

China's Health Tourism and Marketing

Lina Zhong

Beijing International Studies University

Baolin Deng

Beijing International Studies University

Sunny Sun (✉ sunnysun@apu.ac.jp)

Ritsumeikan Asia Pacific University

Research

Keywords: Marketing, Health tourism, China

Posted Date: March 17th, 2020

DOI: <https://doi.org/10.21203/rs.3.rs-17441/v1>

License:  This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

Abstract

Background: China has been recently considered as an essential component of the world health tourism market. Nevertheless, limited studies, if any, have focused on marketing China's health tourism.

Methods: Through the stratification sampling survey method, the present study collected 351 valid questionnaires.

Results: The present study identified possible attributes and resources to market health destinations in China; and all the identified attributes were classified into four factors: basic services, health services, religious services, and social services.

Conclusions: Safety was considered to be the top attribute of health destinations; and the most effective way to do marketing of health tourism in China is through events. Furthermore, travel pattern of health tourism is also identified.

Background

The concept of health tourism was originated in New Mexico, the United States in the 1930s, and has been gaining consistent attention over the decades [1, 2]. With the aging of population structure and the increasing prevalence of sub-health phenomena, as well as the revolutionary influence of the whole global health concept, people's demand for health and wellness has become the market mainstream trend at present. Health tourism development even exceeds the development of consumers' needs for food and clothing; and modern health tourism focuses on maintaining health and repairing health, taking fitness activities and medical care items as features, it satisfies the purpose of relaxation and self-cultivation. Compared to the traditional escapism or hedonism of tourism, health tourism plays an important role in some new functions of stress management, personal development, reflection, connection and meaning—this cannot always be achieved in daily life, and it is emerging as a new form of tourism that focuses on health, rejuvenation and discovery of destinations [3]. Thus, health resources and tourism activities are cross penetrated to achieve integration, with the emergence of a new form of industry, to meet people's full range of physical and mental health needs, began to receive global attention.

"Health tourism" has been widely used in recent years, and its definition is complicated by the elusive nature of the word "health" itself [4, 5]. Health tourism is also considered the sum of all relationships and phenomena that arise when people change their location and place of residence to promote, stabilize and, where appropriate, restore physical, mental and social well-being while using health services and medical services [6]. According to the World Health Organization, by 2020, the medical health-related service industry will become the world's largest industry, and tourism and leisure tourism-related services will rank second, and the combination of the two will account for 22% of global GDP. It was pointed out that health tourism was a new perspective in the leisure industry and a large number of uninsured or underinsured Americans traveled abroad for affordable medical tourism to India and Thailand [7, 8]. The

prediction from visa showed that the scale of medical tourism might add up to 3 trillion dollars worldwide by 2025. As a result, an emerging tourism market with high pursue in health will lead to a boosting market shortly. However, few studies have explored the attributes and resources that are considered the important marketing elements of health tourism in China. According to the exception in Heung and Kucukusta's research [9], many current studies have failed to answer the question "What would accelerate the marketing of health tourism in China?" Thus, in order to have an overall picture of health tourism in China, it is of great necessity to explore the detailed important elements of marketing health tourism in China. As a result, the present study aims to investigate which attributes and resources would be considered important in health tourism development; to identify the effective methods to promote health tourism in China; and to provide practical implications for tourism practitioners regarding the strategic development in the future.

Health tourism research and its development

Regarding the definition of health tourism, the consensus has not been reached among academic researchers. The teams such as "health tourism", "medical tourism", "wellness tourism", "well-being tourism" have been frequently seen in publications, but each of them describes different concepts in health tourism [10]. Based on the findings of the retrieved health-tourism related articles, three main themes were identified, that is, health tourist markets (demand), health tourism industry development and promotion (supply), and health tourism impacts and policy (external environment). Many existing studies have focused on identifying factors and reasons that help tourists making decisions in their health-related travels. It was believed health-related travel usually caused by three motivations: to be away from home, to pursue health, and to get leisure setting [11]. Those studies only provide a general view, but they did not touch any in-depth research on why and what wellness tourists' demands [12]. To very recent, a contrast study of evaluation of South Korean wellness tourist's satisfaction and motivation between their first and return visits was published [13]. For medical tourists, It was found that the market relied heavily on commercial promotion activities [14]. Moreover, It was claimed that excellent medical facilities and qualified medical staff were key factors to attract medical tourists [15]. It was indicated that enhancing the quality of a product of health tourism would improve tourists' satisfaction [16].

A number of studies have been done in terms of supply chain about health service, such as hotels and hospitals at destinations. It was analyzed the situation and the future trend of the entire industry [17]; It was surveyed promotional paper-based materials used in Indian health tourism [14]. It was utilized a qualitative way to analyze the competitiveness of medical tourism in Singapore [18]. It was identified a region-based measurement standard called Medical Tourism Index (MTI) to assess whether a country would be attractive to medical tourists [19].

Besides, the environment of the holistic development environment is another research focus on health tourism. Policy, barrier, ethic, welfare, and background of the industry are five main factors to be considered. It was revealed the low cost became the main reason for uninsured or underinsured medical tourists to travel outbound [8]. It was found medical tourism impacted the justice in low- and middle-

income destination countries [20]. It was reviewed the policies and background of the growingly popular South Korea medical tourism industry [21]. It was concerned on the legal climate of other medical tourism, psychology, tourism, health and wealth, ethic challenges [22]. Many studies pointed out that health tourism would be the new trend soon, and it would influence the economic development of a destination country. It was insisted that the international practice of wellness tourism would impact the global distribution of practitioners [23].

Health Tourism in China

China has a long history of maintaining a healthy life. Health tourism has become popular in the past years due to the fast growth of economy in the country though only a few international research groups have noticed the potentials hidden in this vast potential market. Up to date, only 17 papers were relevant to Chinese health tourism available in the ISI database. Among them, Heung's groups conducted in-dept research of Chinese health tourism market from a cultural perspective, resources and marketing [9, 24]. It was investigated the associations between tourism experiences and subsequent self-rated health using Chinese older adults as samples [25]. It was examined the factors that motivate tourists from the US, Russia, China, and Japan to seek medical treatment in Korea [26]. It was reviewed market awareness in Zhejiang province. From 1100 collected questionnaires, most respondents expressed a positive attitude to accept and participate in health tourism. However, 83.9% of the respondents were not given enough information to product and service suppliers and destinations [27]. Considering China's history of its long-lasting healthy lifestyle and the trend of healthy lifestyle worldwide, the present study not explores the attributes/resources that assists China's health destinations development from the perspective of consumers, conducts factor analysis among the identified factors, and explores effective methods to promote China's health tourism.

Methods

A structured questionnaire was distributed using stratification sampling method and snowball sampling online [28]. First, seven researchers were asked to send the questionnaire to five friends who were the most trustable ones in their social network. Then these thirty-five respondents helped to involve more respondents by sending a questionnaire to five of their trustable friends in the same way. To collect appropriate sample set that reflects the distribution of the overall tourists' population, demographic information of the respondents were extracted for filtering purpose. Data were collected recently, and a total of 351 valid questionnaires were used for further analysis using SPSS.

Results

Attributes for health tourism destination development

According to the literature reviewed in Section 2, some attributes were identified as helpful in the development of health tourism destinations in China. The respondents were asked to rate agreement of

the importance of each attribute on a five-point Likert-type scale (from 1 = Strongly Disagree, to 5 = Strongly Agree). Table 1 shows the descriptive statistics of the attributes.

The results reveal that a safe environment is a prime attribute with a mean of 4.61. The “Fresh air and clean water” is the second favorable one for the development of health destination, followed by relaxing environment, tranquil environment, healthy diet, beautiful landscape, natural resources, high-quality therapeutic services/practitioner, accommodations, convenient transportation, cultural resources, and health center, all score above 4. Entertainment facility, geriatric nursing services, Chinese medicine treatment, Chinese Kong-Fu/Taiji, convention center and religious resources rank among the lowest.

ANOVA test was used to analyze the difference between the groups. Result in Table 2 reveals few differences were found according to the importance of the attributes. The differences existed in the convention center and Chinese Kong-Fu/Taiji. Young people below the age of 25 and those who do not have a marriage thought convention center is a useful attribute. Aging people between the age of 56 and 65 would love to have Chinese Kong-Fu or Taiji with a mean score at 4.25, but the people above 65 did not think that would be important.

To identify the underlying development dimensions for destinations, factor analysis was employed for the nineteen items. Principle rotation and varimax rotation were used to clarify the structure of the factors. First, three factor groups with an Eigenvalue greater than 1 were elicited that accounted for 66.723%, then try to add one more group the cumulative percent variance (CPV) raised to 72.03%. In all the factors, there are some dominant variables. Bartlett’s test of sphericity yields a value of 4216.924 with a statistical significance ($p=0.000$). KMO shows a value of 0.921, which indicated the suitability of the data for structure detection. All three factor groups possess Cronbach’s alpha value greater than 0.7, which showed acceptable consistency within the factor group. Table 3 reveals that the factors could be categorized into the four groups: basic services, health services, religious services, and social services.

Method for promotion

Based on the previous study, a set of promotion methods were adapted into the questionnaire (9). The respondents rated agreement level of effectiveness of each attribute on five-point Likert-scale (from 1 = Strongly Disagree, to 5 = Strongly Agree). Table 4 shows the results of the descriptive statistics. The chi-square test (all significant at the level of 0.01) indicated that all the items had influences on promoting. Nationwide/International event (i.e. Olympics), mass media advertising, special destination event (i.e. Marathon, Yoga congregation) and government campaign were rated as the four most effective ways of promoting with mean values above 3.81.

To examine the effective way of promoting to a different market segment, we performed the ANOVA analysis. The ANOVA test showed differences on levels of promotion preferences according to participants’ gender, age, monthly income, and marital status. Further, correlation analysis was performed to find the direction and degree of association. Table 5 presents the corresponding results. Regarding gender, cooperation with a geriatric nursing center and rehabilitation appealed to female more, with a

mean score of 3.96 for female and 3.53 for male. Holding nationwide/International events or special destination events works effectively towards young people (with mean scores of 4.15 and 4.09 respectively), but not so convincingly for people over 65 (with mean scores of 2.33). The correlation between education background and promotion methods revealed that higher educated people were more likely to accept online advertising and advertisements on health magazines. To do marketing in the high-income segment is not an easy job. We could only find they have the least interest in government campaign, but no exist way could effectively encourage this group into health tourism. The Marital status also influenced promotion preferences. Event planning would be the best way to attract single, in-love people and even families (married and live with child) to the destinations.

Health tourism experience and expectations

To explore tourists' experience and expectations, more questions were added, including "I am very familiar with health tourism", "I have several health travel experiences", "I am satisfied with my health travel experience", "Health travel is worthwhile" and "I would like to participate again in health tourism activity". Respondents were asked to rate each statement based on their agreement level using a five-point Likert scale (from 1 = Strongly disagree, to 5 = Strongly agree). Table 6 shows the frequency statistic and the chi-square test results. Overall, the respondents were lack of participation and understanding of health tourism (with a mean value below 3). Then the ANOVA analysis discloses that most of the population are in lack of health tourism awareness in China, as shown in Table 7. Only the aging people had a bearing on the re-travel intention. People aged between 56 and 55 (mean score of 4.08) had a comparatively higher willingness for participating in health tourism again than other age groups. This age group was considered more likely to be wealthy and leisure with the intention for better life quality.

Dream destinations and property buying

As for the choice of health destinations in the future, 49.32% of respondents chose international destinations, while 50.68% prefer domestic. Table 14 and 15 show the results of the frequency analysis of dream health destinations for Chinese people home and abroad. According to Table 8, the top three healthy tourist destinations in China are expected to be Hainan, Yunnan, and Guangxi. The most popular cities are Sanya, Xiamen, Guilin, and Hangzhou. From these areas, the ideal health tourism should have a right natural style, rich historical humanities, diverse national atmosphere and unique landscape feelings. These scenes, feelings, literary talent can let visitors experience the relaxation and nature of the body and mind. As can be seen from Table 9, the ideal health destinations are Europe, Asia, and the Americas, the most popular of which are Japan, Switzerland, New Zealand and the United States, which may be related to the importance attached to tourism in different countries and the degree of development of tourism resources.

An open-end question was added to analyze what is the difference when the tourists think of the health destinations in the east and west. Table 10 recorded the most representative opinions of from 186 responders. We could see that in most tourists' mind, there are better-developed health tourism industry in

the west with better service, facilities, and natural environment. But the expenditure is much higher than in the east. Meanwhile, the concerns of health tourism are different. Spiritual health is very important in east health destinations, while physical health is very important in the west. Also, culture and food are different between east and west. When talking about property purchasing in health destinations, 22.51% of respondents showed their willingness within the price range of 500,000 RMB (about \$73500) to 1,000,000 RMB (about \$14700).

Travel pattern

To understand the health travel pattern, respondents filled out two multiple-choice questions asking the traveling companion, types of traveling. A single-choice question was added requesting the length of stay. Table 10 shows the frequency analysis results. Majority of the respondents would like to travel with friends and families and mates when they do health tourism (61.0%, 77.2%, and 43.3% respectively). The respondents also showed great interest in independent traveling and semi-independent traveling (67.2% and 46.4% respectively); while traveling with professional health institution was viewed as the fourth favorable health travel type (22.8%). In terms of the length of stay, most of the respondents would like to take a health trip of 3-7 days (57.8%), which is pretty high compared to the 21.6% from all tourist sample survey of the government (China National Tourism Administration, 2016). Traveling for two to four weeks was also a favorable option (32.5%), which achieved a significantly high score by comparing 2.4% to the all type of tourist census data.

Discussion

Findings of the present study represents the uniqueness of the Chinese outbound market, particularity in terms of the size of Chinese outbound market as it is expanding rapidly. In addition, the market that the present study investigates is different from the market that was investigated by previous studies, which are reflected in the travel pattern of Chinese tourists. Specifically, respondents showed a great interest in both travelling with their mates and travel independently for health tourism. Furthermore, since health tourism is expected to continue to grow globally, knowing the perceived attributes of health tourism from the perspective of Chinese tourists provide the necessary information and enlightenments for other countries of marketing health tourism to Chinese tourists. Last but not least, the present study takes the initiative to understand the key elements so as to better market health tourism in the future.

Conclusion

Embracing great opportunities, health tourism in China is still in its infancy. It is important to understand the health tourism market in China and provide practical information to the academics and the health tourism industry. In this research, from a well-designed and social network distributed questionnaire, attributes of health tourism and effective methods for promoting health tourism in China were discovered. Major findings indicate that regarding the favorable attributes of health destinations, safety was considered to be the top priority. In addition, all these attributes identified were categorized four

factors which could be used to improve the supply of health destinations. In terms of marketing China's health tourism, the most effective way to do marketing of health tourism in China is events. which is more interesting is that tourists with different demographics were very diverse when choosing effective marketing ways. Particular attention should be paid on the market segment. Finally, the present study discloses that Chinese tourists were not familiar with health tourism. Even for those who had participated in some, they were not be familiar and satisfied by the situation.

China is the biggest outbound tourism market at present and in the coming future [16]. Detailed understanding and research of this market would increase the knowledge of the hospitality industry. The market investigation and implications for health tourism are useful not only in China but also in other potential destinations. Further studies could focus on the marketing sector more closely, which should be valuable information for all health tourism developers. Closer research on specific domestic health destinations could also be informative towards the industry. The present study has one limitation. Since it is a pilot study, the sample size is not big enough. Hence, future studies may explore this topic with a larger sample so as to gain more comprehensive understanding.

Declarations

Acknowledgements

We wish to thank our patient research partners for their involvement in the manuscript.

Authors' contributions

LZ is the lead author of this paper. She made substantial contributions on the research idea, research design, data acquisition, and responded to the comments for revision. BD contributed to this paper in drafting, writing and revising manuscript. SS contributed to this paper structure and direction of this paper, edited the manuscript, and responded to the comments for revision.

Funding

The author disclosed receipt of the following financial support for the research: This study was funded by National Natural Science Foundation of China- A Placeality-based view of destination brand DNA selection (71673015). Beijing Social Science Foundation -Research on the Mechanism of Cultural and Tourism Integration in the Construction of National Cultural Center(18JDGLA014). Multinational People's Representation and Multi-spatial Folding of Beijing: An Interpretation of big data, Beijing Social Science Foundation(18JDGLB013). Strategy of Beijing International Tourism Brand Based on Big Data, Beijing International Studies University Research Fund.

Availability of data and materials

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

Ethics approval and consent to participate

Institutional ethics approval for this study was received from Beijing International Studies University. This study obtained consent from all survey participants.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

Author details

¹Institute for Big Data Research in Tourism, School of Tourism Science, Beijing International Studies University, Chaoyang district, Beijing, China. ²College of Asia Pacific Studies, Ritsumeikan Asia Pacific University, 1-1 Jumonjibaru, Beppu, Oita, Japan.

References

1. Dunn HL. High-level wellness for man and society. *American journal of public health and the nations health*. 1959;49(6):786-92.
2. Steiner CJ, Reisinger Y. Ringing the fourfold: A philosophical framework for thinking about wellness tourism. *Tourism recreation research*. 2006;31(1):5-14.
3. Walker L, Budd S. UK: the current state of regulation of complementary and alternative medicine. *Complementary therapies in medicine*. 2002;10(1):8-13.
4. Dunn HL. What high-level wellness means. *Canadian Journal of Public Health/Revue Canadienne de Sante'e Publique*. 1959;50(11):447-57.
5. Myers JE, Sweeney TJ, Witmer JM. The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development*. 2000;78(3):251-66.
6. Yiling L, Lingqiang Z, Yabin L. Research on "Globalization" Ecological New Countryside Construction —Taking Wuyi Ecological Health Tourism and Co-construction of Beautiful Countryside as an Example. *Ecological Economy*. 2016(02):139-42+76.
7. Nahrstedt W. Wellness: A new perspective for leisure centers, health tourism, and spas in Europe on the global health market. *The tourism and leisure industry: Shaping the future*. 2004:181-98.
8. Pafford B. The third wave—medical tourism in the 21st century. *Southern medical journal*. 2009;102(8):810-3.
9. Heung VC, Kucukusta D. Wellness tourism in China: Resources, development and marketing. *International journal of tourism research*. 2013;15(4):346-59.

10. Hall CM, Voigt C, Brown G, Howat G. Wellness tourists: in search of transformation. *Tourism Review*. 2011.
11. Weiler B, Hall CM. *Special interest tourism*: Belhaven Press; 1992.
12. Smith M, Puczko L. *Health and wellness tourism*: Routledge; 2008.
13. Lim Y-J, Kim H-K, Lee TJ. Visitor motivational factors and level of satisfaction in wellness tourism: Comparison between first-time visitors and repeat visitors. *Asia Pacific Journal of Tourism Research*. 2016;21(2):137-56.
14. Crooks VA, Turner L, Snyder J, Johnston R, Kingsbury P. Promoting medical tourism to India: Messages, images, and the marketing of international patient travel. *Social Science & Medicine*. 2011;72(5):726-32.
15. Wongkit M, McKercher B. Desired attributes of medical treatment and medical service providers: A case study of medical tourism in Thailand. *Journal of Travel & Tourism Marketing*. 2016;33(1):14-27.
16. Borg EA, Ljungbo K. International market-oriented strategies for medical tourism destinations. *International Journal of Market Research*. 2018;60(6):621-34.
17. Connell J. Contemporary medical tourism: Conceptualisation, culture and commodification. *Tourism management*. 2013;34:1-13.
18. Ganguli S, Ebrahim AH. A qualitative analysis of Singapore's medical tourism competitiveness. *Tourism Management Perspectives*. 2017;21:74-84.
19. Fetscherin M, Stephano R-M. The medical tourism index: Scale development and validation. *Tourism Management*. 2016;52:539-56.
20. Chen LH, Wilson ME. The globalization of healthcare: implications of medical tourism for the infectious disease clinician. *Clinical infectious diseases*. 2013;57(12):1752-9.
21. Choi K, Lee TJ, Kim H-K. Strategic marketing development of hospitals participating in medical tourism: A case of South Korea. *Tourism Analysis*. 2015;20(1):129-36.
22. Crooks VA, Li N, Snyder J, Dharamsi S, Benjaminsy S, Jacob KJ, et al. "You don't want to lose that trust that you've built with this patient...":(Dis) trust, medical tourism, and the Canadian family physician-patient relationship. *BMC family practice*. 2015;16(1):25.
23. Snyder J, Crooks VA, Turner L, Johnston R. Understanding the impacts of medical tourism on health human resources in Barbados: a prospective, qualitative study of stakeholder perceptions. *International journal for equity in health*. 2013;12(1):2.
24. Huang L, Xu H. A cultural perspective of health and wellness tourism in China. *Journal of China Tourism Research*. 2014;10(4):493-510.
25. Gu D, Zhu H, Brown T, Hoenig H, Zeng Y. Tourism experiences and self-rated health among older adults in China. *Journal of aging and health*. 2016;28(4):675-703.
26. An D. Understanding medical tourists in Korea: Cross-cultural perceptions of medical tourism among patients from the USA, Russia, Japan, and China. *Asia Pacific Journal of Tourism Research*. 2014;19(10):1141-69.

27. Qunhui X, Shiyi X. Survey and analysis of Zhejiang health tourism market awareness. China's Future in the Transition Period—2011 Annual Conference of China Future Research Association; 2011; Beijing China.
28. Kish L. Survey sampling. New York, 1965. John Wiley & Sons.

Tables

Table 1. Attributes considered important for the development of health destinations in China

^a Attributes/Resources	Mean	Rank	Standard Deviation
Safe environment	4.61	1	0.854
Fresh air and clean water	4.57	2	0.884
Relaxing environment	4.51	3	0.887
Tranquil environment	4.43	4	0.909
Healthy diet	4.50	5	0.840
Beautiful landscape	4.41	6	0.938
Nature resources	4.42	7	0.949
High-quality therapeutic services/practitioners	4.26	8	1.038
Accommodations	4.29	9	0.975
Convenient transportation	4.38	10	0.944
Culture resources	4.30	11	0.940
Health center	4.03	12	1.155
Entertainment facility	3.91	13	1.128
Geriatric nursing services	3.62	14	1.259
Chinese medicine treatment	3.59	15	1.190
Chinese Kong-Fu/Taiji	3.36	16	1.289
Convention center	3.18	17	1.287
Religious resources	3.31	18	1.334

^a Question: Please rate each item based on the agreement level of importance in your opinion towards developing health destinations in China.

Table 2. Results of ANOVA of differences in attributes between demographics of respondents

Attributes/Resources	Gender	Age	Education Background	Monthly Income	Marital Status
Safe environment	2.447 (0.119)	0.807 (0.545)	0.607 (0.725)	0.261 (0.903)	1.409 (0.230)
Fresh air and clean water	4.819 (0.029)	1.598 (0.160)	0.795 (0.575)	0.748 (0.560)	1.585 (0.178)
Relaxing environment	3.336 (0.069)	1.667 (0.142)	0.788 (0.580)	1.056 (0.378)	2.369 (0.052)
Tranquil environment	0.674 (0.412)	2.352 (0.040)*	1.380 (0.222)	0.725 (0.575)	2.194 (0.069)
Healthy diet	0.003 (0.954)	0.941 (0.455)	0.948 (0.461)	0.682 (0.604)	0.919 (0.453)
Beautiful landscape	1.087 (0.298)	0.965 (0.439)	1.614 (0.142)	1.161 (0.328)	1.306 (0.267)
Nature resources	1.329 (0.250)	0.819 (0.537)	1.588 (0.150)	0.857 (0.490)	0.891 (0.469)
High-quality therapeutic services/practitioners	3.755 (0.053)	0.968 (0.437)	2.455 (0.024)*	0.701 (0.592)	1.766 (0.135)
Accommodations	2.051 (0.153)	1.645 (0.148)	0.797 (0.572)	1.116 (0.349)	0.732 (0.570)
Convenient transportation	1.732 (0.189)	2.660 (0.022)	1.832 (0.092)	0.600 (0.663)	0.915 (0.455)
Culture resources	3.126 (0.078)	0.952 (0.448)	2.186 (0.044)*	0.817 (0.515)	0.301 (0.877)
Health center	4.379 (0.037)*	2.111 (0.064)	1.921 (0.077)	1.578 (0.180)	0.439 (0.780)
Entertainment facility	0.472 (0.493)	4.424 (0.001)**	0.654 (0.687)	1.185 (0.317)	1.663 (0.158)
Geriatric nursing services	0.863 (0.354)	2.788 (0.017)	0.664 (0.679)	0.420 (0.794)	1.127 (0.344)
Chinese medicine treatment	0.741 (0.390)	1.935 (0.088)	2.546 (0.020)*	0.970 (0.424)	1.763 (0.136)
Chinese Kong-Fu/Taiji	0.000 (0.995)	2.965 (0.012) *	3.915 (0.001) **	0.581 (0.677)	4.261 (0.002)**
Convention center	0.997 (0.319)	6.400 (0.000) **	2.171 (0.045)*	1.618 (0.169)	5.374 (0.000)**
Religious resources	2.343 (0.127)	2.077 (0.068)	1.334 (0.241)	2.306 (0.058)	1.364 (0.246)

Note: F-value in the table while P-value in brackets.

*Significant at 0.05 probability level.

**Significant at the 0.01 probability level.

Table 3. Factor analysis of the attributes considered important for the development of health destinations in China

Table 4. Effective methods for promoting health tourism in China

	Factor1	Factor2	Factor3	Factor4
	Basic services	Health services	Religious services	Social services
Fresh air and clean water	0.865			
Fresh air and clean water	0.806			
Beautiful landscape	0.771			
Tranquil environment	0.697			
Safe environment	0.795			
Relaxing environment	0.858			
Convenient transportation	0.877			
Healthy diet	0.767			
High-quality therapeutic services and practitioners	0.765			
Chinese Kong-Fu/Taiji	0.656			
Accommodations	0.733			
Geriatric nursing services	0.551			
Chinese medicine treatment		0.784		
Chinese Kong-Fu/Taiji		0.719		
Geriatric nursing services		0.757		
Religious resources			0.750	
Entertainment facility				0.720
Convention center				0.639
Eigenvalue	8.259	2.331	1.455	0.920
Accumulation of the total variance explained	36.423	52.850	63.314	72.030

^a Methods	Mean	Rank	SD	Chi-square	^{b, c} Sig.
Nationwide/International event (i.e. Olympics)	3.92	1	1.104	146.368	<0.001
Mass media advertising	3.86	2	1.142	127.733	<0.001
Special destination event (i.e. Marathon, Yoga congregation)	3.84	3	1.123	120.463	<0.001
Government campaign	3.81	4	1.160	118.119	<0.001
Cooperation with geriatric nursing center and rehabilitation	3.74	5	1.169	104.973	<0.001
Cooperation with hospital	3.73	6	1.209	98.119	<0.001
Government licensed agency	3.65	7	1.126	110.315	<0.001
Cooperation promotion with medical travel agency	3.61	8	1.198	73.193	<0.001
Online advertising	3.58	9	1.213	73.074	<0.001
Ads on TV channel about health	3.52	10	1.268	55.685	<0.001
Ads on health magazine	3.50	11	1.213	55.359	<0.001

^a Question: Please rate each item based on the agreement level of effective way promoting health tourism in China.

^b Sig. for Chi-square test.

^c All *p* values are less than 0.001.

Table 5. Result of the ANOVA analysis of promotion methods between demographics of respondents

	Gender	Age	Education Background	Monthly Income	Marital Status
Nationwide/International event (i.e. Olympics)	5.400 (0.021)*	7.896 (0.000)**	2.231 (0.040)*	0.825(0.510)	4.325 (0.002)**
Mass media advertising	0.059 (0.808)	1.694 (0.135)	2.012 (0.064)	1.754(0.138)	1.368 (0.245)
Special destination event (i.e. marathon, yoga congregation)	5.630 (0.018)*	7.721 (0.000)**	1.967 (0.070)	1.355(0.249)	6.481 (0.000)**
Government campaign	0.382 (0.537)	2.067 (0.069)	1.446 (0.196)	4.160(0.003)**	0.212 (0.932)
Cooperation with geriatric nursing center and rehabilitation	11.977 (0.001)**	1.244 (0.288)	2.646 (0.016)*	0.907(0.460)	1.020 (0.397)
Cooperation with hospital	3.263 (0.072)	1.827 (0.107)	0.967 (0.447)	1.682(0.154)	0.505 (0.732)
Government licensed agency	0.741 (0.390)	1.566 (0.169)	0.955 (0.456)	2.301(0.058)	3.163 (0.014)*
Cooperation promotion with medical travel agency	2.437 (0.119)	0.439 (0.821)	1.837 (0.091)	1.294(0.272)	1.882 (0.113)
Online advertising	0.868 (0.352)	2.085 (0.067)	6.884 (0.000)**	0.769(0.546)	2.590 (0.037)*
Ads on TV channel about health	0.463 (0.497)	2.459 (0.033)*	1.848 (0.089)	2.683(0.032)*	0.530 (0.714)
Ads on health magazine	1.115 (0.292)	2.189 (0.055)	3.749 (0.001)**	1.637(0.165)	2.733 (0.029)*

Note: *F*-value in the table while *P*-value in brackets.

*Significant at 0.05 probability level.

**Significant at the 0.01 probability level.

Table 6. Level of respondents' agreement of familiarity about health tourism

^a Agreements	Mean	Rank	SD	Chi-square	^{b, c} Sig.
I would like to participate again in health tourism activity	2.97	1	1.145	74.741	<0.001
Health travel is worthwhile	2.81	2	1.162	52.462	<0.001
I am satisfied with my health travel experience	2.5	3	1.134	62.547	<0.001
I am very familiar with health tourism	2.5	4	1.063	91.436	<0.001
I have several health travel experiences	2.26	5	1.033	99.584	<0.001

^a Question: Please rate each item based on agreement level for you to participate in health tourism.

^b Sig. for Chi-square test.

^c All *p* values are less than 0.001

Table 7. Result of the ANOVA analysis of familiarity between demographics of respondents

	Gender	Age	Education Background	Monthly Income	Marital Status
I am very familiar with health tourism	3.814 (0.052)	2.101 (0.065)	0.614 (0.719)	2.707 (0.130)	0.719 (0.579)
I have several health travel experiences	2.275 (0.132)	0.759 (0.580)	1.041 (0.398)	2.834 (0.055)	1.307 (0.267)
I am satisfied with my health travel experience	2.118 (0.146)	0.688 (0.633)	0.880 (0.510)	1.398 (0.234)	1.076 (0.368)
Health travel is worthwhile	0.174 (0.677)	2.065 (0.069)	0.275 (0.949)	2.980 (0.069)	1.014 (0.400)
I would like to participate again in health tourism activity	1.263 (0.262)	2.925 (0.013)*	0.936 (0.469)	3.404 (0.110)	1.331 (0.258)

Note: F-value in the table while P-value in brackets.

*Significant at 0.05 probability level.

**Significant at the 0.01 probability level

Table 8. Frequency of expected domestic health destinations among Chinese

Province	Destination	Frequency (Number)	Total (Number)
Hainan	Hainan	9	21
	Sanya	12	
Yunnan	Yunnan	16	21
	Kunming	1	
	Erhai Lake	1	
	Dali	1	
	Tengchong	1	
	ludian	1	
Guangxi	Guangxi	4	10
	Guilin	4	
	Bama	2	
Sichuan	Sichuan	2	9
	Jiuzhaigou	2	
	Chengdu	2	
	Panzhihua	1	
Fujian	Xiamen	5	7
	Mount Wuyi	2	
Beijing	Beijing	3	5
	Miyun	1	
	Jiuhua SPA & Resort	1	
Zhejiang	Hangzhou	4	5
	Zhoushan	1	
Tibet	Tibet	4	4
Guizhou	Guiyang	2	3
	Liupanshui	1	
Xinjiang	Kanas	3	3
Jiangsu	Jiangsu	1	2
	Zhenjiang	1	
Jiangxi	Mount Sanqing	1	2
	Mount Lushan	1	
Shanxi	Shanxi	2	2
Anhui	Mount Huangshan	1	1
Chongqing	Chongqing	1	1
Guangdong	Zhuhai	1	1
Harbin	Harbin	1	1

Hunan	Zhangjiajie	1	1
Hubei	Mount Wudang	1	1
Inner Mongolia	Inner Mongolia	1	1
Jilin	Mount Changbai	1	1
Shandong	Tsingtao	1	1
Shanghai	Shanghai	1	1
The Xisha Islands	The Xisha Islands	1	1
Taiwan	Taiwan	1	1
Other	Natural environment	5	5
	Hot spring	2	2
	Native ecological Villages	1	1
	Villages of longevity	1	1
	Sea-adjacent	1	1

Table 9. Frequency of perceived international health destinations among Chinese

Continent/Region	Country	Destination	Frequency (Number)	Continent/ Region total
Asia	Japan	Japan	16	32
		Shizuoka	1	
	Maldives	Maldives	5	
	Thailand	Thailand	3	
		Chiang Mai	1	
	Korea	Korea	2	
	Bhutan	Bhutan	1	
	Indonesia	Bali	1	
	Israel	Jerusalem	1	
Philippines	Philippines	1		
Europe	Switzerland	Switzerland	13	41
	Europe	Europe	5	
	France	France	3	
		Paris	2	
	Scandinavia	Scandinavia	3	
	Germany	Germany	2	
	Greece	Greece	1	
		Santorini	1	
	Singapore	Singapore	2	
	Belgium	Belgium	1	
	Denmark	Denmark	1	
	Holland	Holland	1	
	Iceland	Iceland	1	
	Italy	Roma	1	
		Surrento	1	
	Sri Lanka	Sri Lanka	1	
	UK	UK	1	
Vietnam	Nha Trang	1		
Oceania	Australia	Australia	6	17
		Gold Coast	1	
	New Zealand	New Zealand	8	
	Fiji	Fiji	1	
	Tahiti	Tahiti	1	
America	USA	USA	8	24
		Hawaii	4	

		California	1	
		Boston	1	
		Ithaca	1	
		Minnesota	1	
		New York	1	
		San Diego	1	
		Seattle	1	
	Canada	Canada	5	
Africa	Madagascar	Madagascar	1	2
	Mauritius	Mauritius	1	
Other	Archipelagic states	Island	3	5
	Antarctica	Antarctica	1	
	Any city	With top-class hotel	1	

Table 10. Perceived differences of health tourism destinations between East and West

Opinions	Supported Number	^a Percentage
Natural environment is better in the west	28	15.14%
They are different in concerns.	16	8.65%
Service/Facilities are better in the west	27	14.59%
Culture is different	16	8.65%
It is more sophisticated market and well-developed in west	19	10.27%
Price is much higher in the west	4	2.16%
Have no idea	35	18.92%
Food is different	4	2.16%

^a Percentage of ones who share the same idea among all respondent

Table 11. Statistics of health travel pattern

	<i>Number</i>	<i>Percentage</i>
<i>What kind of travel companion do you prefer when doing health trip?</i>		
Alone	68	19.4%
With friends	214	61.0%
With families	271	77.2%
With colleagues	64	18.2%
With mate	152	43.3%
Others	11	3.10%
<i>What type of ways of health travel you would like?</i>		
Independent travelling	236	67.2%
With travel agency	88	25.1%
Semi-independent travelling	163	46.4%
With professional health institution	80	23.0%
Others	7	2.00%
<i>How long would you like to have for your health travel?</i>		
1-2 days	13	3.70%
3-7 days	203	57.8%
2-4 weeks	114	32.5%
2-5 months	21	6.00%