wellness, physical wellness, self-esteem, and self-management.

Essential wellness is presented through the model developed by Myers and Sweeney (2004) and refers to those factors that are related to the essence of the person. They influence their way of relating to and outlook on life, how they cope with their problems and the idea of the meaning of life that they seek in order to find happiness. This first-order factor is composed of gender identity and cultural identity, both of which affect our sense of life, how we relate to other people, and how others relate to us, as well as the relationship we have with ourselves (Myers & Sweeney, 2004). To help enhance each of the factors that make up essential wellness, a range of activities are undertaken, including developing your *ikigai* (Wikes et al., 2023), mindfulness (Sun et al., 2021), intersectional sporting activities (Zeeman et al., 2017) and intersectional social activities (Chambers, 2022; McCabe et al., 2010).

Social wellness is defined as the set of relationships with people with whom we have a connection, the need for emotional and social support, and the need to provide it when others need it. The feeling of connecting with others and feeling that we are not alone in life events has been shown to be beneficial to our health. To develop people's social wellness, academic literature refers to several activities that help to meet and connect with people. Among them, authors Leurs and Hardy (2019) talk about Tinder tourism, whereby the activity of hotel dating to find love or friendship is proposed. The

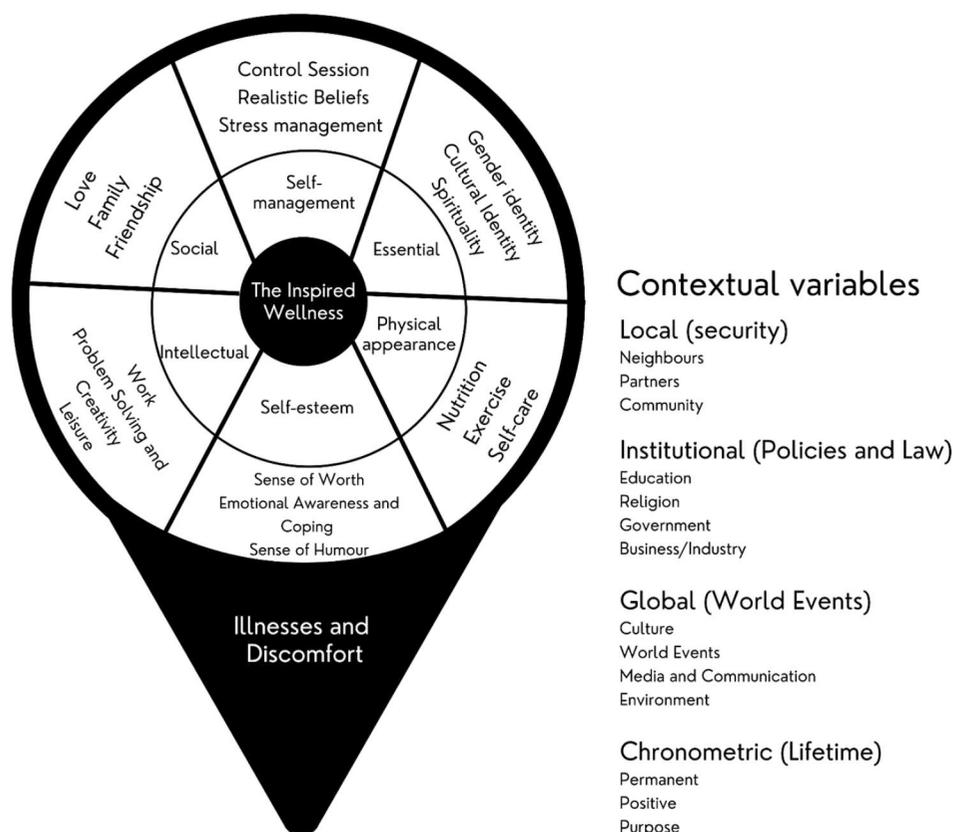


Figure 1. The Inspired Wellness framework.

effectiveness of support groups is also defended by Mantovani (2008), as well as book clubs by Clarke et al. (2017) and art clubs by Romero (2004). Activities to meet people (Cohn-Schwartz, 2020) and family activities are proposed to help improve the relationship between family members (Nielsen et al., 2021).

Intellectual wellness comprises three third-order factors: work, leisure, and problem-solving and creativity. Employment provides intellectual stimulation and presents ongoing challenges that encourage individuals to exceed their limits, pursue their objectives, and cultivate ambition. Conversely, leisure comprises activities undertaken during free time, including physical, social, and intellectual pursuits. These activities induce a loss of self-awareness and temporal awareness, facilitating a flow state that results in a temporary sense of well-being during the activity. Research indicates that effective problem-solving can alleviate anxiety and assist in stress management (Myers & Sweeney, 2004). Experiences such as escape rooms (Kolar, 2017), cultural tourism (Thomson et al., 2020; Vada et al., 2020), book clubs (Clarke et al., 2017), and art clubs (Romero, 2004) are proposed to foster problem-solving and enhance creativity through adequate intellectual stimulation.

Self-esteem as a factor of wellness in this model refers to those skills or attributes of the person that help with

self-esteem and self-image. It is composed of a sense of worth, emotional awareness and coping, and a sense of humour. Sense of worth is directly related to self-esteem, it is about self-acceptance with our imperfections and flaws, feeling sufficient and knowing our positive qualities. Emotional awareness and coping refer to being able to express our emotions, both negative and positive, and to feel them when necessary. Being able to have a good sense of humour has very positive results for physical and mental health, and also helps with self-esteem, stress and muscle relaxation (Myers & Sweeney, 2004).

Self-management involves the attributes that enable individuals to effectively navigate situations and events that may induce discomfort. Sub-factors in this category comprise a sense of control, realistic beliefs, and stress management. Sense of control is characterised by the confidence in the attainability of desired outcomes and objectives, underpinned by the belief in one's competence and self-efficacy. Realistic beliefs are defined by the capacity to perceive reality accurately, establish achievable goals, and engage in rational thinking, while avoiding the pitfalls of perfectionism and the need for universal approval, thus preventing self-destructive tendencies. Finally, stress management is the ability to identify stressors in one's life and to reduce or minimise stress by

using stress reduction strategies. It is about understanding what happens to us and the changes in our lives as challenges rather than threats (Myers & Sweeney, 2004).

Finally, physical wellness refers to the wellness established by Adams et al. (1997) in their model and by Myers and Sweeney (2004) in the indivisible self. It is those healthy practices and habits that provide us with physical health and help us to maintain a healthy lifestyle. It is composed of 3 sub-factors; exercise, nutrition, and self-care. Various contexts also have an impact on all of these factors. These contexts influence people's wellness, as demonstrated in the model by Myers and Sweeney in the indivisible self. Four contexts are defined that affect our wellness to a greater or lesser extent; these are local, institutional, global and chronometric.

Figure 1 presents the proposed framework, developed on the basis of foundational literature by Adams et al. (1997) and Myers and Sweeney (2004), as well as insights from more recent studies on wellness experiences (Chambers, 2022; Kim & Yang, 2021; Rezaei et al., 2021; Sun et al., 2021; Thomson et al., 2020; Wilkes et al., 2023). This framework serves as the foundation for the questionnaire design. This model holistically captures the relationship between individuals' wellness and their interest in taking part in wellness tourism initiatives. Another important aspect is that the population interested in wellness tourism, as explained by this model does not necessarily have to have a previous affectation or pathology, but is aimed at those people who, within good previous health conditions, want to improve their wellness and quality of life through an experience that allows them to enrich themselves and learn new tools and approaches that they can put into practice in their daily lives. In this case, the knowledge acquired by the individual goes beyond the historical, cultural or demographic knowledge of a place, focusing on self-knowledge. This framework is critical for the aim of this study, as it shifts the perspective of wellness tourism towards self-knowledge and personal growth, rather than merely cultural, historical, or demographic exploration.

Methodology

Research approach

Considering that this research aims to develop an exploratory analysis of the attitudes of potential wellness travellers and their preferences for wellness-focused hotel experiences based on wellness factors, a survey was conducted. Exploratory research can also employ quantitative methods, particularly when the goal is to identify patterns, test new ideas, or generate insights in under-

researched areas (Creswell & Creswell, 2018). This survey serves to assess the mindset of potential travellers and their preferences for hotels that prioritise wellness, considering the wellness factors identified through the literature review. Previous research focused on analysing the psychological perceptions of tourists or potential tourists has extensively employed quantitative methods, allowing for a systematic and rigorous assessment of various psychological factors influencing tourists' behaviour and decisions (Qu et al., 2021; Yang & Wong, 2020). Based on these facts, this survey looks into the main things that enable people make these choices, using 'the inspired wellness model' (see Figure 1) from the literature review by Adams et al. (1997), and Myers and Sweeney (2004), along with wellness experiences from other studies (Chambers, 2022; Kim & Yang, 2021; Rezaei et al., 2021; Sun et al., 2021; Thomson et al., 2020; Wilkes et al., 2023).

Questionnaire design

The questionnaire design was developed based on previous literature. The survey was divided into two different blocks: (1) participants' wellness factors and (2) well-being hotel experiences.

Participants' informed consent was obtained in written format through the online survey, where the survey's purpose, structure, and key wellness concepts were outlined in writing to ensure participants fully understood each component before responding. The first part of the survey was inspired by the theoretical framework's presented through the literature review section (Adams et al., 1997; Myers and Sweeney, 2004) as well as the framework presented in Figure 2. Table 1 lists statements for Likert scale evaluation from 1 to 5. Tables 1 and 2 presents the questionnaire questions.

Following the initial estimation of the survey participant's wellness factors, the questionnaire proposed a range of experiences to enhance their wellness, using a Likert scale ranging from 1 to 5.

All activities selected for this study, including the ikigai development, Live Cluedo, Neon Mini Golf Tournament, and Paddle Tennis Tournament, were chosen based on a review of previous literature that focused on tourism wellness activities and psychological proposals aimed at enhancing wellness (see Figure 2 and references included in Table 2). These activities were carefully selected to align with established research highlighting their potential to promote cognitive engagement, physical wellness, and social interaction, all of which are essential components of wellness tourism. All the activities were briefly described through the questionnaire to

Table 1. Block 1: participant's wellness factors.

Factors	Question	References
Control question	Are you interested in improving your quality of life and wellness?	McKinsey & Company (2021)
ESSENTIAL		
Spirituality	I feel I have a good purpose in life.	(Myers & Sweeney, 2004)
Gender identity	I feel good about my gender identity	(Myers & Sweeney, 2004)
Cultural Ident.	I feel good about my cultural identity	
SOCIAL		
Love	I feel I have good emotional and social support.	(Myers & Sweeney, 2004)
Family	I consider myself an outgoing person	(Myers & Sweeney, 2004)
Friendship	I consider myself an introvert person	
INTELLECTUAL		
Problem solving and creativity	I feel that I am an effective problem solver.	(Myers & Sweeney, 2004)
Work	I consider myself intellectually active	(Adams et al., 1997)
Leisure	I have a good balance of leisure and work time	
SELF-ESTEEM		
Sense of worth	I have good self-esteem	(Adams et al., 1997)
Emotional awareness and coping	I am able to express my emotions and to recognise other people's emotions	(Myers & Sweeney, 2004)
Sense of humour	I have a good sense of humour	(Myers & Sweeney, 2004)
	I am confident in the results of my actions and the decisions I make throughout my life.	(Adams et al., 1997)
	I consider that I express my emotions and needs in an assertive way.	(Myers & Sweeney, 2004)
SELF-MANAGEMENT		
Sense of control	I have an objective perception of reality and rational thoughts.	(Myers & Sweeney, 2004)
Realistic beliefs	I carry out self-care measures and take responsibility for my own wellness.	(Myers & Sweeney, 2004)
Stress management	I am emotionally and physically affected by the context in which I live.	
PHYSICAL		
Exercise	I am in good physical health	
Nutrition	I try to maintain healthy exercise and nutrition habits.	(Myers & Sweeney, 2004)
Self-care		

provide participants with a clear understanding of the nature and objectives of each experience.

Table 2 summarises these aspects.

Sampling and data gathering

The study employed convenience and exponential snowball sampling to gather data, allowing for access to hard-to-reach populations that are often challenging to engage due to economic, geographic, or institutional barriers (Johnston & Sabin, 2010). This method facilitated the recruitment of participants, expanding the sample beyond traditional recruitment channels. To ensure a broad yet relevant sample, we distributed the questionnaire exclusively online using Google Forms. The survey was distributed on platforms including Instagram, WhatsApp, and Outlook from 4 June to 1 July 2023, with 410 total responses collected. During the pilot phase, 50 participants were asked to respond to a final question about any challenges encountered and to provide suggestions for improvements, which helped refine the survey experience before the broader distribution. The survey was distributed in Spanish. The survey had two qualifying questions. The first qualifying question confirmed if the respondent lived in Spain and the second required them to have an interest in improving their quality of life and wellness; only those who responded

affirmatively were included in the study. 410 initial responses were collected, but only 404 responses were retained after excluding respondents who indicated no interest in wellness improvement or those who were not Spanish.

To further validate the sample size, a margin of error calculation was conducted, assuming a 95% confidence level, which is standard in social sciences research. Using the formula for margin of error:

$$E = Z \times \sqrt{\frac{p(1-p)}{n}}$$

where $Z = 1.96$ (for 95% confidence), $p = 0.5$ (to account for maximum variability), and $n = 404$ (the sample size), the resulting margin of error was approximately 4.88%. This indicates that the true population parameter is expected to fall within $\pm 4.88\%$ of the sample estimate 95% of the time. Therefore, the sample size of 404 is deemed sufficient for reliable inferences and provides a reasonable level of precision for the purposes of this study.

Participants

The participants in this study were adults aged 18 and above who lived in Spain and had a strong interest in enhancing their entire wellness, encompassing both physical and mental health. They were individuals seeking a range of services and activities aimed at

Table 2. Block 2: Wellness hotel experiences.

Factors	Experiences	References
ESSENTIAL Spirituality Gender identity Cultural Ident.	Developing your ikigai (Japanese concept that refers to the reason for being or the sense of purpose in life that brings fulfillment and satisfaction) with a life purpose expert Mindfulness Intersectional sports activities Intersectional social activities Intersectional social activities	(Wilkes et al., 2023) (Sun et al., 2021) (Zeeman et al., 2017) (McCabe et al., 2010) (Chambers, 2022)
SOCIAL Love Family Friendship	Romantic dates at the hotel Support groups Reading Club Art Club Concerts Board games Live Cluedo Neon mini golf tournament Paddle tennis tournament	(Leurs & Hardy, 2019). (Mantovani, 2008) (Clarke et al., 2017) (Romero, 2004) (Cohn-Schwartz, 2020; Nielsen et al., 2021)
INTELLECTUAL Problem solving and creativity Work Leisure	Escape room Cultural tourism activities such as visiting museums Reading Club Art Club Digital Free Tourism	(Kolar, 2017) (Thomson et al., 2020; Vada et al., 2020) (Clarke et al., 2017) (Romero, 2004) (Egger et al., 2020)
SELF-ESTEEM Sense of worth Emotional awareness and coping Sense of humour	Mindfulness Journaling Sports activities Role-Playing Laughter therapy Comedy nights	(Dahl & Davidson, 2019) (Sohal et al., 2022) (Joseph Sirgy, 2019) (Barati et al., 2021) (Akimbekov & Razaque, 2021)
SELF-MANAGEMENT Sense of control Realistic beliefs Stress management	Journaling Mindfulness Exercise and body therapy Relaxing massages Aromatherapy Activities in nature Agritourism Role-Playing Coaching Artistic activities	(Cook et al., 2018) (Dahl & Davidson, 2019; Shapiro et al., 2012) (Kim & Yang, 2021)
PHYSICAL Exercise Nutrition Self-care	Physical exercise activities Healthy food at the hotel, balanced and personalised according to your needs. Nutrition workshops Yoga Spa Beauty treatments (e.g. chocolate therapy)	(Joseph Sirgy, 2019) (Orea-Giner & Fusté-Forné, 2023) (Kessler et al., 2020)

increasing their quality of life residing in Spain. The participants' profiles and wellness factors' evaluation are presented in Table 3. The descriptive results of the mean wellness factors reveal that younger cohorts (born post-1980) consistently provide higher ratings for wellness factors, particularly in the essential and intellectual dimensions. This trend suggests a generational focus on personal and cognitive well-being. In contrast, older cohorts (born before 1970) demonstrate significantly lower ratings, which may reflect differing life priorities or a decline in physical wellness. The predominant gender group, 'feminine' (68.75%), exhibits marginally lower scores in self-esteem and self-management relative to 'masculine' participants, indicating possible gendered disparities in wellness perceptions or experiences.

Analysis

The data were analysed employing quantitative methods, specifically logistic regressions. Logistic regression is ideal for cases where the dependent variable is dichotomous, providing a more appropriate fit and interpretation than other statistical methods like linear regression, which may lead to biased results when used for binary outcomes (Walsh, 1987). Previous studies have extensively employed logistic regression techniques within the field of tourism research (De Lucia et al., 2021; Sarkar et al., 2022). This method has proven particularly valuable for analysing how various factors influence tourists' decision-making processes and preferences, such as choices of destinations,

Table 3. Participants' profiles and mean wellness factors' evaluation.

Gender	%	Essential factors	Social factors	Intellectual factors	Self-esteem factors	Self-management factors	Physical factors
Feminine	68.75%	4.20	3.16	3.50	3.60	3.66	3.42
Masculine	29.61%	4.15	3.21	3.57	3.72	3.67	3.46
Prefer not to answer	0.99%	3.78	3.33	3.33	3.40	3.44	3.00
Other	0.66%	4.00	3.06	3.11	3.37	3.61	3.42
Year of birth	%	Essential factors	Social factors	Intellectual factors	Self-esteem factors	Self-management factors	Physical factors
1950–1954	0.25%	1.00	1.33	1.00	1.00	1.67	2.00
1955–1959	0.25%	4.67	4.00	4.67	4.40	3.67	4.00
1960–1964	1.50%	3.11	2.78	3.17	3.37	3.28	3.17
1965–1969	2.51%	3.77	3.10	3.70	3.72	3.57	3.25
1970–1974	2.01%	3.79	3.08	3.33	3.45	3.42	3.19
1975–1979	2.76%	3.96	3.11	3.33	3.44	3.63	3.22
1980–1984	5.26%	4.19	3.16	3.87	3.76	3.75	3.48
1985–1989	2.76%	4.27	3.33	3.91	3.98	3.73	3.77
1990–1994	10.03%	4.25	3.23	3.65	3.76	3.84	3.48
1995–1999	45.36%	4.27	3.19	3.48	3.60	3.61	3.42
2000–2004	27.82%	4.16	3.16	3.46	3.60	3.71	3.45

accommodations, and transportation modes, among other aspects (Lu et al., 2022; Romão & Bi, 2021).

Logistic regressions are conducted using the evaluations given to the questions in Block 1 (independent variables) and the evaluations assigned to the experiences in Block 2 (dependent variables). The evaluations are categorised as low (scores from 1 to 3) and high (4 and 5).

Results and discussion

Results obtained considering each factor analysed

Table 4 shows that individuals who respond positively to the question 'I have a good purpose in life' value intersectional sports activities more positively ($\beta = 0.2707$; $p < 0.05$). The same occurs with individuals who respond positively to 'I feel good about my cultural identity' regarding intersectional social activities ($\beta = 0.3787$; $p < 0.05$). The concept of intersectionality links to intersectional activities. Bowleg (2012) highlights that it asserts that race, ethnicity, gender, sexual orientation, and socioeconomic class intersect at the micro level of individual experience to reflect numerous interlocking systems of privilege and oppression at the macro, social-structural level. The lack of

theory and research on the interconnected effects of privilege and oppression systems including racism, sexism, and heterosexism stresses intersectionality as a public health framework (Bowleg, 2012). From this perspective, essential activities focused on fostering intersectionality through a tourism wellness perspective can enhance the overall wellness and coping mechanisms of travellers, especially those from marginalised groups, by creating inclusive environments that acknowledge and celebrate diverse identities (Prayag et al., 2023).

Table 5 shows the results obtained regarding social experiences, being an important factor in the tourist personality (introverted and extroverted). Uslu and Tosun (2024) demonstrate the connection between customer personality, human interactions, and value co-creation in tourism, which significantly impacts tourists' emotional health. Individuals who consider themselves extroverted express a greater interest in romantic dates at the hotel ($\beta = 0.5111$; $p < 0.001$). Dating apps are one way to meet new people while travelling (Leurs & Hardy, 2019). This experience is associated with various elements, emphasising that seeking new experiences is a motive for dating app users to go to each other's countries (Muñoz & Chen, 2023).

Support groups, art clubs, concerts, board games, live Cluedo, neon mini golf, and paddle tennis tournaments are valuable experiences for both extroverted and introverted people. Nevertheless, introverts greatly appreciate the reading club ($\beta = 0.4276$; $p < 0.001$). For travellers, considering book clubs that focus on short stories, essays, or articles can be particularly appealing, as these formats can be completed quickly and fit well with a traveller's schedule. This reduces the pressure of needing to stay in one location long enough to finish an entire novel, making the reading club experience more accessible to those on

Table 4. Essential experiences factor results.

Essential experiences		
Intersectional sports activities	Coefficient β (std error)	P-value
I feel I have a good purpose in life	0.2707 (0.135)	0.045*
I feel good about my gender identity	0.1563 (0.156)	0.316
I feel good about my cultural identity	0.1951 (0.158)	0.216
Mcfadden's pseudo-R-squared: 0.05077		
Intersectional social activities	Coefficient β (std error)	P-value
I feel I have a good purpose in life	0.1940 (0.131)	0.138
I feel good about my gender identity	0.0693 (0.152)	0.648
I feel good about my cultural identity	0.3787 (0.150)	0.011*
Mcfadden's pseudo R-squared: 0.05589		

$N = 404$.

Significance codes: '***': < 0.001 ; '**': < 0.01 ; '*': < 0.05 .

Table 5. Social experiences factor results.

Social experiences		
	Coefficient β (std error)	P-value
Romantic dates at the hotel		
I feel I have good emotional and social support.	0.0658 (0.099)	0.505
I consider myself an outgoing person	0.5111 (0.130)	0.000***
I consider myself an introvert person	0.1886 (0.119)	0.113
Mcfadden's pseudo R-squared: 0.04723		
Support groups		
I feel I have good emotional and social support.	0.1073 (0.098)	0.272
I consider myself an outgoing person	0.3582 (0.125)	0.004**
I consider myself an introvert person	0.2451 (0.116)	0.034*
Mcfadden's pseudo R-squared: 0.02478		
Reading Club		
I feel I have good emotional and social support.	0.0757 (0.098)	0.442
I consider myself an outgoing person	0.2344 (0.125)	0.061
I consider myself an introvert person	0.4276 (0.118)	0.000***
Mcfadden's pseudo R-squared: 0.02983		
Art Club		
I feel I have good emotional and social support.	0.0390 (0.097)	0.687
I consider myself an outgoing person	0.2728 (0.123)	0.026*
I consider myself an introvert person	0.2844 (0.114)	0.013*
Mcfadden's pseudo R-squared: 0.01444		
Concerts		
I feel I have good emotional and social support.	0.2534 (0.139)	0.068
I consider myself an outgoing person	0.5370 (0.164)	0.001**
I consider myself an introvert person	0.5591 (0.156)	0.000***
Mcfadden's pseudo R-squared: 0.08122		
Board games		
I feel I have good emotional and social support.	-0.0011 (0.114)	0.993
I consider myself an outgoing person	0.4490 (0.141)	0.002**
I consider myself an introvert person	0.6176 (0.136)	0.000***
Mcfadden's pseudo R-squared: 0.05185		
Live Cluedo		
I feel I have good emotional and social support.	0.0792 (0.100)	0.429
I consider myself an outgoing person	0.3567 (0.128)	0.005**
I consider myself an introvert person	0.3742 (0.119)	0.002***
Mcfadden's pseudo R-squared: 0.02627		
Neon mini golf tournament		
I feel I have good emotional and social support.	0.1858 (0.098)	0.059
I consider myself an outgoing person	0.3973 (0.131)	0.002**
I consider myself an introvert person	0.4496 (0.122)	0.000***
Mcfadden's pseudo R-squared: 0.04089		
Paddle tennis tournament		
I feel I have good emotional and social support.	0.1879 (0.100)	0.060
I consider myself an outgoing person	0.5741 (0.138)	0.000***
I consider myself an introvert person	0.5218 (0.129)	0.000***
Mcfadden's pseudo R-squared: 0.05861		

N = 404.

Significance codes: '***': < 0.001; '**': < 0.01; '*': < 0.05.

the move. The results highlight the importance of socialising for both introverted and extroverted travellers, emphasising the variety of activities that provide opportunities for interaction. As Khokhlova and Bhatia (2023) point out, being a part of a book club may be a life-changing experience for introverts since it provides them with a secure environment in which they can express themselves and feel comfortable.

Table 6 highlights the findings on intellectual experiences, from which we can assert that individuals who consider themselves intellectually active are interested in the escape room experience ($\beta = 0.4863$; $p < 0.001$). The level of difficulty in an escape room, together with the collaboration, communication, and critical thinking skills required to finish the activities, determines the level of success (Kolar & Čater, 2018).

According to Pritchard and Morgan (2007), the goals of tourism should include promoting social justice, equity, and intellectual enrichment. In this context, these principles align with the study's findings by suggesting that tourism activities fostering intellectual engagement – such as escape rooms, art clubs, and reading clubs – can promote equity by offering diverse opportunities for cognitive stimulation and collaboration. This supports a more inclusive and enriching tourism experience for individuals with varied intellectual and social needs. Taking those findings into account, tourists who present themselves as thoughtful and competent problem solvers may be a part of a new trend in the industry. Cultural tourism activities are valued by those who see themselves as effective problem solvers ($\beta = 0.3620$; $p < 0.05$) and intellectually

Table 6. Intellectual experiences factor results.

Intellectual experiences		
	Coefficient β (std error)	P-value
Escape room		
I feel that I am an effective problem solver	-0.0888 (0.137)	0.517
I consider myself intellectually active	0.4863 (0.144)	0.001***
I have a good balance of leisure and work time	0.0590 (0.112)	0.597
Mcfadden's pseudo <i>R</i> -squared: 0.03594		
Cultural tourism activities such as visiting museums		
I feel that I am an effective problem solver	0.3620 (0.168)	0.031*
I consider myself intellectually active	0.5781 (0.171)	0.001***
I have a good balance of leisure and work time	-0.0442 (0.141)	0.754
Mcfadden's pseudo <i>R</i> -squared: 0.1090		
Art Club		
I feel that I am an effective problem solver	0.1061 (0.121)	0.382
I consider myself intellectually active	0.4466 (0.132)	0.001***
I have a good balance of leisure and work time	-0.2364 (0.099)	0.018*
Mcfadden's pseudo <i>R</i> -squared: 0.03691		
Reading Club		
I feel that I am an effective problem solver	-0.0888 (0.137)	0.517
I consider myself intellectually active	0.4863 (0.144)	0.001***
I have a good balance of leisure and work time	0.0590 (0.112)	0.597
Mcfadden's pseudo <i>R</i> -squared: 0.03594		

$N = 404$.

Significance codes: '***': < 0.001; '**': < 0.01; '*': < 0.05.

active ($\beta = 0.5781$; $p < 0.001$). In the case of the art club, it is positively valued by intellectually active individuals, as well as those who do not have a positive work-leisure balance. Both intellectually active individuals and those without a positive work-leisure balance positively value the art club. Intellectually active individuals also show greater interest in the reading club experience. These concerns may be associated with various forms of tourism, including creative tourism

activities (Remoaldo et al., 2020) and literary tourism (Çevik, 2020).

Table 7 presents the results for self-esteem experiences. Travellers who have a healthy sense of self-worth are more likely to be welcoming to others and to place a higher value on relationships that develop because of personal initiative, both of which contribute to their pro-social behaviour (Agyeiwaah & Zhao, 2023). It has been demonstrated that keeping a journal (Sohal et al., 2022)

Table 7. Self-esteem experiences factor results.

Self-esteem experiences		
	Coefficient β (std error)	P-value
Journaling		
I have good self-esteem	0.0375 (0.112)	0.738
I am able to express my emotions and to recognise other people's emotions	-0.1293 (0.145)	0.373
I have a good sense of humour	0.0199 (0.141)	0.887
I am confident in the results of my actions and the decisions I make throughout my life	-0.1791 (0.129)	0.163
I consider that I express my emotions and needs in an assertive way	0.4219 (0.138)	0.002**
Mcfadden's pseudo <i>R</i> -squared: 0.02160		
Role-Playing		
I have good self-esteem	0.0172 (0.108)	0.874
I am able to express my emotions and to recognise other people's emotions	-0.0596 (0.141)	0.672
I have a good sense of humour	0.2069 (0.140)	0.138
I am confident in the results of my actions and the decisions I make throughout my life	-0.0688 (0.125)	0.581
I consider that I express my emotions and needs in an assertive way	0.2648 (0.131)	0.043*
Mcfadden's pseudo <i>R</i> -squared: 0.02012		
Laughter therapy		
I have good self-esteem	-0.1527 (0.116)	0.188
I am able to express my emotions and to recognise other people's emotions	-0.0159 (0.146)	0.913
I have a good sense of humour	0.4898 (0.140)	0.000***
I am confident in the results of my actions and the decisions I make throughout my life	0.0424 (0.129)	0.742
I consider that I express my emotions and needs in an assertive way	0.0902 (0.133)	0.497
Mcfadden's pseudo <i>R</i> -squared: 0.04290		
Comedy nights		
I have good self-esteem	-0.1950 (0.142)	0.170
I am able to express my emotions and to recognise other people's emotions	0.1686 (0.170)	0.321
I have a good sense of humour	0.5691 (0.160)	0.000***
I am confident in the results of my actions and the decisions I make throughout my life	-0.0288 (0.155)	0.853
I consider that I express my emotions and needs in an assertive way	0.1538 (0.157)	0.328
Mcfadden's pseudo <i>R</i> -squared: 0.08082		

$N = 404$.

Significance codes: '***': < 0.001; '**': < 0.01; '*': < 0.05.

and laughing (Vaughan et al., 2014) can be beneficial or assist in achieving an improvement in one's personal self-esteem. The results show that individuals who believe they express their emotions and needs assertively value journaling ($\beta = 0.4219$; $p < 0.01$) and role-playing ($\beta = 0.2648$; $p < 0.05$). Moreover, laughter therapy ($\beta = 0.4898$; $p < 0.001$) and comedy nights ($\beta = 0.4219$; $p < 0.001$) are more likely to be accepted by individuals who have a healthy sense of humour. According to Frew (2006), the tourism sector relies heavily on humour since it improves the whole experience, makes tourists happier, and promotes positive social relationships among visitors, workers, and residents. Laughter therapy has shown promise in treating anxiety and stress as a non-invasive, easy, and cheap option that can have a significant effect (Akimbekov & Razzaque, 2021).

Table 8 shows a relationship between individuals who engage in self-care measures and are concerned about their wellness in relation to undertaking activities of journaling ($\beta = 0.2986$; $p < 0.01$) and mindfulness ($\beta = 0.2369$; $p < 0.05$). As for those who are emotionally and physically suffering in relation to their living context, they place higher value on experiences of mindfulness ($\beta = 0.2986$; $p < 0.01$), relaxing massages ($\beta = 0.2986$; $p < 0.05$), coaching ($\beta = 0.2345$; $p < 0.05$), and artistic activities ($\beta = 0.1903$; $p < 0.05$). Researchers

have linked self-care and wellness to journaling (Cook et al., 2018), mindfulness (Dahl & Davidson, 2019; Shapiro et al., 2012), and artistic activities (Thomson et al., 2020). Finally, aromatherapy is valuable to those who have an objective perception of reality and rational thoughts. Aromatherapy has been linked to a higher level of mindfulness (Cauchi & Falzon, 2023), promoting better control of feelings and thoughts.

Tourism, according to Little (2012), is seen as an activity that encourages overeating and a lack of physical activity. In contrast, other studies indicate that tourism can encourage healthy eating habits and physical activity among travellers (Fennell, 2021). Our results show in Table 9 that individuals in good physical health rate physical activities more highly ($\beta = 0.4189$; $p < 0.05$). Additionally, those interested in maintaining their health and concerned about their nutritional habits are also interested in the nutrition workshop ($\beta = 0.3649$; $p < 0.01$), as well as in finding healthy food at the hotel, balanced and personalised according to their needs ($\beta = 0.4937$; $p < 0.001$). Food consumption patterns that prioritise environmental, social, and economic sustainability might be difficult to maintain in less regulated circumstances, such as when travelling (Orea-Giner & Fusté-Forné, 2023). Finding healthy food at the hotel is crucial to ensuring that these travellers

Table 8. Self-management experiences factor results.

Self-management experiences		
	Coefficient β (std error)	P-value
Journaling		
I have an objective perception of reality and rational thoughts	-0.1594(0.114)	0.162
I carry out self-care measures and take responsibility for my own wellness	0.2986 (0.108)	0.006**
I am emotionally and physically affected by the context in which I live	0.0815(0.103)	0.430
Mcfadden's pseudo R-squared: 0.01786		
Mindfulness		
I have an objective perception of reality and rational thoughts	0.0132 (0.109)	0.903
I carry out self-care measures and take responsibility for my own wellness	0.2369 (0.100)	0.017*
I am emotionally and physically affected by the context in which I live	0.2846 (0.099)	0.004**
Mcfadden's pseudo R-squared: 0.03368		
Relaxing massages		
I have an objective perception of reality and rational thoughts	0.7020 (0.174)	0.000***
I carry out self-care measures and take responsibility for my own wellness	0.1885 (0.170)	0.268
I am emotionally and physically affected by the context in which I live	0.3574 (0.157)	0.023*
Mcfadden's pseudo R-squared: 0.1695		
Aromatherapy		
I have an objective perception of reality and rational thoughts	0.2404 (0.108)	0.026*
I carry out self-care measures and take responsibility for my own wellness	0.0835 (0.099)	0.399
I am emotionally and physically affected by the context in which I live	0.0355 (0.098)	0.717
Mcfadden's pseudo R-squared: 0.01731		
Coaching		
I have an objective perception of reality and rational thoughts	0.0604 (0.109)	0.579
I carry out self-care measures and take responsibility for my own wellness	-0.0136 (0.099)	0.890
I am emotionally and physically affected by the context in which I live	0.2345 (0.100)	0.019*
Mcfadden's pseudo R-squared: 0.01227		
Artistic activities		
I have an objective perception of reality and rational thoughts	0.0888 (0.106)	0.403
I carry out self-care measures and take responsibility for my own wellness	0.0938 (0.098)	0.337
I am emotionally and physically affected by the context in which I live	0.1903 (0.097)	0.049*
Mcfadden's pseudo R-squared: 0.01488		

N = 404.

Significance codes: '***': < 0.001; '**': < 0.01; '*': < 0.05.

Table 9. Physical experiences factor results.

Physical experiences		
Physical exercise activities	Coefficient β (std error)	<i>P</i> -value
I am in good physical health	0.4189 (0.177)	0.018*
I try to maintain healthy exercise and nutrition habits.	0.3273(0.169)	0.053
Mcfadden's pseudo <i>R</i> -squared: 0.101		
Nutrition workshops	Coefficient β (std error)	<i>P</i> -value
I am in good physical health	0.0140(0.177)	0.923
I try to maintain healthy exercise and nutrition habits.	0.3649 (0.137)	0.008**
Mcfadden's pseudo <i>R</i> -squared: 0.03479		
Healthy food at the hotel, balanced and personalised according to your needs	Coefficient β (std error)	<i>P</i> -value
I am in good physical health	0.0602(0.158)	0.703
I try to maintain healthy exercise and nutrition habits	0.4937 (0.152)	0.001***
Mcfadden's pseudo <i>R</i> -squared: 0.06727		

N = 404.

Significance codes: '***': < 0.001; '**': < 0.01; '*': < 0.05.

can adhere to their dietary preferences and requirements, thus enhancing their overall travel experience and satisfaction (Björk & Kauppinen-Räisänen, 2017).

The inspired wellness experience (IWE) framework

The Inspired Wellness Experience (IWE) framework aims to enhance wellness by fostering comfort and reducing discomfort and illness through a structured, multi-layered model. It consists of three main visual components: an outer layer representing wellness and comfort activities, a central wellness core that embodies the six primary wellness dimensions, and a transitional zone that captures experiences addressing illness and discomfort.

At the heart of the IWE framework is 'Inspired Wellness', which is centred on six interconnected dimensions. Social wellness emphasises relationships, friendships, and family connections. Essential wellness includes stress management, self-regulation, and realistic outlooks. Physical wellness incorporates aspects such as nutrition, exercise, and physical appearance. Intellectual wellness fosters creativity, problem-solving, and goal setting, while emotional wellness focuses on emotional awareness, coping strategies, and stress management. Lastly, self-worth emphasises self-esteem, humour, and self-awareness.

Each wellness dimension contributes to an individual's wellness, and the framework highlights activities that support them. Journaling, mindfulness, aromatherapy, and art promote mental and emotional health. Exercise, nutrition workshops, and intersectional activities improve physical and social health. In this way, the IWE framework bridges discomfort and wellness by providing personalised and holistic interventions that promote well-being tailored to individual needs.

Conclusion

Gratitude, emotional and social health, fulfilment, and achievement of objectives, as well as good and bad emotions, are vital components of the tourist industry (Sirgy, 2010). There is more than one way that physical, mental, emotional, and hedonistic aspects can be healing, spiritual, relational, or introspective (Godovykh & Tasci, 2020).

Wellness is a complex combination of several components that must be considered. It is important to be conscious of these characteristics to achieve a satisfactory level of comfort. This study's wellness framework provides a more comprehensive understanding of the components that constitute personal wellbeing during travel. The objective of this study was to examine the relationship between an individual's well-being and their inclination towards wellness-focused activities when travelling. The findings indicate that certain psychological statements are shaping the travel preferences of tourists who are interested in mental health and wellness. By engaging in a sequence of factors and events, it is possible to actively contribute to achieving the desired state of comfort or well-being, by attending to travellers' mental, physical, and spiritual needs.

The study findings indicate that there are some specific psychological characteristics that influence travellers when choosing wellness experiences (RQ1). The primary consideration is whether one is an introverted or extroverted traveller, which influences their choice of experiences that are either socialised or focused on creating safe environments for socialising. However, the emphasis is on engaging in social experiences that are enriching and connected to art, music or reading. It implies that the connection between their social experiences and intellectual interests is a defining trait of introverted travellers. When it comes to self-esteem experiences, it is evident that those who effectively handle and express their emotions are inclined towards activities aimed at enhancing these skills, such as journaling and role-playing. In addition, those possessing a strong sense of humour are inclined to engage in laughter therapy and attend comedy evenings. The results indicate the presence of a specific sort of traveller who is conscious of health and nutrition. This suggests that they have distinct expectations when it comes to eating and engaging in physical activities when travelling.

Theoretical implications

The main theoretical contribution of this study is the establishment of the Inspired Wellness Experience framework (IWE), as illustrated in Figure 2. The Inspired Wellness Experience (IWE) framework constitutes a

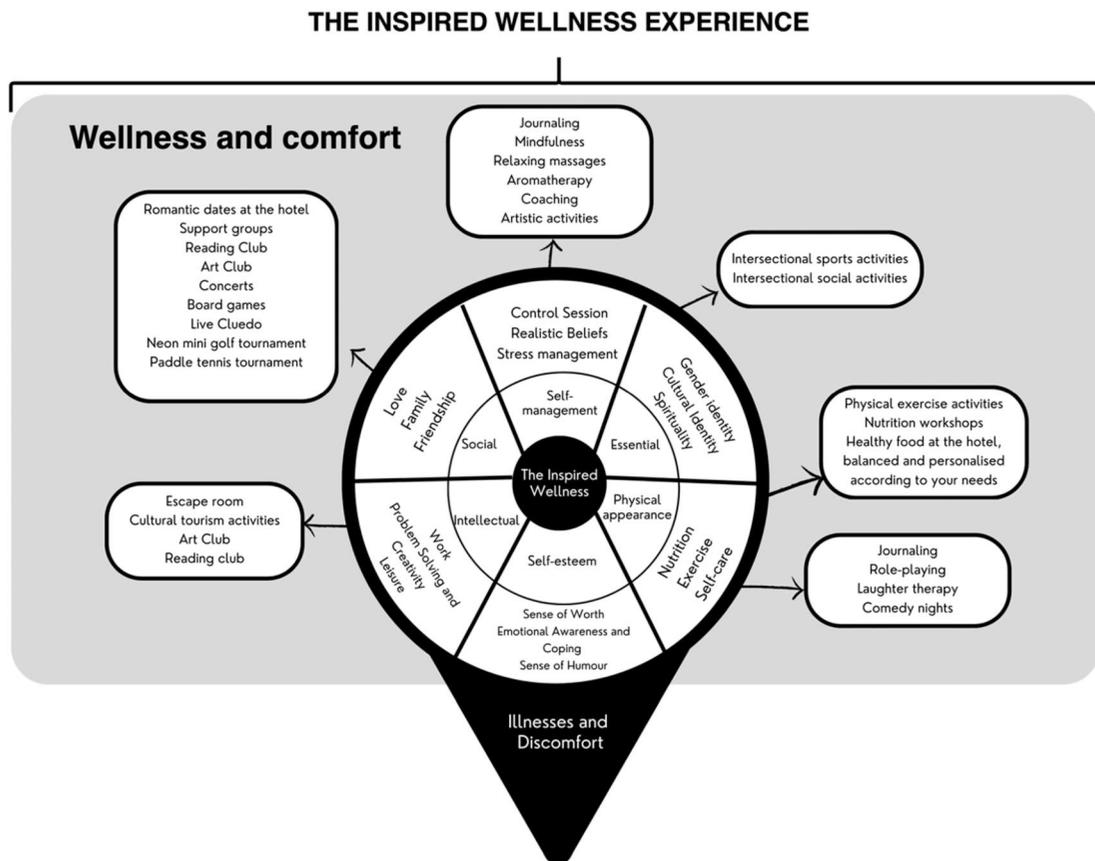


Figure 2. The inspired wellness experience (IWE) framework.

significant theoretical contribution by integrating psychological theories with practical wellness applications, thus expanding the conceptual understanding of well-being in the context of tourism and hospitality. It bridges the gap between traditional wellness services and a more holistic approach, incorporating underexplored dimensions such as journaling, coaching, and intersectional sports, which are not typically addressed within hospitality services. By offering a multi-dimensional model that includes social, emotional, intellectual, and physical wellness, the framework advances the theoretical discourse on personalised wellness experiences. It also offers a novel perspective on how discomfort and illness can be addressed through targeted, individualised interventions, contributing to the literature on wellness tourism by proposing a structured, yet flexible, approach to enhancing wellness. Several wellness experiences that are not typically found in hotels are being presented, including journaling, coaching, intersectional sports, social activities, and nutrition classes (RQ2).

Practical implications

The Inspired Wellness Experience (IWE) framework also promotes service innovation, allowing providers to

customise their offerings to meet the specific needs and preferences of wellness-focused travellers. Wellness-focused hotels can enhance guest experiences by tailoring activities to meet diverse personal and wellness needs identified through data analysis. For example, intersectional wellness activities, such as culturally inclusive sports and social events, can cater to guests with a strong sense of purpose or cultural identity, fostering an environment that supports diversity and social well-being. Social activities can also be personalised to align with guests' personalities, with extroverted individuals favouring dynamic social interactions, such as themed events and sports tournaments, while introverted guests prefer structured, quieter options like reading clubs and small support groups. Additionally, intellectual enrichment opportunities, including escape rooms and art clubs, appeal to intellectually active guests seeking cognitive engagement and cultural enrichment. Activities supporting self-esteem and personal expression, such as journaling, role-playing, and laughter therapy, provide therapeutic outlets for self-reflection and emotional wellness. Self-management options, such as mindfulness workshops, aromatherapy, and relaxation massages, can serve guests who prioritise self-care, offering spaces for mental clarity and stress

relief. Health-conscious travelers may benefit from nutrition workshops, exercise programmes, and personalised meal options that support their wellness routines. This approach enhances the overall impact on guest wellness and fosters deeper customer engagement (RQ3).

Considering the study results about the importance of personalising wellness experiences considering guests' profiles, wellness-oriented hotels could establish membership models to provide personalised wellness support that extends beyond guests' stays, fostering brand loyalty and sustained engagement. Leveraging guest data, hotels can introduce tiered wellness packages, offering a customisable, value-driven experience that enhances both customer satisfaction and operational efficiency. For example, wellness-focused hotels might adopt personalisation strategies to create customised wellness plans informed by real-time data – such as stress levels, moods, and sleep patterns – collected through wearable devices. Using metrics like 'perceived wellness enhancement' and 'customer satisfaction with personalised services', we provide hotels with valuable feedback that allows them to evaluate the success of these initiatives and continuously optimise their wellness programmes to meet evolving guest expectations. To protect sensitive health data and comply with privacy standards like GDPR, hotels would implement robust data protection measures, including encrypted storage, regular data audits, and transparent consent protocols.

Finally, the implementation of wellness-focused services can be connected with the emergence of new, specialised roles within hotels, including wellness concierges, health coaches, and on-call wellness specialists, who play a crucial role in interpreting guest data and recommending personalised services.

Limitations and future research lines

This study has two main limitations: the psychological models used and the questionnaire distribution. Psychological models that attempt to explain tourist satisfaction through cognitive and affective processes may oversimplify the complex interplay of emotions, expectations, and preconceived images that influence tourist behaviour (del Bosque & Martín, 2008). However, the combination of models used to conduct this study allows us to more accurately capture the perceptions of tourists.

The snowball sampling method, when it comes to questionnaire distribution, faces limitations due to sampling bias. This nonprobability sampling method relies on initial respondents referring to additional people, which creates a selection bias because the sample is likely non-random and depends on the initial

subjects' network size. These biases can introduce correlations between network size and selection probabilities, often relying on the subjective judgements of informants (Johnson, 2014). Additionally, the method can result in samples that are not representative of the wider population due to the reliance on referrals, which may skew towards specific demographics or groups (Szolnoki & Hoffmann, 2013). Moreover, the cultural context of the participants, specifically being residents of Spain, poses limitations for the generalisability of the study's findings.

Future research lines should focus on analysing contextual variables in detail, as well as the implementation of these wellness experiences in real-life situations to assess their practical effectiveness and impact using AI. AI could specifically generate hyperpersonalised recommendations for wellness hotels, taking into account the wellness factors influenced by tourists' travel preferences. This approach would provide timely and relevant services tailored to each guest's wellness journey, enhancing customer satisfaction. Additionally, longitudinal studies could explore the long-term effects of such wellness interventions on individual health and wellness. To determine the universal applicability of these services, research should also consider their scalability across different cultural contexts and market segments.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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