

**FACTORS INFLUENCING GENERATION Y'S INTENTION TO  
USE OUTBOUND WELLNESS TOURISM**

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## **FACTORS INFLUENCING GENERATION Y'S INTENTION TO USE OUTBOUND WELLNESS TOURISM**

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### **ABSTRACT**

This paper examines the factors influencing Thai generation Y to use outbound wellness tourism by investigating the factors and the quality of the factors toward the intention to use. The factors investigated include customer satisfaction, electronic word of mouth (eWOM), perceived risk, perceived benefit, health consciousness, and perceived expertise. The total of 400 respondents completed the survey by using google online survey platform. The respondents were divided into two groups, the ones who have traveled abroad and the ones who have not traveled abroad, to measure customer satisfaction. The ones who have traveled abroad were asked the questions on the customer satisfaction part. The reason for examining the generation Y is because the number of generation Y is the highest among other generations. The reason for studying wellness tourism sector is because the sector is growing over the years. The study does not only investigate the relationship and quality of the relationship of the factors by using the regression and reliability analysis, but it also uses T-test and ANOVA analysis. The results of these analysis will be useful for the readers to use the knowledge obtained from this study to develop or implement a marketing plan for wellness tourism industry.

**KEYWORDS:** Customer Satisfaction, eWOM, Perceived Risk, Perceived Benefit, Health, Consciousness, Perceived Expertise, Intention to use

66 pages

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## LIST OF ABBREVIATIONS

### Abbreviation

- 1 Electronic word of mouth, eWOM





## **CHAPTER I**

### **INTRODUCTION**

Tourism industry is one of the industries that contributed to the GDP of the country. V. Middleton (2015) defined tourism as an individual's activity visiting a destination outside the usual environment for leisure. In 2017, tourism contributed approximately 10.4% to the global GDP, which is 4.6% higher than the previous year due to higher tourism spending. In 2018, the global tourism sector had 3.9% growth (World Travel&Tourism Council, 2019). The GDP contributed by tourism industry is generated by businesses that deal directly with tourists, such as airlines, transportation services, accommodation services, and travel agents (World Travel & Tourism Council, 2018).

According to DBS Groups Research (2017), tourism accounted for 6.1% of Thai GDP in 2010 and increased to 9.2% in 2016, which indicated that tourism is the key engine for Thailand economy. As Thailand is one of the attractive destinations, it draws 32.6 million international tourists to the country in 2016, a significant increase from 15.0 million tourists in 2010. The figure represents a very strong growth of the tourism sector in Thailand. On the other hand, Thailand is also the fastest growing outbound market. In 2017, there were approximately 9 million Thai travelers traveling abroad. The number of the travelers is expected to reach 10 million travelers in 2020, and this is represented by the average annual growth of 9.6% in the past three years (Citrinot. Luc, 2017). From the historical data from 2013 to 2017 (Digital Journal, 2018), the value of expected outbound tourist would be over \$15 billion by 2025.

**The number of international and Thai traveler traveling in-out from  
the Kingdom of Thailand**

Year	Inbound			Outbound		
	International Traveler	Thai Traveler	Total	International Traveler	Thai Traveler	Total
<b>2017 (Jan - Dec)</b>	42,933,351	11,861,589	54,794,940	42,211,354	12,081,248	54,292,602
<b>2018 (Jan - Sep)</b>	32,344,674	8,965,593	41,310,267	41,528,761	9,065,166	41,528,761

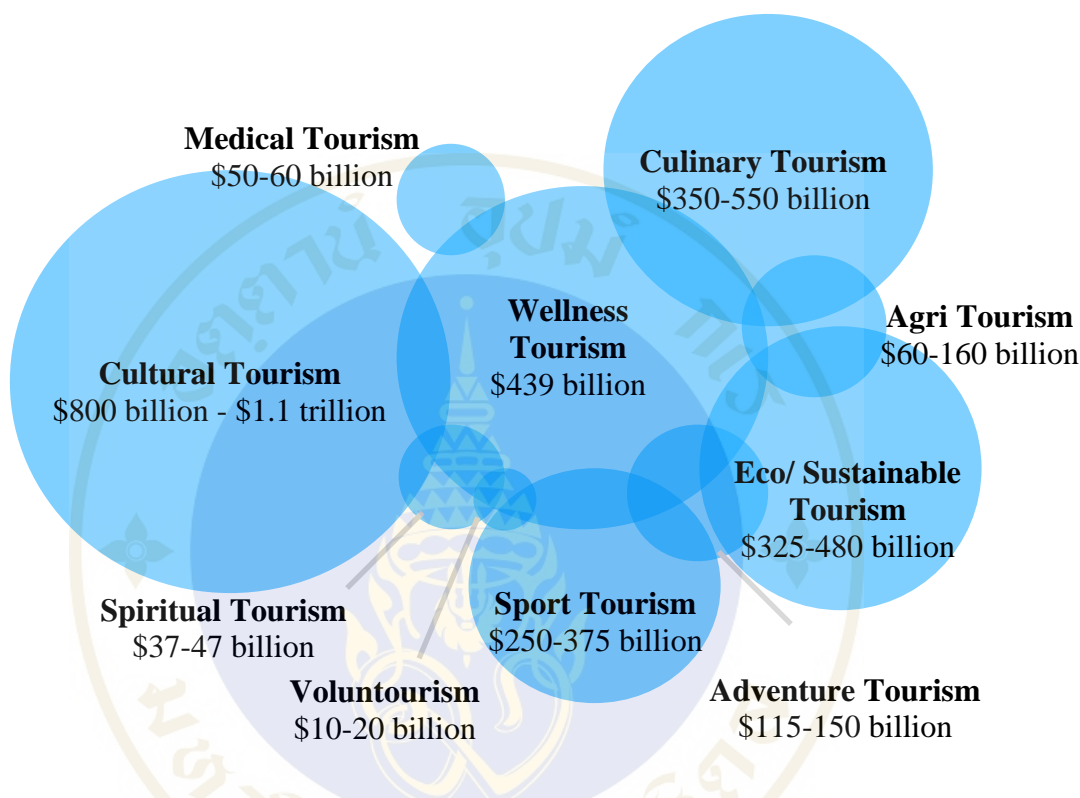
**Source:** Immigration Bureau (2018)

There is an emerging ‘health and wellness tourism’ trend in the tourism industry. One of the reasons for this growing trend is that people are becoming more conscious of their health and wellbeing. Hence, they travel to improve individual’s health and wellbeing (Joohyun Lee and Hong-bumm Kim, 2015). Another reason is due to the worsen work conditions, such as stress from work, stress from a colleague, and long working hours, so people consider traveling as a way to release these stresses (Heung et al., 2011). According to the Global Wellness Institute, Global Spa&Wellness and Global Wellness Tourism Congress (2013), wellness tourism accounted for 14% or \$438.6 billion of all tourism industry, and from 2017, wellness tourism grew more than 9% per year, which is almost 50% higher than the overall global tourism growth.

To identify the term ‘health’, according to the World Health Organization, health can be referred to “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. Medical Tourism Magazine defined wellness as life satisfaction and wellbeing upon an experience of treatment which related to the quality of life, In addition, Joohyun Lee and Hong-bumm Kim (2015) included relaxation and enhancement into their definition of wellness. Wellness is considered as the subset of health (Mueller and Kaufmann, 2001). Therefore, in this study, health and wellness tourism can be defined as the travel from one country to another country to obtain health-related services, including illness treatment, dental treatment, plastic surgery, relaxation, spa, and therapy in order to improve or maintain

wellbeing. For this kind of travel, the traveler usually purchases a whole travel package, including air ticket, accommodation, transfer and vocation (Bookman M, 2007).

### Global Tourism Industry (\$3.2 Trillion)



**Figure 1.1: Global Tourism Industry, Source: Global Wellness Institute (2013)**

The emergence of health-care tourism originated from people living in developed countries whom cannot afford local health services. Therefore, they visit less developed countries to receive health-related services (G. Aydin and B. Karam Mehmet, 2017). On the other hand, people in countries that lack healthcare services due to poor technology, infrastructure, and qualified professional would travel to the countries that provide better healthcare services and higher level of treatments. This new trend of tourism can be defined as “new medical tourism” (Horowitz and Rosensweig, 2008).

According to Patients Beyond Borders, there are approximately 8 million patients from all over the world who seek overseas treatment services each year. The revenue from this industry is approximately 24-40 billion USD, which contributed to the economic growth of the providing countries. There is a total of 41 destinations from

Africa and Asia, to America, Europe, the Middle East, and Arabia (Medical Tourism Index, 2016). By looking specifically only at Thailand, there are 25 million tourists visiting the country annually (Medical Tourism Index, 2016). It is one of the most attractive destinations for medical tourism, and the country was ranked 18<sup>th</sup> for the 2016 global ranking. Comparing to other Asian countries, Thailand is behind Singapore, Japan, Hong Kong, Malaysia, Taiwan, but is ahead of Vietnam, Philippines, Indonesia, and India. The growth of the industry is the result of an increase of income and middle-class population. Moreover, people are becoming more concerned about their health (KPMG, 2018).

Health tourism is a broad concept and it is used in various ways. However, Lee and H.B. Kim (2015) defined health tourism into two categories, which are medical tourism and wellness tourism. Medical tourism is linked to direct medical intervention (Connell, 2006), including surgery and dental treatments (Cormany and Baloglu, 2011). Whitaker (2008) indicated the main purpose for traveling is to take medical treatments due to serious illnesses, not traveling for the pleasure or entertainment (Kangas, 2007; Laugesen and Vargas-Bustamante, 2010). The key decision maker for medical tourism is the advancement in medical technology. Ehrbeck (2008) identified that 32 percent of the medical patient traveled abroad to receive better medical care or medical services that are not available in their countries. In contrast, wellness tourism involves relaxation, leisure, entertainment, and enjoyment, which can be explained as balancing of both physical and mental wellbeing (Smith and Kelly, 2006; Steiner and Reisinger, 2006). The purpose for traveling is to improve the overall wellbeing, both emotional and physical, through travel (Smith and Kelly, 2006). The significant difference in wellness tourism and medical tourism is that it is more associated with the practice of relaxation, rejuvenation, and health maintenance (Global Spa Summit LLC, 2011).

Health and wellness tourism market is continuously growing. People travel with the purpose of improving the quality of life to do health-related activities (Chen et al., 2008 and Connell, 2006). Wellness tourists can be identified into six dimensions of motivation (Dimitrovski and Todorovic, 2015), which are relaxation, escape, rejuvenating, hedonism, socialization and excitement, and obsession with health and beauty. From 2015 to 2017, the global wellness tourism market had the annual growth

rate of 6.5% and the growth was more than double of overall industry growth, which was 3.2%. Over the past five years, Asia leads the world in wellness tourism sector in term of the number of trips and the revenue gain (Global Wellness Institute, 2018).

**Table 1.2: The number of wellness tourism trip and expenditure according to the region in 2017**

Region	Year 2017	
	Number of Trip (Million)	Number of Traveler's expenditure (USD Billion)
North America	204	241.7
Latin America - Caribbean	59	34.8
Europe	292	210.8
Sub-Saharan Africa	5	4.8
Middle East-North Africa	11	10.7
Asia-Pacific	258	136.7

**Table 1.3: Top ten wellness tourism market in Asia-Pacific in 2015**

Country	Number of Trip (Million)	Expenditure (USD Billion)
China	48.2	29.5
Japan	37.8	19.8
India	38.6	11.8
Thailand	9.7	9.4
Australia	8.5	8.2
South Korea	18.0	6.8
Indonesia	5.6	5.3
Malaysia	5.0	3.1
Vietnam	6.4	2.9
Hong Kong	1.8	2.3

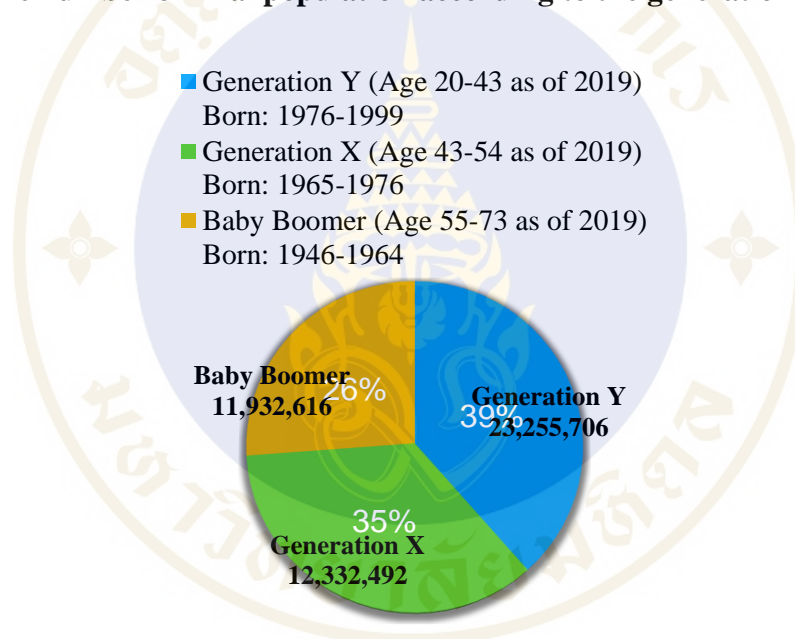
*Source: Global Wellness Institute*

As the scope of health and wellness tourism is too broad, this research aims to study in a more specific scope and focuses only on wellness tourism. However, when we mention wellness tourism, it includes activities such as visiting aesthetic clinic and spa, healthy eating, fitness, yoga, Tai Chi, meditation, stress therapy, etc. This research will focus on the spa, therapy, and hot or mineral spring. Even though there are many literatures conducted to study on various topic of the wellness tourism industry, none of the previous researches studied the Thai outbound market, while some of them studied the Thai inbound market in term of economic factors. Inbound refers to the people who



travel into the country from overseas. Outbound refers to the people who travel out of the country to another country. Apparently, none of the research did not study the intention of Generation Y towards outbound wellness tourism in Thailand. The term ‘generation’ is used to identify the people who were born during similar time and have similar experience of historical event (Edmunds & Turner, 2005). Different generation passes through different life cycle, so they have different behavior. This study will be focusing on Generation Y, which are those who were born from 1976 to 1999 (Awaehayee, 2018). Hence the age range of the subject will be between 20-43 years old as of 2019.

**The number of Thai population according to the generation as of 2018**



**Figure 1.2: The number of Thai population according to the generation as of 2018, Source: Official Statistic Registration System**

As the number of the population for Generation Y is the highest among other generation, it emerges as the topic of interest. This generation is new to the tourism market (Benchkendorff P., Moscardo G., Pendergast D., 2010). Additional research in this area is the gap to understand the intention of Generation Y towards the Thai outbound wellness tourism. From the marketing perspective, this study is perhaps useful for tour operators or service providers who are looking for an opportunity to design a

service package for Thai people. The study will help match consumer's expectation based on the consumer's intention, if there is some relationship between the factors.

### **Study Objective**

- To understand the intention to use outbound wellness tourism
- To identify the factor affecting the intention to use

### **Research Questions**

- What is the intention to use outbound wellness tourism?
- What is the factor that affects the intention to use outbound wellness tourism?

### **Benefit of the study**

- Tour operators or wellness service providers can use the knowledge from this study to adjust or develop a plan according to the intention of Generation Y traveler.

## **CHAPTER II**

### **LITERATURE REVIEW**

#### **2.1 Customer Satisfaction**

Customer satisfaction is the value customers received from a product or service. Omar, Ariffin, and Ahmad (2015) defined customer satisfaction as a customer perceived value toward a product or service which affect the positive intention to recommend the same experience to others. Kitapci, Akdogan, and Dortyol (2014) stated that customer satisfaction can be indicated as one of the cheapest marketing tools as it helps to create word-of-mouth communication and repurchasing intention. Nagel and Cilliers (1990) defined customer satisfaction as the comparison of the cost of the service with the experience rewarded. While Levesque and H.G. McDougall (1991) stated that customer satisfaction is the relationship between the attitudes or future intentions of a customer towards a service provider. Moreover, Fai Yuen and Van Thai (2015) defined customer satisfaction as the customers' experience and the service delivery in relation to the quality. Base on González, Comesaña, and Fraiz Brea (2007), the definition of customer satisfaction in the tourism industry context is the general impression toward a service provider, including the service quality. When the performance does not meet the expectation, dissatisfaction occurs (Oliver, 1980). In addition, Yuksel (2003) defined customer satisfaction as tourist's post-travel satisfaction on the services at the destination, including recreational services and hotel and restaurant services. Customer satisfaction is also defined as a conceptualization of a tourist overall experience at a destination which determines the quality and the benefit derived (Foster, 1999). Therefore, in this study, customer satisfaction is defined as the customer impression or customer perceived value for the quality of a service or the experience provided by a destination after a visit.

In marketing, customer satisfaction is the key concept (Fornell, 1992; Halstead and Page, 1992; Westbrook and Oliver, 1991). It is important because satisfied customers tend to repurchase and create positive word of mouth (Bearden and Teel,



1983). The finding of Getty and Thompson (1994) indicated that customer satisfaction has a positive effect on the customers' intentions to repurchase and recommend the product. On the other hand, dissatisfied customers tend to spread negative word of mouth, switch, and complain about the product or service (Oliver, 1997). However, Cronin and Taylor (1992) stated that to create customer loyalty, satisfaction is not sufficient. An empirical research on a tourism industry emphasizes that overall satisfaction influences the intention to revisit the destination and the intention to recommend to others (Kozak and Rimmington, 2000). In addition, the research finding of Beeho and Prentice (1997), Hallowell (1996), Pizam (1994) and Ross (1993) demonstrated that tourist satisfaction has a strong relationship with the intention to return and positive word-of-mouth communication. Therefore, the hypothesis is formalized as follow:

H1: Customer Satisfaction creates positive Electronic Word of Mouth;

H2: Customer Satisfaction has positive impact to intention to use.

## **2.2 Electronic Word of Mouth (eWOM)**

Jalilvand, Ebrahimi, and Samiei (2012) defined eWOM as an online customer review providing information about a product or service. According to Kitapci, Akdogan, and Dortyol (2014), eWOM can be either positive or negative, which plays an important role in creating a perception that affects the consumer intention to use or the consumer's selection. Moreover, Gvili and Levy (2016) defined eWOM as the perspective suggestion toward a product or service across different digital channels. In addition, Weisfeld-Spolter, Susan and Gould (2014) stated that eWOM is an internet-based communication extended from traditional ways of communication of many-to-many and many-to-one. Also, Kudeshia and Kumar (2017) defined eWOM as a content generated by a user offering product information and consumption-related recommendation through social networking. Electronic word of mouth is an online source of information about a product and service provided by a customer through different online platforms where the information has a significant impact to the intention and attitude of other potential customers toward the product or service. In tourism study,

eWOM can be defined as an online traveler reviews on a tourism service, hotel, and destination (Pan, MacLaurin, & Crofts, 2007) which influences the choice of the destination (Jalilvand and Samiei, 2012). In addition, Gretzel and KH Yoo (2008) defined eWOM as a written information and a recommendation of a service from consumer's perspective. While E. Vermeulen and Seegers (2008) referred eWOM to online reviews providing unbiased travel information. Therefore, in this study, eWOM can be referred to reviews of traveler's experience from using a service, including the information of the visited destination which influences the intention and attitude of another potential customer.

Since the adoption of internet technologies, travelers are able to generate reviews or provide information about travel destinations, tourism services, and hotels. The information from the real users has become an important source of information (Pan, MacLaurin, & Crofts, 2007). Goldenberg et al. (2001) stated that WOM from other consumer has a strong influence on the decision-making process. The previous research emphasized that eWOM perceived trust and perceived credibility (Chu and Kim, 2011; Jin and Sung, 2010; Jung and Kim, 2012). As eWOM allows consumers to obtain information about a product or service, it influences the purchasing intention and the consumers' decision (Chatterjee, 2001). Cronin and Taylor (1992) found that the consumer or tourist satisfaction is related to the perceived service quality and related to behavioral intention. The main motivation for electronic word-of-mouth (eWOM) is the satisfaction and dissatisfaction of service quality (Swanson and Hsu, 2009; Sánchez-García and Currás-Pérez, 2011). Swanson and Hsu (2009) revealed that dissatisfied customers do not necessarily recommend the service provider to the others. Chan and Guillet (2011) suggested encouraging tourists to share their travel experience on a destination and a business through online channels. This represents valuable contribution to the community in the form of review content (Nonnecke, Andrews, and Preece (2006). Electronic word-of-mouth is an effective key for driving viral marketing to create awareness and interest (De Bruyn and Lilien, 2008). This is important because it positively influences the behavior of the consumer (Cronin and Taylor, 1992).

H3: Positive Electronic World of Mouth has positive impact to the intention to use.

## 2.3 Perceive Risk

Tanadi, Samadi, and Gharleghi (2015) defined perceive risk as the concept of the consideration or uncertainty of buying a product or service. It is an important factor that has some influence on the consumer purchasing decision or intention to purchase. If the uncertainty is high, more information is needed and the purchasing decision tends to be more complex (Ashoer and Said, 2016). Maciejewski G. (2011) defined perceive risk as the consumer action in search for the information that could lead to unpredictable consequence. Moreover, M. Dholakia (1997) defined perceive risk as the conceptualization of expectation of losses involving the purchase and use of products and service. Ashoer and Said (2016) defined perceive risk as the concept of the consideration toward the decision when the consumer faces the factors of uncertainty and negative consequences. Moreover, R. Carballo, J. Leon, and M. Cabello (2017) defined perceive risk as an important aspect of sense of safety and security. Therefore, perceives risk is defined as a consumer consideration on the uncertainty or unpredictable consequence when making a decision to buy a product or service. However, in term of tourism research, perceived risk can be defined as tourist attitude toward the potential of risk perception which influences the evaluation of the destination (SF. Sonmez and Graefe, 1998). A. Zeithaml (1981) defined perceived risk as unstandardized service. Since tourism is not a tangible product, consumers are uncertain about the outcome of the service they are purchasing. On the other hand, Sonmez and Graefe (1998) defined perceived risk as an undesirable experience of traveling which can be psychological (disappointing), physical, health, and terrorism risks. In this study, perceived risk can be defined as the perception toward uncertainty of the undesirable outcome of the visited destination or the obtained service that the consumer decided to use.

When consumers have to make a decision associated with risk, they will need more information (Dowling and Stalin, 1994). The consumer considered the consequences that are unpleasant or uncertain and cannot be anticipated (Bauer, 1960). Dowling and Stalin (1994) implied perceived risk as a personal construct involving negative consequences or uncertainties of purchasing an item or a service. Howard and Sheth (1969) determined that perceived risk is the reserved determinants of the purchase intention. The lower the perceived risk is, the higher purchases intention will be, because if the consumers are confident about the brand, it positively affects the intention. Thus,

Vijayasathya and Jones (2000) concluded that the important factor that affects the purchase intention is the perceived risk, while Park, Lennon, and Stoel (2005) defined that perceived risk has a negative relation to intention. Schiffman and Kanuk (2004) defined that perceived risk is uncertainty which a consumer cannot speculate the consequences after making a purchase decision. As long as there are higher levels of uncertain consequence, there is the likelihood of negative influence to consumer purchasing decision (Dowling and Staelin, 1994). Jacoby and Kaplan (1972) considered risk as multidimensional factor, which includes performance, financial, psychological, physical, and social risk, while Mitchell (1992) classified perceived risk for service into six types, which are social, performance, physical, financial, psychological, and time risks.

When a consumer makes a decision, Schiffman and Kanuk (2004) concluded that there are many major types of risk that consumer perceived.

1. Functional risk - the consumer is considering that the product is not going to perform up to their expectation;
2. Physical risk - the consumer is considering the risk to self or other;
3. Financial risk - the consumer is considering that the product is not going to worth its cost;
4. Social risk - the consumer perceived this risk as a potential embarrassment;
5. Psychological risk - the consumer's ego will be damaged by the poor product choice;
6. Time risk - the consumer perceived that the time spent searching for the product is wasted if the product does not meet their expectation.

Therefore, in consumer decision-making process, perceived risk of the consumer plays a significant role (Stone and Gronhaug, 1993; Mitchell and Boustani, 1994; Erdem and Keane, 1996). It is related to consumer's perception in term of negative consequences (Dowling and Staelin, 1994). Campbell and Goodstein (2001) considered perceived risk as congruity on evaluation. Munoz-Leiva, Climent-Climent, and Liebana-Cabanillas (2016) confirmed that perceived risk has negative effect to the intention to use.

H4: Perceived Risk has negative impact to the intention to use.

## 2.4 Perceived Benefit

Tingchi Liu, L.Brock, Cheng She, Rongwei Chu, and T.H. Tseng (2013) defined perceived benefit as the engagement behavior in a specific action associated with a positive outcome, which can be sequence-based, time-based, and quantity based incentives. Sedighi, Van Splunter, Brazier Van Beers, and Luksosch (2016) stated that perceived benefit is the individual benefit which can be distinguished into an intrinsic and extrinsic benefits, where intrinsic benefit refers to internal benefit and extrinsic benefit refers to tangible or intangible benefits. Moreover, Shih-Ping Jeng (2013) defined perceived benefit as the outcome that provides value and it involves consumer's information search to guide the purchasing decision to reduce uncertainty. It can be referred to as the 'utilitarian benefit'. Arora and Aggarwal (2018) referred perceive benefit as the positive consequence perception caused by specific action consisting of three benefits, which are convenience benefit, price benefit, and recreational benefit. In addition, Sedighi, Lukosch, Splunter, Brazier, Hamed and Van Beers (2017) defined perceive benefit as an individual's expected outcome influenced by both personal value and social value. Therefore, a perceived benefit can be defined as an individual's positive expected outcome which would provide the benefit and value to the consumer.

The attitude of perceived benefit is influenced by functional and nonfictional benefit. Functional benefit is related to practicality, while nonfunctional benefit is related to emotion (Bhatnagar & Ghose, 2004; Menon & Kahn, 2002). From the basic theoretical model for the purchasing behavioral, one of the factors that provide an incentive for the consumers is perceived benefit (Wilkie, William, and Pessemier, 1973), which is the positive contribution for the consumer in making the decision to purchase (Tarpey and Peter, 1975). In the study of online shopping behavior, Margherio (1998) found that the consumer purchases the product on the website because they perceived many benefits such as convenience and timesaving. Thus, as the consumer perceived benefits from the online transaction, they are more likely to make the transactions online. Moreover, in the study of an organic food industry, the organic food is sold mainly to customers who are concerned about their health benefit (Shepherd,



Richard, Magnusson, and Sjoden, 2005). The consumers whom perceived health benefit are willing to pay a higher price (Brugarolas and Rivera, 2005) because buying organic food is considered a health investment to them (Grossman, 1972). Therefore, from the previous literatures, we can say that if consumers have some perceived benefits, they would have more intention to use the service. The hypothesis can be formalized as follow:

H5: Perceived benefit has a positive relation to an intention to use.

## 2.5 Health consciousness

Divne and Lepisto (2005) referred health consciousness to an individual's behavior in consuming food and doing physical activities, for example, consuming healthy food and exercising. Dutta-Bergman (2004) defined health consciousness as health-related activities by measuring the level of consciousness in four actions, which are exercising, healthy eating, gambling, and alcohol consumption. Becker et al. (1977) defined health consciousness as an assessment of health-related actions undertaken. People who are concerned about their wellness tend to engage in healthy behavior in order to improve or maintain their health (Newsom et al. 2005; Kraft & Goodell, 1993; Plank & Gould, 1990; Gould, 1988). Similarly, Mergman D. (2004) referred health consciousness to the way people take care of their health condition. In this study, health consciousness is referred to the concern on the importance of an individual's health by trying to improve health condition through action.

Health consciousness is framed into four dimensions. The first dimension refers to the individual who has a greater concern for health. The second dimension refers to the individual who cares about health. The third dimension refers to the engagement of health information search. The last one is healthy condition value (Gould, 1988). According to Ajzen (1985), the individual will undertake some action upon their attitude which can be both favorable and unfavorable to perform a specific action. People who are engaged in healthy behavior are considered to be health conscious (Becker et al, 1977). The consumers with health consciousness are concerned about their health and well-being (Newsom et al, 2005). The individual with health

consciousness tends to involve with nutrition and physical fitness (Kraft & Goodell, 1993). Yen Hsu, Chen Chang, and T. Lin (2016) stated that health consciousness has a positive effect on the consumer intention to purchase food product. Kapoor, Deepa, and Munjai (2017) also founded that there is a necessary correlation between health consciousness and functional food. In addition, people who tend to visit health specialists more often are the ones who are health conscious. (Mesanovic, Emir, Selma Kadic-Maglajlic, and Muris Cicic, 2013). These people are also search for health-related information for their proper health orientation (Chae, Jiyoung, and Brian, 2015). Magnusson et al (2003) referred from the other research that health consciousness has been found to prognosticate the purchase intention. Huang (2014) founded that the crucial factor in choosing a food product is health consciousness. In addition, consumer behavior will change when their health consciousness preference is changed according to the changes in their life. However, the relationship between health consciousness and intention is founded in the food industry and none of the studies have yet to look into the health and wellness tourism. Therefore, this leads to the hypothesis that the individual who is health conscious tend to have an intention to use the health and wellness service activity.

H6: Health consciousness is positively related to the intention to use.

## 2.6 Perceived Expertise

F. Spake and M. Megehee (2010) defined perceive expertise as a customer's evaluation of a service provider competencies. Diana Best (1994) defined it as the product-related experience and it usually is measured past experiences. Moreover, De Vos, Forrier, De Heijden and De Cuyper (2017) defined expertise as the competency to perform high-quality work specific task. Chong Lim and M.Y.Chung (2014) referred to it as a perceived ability to deliver trustworthiness and expertise to the consumer and it can be influenced by the credibility of the word-of-mouth. Markowska (2018) referred it to expertise, individual knowledge, and skill to perform a task. Therefore, perceived expertise is the competency of the services provider in relation to the past related

experience to perform the task which influences the credibility of the service provider in the eye of the consumer.

Knowledge, experience, and competency altogether refer to the expertise which represents an ability or a skill of an individual contributing to the credibility and trustworthiness (Fogg and Tseng, 1999). Applbaum and Anatol (1972), Desarbo and Harshman (1985) mentioned expertise as an important factor for credibility, which the credibility of the brand increases the probability of the brand choice (Erdem and Swait, 1998). Wang (2014) also supported that the service provider's expertise, including technical knowledge, competency, and knowledge demonstration, can increase the affective commitment. There are two components for the brand credibility; expertise and trustworthiness, where brand credibility is one of the marketing tools that can increase purchase intention as affective commitment is led by trust (Morgan and Hunt, 1994). In the health industry, Tuckett, Boulton, Olson, and Williams (1985) stated that professional expertise has compelling power over the patients. Eastin (2001) founded that higher credibility is led by high-expertise sources. In addition, Sertoglu, Catl, and Korkmaz (2013) also stated that expertise affects the credibility, and credibility affects purchase intention. While in the other study of the celebrities' endorsement, the most significant component of endorsement is expertise (Daneshvary and Schwer, 200). Ohanian (1991) founded the impact of credibility on consumer's purchase intention which can be referred to the relationship between expertise and intention. Moreover, source credibility or information from a credible source can influence individual attitudes and value (Erdogan, 1999). In the study of Ohanian (1991), perceived expertise of the celebrities on the product has some relationship to the intention to purchase. Not only perceived expertise of the celebrities but also of the spoke person that has a positive relationship to the purchase intention, the more credible the spokesperson, the more likely that the consumer will purchase the product. (Ohanian, 1991). Therefore, from all these previous studies, it leads to the hypothesis that expertise of health and wellness service provider affect the consumer's intention to use the service.

H7: Perceived expertise is positively related to intention to use.



## 2.7 Intention to Use

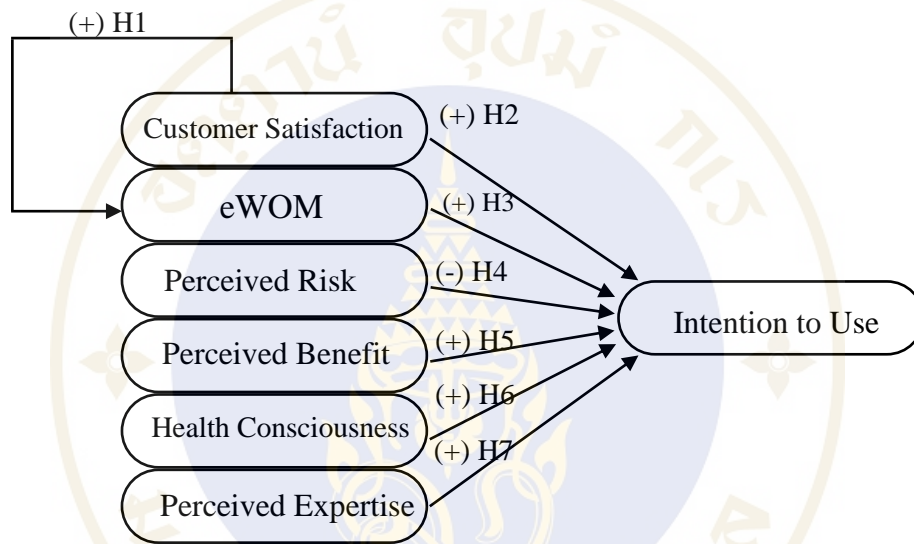
Nysveen, Pedersen, and Thorbjørnsen (2005) defined intention to use as the individual's specific behavioral intention, while Celuch, Walz, Saxby and Ehlen (2011) determined the intention to use as perceived usefulness and perceive ease of use, which trust is also one of the factors that affect the intention to use (Kim, Jin Baek and Kang, 2012). Furthermore, Sheikh, Yezheng, Islam, Hameed, and Ullha Khan (2019) mentioned that the intention to use is the behavioral intention associating with adoption of online media. Moreover, Tingchi Liu, Rongwei Chu, Anthony Wong, Angel Zuniga, Yan Meng, and Chuan Pang (2012) stated that intention to use is positively associated with an attitude involving feeling, moods, and emotion toward the service provider. In addition, Engotoit, Mayoka Kituyi, and Bukoma Moya (2016) stated that the individual's decision related to the satisfaction exhibiting the particular behavior can be referred to the intention to use. Therefore, intention to use is related to the use of service which is influenced by positive attitude, satisfaction, and trust. In the tourism industry, the intention to use refers to a traveler's willingness to revisit and recommend to others (Ajzen and Driver, 1992). Similarly, Gronholdt et al. (2000) and Baker and Crompton (2000) defined the intention to use as the traveler's intention to revisit, similarly to customer loyalty to repurchase a certain product. Kim and Brown (2012) and Rajaratnam et al. (2015) also concluded that the intention to use is related to the traveler enthusiasm created from the recommendation to visit the destination.

When the buyers are willing to buy, it represents that the buyers have a purchase intention which is the positive relationship between the willingness to buy and perceptions of value (Dodds et al., 1991). The intention is also linked to the judgment on what you think you will buy (Blackwell et al, 2001). The empirical research supported that the service quality and purchase intention are linked (Bitner, 1990; Boulding et al., 1993). Also, consumer perceived value can be one of the important predictors of the pre-decision and post-decision processes in purchasing intention (Kwun and Oh, 2004). Therefore, Lin LY and Chen YW (2009) concluded that the factors that lead to higher purchase intention are both service quality and consumer value.

Blackwell et al (2001) categorized consumer intention into the type of purchase, which is purchase intention and repurchase intention, which reflect the repeat

purchase on the same brand or product. Ajzen and Fishbein (1980), Akhter and Durvasula (1991) and Akaah et al. (1995) identified that there are many types of intention, which are shopping intention, consumption intention, and search intention. When a consumer has a choice, he/she has to make the decision or the selection between two or more options (Schiffman and Kanuk, 2004).

## 2.8 Hypothesis



**Figure 2.1: Hypothesis**

- H1: Customer satisfaction generates positive electronic word of mouth;
- H2: Customer satisfaction has positive impact to the intention to use;
- H3: Electronic World of Mouth has positive impact to the intention to use;
- H4: Perceived risk has negative impact to the intention to use;
- H5: Perceived benefits has positive impact to the intention to use;
- H6: Health consciousness has positive impact to the intention to use;
- H7: Perceived expertise has positive impact to the intention to use.

## **CHAPTER III**

### **METHODOLOGY**

#### **3.1 Population**

The empirical study carried out outbound wellness tourism in Thailand. The scope of the target population in this study focused on the Generation Y Thai men and women who were born between 1976-1999 (Awaachayee, 2018), or have the current age of 20-43 as of 2019. In the marketing perspective, it is important to identify the target population because people in different age group have different behavior. In Thailand, the total number of Generation Y population is 17,990,260 people according to the Official Statistic Registration System (2018).

#### **3.2 Method**

Quantitative method is used in this study. The assumption was made on the factors influencing the intention of the Generation Y toward wellness travel to other countries. An online questionnaire was conducted, and the questionnaire was divided into eight parts. The first part is the demographic information of the respondent. This is to know the respondent's background and categorize the respondents. The second part to the eighth part was designed to study all of the following factors; customer satisfaction, Electronic Word of Mouth (eWOM), perceived risk, intention to use, perceived benefit, health consciousness, and perceived expertise.

#### **3.3 Sampling**

The sampling size of this study is 400, including both male and female. The questionnaire was conducted from two groups of the population. The first group is from

the respondent who has traveled abroad, and the second group is from the respondent who has not traveled abroad.

### **3.4 Data Collection**

The questionnaire was given out to the respondent via an online channel by using google survey as the platform. The study utilized the convenient sampling method. As the data was collected online, there was no specific demographic area or a specific time of the day to collect the data. To obtain the two sets of data from the people who have traveled abroad and the ones who have not, a screening question was used in the questionnaire.

### **3.5 Data Analysis**

SPSS is used to conduct the statistical analysis and to summarize the data. Descriptive Statistic is used to analyze the respondent demographic. The study used the demographic analysis to analyze the background of the population, including the gender, age group, educational background, income, and some personal characteristic related to travel behavior. The T-test is used to find the difference in the population, finding the mean between male and female groups. The finding of the differences between the gender will only be presented. In addition, to find the variance, this research used ANOVA to identify the differences among the groups based on age range, income range, and educational background. Moreover, the regression analysis is also used to measure how strong or how weak the relationship is among the variable in order to indicate the positive or negative value.

## **CHAPTER IV**

### **RESEARCH FINDING & ANALYSIS**

#### **4.1 Demographic Analysis**

The data were collected from 400 respondents via an online platform. One hundred and fifty-four (154) respondents or 38.5% are male and 246 or 61.5% are female. The respondents are categorized into different age ranges; below 25 years old, 25-36 years old, 36-43 years old, and more than 45 years old. Most of the respondent is in the age range of 25-36 years old. The total number of respondents in this age group is 286 or 71.5%. 68 respondents or 17% are below 25 years old and 46 respondents or 11.5% are in the age range of 36-43 years old. The majority of the respondents, 287 respondents or 71.8%, are bachelor's degree graduates and 101 or 25.3% are master's degree graduates. A few of them, 10 respondents or 2.5%, graduated from high school or equivalent, and only 2 respondent or 0.5% have completed a Doctoral degree. The income is also categorized into 5 groups of income range; below 15,000 THB, 15,001-30,000 THB, 30,001-45,000 THB, 45,001-60,000 THB, and more than 60,000 THB. Most respondents, 164 respondents or 41%, has the range of income of 15,001-30,000 THB. Eighty-nine (89) respondent or 22.3% has the range of income of 30,001-45,000 THB. Fifty-five (55) respondent or 13.8% earn higher than 60,000 THB, 51 respondent or 12.8% earn between 45,001-60,000 THB, and only 41 respondent or 10.3% earn below 15,000 THB. Most of them, 344 or 86%, have traveled abroad, but 56 respondents or 14% have never traveled abroad. Two hundred and twenty-one (221) or 55.3% respondents have traveled for wellness, such as spa, treatment, hot spring, and mineral spring, but 179 or 44.8% have not. When they travel, the majority of the respondent, 304 respondents or 76%, do not use the service of travel agents or tour operators, but only 96 respondent or 24% have used the service of a travel agent and a tour operator.

**Table 4.1: Frequency Table**

<b>Personal characteristic</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
<b>Sex</b>				
Male	154	38.5	38.5	38.5
Female	246	61.5	61.5	100.0
<b>Age</b>				
Below 25 years old	68	17.0	17.0	17.0
25-36 years old	286	71.5	71.5	88.5
36-43 years old	46	11.5	11.5	100.0
More than 45 years old	0	0	0	0
<b>Educational Background</b>				
High school or equivalent	10	2.5	2.5	2.5
Bachelor's degree	287	71.8	71.8	74.3
Master's degree	101	25.3	25.3	99.5
Doctoral degree	2	0.5	0.5	100.0
<b>Income</b>				
Below 15,000 THB	41	10.3	10.3	10.3
15,001-30,000 THB	164	41.0	41.0	51.2
30,001-45,000 THB	89	22.3	22.3	73.5
45,001-60,000 THB	51	12.8	12.8	86.3
More than 60,000 THB	55	13.8	13.8	100.0



**Table 4.1: Frequency Table (cont.)**

<b>Personal characteristic</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
<b>Have traveled abroad</b>				
Yes	344	86	86	86
No	56	14	14	100.0
<b>Have traveled for wellness, such as spa, treatment, hot spring, or mineral spring</b>				
Yes	221	55.3	55.3	55.3
No	179	44.8	44.8	100.0
<b>Have used the service of a travel agent or a tour operator</b>				
Yes	96	24	24	24
No	304	76	76	100.0
<b>Total</b>	<b>400</b>	<b>100.0</b>	<b>100.0</b>	

## 4.2 T-Test analysis

To determine the difference between male and female, the T-test is used to analyze this part. The mean difference of 0.05 is statistically significant at. The analyze of P-Value were from the Independent Samples Test. The number that is less than or equal to 0.05 represents a statistical significance or difference among the two groups. The significant factor will only be presented in the table. The table below represents the variable that shows the differences between male and female.

### 4.2.1 Electronic Word of Mouth

**Table 4.2 T-test (Electronic Word of Mouth)**

T-Test (Group Statistic)						
	Gender	N	Mean	Std. Deviation	T	p
I frequently gather information from an online travel's review to help me decide the right destination to visit and the right service to use.	Male	154	4.370	.7580	-4.040	.000
	Female	246	4.663	.6094		
When I gather the information from the reviews from other travelers, I become more confident to use the service.	Male	154	4.305	.7698	-3.076	.002
	Female	246	4.533	.6300		
The electronic word-of-mouth has a positive impact on the desire or intention to travel.	Male	154	4.273	.7607	-3.878	.000
	Female	246	4.549	.5675		

Electronic word of mouth has more influence on the intention to travel for wellness for female than male. Female frequently gathers information from other travel's reviews to help decide the right destination to visit and the right service to use, which is different from male. The P-value is 0.002. The mean for female is 4.663 while the male is 4.370. Also, the female is more confident to use the service when they have gathered the information of the reviews from the other travelers. The P-value is .000 and the mean for female is 4.549, while the mean for male is 4.273. This represents the difference between male and female, which shows more impact on female than male. Moreover, the electronic word-of-mouth has a more positive impact on the desire or intention to travel on female than male. As can be seen on the table, the P-value is .000. The mean number for female is 4.549 and the mean for male is 4.273.



#### 4.2.2 Health consciousness

**Table 4.3: T-test (Health consciousness)**

<b>T-Test (Group Statistic)</b>						
	<b>Gender</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>t</b>	<b>p</b>
I think that living life without disease and illness is very important to me	Male	154	4.390	.7696	-2.956	.003
	Female	246	4.610	.6469		

Female are more health consciousness than male. Female think that living life without disease and illness is very important to them. The mean number for female is 4.610 while the male is 4.390.

#### 4.4 Regression

The use of the regression analysis is to quantify the strength of the relationship between the dependent variable and independent variable. The table below shows the relationship between customer satisfaction and intention to use. The analysis is done separately because the sample size is not the same as other factors. The customer satisfaction questions are used for only the one who has traveled abroad and has used the service of a travel agent or a tour service provider. The customer satisfaction questions are ignored for the one who has never used a travel agent or a tour service provider.

**Table 4.4: Model Summary**

<b>Model Summary</b>				
<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
1	.262a	.068	.059	.50051

a. Predictors: (Constant), Customer Satisfaction

**Table 4.5: ANOVA<sup>a</sup>**

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.730	1	1.730	6.905	.010b
	Residual	23.548	94	.251		
	Total	25.278	95			

a. Dependent Variable: Intention

b. Predictors: (Constant), Customer Satisfaction

**Table 4.6: Coefficients (a)**

Coefficients(a)					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	3.005	.308		9.741	.000
Customer Satisfaction	.197	.075	0.262	2.628	.010

a. Dependent Variable: Intention

Referring to the regression analysis, the significant value is 0.010, which is lower than 0.05. This represents the significant relationship between customer satisfaction and intention to use. The strength of the relationship is at 0.262. Therefore, the hypothesis H2, customer satisfaction has positive impact to the intention to use, is acceptable.

Moreover, to prove H1, customer satisfaction generates positive electronic word of mouth, the regression was run separately to see the relationship between the customer satisfaction and electronic word of mouth.

**Table 4.7: Model Summary**

<b>Model Summary</b>				
<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
1	.346a	.120	.111	.47013

a. Predictors: (Constant), Customer Satisfaction

**Table 4.8: ANOVA<sup>a</sup>**

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.834	1	2.834	12.820	.001b
	Residual	20.776	94	.221		
	Total	23.610	95			

a. Dependent Variable: eWOM

b. Predictors: (Constant), Customer Satisfaction

**Table 4.9: Coefficients (a)**

<b>Coefficients(a)</b>					
<b>Model</b>	<b>Unstandardized Coefficients</b>		<b>Standardized Coefficients</b>	<b>t</b>	<b>Sig.</b>
	<b>B</b>	<b>Std. Error</b>	<b>Beta</b>		
1 (Constant)	3.304	.290	0.346	11.403	.000
Customer Satisfaction	.252	.070		3.581	.010

a. Dependent Variable: eWOM

Referring to the table above, the significant value between customer satisfaction and electronic word of mouth is 0.001, which is lower than 0.05 and represents the strong relationship between the two variables. The strength of the relationship is at 0.346. Therefore, the hypothesis H1, customer satisfaction generates positive electronic word of mouth, is acceptable.

The table below shows the relationship between electronic word of mouth and intention, perceived risk and intention, perceived benefit and intention, health consciousness and intention, and perceived expertise and intention.

**Table 4.10: Model Summary**

<b>Model Summary</b>				
<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
1	.755a	.571	.565	.53582

a. Predictor: (Constant), Health Consciousness, Perceived Risk, eWOM, Perceived Expertise, Perceived Benefit

**Table 4.11: ANOVA<sup>a</sup>**

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	150.395	5	30.079	104.765	.000b
	Residual	113.121	394	.287		
	Total	263.516	399			

a. Dependent Variable: Intention

b. Predictors: (Constant), Health Consciousness, Perceived Risk, eWOM, Perceived Expertise, Perceived Benefit

**Table 4.12: Coefficients(a)**

<b>Coefficients(a)</b>					
<b>Model</b>	<b>Unstandardized Coefficients</b>		<b>Standardized Coefficients</b>	<b>t</b>	<b>Sig.</b>
	<b>B</b>	<b>Std. Error</b>	<b>Beta</b>		
1 (Constant)	-.822	.281		-2.926	.004
eWOM	.012	.055	.008	.218	.828
Perceived Risk	.105	.038	.096	2.788	.006
Perceived Benefit	.370	.052	.312	7.123	.000
Perceived Expertise	.471	.049	.394	9.572	.000
Health Consciousness	.229	.045	.184	5.042	.000

a. Dependent Variable: Intention

Referring to the table above, the significant value of perceived benefit, perceived expertise, and health consciousness are 0.000 which represent a strong relationship with the intention to use, because the significant value is less than 0.05. Therefore, the following hypothesis is acceptable:

H5: Perceived benefit has a positive impact to the intention to use;

H6: Health consciousness has a positive impact on the intention to use;

H7: Perceived expertise has positive impact to the intention to use.

In terms of relative impact on intention to use, perceived expertise has the most impact to the intention to use as the Beta value is .394. the highest among other factors. Perceived benefit has the second highest impact to the intention to use and has the Beta value of .312. The Beta value for health consciousness and perceived risk are third and fourth at .184 and 0.96 respectively.

The significant value of perceived risk of 0.006 shows the positive relationship, but it has the less impact when comparing to other factors.

## 4.5 Anova

ANOVA is used to see the differences in variable in the groups. First, the differences between age group are analyzed. Second, the differences between educational background are analyzed. Lastly, the differences between the range of income are analyzed. The analysis is categorized into each variable and the only significant difference between the groups is presented. For the age groups, the variables that show significant difference are included perceived risk, perceived expertise, and health consciousness. For educational background, the variable that shows significant difference are electronic word of mouth. For income, the variables that show significant difference are electronic word of mouth, perceived risk, perceived benefit, perceived expertise, and health consciousness.

ANOVA table is used to screen for the significant number that has the value less than 0.05. The table below shows only significant values for different age groups.

### 4.5.1 Age Range Comparison

**Table 4.13: ANOVA (Between age group)**

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
19. I think language is one of the obstacles when traveling abroad. ( <i>Perceived Risk</i> )	Between Groups	16.862	2	8.431	5.023	0.007
	Within Group	666.316	397	1.678		
	Total	683.178	399			
36. I trust wellness service providers in other countries more than in my home country. ( <i>Perceived Expertise</i> )	Between Groups	19.069	2	9.535	9.005	0.000
	Within Group	420.368	397	1.059		
	Total	439.438	399			
37. I think receiving wellness services such as spa, treatment, or mineral spring in the country is not different from other countries. ( <i>Perceived Expertise</i> )	Between Groups	6.392	2	3.196	3.036	0.049
	Within Groups	417.885	397	1.053		
	Total	424.278	399			

**Table 4.13: ANOVA (Between age group) (continued)**

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
38. I think I am very conscious about my health. ( <i>Health Consciousness</i> )	Between Groups	4.669	2	2.334	3.149	0.044
	Within Groups	294.329	397	.741		
	Groups Total	298.997	399			
	Total					
41. I think living life without disease and illness is very important to me. ( <i>Health Consciousness</i> )	Between Groups	4.509	2	2.255	4.632	0.010
	Within Groups	193.241	397	.487		
	Groups Total	197.750	399			
	Total					

To find the differences among different age group, Pos Hoc Test analysis is also needed to compare multiple comparisons between the group.

**Table 4.14: Perceived Risk (Between age groups)**

Dependent Variable	(I) Age	(J) Age	Mean Difference (I-J)	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
19. I think language is one of the obstacles when traveling abroad	35-43 years old	Below 25 years old	.5822*	.015	-.087	1.077

There is a significant difference between the age range of 25-35 years old and the age range of 35-43 years old. Comparing to people who are 25-35 years old, more people who are 35-43 years old think that language is one of the obstacles when traveling abroad.



**Table 4.15: Perceived Expertise (Between age groups)**

Dependent Variable	(I) Age	(J) Age	Mean Difference (I-J)	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
36. I trust the wellness service provider in other countries more than in my home country	Below 25 years old	25-35 years old	.4074*	.011	.074	.741
		35-43 years old	.8235*	.000	.351	1.296
	25-35 years old	35-43 years old	.4161*	.034	.023	.809

There are significant differences between three age groups; below 25 years old, 25-35 years old, and 35-43 years old. Comparing to older age range, the younger of age, the more they trust the wellness service provider in other countries more than in their home country.

**Table 4.16: Perceived Expertise (Between age groups)**

Dependent Variable	(I) Age	(J) Age	Mean Difference (I-J)	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
37. I think receiving the wellness service such as spa, treatment, or mineral spring in the country is not different from other country	35-43 years old	Below 25 years old	.4795*	.044	.009	0.950

There is a significant difference between the age range below 25 years old and 35-43 years old. Comparing to people below 25 years old, more people who are in



the age range of 35-43 years old think receiving the wellness service such as spa, treatment, or mineral spring in the country is not different from other country. This can also reflect the result of the previous table which stated that people who are in the age range of 35-43 years old trusted the services in their home country.

**Table 4.17: Health Consciousness (Between age groups)**

Dependent Variable	(I) Age	(J) Age	Mean Difference (I-J)	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
38. I think I am very conscious about my health	35-43 years old	Below 25 years old	.4003*	.046	.005	0.795
41. I think living life without disease and illness is very important to me	35-43 years old	Below 25 years old	.4009*	.008	.081	0.721

There is a significant difference between the age of 35-43 years old and the age below 25 years old. Comparing to the younger age, people 35-43 years old are more conscious about their health and they also think that living life without disease and illness is very important to them.

#### 4.5.2 Educational Background Comparison

ANOVA table is used to screen for the significant number that has the value lower than 0.05. Between the group of educational background, the only significance is found in electronic word of mouth as shown in the table below.

**Table 4.18: ANOVA (Between educational background)**

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
13. I frequently gather information from online travel reviews to help me decide the right destination to visit and the right service to use ( <i>eWOM</i> )	Between Groups	6.537	3	2.179	4.782	0.003
	Within Group	180.463	396	.456		
	Total	187.000	399			
14. When I gather the information from the reviews of other travelers, I become more confident to use the service ( <i>eWOM</i> )	Between Groups	6.173	3	2.058	4.366	0.005
	Within Group	186.617	396	.471		
	Total	192.790	399			
15. The electronic word-of-mouth has a positive impact on the desire or intention to travel ( <i>eWOM</i> )	Between Groups	6.144	3	2.048	4.812	0.003
	Within Group	168.533	396	.426		
	Total	174.677	399			

To find the differences among different age group, Pos Hoc Test analysis is also needed to compare multiple comparisons between the group. The following table shows comparisons between educational background groups.

**Table 4.19: Electronic Word of Mouth (Between educational background)**

Dependent Variable	(I) Education	(J) Education	Mean Difference (I-J)	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
13. I frequently gather information from online travel reviews to help me decide the right destination to visit and the right service to use	Bachelor's degree	High school	.7958*	.002	.220	1.372
	Master's degree	High school	.6950*	.012	.102	1.288
14. When I gather the information from the review from other traveler, I become more confident to use the service	Bachelor's degree	High school	.7599*	.004	.174	1.345
	Master's degree	High school	.7851*	.004	.182	1.389
15. The electronic word-of-mouth has a positive impact on the desire or intention to travel	Bachelor's degree	High school	.6564*	.011	1.00	1.213
	Master's degree	High school	.6851*	.010	.112	1.259

For the educational background, there is the difference between the educational background groups in term of the electronic word of mouth. There is a significant difference between high school and bachelor's degree graduates, and high school and master's degree graduates. People who graduated bachelor's degree and master's degree frequently gather information from online reviews to help decide the right destination to visit and the right service to use. Furthermore, searching for online information from other travelers help them to become more confident with the service. Moreover, the electronic word of mouth has positive impact on the desire or intention to travel to these groups of people while there is less impact for high school group.

#### 4.5.3 Income Group Comparison

ANOVA table is used to screen for the significant number that has the value lower than 0.05. Between the income groups, the only significance is shown in the table below.

**Table: 4.20: ANOVA (Between income groups)**

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
15. The electronic word-of-mouth has a positive impact on the desire or intention to travel ( <i>eWOM</i> )	Between Groups	4.716	4	1.179	2.740	0.028
	Within Group	169.962	395	.430		
	Total	174.678	399			
16. I think <i>eWOM</i> has high credibility and make it easier for me to make the decision ( <i>eWOM</i> )	Between Groups	12.536	4	3.134	5.429	0.000
	Within Group	228.024	395	.577		
	Total	240.560	399			

**Table: 4.20: ANOVA (Between income groups) (cont.)**

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
17. I usually have an intention to use the service by relying on eWOM, because it helps to reduce the uncertainty involved ( <i>eWOM</i> )	Between Groups	6.291	4	1.573	2.763	0.027
	Within Group	224.819	395	.559		
	Total	231.110	399			
19. I think language is one of the obstacles when traveling abroad ( <i>Perceived Risk</i> )	Between Groups	39.105	4	9.776	5.996	0.000
	Within Group	644.072	395	1.631		
	Total	683.177	399			
21. When I am not certain about an unknown destination, I prefer not to visit. ( <i>Perceived Risk</i> )	Between Groups	14.795	4	3.699	2.603	0.036
	Within Group	561.183	395	1.421		
	Total	575.978	399			
28. I think wellness tourism helps to improve my health and wellbeing. ( <i>Perceived Benefit</i> )	Between Groups	12.351	4	3.088	3.655	0.006
	Within Group	333.746	395	.845		
	Total	346.097	399			
36. I trust wellness service provider in other countries more than in my home country. ( <i>Perceived Expertise</i> )	Between Groups	26.975	4	6.744	6.458	0.000
	Within Group	412.462	395	1.004		
	Total	439.438	399			
41. I think living life without disease and illness is very important to me. ( <i>Health Consciousness</i> )	Between Groups	5.406	4	1.351	2.775	0.027
	Within Group	192.344	395	.487		
	Total	197.750	399			

### 4.5.3 Income Group Comparison

To find the differences between different age group, Pos Hoc Test analysis is needed to compare multiple comparisons between the groups. The following table shows comparison between different income groups.

**Table 4.21: Electronic word-of-mouth (Between income groups)**

Dependent Variable	(I) Income	(J) Income	Mean Difference (I-J)	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
15. The electronic word-of-mouth has a positive impact on the desire or intention to travel	45,001-60,000 Baht	More than 60,000 Baht	.3954*	.021	.035	0.755

There is a significant difference between two income ranges; 45,001-60,000 Baht and more than 60,000 Baht. The electronic word-of-mouth has a more positive impact on the desire or intention to travel toward people with the income range of 45,001-60,000, compared to the people who has income more than 60,000 Baht.



**Table 4.22: Electronic Word of Mouth (Between Income group)**

Dependent Variable	(I) Income	(J) Income	Mean Difference (I-J)	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
16. I think eWOM has high credibility and makes it easier for me to make the decision	45,001-60,000 Baht	Below 15,000 Baht	.5586*	.005	.109	1.008
		15,001-30,00 Baht	.5464*	.000	.203	.890
		30,001-45,000 Baht	.4424*	.010	.066	.819
		More than 60,000 Baht	.5098*	.006	.093	.927
17. I usually have an intention to use the service by relying on the eWOM because it helps to reduce the uncertainty involved.	45,001-60,000 Baht	Below 15,000 Baht	.4754*	0.28	.029	0.922

There is a significant difference between all income range, however, people who are in the income range of 45,000-60,000 Baht think eWOM has high credibility and makes it easier for them to make the decision. Moreover, there is a significant difference between the income range of 45,001-60,000 Baht and below 15,000 Baht. People who are in the income range of 45,001-60,000 Baht usually have an intention to use the service by relying on eWOM because it helps to reduce the uncertainty involved.

**Table 4.23: Perceived Risk (Between Income group)**

Dependent Variable	(I) Income	(J) Income	Mean Difference (I-J)	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
19. I think that language is one of my obstacles when traveling abroad.	Below 15,000 Baht	45,001-60,000 Baht	.8431*	.018	.087	1.599
	15,001-30,000 Baht	45,001-60,000 Baht	.8187*	.001	.241	1.397
	30,001-45,000 Baht	More than 60,000 Baht	.5756*	.040	.014	1.137
21. When I am not certain about the unknown destination, I prefer not to visit	Below 15,000 Baht	45,001-60,000 Baht	.7843*	.018	.079	1.490

There are significant differences between the income range of below 15,000 Baht and 45,001-60,000 Baht. More people who has the income below 15,000 Baht think language is one of the obstacles when traveling abroad. Also, more people whose income below 15,000 Baht preferred not to visit the unknown destination.

**Table 4.24: Perceived Benefit (Between Income group)**

Dependent Variable	(I) Income	(J) Income	Mean Difference (I-J)	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
28. I think wellness tourism helps improve my health and well-being.	Below 15,000 Baht	15,001-30,000 Baht	.5549*	.006	.102	1.008
		30,001-45,000 Baht	.5782*	.009	.088	1.068

There are significant differences between the income below 15,000 Baht and 15,001-30,000 Baht, and income below 15,000 Baht and 30,001-45,000 Baht. More people whose income is below 15,000 Baht think wellness tourism help improve their health and well-being when comparing to 15,001-30,000 Baht and 30,001-45,000 Baht income range.

**Table 4.25: Perceived Expertise (Between Income group)**

Dependent Variable	(I) Income	(J) Income	Mean Difference (I-J)	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
36. I trust in wellness service provider in other countries more than in my home country.	Below 15,000 Baht	30,001-45,000 Baht	.9035*	.000	.359	1.448
		45,001-60,000 Baht	.6055*	.050	.000	1.211
		More than 60,000 Baht	.6878*	.012	.093	1.283
	15,001-30,000 Baht	30,001-45,000 Baht	.4706*	.005	.091	.850

There are significant differences between the income below 15,000 Baht and 30,001-45,000 Baht, 45,001-60,000 Baht, and more than 60,000 Baht. More people whose income below 15,000 Baht trust the wellness service provider in other countries more than in their home country. Moreover, there is a significant difference between the income range of 15,0001-30,000 Baht and 30,001-45,000 Baht. More people whose income range is 15,001-30,000 Baht also trust wellness service provider in other countries more.

**Table 4.26: Health Consciousness (Between Income group)**

Dependent Variable	(I) Income	(J) Income	Mean Difference (I-J)	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
41. I think living life without disease and illness is very important to me.	30,001-45,000 Baht	15,001-30,000 Baht	.2688*	.036	.009	0.528

There is a significant difference between the income range of 30,001-45,000 Baht and 15,001-30,000 Baht. More people whose income 30,001-45,000 Baht think living life without disease and illness in very important to them.

#### 4.6 Reliability Analysis

		N	N
Cases	Valid	96	24.0
	Excluded	304	76.0
	Total	400	100.0

Variable	Cronbach's Alpha	N of items
Customer Satisfaction	.842	5

		N	N
Cases	Valid	400	100.0
	Excluded	0	.0
	Total	400	100.0

Variable	Cronbach's Alpha	N of items
eWOM	.767	5
Perceived risk	.600	5
Intention to use	.708	3
Perceived benefit	.762	4
Perceived expertise	.625	3
Health consciousness	.685	4

Reliability is measured by Cronbach's Alpha at equal or above .600. Referring to the table above, all factors including customer satisfaction, eWOM, perceived risk, intention to use, perceived benefit, perceived expertise, and health consciousness are reliable. Number of items represent the questions in each factor, and each factor contains 5 questions. However, some of items are not included as they are reverse questions.

## **CHAPTER V**

### **DISCUSSION**

From the research finding and data analysis, this research supports the previous study about the relationship between customer satisfaction and intention to use. It supports the statement that customer satisfaction has a positive effect on customer intention to repurchase and recommend a product to others (Thompson, 1994). In this research, the result also indicates that customer satisfaction influences the intention to use, which in turn supports the demonstration from Beeho and Prentice (1997), Hallowell (1996), Pizam (1994), and Ross (1993) that tourist satisfaction has a significant relationship with intention to return. In addition, this study found that customer satisfaction influences positive electronic word of mouth. The result from this study also supports the previous study which stated that customers tend to repeat and create positive word of mouth if they are satisfied (Bearden and Tell, 1983). This is the same as the study by Thomson (1994) who mentioned the positive effect of customer satisfaction on recommending the product to others. Therefore, it can be concluded that if tourists are satisfied with the service quality, they tend to revisit the place and tend to recommend the service to others by reviewing the service experience on an online platform. Moreover, the result of the analysis in this study shows that the electronic word of mouth does not influence the consumer intention to travel. Even though some consumers usually look for information and review from other travelers on online platform to support their decision in choosing the destination to visit or the service to use, there are some consumers who do not trust the source of information and do not rely on the electronic word of mouth. Therefore, this study does not support the previous study of Chatterjee (2001) which stated that electronic word of mouth influences the purchasing intention and consumer decision making. However, eWOM positively influences the behavior of the consumer (Cronin and Taylor, 1992). In addition, the result of the data analysis found that the perceived benefit has a positive relation to the intention to use the service. As long as the service provides the benefit to the consumer, which could be both functional and nonfunctional benefits, the customers still intend to



use the service. It supported the literature stating that perceived benefit is one of the factors that provide incentive to the consumer (Wilkie, William, and Pessemier, 1973) and it provides positive contribution for the consumer in the decision to purchase (Tarpey and Peter, 1975). Nevertheless, from this study, perceived expertise is positively related to the intention to use. Perceived expertise has the highest mean among other factors. As wellness tourism is related to health and wellbeing, expertise of the service provider is the most important concern. This study also supports that expertise affects the credibility, and credibility affects purchase intention (Sertoglu, Catl, and Korkmaz, 2013), which can be referred to the relationship between expertise and intention. Both perceived benefit and perceived expertise could deliver high credibility and trustworthiness in the service. Therefore, they influence a positive effect on the intention to use the service. Lastly, health consciousness is positively related to intention to use wellness tourism. From the previous study, the consumers who are concerned about their health and wellbeing have a positive effect on the intention to purchase functional food product (Yen Hsu, Chen Chang, and T. Lin, 2016). Another research finding shows that people who care about their health have the intention to visit health specialist (Mesanovic, Emir, Selma Kadic-Maglajlic, and Munjai, 2017). Likewise, this research also found that, in wellness tourism industry, the consumers who are concerned about their health and wellbeing have more intention to use the service of wellness tourism, because it helps to improve their health. However, this study does not support the previous study on the relationship of perceived risk and intention to use. The previous study stated that the lower perceived risk, the higher purchase intention. If the consumers are confident about the brand, the confidence positively affects the intention (Howard and Sheth, 1969). Furthermore, Vijayasarathy and Jones (2000) concluded that perceived risk is an important factor that affect the purchase intention. Dowling and Stalin (1994) also stated that higher level of uncertain consequence is likely to have negative effect on consumer purchasing decision. Therefore, this study supports the aforementioned literatures by Vijayasarathy and Jones (2000), Howard and Sheth (1969), and Dowling and Stalin (1994). The assumption for this result could be because the number of the perceived benefit and perceived expertise is relatively high, and both are positive. Meaning that the respondents might trust the wellness service provider. Moreover, perceived risk also influences consumers' decision because it is related to

their health and wellbeing. They might think that the service provider will be able to provide high level of safety. The positive electronic word of mouth or negative electronic word of mouth also influence their intention in term of the concern on the uncertainty of risk. Some of the consumer might trust the information that they find from the reviews of other tourists. However, some of them do not trust the reviews. Therefore, this could be the reason why perceived risk is related to the intention to use in this study.



## **CHAPTER VI**

### **CONCLUSION AND RECOMMENDATION**

#### **Conclusion**

Referring to the regression analysis, there is a relationship between customer satisfaction and intention to use. When people are satisfied, they will likely be using the service. This means the customer satisfaction has a positive impact on the intention to use. Moreover, when the customer is satisfied, there is the possibility that they will create a positive word of mouth and recommend the service to others, consequently influencing other target customers. The result of this study is the same as the previous study which stated that customer satisfaction has a positive effect on the customer's intention. Moreover, overall satisfaction can lead to the intention to recommend to others. The variables that respectively have a positive impact on the intention to use are perceived expertise, perceived benefit, health consciousness, and perceived risk. In the outbound wellness tourism subject of this study, perceived expertise is positively related to intention to use and it is the most important factor, because the mean is the highest among the other factors. The previous study stated that perceived expertise affects the credibility and credibility affects purchase intentions. Likewise, the result of this study supports the statement from the previous study. The next important factor is the perceived benefit. This study proved the hypothesis that perceived benefits have a positive impact on the intention to use. Furthermore, this study supports the statement of the previous study that stated perceived benefit is one of the factors that provide an incentive for the customer in making the decision to purchase. The third important factor is health consciousness. From the previous study, health consciousness people intend to purchase healthy food product, and they tend to visit health specialist more often than those who are not. Since wellness tourism is related to health, it can be assumed that health consciousness is positively related to the intention to use. The result of this study can prove that the assumption is true. The last factor influencing the intention is perceived risk. Perceived risk is found to have positive relationship with the intention,

which is the opposite result to the previous study. However, the Beta value for perceived risk is the lowest among other factors. For the electronic word of mouth, the hypothesis stated that positive electronic word of mouth has a positive impact on the intention to use. However, this hypothesis is not acceptable because the regression analysis is not significant. Therefore, this study does not support the previous study. The previous study stated that eWOM influences purchasing intention on consumer decision making. The assumption could be that eWOM is not an important influence for the individual who have not traveled abroad. And individual who think they might not have an opportunity to travel. Therefore, eWOM is not an important factor for them and does not influence their intention.

By comparing the differences between male and female, there are only two variables that are significant between male and female; the electronic word of mouth and health consciousness. The females are more influenced by the electronic word of mouth than the males. Also, the females are more conscious about their health than the males. The rest of the factors are not significantly different between the genders.

The study did not only compare the differences between the genders, but the differences between age range, educational background, and income range are also identified. For the age group, there is a difference in perceived risk, perceived expertise, and health consciousness. People whose age is 35-45 years old think language is one of the obstacles when traveling. They also think receiving wellness services such as spa treatment or mineral spring in the country is not different from other countries, while people whose age is below 25 years old and 25-35 years old trust wellness service providers in other countries more than in their home country. Moreover, people whose age is in the range of 35-45 years old are more health conscious.

Considering the educational background, the difference occurs for the electronic word of mouth. People who have a bachelor's degree and master's degree use online information to guide them on the destination to visit and the right service to use, while people who are high school graduates do not search for online reviews.

For the income, people in the income range of 45,001-60,000 Baht are influenced by the electronic word of mouth the most, compared to other income ranges. More people with the income below 15,000 Baht and 15,001-30,000 Baht think language is an obstacle when traveling, compare to people who have a higher income.

Also, people with the income below 15,000 Baht tends not to visit unknown destinations. This research achieved the objective of identifying the factors affecting the intention to use outbound wellness tourism. Nevertheless, each variable is further identified to understand the respondents in terms of genders, age, income, and educational background, in order to develop the marketing strategy for the wellness service provider outside of Thailand, and also for the tour agency or tour operator to design the program that meets the consumer want and needs.

### **The recommendation**

From the analysis of the variables that have an impact on the intention to use, the recommendations are as follow; The wellness service provider or the tour operators need to provide the highest customer satisfaction as possible. It can consequently create the intention to use the service to the potential customer as satisfied customer has the possibility to generate the positive electronic word of mouth by reviewing the service on online media. The electronic word of mouth is one way of creating brand awareness for the potential customer who is always be looking for the information online. Customer satisfaction can be created by providing service beyond customer expectation. Since service is intangible, in contrast to product, the customer will be judging on the price comparison to the service they received, the staff who provide the service, the atmosphere, and other complimentary the service provider provided to the customer. It is important that the service provider provides the service beyond customer expectation. Moreover, the service provider should maintain the same level of high customer satisfaction. As perceived expertise has the most impact to the intention to use among other variables, the marketing recommendation is the wellness service provider has to reflect expertise and professionalism toward the customer. The service provider needs to build trust for the customer. The brand itself, the marketing communication, the staff, the service, the atmosphere, and the operation altogether have to provide the sense expertise. However, to attract potential customers, marketing communication is the most important tool. The service provider has to create the message and content that conveys the sense of expertise. Expertise isn't the only factor that needs to be conveyed. Customers also want to know the benefit they will receive



from using the service. Hence, perceived benefit is the next factor that has a positive impact on the intention to use. The customer will use the service if they get some benefits in return. For example, the service helps to improve health in some specific ways.

Service providers should target female consumers as they are more health conscious than male. The female is more influenced by electronic word of mouth than male. So, it is recommended to market towards female by using electronic word of mouth as a tool to influence their intention to use the service. Besides gender, the age range is also needed to be considered. Even though people who are in the age range of 35-45 years old are health conscious, they believe that receiving the service in their own country is better than receiving the service from other countries. Therefore, outbound wellness tourism might not be the choice for people in this age range. This group of people rather receive the wellness service domestically. However, people age below 25 and 25-35 years old believed that the service of other countries is better than their own countries. Therefore, the outbound sector should be focusing on this group of consumers. When considering the income as one of the factors for the target market, it is recommended to focus on the people whose income is more than 45,001-60,000 Baht as this group is influenced by the electronic word of mouth. This group also don't consider the language as an obstacle and they tend to visit the unknown destination that they have never visited. The high income also helps to simplify their decision-making process.

### **Limitation of the study**

The convenient survey method of the online questionnaire was conducted during April and May 2019. The total number of 400 questionnaire surveys were distributed. However, there are some limitations for the study. Since the questionnaire is conducted online, it unable to control the age of the respondent, hence the screening question was used. The respondents who are over 55 years old was not able to complete the questionnaire. As it is online, some of the respondents whose age are over 55 years old still joined this survey, making some of the results invalid. However, to replace the invalid questionnaire, more questionnaire had been conducted to fulfill the total number



of 400 in order to complete the total of the expected number. Moreover, even though it makes sense that the respondents are both male and female, but the number of the respondents who are female (61.5%) is higher than male (38.5%). This might be considered the limitation between two groups and might have some impact on the comparison. As it is online survey, the number of male and female population cannot be screened or split into equal half because it depends on who was willing to do the survey. Also, as it is not face to face, it is not possible to know how the respondents intended to answer all the question. In addition, from the regression analysis, perceived risk factor should be negative. The negative number should prove that it is negatively influencing the intention to use. The hypothesis implied that perceived risk has negative effect on the intention to use, however, the number turned out to be positive. Lastly, from the regression analysis, eWOM is not significant (.828) which means there is no impact on the intention to use. It can be concluded that not everyone respondent from the survey have traveled abroad, and not everyone want to travel abroad for wellness tourism. Hence, eWOM is not the significant factor for them. As the result of regression analysis, perceived risk and eWOM are considered as the of the limitations of this study. The suggestion for further study is to do the qualitative research to prove these factors.

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