Factors Affecting the Wellness Tourism Intention of Chinese Older Adults Tourists: Hainan Island as a Tourism Destination

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KEYWORDS	ABSTRACT
Chinese older adults, destination image, elderly tourists, Hainan island, health tourism, perceived health benefits, social influences, tourism intentions, structural equation modeling, wellness tourism.	This research aims to 1) examine how perceived benefits, perceived susceptibility, and cues to action influence the wellness tourism intention of Chinese older adults, specifically focusing on Hainan Island as a tourism destination; 2) explore the mediating roles of cognitive destination image and self-efficacy in the relationships between perceived benefits, perceived susceptibility, cues to action, and wellness tourism intention; and 3) analyze the moderating effect of social influence on the relationships between perceived benefits, perceived susceptibility, cues to action, and wellness tourism intention. Using a purposive sampling method, through online and onsite survey, we collect 551 valid questionnaires from older adults tourists aged 60 and above from major provinces in China, including Beijing, Shanghai, Guangdong, Zhejiang, and Sichuan.Structural equation modeling (SEM) was applied to analyze the data. the results show that perceived benefits, perceived susceptibility, and cues to action significantly influence wellness tourism intentions, with cognitive destination image and self-efficacy playing important mediating roles. Additionally, social influence, such as peer recommendations and family support, moderates these relationships, particularly enhancing the effects of perceived benefits and cues to action on wellness tourism intentions. These findings offer valuable insights for tourism stakeholders in Hainan, suggesting the importance of tailored marketing strategies that highlight both the health benefits and social influence, while promoting Hainan as an ideal wellness destination for older adults.

1. Introduction

In recent years, with the intensifying global aging population, there has been a growing emphasis on the quality of life and well-being of older adults (Santos et al., 2024). Senior tourism, an important subset of the tourism industry, has emerged as a crucial method to promote both physical and mental well-being among the elderly (Hu et al., 2023). Through travel, older adults can relax and simultaneously engage in health and wellness activities that improve their overall health. This trend is particularly evident in China, where the rapid growth of the aging population has led to a substantial increase in demand for wellness tourism, which aims to enhance personal health and well-being through targeted activities (Wang et al., 2020). The global wellness tourism market has experienced substantial growth and is projected to continue expanding at a rapid pace (Wright & Zascerinska, 2023). By 2024, the global wellness tourism market is expected to reach $1 trillion, with an average annual growth rate of 16.6% through 2027 (Riad Mohamed Khatab, 2024). This sector has consistently outperformed overall tourism, driven by increasing consumer demand for travel experiences focused on well-being, including mental and physical health (So et al., 2023).

Wellness tourism focuses on providing travel experiences that enhance personal health and well-being through physical, mental, and emotional activities (Gkinton et al., 2023). This type of tourism emphasizes activities such as spa treatments, fitness programs, and holistic wellness experiences, often promoting relaxation and rejuvenation for tourists (Ni Desak Made Santi, 2023). As global awareness of healthy lifestyles increases, particularly in aging populations, the tourism industry faces growing demand for destinations that cater to wellness tourism (Hu et al., 2023). This trend is particularly significant in China, where the aging population is rapidly expanding, leading to increased attention on health-focused travel.

In China, the wellness tourism market is also on an upward trajectory. In 2023, the market was valued at approximately $789.89 billion, with expectations to grow to $835.7 billion in 2024, illustrates the significant economic potential of wellness tourism, making it a crucial sector for destinations like Hainan, which is positioning itself as a prime location for wellness travel by expanding its elderly care services and wellness facilities (Zhang et al., 2022). Hainan Island, known for its tropical climate and natural resources, has emerged as a prominent destination for wellness tourism among Chinese older adults (Zhong et al., 2023). The island offers a variety of wellness activities, including traditional Chinese medicine (TCM) therapies, hot spring resorts, and eco-friendly retreats.

The local government has also heavily promoted Hainan as a health tourism hub, driving both domestic and international tourist growth. In 2023, Hainan received over 35 million tourists, generating a total tourism revenue of 150 billion yuan, contributing significantly to the local economy (Shasha et al., 2023). This surge in tourism, while beneficial to economic development, has also exerted considerable pressure on the island's natural resources and environment.

For the development of wellness tourism, Hainan Province has made significant investments in elderly care facilities and associated infrastructure (Wong et al., 2024). In response to the growing demand for wellness tourism, Hainan has expanded its elderly care service industry through initiatives such as building high-end senior living facilities and increasing the number of elderly care institutions. As of 2023, the province invested over 1.3 billion yuan in constructing and maintaining 19 provincial-level nursing homes and renovating hundreds of rural care centers (Xiao et al., 2020). Additionally, Hainan has promoted the integration of medical and nursing services, with 132 senior care institutions forming partnerships with hospitals to provide basic medical care (Zhao et al., 2024). These developments not only enhance the quality of care available to elderly residents but also attract more wellness tourists, positioning Hainan as a leading wellness tourism destination in China.

This study aims to investigate the key factors influencing the wellness tourism intention of Chinese older adults, particularly focusing on the role of perceived health benefits, perceived susceptibility, cues to action, cognitive destination image, self-efficacy, and social influences. Additionally, the study examines how these factors interact, with a specific emphasis on the mediating roles of cognitive destination image and self-efficacy and the moderating effect of social influences. By exploring these relationships, the research seeks to provide insights into the motivations of elderly tourists and offer practical recommendations for the sustainable development of wellness tourism in Hainan.

Following this introduction, the second section provides a literature review, introducing the theoretical framework, key variables, and relevant hypotheses. The third section discusses the research methodology, including the data collection and analysis processes. The fourth section presents the research findings, while the fifth section offers a discussion of the results and their practical implications. Finally, the conclusion summarizes the study and proposes directions for future research.

2. Literature Review

Wellness tourism, especially for older adults, emphasizes the enhancement of health and well-being through a variety of physical, mental, and emotional activities (Patterson & Balderas-Cejudo, 2023). As populations age, particularly in China, wellness tourism has become increasingly popular, with destinations such as Hainan Island gaining recognition for their traditional Chinese medicine (TCM) offerings, spa treatments, and eco-friendly accommodations (Wangzhou, 2022). In light of this growing trend, it is crucial to explore the factors that influence the wellness tourism intentions of Chinese older adults.

The Health Belief Model (HBM) is a prominent framework used to explain the decision-making processes behind wellness tourism (Tashiro, 2022). According to the HBM, individuals' behaviors are influenced by several key factors: perceived benefits, perceived susceptibility, self-efficacy, and cues to action (Baek et al., 2022). This model provides a structured way to examine how these health-related perceptions translate into actual behaviors, particularly in the context of tourism where health and wellness are central concerns. Furthermore, social influences play a crucial role in shaping wellness tourism intentions, particularly among older adults who are influenced by family, friends, and community recommendations (Chen et al., 2023).

Perceived Benefits Perceived benefits play a crucial role in shaping wellness tourism intentions (He et al., 2022). When individuals recognize significant health benefits, such as improved physical fitness, mental relaxation, and overall well-being, they are more inclined to participate in wellness tourism. Kessler et al. (2020) demonstrated that the perception of these benefits enhances the attractiveness of wellness tourism, thereby increasing the intention to participate. Similarly, Huang et al. (2020) found that perceived benefits significantly influence travelers' decisions to partake in health-related tourism. Additionally, Zhang et al. (2021) indicated that perceived health benefits drive the intention to visit wellness destinations.Thus, this study hypothesizes:

H1: Perceived benefits positively affect wellness tourism intention.

H2: Perceived benefits positively affect cognitive destination image.

H3: Perceived benefits positively affect self-efficacy.

Perceived Susceptibility, or the belief in one's vulnerability to health issues, can shape the cognitive destination image (Ma & Li, 2023). When individuals feel susceptible to health problems, they are more likely to view destinations offering wellness services positively. Moreno-González et al. (2020) indicated that perceived susceptibility enhances the perceived effectiveness of health interventions, thereby improving destination image. Khan et al. (2020) found that higher perceived risk leads to a more favorable evaluation of health-related destinations. Furthermore, perceived susceptibility is also a strong predictor of wellness tourism intention and self-efficacy (Li & Wen, 2024).Therefore, the following hypotheses are proposed:

H4: Perceived susceptibility positively affects cognitive destination image.

H5: Perceived susceptibility positively affects wellness tourism intention.

H6: Perceived susceptibility positively affects self-efficacy.

Cues to Action Cues to action, such as health advice and promotional campaigns, play a pivotal role in shaping the cognitive destination image (Li et al., 2023). These triggers provide the necessary motivation to view wellness destinations favorably. Kwak et al. (2020) demonstrated that effective cues to action significantly improve destination perceptions. Cues to action also enhance self-efficacy by providing external motivation and support to participate in wellness activities, thereby boosting tourism intentions (Hsieh, 2023).Thus, this study proposes:

H7: Cues to action positively affect cognitive destination image.

H8: Cues to action positively affect self-efficacy.

H9: Cues to action positively affect wellness tourism intention.

Cognitive Destination Image and Self-Efficacy A positive cognitive destination image is a strong predictor of wellness tourism intention (Li & Wen, 2024). When individuals have a favorable perception of a wellness destination, they are more likely to visit. Additionally, self-efficacy, or individuals' confidence in managing health through wellness activities, is crucial for enhancing tourism intentions (Huang et al., 2020).Thus, the study hypothesizes:

H10: Cognitive destination image positively affects wellness tourism intention.

H11: Self-efficacy positively affects wellness tourism intention.

Mediating Roles of Cognitive Destination Image and Self-Efficacy The cognitive destination image and self-efficacy can act as mediators between perceived benefits, perceived susceptibility, cues to action, and wellness tourism intention (Zhou et al., 2023).Pereira et al. (2019) showed that destination image mediates the effect of perceived benefits on travel intentions. Similarly, Ding (2022) demonstrated the mediating effect of self-efficacy on the relationship between perceived benefits and wellness tourism intention.Hence, this study proposes:

H12: Cognitive destination image mediates the relationship between perceived benefits and wellness tourism intention.

H13: Cognitive destination image mediates the relationship between perceived susceptibility and wellness tourism intention.

H14: Cognitive destination image mediates the relationship between cues to action and wellness tourism intention.

H15: Self-efficacy mediates the relationship between perceived benefits and wellness tourism intention.

H16: Self-efficacy mediates the relationship between perceived susceptibility and wellness tourism intention.

H17: Self-efficacy mediates the relationship between cues to action and wellness tourism intention.

Social influence significantly moderates the relationships between perceived benefits, perceived susceptibility, cues to action, cognitive destination image, self-efficacy, and wellness tourism intention (Zhou et al., 2023). This means that the strength of these relationships may vary based on the level of social influence exerted by peers, family members, and health professionals. For example, social recommendations can enhance the effect of perceived benefits , perceived susceptibility , and cues to action on wellness tourism intentions, making

individuals more likely to engage in wellness tourism activities. Additionally, social influence can strengthen the impact of cognitive destination image and self-efficacy on tourism intentions by providing external validation and encouragement (Sabiote-Ortiz et al., 2024).Thus, the study hypothesizes:

H18: Social influence moderates the relationship between perceived benefits and wellness tourism intention.

H19: Social influence moderates the relationship between perceived susceptibility and wellness tourism intention.

H20: Social influence moderates the relationship between cues to action and wellness tourism intention.

H21: Social influence moderates the relationship between cognitive destination image and wellness tourism intention.

H22: Social influence moderates the relationship between self-efficacy and wellness tourism intention.

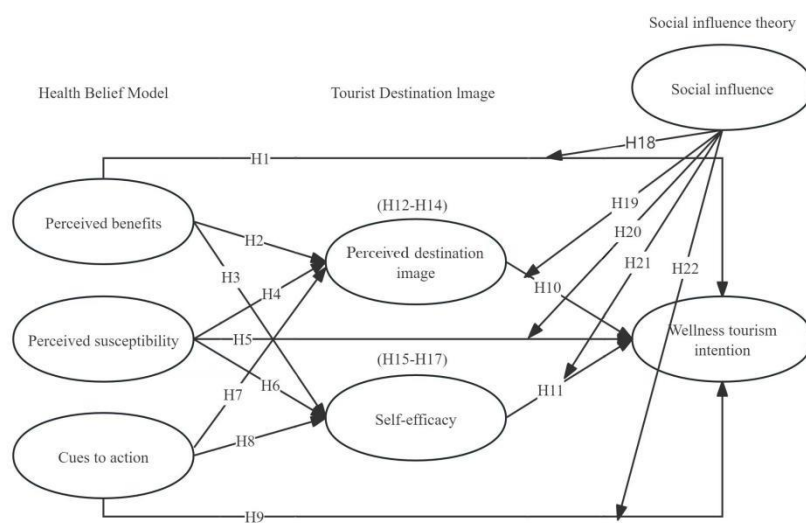Combined with the above content, figure 1 embodies the empirical mode l.

Figure 1 The Empirical Framework of the Study

3. Research method

This study employed a structured questionnaire to collect data from older adults who had either visited or expressed interest in visiting Hainan Island for wellness tourism. Data were gathered through an offline survey, distributed across five provinces: Liaoning, Jilin, Heilongjiang, Hebei, and Henan. These provinces were chosen due to their large elderly populations and their established connection to wellness tourism, making them ideal for investigating the factors influencing tourism intentions among older adults.

The sample consists 551 valid responses were collected, with a fairly balanced gender distribution. A total of : 45.6% male and 54.4% female. The age distribution of the sample was broad, with 15.8% aged 55-60, 22.1% aged 61-65, and the remaining respondents distributed across other age categories up to 76 years and above. The largest age group was those aged 71-75, representing 22.3% of the sample. In terms of geographical distribution, the sample was well-represented across the five provinces, with 22.6% from Heilongjiang, 20.4% from Hebei, and 19.6% from Jilin, among others. Regarding monthly income, a significant portion of respondents, 31.7%, reported a monthly income between 5001-7000 RMB, followed by 25.2% in the 3000-5000 RMB range.

Table 1 Essential Information

Information	Parameter		Frequency	Percent
		18-25	105	19.1
		26-35	138	25.0
		36-45	104	18.9
Age		46-55	98	17.8
		56 and above	106	19.2
		Male	294	53.4

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Gender		Female	257	46.6
Province		Beijing	131	23.8
		Henan	92	16.7
		Hebei	103	18.7
		Jiangsu	116	21.1
		Anhui	109	19.8
Education Level		High school diploma and below	135	24.5
		Bachelor's degree	130	23.6
		Master's degree	145	26.3
		Doctorate	141	25.6
Attractions related to low-carbon tourism in Qingdao	Laoshan Scenic Area	YES	326	59.2
		NO	225	40.8
	Qingdao Forest Park	YES	251	45.6
		NO	300	54.4
	Qingdao Botanical Garden	YES	193	35.0
		NO	358	65.0
	Shilaoren Bathing Beach	YES	277	50.3
		NO	274	49.7
	Badaguan Scenic Area	YES	289	52.5
		NO	262	47.5
	Other	YES	291	52.8
		NO	260	47.2
Non-low-carbon behavior	Littering	YES	292	53
		NO	259	47
	Use of plastic bottles	YES	190	34.5
		NO	361	65.5
	Uncontrolled bonfires	YES	197	35.8
		NO	354	64.2
	Use of non-recyclable materials	YES	256	46.5
		NO	295	53.5
	Excessive use of high-emission motor vehicles (motorboats, banana boats)	YES	287	52.1
		NO	264	47.9
low-carbon activities on the Qingdao tour	Cycling along the coastal road	YES	262	47.5
		NO	289	52.5
	Walking tours in eco-friendly areas	YES	283	51.4
		NO	268	48.6
	Eco-friendly water sports	YES	232	42.1
		NO	319	57.9
	Participation in beach clean-up activities	YES	218	39.6
		NO	333	60.4
	Educational programs on sustainability	YES	297	53.9
		NO	254	46.1
	Staying in eco-friendly accommodations	YES	279	50.6
		NO	272	49.4
	Use of public transportation	YES	235	42.6
		NO	316	57.4

3.2 Instrument

The research instrument was a structured questionnaire designed to measure the factors influencing wellness tourism intentions among Chinese older adults, with Hainan Island as the focus destination. The questionnaire was divided into several sections, each assessing a different construct using validated scales from previous studies. Respondents rated each item on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). This approach provided a comprehensive assessment of the psychological and behavioral dimensions associated with wellness tourism. Appendix 1 shows the measurement scale.

The first section of the questionnaire collected demographic information such as age, gender, province of residence, and monthly income, which helped to profile the respondents. The second section assessed perceived benefits, which refers to the extent to which respondents believed that wellness tourism activities would improve their physical and mental well-being. This section included five items, adapted from Ataei et al. (2021), focusing on improvements in relaxation, quality of life, mental and physical health, cost savings on health expenses, and sustainable lifestyle benefits.

The third section evaluated perceived susceptibility, which measures respondents' beliefs about the health risks associated with not participating in wellness tourism activities. This section contained five items, adapted from Ataei et al. (2021), covering aspects such as increased risk of illness, heightened stress levels, reduced health quality, high probability of developing health problems, and overall deterioration of well-being.

The fourth section assessed cues to action, referring to triggers that prompt individuals to participate in wellness tourism. This section consisted of five items, adapted from Ataei et al. (2021), covering informational cues from health organizations, social encouragement from friends, community activities, and information obtained from health-related media sources.

The fifth section measured perceived destination image, focusing on the affective, cognitive, and conative dimensions related to Hainan as a wellness tourism destination. The revised scale included twenty items, adapted from Quoquab and Mohammad (2020), assessing emotional reactions, beliefs about health and sustainability, and intentions to engage in wellness tourism.

The sixth section measured self-efficacy, which is the belief in one's ability to successfully participate in wellness tourism activities. This section included three items, adapted from Ataei et al. (2021), focusing on confidence in achieving positive health outcomes and ease of participation in wellness activities.

The seventh section assessed social influence, which involves the impact of healthcare providers, friends, and family on wellness tourism decisions. This section contained four items, adapted from Vululleh (2018), assessing the influence of social circles and adherence to health-related recommendations.

The eighth section evaluated wellness tourism intention, focusing on the likelihood of future participation, plans to visit Hainan, and encouraging others to participate in wellness tourism. This section included four items, adapted from Ataei et al. (2021), covering intentions to visit Hainan for wellness activities, future plans for participation, and the intention to choose wellness tourism as a priority.

By structuring the questionnaire using validated scales from previous studies, this research ensured the robustness and validity of the instrument. The use of a Likert scale facilitated detailed data collection on various psychological and behavioral factors influencing wellness tourism intentions among elderly Chinese tourists visiting Hainan Island.

3.3 Data Analysis Tool

Based on the survey data from 551 respondents, a pilot test was conducted to evaluate the reliability and validity of the measurement items. Descriptive statistical analysis and reliability analysis were performed to assess the internal consistency of the scales. Furthermore, this research conducts structural equation mode for confirmatory factor analysis (CFA) and path analysis. Finally, this research solves the moderation effect test.

4. Results

In this study, prior to the main analysis, a pilot study involving 45 participants was conducted. This preliminary phase was essential for testing the clarity, reliability, and validity of the survey items designed to capture various constructs related to wellness tourism intentions among Chinese older adults in Hainan Island. The feedback and results from the pilot study allowed for necessary adjustments to improve the comprehensibility and functionality of the questionnaire, thereby ensuring that it effectively gathered the required data. This pilot phase thus provided a robust foundation for the subsequent comprehensive data collection and analysis.

4.1 Reliability Test

Table 2 presents the Cronbach's alpha coefficients for each construct in this study, indicating the internal consistency of the measurement scales. All constructs demonstrate acceptable reliability with alpha values above 0.7. The destination image construct exhibits the highest reliability with a Cronbach's alpha of 0.962, reflecting strong internal consistency. Other constructs, such as perceived benefits, perceived susceptibility, and cues to action, all show high reliability with values around 0.85. Self-efficacy and social influence also display satisfactory reliability, with values of 0.788 and 0.794, respectively. Lastly, the wellness tourism intention construct shows solid reliability with a Cronbach's alpha of 0.826.

Table 2 Reliability Test

Study variables	Number of questions	Cronbach's α
Perceived benefits	5	0.859
Perceived susceptibility	5	0.860
Cues to action	5	0.870
destination image	21	0.962
Self-efficacy	3	0.788
Social influence	4	0.794

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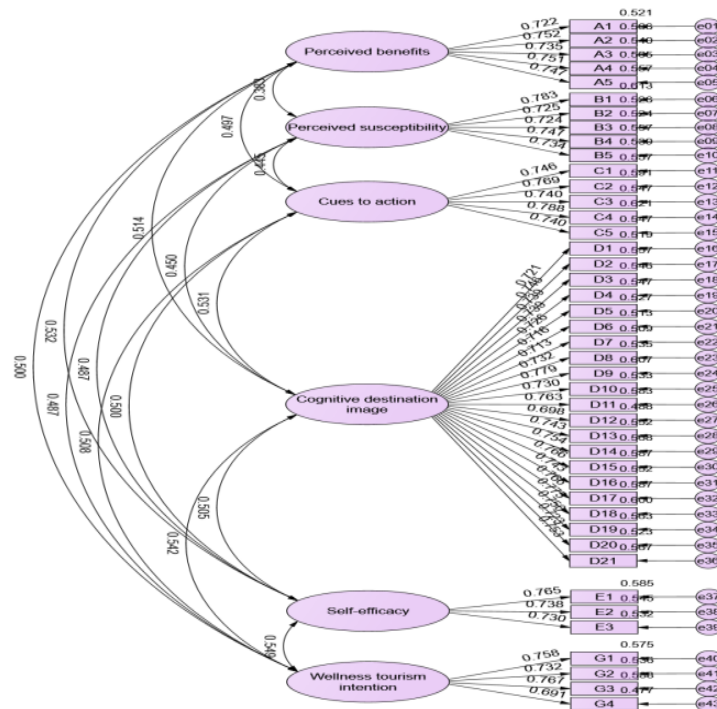| Wellness tourism intention	4	0.826

4.2 Validity analysis

Table 3 presents the results of the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity, which are crucial indicators for assessing the suitability of the data for factor analysis. The KMO value is 0.954, significantly exceeding the 0.9 threshold, indicating a high level of sampling adequacy. This suggests that the variables are sufficiently interrelated, making the data appropriate for factor analysis.Additionally, Bartlett's Test of Sphericity produced a Chi-Square statistic of 21411.220 with 1081 degrees of freedom and a significance level of 0.000. This result decisively rejects the null hypothesis that the correlation matrix is an identity matrix, confirming the presence of significant relationships among the variables. These findings validate the use of factor analysis for extracting meaningful factors in the study.

Table 3 KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.954
Bartlett's Test of Sphericity	Approx. Chi-Square	21411.220
	df	1081
	Sig.	0.000

4.3 Measurement model

Figure 2 illustrates a measurement model within the confirmatory factor analyisis framework.

Figure 2. Measurement model

Table 4 presents the fit indices used to assess the adequacy of the measurement model within the structural equation modeling (SEM) framework, evaluating wellness tourism intentions among older Chinese tourists. The chi-square to degrees of freedom ratio (χ^2/df) in this study is 1.354 (<3), indicating a good fit between the hypothesized model and the observed data. The Root Mean Square Error of Approximation (RMSEA) is 0.023 (<0.08), signifying a close fit with minimal error variance.Furthermore, the Goodness of Fit Index (GFI) and the Adjusted Goodness of Fit Index (AGFI) yielded values of 0.925 and 0.916, respectively, both exceeding the 0.9 benchmark, confirming the model's strong representation of the empirical data. Incremental fit indices, including the Normed Fit Index (NFI), Tucker-Lewis Index (TLI), and Comparative Fit Index (CFI), also demonstrated robust results with values of 0.931, 0.980, and 0.981, respectively, each surpassing the 0.9 standard. These high values indicate that the model significantly improves over the baseline model, validating the theoretical structure proposed for understanding wellness tourism intentions.

Table 1 Measure model fit metrics

Fit index	χ2/df	RMSEA	GFI	AGFI	NFI	TLI	CFI
Reference standards	<3	<0.08	>0.9	>0.9	>0.9	>0.9	>0.9
Result	1.354	0.023	0.925	0.916	0.931	0.980	0.981

Table 5 summarizes the convergent validity of the measurement model, evaluating how well the items for each latent variable correlate with one another. Convergent validity was assessed using factor loadings, composite reliability (CR), and average variance extracted (AVE) for each construct. All factor loadings exceed the recommended threshold of 0.7, demonstrating strong relationships between the observed variables and their corresponding latent constructs.The composite reliability (CR) values for all constructs are above 0.7, confirming high internal consistency. For example, Perceived benefits has a CR of 0.859, while Perceived Susceptibility achieves a CR of 0.860, reflecting excellent reliability for these constructs. Additionally, the average variance extracted (AVE) for all variables surpasses 0.5, indicating that more than 50% of the variance in the observed indicators is explained by the latent variables. For instance, cues to Action has an AVE of 0.573, and Wellness Tourism Intention demonstrates an AVE of 0.544, confirming the robustness of these constructs in measuring the intended theoretical concepts.

These results collectively affirm the convergent validity of the constructs, supporting the robustness and reliability of the measurement model in capturing the determinants of wellness tourism intentions among Chinese older adults.

Table 5 Convergence Validity

Latent variables	Observation indicators	Factor loading	CR	AVE
Perceived benefits	A1	0.722	0.859	0.550
	A2	0.752		
	A3	0.735		
	A4	0.751		
	A5	0.747		
Perceived susceptibility	B1	0.783	0.860	0.552
	B2	0.725		
	B3	0.724		
	B4	0.747		
	B5	0.734		
Cues to action	C1	0.746	0.870	0.573
	C2	0.769		
	C3	0.740		
	C4	0.788		
	C5	0.740		
Destination image	D1	0.721	0.963	0.551
	D2	0.746		
	D3	0.739		
	D4	0.739		
	D5	0.726		
	D6	0.716		
	D7	0.713		
	D8	0.732		
	D9	0.779		
	D10	0.730		
	D11	0.763		
	D12	0.698		
	D13	0.743		
	D14	0.754		
	D15	0.766		
	D16	0.743		
	D17	0.766		
	D18	0.775		
	D19	0.750		
	D20	0.723		
	D21	0.753		
Self-efficacy	E1	0.765	0.789	0.554
	E2	0.738		
	E3	0.730		
Wellness tourism intention	G1	0.758	0.827	0.544
	G2	0.732		
	G3	0.767		
	G4	0.691		

Table 6 presents the discriminant validity results for the constructs in the structural equation model used to analyze wellness tourism intentions among older Chinese adults. Discriminant validity ensures that each construct is distinct from others by comparing the square root of the Average Variance Extracted (AVE) of each latent variable with the inter-construct correlations. The square root of the AVE, displayed diagonally in the table, should exceed the correlations between the constructs (off-diagonal values) to confirm that each construct is empirically unique.The diagonal values in the table, such as 0.742 for Perceived Benefits and 0.744 for Self-efficacy, are consistently higher than the corresponding inter-construct correlations. For example, the square root of the AVE for Perceived Benefits (0.742) exceeds its correlation with Self-efficacy (0.532), confirming that the constructs are sufficiently distinct. This pattern holds across all constructs, ensuring the model's discriminant validity and supporting the theoretical framework of the study.

Table 6 Discriminant validity test

Latent variables	A	B	C	D	E	G
Perceived benefits	0.742					
Perceived susceptibility	0.383	0.743				
Cues to action	0.497	0.445	0.757			
destination image	0.514	0.450	0.531	0.742		
Self-efficacy	0.532	0.487	0.500	0.505	0.744	
Wellness tourism intention	0.500	0.487	0.508	0.542	0.549	0.738

Note: The diagonal is the square root of the corresponding dimension AVE.
A: Perceived benefits; B: Perceived susceptibility; C: Cues to action; D: destination image; E: Self-efficacy; G: Wellness tourism intention.
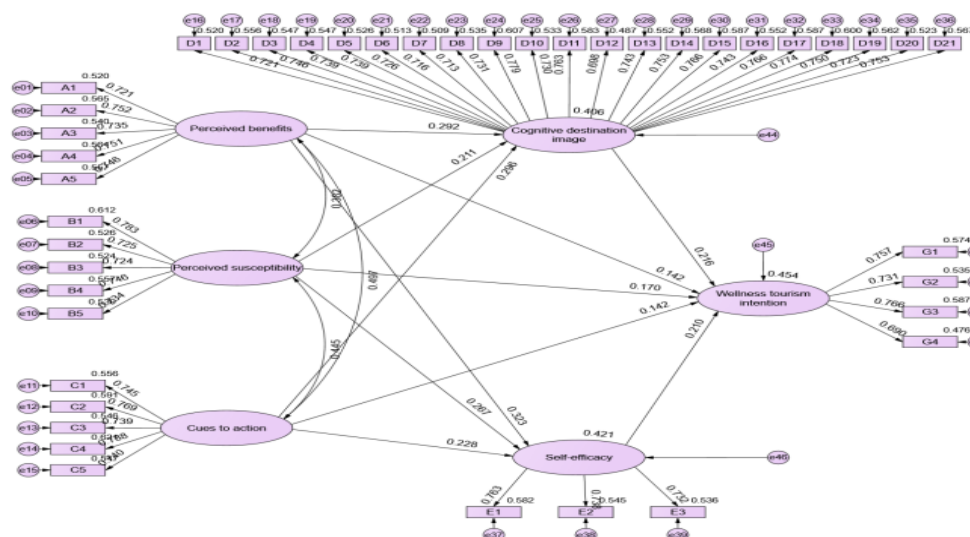
4.4 Structural equation model

Table 7 presents the fit metrics for the structural equation model (SEM) used to examine the relationships between the constructs related to wellness tourism intentions among older adults. The χ^2/df is 1.366 (<3), indicating an excellent model fit. The Root Mean Square Error of Approximation (RMSEA) is 0.024 (<0.08), further confirming a close fit of the model to the population data.The Goodness of Fit Index (GFI) and Adjusted Goodness of Fit Index (AGFI) measure how well the model explains the variance and covariance among the observed variables. With values of 0.924 and 0.915, respectively, both indices suggest a satisfactory fit, though AGFI indicates slight room for improvement in model parsimony. Incremental fit indices, such as the Normed Fit Index (NFI), Tucker-Lewis Index (TLI), and Comparative Fit Index (CFI), also demonstrate strong model performance, with values of 0.930, 0.979, and 0.980, respectively, all well above the accepted threshold of 0.9. These indices collectively confirm that the structural model provides an optimal representation of the data, accurately capturing the relationships among the latent variables related to wellness tourism.

Table 7 Model fit metrics

Fit index	χ^2/df	RMSEA	GFI	AGFI	NFI	TLI	CFI
Reference standards	<3	<0.08	>0.9	>0.9	>0.9	>0.9	>0.9
Result	1.366	0.024	0.924	0.915	0.930	0.979	0.980

Figure 3 illustrates the structural equation model and path analysis diagram.

Figure 3. Structural equation model

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Table 8 presents the results of the path analysis, which examines the direct effects between latent variables in the structural equation model (SEM) related to wellness tourism intentions among older adults. The standardized estimate (β) provides a scale-free measure of the expected change in the dependent variable per standard deviation increase in the predictor variable. Accompanying this are the standard errors (S.E.), which indicate the precision of the β estimates, and the critical ratios (C.R.), which serve as z-values for testing the null hypothesis that the parameter equals zero. A critical ratio exceeding 1.96 suggests statistical significance at the 95% confidence level, with p-values below 0.05 confirming significant paths.

The analysis supports all tested hypotheses, confirming the significance of the relationships among the key constructs. For example, H2 shows that Perceived Benefits significantly affects destination image (β = 0.292, C.R. = 6.444, p < 0.001), while H3 indicates a strong positive effect of Perceived Benefits on Self-Efficacy (β = 0.323, C.R. = 6.229, p < 0.001). These results underscore the critical role of perceived benefits in shaping both cognitive and psychological aspects of wellness tourism behavior.

Moreover, the analysis reveals significant direct effects of destination image and Self-Efficacy on Wellness Tourism Intention. Hypothesis H10 shows a positive impact of destination image on Wellness Tourism Intention (β = 0.216, C.R. = 4.386, p < 0.001), while H11 demonstrates that Self-Efficacy similarly influences Wellness Tourism Intention (β = 0.210, C.R. = 3.647, p < 0.001). These findings support the theoretical framework, highlighting the significance of cognitive and psychological constructs in driving wellness tourism behavior.

Table 8 Direct path effects

Hypothesis	Path	NS.EST.	β	S.E.	C.R.	P	Results
H1	A→G	0.140	0.142	0.052	2.667	0.008	Supported
H2	A→D	0.310	0.292	0.048	6.444	***	Supported
H3	A→E	0.328	0.323	0.053	6.229	***	Supported
H4	B→D	0.223	0.211	0.045	4.990	***	Supported
H5	B→G	0.167	0.170	0.048	3.462	***	Supported
H6	B→E	0.270	0.267	0.050	5.445	***	Supported
H7	C→D	0.294	0.296	0.046	6.340	***	Supported
H8	C→E	0.217	0.228	0.050	4.373	***	Supported
H9	C→G	0.132	0.142	0.048	2.722	0.006	Supported
H10	D→G	0.201	0.216	0.046	4.386	***	Supported
H11	E→G	0.204	0.210	0.056	3.647	***	Supported

Note: A: Perceived benefits; B: Perceived susceptibility; C: Cues to action; D: destination image; E: Self-efficacy; G: Wellness tourism intention.
***: p<0.001

Table 9 presents the results of the mediation effect bootstrap test, a non-parametric method used to assess the significance of indirect effects in the structural equation model (SEM). Each row corresponds to a specific mediation hypothesis within the model, detailing the indirect paths through which one construct affects another via a mediator. For instance, the mediation path "A→D→G" signifies the indirect effect of Perceived Benefits (A) on Wellness Tourism Intention (G) through destination image (D).

The Estimate column provides the size of the indirect effect, while the Standard Error (SE) indicates the precision of this estimate. The Bias-Corrected 95% Confidence Interval (CI) ensures that the true indirect effect lies within this range with 95% confidence, accounting for potential biases. If the confidence interval does not include zero, the mediation effect is considered statistically significant, supporting the corresponding hypothesis.

For example, the mediation path from perceived benefits through destination image to wellness tourism intention (H12) has an estimate of 0.062 with a standard error of 0.025. The bias-corrected confidence interval, ranging from 0.022 to 0.123, confirms the significance of this mediation effect, leading to the acceptance of the hypothesis. Similarly, other mediation paths, such as B→D→G (H13) and C→D→G (H14), are also supported by the data, confirming that destination image and Self-Efficacy play crucial roles in transmitting the effects of the antecedent variables to Wellness Tourism Intention.

Table 9 Mediation effect bootstrap test

Hypothesis	Mediation path	Estimate	SE	Bias-Corrected 95%CI		Results
H12	A→D→G	0.062	0.025	0.022	0.123	Supported
H13	B→D→G	0.045	0.020	0.015	0.096	Supported
H14	C→D→G	0.059	0.025	0.018	0.118	Supported
H15	A→E→G	0.067	0.030	0.019	0.142	Supported
H16	B→E→G	0.055	0.024	0.015	0.114	Supported
H17	C→E→G	0.044	0.024	0.009	0.108	Supported

Note: A: Perceived benefits; B: Perceived susceptibility; C: Cues to action; D: destination image; E: Self-efficacy; G: Wellness tourism intention.

Table 10 presents the total effects within the structural model, capturing both the direct and mediated influences of key predictors on Wellness Tourism Intention. The total effect quantifies the overall influence that a variable exerts on another, considering all direct and indirect pathways. For instance, the total effect of Perceived Benefits (A) on Self-Efficacy (E) is 0.328, which encapsulates both the direct and mediated effects.

Each total effect is accompanied by its Standard Error (SE), which reflects the precision of the effect size estimate. Smaller SE values indicate more precise estimates. For example, the path from A→E has an SE of 0.068, suggesting that the estimate is reliable. Additionally, the Bias-Corrected 95% Confidence Interval (95% CI) provides a range adjusted for sampling bias, ensuring that the effect is statistically significant if the interval does not include zero. For A→E, the confidence interval ranges from 0.202 to 0.463, confirming the statistical significance of this effect.

Significant total effects include paths such as A→G, B→G, and C→G, with respective effect sizes of 0.269, 0.267, and 0.235, highlighting the strong overall influence of these constructs on Wellness Tourism Intention. These findings affirm the critical roles of Perceived Benefits, Perceived Susceptibility, and Cues to Action in shaping both destination image and Self-Efficacy, and ultimately influencing Wellness Tourism Intention.

Table 10 Total Effects

Effect path	Effect size	SE	Bias-Corrected 95%CI	
A→E	0.328	0.068	0.202	0.463
B→E	0.270	0.071	0.134	0.411
C→E	0.217	0.071	0.076	0.362
A→D	0.310	0.070	0.170	0.446
B→D	0.223	0.065	0.094	0.346
C→D	0.294	0.064	0.155	0.414
A→G	0.269	0.067	0.149	0.406
B→G	0.267	0.063	0.148	0.390
C→G	0.235	0.068	0.111	0.378
E→G	0.204	0.079	0.045	0.373
D→G	0.201	0.070	0.061	0.345

Note: A: Perceived benefits; B: Perceived susceptibility; C: Cues to action; D: destination image; E: Self-efficacy; G: Wellness tourism intention.

4.5 Moderate effect analysis

This study examines Hypotheses H18 to H22 to assess the moderating role of social influence on the relationships between key determinants—perceived benefits, perceived susceptibility, cues to action, cognitive destination image, and self-efficacy—and wellness tourism intentions among Chinese older adults in Hainan.

The findings reveal that social influence significantly strengthens these relationships, particularly enhancing the effects of perceived benefits and cues to action on wellness tourism intentions. Specifically, H18 confirms that social influence moderates the relationship between perceived benefits and wellness tourism intention, yielding a statistically significant coefficient (0.023, p = 0.003). This result indicates that social encouragement from peers and family heightens older adults' likelihood of engaging in wellness tourism when tangible health benefits are perceived. Similarly, H19 and H20 confirm that social influence amplifies the effects of perceived susceptibility (coefficient = 0.019, p = 0.014) and cues to action (coefficient = 0.025, p = 0.001), underscoring the role of social support in reinforcing health-promoting behaviors.

Additionally, H21 indicates that social influence positively moderates the relationship between cognitive destination image and wellness tourism intentions, suggesting that societal endorsements bolster favorable perceptions of Hainan's wellness tourism offerings. Conversely, H22 reveals that social influence does not significantly affect the association between self-efficacy and wellness tourism intention, implying that older adults' confidence in managing health activities via wellness tourism may be largely internally driven, rather than reliant on social reinforcement.

These results are consistent with Social Influence Theory, highlighting the importance of peer recommendations and societal expectations in shaping decision-making processes. Thus, incorporating social influence as a moderator supports the potential for marketing strategies that emphasize peer influence and health professional endorsements to effectively enhance wellness tourism appeal among the elderly. This approach leverages social support as a critical factor in promoting wellness tourism engagement within this demographic.

5. Discussion

5.1 Theoretical Implications

Using the structural equation model, this study contributes to the body of knowledge on wellness tourism by exploring how perceived benefits, perceived susceptibility, and cues to action influence self-efficacy and wellness tourism intentions among older adults in Hainan.

The results confirm that perceived benefits are critical in enhancing self-efficacy among older adults, which, in turn, leads to stronger wellness tourism intentions. H1, H3, and H9 were supported, demonstrating that when individuals perceive substantial health benefits, such as improved physical and mental well-being, they develop increased confidence in managing their health and a greater intention to participate in wellness tourism. These findings are consistent with the work of Peng et al. (2023) and Li and Wen (2024), reinforcing the idea that health-related benefits are key motivators for this demographic.

The results further show that self-efficacy serves as a significant mediator between psychological perceptions and behavioral intentions, supporting hypotheses H10 to H17. Specifically, self-efficacy mediates the effect of perceived benefits, perceived susceptibility, and cues to action on wellness tourism intention. This highlights the importance of confidence in health management as a predictor of wellness tourism behavior, extending Bandura (1997)'s self-efficacy theory into the wellness tourism domain.

The study revealed that both Perceived Susceptibility and Cues to Action have significant indirect effects on wellness tourism intentions through self-efficacy (H4-H6, H7-H9). These findings emphasize that external triggers (e.g., health recommendations) can enhance self-efficacy, thereby influencing tourists' intentions to engage in wellness tourism. Health-related messages and external cues are crucial in converting perceived susceptibility into actionable behaviors, which aligns with the findings of Sabiote-Ortiz et al. (2024).

H18 to H22 confirm that Social Influence significantly strengthens these relationships, particularly by enhancing the impact of Perceived Benefits and Cues to Action on behavioral intentions. This finding aligns with Social Influence Theory, which posits that peer recommendations and societal expectations significantly impact decision-making processes (Li & Ma, 2024). By integrating Social Influence as a moderator, the study demonstrates that older adults are more likely to engage in wellness tourism when they receive social support or encouragement from family, friends, or healthcare providers. This suggests that marketing strategies should emphasize peer influence and endorsements from health professionals to increase the appeal of wellness tourism among the elderly population.

This study extends the health belief model (HBM) by illustrating how self-efficacy mediates the effects of health-related perceptions on wellness tourism intentions. Unlike previous models that primarily focus on direct relationships between health perceptions and behavior, this research integrates confidence in health management as an essential mediator, offering a more dynamic interpretation of how older adults' perceptions of health benefits influence their tourism behavior.

Furthermore, by applying Social Influence Theory to the context of wellness tourism, the study demonstrates how Perceived Benefits and Perceived Susceptibility act as key determinants of health-related tourism consumption patterns. This highlights the importance of wellness tourism as a health-driven activity, aligning with previous literature that emphasizes the role of peer influence and social expectations in decision-making processes (Li & Ma, 2024).

In conclusion, this study enriches the wellness tourism literature by integrating health-related constructs into a comprehensive framework that explains how perceived health benefits, susceptibility, and external cues drive wellness tourism intentions. The findings provide actionable insights for wellness tourism marketers, suggesting that promoting health benefits and leveraging social influence can significantly boost engagement among older adults. This research also offers a theoretical contribution by advancing key frameworks such as the Health Belief Model and Social Influence Theory while introducing mediating and moderating roles that expand the understanding of wellness tourism behavior.

5.2 Practical implications

The findings provide several practical insights for promoting wellness tourism among older adults in China. These implications are based on the empirical results and supported hypotheses, offering clear strategies for service providers, marketers, and policymakers to enhance participation in wellness tourism.

Firstly, the results confirm that perceived benefits significantly influence wellness tourism intention and self-efficacy (H1, H3). This suggests that marketing campaigns should focus on highlighting the health and well-being advantages of wellness tourism, especially emphasizing how destinations can improve both physical and mental health. By promoting benefits such as stress relief, improved physical fitness, and enhanced mental clarity, marketers can attract older adults and encourage greater engagement in wellness tourism activities.

In addition to perceived benefits, perceived susceptibility also plays a significant role in influencing wellness tourism intention and self-efficacy (H4, H5). This suggests that older adults who perceive themselves at risk of health issues are more likely to engage in wellness tourism. Wellness tourism providers should emphasize the preventative health benefits of their services, promoting wellness programs that address specific health risks to appeal to health-conscious older tourists.

The study also highlights the importance of cues to action, which positively influence self-efficacy and wellness tourism intention (H7, H8). This implies that service providers should leverage external triggers such as health promotions, government-endorsed campaigns, or health professionals' recommendations to encourage older adults to engage in wellness tourism. These cues can help increase participation by emphasizing the safety and health benefits of wellness tourism.

Self-efficacy is shown to be a crucial mediator in translating perceived benefits, perceived susceptibility, and cues to action into wellness tourism intentions (H10-H17). The higher the self-efficacy of older tourists, the more likely they are to engage in wellness tourism. Service providers should design programs and services that are easy to use, provide clear instructions, and offer personalized support, making it easier for older adults to feel confident in managing their health through wellness tourism.

Furthermore, the study reveals that social influence has a moderating effect on the relationships between perceived benefits, perceived susceptibility, cues to action, and wellness tourism intention (H18-H22). This implies that recommendations from family members, friends, and healthcare providers can significantly enhance the effects of perceived health benefits and external cues on wellness tourism intentions. Wellness tourism providers should integrate social influence into their marketing strategies, using testimonials, peer endorsements, and group-based wellness activities to increase the appeal of wellness tourism among older adults.

Lastly, the indirect effects of perceived benefits and perceived susceptibility through self-efficacy further underscore the importance of this mediator in shaping wellness tourism intentions (H16, H17). By addressing self-efficacy, service providers can better understand how older adults process health-related information and translate it into actionable wellness tourism behaviors.

In conclusion, this study suggests that a comprehensive approach to promoting wellness tourism among older adults is necessary. Marketing strategies should emphasize health benefits and incorporate social influence to boost engagement. Wellness programs should be designed to improve self-efficacy by offering personalized and accessible services that cater to the specific health needs of older adults. By focusing on self-efficacy and external cues, service providers and policymakers can create a more inclusive and engaging wellness tourism environment, ensuring long-term success and sustainability for the wellness tourism industry.

6.Conclusion

This study systematically explored the relationships between perceived benefits, perceived susceptibility, cues to action, and self-efficacy, and how these factors collectively influence wellness tourism intentions among older adults. By integrating these constructs into a cohesive wellness tourism behavior model, the research has uncovered the key factors that drive older adults' decisions to engage in wellness tourism. The empirical findings highlight the importance of self-efficacy as a mediator, confirming that this construct transforms perceived health risks and benefits into concrete wellness tourism intentions. This theoretical integration demonstrates both the individual and combined significance of these constructs in shaping wellness tourism behaviors, particularly in older adults.

Additionally, the moderating role of social influence was found to be significant, suggesting that peer recommendations, family support, and endorsements from healthcare providers can strengthen the impact of perceived benefits and cues to action on wellness tourism intentions. This indicates that social networks play a crucial role in shaping the wellness tourism behaviors of older adults.

Despite its contributions, this study has several limitations. First, the sample is limited to a specific demographic—older Chinese tourists—which may restrict the generalizability of the findings to other populations. Future research could expand the sample to include a more diverse range of participants from different cultural and economic backgrounds, providing a broader understanding of wellness tourism behaviors across different groups. Additionally, the cross-sectional design of this study provides only a snapshot of tourists' attitudes and behaviors at a single point in time. Longitudinal studies could offer more insights into how wellness tourism intentions evolve over time as health concerns and motivations change with age.

Moreover, while this study focuses on psychological and health-related factors, it does not fully explore other variables such as economic considerations and policy impacts that may also influence wellness tourism behavior. Incorporating these factors into future research could provide a more comprehensive view of how to promote wellness tourism among older adults. Lastly, qualitative methods such as interviews or focus groups could complement the quantitative findings, offering deeper insights into the personal experiences and motivations behind wellness tourism. Future research could also compare different wellness tourism strategies and marketing approaches to identify common drivers and region-specific factors, enhancing the applicability of the findings across different markets.

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