

IMPACT OF TOURIST SATISFACTION ON THEIR REVISIT'S: REFERENCE TO WELLNESS TOURISM IN SRI LANKA

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Abstract

The concept wellness as a lifestyle has been the topic of substantive investigation, but most of this research has focused on incorporating the harmony between functions of body, mind and spirit. But the question remains: how tourist satisfaction affects decisions on their revisits in the wellness tourism industry. In this context, this study attempts to empirically investigate and further to establish a link between them. A starting point for the definition of wellness tourist service quality comes from Parasuraman, Zeithaml e Berry (1985) through the SERVQUAL scale with five dimensions: tangibility, reliability, responsiveness, assurance, and empathy. The findings of current study suggest that majority of male travel to Sri Lanka for wellness tourism are adults. Moreover, an appreciable amount of the respondents had completed secondary education and monthly income lies between US\$ 1500-2000 while their per day expenditure lies between US\$100-150. To put this in context, we find that the majority of participants in our study have gathered information about the destination through internet and many respondents have visited without their children. The frequency of the respondents' visits to the destination lies between 5-10 times for four to six weeks for their medical treatments. However, the results of the survey imply that the majority of people visit to Sri Lanka more than one time while the respondents are well satisfied with the wellness tourism services in Sri Lanka. Overall, the current study finds that the tourist satisfaction has significant direct positive and influence on their intention to revisit wellness destination. The consistency and significance of the regression results implies that there is a plausible relationship between satisfaction and the revisit wellness destination. Correlation between satisfaction and the revisit is also greater than 0.5 which further supports the existence of significant relationship between satisfaction and revisit to wellness destination while there is a significant impact on revisit by satisfaction.

Keywords: *Wellness Tourism, Tourism Destination, Service Quality, Satisfaction, Revisit Intentions*

1.0. Introduction

Wellness Tourism has been considered as a fastest developing travel sector of international and domestic tourism. In modern world, especially people in the western countries tend to travel around the world for promoting their health and wellness. The factors such as high stress, fast pace of living, increasing health costs in their own countries, demographic changes, for searching the meaning in life and for maintaining a quality life have encouraged the most of tourists for the health related wellness tourism. Therefore the key purpose of wellness tourism is to improve health and well-being of the tourists through physical and spiritual events. According to the Wellness Tourism 2020 report, the most popular wellness tourism services are beauty treatments (89%), sport and fitness service (89%), leisure and recreational spas (85%) and spa and wellness resorts (83%) respectively. Above four services are considered as global products as they are available in almost all parts of the world. In addition to that some traditional and local products inherited in certain regions and countries such as Evidence based services (78%), Wellness rituals (65%), Yoga and meditation (60%) are also popular among worldwide tourists (Wellness Tourism 2020 report).

The wellness tourism is considered as an important strategic tourism product in the modern world. According to a new study presented at the introductory Global Wellness Tourism Congress (GWTC) wellness tourism is a proximately half-trillion dollar market, indicating 14% of total global tourism incomes (\$3.2trn) The wellness tourism is expected to rise on average 9.9% annually over the next five years, approximately double the rate of global tourism generally, getting \$678.5bn by 2019, or 16% of total tourism returns (Global Wellness Tourism Congress, 2013). This study also stated that over half the projected growth in wellness tourism in 2017 will come from the Asian, Latin American and Middle Eastern and North African markets. When considers the regions in the world, Asia is the dominant for attracting wellness tourists from all over the world. In South-East Asia, spirituality achieved the highest positions, the highest entire ranking among all the regions, furthermore medical treatments and services and alternative treatments methods were considered as important. In the Far East, spirituality and complementary and alternative methods were ranked as imperative resources. As a whole, despite the medical tourism related to treatments for ill-health, the region presents great specialization in spiritual and holistic tourism (Wellness Tourism 2020 report, 2011).

An approach suggested by USAID (USAID, 2008, page18) has considered wellness and medical tourism as subcategories of the health tourism. According to the figure 1.1, wellness tourism has been considered as a special type of tourism product and it is a subdivision of health tourism and illness prevention tourism. The medical tourism category is differed from wellness tourism and it is directly connected to the medical treatments and surgeries. The main motive of wellness tourist is to preserve or promote their health.

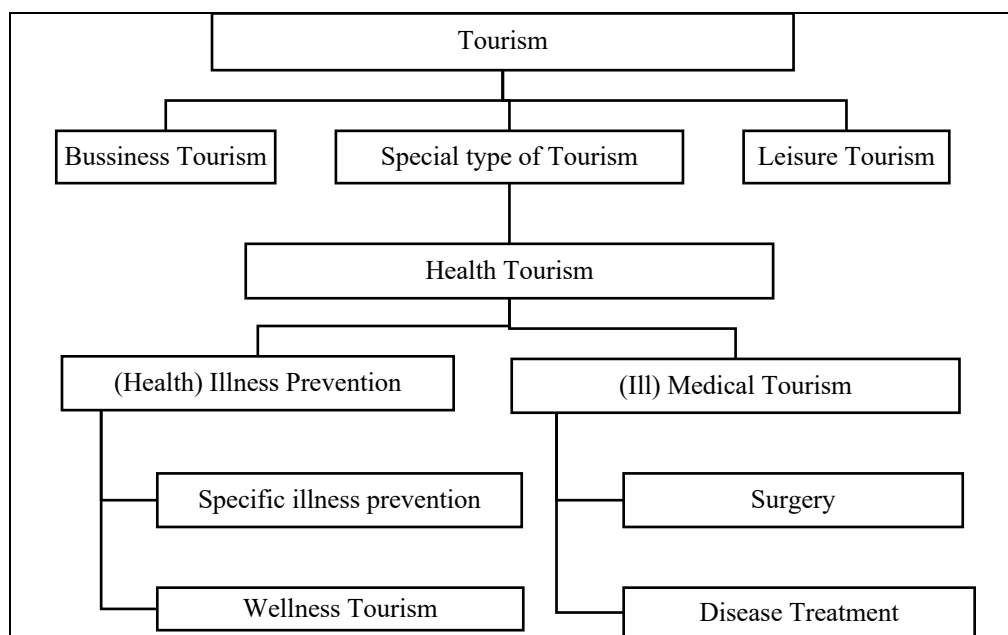


Figure 1: 1. Typology of tourism in relation to health, medical and wellness tourism.
Source : USAID (2008)

Customer satisfaction has always been an essential of any service operation because the long term success of the business depends on customers. Oliver (1997) has defined satisfaction as “the consumers’ overall cognitive or affective response to product use” and according to Chen and all et, (2016), “customer’s decision of whether a product/service provides a pleasurable level of consumption-related fulfilment.” Customer satisfaction provides six major competitive advantages, namely repeat buying (re-visiting), higher prices, brand loyalty, word of mouth, one stop shopping and new product innovation (Sheth, 2001). Repeat purchase (re-visiting) and positive word-of-mouth helps to decreases business costs, higher customer satisfaction may lead to higher expenditure during a vacation, as satisfied customers are willing to pay higher prices (Ali & Kaldeen, 2017).

This study mainly focuses the tourist’s satisfaction and their revisit related to wellness tourism. According to McCabe & Johnson, (2013) health and wellness tourism has developed as a separate concept in the tourism sector and this concept has also been considered as an important substance in tourism research sector (McCabe & Johnson, (2013). Wellness tourism sector has become a popular concept in practice predominantly in the global tourism industry and as well as in Sri Lanka in the present time. The modern tourists all over the world have a trend to seek health related traditional, wellness and spa tourism services. According to some findings related to wellness tourism have proved that Asia has an expansive and leading market for wellness tourism. Therefore Sri Lanka has to face the competition from other wellness tourist destinations in Asia. Sri Lanka needs to attract more tourists from international market in order to face this competition successfully. For this, international tourists have to be motivated to visit or revisit Sri Lanka and to recommend the country as a better wellness tourist destination in Asia. The international tourists can be motivated to revisit by satisfying them to their expected level. Therefore it is important to understand the factors which influence tourists’ satisfaction and their intention to revisit repurchase or recommend destination to other tourists related to the wellness tourism sector in Sri Lanka.

1.1. Main objective

The main objectives of this study are to evaluate the factors affecting the satisfaction on wellness tourism and to evaluate the impact of tourist's satisfaction on their revisit in the wellness tourism industry.

1.1.1 Specific objectives

- Evaluate factors affecting the satisfaction on wellness tourism
- Examine the impact of satisfaction on the revisit decision in the wellness tourism industry.
- Provide policy and management strategies for future expansion and development in wellness tourism sector

2.0 Literature review

2.1. Tourist satisfaction and revisit intention

According to Vuuren et al. (2012) research found that Satisfaction is a customer's emotional response when evaluating the discrepancy between expectation regarding the service and the perception of actual performance. Also they mention that increased customer satisfaction may lead to increased customer loyalty, higher profitability, and increased market share (Mubarak, 2019). Sadeh (2012) noted that the tourist satisfaction is caused by two dimensions: Firstly, it is related to the pre-expectation of the tourist before travel; secondly it referred to justification of the tourist on the delivered services after the travel based on the real experience. Hutchinson (2009) studied that when experiences compared to expectations result in feeling of gratification, the tourist is satisfied. However, when they result in feeling of displeasure, the tourist is dissatisfied. Coban, (2012) found that empirical evidences regarding tourists' satisfaction is a significant indicator of their intention to revisit and recommend the destination to other. From psychological and marketing perspectives, perceived value has been considered a central construct to understand how consumers' evaluation of using products and services influences customer satisfaction and loyalty.

Yoon (2010) supported that multiple dimensions of festival quality, including tangible and intangible aspects (e.g. informational service, program, souvenir, food, and facility), were significantly associated with perceived festival value. Particularly examining the distinctive role of functional and emotional values. Lee (2011) found that several festival quality had significant effects on functional and emotional values. Ma et al. (2013) raise the need to incorporate a psychological perspective in the study of customers' emotional outcomes of a tourist experience that is often characterized by pleasure and indulgence.

2.2. Travel motivations and revisit intention

Patrick. (2004)The positive association between satisfaction and behavioral intention is well established in previous literature on service marketing and tourism. Cronin et al. (2000) found that satisfaction was the strongest predictor for consumers' behavioral intention to repurchase and to recommend. Also, Petrick (2004) found a significant direct effect of satisfaction on behavioral intention on a cruise tour. According to Yoon (2009) revisit intention is one the fundamental issue for destination managers because repeat visitors could provide more revenue

and minimize the costs. The concept of revisit intention comes from behavioral intention. Ahn (2002) found that when people have a stronger intention to engage in a behavior, they are more likely to perform the behavior. In the tourism and recreation sectors, this takes form of a repurchase of a tourism service or recreational service or a revisit of a destination or visitor attraction. Som and Badarneh, (2011) explain the a significant relationship among tourist satisfaction, intention to return, and positive recommendation. Manhas and Ramjit, (2013) found that destination image and satisfaction were two important variables that influenced visitors' behavioral intention. Scrogin et al ,(2010)An analysis on tourist motivation is important for destinations to understand leisure tourist destination choice ; it can also enhance destination image and its interplay with tourist satisfaction and loyalty .

2.3. Wellness tourism

Carrera & Bridges, (2006) Health tourism is defined as "the organized travel outside one's local environment for the maintenance, enhancement or restoration of an individual's well-being in mind and body". Smith & Puczko,(2009) Depending on the use of core products and services offered, health tourism consists of two different types of tourism: medical tourism and wellness tourism Medical tourism refers to the act of traveling to receive specialized medical treatments and care services for improving patients' health .

Bushell & Sheldon,(2009)Wellness tourism is a holistic mode of travel that integrates a quest for physical health, beauty, or longevity, and/or a heightening of consciousness or spiritual awareness, and a connection with community, nature, or the divine mystery" Spivack,(1998).Although spas have been historically developed as a destination for medical tourism, modern era spas have been more largely influenced by the wellbeing movement and aim to fulfill tourists' needs for both medical and wellness tourism .There is a trend across various types of spas to explicitly address the aspect of well-being for physical and mental health either by specializing facilities and programs for wellness tourism or by adding a wellness component to the existing spa facilities for medical tourism

3.0 Research methodology

3.1. Research site

The research method is presented in this part including sampling method, collecting primary and secondary data, data presenting and analyzing of results in a scientific method. The survey will be conducted in selected hotels and wellness centers in Negombo tourism destination in Gampaha district for determining the impact of satisfaction of tourists on their revisit. Primary Data come from the questioner, and secondary data from Central Bank (CBSL) Annual Reports, publish article and reports.

3.2. Sample

The sample size is 107 participants who come to wellness centers in the hotels will select through random sampling method. Simple random sampling method going to use collect the questionnaires which can measure the general overall satisfaction of tourist regarding wellness tourism and their revisit intention. Descriptive statistics are presented as percentages and mean with standard deviation. Categorical variables are summarized using proportions and

continuous variables using mean or median, whichever is applicable, with 95% confidence intervals.

3.3. Analytical tools

The survey instruments were used in this study was a structured questionnaire. Only 25 impact indicators that were strongly related to the serious issues of Negombo beach were selected. A five point scale, (1 = strongly disagree; 2 = disagree; 3 = Neither agree nor disagree; 4 = agree; 5 = strongly agree) was used for respondents to rate these 25 items. These items will determine based on researcher studies of related references, Observing coastal environment of Negombo and interviews with tourist. According to the objectives of the present study, the major two statistical tools under parametric tests, which are more appropriate; are correlation analysis and regression analysis. In addition to regression and correlation analysis, descriptive statistics are used to explain the behavior of the data in the present study. Descriptive statistics represent central tendency, quartiles, variation and shape of the data.

For the purpose of data analysis through these two major statistical tools and other supportive tools, the Statistical Software for Social Sciences (SPSS) and Structural Equation Modeling (SEM) with Analysis of Movement Structures (AMOS) are used.

3.4. Hypotheses testing

The first three hypotheses of the current study are tested using standardized regression weights and correlation matrix derived in SEM with AMOS, while the last two hypotheses are tested using regression coefficients calculated by the Process macro attached to the SPSS.

H₁ : There is a significant relationship between Satisfaction and the revisit

H₂: There is a significant impact on Revisit by Satisfaction

3.5. Conceptual model



4. Data analysis and discussion

4.1 Sample profile of the study

150 questionnaires were distributed to collect data, 117 were returned. From those, 10 questionnaires were incomplete. 107 questionnaires were used in the analysis.

4.2. Regression analysis

Statistical analysis have done Using SPSS AMOS 24.00. Figure 4:1 is explaining relationship between the dependent and independent variables.

The path diagram to test the relationship between Satisfaction and the Revisit is shown in figure 4.1.

The path diagram is tested using SPSS Amos. The Satisfaction is the independent variable and it's a latent construct. The satisfaction is unobserved variable and it is measured using 21 variables under five dimensions. The dimensions are, Empathy (3 questions), Tangibility (6 questions), Assurance (3 questions), Reliability 95 questions) and Responsiveness (4 questions).

The dependent variable is Revisit and it was also a latent variable which was constructed using 10 observed variables (questions).

The standardized regression weights are used to test the relationship and impact between two variables.

Before proceed into testing the Structural equation model, the measurement model to be tested. There are two measurement models. These two measurement models are confirmatory factor analysis of Satisfaction and Revisit. The two models are shown in figure 4.2 and 4.3.

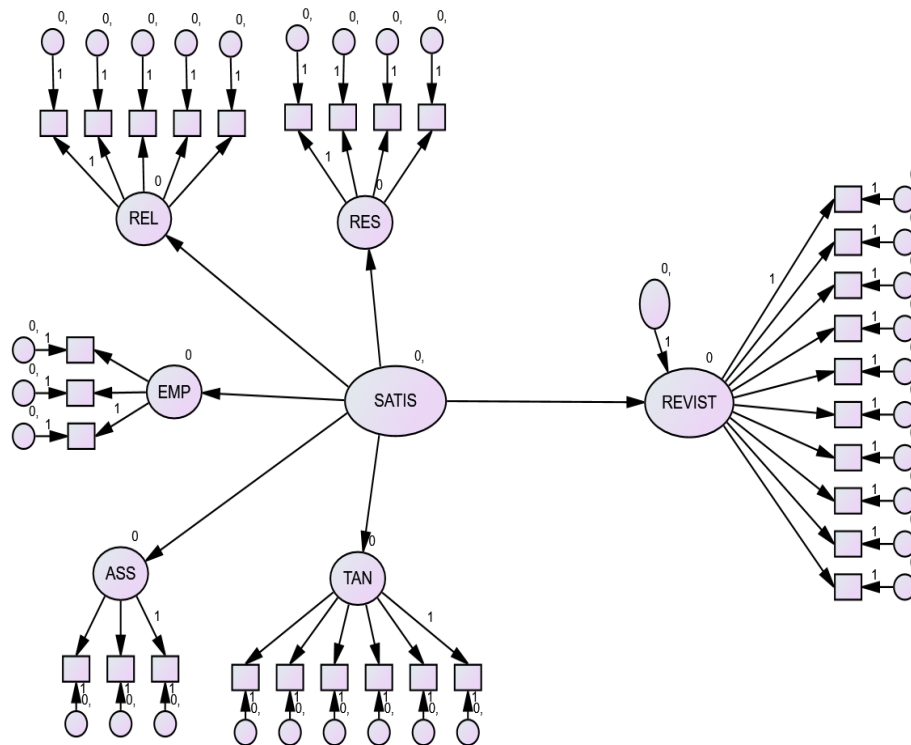


Figure 4.1 : Relationship between the variables

4:3:1:Confirmatory factor analysis of the latent variable - Satisfaction

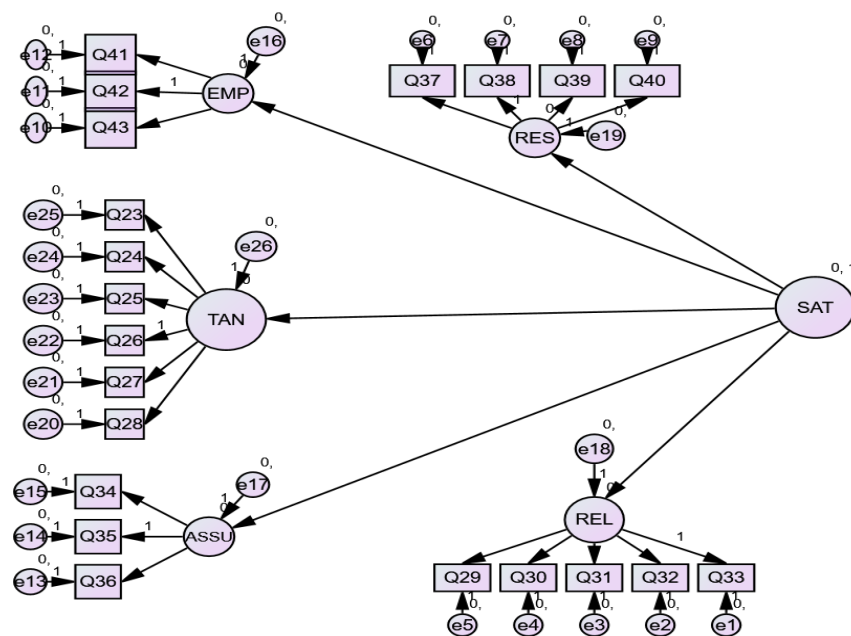


Figure :4:2:Measurement Model – Satisfaction

Before testing the measurement model, the Cronbach's Alpha for 5 dimensions were checked. The results are given in Table 4.1

Table 4.1: Cronbach's Alpha

Dimension	Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	Validity Test Achievement
Tangibility	0.85	0.86	Validity level achieved
Reliability	0.87	0.89	Validity level achieved
Responsiveness	0,92	0.95	Validity level achieved
Empathy	0.94	0.96	Validity level achieved
Assurance	0.88	0.89	Validity level achieved

Since all the dimensions have passed the Cronbach Alpha threshold (0.75), the measurement model was tested using SPSS Amos second order confirmatory factor analysis. The results are shown in the figure 4.3 .

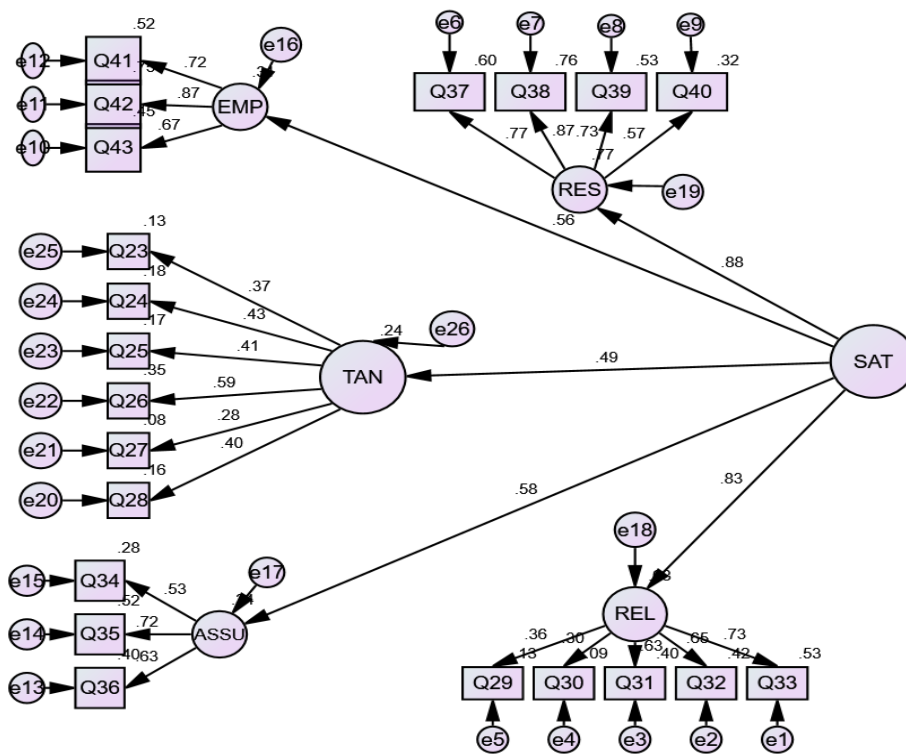


Figure:4.3: Second order confirmatory factor analysis

Table 4.2: Standardized Regression Weights - Between latent variables

Variables		R ²	Estimate
Tangibility	<--- Satisfaction	0.78	0.58
Empathy	<--- Satisfaction	0.73	0.56
Assurance	<--- Satisfaction	0.78	0.59

Variables	R ²	Estimate
Reliability <--- Satisfaction	0.69	0.83
Responsiveness <--- Satisfaction	0.77	0.88

Satisfaction is the main latent variable, which is an independent variable in the full structural model, which is measured by Five dimensions, namely; Tangibility, Empathy, Assurance, Reliability, Responsiveness. All five dimensions have more than 0.5 standardized regression weights and more than 0.5 R² values. Therefore, it indicates that, all five dimensions have strong explanatory power on the main latent variable of Satisfaction.

Table 4:3: Standardized Regression Weights: Between latent variables and their observed variables

Variable			R2	Estimate
Q33	<---	REL	0.53	.731
Q32	<---	REL	0.52	.651
Q31	<---	REL	0.54	.632
Q30	<---	REL	0.68	.595
Q29	<---	REL	0.76	.561
Q37	<---	RES	0.77	.774
Q38	<---	RES	0.80	.871
Q39	<---	RES	0.77	.726
Q40	<---	RES	0.61	.568
Q43	<---	EMP	0.68	.672
Q42	<---	EMP	0.71	.867
Q41	<---	EMP	0.76	.720
Q36	<---	ASSU	0.56	.634
Q35	<---	ASSU	0.67	.718
Q34	<---	ASSU	0.68	.533
Q28	<---	TAN	0.69	.597
Q27	<---	TAN	0.72	.582
Q26	<---	TAN	0.71	.589
Q25	<---	TAN	0.78	.509
Q24	<---	TAN	0.77	.528
Q23	<---	TAN	0.76	.566

According to the standardized regression weights between latent variables, which are; Tangibility, Empathy, Assurance, Reliability, Responsiveness, and observed variables, which were used to measure the said three latent variables, it can be observed that all the regression weights are more than 0.5,. All the unstandardized regression weights are significant at 5% level according to the unstandardized regression weights presented in the following Table 4.6.

Table 4:4:Regression Weights: (Group number 1 - Default model)

	Estimate	S.E.	C.R.	P
RES <--- SAT	.443	.077	5.754	***
EMP <--- SAT	.247	.069	3.600	***
ASSU <--- SAT	.196	.063	3.124	***
REL <--- SAT	.362	.080	4.533	***
TAN <--- SAT	.160	.070	2.292	***

			Estimate	S.E.	C.R.	P
Q33	<---	REL	1.000			
Q32	<---	REL	.775	.185	4.182	***
Q31	<---	REL	.794	.194	4.083	***
Q30	<---	REL	.288	.144	1.999	***
Q29	<---	REL	.416	.171	2.433	***
Q37	<---	RES	.766	.116	6.600	***
Q38	<---	RES	1.000			
Q39	<---	RES	.865	.142	6.083	***
Q40	<---	RES	.628	.140	4.479	***
Q43	<---	EMP	.870	.182	4.788	***
Q42	<---	EMP	1.000			
Q41	<---	EMP	.774	.153	5.047	***
Q36	<---	ASSU	.828	.256	3.242	***
Q35	<---	ASSU	1.000			
Q34	<---	ASSU	.789	.264	2.989	***
Q28	<---	TAN	.627	.312	2.011	***
Q27	<---	TAN	.432	.279	1.551	***
Q26	<---	TAN	1.000			
Q25	<---	TAN	.613	.299	2.049	***
Q24	<---	TAN	.691	.328	2.110	***
Q23	<---	TAN	.573	.302	1.899	***

The ultimate check for the suitability of the measurement model is given by fitness indexes are given by the main fitness indexes given in the table 4.7 which is given below.

Table 4:5: Fitness Indexes

Name of category	Name of index	Index value	Comments
Absolute fit	RMSEA	0.072	The required level achieved
	Chisq	0.120*	The required level achieved
Absolute fit	GFI	0.956	The required level achieved
Incremental fit	CFI	0.965	The required level achieved
Parsimonious fit	Chisq/df	(0.120/184) 0.0006	The required level is achieved

Chisq>0.05 (should be insignificant)

All the fitness indices were achieved the required level the structural model for the latent variable of Satisfaction is successfully fitted to measure the latent variable of Satisfaction.

4:3:2: Confirmatory factor analysis of the latent variable Revisit

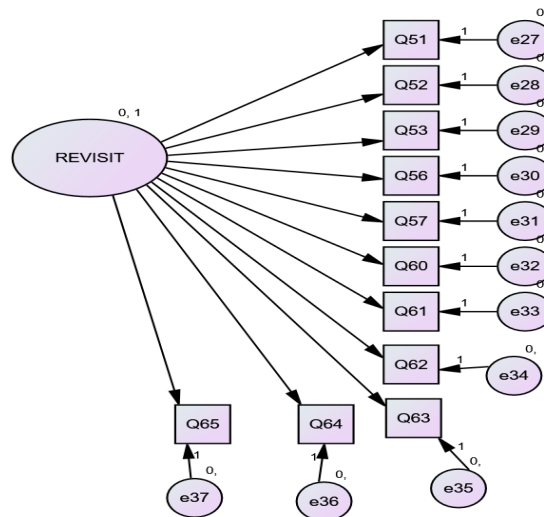


Figure:4:4: Measurement Model – Revisit

Before testing the measurement model, the Cronbach’s Alpha for Revisit questionnaire were checked. The Cronbach’s Alpha was 0.862 and Cronbach’s Alpha based on standardized items were 0.863. Therefore, the questionnaire reliability is fit for further analysis.

The measurement model was tested using SPSS Amos first order confirmatory factor analysis.

Table:4:6: Standardized Regression Weights: Between latent variable and its observed variables

Variable	R ²	Estimate
Q51 <--- REVISIT	0.68	.570
Q52 <--- REVISIT	0.72	.607
Q53 <--- REVISIT	0.64	.727
Q56 <--- REVISIT	0.66	.542
Q57 <--- REVISIT	0.68	.688
Q60 <--- REVISIT	0.73	.693
Q61 <--- REVISIT	0.75	.656
Q62 <--- REVISIT	0.74	.564
Q63 <--- REVISIT	0.78	.737
Q64 <--- REVISIT	0.69	.678
Q65 <--- REVISIT	0.71	.584

The standardized regression weights are more than 0.5 and the R² are also greater than 0.5. This implied that the exploratory power of each question on the latent variable, Revisit is sufficient enough. The estimates also prove this factor.

Table:4:7:Unstandardized Regression Weights: Between latent variable and its observed variables

	Estimate	S.E.	C.R.	P
Q51 <--- REVISIT	.158	.079	1.993	.046
Q52 <--- REVISIT	.155	.073	2.114	.034

	Estimate	S.E.	C.R.	P
Q53 <--- REVISIT	.113	.073	1.549	***
Q56 <--- REVISIT	.175	.074	2.365	***
Q57 <--- REVISIT	.156	.079	1.977	***
Q60 <--- REVISIT	.228	.083	2.752	.006
Q61 <--- REVISIT	.189	.078	2.437	***
Q62 <--- REVISIT	.282	.069	4.112	***
Q63 <--- REVISIT	.368	.066	5.576	***
Q64 <--- REVISIT	.413	.081	5.079	***
Q65 <--- REVISIT	.291	.084	3.457	***

The regression estimates and the p values provide sufficient indications that the relationship between the latent variable Revisit and the observed questions are significant.

Since the independent variable, Satisfaction and dependent variable, Revisit are in possession of highly fit Confirmatory Factor structure and model, the testing of the structure model can be carried out to evaluate the relationship between Satisfaction and the Revisit and the impact of Satisfaction on the Revisit.

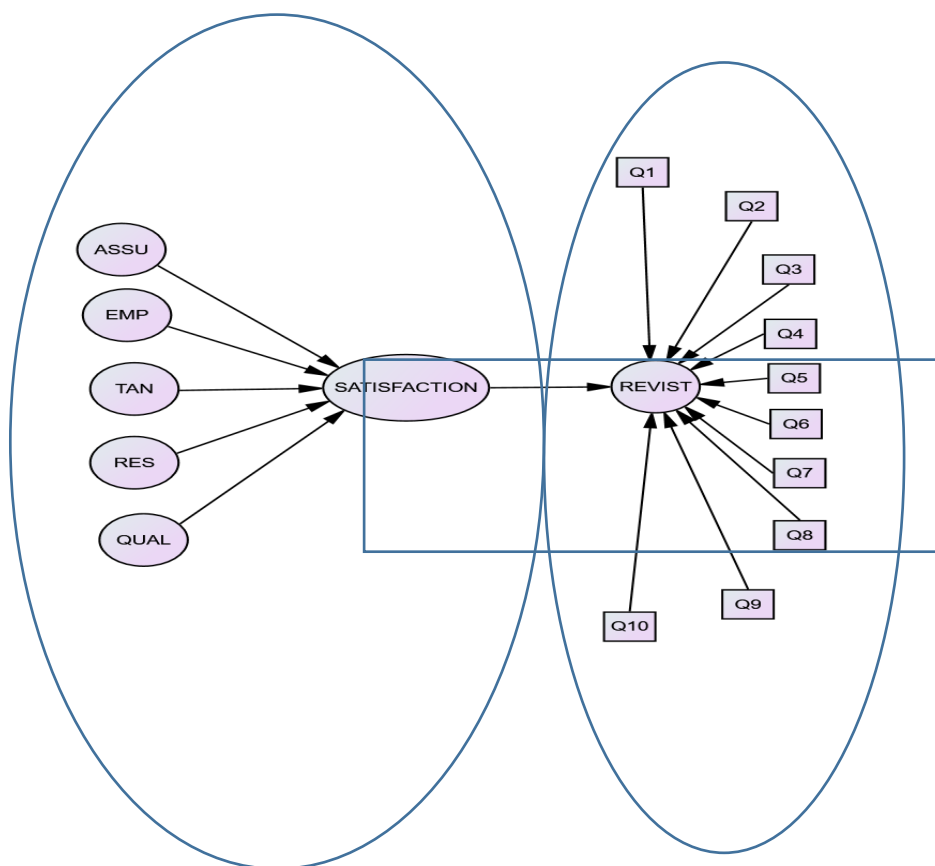


Figure:4:5: The Structural Equation Model

The causal relationship analysis between satisfaction and the revisit to be carried using SPSS Amos Structural Equation Method. First the relationship and impact is tested with standardized regression weights and the fitness of the model is tested with Modification Indexes.

4:3:3:Parameters summary of the model

Table 4:8:Parameter Summary

	Weights	Covariances	Variances	Means	Intercepts	Total
Fixed	43	0	2	0	0	45
Labeled	0	0	0	0	0	0
Unlabeled	31	2	36	0	31	100
Total	74	0	38	0	31	145

There were total of 74 regressions were estimated in the model with 38 variances and 31 intercepts. Total parameters of 145 were estimated.

4:3:4: Assessment of normality

The main statistic describe the normality of a distribution is skewness and the kurtosis value with critical ratio of the kurtosis value. The absolute value of skewness of all the variables were less than 1 so the one requirement for a distribution to be normal is satisfied. The second requirement is the multivariate critical ratio to be less than 7 and the multivariate critical ratio is 1.96. Therefore, the second requirement is also satisfied. Thus the distribution can be treated as normal.

Table:4:9:Assessment of normality (Group number 1)

Variable	min	Max	skew	c.r.	kurtosis	c.r.
Q65	3.000	5.000	-.111	-.351	-.444	-.703
Q64	3.000	5.000	-.150	-.476	-.515	-.815
Q63	3.000	5.000	.319	1.009	.249	.394
Q61	3.000	5.000	.143	.451	.029	.046
Q60	3.000	5.000	-.062	-.197	-.376	-.595
Q57	3.000	5.000	.089	.282	.096	.152
Q56	3.000	5.000	.104	.328	.722	1.142
Q53	3.000	5.000	.401	1.267	-.159	-.251
Q52	3.000	5.000	.101	.318	-.112	-.176
Q51	3.000	5.000	.070	.222	-.441	-.698
Q23	3.000	5.000	.185	.584	-1.147	-1.814
Q24	3.000	5.000	-.201	-.634	-1.243	-1.965
Q25	3.000	5.000	.450	1.423	-.821	-1.298
Q26	3.000	5.000	-.309	-.977	-.882	-1.395
Q27	3.000	5.000	.315	.997	-1.015	-1.605
Q28	3.000	5.000	.120	.380	-1.193	-1.886
Q34	3.000	5.000	.382	1.208	-.927	-1.465
Q35	3.000	5.000	.662	2.095	-.378	-.598
Q36	3.000	5.000	.693	2.190	1.095	1.732
Q41	3.000	5.000	.519	1.641	.228	.361
Q42	3.000	5.000	.220	.694	.382	.603
Q43	3.000	5.000	-.082	-.258	-.494	-.781

Variable	min	Max	skew	c.r.	kurtosis	c.r.
Q40	3.000	5.000	.012	.038	-.335	-.530
Q39	3.000	5.000	-.193	-.610	-.572	-.904
Q38	3.000	5.000	-.062	-.197	-.376	-.595
Q37	3.000	5.000	.319	1.009	.249	.394
Q29	3.000	5.000	.341	1.080	-.311	-.492
Q30	3.000	5.000	.977	3.088	.657	1.038
Q31	3.000	5.000	.057	.180	-.232	-.367
Q32	3.000	5.000	.183	.577	.192	.304
Q33	3.000	5.000	-.111	-.351	-.444	-.703
Multivariate					22.904	1.961

Table:4:10:Estimates of the model

Estimate	Value	Significance
Unstandardized regression	0.29	P<0.05
Standardized regression	0.99	More than 0.50
R ²	0.98	More than 0.50

The critical estimates for the regression that describe the relationship between Satisfaction & Revisit and the impact of Satisfaction on the Revisit is postulates in the Table. The estimates provide a significant relationship and impact between both variables.

The unstandardized regression weight of positive 0.29 means that when the satisfaction is increased by one unit, the Revisit is increased by 0.29 unit. The relationship is significant as the p value is less than 0.05.

Therefore, the main intention of the study: testing the relationship between Satisfaction and the Revisit is proved and the impact is significant.

The Model Fit

If the estimates are to be suitable for the proof, the model used to test should be fully fitted model. The testing of the model fit is therefore critical if our objective is to be proved using the estimates obtained through the model.

Table:4:11: Model Fit

Name of category	Name of index	Index value	Comments
Absolute fit	RMSEA Chisq	0.046 659*	The required level achieved The required level achieved
Absolute fit	GFI	0.976	The required level achieved
Incremental fit	CFI	0.965	The required level achieved
Parsimonious fit	Chisq/df	(659/427) 1.543	The required level is achieved

*At 5% significant level p value is insignificant (p=0.236).

The indexes provide evidences that the model is proper model that satisfy all the criteria. Therefore, the estimates derived using properly fitted model are ensured.

4:3:5: Testing of Hypothesis

The final stage of analysis is to use the model indicators to test the hypothesis can be accepted or fail to accept. As it has been proved that the structural equation model has met all the requirements for the model to be fit, and the measurement models also has been tested for model fit, first order latent variables will be converted into observed factor by obtaining means scores of relevant variables. The models for testing hypothesis is shown in Figure 4:6

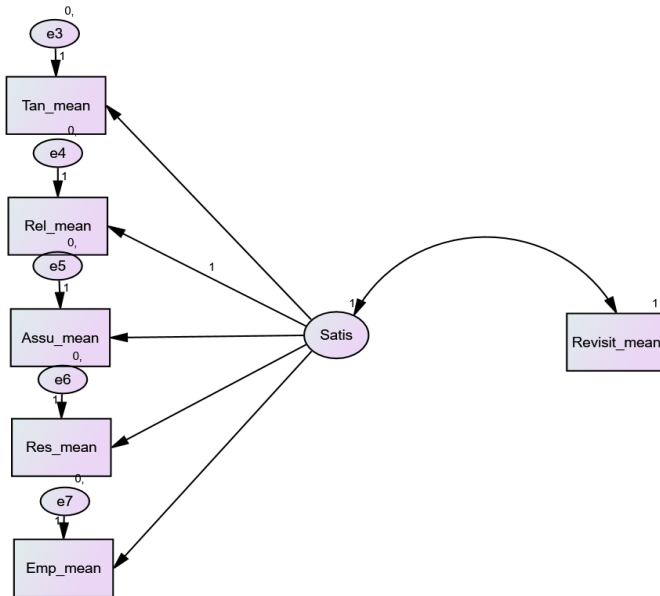


Figure 4:6: Structural model to test relationship

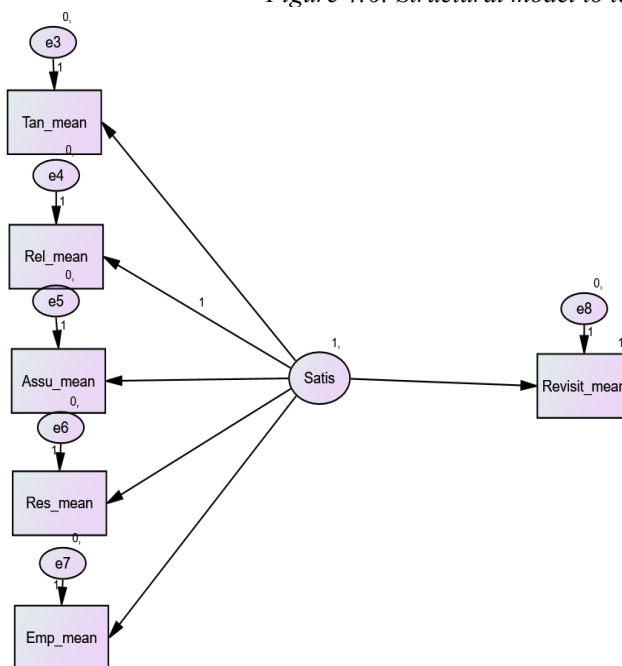


Figure 4:7: Structural Model To Test Causal Effect (Impact)

The main objective of the study is to evaluate whether there is an impact on Revisit from the satisfaction. When analyzing this objective, first the relationship has to be tested using correlation factors and thereafter the impact is measured using the regression estimates.

H₂ : There is a significant relationship between Satisfaction and the revisit*Table:4:12:Covariances*

	Estimate	S.E.	C.R.	P
Satis <--> Revisit_mean	.087	.021	4.193	***

The probability of getting a critical ratio 4.193 in absolute value is less than 0.001. In other words, the covariance between X and Y is significantly different from zero at the 0.001 level (two-tailed). Thus, the above research hypothesis is supported.

Table:4:13:Correlations

	Estimate
Satis <--> Revisit_mean	.818

Correlation between Satisfaction and the revisit is also greater than 0.5 which further supports the existence of significant relationship between Satisfaction and Revisit.

H₂ : There is a significant impact on Revisit by Satisfaction.*Table:4:14:Regression Weights*

	Estimate	S.E.	C.R.	P
Tan_mean <--- Satis	.308	.113	2.721	.001
Rel_mean <--- Satis	.622	.133	4.683	***
Assu_mean <--- Satis	.518	.140	3.707	***
Res_mean <--- Satis	1.000	Reference Point		
Emp_mean <--- Satis	.783	.166	4.705	***
Revisit_mean <--- Satis	.687	.116	5.908	***

The probability of getting a critical ratio 5.908 in an absolute value is less than 0.001. In other words, the regression weight for Satisfaction in the prediction of Revisit is significantly different from zero at the 0.001 level (two-tailed). Thus, the above research hypothesis is supported.

Table 4:15: Standardized Regression Weights: (Group number 1 - Default model)

	Estimate
Tan_mean <--- Satis	.679
Rel_mean <--- Satis	.636
Assu_mean <--- Satis	.510
Res_mean <--- Satis	.787
Emp_mean <--- Satis	.639
Revisit_mean <--- Satis	.818

Standardized regression weight between Satisfaction and Revisit is 0.82 which is greater than 0.5 provide additional evidence for supporting the hypothesis.

5: Conclusion and recommendations

5:1: Conclusion

To accomplish, the findings of the study provide valuable insights regarding the significance of wellness sector in medical tourism. Sri Lanka in particular is in an advantageous position to avail the opportunities in wellness to project the medical tourism sector. The evidence from this study suggests that majority of male travel to Sri Lanka for wellness tourism also majority of people were adult. Industrial world people should have to work more than they can then they get unhealthy situation when they become adult mainly foe male population. Many respondents were with secondary education level and monthly income between US\$ 1500-2000 also expenditure per day were between US\$100-150. Majority respondenst were taken information about the destination through internet and many respodents were visit without kids.

Respondents were visit this destination manily between 5-10 times for the medical treatmentand and they were staying between four to six weeks in the destinations. According to survey can identify majority of people visit to Sri Lanka more than one time due to the satisfaction of the services from destination. . Every respondent were satisfied with the wellness tourism services in Sri Lanka .They highest satisfaction from wellness tourism in the destination. Some of the respondents are planning to visit other destinations in Sri Lanka such as Kandy, Nuwaraeliya, Gall, Anurhadapura, Katharagama, Wilpatthuwa and etc. This is grateful opportunity to achieve more tourism demand for other sectors also.

Since all the dimensions have passed the Cronbach Alpha threshold (0.75), the measurement model was tested using SPSS analysis. According to the standardized regression weights between latent variables, which are; Tangibility, Empathy, Assurance, Reliability, Responsiveness, and observed variables, which were used to measure the said three latent variables. there were significant relationship between five dimension and Satisfaction. Also significant relationship between satisfaction and revisit.

The b value of this model is 8.865 which depicts an positive relationship between Tangibility and satisfaction. The significance value of the predictor ($p < 0.05$) suggests that the predictor significantly contribute to the model. In summary, the data supports H_1 . From the results of the statistical tests it is clear that tangibility is related to increased satisfaction

The b value of this model is -0.598 which depicts an inverse relationship between the Reliability and satisfaction. The significance value of the predictor ($p < 0.05$) suggests that the predictor significantly contribute to the model. In summary, the data supports H_2 . From the results of the statistical tests it is clear that Reliability is related to satisfaction.

The b value of this model is 0.654 which depicts a positive relationship between the Responsiveness and satisfaction . The significance value of the predictor ($p < 0.05$) suggests that the predictor significantly contribute to the model. In summary, the data supports H_3 . From the results of the statistical tests it is clear that Responsiveness is related to satisfaction

The b value of this model is 0.732 which depicts a positive relationship between empathy and satisfaction. The significance value of the predictor ($p < 0.05$) suggests that the predictor significantly contribute to the model. In summary, the data supports H 4 from the results of the statistical tests it is clear empathy is related to satisfaction.

The b value of this model is 0.712 which depicts a positive relationship between the Assurances and satisfaction . The significance value of the predictor ($p < 0.05$) suggests that the predictor significantly contribute to the model. In summary, the data supports H_1 . From the results of the statistical tests it is clear Assurances is related to satisfaction.

The b value of this model is 0.612 which depicts a positive relationship between the revisit and satisfaction. The significance value of the predictor ($p < 0.05$) suggests that the predictor significantly contribute to the model. In summary, the data supports H_1 . From the results of the statistical tests it is clear revisit is related to satisfaction.

The destination has high quality wellness services for guest and destination has well prepared professional destination guide for tourist with friendly manner. The costs of things here are relatively low competing with other destination. “many guest emphasis that”, This destination is worth visiting again” which is confirmed that tourist were satisfied with destination services. Also destination with innovative and invigorating attraction also they revisit this destination because of the advertisement or recommendations same time tourist revisit this place because they want to experience the nature of destination.

5:2: Recommendations

Local government institutions and communities should concentrate on patient satisfaction to ensure the better service in regards to the wellness tourism and to strengthen the opportunities of wellness in medical tourism. It is essential to take steps to make sure the quality of wellness services in both national and international markets. The categorization requirements for medical wellness which were applied and developed based on the experiences of spa centers in several countries found in a survey of consumer satisfaction. It is obvious that quality is the most important necessity of tourism including health tourism.

Mainly country should have to introduce new wellness product for tourist as other wellness country adopt new product fastly. At airport terminals and airline lounges around the world, travelers can now find yoga classes, spas, quiet relaxation areas, nap pods, healthier foods, VR technology, and even therapy dogs. N-flight services on many airlines now include health-conscious cuisine, wellness programming, and sleep and relaxation products. Lufthansa provides its passengers with specially-designed sleep masks. Partnerships between the airline industry and wellness industries have led to expanded health and wellness offerings. Established wellness enterprises are expanding their markets and services to travel venues. Be Relax Spa has expanded its operations and offerings to nearly two dozen airports on three continents.

Consumers are increasingly viewing vacations as an opportunity to experience wellness in new ways, and tourism-related businesses from cruise lines to tour operators and event organizers are engineering diverse new wellness travel experiences. Cruise lines have not only brought sumptuous spas and workout spaces on board, but many are now showcasing other aspects of health and wellness including healthy food, relaxation, meditation, and wellness-themed excursions. A number of cruise lines are partnering with wellness industry experts and service providers to raise the quality and sophistication of their wellness offerings, or to create wellness-themed voyages.

The local government can provide an ideal platform and infrastructure facilities, policy and planning procedures to maximize the benefit of wellness for the local communities and to ensure the satisfaction level in regards to the treatment services offered. The integration of wellness centric medical tourism promotion activities with the local economy along with public-private-local government partnerships can push the growth of medical tourism sector in a big way.

The results can be used as valuable information of the marketing strategies. These strategies could then be implemented to develop products for the specific travelling needs of the tourists. Factors that seem to be popular motivators, such as recreational Activities and enriching and learning experiences, should also be focused on during the marketing process.

Special emphasis is placed on quality management. Top quality is vital as a response to international competition and rivals within the wellness market in order to satisfy high guest expectations. A minimum wellness infrastructure, the corresponding services and qualified staff are a prerequisite for comprehensive wellness quality, and desirable basic requirements include a swimming pool, sauna, whirlpool or steam bath, facilities for healthy nutrition, physical fitness, relaxation and mental activity as well as the presence of at least one wellness professional to provide individual care and advice.

Hotel owners can refer to the stranded model for business excellence for controlling quality-relevant processes. A long checklist with suggestions for wellness management, based on the nine model criteria, was specially adapted to wellness requirements. Having done the “homework” of implementing quality management instruments in the hotels, the hotel industry should then emphasize on reforming the existing marketing cooperation. A professional office should succeed in getting high quality standards held and only admit those hotels to the cooperation which meets the standards.

As well as following recommendation can implements, create a standard interpretation of wellness vacations in country, distinguish wellness vacations from cure stays and illness, See quality management as a key component in wellness tourism, Intensify training and further training at all levels, Establish themselves as a serious cooperation partner/interlocutor for health policy-makers, Make the most of tourism cooperation potential, Aim for cooperation between tourism and health policy-makers, Set up creative and experience-exchange groups, Consider and evaluate wellness vacations as a tool for promoting health, Make no financial claims on compulsory health insurance but seek support for the wellness idea from health insurance

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