Wellness tourism and the components of its offer system: a holistic perspective

Mauro Dini and Tonino Pencarelli

Abstract

Purpose – The purpose of this paper is to conceptually examine the phenomenon of wellness tourism under a holistic and systemic lens, focusing on the offer system and the main components necessary for the staging of wellness experiences. This approach to holistic wellbeing within the tourism sector has led to a broadening of the type of services and experiences that make up the value propositions that can positively contribute to people’s wellbeing.

Design/methodology/approach – This study identifies and defines the components of wellness tourism (including sectors not traditionally associated with it) through a review and analysis of the extant literature on “wellness tourism” and “wellbeing tourism” of the past two decades; the components were classified through an open coding process.

Findings – Wellness tourism, as a broad multidimensional concept, is composed by ten different components of the offer system: hot springs, spas, medical tourism, care of the body and mind, enogastronomy, sports, nature and environment, culture, spirituality and events. Each of these categories may represent a single touristic offer targeted to specific market segments, but they may also be one of several components within an integrated mix of tourism products proposed.

Originality/value – A holistic view of wellness tourism has implications for strategic marketing processes. Destination Management Organizations and company managers should segment their demand according to more innovative criteria than what has traditionally been adopted for wellness in terms of health care and medical procedures. Value propositions for tourists should be wellness-driven to satisfy the growing demand for wellness/well-being and should involve the participation of all the various actors and producers within the wellness tourism offer system at wellness destinations.

Keywords Wellness, Wellness tourism, Holistic wellness, Tourism research perspective, Well-being tourism, Wellness tourism experience

Paper type General review

目的：此一论文会以全面和有系统的目光，谈及康养旅游的现象，并集中于康养旅游的供应系统和主要组成部分。此一以全面身心健康为目的的旅游行业，使不同服务的覆盖范围和经验得以扩大之。提供有利条件全面地影响著人们的身心健康。

研究方法：本研究会分析和定义康养旅游的组成部分（以及其他在传统意义上被排除的行业），透过重新审视和分析近20年有关康养旅游（Wellness tourism）和健康旅游（Wellbeing tourism）的现有文献。同时，所有元素会以开放式编码（open coding）来分类。

成果：康养旅游，作为一个多元概念，基本上与十个不同的供应行业相关：温泉，水疗，医疗旅游，身心健康，饮食，运动，自然环境，文化，环境和活动。不同类别的行业可以在代表市场上不同供需关系的同时，也可以在供应上可以有一种混合套供供应。

研究建议：以全面的目标去观察康养旅游可以为市场策略定下基础。目的地管理公司（DMO）和不同的公司经理应该在服务需求的时候，多采用新颖的标准，摒弃只包括医疗的传统健康观念。为游客订立的价值主张（value propositions）应以全面身心健康为主导，以便满足康养（Wellness）和健康（Wellbeing）不断提升的需求。亦应大力地搜集所有康养旅游工作人员与顾客的互动和参与。

关键词：康养旅游，全面康养，康养，康养旅游体验，旅游目的，健康旅游

文摘类型：一般审查

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Mauro Dini and Tonino Pencarelli are both based at the Department of Economics, Social and Political Studies, University of Urbino Carlo Bo, Urbino, Italy.
El turismo de bienestar y los componentes de su sistema de oferta: una perspectiva holística

Propósito: Este artículo examina conceptualmente el fenómeno del turismo de bienestar desde una perspectiva holística y sistémica, centrándose en el sistema de oferta y los principales componentes necesarios para la puesta en escena de experiencias de bienestar. Este enfoque de bienestar integral dentro del sector turístico ha propiciado una ampliación del tipo de servicios y experiencias que integran las propuestas de valor que pueden contribuir positivamente al bienestar de las personas.

Diseño/metodología/enfoque: Este estudio identifica y define los componentes del turismo de bienestar (incluidos los sectores no asociados tradicionalmente con él), a través de una revisión y análisis de la literatura existente sobre “turismo de bienestar” de las dos últimas décadas; los componentes se han clasificado mediante un proceso de codificación abierto.

Conclusiones: El turismo de bienestar está compuesto conceptualmente por diez componentes diferentes de ofertas: Aguas termales, spas, turismo sanitario, cuidado de cuerpo y mente, enogastronomía, deportes, naturaleza y medio ambiente, cultura, espiritualidad y eventos. Cada una de estas categorías puede representar una única oferta turística para segmentos de mercado específicos, pero también pueden ser uno de los varios componentes de una combinación integrada de productos turísticos.

Originalidad/valor: Esta concepción holística del bienestar sugiere que, en el contexto de los procesos de marketing estratégico, las DMO y los gerentes de negocio deben segmentar la demanda con criterios innovadores respecto a los tradicionales de salud y médicos. Además, deben formular propuestas de turismo orientado al bienestar, valorizando los componentes de la oferta capaces de interceptar la creciente demanda de bienestar e implicando a los distintos productores del sistema de oferta de wellness que operan en los destinos de bienestar.

Palabras clave: Turismo de bienestar, Bienestar holístico, Bienestar, Experiencia en turismo de bienestar, Perspectiva de investigación turística

Tipo de papel: Revisión general

1. Introduction

According to the Global Wellness Summit [1] (2020) and Global Wellness Institute [2] (2020) the demand for wellness tourism represents one of the fastest-growing market segments, worldwide (Csirmaz and Pető, 2015). The GWI reports that in 2017 wellness tourism reached a global turnover of US$639.4bn [3]. The same publication states that the annual growth rate of this sector was double that of general tourism (3.2%) and holding steady at 7.8% in the five-year period 2012–2017. The Institute had forecast a future turnover of US$919.4bn, but, for the short term at least, the COVID-19 pandemic has halted this growth trend.

Aside from the current negative economic reality for the tourism sector, the recent literature has identified wellness tourism, on a global scale, as a rapidly growing market [4] (Kazakov and Oyner, 2020; Pyke et al., 2016; Voigt and Pforr, 2014; Koncul, 2012). Moreover, scholars hypothesize that the pandemic will positively influence consumer behavior in favor of wellness tourism in the medium term (Wen et al., 2020).

As regards studies on wellness tourism and the changing demand, the evolution of tourists’ need for wellness has brought about an evolution and expansion of the concept, compared to the traditional perspective. In fact, tourists who are seeking well-being and quality of life (Sirgy, 2019) are also looking for destinations that will satisfy their need for wellness in various and diverse arenas, from the physical to the psychic and from the spiritual to the cultural. The paradigm of this sector’s whole vision has changed. It has evolved from a narrow perspective based on physical health and well-being to a broad vision of holistic health.

This holistic approach within the tourism sector has led to a broader range of services and experiences that make up the value propositions that can positively contribute to people’s well-being. Sectors that were not traditionally associated with wellness tourism are now tapped into; examples include areas such as culture and art (Fancourt and Finn, 2019), nature (Ohe et al., 2017), sports (Smith and Kelly, 2006), the spiritual realm (Jiang et al., 2018) and enogastronomy (Colombini, 2015).
In the wake of this trend, more and more studies are focusing on a holistic view of wellness (Dillette et al., 2020; GWI, 2020; Romão et al., 2018; Pyke et al., 2016), pointing to the development of tourism that is increasingly oriented toward wellness (Kazakov and Oyner, 2020; Stará and Peterson, 2017).

Nevertheless, despite scholars’ shift in this direction, there are no studies in the extant literature on wellness tourism that exhaustively and systematically identify the components of the offer systems required to satisfy the demand for wellness that is ever more diversified and holistic (Kim et al., 2017; Lim et al., 2016; Hritz et al., 2014; Damijanić and Šergo, 2013; Kelly, 2012; Konu, 2010; Chen et al., 2008) and that seeks integrated wellness products (GWI, 2018, 2020). The present study endeavors to fill this gap by analyzing the literature and applying a holistic lens to define, in a systematic way, the main components of wellness tourism’s value proposals. Our findings may provide useful insights for enterprises and territories in the tourism industry. Policymakers, Destination Management Organizations (DMOs) and tourism enterprises must adopt a multidimensional vision of their system of touristic offers to identify which components they will use to plan, design and deliver value through innovative and integrated wellness tourism products.

2. Background of the wellness tourism study

Wellness tourism can only be defined from a wide angle view (Adams, 2003) [5] that takes into account people's lifestyle, as it is connected to various social and individual dimensions (Dunn, 1959). A number of scholars concur (Bushell and Sheldon, 2009; Smith, 2007; Steiner and Reisinger, 2006; Mueller and Kaufmann, 2001), and they emphasize the multidimensionality of an individual’s wellness, a condition founded on balance and spirituality that combines physical and mental health with social and environmental elements. Other studies (Corbin et al., 2001; Hales, 1997) also associate wellness with multidimensional facets of a person; these are identified in six dimensions: physical, emotional, spiritual, intellectual, social and environmental. Smith and Puczkó (2014, p. 208) also link wellness tourism to specific contexts, comparing it to a journey that involves one of the following lifestyle dimensions: health of body, mind and spirit; mind and spirit; self-sufficiency; physical strength; esthetics; healthy nutrition; relaxation; meditation; mental activity; education; environmental awareness; and sensitivity to social relationships.

The growing acceptance of this multidimensional approach to wellness has been tied to a change in the popular conception of health and wellness (Medina-Muñoz and Medina-Muñoz, 2013), the stressful nature of modern society (Frow and Payne, 2009), the prospects of social tourism (Diekmann and McCabe, 2016; Morgan et al., 2015; McCabe et al., 2010), the relationship between co-creation and well-being (Dekhili and Hallem, 2020) and to the well-being of workers through tourism experience (Lee et al., 2018). As the conceptual paradigm of wellness tourism is gradually being modified, the concept is evolving from a traditional view of health (Kamassi et al., 2020; Heung and Kucukusta, 2013; Smith and Puczkó, 2008) to a holistic wellness orientation (Kazakov and Oyner, 2020; Dillette et al., 2020; GWI, 2018; Stará and Peterson, 2017; Pyke et al., 2016; Smith and Kelly, 2006).

The main body of literature on wellness tourism has focused on three different dimensions (Hartwell et al., 2018): on health and well-being tourism destinations, on the impact of tourism on tourists' health and well-being, and its impact on destination communities' health and well-being. If we set aside those studies that analyze the impact of wellness tourism on destination communities (Wang et al., 2020; Uysal et al., 2016), we find two principal types of study.

First, are the studies on the demand side (Kim et al., 2017; Lim et al., 2016; Hritz et al., 2014; Damijanić and Šergo, 2013; Kelly, 2012; Konu, 2010; Chen et al., 2008) that show how tourists are seeking out holistic wellness propositions that encompass multiple types of services/experiences relating to wellness. In their study, Konu et al. (2010) identify six
different clusters of wellness tourists that are drawn to a mix of activities in different realms such as sports, spirituality, wellness, and culture. They are categorized as: sport and nature people interested in technology; home appreciating travelers; family- and health-oriented sport and nature people; culture appreciating self-developers; material wellbeing appreciators; and indifferent about traveling and social issues.

Damijanić and Šergo (2013) highlight the push and pull factors for wellness tourists; they show the statistically significant relationship between reasons for travel and income on the one hand and between gender and education level on the other. The authors underscore how wellness tourists are especially attracted to wellness destinations that are known for their natural and cultural resources. Lim et al. (2016) point to the factors that both draw tourists to a specific destination for the first time and make them return again; these include, among others, the local flora and fauna as well as popular local attractions. Lee et al. (2019) identify a series of wellness activities and choices that hotels should offer to a particular tourist segment such as Millennials; these include intellectual wellness opportunities (group games and reading options, educational seminars on healthy lifestyle choices, music, etc.), spiritual wellness, natural medicine and nutritional and dietary options. Within this same category related to studying demand, there are studies that focus on destination characteristics (Voigt and Pför, 2014) and tourism businesses (Thal and Hudson, 2019) that give rise to wellness tourism offerings but which, in our opinion, still adopt a too-narrow holistic view of wellness.

To meet the diversified and integrated wellness needs of tourism demand, a broad holistic approach is necessary. It has to be reflected in wellness destinations’ capacity to produce wellness value propositions [6] that take into consideration a variety of components making up the wellness offering (Page et al., 2017; Hjalager and Flagestad, 2012) and that follow a systemic and experiential managerial logic, one especially well-suited to the tourism context (Pencarelli and Forlani, 2018).

Even in holistic wellness tourism, the ultimate goal is to satisfy tourists’ growing demand for hedonic (low-level) and eudaimonic [7] (higher level) (Lee and Jeong, 2020; Rahmani et al., 2018) experience-products and transformation-products (Mackenzie and Raymond, 2020; Pung et al., 2020; Pencarelli and Forlani, 2018; Hartwell et al., 2018; Kim et al., 2015a; Pearce, 2009; Lean, 2009). In fact, according to the experience economy model proposed by Pine and Gilmore (2000), the “experience” needs to be considered something more than a category of attributes to enrich and differentiate traditional products (raw materials, goods and services). In their model, experience is, above all, a new and different offer category. When tourists travel for pleasure, there is always the more or less conscious quest for an experience. For tourism destinations, therefore, it is important to put the wellness experience requirement at the center of their managerial actions to provide their clientele with economic proposals that go beyond the simple mix of goods and services and that are geared more purposefully and consciously toward offering experiences designed to entertain, engage emotionally and transform tourists, thus improving the customer’s well-being.

An attempt at a multidimensional interpretation of wellness tourism can be found in several studies that associate this phenomenon with various typologies of touristic experiences (Kazakov and Oyner, 2020; Huang et al., 2019; Hwang and Lee, 2019; Damijanić, 2019; Gao et al., 2018; Sharma and Nayak, 2018; GWI, 2018; McCabe and Johnson, 2013; Smith and Puczko, 2008; Smith and Kelly, 2006). We hold that in a holistic view, wellness is understood as the active or passive safeguarding of people’s state of health (and prevention or mediation of illness). It is an essential condition of individuals whose health, cultural, spiritual, nutritional, athletic and environmental needs are met – in line with the current world demand trends (Angus and Westbrook, 2020; GWS, 2020; GWI, 2020). A holistic concept of wellness tourism would include additional, nontraditional categories of services and experiences.
While articles on these themes have proliferated, the contributions have offered incomplete perspectives on wellness tourism, especially with regard to the holistic needs that have emerged from demand studies. Some components have been added to broaden the traditional concept of medical and healthcare tourism, but a truly holistic perspective has yet to be put forth.

In conclusion, the present article aims to bring together the various views on wellness tourism by suggesting the adoption of a holistic lens, in an effort to overcome the current fragmentation of the literature. Our literature review and analysis offers an exhaustive overview of the academic debate surrounding wellness tourism; however, this body of literature remains fragmented as it is still lacking a systemic “reading” of the wellness tourism phenomenon. From the analysis, the present article identifies all of the possible components of an offer system that aims to propose integrated wellness-driven touristic products.

3. Methodology

To conduct a rigorous analysis of wellness tourism literature, the following four-phase research structure (Denyer and Tranfield, 2009) was adopted:

1. research design;
2. study selection;
3. article analysis (coding process); and
4. interpretation and reporting.

During the first phase, the research objective was defined: to provide an overview of the main studies on wellness tourism from a holistic and systemic perspective and answer the research question:

*RQ* Which tourism sectors form the basis upon which holistic wellness tourism products are created and offered?

In the second phase, Scopus was the database used to find publications containing the keywords “wellness tourism” or “well-being tourism” in the title, limiting the search to articles, books and book chapters published in the past 20 years (2000–present) [8]. This yielded a first set of 156 articles which were then analyzed qualitatively [9], through their abstract. For both the supply and the demand side (columns 4 and 5, respectively, in Table 1), the following variables were considered: service/experience or touristic activity and resources which pertain to physical, mental, social, emotional, nutritional, spiritual and environmental aspects.

In this preliminary selection step, we excluded articles dealing with wellness and well-being tourism *vis-à-vis* the stakeholders (resident community, categories of service/experience providers and entrepreneurs) and those did not identify specific activities, resources and services/experiences. This resulted in 61 articles that met our criteria for selection and that we then analyzed through a process of open coding, carried out manually (Saldaña, 2015).

The authors of the present study proceeded to use this open, manual qualitative coding process to inductively evaluate the contents of each article. The objective was to identify wellness activities and resources, according to their prevalence [10].

The decision was made to focus on the most salient points presented (Guest *et al.*, 2012) in the articles, rather than simply choose certain parts of the text, *a priori*. In line with Madden (2010), adopting this analytical method does not pose a limitation on the research but adds value to the overall methodology.
<table>
<thead>
<tr>
<th>Main components</th>
<th>Codes</th>
<th>Descriptions</th>
<th>Studies on supply</th>
<th>Studies on demand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot springs</td>
<td>Mineral and thermal waters; hot springs</td>
<td>This offer is tied to hot springs establishments that provide access to hot springs and wellness services.</td>
<td>Pan et al. (2019), Migliaccio (2018), Aluculesei and Nistoreanu (2016), Costa et al. (2015), Rocha and Brando (2014), Chen et al. (2013), Gustavo (2008), Smith and Puczkó (2008)</td>
<td>Rodrigues et al. (2020), Chen et al. (2013)</td>
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<td></td>
<td>establishments/hotel; thermal springs/center/complex; health preservation bath</td>
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<td></td>
<td>destination; luxury spa</td>
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<tr>
<td>Care of body and mind</td>
<td>Sauna and beauty service; fitness;</td>
<td>This can be a stand-alone offer by hotels or centers specializing in esthetic treatments and massage, or by gyms (services outside the purview of hot springs and spa facilities)</td>
<td>Hjalager and Konu (2011)</td>
<td></td>
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<td></td>
<td>cosmetics; massages; rhythmic movement</td>
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<td></td>
<td>therapy (RMT); gyms</td>
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<tr>
<td>Medical tourism</td>
<td>Medical tourism; healthy; tourists with</td>
<td>This offer is tied to public and private healthcare services that directly influence the psycho-physical state of a person (medical surgical, therapeutic and wellness)</td>
<td>Wang et al. (2020), Pan et al. (2019), Goodarzi et al. (2016), DeMicco (2017), Smith and Puczkó (2008)</td>
<td>Pizáková and Crespo (2019), Gabor and Oltean (2019), Shalini (2017), Ordabayeva and Yessimzhanova (2016), Yang et al. (2015)</td>
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<tr>
<td></td>
<td>cancer and other chronic diseases; aged</td>
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<td>nursing; babymoon destination; healthcare</td>
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<td></td>
<td>and wellness tourism</td>
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<td></td>
<td>landscapes; social value; coastal areas;</td>
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<td></td>
<td>lakes; adventure tourism/ ecotourism;</td>
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<td></td>
<td>arboretum</td>
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<td>age</td>
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<tr>
<td>Culture</td>
<td>China wellness culture; longevity in</td>
<td>This offer refers to cultural and artistic heritage in both tangible and intangible forms</td>
<td>Luo et al. (2018), Huang and Xu (2018, 2014), Maneenetr (2014)</td>
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<td></td>
<td>Chinese culture; local culture; local</td>
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<td>way of life</td>
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<tr>
<td>Enogastronomy</td>
<td>Food quality and/or food service fresh and</td>
<td>This offer is proposed by enterprises and territories, with specific reference to the realm of food and beverages</td>
<td>Dilette et al. (2020), Mnguni and Giampiccoli (2015)</td>
<td>Damijanič (2019), Rawat (2017)</td>
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<td>local; nutritional foods; healthy food;</td>
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<td>indigenous food; dietary</td>
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<tr>
<td>Sports</td>
<td>Sports tourism; sports and recovery; horse</td>
<td>This offer includes indoor and outdoor sports activities designed for the</td>
<td>Kazakov and Oyner (2020), Pan et al. (2019)</td>
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<td></td>
<td>riding; golf</td>
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(continued)
Both authors, separately, began the third phase of the study the coding process, by extracting the prevailing codes from the set of articles selected, to arrive at their own list of initial codes [11] (MacQueen et al., 1998).

Subsequently, they compared these initial codes and found an interpretive convergence in 53 articles. Given such a good percentage of codes convergence, both authors proceeded with the next codification phase together, on the one hand to analyze the eight articles where there was no convergence and on the other hand to cover a wider array of concepts.

As a consequence of this joint analysis 85 codes were identified, as determined by the touristic service/experience or touristic activity and resources used for proposing the wellness service or experience [12].

In the final phase of interpretation and reporting, the codes were tied to specific offer systems, through a process of homogeneous grouping (Lincoln and Guba, 1985). Through the iterative and reflexive processes of constant comparison of codes, the authors worked together to construct the main themes and identify ten different components of wellness tourism. These are listed in column 1 of Table 1; the codes themselves are shown in column 2, and their descriptions are given in column 3; each component is associated to the analyzed article(s) of reference for both supply and demand in columns 3 and 4, respectively. The codes found in each article are given in quotation marks in the descriptive part of each wellness component described in Section 4.

4. Components of the wellness tourism offer system

The authors of the present work believe that a holistic perspective is needed to meet the demand for wellness products/experiences in the tourism sector. This has meant including some offer systems that have not traditionally been considered part of wellness tourism. To discern which ones should be part of a so-called broader wellness system, the authors followed the methodology described to identify and classify the ten main components of the offer system, summarized in the table below.

We now provide a more detailed description of the wellness activities that make up each component of wellness tourism offer systems, along with codes relevant to the articles analyzed and cited in the table [13].

4.1 Hot springs

This is a broad term used for establishments that provide access to “mineral and thermal waters” (Rodrigues et al., 2020; Aluculesei and Nistoreanu, 2016) and related wellness services. For the sake of simplicity, the GWI (2018) has identified two main classification categories: wellness “hot springs establishments/hotel” (Chen et al., 2013) (that also offer spa services and treatments) and traditional hot springs establishments (that offer only hot
springs treatments). Historically, “thermal springs/center/complex/” establishments (Migliaccio, 2018; Costa et al., 2015; Rocha and Brandao, 2014; Smith and Puczkó, 2008; Gustavo, 2008) aimed to improve tourists’ experience of a “health preservation bath” (Pan et al., 2019) through their enjoyment of thermal baths with specific therapeutic characteristics. Today, significant changes have been brought to this sector in terms of types of services being offered in the broader perspective of holistic well-being (Pan et al., 2019; Rocha and Brandao, 2014). On the demand side, the findings of recent studies (Han et al., 2020; Hashim et al., 2019; Luo et al., 2018; Chen et al., 2013) can serve as a basis for updating the offer system of hot springs establishments that still have business models too narrowly focused on healthcare and medical services.

4.2 Spas
Spa centers [14] offer options for the care and enhancement of a person’s physical and mental health, catering to his/her desire to “be well” [15]. Among the publications analyzed on both the supply and the demand side, the high number of articles on Spas is clear evidence of the fundamental role these establishments play in the wellness sector, worldwide (According to Mueller and Kaufmann (2001), the minimum requirements for a spa should include a swimming pool, sauna, whirlpool or steam bath, facilities for physical fitness, relaxation, mental activity and healthy nutrition; there should also be at least one wellness professional (doctor, physiotherapist, wellness trainer or sports instructor) present to provide individual care and advice. The increase in world demand for these amenities has led to a significant diversification of the offer. In some cases, these services are associated with “hotels-spa” (Lehto and Lehto, 2019; Chen et al., 2015; Medina-Muñoz and Medina-Muñoz, 2013; Kucerová et al., 2010; Mueller and Kaufmann, 2001), with centers dedicated to “spas” (Luo et al., 2018) or “spa tourism” (Kazakov and Oyner, 2020; Han et al., 2020; Rawat, 2017; Hudson et al., 2017); they may also be found in a “spa destination” (Hashim et al., 2019; Han et al., 2018; Milicevic et al, 2013) and are targeted to a particular clientele (e.g. “luxury spa”; Kelly, 2010).

4.3 Care of body and mind
This component is often tied to that of Spas, but it can be proposed as a stand-alone offer by hotels or centers specializing in wellness services. These may include [“sauna and beauty service” (Plzáková and Crespo, 2019)], “fitness” (Plzáková and Crespo, 2019; Damjanić, 2019; Luo et al., 2018), “cosmetics” (Hjalager and Konu, 2011), “massages” (physical therapy and osteopathy) (Dillette et al., 2020), “rhythmic movement therapy (RMT)” (Pykh and Pykh, 2014). This component may also include “gyms” (Rawat, 2017), physical activity and coaching by a personal trainer and intellectual wellness activities (e.g. group-based games and reading options).

4.4 Medical tourism
“Medical tourism” (Plzáková and Crespo, 2019; Pan et al., 2019; DeMicco, 2017; Smith and Puczkó, 2008) is a “healthy” component (Goodarzi et al., 2016; Yang et al., 2015) tied to public and private healthcare services that directly influence the psycho-physical state of a person. This component is subdivided into three subcategories (Smith and Puczkó, 2008): medical surgical (involving some type of operation/surgical procedure, e.g. for “tourists with cancer and other chronic diseases” [Wang et al., 2020]), medical therapeutic (similar to surgical, but the therapy is repeated over time and requires a longer stay, e.g. nursing services for the elderly “aged nursing” [Pan et al., 2019]) and medical wellness (services provided by specialized medical personnel but the aim is not to cure specific pathologies (e.g. “babymoon destination” [Gabor and Oltean, 2019], “healthcare and wellness tourism” [Ordabayeva and Yessimzhanova, 2016], or “Ayurveda” [Shalini, 2017]).
4.5 Natural environment

Among the nontraditional components of wellness tourism, “nature” (Latif et al., 2019; Kim et al., 2015a, 2015b; Lee et al., 2014; Heung and Kucukusta, 2013; Kucukusta and Heung, 2012) and the “environment” (Plzákova and Crespo, 2019; Loehr et al., 2020) can play an essential role in satisfying the needs expressed by wellness demand (Huang and Xu, 2018; Kim et al., 2015b). In this category some scholars refer to “rural” (Kazakov and Oyner, 2020; Romão et al., 2018; Hjalager et al., 2016) or “therapeutic landscapes” (Huang and Xu, 2018), given that rural destinations can combine general well-being services with touristic resources already present and generate “social value” (Loehr et al., 2020). Also included are destinations that offer “coastal areas” (Page et al., 2017), “lakes” (Konu et al., 2010), “adventure tourism/ecotourism” (Lötter and Welthagen, 2020; Hunt and Harbor, 2019) and an “arboretum” (Lim et al., 2016).

4.6 Spirituality

The offer of “spiritual” experiences is also recognized as a significant component of wellness tourism (Saxena et al., 2020; Buzinde, 2020; Kazakov and Oyner, 2020; Nicolaides and Grobler, 2017; Norman and Pokorny, 2017; Heung and Kucukusta, 2013; Smith and Puczkó, 2008). In this category, the predominant offers focus on the search for spirituality (Buzinde, 2020), in the sense of finding a way to spend one’s free time exploring mystical and religious experiences. In contemporary society, which is undergoing an ever more pronounced “spiritual revolution,” there are growing numbers of tourists (Sharma and Nayak, 2018), looking for spiritual experiences via different meditative paths such as “Yoga” (Dillette et al., 2020; Telej and Gamble, 2019; Sharma and Nayak, 2018; Lehto et al., 2006) or “New Age” (Smith and Puczkó, 2008).

4.7 Culture

This is one of the emerging components of the sector, as evidenced by the recent studies highlighting the links between wellness tourism and culture. This category mainly refers to a destination’s cultural intangible heritage: “China wellness culture” (Huang and Xu, 2014; Heung and Kucukusta, 2013), “Longevity in Chinese culture” (Huang and Xu, 2018), “local culture” (Latif et al., 2019; Kucukusta and Heung, 2012) and “local way of life” (Maneenetr et al., 2014).

4.8 Enogastronomy

Enogastronomic experiences are becoming a more and more significant component of wellness tourism products in the realm of food and beverages enterprises. This category specifically refers to “food quality and/or food service fresh and local” (Dillette et al., 2020), “nutritional foods” (Luo et al., 2018), “healthy food” (Rawat, 2017), “indigenous food” (Mnguni and Giampiccoli, 2015), as well as structured “dietary” programs geared toward healthier lifestyles (Damijanić, 2019).

4.9 Sports

This offer includes both indoor and outdoor “sports tourism” (Malyshev et al., 2016) activities designed to encourage the active participation of tourists. They range from “sports and recovery” (Pan et al., 2019), to “horse riding” (Sigurðardóttir, 2018) and “golf” (Kazakov and Oyner, 2020).

4.10 Events

Although this type of offer is still considered a marginal component of the current wellness tourism scenario, “festival and events” can positively contribute to tourists’ well-being (Hjalager and Flagestad, 2012) from a holistic perspective (e.g. “savonlinna opera festival” (Konu et al., 2010).
5. Conclusion

Our research shows that the concept of wellness tourism can be most effectively expressed through a holistic and multidimensional approach to this phenomenon.

Multiple components of touristic value propositions can contribute in diverse ways and to varying degrees to the vacationer’s wellness experience. Our literature analysis has brought to light how wellness tourism, taken as a conceptual whole, consists of ten different components within the system of offers: hot springs (hot springs and wellness services), spas (different typologies of spa centers with relative services provided), medical tourism (medical surgical, therapeutic and wellness Smith and Puczkó, 2008), care of body and mind (services specializing in esthetic treatments and massage or physical activity and/or therapy not provided in hot springs and spa facilities), enogastronomy (enogastronomic experiences with specific reference to the realm of typical local food and beverages and healthy food), sports (indoor and outdoor sports activities designed for the active participation of the tourist), nature and environment (natural resources that can be enjoyed for personal well-being), culture (fruition of cultural and artistic heritage in both tangible and intangible forms), spirituality (spiritual activities that include mystical and religious experiences) and events (specific events or entertainment activities for tourists). Within a wellness-driven tourist destination, the various actors and producers jointly design the experiential wellness offers. The value propositions may include one or more of those components which serve to meet the expectations and needs of tourists seeking wellness experiences (Figure 1).

Our findings have important theoretical and practical implications for academics, managers and enterprises in the tourism industry.

From a theoretical point of view and in line with other studies (Pyke et al., 2016; Hartwell et al., 2012), we confirm how the concept of wellness destinations can guide development strategy by orienting local tourism products toward holistic wellness and, concurrently, improving the physical and mental health of both residents and tourists, within an experiential logic. A broader holistic vision of tourism wellness that considers all of the components of an offer enhances the touristic phenomenon by honing in on its primary

Figure 1 Wellness tourists and the wellness tourism offer system
vocation. In sum, the consumption of the vacation experience allows tourists to regenerate both physically and mentally, thus improving their overall health, in terms of general well-being and quality of life (Thal and Hudson, 2019; Luo et al., 2018).

Moreover, the present study has revealed that the extant literature, on the supply side, is still primarily focused on thematically specialized destinations that do not embrace a holistic approach to wellness. This is despite the fact that the extant literature on the demand side of wellness tourism has underscored how tourists are looking for touristic products that can satisfy multiple and varied needs, from a holistic and multidimensional perspective. In our opinion, the prospects for the growth of wellness tourism (Kazakov and Oyner, 2020) leave little doubt as to the strategic importance, for destinations, of formulating value propositions that are both multifaceted and holistic. They would pave the way for territorial strategies to embrace the vision of wellness destinations, thereby enhancing the various actors, resources and activities within a given area.

From a theoretical and managerial point of view, DMOs should devise and implement strategies for the touristic enhancement of destinations by positioning a plurality of actors, resources and activities (Elbe et al., 2018) under the umbrella wellness brand who are able to offer a range of different wellness products (Figure 1). The composition of the bundle that constitutes the value proposition of wellness-driven destinations must be designed according to the resources available in a specific destination, the type of demand that is prioritized, in terms of single or multiple wellness needs and the market trends.

Consequently, each individual product that is made possible by specific actors and specific resources can activate those components of the offer that are best able to maximize the tourist’s customer value. In the case of single and specific needs, the product may include only one component, while if the needs are multiple and holistic, the touristic product will have several components to offer.

To prioritize specific single wellness needs expressed by the demand (e.g. cardiac surgery or yoga classes), the DMO’s role will be to focus on promoting specific components/aspects of the offer (e.g. specialized medical center or dedicated facilities for yoga training and practice, etc.). In the case of multiple needs, the value offer is created by DMOs according to a systemic perspective within the touristic destination (meta level), where individual tourism enterprises (micro level), each with its own value chain, provide one of the components of the touristic product-experience that serves to meet the various and ever-changing expectations of tourists. In both cases, the DMOs must highlight both the market positioning and the brand of the actors involved in the wellness destination. The ultimate goal is to enhance both tourists’ and territorial stakeholders’ wellness, creating a positive influence on the local population’s lifestyle and stimulating entrepreneurship. In a similar vein, the study by Pyke et al. (2016) underscores some of the positive implications of building wellness destinations, for private as well as public entities. Private entrepreneurs are enthusiastic about the opportunity to offer their own products among those making up the wellness offers, thus generating greater value for both clients and enterprises. Moreover, policymakers are attracted by the chance to enhance the territory, making it a platform that offers wellness products with high experiential value and that creates value for the stakeholders. In sum, our findings have important practical implications for managers and enterprises in the tourism industry. A holistic view of wellness tourism has implications for the strategic marketing processes of both enterprises and destinations. The relative managers should segment demand according to more innovative criteria than what has traditionally been adopted. Tourism enterprises’ and destinations’ wellness value propositions for tourists should be wellness-driven and go beyond the narrow criteria of medical and health care–related tourism. To satisfy the growing demand for wellness/well-being, the creation of value propositions should involve the participation of all the various actors and producers within the offer system at wellness destinations. Consequently, the needs assessment process for potential tourists must take into account the ten components
of the offer system. This will allow DMOs and enterprise managers to better discern and meet the primary and multifaceted needs of potential travelers. They must be aware that guests may have, at different times, varying needs, priorities and travel motivations when they consider and choose the value propositions offered within the context of holistic wellness. In this sense, each component may represent a single touristic offer targeted to specific market segments (e.g. thermal baths in a hot springs establishment or a yoga course in India). Alternatively, it may be one of several components within an integrated mix of tourism products (GWI, 2018).

According to GWI data (2018), the surge in wellness tourism has been driven by consumers who want multidimensional wellness experiences and are thus looking for multiple wellness components [16] during their stay. This underscores the strategic importance of developing more integrated approaches to staging touristic wellness products (Page et al., 2017).

Wellness destinations represent the “stage” upon which the various wellness tourism products are presented (Romão et al., 2018). Individual wellness components must be chosen and combined, or offered singly, based on the expectations of the target segments of consumers to whom the wellness value propositions are addressed. Figure 1 shows how DMOs and planners (macro level) can adopt a holistic perspective when designing their value propositions to meet their consumers’ demand. Their task is twofold. They must ensure that all the wellness offer systems are capable of providing touristic wellness value propositions that are in line with the new market requirements as seen through the experience logic (Pine and Gilmore, 2000; Pencarelli and Forlani, 2018). They must also promote inter-organizational collaboration and build networks (Baggio, 2011) to create wellness-driven tourism packages. In the context of the wellness value system, the main challenge facing public and private territorial players is coordinating and integrating their offers with those of other players. The ultimate goal is to form a cohesive set of components that meet the definition and expectations of holistic wellness and that are able to build a wellness value proposition.

Therefore, at the micro level, individual touristic enterprises are encouraged to network and collaborate with other actors in the territory with a view to enriching the contents of their own specific value proposition. Another suggested practice is directed at the managers of tour operator and incoming travel agencies who should build integrated tourism packages that are wellness-driven and holistic in concept.

Finally, we highlight a significant managerial challenge that affects policymakers, various stakeholders and the actors within the production system: that of using a single brand strategy, i.e. an umbrella brand, to project a destination image capable of representing all of the territory’s wellness resources.

Future research avenues should be explored, on the demand side, to investigate consumer choices of complementary wellness tourism products and, on the supply side, to analyze the distinctive features of wellness destinations. We also believe that an important line of research should delve more deeply into how wellness destinations will evolve, incorporating new and sustainable technologies (Buhalis and Amaranggana, 2013) and the residents’ satisfaction well-being (Fakfare and Wattanacharoensil, 2020). The resulting “smart” wellness destinations will be capable of achieving high-tech potential, while creating social value and safeguarding the environmental ecosystem.

Despite its extreme concision, the present study fills a gap in the extant literature on wellness tourism. A number of scholars have broadened the concept of wellness tourism beyond the traditional view of the past and while new perspectives have been introduced, a truly holistic and integrated interpretation of wellness tourism has not been proposed. In the present work, we adopt an innovative and more complete approach, offering a more robustly holistic interpretation of the concept of wellness tourism. We hope that our attempt will provide useful impetus to DMOs and tourism enterprises to renew their strategic vision.
and mission and commit to crafting new value propositions. These must be aligned with the current world trend in the market, which has seen a greater growth in demand for wellness tourism than for general tourism over the past decade and which will, in all likelihood, see further acceleration as a consequence of the COVID-19 pandemic.

Notes
1. GWS.
2. GWI.
3. In the GWI (2020) report, the wellness tourism data refers to 2017.
4. According to the GWI (2018), wellness tourism has grown more than general tourism in all six of the macro-zones identified: North America, Europe, Asia and the Pacific, South America and the Caribbean, the Middle East and North Africa, and sub-Saharan Africa. For additional information, see (GWI, 2018, 2020).
5. Adams (2003) refers to four main principles of wellness: Wellness is multi-dimensional; Wellness research and practice should be oriented towards identifying causes of wellness rather than causes of illness; Wellness is about balance; and Wellness is relative, subjective or perceptual.
6. A wellness value proposition defines the wellness value offer, designed for and with the tourist, as an experiential value co-created with its consumers to generate a differential benefit compared to other offers competing for the same chosen target.
7. As maintained by several scholars (Lee and Jeong, 2020; Filep and Deery, 2010), tourist experiences and transformations must incorporate both hedonistic aspects, of momentary pleasure and eudaimonic aspects, related to self-realization, personal expressiveness and growth and life goals.
8. This time period was determined based on the evolution of the extant literature on this topic (Hartwell et al., 2018).
9. Given that wellness tourism can be both an ambiguous concept and a confusing term (derived from the abundance of literature and differences in the terminology adopted by different countries to describe the enterprises working in the wellness sector [Hartwell et al., 2018]), we hold that only a qualitative analysis of the literature will allow our research objective to be achieved.
10. Activities and resources were identified according to prevalence or, in other words, the main activity or resource identified, in the article being analyzed, as a source of wellness for the tourist.
11. The question followed by authors (Emerson et al., 2011) in the manual coding process is: In this article, what are the prevalent touristic offer components that are considered a source of wellness for the tourist?
12. More than one code could be identified in the same article.
13. The codes are shown in quotation marks and the relative articles in brackets.
14. For a detailed analysis of spas, see Erfurt-Cooper and Cooper (2009).
15. What differentiates spa centers from hot springs is the fact that spas can be built anywhere, regardless of whether or not there is a source of therapeutic waters.
16. According to the GWI report, this segment represents 80% of wellness tourists worldwide.

References


Further reading


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