Exploring New Zealanders' Perceptions and Interest in Wellness Tourism in China

Zheng Chang

A thesis submitted to Auckland University of Technology in fulfilment of the requirements for the degree

of

Master of International Tourism Management (MITM)

2017

School of Hospitality and Tourism

Primary Supervisor: Dr. Claire Liu

Secondary Supervisor: Maria Hyde-Smith

Abstract

The awareness of the importance of wellness in individual's health management and disease prevention in developed countries is increasing. The effectiveness of complementary alternative medicine in the prevention of chronic and lifestyle-related diseases has driven more people to change from a reactive biomedical health paradigm to a proactive and holistic wellness paradigm. Wellness tourism provides tourists with opportunities to enjoy wellness services in a variety of settings and thus fulfil the demand for relaxation, diseases prevention, health maintenance and enhancement. There are different types of wellness tourism around the world due to different natural resources and the different perceptions of wellness between the West and the East. In western countries, spa is sometimes treated as being synonymous with wellness; in contrast, the Asian wellness traditions such as Chinese wellness practices, take a holistic approach of treating the body, mind and spirit as one, encouraging the body to heal itself. The wellness approach in New Zealand is influenced by both the West and the East. However, few researchers have studied New Zealanders' perceptions and interest in participating wellness tourism in China. This research adopted a quantitative research design to identify the potential New Zealand tourist markets for participating in wellness tourism in China, to examine New Zealanders' levels of interest in wellness tourism services in China, and to find out New Zealanders' expectations of wellness tourism experiences in China through questionnaire surveys of 383 New Zealand citizens and residents in Auckland. The results indicate that females, Baby Boomers and well-educated participants are the potential New Zealand tourist market for participating in wellness tourism in China. The research has also discovered the participants' expectations of accommodation, food choice, group size, trip duration and experiences for wellness tourism in China. The research has theoretical contributions to a cross-cultural understanding of wellness tourism between the West and the East and provided insight for the Chinese wellness tourism industry stakeholders for the design and marketing of wellness tourism products in western countries.

Key words: *wellness tourism in China, New Zealand, potential wellness tourist market, interest, expectations*

Table of Contents

List of Figures

List of Tables

Attestation of Authorship

"I hereby declare that this submission is my own work and that, to my best knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extend has been submitted for the award of any other degree or diploma of a university or other institution of higher learning."

Zheng Chang

Acknowledgements

The journey I have taken to complete my Master's thesis has been a great learning experience. My research could not be accomplished without contributions from many people. I would like to take this opportunity to express my sincere gratefulness to all of you.

First and foremost, I would like to present my great appreciation to my supervisors, Dr. Claire Liu and Maria Hyde-Smith. Thank you for your constant guidance, patience and encouragement in my study. The rigorous research attitude that I learnt from you will be an invaluable treasure in my life.

Additionally, I would like to thank all the survey participants, who supported this research with your warm-hearted smile, precious time and knowledge. My research would be impossible without your participation.

I acknowledge the Auckland University of Technology Ethics Committee (AUTEC) who granted ethical approval for this research in 2016 (number 16/278).

I would also like to appreciate my parents for your attention and encouragement to my pursuit for Master's Degree in New Zealand. Lastly, special thanks extend to my wife, Jing Liu, and my daughter, Xinyue Chang, who have accompanied with me all the way from China for my study. Your boundless love and support helped me overcome many difficulties in completing the study.

CHAPTER ONE INTRODUCTION

1.1 Research Background

1.1.1 Growing interest in wellness tourism globally

Current research indicates there is an increasing interest in wellness tourism globally (Bushell & Sheldon, 2009; Mueller & Kaufmann, 2001; Smith & Kelly, 2006b; Smith & Puczkó, 2009; Voigt & Pforr, 2014). Defined as travel associated with the pursuit of maintaining or enhancing personal well-being (Global Wellness Institute, 2015, p. 10), wellness tourism has become the fastest growing tourist market. Wellness tourism revenues grew from 494.1 billion US dollars in 2013 to 563.2 billion US dollars in 2015. This 14 percent rapid growth rate is more than double the overall tourism expenditure growth (6.9 percent) (Global Wellness Institute, 2016b).

1.1.2 Reasons for the growing interest in wellness tourism

There are several reasons for the escalating interest in and demand for wellness tourism. Firstly, there is increasing awareness of self health management in developed countries (Bushell & Sheldon, 2009; Chen, Prebensen, & Huan, 2008; Smith & Puczkó, 2009). People in developed countries are motivated to maintain a state of good health and prevent chronic and lifestyle-related diseases by actively participating in a variety of wellness activities. Secondly, there is an increasing need for relaxation and rejuvenation because of the stresses associated with a high-paced modern life (Bushell & Sheldon, 2009; Chen et al., 2008; Heung & Kucukusta, 2013; Smith & Puczkó, 2009). Tourists can access wellness services such as spas and massage for physical and mental relaxation in wellness destinations. Thirdly, complementary alternative medicines, such as Indian Ayurveda practices and Traditional Chinese Medicine, are proving to be more effective than orthodox medicine in the prevention of chronic and lifestyle-related diseases (Smith & Puczkó, 2009; Voigt, 2014). Fourthly, some tourists seek wellness tourism for a sense of community, spiritual development, and to have authentic experiences (Global Wellness Institute, 2015; Kelly, 2012). Last, but not least, many tourism destinations desire to diversify their tourism products by labelling wellness tourism in their

marketing strategies to attract tourists (Bushell & Sheldon, 2009; Smith & Puczkó, 2009). Combined, these reasons lead to an increased number of wellness tourism trips, resulting in a growth rate of 17.8% between 2013 and 2015 (Global Wellness Institute, 2016b).

Wellness tourism provides tourists with opportunities to enjoy various types of wellness services in a variety of settings and thus fulfil the demand for relaxation, rejuvenation, health maintenance and enhancement.

1.1.3 Defining Wellness

Wellness has been defined in various ways with different contexts (Smith & Kelly, 2006b; Smith & Puczkó, 2009; Voigt, 2014). The term *wellness* was first introduced by American physician Dunn in 1959 as a special state of health comprising an overall sense of wellbeing, which sees human being as consisting of body, spirit and mind and being dependent on their environment (Heung & Kucukusta, 2013; Koncul, 2012; Smith & Puczkó, 2009). Dunn (1977) believes wellness is multi- dimensional and can be achieved when body, mind and spirit function harmoniously. Dunn also states that levels of wellness are dependent on the changing environment.

Mueller and Kaufmann (2001) suggest that wellness was a state of health featuring the harmony of body, mind, and spirit, self-responsibility, physical fitness, beauty care, healthy nutrition, relaxation, meditation, mental activity, education, environmental sensitivity, and social contacts as fundamental elements. On the contrary, Travis and Ryan (1981) argue that wellness is an on-going process and describe it in terms of levels of wellness and illness.

Myers, Sweeney, and Witmer (2005) indicate that wellness is “a way of life oriented towards optimal health and well-being in which the body, mind, and spirit are integrated by the individual to live more fully within the human and natural community.” This definition focuses on wellness as a lifestyle and a journey toward optimal health and well-being throughout the entire life rather than a static state of health.

Wellness is a higher level of health when mind, body and spirit function and integrate for optimal well-being (Dunn, 1977; Voigt & Pforr, 2014). Wellness has strong connections with changing to a healthy lifestyle and proactive in disease prevention rather than focusing on treatment or cures for certain diseases (Koncul, 2012; Smith & Puczkó, 2009), which is based on a biomedical health paradigm. The wellness paradigm is self-responsible in maintaining and improving one's health and well-being, being balanced and holistic (Global Wellness Institute, 2015; Voigt & Pforr, 2014).

Despite different wellness definitions with different contexts, it has been widely agreed that wellness is a multi-dimensional concept encompassing physical, social, intellectual, spiritual, emotional, and environmental aspects of life (Greenburg, Dintiman, & Oakes, 2004; Koncul, 2012; Smith & Kelly, 2006b; Smith & Puczkó, 2009; Voigt & Pforr, 2014). A six-dimensional wellness model is adopted in this study including physical, intellectual, social, spiritual, emotional, and environmental wellness.

1.1.4 The Wellness Industry

Though wellness has been widely researched as a concept, academic literature on the wellness industry is limited as an emerging sector. Focusing on the promotion of health in a private market setting (Kickbusch & Payne, 2003), the wellness industry provides products and services to consumers to maintain and improve health, to slow the ageing effects, and to prevent diseases (Pilzer, 2002).

Due to the growing demand for self-health management, beauty, anti-ageing, and disease prevention, the global wellness industry has grown rapidly from 3.36 trillion US dollars to 3.7 trillion US dollars market, about a 10.6 per cent increase from 2013 to 2015 (Global Wellness Institute, 2016b). Beauty and anti-ageing; healthy diet, nutrition and weight loss; wellness tourism; fitness and mind-body, as well as preventative and personalised medicine are ranked the top five sectors in revenue in the wellness industry (Global Wellness Institute, 2016b). The growth in this industry has brought about the re-emergence of wellness tourism to meet the needs of wellness consumers.

1.1.5 Wellness Tourism

Wellness tourism plays an important role in the global wellness industry, as it was ranked third in the global wellness industry for revenue in 2015 (Global Wellness Institute, 2016b). This indicates that there is a huge demand in the wellness tourism market globally.

There are many definitions of wellness tourism in the literature, which reflects the complexity of wellness. Mueller and Kaufmann (2001, p. 7) define wellness tourism as “the sum of all the relationships and phenomena resulting from a journey and residence by people whose main motive is to preserve or promote their health”. Wellness tourism is also defined as “a phenomenon owing to the needs of enhancing personal wellbeing for those travelling to destinations where render services and experiences to rejuvenate the body, mind and spirit of the travelers” (Chen, 2007, p. 35). Despite of various definitions, wellness tourism focuses on people’s health maintenance and enhancement through non-medical services and activities (Mueller & Kaufmann, 2001; Smith & Kelly, 2006b; Voigt, 2014). However, Mueller and Kaufmann’s definition limits the range of the wellness tourist whose main motivation is health maintenance and promotion. Chen’s definition is more specific and emphasises that the wellness tourists are motivated by the physical, emotional, and spiritual dimensions of wellness.

Global Wellness Institute (2015, p. 10) defines wellness tourism as “travel associated with the pursuit of maintaining or enhancing one's personal well-being.” This definition encompasses a wider range of tourists than Mueller and Kaufmann’s, with health maintenance and promotion either as primary or secondary motivation. Primary motivation means that the main motive of the tourists is health maintenance and promotion. Secondary motivation means there are other main reasons for travel such as business, study and work, while the travellers purposively improve their health by receiving wellness services during the trip. This definition is adopted for this research to meet the main objectives because people, who travel to China for wellness either as primary motivation or secondary motivation, are the target population for this study.

1.1.6 Wellness Tourism Destinations

There are many destinations globally that offer different types of wellness services to meet wellness tourists' various demands for health promotion. The development of wellness tourism is based on unique natural and cultural resources. Western, eastern and northern European countries, such as France, Germany, Poland, Slovenia, Croatia, Hungary, and Romania, are famous for mineral and thermal spas, saunas and massage because of their rich resources such as thermal and mineral springs. In southern European countries such as France, Greece and Italy, a treatment based on sea water called thalassotherapy, is offered where sea water and seaweed are used to revitalise the skin and improve circulation (Mueller & Kaufmann, 2001; Smith & Puczkó, 2009). Spa and hydrotherapy are common wellness services in Canada and the United States.

Desert sand-herb rasoul scrub and hammams are well known in Middle-east and North African countries because of the vast areas of desert and sea. The Dead Sea attracts millions of wellness tourists, as it is the world's largest natural spa with mineral-rich salt sea, mineral-rich mud, and therapeutic ultra-violet solar radiation. Mecca in Saudi Arabia is a centre for Muslims' spiritual tourism, as all Muslims are expected to complete Haj, an annual Islamic pilgrimage ritual, at least once in a lifetime (Koncul, 2012; Smith & Puczkó, 2009).

In general, Asian wellness traditions take a holistic approach of treating the body, mind, and spirit as a unified entity, encouraging the body to heal itself, such as Indian Ayurveda, Thai massage, and Chinese Traditional Medicine (Patwardhan, Warude, Pushpangadan, & Bhatt, 2005; Smith & Puczkó, 2009). Indian Ayurveda emphasises the balance of the governing forces through appropriate diet, massages therapies, herbal remedies, yoga and meditation (Smith & Puczkó, 2009). Thai massage involves a system of stretching joints and easing muscle tension (Smith & Puczkó, 2009). The Chinese wellness approaches encompass a broad range of practices and services including massages, herb remedies, physical exercises, body and mind balance, health and nutrition (Heung & Kucukusta, 2013; Huang & Xu, 2014).

The indigenous people in the South Pacific region, such as Australian Aboriginals and New

Zealand Maori, offer a combination of European wellness services such as hot springs and massages, but also incorporate herbal remedies similar to the Asians. Furthermore they also incorporate deep spiritual beliefs which are embedded in their cultural traditions to enhance wellbeing (Smith & Puczkó, 2009; Voigt & Pforr, 2014).

The western wellness approach is more about water-based treatment and massage, while the eastern ones are holistic treating the body, mind, and spirit as a unified entity through varieties of methods. There is little research that studies western people's perceptions and interest in eastern wellness approaches; therefore, carrying-out such research will contribute to the body of knowledge.

1.1.7 Wellness Tourism in China

China has a long history of wellness philosophies that can be dated back to 1,000 B.C. (Heung & Kucukusta, 2013; Smith & Puczkó, 2009). Chinese holistic wellness principles such as Tian-ren-he-yi, Yin and Yang, the Five Elements Theory, and Chi emphasise the balance within human body and mind, generation and control of different dimensions of wellness, and being in harmony with nature. A variety of wellness practices including acupuncture, reflexology, moxibustion (the burning of the incense-like dried mugwort herb), Tai Chi, cupping and skin scraping have been developed based on Chinese wellness philosophies (Huang & Xu, 2014).

Wellness lifestyles have become trendy in China (Heung & Kucukusta, 2013; Huang & Xu, 2014). With China's rapid economic growth in the past 30 years, Chinese have more disposable income (Zhu, Wang, Pang, Wang, & Zou, 2009). Middle- and upper-class Chinese have become more health conscious (Heung & Kucukusta, 2013). Wellness facilities such as spa resorts, thermal spring resorts, fitness centres, yoga clubs, and massage clubs are easily accessible (Wang & Yamamura, 2000).

Wellness tourism has been promoted by the State Council of Chinese central government in its Guideline on Strategic Planning for Traditional Chinese Medicine Development 2016 to 2030 (The State Council of the People's Republic of China, 2016). In addition, China National

Tourism Administration (CNTA) and State Administration of Traditional Chinese Medicine (SATCM) also jointly issued a document to encourage Traditional Chinese Medicine (TCM) hospitals, tour operators, and wellness centres to standardise wellness services and to develop diverse wellness tourism products and programmes based on Chinese wellness philosophies (China National Tourism Administration, 2015).

With strong support from the Chinese government and the Chinese consumers' increasing demand for wellness, wellness tourism developed rapidly in China in recent years. The wellness tourism revenue in China grew from 12.3 billion US dollars in 2013 to 29.5 billion US dollars in 2015, ranking fourth after the United States, Germany and France. It has created 2.37 million jobs and witnessed 48.2 million wellness trips in 2015. However, domestic wellness tourism represents the majority of wellness trips (83%) and revenue (67%) (Global Wellness Institute, 2016a).

1.1.8 Wellness Approaches and Wellness Tourism Demand in New Zealand

The indigenous Maori people in New Zealand have traditionally used herbal remedies, hot springs, and massages to enhance wellbeing (Smith & Puczkó, 2009). Traditional Maoris believe there is a link between the mind, the spirit, the human connection with the family, and the physical world in a way that is seamless and uncontrived (Ministry of Health, 2017), which is similar to Asian wellness approaches.

Healthy lifestyle is popular in New Zealand, which is evident by the participation in outdoor sports (Tourism New Zealand, 2012), thermal springs and spas (Smith & Puczkó, 2009). New Zealand is famous for its rich thermal spring resources and spas. When the Europeans settled in New Zealand in the 19th century, they brought the European tradition of using spa for wellness. A variety of European style thermal reserves and bathhouses were built in Rotorua so New Zealanders could relax in thermal springs to improve their health (Voigt & Pforr, 2014). The Polynesian Spa in Rotorua, a thermal spa business, has frequently been ranked as one of the world's top ten spa resorts (Tourism New Zealand, 2017) due to the ability of its hot water to relieve tired muscles, ache and pains while nourishing the skin. However, there is a lack of

research in the literature on New Zealanders' current demand for wellness tourism.

1.2 Significance of the Research

Although many researchers have contributed to wellness tourism studies, few researchers have studied wellness tourism in a cross-cultural context. This research has theoretical contributions to a cross-cultural understanding of wellness tourism between the western wellness approaches and the eastern ones. It also has potential contextual contributions to the wellness literature by understanding how westerners approach wellness tourism in a dissimilar cultural context. This is the first time that research on New Zealanders' interest in participating in wellness tourism in China has been explored. This study will contribute to the underdeveloped body of knowledge related to the potential New Zealand tourist market for participating in wellness tourism in China. The researcher has identified the demographic characteristics of the potential New Zealand tourist market for participating in wellness tourism in China.

In addition, this research will identify common Chinese wellness tourism services to the literature and highlight those Chinese wellness tourism services that are of interest to New Zealanders. Furthermore, the main motivations and concerns regarding participating in wellness tourism in China, as well as New Zealanders' expectations of experiencing wellness tourism in China, are identified.

Last but not least, the research has provided insight for Chinese wellness tourism stakeholders such as wellness tourism suppliers, tour operators, and tourism administrations. This insight may allow stakeholders to design suitable wellness tourism products to meet the needs and expectations of the New Zealand tourist market, and promote China-based wellness tourism to the New Zealand population.

1.3 Research Question and Objectives

The research questions are "who is interested in participating in wellness tourism in China from New Zealand, to what extent, are they interested in wellness tourism and what are they

expecting from wellness tourism experiences in China?" The research questions will involve three main objectives in the research:

1. To identify the potential New Zealand tourist markets for participating in wellness tourism in China.
2. To examine New Zealanders' level of interest and intention to participate in wellness tourism in China.
3. To find out New Zealanders' expectations of wellness tourism experiences in China.

1.4 Methodology

Due to the nature of this research, post-positivism is adopted as the research paradigm. Post-positivism modifies the tradition of positivism by talking of probability rather than certainty, and seeking to approximate the truth rather than absolute truth (Crotty, 1998; Gray, 2014; Muijs, 2004; Onwuegbuzie, Johnson, & Collins, 2009). Post-positivist researchers hold the assumptions that data, evidence, and rational considerations shape knowledge; however, people cannot totally uncover the reality especially when studying human behaviour, but strive to develop relevant, true statements (Phillips & Burbules, 2000). Post-positivism is primarily associated with quantitative research methods (Creswell, 2009). Questionnaire survey is a useful tool for collecting quantitative data. With quantitative data analysis, the researcher is able to identify the demographic characteristics of the potential New Zealand tourist market for participating in wellness tourism in China. In addition, the researcher can identify Chinese wellness tourism services that are of interest to New Zealanders, and to find out New Zealanders' expectations for wellness tourism experiences in China. Therefore, a quantitative research design using questionnaire survey will be implemented to meet the research objectives of this study.

The target populations are New Zealand citizens or residents who are at least 20-year old and are interested in travelling to China. Written questionnaires were carried out in Auckland for data collection, and the data were analysed using the Statistical Package for the Social Sciences (SPSS) to meet the research objectives.

1.5 Structure of the Thesis

This thesis is structured in six chapters: introduction, literature review, research methodology, research findings, discussion and conclusion.

Chapter one introduces the research background, including the growing interest in wellness tourism generally and the reasons behind, wellness, the wellness industry, wellness tourism destinations in the world and wellness tourism in China. It identifies the current gaps in the literature and explains the significance of the research. The chapter also outlines the research questions and objectives. Then, a brief justification of the research methodology and research design is presented.

Chapter two reviews the wellness literature, presenting a wellness definition and the wellness model adopted for this study. This is followed by reviewing motivations for wellness and the wellness industry. Then, a wellness tourism definition is presented. The typologies of wellness tourism, different wellness approaches between western and eastern countries and wellness tourists' profiles are discussed. Then the chapter presents Chinese wellness principles and practices, as well as wellness development in China. Finally, research gaps in New Zealanders' interest and expectations for wellness tourism experiences in China are identified.

Chapter three outlines the methodology of this research. It discusses the post-positivism paradigm guiding the study and the rationale for using quantitative methods and survey design. This chapter explains the research instrument, the process of data collection and data analysis. Limitations of the methodology are also discussed.

Chapter four presents the research results identifying the demographic characteristics of the potential New Zealand tourist market for participating in wellness tourism in China. The New Zealanders' level of interest is examined. Then the main motivations and concerns regarding participating in wellness tourism in China are identified, and their expectations for wellness

tourism experiences are described.

Chapter five first reviews the research question and objectives. Then it presents a discussion of the research findings from the survey in relation to the literature review, regarding the potential New Zealand tourist market for participating in wellness tourism in China, their level of interest, the main motivations and concerns, and their expectations for wellness tourism experiences.

Chapter six is the conclusion of the thesis. It summarises the key findings of the research and conclusions drawn from the findings. Then it presents the limitations of this research, its implications and recommendations for future research and for Chinese wellness tourism stakeholders.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter firstly discusses the current concept and definitions of wellness in the literature and the wellness model adopted for this study. Next, various motivations and expectations for wellness are presented. Then, definitions of wellness tourism, typologies of wellness tourism, different wellness approaches between west and east, and wellness tourist profiles are discussed. This chapter also presents the wellness philosophies, principles, wellness practices and wellness tourism in China.

2.2 Understanding Wellness

Wellness has been defined in various ways (Mueller & Kaufmann, 2001; Smith & Kelly, 2006b; Smith & Puczkó, 2009), and it is evident from the literature that the context in which the definition is used strongly influences the choice of words and where the emphasis of the wellness constructs lie. The wellness concept was first introduced by a U.S. physician Dunn as a special state of health comprising an overall sense of wellbeing, which sees individuals as consisting of body, spirit and mind, and being dependent on the environment (Dunn, 1959). Dunn (1977) believed wellness could be achieved when body, mind and spirit functioned and integrated toward maximising the potential of an individual. This holistic understanding of health challenged the traditional perceptions of health which sees body as separate parts working in isolation (Voigt, 2014; Westgate, 1996). This definition has set the foundation for later wellness definitions as it encompasses the inter-related physical, mental, spiritual and environmental dimensions of wellness in a holistic way.

After carrying out a market analysis of wellness tourism, Mueller and Kaufmann (2001) suggested that wellness was a state of health featuring the harmony of the body, mind, and spirit, self-responsibility, physical fitness, beauty care, healthy nutrition, relaxation, meditation, mental activity, education, environmental sensitivity, and social contacts as fundamental elements. This perception of wellness agrees with Dunn's definition in regards to its

multi-dimensional approach, but describes wellness in greater detail. Moreover, this definition emphasises that different dimensions of wellness should harmoniously co-exist within the human body as well as between human and nature.

In addition, Dunn (1977) proposed that wellness was not a static state, but an on-going journey towards a higher degree of wellness that was dependent on the environment. This perception of wellness identifies that wellness is a process toward optimal health throughout the entire life (Smith & Kelly, 2006b). Wellness is an on-going journey towards a better self and optimal health. Individuals' state of health might change within different environments and during different stages of life, thus highlighting that optimal health cannot be achieved at any one time, but is a lifestyle one pursues (Adams, 2003; Voigt & Pforr, 2014). Myers, Sweeney and Witmer, in their study on mental health, also suggested wellness was a way of life towards optimal health and well-being (Myers et al., 2005). They indicated that wellness was a lifestyle and a process, which is in line with Dunn's view on wellness as a journey. On the other hand, they believed that wellness was a lifestyle, and illness could be prevented by healthy lifestyle choices. They developed the Wellness Evaluation of Lifestyle as a measurement to help respondents make healthy lifestyle choices based on their responses to each of five life tasks, spirituality, self-direction, work and leisure, friendship, and love (Myers et al., 2005).

Travis and Ryan (1981) further suggested that wellness was an on-going process but described it in terms of levels of wellness and illness. They indicated a lower level of wellness starting from a neutral point of no discernable illness or wellness. These levels are elevated when an awareness of wellness, wellness education, and wellness growth towards high-level wellness are achieved (Travis & Ryan, 1981).

Some authors believe that achieving optimal wellness requires a balance between the different dimensions of wellness (Adams, 2003; Heung & Kucukusta, 2013; Leung, 1998; Smith & Kelly, 2006b; Smith & Puczkó, 2009; Steiner & Reisinger, 2006; Voigt & Pforr, 2014). This implies that each dimension carries equal value in its contribution to overall wellness, and achieving a balance is the key to illness prevention and health maintenance (Leung, 1998).

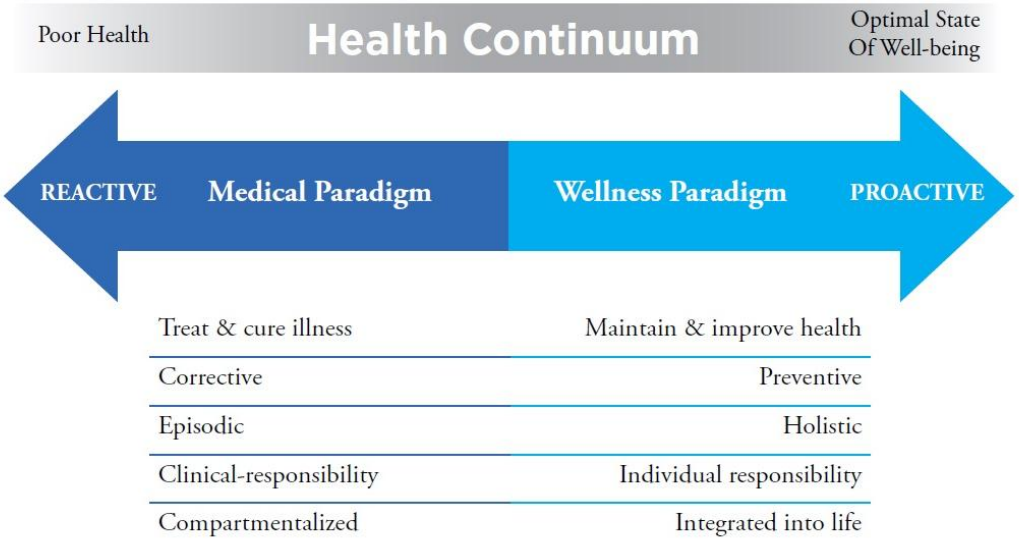
An American professor of psychology, Adams (2003) indicated that wellness was relative and subjective. This perception of wellness reflects the views of many researchers (Smith & Kelly, 2006b; Smith & Puczkó, 2009). Wellness is relative as it means different things in different situation. People without symptoms of physical and psychological illness can sometimes feel unwell; on the contrary, people suffering from serious illnesses can still strive for higher levels of wellness (Voigt & Pforr, 2014). Smith and Puczkó (2009) further explained the subjective nature of wellness as more of a psychological than a physical state. Therefore, levels of wellness may be perceived differently by different people.

Voigt (2014) compares the wellness paradigm with the traditional biomedical health paradigm. Within the biomedical health paradigm, health is considered as the absence of disease and the human body is viewed as separate components where single parts can be cured or replaced independently (Nettleton, 2006). Biomedical health professionals mainly focus on treating diseases. Once a diagnosis is established, the treatment is generally standardised for all patients. If a symptom does not require a diagnosis, usually no treatment will be adopted. Therefore, the biomedical health paradigm can be viewed as separate, mechanistic, and reactive. This contrasts with Voigt's perspective on wellness as being alternative, holistic, positive and proactive.

In the wellness paradigm, health is viewed as a composition of many elements both internal and external to the human body and health is built up by the systematic balance among these elements (Voigt, 2014). In addition, the wellness paradigm sees the human body as a holistic system with different tissues and organs systematically functioning in a balanced way. Diseases are imbalances of the interrelated organs within a human body, and between the human body and the environment. The wellness paradigm encourages the innate self-healing capabilities of the human organism (Goldstein, 1999); therefore, the role of wellness professionals is to mobilise self-healing capabilities of the human body, which are based on the interpretation of the individuals' feelings, attitude and subjective experiences (Voigt & Pforr, 2014). Individuals do not wait passively until symptoms are diagnosed; instead, wellness can be achieved and

maintained by proactive participation in activities that promote wellness in each of the dimensions.

Similarly, the Global Wellness Institute (2015), in its recent wellness tourism economy report, introduced a health continuum (figure 2-1), comparing the differences between a medical paradigm and a wellness paradigm. This health continuum highlights that medical and wellness paradigm works in opposite directions. Wellness is proactive in health maintenance and improvement requires an individual to take responsibility for disease prevention. Being aware of and understanding the differences between medical and wellness paradigms allows individuals to perceive wellness as lifestyle and a journey.



Source: The Global Wellness Tourism Economy 2013 & 2014

Figure 2-1 Health Continuum

In summary, the following core concepts and attributes of wellness can be generated from a review of the literature. First, wellness is more than the absence of disease; it is positive, proactive, preventative, and holistic (Global Wellness Institute, 2015; Voigt, 2014). Second, wellness is a broad concept incorporating multi-dimensional aspects of life (Dunn, 1977; Miller, 2005). Third, wellness is about balance and harmony between different dimensions of wellness (Adams, 2003; Leung, 1998; Mueller & Kaufmann, 2001; Steiner & Reisinger, 2006). Fourth,

wellness is not a static state, but a journey and process towards a better self, which requires self-responsibility (Adams, 2003; Dunn, 1977; Smith & Kelly, 2006b).

For the purpose of this study, wellness is defined as a way of life oriented toward optimal health and well-being in which the body, mind, and spirit are integrated by the individual to live more fully within the human and natural community (Myers et al., 2005).

2.3 Wellness Models

It has been widely agreed that wellness is a multi-dimensional concept in which body, mind and spirit are the key dimensions (Dunn, 1959; Myers et al., 2005; Smith & Kelly, 2006b; Travis & Ryan, 1981). However, there remains disagreement on the exact structure of wellness (Adams, Bezner, & Steinhardt, 1997; Greenburg et al., 2004; Lafferty, 1979). As discussed earlier, context affects how wellness is perceived; therefore, a variety of different wellness models have been designed to use in different situations.

Ardell (1977) proposed a wellness model incorporating five principal dimensions: self-responsibility, environmental sensitivity, stress awareness and management, physical fitness, and nutritional awareness. In a clinical psychological context, Myers, Sweeney, and Witmer (2000) proposed a different model to include five life tasks: spirituality, self-regulation, work, friendship, and love. Lafferty (1979), Depken (1994) and Greenburg et al. (2004) agree that wellness comprises the physical, intellectual, social, emotional, and spiritual dimensions of life. This five-dimensional wellness model was further expanded to a six-dimensional model by Hettler (1980) who added occupational wellness to his study of a university student life programme. Additionally, the environmental aspect is considered as another dimension of wellness by (Hales, 2006), (Renger et al., 2000), and (Smith & Kelly, 2006b), in discussions on the relationship and impact of an individual on the environment including natural and community resources.

Different wellness models show agreement that wellness is multi-dimensional. The majority of

authors include five or more wellness dimensions, though in different domains. The different interpretations of wellness indicate the complexity of wellness, which may be influenced by the context. For the purpose of this study, a six-dimensional wellness model is adopted, including physical, intellectual, emotional, social, environmental, and spiritual dimensions, as these dimensions of wellness are associated with a tourism context (Smith & Kelly, 2006a; Smith & Puczkó, 2009; Voigt, 2014).

2.3.1 Physical Wellness

Physical wellness, according to the National Wellness Institute (2007), recognises the benefits of regular physical activity, healthy eating habits, strength and vitality. It encourages fitness and a nutritional diet and discourages harmful behaviours such as smoking and excessive alcohol consumption. It recognises personal responsibility and self-care, the ability to detect illness and to seek medical care when needed (Renger et al., 2000; Travis & Ryan, 1981). For the purpose of this study, physical wellness includes positive physical activities, a nutritional diet, fitness and self-care.

2.3.2 Intellectual Wellness

Intellectual wellness involves creative and stimulating mental activities (Myers et al., 2005). Intellectual wellness recognises an individual's ability to use resources to acquire and expand knowledge and skills, and to solve problems creatively (Hettler, 1980; Miller, 2005). Hales (2006) and Roscoe (2009) consider the motivation of lifelong learning as a key attribute of intellectual wellness. Other authors (Renger et al., 2000) see the ability to acquire and share knowledge as an important component of intellectual wellness. For the purpose of this study, intellectual wellness includes positive, creative, and stimulating mental activities, which can be achieved through the continuous learning, sharing and application of knowledge (Miller, 2005; Roscoe, 2009).

2.3.3 Social Wellness

Social wellness includes the interaction of the individual with others, the community and nature (Hettler, 1980; Miller, 2005). Some authors suggest the communication skills, the quality and

the extent of social interaction, and the perception of oneself in relation to others, are essential components of social wellness (Miller, 2005; Renger et al., 2000). Others see contributions to the community for a better living space as contributors to social wellness (Roscoe, 2009). For the purpose of this study, social wellness is the positive interaction with and contribution to the human community and nature.

2.3.4 Spiritual Wellness

Spiritual wellness is a well-developed topic in wellness literature (Miller, 2005). Hettler (1980) sees spiritual wellness as seeking meaning and purpose in existence and the perception of one's place in the universe. Similarly, Adams et al. (1997) view spiritual wellness as a positive perception of meaning and purpose in life, recognition and acceptance of an integrated force between body and mind. Spiritual wellness emphasises the relationship between self, others, and the universe (Westgate, 1996). For the purpose of this study, spiritual wellness is defined as the personal values and beliefs created by individuals seeking meaning and purpose in human existence, and identifying one's relationship with others and the universe.

2.3.5 Emotional Wellness

Emotional wellness recognises the awareness and acceptance of one's feelings (National Wellness Institute, 2007). Adams et al. (1997) and (Miller, 2005) view emotional wellness as a continual process in the constructive management of emotions. It includes the degree to which a person feels positive and enthusiastic about oneself and life (Hettler, 1980). For the purpose of this study, emotional wellness is defined as the awareness and acceptance of feelings, and being positive and enthusiastic about oneself and life (National Wellness Institute, 2007).

2.3.6 Environmental Wellness

Environmental wellness considers individuals' interaction with and preservation of the environment and nature. It guides individuals to a healthy lifestyle and environmental sustainability by recognising the limit of natural resources, and the relationship and impact of an individual on the living, working and natural environment (Renger et al., 2000). It encourages activities to preserve beauty and balance nature (National Wellness Institute, 2007). For the

purpose of this study, environmental wellness is defined as positive interaction with and preservation of the environment and nature, with the recognition of the limit of natural resources.

2.4 Motivations and Expectations for Wellness

2.4.1 Motivations for wellness

Motivation is a theoretical construct to explain individuals' actions, desires, and needs and it is the force that drives humans to achieve goals (Maslow, 1970). It is important to identify the key motivations for seeking wellness because it helps to understand wellness consumers' needs and their profiles.

Various motivations for wellness have been identified in the literature. Smith and Puczkó (2009) posit that the pursuit of health and well-being is the primary motivation for wellness, and this viewpoint has been widely agreed upon (Heung & Kucukusta, 2013; Mueller & Kaufmann, 2001; Smith & Puczkó, 2009; Steiner & Reisinger, 2006; Voigt & Pforr, 2014). Voigt and Pforr (2014) indicate that wellness consumers are well informed and educated about the values of personal health management and they have increased consciousness to manage their health proactively rather than see a doctor after symptoms present themselves.

Voigt (2014) suggests that the effectiveness of complementary alternative medicine such as Indian Ayurveda practices and Traditional Chinese Medicine, in the prevention of chronic and lifestyle-related diseases, is another motivation. Voigt criticised the reactive approach of conventional health care and its ineffective management or prevention of most of chronic and lifestyle-related diseases such as cancer, cardiovascular diseases and diabetes. These kinds of diseases have become the leading causes of preventable deaths (Smith & Puczkó, 2009). The ineffectiveness of orthodox medicine has motivated a growing number of people in western countries to turn to alternative medicine, which is based on the wellness paradigm and has been proven to be more effective in prevention of chronic diseases (Yeoman, 2008).

Bushell and Sheldon (2009) discovered that some people were motivated to use wellness services to relax and escape from the stress of fast-paced work and life. A characteristic of modern life is that the pace of life has accelerated rapidly, resulting in a general feeling of tiredness and stress (Smith & Puczkó, 2009; Voigt & Pforr, 2014). As a consequence, some individuals have taken a proactive step in managing their wellness by utilising the health benefits of thermal spas or receiving full body massages to relax and rejuvenate themselves (Smith & Puczkó, 2009).

In a study of Hong Kong spa visitors, Mak, Wong, and Chang (2009) used exploratory factor analysis to identify the motivations of spa visitors. The results revealed escape, relax and relief, self-reward and indulgence, health and beauty as the main motivation factors. In addition, they identified that friendship and kinship were important motives. This finding is in agreement with Kelly's conclusion that group experiences and the sense of belonging to a community for retreat visitors (Kelly, 2012) are important aspects of social and emotional wellness.

Chen et al. (2008), in their study of wellness tourists' motivations in Taiwan, identified five motivations that showed statistical significance in relation to the benefits of wellness services. These included health consciousness, relaxation, curiosity, attractiveness of wellness, and quality of life. Quality of life usually refers to the degree to which a person's life is desirable versus undesirable (Elavsky et al., 2005). Smith and Puczkó (2009) indicated that health condition, stress levels, use of leisure time, sense of community, and degree of spirituality contribute to one's quality of life. A balance of these indicators results in a higher degree of quality of life.

In a mixed methods study of retreat visitors in the United Kingdom, Kelly (2012) also discovered that escape, time-out and relaxation, group experiences, and spiritual development were the main motivations. Other authors indicated that an ageing population, increasing healthcare costs, an increasing scepticism about orthodox medicine were other motivations for wellness (Smith & Kelly, 2006b; Smith & Puczkó, 2009; Voigt, 2014).

Although these studies were set in different contexts, some core motivations for wellness can be identified. These include health maintenance and improvement, the effectiveness of complementary alternative medicine, stress management and relaxation, and a sense of community.

2.4.2 Expectations for wellness

Tourist expectation is a well-studied, cross-disciplinary domain. According to Gnoth (1997), tourists motivation constitutes a major parameter in expectation formation. Expectations, in turn, determine perceptions of tourism products and services as well as perceptions of experiences. Tourists' expectations of destinations are determined by both the tourists' needs and value systems.

In a quantitative study of museum visitors' expectations in Taiwan, Sheng and Chen (2012) concluded tourists' expectations had a personal context, and were influenced by personal factors, such as education level, family life cycle etc. Marković and Raspor (2010) identified three main factors concerning wellness customers' expectations: staff quality and service reliability, empathy and assurance, and the appearance of facilities and staff, from studying customer service quality expectations in Croatian hotel wellness centres. Wellness consumers' expectations have been studied in the literature within a western wellness perception; however, there is no research studying western wellness consumers' expectations in a cross-cultural context.

2.5 The Wellness Industry

Though wellness has been widely researched as a concept, academic literature on the wellness industry is limited as an emerging sector. As a result, there is no clear definition of the wellness industry. Therefore, this review of the wellness industry has expanded to non-academic book, industry reports and websites.

The term "wellness industry" was first introduced by American economist Pilzner, who saw

wellness not merely as a concept. Pilzer (2002) believed the wellness industry provided products and services to healthy people in a private market to maintain and improve an individual's health, to slow the ageing effects, and to prevent disease. In addition, Pilzer (2002) considered the conventional medical care sector to be a sickness industry, and suggested people voluntarily became consumers of the wellness industry because they were unwilling to become consumers of the sickness industry. Pilzer (2002) also viewed the wellness industry as a pervasive one, which was labelled as affordability, the ability to spread by word of mouth, continuous consumption, universal appeal, and short consumption time.

The lack of clear definition and classification for the wellness industry implies more academic research is needed. The Global Wellness Institute used the term "wellness economy" in its 2014 global wellness report, while later the term "wellness industry" was adopted to replace "wellness economy" in its 2015 report. The Global Wellness Institute (2015) included complementary and alternative medicine, nutrition and weight-loss, spa, fitness and mind-body activities, beauty and anti-aging, wellness tourism, preventive and personalised health, lifestyle real estate, thermal/mineral springs, and workplace wellness within the wellness industry boundary. Pilzer (2002) agreed with many of these sectors and further added genetic engineering, cosmetic plastic surgery, cosmetic and reconstructive dentistry to the wellness industry.

According to the Global Wellness Institute (2016b), beauty and anti-ageing; healthy diet, nutrition and weight loss; wellness tourism; fitness and mind-body, as well as preventative and personalised medicine ranked in the top five sectors for revenue in wellness industry in 2015. Complementary and alternative medicine, wellness lifestyle real estate, the spa industry, thermal/mineral springs, and workplace wellness ranked sixth to tenth respectively.

2.6 Wellness Tourism

Wellness tourism plays an important role in the global wellness industry, and is ranked third for revenue (Global Wellness Institute, 2016b). However, there is no universal definition for wellness tourism within the literature. Sometimes, confusing terms such as wellness tourism

(Smith & Kelly, 2006b), health tourism (Hall, 2003), health-care tourism (Henderson, 2003), medical tourism (Connell, 2011), holistic tourism (Smith & Kelly, 2006a), spa tourism (Hall, 2003; Puczkó & Bachvarov, 2006), and wellbeing tourism (Konu & Laukkanen, 2010) are used interchangeably, yet refer to different concepts (Voigt, Brown, & Howat, 2011; Voigt & Pforr, 2014). It is therefore necessary to distinguish between health tourism, wellness tourism and medical tourism in order to clearly set the scope of this research.

World Health Organization (1984) defines health as:

> *…the extent to which an individual or a group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources as well as physical capabilities.*

Hall (2003, p. 275) defines health tourism as:

> *"a commercial phenomenon of industrial society which involves a person travelling overnight away from the normal home environment for the express benefit of maintaining or improving health, and the supply and promotion of facilities and destinations which seek to provide such benefits."*

Additionally, Hall (2013) suggests five typologies of the health tourism market as: leisure tourism, adventure and sports tourism, wellness tourism, spa tourism, and medical tourism. This implies that wellness tourism and medical tourism are subsets of health tourism. Similarly, Smith and Puczkó (2009) suggest that wellness tourism and medical tourism are two separate subsets under health tourism and there are more sectors under wellness tourism and medical tourism, as shown in figure 2-2.

Source: Smith & Puczko, 2009

Figure 2-2 Types of Health Tourism

Medical tourism is often referred to as adding medical services to common tourism (Hall, 2013). Connell (2006) suggests that medical tourism is a niche that emerged from the rapid growth of people who often travel long distances internationally to obtain medical, dental and surgical services while becoming holiday-makers at the same time. Similarly, in a report, the Economic and Social Commission for Asia and the Pacific (2009) refers medical tourism as an international phenomenon related to people travelling from developed countries to undertake health care services in combination with visiting tourist motivations. Medical tourism is curative focused and involves specific medical interventions as people seek treatment for certain diseases in other destinations (Hall, 2011, 2013; Smith & Puczkó, 2009; Voigt et al., 2011; Voigt & Pforr, 2014).

On the contrary, wellness tourism is holistic and focuses on people's health maintenance and enhancement through non-medical services and activities (Mueller & Kaufmann, 2001; Smith & Kelly, 2006b; Voigt, 2014). Due to the relative and subjective nature of wellness, wellness tourism is defined in slightly different ways. Voigt (2014, p. 33) gives a comprehensive definition for wellness tourism as:

> *"Wellness tourism is the sum of all phenomena resulting from a journey by individuals whose motive in whole or in part is to maintain or promote their health and wellbeing,*

and who stay at least one night at a facility that is specifically designed to holistically enable and enhance people's physical, psychological, spiritual, and/or social wellbeing, and that ideally also takes into account environmental and community wellness in a sustainable manner."

Voigt's definition indicates that the motivation for wellness tourism is health maintenance and it measures wellness dimensions holistically. However, it limits the tourists to those who stay at least one night in wellness facilities. The Global Wellness Institute (2015) defines wellness tourism briefly as "travel associated with the pursuit of maintaining or enhancing one's personal well-being"; however, it encompasses all tourists travelling for health maintenance and enhancement with a broader scope. For the purpose of this study, the Global Wellness Institute's definition of wellness tourism is adopted as this definition has been widely accepted in this industry.

Some sectors under wellness tourism and medical tourism sometimes overlap as a result of an increased hybridisation between wellness tourism and medical tourism providers. This is usually referred to as "medical wellness" in the literature (Smith & Puczkó, 2009; Voigt & Laing, 2013). The wellness health paradigm is adopted in medical wellness for chronic diseases therapy and rehabilitation, while invasive treatments such as plastic surgery and botox injections are used for beauty and anti-ageing.

From the above literature review, a conclusion can be drawn that health tourism can be used as a comprehensive umbrella term that contains the subsets of medical and wellness tourism (Smith & Puczkó, 2009; Voigt, 2014; Voigt et al., 2011). Medical tourism differs from wellness tourism in that it usually involves medical interventions (Connell, 2006; Hall, 2011) and has two major forms: surgical and therapeutic (Smith & Kelly, 2006b; Smith & Puczkó, 2009); therefore, medical tourists are people who already have certain diseases turning towards orthodox health professionals for biomedical solutions by travelling to other destinations. Wellness tourists seek alternative, holistic methods and life-styles to prevent disease and enhance health (Mueller & Kaufmann, 2001; Smith & Puczkó, 2009; Voigt et al., 2011; Voigt & Pforr, 2014).

2.7 Typologies of wellness tourism

Wellness tourism can be classified into different types according to different contexts. Smith and Puczkó (2009) suggest that wellness tourism includes spa tourism, holistic tourism, yoga and meditation tourism, and spiritual tourism. Sometimes, different types of wellness tourism overlap. For example, yoga and meditation tourism could be counted as a form of spiritual tourism; spa tourism and yoga tourism can also be part of holistic tourism.

Spa tourism is sometimes treated as being synonymous with wellness tourism (Mueller & Kaufmann, 2001; Smith & Puczkó, 2009) in western countries. According to Smith and Puczkó (2009), spa tourism focuses on the relaxation or healing of the body using water-based treatment including mineral and thermal springs, steam rooms and saunas. The International SPA Association (ISPA) further defines spas as "places devoted to overall well-being through a variety of professional services that encourage the renewal of mind, body and spirit" (ISPA, 2017), which includes non water-based services such as massage, facials, and manicures within spas.

Hall (2003) indicated spa was the major form of wellness in western countries. Many destinations such as Baden, Lausanne and Interlaken in Switzerland; Baden-Baden and Wiesbaden in Germany; Vienna, Austria; Budapest, Hungary; Vichy, France are major suppliers of mineral water spa tourism in mainland Europe. Japan, Australia, New Zealand, the west coast of the United States and Canada are famous for thermal spring resources caused by the geothermal characteristics of the Pacific Ring of Fire.

Differing from spa tourism, holistic tourism provides visitors with a range of activities and/or treatments aimed at body-mind-spirit balance (Smith & Kelly, 2006a). It covers the broadest scope of wellness engagement, ranging from weekend hotel-spa breaks, to intensive month-long yoga retreats. These wellness tourists usually engage in holistic wellness activities and treatments in a holistic retreat. A holistic retreat is a purpose-built centre accommodating visitors for the purpose of learning or improving body, mind, spiritual activities, and receiving

therapies (Smith & Puczkó, 2009).

According to Smith and Kelly (2006a), Asian practices such as Traditional Chinese Medicine, Ayurveda and yoga are categorised according to their health benefits. Chinese massage, spa, cupping, scraping, and reflexology are therapeutic; acupuncture is healing; Tai Chi and Kung Fu are active; visiting sacred sites, temples and pilgrimages are enlightening; music and arts appreciation are creative; and stress management and life coaching is about personal development.

Yoga tourism is designed for people wishing to enjoy yoga, to escape from routine work, and to achieve physical, emotional, intellectual, and spiritual balance (Lehto, Brown, Chen, & Morrison, 2006). Yoga is not just for fitness, but a spiritual practice which can lead to self-knowledge and create harmony with others and the world (Iyengar, 2001). Therefore, yoga and meditation tourism is sometimes regarded as part of spiritual tourism (Smith & Puczkó, 2009).

Spiritual tourism focuses on the spiritual quest of the individual and can lead to transcendence or enlightenment. It can be either religious or secular or combine elements of both (Smith & Puczkó, 2009). Similarly, Willson (2016) emphasises that spiritual tourism is a broader concept than religion tourism by comparing the key aspects of spirituality and religion (Willson, 2016). Some spiritual tourists visit religious buildings, e.g. temples, churches, mosques and synagogues, to attend certain rituals and ceremonies because of religious beliefs (Haq & Yin Wong, 2010; Smith & Puczkó, 2009). Others non-religious, spiritual tourists seek enlightenment and explore the meaning of human existence by visiting world heritages and historical sites, through art appreciation and meditation (Smith & Puczkó, 2009).

Voigt et al., in the study of wellness tourism in Australia, suggested three types of wellness tourism: beauty spa, lifestyle resort and spiritual retreat (Voigt et al., 2011). Voigt explained a beauty spa was generally referred to as a wellness hotel in European context. A beauty spa focuses on the body and non-invasive beauty treatments, and may incorporate water-based facilities. Lifestyle resorts, also known as destination resorts in North America, cover a wide

range of programmes such as nutrition, exercise and stress management. Spiritual retreats aim to assist visitors with spiritual development through religious activities, yoga and meditation, practicing Tai Chi, and studying different spiritual philosophies (Voigt, 2014). Voigt acknowledges that spiritual retreats could be either religious or non-religious.

The review of wellness tourism literature indicates wellness tourism can be classified according to its context. Although medical wellness is not the focus of this study, some traditional Chinese wellness therapeutic techniques, such as acupuncture and skin scraping, are included as wellness tourism services in China because of their functions in disease prevention.

2.8 Different wellness approaches between western and eastern countries

There are many destinations in the world that offer a diversity of wellness tourism products and services based on the unique natural and cultural resources and different perceptions of wellness (Smith & Puczkó, 2009).

As mentioned earlier, European destinations' wellness products and services are predominantly based around mineral, thermal, and sea water. Spa, sauna and steam also play an important role. Similarly, spa and water-based therapies also dominate the wellness tourism. Similarly, spa and hydrotherapy are the main wellness products in the United States, Canada and Australia, emphasising cosmetic treatments, relaxation and pampering (Cohen & Bodeker, 2008). This is in line with the idea that spa tourism is sometimes treated as a synonym for wellness tourism in western countries (Smith & Puczkó, 2009).

Asian wellness traditions in general take a holistic approach, treating the body, mind and spirit as one, and encouraging the body to heal itself. India is famous for Ayurveda, a traditional Indian medicine. It is the prime healing tradition in India, Sri Lanka, and Nepal, emphasising the balance of the governing forces through appropriate diet, massages therapies, herbal remedies, yoga and meditation (Smith & Puczko, 2009). Thailand is famous for Thai massage involving a system of stretching, loosening joints, and easing muscle tension (Smith & Puczkó, 2009).

Chinese wellness approaches encompass a broad range of practices and services including massages, physical exercises, body and mind balance, health and nutrition, expressive therapies, and art appreciation (Heung & Kucukusta, 2013; Huang & Xu, 2014).

The wellness approach in New Zealand is influenced by both the western and eastern ones. Like Southern European countries, New Zealand is a thermal spa destination based on its rich natural volcanic resources. The Polynesian Spa in Rotorua, North Island, was ranked World Top Ten Spa by Conde Nast Traveller magazine (Tourism New Zealand, 2017) for the past few years as it combines geothermal, cultural and health experiences. At the same time, New Zealand Maori have been using herbal remedies, massages and deep spiritual beliefs to enhance wellness as a tradition (Smith & Puczkó, 2009), much like Asian wellness approaches.

Voigt and Pforr (2014, pp. 28-29) summarised the following list of modules of wellness tourism products and services offered by wellness tourism providers all over the world:

1. *Body and facial beauty treatments*
2. *Water-based and sweat-bathing treatments and facilities*
3. *Manual-pressure based and manipulative body-based therapies*
4. *Herbal medicine and natural remedies*
5. *Healthy nutrition and diet*
6. *Exercise and fitness*
7. *Mind/body interventions*
8. *Meditation and relaxation techniques*
9. *Expressive therapies and creative arts*
10. *Energy therapies and New Age*
11. *Educational activities*

It can be seen from this list that water-based and sweat-based treatments and facilities only occupy a small portion of the overall wellness tourism products and services; while the majority of them are based on eastern wellness approaches.

2.9 Patterns of Wellness Tourists' Profiles

Wellness tourism profiles differ slightly depending on the type of wellness tourism; however, similarities can be found. According to ISPA (2017), women (74%) and Baby Boomers (60%) dominate the spa market. Lehto et al. (2006) identified the profile of yoga tourists as mainly

female with high levels of education and professional jobs, aged 35-54 years old, and interested in vegetarian and organic food, as well as complementary and alternative medicine. Smith (2003) indicated that spiritual tourists believed in a power beyond them, enjoyed visiting spiritual or mystical landscapes, and sought interactions with local and indigenous communities.

Smith and Kelly (2006b) summarised wellness tourist patterns as:

1. Wellness tourists are highly motivated and determined to play a role in their own health.
2. They frequently choose alternatives to orthodox medicine.
3. Baby Boomers and females are the main markets for wellness tourism.

Smith and Puczkó (2009, p. 142) cited Tourism Australia's research in 2007 to indicate the following behaviour and travel patterns of wellness tourists:

- *Well-being is addictive! Wellbeing travellers take this experience often.*
- *On average, well-being travellers have been on seven well-being trips in last five years.*
- *They prefer to take well-being experiences domestically rather than internationally.*
- *They don't want to deal with airports or a different culture while travelling for well-being.*
- *Longer well-being experiences are taken overseas, but there are usually other reasons for the trip.*
- *Domestic well-being travellers stay on average five days, four of which are for a well-being experience.*
- *People who travel overseas take 16 days, with eight days for well-being.*
- *Some specific offers are also taken overseas (i.e. meditation in India)*
- *Pampering, spa treatment trips are especially limited to a maximum duration of five days.*
- *There is a greater need to add other experiences (or go overseas) when the duration is increased.*

Similarities can be seen from different wellness tourists' profiles, with females and Baby Boomers being the main markets for wellness tourism. A review of patterns of wellness tourists profile will help this study to identify the characteristics of New Zealanders who are interested in participating in wellness tourism in China.

2.10 Wellness Philosophies and Practices in China

The earlier review of wellness literature is based on the western perceptions of wellness. However, it is important for this study to also review Chinese wellness philosophy and compare the differing perceptions. Due to differing cultures and language interpretations, available literature written in the English language regarding wellness philosophy in China is very limited. Therefore, for the purpose of this study, information has been sought from academic and non-academic books, and websites.

China has a long history of wellness philosophies and the earliest written works about wellness date back to 1000 B.C. (Smith & Puczkó, 2009). The Chinese term for wellness is *Yangsheng*, which was first proposed by Zhuangzi, a representative master of Taoism in China (Heung & Kucukusta, 2013; Huang & Xu, 2014). Taoism and Confucianism are influential philosophies in Chinese culture. The core values of Taoism are about balance and be in harmony with nature. *Yangsheng* is the art of health cultivation through harmony with the internal and external environment (Ren, Xing, & Fu, 2007), which encourages disease prevention, self-healing, and a positive state of mind, ultimately leading to higher levels of wellness.

A holistic approach towards *Yangsheng* has been developed in China, including philosophical principles and practices (Huang & Xu, 2014). The philosophical principles are the basis of the *Yangsheng* approach, emphasising body-mind-nature integrity towards ultimate health and well-being. These principles have been recorded in a famous ancient medical work named *Neijing*, also known as the Yellow Emperor's Inner Classic (Huang & Xu, 2014). The principles include Tian-ren-he-yi, Yin and Yang, Chi or Qi, and Theory of the Five Elements.

2.10.1 Tian-ren-he-yi

The most important principle of Chinese wellness philosophy is "*Tian-ren-he-yi*" meaning nature and human being in unity. Wellness can only be achieved when human beings are in harmony with nature (Huang & Xu, 2014). Nature provides vital elements such as water, food and energy for human life. Nature and the universe are the macro world where human beings live, and

there is also a micro world within human beings. The micro world is interrelated with the macro world of nature and the universe; therefore, all human behaviours should follow the law of nature (Leung, 1998). This view is similar to environmental wellness from a western perspective.

2.10.2 Yin and Yang

Yin and Yang theory is an ancient Chinese dialectical philosophy and is the framework of Traditional Chinese Medicine (Unschuld & Tessenow, 2011). According to Yin and Yang theory, Yang represents moving, outgoing, up-rising, active, day-time, masculine, warm and bright; and Yin represents static, conservative, declining, passive, night-time, feminine, cold and dark. All natural phenomena can be divided into two contrary components. Day and night, man and woman, good and bad, positive and negative, etc, are manifestations of Yin and Yang (Huang & Xu, 2014).

Yin and Yang are two opposite yet complementary energies (Reid, 1987). Yin and Yang are dualistic, always intertwined and interdependent and cannot be separated from each other. As shown in figure 2-3, Yin contains a seed of Yang and Yang contains a seed of Yin. Yin and Yang is not a static state, but is relative and always moving, changing and inter-transformable (Unschuld & Tessenow, 2011). The tenet of contradiction and interaction is the principle of Yin and Yang, which is fundamental to understanding, diagnosing and treating health issues in China. Health is considered to be a harmony between the forces of Yin and Yang within the body and between the body and its environment. On the contrary, illness is an imbalance between these forces (Huang & Xu, 2014).

Chinese wellness practices are all based on this principle of balancing Yin and Yang. Tai Chi is a typical wellness practice for balancing Yin and Yang, body and mind. The Yin and Yang principle sees keeping balance as an eternal process which agrees with the western understanding of wellness.

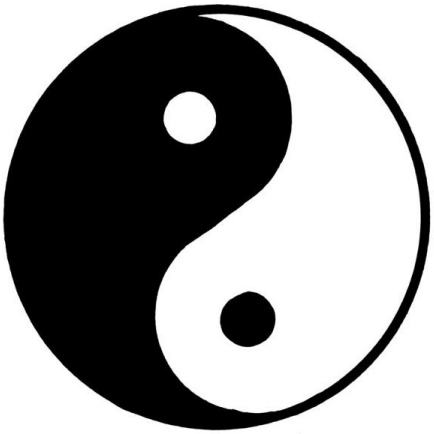


Figure 2-3 Yin and Yang

2.10.3 Chi

Chi, or Qi in Chinese pronunciation, is the source of life and can be understood as the energy circulating in a human body. Kaptchuck (2000, p. 35) explained that “the idea of Qi is fundamental to Chinese medical thinking, yet no English word or phrase can adequately capture its meaning… Chinese thought does not distinguish between material and energy, but we can perhaps think of Qi as matter on the verge of becoming energy, or energy at the point of materializing”. Human beings cannot live without Chi in the body; people will die if Chi is completely lost. People feel energetic if they are full of Chi in the body. Conversely, people will become weak if Chi is at a low level or become ill if there is an improper flow of Chi in the body.

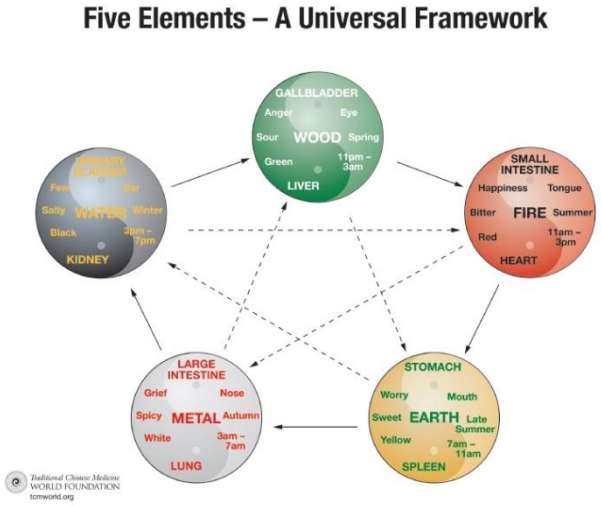
The system of Chi forms the basis for the diagnosis and treatment of diseases, as well as for health enhancement and disease prevention in Traditional Chinese Medicine (Huang & Xu, 2014). Therefore, to prevent illness and maintain health, human beings must keep the Chi circulating smoothly. Acupuncture is a typical wellness practice to help Chi circulation. The Chi principle is a unique Chinese understanding of life and energy, which cannot be found in the western perception of wellness.

2.10.4 Theory of the Five Elements

It is believed that Yin and Yang forces control the operations of the Universe, which is made up of the five symbolic elements: wood, fire, earth, metal, and water (Huang & Xu, 2014). The proper interaction and balance between the Five Elements is the working principle of the Five

Elements theory (Reid, 1987). The Five Elements can generate and control each other according to their unique characteristics. Water generates wood, wood generates fire, fire generates earth, earth generates metal, and metal generates water; on the other hand, water can control fire, fire can control metal, metal can control wood, wood can control earth, and earth can control water (Traditional Chinese Medicine World Foundation, 2017). Figure 2-4 shows the generation and control relationship between the Five Elements. The solid arrow means generation and the dashed arrow means control.

The Five Elements are a comprehensive template that organises all natural phenomena into five master groups in nature. Everything in nature, including the five viscera, bowels, five sensory organs, five tissues, five tastes, and five emotions, etc, is dominated by one of the Five Elements (Huang & Xu, 2014). The interplay between these elements, together with the balance between Yin and Yang, explains all changes and activities in nature, including the balance of life and body functions (Chan, 1995). Chinese reflexology is based on the Theory of Five Elements and Chi. Massages on the reflection areas on the thenar actually affect the viscera inside to create harmony among the viscera and ensure the Chi is circulating properly, leading to stress relief, relaxation and wellness enhancement. The Theory of Five Elements matches the western physical, emotional and environmental dimensions of wellness in a holistic way.



Source: Traditional Chinese Medicine World Foundation

Figure 2-4 The Five Elements

2.10.5 Wellness Practices in China

Huang and Xu (2014) indicated that Chinese wellness philosophies had developed into three categories of practices including:

1. Living in a good environment and being harmonious with nature, as exchanging energy with nature is key to health maintenance;
2. Activities that can be practiced in daily life, regulation of the mind and regular exercise, for example Tai Chi and food therapy;
3. Activities like cupping, acupuncture, moxibustion, skin scraping and others, not practised daily, but which help facilitate the flow of energy and material exchange between the body and nature.

Chinese wellness practices are some of the most important advantages attracting overseas tourists to China for wellness (Heung & Kucukusta, 2013). Acupuncture can help to free the blood circulation so that energy and nutrients can flow without obstacles to ensure the proper functioning of human body (Unschuld & Tessenow, 2011). Foot massage focuses on reflex maps of points and areas of the body in the feet, using thumb or finger walking, in order to create a response throughout the body (University of Minnesota, 2017). Foot massage helps to enhance relaxation through central nervous system stimulus and reduces pain by reducing stress and improving mood. Cupping is used to relieve back and neck pain, stiff muscles, anxiety, fatigue, migraines, and rheumatism by creating negative pressure on the skin and superficial muscle layer (University of Minnesota, 2017). Tai Chi can help balance the mind and body by practicing a set of physical movements. All these services and practices can ultimately enhance physical and mental wellness.

Food therapy is an important Chinese wellness approach (Huang & Xu, 2014), which can help to maintain a balance of the Five Elements within human beings and lead to healthy lives. Chinese believe that different foods have different properties. For example, most seafood has the property of coldness; while, ginger and chilli have the property of heat. This explains a Chinese tradition to cook seafood with ginger and chilli together to balance the coldness and

heat in human bodies. In addition, it is a common Chinese practice to drink hot ginger tea in winter to keep warm and balance the cold. This helps prevent the Chinese people catching colds in winter. Furthermore, Chinese food and cuisines have become a powerful global force, through enormous and continuous influences on local food habits around the world (Wu & Cheung, 2002) and healthy Chinese foods are very popular in western countries.

2.11 Wellness Tourism in China

Literature on wellness tourism in China is limited (Heung & Kucukusta, 2013; Huang & Xu, 2014), which indicates that it is still an under-researched domain. Wellness facilities are becoming more accessible to the public, and wellness lifestyles have become trendy in China in recent years (Heung & Kucukusta, 2013). Wellness facilities such as spa resorts, thermal spring resorts, fitness centres, yoga clubs, and reflexology and massage clubs are accessible and affordable for the public (Wang & Yamamura, 2000).

With the rapid economic growth in the past 30 years, Chinese people have become more aware of the values of health improvement (Huang & Xu, 2014). A variety of wellness facilities including wellness centres, Tai Chi clubs, wellness cultural parks and Traditional Chinese Medicine museums are available where tourists can learn about and experience Chinese wellness approach. Visitors can also experience traditional Chinese body massage and reflexology for relaxation and stress relief. There are nutritional classes to learn how to use herbs, vegetables, fruit and herb teas to maintain general wellness in everyday life (Heung & Kucukusta, 2013).

With the increasing awareness of health improvement benefits, wellness tourism has developed fast in China in recent years. The wellness tourism revenue in China grew from 12.3 billion US dollars in 2013 to 29.5 billion US dollars in 2015, ranking the fourth place after the United States, Germany and France. It created 2.37 million jobs and there were 48.2 million wellness trips in 2015. However, the majority of wellness tourists in China are domestic Chinese (Global Wellness Institute, 2016a).

There is government support for wellness tourism, especially inbound wellness tourism. Wellness tourism has been promoted by the State Council of Chinese central government in its Guideline on Strategic Planning for Traditional Chinese Medicine Development during 2016 to 2030 (The State Council of the People's Republic of China, 2016). In addition, China National Tourism Administration (CNTA) and State Administration of Traditional Chinese Medicine (SATCM) jointly issued a document in 2015 to encourage Traditional Chinese Medicine hospitals, tour operators, and wellness centres to develop diverse wellness tourism programs based on Chinese wellness philosophies, and to standardise wellness services. Foreign language training for Chinese wellness practitioners is also part of the strategy (China National Tourism Administration, 2015).

Kucukusta and Heung (2012) identified that Shanghai, Beijing, Hong Kong, and Shenzhen are the current main wellness destinations in China in terms of wellness infrastructures. Beautiful landscapes, natural resources, healthy cuisine, unique TCM therapies, and qualified wellness centres are advantages when developing wellness tourism in these cities (Heung & Kucukusta, 2013). Kucukusta and Heung's research also indicated that lack of trained personnel, lack of promotion, high costs and language barriers were some of the major obstacles in developing wellness tourism in China (Kucukusta & Heung, 2012). However, there is a gap in the literature that introduces the types of wellness tourism and wellness facilities offered in different destinations in China. In addition, there has been no previous research to study westerners' levels of interest in wellness tourism and their wellness expectations in a dissimilar culture context. Therefore, it is essential to conduct a new research in New Zealand to explore their levels of interest in wellness tourism in China and their wellness expectations.

2.12 Summary

This chapter firstly discusses the current concept and definitions of wellness in the literature to generalise the meaning and features of wellness. Then, it introduces the wellness model and the six dimensions of wellness adopted for this study. Next, various motivations and

expectations for wellness are presented to identify wellness consumers' needs and characteristics. Then, the definitions of wellness tourism, typologies of wellness tourism, different wellness approaches between west and east, and wellness tourist profiles are discussed. This chapter also presents the philosophical understanding of wellness practices and wellness tourism in China. Finally, a research gap regarding western wellness consumers' levels of interest in wellness tourism and expectations of an eastern wellness approach have been identified.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

The primary purpose of this study is to identify the potential tourist market in New Zealand that would participate in wellness tourism in China and examine their interest in and expectations of wellness tourism experiences in China. This chapter firstly discusses the research paradigm underpinning the research methodology and the research design. Next, the quantitative research approach embedded in the methodological framework is presented. This is followed by a review of the development of the survey design and research instrument for data collection. A discussion of data collection and data analysis techniques for this study then follows. Finally, measures of trustworthiness, ethical considerations, and the limitations of the research methodology are discussed.

3.2 Research Paradigm

Due to the nature of the research, post-positivism was adopted as the paradigm in undertaking this research. A paradigm is sometimes referred as a philosophical worldview (Creswell, 2009). It describes a way of looking at, experiencing and thinking about the world based on a set of philosophical beliefs. These beliefs influence the way through which knowledge is studied and interpreted (Mackenzie & Knipe, 2006). It is the philosophical assumption and stance that underpins the research methodology and research design (Crotty, 1998), and guides the researchers' actions. Therefore, it is essential to identify the paradigm for this study at the beginning.

Post-positivism, in social science research, is a development and modification to positivism, which is viewed as the traditional form of scientific research (Creswell, 2009; Crotty, 1998). Positivists believe that knowledge is developed through careful observation and measurement of the objective reality that exists outside people's consciousness. Positivism reflects a deterministic philosophy in which causes probably determine effects (Creswell, 2009). Crotty (1998) argued that positivists perceived the world as highly systematic and well-organised,

comprising regularities, constancies, uniformities, and absolute principles. A positivism paradigm stands in stark contrast to the uncertainty, ambiguity and changes in the real world (Crotty, 1998). Post-positivism, however, modified the tradition of positivism by talking of probability rather than certainty, and seeking to approximate the truth rather than absolute truth (Crotty, 1998; Gray, 2014; Muijs, 2004; Onwuegbuzie et al., 2009). Post-positivist researchers hold the assumptions that data, evidence, and rational considerations shape knowledge; however, people cannot totally uncover the reality, especially when studying human behaviour, but strive to develop relevant, true statements (Crotty, 1998; Phillips & Burbules, 2000).

Post-positivism is primarily associated with quantitative research methods, such as experimental research and survey research (Creswell, 2009). Aliaga and Gunderson (2002) define quantitative research as "explaining phenomena by collecting numerical data that are analysed using mathematically based methods (in particular statistics)" (as cited by Muijs, 2004; p1). The essence of quantitative research is that the objects being studied could be measured by numerical scales so that the numerical data collected in the research can be analysed using statistical procedure to explain a certain phenomenon or answer certain questions (Creswell, 2009; Muijs, 2004).

There are many advantages of using quantitative research methods in social research. The following two advantages are the main reasons for adopting the quantitative research method in this study. Firstly, quantitative methods have advantage in providing information in breadth from a large population sample (Gray, 2014; Muijs, 2004) so that the researchers are able to generalise findings to represent the characteristics of the target population. The other advantage is that quantitative research findings are relatively objective because researchers only play the role of an observer (Creswell, 2009) without involving personal emotions in the study. In addition, many tourism researchers studying the tourist market and tourist behaviour adopt quantitative research methods (Fleischer & Buccola, 2002; Heung & Kucukusta, 2013; Li & Cai, 2012; McKercher, Ho, Cros, & So-Ming, 2002; Mueller & Kaufmann, 2001; Muller, 1991). For example, Mueller and Kaufmann (2001) surveyed 400 wellness guests in different hotels in Switzerland to discover their opinions of the importance of performance in wellness hotels

among different groups of wellness guests. Heung and Kucukusta (2013) used questionnaires to survey 140 wellness tourism industry professionals to analyse the advantages in developing wellness tourism in China, and to explore the most effective marketing methods for wellness tourism promotion in China.

The previous research findings highlighted a growing interest in wellness tourism worldwide, and China has unique wellness philosophies to develop wellness tourism (Heung & Kucukusta, 2013). While living in one of the developed countries in the world, New Zealanders are becoming more conscious in proactive management of personal health (Smith & Puczkó, 2009; Voigt & Pforr, 2014); however, no research has been done to explore to what extent New Zealanders are interested in participating in wellness tourism in China. This study aims to identify the potential tourist markets in New Zealand for participating in wellness tourism in China and to examine their interest and expectations for wellness tourism experiences in China. The research questions are quantifiable to generate the characteristics of the New Zealand tourists who have an interest in participating in wellness tourism in China. The features of wellness activities that New Zealanders are interested in could be generalised using numerical scales. Their expectations for wellness tourism experiences in China, such as types of accommodation, meals, group size preference and duration of the trip, are also quantifiable. Therefore, quantitative research is considered the appropriate methodology for this study and guides the research design.

3.3 Research Design

A research design is the overall strategy and plan used by the researcher to achieve the research objectives and address the research questions (Creswell, 2009). It provides direction and describes the procedures for the entire research (Creswell, 2009; Muijs, 2004). In this study, the research design is to decide on the research instrument, sampling frame, sample size and for data collection and analysis. There are two main types of quantitative research designs, namely experimental designs and non-experimental designs (Creswell, 2009; Muijs, 2004). Experimental designs are popular in scientific research, while non-experimental designs are

commonly used in social science (Muijs, 2004). The research questions do not have a causal aim, but descriptive objectives; therefore, an experimental design would not suit the research objectives. Instead, a non-experimental design is recommended as this research is based in a social science context. Non-experimental designs include survey research, historical research, observation and analysis of an existing data set, among which survey research is the most pervasive research design in social sciences (Czaja & Blair, 2005; Muijs, 2004).

The research objectives of this study can be met using survey research. Creswell (2009, p. 12) defines survey research as:

> *"Survey research provides a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population. It includes cross-sectional and longitudinal studies using questionnaires or structured interviews for data collection, with the intent of generalizing from a sample to a population"*

Survey research is a useful method to examine some unknown characteristics of a population (Blair, Czaja, & Blair, 2013). By using survey research in this study, the characteristics of the potential tourist market in New Zealand could be identified, their interest and intention to participate in wellness tourism in China could be examined, and their expectations of wellness tourism experiences could be explored. Furthermore, survey research is flexible and efficient. Large amounts of data can be collected at a relatively low cost and effort compared to other research methods because the attributes of a large population can be identified from a small group of individuals (Babbie, 1990; Creswell, 2009; Fowler, 2013; Muijs, 2004; Neuman, 2003).

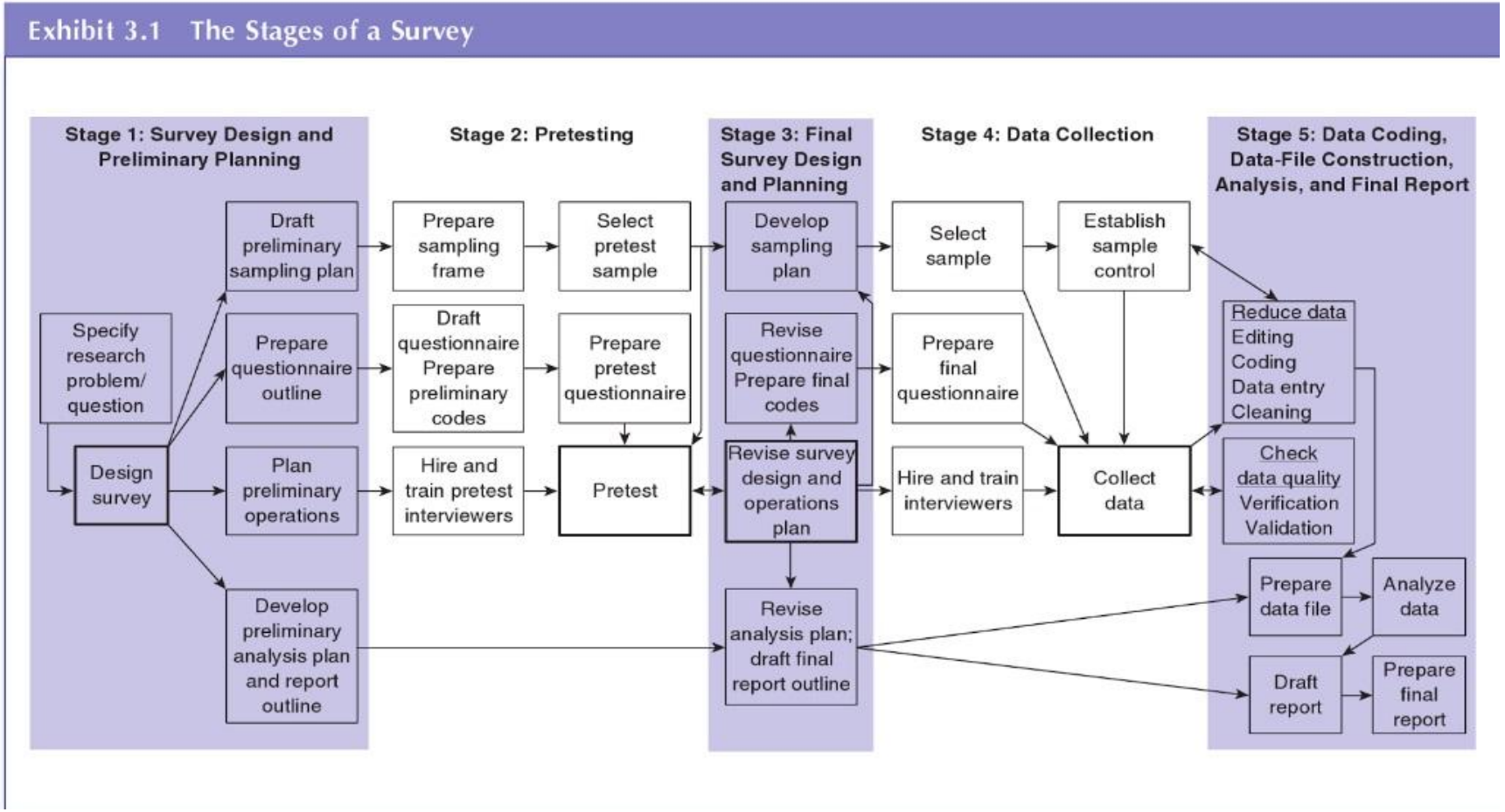
Survey research can be conducted in several stages. A detailed five-stage survey illustrated in Table 3.1 demonstrates the whole procedure for conducting a survey in the research (Blair et al., 2013). In stage one, the research questions and research objectives of this study need to be identified. The next step is to decide on the sampling plan and an appropriate research instrument for data collection.

3.3.1 Sampling Plan

To achieve the research objectives, demographic information needs to be gathered such as

gender, age group, education, employment and income levels of New Zealanders who have an interest in participating in wellness tourism in China. In addition, the researcher needs to find out what these people are expecting for wellness tourism experiences in China, what their preferred wellness activities or services are, what motivations drive them to China for wellness, what their expectations on accommodation, meals, group size, and duration of the wellness trip are. Therefore, defining the target population and sampling frame is vital before data collection can commence.

Table 3.1: The Stages of a Survey



Source: Blair, J., Czaja, R. F., & Blair, E. A. (2013). Designing surveys: A guide to decisions and procedures (3rd ed.) p24

3.3.2 Target Population and Sampling Frame

The target population for the research needs to be defined before the survey commences. A target population is the group of people from which the researchers would like to gather information and generalise findings (Muijs, 2004; Neuman, 2003). To ensure the data collected is valid, the target population must meet the following criteria:

1. Be a New Zealand citizen or resident
2. Must be 20 years or older
3. Have a stated travel intention to China

Since this is a study of the New Zealand tourist market, the target population must be New Zealand citizens or at least New Zealand residents. Any data collected from any other citizenship without New Zealand residency is invalid for this study and will be destroyed. The New Zealand Chinese have been excluded from the target population purposively, because they are biased samples and their opinions are unable to represent the non-Chinese New Zealanders. In addition, the population must be at least 20 years or older because people younger than twenty years old might not be able to make their own decisions on certain research questions related to wellness tourism (Jennings, 2010). Thirdly, the target population should also have a stated travel intention to China because the data collected will not contribute to this study if information is gathered from people who are not interested in travelling to China at all.

According to statistics from the China National Tourism Administration, the total number of New Zealanders arrivals in China was 125,400 in 2015 including business travellers, leisure tourists, visiting friends and relatives, crew and other purposes (China National Tourism Administration, 2016). Though it is difficult to anticipate how many New Zealanders are interested in travelling to China, this government statistics has provided some guideline of the target population size.

When the target population has been defined for this study, the researcher then needs to identify the sampling frame from which the researcher can collect data. A sampling frame is the resource that includes the population of eligible people or groups (Czaja & Blair, 2005). It could be a census data or a telephone list of a certain region or a name list from a certain organisation

containing all the population of research interest. For this study, there is no sampling frame available to identify people who have an interest in travelling to China because no research has been done in New Zealand yet. As a result, the researcher has to find his own way to approach the target population. Although probability sampling methods are unbiased in selecting samples, they are not eligible for this study as a sampling frame is unavailable.

It is easy to identify New Zealand citizens or residents who are 20 years or older; however, it is difficult to identify people who have interest in travelling to China if the survey was conducted randomly. It can be assumed that people applying for a Chinese visa must have a plan to travel to China already; therefore, the target population can be approached via the Visa Office of the Chinese Consulate General in Auckland. Moreover, the population at Auckland Airport international departure terminal who are flying to China could be also approached. Under these circumstances, only a convenience sampling method can be adopted, that is to say, whoever in the population has an interest in the survey will qualify as the sample for this research.

3.3.3 Sample Size

Once the target population and sampling frame is clear, the researcher needs to decide on a proper sample size for the study, since quantitative methods are associated with large sample size. The researcher can obtain a higher degree of accuracy and be more confident that the research findings are representative of the target population with a large sample size. Jennings (2010) introduces a table developed by statisticians Krejcie and Morgan (1970), which can help in determining sample size and the degree of confidence that the findings from the study represent the whole population.

According to Table 3-2, the sample size should be 382 if the known population is 75,000 and it should be 384 if the population is 1,000,000. Statistics from the China National Tourism Administration show that the total number of New Zealanders arrivals in China was 125,400 in 2015. This population number is larger than 75,000 and less than 1,000,000; therefore the sample size of this study should fall between 382 and 384, thus the number 383 is the sample size for this study.

Table 3-2 Sample sizes of known populations									
N *	S†	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3 000	341
20	19	120	92	300	169	900	269	3 500	346
25	24	130	97	320	175	950	274	4 000	351
30	28	140	103	340	181	1000	278	4 500	354
35	32	150	108	360	186	1100	285	5 000	357
40	36	160	113	380	191	1200	291	6 000	361
45	40	170	118	400	196	1300	297	7 000	364
50	44	180	123	420	201	1400	302	8 000	367
55	48	190	127	440	205	1500	306	9 000	368
60	52	200	132	460	210	1600	310	10 000	370
65	56	210	136	480	214	1700	313	15 000	375
70	59	220	140	500	217	1800	317	20 000	377
75	63	230	144	550	226	1900	320	30 000	379
80	66	240	148	600	234	2000	322	40 000	380
85	70	250	152	650	242	2200	327	50 000	381
90	73	260	155	700	248	2400	331	75 000	382
95	76	270	159	750	254	2600	335	1000000	384

* N is the population size

†S is the sample size

Source: Krejcie & Morgan (1970, p.606-10, in Jennings 2010, p.147)

Similarly, Czaja and Blair (2005, p. 142) introduced “an approximate formula by Cochran (1977) for determining the sample size for a variable expressed as a percentage is”:

$$n = \left(1 - \frac{n}{N}\right) \times \frac{t^2 \times (p \times q)}{d^2}$$

$$= \text{finite population correction} \times \frac{\text{probability level} \times \text{variance}}{\text{confidence interval}}$$

n= the sample size

N= the size of the eligible population

t^2= the squared value of the **standard deviation** score that refers to the area under a normal distribution of values

p= the percentage category for which we are computing the sample size

q= 1-p

d^2= the squared value of one-half the precision interval around the sample estimate

According to Czaja and Blair (2005, p. 143), “two standard deviations include approximately 95% of the sample values and its score is 1.96.” P and q are two variables in percentage expressed as two categories: those who do and those who do not. If it is estimated that 50% of the samples were interested in participating in wellness tourism in China, p=0.5 and q=1-0.5. The confident interval, or d, is the margin of error that we will tolerate. For example, if we estimate 50% of the samples were interested in participating in wellness tourism in China, and 5% might be allowed as margin for error. That is to say, we are 95% confident that the population value lies in the interval between 45% and 55%. Based on the above assumption, we can have the following values: t=1.96, p=0.5, q=0.5, d=0.05. When the population size N is a large number, for example, 125,400 New Zealander arrivals in China in 2015, the value of finite population correction, 1-n/N, approximately equals one. Now, substituting these values into the formula gives

$$\mathrm{n} = 1 \times \frac{1.96^2 \times 0.5 \times 0.5}{(0.05)^2} = 384$$

Czaja and Blair (2005) also indicated that the formula was based on a simple random sampling method, in which all the units had an equal chance of selection. In addition, the formula applies only to a variable in percentage form and it gives a sample size solution for only one variable. However, the formula can still work as a guideline to determine sample size. This formula also indicates that population size is usually not a factor determining sample size (Czaja & Blair, 2005). Comparing sample size generated from the above formula and the table adopted from Jennings, 383 is decided as the sample size for this research. After target population and sample size are decided, the researcher needs to select an appropriate research instrument for data collection.

3.3.4 Research Instrument

A written questionnaire was adopted as the research instrument for this study. Survey research instruments include questionnaires, interviews, structure record reviews and structured observations (Creswell, 2009). There are also various forms of questionnaires in survey research, such as a written questionnaire, a phone questionnaire and an on-line survey questionnaire (Creswell, 2009; Muijs, 2004). A written questionnaire is adopted in this study for the following three reasons. Firstly, the main advantage of a written questionnaire is that the participants are familiar with questionnaires. Secondly, it allows the participants to complete it at their own convenience and allows time for them to consider the answers (Muijs, 2004). Thirdly, considering that the contact information of the target population is unavailable due to lack of sample frame, telephone questionnaires and online survey questionnaires are not suitable for this study. As a result, a written questionnaire is the best choice for this study.

Stage 2 is the pre-testing stage to examine whether the questionnaire can meet the research objectives and whether the participants understand each question the way as it is designed. A written questionnaire is prepared to answer the research question and meet the research objectives of this study. At the beginning, the questionnaire displays the research title and gives a brief introduction of the purpose of the research, how much time it will take to complete the questionnaire, and privacy protection. Then, the participants are asked to tick the consent to indicate that they are qualified to participate in the survey as either a New Zealand citizen or resident at least 20 years old and to give consent to the information being used in this study.

The questionnaire contains five sections with 14 close-ended questions and one open-ended question. There are six questions in section 1 focusing on demographic information such as age group, gender, highest education, ethnicity, employment status, and average monthly income. There is only one question, question number seven in section 2 to examine participants' view about how important wellness is to their personal health management. There are three questions in section 3. Question number eight examines whether the participants have had wellness tourism experiences before, and question number nine aims to find out how many

days they have spent on their last wellness trip if they have participated in wellness tourism. Question number 10 is designed to examine whether the participants are interested in wellness tourism in general if given the opportunity.

Section 4 is designed to examine participants' interest, the main motivations for, and concerns about participating in wellness tourism in China. There is a list of 21 common forms of wellness tourism activities in China in question 11. The participants can indicate their level of interest in a particular wellness tourism activity using the Likert scale ranging from one to five, where one indicates "not interested at all" and five indicates "very interested". Question 12 is to test the main motivations for New Zealanders participating in wellness tourism in China. There are nine options in this question including wellness philosophy, wellness facilities, wellness practices, wellness food, natural scenery, Chinese history, world heritages, Chinese arts, and others. Similarly, question 13 examines their main concerns and there are also nine options. The participants can choose more than one answer for questions 12 and 13.

Section 5 focuses on New Zealanders' expectations of wellness tourism in China. Question 14 examines their expectations for accommodation, meals arrangement, group size, duration of the trip, and wellness experiences in China. The participants can choose more than one answer for their expectations for wellness tourism experiences in China.

The last question is an open-ended question asking the participants to give any other comments on participating in wellness tourism in China. The data collected from the answers to this question were qualitative. Though quantitative research is the primary research method for this study, the findings from qualitative data can help to overcome deficiencies of quantitative methods (Babbie, 2014; Creswell, 2009; Jennings, 2010; Neuman, 2003; Sarantakos, 2005). Limitations of quantitative research methodology are that it is highly structured, unable to explore meanings of a phenomenon, and it fails to explore a problem or concept in depth (Muijs, 2004; Neuman, 2003). Open-ended questions allow the participants to express their feelings and thoughts freely (Creswell, 2009; Jennings, 2010; Sarantakos, 2005) and they offer information that the researcher might not have foreseen (Sarantakos, 2005) during research

planning stages. Therefore, the qualitative data collected from the open-ended question were supplementary to the research findings from the quantitative methodology.

After the questionnaire was drafted, the researcher discussed with his two supervisors three times regarding the content, wording and grammar. Then the questionnaire was revised before the pilot test started. A pilot test or pre-test is an important step to examine if the questionnaire works in the manner intended by the researcher (Czaja & Blair, 2005); to test if the questions and terms are understandable by the participants, and how long it takes to complete the questionnaire. A face-to-face pilot test was conducted in the Visa Office of the Chinese Consulate General in Auckland using the same criteria for this research to select pilot samples. The participants of the pilot test were individuals from the same target population so that the feedback from the pilot test is valid and representative of the same population (Creswell, 2009; Gray, 2014).

10 copies of the questionnaire were distributed and collected during the pilot test. The researcher approached the participants when they were waiting to submit their visa applications in the lounge in the Visa Office. The researcher firstly introduced himself as a postgraduate student at Auckland University of Technology doing research for his master thesis. Then the researcher asked if the participants were New Zealand citizens or residents. Only people who indicated they were either New Zealand citizens or residents were qualified to participate in the pilot test. During the pilot test, the researcher calculated that the average time to complete the questionnaire was about five to six minutes, which is considered a proper time length for a questionnaire survey.

Stage three involved the final survey design and planning. After each participant completed the questionnaire, the researcher asked them if there was any question or term that they did not understand or they felt ambiguous. In general, the participants said the questions were clear. One participant said he did not understand what skin scraping was. Another participant advised that it would be better to describe how some of the wellness practices functioned so that she could indicate her interest levels. The researcher then revised question 11 by adding a brief

function description of some Chinese wellness practices such as skin scraping, acupuncture, cupping etc, and included “I don’t know what it is” as an option.

3.4 Data Collection

Stage four is the data collection. The survey was conducted in January and February, 2017 in the Visa Office of the Chinese Consulate General in Auckland and the international departure terminal at Auckland International Airport. The researcher prepared two writing pads and some pens for the participants to complete the questionnaire.

The researcher first observed people coming to the Visa Office of the Chinese Consulate General in Auckland holding visa application forms, and waiting in the lounge for visa submission. The researcher then approached these people one by one and introduced himself as a postgraduate student in Auckland University of Technology doing survey research for his master thesis on wellness tourism. Then the researcher asked if the participants were New Zealand citizens or residents and if they were happy to participate in the survey. A Participant Information Sheet was also presented to the participants before questionnaires were answered. The procedure was the same as when the researcher did the survey at Auckland International Airport.

Most participants completed the questionnaire by themselves; however, there were two seniors who asked the researcher to read all the questions and the options for them to choose from. It was difficult for these two people to complete the questionnaire by themselves because they did not have reading glasses. During the process when people were answering the questions, the researcher acted as an observer without any disturbance or interruption to the participants to ensure the answers were authentic and objective. After the participants completed and returned the questionnaires to the researcher, the researcher individually numbered the questionnaire.

3.5 Data Analysis

Stage five involved data coding, data file constructing, data analysis and final reporting. The survey was conducted during the day and data were coded and input manually into an Excel document in the evening by the researcher. The Excel document was updated and backed-up every day in the researcher's computer, two separate USB sticks and Onedrive cloud to ensure the safety of the data until the 383 copies of the questionnaire were collected. The data was then copied from the Excel document to SPSS dataset. Before data analysis commenced, the researcher double-checked all the data in the dataset with the original questionnaires to ensure that there were no answers missing from the questionnaires, and all the codes were clean.

3.5.1 Descriptive analysis of frequency distribution for the results

The collected data then was analysed using descriptive statistics analysis, including univariate analysis, bivariate analysis, and correlation analysis methods by statistic computer software SPSS version 24. Using descriptive analysis, the researcher was able to describe the aggregation of raw data in numerical terms (Jennings, 2010; Neuman, 2003).

Univariate analysis was used to analyse frequency distributions, percentage tables and measures of the central tendency to present the participants' profiles, their general opinions on the importance of wellness to personal health management, wellness tourism experiences in the past and overall interest in participating in wellness tourism. In addition, univariate analysis was also used to present frequency distributions, both raw count and percentage, of the main motivations for participating in wellness tourism in China, the main concerns, as well as their expectations of wellness tourism experiences in China. Mean was calculated to measure the participants' interest in a certain wellness tourism service in China and then these means were ranked in descendant order to indicate the level of interest in wellness services.

3.5.2 Comparative analysis of participants' profiles with their interest and expectations of wellness tourism in China

Bivariate analysis was used to analyse the relationship between two variables and how the independent variables affect the dependent variables. In this study, the independent variables

were the demographics, such as age group, gender, highest education, ethnicity, employment, and monthly income. The dependent variables included participants' interest in wellness tourism, their interest in certain wellness tourism services, their expectations on accommodation, meals, group size, duration of the trip, and wellness tourism experiences. The researcher explored the relationship between the demographic characteristics and their interest in and expectations of wellness tourism in China by bivariate analysis. For example, the research aimed to identify how age group affects people's interest in wellness tourism; and how participants' income affects their expectations on hotel accommodation etc.

Cross-tabulation was used as the bivariate analysis approach to present the relationship between independent variables and dependent variables simultaneously (Jennings, 2010; Sarantakos, 2005). The researcher was able to find trends, patterns and relationships between the participants' demographic characteristics and their interest in and expectations of wellness tourism in one table. One form of measure of association, chi-square, was calculated to examine whether there was a relationship between the two variables. When the chi-square score was less than 0.05, the researcher was 95% confident that the relationship did exist between the variables (Czaja & Blair, 2005; Jennings, 2010; Sarantakos, 2005).

3.5.3 Thematic Analysis of Qualitative Data

Thematic analysis was used to generate themes and indications from qualitative data collected from the answers to the open-ended question. Thematic analysis is the most useful approach in capturing meanings within a textual data set and the most commonly used method of qualitative data analysis (Braun & Clarke, 2006; Fereday & Muir-Cochrane, 2006; Guest, MacQueen, & Namey, 2012). These qualitative data were short answers of the participants' comments on participating in wellness tourism in China.

The textual data were transferred to a Word document. During this period, the researcher read the whole content of the comments on participating in wellness tourism in China for meanings, ideas, key words and themes. Since the purpose of this research is to explore the participants' general perception, interest and expectations of participating in wellness tourism in China as

part of the research objectives, the researcher generated some initial codes (Braun & Clarke, 2006; Fereday & Muir-Cochrane, 2006), as interested, not interested, expectations, motivations, and concerns. Then the text was searched for themes and codes were assigned to each comment.

According to Braun and Clarke (2006), new code should be generated if new themes are identified. During the process of searching for themes from the comments, the researcher found that the initially generated codes did not fit for every comment. Thus, new codes, such as new information and property of wellness, were created according to the meaning of the comments.

3.6 Measures of Trustworthiness

Methods to establish trustworthiness, for quantitative research, include validity, reliability and objectivity (Babbie, 2007; Black, 1999; Creswell, 2009; Sarantakos, 2005).

3.6.1 Validity

Validity looks at the extent to which an empirical measure adequately reflects the real meaning of the concept (Babbie, 2007). Validity in quantitative research measures the relevance, precision and accuracy of the research instrument (Sarantakos, 2005). This study aims to explore the New Zealand tourists market for participating in wellness tourism in China, their interest in wellness services and their expectations of wellness tourism experiences in China. All the questions designed for this study are about participants' general interest in wellness tourism, their interest in wellness services, the main motivations and concerns about participating in wellness tourism in China, their expectations for accommodations, meals, group size, trip durations and wellness experiences in China. The content of the questionnaire is relevant to the research question and covers all areas of the research topic.

In addition, the survey was designed and conducted strictly following the five stages of survey design. Pre-test was launched and revisions were made to ensure that the participants understand each question the way as it is designed, and to ensure the findings from the

questionnaire survey can meet the research objectives. During the process when the data were coded and entered to the SPSS data set, the researcher double-checked all the data and code twice to clean the data and avoid mistakes. All the research results were calculated and analysed using SPSS to ensure that the findings are accurate and precise. The statements made in this study were backed-up with statistics and *p*-value to ensure the significance of the relationships.

3.6.2 Reliability

Reliability refers to the capacity of measurement to produce the same results each time it is repeated (Babbie, 2007; Sarantakos, 2005). In this study, the questionnaire was designed not to be sensitive to any researchers, research sites or participants within the target population. The same results might be produced if the survey was conducted by other researchers.

3.6.3 Objectivity

Objectivity is the research principle that the researcher should minimise personal bias and prejudice towards the research process and outcomes (Sarantakos, 2005). Objectivity guarantees that the social reality will be presented as it is, and not as the researcher wants it to be or imagines it to be (Sarantakos, 2005).

In this study, the post-positivist paradigm and quantitative methodology adopted by the researcher is the premise for gaining objectivity. Moreover, the researcher minimised personal bias to the research by avoiding asking leading questions during the survey design. In addition, the researcher acted as an observer during the data collection process to ensure that the respondents' answers were not affected by the researcher and the answers reflected respondents' true feelings and expectations.

3.7 Ethical Considerations

This research study adhered to all the key ethical principles provided by the Auckland University of Technology Ethics Committee (AUTEC). This study only incorporated one phrase of data

collection by a written questionnaire survey. All the participants of the survey were volunteers and they were presented the Participant Information Sheet (Appendix B) to explain the purpose of the study. At the beginning of the questionnaire, the participants were asked to tick the box to give formal consent to participate the survey. The researcher's contact information was made available on the Participant Information Sheet so that the participants could contact the researcher if they wanted to get a full report of the research findings. If any of the participants had concerns about this research, they could contact the researcher's primary supervisor and/or AUTEC, whose contact information was also available in the Participant Information Sheet.

All the questionnaires were anonymous, so that the participants' names, identifying characteristics or contact information were not included in any reports or data recorded from this study. This ensured that the privacy of the participants was protected and no confidentiality was breached. The electronic data was stored in a removable memory disk and was placed together with all the returned questionnaires in a locked closet in the office of the researcher's primary supervisor. The questionnaires and the data will be stored for six years after the research is completed; then the hard copies of the questionnaire will be physically destroyed by a file shredder and the electronic data will be permanently removed from the storage hard drive. In addition, AUTEC gave prior ethical approval for this research.

3.8 Limitations of the Study

3.8.1 Limitations of the Methodology

There are limitations of quantitative research methodology. Quantitative research is unable to explore meanings of a phenomenon and it fails to explore a problem or concept in depth (Muijs, 2004; Neuman, 2003). For example, in this study, the research findings can indicate participants' interest in wellness tourism services in China, but the research could not explore the reasons behind it. In addition, the quantitative research procedures are highly structured; therefore, the researcher is unable to explore unexpected effects or outcomes using this method (Jennings, 2010; Neuman, 2003). In this study, there are 21 common wellness tourism

activities listed in the questionnaire to examine participants' level of interest; however, there might be other types of wellness tourism activities in China that might interest some New Zealanders and these wellness tourism services might not be included in this study.

3.8.2 Data Collection Limitations

Moreover, the data were collected at the Visa Office of the Chinese Consulate General in Auckland and International Departure Terminal at Auckland International Airport only. Although some of the participants were from other cities/areas outside of Auckland, populations from outside of Auckland do not have an equal opportunity to participate in the survey. Consequently, the research findings might not be able to represent the population in other areas in New Zealand.

3.8.3 Sampling Limitations

The sample size was 383, which is not very big. In a quantitative research, the larger sample size, the less sampling errors occur and the more accurate the research findings are (Jennings, 2010; Neuman, 2003; Sarantakos, 2005). However, due to the limited research time and resources, only 383 participants were involved in this study.

The last limitation relates to the sampling method. Convenience sampling was the only possible sampling method for this study because there was no sampling frame available for this research. For quantitative research, the probability sampling methods such as simple random sample, stratified sampling or quota sampling are more desirable because the unit in the population will have equal opportunities to be selected and the research findings could be generalised to the whole population (Creswell, 2009; Jennings, 2010; Sarantakos, 2005). The major limitation of convenience sampling is that not every unit in the population has an equal opportunity of being selected; thus it has coverage bias (Creswell, 2009; Muijs, 2004; Neuman, 2003). Consequently, the research findings could not be generalised to the whole population in New Zealand.

3.9 Summary

This chapter first discusses post-positivism as the research paradigm underpinning the research methodology and the research design. Then, the quantitative research approach and survey design embedded in the methodological framework is presented. Target population, sampling frame, sample size and sampling method for this research are also discussed. This is followed by a review of the development of the survey design, choice of research instrument and questionnaire construction for data collection. It is then followed by data collection procedure in detail, and both quantitative and qualitative data analysis techniques were used for this study. Finally, measures of trustworthiness, ethical considerations, and the limitations of the research are also discussed.

CHAPTER FOUR: RESEARCH FINDINGS

This chapter first presents the profiles of the participants. It then describes the results of participants' interest in services and the main motivations for participating in wellness tourism in China, as well as an analysis of their main concerns. This is followed by a presentation of the participants' expectations of wellness tourism experiences in China and the relationship between expectations for wellness and demographic characteristics. This chapter concludes with a summary of the research findings.

4.1 Participants' Profiles

Out of 450 survey questionnaires distributed, 383 were returned and valid for the study, with a response rate of 85.11%. Participants aged in their 40s (21.1%) and 30s (20.4%) were slightly over one-fifth of the total respondents respectively and they ranked as the top two age groups. They were followed by participants aged in their 20s (18.8%) and 50s (18.8%), coincidently the same percentage. People aged in their 60s (14.6%) and 70s (6.3%) were the two smallest age groups, together only slightly more than one-fifth of the overall participants. It is noteworthy that the percentage of male participants (59.8%) was much higher than female participants (40.2%) in this survey.

Two-fifths of the participants (40%) had bachelor's degrees. This was followed by people who had received college education or below (27.4%), and postgraduate diplomas (16.7%). Participants with master degrees and PhD degrees occupied 9.1% and 3.9%, respectively. Only a small number of participants (2.6%) indicated that they had received other types of education, such as trade certificates. Nearly three-quarters of the participants (72.1%) were New Zealand Europeans. Over one-tenth of the participants (10.7%) had British, Dutch, German, or Australian ethnicity. They were followed by Asian (9.9%), Pacific Islander (4.2%) and Maori (3.1%) in this survey.

Over half of the participants (52.5%) were full-time employees. Self-employed people ranked

second (23.5%). About one-tenth of the participants (10.7%) were retired. This was followed by part-time employees (6.8%), students (3.4%) and unemployed (2.6%). Only 0.5% of the participants indicated other types of employment. Nearly one-third of the participants (32.1%) had monthly incomes over NZ$9,000. Over half of the participants were middle-income earners, 29.8% with NZ$3,000 to 5,999 and 21.7% with NZ$6,000 to 8,999 as monthly incomes. A small group (16.2%) earned less than NZ$3,000.

Table 4-1 Distribution of Participants' Demographic Variables

Demographic variables	Counts	Percentage	Demographic variables	Counts	Percentage
Age			**Education**		
40-49	81	21.1%	Bachelor Degree	154	40.2%
30-39	78	20.4%	College or below	105	27.4%
20-29	72	18.8%	Postgraduate diploma	64	16.7%
50-59	72	18.8%	Master Degree	35	9.1%
60-69	56	14.6%	Doctorial/PhD Degree	15	3.9%
70+	24	6.3%	Other education	10	2.6%
Gender			**Ethnicity**		
Male	229	59.8%	New Zealand European	276	72.1%
Female	154	40.2%	Other ethnicity	41	10.7%
			Asian	38	9.9%
Employment			Pacific Islander	16	4.2%
Employed fulltime	201	52.5%	Maori	12	3.1%
Self-employed	90	23.5%	**Monthly Income**		
Retired	41	10.7%	NZ$ 9,000 and above	123	32.2%
Employed part-time	26	6.8%	NZ$ 3,000-5,999	114	29.8%
Student	13	3.4%	NZ$ 6,000-8,999	83	21.7%
Unemployed	10	2.6%	Less than NZ$ 3,000	62	16.2%
Other employment	2	0.5%			

A large number of the participants (89.8%) believed that wellness was important to personal health management; only a small number (1.0%) felt that wellness was not that important. **The majority of the participants (85.1%) had not participated in any form of wellness tourism before**, but 14.9% of them had some wellness tourism experiences. The answers to the open-ended question indicated that wellness tourism was new to them and some participants never heard of wellness tourism before.

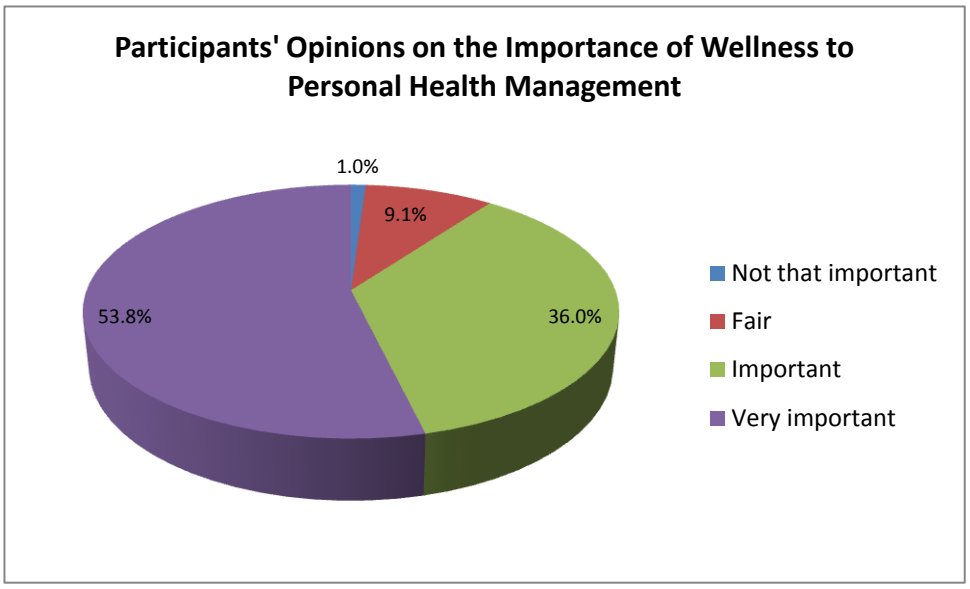


Figure 4-1: Participants' opinions on the importance of wellness to health management

4.2 Participants' Level of Interest in Wellness Tourism in China

4.2.1 Participants' level of interest in wellness tourism services

As an emerging tourism sector, wellness tourism is a new concept for some of the respondents when they were asked to participate in this survey. The Global Wellness Institute's (2015) wellness tourism definition is adopted in this study as "travel associated with the pursuit of maintaining or enhancing one's personal well-being" so that the participants can express their opinions in this context.

Over two-fifths of the participants showed interest in wellness tourism in general (32.1% interested and 9.7% very interested). Similarly, another two-fifths (40.7%) of the participants were neutral in regard to wellness tourism. Participants not interested in wellness tourism were less than one-fifth (12.5% not that interested and 5.0% not interested at all). The answers to the open-ended question also indicated that more participants expressed their interest in participating in wellness tourism in China than those who were not interested.

Over half of the females (53.2%) were interested in wellness tourism; however, only about one-third of male participants (34.0%) were interested in wellness tourism. **This indicates that women participants were more interested in wellness tourism than men.** The level of

significance indicates the degree that the research findings are significant (Sarantakos, 2005). When the significant level is less than 0.05, it means that there is only less than 5% probability to reject the true statement and the findings of a study are 95% significant (Jennings, 2010; Sarantakos, 2005). The Pearson chi-square asymptotic significance was 0.001, which was less than 0.05, indicating that the statistical relationship between gender and interest in wellness tourism existed (p.121-122).

Nearly half of the participants aged 60-69 (48.2%) were interested in wellness tourism, ranking the top of all age groups. The percentage (47.2%) was slightly lower for participants aged 50-59. This was followed by those aged 20-29 (41.6%), 30-39 (41.0%) and 40-49 (35.8%). Only one-third of the participants aged in 70+ (33.3%) were interested in wellness tourism, which was the lowest percentage among all age groups. **It indicated that participants in their 50s and 60s showed more interest in wellness tourism than other age groups.** However, the percentage differences among each age group were not remarkable (p.120-121).

Over half of the participants who had postgraduate diplomas (54.7%) and master's degrees (54.2%) were interested in wellness tourism. They were followed by people with bachelor's degrees (40.2%) and college or below education (37.1%). People with PhD degrees (20.0%) and other education level (20. 0%) showed less interest in wellness tourism. **This indicated that well-educated participants showed more interest in wellness tourism than participants with lower education levels** (p.122-123)**.**

The majority of Maori participants (75.0%) were interested in wellness tourism and Pacific Islanders (56.3%) ranked second. They were followed by Asian (44.7%), New Zealand European (39.5%) and other ethnicities (39.0%). A large number (70.0%) of unemployed participants were interested in wellness tourism. Participants with other employment status (50%), self-employed (47.7%), and part-time employed participants (46.2%) ranked second, third and fourth respectively. Students (30.8%) showed the least interest in wellness tourism. Participants with monthly incomes of over NZ$9,000 (43.0%) had the greatest interest in wellness tourism. Participants with NZ$6,000-8,999 (42.1%) and less than NZ$3,000 (41.9%)

income ranked second and third respectively. Participants with NZ$3,000-5,999 (39.5%) showed least interest; however, the differences among different income groups are very small. Pearson chi-square asymptotic significance scores were higher than 0.05 for bivariate analysis between participants' interest in wellness tourism and ethnicity, employment, and monthly income, which indicated that the statistical relationships between these variables did not exist (p.122-127).

Table 4-2 shows the list of wellness tourism services in China that rank from participants highly interested to least interested by calculating the mean of the Likert scales of each service. Altogether there are 21 common wellness tourism services on the list. Thermal spa, foot massage, herb spa, visiting National Art Museum of China, and tasting different medicated wellness foods are the top five wellness tourism services that the participants were interested in. The thermal spa and herb spa ranked first and third respectively, which indicated that various spa services were the most favourite wellness services for the survey participants. Foot massage ranked second most popular wellness service in China for the participants. In contrast, visiting a Traditional Chinese Medicine museum to learn TCM history and wellness practices, attending lectures to learn about wellness philosophies and practices, and visiting TCM hospitals to learn wellness practices were the three tourism services of least interest to the participants.

Table 4-2: Participants' Level of Interest in Wellness Tourism Services in China

Rank	Wellness tourism services in China	Mean
1	Experience thermal spa treatments for relaxation	3.82
2	Experience foot massage for stress reduction and energy revitalisation	3.77
3	Experience herb spa treatments for relaxation and general wellness	3.60
4	Visit the National Art Museum of China to appreciate Chinese arts	3.34
5	Taste different Chinese medicated foods, using herbs as ingredients, which enhance general wellness	3.32
6	Visit the National Centre for the Performing Arts of China to appreciate traditional Chinese music and Peking Opera	3.25
7	Experience acupuncture to facilitate energy flow in your body	3.21
8	Attend nutritional & cooking class to learn about a balanced diet	3.16
9	Attend a yoga and meditation class near the Great Wall	3.12
10	Experience herb facial treatments	3.10
11	Experience the four Traditional Chinese Medicine (TCM) diagnostic methods: Watching, Listening, Asking, and Pulse-feeling to examine general wellness status	3.04
12	Learn Tai Chi with a Master in a group to control energy in your body and to achieve body and mind balance	3.02
13	Visit temples/churches/mosques/synagogues to improve spiritual wellness	2.94
14	Visit a wellness cultural park to learn about Chinese wellness philosophies	2.88
15	Experience the treatment of cupping to balance cold and heat in your body	2.88
16	Attend a lecture on stress management	2.77
17	Learn Chinese Kung Fu with a Master to enhance physical wellness	2.71
18	Experience skin scraping to activate blood circulation and expel toxins	2.71
19	Visit a Traditional Chinese Medicine museum to learn the history of TCM and wellness practices in China	2.60
20	Attend a lecture given by an expert to learn about wellness philosophies & practices	2.54
21	Visit a Traditional Chinese Medicine hospital and learn about general wellness practices in China	2.37

4.2.2 Relationships between participants' demographic characteristics and interest in wellness tourism services in China

Experiencing thermal spa treatment had the highest mean of participants' interest among all 21 wellness tourism services. Participants aged in their 30s had the greatest interest (83.1%) in experiencing a thermal spa. They were followed by people aged in 20s (82.8%), 50s (69.4%) and 40s (66.6%). People aged 70+ (58.4%) and 60s (52.7%) showed least interest in thermal spa services. **This indicated that young and middle-aged participants were more interested in experiencing a thermal spa than seniors.** The Pearson chi-square asymptotic significance=0.000, which was less than 0.05, indicated the relationship between experiencing a

thermal spa and age existed. In addition, females (84.4%) were much more interested in experiencing a thermal spa than males (61.7%) (p.161-163).

Moreover, participants with postgraduate diplomas had the highest interest (82.6%) in experiencing thermal spa. People with master's degrees ranked second (80.0%). They were followed by participants with bachelor's degrees (65.8%) and college or below education (59.0%). People with PhD degrees (46.7%) and other education (50.0%) showed least interest in experiencing a thermal spa. Similar trends and patterns can be found from participants' interest in experiencing herb spa treatment.

Experiencing foot massage ranked second for the participants' interest in wellness tourism services. People aged in their 30s had the highest interest (81.9%) in experiencing foot massage. They were followed by people aged in their 20s (75.0%), 50s (72.2%) and 40s (66.6%). People aged in their 70s (58.4%) and 60s (57.2%) showed least interest in foot massage. **This indicated that young and middle-aged participants were more interested in experiencing foot massage than seniors.** In addition, female participants (83.8%) were much more interested in experiencing foot massage than males (61.4%). Moreover, participants with postgraduate diploma education had the highest interest (82.5%) in foot massages. People with master degrees ranked second (77.1%). They were followed by people with bachelor's degree education (72.1%) and college or below education (63.8%). People with PhD degrees (40.0%) and other education (60.0%) showed the least interest in foot massages (p.155-159).

Visiting the National Art Museum of China to appreciate arts ranked fourth in catching participants' interest. Females (59.1%) were more interested in art appreciation than males (49.8%), but the difference was less than that of thermal spa treatment and foot massages. In addition, people with master degrees had the highest interest (65.7%) in art appreciation. Participants with postgraduate diplomas and PhD degrees ranked second (61.9%) and third (60%) respectively. They were followed by participants with bachelor's degrees (55.5%) and college or below education (41.9%). Participants with other education (30.0%) showed the least interest in art appreciation. **This indicated that participants with higher education were more**

interested in art appreciation than those with lower education. The chi-square calculation showed that the relationship between art appreciation and age did not exist. Similar patterns could also be found in participants' interest in visiting the National Centre for the Performing Arts for music appreciation (p.177-180).

Tasting medicated wellness foods ranked fifth in catching participants' interest. Participants in their 20s had the highest interest (73.6%) in tasting medicated wellness foods. They were followed by participants aged in their 30s (59.8%), 40s (55.1%), and 50s (47.2%). Participants aged 60s (40.0%) and 70s (41.7%) showed least interest in tasting wellness foods. **This indicated that young and middle-aged participants were more interested in tasting wellness foods than seniors.** In addition, female participants (61.7%) were more interested in tasting wellness foods than males (40.5%). The chi-square calculation indicated a relationship between tasting wellness foods and education also existed (p.133-137).

People aged in their 20s had the highest interest (58.3%) in experiencing acupuncture. They were followed by people in their 30s (53.3%), 60s (50.0%), 50s (47.3%) and 40s (46.9%). People aged in their 70s (41.6%) showed the least interest in acupuncture. **It showed a trend that young participants were more interested in experiencing acupuncture than the middle-aged participants and seniors.** The Pearson chi-square asymptotic significance of bivariate analysis between acupuncture/gender and acupuncture/education were 0.109 and 0.257 respectively, which were more than 0.05, indicated a relationship between acupuncture/gender and acupuncture/education did not exist (p.147-151).

Participants aged in their 50s and 70s had the highest interest (45.8% respectively) in experiencing the four TCM diagnostic methods. They were followed by people aged in their 40s (41.9%), 60s (41.8%), and 20s (41.6%). People aged in their 30s (37.7%) showed the least interest in this form of wellness service. **A trend could be generated that senior and middle-aged participants were more interested in experiencing the four TCM diagnostic methods than younger aged participants.** Females (44.6%) were more interested in experiencing the four TCM diagnostic methods than males (33.4%). Participants with PGD

education had the highest interest (60.3%) in experiencing the four TCM diagnostic methods. They were followed by people with master degrees (51.5%), bachelor's degrees (38.6%), and college or below education (37.1%). People with PhD degrees (26.6%) and other education (20%) showed less interest (p.139-143).

Participants in their 20s had the highest interest (63.9%) in learning Chinese Kung Fu. They were followed by people aged in their 30s (46.8%), 40s (39.6%) and 50s (29.1%). The percentage of people aged in their 70s (12.5%) and 60s (7.3%) dropped significantly. **It indicated a trend that people of younger age were more interested in learning Chinese Kung Fu than the middle-aged and seniors.** Male participants (41.0%) were more interested in learning Kung Fu than females (26.6%). The chi-square test indicated that the relationship between learning Chinese Kung Fu and education did not exist (p.164-166).

Participants with PGD education had the highest interest (63.9%) in learning Chinese wellness philosophies and practices in a lecture (46.0%). They were followed by participants with PhD degrees (40.0%), master degrees (31.4%) and bachelor's degrees (29.0%). People with college or lower education showed least interest (16.2%) in learning Chinese wellness philosophies and practices (p.129-130). **It indicated that well-educated participants were more interested in learning Chinese wellness philosophies and practices than participants with lower education levels.** The chi-square tests indicated that the relationships between learning Chinese wellness philosophies and practices and age or gender did not exist.

4.3 Participants' main motivations for participating in wellness tourism in China

More than half of the participants chose natural scenery (52.5%) and Chinese history (50.4%) as the main motivations for participating in wellness tourism in China. Wellness foods (45.2%) and wellness practices (42.9%) ranked third and fourth respectively. They were followed by Chinese arts (35.4%) and world heritage (34.2%). Wellness facilities (20.9%), wellness philosophy (17.1%), and other motivations (2.6%) ranked as the bottom three motivations.

The majority of unemployed participants (80%) chose natural scenery as the main motivation for participating in wellness tourism in China, which was the highest percentage among all employment status. Participants who were employed part-time (65.4%) and students (61.5%) ranked second and third respectively. They were followed by self-employed (51.1%), others (50%), and full-time employed (43.3%). Only about one-third of retired participants (34.1%) chose natural scenery as the main motivation. Nearly half (46.1%) of the females chose wellness practices as the main motivation for participating in wellness tourism in China compared to about one-third of male participants (33.6%).

Nearly half of the participants aged in their 30s (47.4%) chose world heritage as the main motivation for participating in wellness tourism in China. Participants aged in their 60s (35.7%) and 40s (29.6%) ranked second and third respectively. They were followed by participants in their 50s (23.6%) and 20s (23.6%). Only 12.7% of people in their 70s chose world heritage. The Pearson chi-square asymptotic significance=0.003, which was less than 0.05, indicates a relationship between interest in world heritage and age exists.

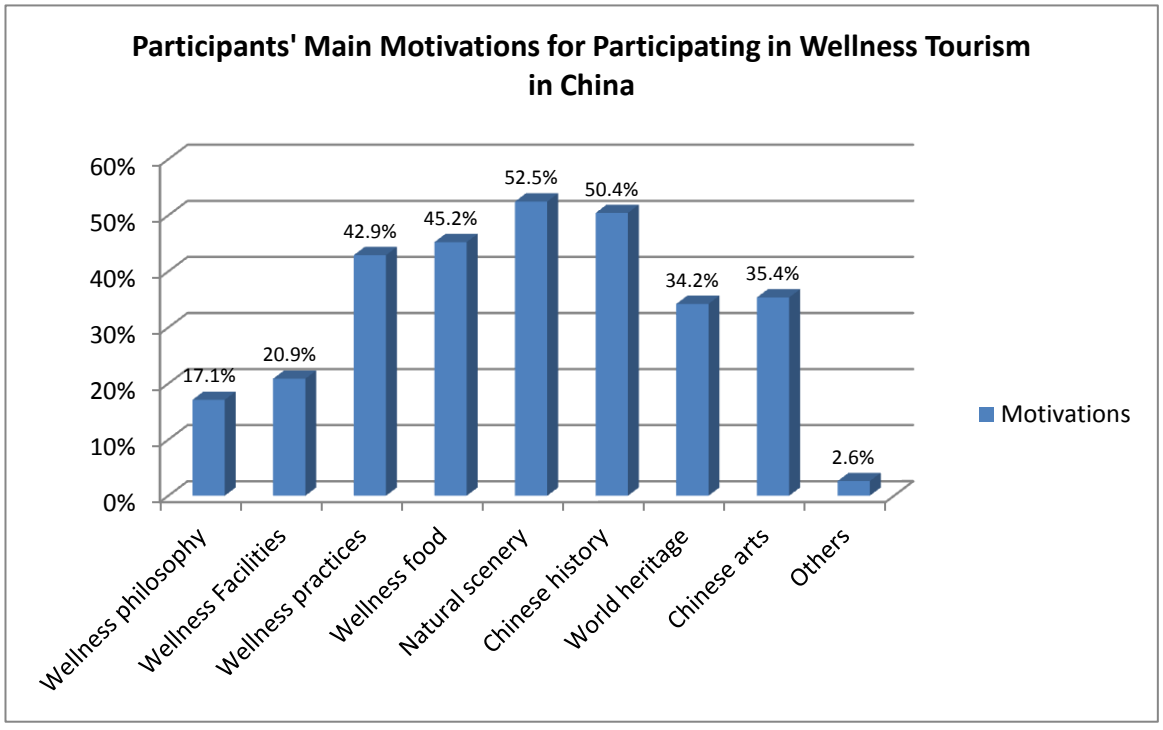


Figure 4-2: Participants' Main Motivations for Participating in Wellness Tourism in China

28.4% of the participants in the 40s age group chose wellness facilities as the main motivation for participating in wellness tourism in China. Participants aged in their 30s (23.1%) and 20s (18.1%) ranked second and third respectively. They were followed by participants aged in their 70s (16.7%) and 50s (12.5%). A minority (8.9%) of participants in their 60s chose wellness facilities as the main motivation for visiting China.

One-third (33.3%) of the participants with PhD degrees chose wellness philosophies as their main motivation for participating in wellness tourism in China. Participants with master degrees (28.6%) ranked second. They were followed by participants with PGD (20.3%), bachelor's degrees (12.3%), and college or below education (10.5%). **It showed more people with higher education chose wellness philosophies as the main motivation for participating in wellness tourism in China than people with lower education.**

4.4 Participants' main concerns for participating in wellness tourism in China

The results show that language barrier ranked the top main concern for participating in wellness tourism in China, as approximately two-thirds (65.6%) of the participants chose the language barrier as their main concern. **Pollution ranked second** with nearly half (47.8%) of the participants selecting it as their main concern. It was followed by travel cost (38.8%), skills of the practitioner (19.8%), Chinese visa (18.2%), travel distance (14.0%), and service standard (10.6%). Only a minority of the participants (5%) chose security as their main concern. Some participants expressed their concerns about pollution and travel costs when commenting on participation in wellness tourism in China in answering the open-ended question.

The findings showed that more young people had concerns regarding travel costs than the middle-aged and seniors. Over half (54.2%) of the participants aged in their 20s chose travel costs as the main concern. The percentage dropped slightly for people in their 30s (42.3%) and 40s (33.3%). They were followed by people in their 60s (32.1%) and 50s (26.4%). Participants in their 70s showed the least concerns (12.5%) on travel costs. It seems more young participants had concerns about travel costs than middle-aged participants and seniors. Similar

patterns could also be found between travel cost concerns and monthly income. **Participants with less income had more concerns regarding travel costs than those with higher incomes**. Nearly two-thirds (62.9%) of people with less than NZ$3,000 had concerns about travel costs and the percentage dropped moderately to 46.5% for participants with monthly income between NZ$ 3,000 to 5,999. Then the percentage continued dropping to 25.3% and 21.1% respectively for people with an income of NZ$6,000 to 8,999 and those with incomes over NZ$9,000 per month.

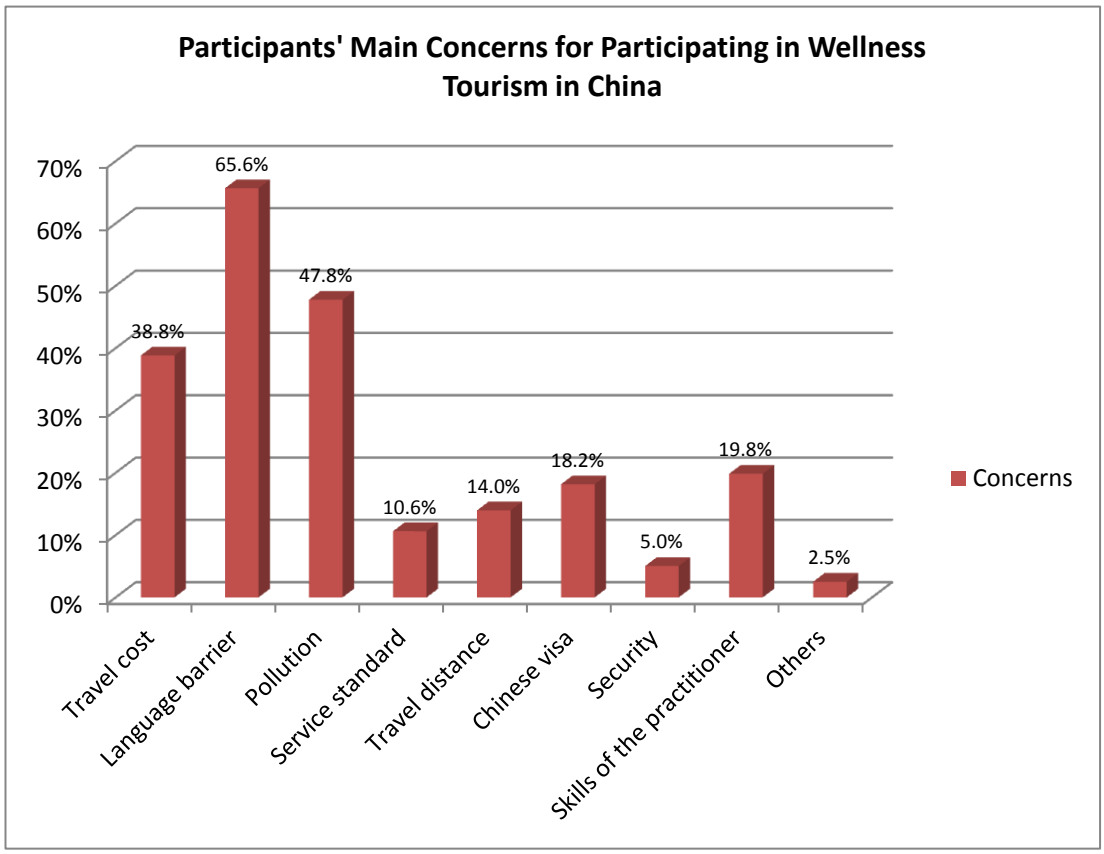


Figure 4-3: Participants' Main Concerns for Participating in Wellness Tourism in China

4.5 Participants' Wellness Tourism Expectations in China

4.5.1 Accommodation Expectations for Wellness Tourism in China

Less than half (43.6%) of the participants were expecting a five-star hotel/resort with gym, swimming pool and spa facilities. About one-third (30.8%) of the participants preferred staying in four-star hotels. Altogether about three-quarters (74.4%) of the participants expected four-star

and five-star hotel accommodations for wellness tourism in China. The percentages for three-star, Bed and Breakfast, and other types of accommodation were only 13.3%, 6.0% and 2.9% respectively.

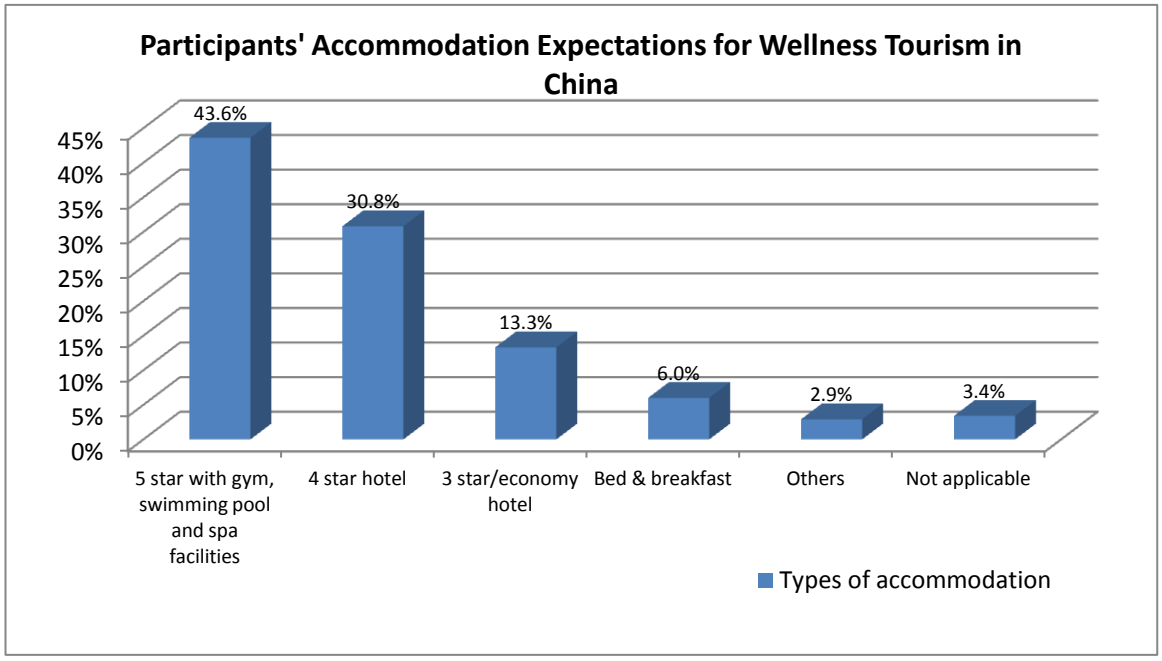


Figure 4-4: Participants' Accommodation Expectations for Wellness Tourism in China

Over half of the participants with monthly incomes over NZ$9,000 (57.7%) and NZ$6,000 (50.6%) would like to stay in five-star hotels with gym, swimming pool and spa facilities. The percentage dropped dramatically for people with monthly incomes of NZ$3,000-5,999 (33.3%) and less than NZ$3,000 (25.8%). **It indicated that more participants with higher incomes would stay in high-quality accommodation than those with lower incomes.**

4.5.2 Meal Expectations for Wellness Tourism in China

Over two-thirds (69.2%) of the participants were expecting a mix of Western and Chinese foods during their wellness trip in China. About one-sixth (16.2%) of the participants preferred specially prepared wellness foods to improve general wellness. Only a small number of participants chose Chinese food only (9.1%) or Western food only (1.3%). It is noticeable that 0.8% of the participants chose other meals such as vegetarian or Muslim meals.

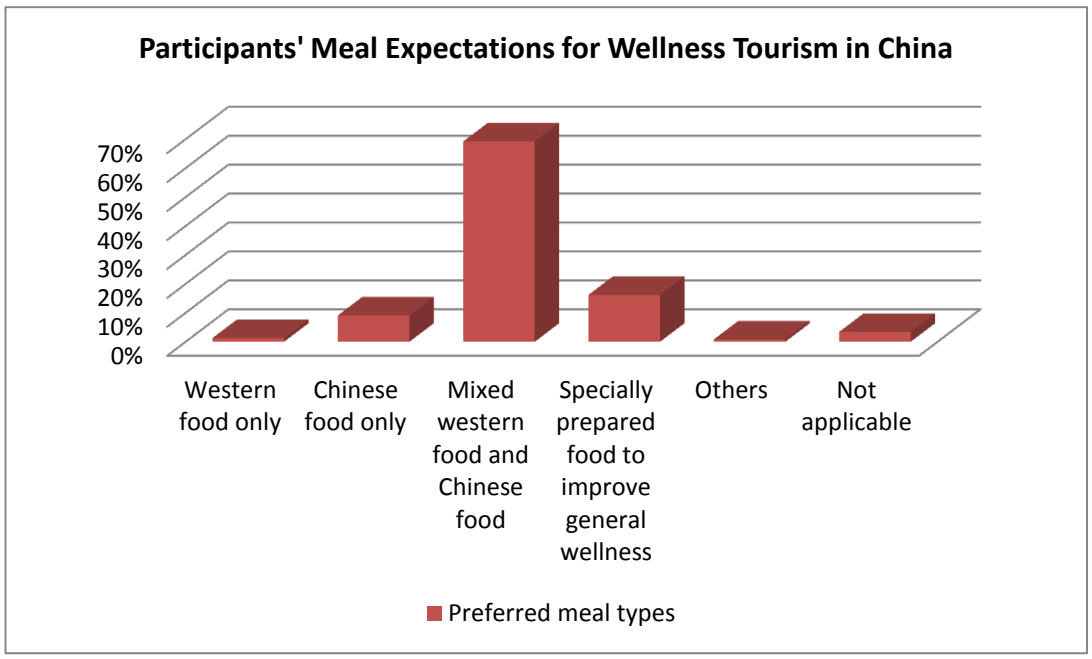


Figure 4-5: Participants' Meal Expectations for Wellness Tourism in China

4.5.3 Group Size Expectations for Wellness Tourism in China

Nearly half (49.1%) of the participants preferred travelling with families and/or friends in a private group for wellness. Over one-third (37.6%) of the participants would like to travel with a group of people they do not know and make some friends. Only a minority of the participants (6.8%) preferred travelling alone.

Over half of the participants in their 50s (59.7%), 30s (53.8%), and 40s (53.1%) preferred travelling in a small private group with families and friends. The percentage dropped slightly for people in their 60s (48.2%). About one-third of the participants in their 20s (36.1%) and 70s (29.2%) preferred small private groups. On the contrary, over half of the participants in their 20s (55.6%) and 70s (50%) preferred travelling in a large group to make new friends. The percentage dropped significantly to 37.2%, 32.1%, and 30.9% for participants in their 30s, 60s, and 40s respectively. **It indicated that more middle-aged participants preferred travelling in private groups than young and senior participants; while more young and senior people preferred travelling in a large group.**

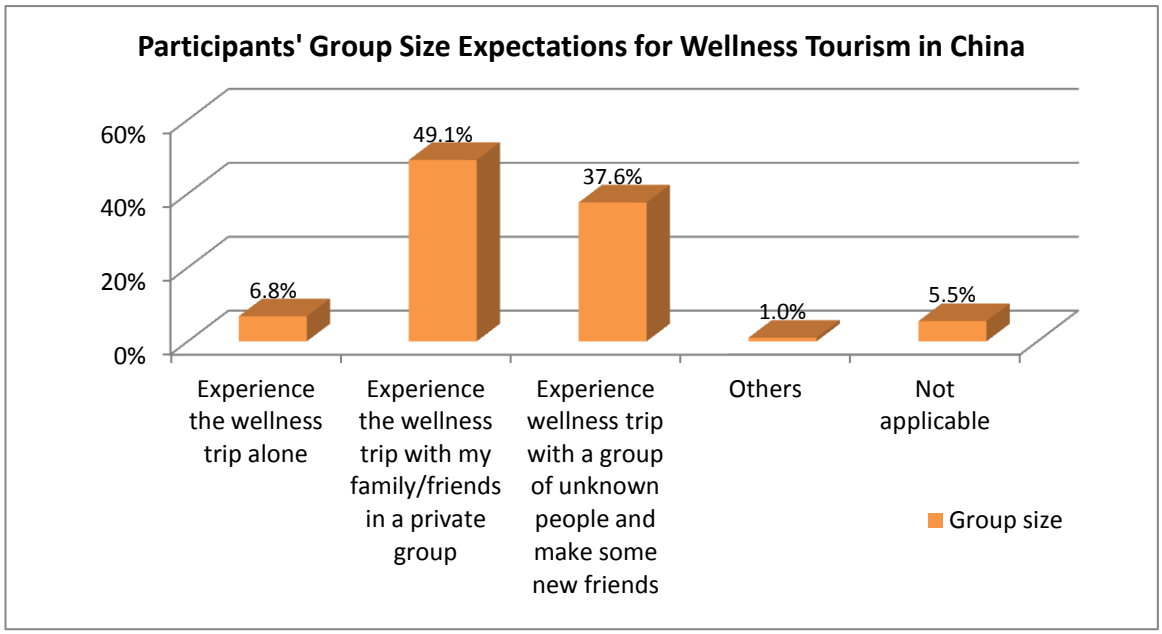


Figure 4-6: Participants' Group Size Expectations for Wellness Tourism in China

4.5.4 Trip Duration Expectations for Wellness Tourism in China

Nearly two-fifths (38.6%) of the participants would like to stay five-seven days to experience wellness tourism in China. Slightly less than one-fifth (19.8%) of them would like to stay longer to eight-11 days for wellness. This was followed by people who would stay 12-14 days (15.7%) and one-four days (14.4%). Only a minority of participants (6.5%) were expecting to stay more than 15 days.

Approximately half of the participants aged in their 40s (50.6%) and 20s (48.6%) would like to stay five-seven days for wellness tourism in China. The percentage decreased slightly for people aged in their 30s (39.7%) and 50s (38.9%). Then it dropped dramatically for people aged in their 60s (19.6%) and 70s (8.3%). Nearly two-fifths (37.5%) of the participants aged in their 70s were expecting over 15 days of wellness tourism in China and the percentage was much higher than participants in other age groups.

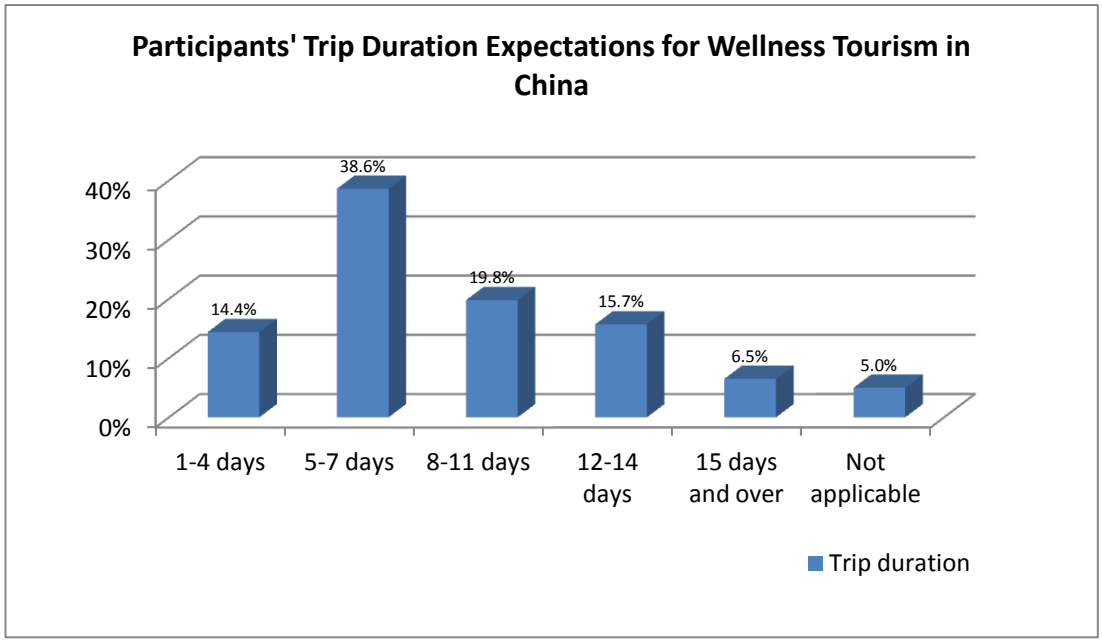


Figure 4-7: Participants' Trip Duration Expectations for Wellness Tourism in China

4.5.5 Participant's Wellness Experience Expectations in China

More than three-quarters (76.6%) of the participants were expecting to improve physical wellness through participating in wellness tourism activities in China. Less than half of the participants (46.0%) expected to improve emotional wellness. This was followed by expectations to enhance wellness knowledge (44.8%) and improve social and environmental wellness (40.9%). Approximately one-fifth of the participants (20.9%) were looking forward to improving spiritual wellness in their trip in China.

Over half of the participants with master degrees (54.3%) and postgraduate diplomas (50.0%) expected to enhance their wellness knowledge. The percentage dropped slightly to 47.4% for participants with bachelor's degrees. Only one-third (33.3%) of participants with PhD degrees wanted to enhance their wellness knowledge. The percentage then further dropped to 27.6% for participants with college education or below.

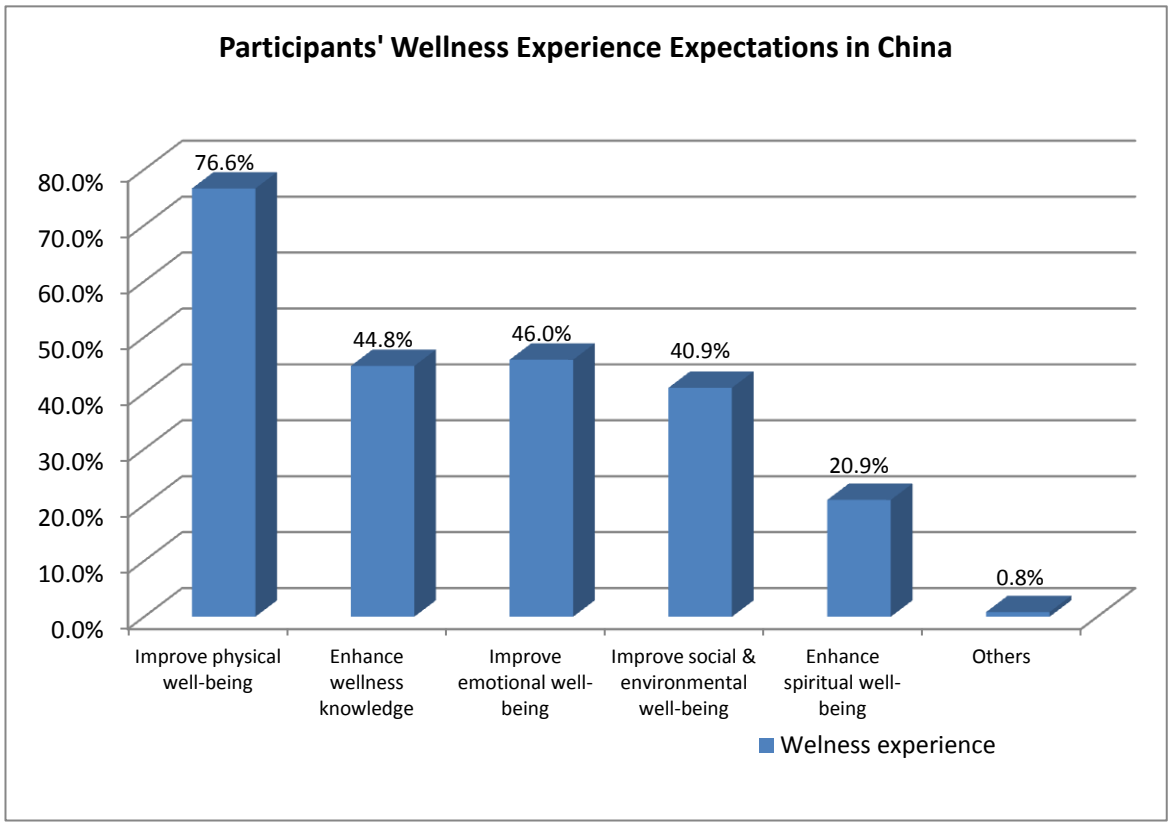


Figure 4-8: Participants' Wellness Experience Expectations in China

Over half of the unemployed participants (60%) expected to improve emotional wellness. This was followed by the part-time employed participants and students (53.8% respectively). The percentage dropped further for full-time employed (46.8%), self-employed (34.4%) and retired participants (26.8%).

Over one-third (34.3%) of the participants with master degrees were expecting to improve spiritual wellness. The percentages dropped moderately to 26.7 % and 23.4% for participants with PhD degrees and bachelor's degrees. Then they dropped significantly to 14.1% for participants with postgraduate diplomas and 12.4% for participants with college education or below.

4.6 Summary

This chapter first presents the demographic profile of the participants. It then describes the research findings from the analysis of data obtained from the questionnaire survey. The findings

include the results of participants' levels of interest in wellness tourism services and main motivations for participating in wellness tourism in China as well as an analysis of their main concerns. This is followed by the presentation of the participants' accommodation, meals, group size, trip duration preferences, and wellness experience expectations for wellness tourism in China. It also analyses the relationships between participants' demographic characteristics, such as age, gender, education, employment, income, and their interest in wellness tourism services, the main motivations and concerns regarding participating in wellness tourism in China, as well as their wellness expectations.

CHAPTER FIVE: DISCUSSIONS

This chapter firstly reviews the research objectives and knowledge gaps. Then it presents a discussion of the demographic characteristics of the potential tourist market in New Zealand likely to participate in wellness tourism in China. It is followed by discussions of New Zealanders interested wellness tourism services, the main motivations and concerns, their wellness experience expectations when participating in wellness tourism in China and the implications for wellness tourism product design. This chapter concludes with a summary of the discussions.

5.1 Overview of Research Objectives and Knowledge Gaps

This research aims to identify the potential of the New Zealand tourist market for participating in wellness tourism in China, to examine their interest in wellness tourism and expectations of wellness tourism experiences. Three main objectives are set to achieve the research aim; they are 1) to identify the potential New Zealand tourist market that would participate in wellness tourism in China; 2) to examine New Zealanders' interest and intention to participate in wellness tourism in China; and 3) to find out their expectations for wellness tourism experiences in China.

The pursuit of health and well-being, the effectiveness of alternative medicines in the prevention of chronic and lifestyle-related diseases, the opportunities to relax and escape from the stress of fast-paced work and life, and the pursuit to enhance the quality of life are the primary motivations for consuming wellness services (Smith & Puczkó, 2009; Voigt & Pforr, 2014). New Zealand Maori people usually use traditional herbal remedies, massages to preserve good health and utilise thermal springs for wellness enhancement (Smith & Puczkó, 2009). China has developed its own unique wellness philosophies and practices (Heung & Kucukusta, 2013), and Traditional Chinese Medicine is a well-known alternative medicine widely acknowledged around the world (Patwardhan et al., 2005). Wellness tourism in China has developed rapidly and become popular domestically in recent years (Global Wellness Institute, 2016a). However, there has been no research into New Zealanders' interest in and expectations when participating in wellness tourism in China.

5.2 The Potential New Zealand Tourist Market for Participating in Wellness Tourism in China

This study has discovered that the majority of the survey participants believe that wellness is important to personal health management. It indicates that a large number of the survey participants are aware of the relationship between wellness and health management. This finding agrees with the conclusion that there is increasing awareness of self health management in developed countries (Bushell & Sheldon, 2009), and New Zealand is a developed country. New Zealanders might already have started to actively manage their own health. This finding also implies that these people might be current or potential wellness consumers.

However, the study has also found the majority of the survey participants have not participated in any form of wellness tourism before and some of them had not even heard of wellness tourism. This research finding, on one hand, shows that wellness tourism is still novel to most of the survey participants in New Zealand, though there has been growing interest in wellness tourism globally in recent years (Bushell & Sheldon, 2009; Mueller & Kaufmann, 2001; Smith & Kelly, 2006b; Smith & Puczkó, 2009; Voigt & Pforr, 2014). On the other hand, this finding indicates that the wellness concept and well models should be understood in a holistic way (Global Wellness Institute, 2015; Voigt & Pforr, 2014); however, the survey participants might interpret wellness tourism in a limited, activity-related sense. This finding also indicates that there is a gap between New Zealanders' interest in wellness and their participation in wellness tourism. That is to say New Zealand is still an underdeveloped market for wellness tourism.

Moreover, in this study, female participants and Baby Boomers are more interested in wellness tourism than males and other age groups. These findings confirm the conclusion that Baby Boomers and females are the main markets for wellness tourism (Bushell & Sheldon, 2009; Smith & Kelly, 2006b; Smith & Puczkó, 2009). Therefore, females and Baby Boomer New Zealanders should be the main potential focus for wellness tourism in China. These findings indicate that Chinese wellness tourism suppliers should include more wellness services that are

of interest to females and Baby Boomers into their wellness tourism product design. These services include thermal and herb spas, foot massages, art appreciation, wellness foods tasting, herb facial treatments, and experiencing the Four TCM Diagnosis methods.

In addition, the study discovers that well-educated participants show more interest in wellness tourism. Generally speaking, people with a higher education read more than people with a lower education; therefore, well-educated people are more conscious of proactive health management and wellness than those with lower education levels. There has been no previous research to indicate that there is a relationship between people's level of education and their interest in wellness tourism. This research finding might contribute to the current body of knowledge in profiling wellness tourists.

Last, this research finds that the majority of Maori participants are interested in wellness tourism in China. It indicates that some Chinese wellness philosophies and practices are similar to the Maori wellness tradition of using massage and herb remedies (Smith & Puczkó, 2009). However, there were only 12 Maori participants in this survey and the number is not big enough to generalise the research finding to the whole Maori population. It indicates that more research is needed to study Maori people's interest in wellness approaches and wellness tourism in China in a larger scale.

5.3 New Zealanders' Interest in Wellness Tourism Services in China

Firstly, the findings show that thermal spas, foot massages, herb spas, visiting the National Art Museum of China, and tasting different medicated wellness foods are the top five wellness tourism services in China that are of interest to the survey participants. New Zealand is a thermal spa destination based on its natural volcanic environment, and New Zealanders have traditionally used thermal springs to enhance wellness (Smith & Puczkó, 2009). When New Zealanders participate in wellness tourism in China, spa treatments are their priority because they are familiar with these types of wellness services. In addition, the finding that foot massages and herb spas are appealing wellness services in China is in line with the literature

that the New Zealand Maori people have the tradition of using massage and herb remedies for wellness (Smith & Puczkó, 2009). Chinese foot massage, Chinese arts and wellness foods are different from wellness therapies, arts and foods in New Zealand. The finding that participants are interested in experiencing foot massage, visiting the National Art Museum of China and tasting different wellness foods, indicates that beside spa treatments, New Zealanders are willing to experience novelty when participating in wellness tourism in China.

Secondly, this study discovers that the participants are not that interested in learning about the Chinese wellness philosophies and practices in general. Chinese wellness philosophy is a very different system from the western one, though they share some common values such as being in harmony with nature and balance between human being and the environment. The wellness principles such as Chi and Five Elements are complicated and it requires a deep understanding of the Taoism, the essence of the Chinese wellness philosophy, and the function of wellness practices. Today, young Chinese people might not fully understand wellness philosophies and it will be more difficult for New Zealanders to learn and understand. Although New Zealanders are not interested in learning Chinese wellness philosophies and practices, they are still interested in experiencing some of the unique Chinese wellness practices such as foot massage, acupuncture and Tai Chi.

Thirdly, the study finds that different age groups have different preferences when choosing wellness services in China. Young and middle-aged participants are more interested in experiencing thermal spas, foot massages, herb spas, and tasting wellness foods than seniors. Young participants are more interested in experiencing acupuncture and learning Chinese Kung Fu than middle-aged and seniors. Senior and middle-aged participants are more interested in experiencing the four TCM diagnostic methods than younger people. Therefore, age should be seriously considered when Chinese wellness tourism suppliers design tourism programmes for the New Zealand tourist market. Wellness tourism programmes should be diversified to suit different age groups of New Zealanders. As it only indicated Baby Boomers were the main market for wellness tourism (Lehto et al., 2006; Smith & Kelly, 2006b) in the literature, further research is needed to confirm the relationship between age and preferences

for wellness services.

Lastly, this study discovers that more participants hold neutral attitudes or have no interest in wellness tourism in China than are interested. During the survey, the participants expressed that the main reasons for visiting China were holiday, work, doing business, attending conferences, and study. This finding is in accordance with Tourism Australia's research that wellness tourists prefer to take wellness experience domestically rather than overseas, and there are other reasons for wellness experiences overseas (Smith & Puczkó, 2009). It also indicates that Chinese wellness philosophies and practices are different from the western wellness perspective, in which spa tourism is the synonym of wellness tourism (Smith & Puczkó, 2009). In addition, this finding implies that Chinese wellness tourism stakeholders have to promote the efficiency and effectiveness of Chinese wellness practices and services in the prevention of chronic and lifestyle-related diseases (Voigt, 2014). Therefore, the New Zealanders would be more willing to participate in wellness tourism in China.

5.4 The Main Motivations and Concerns for Participating in Wellness Tourism in China

5.4.1 The Main Motivations

First, this research discovers that natural scenery is the top motivation for participating in wellness tourism in China. According to the *Tian-ren-he-yi* principle of Chinese wellness philosophy, wellness can only be achieved when human beings are in harmony with nature (Huang & Xu, 2014). It is widely agreed that environment is a key dimension of wellness (Mueller & Kaufmann, 2001; Smith & Kelly, 2006b; Smith & Puczkó, 2009). New Zealanders live with clear water, fresh air, and clean skies; therefore, a clean natural environment is the most important consideration when they are choosing wellness tourism destinations. Most recent spa resorts in China are established in thermal-rich destinations with a good natural environment, e.g. Sanya, Changbai Mountain, Yunnan, Sichuan and Tibet (Wang & Yamamura, 2000), which is in accordance with the Chinese Tian-ren-he-ye principle and western environmental wellness.

This finding confirms that beautiful landscapes and natural resources are advantages when developing wellness tourism in China (Heung & Kucukusta, 2013). There are many world-famous natural sceneries such as the Li River in Guilin, Yellow Mountain, West Lake, Zhangjiajie, and Jiuzhaigou Valley etc. Many of these beautiful, natural landscapes are on the UNESCO World Heritage list (UNESCO, 2017) and attract millions of overseas tourists every year. By appreciating the masterpieces of nature and the heritages, New Zealanders will be more aware of the limit of natural resources, the human interaction with and impact on the nature, and the importance of environmental preservation (Renger et al., 2000). Thus it will in turn help New Zealanders to cherish the natural resources in New Zealand and to consider the importance of environmental protection in their own hometowns and communities.

Second, this study shows that Chinese wellness food is another important motivation for the survey participants when participating in wellness tourism in China. This finding agrees with Heung and Kucukusta's research result that healthy cuisine is one of the advantages of developing wellness tourism in China (Heung & Kucukusta, 2013). Chinese wellness foods help people to enhance their physical wellness by maintaining a balanced diet. Foods provide energy for life and also support the proper functioning of tissues and organs (Wu & Cheung, 2002). Tasting Chinese wellness foods is a great opportunity for New Zealanders to experience authentic Chinese food while enhancing their physical wellness at the same time.

Third, this study finds that Chinese wellness practices are among the top motivations for the survey respondents when participating in wellness tourism in China. Chinese wellness practices such as acupuncture, foot massage, cupping and Tai Chi are unique in the world (Unschuld & Tessenow, 2011). Chinese wellness practices as complementary alternative medicine are proven to be more effective in the prevention of chronic and lifestyle-related diseases than orthodox western medicine (Voigt, 2014). This finding confirms that New Zealanders are already aware of the importance of wellness in self health management, are motivated to maintain a state of good health and prevent chronic and lifestyle-related diseases. The New Zealanders are able to experience the authentic Chinese wellness approaches by participating in wellness tourism in China. Therefore, New Zealand wellness tourists can

prevent chronic and lifestyle-related diseases and enhance levels of wellness as a benefit.

5.4.2 The Main Concerns

First, the study discovers that a large number of the participants expressed their concern about the language barrier when participating in wellness tourism in China. This finding agrees with Kucukusta and Heung's conclusion that the language barrier was one of the obstacles to attracting overseas wellness tourists to China (Kucukusta & Heung, 2012). As the Chinese language is different from English, it is quite reasonable that New Zealanders have language concerns regarding communication with wellness practitioners or reading introductions to Chinese wellness practices and services when travelling to China for wellness. The language barrier would make it difficult for New Zealanders to express their needs for wellness services and, in turn, it would also be difficult for Chinese wellness practitioners to understand New Zealanders. This finding also justifies the decision of CNTA in adopting foreign language training for Chinese wellness practitioners as part of the wellness tourism development strategy (China National Tourism Administration, 2015).

The concern about the language barrier could be solved with support from the Chinese government. Since China adopted the opening-up policy at the end of 1970s, the English language has been widely used in China, especially in inbound tourism industry. There are tens of thousands of professional English-speaking tour guides in China. Even bus drivers can speak some common English. In addition, Chinese wellness philosophies and TCM theories have been translated into English, for example, *Huang Di nei jing su wen: an annoted translation of Huang Di's Inner Classic - basic questions* edited by Unschuld and Tessenow. The most effective way to diminish New Zealanders' language concerns is to train Chinese wellness practitioners in correct English expressions for Chinese wellness philosophies, Chinese wellness practices and services, as well as for some basic wellness skills. In addition, printing English versions of wellness tourism brochures will help New Zealanders understand Chinese wellness practices and services. It is also important that professional Chinese tour guides have some basic knowledge and correct English expressions for Chinese wellness philosophies, wellness practices and services so Chinese wellness practitioners and tour guides can

understand New Zealanders' needs and wants and provide high quality services.

Second, this study finds that pollution in China is another big concern for New Zealanders. With over 30 years rapid economic growth and development, China faces severe challenges from environmental pollution caused by industrialisation, over exploitation of natural resources, and rapid growth of the urban population (Cheng, Jiang, Fajardo, Wang, & Hao, 2013; Matus et al., 2012). Pollution in China, especially urban air pollution in North China, has resulted in substantial negative health impacts for Chinese people. Beijing, Tianjin, Xian, Hebei Province and its surrounding areas in North China are the regions with the poorest air quality in the country. Obviously, no one is willing to visit a heavily polluted destination to achieve wellness and improve their health. Pollution prevention and control will be a long-term commitment in North China as the Chinese government has to balance economic development and sustainability. Therefore, heavily polluted cities, such as Beijing, Tianjin, Zhengzhou, and Xian, are not suitable for developing wellness tourism before these issues are solved. The Chinese government and tourism administration should develop inbound wellness tourism in environmental friendly cities like Hangzhou, Shenzhen, Sanya in Hainan Island, Guilin etc. as a priority (Heung & Kucukusta, 2013).

Third, findings from this study show that many participants have concerns about travel costs when they consider travelling to China for wellness. Affordability is an important feature of wellness products (Pilzer, 2002). Wellness facilities are accessible and affordable to the public in China (Wang & Yamamura, 2000) and it is less expensive to consume these services in China than in New Zealand. On the other hand, wellness tourism is not for low-income tourists, as it involves a lot of one-on-one services such as massage, cupping and acupuncture. Thus, Chinese wellness tourism suppliers should target the middle- and high-income people, who showed more interest in wellness tourism than those with lower incomes.

Fourth, some of the survey participants expressed their concerns about Chinese visa applications. As in 2016, New Zealand citizens are able to travel to 171 countries in the world and stay up to three-six months without having to obtain a visa before travelling (Stuff, 2016).

China is one of the few exceptions and the visa application process is a bit complicated. Firstly, the Visa Offices of Chinese Embassy and Consulate General in New Zealand do not accept on-line applications, which are much faster and more efficient. Applicants have to submit paper applications with explanations of the purpose of the visit, travel plans with supporting documents including round-trip international air-tickets, accommodation reservations, and finance resources. It takes four working days and costs NZ$140 for a single entry visa per person for New Zealand citizens; however, the visa fee for most non-New Zealand passport holders is only NZ$60 per person for a single entry (The Embassy of the People's Republic of China in New Zealand, 2013).

One survey participant complained seriously about the complicated process for Chinese visa applications and noted that he had to come to the Visa Office three times to provide supporting documents. He commented after completing the survey, “To get a visa is very hard and time costing.” If the Visa Office of the Chinese Embassy and Consulate General simplified the visa applications process, providing an on-line application option and lowering the fees, New Zealanders might recognise the friendliness of the Chinese before travelling to China and more New Zealanders might be willing to visit China for wellness.

5.5 New Zealanders’ Expectations for Wellness Tourism Experiences in China

First, the majority of the participants are expecting four-star and five-star accommodations when participating in wellness tourism in China. Wellness tourists, especially spa tourists, see indulgence and pampering as the main motivation for wellness (Bushell & Sheldon, 2009; Smith & Puczkó, 2009). Four-star accommodation can at least provide comfort and relaxation for wellness tourists during the trip. Four-star and five-star hotels can provide more comprehensive wellness facilities (Mueller & Kaufmann, 2001), such as spa and gym than economy hotels. Wellness tourists can utilise swimming pools, gym, sauna, and spa facilities in five-star hotels to further enhance physical wellness. Therefore, high star-rated hotels are important in designing wellness tourism products in China.

Second, a large number of the participants preferred a mix of Western and Chinese foods for their wellness trips to China and a small number need other types of special food such as vegetarian and Muslim meals. Providing mixed Western and Chinese food is a common practice for inbound tourism products in China. This can not only offer variety of food choices, but also provide balanced food that can enhance health and physical wellness. Balance is a major attribute of wellness (Adams, 2003). Moreover, New Zealand wellness tourists definitely want to taste some western food that they are familiar with when travelling in China. Therefore, a mix of Western and Chinese foods will be important in designing Chinese wellness tourism products for New Zealand market.

Chinese wellness tourism suppliers also need to pay attention to special diet requirement from New Zealand wellness tourists. As the majority of New Zealand's population are immigrants from other parts of the world, there are diverse dietary requirements from different ethnic groups. Some exotic cuisines such as Southeast Asian foods, Muslim meal and kosher foods are only available in Beijing, Guangzhou, Xian, Hangzhou, and Shanghai etc, and might not be available in other smaller cities such as Guilin.

Third, approximately half of the participants prefer travelling with families and/or friends in private groups for wellness. This finding is in accordance with the social dimension of wellness as it encourages interaction of the individual with others (Renger et al., 2000; Smith & Puczkó, 2009). In addition, there is fun when travelling with families and/or friends together for wellness as they are familiar with each other. Wellness tourists do not have to deal with different living habits and special diet requirements of strangers in the same group. Travelling with families and friends together will help to maintain a happy mood and enhance emotional wellness (Hettler, 1980; Miller, 2005; Smith & Puczkó, 2009).

Fourth, over half of the participants would like to stay five-11 days for wellness tourism in China. This is in line with Tourism Australia's research in 2007 that overseas wellness tourists in average take 16 days with eight days for wellness (Smith & Puczkó, 2009). Tourism Australia's research also indicates that wellness tourists prefer to take wellness experiences domestically

rather than overseas, and there are usually some other reasons for travelling overseas for wellness (Smith & Puczkó, 2009). One survey respondent's comment is in accordance with this finding, and he said, "Usually combine with business trip to the region, so (wellness tourism in China) has to be well organized tour." These findings imply that Chinese wellness tourism programmes for the New Zealand market should be eight days on average and flexible so that they can accommodate the needs of other travellers with wellness as the secondary motivations of the trip.

Last, the majority of the participants are expecting to improve their physical wellness from the wellness trip in China and nearly half of the participants expect to improve their emotional wellness, enhance their wellness knowledge, and improve their social and environmental wellness. This finding indicates that the main wellness expectations for the survey participants are to improve physical and emotional wellness; however, other dimensions of wellness are also important for New Zealand wellness tourists. In addition, these findings confirmed that wellness is a multi-dimensional concept. Chinese wellness tourism programmes should combine various wellness activities such as foot massage, learning Tai Chi in a natural and peaceful environment, and art appreciation to improve different dimensions of wellness of New Zealanders.

5.6 Summary

The research findings indicate that most of the participants are aware that wellness is important to personal health management. Females, Baby Boomers and well-educated participants are more interested in participating in wellness tourism in China. Most of the survey respondents have not participated in any form of wellness tourism before so there are great opportunities for Chinese wellness tourism stakeholders to promote it in New Zealand.

New Zealanders are interested in thermal and herb spas, foot massage, art appreciation, Chinese wellness food and Chinese wellness practices. However, people from different age groups, and people with different education levels have different preferences for wellness

services and activities. On one hand, the natural scenery, Chinese history, wellness food, wellness practices and Chinese arts are the main motivations for New Zealanders. On the other hand, New Zealanders also express their main concerns as the language barrier, pollution in China, travel costs, skill of the practitioners and the process for Chinese visa applications. The Chinese wellness tourism suppliers and stakeholders need to seriously consider all the concerns and at the same time design attractive wellness tourism products for the New Zealand tourist market to meet their wellness experience expectations.

CHAPTER SIX: CONCLUSIONS

This chapter firstly summarises the research findings about the demographic characteristics of the potential New Zealand tourist market for participating in wellness in China, New Zealanders' interest in wellness tourism services, the main motivations and concerns, and expectations of the wellness tourism experience in China. Then relative conclusions drawn from the research findings are presented. This is followed by the significance of the research as well as the limitations. This chapter finishes with the implications, and recommendations for future research and for wellness tourism stakeholders in China.

6.1 Conclusions

First, this study has found that the majority of the survey participants believe that wellness is important to personal health management; however, most of the respondents have not participated in any form of wellness tourism before. In addition, females, Baby Boomers, and well-educated participants are more interested in wellness tourism in China. These research findings indicate that New Zealanders with the above demographic characteristics are identified as the potential tourist market for wellness tourism in China. Therefore, the first research objective has been achieved with these findings.

Second, this research has revealed that less than half of the participants are interested in choosing China as a wellness tourism destination. In addition, this research has identified the level of interest in wellness tourism services in China for the survey participants. These findings indicate that the survey participants are more interested in experiencing the wellness services than learning Chinese wellness philosophies and practices. These findings have examined participants' interest in participating in wellness tourism in China in general; therefore, the second research objective has been achieved. In addition, these findings can help Chinese wellness tourism suppliers with designing wellness tourism products and services for the potential New Zealand tourist market.

Third, this study has identified the main motivations for participants and their concerns when planning wellness tourism in China. These findings conclude that Chinese wellness tourism suppliers should promote the beautiful natural scenery in China, rich Chinese history, various kinds of Chinese wellness foods, and unique Chinese wellness practices to attract more New Zealand wellness tourists. On the other hand, the Chinese government and wellness tourism administrations have to seriously consider solutions to reduce the negative impact of the language barrier by training Chinese wellness practitioners in the English language, and printing wellness product brochures in English. In addition, wellness tourism suppliers should promote less polluted cities as wellness tourism destinations in China. Furthermore, the Chinese government should simplify the Chinese visa application process and consider reducing Chinese visa fees to New Zealanders.

Last, the research has found participants' expectations for accommodation, meal choices, group size, and duration of trips. These findings are the key indicators for the Chinese wellness suppliers in designing wellness tourism products for the New Zealand market. This study also discovered participants' wellness tourism experience expectations in China. The Chinese wellness tourism programmes should combine various wellness activities, such as foot massage, learning Tai Chi in a natural and peaceful environment and art appreciation, to improve the different dimensions of wellness for New Zealand wellness tourists. With these findings, the third research objective is achieved.

6.2 Significance of the Research

Although many researchers have contributed to wellness tourism studies, few researchers have studied wellness tourism in a cross-cultural context. This research has theoretical contributions to a cross-cultural understanding of wellness tourism between the West and the East. It also has potential contextual contributions to wellness literature by understanding how westerners approach wellness tourism in a dissimilar cultural context. It is the first time that research on New Zealanders' interest in wellness tourism has been explored. This study has contributed to the underdeveloped body of knowledge related to the potential New Zealand tourist market for

participating in wellness tourism in China. The researcher has identified the demographic characteristics of the potential New Zealand tourist market who are interested in taking wellness trips to China.

In addition, this research has introduced common Chinese wellness tourism services to the literature, and Chinese wellness tourism services that are of interest to New Zealanders have been discovered. Moreover, the main motivations and concerns for participating in wellness tourism in China, and New Zealanders' expectations of it are identified.

Last but not least, the research has provided insight for Chinese wellness tourism stakeholders in designing and promoting suitable products to meet the needs and expectations of the New Zealand tourist market.

6.3 Limitation of the Research

First, there are limitations on the quantitative research methodology in this research. The findings indicate participants' levels of interest in wellness tourism services in China, but the research could not explore the reasons behind it. Therefore, qualitative research methods should be conducted in future research to identify in-depth information and individual perspectives regarding participating wellness tourism in China.

Second, the data were collected during January and February, 2017 only, instead of over an extended period. Data collected during this period might not be able to represent the patterns of participants travelling to China in other periods of the year. Consequently, the results are not representative and generalisable to the research population.

Third, due to limited time and resources, a convenience sampling method was used for this research. As a result, the sample size was only 383 participants. In quantitative research, the larger sample size, the smaller sampling errors occur and the more accurate the research findings are. For more vigorous research, probability sampling methods such as simple random

sampling would be more desirable because the units in the population would have equal opportunities to be selected and the research findings can be generalised to the whole population. In addition, the data were only collected at the Visa Office of the Chinese Consulate General in Auckland and International Departure Terminal at Auckland International Airport. A small number of the participants were from other cities and areas outside of Auckland, but most of the survey participants were from Auckland. Therefore, the populations living out of Auckland do not have an equal opportunity to participate in the survey.

Fourth, there were some cases in the crosstabulation that more than 20% of the cells had expected frequencies below five, especially when the p-values were small and these cells gave a large contribution to the total chi-square value. For example, page 125, 127, 136, 142 and 150. The conclusions drawn from the above calculations and tests might be biased and more research is required to consolidate the findings.

6.4 Recommendations

For future research

For future research regarding New Zealanders participating in wellness tourism in China, it is recommended to collect data in other cities and areas in both the North Island and South Island in New Zealand if time and resources permit. The research findings with wider range of target population participation can better represent the whole population of New Zealand.

In addition, it is recommended that the simple random sampling method should be adopted in future research so that participants of different genders or from different age groups might have equal opportunities to participate in the survey. The research findings will be more representative if the data are collected during a whole year period; and the research findings will be more accurate if the sample size is larger. Qualitative research such as in-depth interview should be conducted to explore New Zealanders' interest in, expectations from wellness tourism in China, and the reasons behind.

Moreover, it is suggested that similar research could be conducted in other western countries, such as Australia, the United States of America, Canada, and European countries so that the perceptions, interest and expectations in wellness tourism in China could be explored in a much wider domain. This research would enrich the current cross-cultural understanding of wellness tourism between the West and the East.

For Chinese wellness tourism stakeholders

It is recommended that Chinese wellness tourism suppliers give greater consideration to the interests and expectations of females, Baby Boomers and well-educated people in product design, as these consumer groups are the potential New Zealand tourist market for participating in wellness tourism in China and they may have different needs and expectations for wellness products and services.

The majority of the survey respondents have not participated in any wellness tourism before and less than half are truly interested in wellness tourism participation. This implies that there are great marketing opportunities for all wellness tourism destinations, including China, to promote wellness tourism products in New Zealand. These participants and a large number of other New Zealanders might be potential wellness tourists, if the Chinese wellness tourism products are attractive and affordable. Chinese wellness tourism suppliers and administrations should promote the efficiency and effectiveness of Chinese wellness practices more in New Zealand so that the New Zealanders have more opportunities to know about, understand, and believe in the Chinese wellness practices and services. Eventually, these New Zealanders will be interested in experiencing Chinese wellness services once they have opportunities to travel to China.

As beautiful natural sceneries, Chinese history, tasting wellness foods, and Chinese wellness practices are identified as the main motivations for New Zealanders visiting China, the wellness tourism products will be more attractive if these activities can be included in the product design. Moreover, it is recommended that wellness tourism programmes should be designed using four-star and five-star hotels, combining a mix of Chinese and Western foods, flexible activities,

and in small private group for New Zealanders.

As wellness is an on-going journey, individuals should consider wellness as a lifestyle in order to achieve high levels of wellness. The researcher concludes the thesis by citing the following comments from a survey participant, “We are always able to gain in some way through new experiences, and contact with people and their traditions. Adopting a healthy lifestyle should be a life-long pursuit and not confined to a short period such as a holiday in China, even though the benefits of such a holiday are clear. They need to be maintained.”

References

Adams, T. B. (2003). The power of perceptions: Measuring wellness in a globally acceptable, philosophically consistent way. *Wellness Management.* Retrieved from www.hedir.org

Adams, T. B., Bezner, J., & Steinhardt, M. (1997). The conceptualization and measurement of perceived wellness: Integrating balance across and within dimensions. *American Journal of health promotion, 11*(3), 208-218.

Aliaga, M., & Gunderson, B. (2002). *Interactive statistics*. Thousand Oaks, CA: Sage.

Ardell, D. B. (1977). *High level wellness: an alternative to doctors, drugs and disease*. Emmaus, PA: Rodale Press.

Babbie, E. (1990). *Survey Research Methods (2nd ed.)*. Belmont, CA: Wadsworth.

Babbie, E. (2007). *The practice of social research (11th ed.)*. Belmont, CA: Wadsworth.

Babbie, E. (2014). *The basics of social research (6th ed.)*. Belmont, CA: Wadsworth.

Black, T. R. (1999). *Doing quantitative research in the social sciences: An integrated approach to research design, measurement and statistics*. Thousand Oaks, CA: Sage.

Blair, J., Czaja, R. F., & Blair, E. A. (2013). *Designing surveys: A guide to decisions and procedures (3rd ed.)*. Thousand Oaks, CA: Sage.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101.

Bushell, R., & Sheldon, P. J. (2009). Introduction to wellness and tourism. In R. Bushell & P. J. Sheldon (Eds.), *Wellness and tourism: mind, body, spirit, place*. Elmsford, NY: Cognizant Communication.

Chan, K. (1995). Progress in traditional Chinese medicine. *Trends in pharmacological sciences, 16*(6), 182-187.

Chen, J. S. (2007). *Wellness tourism: Measuring consumers' quality of life*. Paper presented at the 1st Hospitality and Leisure: Business Advances and Applied Research Conference, Lausanne, Switzerland.

Chen, J. S., Prebensen, N., & Huan, T. C. (2008). Determining the motivation of wellness travelers. *Anatolia, 19*(1), 103-115.

Cheng, Z., Jiang, J., Fajardo, O., Wang, S., & Hao, J. (2013). Characteristics and health impacts of particulate matter pollution in China (2001–2011). *Atmospheric Environment, 65*, 186-194.

China National Tourism Administration. (2015). The guidelines for the promotion of Traditional Chinese Medicine based health tourism. Retrieved from http://www.cnta.com/xxfb/jdxwnew2/201511/t20151119_751864.shtml

China National Tourism Administration. (2016). Foreign visitor arrivals by purpose, Jan-Dec 2015 Retrieved from http://www.cnta.com/zwgk/lysj/201601/t20160118_758408.shtml

Cohen, M., & Bodeker, G. (2008). *Understanding the global spa industry: Spa management*. Oxford, UK: Routledge.

Connell, J. (2006). Medical tourism: Sea, sun, sand and… surgery. *Tourism management, 27*(6), 1093-1100. doi:10.1016/j.tourman.2005.11.005

Connell, J. (2011). *Medical tourism*. Wallingford: CABI.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches (3rd. ed.)*. Thousand Oaks, CA: Sage.

Crotty, M. (1998). *The foundation of social research: meaning and perspective in the research process*. NSW, Australia: Allen and Unwin.

Czaja, R., & Blair, J. (2005). *Designing surveys: a guide to decisions and procedures (2nd ed.)*. Thousand Oaks, CA: Pine Forge Press.

Depken, D. (1994). Wellness through the lens of gender: A paradigm shift. *Wellness Perspectives, 10*(2), 54-69.

Dunn, H. L. (1959). High-level wellness for man and society. *American journal of public health and the nations health, 49*(6), 786-792.

Dunn, H. L. (1977). *High-level wellness*. Thorofare, New Jersey: Charles B. Slack.

Economic and Social Commission for Asia and the Pacific. (2009). Medical travel in Asia and the Pacific: challenges and opportunities. Retrieved from http://docslide.us/documents/escap-2009-medical-travel-in-asia-and-the-pacific-challenges-and-opportunities.html

Elavsky, S., McAuley, E., Motl, R. W., Konopack, J. F., Marquez, D. X., Hu, L., . . . Diener, E. (2005). Physical activity enhances long-term quality of life in older adults: efficacy, esteem, and affective influences. *Annals of Behavioral Medicine, 30*(2), 138-145.

Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International journal of qualitative methods, 5*(1), 80-92.

Fleischer, A., & Buccola, S. (2002). War, terror, and the tourism market in Israel. *Applied Economics, 34*(11), 1335-1343.

Fowler, F. J. (2013). *Survey research methods (5th ed.)*. Thousand Oaks, CA: Sage.

Frost, W., & Laing, J. (2017). History of spa tourism. In M. Smith & L. Puczkó (Eds.), *The Routledge handbook of health tourism*. New York, NY: Routledge.

Global Wellness Institute. (2015). *The global wellness tourism economy 2013 & 2014*. Retrieved from http://www.globalwellnesssummit.com/images/stories/gwi/GWI_2014_Global_Wellness_Tourism_Economy_Report_Final.pdf

Global Wellness Institute. (2016a). International wellness tourism growing much faster than domestic. Retrieved from https://www.globalwellnessinstitute.org/international-wellness-tourism-growing-much-faster-than-domestic

Global Wellness Institute. (2016b). Statistics & facts. Retrieved from https://www.globalwellnessinstitute.org/press-room/statistics-and-facts/

Gnoth, J. (1997). Tourism motivation and expectation formation. *Annals of Tourism research, 24*(2), 283-304.

Goldstein, M. S. (1999). *Alternative health care: medicine, miracle, or mirage?* . Philadelphia, PA: Temple University Press.

Gray, D. E. (2014). *Doing research in the real world (3rd ed.)*. Thousand Oaks, CA: Sage.

Greenburg, J. S., Dintiman, G. B., & Oakes, B. M. (2004). *Physical fitness and wellness: Changing the way you look, feel, and perform (3rd Ed.)*. Champaign, IL: Human Kinetics.

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. Thousand Oaks, CA: Sage.

Hales, D. (2006). *An invitation to health (12th ed.)*. Belmont, CA: Thomson & Wadsworth.

Hall, C. M. (2003). Spa and health tourism. In S. Hudson (Ed.), *Sport and adventure tourism*. Binghamton, NY: Haworth Hospitality Press.

Hall, C. M. (2011). Health and medical tourism: a kill or cure for global public health? *Tourism review, 66*(1/2), 4-15. doi:10.1108/16605371111127198

Hall, C. M. (2013). Medical and health tourism: the development and implications of medical mobility. In C. M. Hall (Ed.), *Medical Tourism: the ethics, regulation, and marketing of health mobility*. New York, NY: Routledge.

Haq, F., & Yin Wong, H. (2010). Is spiritual tourism a new strategy for marketing Islam? *Journal of Islamic Marketing, 1*(2), 136-148. doi:10.1108/17590831011055879

Henderson, J. C. (2003). Healthcare tourism in southeast Asia. *Tourism Review International, 7*(3-4), 111-121.

Hettler, B. (1980). Wellness promotion on a university campus. *Family & community health, 3*(1), 77-95.

Heung, V., & Kucukusta, D. (2013). Wellness tourism in China: resources, development and marketing. *International journal of tourism research, 15*(4), 346-359. doi:10.1002/jtr.1880

Huang, L., & Xu, H. (2014). A cultural perspective of health and wellness tourism in China. *Journal of China Tourism Research, 10*(4), 493-510. doi:10.1080/19388160.2014.951752

ISPA. (2017). The best place to get a big idea besides a shower Retrieved from http://experienceispa.com/

Iyengar, B. K. S. (2001). *Light on Yoga (4th ed.)*. London, UK: Thorsons.

Jennings, G. (2010). *Tourism Research (2nd ed.)*. Queensland, Australia: John Wiley & Sons.

Kaptchuck, T. J. (2000). *The web that has no weaver: understanding Chinese medicin*. Chicago, IL: Contemporary Books.

Kelly, C. (2012). Wellness tourism: retreat visitor motivations and experiences. *Tourism recreation research, 37*(3), 205-213. doi:10.1080/02508281.2012.11081709

Kickbusch, I., & Payne, L. (2003). Twenty-first century health promotion: the public health revolution meets the wellness revolution. *Health Promotion International, 18*(4), 275-278.

Koncul, N. (2012). Wellness: A new mode of tourism. *Economic Research-Ekonomska Istraživanja, 25*(2), 525-534. doi:10.1080/1331677X.2012.11517521

Konu, H., & Laukkanen, T. (2010). Predictors of tourists' wellbeing holiday intentions in Finland. *Journal of Hospitality and Tourism Management, 17*(1), 144-149.

Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and psychological measurement, 30*(3), 607-610.

Kucukusta, D., & Heung, V. C. (2012). The Problems of Developing Wellness Tourism in China: From Supply Perspective: 从供应角度看中国发展保健旅游的问题. *Journal of China Tourism Research, 8*(2), 146-158. doi:10.1080/19388160.2012.677363

Lafferty, J. (1979). A credo for wellness. *Health Education, 10*(5), 10-11.

Lehto, X. Y., Brown, S., Chen, Y., & Morrison, A. M. (2006). Yoga tourism as a niche within the wellness tourism market. *Tourism recreation research, 31*(1), 25-35. doi:10.1080/02508281.2006.11081244

Leung, J. P. (1998). Emotions and mental health in Chinese people. *Journal of Child and Family Studies, 7*(2), 115-128.

Li, M., & Cai, L. A. (2012). The effects of personal values on travel motivation and behavioral intention. *Journal of Travel Research, 51*(4), 473-487.

Mackenzie, N., & Knipe, S. (2006). Research dilemmas: Paradigms, methods and methodology. *Issues in educational research, 16*(2), 193-205.

Mak, A. H., Wong, K. K., & Chang, R. C. (2009). Health or self‐indulgence? The motivations and characteristics of spa‐goers. *International journal of tourism research, 11*(2), 185-199.

Marković, S., & Raspor, S. (2010, November 18-19). *Sustainable tourism and wellness service quality: An empirical study of customers' expectations.* Paper presented at the 2nd International Scientific

Conference" Kowledge and business challenges of globalization in 2010", Celje, Slovenija.

Maslow, A. H. (1970). *Motivation and personality (2nd ed.)*. New York, NY: Harper & Row.

Matus, K., Nam, K.-M., Selin, N. E., Lamsal, L. N., Reilly, J. M., & Paltsev, S. (2012). Health damages from air pollution in China. *Global environmental change, 22*(1), 55-66.

McKercher, B., Ho, P. S., Cros, H. D., & So-Ming, B. C. (2002). Activities-based segmentation of the cultural tourism market. *Journal of Travel & Tourism Marketing, 12*(1), 23-46.

Miller, J. W. (2005). Wellness: The history and development of a concept. *Spektrum Freizeit*(27), 84-106.

Ministry of Health. (2017). Māori health models – Te Wheke. Retrieved from http://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-wheke

Mueller, H., & Kaufmann, E. L. (2001). Wellness tourism: Market analysis of a special health tourism segment and implications for the hotel industry. *Journal of Vacation Marketing, 7*(1), 5-17.

Muijs, D. (2004). *Doing quantitative research in education with SPSS*: Sage.

Muller, T. E. (1991). Using personal values to define segments in an international tourism market. *International Marketing Review, 8*(1), 57-70.

Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development, 78*(3), 251-266.

Myers, J. E., Sweeney, T. J., & Witmer, M. (2005). A holistic model of wellness. Retrieved from http://www.mindgarden.com/products/wells.htm

National Wellness Institute. (2007). Six dimentions of wellness. Retrieved from http://www.nationalwellness.org/?page=Six_Dimensions

Nettleton, S. (2006). *The sociology of health and illness (2nd ed.)*. Cambridge: Polity Press.

Neuman, L. W. (2003). *Social research methods: Qualitative and quantitative approaches (5th ed.)*. Boston MA: Allyn and Bacon.

Onwuegbuzie, A. J., Johnson, R. B., & Collins, K. M. (2009). Call for mixed analysis: A philosophical framework for combining qualitative and quantitative approaches. *International journal of multiple research approaches, 3*(2), 114-139.

Patwardhan, B., Warude, D., Pushpangadan, P., & Bhatt, N. (2005). Ayurveda and traditional Chinese medicine: a comparative overview. *Evidence-Based Complementary and Alternative Medicine, 2*(4), 465-473. doi:10.1093/ecam/neh140

Phillips, D. C., & Burbules, N. C. (2000). *Postpositivism and educational research*. Lanham, NY: Rowman & Littlefield.

Pilzer, P. Z. (2002). *The new wellness revolution: How to make a fortune in the next trillion dollar industry*. New Jersey, NJ: John Wiley and Sons.

Puczkó, L., & Bachvarov, M. (2006). Spa, bath, thermae: What's behind the labels? *Tourism recreation research, 31*(1), 83-91. doi:10.1080/02508281.2006.11081250

Reid, D. P. (1987). *Chinese herbal medicine*. Boston, MA: Shambhala Publications.

Ren, H., Xing, W.-H., & Fu, F. (2007). The concept of wellness from the perspective of Chinese culture. *Journal of Exercise Science and Fitness, 5*(2), 95-101.

Renger, R. F., Midyett, S. J., Mas, S., Francisco, G., Erin, T. D., McDermott, H. M., . . . Johnson, K. A. (2000). Optimal Living Profile: An inventory to assess health and wellness. *American journal of health behavior, 24*(6), 403-412.

Roscoe, L. J. (2009). Wellness: A review of theory and measurement for counselors. *Journal of Counseling and Development: JCD, 87*(2), 216.

Sarantakos, S. (2005). *Social research (3rd ed.)*. Basingstoke, UK: Palgrave Macmillan.

Sheng, C.-W., & Chen, M.-C. (2012). A study of experience expectations of museum visitors. *Tourism management, 33*(1), 53-60.

Smith, M. (2003). Holistic holidays: Tourism and the reconciliation of body, mind and spirit. *Tourism recreation research, 28*(1), 103-108.

Smith, M., & Kelly, C. (2006a). Holistic tourism: Journeys of the self? *Tourism recreation research, 31*(1), 15-24. doi:10.1080/02508281.2006.11081243

Smith, M., & Kelly, C. (2006b). Wellness tourism. *Tourism recreation research, 31*(1), 1-4.

Smith, M., & Puczkó, L. (2009). *Health and wellness tourism*. Boston, MA: Elsevier/Butterworth-Heinemann.

Steiner, C. J., & Reisinger, Y. (2006). Ringing the fourfold: A philosophical framework for thinking about wellness tourism. *Tourism recreation research, 31*(1), 5-14.

Stuff. (2016). New Zealand makes list of world's most powerful passports. Retrieved from http://www.stuff.co.nz/travel/news/77468706/New-Zealand-makes-list-of-worlds-most-powerful-passports

The Embassy of the People's Republic of China in New Zealand. (2013). How to apply for Chinese visa. Retrieved from http://www.chinaembassy.org.nz/eng/lsqz/prcd/t39420.htm

The State Council of the People's Republic of China. (2016). State Council eyes TCM development Retrieved from http://english.gov.cn/policies/latest_releases/2016/02/26/content_281475296939860.htm

Tourism New Zealand. (2012). Fun seeking friends shown the fun side of NZ. Retrieved from http://www.tourismnewzealand.com/news/fun-seeking-friends-shown-the-fun-side-of-nz/

Tourism New Zealand. (2017). Rotorua's World Top Ten Spa. Retrieved from http://www.newzealand.com/ie/article/rotoruas-world-top-ten-spa/

Traditional Chinese Medicine World Foundation. (2017). Five element framework. Retrieved from http://www.tcmworld.org/what-is-tcm/five-elements/

Travis, J. W., & Ryan, R. S. (1981). *Wellness workbook*. Berkley, CA: Ten Speed Press.

UNESCO. (2017). World Heritage List. Retrieved from http://whc.unesco.org/en/list/&order=country#alphaC

University of Minnesota. (2017). How does reflexology work? Retrieved from https://www.takingcharge.csh.umn.edu/explore-healing-practices/reflexology/how-does-reflexology-work

Unschuld, P. U., & Tessenow, H. (2011). *Huang Di nei jing su wen: a annoted translation of Huang Di's Inner Classic - basic questions*. Berkeley and Los Angeles, CA: University of California Press.

Voigt, C. (2014). Towards a conceptualisation of wellness tourism. In C. Voigt & C. Pforr (Eds.), Wellness tourism: a destination perspective. New York, NY: Routledge.

Voigt, C., Brown, G., & Howat, G. (2011). Wellness tourists: in search of transformation. *Tourism review, 66*(1/2), 16-30. doi:10.1108/16605371111127206

Voigt, C., & Laing, J. H. (2013). A way through the maze: exploring differences and overlaps between wellness and medical tourism providers. In D. Botterill, G. Pennings, & T. Mainil (Eds.), *Medical tourism and transnational health care*. Basingstoke: Palgrave Macmillan.

Voigt, C., & Pforr, C. (2014). Wellness tourism from a destination perspective, why now? In C. Voigt & C. Pforr (Eds.), *Wellness tourism: A destination perspective*. New York, NY: Routledge.

Wang, Y.-p., & Yamamura, J. (2000). Function of spa development in countryside for domestic tourism in China. *Chinese Geographical Science, 10*(2), 168-176.

Westgate, C. E. (1996). Spiritual wellness and depression. *Journal of Counseling & Development, 75*(1),

26-35.

Willson, G. B. (2016). Conceptualizing spiritual tourism: Cultural considerations and a comparison with religious tourism. *Tourism Culture & Communication, 16*(3), 161-168. doi:10.3727/109830416X14750895902927

World Health Organization. (1984). *Health promotion: a discussion document*. Copenhagen, Danmark: WHO.

Wu, D. Y. H., & Cheung, S. C. (2002). The globalization of Chinese food and cuisine. In D. Y. H. Wu & S. C. Cheung (Eds.), *The globalization of Chinese food*. Honolulu, Hawaii: University of Hawaii Press.

Yeoman, I. (2008). *Tomorrow's Tourist*. London: Butterworth-Heinemann.

Zhu, Y., Wang, Z., Pang, L., Wang, L., & Zou, X. (2009). Simulation on China's economy and prediction on energy consumption and carbon emission under optimal growth path. *Acta Geographica Sinica, 64*(8), 935-944.

Appendix A: Questionnaire Survey

Exploring New Zealanders' Perceptions and Interest in Wellness Tourism in China

This study intends to investigate New Zealanders' perceptions and interest in participating in wellness tourism in China. The anonymous questionnaire will take approximately 5-10 minutes to complete. All the information collected from the survey will be used for this study only and will remain confidential. Please tick this consent before continuing.

☐ "I am a New Zealand citizen or resident of 20+ years old and I understand that by completing this survey, I give my informed consent to the information being used in this study".

Section 1: Demographics

1. Age: ☐20-29 ☐30-39 ☐40-49 ☐50-59 ☐60-69 ☐70+
2. Gender: ☐Male ☐Female
3. Education : ☐College or below ☐University/Bachelor's degree ☐Postgraduate diploma ☐Master's degree ☐Doctoral/PhD degree ☐Others (Please specify: _____)
4. Ethnicity: ☐New Zealand European ☐Maori ☐Asian ☐Pacific Islander ☐Others (Please specify: _____)
5. Employment: ☐Student ☐Employed fulltime ☐Employed part-time ☐Unemployed ☐Self-employed ☐Retired ☐Others (Please specify: _____)
6. Your average monthly income:
   ☐Less than NZ$3,000 ☐NZ$3,000-5,999 ☐NZ$6,000-8,999 ☐NZ$9,000 and above

Section 2: Wellness

7. Wellness is defined as "*a way of life oriented toward optimal health and well-being in which the body, mind, and spirit are integrated by the individual to live more fully within the human and natural community*." How important do you think wellness is to your own personal health management?
   ☐Very important ☐Important ☐Fair ☐Not that important ☐Not important at all

Section 3: Your Interest in Wellness Tourism

Wellness tourism is defined as *travel associated with the pursuit of maintaining or enhancing one's personal well-being*.

8. Have you participated in wellness tourism before?
   ☐Yes ☐No (if yes, please go to question #9; if no, please go to questions #10)
9. On average, what was the duration of your last wellness trip?
   ☐1-4 days ☐5-7 days ☐8-11 days ☐12-14 days ☐15 days or over
10. If, given the chance to receive various wellness services or to learn about wellness during a trip, how interested would you be?
    ☐Very interested ☐Interested ☐Neutral ☐Not that interested ☐Not interested at all

Section 4: Your Interest in Wellness Tourism in China

11. Please rate the following wellness activities that you might be interested in participating in during a visit to China. Please tick the box using the following scale: **5=Very interested, 4=Interested, 3=Neutral, 2=Not that interested, 1=Not interested at all, 0= I don't understand what this is.**

Wellness Activities	5	4	3	2	1	0
A. Learn Tai Chi with a Master in a group to control energy in your body and to achieve body and mind balance						
B. Attend a lecture given by an expert to learn about wellness philosophy & practices						
C. Taste different Chinese medicated foods, using herbs as ingredients, which enhance general wellness						
D. Visit a wellness cultural park to learn about Chinese wellness philosophy						
E. Experience the four Traditional Chinese Medicine (TCM) diagnostic methods: Watching, Listening, Asking, and Pulse-feeling to examine your general wellness						
F. Visit a TCM hospital and learn about general wellness practices in China						
G. Experience the treatment of cupping to balance cold and heat in your body						
H. Experience acupuncture to facilitate energy flow in your body						
I. Visit a TCM Museum to learn the history of TCM and wellness practices in China						
J. Experience herb spa treatments for relaxation and general wellness						
K. Experience foot massage for stress reduction and energy revitalization						
L. Experience skin scraping to activate blood circulation and expel toxins						
M. Experience thermal spa treatments for relaxation						
N. Experience herb facial treatments						
O. Learn Chinese Kung Fu with a Master to enhance physical wellness						
P. Attend a yoga & meditation class near the Great Wall						
Q. Attend nutritional & cooking class to learn about a balanced diet						
R. Attend a lecture on stress management						
S. Visit temples/churches/mosques/synagogues to improve spiritual wellness						
T. Visit the National Centre for the Performing Arts of China to appreciate traditional Chinese music & Peking Opera						
U. Visit the National Art Museum of China to appreciate traditional and contemporary Chinese arts						

12. If you were to plan a wellness trip to China, what would be the main motivations for you? (you may choose more than one answer)

☐Wellness philosophy ☐Wellness facilities ☐Wellness practices ☐Wellness food
☐Natural scenery ☐Chinese history ☐World heritages ☐Chinese arts
☐Others (Please specify: _____)

13. If you were to plan a wellness trip to China, what would be your main concerns? (you may choose more than one answer)

☐Travel cost ☐Language barrier ☐Pollution ☐Service standard ☐Travel distance

☐China visa ☐Security ☐Skills of the practitioner

☐Others (Please specify: _____)

Section 5: Your Expectations of Wellness Tourism in China

14. What are your expectations if you were to travel to China for wellness tourism? (Please choose one answer for the first four items)

A. Accommodation ☐5 star hotel/resort with gym, swimming pool and spa facilities ☐4 star hotel ☐3 star/economy hotel ☐Bed & breakfast ☐Other (Please specify: _____)
B. Meals ☐Western food only ☐Chinese food only ☐Mixed western food and Chinese food ☐Specially prepared food to improve general wellness ☐Others (Please specify: _____)
C. Group size ☐I want to experience the wellness trip alone ☐I want to experience the wellness trip with my family/friends in a private group ☐I don't mind experiencing wellness services with a group of unknown people and making some new friends ☐Others (Please specify: _____)
D. Duration ☐1-4 days ☐5-7 days ☐8-11 days ☐12-14 days ☐15 days and over
E. Wellness experiences (you may choose more than one answer) ☐I would like to improve my physical well-being after the wellness trip ☐I would like to enhance my wellness knowledge ☐I would like to feel more positive and enthusiastic about myself and life ☐I would like to learn to be in harmony with people and environment ☐I would like to be more aware of the meaning and purpose in human existence ☐Others (Please specify: _____)

15. Please write down if you have any other comments on participating in wellness tourism in China.

This is the end of the survey and thank you for your participation!

Appendix B: Participant Information Sheet

Date Information Sheet Produced:

09 August, 2016

Project Title

Exploring New Zealanders' perceptions and interest in wellness tourism in China

An Invitation

My name is Zheng Chang and I am a post-graduate student studying International Tourism Management for a master degree at AUT University.

You are invited to participate in this research study, which seeks to explore your interest in participating in wellness tourism and expectations of wellness tourism experiences in China.

What is the purpose of this research?

This research aims to explore the New Zealanders' perceptions and interest in participating in wellness tourism in China. The research findings will assist the Chinese wellness tourism suppliers to design unique wellness products to meet the New Zealand market need.

The findings from the completed survey will be used for this research only and will be reported in a Master's thesis. The completed survey will not be used for commercial purposes. A summary will be provided to you upon request if you are interested at the end of the research.

How was I identified and why am I being invited to participate in this research?

Participants are selected because they have shown interest in travelling to China and might be potential consumers of wellness tourism products in China. In addition, as a New Zealand citizen or resident of at least twenty years old, you are qualified to participate in this research study.

How do I agree to participate in this research?

You can give consent to participate in this research by completing the questionnaire presented to you. Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you.

What will happen in this research?

Once you have agreed to participate, it will take you about 5-10 minutes to complete the questionnaire. You may decline to answer any question if you do not know the answer or you feel uncomfortable with. The data and analysis will only be used for this research topic.

What are the discomforts and risks?

There should be very little discomfort or risk to you participating in the research.

How will these discomforts and risks be alleviated?

You do not have to answer any question that you are not comfortable with.

What are the benefits?

By participating in this research, you will contribute to the underdeveloped body of knowledge related to the New Zealand tourist market for participating in wellness tourism in China. In particular it is envisaged that the answers from different people may contribute to Chinese wellness tourism product design especially for New Zealanders. The participants will have chances to know more about Chinese wellness practices by completing the questionnaire. The researcher will obtain his master degree by reporting the research findings in his thesis.

How will my privacy be protected?

The survey is conducted anonymously. Your identifying characteristics will not be included in any reports or data recorded for this study. Written and oral reports that come from this study will look to aggregate data and information.

What are the costs of participating in this research?

There is no financial cost to participating in this research, other than spending about 5-10 minutes of your time to complete the questionnaire.

What opportunity do I have to consider this invitation?

You are requested to consider and respond to this invitation within 10 minutes.

What do I do with the completed survey?

Please return the completed survey to the researcher where you get this survey.

Will I receive feedback on the results of this research?

A one page summary of the findings of this research will be provided to all participants within 12 months of completion of the project, if you contact me at the following email address: hvf4092@aut.ac.nz

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Claire Liu, on (09) 921 9999 ext 6431.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Kate O'Connor, ethics@aut.ac.nz , at (09) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please contact the researcher or his supervisor with the following details

Researcher Contact Details:

Mr. Zheng Chang
Email: hvf4092@autuni.ac.nz
Mobile: 021 259 6026

Project Supervisor Contact Details:

Dr. Claire Liu
Email Claire.liu@aut.ac.nz
Work (09) 921 9999 ext 6431

Approved by the Auckland University of Technology Ethics Committee on *11/08/2016*, AUTEC Reference number *16/278*.

Appendix C: Ethics Approval

11 August 2016

Claire Liu

Faculty of Culture and Society

Dear Claire

Re Ethics Application: **16/278 Exploring New Zealanders' perceptions and interest in wellness tourism in China.**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 10 August 2019.

As part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through http://www.aut.ac.nz/researchethics. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 10 August 2019;
- A brief report on the status of the project using form EA3, which is available online through http://www.aut.ac.nz/researchethics. This report is to be submitted either when the approval expires on 10 August 2019 or on completion of the project.

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this. If your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply there.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

Kate O'Connor

Executive Secretary

Auckland University of Technology Ethics Committee

Cc: Zheng Chang , mhyde@aut.ac.nz

Appendix D: Frequencies Distribution

Statistics

		Q1:Age group	Q2:Gender	Q3: Highest education	Q4: Ethnicity	Q5: Employment	Q6: Monthly income
N	Valid	383	383	383	383	383	382
	Missing	0	0	0	0	0	1

Q1:Age Group Distribution

		Frequency	Valid Percent
Valid	20-29	72	18.8%
	30-39	78	20.4%
	40-49	81	21.1%
	50-59	72	18.8%
	60-69	56	14.6%
	70+	24	6.3%
	Total	383	100.0%

Q2:Gender Distribution

		Frequency	Valid Percent
Valid	Male	229	59.8%
	Female	154	40.2%
	Total	383	100.0%

Q3: Education Distribution

		Frequency	Valid Percent
Valid	College or below	105	27.4%
	University/Bachelor's Degree	154	40.2%
	Postgraduate diploma	64	16.7%
	Master's Degree	35	9.1%
	Doctorial/PhD Degree	15	3.9%
	Others	10	2.6%
	Total	383	100.0%

Q4: Ethnicity Distribution

		Frequency	Valid Percent
Valid	New Zealand European	276	72.1%
	Maori	12	3.1%
	Asian	38	9.9%
	Pacific Islander	16	4.2%
	Others	41	10.7%
	Total	383	100.0%

Q5: Employment Distribution

		Frequency	Valid Percent
Valid	Student	13	3.4%
	Employed fulltime	201	52.5%
	Employed part-time	26	6.8%
	Unemployed	10	2.6%
	Self-employed	90	23.5%
	Retired	41	10.7%
	Others	2	0.5%
	Total	383	100.0%

Q6: Monthly Income Distribution

		Frequency	Valid Percent
Valid	Less than NZ$3,000	62	16.2%
	NZ$3,000-5,999	114	29.8%
	NZ$6,000-8,999	83	21.7%
	NZ$9,000 and above	123	32.2%
	Total	382	100.0%
Missing	System	1	
Total		383	

Q7: How important do you think wellness is to your own personal health management

		Frequency	Valid Percent
Valid	Not that important	4	1.0%
	Fair	35	9.1%
	Important	138	36.0%
	Very important	206	53.8%
	Total	383	100.0%

Q8: Have you participated in wellness tourism before?

		Frequency	Valid Percent
Valid	Yes	57	14.9%
	No	326	85.1%
	Total	383	100.0%

Q9: Duration of your last wellness trip

		Frequency	Valid Percent
Valid	1-4 days	18	4.7%
	5-7 days	17	4.4%
	8-11 days	9	2.3%
	12-14 days	6	1.6%
	15 days or over	7	1.8%
	Not applicable	326	85.1%
	Total	383	100.0%

Q10: How interest would you be if offered various wellness services or to learn wellness knowledge during a trip?

		Frequency	Valid Percent
Valid	Not interested at all	19	5.0%
	Not that interested	48	12.5%
	Neutral	156	40.7%
	Interested	123	32.1%
	Very interested	37	9.7%
	Total	383	100.0%

Q11: Learn Tai Chi with a Master in a group to control energy in your body and to achieve body and mind balance

		Frequency	Valid Percent
Valid	I don't know what it is	24	6.3%
	Not interested at all	56	14.7%
	Not that interested	36	9.4%
	Neutral	94	24.7%
	Interested	113	29.7%
	Very interested	58	15.2%
	Total	381	100.0%
Missing	System	2	
Total		383	

Q11: Taste different Chinese medicated foods, using herbs as ingredients, which enhance general wellness

		Frequency	Valid Percent
Valid	I don't know what it is	16	4.2%
	Not interested at all	47	12.4%
	Not that interested	23	6.1%
	Neutral	85	22.4%
	Interested	132	34.7%
	Very interested	77	20.3%
	Total	380	100.0%
Missing	System	3	
Total		383	

Q11: Visit a wellness cultural park to learn about Chinese wellness philosophy

		Frequency	Valid Percent
Valid	I don't know what it is	18	4.7%
	Not interested at all	57	15.0%
	Not that interested	55	14.4%
	Neutral	107	28.1%
	Interested	111	29.1%
	Very interested	33	8.7%
	Total	381	100.0%
Missing	System	2	
Total		383	

Q11: Experience the four Traditional Chinese Medicine (TCM) diagnostic methods: Watching, Listening, Asking, and Pulse-feeling to examine your general wellness status

		Frequency	Valid Percent
Valid	I don't know what it is	14	3.7%
	Not interested at all	53	13.9%
	Not that interested	49	12.9%
	Neutral	105	27.6%
	Interested	109	28.6%
	Very interested	51	13.4%
	Total	381	100.0%
Missing	System	2	
Total		383	

Q11: Visit a Traditional Chinese Medicine hospital and learn about general wellness practices in China

		Frequency	Valid Percent
Valid	I don't know what it is	25	6.6%
	Not interested at all	83	21.8%
	Not that interested	85	22.3%
	Neutral	121	31.8%
	Interested	49	12.9%
	Very interested	18	4.7%
	Total	381	100.0%
Missing	System	2	
Total		383	

Q11: Experience the treatment of cupping to balance cold and heat in your body

		Frequency	Valid Percent
Valid	I don't know what it is	18	4.7%
	Not interested at all	64	16.9%
	Not that interested	59	15.6%
	Neutral	92	24.3%
	Interested	95	25.1%
	Very interested	51	13.5%
	Total	379	100.0%
Missing	System	4	
Total		383	

Q11: Experience acupuncture to facilitate energy flow in your body

		Frequency	Valid Percent
Valid	I don't know what it is	15	3.9%
	Not interested at all	54	14.1%
	Not that interested	31	8.1%
	Neutral	89	23.3%
	Interested	121	31.7%
	Very interested	72	18.8%
	Total	382	100.0%
Missing	System	1	
Total		383	

Q11: Visit a Traditional Chinese Medicine museum to learn the history of TCM and wellness practices in China

		Frequency	Valid Percent
Valid	I don't know what it is	16	4.2%
	Not interested at all	74	19.4%
	Not that interested	79	20.7%
	Neutral	119	31.2%
	Interested	65	17.1%
	Very interested	28	7.3%
	Total	381	100.0%
Missing	System	2	
Total		383	

Q11: Experience herb spa treatments for relaxation and general wellness

		Frequency	Valid Percent
Valid	I don't know what it is	7	1.8%
	Not interested at all	49	12.8%
	Not that interested	21	5.5%
	Neutral	56	14.7%
	Interested	128	33.5%
	Very interested	121	31.7%
	Total	382	100.0%
Missing	System	1	
Total		383	

Q11: Experience foot massage for stress reduction and energy revitalization

		Frequency	Valid Percent
Valid	I don't know what it is	10	2.6%
	Not interested at all	35	9.2%
	Not that interested	18	4.7%
	Neutral	50	13.1%
	Interested	124	32.5%
	Very interested	145	38.0%
	Total	382	100.0%
Missing	System	1	
Total		383	

Q11: Experience skin scraping to activate blood circulation and expel toxins

		Frequency	Valid Percent
Valid	I don't know what it is	29	7.6%
	Not interested at all	79	20.8%
	Not that interested	54	14.2%
	Neutral	89	23.4%
	Interested	70	18.4%
	Very interested	59	15.5%
	Total	380	100.0%
Missing	System	3	
Total		383	

Q11: Experience thermal spa treatments for relaxation

		Frequency	Valid Percent
Valid	I don't know what it is	9	2.4%
	Not interested at all	38	10.0%
	Not that interested	11	2.9%
	Neutral	53	13.9%
	Interested	112	29.4%
	Very interested	158	41.5%
	Total	381	100.0%
Missing	System	2	
Total		383	

Q11: Experience herb facial treatments

		Frequency	Valid Percent
Valid	I don't know what it is	17	4.5%
	Not interested at all	59	15.5%
	Not that interested	51	13.4%
	Neutral	87	22.8%
	Interested	75	19.7%
	Very interested	92	24.1%
	Total	381	100.0%
Missing	System	2	
Total		383	

Q11: Learn Chinese Kung Fu with a Master to enhance physical wellness

		Frequency	Valid Percent
Valid	I don't know what it is	27	7.1%
	Not interested at all	75	19.7%
	Not that interested	63	16.5%
	Neutral	82	21.5%
	Interested	84	22.0%
	Very interested	50	13.1%
	Total	381	100.0%
Missing	System	2	
Total		383	

Q11: Attend a yoga & meditation class near the Great Wall

		Frequency	Valid Percent
Valid	I don't know what it is	18	4.7%
	Not interested at all	62	16.3%
	Not that interested	30	7.9%
	Neutral	84	22.0%
	Interested	122	32.0%
	Very interested	65	17.1%
	Total	381	100.0%
Missing	System	2	
Total		383	

Q11: Attend nutritional & cooking class to learn about a balanced diet

		Frequency	Valid Percent
Valid	I don't know what it is	10	2.6%
	Not interested at all	54	14.1%
	Not that interested	48	12.6%
	Neutral	90	23.6%
	Interested	112	29.3%
	Very interested	68	17.8%
	Total	382	100.0%
Missing	System	1	
Total		383	

Q11: Attend a lecture on stress management

		Frequency	Valid Percent
Valid	I don't know what it is	20	5.2%
	Not interested at all	69	18.1%
	Not that interested	53	13.9%
	Neutral	117	30.7%
	Interested	82	21.5%
	Very interested	40	10.5%
	Total	381	100.0%
Missing	System	2	
Total		383	

Q11: Visit temples/churches/mosques/synagogues to improve spiritual wellness

		Frequency	Valid Percent
Valid	I don't know what it is	17	4.5%
	Not interested at all	62	16.3%
	Not that interested	49	12.9%
	Neutral	104	27.4%
	Interested	96	25.3%
	Very interested	52	13.7%
	Total	380	100.0%
Missing	System	3	
Total		383	

Q11: Visit the National Centre for the Performing Arts of China to appreciate traditional Chinese music & Peking Opera

		Frequency	Valid Percent
Valid	I don't know what it is	14	3.7%
	Not interested at all	49	12.9%
	Not that interested	34	8.9%
	Neutral	87	22.8%
	Interested	123	32.3%
	Very interested	74	19.4%
	Total	381	100.0%
Missing	System	2	
Total		383	

Q11: Visit the National Art Museum of China to appreciate traditional and contemporary Chinese arts

		Frequency	Valid Percent
Valid	I don't know what it is	10	2.6%
	Not interested at all	45	11.8%
	Not that interested	36	9.4%
	Neutral	86	22.6%
	Interested	121	31.8%
	Very interested	83	21.8%
	Total	381	100.0%
Missing	System	2	
Total		383	

Q12: Main motivations for participating in WT in China

Motivations Frequencies

		Responses		Percent of
		N	Percent	Cases
Main motivations for WT in China	Wellness philosophy	59	5.7%	17.1%
	Wellness facilities	72	6.9%	20.9%
	Wellness practices	148	14.2%	42.9%
	Wellness food	156	15.0%	45.2%
	Natural scenery	181	17.4%	52.5%
	Chinese history	174	16.7%	50.4%
	World heritages	118	11.4%	34.2%
	Chinese arts	122	11.7%	35.4%
	Others	9	0.9%	2.6%
Total		1039	100.0%	301.2%

Q13: Main concerns for participating in WT in China

Concerns Frequencies

		Responses		Percent of Cases
		N	Percent	
Main concerns for WT in China	Travel cost	139	17.5%	38.8%
	Language barrier	235	29.5%	65.6%
	Pollution	171	21.5%	47.8%
	Service standard	38	4.8%	10.6%
	Travel distance	50	6.3%	14.0%
	Chinese visa	65	8.2%	18.2%
	Security	18	2.3%	5.0%
	Skills of the practitioner	71	8.9%	19.8%
	Others	9	1.1%	2.5%
Total		796	100.0%	222.3%

Q14: Accommodation expectation

		Frequency	Valid Percent
Valid	5-star with gym, swimming pool and spa facilities	167	43.6%
	4-star	118	30.8%
	3-star/economy hotel	51	13.3%
	Bed & breakfast	23	6.0%
	Others	11	2.9%
	Not applicable	13	3.4%
	Total	383	100.0%

Q14: Meals expectation

		Frequency	Valid Percent
Valid	Western food only	5	1.3%
	Chinese food only	35	9.1%
	Mixed western food and Chinese food	265	69.2%
	Specially prepared food to improve general wellness	62	16.2%
	Others	3	0.8%
	Not applicable	13	3.4%
	Total	383	100.0%

Q14: Group size expectation

		Frequency	Valid Percent
Valid	I want to experience the wellness trip alone	26	6.8%
	I want to experience the wellness trip with my family/friends in a private group	188	49.1%
	I don't mind experiencing wellness services with a group of unknown people and making some new friends	144	37.6%
	Others	4	1.0%
	Not applicable	21	5.5%
	Total	383	100.0%

Q14: Trip duration expectation

		Frequency	Valid Percent
Valid	1-4 days	55	14.4%
	5-7 days	148	38.6%
	8-11 days	76	19.8%
	12-14 days	60	15.7%
	15 days and over	25	6.5%
	Not applicable	19	5.0%
	Total	383	100.0%

Q15: Wellness experiences expectation

$Experiences Frequencies

		Responses		Percent of Cases
		N	Percent	
Wellness experience expectation in China	Improve physical well-being	275	33.3%	76.6%
	Enhance wellness knowledge	161	19.5%	44.8%
	Improve emotional well-being	165	20.0%	46.0%
	Improve social & environmental well-being	147	17.8%	40.9%
	Enhance spiritual well-being	75	9.1%	20.9%
	Others	3	0.4%	0.8%
Total		826	100.0%	230.1%

Appendix E: Participants' Comments to Wellness Tourism in China

#	Responses	Theme Categories
3	Tai Chi exercise is my clear priority. I also see many good ballroom dance classes in the streets in main China cities.	Interested
7	This is my first time hearing of "wellness tourism" in China.	New information
16	Not interested	No interest
19	General program including details of practitioner, facilities, planned workshop to be supplied before travel in advance.	WT expectations
39	I think it is a great idea! It would be good to include spa/hot spring visit.	Interested WT expectations
49	Very interesting survey and made me think about making my next trip more wellness focused.	Interested
58	To understand/learn techniques to relieve stress. Small, intimate group would suit this.	WT expectations
71	To get a visa is very hard and time costing. But in the reverse is in other country, it is quicker to get a visa and also to NZ	Cost concerns Visa concerns
77	I think this is a very worthwhile form of travel and would be very interested in the future. I would be a little cost dependent for us.	Interested Cost concerns
80	Would visit if it was in the country/away from big cities/people/pollution.	WT expectations Pollution concerns
81	Thanks, but no.	No interest
136	I would like to gain these goals while not being too surrounded by crowds.	WT expectations Comfort concerns
146	China needs to sort tourism before worrying about "wellness tourism".	Service concerns
161	Understand TCM	WT expectations
171	This is very new for me.	New information
219	Great	Interested
242	Usually combine with business trip to the region so has to be well organized tour.	WT expectations Concerns
312	Wouldn't travel for wellness.	No interest
331	Happy to participate	Interested
342	Culture information	WT expectations
360	We are always able to gain in some way through new experiences, and contact with people and their traditions. Adopting a healthy lifestyle should be a life-long pursuit and not confined to a short period such as a holiday in China, even though the benefits of such a holiday are clear. They need to be maintained.	Property of wellness. Wellness is an on-going process, life-long pursuit

Appendix F: Crosstabulation

Q1: Age group * Q10: How interest would you be if offered various wellness services or to learn wellness knowledge during a trip? Crosstabulation

			Q10: How interest would you be if offered various wellness services or to learn wellness knowledge during a trip?					
			Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q1:Age group	20-29	Count	0	6	36	25	5	72
		% within Q1:Age group	0.0%	8.3%	50.0%	34.7%	6.9%	100.0%
	30-39	Count	2	9	35	27	5	78
		% within Q1:Age group	2.6%	11.5%	44.9%	34.6%	6.4%	100.0%
	40-49	Count	3	5	44	24	5	81
		% within Q1:Age group	3.7%	6.2%	54.3%	29.6%	6.2%	100.0%
	50-59	Count	4	14	20	23	11	72
		% within Q1:Age group	5.6%	19.4%	27.8%	31.9%	15.3%	100.0%
	60-69	Count	6	9	14	18	9	56
		% within Q1:Age group	10.7%	16.1%	25.0%	32.1%	16.1%	100.0%
	70+	Count	4	5	7	6	2	24
		% within Q1:Age group	16.7%	20.8%	29.2%	25.0%	8.3%	100.0%
Total		Count	19	48	156	123	37	383
		% within Q1:Age group	5.0%	12.5%	40.7%	32.1%	9.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	44.178[a]	20	.001
Likelihood Ratio	44.701	20	.001
N of Valid Cases	383		

a. 8 cells (26.7%) have expected count less than 5. The minimum expected count is 1.19.

Q2: Gender * Q10: How interest would you be if offered various wellness services or to learn wellness knowledge during a trip?

Crosstabulation

			Q10: How interest would you be if offered various wellness services or to learn wellness knowledge during a trip?					
			Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q2:Gender	Male	Count	14	34	103	64	14	229
		% within Q2:Gender	6.1%	14.8%	45.0%	27.9%	6.1%	100.0%
	Female	Count	5	14	53	59	23	154
		% within Q2:Gender	3.2%	9.1%	34.4%	38.3%	14.9%	100.0%
Total		Count	19	48	156	123	37	383
		% within Q2:Gender	5.0%	12.5%	40.7%	32.1%	9.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	16.979[a]	4	.002
Likelihood Ratio	16.976	4	.002
N of Valid Cases	383		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.64.

Q3: Highest education * Q10: How interest would you be if offered various wellness services or to learn wellness knowledge during a trip? Crosstabulation

			Q10: How interest would you be if offered various wellness services or to learn wellness knowledge during a trip?					
			Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q3: Highest education	College or below	Count	9	10	47	33	6	105
		% within Q3: Highest education	8.6%	9.5%	44.8%	31.4%	5.7%	100.0%
	University/Bachelor's Degree	Count	4	20	68	51	11	154
		% within Q3: Highest education	2.6%	13.0%	44.2%	33.1%	7.1%	100.0%
	Postgraduate diploma	Count	3	8	18	22	13	64
		% within Q3: Highest education	4.7%	12.5%	28.1%	34.4%	20.3%	100.0%
	Master's Degree	Count	1	5	10	13	6	35
		% within Q3: Highest education	2.9%	14.3%	28.6%	37.1%	17.1%	100.0%
	Doctorial/PhD Degree	Count	1	5	6	2	1	15

		% within Q3: Highest education	6.7%	33.3%	40.0%	13.3%	6.7%	100.0%
	Others	Count	1	0	7	2	0	10
		% within Q3: Highest education	10.0%	0.0%	70.0%	20.0%	0.0%	100.0%
Total		Count	19	48	156	123	37	383
		% within Q3: Highest education	5.0%	12.5%	40.7%	32.1%	9.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	35.350[a]	20	.018
Likelihood Ratio	34.582	20	.022
N of Valid Cases	383		

a. 13 cells (43.3%) have expected count less than 5. The minimum expected count is .50.

Q4: Ethnicity * Q10: How interest would you be if offered various wellness services or to learn wellness knowledge during a trip? Crosstabulation

			Q10: How interest would you be if offered various wellness services or to learn wellness knowledge during a trip?					
			Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q4: Ethnicity	New Zealand European	Count	14	38	115	83	26	276
		% within Q4: Ethnicity	5.1%	13.8%	41.7%	30.1%	9.4%	100.0%
	Maori	Count	1	1	1	5	4	12
		% within Q4: Ethnicity	8.3%	8.3%	8.3%	41.7%	33.3%	100.0%
	Asian	Count	1	2	18	14	3	38
		% within Q4: Ethnicity	2.6%	5.3%	47.4%	36.8%	7.9%	100.0%
	Pacific Islander	Count	0	1	6	7	2	16
		% within Q4: Ethnicity	0.0%	6.3%	37.5%	43.8%	12.5%	100.0%
	Others	Count	3	6	16	14	2	41
		% within Q4: Ethnicity	7.3%	14.6%	39.0%	34.1%	4.9%	100.0%
Total		Count	19	48	156	123	37	383
		% within Q4: Ethnicity	5.0%	12.5%	40.7%	32.1%	9.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	18.234[a]	16	.310
Likelihood Ratio	18.446	16	.298
N of Valid Cases	383		

a. 13 cells (52.0%) have expected count less than 5. The minimum expected count is .60.

Q5: Employment * Q10: How interest would you be if offered various wellness services or to learn wellness knowledge during a trip? Crosstabulation

			Q10: How interest would you be if offered various wellness services or to learn wellness knowledge during a trip?					
			Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q5: Employment	Student	Count	0	2	7	3	1	13
		% within Q5: Employment	0.0%	15.4%	53.8%	23.1%	7.7%	100.0%
	Employed fulltime	Count	6	28	89	62	16	201
		% within Q5: Employment	3.0%	13.9%	44.3%	30.8%	8.0%	100.0%
	Employed part-time	Count	2	2	10	10	2	26
		% within Q5: Employment	7.7%	7.7%	38.5%	38.5%	7.7%	100.0%
	Unemployed	Count	0	0	3	5	2	10
		% within Q5: Employment	0.0%	0.0%	30.0%	50.0%	20.0%	100.0%
	Self-employed	Count	5	9	33	31	12	90
		% within Q5: Employment	5.6%	10.0%	36.7%	34.4%	13.3%	100.0%
	Retired	Count	6	7	13	12	3	41
		% within Q5: Employment	14.6%	17.1%	31.7%	29.3%	7.3%	100.0%
	Others	Count	0	0	1	0	1	2
		% within Q5: Employment	0.0%	0.0%	50.0%	0.0%	50.0%	100.0%
Total		Count	19	48	156	123	37	383
		% within Q5: Employment	5.0%	12.5%	40.7%	32.1%	9.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	26.620[a]	24	.322
Likelihood Ratio	25.446	24	.382
N of Valid Cases	383		

a. 20 cells (57.1%) have expected count less than 5. The minimum expected count is 10.

Q6: Monthly income * Q10: How interest would you be if offered various wellness services or to learn wellness knowledge during a trip? Crosstabulation

			Q10: How interest would you be if offered various wellness services or to learn wellness knowledge during a trip?					
			Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q6: Monthly income	Less than NZ$3,000	Count	4	9	23	23	3	62
		% within Q6: Monthly income	6.5%	14.5%	37.1%	37.1%	4.8%	100.0%
	NZ$3,000-5,999	Count	5	11	53	36	9	114
		% within Q6: Monthly income	4.4%	9.6%	46.5%	31.6%	7.9%	100.0%
	NZ$6,000-8,999	Count	2	9	37	29	6	83
		% within Q6: Monthly income	2.4%	10.8%	44.6%	34.9%	7.2%	100.0%
	NZ$9,000 and above	Count	8	19	43	34	19	123
		% within Q6: Monthly income	6.5%	15.4%	35.0%	27.6%	15.4%	100.0%
Total		Count	19	48	156	122	37	382

	% within Q6: Monthly income	5.0%	12.6%	40.8%	31.9%	9.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	14.506[a]	12	.270
Likelihood Ratio	14.489	12	.271
N of Valid Cases	382		

a. 2 cells (10.0%) have expected count less than 5. The minimum expected count is 3.08.

Q1:Age group * Q11: Learn Tai Chi with a Master in a group to control energy in your body and to achieve body and mind balance Crosstabulation

			Q11: Learn Tai Chi with a Master in a group to control energy in your body and to achieve body and mind balance						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q1:Age group	20-29	Count	3	1	10	25	27	6	72
		% within Q1:Age group	4.2%	1.4%	13.9%	34.7%	37.5%	8.3%	100.0%
	30-39	Count	6	7	6	19	24	15	77
		% within Q1:Age group	7.8%	9.1%	7.8%	24.7%	31.2%	19.5%	100.0%
	40-49	Count	4	17	3	22	24	11	81
		% within Q1:Age group	4.9%	21.0%	3.7%	27.2%	29.6%	13.6%	100.0%
	50-59	Count	4	15	8	17	15	13	72
		% within Q1:Age group	5.6%	20.8%	11.1%	23.6%	20.8%	18.1%	100.0%

	60-69	Count	3	11	8	10	16	7	55
		% within Q1:Age group	5.5%	20.0%	14.5%	18.2%	29.1%	12.7%	100.0%
	70+	Count	4	5	1	1	7	6	24
		% within Q1:Age group	16.7%	20.8%	4.2%	4.2%	29.2%	25.0%	100.0%
Total		Count	24	56	36	94	113	58	381
		% within Q1:Age group	6.3%	14.7%	9.4%	24.7%	29.7%	15.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	45.333[a]	25	.008
Likelihood Ratio	52.321	25	.001
Linear-by-Linear Association	4.482	1	.034
N of Valid Cases	381		

a. 8 cells (22.2%) have expected count less than 5. The minimum expected count is 1.51.

Q3: Highest education * Q11: Attend a lecture given by an expert to learn about wellness philosophy & practices Crosstabulation

			Q11: Attend a lecture given by an expert to learn about wellness philosophy & practices						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q3: Highest education	College or below	Count	9	35	16	28	12	5	105
		% within Q3: Highest education	8.6%	33.3%	15.2%	26.7%	11.4%	4.8%	100.0%
	University/Bachelor's Degree	Count	9	28	31	40	39	5	152
		% within Q3: Highest education	5.9%	18.4%	20.4%	26.3%	25.7%	3.3%	100.0%
	Postgraduate diploma	Count	1	12	7	14	21	8	63
		% within Q3: Highest education	1.6%	19.0%	11.1%	22.2%	33.3%	12.7%	100.0%
	Master's Degree	Count	3	5	6	10	9	2	35
		% within Q3: Highest education	8.6%	14.3%	17.1%	28.6%	25.7%	5.7%	100.0%
	Doctorial/PhD Degree	Count	0	4	0	5	6	0	15
		% within Q3: Highest education	0.0%	26.7%	0.0%	33.3%	40.0%	0.0%	100.0%
	Others	Count	0	3	2	4	1	0	10
		% within Q3: Highest education	0.0%	30.0%	20.0%	40.0%	10.0%	0.0%	100.0%
Total		Count	22	87	62	101	88	20	380
		% within Q3: Highest education	5.8%	22.9%	16.3%	26.6%	23.2%	5.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	41.353[a]	25	.021
Likelihood Ratio	45.926	25	.007

Linear-by-Linear Association	7.359	1	.007
N of Valid Cases	380		

a. 16 cells (44.4%) have expected count less than 5. The minimum expected count is .53.

Q6: Monthly income * Q11: Attend a lecture given by an expert to learn about wellness philosophy & practices Crosstabulation

			Q11: Attend a lecture given by an expert to learn about wellness philosophy & practices						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q6: Monthly income	Less than NZ$3,000	Count	9	11	8	22	9	2	61
		% within Q6: Monthly income	14.8%	18.0%	13.1%	36.1%	14.8%	3.3%	100.0%
	NZ$3,000-5,999	Count	2	27	30	26	21	6	112
		% within Q6: Monthly income	1.8%	24.1%	26.8%	23.2%	18.8%	5.4%	100.0%
	NZ$6,000-8,999	Count	1	13	9	27	27	6	83
		% within Q6: Monthly income	1.2%	15.7%	10.8%	32.5%	32.5%	7.2%	100.0%
	NZ$9,000 and above	Count	10	35	15	26	31	6	123
		% within Q6: Monthly income	8.1%	28.5%	12.2%	21.1%	25.2%	4.9%	100.0%
Total		Count	22	86	62	101	88	20	379
		% within Q6: Monthly income	5.8%	22.7%	16.4%	26.6%	23.2%	5.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	42.935[a]	15	.000
Likelihood Ratio	42.046	15	.000
Linear-by-Linear Association	.625	1	.429
N of Valid Cases	379		

a. 4 cells (16.7%) have expected count less than 5. The minimum expected count is 3.22.

Q1:Age group * Q11: Taste different Chinese medicated foods, using herbs as ingredients, which enhance general wellness Crosstabulation

			Q11: Taste different Chinese medicated foods, using herbs as ingredients, which enhance general wellness						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q1:Age group	20-29	Count	3	3	5	8	32	21	72
		% within Q1:Age group	4.2%	4.2%	6.9%	11.1%	44.4%	29.2%	100.0%
	30-39	Count	1	6	3	21	27	19	77
		% within Q1:Age group	1.3%	7.8%	3.9%	27.3%	35.1%	24.7%	100.0%
	40-49	Count	3	9	4	20	31	13	80
		% within Q1:Age group	3.8%	11.3%	5.0%	25.0%	38.8%	16.3%	100.0%
	50-59	Count	3	12	7	16	23	11	72
		% within Q1:Age group	4.2%	16.7%	9.7%	22.2%	31.9%	15.3%	100.0%
	60-69	Count	2	14	3	14	13	9	55

		% within Q1:Age group	3.6%	25.5%	5.5%	25.5%	23.6%	16.4%	100.0%
	70+	Count	4	3	1	6	6	4	24
		% within Q1:Age group	16.7%	12.5%	4.2%	25.0%	25.0%	16.7%	100.0%
Total		Count	16	47	23	85	132	77	380
		% within Q1:Age group	4.2%	12.4%	6.1%	22.4%	34.7%	20.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	43.277[a]	25	.013
Likelihood Ratio	40.357	25	.027
Linear-by-Linear Association	20.244	1	.000
N of Valid Cases	380		

a. 14 cells (38.9%) have expected count less than 5. The minimum expected count is 1.01.

Q2:Gender * Q11: Taste different Chinese medicated foods, using herbs as ingredients, which enhance general wellness Crosstabulation

			Q11: Taste different Chinese medicated foods, using herbs as ingredients, which enhance general wellness						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q2:Gender	Male	Count	8	34	17	53	79	35	226

		% within Q2:Gender	3.5%	15.0%	7.5%	23.5%	35.0%	15.5%	100.0%
	Female	Count	8	13	6	32	53	42	154
		% within Q2:Gender	5.2%	8.4%	3.9%	20.8%	34.4%	27.3%	100.0%
Total		Count	16	47	23	85	132	77	380
		% within Q2:Gender	4.2%	12.4%	6.1%	22.4%	34.7%	20.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	12.392[a]	5	.030
Likelihood Ratio	12.515	5	.028
Linear-by-Linear Association	5.589	1	.018
N of Valid Cases	380		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.48.

Q3: Highest education * Q11: Taste different Chinese medicated foods, using herbs as ingredients, which enhance general wellness Crosstabulation

			Q11: Taste different Chinese medicated foods, using herbs as ingredients, which enhance general wellness						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q3: Highest education	College or below	Count	9	16	8	22	35	15	105
		% within Q3: Highest education	8.6%	15.2%	7.6%	21.0%	33.3%	14.3%	100.0%
	University/Bachelor's Degree	Count	4	16	10	32	61	30	153
		% within Q3: Highest education	2.6%	10.5%	6.5%	20.9%	39.9%	19.6%	100.0%
	Postgraduate diploma	Count	1	3	0	14	22	22	62
		% within Q3: Highest education	1.6%	4.8%	0.0%	22.6%	35.5%	35.5%	100.0%
	Master's Degree	Count	2	5	3	8	11	6	35
		% within Q3: Highest education	5.7%	14.3%	8.6%	22.9%	31.4%	17.1%	100.0%
	Doctorial/PhD Degree	Count	0	4	1	6	2	2	15
		% within Q3: Highest education	0.0%	26.7%	6.7%	40.0%	13.3%	13.3%	100.0%
	Others	Count	0	3	1	3	1	2	10
		% within Q3: Highest education	0.0%	30.0%	10.0%	30.0%	10.0%	20.0%	100.0%
Total		Count	16	47	23	85	132	77	380
		% within Q3: Highest education	4.2%	12.4%	6.1%	22.4%	34.7%	20.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	39.028[a]	25	.037
Likelihood Ratio	42.337	25	.017
Linear-by-Linear Association	.181	1	.671
N of Valid Cases	380		

a. 17 cells (47.2%) have expected count less than 5. The minimum expected count is .42.

Q6: Monthly income * Q11: Taste different Chinese medicated foods, using herbs as ingredients, which enhance general wellness Crosstabulation

			Q11: Taste different Chinese medicated foods, using herbs as ingredients, which enhance general wellness						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q6: Monthly income	Less than NZ$3,000	Count	8	4	3	8	25	13	61
		% within Q6: Monthly income	13.1%	6.6%	4.9%	13.1%	41.0%	21.3%	100.0%
	NZ$3,000-5,999	Count	2	14	9	32	35	21	113
		% within Q6: Monthly income	1.8%	12.4%	8.0%	28.3%	31.0%	18.6%	100.0%
	NZ$6,000-8,999	Count	1	9	4	17	33	19	83
		% within Q6: Monthly income	1.2%	10.8%	4.8%	20.5%	39.8%	22.9%	100.0%
	NZ$9,000 and above	Count	5	19	7	28	39	24	122
		% within Q6: Monthly income	4.1%	15.6%	5.7%	23.0%	32.0%	19.7%	100.0%
Total		Count	16	46	23	85	132	77	379
		% within Q6: Monthly income	4.2%	12.1%	6.1%	22.4%	34.8%	20.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	25.507[a]	15	.044
Likelihood Ratio	22.966	15	.085
Linear-by-Linear Association	.006	1	.938
N of Valid Cases	379		

a. 4 cells (16.7%) have expected count less than 5. The minimum expected count is 2.58.

Q2:Gender * Q11: Visit a wellness cultural park to learn about Chinese wellness philosophy Crosstabulation

			Q11: Visit a wellness cultural park to learn about Chinese wellness philosophy						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q2:Gender	Male	Count	12	44	35	72	47	17	227
		% within Q2:Gender	5.3%	19.4%	15.4%	31.7%	20.7%	7.5%	100.0%
	Female	Count	6	13	20	35	64	16	154
		% within Q2:Gender	3.9%	8.4%	13.0%	22.7%	41.6%	10.4%	100.0%
Total		Count	18	57	55	107	111	33	381
		% within Q2:Gender	4.7%	15.0%	14.4%	28.1%	29.1%	8.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	25.322[a]	5	.000
Likelihood Ratio	25.623	5	.000
Linear-by-Linear Association	15.534	1	.000
N of Valid Cases	381		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.28.

Q1:Age group * Q11: Experience the four Traditional Chinese Medicine (TCM) diagnostic methods: Watching, Listening, Asking, and Pulse-feeling to examine your general wellness status Crosstabulation

			Q11: Experience the four Traditional Chinese Medicine (TCM) diagnostic methods: Watching, Listening, Asking, and Pulse-feeling to examine your general wellness status						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q1:Age group	20-29	Count	1	5	12	24	14	16	72
		% within Q1:Age group	1.4%	6.9%	16.7%	33.3%	19.4%	22.2%	100.0%
	30-39	Count	1	6	13	28	24	5	77
		% within Q1:Age group	1.3%	7.8%	16.9%	36.4%	31.2%	6.5%	100.0%
	40-49	Count	4	10	10	23	24	10	81
		% within Q1:Age group	4.9%	12.3%	12.3%	28.4%	29.6%	12.3%	100.0%
	50-59	Count	3	14	8	14	26	7	72
		% within Q1:Age group	4.2%	19.4%	11.1%	19.4%	36.1%	9.7%	100.0%
	60-69	Count	2	16	4	10	13	10	55
		% within Q1:Age group	3.6%	29.1%	7.3%	18.2%	23.6%	18.2%	100.0%
	70+	Count	3	2	2	6	8	3	24
		% within Q1:Age group	12.5%	8.3%	8.3%	25.0%	33.3%	12.5%	100.0%
Total		Count	14	53	49	105	109	51	381
		% within Q1:Age group	3.7%	13.9%	12.9%	27.6%	28.6%	13.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	47.006[a]	25	.005
Likelihood Ratio	44.845	25	.009
Linear-by-Linear Association	3.532	1	.060
N of Valid Cases	381		

a. 9 cells (25.0%) have expected count less than 5. The minimum expected count is .88.

Q2:Gender * Q11: Experience the four Traditional Chinese Medicine (TCM) diagnostic methods: Watching, Listening, Asking, and Pulse-feeling to examine your general wellness status Crosstabulation

			Q11: Experience the four Traditional Chinese Medicine (TCM) diagnostic methods: Watching, Listening, Asking, and Pulse-feeling to examine your general wellness status						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q2:Gender	Male	Count	7	41	36	67	53	23	227
		% within Q2:Gender	3.1%	18.1%	15.9%	29.5%	23.3%	10.1%	100.0%
	Female	Count	7	12	13	38	56	28	154
		% within Q2:Gender	4.5%	7.8%	8.4%	24.7%	36.4%	18.2%	100.0%
Total		Count	14	53	49	105	109	51	381
		% within Q2:Gender	3.7%	13.9%	12.9%	27.6%	28.6%	13.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	22.069[a]	5	.001
Likelihood Ratio	22.620	5	.000
Linear-by-Linear Association	13.836	1	.000
N of Valid Cases	381		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.66.

Q3: Highest education * Q11: Experience the four Traditional Chinese Medicine (TCM) diagnostic methods: Watching, Listening, Asking, and Pulse-feeling to examine your general wellness status Crosstabulation

			Q11: Experience the four Traditional Chinese Medicine (TCM) diagnostic methods: Watching, Listening, Asking, and Pulse-feeling to examine your general wellness status						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q3: Highest education	College or below	Count	8	22	10	26	29	10	105
		% within Q3: Highest education	7.6%	21.0%	9.5%	24.8%	27.6%	9.5%	100.0%
	University/Bachelor's Degree	Count	4	15	29	46	41	18	153
		% within Q3: Highest education	2.6%	9.8%	19.0%	30.1%	26.8%	11.8%	100.0%
	Postgraduate diploma	Count	1	5	5	14	20	18	63
		% within Q3: Highest education	1.6%	7.9%	7.9%	22.2%	31.7%	28.6%	100.0%
	Master's Degree	Count	1	4	2	10	15	3	35
		% within Q3: Highest education	2.9%	11.4%	5.7%	28.6%	42.9%	8.6%	100.0%
	Doctorial/PhD Degree	Count	0	4	2	5	2	2	15

		% within Q3: Highest education	0.0%	26.7%	13.3%	33.3%	13.3%	13.3%	100.0%
	Others	Count	0	3	1	4	2	0	10
		% within Q3: Highest education	0.0%	30.0%	10.0%	40.0%	20.0%	0.0%	100.0%
Total		Count	14	53	49	105	109	51	381
		% within Q3: Highest education	3.7%	13.9%	12.9%	27.6%	28.6%	13.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	46.315[a]	25	.006
Likelihood Ratio	44.541	25	.009
Linear-by-Linear Association	2.094	1	.148
N of Valid Cases	381		

a. 18 cells (50.0%) have expected count less than 5. The minimum expected count is .37.

Q6: Monthly income * Q11: Experience the four Traditional Chinese Medicine (TCM) diagnostic methods: Watching, Listening, Asking, and Pulse-feeling to examine your general wellness status Crosstabulation

			Q11: Experience the four Traditional Chinese Medicine (TCM) diagnostic methods: Watching, Listening, Asking, and Pulse-feeling to examine your general wellness status						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q6: Monthly income	Less than NZ$3,000	Count	7	8	6	18	13	9	61
		% within Q6: Monthly income	11.5%	13.1%	9.8%	29.5%	21.3%	14.8%	100.0%
	NZ$3,000-5,999	Count	0	13	19	33	31	17	113

		% within Q6: Monthly income	0.0%	11.5%	16.8%	29.2%	27.4%	15.0%	100.0%
	NZ$6,000-8,999	Count	1	10	13	22	31	6	83
		% within Q6: Monthly income	1.2%	12.0%	15.7%	26.5%	37.3%	7.2%	100.0%
	NZ$9,000 and above	Count	6	21	11	32	34	19	123
		% within Q6: Monthly income	4.9%	17.1%	8.9%	26.0%	27.6%	15.4%	100.0%
Total		Count	14	52	49	105	109	51	380
		% within Q6: Monthly income	3.7%	13.7%	12.9%	27.6%	28.7%	13.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	28.267[a]	15	.020
Likelihood Ratio	29.634	15	.013
Linear-by-Linear Association	.115	1	.734
N of Valid Cases	380		

a. 4 cells (16.7%) have expected count less than 5. The minimum expected count is 2.25.

Q1:Age group * Q11: Experience the treatment of cupping to balance cold and heat in your body Crosstabulation

			Q11: Experience the treatment of cupping to balance cold and heat in your body						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q1:Age group	20-29	Count	3	6	9	14	21	19	72
		% within Q1:Age group	4.2%	8.3%	12.5%	19.4%	29.2%	26.4%	100.0%
	30-39	Count	2	8	14	20	23	10	77
		% within Q1:Age group	2.6%	10.4%	18.2%	26.0%	29.9%	13.0%	100.0%
	40-49	Count	4	14	13	18	25	7	81
		% within Q1:Age group	4.9%	17.3%	16.0%	22.2%	30.9%	8.6%	100.0%
	50-59	Count	3	14	13	22	11	8	71
		% within Q1:Age group	4.2%	19.7%	18.3%	31.0%	15.5%	11.3%	100.0%
	60-69	Count	2	17	9	10	12	5	55
		% within Q1:Age group	3.6%	30.9%	16.4%	18.2%	21.8%	9.1%	100.0%
	70+	Count	4	5	1	8	3	2	23
		% within Q1:Age group	17.4%	21.7%	4.3%	34.8%	13.0%	8.7%	100.0%
Total		Count	18	64	59	92	95	51	379
		% within Q1:Age group	4.7%	16.9%	15.6%	24.3%	25.1%	13.5%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	46.193[a]	25	.006
Likelihood Ratio	42.513	25	.016

Linear-by-Linear Association	19.842	1	.000
N of Valid Cases	379		

a. 9 cells (25.0%) have expected count less than 5. The minimum expected count is 1.09.

Q6: Monthly income * Q11: Experience the treatment of cupping to balance cold and heat in your body Crosstabulation

			Q11: Experience the treatment of cupping to balance cold and heat in your body						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q6: Monthly income	Less than NZ$3,000	Count	8	10	11	13	7	11	60
		% within Q6: Monthly income	13.3%	16.7%	18.3%	21.7%	11.7%	18.3%	100.0%
	NZ$3,000-5,999	Count	3	13	17	28	33	19	113
		% within Q6: Monthly income	2.7%	11.5%	15.0%	24.8%	29.2%	16.8%	100.0%
	NZ$6,000-8,999	Count	2	12	16	24	23	6	83
		% within Q6: Monthly income	2.4%	14.5%	19.3%	28.9%	27.7%	7.2%	100.0%
	NZ$9,000 and above	Count	5	29	14	27	32	15	122
		% within Q6: Monthly income	4.1%	23.8%	11.5%	22.1%	26.2%	12.3%	100.0%
Total		Count	18	64	58	92	95	51	378
		% within Q6: Monthly income	4.8%	16.9%	15.3%	24.3%	25.1%	13.5%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	30.414[a]	15	.011
Likelihood Ratio	29.028	15	.016

Linear-by-Linear Association	.024	1	.878
N of Valid Cases	378		

a. 2 cells (8.3%) have expected count less than 5. The minimum expected count is 2.86.

Q1:Age group * Q11: Experience acupuncture to facilitate energy flow in your body Crosstabulation

			Q11: Experience acupuncture to facilitate energy flow in your body						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q1:Age group	20-29	Count	1	8	5	16	18	24	72
		% within Q1:Age group	1.4%	11.1%	6.9%	22.2%	25.0%	33.3%	100.0%
	30-39	Count	1	8	6	21	25	16	77
		% within Q1:Age group	1.3%	10.4%	7.8%	27.3%	32.5%	20.8%	100.0%
	40-49	Count	4	9	6	24	29	9	81
		% within Q1:Age group	4.9%	11.1%	7.4%	29.6%	35.8%	11.1%	100.0%
	50-59	Count	2	14	7	15	21	13	72
		% within Q1:Age group	2.8%	19.4%	9.7%	20.8%	29.2%	18.1%	100.0%
	60-69	Count	3	12	5	8	20	8	56
		% within Q1:Age group	5.4%	21.4%	8.9%	14.3%	35.7%	14.3%	100.0%
	70+	Count	4	3	2	5	8	2	24
		% within Q1:Age group	16.7%	12.5%	8.3%	20.8%	33.3%	8.3%	100.0%
Total		Count	15	54	31	89	121	72	382
		% within Q1:Age group	3.9%	14.1%	8.1%	23.3%	31.7%	18.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	37.861[a]	25	.048
Likelihood Ratio	33.566	25	.118
Linear-by-Linear Association	11.916	1	.001
N of Valid Cases	382		

a. 10 cells (27.8%) have expected count less than 5. The minimum expected count is .94.

Q2:Gender * Q11: Experience acupuncture to facilitate energy flow in your body Crosstabulation

			Q11: Experience acupuncture to facilitate energy flow in your body						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q2:Gender	Male	Count	10	38	21	57	67	35	228
		% within Q2:Gender	4.4%	16.7%	9.2%	25.0%	29.4%	15.4%	100.0%
	Female	Count	5	16	10	32	54	37	154
		% within Q2:Gender	3.2%	10.4%	6.5%	20.8%	35.1%	24.0%	100.0%
Total		Count	15	54	31	89	121	72	382
		% within Q2:Gender	3.9%	14.1%	8.1%	23.3%	31.7%	18.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	9.011[a]	5	.109
Likelihood Ratio	9.064	5	.107
Linear-by-Linear Association	7.876	1	.005
N of Valid Cases	382		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.05.

Q3: Highest education * Q11: Experience acupuncture to facilitate energy flow in your body Crosstabulation

			Q11: Experience acupuncture to facilitate energy flow in your body						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	T
Q3: Highest education	Colleage or below	Count	8	16	5	27	33	16	
		% within Q3: Highest education	7.6%	15.2%	4.8%	25.7%	31.4%	15.2%	
	University/Bachelor's Degree	Count	4	16	18	38	48	30	
		% within Q3: Highest education	2.6%	10.4%	11.7%	24.7%	31.2%	19.5%	
	Post graduate diploma	Count	2	10	4	13	22	12	
		% within Q3: Highest education	3.2%	15.9%	6.3%	20.6%	34.9%	19.0%	
	Master Degree	Count	1	5	1	5	12	11	
		% within Q3: Highest education	2.9%	14.3%	2.9%	14.3%	34.3%	31.4%	
	Doctorial/PhD Degree	Count	0	5	2	5	1	2	
		% within Q3: Highest education	0.0%	33.3%	13.3%	33.3%	6.7%	13.3%	
	Others	Count	0	2	1	1	5	1	
		% within Q3: Highest education	0.0%	20.0%	10.0%	10.0%	50.0%	10.0%	
Total		Count	15	54	31	89	121	72	
		% within Q3: Highest education	3.9%	14.1%	8.1%	23.3%	31.7%	18.8%	

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	29.166[a]	25	.257
Likelihood Ratio	30.042	25	.223
Linear-by-Linear Association	.196	1	.658

N of Valid Cases	382		

a. 17 cells (47.2%) have expected count less than 5. The minimum expected count is .39.

Q1:Age group * Q11: Experience herb spa treatments for relaxation and general wellness Crosstabulation

			Q11: Experience herb spa treatments for relaxation and general wellness						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q1:Age group	20-29	Count	0	3	2	8	26	33	72
		% within Q1:Age group	0.0%	4.2%	2.8%	11.1%	36.1%	45.8%	100.0%
	30-39	Count	1	3	1	13	27	32	77
		% within Q1:Age group	1.3%	3.9%	1.3%	16.9%	35.1%	41.6%	100.0%
	40-49	Count	1	9	4	17	23	27	81
		% within Q1:Age group	1.2%	11.1%	4.9%	21.0%	28.4%	33.3%	100.0%
	50-59	Count	1	14	6	7	27	17	72
		% within Q1:Age group	1.4%	19.4%	8.3%	9.7%	37.5%	23.6%	100.0%
	60-69	Count	1	16	6	7	18	8	56
		% within Q1:Age group	1.8%	28.6%	10.7%	12.5%	32.1%	14.3%	100.0%
	70+	Count	3	4	2	4	7	4	24
		% within Q1:Age group	12.5%	16.7%	8.3%	16.7%	29.2%	16.7%	100.0%
Total		Count	7	49	21	56	128	121	382
		% within Q1:Age group	1.8%	12.8%	5.5%	14.7%	33.5%	31.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	68.386[a]	25	.000
Likelihood Ratio	63.014	25	.000
Linear-by-Linear Association	42.835	1	.000
N of Valid Cases	382		

a. 14 cells (38.9%) have expected count less than 5. The minimum expected count is .44.

Q2:Gender * Q11: Experience herb spa treatments for relaxation and general wellness Crosstabulation

			Q11: Experience herb spa treatments for relaxation and general wellness						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q2:Gender	Male	Count	6	38	14	44	76	50	228
		% within Q2:Gender	2.6%	16.7%	6.1%	19.3%	33.3%	21.9%	100.0%
	Female	Count	1	11	7	12	52	71	154
		% within Q2:Gender	0.6%	7.1%	4.5%	7.8%	33.8%	46.1%	100.0%
Total		Count	7	49	21	56	128	121	382
		% within Q2:Gender	1.8%	12.8%	5.5%	14.7%	33.5%	31.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	34.159[a]	5	.000
Likelihood Ratio	35.285	5	.000

Linear-by-Linear Association	26.401	1	.000
N of Valid Cases	382		

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is 2.82.

Q3: Highest education * Q11: Experience herb spa treatments for relaxation and general wellness Crosstabulation

			Q11: Experience herb spa treatments for relaxation and general wellness						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q3: Highest education	College or below	Count	6	17	7	17	36	22	105
		% within Q3: Highest education	5.7%	16.2%	6.7%	16.2%	34.3%	21.0%	100.0%
	University/Bachelor's Degree	Count	1	16	3	28	48	58	154
		% within Q3: Highest education	0.6%	10.4%	1.9%	18.2%	31.2%	37.7%	100.0%
	Postgraduate diploma	Count	0	6	3	6	24	24	63
		% within Q3: Highest education	0.0%	9.5%	4.8%	9.5%	38.1%	38.1%	100.0%
	Master's Degree	Count	0	4	3	0	15	13	35
		% within Q3: Highest education	0.0%	11.4%	8.6%	0.0%	42.9%	37.1%	100.0%
	Doctorial/PhD Degree	Count	0	3	3	4	3	2	15
		% within Q3: Highest education	0.0%	20.0%	20.0%	26.7%	20.0%	13.3%	100.0%
	Others	Count	0	3	2	1	2	2	10
		% within Q3: Highest education	0.0%	30.0%	20.0%	10.0%	20.0%	20.0%	100.0%
Total		Count	7	49	21	56	128	121	382
		% within Q3: Highest education	1.8%	12.8%	5.5%	14.7%	33.5%	31.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	52.239[a]	25	.001
Likelihood Ratio	54.167	25	.001
Linear-by-Linear Association	.173	1	.677
N of Valid Cases	382		

a. 18 cells (50.0%) have expected count less than 5. The minimum expected count is .18.

Q4: Ethnicity * Q11: Experience herb spa treatments for relaxation and general wellness Crosstabulation

			Q11: Experience herb spa treatments for relaxation and general wellness						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q4: Ethnicity	New Zealand European	Count	6	40	17	41	81	91	276
		% within Q4: Ethnicity	2.2%	14.5%	6.2%	14.9%	29.3%	33.0%	100.0%
	Maori	Count	0	3	0	0	2	7	12
		% within Q4: Ethnicity	0.0%	25.0%	0.0%	0.0%	16.7%	58.3%	100.0%
	Asian	Count	0	3	1	5	17	12	38
		% within Q4: Ethnicity	0.0%	7.9%	2.6%	13.2%	44.7%	31.6%	100.0%
	Pacific Islander	Count	1	0	0	1	11	3	16
		% within Q4: Ethnicity	6.3%	0.0%	0.0%	6.3%	68.8%	18.8%	100.0%
	Others	Count	0	3	3	9	17	8	40
		% within Q4: Ethnicity	0.0%	7.5%	7.5%	22.5%	42.5%	20.0%	100.0%

Total	Count	7	49	21	56	128	121	382
	% within Q4: Ethnicity	1.8%	12.8%	5.5%	14.7%	33.5%	31.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	32.234[a]	20	.041
Likelihood Ratio	37.131	20	.011
Linear-by-Linear Association	1.004	1	.316
N of Valid Cases	382		

a. 15 cells (50.0%) have expected count less than 5. The minimum expected count is .22.

Q6: Monthly income * Q11: Experience herb spa treatments for relaxation and general wellness Crosstabulation

			Q11: Experience herb spa treatments for relaxation and general wellness						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q6: Monthly income	Less than NZ$3,000	Count	4	9	2	6	22	18	61
		% within Q6: Monthly income	6.6%	14.8%	3.3%	9.8%	36.1%	29.5%	100.0%
	NZ$3,000-5,999	Count	0	10	3	18	40	43	114
		% within Q6: Monthly income	0.0%	8.8%	2.6%	15.8%	35.1%	37.7%	100.0%
	NZ$6,000-8,999	Count	0	8	3	14	28	30	83
		% within Q6: Monthly income	0.0%	9.6%	3.6%	16.9%	33.7%	36.1%	100.0%
	NZ$9,000 and above	Count	3	21	13	18	38	30	123
		% within Q6: Monthly income	2.4%	17.1%	10.6%	14.6%	30.9%	24.4%	100.0%

Total	Count	7	48	21	56	128	121	381
	% within Q6: Monthly income	1.8%	12.6%	5.5%	14.7%	33.6%	31.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	29.630[a]	15	.013
Likelihood Ratio	29.827	15	.013
Linear-by-Linear Association	3.098	1	.078
N of Valid Cases	381		

a. 6 cells (25.0%) have expected count less than 5. The minimum expected count is 1.12.

Q1:Age group * Q11: Experience foot massage for stress reduction and energy revitalization Crosstabulation

			Q11: Experience foot massage for stress reduction and energy revitalization						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q1:Age group	20-29	Count	0	3	5	10	21	33	72
		% within Q1:Age group	0.0%	4.2%	6.9%	13.9%	29.2%	45.8%	100.0%
	30-39	Count	1	2	1	10	29	34	77
		% within Q1:Age group	1.3%	2.6%	1.3%	13.0%	37.7%	44.2%	100.0%
	40-49	Count	1	7	3	16	21	33	81
		% within Q1:Age group	1.2%	8.6%	3.7%	19.8%	25.9%	40.7%	100.0%
	50-59	Count	2	9	5	4	29	23	72
		% within Q1:Age group	2.8%	12.5%	6.9%	5.6%	40.3%	31.9%	100.0%

	60-69	Count	2	11	3	8	17	15	56
		% within Q1:Age group	3.6%	19.6%	5.4%	14.3%	30.4%	26.8%	100.0%
	70+	Count	4	3	1	2	7	7	24
		% within Q1:Age group	16.7%	12.5%	4.2%	8.3%	29.2%	29.2%	100.0%
Total		Count	10	35	18	50	124	145	382
		% within Q1:Age group	2.6%	9.2%	4.7%	13.1%	32.5%	38.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	53.418[a]	25	.001
Likelihood Ratio	46.961	25	.005
Linear-by-Linear Association	20.455	1	.000
N of Valid Cases	382		

a. 14 cells (38.9%) have expected count less than 5. The minimum expected count is .63.

Q2:Gender * Q11: Experience foot massage for stress reduction and energy revitalization Crosstabulation

			Q11: Experience foot massage for stress reduction and energy revitalization						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q2:Gender	Male	Count	8	26	13	41	78	62	228
		% within Q2:Gender	3.5%	11.4%	5.7%	18.0%	34.2%	27.2%	100.0%
	Female	Count	2	9	5	9	46	83	154
		% within Q2:Gender	1.3%	5.8%	3.2%	5.8%	29.9%	53.9%	100.0%
Total		Count	10	35	18	50	124	145	382
		% within Q2:Gender	2.6%	9.2%	4.7%	13.1%	32.5%	38.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	34.138[a]	5	.000
Likelihood Ratio	35.308	5	.000
Linear-by-Linear Association	23.253	1	.000
N of Valid Cases	382		

a. 1 cells (8.3%) have expected count less than 5. The minimum expected count is 4.03.

Q3: Highest education * Q11: Experience foot massage for stress reduction and energy revitalization Crosstabulation

			Q11: Experience foot massage for stress reduction and energy revitalization						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q3: Highest education	College or below	Count	7	13	4	14	39	28	105
		% within Q3: Highest education	6.7%	12.4%	3.8%	13.3%	37.1%	26.7%	100.0%
	University/Bachelor's Degree	Count	3	11	7	22	50	61	154
		% within Q3: Highest education	1.9%	7.1%	4.5%	14.3%	32.5%	39.6%	100.0%
	Postgraduate diploma	Count	0	3	2	6	15	37	63
		% within Q3: Highest education	0.0%	4.8%	3.2%	9.5%	23.8%	58.7%	100.0%
	Master's Degree	Count	0	2	3	3	11	16	35
		% within Q3: Highest education	0.0%	5.7%	8.6%	8.6%	31.4%	45.7%	100.0%
	Doctorial/PhD Degree	Count	0	3	1	5	5	1	15
		% within Q3: Highest education	0.0%	20.0%	6.7%	33.3%	33.3%	6.7%	100.0%
	Others	Count	0	3	1	0	4	2	10
		% within Q3: Highest education	0.0%	30.0%	10.0%	0.0%	40.0%	20.0%	100.0%
Total		Count	10	35	18	50	124	145	382
		% within Q3: Highest education	2.6%	9.2%	4.7%	13.1%	32.5%	38.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	48.468[a]	25	.003
Likelihood Ratio	49.103	25	.003

Linear-by-Linear Association	.599	1	.439
N of Valid Cases	382		

a. 20 cells (55.6%) have expected count less than 5. The minimum expected count is .26.

Q1:Age group * Q11: Experience skin scraping to activate blood circulation and expel toxins Crosstabulation

			Q11: Experience skin scraping to activate blood circulation and expel toxins						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q1:Age group	20-29	Count	5	8	10	18	15	16	72
		% within Q1:Age group	6.9%	11.1%	13.9%	25.0%	20.8%	22.2%	100.0%
	30-39	Count	5	17	11	14	19	11	77
		% within Q1:Age group	6.5%	22.1%	14.3%	18.2%	24.7%	14.3%	100.0%
	40-49	Count	6	13	10	30	11	11	81
		% within Q1:Age group	7.4%	16.0%	12.3%	37.0%	13.6%	13.6%	100.0%
	50-59	Count	5	16	14	13	17	7	72
		% within Q1:Age group	6.9%	22.2%	19.4%	18.1%	23.6%	9.7%	100.0%
	60-69	Count	3	19	6	10	4	12	54
		% within Q1:Age group	5.6%	35.2%	11.1%	18.5%	7.4%	22.2%	100.0%
	70+	Count	5	6	3	4	4	2	24
		% within Q1:Age group	20.8%	25.0%	12.5%	16.7%	16.7%	8.3%	100.0%
Total		Count	29	79	54	89	70	59	380
		% within Q1:Age group	7.6%	20.8%	14.2%	23.4%	18.4%	15.5%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	40.970[a]	25	.023
Likelihood Ratio	39.087	25	.036
Linear-by-Linear Association	8.165	1	.004
N of Valid Cases	380		

a. 6 cells (16.7%) have expected count less than 5. The minimum expected count is 1.83.

Q2:Gender * Q11: Experience skin scraping to activate blood circulation and expel toxins Crosstabulation

			Q11: Experience skin scraping to activate blood circulation and expel toxins						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q2:Gender	Male	Count	11	56	27	60	44	28	226
		% within Q2:Gender	4.9%	24.8%	11.9%	26.5%	19.5%	12.4%	100.0%
	Female	Count	18	23	27	29	26	31	154
		% within Q2:Gender	11.7%	14.9%	17.5%	18.8%	16.9%	20.1%	100.0%
Total		Count	29	79	54	89	70	59	380
		% within Q2:Gender	7.6%	20.8%	14.2%	23.4%	18.4%	15.5%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	18.060[a]	5	.003
Likelihood Ratio	18.059	5	.003
Linear-by-Linear Association	.164	1	.686

N of Valid Cases	380		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 11.75.

Q1:Age group * Q11: Experience thermal spa treatments for relaxation Crosstabulation

			Q11: Experience thermal spa treatments for relaxation						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q1:Age group	20-29	Count	0	3	1	9	21	38	72
		% within Q1:Age group	0.0%	4.2%	1.4%	12.5%	29.2%	52.8%	100.0%
	30-39	Count	1	1	1	10	22	42	77
		% within Q1:Age group	1.3%	1.3%	1.3%	13.0%	28.6%	54.5%	100.0%
	40-49	Count	2	9	3	13	21	33	81
		% within Q1:Age group	2.5%	11.1%	3.7%	16.0%	25.9%	40.7%	100.0%
	50-59	Count	2	7	3	10	27	23	72
		% within Q1:Age group	2.8%	9.7%	4.2%	13.9%	37.5%	31.9%	100.0%
	60-69	Count	1	14	3	8	11	18	55
		% within Q1:Age group	1.8%	25.5%	5.5%	14.5%	20.0%	32.7%	100.0%
	70+	Count	3	4	0	3	10	4	24
		% within Q1:Age group	12.5%	16.7%	0.0%	12.5%	41.7%	16.7%	100.0%
Total		Count	9	38	11	53	112	158	381
		% within Q1:Age group	2.4%	10.0%	2.9%	13.9%	29.4%	41.5%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	55.923[a]	25	.000
Likelihood Ratio	53.777	25	.001
Linear-by-Linear Association	31.186	1	.000
N of Valid Cases	381		

a. 14 cells (38.9%) have expected count less than 5. The minimum expected count is .57.

Q2:Gender * Q11: Experience thermal spa treatments for relaxation Crosstabulation

			Q11: Experience thermal spa treatments for relaxation						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q2:Gender	Male	Count	8	29	4	46	61	79	227
		% within Q2:Gender	3.5%	12.8%	1.8%	20.3%	26.9%	34.8%	100.0%
	Female	Count	1	9	7	7	51	79	154
		% within Q2:Gender	0.6%	5.8%	4.5%	4.5%	33.1%	51.3%	100.0%
Total		Count	9	38	11	53	112	158	381
		% within Q2:Gender	2.4%	10.0%	2.9%	13.9%	29.4%	41.5%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	33.628[a]	5	.000
Likelihood Ratio	37.023	5	.000

Linear-by-Linear Association	16.611	1	.000
N of Valid Cases	381		

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is 3.64.

Q6: Monthly income * Q11: Experience thermal spa treatments for relaxation Crosstabulation

			Q11: Experience thermal spa treatments for relaxation						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q6: Monthly income	Less than NZ$3,000	Count	4	7	1	8	21	20	61
		% within Q6: Monthly income	6.6%	11.5%	1.6%	13.1%	34.4%	32.8%	100.0%
	NZ$3,000-5,999	Count	1	8	1	20	34	49	113
		% within Q6: Monthly income	0.9%	7.1%	0.9%	17.7%	30.1%	43.4%	100.0%
	NZ$6,000-8,999	Count	0	4	3	13	22	41	83
		% within Q6: Monthly income	0.0%	4.8%	3.6%	15.7%	26.5%	49.4%	100.0%
	NZ$9,000 and above	Count	4	19	6	11	35	48	123
		% within Q6: Monthly income	3.3%	15.4%	4.9%	8.9%	28.5%	39.0%	100.0%
Total		Count	9	38	11	52	112	158	380
		% within Q6: Monthly income	2.4%	10.0%	2.9%	13.7%	29.5%	41.6%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	25.694[a]	15	.041
Likelihood Ratio	27.103	15	.028

Linear-by-Linear Association	.180	1	.671
N of Valid Cases	380		

a. 8 cells (33.3%) have expected count less than 5. The minimum expected count is 1.44.

Q1:Age group * Q11: Learn Chinese Kung Fu with a Master to enhance physical wellness Crosstabulation

			Q11: Learn Chinese Kung Fu with a Master to enhance physical wellness						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q1:Age group	20-29	Count	1	4	8	13	24	22	72
		% within Q1:Age group	1.4%	5.6%	11.1%	18.1%	33.3%	30.6%	100.0%
	30-39	Count	5	6	7	23	22	14	77
		% within Q1:Age group	6.5%	7.8%	9.1%	29.9%	28.6%	18.2%	100.0%
	40-49	Count	5	14	16	22	17	7	81
		% within Q1:Age group	6.2%	17.3%	19.8%	27.2%	21.0%	8.6%	100.0%
	50-59	Count	4	21	15	11	16	5	72
		% within Q1:Age group	5.6%	29.2%	20.8%	15.3%	22.2%	6.9%	100.0%
	60-69	Count	5	21	15	10	3	1	55
		% within Q1:Age group	9.1%	38.2%	27.3%	18.2%	5.5%	1.8%	100.0%
	70+	Count	7	9	2	3	2	1	24
		% within Q1:Age group	29.2%	37.5%	8.3%	12.5%	8.3%	4.2%	100.0%
Total		Count	27	75	63	82	84	50	381
		% within Q1:Age group	7.1%	19.7%	16.5%	21.5%	22.0%	13.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	109.790[a]	25	.000
Likelihood Ratio	108.032	25	.000
Linear-by-Linear Association	78.379	1	.000
N of Valid Cases	381		

a. 5 cells (13.9%) have expected count less than 5. The minimum expected count is 1.70.

Q2:Gender * Q11: Learn Chinese Kung Fu with a Master to enhance physical wellness Crosstabulation

			Q11: Learn Chinese Kung Fu with a Master to enhance physical wellness						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q2:Gender	Male	Count	13	53	25	43	59	34	227
		% within Q2:Gender	5.7%	23.3%	11.0%	18.9%	26.0%	15.0%	100.0%
	Female	Count	14	22	38	39	25	16	154
		% within Q2:Gender	9.1%	14.3%	24.7%	25.3%	16.2%	10.4%	100.0%
Total		Count	27	75	63	82	84	50	381
		% within Q2:Gender	7.1%	19.7%	16.5%	21.5%	22.0%	13.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	22.821[a]	5	.000
Likelihood Ratio	22.859	5	.000

Linear-by-Linear Association	2.451	1	.117
N of Valid Cases	381		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 10.91.

Q1:Age group * Q11: Attend a yoga & meditation class near the Great Wall Crosstabulation

			Q11: Attend a yoga & meditation class near the Great Wall						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q1:Age group	20-29	Count	0	4	4	13	28	23	72
		% within Q1:Age group	0.0%	5.6%	5.6%	18.1%	38.9%	31.9%	100.0%
	30-39	Count	2	6	3	25	26	15	77
		% within Q1:Age group	2.6%	7.8%	3.9%	32.5%	33.8%	19.5%	100.0%
	40-49	Count	3	12	7	18	30	11	81
		% within Q1:Age group	3.7%	14.8%	8.6%	22.2%	37.0%	13.6%	100.0%
	50-59	Count	4	15	6	18	21	8	72
		% within Q1:Age group	5.6%	20.8%	8.3%	25.0%	29.2%	11.1%	100.0%
	60-69	Count	5	18	6	8	11	7	55
		% within Q1:Age group	9.1%	32.7%	10.9%	14.5%	20.0%	12.7%	100.0%
	70+	Count	4	7	4	2	6	1	24
		% within Q1:Age group	16.7%	29.2%	16.7%	8.3%	25.0%	4.2%	100.0%
Total		Count	18	62	30	84	122	65	381
		% within Q1:Age group	4.7%	16.3%	7.9%	22.0%	32.0%	17.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	67.601[a]	25	.000
Likelihood Ratio	67.584	25	.000
Linear-by-Linear Association	49.343	1	.000
N of Valid Cases	381		

a. 10 cells (27.8%) have expected count less than 5. The minimum expected count is 1.13.

Q2:Gender * Q11: Attend a yoga & meditation class near the Great Wall Crosstabulation

			Q11: Attend a yoga & meditation class near the Great Wall						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q2:Gender	Male	Count	12	45	22	57	65	26	227
		% within Q2:Gender	5.3%	19.8%	9.7%	25.1%	28.6%	11.5%	100.0%
	Female	Count	6	17	8	27	57	39	154
		% within Q2:Gender	3.9%	11.0%	5.2%	17.5%	37.0%	25.3%	100.0%
Total		Count	18	62	30	84	122	65	381
		% within Q2:Gender	4.7%	16.3%	7.9%	22.0%	32.0%	17.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	21.832[a]	5	.001

Likelihood Ratio	21.971	5	.001
Linear-by-Linear Association	16.596	1	.000
N of Valid Cases	381		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.28.

Q3: Highest education * Q11: Attend a yoga & meditation class near the Great Wall Crosstabulation

			Q11: Attend a yoga & meditation class near the Great Wall						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q3: Highest education	College or below	Count	9	24	11	17	26	18	105
		% within Q3: Highest education	8.6%	22.9%	10.5%	16.2%	24.8%	17.1%	100.0%
	University/Bachelor's Degree	Count	7	19	7	41	56	23	153
		% within Q3: Highest education	4.6%	12.4%	4.6%	26.8%	36.6%	15.0%	100.0%
	Postgraduate diploma	Count	1	8	7	18	17	12	63
		% within Q3: Highest education	1.6%	12.7%	11.1%	28.6%	27.0%	19.0%	100.0%
	Master's Degree	Count	1	4	4	2	17	7	35
		% within Q3: Highest education	2.9%	11.4%	11.4%	5.7%	48.6%	20.0%	100.0%
	Doctorial/PhD Degree	Count	0	4	0	6	2	3	15
		% within Q3: Highest education	0.0%	26.7%	0.0%	40.0%	13.3%	20.0%	100.0%
	Others	Count	0	3	1	0	4	2	10
		% within Q3: Highest education	0.0%	30.0%	10.0%	0.0%	40.0%	20.0%	100.0%
Total		Count	18	62	30	84	122	65	381
		% within Q3: Highest education	4.7%	16.3%	7.9%	22.0%	32.0%	17.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	40.977[a]	25	.023
Likelihood Ratio	46.529	25	.006
Linear-by-Linear Association	3.135	1	.077
N of Valid Cases	381		

a. 17 cells (47.2%) have expected count less than 5. The minimum expected count is .47.

Q6: Monthly income * Q11: Attend a yoga & meditation class near the Great Wall Crosstabulation

			Q11: Attend a yoga & meditation class near the Great Wall						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q6: Monthly income	Less than NZ$3,000	Count	9	7	1	14	17	13	61
		% within Q6: Monthly income	14.8%	11.5%	1.6%	23.0%	27.9%	21.3%	100.0%
	NZ$3,000-5,999	Count	1	17	10	25	38	22	113
		% within Q6: Monthly income	0.9%	15.0%	8.8%	22.1%	33.6%	19.5%	100.0%
	NZ$6,000-8,999	Count	1	8	7	22	32	13	83
		% within Q6: Monthly income	1.2%	9.6%	8.4%	26.5%	38.6%	15.7%	100.0%
	NZ$9,000 and above	Count	7	30	11	23	35	17	123
		% within Q6: Monthly income	5.7%	24.4%	8.9%	18.7%	28.5%	13.8%	100.0%
Total		Count	18	62	29	84	122	65	380
		% within Q6: Monthly income	4.7%	16.3%	7.6%	22.1%	32.1%	17.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	35.769[a]	15	.002
Likelihood Ratio	34.951	15	.002
Linear-by-Linear Association	2.271	1	.132
N of Valid Cases	380		

a. 3 cells (12.5%) have expected count less than 5. The minimum expected count is 2.89.

Q1:Age group * Q11: Attend nutritional & cooking class to learn about a balanced diet Crosstabulation

			Q11: Attend nutritional & cooking class to learn about a balanced diet						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q1:Age group	20-29	Count	1	5	8	15	22	21	72
		% within Q1:Age group	1.4%	6.9%	11.1%	20.8%	30.6%	29.2%	100.0%
	30-39	Count	2	3	8	22	24	18	77
		% within Q1:Age group	2.6%	3.9%	10.4%	28.6%	31.2%	23.4%	100.0%
	40-49	Count	2	11	13	22	21	12	81
		% within Q1:Age group	2.5%	13.6%	16.0%	27.2%	25.9%	14.8%	100.0%
	50-59	Count	1	18	7	18	21	7	72
		% within Q1:Age group	1.4%	25.0%	9.7%	25.0%	29.2%	9.7%	100.0%
	60-69	Count	2	12	8	9	18	7	56
		% within Q1:Age group	3.6%	21.4%	14.3%	16.1%	32.1%	12.5%	100.0%
	70+	Count	2	5	4	4	6	3	24

	% within Q1:Age group	8.3%	20.8%	16.7%	16.7%	25.0%	12.5%	100.0%
Total	Count	10	54	48	90	112	68	382
	% within Q1:Age group	2.6%	14.1%	12.6%	23.6%	29.3%	17.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	38.384[a]	25	.042
Likelihood Ratio	38.712	25	.039
Linear-by-Linear Association	19.124	1	.000
N of Valid Cases	382		

a. 9 cells (25.0%) have expected count less than 5. The minimum expected count is .63.

Q2:Gender * Q11: Attend nutritional & cooking class to learn about a balanced diet Crosstabulation

			Q11: Attend nutritional & cooking class to learn about a balanced diet						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q2:Gender	Male	Count	6	40	37	62	59	24	228
		% within Q2:Gender	2.6%	17.5%	16.2%	27.2%	25.9%	10.5%	100.0%
	Female	Count	4	14	11	28	53	44	154
		% within Q2:Gender	2.6%	9.1%	7.1%	18.2%	34.4%	28.6%	100.0%
Total		Count	10	54	48	90	112	68	382
		% within Q2:Gender	2.6%	14.1%	12.6%	23.6%	29.3%	17.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	32.952[a]	5	.000
Likelihood Ratio	33.359	5	.000
Linear-by-Linear Association	24.062	1	.000
N of Valid Cases	382		

a. 1 cells (8.3%) have expected count less than 5. The minimum expected count is 4.03.

Q6: Monthly income * Q11: Attend nutritional & cooking class to learn about a balanced diet Crosstabulation

			Q11: Attend nutritional & cooking class to learn about a balanced diet						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q6: Monthly income	Less than NZ$3,000	Count	5	7	6	10	19	14	61
		% within Q6: Monthly income	8.2%	11.5%	9.8%	16.4%	31.1%	23.0%	100.0%
	NZ$3,000-5,999	Count	1	13	14	27	36	23	114
		% within Q6: Monthly income	0.9%	11.4%	12.3%	23.7%	31.6%	20.2%	100.0%
	NZ$6,000-8,999	Count	0	7	14	23	27	12	83
		% within Q6: Monthly income	0.0%	8.4%	16.9%	27.7%	32.5%	14.5%	100.0%
	NZ$9,000 and above	Count	4	27	14	29	30	19	123
		% within Q6: Monthly income	3.3%	22.0%	11.4%	23.6%	24.4%	15.4%	100.0%
Total		Count	10	54	48	89	112	68	381
		% within Q6: Monthly income	2.6%	14.2%	12.6%	23.4%	29.4%	17.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	26.428[a]	15	.034
Likelihood Ratio	26.118	15	.037
Linear-by-Linear Association	3.739	1	.053
N of Valid Cases	381		

a. 4 cells (16.7%) have expected count less than 5. The minimum expected count is 1.60.

Q2:Gender * Q11: Attend a lecture on stress management Crosstabulation

			Q11: Attend a lecture on stress management						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q2:Gender	Male	Count	10	50	33	76	42	16	227
		% within Q2:Gender	4.4%	22.0%	14.5%	33.5%	18.5%	7.0%	100.0%
	Female	Count	10	19	20	41	40	24	154
		% within Q2:Gender	6.5%	12.3%	13.0%	26.6%	26.0%	15.6%	100.0%
Total		Count	20	69	53	117	82	40	381
		% within Q2:Gender	5.2%	18.1%	13.9%	30.7%	21.5%	10.5%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	15.829[a]	5	.007
Likelihood Ratio	15.878	5	.007

Linear-by-Linear Association	7.340	1	.007
N of Valid Cases	381		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.08.

Q3: Highest education * Q11: Attend a lecture on stress management Crosstabulation

			Q11: Attend a lecture on stress management						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q3: Highest education	College or below	Count	10	28	16	25	17	9	105
		% within Q3: Highest education	9.5%	26.7%	15.2%	23.8%	16.2%	8.6%	100.0%
	University/Bachelor's Degree	Count	6	21	28	53	31	14	153
		% within Q3: Highest education	3.9%	13.7%	18.3%	34.6%	20.3%	9.2%	100.0%
	Postgraduate diploma	Count	2	6	6	17	22	10	63
		% within Q3: Highest education	3.2%	9.5%	9.5%	27.0%	34.9%	15.9%	100.0%
	Master's Degree	Count	2	5	2	13	8	5	35
		% within Q3: Highest education	5.7%	14.3%	5.7%	37.1%	22.9%	14.3%	100.0%
	Doctorial/PhD Degree	Count	0	4	0	7	3	1	15
		% within Q3: Highest education	0.0%	26.7%	0.0%	46.7%	20.0%	6.7%	100.0%
	Others	Count	0	5	1	2	1	1	10
		% within Q3: Highest education	0.0%	50.0%	10.0%	20.0%	10.0%	10.0%	100.0%
Total		Count	20	69	53	117	82	40	381
		% within Q3: Highest education	5.2%	18.1%	13.9%	30.7%	21.5%	10.5%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	43.209[a]	25	.013
Likelihood Ratio	43.891	25	.011
Linear-by-Linear Association	4.528	1	.033
N of Valid Cases	381		

a. 16 cells (44.4%) have expected count less than 5. The minimum expected count is .52.

Q6: Monthly income * Q11: Attend a lecture on stress management Crosstabulation

			Q11: Attend a lecture on stress management						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q6: Monthly income	Less than NZ$3,000	Count	7	12	5	21	9	7	61
		% within Q6: Monthly income	11.5%	19.7%	8.2%	34.4%	14.8%	11.5%	100.0%
	NZ$3,000-5,999	Count	3	17	19	41	18	15	113
		% within Q6: Monthly income	2.7%	15.0%	16.8%	36.3%	15.9%	13.3%	100.0%
	NZ$6,000-8,999	Count	2	7	11	28	28	7	83
		% within Q6: Monthly income	2.4%	8.4%	13.3%	33.7%	33.7%	8.4%	100.0%
	NZ$9,000 and above	Count	8	32	18	27	27	11	123
		% within Q6: Monthly income	6.5%	26.0%	14.6%	22.0%	22.0%	8.9%	100.0%
Total		Count	20	68	53	117	82	40	380
		% within Q6: Monthly income	5.3%	17.9%	13.9%	30.8%	21.6%	10.5%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	33.971[a]	15	.003
Likelihood Ratio	33.904	15	.004
Linear-by-Linear Association	.250	1	.617
N of Valid Cases	380		

a. 2 cells (8.3%) have expected count less than 5. The minimum expected count is 3.21.

Q2:Gender * Q11: Visit the National Art Museum of China to appreciate traditional and contemporary Chinese arts Crosstabulation

			Q11: Visit the National Art Museum of China to appreciate traditional and contemporary Chinese arts						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q2:Gender	Male	Count	9	32	26	47	69	44	227
		% within Q2:Gender	4.0%	14.1%	11.5%	20.7%	30.4%	19.4%	100.0%
	Female	Count	1	13	10	39	52	39	154
		% within Q2:Gender	0.6%	8.4%	6.5%	25.3%	33.8%	25.3%	100.0%
Total		Count	10	45	36	86	121	83	381
		% within Q2:Gender	2.6%	11.8%	9.4%	22.6%	31.8%	21.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	11.399[a]	5	.044
Likelihood Ratio	12.376	5	.030

Linear-by-Linear Association	8.398	1	.004
N of Valid Cases	381		

a. 1 cells (8.3%) have expected count less than 5. The minimum expected count is 4.04.

Q3: Highest education * Q11: Visit the National Art Museum of China to appreciate Chinese arts Crosstabulation

			Q11: Visit the National Art Museum of China to appreciate Chinese arts						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q3: Highest education	College or below	Count	7	20	11	23	28	16	105
		% within Q3: Highest education	6.7%	19.0%	10.5%	21.9%	26.7%	15.2%	100.0%
	University/Bachelor's Degree	Count	1	13	16	38	53	32	153
		% within Q3: Highest education	0.7%	8.5%	10.5%	24.8%	34.6%	20.9%	100.0%
	Postgraduate diploma	Count	0	2	5	17	20	19	63
		% within Q3: Highest education	0.0%	3.2%	7.9%	27.0%	31.7%	30.2%	100.0%
	Master's Degree	Count	2	4	2	4	11	12	35
		% within Q3: Highest education	5.7%	11.4%	5.7%	11.4%	31.4%	34.3%	100.0%
	Doctorial/PhD Degree	Count	0	2	1	3	6	3	15
		% within Q3: Highest education	0.0%	13.3%	6.7%	20.0%	40.0%	20.0%	100.0%
	Others	Count	0	4	1	1	3	1	10
		% within Q3: Highest education	0.0%	40.0%	10.0%	10.0%	30.0%	10.0%	100.0%
Total		Count	10	45	36	86	121	83	381
		% within Q3: Highest education	2.6%	11.8%	9.4%	22.6%	31.8%	21.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	42.766[a]	25	.015
Likelihood Ratio	42.725	25	.015
Linear-by-Linear Association	3.967	1	.046
N of Valid Cases	381		

a. 18 cells (50.0%) have expected count less than 5. The minimum expected count is .26.

Q3: Highest education * Q11: Visit the National Centre for the Performing Arts of China to appreciate traditional Chinese music & Peking Opera Crosstabulation

			Q11: Visit the National Centre for the Performing Arts of China to appreciate traditional Chinese music & Peking Opera						
			I don't know what it is	Not interested at all	Not that interested	Neutral	Interested	Very interested	Total
Q3: Highest education	College or below	Count	9	21	10	29	24	12	105
		% within Q3: Highest education	8.6%	20.0%	9.5%	27.6%	22.9%	11.4%	100.0%
	University/Bachelor's Degree	Count	2	16	12	36	54	33	153
		% within Q3: Highest education	1.3%	10.5%	7.8%	23.5%	35.3%	21.6%	100.0%
	Postgraduate diploma	Count	0	5	5	14	22	17	63
		% within Q3: Highest education	0.0%	7.9%	7.9%	22.2%	34.9%	27.0%	100.0%
	Master's Degree	Count	1	3	4	4	15	8	35
		% within Q3: Highest education	2.9%	8.6%	11.4%	11.4%	42.9%	22.9%	100.0%
	Doctorial/PhD Degree	Count	0	2	2	2	5	4	15

		% within Q3: Highest education	0.0%	13.3%	13.3%	13.3%	33.3%	26.7%	100.0%
	Others	Count	2	2	1	2	3	0	10
		% within Q3: Highest education	20.0%	20.0%	10.0%	20.0%	30.0%	0.0%	100.0%
Total		Count	14	49	34	87	123	74	381
		% within Q3: Highest education	3.7%	12.9%	8.9%	22.8%	32.3%	19.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	43.840[a]	25	.011
Likelihood Ratio	44.413	25	.010
Linear-by-Linear Association	4.140	1	.042
N of Valid Cases	381		

a. 17 cells (47.2%) have expected count less than 5. The minimum expected count is .37.