ELSEVIER

Contents lists available at ScienceDirect

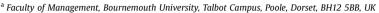
Tourism Management

journal homepage: www.elsevier.com/locate/tourman



Exploring well-being as a tourism product resource

Sarah Pyke ^{a, *}, Heather Hartwell ^a, Adam Blake ^a, Ann Hemingway ^b



^b Faculty of Public Health, Bournemouth University, Talbot Campus, Poole, Dorset, BH12 5BB, UK



CrossMark

HIGHLIGHTS

- Tourism and public health sectors are merging around the concept of well-being.
- Stakeholder views on using well-being as a tourism product resource are explored.
- Barriers and enablers of implementing well-being into tourism strategy are outlined.
- The potential to transform the identified barriers into enablers is discussed.
- Findings are mapped onto a public health model and applied in a tourism context.

ARTICLE INFO

Article history: Received 29 September 2015 Received in revised form 4 February 2016 Accepted 5 February 2016 Available online 19 February 2016

Keywords: Well-being Tourism product resource Stakeholders Tourism strategy

ABSTRACT

This study employs a qualitative research approach where focus groups (n=11) with key stakeholders were used to understand how tourism investors view the concept of well-being in relation to tourism and the potential to use it as a tourism product resource. Findings validated by a wider group (n=50) exposed the barriers and enablers of implementing well-being in this way. The potential for businesses and policymakers to transform these barriers into enablers was also identified. In addition, study findings were mapped onto a robust model extracted from the public health sector and applied in a tourism context using a systems theory approach. This further highlighted the potential offered to the fields of public health and tourism in the concept of well-being, and demonstrated the well-being value of tourism. Data from this research will aid tourism business practice and development by embedding a well-being philosophy for tourism destinations' strategies.

© 2016 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).

1. Introduction

In 1948 The World Health Organization (WHO) originally proposed that, "Health is not the mere absence of diseases but a state of well-being" and from this point onward well-being has become a challenging concept to define (La Placa & Knight, 2014). Notwith-standing, well-being has been described in numerous ways such as an individual's optimistic assessment of their lives including contentment, positive emotion, engagement and purpose (Diener & Seligman, 2004). It has also been explained in terms of developing as a person, being fulfilled and making a contribution to the community (Stoll, Michaelson, & Seaford, 2012). While the WHO's description of health is not a definition of well-being per se; it outlines fundamental principles and demonstrates where the

Corresponding author. E-mail address: sarah.pyke@bournemouth.ac.uk (S. Pyke). concept originates. Issues such as the association between health and well-being and whether or not well-being should be considered subjective or objective in nature contribute to the contemporary evaluation of well-being from both an economic and psychological viewpoint. Well-being has been used in a broad sense by philosophers, economists and public health professionals to discuss the general population and has also been understood in a narrow sense regarding an individual's positive functioning. Even so, the concept of well-being extends across a wide range of subject areas including philosophy, public health, economics, policy, academia, research, theory and psychology (Hanlon, Carlisle, & Henderson, 2013); however, it is used sparsely in relation to tourism. It can be conceptualized as resting on a continuum between 'reactive' and 'proactive' anchors. With regard to this research well-being fits within the proactive conceptualization, as tourism can be considered healthful in nature and guided by the individual (Travis & Ryan, 1981).

The positive well-being benefits realized from a holiday

experience provide opportunities for the visitor economy, as wellbeing has the potential to be used as a marketing tool to influence consumer's choice of holiday destination. It has been documented in the literature that well-being is a desired feature that consumers are looking to fulfill while engaging in tourism (Voigt & Pforr, 2014). Tourism not only influences well-being however, it also impacts the economy. Tourism contributes to economic development for respective destinations, as consumer spending creates additional employment opportunities, contributes to GDP and therefore positively impacts local businesses (VisitBritain 2014; World Travel & Tourism Council 2014; Deloitte, 2013). The tourism sector affects business development, sustainable growth, social and economic involvement and regeneration which is contained in the widespread policy agenda (Deloitte, 2013). By embedding a health and well-being philosophy for tourist destinations, it is hoped that more individuals will potentially engage in tourism and the economic benefits will follow.

Health policy has acknowledged that disease prevention is essential to ensure better population health and contributes to less spending on health care in the long term (Hartwell, Hemingway, Fyall, Filimonau, & Wall, 2012; Wanless, 2002). As well-being has become an important policy goal public health has begun to adopt strategies which focus on well-being across the life course through considering the wider determinants of health and health behaviour. These include the contexts within which people live such as housing, transport, employment and opportunities to change health behaviour. All of which are potentially impacted upon by tourism and public health policy and strategy at a local level coming together. The health of the population is not exclusively an obligation of the health sector; indeed in the UK the recent move of the public health function to local authorities is evidence of the contribution of the local policy context across the wider determinants of health directly influenced by local authority strategy and local action (Hartwell et al. 2012). This change is intended to help planners and politicians engage with their responsibility as laid out in the Health Act 1999 which is to come together to improve the health and well-being of local people. Just as wellbeing is important to public health officials, it also plays a vital role in tourism, as individuals (particularly in developing countries) aim to achieve well-balanced lives (VisitBritain, 2010). These findings suggest not only are individuals aspiring to have secure careers, strong relationships with family and friends, good health and time for leisure activities, but the desire for rest and relaxation has become particularly important. Resultantly, individuals in developing countries ranked 'having time to relax' as one of their top three priorities in life (VisitBritain, 2010). Holidays are one avenue whereby people can make this priority a reality. It has been suggested that the market for holidays focused on well-being is growing exponentially (Voigt & Pforr, 2014).

Public health and tourism bodies come from different backgrounds and business cultures, have divergent opinions, speak in dissimilar languages and potentially have differing views on the definition of well-being. Regardless of these variances, where the two parties could find common ground is under the well-being effect of tourism. Drawing on the work of Ritchie and Crouch (2003), Hartwell et al. (2012) present a conceptual relationship that demonstrates the fusion of public health and tourism using effective strategy and public policy formation. Furthermore, the principles of sustainable tourism have been used to provide additional evidence on how integrating public health principles into destination management, destination policy, local policy, activities and destination capital can provide positive outcomes (Hartwell et al. 2012).

Further proof of the blending between the sectors of public health and tourism around well-being resides in the ancient Greek roots of this concept that can be characterized in two ways: eudemonic and hedonic (McMahan & Estes, 2011). Eudemonic well-being occurs when one experiences meaning and selffulfilment in life while hedonic well-being arises from seeking happiness and pleasure (Ryan & Deci, 2001; Waterman, Schwartz, & Conti. 2008). In keeping with this line of reasoning Hartwell et al. (2012) and Easterlin (2013) suggest that as society moves towards a philosophy of reuse, repurpose and greater sustainability. well-being fits better within a eudemonic positioning and provides an opportunity to form a unique, collaborative relationship between tourism and public health. Public health evolves from a preventative, protective perspective and encompasses a life course approach. This outlook closely resembles a eudemonic philosophy. Well-being is not always controlled by the individual and is greatly influenced by environmental factors within the context of an individual's life (Ryff & Singer, 2008). This is where public health and policy can play a vital role by creating supportive environments and establishing policies influenced by issues related to sustainable well-being.

Tourism offers products and services to consumers where one can experience either eudemonic or hedonic well-being. A eudemonic tourism product/service offering focused on human development could be portrayed as more in line with the aims of the public health sector (Hartwell et al. 2012). Other studies reiterate that tourism could offer individuals long-term, sustainable life satisfaction and positive functioning, as well as short-term, extreme pleasure attaining hedonic experiences (McCabe & Johnson, 2013). Controversially, it could be argued that a hedonic tourism product/service offering is categorized by excessive behaviour such as eating and drinking and is less agreeable to society standards and the field of public health. Alternatively, visitors experiencing a eudemonic tourist product such as cycle ways or walking trails can realize benefits to their own health (both mental and physical). In addition, local residents exposed to the physical and cultural provisions associated with eudemonic tourism have the opportunity to experience similar health advantages.

Although the goals of reducing inequalities and promoting sustainability can be encouraged through public health and tourism, it can be argued that as an emerging area of research more work needs to be done (Hartwell et al. 2012). There is momentum and currency developing in this area; however, research has somewhat lagged behind. Hence the focus of this study is to evaluate the relationship between tourism and public health in the emerging lens of well-being from a business perspective.

1.1. Tourism and consumer behaviour

Tourism is viewed as a powerful force related to human development and the wider public good (Higgins-Desbiolles, 2006). As a result, it is critical for tourism researchers, academics and leaders to embrace this vision and give robust evidence for policy development (Higgins-Desbiolles, 2006). According to the World Tourism Organization (UNWTO), in the last five decades, growth of the tourism sector has been exponential and this trend is not expected to change in the future (2014). From a business perspective, the volume matches or exceeds that of powerful industries such as oil, food and automobiles (UNWTO, 2013). The growth and impact of tourism has provided destinations around the globe with many benefits including employment for residents and increases in GDP/ economic development (VisitBritain 2014; Deloitte, 2013; World Economic Forum, 2013). With this development also come challenges such as the negative health impacts of hedonic tourism experiences, the potential exploitation of the local work force and degradation of vulnerable local wildlife and beauty spots. In addition, tourism in some areas brings challenges in relation to specific public health issues such as sexual health and infectious disease transmission (Andriotis, 2010; Sonmez et al. 2006). In response to increasing profits and competition tourism researchers have adopted the principles of consumer behaviour, specifically in order to better understand consumer site selection, destination image formation and revisit intention. Marketers are particularly concerned with analysing consumer behaviour in order to produce exceptional promotional/marketing strategies (Blackwell, Miniard, & Engel, 2006).

1.2. The evolution of tourism marketing

Marketing has evolved from a focus on producing products and oversupply to the current era where consumer needs are at the forefront of business operations (Crane, Kerin, Hartley, & Rudelius, 2011). In the past, it was suggested that marketers were not recognizing the adverse effects of tourism on the destination, as the focus was solely on the financial benefits and attracting as many people as possible to destinations regardless of negative economic, social, political and/or cultural repercussions (Batra, 2006). Buhalis (2000) supports this concern and stresses the need for marketers to create a sense of equilibrium between the sustainability of resources and stakeholder needs and wants. If this balance is achieved, destinations will gain and the satisfaction of tourism consumers will be enhanced (Buhalis, 2000). Correspondingly, the present day societal marketing concept emphasizes satisfying consumers' needs and wants while providing for society's wellbeing (Blythe, 2013; Blackwell et al. 2006). The change has been a shift from producers' interests to consumers' wants and needs. Current business efforts embrace the societal marketing concept where consumer needs are better understood so marketing tools can be adjusted to ensure consumer and society's well-being are at the forefront (Crane et al. 2011). The process is continuous with needs being triggered and satisfied by products that will stimulate future demand (Crane et al. 2011). If the marketer understands consumers' needs, then products can be developed to provide superior customer value. The set of marketing tools (product, price, place and promotion) can be manipulated to satisfy customer needs and build strong customer relationships (Armstrong, Kotler, Trifts, & Buchwitz, 2012). Well-being has been identified as a societal need and want, therefore there is potential for well-being to play a key role in the consumer decision making process with regards to choice of holiday. As individuals begin to recognize the importance of healthy living and are taking initiatives to change for the better, they are motivated to go to those destinations that contribute positively to their own health and well-being and potentially to that of others (Global Spa & Wellness Summit 2013; Voigt & Pforr,

1.3. Well-being as a business opportunity

There has been a trend in the literature whereby well-being has been used interchangeably with other words such as health, quality of life, public health, life satisfaction and wellness (Hanlon et al. 2013). The concept of 'wellness' has a history rooted in therapy and healing as well as medicinal, spiritual and religious connotations (Voigt & Pforr, 2014). Wellness has been defined as a mishmash of the terms well-being and fitness (Bushell & Sheldon, 2009; Konu, Tuohino, & Komppula, 2010; Nahrstedt, 2004; Puczkó & Bachvarov, 2006; Voigt & Pforr, 2014) and where the tourism industry has adopted this expression. Wellness has become a common notion in society, used often by the media and marketers to emphasize tasteful, up-to-date and stylish products (Global Spa & Wellness Summit 2013; Voigt & Pforr, 2014). It is important to note that although 'wellness' has been adapted by the business

community, from a health point of view the term is problematic to define. Whilst it has gained credibility and importance among the private sector, public health academics and professionals take a slightly different approach and prefer the more conventional principle of well-being as identified by the WHO.

It has been suggested that 'wellness' (or well-being) is nearly a \$2 trillion global industry with 289 million wellness consumers worldwide (SRI International 2012). Consumer responses when asked what they would do to enhance or maintain wellness demonstrate that 'taking a holiday, vacation or retreat' is ranked fourth, behind exercising, eating better and visiting a spa. These results show the perceived value that consumers place on tourism in contributing to well-being. It could be argued that exercising (ranked first), eating better (ranked second) and visiting a spa (ranked third) also provide an opportunity for tourism and wellbeing to merge, streamline products and services to encompass fitness, healthy food and spa options, adding additional revenue for a destination (Stanford Research Institute 2012).

Models to demonstrate the value of tourism and well-being are incomplete without considering Quality of Life (QOL) (Alkire, 2002; Moscardo, 2009; Sirgy, 2002). Hagerty's systems theory approach addresses this and provides a potential framework to measure the impacts of tourism on the individual. Hagerty et al. (2001) evaluated 22 of the most popular and most widely used QOL indexes from the last 30 years and their influence on public policy. The authors concluded that most of the indexes did not contain a wellestablished theory and proposed a systems theory approach, supported by concepts related to input (exogenous factors), throughput (endogenous factors) and output (result of input and throughput). Input is variables that are controlled by the environment and public policy, throughput is the individual's response to the environmental and public policy inputs and output is the result of input and throughput. There is misunderstanding about what QOL represents (input), the factors that add to QOL (throughput) and the consequences of QOL (output) (Bell, 2005). Due to this confusion, Hagerty et al. (2001) developed a theory with a goal of making a distinction among these three items and suggest that input, throughput and output should be made clear to help explain the impacts of public policy (Hagerty et al. 2001; Hoos, 1983). Hagerty et al. (2001) propose a list of QOL domains that can be shared across cultures and countries: relationships with family and friends, emotional well-being, material well-being, health and personal safety, work and productivity and feeling part of one's local community.

Although Hagerty's model is focused on QOL, it is considered a useful concept for the current study because QOL is the theoretical underpinning or foundation of well-being. Up until this point QOL, well-being and wellness have been used interchangeably in the literature (and how these concepts relate to tourism) creating muddiness; however, Hagerty's model provides a sense of clarification and serves as a way of eliminating the confusion by tying these concepts together. For the purpose of this research study Hagerty's model is considered a useful theory/tool to help integrate and make connections among the concepts of QOL in order to demonstrate the synergy between the fields of public health and tourism and also to reveal the well-being value of tourism. This focus can be implemented into the marketing and promotional strategies of destinations in an effort to increase tourism arrivals and an enhanced visitor economy. QOL is useful in conceptualizing well-being by making connections between objective and subjective features of this complex concept (Costanza et al. 2007). It is important to note that QOL is useful as it has been studied extensively in the literature, and has been used to assess and evaluate health interventions in terms of improved quality and cost effectiveness for different populations and cultures (Owens, Qaseem,

Chou, & Shekelle, 2011).

Hagerty's model takes into account the nature of well-being as a multidimensional concept by breaking it down into various dimensions. According to Boarini and D'Ercole (2013), multidimensional concepts are difficult to measure and it has been recommended that analysing the concept of well-being using various dimensions allows policy analysts to monitor the progress of each dimension rather than one single measure of progress. Additionally, Hagerty's systems theory approach acknowledges that policymakers need an assortment of factors focused on wellbeing that can be transferrable to individuals and countries around the globe in order to evaluate and provide knowledge to make informed decisions. In short, Hagerty's model is a wellestablished theory that blends various dimensions of an individual's life (well-being) to arrive at a single model that can be used to inform tourism policy and practice while providing a conceptual integration among QOL, well-being and wellness factors. The focus of this study is on the integration of public health and tourism around the emerging theme of well-being and identifying a way forward as to how business practice could align with this fusion. The evidence can be underpinned by Hagerty's systems theory approach, a model extracted from the health sector and adapted to a tourism context as identified at Fig. 1.

2. Data and method

The opinion of tourism stakeholders on the potential to use well-being as a tourism product resource is not fully understood. In the current study, focus groups were conducted to investigate barriers and enablers of following this marketing direction.

Qualitative methods (i.e. focus groups) provide inductive reasoning, allowing the researcher to gain a thorough and comprehensive understanding of the research area (Krueger & Casey, 2009).

Two exploratory focus groups (n=11) were assembled in the United Kingdom with tourism stakeholders (businesses and policymakers) where the key themes were then tested against a wider group (n=50) during a knowledge exchange workshop with industry. Focus group prompts cross-referenced with experts in the fields of public health and tourism were deemed appropriate and accurate. Prompts were also pre-tested with individuals not immersed in the fields of public health and tourism. Open dialogue was encouraged, regardless of an individual's professional background and/or expertise.

Participants included an eclectic representation of stakeholders within the tourism industry including accommodation providers, leisure activity providers, food service providers, sightseeing/tours providers, adventure sports providers and local tourism/business and political representatives. Each focus group discussion was approximately one hour in length and included six and five participants respectively. The focus groups were large enough to include people from diverse backgrounds but small enough to ensure all participants felt comfortable expressing their ideas (Corbetta, 2003). Prior to the focus group discussion, participants were verbally informed about the research study and information sheets were distributed. The researcher received written informed consent from all participants and also clearly stated that they could withdraw from the study at any point. Prior to any focus groups being conducted the researcher obtained approval from the university's research ethics committee. Participant responses were recorded using a table microphone to ensure background noise was

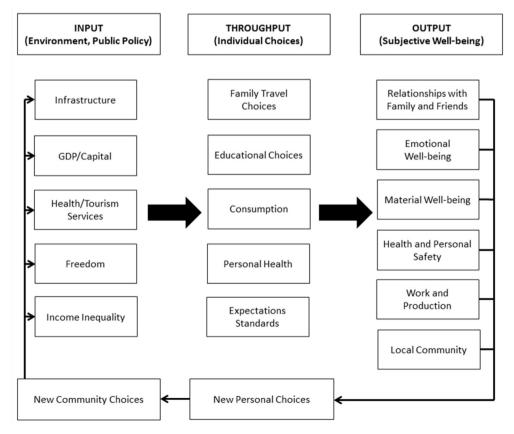


Fig. 1. Hagerty's systems theory approach presented in a tourism context. (Source: Adapted from Hagerty et al., 2001)

kept to a minimum and a handheld recorder was used for backup purposes (Peterson-Sweeney, 2005). Findings from the exploratory focus groups were endorsed by the larger group (n=50) to ensure saturation of data and contribute to the robustness of data collection. The dynamics of the wider stakeholder party were comprised of the same spread as the focus groups, which contained a diversified representation of tourism stakeholders including business and political representatives. The wider group were part of an Ideas Café entitled 'Destination Feel Good' which was conducted to explore the potential to incorporate well-being into tourism business operations (Destination Feel Good, 2015).

In this study the recordings from both the focus groups and the wider stakeholder workshop were transcribed by the researcher shortly following the discussions to ensure details were appropriately captured (Kardorff, Steinke, & Flick, 2004; van Teijlingen & Pitchforth, 2006). All data were analysed using thematic analysis, which included reading and rereading of the transcripts to the groups and themes identified (Braun & Clarke, 2006; Gibson & Brown, 2009). These were then cross-checked for accuracy and validity by an academic moderator who was present during the research. This involved comparing notes to assist in the interpretation of data and to ensure the inclusion of key topics (Krueger & Casey, 2009). A consensus view was therefore reached.

3. Findings

Findings (from both focus group and the wider stakeholder workshop) revealed how tourism investors feel about the concept of well-being and the potential to use it as a tourism product resource. While a number of impediments were identified by stakeholders, this notion was still received energetically by recognizing the added benefits and advantages of a well-being product offering. The thoughts and opinions of stakeholders were categorized into barriers and enablers of implementing well-being into business operations and strategies presented as a concept map at Fig. 2.

3.1. Key themes identified by the study

The analysis revealed two major topics from which secondary level themes emerged. Fig. 2 provides a visual representation of these primary and secondary themes in ranking order of most to least prevalent for both barriers and enablers, respectively.

3.1.1. Barrier one: perception (of wellness tourism by stakeholders)

All stakeholders agreed that wellness tourism (or tourism focused on enhancing well-being) is a very broad concept and each individual and business defines and interprets well-being and wellness differently. The general consensus was that tourism associated with well-being is often perceived as elite so needs to be better defined for business owners and clients;

"Wellness tourism should be categorized. For some, it's adventurous sports and for others it's going to the spa. Maybe for someone else well-being is all about just lying on the beach or taking a walk in the garden" — adventure sports provider

Just as individuals have different perceptions of well-being/wellness; these diverse views are also prevalent within society. Stakeholders felt that sometimes the preferences of family members may result in varying degrees of participation or even lack of engagement by individuals in well-being activities. Different ideas about well-being within the family could present a challenge for businesses when attempting to engage partners and children during their holiday.

3.1.2. Barrier two: brand

Stakeholders feel there are many great opportunities taking place right on their doorstep but little is being done to brand this and get the message out to consumers. Stakeholders recognized that their present location doesn't have a brand and therefore is currently not promoted in terms of a well-being or wellness

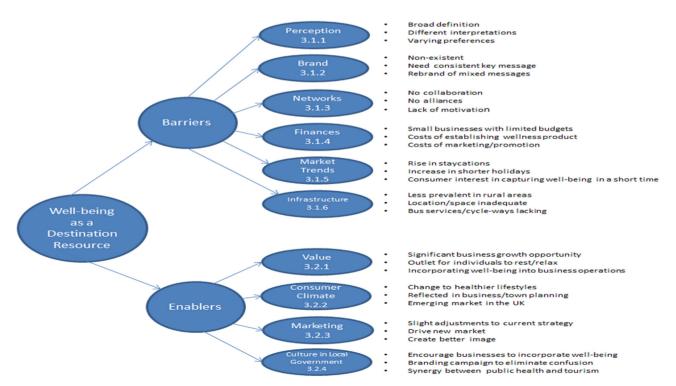


Fig. 2. Concept map generated from the study: barriers and enablers (in ranking order).

destination. Additionally, stakeholders believe it is difficult to change the perception of consumers from a destination not currently associated with well-being or wellness to a destination now promoting this aspect of tourism. The general consensus was that a rebranding of mixed messages needs to be addressed;

"We don't seem to be a destination known for activity and/or wellness holidays. We need to change the brand of the area." — sightseeing/tours activities provider

3.1.3. Barrier three: networks

A common theme identified by businesses in the tourism sector was that there is no community collaborative effort on tourism and well-being initiatives. It was agreed that discovering motivated organizations to connect and work collectively with is difficult. Political members' response to networks was equally negative, suggesting that businesses often have a tendency to stay in their own 'box' because if they push their boundaries there are high costs involved and a risk of potential failure;

"It's hard to get people to buy into a tourism and well-being philosophy. Many business owners are just happy to stay as they are and aren't motivated to change or connect with other stakeholders in the community" — accommodations provider

3.1.4. Barrier four: finances

Stakeholders were passionate about tourism focused on enhancing well-being but unfortunately the availability and accessibility of finances was an issue. As mentioned previously, activity/wellness providers are often small businesses and sometimes their financial situation does not allow them to establish the well-being/wellness product offering. Stakeholders were concerned and recognized that even if they currently provide a well-being product, businesses may not have the finances to properly market it. The costs associated with the promotion of activities focused on enhancing an individual's well-being can be substantial, especially for small business owners working with limited budgets;

"There are costs involved in promoting a wellness holiday and in the first year you could spend a lot of money before word of mouth becomes enough to attract customers" — accommodations provider

3.1.5. Barrier five: market trends

Stakeholders felt the rise in domestic travel was deemed an important topic for tourism bodies and in particular for business operators within the industry. To elaborate, it was discussed that as staycations become increasingly popular, destination offerings close to home become very important for the visitor economy. Stakeholders admitted they were concerned with their inability in providing individuals with a wellness enhancing holiday in a short period of time. Stakeholders viewed staycations and shorter holidays as an increasing trend in the UK and this was seen as a barrier when promoting well-being to consumers;

"The majority of our customers come for short stays. Being able to capture well-being in this short amount of time is difficult" — accommodations provider

3.1.6. Barrier six: infrastructure

Another factor under discussion among stakeholders was

around the topic of infrastructure. Comments were pessimistic; as businesses indicated that infrastructure (especially in rural areas) to support well-being initiatives was poor and therefore viewed as a barrier. Bus services and safe cycle-ways were considered inadequate and/or not supporting individuals, partners and families looking to engage in well-being activities while on holiday;

"General infrastructure in the rural parts of the country makes it difficult to encourage and promote well-being activities" — accommodations provider

Finding an appropriate location (even to rent) for activities focused on well-being was also discussed. Most stakeholders want to provide more health and well-being initiatives but the availability of space is often problematic.

3.2. Enablers to developing a health and well-being proposition

In addition to the barriers identified by stakeholders, four enablers were revealed: value, consumer climate, marketing and culture in local government; presented in descending order from most to least mentioned.

3.2.1. Enabler one: value

All stakeholders agreed that health and well-being tourism is a significant business growth opportunity. Stakeholders pointed out the challenge of balancing work and family commitments experienced by many individuals in today's society. Pace of life is at such a rate where family members need downtime to recharge from their daily stressors. Notwithstanding, this is where the well-being effects of tourism can serve as an outlet for individuals to rest, relax and recuperate with family and friends. Stakeholders made note that investing in oneself and quality time can have a high rate of return both for productivity in business and the well-being of families. This way of thinking is positive, as stakeholders are realizing the value in well-being tourism and looking for ways to incorporate it into their current business operations;

"Well-being is not something that is new. It's important to us and our marketing" — leisure activities provider

3.2.2. Enabler two: consumer climate

The consensus among businesses was that consumers were aware of the negative effects of unhealthy lifestyles and are looking for ways to make positive life changes. Political representatives agreed and recognized that people are altering their way of life to become healthier and this is being reflected in local business offerings and town planning. One politician implied that today more people are mindful of health issues such as obesity. As a result, businesses are providing healthy alternatives and solutions that align with their current offerings. Businesses noted that this type of marketing and branding is well established in continental Europe; however, it is still under development in the UK. Both businesses and political members endorsed the fact that a change to healthier lifestyles has the potential to create opportunities for businesses to develop a market focused on well-being;

"What's happening on the high street is a lifestyle change that's happening now and probably within the next five years. We will see a completely different high street picture as an offer including health clubs, yoga bars and restaurants with healthier options like organic and vegetarian, and it's up to us to help guide that picture for town planning and such like" — political representative

Moreover, the majority of stakeholders felt that customers are incorporating more well-being activities into their daily lives and are looking to continue this routine while on holiday. Stakeholders alluded to the important role media plays in educating people about the negative effects of unhealthy lifestyles (obesity, diabetes, etc.). As a result, consumers are constantly subjected to information which stresses the need to become more active and healthier. According to stakeholders this new consumer climate has the power to expand the health and well-being tourism market;

"Holidays used to be much more about eating and drinking, but not anymore. There are a lot of people now incorporating activities that contribute to their well-being into their holidays" — sightseeing/tours provider

Participants were enthusiastic in discussing the potential of increased tourist visitation by offering a wellness enhancing product/service and reflecting this offering in their marketing materials to draw health conscious consumers to their businesses.

3.2.3. Enabler three: marketing

It is interesting to note that some stakeholders were already using elements of well-being in their product offerings (by providing consumers with information on activities such as hiking, cycling and water sports for example) but many hadn't associated this as promoting or providing a well-being holiday. Attracting a whole new market by making small adjustments to their current marketing strategy to include the well-being aspect was greeted with universal approval;

"I think a slight tweak to our marketing could drive a whole new market" — sightseeing/tours provider

There was a general consensus among participants that there have been really good initiatives focused on well-being within the community and business but marketing was inadequate. Nevertheless, stakeholders believed by establishing pockets of networks and alliances (barrier three) and working together on improving the consumer well-being message, there is potential to produce positive results.

3.2.4. Enabler four: culture in local government

The suggestion that local government should be nurturing and encouraging businesses to promote well-being as a destination resource was received positively by business representatives; however, evidence of tension between businesses and political members on this issue became evident. Political representatives felt that a significant portion of their budget was designated to health and well-being. Notwithstanding this, the opportunity to work together was certainly welcomed;

"A campaign run by the government geared at categorizing wellbeing would be helpful" — adventure sports provider

Stakeholders also believed that local government should take responsibility to help deliver the message to consumers about the well-being impacts of holidays. Furthermore, local government could take on some of the liabilities, risks and costs of getting this message to tourists, allowing for businesses who want to promote well-being to prosper. Political members recognized the importance of merging public health and tourism and the benefits this can provide for both tourists and residents alike.

It is important to note that finances are always a barrier for

many initiatives in a variety of contexts. If more finances were available, this would facilitate many activities and enable impediments to be conquered. Although policymakers are supporters of tourism and well-being opportunities, business representatives need to recognize that another alternative will be sacrificed if government funding goes towards tourism and well-being activities.

3.3. Discussion

Corresponding to these main findings, the potential for stakeholders (businesses and policymakers) to transform these barriers into enablers was acknowledged and is presented at Table 1 in light of the literature. It was identified that barriers could also serve as enablers by providing gateways for businesses and policymakers. The rationale for converting barriers into enablers was to demonstrate to tourism practitioners the ability to provide well-being as a tourism product resource without inhibitors. This was validated by using the strengths of what tourism has to offer and capitalizing on opportunities that arise when the identified 'barriers' are converted to 'enablers'. From this research it was evident that barriers outweighed the enablers, demonstrating that businesses in the tourism sector are finding it difficult to incorporate a well-being strategy into their current operations. Even so, tourism investors think and feel that the concept of well-being is important and of great value in relation to tourism strategies. It was acknowledged that businesses are keen to learn and overcome these barriers. Furthermore, findings suggested that political representatives are exploring ways to facilitate, support and guide businesses in developing and implementing well-being as a tourism product resource. Both businesses and policymakers see well-being as a significant business growth opportunity with added value for their consumers and communities.

3.3.1. Perception (of well-being tourism by stakeholders)

Stakeholders were eager to overcome the identified perception barrier. Businesses emphasized that holidays focused on enhancing well-being don't have to be all about luxury spas and high-end accommodations because holidays (in general) contribute to an individual's well-being, and often these wellness enhancing activities are at a low (or no) financial cost to consumers. An example was given suggesting that well-being doesn't have to be about physical activity; well-being could be about learning a new culture, developing a new skill, feeling part of the destination's landscape and/or connecting with people. Stakeholders were enthusiastic about this suggestion and agreed that aside from traditional wellness enhancing activities like hiking, swimming and surfing, learning and development can also contribute positively to an individual's well-being. Businesses proposed that they should not exclude customers who can't afford premium products and services because well-being can still be achieved in simple ways such as a walk on the beach or a hike in the park which can have long-lasting effects on the individual (Ashbullby, Pahl, White, & Webley, 2013; MacKerron & Mourato, 2013). Businesses expressed that the current marketing strategy had to be adjusted to attract this new market and to create an image of tourism as a well-being initiative. Policymakers agreed they should continue to encourage businesses to promote the well-being aspect of tourism. They also felt the rebrand has begun to be incorporated into business/town planning with the goal of ensuring the synergy between public health and tourism is optimized and in turn helping to alter consumer perceptions that tourism is an activity that contributes to well-being (Voigt & Pforr, 2014; VisitBritain, 2010).

Table 1Overcoming the barriers of using well-being as a tourism product resource.

| | 3.3.1 Perception | 3.3.2 Brand | 3.3.3 Networks | 3.3.4 Finances | 3.3.5 Market trends 3.3.6 l | nfrastructure |
|--|--|--|---|--|--|--|
| Change Barrier to Enabler (Businesses) | - Alter perception that tourism contributes to wellbeing and can be captured in simple ways - Create better image to drive new market - Consistent meaning for businesses and tourists | New branding campaign to ensure consistent well-being message in offerings Joint effort to rebrand and reposition brand/image Host events focused on well-being | Collaborative marketing campaigns Packages offered among businesses Workshops/events to encourage synergy and motivation among businesses | Gain knowledge about financial resources Tourism offering presented as unique offering Collaborate to receive more funding as joint offering | to local community to a Promote ability to engage in tourism that contributes to well-being in day/weekend to a | t initiatives pply for ding - Improve sting offering ccommodate for rist traffic ier promote rent offerings |
| Change Barrier to Enabler (Policymakers | - Encourage businesses to incorporate well- | Create a better image of tourism as an activity that enhances well-being Ensure consistent regional message Provide support for businesses in rebranding exercise | Financial or consultative support for joint efforts among businesses Collaboration among business offerings Provide networking opportunities for businesses | | to local businesses in promotion bus of staycations opp - Educate local community on capturing well-being during day/weekend holidays resi - Offer assistance to promote staycation tourism as a healthy sup | w development significant iness growth ortunity ognized rovements as eficial to both rists and dents vide consulting financial port to inesses |

3.3.2. Brand

Tourism businesses agreed that in order to tackle this barrier there must be one strong and consistent key message and/or brand of well-being so potential customers aren't confused. Businesses had a realistic attitude about this, acknowledging the fact that changing consumers' perceptions is not something that will readily happen, but is a goal that the visitor economy could work together to achieve (Solomon, 2015). Initiatives such as hosting big festivals focused on health and well-being were discussed by participants as a way to create this image in consumers' minds with the intention they will revisit the destination for well-being purposes. Policymakers concurred the need for a consistent message around wellbeing and stated that support could be provided to local businesses in a re-branding exercise. It was also suggested that government agencies such as VisitEngland might develop a branding campaign so that both businesses and consumers could recognize what well-being truly means and ensure a consistent regional message. Consumers are now exposed to countless options when choosing a holiday and as a result unique branding/marketing becomes essential to the survival of destinations by finding innovative ways of differentiating themselves from the growing competition (Echtner & Ritchie, 2003). One way in which this differentiation can be achieved is for destinations to embed a well-being philosophy in their marketing and promotional strategies (Voigt & Pforr, 2014). Some destinations have capitalized on their natural resources to identify a notion of personalized well-being such as the Nordic countries who have rebranded themselves as countries perfect for contributing to well-being (Hjalager et al. 2011). This then allows branding and/or marketing strategies to naturally develop this well-being philosophy.

3.3.3. Networks

Although networks were deemed insufficient, comments from business representatives supported the notion of collaborative marketing campaigns and offering a joint tourism package to overcome this obstacle. Business representatives suggested that even if businesses don't necessarily have a well-being product to offer, they could develop alliances with destinations that do and as

a result they would be creating 'added value' (Armstrong et al. 2012). For example, the Algarve in Portugal has collaborated with the Portuguese Association for Health and Well-being Tourism to deliver a joint well-being destination offering (Fyall, Hartwell, & Hemingway, 2016). Wellness and/or activity providers are mainly small business owners lacking budgets to invest heavily in marketing, but with the creation of networks it could be a win-win for all parties involved. It was agreed that if more workshops existed where businesses could share ideas, this may serve as a motivator to engage in joint efforts such as well-being tourism. It was suggested that policymakers might provide financial or consultative support, collaborate on business offerings and provide opportunities for businesses to connect. Policymakers recognized the importance of networking and concurred that collaboration was needed among businesses. One political member summarized their feelings and suggested that this collaboration has the ability to strengthen and revive a local town. An example of this is Manchester (UK) where the city is developing a tourism strategy that provides an improved quality of life for local residents, "... our quality of life across the City Region must come first if we are to attract a renewed global market ... we must be better for ourselves and only then will we know we have a product to be proud of" (Visit Manchester 2008, p. 9).

3.3.4. Finances

In order to tackle financial impediments tourism operators expressed the desire to undertake collaborative efforts to secure external funding to offset the cost of developing and marketing tourism associated with improving well-being. Policymakers agreed they could assist business owners to obtain information on external funding sources. They were willing to provide this service during collaborative business information sessions and perhaps allocate some of the current health and well-being budget to businesses. It is evident that the well-being of citizens is essential to government policy. As a result governments have recognized the need to develop policies that take into account an individual's well-being (McCabe & Johnson, 2013). To illustrate, the local Government Act 2000 in the UK gave authorities the capability to boost all

aspects of well-being (economic, social and environmental) of their counties and/or regions. This Act recognized that governmental policies should endure the well-being of individuals in an effort to achieve optimistic results for tourists and residents. As governments become more focused on well-being there is opportunity for policy and finance to work together in an effort to enhance society (Stoll et al. 2012).

3.3.5. Market trends

Staycations are an alternative form of tourism which business operators believed were increasing in popularity among UK residents (VisitEngland 2013); however was seen as a 'barrier' because of the problem with capturing well-being in a short period of time. Generally, though, businesses thought there was potential to provide individuals with short well-being holidays and to promote staycations as a way to engage in healthy living. As staycations become increasingly popular in the UK, the destination offerings close to home become very important to the visitor economy and create an opportunity for those who work and/or contribute to the tourism environment. It has been argued that well-being can be captured in simple, daily activities such as exposure to natural environments and the seaside which can be done by simply going for a walk (Ashbully et al. 2013; MacKerron & Mourato, 2013). Policymakers expressed a desire to provide expertise to local businesses on the promotion of staycations, to educate the community on capturing well-being during day/weekend holidays and to assist in the promotion of staycations as a healthy and affordable lifestyle. Policymakers were optimistic about the potential to capture well-being during a staycation holiday.

3.3.6. Infrastructure

Stakeholders recognized the need for more rural infrastructure to accommodate for well-being initiatives and discussed the potential of coming together to apply for funding to improve this barrier. Notwithstanding this, businesses suggested that even without the appropriate infrastructure, they could develop and expand on their current offerings to accommodate for tourist traffic. Infrastructure was viewed as a significant business growth opportunity by policymakers and the possibility of providing financial support for such improvements was also endorsed. One stakeholder summarized their feelings by suggesting that developing infrastructure such as a bike hire has the potential to not only benefit tourists but also local residents as well (Hartwell et al. 2012). Infrastructure to enhance well-being ambitions is gaining impetus. For example, international projects are being launched to connect tourism stakeholders and cyclists in an effort to improve cycling options for individuals while on holiday (European Commission, 2015). These initiatives not only support well-being among tourists and local residents, but also promote sustainability at destinations.

3.4. Relevance to theory: mapping of findings onto a theoretical framework

It became evident during the focus groups that information obtained from the study provided transparency as elements of Hagerty's systems theory became clear in the conclusions. These findings provide further evidence of the fusion of public health and tourism around the emerging theme of well-being. Fig. 3 provides a visual representation of a comparative analysis that was conducted of Hagerty's systems theory approach and study findings with items ranked in descending order of most to least mentioned by stakeholders.

As demonstrated in Fig. 3, study findings were readily mapped onto the systems theory. The factors in Hagerty's model (2001)

were highlighted in the focus group findings and endorsed within the wider group. Each item in the input column and its connection to the qualitative data was identified.

Health/Tourism Services alludes to the accessibility of essential health/tourism services for travellers to participate in well-being activities. The general consensus among stakeholders was that consumers' perception of the destination was not affiliated with well-being nor was the destination viewed as one that supplies the appropriate services to achieve well-being. The mapping of public health and tourism is in its infancy and clearly there is more work to do both from a policy perspective and that of tourism operation.

Freedom was also identified as important where it is defined as the ability for the tourist to unleash their well-being potential during a holiday. Generally, the response received from stakeholders was negative, as there is currently a lack of networks and/or alliances to allow tourists to fully optimize their well-being capacity while on holiday. Overall, stakeholders felt that information sharing and exchange among tourism businesses, political representatives and the general public was non-existent.

Income inequality is a key issue in tourism where it is debated that the positive impact of tourism on the well-being of low-income families cannot be ignored; this stresses the need for linkages between social policy agendas and improved lifestyles, which can be realized from a holiday experience (McCabe, 2009). An empirical study by Minnaert, Maitland, and Miller (2009) revealed that low-income individuals who engage in tourism exhibit a heightened level of self-esteem, social networking and pro-active behaviour. There is an emerging market where consumers are positive to making a change towards healthier lifestyles and wanting to continue this lifestyle while on holiday by incorporating a well-being feature (Voigt & Pforr, 2014). However, stakeholders believed that due to consumer perceptions that well-being tourism is exclusive and luxurious, many do not partake simply because they do not have the financial means.

Financial resources will always be at the heart of any business discussion. The tourism industry is mainly comprised of small and medium-sized enterprises (SMEs) that rely on a strong market position to optimize any innovative product development (Buhalis & Peters, 2006). It was agreed by stakeholders that current market trends include a rise in staycations, as it is becoming more and more popular for individuals to take shorter holidays such as day trips or weekend excursions (VisitEngland 2013). Stakeholders believed that the increase in shorter holidays is challenging and problematic to developing a well-being proposition; as there is a perception that well-being cannot be captured in a small amount of time. Also, stakeholders specified that the availability of financial resources to support well-being initiatives is generally scarce.

Infrastructure is clearly crucial for the optimization of any well-being strategy. Development of infrastructure at tourist destinations is advantageous to both locals and tourists. For example, secure bicycle compounds does not only improve the experience for holidaymakers, but also contributes to the well-being of local residents. Increased participation in activities like walking or cycling does not only enhance both physical and mental health, but is equally beneficial in the reduction of carbon impacts, producing a more favourable image of a destination. As one stakeholder suggested, this development in infrastructure could be in the form of safe cycleways and improved bus routes for individuals and families. All stakeholders concurred that infrastructure was currently generally insufficient and patchy to support well-being product offerings.

4. Conclusion

The purpose of this study was to explore the potential for well-

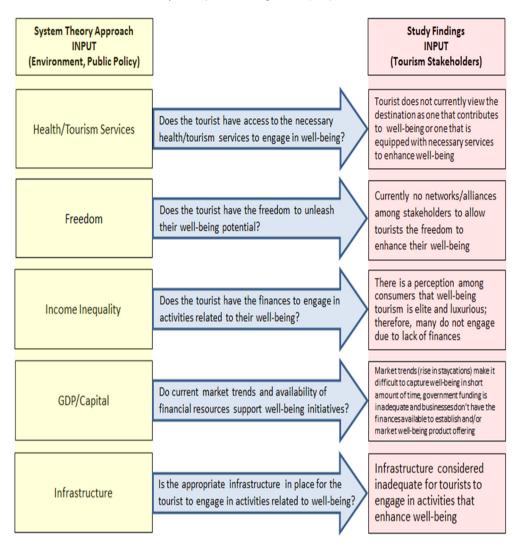


Fig. 3. Comparative analysis of systems theory approach and study findings (in ranking order).

being to be implemented as a tourism product resource and to demonstrate the implications for the visitor economy. The fusion of tourism and public health around the concept of well-being is an emerging area of interest; however, there is a lack of evidence base to suggest how practice might be able to identify with this. Therefore, the strength of this study is the interdisciplinary nature of the research focus where for the first time tourism and public health are discussed in light of product development. It is clear that more needs to be done both from a policy perspective and from communication as a strategic direction. However, it is also clear that 'wellness' has moved from a niche product market to a more mainstream holistic appreciation. Using well-being as a business opportunity has the potential to grow the visitor economy and serve as a means for economic development. If the well-being value of tourist destinations is revealed and promoted through business marketing strategies and as consumers begin to recognize the importance of healthy lifestyles, more people may be inclined to visit those areas that positively contribute to their well-being, leading to economic benefits for these destinations. Tourism can therefore be promoted as a healthy way of life and bring positive benefits to both tourists and residents.

The findings from this study provide insights into potential synergy between public health aims and tourism strategy and policy; although further research is needed to ascertain the

strength of this alliance. From this study it is evident that business operators are enthusiastic about the possibility to utilize well-being as a tourism product resource. Similarly, political representatives also see the value in this unique product offering and as a result are keen to provide supportive environments to foster well-being initiatives. The implications of the results from this study for practice and business development are evident. Firstly, businesses could implement the principles of public health (i.e. well-being) into their operations and strategies through their company culture/philosophy, marketing and branding. Secondly, political representatives could adopt and support businesses with well-being initiatives through local policy/planning, communication and infrastructure. Thirdly, a cross-disciplinary approach has the potential to create healthier populations at tourist destinations. Nevertheless, further research is needed to ascertain the power of this alliance. Although a relatively small qualitative study the implications for a broader context are evident. Introducing the notion of well-being to the tourism business community could enable a broader product reach while demonstrating the place that the industry could inhabit within a much bigger societal platform. Future research within this study will concentrate on quantitatively assessing the well-being effects of tourism on the individual using Hagerty's systems theory approach and the findings from the focus groups. The systems theory model has been transferred from the public health sector and for the first time applied in a tourism context, thus making this study and the resulting future research unique. Findings from this study will be integrated into the development of a quantitative questionnaire and hence allow for generalizability of conclusions. The potential synergy between the fields of public health and tourism in building more sustainable tourism communities is evident and an exciting progression in tourism product resource development.

Acknowledgements

This paper is supported by the National Coastal Tourism Academy and the ESRC project Destination FeelGood (Grant Agreement ES/L00884X/1).

References

- Alkire, S. (2002). Dimensions of human development. World Development, 30(2),
- Andriotis, K. (2010). Brits behaving badly: template analysis of newspaper content. International Journal of Tourism Anthropology, 1(1), 15-34
- Armstrong, G., Kotler, P., Trifts, V., & Buchwitz, L. A. (2012). Marketing: An introduction (4th Canadian Edition). Toronto, Ontario: Pearson Canada Incorporated.
- Ashbullby, K. J., Pahl, S., White, M. P., & Webley, P. (2013). The beach as a setting for families' health promotion: a qualitative study with parents and children living in coastal regions in Southwest England. Health and Place, 23, 138-147.
- Batra, A. (2006). Tourism marketing for sustainable development. ABAC Journal(-Assumption University of Thailand), 26(1), 59-65.
- Bell, D. (2005). Quality of life and well-being: Measuring the benefits of culture and Sport: Literature review and thinkpiece (Scotland).
- Blackwell, R. D., Miniard, P. W., & Engel, J. F. (2006). In R. D. Blackwell, P. W. Miniard, & J. F. Engel (Eds.), Consumer behavior (10th ed., p. c2006). Mason, Ohio: Thomson Business and Economics.
- Blythe, J. (2013). Consumer behaviour (2nd ed.). Sage Publications Ltd, 2013.
- Boarini, R., & D'Ercole, M. M. (2013). Going beyond GDP: an OECD perspective*. Fiscal Studies, 34(3), 289-314.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101.
- Buhalis, D. (2000). Marketing the competitive destination of the future. Tourism Management, 21(1), 97-116.
- Buhalis, D., & Peters, M. (2006). Chapter 13: SMEs in tourism. Tourism management dynamics: Trends, management and tools (pp. 116-129).
- Bushell, R., & Sheldon, P. J. (2009). In R. Bushell, & P. J. Sheldon (Eds.), Wellness and tourism: mind, body, spirit, place (p. c2009). Elmsford, NY: Cognizant Communication.
- Corbetta, P. (2003). Social research: Theory, methods and techniques/Piergiorgio Corbetta ; translated from the Italian by Bernard Patrick, London; SAGE Publications.
- Costanza, R., Fisher, B., Boumans, R., Farley, J., Ali, S., Hudspeth, T., et al. (2007). Quality of life: an approach integrating opportunities, human needs, and subjective well-being. Ecological Economics, 61(2-3), 267-276.
- Crane, F., Kerin, R. A., Hartley, S. W., & Rudelius, W. (2011). Marketing 8th Canadian edition. Toronto. Ontario: McGraw-Hill Rverson.
- Deloitte. (2013). Tourism: jobs and growth. The economic contribution of the tourism economy in the UK (London, United Kingdom).
- Destination Feel Good. (2015). Destination feel Good: In partnership with the national coastal tourism academy and the economic & social research Council (online). Bournemouth, United Kingdom: Available from: https://microsites. bournemouth.ac.uk/destinationfeelgood/ Accessed 2 .07.15.
- Diener, E., & Seligman, M. E. P. (2004). Beyond money: toward an economy of wellbeing, Psychological Science in the Public Interest, 1 (1).
- Easterlin, R. A. (2013). Happiness, growth, and public policy. In IZA Bonn 2013. Echtner, C. M., & Ritchie, J. R. B. (2003). The meaning and measurement of destination image. *Journal of Tourism Studies*, 14(1), 37.
- European Commission. (2015). EU bike (online). Available from: http://www.eubike. bike/index.html Accessed 18.06.15.
- Fyall, A., Hartwell, H., & Hemingway, A. (2016). Developing wellbeing destination brands: a collaborative approach. In K. Dinnie (Ed.), *Nation Branding: Concepts issues, practice* (2nd ed., pp. 45–50). New York: Routledge
- Gibson, W. J., & Brown, A. (2009). Working with qualitative data. London: SAGE Publications Ltd (Book).
- Global Spa & Wellness Summit. (2013). The global wellness tourism economy.
- Hagerty, M. R., Cummins, R. A., Ferriss, A. L., Land, K., Michalos, A. C., Peterson, M., et al. (2001). Quality of life indexes for national policy: review and agenda for research. Social Indicators Research, 55(1), 1-96.
- Hanlon, P., Carlisle, S., & Henderson, G. (2013). Consumerism: Dissatisfaction guaranteed understanding well-being (pp. 1-11). Glasgow, United Kingdom: Glasgow University.
- Hartwell, H., Hemingway, A., Fyall, A., Filimonau, V., & Wall, S. (2012). Tourism engaging with the public health agenda: can we promote 'wellville' as a

- destination of choice? Public Health (Elsevier), 126(12), 1072-1074.
- Higgins-Desbiolles, F. (2006). More than an "industry": the forgotten power of tourism as a social force. Tourism Management, 27, 1192-1208.
- Hjalager, A. M. A., Huijbens, E. A., Nordin, S. A., Konu, H. A., Tuohino, A. A., Björk, P. A., et al. (2011). Innovating and re-branding Nordic wellbeing tourism. Oslo: Nordic Innovation Centre (Reports).
- Hoos, I. R. (1983). Systems analysis in public policy: A critique.
- Kardorff, E. v., Steinke, I., & Flick, U. (2004). A companion to qualitative research. London: SAGE Publications Ltd (Book)
- Konu, H., Tuohino, A., & Komppula, R. (2010). Lake wellness a practical example of a new service development (NSD) concept in tourism industries. Journal of *Vacation Marketing, 16*(2), 125–139.
- Krueger, R. A., & Casey, M. A. (2009). In R. A. Krueger, & M. A. Casey (Eds.), Focus groups: A practical guide for applied research (4th ed.), London: SAGE (Nonfiction).
- La Placa, V., & Knight, A. (2014). Well-being: its influence and local impact on public health, Public Health, 128(1), 38-42.
- MacKerron, G., & Mourato, S. (2013). Happiness is greater in natural environments.
- Global Environmental Change, 23(5), 992—1000.

 McCabe, S. (2009). Who needs a holiday? Evaluating social tourism. Annals of Tourism Research, 36, 667-688.
- McCabe, S., & Johnson, S. (2013). The happiness factor in tourism: subjective wellbeing and social tourism. Annals of Tourism Research, 41, 42-65.
- McMahan, E., & Estes, D. (2011). Hedonic versus eudaimonic conceptions of wellbeing: evidence of differential associations with self-reported well-being. Social Indicators Research, 103(1), 93-108.
- Minnaert, L., Maitland, R., & Miller, G. (2009). Tourism and social policy: the value of social tourism. Annals of Tourism Research, 36(2), 316-334.
- Moscardo, G. (2009). Tourism and quality of life: towards a more critical approach. Tourism & Hospitality Research, 9(2), 159-170.
- Nahrstedt, W. (2004). Wellness: A new perspective for leisure centers, health tourism, and spas in Europe on the global health market.
- Owens, D. K., Qaseem, A., Chou, R., & Shekelle, P. (2011). High-value, cost-conscious health care: concepts for clinicians to evaluate the benefits, harms, and costs of medical interventions. Annals Of Internal Medicine, 154(3), 174-180.
- Peterson-Sweeney, K. (2005). The use of focus groups in pediatric and adolescent research. Journal of Pediatric Health Care, 19(2), 104-110.
- Puczkó, L., & Bachvarov, M. (2006). Spa, bath, thermae: what's behind the labels? Tourism Recreation Research, 31(1), 83-91.
- Ritchie, J. R. B., & Crouch, G. I. (2003). In J. R. Brent Ritchie, & Geoffrey I. Crouch (Eds.), The competitive destination [electronic resource]: A sustainable tourism perspective. Oxon, UK: CABI Pub.
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: a review of research on hedonic and eudaimonic well-being. Annual Review of Psychology, 52, 141-166.
- Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: a eudaimonic approach to psychological well-being. Journal of Happiness Studies, 9(1), 13-39.
- Sirgy, M. J. (2002). The psychology of quality of life (New York).
- Solomon, M. R. (2015). In Michael R. Solomon (Ed.), Consumer behavior [electronic resource]: Buying, having, and being (11th ed.). Harlow, Essex, England: Pearson.
- Sönmez, S., Apostolopoulos, Y., Yu, C. H., Yang, S. Y., Mattila, A., & Yu, L. C. (2006). Binge drinking and casual sex on spring break. Annals of Tourism Research, 33(4), 895-917.
- Stanford Research Institute (SRI). (2012). Spas and the global wellness market: Synergies and opportunities.
- Stoll, L., Michaelson, J., & Seaford, C. (2012). Well-being evidence for policy: A review. London: United Kingdom.
- van Teijlingen, E., & Pitchforth, E. (2006). Focus group research in family planning and reproductive health care. The Journal Of Family Planning And Reproductive Health Care/Faculty Of Family Planning & Reproductive Health Care, Royal College Of Obstetricians & Gynaecologists, 32(1), 30-32.
- Travis, J. W., & Ryan, R. S. (1981). Wellness workbook. In Regina Sara Ryan, & John W. Travis (Eds.) (p. c1981). Berkeley, Calif: Ten Speed Press.
- Visit Manchester. (2008). A Tourism Strategy for Greater Manchester 2008-2013: We are each of us tourists in the original modern city (Manchester).
- VisitBritain. (2010). VisitBritain foresight.
- VisitBritain. (2014). Marketing Britain overseas and developing the visitor economy (online). Available from: http://www.visitbritain.org/ Accessed 5.01.14.
- VisitEngland. (2013). Visit England (online). England, United Kingdom: Available from: http://www.visitengland.org/ Accessed 4.12.13.
- Voigt, C., & Pforr, C. (2014). Wellness tourism: A destination perspective. Routledge. Wanless, D. (2002). HM treasury: Securing our future health: Taking a long-term view. HM Treasury.
- Waterman, A. S., Schwartz, S. J., & Conti, R. (2008). The implications of two conceptions of happiness (Hedonic Enjoyment and Eudaimonia) for the understanding of intrinsic motivation. Journal of Happiness Studies, 9(1), 41-79.
- World Economic Forum. (2013). The travel & tourism competitiveness report 2013: Reducing barriers to economic growth and job creation.
- World Health Organization. (1948). WHO definition of health (online). Available from: http://www.who.int/about/definition/en/print.html Accessed 25.06.15.
- World Tourism Organization (UNWTO). (2013). Why tourism? Tourism An economic and social phenomenon (online). United Nations, Available from: http:// www2.unwto.org/content/why-tourism Accessed 24.02.13.
- World Tourism Organization (UNWTO). (2014). World tourism, facts and figures

(online). Available from: http://www.unwto.org/facts/menu.html Accessed 3. 03.14

World Travel & Tourism Council. (2014). Travel & tourism economic impact 2014 (United Kingdom, London, UK).



Sarah Pyke Originally from Canada, Sarah is currently a full-time PhD student at Bournemouth University in the United Kingdom (UK). Her research evaluates the wellbeing effects of tourism and explores the potential for well-being to become a focus for business development. Sarah is presently involved with a national research project on tourism and well-being that was awarded a grant by the Economic and Social Research Council in the UK and she has been able to incorporate this initiative with her own research. Sarah obtained a Master of Business Administration Degree and Bachelor Degrees in both Business Administration and Liberal Arts, from Cape Breton University located in Sydney, Nova Scotia, Canada. She has been recognized for numerous academic and leader-

ship awards locally, provincially, nationally and internationally.



Professor Adam Blake is a Professor of Economics in the School of Tourism, Bournemouth University. He is a specialist in computable general equilibrium (CGE) modelling and has used this modelling technique to examine the economic interrelationships between tourism and other sectors of the economies of the UK, USA, Scotland, the Canary Islands, Malta, Cyprus, Mauritius and Brazil. His research has provided both theoretical advances and research based evidence for government organisations. Adam's research work has included projects for the UK Government (HM Treasury, HM Revenue and Customs, the Department for Culture, Media and Sport, the Department of Energy and Climate

Change), the Scottish Government, the European Commission, VisitScotland, UK Music, Tourism Respect, Fâilte Ireland and regional development agencies in England. He has also completed reports for government organisations in Brazil, Malta and Cyprus and private sector organisations in the UK and internationally.



Professor Heather Hartwell is a registered nutritionist and a member of the Nutrition Society. Her research is within the academic discipline of public health nutrition and she is currently supervising four PhD students. Past projects have included the evaluation of the opportunity for healthy eating in prisons for the National Audit Office and the evaluation of the 'steamplicity_{\(\ceic\)} food production system operating in Charing Cross Hospital for Medirest.



Professor Ann Hemingway My post focuses on research and enterprise in the field of public health with a specific focus on inequities in health. I am a registered nurse with a PhD and am currently public health lead for research and enterprise within the Centre for Practice Development and the Centre for Wellbeing and Quality of Life.