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Towards a better understanding of memorable wellness tourism experience

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ABSTRACT

The global outbreak of the COVID-19 pandemic in 2020 has raised awareness of the importance of physical, mental and spiritual wellness, and many consumers (tourists) are turning to holistic approaches to their health and well-being. This study tests a new model of memorable wellness tourism experience by examining the effects of novelty, experience co-creation, experiencescape, refreshment and involvement. This study also examines the relationship between memorable wellness tourism experience, subjective well-being and revisit intention. Data were gathered from 272 tourists who had recently undertaken a holiday, whose main motivation to undertake this trip was wellness, and who participated in a wellness activity within the six months preceding the data collection period (January–June 2022). An online survey questionnaire was distributed through Amazon Mechanical Turk (MTurk) in July 2022. This study's main contributions include the extension of the memorable tourism experience concept by including other key factors that influence tourists' memorable wellness tourism experiences. The relationship between memorable wellness tourism experience, subjective well-being and revisit intention was also shown to be significant.

Introduction

Tourists have long been attracted to wellness tourism destinations offering health options and treatments for rejuvenating the body and mind (e.g. yoga retreats, wilderness stays, hot springs and cycling vacations) and to experience a healthy lifestyle (Ali-Knight, 2009). These wellness vacations can reduce stress levels, leading to a healthy balance of the body, mind and spirit, in addition to offering pleasurable and satisfying consumer experiences that enhance personal well-being (Backman et al., 2022). In the post-COVID-19 era, the pursuit of wellness and healthier lifestyles is predicted to intensify, and the global

wellness tourism industry will grow (Kotur, 2022; Tiwari & Hashmi, 2022). As a fast-growing market, the wellness tourism industry is projected to be worth US$919 billion by 2022 (Choe & Di Giovine, 2021). Today, wellness travel has become a vital part of the global tourism industry (Tiwari & Hashmi, 2022). Wellness tourism pertains to healthy lifestyle adoption and involves individual or group travel to specialised resorts and destinations with the purpose of physical and mental health maintenance (Kazakov & Oyner, 2021).

Today, many tourists seek memorable tourism experiences (MTEs) while at a destination (Hosany et al., 2022). Understanding the dimensions linked to MTEs is central to gaining a sustainable competitive advantage over competitors in the tourism industry (Wei et al., 2019). However, many studies on MTEs have been devoted to the validation of existing MTE dimensions in new contexts, with fewer studies including other dimensions that may impact MTEs (Sthapit et al., 2022). In addition, because an MTE is a multifaceted concept, little agreement exists regarding the best theoretical frameworks that can be applied (Coelho et al., 2018) and which specific dimensions offer the most valid and reliable measurements of an MTE remains unclear (Stone et al., 2018). Existing studies on MTEs are ambiguous and fragmented (Coelho et al., 2018), and the dimensions originally used to define an MTE are relevant primarily in the generic context but are not replicable in other contexts, such as wellness tourism in this context. For example, wellness tourists often seek physical, psychological and spiritual well-being in ways that differ from other tourism experiences (Wang et al., 2020). Moreover, the dimensions of an MTE may also vary based on the nature of a travel activity (Hosany & Witham, 2010) (i.e. wellness). Consequently, previous studies on the antecedents of MTE do not fully cover the unique characteristics of wellness tourism.

Understanding the dimensions that lead to the formation of MTEs is crucial to destination competitiveness (Stone et al., 2022) and tourism service providers that offer MTEs benefit in many ways (Zhang et al., 2018). For instance, tourists who have positive MTEs are more likely to revisit the destination (Zhang et al., 2018), develop close bonds with the destination (Sthapit et al., 2022), foster destination loyalty (Kahraman & Cifci, 2022) and have revisit intentions (Tiwari et al., 2021).

Sthapit and Coudounaris (2018) found that MTEs generate subjective well-being. Because well-being is a key goal of wellness tourism, studying MTE in this context is especially important. However, research on MTEs has received inadequate attention in wellness tourism literature (Backman et al., 2022). Recent studies on wellness tourism have mainly focused on emerging trends (Majeed & Gon Kim, 2022), the restorative potential of wellness tourism settings (Backman et al., 2022), wellness travel intentions (Tiwari & Hashmi, 2022), wellness dimensions (Kotur, 2022), and the inspiration-eliciting process (Liu, Li, Kralj, et al., 2022). The focus on the antecedents and outcomes of memorable wellness tourism experiences has been limited.

Given the knowledge gaps in the wellness tourism literature, this study aims to offer a theoretically holistic examination of the antecedents and outcomes of memorable wellness tourism experiences. The main purpose of this study is twofold. First, this study proposes and empirically tests the effects of five antecedents (novelty, experience cocreation, experiencescape, refreshment and involvement) on memorable wellness tourism experiences. Second, this study investigates the relationship between memorable wellness tourism experiences and two outcome variables related to subjective well-being (happiness and life satisfaction) and revisit intention. This research is guided by stimuli–

organism–response (S-O-R) theory (Mehrabian & Russell, 1974), which has been widely adopted as a framework for examining consumers. The findings of this study build upon the knowledge of both MTEs and wellness tourism and provide practical guidelines for wellness tourism service providers and destination managers.

This study is a pioneer in investigating the antecedents and outcomes of memorable wellness tourism experiences and focused on tourists' post-visit experience in the context of wellness tourism. The findings of this study contribute to the existing literature on MTE and wellness tourism by extending the MTE scale in the context of wellness tourism. More specifically, the findings identify new antecedents that have an impact on MTEs – in this context, memorable wellness tourism experiences (novelty, experience co-creation, experiencescape, refreshment and involvement). The findings suggest that the higher the amount of novelty, experience co-creation, refreshment, involvement and appealing the experiencescape, the stronger the experience's memorability including the mediating effect of memorable wellness tourism experiences on subjective well-being and revisit intention. In addition, this study provides for a better understanding of the context-based focus of the MTE by focusing on a less studied wellness tourism context. By testing the new model of memorable wellness tourism experiences using S-O-R theory, we offer a process model and build on existing studies on MTEs and wellness tourism research.

Literature review

Wellness tourism

According to Dryglas and Salamaga (2018), wellness tourism has been considered one type of health tourism, which is an umbrella concept for other health-related tourism (i.e. medical tourism). Wellness tourism is a rapidly expanding sector of the global tourism industry (Thal & Hudson, 2019) and is defined in terms of the pursuit of well-being as a primary purpose for travel (Smith & Kelly, 2006). Wellness tourism refers to achieving health and wellness through a holistic (body and mind) approach without medical intervention during holidays (Jolliffe & Cave, 2012). Travelling to a healing retreat, spa or resort with holidaymaking to enhance well-being is also considered wellness tourism (Thal & Hudson, 2019). Spas and health centres have long been related to wellness tourism and recreation (Kulczycki & Luck, 2009). Wellness tourists are active health seekers who are determined to play a role in their own health (Smith & Kelly, 2006). They are usually attracted by good natural environments, particular cultures, traditional communities or alternative wellness services and activities (Sayili et al., 2007). The rapidly expanding wellness industry focuses on sickness prevention and health maintenance, and it appeals to people of all ages who are in good health (Suban, 2022).

Theoretical foundation

Stimuli–organism–response theory

This study uses the S-O-R theory (Mehrabian & Russell, 1974) as a theoretical foundation to link the antecedents and outcomes of memorable wellness tourism experiences. This theory has three different stages: stimulus, organism and response. Stimulus is the

external factor leading to changes in an individual's internal state (Zheng et al., 2019). Constructs such as novelty and meaningfulness (Rodrigues et al., 2022) and perceived quality (Jang & Namkung, 2009) have been adopted as stimuli. In this study, novelty, experience co-creation, experiencescape, refreshment and involvement are considered the stimuli processed during wellness tourism experiences.

As the mediating component in the S-O-R model, "organism" is described as the internal processes and structures that intervene between external stimuli and an individual's subsequent actions and responses. In the original model, the organism mainly includes emotional and cognitive states (Mehrabian & Russell, 1974). In subsequent empirical research in tourism, constructs such as emotions (Jang & Namkung, 2009), memories (Manthiou et al., 2016) and service experience evaluation (Lam et al., 2011) have been used to constitute tourists' organism. MTEs, in association with tourists' memories, represent a cognitive internal state within the organism component of S-O-R theory (Chen et al., 2021). In the context of this study, the organism is represented by memorable wellness tourism experiences.

In the S-O-R model, response (or consequence) has been conceptualised as consumers' final outcomes and/or decisions, which were originally referred to as consumers' "approach or avoidance behaviours" (Mehrabian & Russell, 1974). Some tourism studies have adopted revisit intention (Rodrigues et al., 2022) and word-of-mouth intention (Wu & Li, 2018) as response constructs, whereas subjective well-being and revisit intention are used as the response construct in this study.

Research hypotheses and framework

This study, which benefits from an integration of tourism and service marketing literature, provides definitions of eight key concepts: novelty, experience co-creation, experiencescape, refreshment, involvement, memorable wellness tourism experience, subjective well-being and revisit intention (Figure 1).

Novelty

In tourism, novelty is used to denote new and different experiences (Mitas & Bastiaansen, 2018), perceived by tourists as unfamiliar and contrasting with prior experiences (Blomstervik & Olsen, 2022). Novelty describes tourists' propensity to visit a destination that provides unique stimulation and a new experience (Petrick, 2002). It is an important motivational factor for tourists to visit wellness tourism destinations (Kim et al., 2017; Liu, Li, Moyle, et al., 2022; Voigt et al., 2011). Novelty can be a precursor to enjoyable experiences (Mitas & Bastiaansen, 2018) and a factor that affects memorability (Wei et al., 2019). Chandralal et al. (2015) suggested that novelty is closely associated with MTEs through an analysis of travel blogs. In particular, novel, distinctive and atypical tourism experiences tend to be more memorable for travellers than mundane tourist experiences (Chandralal et al., 2015). The concept of novelty is fundamental to understanding memorable consumption experiences (Zhong et al., 2017). Therefore, we propose the following hypothesis:

H1: Novelty is positively associated with memorable wellness tourism experiences.
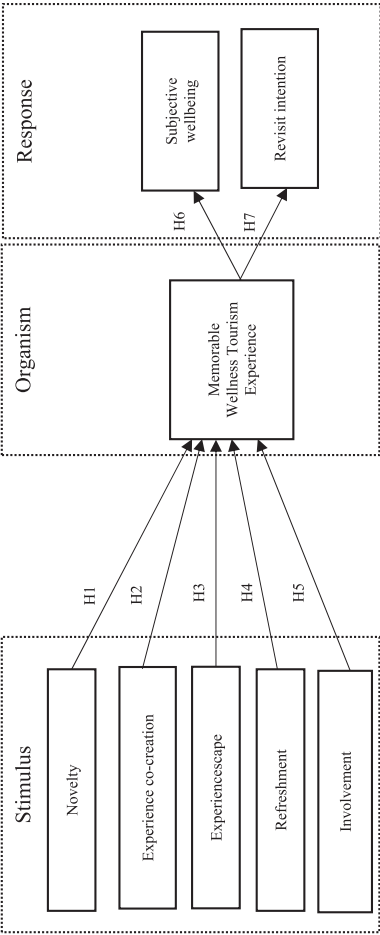
Figure 1. The conceptual model.

Experience co-creation

The service-dominant logic focuses on value creation through the facilitation of inter-action between actors in reciprocally beneficial collaborations (Vargo et al., 2016). The customer is not a passive recipient of pre-existing value but is rather an active creator of value (Vargo & Lusch, 2004). Today, tourists play an active role in deciding what they will do during their trip, interacting with tourism service providers, influencing other tour-ists and choosing how to satisfy their needs and all aspects of their personality (Mathis et al., 2016). Tourists' interactions, active participation in the experience and attitudes while sharing the experience with others are antecedents of experience co-creation (Neu-hofer et al., 2012). In addition, high-quality face-to-face interactions are still considered essential components in the experience co-creation process (Prahalad & Ramaswamy, 2004). During a wellness tourism experience, which often includes active participation in different on-site activities, tourists' participation in experience co-creation may include direct interactions with the service provider and other tourists (Malone et al., 2017). Interaction with the service provider and other tourists may greatly influence an individual wellness tourist's evaluation of an experience (McCartney & Chen, 2020).

The service-dominant logic holds that customers, together with the service provider, play an active role in co-creating experiences and value, and interaction is a prerequisite for experiencing co-creation (Chathoth et al., 2016). Some studies have identified guests' interactions with staff as a key determinant of wellness tourism attractions (Rodrigues et al., 2022). In addition, during visits (i.e. wellness tourism sites), tourists enjoy service together with other customers and share the consumer experience (Rihova et al., 2013). In the tourism industry, memorability is viewed as an outcome of experience co-creation (Campos et al., 2016). Thus, we propose the following hypothesis:

> H2: Experience co-creation is positively associated with memorable wellness tourism experiences.

Experiencescape

During on-site experiences, tourists gain memorable experiences through interactions within the experiencescape (Santoso et al., 2022). The experiencescape denotes the environmental elements with which tourists interact to create their own experiences (Mossberg, 2007). O'Dell (2006) defined experiencescapes as the combined effect of specific environmental and people elements leading to a meaningful experience, which emphasises the exchange of experiences and experience creation (Mei et al., 2018). Pizam and Tasci (2019) postulated that experiencescapes consist of everything that con-sumers feel and experience within the service environment. They further state that experi-encescapes encompass multiple factors: physical/functional, aesthetic, social, cultural, natural and hospitality culture elements. The experiencescape influences how tourists live the experience (Campos et al., 2018).

An experiencescape is more than a physical setting because consumption that occurs within physical and social surroundings offers hedonic benefits (Mossberg, 2007). The key aspects of the tourism service experiencescape include the physical experiencescape and the social experiencescape (or the social aspects of the consumption environments) (Baker & Kim, 2020). Thus, the experiencescape is often interpreted as a more complex

extension of the servicescape, comprising components and environments beyond the tourism provider's control (Nikoline et al., 2021). Customers' positive perceptions of an experiencescape's physical and personal dimensions lead to a high quality of the customer experience (Dong & Siu, 2013). Furthermore, the experiencescape can exert an influence on tourists' memorability (Pizam & Tasci, 2019). Thus, we propose the following hypothesis:

H3: Experiencescape is positively associated with memorable wellness tourism experiences.

Refreshment

Wellness tourism experiences contribute to well-being, generating feelings of refreshment (Kongtaveesawas et al., 2022; Kotur, 2022). Voigt et al.'s (2011) study suggests that refreshment focuses on escaping from one's everyday life, worries and circumstances and to be in an environment that encourages relaxation. Individuals seek relaxation during travel experiences to fulfil their psychological needs and to escape from the monotony of their daily lives (Cohen, 1979). The act of travelling has been defined as moving away from a familiar setting and travelling towards an unknown destination, which can be extremely liberating (Croce & Perri, 2010).

Relaxation and freedom from daily life are key drivers for travellers (Wang, 1999) and lead tourists to a more stable mood by accumulating gratifying experiences and thus eliminating the psychological stresses that they face in daily life (Bowen & Clarke, 2009). Kozak's (2002) study indicated that relaxation and escapism are the first two psychological reasons for taking a vacation. In addition, baths, sauna, beauty treatments, refreshing and natural treatments, physical exercise, and places for silence and relaxation are examples of wellness products and services (Konu et al., 2011) and can be linked to refreshment. According to some recent studies, refreshment can be seen as a derivative of positive experiences during a vacation that tourists can recall even after returning home from a trip (Kotur, 2022) and is linked to MTEs (Morgan & Xu, 2009). Therefore, we propose the following hypothesis:

H4: Refreshment is positively associated with memorable wellness tourism experiences.

Involvement

Involvement has been defined as a motivational state that affects the extent and focus of consumers' attention and comprehension processes, as well as overt behaviours, such as consumption activities (Olsen, 2007). Others define involvement as the extent to which an individual is dedicated to an activity or product (Kyle & Chick, 2002). Involvement is an important factor in influencing and changing tourists' attitudes and behaviour (Lu & Chi, 2018) and is linked to behaviour in terms of participation and purchase (Robinson & Getz, 2016). When tourists are involved in an experience, they tend to be more actively engaged in it (Liu & Jo, 2020), be influenced by the activity, and report a more positive evaluation of the experience (Andersson & Mossberg, 2017).

Pine and Gilmore (1998) suggested that encouraging customer involvement would effectively offer MTEs. In the same vein, the more an individual is involved with a trip in terms of activities that they have wanted to experience, the better they can reminisce

past travel experiences (Coudounaris & Sthapit, 2017). Prebensen et al. (2014) suggested that involvement is an antecedent for MTEs, as the level of involvement a tourist feels with a holiday affects their level of participation in creating experience value. Previous works have identified a positive relationship between tourists' involvement in trip activities and memorability (Kim et al., 2012; Wei et al., 2019). Thus, the following hypothesis is proposed:

H5: Involvement is positively associated with memorable wellness tourism experiences.

Memorable wellness tourism experience, subjective well-being and revisit intention

Not all travel experiences are memorable (Kim & Ritchie, 2014); tourists' trip memories are selectively reconstructed and built on tourists' perceptions and subjective evaluations of their travel experiences (Kim et al., 2012). According to Kim and Chen (2019), MTEs are highly self-centred and viewed as special, subjective events in one's life; they are stored in one's long-term memory. Others define an MTE as a "tourism experience positively remembered and recalled after the event has occurred" (Kim et al., 2012, p. 13). In the context of this study, a memorable wellness tourism experience refers to an experience recalled in detail after an onsite wellness tourism experience. Wellness tourism activities in this study refer to visits to thermal water or hot springs, spas, including meditation, yoga, pilates retreats and massage. Some studies have indicated that MTEs are positively correlated with subjective well-being (Sthapit & Coudounaris, 2018; Vada et al., 2019a) and revisit intention (Zhang et al., 2018).

Subjective well-being is defined as an individual's cognitive evaluation of his/her own life as positive and can include pleasure, the absence of negative emotions and high satisfaction with life (Diener et al., 2009). Subjective well-being is considered synonymous with happiness (Uysal & Sirgy, 2019) and is defined as a person's cognitive and affective evaluations of his/her life (Diener et al., 2004). Happiness can also be understood as the accumulation of many small pleasures or quality moments (Gilbert & Abdullah, 2004). Subjective well-being boosts life satisfaction (Ivlevs, 2017) and can be defined as the "degree to which an individual judges the overall quality of his life-as-a-whole favorably" (Veenhoven, 1991, p. 7). Subjective well-being focuses on what makes people feel well (Nawijn et al., 2010). Happiness and life satisfaction are the most frequently used representations of subjective well-being (McCabe & Johnson, 2013). MTEs have been shown to contribute to individuals' happiness (Morgan & Xu, 2009) and affect different life domains, such as family and social lives (life satisfaction; Sirgy et al., 2001).

According to Cole and Scott (2004), revisit intention refers to a tourist's willingness or plans to visit the same destination. Revisit intention is a key research topic in tourism and an important behavioural intention (Jani & Han, 2011). Tourists' behaviours include their selection of destination to visit, subsequent evaluation of that destination and future behavioural intentions (Chen & Tsai, 2007). Destination and event organisations are concerned with the reasons underlying tourists' revisit intentions because it commonly costs much less to retain repeat visitors than to attract new visitors (Um et al., 2006), and revisit intention is considered an essential element for an attraction for remaining competitive (Huang & Hsu, 2009).

H6: Memorable wellness tourism experiences are positively associated with tourists' subjective well-being.

H7: Memorable wellness tourism experiences are positively associated with tourists' revisit intention.

Methods

Survey instrument and pilot test

We used a cross-sectional survey to obtain tourists' demographics (e.g. gender, age, relationship status and nationality) and trip characteristics (e.g. when was the trip undertaken, travel companion, whether the trip was organised by a tour operator, first-time or repeat visitor to the destination, importance of travelling for wellness in the post-COVID era, and list of wellness activity/activities undertaken during this trip) and measure the eight constructs of the study.

The survey items used to measure the eight constructs in the theoretical model were adapted from related previous studies and modified to fit the current research context. The four items for measuring novelty were adapted from the work of Coudounaris and Sthapit (2017). The five items for measuring experience co-creation were adapted from Mathis et al. (2016). Five items were used to measure the experiencescape and were adapted from Pizam and Tasci (2019). The survey measured refreshment using four items and involvement using three items adapted from Coudounaris and Sthapit (2017). Memorable wellness tourism experience was measured using three items adapted from Oh et al. (2007). An eight-item scale was used to measure subjective well-being (happiness and life satisfaction). Happiness was measured using four items adopted from Lyubomirsky and Lepper's (1999) Subjective Happiness Scale. Life satisfaction was measured using four items drawn from Diener et al.'s (1985) Satisfaction with Life Scale. Revisit intention was operationalised using four items adapted from Hu and Xu's (2021) study. Table 1 presents the 32 items used in the study. These were measured on a five-point Likert scale (1 = strongly disagree; 5 = strongly agree).

Before the main study, the questionnaire was tested by conducting a pilot study with three professors of travel and tourism management to confirm the relevance, clarity, flow and phrasing of the measures proposed for each variable. The results showed no issues regarding the questionnaire's item clarity or readability.

Sampling and data collection

The target population for this study consisted of tourists who were 18 years of age and older who had recently undertaken a holiday and whose main motivation to undertake this trip was wellness and participation in a wellness activity (e.g. visits to thermal water, visit to hot spring(s), spas including undertaking meditation, yoga, pilates retreats and massage) within the six months preceding the data collection period (January–June 2022). These were the screening criteria for identifying the right respondents for the survey. The survey was used via Amazon Mechanical Turk (MTurk), an internet marketplace of survey takers, where tasks are allocated to a population of unidentified

Table 1. Constructs and measurement items.

Novelty (Coudounaris & Sthapit, 2017)

N1 I had a once-in-a-lifetime wellness tourism experience
N2 I had a unique wellness tourism experience
N3 My recent wellness tourism experience was different from my previous stays
N4 I experienced something new during my wellness tourism experience

Experience co-creation (Mathis et al., 2016)

ECC1 Working alongside the staff and other tourists allowed me to have a great social interaction during my recent wellness tourism experience, which I enjoyed
ECC2 I felt comfortable working with the staff and tourists during my wellness tourism experience
ECC3 The setting allowed me to effectively collaborate with the staff and other tourists during my recent wellness tourism experience
ECC4 My recent wellness tourism experience was enhanced because of my participation in the experience
ECC5 I felt confident in my ability to collaborate with the staff and other tourists during my recent wellness tourism experience

Experiencescape (Pizam & Tasci, 2019)

ES1 The atmosphere was appealing to my senses
ES2 The level of crowd was comfortable
ES3 The employees were at the site were friendly
ES4 The customers were sociable
ES5 The environment reflects nature

Refreshment (Coudounaris & Sthapit, 2017)

R1 I relieved stress during this trip
R2 I felt free from daily routines during this trip
R3 I had a refreshing experience
R4 I felt better after the trip

Involvement (Coudounaris & Sthapit, 2017)

I1 I visited a place that I really wanted to visit
I2 I enjoyed activities that I really wanted to do
I3 I was interested in the main activities offered at the wellness tourism destination

Memorable wellness tourism experience (Oh et al., 2007)

MWTE1 I have wonderful memories of my recent wellness tourism experience
MWTE2 I will not forget my recent wellness tourism experience
MWTE3 I will remember my recent wellness tourism experience

Subjective Happiness Scale (Happiness; Lyubomirsky & Lepper, 1999)

Happiness

SWB1 In general, I consider myself very happy
SWB2 Compared to my friends, I consider myself very happy
SWB3 I am happy regardless of what is going on
SWB4 I never seem to be as happy as I might be

Satisfaction with Life Scale (Diener et al., 1985)

SWB5 In most ways my life is close to my ideal
SWB6 I am satisfied with my life
SWB7 So far I have gotten the things that I want in my life
SWB8 If I could live my life over, I would change almost nothing

Revisit intention (Hu & Xu, 2021)

RI1 I would return to this place for traveling
RI2 I intend to revisit this place
RI3 I am willing to revisit this place
RI4 If I could, I would go to this place again

workers for completion in exchange for compensation. The use of web-based research using Amazon's Mechanical Turk (MTurk) has increased tenfold over the last decade (Walter et al., 2019), making it the most frequently used online data collection method by far (Porter et al., 2019). Mturk has become a common source for research data (Goodman & Paolacci, 2017), with a reputation for relatively inexpensive and high-quality data compared with other convenience samples (Thomas & Clifford, 2017). At the beginning of the survey, we defined wellness tourism and provided a list of wellness activities as an example to avoid confusion among respondents regarding its meaning.

We asked the participants to recall their most recent wellness tourism experiences vividly before filling out the survey.

Several steps were taken throughout this study to reduce potential threats to its validity. First, before publishing the human intelligence task (HIT) on MTurk, we chose a system qualification with an approval rating of greater than 95% (percentage of approved HITs). This threshold indicates that the respondents' work quality has been judged by other requesters as trustworthy (Peer et al., 2014). Second, when posting the HIT, the authors specified the research topic and provided clear instructions for the workers. Third, three screening questions were embedded in the survey to ensure that participants truly belonged to the target population (are you 18 years of age or older? Have you had a wellness tourism experience during January–June 2022? Was wellness the main motivation for undertaking this particular trip?). Fourth, to prevent the respondents from providing low-quality data, we informed them before they completed the HIT that each response pattern would be monitored and that any indication of irrelevant or random responding would result in the withholding of the associated compensation. Fifth, all the responses were carefully screened, and invalid responses were rejected (e.g. if a worker did not meet the recruiting criteria or did not follow important instructions). Workers who failed the screening during the first attempt were not offered a second chance. Sixth, a realistic completion time was provided to workers to prevent them from being kicked out in the middle of the task (in this case, 30 min). Seventh, workers were asked to provide their Mturk ID to track the responses and block inattentive workers for future entrance, if needed. The online survey link was posted on MTurk and was active for the first week of July 2022. Each participant was paid US$1.00 upon completion of the survey. Out of 300, in total, 280 responses were obtained. The response rate was 93%. In addition, 272 valid responses were retained for data analysis after filtering out responses that did not meet the screening criteria. The sample size was typical of studies in the social sciences and met the suggested minimum for maximum likelihood estimation of at least 200 observations (Kline, 2016). In addition, sample size may also be considered using model parameters and a ratio of indicator to latent variables, given that data inputs in structural equation modelling increase with the number of indicator variables and observations (Westland, 2010). Some studies suggest that an indicator to latent variable ratio of 3:1 requires a minimum sample size of 200 observations – a criterion also satisfied in the present study (Westland, 2010).

Study results

Sample profile and sample size

The respondents were predominantly female (145), and their ages ranged from 20 to 67 years, with the largest group comprising individuals between 30 and 39 years of age (105). This means that many of the respondents were young people. Most of the respondents were married (206), followed by single (45), divorced (12) and engaged (9). Their nationalities were mainly American (217), followed by British (24), Indian (12), Spanish (4), Chinese (2), Canadian (1), Italian (1) and Austrian (1) and included eight different nationalities. The respondents' occupations varied and ranged from student to manager. The

destinations visited for wellness tourism ranged from Prague, Czech Republic, to Cancun, Mexico.

Most of the trips took place in June (84). In terms of travel companions, many mentioned family (87), followed by friends (77), wife (41), husband (38), alone (18), partner (6) and spouse (4). For the question "Was this trip organised by a tour operator?", many answered no (255), and the remaining reported yes (17). A majority of the respondents were first-time visitors to the destination (151). In response to the question "In the post-COVID era, how important is travelling for wellness?", many reported extremely important (111), followed by very important (90), moderately important (45) and slightly important (26). In response to the question "Please mention the wellness activity (activities) that you participated in during this trip.", many mentioned yoga (136), meditation (64), visit to hot spring (35), massage (35), spa (30), pilates (9) and ayurvedic treatment (6).

As it is mentioned above, the 272 respondents consisted of 145 female and 127 male. A response format of 50/50% was chosen to determine the sample size (Akis et al., 1996, p. 485). To achieve a 95% confidence level, and a 5% sampling error, the required sample size is 384 female and male. By reducing the sample size to 272 the total predicted sampling error is increased to 5.94%. Within the sub-samples of 145 female and 127 male, the predicted errors are 12.29%, and 11.50% respectively. It is worth noted that when the proportions within a population are unknown (female versus male), the usual procedure is to assume the worst scenario: that is, where population variance is at its maximum. In this study we follow the response format of 50/50%, meaning that 50% of the population will be female and the other 50% male. Since a 95% confidence level with a 5% sampling error was chosen, our required sample size is $n = (1.96)^2 (0.50) (0.50)/ (0.05)^2 = 384.16$ rounded to 400. The sample size is independent of the size of the total population following a normal distribution, and it is the sample size that determines the error (Table 2).

Confirmatory factor analysis

This study tested the model fit by using confirmatory factor analysis (CFA). Based on Hair et al. (2019) and Kline (2016) we used following basic statistics in the evaluation of the fit of the model to data: Goodness-of-fit statistics: $\chi^2 = 1458.65$, df = 526, χ^2/df = 2.77, p < .000, CFI = .87, NFI = .81, RFI = .79, IFI = .87, TLI = .85, RMSEA (90%, CI) = .081 (.076, .086) PCLOSE = 0.000 (see Table 3).

The model fit for the data was good, showing the following important statistics: chi-square = 1458.652, degrees of freedom (df) = 526, root mean square error of approximation (RMSEA) = 0.081 with p value for close fit (PCLOSE) = 0.000, comparative fit index (CFI) = 0.868, incremental fit index (IFI) = 0.869 and Tucker–Lewis index (TLI) = 0.851. The RMSEA was 0.081, which was very close to the international threshold of 0.08 (Hair et al., 2019, p. 775). Notably, the 36 items did not have missing values. The initial non-unidimensional solution of analysis of moment structures (AMOS) 28 revealed chi-square = 1707.210, df = 566, CFI = 0.841, IFI = 0.842, TLI = 0.823 and RMSEA = 0.086 with PCLOSE = 0.000. The unidimensional solution was found in the eighth run of the model, with chi-square = 1714.9, df = 573, CFI = 0.841, IFI = 0.842, TLI = 0.825 and RMSEA = 0.086 with PCLOSE = 0.000. CFA uses the maximum likelihood tool and includes bootstrapping 2,000 times. The modification indices revealed e31 to e32 = 27.015, e27 to e28 = 13.344, e25 to e28 = 10.588, e25 to e27 = 18.580, e26 to e28 = 12.964, e25 to

Table 2. Demographic and travel characteristics of the respondents (*N* = 272).

Characteristics	Number of respondents	Characteristics	Number of respondents
Gender		*When did you undertake this trip (between January–June 2022)?*	
Male	127	January	26
Female	145	February	28
Age		March	35
20–29	76	April	39
30–39	105	May	60
40–49	57	June	84
>50	34	*Travel companion during this trip*	
Relationship status	Family	88	
Single	45	Friends	77
Married	206	Wife	41
Engaged	9	Husband	38
Divorced	12	Alone	18
Nationality		Partner	6
American	217	Spouse	4
British	24	*Was this trip organised by a tour operator?*	
Indian	12	Yes	17
Spanish	4	No	255
Chinese	2	*Have you visited this destination before?*	
Canadian	1	Yes	121
Italian	1	No	151
Austrian	1	*In the post COVID era, how important is travelling for wellness*	
		Extremely important	111
		Very important	90
		Moderately important	45
		Slightly important	26
		Please mention the wellness activity (activities) that you participated in during this trip	
		Yoga	136
		Meditation	64
		Visit to hot spring	35
		Massage	35
		Spa	30
		Pilates	9
		Ayurvedic treatment	6

Table 3. Summary of the statistics related to the fit of the model.*

Model fit parameters	Estimates of parameters of default model				
CMIN	NPAR	CMIN	DF	P	CMIN/DF
	139	1458.652	526	0.000	2.773
Baseline comparisons	NFI, Delta1	RFI, rho1	IFI, Delta2	TLI, rho2	CFI
	0.810	0.785	0.869	0.851	0.868
Parsimony-adjusted measures	PRATIO	PNFI			PCFI
	0.884	0.716			0.767
NCP	NCP	LO90		HI90	
	932.652	822.678		1050.253	
FMIN	FMIN	FO	LO90	HI90	
	5.382	3.442	3.036	3.875	
RMSEA	RMSEA	LO 90	HI 90		PCLOSE
	0.081	0.076	0.086		0.000
AIC	AIC	BCC			
	1736.652	1779.239			
ECVI	ECVI	LO 90	HI 90		MECVI
	6.408	6.003	6.842		6.565
	HOELTER, .05				HOELTER, .01
HOELTER	108				113

*Note: The estimates of parameters are based on *N* = 272 and the study correlates the errors of the variables that had high covariance.

e26 = 10.481, e3 to e4 = 7.198, e25 to e31 = 6.144, e5 to e9 = 5.464, e5 to e7 = 6.193, e26 to e27 = 6.959, e16 to e18 = 4.936 and e2 to e4 = 4.893. The last run of the fit of the model revealed chi-square = 1551.383, df = 560, CFI = 0.862, IFI = 0.863, TLI = 0.845 and RMSEA = 0.081 with PCLOSE = 0.000.

Furthermore, we eliminated item SWB4, as the standardised regression weight was 0.425, which was below the threshold of 0.5. Therefore, the final run without item SWB4 revealed chi-square = 1458.652, df = 526, CFI = 0.868, IFI = 0.869, TLI = 0.851 and RMSEA = 0.081.

The 141st case of the 272 cases in the study had Mahalanobis d-squared = 164.061 (Mahalanobis, 1936). The rule of thumb is that one can deduct one case when the Mahalanobis d-squared is above 85.000. However, the elimination of the 141st case did not reduce the chi-square, and the important statistics CFI, IFI and TLI of the test of the fit of the model to data have worsened. Therefore, we did not need to eliminate the 141st case from the 272 cases. Based on Hair et al. (2019) and Kline (2016) we used following basic statistics in the evaluation of the fit of the model to data (see Table 3): Goodness-of-fit statistics: χ^2 = 1458.65, df = 526, χ^2/df = 2.77, p < .000, CFI = 0.87, NFI = 0.81, RFI = 0.79, IFI = 0.87, TLI = 0.85, RMSEA (90%, CI) = 0.081 (0.076, 0.086) PCLOSE = 0.000.

Reliability versus validity

The construct reliabilities and the variance extracted for all seven constructs were calculated using CFA via AMOS 28. The calculations in Table 5 show that all eight constructs of the model had construct reliabilities above 0.8 (novelty = 0.861, experience co-creation = 0.902, experiencescape = 0.921, refreshment = 0.914, involvement = 0.895, memorable wellness tourism experience = 0.863, subjective well-being = 0.917, revisit intention = 0.949). The average construct reliability was 0.903, which was very good.

The estimation of the Cronbach's α of the seven constructs based on the 272 cases revealed very good reliabilities (Table 4) (novelty = 0.805, experience co-creation = 0.851, experiencescape = 0.869, refreshment = 0.858, involvement = 0.823, memorable wellness tourism experience = 0.779, subjective well-being = 0.882, and revisit intention = 0.908). Therefore, these estimates suggest a satisfactory degree of reliability, as the mean construct reliability estimate based on Cronbach's α was well above 0.7, specifically 0.847, which satisfied the critical value of 0.7.

To evaluate convergent validity, we performed two steps. Initially, the standardised regression weights of all 36 variables of the model were above 0.5 (within the range of 0.552–0.871), showing no convergent validity. Considering that 27 of the 36 values of the standardised regression weights were above 0.7, this provides evidence of convergent validity. In addition, the calculation of the variance extracted from each construct exceeded 50%; consequently, the model showed convergent validity. Particularly, the variance extracted for the eight constructs was above 50% (novelty = 0.691, experience co-creation = 0.720, experiencescape = 0.754, refreshment = 0.774, involvement = 0.784, memorable wellness tourism experience = 0.739, subjective well-being = 0.694, and revisit intention = 0.846), and the average variance extracted (AVE) was 0.750. The above calculations revealed that each construct had a variance extracted greater than

Table 4. Completely standardized factor loadings, variance extracted and estimates of construct reliability (*N* = 272).*

| | Constructs | | | | | | | | | | |
Variables	F1	F2	F3	F4	F5	F6	F7	F8	Item reliability	Eigen-values	δ = 1-item reliability
N1	.552								.552		.448
N2	.728								.728		.272
N3	.679								.679		.321
N4	.805								.805	2.764	.195
ECC1		.705							.705		.295
ECC2		.740							.740		.260
ECC3	.	.706							.706		.294
ECC4	.	.712							.712		.288
ECC5		.735							.735	3.598	.265
ES1			.807						.807		.193
ES2			.658						.658		.342
ES3			.807						.807		.193
ES4			.702						.702		.298
ES5			.798						.798	3.772	.202
R1				.790					.790		.210
R2				.775					.775		.225
R3				.806					.806		.194
R4				.726					.726	3.097	.274
I1					.769				.769		.231
I2					.825				.825		.175
I3					.759				.759	2.353	.241
MWTE1						.780			.780		.220
MWTE2						.642			.642		.358
MWTE3						.795			.795	2.217	.205
SWB1				.			.788		.788		.212
SWB2							.753		.753		.247
SWB3							.812		.812		.188
SWB5							.643		.643		.357
SWB6							.667		.667		.333
SWB7							.616		.616		.384
SWB8							.578		.578	4.857	.422
RI1								.865	.865		.135
RI2								.871	.871		.129
RI3								.815	.815		.185
RI4								.832	.832	3.383	.168

(*Continued*)

Table 4. Continued.

Variables	Constructs								Item reliability	Eigen-values	$\delta = $ 1-item reliability
	F1	F2	F3	F4	F5	F6	F7	F8			
Cronbach's a	0.805	0.851	0.869	0.858	0.823	0.779	0.882	0.908	ACA = 0.847		
Variance extracted (VE) %	69.10	71.96	75.44	77.43	78.43	73.90	69.39	84.58	AVE = 75.03		
Construct reliability (CR)	0.861	0.902	0.921	0.914	0.895	0.863	0.917	0.949	ACR = 0.903		

*Note: The following formulae are used for calculating VE and CR of constructs: VE = Σ of standardised regression weights / n, CR = (Σ of standardised regression weights)^2 / [(Σ of standardised regression weights)^2 + (Σδ)], ACA = average Cronbach's a, AVE = average variance extracted, ACR = average construct reliability. Constructs: F1 = Novelty, F2 = Experience co-creation, F3 = Experiencescape, F4 = Refreshment, F5 = Involvement, F6 = Memorable wellness tourism experience, F7 = Subjective wellbeing, and F8 = Revisit intention.

Table 5. Correlation matrix ($N = 272$).*

Constructs	F1	F2	F3	F4	F5	F6	F7	F8
F1	*0.691*							
F2	0.488	*0.720*						
F3	0.564	0.495	*0.754*					
F4	0.474	0.391	0.549	*0.774*				
F5	0.492	0.392	0.534	0.477	*0.784*			
F6	0.519	0.411	0.530	0.491	0.503	*0.739*		
F7	0.386	0.380	0.451	0.344	0.395	0.386	*0.694*	
F8	0.542	0.405	0.539	0.474	0.545	0.519	0.392	*0.846*

*Note: Constructs: F1 = Novelty, F2 = Experience co-creation, F3 = Experiencescape, F4 = Refreshment, F5 = Involvement, F6 = Memorable wellness tourism experience, F7 = Subjective wellbeing, and F8 = Revisit intention. Diagonal shows the square root of AVE.

0.5. The AVE = 0.750 was greater than 0.5; thus, Fornell and Larcker's (1981) discriminant-validity criterion was satisfied, indicating that the AVE is greater than 0.5.

Table 5 shows the correlation matrix, indicating that the correlations were below the threshold value of 0.7; therefore, the multicollinearity issue was not found. Table 5 shows the criteria for discriminant validity. Discriminant validity is achieved when the square root of the AVE is higher than the correlation among constructs. This means that all the constructs explain more information through their items than through their interrelationships. In addition, all the constructs in this study performed well (Hu & Bentler, 1999); therefore, they can be used in the conceptual model (see Figure 1).

Mediation analysis

In this section, we examined whether memorable wellness tourism experience is a mediator between antecedent factors and subjective well-being and antecedents and revisit intention (RI). For this purpose, we used mediation with AMOS.

Table 6 shows that memorable wellness tourism experience is a significant mediator (partial mediator) in all ten relationships. In particular, memorable wellness tourism experience is a significant mediator (partial mediator) in ten relationships between novelty and subjective well-being, experience co-creation and subjective well-being, experiencescape and subjective well-being, refreshment and subjective well-being, involvement and subjective well-being, novelty and revisit intention, experience co-creation and revisit intention, experiencescape and revisit intention, refreshment and revisit intention, and involvement and revisit intention. The above findings satisfy the four steps that are involved in Baron and Kenny's (1986) approach to establishing mediation (Mackinnon et al., 2007).

Hypothesis testing

Based on CFA (covariances) via AMOS 28, the study performed the test of the hypotheses in Table 7 below. The CFA (covariances) was performed between constructs F1, F2, F3, F4, F5 and F6 and constructs F7 and F8. Notably, in the conceptual model of Figure 1, the independent constructs F1, F2, F3, F4 and F5 were related to the dependent construct F6, and the independent construct F6 was associated with the dependent constructs F7 and F8.

Table 6. Mediator "memorable wellness tourism experience" before and after entering into the models.*

Impact of variables*	Beta estimate	S.E.	C.R.	p-value	Result***	Status of mediation
Before mediator F6 enters into the model F7 to F1						Partial
F7 to F1	1.204	0.082	14.740	0.000	*Significant*	
After mediator F6 enters into the model F7 to F6 to F1						
F7 to F1	1.165	0.096	12.085	0.000	*Significant*	
F6 to F1	0.676	0.063	10.670	0.000	Significant	
F7 to F6	0.713	0.049	14.639	0.000	Significant	
Before mediator F6 enters into the model F7 to F2						Partial
F7 to F2	1.205	0.117	10.315	0.000	*Significant*	
After mediator F6 enters into the model F7 to F6 to F2						
F7 to F2	1.519	0.159	9.535	0.000	*Significant*	
F6 to F2	0.628	0.045	13.890	0.000	Significant	
F7 to F6	0.737	0.039	18.893	0.000	Significant	
Before mediator F6 enters into the model F7 to F3						Partial
F7 to F3	1.042	0.039	26.866	0.000	*Significant*	
After mediator F6 enters into the model F7 to F6 to F3						
F7 to F3	0.909	0.037	24.813	0.000	*Significant*	
F6 to F3	0.597	0.032	18.742	0.000	Significant	
F7 to F6	0.754	0.032	23.622	0.000	Significant	
Before mediator F6 enters into the model F7 to F4						Partial
F7 to F4	1.324	0.068	19.394	0.000	*Significant*	
After mediator F6 enters into the model F6 to F7 to F4						
F7 to F4	0.843	0.030	27.877	0.000	*Significant*	
F6 to F4	0.499	0.046	10.894	0.000	|Significant	
F7 to F6	0.843	0.030	27.877	0.000	Significant	
Before mediator F6 enters into the model F7 to F5						Partial
F7 to F5	1.132	0.050	22.878	0.000	*Significant*	
After mediator F6 enters into the model F6 to F7 to F5						
F7 to F5	0.910	0.037	24.825	0.736	*Significant*	
F6 to F5	0.910	0.037	24.825	0.000	Significant	
F7 to F6	0.187	0.055	3.371	0.000	Significant	
Before mediator F6 enters into the model F8 to F1						Partial
F8 to F1	1.196	0.093	12.900	0.000	*Significant*	
After mediator F6 enters into the model F6 to F8 to F1						
F8 to F1	1.384	0.076	18.255	0.000	*Significant*	
F6 to F1	0.775	0.050	15.485	0.000	Significant	
F8 to F6	0.369	0.047	7.854	0.000	Significant	
Before mediator F6 enters into the model F8 to F2						Partial
F8 to F2	1.250	0.060	20.912	0.000	*Significant*	
After mediator F6 enters into the model F6 to F8 to F2						
F6 to F2	1.321	0.060	21.966	0.000	*Significant*	
F6 to F2	0.840	0.048	17.413	0.000	Significant	
F8 to F6	0.339	0.045	7.556	0.000	Significant	
Before mediator F6 enters into the model F8 to F3						Partial
F8 to F3	1.094	0.045	24.502	0.000	*Significant*	
After mediator F8 enters into the model F6 to F8 to F3						
F8 to F3	1.109	0.050	22.264	0.000	*Significant*	
F6 to F3	0.674	0.044	15.260	0.000	Significant	
F8 to F6	0.455	0.048	9.561	0.000	Significant	
Before mediator F6 enters into the model F8 to F4						Partial
F8 to F4	1.236	0.050	24.813	0.000	*Significant*	
After mediator F8 enters into the model F6 to F8 to F4						
F8 to F4	0.828	0.027	30.808	0.000	*Significant*	
F6 to F4	0.598	0.041	14.449	0.000	Significant	
F8 to F6	0.828	0.027	30.808	0.000	Significant	
Before mediator F6 enters into the model F8 to F5						Partial
F8 to F5	1.050	0.031	34.305	0.000	*Significant*	
After mediator F8 enters into the model F6 to F8 to F5						
F8 to F5	1.064	0.030	36.022	0.000	*Significant*	
F6 to F5	1.064	0.030	36.022	0.000	Significant	

Table 6. Continued.

Impact of variables*	Beta estimate	S.E.	C.R.	*p*-value	Result***	Status of mediation
F8 to F6	−0.101	0.038	−2.687	0.007	Significant	

Notes: *Estimates are found by AMOS28. **F1 = Novelty, F2 = Experience co-creation, F3 = Experiencescape, F4 = Refreshment, F5 = Involvement, F6 = Memorable wellness tourism experience, F7 = Subjective wellbeing, and F8 = Revisit intention. ***Results in italics help to decide upon the status of mediation whether it is either a complete mediation or a partial mediation or there is no mediation.

Table 7. Test of hypotheses using CFA (Covariances) via AMOS 28.

Hypotheses	Relationship*	Estimate		C.R. (t)	Sig. (*p*-value)	Status of hypotheses
		Beta	Std. Error			
H1	F1 to F6	0.519	0.058	8.920	0.000	Supported
H2	F2 to F6	0.411	0.046	8.922	0.000	Supported
H3	F3 to F6	0.530	0.057	9.220	0.000	Supported
H4	F4 to F6	0.491	0.056	8.565	0.000	Supported
H5	F5 to F6	0.503	0.052	9.625	0.000	Supported
H6	F6 to F7	0.386	0.050	7.681	0.000	Supported
H7	F6 to F8	0.519	0.054	9.573	0.000	Supported

*Note: F1 = Novelty, F2 = Experience co-creation, F3 = Experiencescape, F4 = Refreshment, F5 = Involvement, F6 = Memorable wellness tourism experience, F7 = Subjective wellbeing, and F8 = Revisit intention.

Table 7 reveals that all seven hypotheses, namely, H1, H2, H3, H4, H5, H6 and H7, were supported. Notably, all relationships in the conceptual model (see Figure 1) were positive and significant at the 99% confidence level.

Discussion and conclusion

Guided by S-O-R theory, this study's objective was to propose and test an integrative conceptual model of memorable wellness tourism experiences. The empirical results support all seven hypotheses. First, the relationship between novelty seeking and memorable wellness tourism experiences was significant. Therefore, this finding supports H1 and corresponds with studies suggesting that novelty is a core input for memories (Chandralal et al., 2015; Zhong et al., 2017). This finding indicates that the higher the level of novelty experienced during volunteer tourism, the higher its memorability is for volunteer tourists.

Second, the present study builds on Kim et al.'s (2012) MTE scale by including other factors that impact tourists' memorable wellness tourism experiences. A positive correlation was observed between experience co-creation and memorable wellness tourism experiences, as proposed in H2. During the experience co-creation process, tourists become involved either passively or actively; those who co-create their wellness tourism experiences by actively interacting with the service provider and other tourists should have a more memorable experience. In other words, tourists who are more inclined towards active participation and are engaged in the wellness tourism experience tend to have a more memorable wellness tourism experience. This indicates that a greater degree of experience co-creation in wellness tourism is linked with a higher memorability of wellness tourism experiences.

Third, the relationship between experiencescape and memorable wellness tourism experiences was significant and positive (H3), with a standardised path coefficient of

0.530 ($P = 0.000$). This corresponds to findings from studies indicating that a favourable perception of an environment creates feelings of enjoyment and favourable subjective memories (Dong & Siu, 2013; Sthapit et al., 2017). Thus, the results highlight the environment's significance in wellness tourism.

Fourth, the path from refreshment to constructing memorable wellness tourism experiences was positive, indicating that refreshment had a direct and significant impact on tourists' memorable wellness tourism experiences. Therefore, this finding supports H4 and indicates that refreshment is a derivative of positive experiences during a vacation that tourists can recall even after returning home from a trip (Kotur, 2022) and is linked to MTEs (Morgan & Xu, 2009).

Fifth, the relationship between involvement and memorable wellness volunteer tourism experiences was significant. Therefore, the findings build on those of Kim et al. (2012). These findings suggest that tourists who are highly involved with their trips while on-site at the destination are more likely to have a memorable experience. The findings support those of some prior studies that state involvement is an antecedent of MTE (Prebensen et al., 2014; Kim et al., 2012; Wei et al., 2019).

Further, the results also revealed a positive correlation between memorable wellness tourism experiences and tourists' subjective well-being. This further underscore some studies indicating that MTE contributes to an individual's subjective well-being (Sthapit & Coudounaris, 2018; Vada et al., 2019a).

In addition, the proposed positive association between memorable wellness tourism experience and revisit intention was confirmed by our results, thus supporting H7. Hence, when tourists have a memorable wellness tourism experience, they are more likely to revisit the destination. Therefore, this finding supports studies indicating a positive relationship between MTEs and revisit intentions (Zhang et al., 2018).

The theoretical contribution of this study includes the extension of the MTE scale in the context of wellness tourism. More specifically, the findings identify new antecedents that have an impact on MTEs – in this context, memorable wellness tourism experiences (novelty, experience co-creation, experiencescape, refreshment and involvement). The findings suggest that the higher the amount of novelty, experience co-creation, refreshment, involvement and appealing the experiencescape, the stronger the experience's memorability, which supports H1–H5. In addition, this study builds on existing studies on MTEs and wellness tourism research by contributing to a deeper understanding of the antecedents of memorable wellness tourism experiences and of the mediating effect of memorable wellness tourism experiences on subjective well-being and revisit intention. Moreover, the findings support studies indicating that tourists' memorable experiences – in this case, memorable wellness tourism experiences – is a multifaceted concept (Hosany et al., 2022; Sthapit & Jiménez Barreto, 2018) and is not one dimensional. Furthermore, this study responds to the call for incorporating new dimensions that may impact MTEs, in this context, memorable wellness tourism experiences (Sthapit et al., 2019).

Managerial implications

This study provides interesting managerial implications for wellness tourism managers to increase the memorability of tourists' wellness tourism experiences based on experiential dimensions, such as novelty, experience co-creation, experiencescape, refreshment and

involvement. First, wellness tourism managers should offer a variety of services to cater to the diverse preferences of tourists so that they will have more opportunities and avenues to realise memorable wellness tourism experiences. Service providers may benefit through repeat business. Second, wellness tourists should not be viewed as passive consumers but instead as active producers of their own consumption experiences. Wellness tourism managers should actively interact with tourists who want to co-create their experiences. Such on-site participatory experiences involving social interaction and focused mental engagement will help capture and maintain tourists' interest and attention, which might enable them to make optimum use of their time during their pursuit of well-being while at the destination. Wellness tourism managers should develop and design their settings to be perceived as appealing. Regarding involvement, destination managers can enhance tourists' involvement by offering activities in which tourists can actively participate. Yoga and pilates retreats, including cycling events, are experiential contexts that may allow tourists active participation and enhance their memorability.

This study has some limitations. The number of participants was limited, and the participants were primarily American. The data were collected during the post-visit stage and, as such, relied on variable periods of memory. To avoid this incongruence between remembered and on-site experiences, future studies should collect data from tourists immediately after their visits. In addition, data were gathered using convenience sampling; thus, the results' generalisability is limited. Although English can be viewed as the most dominant international language, the fact that the survey was written only in English could have excluded non-English speakers from participating in the study. In the future, presenting the survey using different language options might be beneficial. Moreover, the present study adopted a web-based survey questionnaire. Future studies should adopt a greater array of research methods might overcome this limitation. Furthermore, given that memories of holidays have been shown to contribute to individuals' place attachment (Sthapit et al., 2022), future studies may examine whether memorable wellness tourism experiences contribute to place attachment. Lastly, the conceptual framework only five antecedents of memorable wellness tourism experiences, future studies could extend and augment the findings of this current study by including other dimensions that might have an impact on MTE in this context, memorable wellness tourism experiences, for example, hedonic goals (Vada et al., 2019b). We suggest that this study be repeated in future studies to generalise the developed model.

Disclosure statement

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

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