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Thailand as a Tourism Destination: Factors Influencing Wellness Tourism Intentions of Chinese Older Adults

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Abstract:
Background. Thailand, with its rich natural resources, traditional healing therapies, and high-quality healthcare services, has become an attractive destination for Chinese senior tourists.
Aim. This study integrates the Health Belief Model (HBM) and Push-Pull Theory to examine the key determinants influencing older Chinese adults' intention to engage in wellness tourism in Thailand.
Methods. A quantitative approach was adopted, utilizing a structured questionnaire covering perceived susceptibility, perceived severity, perceived benefits, perceived barriers, push factors, pull factors, and wellness tourism intention. Data were collected through stratified random sampling across eastern, central, and western regions of China, using both online (WeChat, Wenjuanxing) and offline (senior activity centers, community health centers) methods. 462 valid responses were analyzed using structural equation modeling (SEM).
Result. The results indicate that perceived benefits positively influence wellness tourism intention, while perceived barriers significantly reduce it. Both push and pull factors enhance wellness tourism intention, with their interaction exerting an even more substantial effect. However, contrary to HBM's conventional assumptions, perceived susceptibility and perceived severity negatively impact wellness tourism intention, suggesting that heightened health concerns may deter older adults from traveling.
Conclusion. This study extends the application of HBM and refines the Push-Pull Theory in the wellness tourism context. Practically, it offers insights for policymakers and industry stakeholders to develop targeted wellness tourism services. Furthermore, this study lays a theoretical foundation for future research by offering an integrative model that captures both health-related perceptions and tourism motivations.
Implementation. The findings deepen the understanding of how health perceptions and travel motivations interact to influence senior tourists' wellness tourism decisions.

Keywords: Wellness tourism, older adults, Health Belief Model, Push-Pull Theory, travel intention

INTRODUCTION

Wellness tourism, an emerging form of travel that integrates medical services, health management, and leisure experiences, has witnessed rapid growth on a global scale in recent years. With increasing health awareness and accelerating global population aging, the wellness

tourism market has exhibited a significant upward trend. According to the Global Wellness Institute (2024), the global wellness tourism market was valued at USD 815.6 billion in 2023 and is projected to expand to USD 2.63 trillion by 2032. This market expansion is driven by the growing emphasis on physical health, psychological well-being, and overall quality of life, particularly among the aging population, whose demand for wellness tourism has increased substantially (Hu et al., 2023; Wright & Zascerinska, 2023; Xu et al., 2023).

As the world's most populous country, China is undergoing a profound demographic transition toward an aging society. In 2023, the population aged 65 and above exceeded 216 million, accounting for 15.38% of the total population (National Bureau of Statistics of China, 2024). Against the backdrop of upgraded health consumption patterns, older Chinese adults are shifting their tourism preferences from traditional sightseeing to wellness-oriented experiences. Wellness tourism is gradually becoming a major area of interest for elderly consumers. Meanwhile, the Chinese government actively promotes the development of the wellness tourism industry, with the Healthy China 2030 strategy emphasizing the importance of preventive healthcare and health management. This strategic initiative provides policy support for wellness tourism and fosters its integration with eldercare and medical services (Gao et al., 2024; Guo et al., 2023; X. Han et al., 2022; Jiang et al., 2022; Liao et al., 2024).

Amid the intensifying competition in the global wellness tourism market, Thailand has leveraged its abundant natural resources, traditional medical therapies, and high-quality healthcare services to establish itself as a leading international wellness tourism destination. The Thai government has actively developed the wellness tourism industry through the Medical Hub of Asia strategy, continuously enhancing medical infrastructure, improving wellness tourism service quality, and implementing visa facilitation measures to attract more international visitors. Thailand's appeal as a wellness tourism destination is multifaceted, encompassing high-quality medical and rehabilitation services, traditional wellness therapies such as Thai massage and herbal treatments, as well as spa resorts and nature-based wellness programs (Meeprom & Chancharat, 2022; Pan et al.; Xu et al., 2021).

Additionally, Thailand's tropical climate, picturesque natural landscapes, and relatively

low medical costs make it a favored destination for older Chinese tourists seeking health management and leisure experiences. Under the framework of the Belt and Road Initiative, Sino-Thai cooperation in wellness tourism has been progressively strengthened, positioning Thailand as an increasingly popular choice for Chinese tourists, particularly among the elderly (Fu & Sutunyarak, 2022; Gao et al., 2022; Xiong et al., 2025).

Despite the rapid expansion of the wellness tourism market, research on the wellness tourism behavior of older Chinese tourists remains limited. Existing studies predominantly focus on Western consumers or younger demographics, while a systematic analysis of factors such as health beliefs, psychological motivations, and destination attractiveness concerning older Chinese tourists remains insufficient (Feng et al., 2022; He et al., 2021; Li & Chan, 2021; Lin et al., 2022). Several key research gaps persist in this domain.

First, the Health Belief Model (HBM) posits that individuals' health beliefs—including perceived susceptibility, severity, benefits, and barriers—significantly influence their health-related behaviors. However, limited research has examined how these constructs impact the wellness tourism intentions of older Chinese tourists, particularly in the context of international wellness travel. Second, the Push-Pull Theory has been widely applied in tourism studies to explain travelers' motivations (Chen et al., 2023; Peng et al., 2023; Soldatenko et al., 2023; Taflinger & Sattler, 2024).

However, research on how push factors (e.g., health concerns, relaxation needs) and pull factors (e.g., Thailand's wellness services and cultural appeal) interact to influence older tourists' selection of wellness tourism destinations remains scarce. Lastly, although Thailand possesses notable advantages in the wellness tourism sector, there is still a lack of systematic research on market segmentation, targeted marketing strategies, and policy optimization tailored to the needs of older Chinese tourists. (Kim et al., 2024; Pekovic, 2021; Sien Leong et al., 2023). Therefore, by integrating the Health Belief Model and Push-Pull Theory, this study aims to address these research gaps, provide theoretical support for elderly travelers' wellness tourism decision-making, and offer practical insights for policymakers and industry stakeholders.

To comprehensively examine the wellness tourism intentions of older Chinese tourists, this study seeks to address the following research questions: (1) How do the core constructs of the Health Belief Model (perceived susceptibility, perceived severity, perceived benefits, and perceived barriers) influence the wellness tourism intentions of older Chinese adults traveling to Thailand? (2) How do push and pull factors collectively influence the decision-making process of older Chinese tourists in selecting Thailand as a wellness tourism destination? (3) What strategies can be recommended to tourism stakeholders in Thailand to optimize policies, enhance market appeal, and attract a greater number of older Chinese tourists?

In alignment with these research questions, the primary objectives of this study include:

(1) To explore how the constructs of the health belief model influence the behavioral intentions of older Chinese tourists in choosing wellness tourism in Thailand.

(2) To analyze the influence of push and pull factors on Chinese older adults' intention to visit Thailand as a Wellness Tourism destination

(3) To provide recommendations to relevant stakeholders to promote the development of the wellness tourism market in Thailand and attract more older Chinese tourists.

The structure of this study is organized as follows: Chapter One introduces the research background, research questions, research objectives, research methodology, and research framework. Chapter Two presents a literature review, discussing prior studies on wellness tourism and elaborating on the theoretical foundations of the Health Belief Model and Push-Pull Theory to establish the study's conceptual framework. Chapter Three outlines the research methodology, including research design, data collection procedures, and analytical methods, such as variable measurement, sampling techniques, and data analysis approaches. Chapter Four presents the research findings, including descriptive statistics, reliability and validity analysis, confirmatory factor analysis, and structural equation modeling (SEM) results. Chapter Five discusses the study's findings, elaborates on their theoretical and practical implications, and proposes policy recommendations and directions for future research. By following this structured approach, this study systematically examines the key determinants influencing older Chinese tourists' wellness tourism intentions and provides empirical evidence and policy

insights to support the sustainable development of Thailand's wellness tourism industry.

LITERATURE REVIEW

The Health Belief Model (HBM) and Push-Pull Theory serve as the primary theoretical foundations for understanding the wellness tourism intentions of older Chinese tourists. HBM, initially proposed by Rosenstock (1974) and later refined by Janz and Becker (1984) has been widely used to explain individuals' health-related decision-making processes. The model posits that an individual's decision to engage in health-related behaviors is influenced by six key constructs: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. (Champion & Skinner, 2008). Perceived susceptibility refers to an individual's subjective assessment of their likelihood of experiencing a health issue, while perceived severity reflects their perception of the potential negative consequences associated with that issue. Perceived benefits denote the expected advantages of adopting a particular health behavior, whereas perceived barriers encompass potential obstacles, such as financial costs, accessibility constraints, and personal time commitments. (Han et al., 2022; Li et al., 2021). Additionally, cues to action may include external stimuli such as health campaigns, medical advice, or social media information, while self-efficacy pertains to an individual's confidence in their ability to carry out the intended health behavior successfully ((Wallace-Williams et al., 2023; Warner & Schwarzer, 2025).

HBM has been extensively applied in the study of health behaviors, including disease prevention, health promotion, and medical tourism (Suess et al., 2022). In tourism research, the model has been employed to analyze health-related travel decisions, such as vaccination uptake and cross-border medical service utilization (Piyaphanee et al., 2023). Studies have shown that individuals' perceptions of disease risks and the expected benefits of health interventions play a crucial role in influencing their choices regarding medical tourism (Boguszewicz-Kreft et al., 2022). Among older Chinese tourists, research has indicated that perceptions of chronic disease risks and confidence in overseas healthcare services significantly shape their wellness tourism decisions (Gan et al., 2023). Although HBM has demonstrated strong explanatory power in the field of health tourism, its application in the

context of international wellness tourism, particularly in understanding how older tourists make health-related travel decisions, remains underexplored (Lee & Jeong, 2023). Thus, this study applies HBM to investigate how health beliefs influence the wellness tourism intentions of older Chinese tourists traveling to Thailand.

Push-pull theory, another fundamental framework in tourism behavior research, was first introduced by Dann (1977) and has been widely used to explain tourists' motivations and destination choices. The theory posits that travel decisions are shaped by the interplay between push and pull factors. Push factors stem from internal motivations, such as stress relief, health management, social interaction, and personal development, while pull factors are associated with the attributes of a destination, including natural environments, healthcare facilities, wellness resources, and affordability. (Dann, 1977) Research has shown that in the context of health tourism, high-quality medical resources, cost advantages, and the professionalism of healthcare providers serve as key pull factors, while individuals' health conditions and dissatisfaction with domestic healthcare systems act as major push factors. (Mikulić et al., 2021). In the Chinese context, studies have found that economic capability, social identity, and family support are primary factors influencing Chinese tourists' health tourism behaviors. In contrast, medical professionalism, service accessibility, and policy support in destination countries are dominant pull factors. (Zhao et al., 2025). Despite the extensive application of the Push-Pull Theory in tourism studies, research remains limited in integrating this framework with HBM to comprehensively analyze older tourists' wellness tourism behaviors. (Mathijsen & Dziedzic, 2024). Therefore, this study combines Push-Pull Theory with HBM to examine both the internal motivations and external attractions that influence the wellness tourism choices of older Chinese tourists in Thailand.

Beyond HBM and push-pull theory, additional theoretical frameworks have been applied to the study of health tourism. The Theory of Planned Behavior (TPB) suggests that individual behavior is determined by attitudes, subjective norms, and perceived behavioral control (Ajzen, 1991). In medical tourism research, studies have demonstrated that health consciousness, social influence, and trust in foreign healthcare services significantly impact tourists' decisions to seek

cross-border medical treatments (Leung & Ku, 2024). Moreover, Consumer Decision Theory emphasizes that decision-making is shaped by individual preferences, access to information, and socio-cultural contexts (Takagi et al., 2024). This theory has been employed in the health tourism sector to examine how tourists weigh different destinations when making travel decisions. Additionally, Service Quality Theory, particularly the SERVQUAL model, has been used to assess the impact of perceived service quality on customer satisfaction and loyalty (Nguyen et al., 2021). In medical tourism, this theory has been instrumental in evaluating tourists' expectations and experiences regarding healthcare and wellness services (Baydeniz et al., 2024).

Although these theories offer valuable perspectives on health tourism behavior, a systematic understanding of wellness tourism among older tourists remains limited. Existing studies have primarily focused on either general health behaviors or tourism motivations without integrating HBM and Push-Pull Theory into a unified framework for analyzing wellness tourism decisions. This gap highlights the need for a more comprehensive approach that considers both health-related perceptions and tourism-specific motivations (Liu-Lastres et al., 2024; Wang et al., 2021). By combining HBM with Push-Pull Theory, this study aims to examine how health beliefs influence individuals' travel decisions while also assessing the interaction between internal push factors and external pull factors in shaping wellness tourism intentions. Through this theoretical integration, the study seeks to provide a more holistic understanding of the factors driving older Chinese tourists' wellness tourism behaviors in Thailand.

Perceived susceptibility refers to an individual's belief in their vulnerability to specific health conditions and is a key determinant of health-related behaviors, including wellness tourism. Among older tourists, concerns about age-related health issues, such as chronic diseases, cognitive decline, or physical deterioration, often serve as motivators for engaging in wellness tourism, as they seek preventive or restorative health measures. Empirical studies indicate that individuals who perceive themselves to be at higher health risk are more likely to adopt preventive health behaviors, including participation in wellness tourism, to mitigate these

risks (Geng et al., 2023; Seow et al., 2022; Suess et al., 2022). Based on this reasoning, the study proposes the following hypothesis:

H1: Perceived susceptibility positively influences wellness tourism intention.

Perceived severity pertains to an individual's assessment of the seriousness of a health condition and its potential consequences, influencing their engagement in preventive behaviors such as wellness tourism. For older tourists, perceived severity encompasses concerns about physical and mental health decline, including the progression of chronic diseases and reduced emotional well-being. Research has shown that individuals who perceive health risks as more severe are more inclined to take proactive measures, such as engaging in wellness tourism, to prevent adverse health outcomes (Chang et al., 2022; Chaulagain et al., 2020; Liu et al., 2024). Accordingly, the study posits the following hypothesis:

H2: Perceived severity positively influences wellness tourism intention.

Perceived benefits reflect an individual's belief in the advantages of engaging in a particular health-promoting behavior, significantly shaping their decision to participate in wellness tourism. Older tourists often perceive wellness tourism as an opportunity to enhance physical health, mental well-being, and overall quality of life. When individuals believe that wellness tourism can effectively contribute to their well-being, they are more likely to pursue it as part of their health management strategy (Liu et al., 2023; Patterson & Balderas-Cejudo, 2023; Sher & Sung, 2024). Based on this perspective, the study hypothesizes the following:

H3: Perceived benefits positively influence wellness tourism intention.

Perceived barriers refer to the obstacles that individuals associate with engaging in wellness tourism, potentially discouraging their participation. For older tourists, these barriers may include financial constraints, physical limitations, concerns about accessibility, and skepticism regarding the effectiveness of wellness services.Studies have demonstrated that as perceived barriers increase—such as high travel costs or physical challenges—the likelihood of participating in wellness tourism decreases, despite its potential benefits. Within the framework of push-pull theory, these barriers act as internal constraints that hinder travel

decisions, even when pull factors remain attractive (Boguszewicz-Kreft et al., 2022; Devile et al., 2024; Li et al., 2021; Niu, 2022). Accordingly, the study posits the following hypothesis:

H4: Perceived barriers negatively influence wellness tourism intention.

Push factors represent internal motivations that drive individuals toward tourism experiences, often arising from personal needs, psychological desires, or emotional triggers. In the wellness tourism context, older tourists may be motivated by the need to improve health, manage stress, seek relaxation, or engage in rejuvenating activities. These intrinsic motivations influence travel behavior, particularly among individuals who prioritize physical and emotional well-being (Crompton, 2024; Hu et al., 2023; Sreen et al., 2023). Based on this understanding, the study hypothesizes the following:

H5: Push factors positively influence wellness tourism intention.

Pull factors refer to external attributes of a destination that attract tourists, including wellness facilities, natural environments, cultural experiences, and service quality. In the wellness tourism context, older tourists may be drawn to destinations offering high-quality health services, favorable climates, traditional wellness practices, and an environment conducive to relaxation and rejuvenation. Research suggests that well-developed wellness infrastructure and culturally enriching experiences increase a destination's appeal, making it more attractive to health-conscious travelers (Bardukova, 2024; Esfandyari et al., 2023; Xia et al., 2024). Accordingly, the study proposes the following hypothesis:

H6: Pull factors positively influence wellness tourism intention.

The interaction of push and pull factors provides a more comprehensive understanding of wellness tourism intentions, where both internal motivations and external attractions jointly influence travel decisions. Push factors, such as the desire for health improvement and emotional well-being, create the initial motivation for wellness travel, whereas pull factors, such as a destination's wellness facilities, natural beauty, and cultural offerings, determine the specific choice of location. Studies indicate that destinations aligning with both push factors (health-related needs) and pull factors (appealing wellness services) are more likely to attract

older tourists seeking wellness tourism (Godlewska et al., 2023; Jo, 2024; Kan et al., 2023; Mai & Nguyen, 2023). Based on this reasoning, the study posits the following hypothesis:

H7: The combination of push and pull factors significantly positively influences wellness tourism intention.

The proposed research model integrates the Health Belief Model and Push-Pull Theory to examine the factors influencing the intention of older Chinese tourists to choose Thailand as a wellness tourism destination, as illustrated in Figure 1.

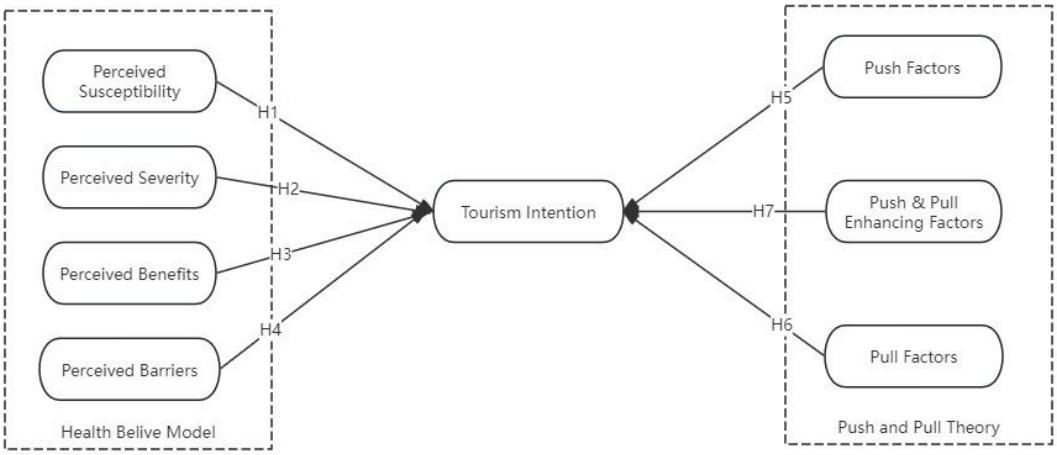

Figure 1. Theoretical Framework of Intention to Choose Thailand as a Wellness Tourism Destination

METHODS

This study employs a quantitative research approach, utilizing a structured questionnaire to collect data and statistical techniques to analyze the factors influencing the wellness tourism intentions of older Chinese tourists. A multistage sampling method was implemented to ensure the sample was representative. First, China was divided into three regions—eastern, central, and western—to account for differences in economic development and healthcare accessibility.

Data collection took place over six weeks, utilizing both online and offline methods. The online survey was distributed via WeChat, a widely used social platform among older adults in China, with additional outreach facilitated through tourism networks and health-related organizations. Offline data collection was conducted at community health centers, senior

activity centers, and retirement communities, where trained survey administrators assisted participants in ensuring comprehension and accurate responses. The research team monitored data collection in real time, employing WeChat analytics to track response rates and completion times, ensuring data quality and completeness.

Data analysis was conducted using SPSS and AMOS statistical software, incorporating descriptive statistics, reliability analysis, validity analysis, correlation analysis, and regression analysis.

The study's primary data collection instrument was a structured questionnaire, designed based on established measurement scales derived from prior research in health belief and tourism behavior studies. The questionnaire consisted of two main sections: demographic information and constructs based on the Health Belief Model (HBM) and Push-Pull Theory. The demographic section gathered essential background information on respondents, including age, gender, education level, income, marital status, health condition, retirement status, place of residence, household structure, and previous travel experience. These variables provided context for understanding the characteristics of the sample population and controlled for potential influences on wellness tourism intention.

The second section assessed key variables derived from HBM and Push-Pull Theory, each measured using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) to ensure statistical robustness. Perceived susceptibility, which captures respondents' perceived risk of health deterioration, was adapted from the validated scale of Champion and Skinner (2008). Perceived severity, referring to an individual's assessment of the seriousness of potential health issues, was measured using items adapted from Janz and Becker (1984). Perceived benefits, which reflect the anticipated advantages of engaging in wellness tourism, were based on Rosenstock (1974). Perceived barriers, encompassing financial, physical, psychological, and accessibility constraints, were adapted from Champion and Skinner (2008).The push factors, representing internal motivations such as health management needs and relaxation, were based on the conceptualization of Dann (1977), while pull factors, reflecting external attractions such as medical facilities, climate, and cultural experiences, were

adapted from Uysal and Jurowski (1994). Finally, wellness tourism intention, the study's dependent variable, was measured based on Ajzen (1991)'s Theory of Planned Behavior (TPB), capturing respondents' likelihood of engaging in wellness tourism in Thailand.

A pretest was conducted to ensure the questionnaire's clarity, reliability, and validity before full-scale data collection. Fifty older Chinese adults were recruited from community centers and online platforms for the pretest, representing various educational backgrounds, health statuses, and prior travel experiences. Participants were asked to complete the questionnaire and provide feedback on question clarity, item comprehensibility, and response time. Based on their feedback, minor modifications were made to the wording of certain items to enhance clarity and alignment with respondents' understanding. Additionally, Cronbach's α coefficient was calculated for each construct, with all values exceeding 0.7, indicating satisfactory internal consistency. A factor analysis was also conducted, confirming the construct validity of the measurement scales. The refined questionnaire was then finalized for formal data collection, ensuring it effectively captured the intended constructs with high reliability and validity.

This study ensures the reliability and validity of its findings by integrating validated measurement instruments and applying a rigorous sampling methodology. The structured questionnaire, grounded in well-established theoretical models, provides a comprehensive framework for assessing the health and tourism-related determinants influencing the decision-making processes of older Chinese tourists.

RESULTS

Sample basic information

The sample's demographic characteristics reveal key insights into the profile of older Chinese adults participating in the study. In terms of age distribution, the majority of respondents fall within the 55–59 age group (45.24%), followed by those aged 60–69 (28.57%) and 70–79 (26.19%). The sample includes 246 male participants (53.25%) and 216 female participants (46.75%), indicating a relatively balanced gender composition. Regarding educational background, most respondents possess a junior high school education (37.01%),

while 20.78% have completed senior high school, and 16.88% have attended junior college. A smaller proportion hold a bachelor's degree (12.99%) or a master's degree (3.25%), whereas 9.09% have only completed primary school or below.

In terms of monthly income, the majority of participants earn below 5,000 RMB (59.74%), with 22.73% earning between 5,000 and 9,999 RMB. A smaller proportion report incomes between 10,000 and 14,999 RMB (9.09%), 15,000 and 19,999 RMB (6.71%), and only 1.73% earn 20,000 RMB or above. Regarding marital status, 57.36% of respondents are married, 15.58% are unmarried, 12.99% are divorced, and 14.07% are widowed.

Participants reported diverse self-evaluations of health status: 26.84% described their health as average, 26.41% as good, and 17.32% as very good, while 16.02% rated their health as poor, and 13.42% as very poor. In terms of residential location, a significant portion resides in Tier 1 cities (39.18%), followed by Tier 2 cities (31.17%), and Tier 3 or lower-tier cities (29.65%). The sample includes a substantial proportion of retired individuals (64.72%), while 35.28% have not yet retired.

Family structure varies among respondents, with 22.73% living with a spouse, 18.83% living alone, 16.88% living with children, and 19.91% residing with other relatives, while 21.65% reported alternative living arrangements. Regarding international travel frequency, 55.84% of respondents have never traveled abroad, while 19.26% travel internationally 1–2 times per year, 16.88% travel 3–4 times per year, and 8.01% travel 5 or more times annually. Regarding trip duration, the majority of participants prefer short overseas trips, with 45.02% favoring 3–4 day trips and 25.11% preferring 4–5 day trips, while 19.26% opt for 5–6 day trips, and 10.61% choose stays of 6 days or more.

The demographic composition of the sample provides a comprehensive overview of older Chinese tourists' socioeconomic and travel behaviors, which serve as a crucial foundation for understanding their wellness tourism intentions.

Table 1. Frequency Analysis Results of Sample Basic Information

Variable	Options	Frequency	Percentage (%)
Age	55-59 years	209	45.24
	60-69 years	132	28.57
	70-79 years	121	26.19
Gender	Male	246	53.25
	Female	216	46.75
Education	Primary school or below	42	9.09
	Junior high school	171	37.01
	Senior high school	96	20.78
	Junior college	78	16.88
	Bachelor's degree	60	12.99
	Master's degree or above	15	3.25
Monthly Income	Below 5000 RMB	276	59.74
	5000-9999 RMB	105	22.73
	10000-14999 RMB	42	9.09
	15000-19999 RMB	31	6.71
	20000 RMB or above	8	1.73
Marital Status	Married	265	57.36
	Unmarried	72	15.58
	Divorced	60	12.99
	Widowed	65	14.07
Health Status	Very poor	62	13.42
	Poor	74	16.02
	Average	124	26.84
	Good	122	26.41
	Very good	80	17.32
City of Residence	Tier 1 cities	181	39.18
	Tier 2 cities	144	31.17
	Tier 3 and below	137	29.65
Retirement Status	Yes	299	64.72
	No	163	35.28
Family Structure	Single	87	18.83
	Living with spouse	105	22.73
	Living with children	78	16.88
	Living with other relatives	92	19.91
	Others	100	21.65
Travel Frequency	Never	258	55.84
	1-2 times per year	89	19.26
	3-4 times per year	78	16.88
	5 or more times per year	37	8.01
Travel Duration	3-4 days	208	45.02
	4-5 days	116	25.11
	5-6 days	89	19.26
	6-7 days or more	49	10.61

Reliability analysis

The reliability analysis confirms that all measurement dimensions demonstrate high internal consistency, with Cronbach's Alpha values exceeding the commonly accepted threshold of 0.7. Among the constructs, Push Factors (0.913) and Pull Factors (0.901) exhibit the highest reliability, indicating strong internal coherence in measuring travel motivations. Perceived Benefits (0.856) and Perceived Severity (0.854) also show strong reliability, followed by Tourism Intention (0.849) and Perceived Barriers (0.827). While slightly lower, perceived Susceptibility (0.795) remains well above the threshold, ensuring its reliability. These results validate the robustness of the measurement scale and confirm that the instrument used in this study is statistically reliable for assessing wellness tourism intentions among older Chinese tourists.

Table 5. Reliability analysis

Variable	Number of Items	Cronbach's Alpha
Perceived Susceptibility	3	0.795
Perceived Severity	4	0.854
Perceived Benefits	4	0.856
Perceived Barriers	3	0.827
Push Factors	8	0.913
Pull Factors	7	0.901
Tourism Intention	5	0.849

Validity Test

The validity test results confirm that the data is suitable for factor analysis. The Kaiser-Meyer-Olkin (KMO) value is 0.938, indicating strong correlations among variables and confirming sampling adequacy. Additionally, Bartlett's Test of Sphericity produces an approximate chi-square value of 8606.07 with 561 degrees of freedom and a significance level of $p = 0.000$, rejecting the null hypothesis that the variables are uncorrelated. These findings demonstrate that the dataset meets the necessary conditions for factor analysis, ensuring the validity of the measurement model.

Table 6. Validity Test

KMO and Bartlett's Test		
Measure		**Value**
KMO Measure of Sampling Adequacy.		0.938
Bartlett's Test of Sphericity	Approx. Chi-Square	8606.07
	Degrees of Freedom (df)	561
	Significance (p-value)	0

The exploratory factor analysis (EFA) results, as shown in Table 7, confirm the validity of the measurement model, with seven factors extracted, each having eigenvalues greater than 1. The variance explained by these factors is 6.525%, 14.984%, 13.416%, 8.404%, 8.400%, 6.422%, and 8.706%, respectively, leading to a cumulative variance of 66.857%, which exceeds the commonly accepted threshold of 50%. The rotated factor loading matrix aligns well with the designed initial constructs, with all factor loadings exceeding 0.5, indicating strong construct validity. Each extracted factor distinctly corresponds to its intended dimension: Perceived Susceptibility, Perceived Severity, Perceived Benefits, Perceived Barriers, Push Factors, Pull Factors, and Tourism Intention. Specifically, Push Factors (14.984%) and Pull Factors (13.416%) explain the highest variance among the motivational constructs, highlighting their strong influence on wellness tourism intentions. Similarly, Perceived Benefits (8.404%) and Perceived Severity (8.400%) demonstrate substantial explanatory power regarding health-related beliefs influencing travel behavior.

Table 7. Exploratory Factor Analysis Results

Research Variable	Item	Component						
		1	**2**	**3**	**4**	**5**	**6**	**7**
Perceived Susceptibility	PSU1	0.862	-0.12	-0.078	-0.059	0.126	0.102	-0.091
	PSU2	0.757	-0.145	-0.158	-0.143	0.103	0.08	-0.177
	PSU3	0.753	-0.145	-0.121	-0.035	0.121	0.111	-0.12
Perceived Severity	PSE1	0.063	-0.128	-0.131	-0.073	0.859	0.094	-0.08
	PSE2	0.085	-0.168	-0.159	-0.156	0.733	0.057	-0.151
	PSE3	0.147	-0.17	-0.134	-0.126	0.746	0.121	-0.158
	PSE4	0.114	-0.162	-0.169	-0.118	0.756	0.084	-0.139
Perceived Benefits	PBE1	-0.026	0.133	0.109	0.875	-0.095	-0.048	0.132

	PBE2	-0.101	0.163	0.116	0.752	-0.161	-0.12	0.129
	PBE3	-0.122	0.109	0.22	0.736	-0.106	-0.071	0.163
	PBE4	-0.024	0.17	0.192	0.754	-0.106	-0.056	0.141
Perceived Barriers	PBA1	0.091	-0.12	-0.166	-0.061	0.094	0.861	-0.113
	PBA2	0.134	-0.206	-0.21	-0.094	0.094	0.747	-0.184
	PBA3	0.115	-0.206	-0.215	-0.139	0.171	0.736	-0.16
Push Factors	PuM1	-0.063	0.888	0.1	0.059	-0.036	-0.047	0.088
	PuM2	-0.007	0.738	0.124	0.078	-0.093	-0.089	0.206
	PuM3	-0.074	0.692	0.255	0.081	-0.076	-0.11	0.114
	PuM4	-0.148	0.691	0.18	0.079	-0.101	-0.158	0.189
	PuM5	-0.176	0.708	0.233	0.144	-0.138	-0.086	0.11
	PuM6	-0.075	0.721	0.125	0.132	-0.139	-0.071	0.161
	PuM7	-0.097	0.725	0.083	0.116	-0.101	-0.014	0.192
	PuM8	-0.042	0.714	0.11	0.112	-0.185	-0.163	0.068
Pull Factors	PlM1	-0.081	0.117	0.883	0.031	-0.066	-0.057	0.085
	PlM2	-0.175	0.171	0.682	0.121	-0.136	-0.111	0.187
	PlM3	-0.078	0.156	0.715	0.125	-0.093	-0.105	0.153
	PlM4	-0.079	0.166	0.73	0.133	-0.132	-0.129	0.155
	PlM5	-0.121	0.165	0.657	0.151	-0.171	-0.169	0.177
	PlM6	-0.021	0.185	0.707	0.139	-0.095	-0.094	0.157
	PlM7	-0.014	0.139	0.732	0.122	-0.094	-0.095	0.164
Tourism Intention	INT1	-0.084	0.157	0.227	0.14	-0.109	-0.138	0.818
	INT2	-0.153	0.247	0.208	0.128	-0.106	-0.109	0.65
	INT3	-0.065	0.242	0.194	0.134	-0.147	-0.056	0.678
	INT4	-0.201	0.221	0.212	0.168	-0.098	-0.105	0.65
	INT5	-0.068	0.197	0.232	0.151	-0.221	-0.182	0.596
Eigenvalue		**2.219**	**5.095**	**4.561**	**2.857**	**2.856**	**2.183**	**2.96**
Variance Explained (%)		**6.525**	**14.984**	**13.416**	**8.404**	**8.4**	**6.422**	**8.706**
Cumulative Variance (%)		**6.525**	**21.51**	**34.925**	**43.33**	**51.73**	**58.151**	**66.857**

Measurement model and fit metrics

The confirmatory factor analysis (CFA) results, as presented in Table 8, validate the measurement model and confirm its reliability and construct validity. CFA assesses the relationships between observed variables and their latent constructs, ensuring that the theoretical framework proposed in this study accurately reflects the data. The fit indices indicate that the model meets the established statistical criteria, demonstrating a strong model fit for examining the wellness tourism intentions of older Chinese tourists.The chi-square to degrees of freedom ratio (χ^2/df) is 1.538, which falls below the commonly accepted threshold

of 3, indicating an acceptable model fit. The root mean square error of approximation (RMSEA) is 0.034, well below the 0.08 threshold, suggesting a low error margin in model estimation. The goodness-of-fit index (GFI) is 0.912, exceeding the 0.9 benchmark, confirming a good overall model fit. Similarly, the comparative fit index (CFI) and Tucker-Lewis index (TLI) both score above 0.9 (0.967 and 0.964, respectively), further supporting model robustness. The adjusted goodness-of-fit index (AGFI) is 0.896, slightly below the recommended 0.9 but still within an acceptable range, ensuring the model remains statistically sound.

Table 8. Measurement Model Fit Indices

Fit Indices	χ^2/df	RMSEA	GFI	AGFI	IFI	CFI	TLI
Reference Standard	<3	<0.08	>0.9	>0.8	>0.9	>0.9	>0.9
Result	1.538	0.034	0.912	0.896	0.967	0.967	0.964

Convergent validity

The convergent validity analysis, as presented in Table 9, confirms the reliability and internal consistency of the measurement model. All standardized factor loadings exceed 0.6, indicating strong relationships between the observed variables and their corresponding latent constructs. Additionally, the average variance extracted (AVE) values for all seven factors exceed the 0.5 thresholds, and the composite reliability (CR) values are all above 0.7, demonstrating strong convergent validity in the dataset.

Specifically, Perceived Benefits (AVE = 0.609, CR = 0.861) and Perceived Severity (AVE = 0.601, CR = 0.857) exhibit the highest AVE values, confirming their strong explanatory power within the model. The Push Factors (CR = 0.914, AVE = 0.571) and Pull Factors (CR = 0.902, AVE = 0.570) demonstrate the highest reliability, indicating well-structured measurement items for understanding travel motivations. The Tourism Intention construct (CR = 0.853, AVE = 0.538) also meets the required validity criteria, ensuring that the proposed model effectively captures wellness tourism intentions among older Chinese tourists.

Table 9. Convergent Validity

Latent Variable	Items	Standardized Loading	AVE	CR
Perceived Susceptibility	PSU1	0.836	0.579	0.804
	PSU2	0.753		
	PSU3	0.686		
Perceived Severity	PSE1	0.827	0.601	0.857
	PSE2	0.737		
	PSE3	0.768		
	PSE4	0.765		
Perceived Benefits	PBE1	0.873	0.609	0.861
	PBE2	0.751		
	PBE3	0.738		
	PBE4	0.752		
Perceived Barriers	PBA1	0.801	0.62	0.83
	PBA2	0.771		
	PBA3	0.788		
Push Factors	PuM1	0.863	0.571	0.914
	PuM2	0.747		
	PuM3	0.721		
	PuM4	0.741		
	PuM5	0.767		
	PuM6	0.745		
	PuM7	0.73		
	PuM8	0.723		
Pull Factors	PlM1	0.849	0.57	0.902
	PlM2	0.74		
	PlM3	0.733		
	PlM4	0.769		
	PlM5	0.73		
	PlM6	0.724		
	PlM7	0.732		
Tourism Intention	INT1	0.842	0.538	0.853
	INT2	0.708		
	INT3	0.696		
	INT4	0.717		
	INT5	0.694		

Discriminant validity

The discriminant validity test, as shown in Table 10, confirms that each latent variable is distinct from others, ensuring that the constructs measure unique concepts. Discriminant

validity is established when the square root of the average variance extracted (AVE) for each latent variable is more significant than its highest correlation with any other variable. In this study, the square root of the AVE for Perceived Susceptibility is 0.761, which is higher than its maximum correlation with other variables (0.401). Similarly, Perceived Severity (0.775), Perceived Benefits (0.78), Perceived Barriers (0.787), Push Factors (0.756), Pull Factors (0.755), and Tourism Intention (0.734) all satisfy this criterion, indicating that the constructs exhibit strong discriminant validity.

Table 10. Discriminant Validity Test

Latent Variable	Perceived Susceptibility	Perceived Severity	Perceived Benefits	Perceived Barriers	Push Factors	Pull Factors	Tourism Intention
Perceived Susceptibility	0.761						
Perceived Severity	0.342	0.775					
Perceived Benefits	-0.267	-0.367	0.78				
Perceived Barriers	0.344	0.361	-0.316	0.787			
Push Factors	-0.346	-0.402	0.379	-0.412	0.756		
Pull Factors	-0.331	-0.405	0.412	-0.452	0.456	0.755	
Tourism Intention	-0.401	-0.447	0.459	-0.461	0.532	0.554	0.734

Note: Values on the diagonal represent the square root of AVE.

Regression Analysis

As presented in Table 11, the regression analysis results evaluate the hypothesized relationships between health beliefs, push-pull factors, and wellness tourism intention among older Chinese tourists. The findings reveal both supported and unsupported hypotheses, providing important insights into the factors influencing travel decisions.

For H1 and H2, Perceived Susceptibility (-0.401, $P < 0.05$) and Perceived Severity (-0.447, $P < 0.05$) both exhibit significant adverse effects on tourism intention, contradicting the original hypotheses. This suggests that older tourists who perceive themselves as more vulnerable to health risks or consider health conditions severe are less likely to engage in wellness tourism, possibly due to concerns about travel-related health risks.

For H3 and H4, the results confirm that Perceived Benefits (0.459, $P < 0.05$) positively influence tourism intention, whereas Perceived Barriers (-0.461, $P < 0.05$) negatively influence tourism intention, both in line with the hypotheses. This indicates that older tourists are more inclined to pursue wellness tourism when they perceive tangible health benefits. At the same time, obstacles such as financial concerns, accessibility, or physical limitations significantly deter participation.

Regarding push and pull factors, both H5 (Push Factors → Tourism Intention, 0.532, $P < 0.05$) and H6 (Pull Factors → Tourism Intention, 0.554, $P < 0.05$) are strongly supported, affirming that internal motivations (e.g., health concerns, relaxation needs) and external destination attributes (e.g., medical services, climate, cultural appeal) significantly drive wellness tourism choices. Furthermore, H7 (Push × Pull Interaction → Tourism Intention, 0.66, $P < 0.05$) confirms that the combination of push and pull factors positively influences tourism intention, indicating that wellness travel decisions are maximized when personal health motivations align with attractive destination attributes.

These results highlight the importance of emphasizing perceived benefits while addressing perceived barriers to encourage wellness tourism among older Chinese tourists. The findings also underscore the need for wellness destinations to enhance their health service offerings and marketing strategies to align with both push and pull motivations. The detailed hypothesis testing results are presented in Table 11 below.

Table 11. Hypothesis Testing Results

Hypothesis	Path	Standardized Coefficient	Unstandardized Coefficient	S.E.	t	P	Result
H1	Perceived Susceptibility → Tourism Intention	-0.401	-0.342	0.036	-9.387	0	Not Supported
H2	Perceived Severity → Tourism Intention	-0.447	-0.383	0.036	-10.726	0	Not Supported

H3	Perceived Benefits → Tourism Intention	0.459	0.391	0.035	11.088	0	Supported
H4	Perceived Barriers → Tourism Intention	-0.461	-0.369	0.033	-11.148	0	Supported
H5	Push Factors → Tourism Intention	0.532	0.491	0.036	13.488	0	Supported
H6	Pull Factors → Tourism Intention	0.554	0.511	0.036	14.258	0	Supported
H7	Push × Pull → Tourism Intention	0.66	0.111	0.006	18.821	0	Supported

DISCUSSION

Theoretical Implications

This study integrates the Health Belief Model (HBM) and Push-Pull Theory to examine the key factors influencing the wellness tourism intentions of older Chinese tourists in Thailand. Through empirical analysis, the findings reveal that perceived benefits significantly positively affect wellness tourism intention, while perceived barriers act as a deterrent. Both push and pull factors positively influence wellness tourism intention, with their interaction exerting an even stronger effect on decision-making. However, contrary to the conventional assumptions of the HBM, perceived susceptibility and perceived severity negatively impact tourism intention. This suggests that, in the context of international wellness tourism, older tourists' awareness of health risks may heighten concerns about potential travel-related health challenges, reducing their willingness to travel. These findings extend the application of the Health Belief Model to the domain of wellness tourism and further enrich the theoretical framework of Push-Pull Theory in understanding senior travelers' decision-making processes (Champion & Skinner, 2008).

Compared to existing literature, this study addresses several research gaps. First, the HBM has been widely applied in disease prevention, medical service utilization, and health behaviors research. Previous studies have demonstrated that individuals' perceptions of health risks often drive them to adopt preventive health behaviors, such as vaccination, regular health check-ups, or medical consultations. (Janz & Becker, 1984). However, these studies have focused mainly on domestic healthcare behaviors or medical tourism, with limited attention to the role of health beliefs in cross-border wellness tourism. (Leung & Ku, 2024). The findings of this study indicate that while health beliefs significantly shape wellness tourism intention, their influence may deviate from traditional health behavior theories. In particular, within the context of international travel, perceived health risks function more as constraints rather than motivators, thereby challenging the conventional assumptions of the HBM (Yin & Lui, 2024)By identifying this nuanced effect, this study expands the HBM's applicability and highlights its complexity when applied to the tourism domain.

Second, Push-Pull Theory has long been a fundamental framework in tourism research, positing that travel decisions are driven by internal push factors (e.g., health concerns, relaxation needs) and external pull factors (e.g., destination attractiveness, service quality) (Dann, 1977; Yin & Lui, 2024). However, existing studies have primarily focused on general tourist populations or medical tourism, with relatively few addressing senior travelers' wellness tourism decisions (Patterson & Balderas-Cejudo, 2023). The results of this study confirm that both push and pull factors significantly influence wellness tourism intention, and their combined effect is stronger than their independent influences. This finding not only validates the applicability of Push-Pull Theory in wellness tourism research but also underscores the critical role of the alignment between internal health motivations and external destination attributes in shaping older travelers' decisions (Nicolau et al., 2024). By integrating the HBM with the Push-Pull Theory, this study advances the explanatory power of the latter by demonstrating that health beliefs do not operate in isolation but interact with motivational drivers in the context of wellness tourism.

Furthermore, unlike most prior studies, this research focuses explicitly on older Chinese tourists, a group primarily underrepresented in existing wellness tourism literature. While most studies in this field predominantly examine Western tourists or younger demographics, the wellness tourism preferences and decision-making processes of Chinese senior travelers remain underexplored. (Wang et al., 2023)This study identifies the unique characteristics of this demographic, revealing that risk aversion, safety concerns, and accessibility of wellness services play crucial roles in shaping their tourism decisions. (Taflinger & Sattler, 2024)This study fills a critical gap in the literature by examining wellness tourism from a Chinese senior traveler's perspective. It provides new theoretical insights into an emerging market segment with significant growth potential.

In conclusion, this study makes several theoretical contributions. It extends the application of the HBM to the field of wellness tourism, refines the Push-Pull Theory by integrating health beliefs into the framework, and provides novel insights into the wellness tourism behavior of older Chinese travelers. The findings deepen the understanding of how health perceptions and travel motivations interact to influence senior tourists' wellness tourism decisions. Furthermore, this study lays a theoretical foundation for future research by offering an integrative model that captures both health-related perceptions and tourism motivations.

CONCLUSION

This study reveals that perceived benefits positively influence tourism intention, while perceived barriers negatively impact participation. Push and pull factors play significant roles in shaping wellness tourism decisions, with their combined effect demonstrating the strongest influence. However, contrary to initial expectations, perceived susceptibility and perceived severity negatively impact wellness tourism intention, suggesting that heightened health concerns may deter older travelers from engaging in wellness tourism.

Despite its contributions, this study has several limitations. First, it adopts a cross-sectional research design, which limits the ability to capture changes in wellness tourism intentions over time. Future studies could employ longitudinal methods to examine how older tourists' health perceptions and travel motivations evolve. Second, while the study focuses on

older Chinese travelers, cultural and regional variations within this demographic group were not extensively explored. Future research could compare wellness tourism behaviors across different subgroups, such as urban versus rural populations or varying income levels. Third, the study primarily relies on self-reported data, which may be subject to response biases. Integrating qualitative approaches, such as in-depth interviews or focus groups, could provide deeper insights into the decision-making processes of older wellness tourists.

Future research should also examine the role of digital technology in facilitating wellness tourism among older adults, including the impact of telehealth services, digital health platforms, and AI-driven wellness recommendations. Additionally, given the increasing intersection of wellness tourism and medical tourism, future studies could explore the synergies between these two sectors to develop more comprehensive wellness tourism models.

Appendix 1. Measurement

Construct	Adapted Items
Perceived Susceptibility	I worry that I may experience some suboptimal health conditions (e.g., poor sleep quality, fatigue, etc.).
	I am worried about facing potential mental health issues (e.g., anxiety, mood swings, etc.).
	I worry about potential social health problems (e.g., interpersonal difficulties, adapting to new environments).
Perceived Severity	My suboptimal health condition significantly affects my overall health.
	Health issues bring inconvenience to my daily life and work.
	My health problems bring inconvenience to people around me.
Perceived Benefits	Thailand wellness tourism is beneficial for my physical health.
	Thailand wellness tourism is beneficial for my mental health.
	Thailand wellness tourism allows me to meet new friends.
Perceived Barriers	The infrastructure of Thailand's wellness tourism facilities is inadequate.
	The costs of Thailand wellness tourism are too high.
	I don’t have time to participate in Thailand wellness tourism.
Push Factors	I visit Thailand to escape my daily routine and seek relaxation.
	I visit Thailand to enhance my physical and mental health through wellness activities.

	I seek opportunities for social interaction during my wellness journey in Thailand.
Pull Factors	Thailand's high-quality and diverse wellness facilities attract me.
	Thailand's wellness and healthcare services are affordable for me.
	I am interested in visiting Thailand’s natural and cultural attractions as part of my wellness tourism.

Practical Implications

The findings of this study provide critical practical implications for the wellness tourism industry, particularly for stakeholders aiming to attract older Chinese tourists to Thailand. The results highlight that perceived benefits significantly enhance wellness tourism intention, whereas perceived barriers are significant deterrents. Additionally, the strong positive impact of push and pull factors suggests that internal motivations and external destination attributes are crucial in influencing travel decisions. However, the unexpected adverse effects of perceived susceptibility and perceived severity indicate that heightened health concerns may discourage older individuals from engaging in international wellness tourism, likely due to concerns over travel-related health risks. These insights directly affect wellness service providers, policymakers, destination marketing organizations, and travel agencies seeking to develop targeted strategies for expanding the senior wellness tourism market.

To enhance Thailand’s competitiveness as a wellness tourism destination, stakeholders should focus on improving service accessibility, mitigating perceived risks, and refining marketing strategies. Service providers must tailor wellness tourism offerings to meet the health needs of older travelers by developing personalized wellness programs, integrating preventive healthcare services, and ensuring the availability of Chinese-language support. Addressing financial and logistical barriers, such as expanding insurance coverage, establishing senior-friendly travel infrastructure, and offering specialized tourism packages, can facilitate participation. Moreover, targeted marketing efforts leveraging social media platforms like WeChat and Xiaohongshu and testimonials from past senior travelers can enhance trust and credibility. Policymakers should also support industry growth by streamlining visa policies, promoting cross-border healthcare collaborations, and investing in

senior-friendly tourism infrastructure. By aligning wellness services with the motivations and constraints of older Chinese tourists, Thailand can strengthen its position as a leading destination for senior wellness tourism while contributing to the sector's sustainable growth.

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