EMOTIONAL TOURIST-EXPERIENCE DESIGN: A HEALTH-WELLBEING FOR THE ACTIVE 50-PLUS

Anugool Bhumiwat

**A Dissertation Submitted in Partial
Fulfillment of the Requirements for the Degree of
Doctor of Philosophy (Integrated Tourism Management)
The Graduate School of Tourism Management
National Institute of Development Administration
2020**

EMOTIONAL TOURIST-EXPERIENCE DESIGN: A HEALTH-WELLBEING FOR THE ACTIVE 50-PLUS

Anugool Bhumiwat
The Graduate School of Tourism Management

.... Major Advisor
(Associate ProfessorSuwaree Namwong, Ph.D.)

The Examining Committee Approved This Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy (Integrated Tourism Management).

.... Committee Chairperson
(Assistant Professor Pimmada Wichasin, Ph.D.)

.... Committee
(Associate Professor Suwaree Namwong, Ph.D.)

.... Committee
(Assistant Professor Paithoon Monpanthong, Ph.D.)

.... Committee
(Professor Therdchai Choibamroong, Ph.D.)

.... Committee
(Assistant Professor Sangkae Punyasiri, D.B.A.)

.... Dean
(Assistant Professor Paithoon Monpanthong, Ph.D.)

_____/_____/_____

ABSTRACT

Title of Dissertation	EMOTIONAL TOURIST-EXPERIENCE DESIGN: A HEALTH-WELLBEING FOR THE ACTIVE 50-PLUS
Author	Anugool Bhumiwat
Degree	Doctor of Philosophy (Integrated Tourism Management)
Year	2020

The main aim of this study is to design the health-experienced activity for the active 50-Plus tourists. This study initially intends to explore the opportunity promoting the 50-Plus' activities, with alternatively designing their choices of health improvement and self-fulfillment from tourist-experience perspectives. Thus, the study process is set to find the research gaps of the four related domains: tourist, health, experience, and tourism. Firstly, the active 50-Plus tourist is defined from the gap that they are undeniable to grow older with health awareness. Secondly, the PMSE health-wellbeing is defined as the fundamental theory to earn health benefits in four dimensions; physical, mental, social, and emotional. Health benefits give the meaningful experience value of self-fulfillment and self-development. Thirdly, the emotional tourist experience is defined from using emotional keywords to examine what driving the active 50-Plus to travel and involve with health activities. Fourthly, health-experience activity is defined for tourism type and activities for the active 50-Plus.

To achieve the research aim, two academic gaps have been found lacking of: the process and activity of tourist experience; and its components of goal-driven motivation, positive emotional tourist-experience, tourist satisfaction, memorable experience and intention behavior. Thus, the six research objectives are set to seek the answer. The first five objectives are the series to study what will be the effects among those five components and towards health-wellbeing activity-experience. And the sixth objective is to investigate tourist perception towards health-wellbeing activity-experience.

To achieve main aim and objectives, the mixed-method research approach is employed to integrate the results of both quantitative and qualitative studies. Two

supportive methods of data collections and data analysis in this study are conducted by the questionnaire survey to answer the first five objectives; and the in-depth interview for the sixth objective. The Structural Equation Modelling (SEM) and the global-fit indices are chosen to statistically confirm the model fit with the empirical data. In which the reliability of using the well-structured questionnaire surveys is found the advantage of more rigid results. While, the flexibility of semi-structured questions from in-depth interview can allow deeper individual attitudes and opinions upon criteria of the same tourist-experience components.

The results indicate that goal-driven motivation is the powerful antecedent to initiate the health-experienced activity. The passionate experience (from past, present, to future) and one's preferences are main driving force for the active 50-Plus to continue their activities. The findings presented that the active 50-Plus have had several cycles of tourist experiences. So that memorable experience, tourist satisfaction, and intention behavior, are found the influencers in one's past to set their present and future goals. Only intention behavior is not absolute outcome of the active 50-Plus' experience. The findings from interview revealed that the new meaningful experience value of good PMSE health-wellbeing while travelling can relate to one's quality of life. The value in which becomes the major goal that drives the activity behavior patterns. The flexibility of the mixed methods has been the advantage to interpret the activity behavior patterns in three related components: levels of preferred activity-experience, health-attempted behavior, and levels of preferred activities.

In conclusion, the research findings found in this study address three main contributions: theoretical, managerial, and practical. Expanding the theories applied in this study of goal-driven motivation concept, continuity theory and activity theory, are the main principles to execute the health-activity behavior model for the active 50-Plus. Also, knowledge of health-experience development can be managed in all levels: public, private, and local policies and investments. Finally, the health-experience-activity collaborations and provisions in the three-stage trip are recommended in practice. Therefore, designing the emotional tourist-experience can be the successful well-being way delivered to both the active 50-Plus tourists via their positive emotional expressions with the preferred activities, and the aging societies in destinations.

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABBREVIATIONS

AARP	American Association for Retired Person, is headquartered in the United States of America. AARP is a nonprofit, nonpartisan organization that empowers people to choose how they live as they age.
CDC	National Centre for Chronic Disease Prevention and Health Promotion Division of Nutrition, Physical Activity, and Obesity, USA.
HelpAge International	A global network of organizations promoting the rights of all older people to lead dignified, healthy and secure lives.
ICAA	International Council on Active Aging, an association that leads, connects and defines the active-aging industry, supports organizations and professionals that develop wellness environments and services for adults over 50. It is headquartered in the United States of America.
IALSA	International Integrative Analysis of Longitudinal Studies on Aging; the Laboratory for Integrative Lifespan Research in the University of Victoria's Department of Psychology in Canada.
MoTS Thailand	Ministry of Tourism and Sports Thailand
Oxford Economics	Oxford Economics was founded in 1981 as a commercial venture with Oxford University's business college to provide economic forecasting and modelling to UK companies and financial institutions expanding abroad.
SCB EIC	Economic Intelligence Center, the Siam Commercial Bank Public Company Limited, Thailand.
TAT	Tourism Authority of Thailand, Ministry of Tourism and Sports Thailand.
TATIC	TAT Intelligence Center, Tourism Authority of Thailand (TAT).
UNDESA	United Nations Department of Economic and Social Affairs
UNECE	United Nations Economic Commissions for Europe
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund, formerly the United Nations Fund for Population Activities.
UNWTO	United Nations World Tourism Organization
WHO	World Health Organization
WTTC	World Travel and Tourism Council

CHAPTER 1

INTRODUCTION

1.1   Background and Rationale of the study

Although health and tourism is not new in tourism industry, a study on tourist experience in relation to health activity is hardly found defining among the active-aging cohort, especially the active 50-Plus. Pursuing tourist behavior is crucial because the most important source of learning is receiving from consumers (Poon, 1993, p. 272). Their sourcing knowledge about the present interests, latent desires, and past experiences are valuable for further research and the niche-marketing practice (Yachin, 2018). The desire of being healthy can be a priority for all ages, but it is much more undeniable for aging people, especially in their quality of later-life. It is significant to study what motivations and preferences can really drive them to continue their travels with health-concerned activities. Also how they feel after they experience something positively good for their physical, mental, social, and emotional well-being.

In the past, the aging tourist-market, mostly defined after the retirement year of 60-plus, was not attractive to tourism businesses. The previous aging market was less-generated revenue, more-invested facility, and time-consumed arrangement. But recently, new perspectives towards the aging tourist segment have changed, due to the rapid growth of aging population and their average spending power in tourism (American Association of Retired Persons [AARP], 2004; Patterson, Sie, Balderas-Cejudo, & Rivera-Hernaez, 2017; Balderas-Cejudo & Leeson, 2017). Reported by the United Nations World Health Organization (WHO, 2002), the number of aging population, in both global and country levels, have consistently shown the significant fast-growing for decades. Additionally, the survey of lifestyles and behaviors among participants aged 45-64, noted by the Global Coalition on Aging (2018), found that "travel is valued as a path to healthy aging" because the "stress reduction reflects a

positive physical and mental health and well-being." Besides, the analysis of tourism trends currently reveals that the impacts from multidimensional movements of megatrends, such as globalization, digitalization, urbanization, and localization, become part of external forces shaping aging-tourists' experience, attitudes and behavior (Dwyer, Edwards, Mistilis, Roman, Scott, & Cooper, 2008; Scott, Gao, & Ma, 2017; Murray, 2015). For example, the global connectedness of diverse communication channels become major bridging more opportunities to all aging-tourists to explore alternatives of desired experiences to travel (Buhalis & Darcy, 2011; Buckley, Gretzel, Scott, Weaver, & Becken, 2015). The reliable business surveys also suggested that the aging segment was more likely to be online but silent, highly-educated, self-learning, and health-concerned behavior (Kasikorn Research Center, 2018; Neilsen Thailand, 2016; Newsmonitor, 2017). Therefore, further research about aging-tourist segment is significant to pursue what activities they want to continue in the future, or how those are different from the past and the present (Buckley et al., 2015).

The study of today tourism shows the questions of dynamic changes in travel-patterns. To urge the future niche aging-tourists to travel more frequently is also challenging. Especially, to find what choices of motivations, activities, and destinations they prefer the most (Balderas-Cejudo, Leeson, & Urdaneta, 2017). However, today active-aging tourist segment is addressed as one of the "competitive and attractive" target markets (Sangkakorn et al., 2015). One reason is their average life expectancy to live longer (Balderas-Cejudo et al., 2017) will sooner become new economic growth engine in most countries (Alén, Nicolau, Losada, & Domínguez, 2014). If the tourism market can gain a larger share of this aging segment by encouraging them to travel more often in their later life, tourism industry will definitely bring in the extra revenues to destinations (Knodel et al, 2015). In this case, to expand the existing aging-tourist market also can help destinations generate more job opportunities to local aging people for light-task missions. The advantage is both aging tourists and locals more likely have like-minded kinships of services to share with previous knowledge, skills, and experiences (Amornvivat, Tontarawongsa, Syamananda, Akaraphanth, Ratanapinyowong, Charoenphon, & Panpheng, 2015). Also, many previous studies suggested that they were the attractive quality-tourists of;

healthier, wealthier, well-educated, and valued life-experiences (Balderas-Cejudo et al., 2017; Alén, Losada, & de Carlos, 2017a). Whom Balderas-Cejudo et al. (2017) agreed for being active, independent, empty-nest home, available income and free-time, and tentative to experience new things, compared to old adults in the past. Thus, further research should explore the opportunity promoting the 50-Plus' activities, with alternatively designing their choices of health improvement and self-development from tourist-experience perspectives (Sangkakorn et al., 2014).

However, how to measure the tourist experience of the active 50-Plus is blindness. As summarized in Table 1.1, two academic gaps have been found. Firstly, the process and activity of tourist experience are in the most attention, and secondly, the emotion, motivation, perception, satisfaction, memorable experience are still lacking. Therefore, further research should set off the study process of tourist-experience activities through those component relationships, including tourist intention behavior (Cutler & Carmichael, 2010). Especially, to explore how essential those components can be related, and how the active 50-Plus feel after their health activities. Also, what health-experience opportunity can be measured with? With these most important factors in the experience process, how the factors can influence the behavior, activities, and demand, toward satisfaction, memory, and intention behavior (Scott & Le-Dung, 2017; Prayag, Hosany, Muskat, & Del Chiappa, 2017). Whether the benefits of the holistic health activity can be developed from their choices of experiences (Marciszewska, 2005). And what experience value can draw the active 50-Plus to continue their life satisfaction, instead of staying home. More questions will be explored beyond the set of research main aim and objectives in this following study.

Table 1.1 Tourist Experience Elements from Past Studies

Authors	Knowledge/ Educational	Personal trial/ Individual	Process/ Activity	Emotion	Memorable	Participation/Engagement	Perceived value/ Perception	Motivation	Satisfaction	Escape from everyday life	Authentic/ Aesthetic	Entertain/Leisure/ Relax
Binkhorst and Dekker (2009)		*		*	*		*	*	*	*	*	*
Boswijk, Thijssen, and Peelen (2006)		*	*	*	*	*						
Brent Ritchie, Wing Sun Tung, and J.B. Ritchie (2011)	*		*		*			*	*		*	*
Buonincontri, Morvillo, and Okumus (2017)			*	*		*		*	*			
Campos, Mendes, Valle, and Scott (2018)		*	*	*	*			*	*		*	
Carù and Cova (2003)				*							*	
Chen and Chen (2010)			*	*		*	*	*	*			*
Demarco (2016)				*								*
Gentile, Spiller, and Noci (2007)		*	*	*	*		*					
Hatipoglu (2014)		*	*			*		*	*			
Hudson and Ritchie (2009)				*	*		*					
Hung, Lee, and Huang (2016)		*	*		*	*		*	*		*	
Ihamäki (2012)	*	*	*		*	*		*	*			*
Jennings (2007)		*	*			*					*	*
Jensen and Prebensen (2015)	*		*	*	*			*	*			*
Kim (2014)			*		*		*	*	*			*
Kim and Fesenmaier (2017)		*	*	*								
Maitland (2010)	*		*									
Mehmetoglu and Engen (2011)	*					*	*	*	*	*	*	*
Park and Santos (2017)			*		*							*
Prahalad and Ramaswamy (2004)	*	*	*									
Prebensen, Kim, and Uysal (2016)			*	*		*	*	*	*			
Prebensen, Woo, Chen, and Uysal (2012)		*	*					*	*	*		
Prebensen, Woo, and Uysal (2014)	*						*	*	*			
Pullman and Gross (2004)			*	*			*					*
Richards and Wilson (2006)		*	*			*					*	
Richards (2011)	*	*	*			*					*	
Richards (2016)		*			*	*				*	*	*
Schmitt (1999)			*	*								
Tan, Kung, and Luh (2013)	*					*		*	*		*	
Tussyadiah (2014)			*	*	*			*	*			

1.2 Justification of the Study

The study of the active-health 50-Plus through the emotional tourist-experience design for better health and well-being is significant and important to pursue for number of reasons.

The emerged active-health 50-Plus are purposely taken as the opportunity searching for new niche tourist segment in the current global market trend. Many past studies mentioned three reasons that make this market segment possible; first, the valid number of continuous aging-population growth in most countries; second, most of these quality aging tourists have their time-free available for longer trip of stay in the destination; and third, most of them have purchasing-power contributions in destinations (Wang, 2011; Oxford Economics, 2016, p. 4; WHO, 2002; p. 12; Balderas-Cejudo & Leeson, 2017, p. 2; Zaidi, Gasior, Hofmarcher, Lelkes, Marin, Rodrigues, … Zolyomi, 2013, p. 29; Hung & Lu, 2016, p. 134). At the present, to prior attract this cohort market is more important than quickly targeting the increased number of them in the tourism market.

Also, to promote health-wellbeing among aging people and the built systems to meet their behavior consumptions, will be worth it. Because the investments sound positive in the future decades as they have time-free to do and to be what they value (American Association of Retired Persons [AARP], 2016a). Driving them to design their own lifestyle activities is major motivation to attract these 50-Plus to travel for self-development, such as self-reimagined and self-fulfillment (Fries, 2012; Zaidi *et al.*, 2013; Cullinane, 2006; Milner, 2013; Irving, 2014; Alén, Losada, & de Carlos, 2017b). Thus, the initiative of holistic balance of four health-wellbeing dimensions (physical, mental, social, and emotional) will be the key success to be complied as an example of the socio-economic development for the whole aging societies in general.

To promote the additional environmental responsiveness, most today tourists tend to concern the sustainability and environmental friendly which is aimed to drive the future travel habits with new-age tourist expectations (World Travel and Tourism Council [WTTC] Global, 2017; United Nations World Tourism Organization [UNWTO], 2017). In this case, destination resources and tourist behavior can be the integrative form of travel purposes and health-experienced activities within one place.

For example, aging friends and families can drive around scenic places in Thailand for leisure and sight-seeing. While they can walk to visit temples and other culture-related places, to eat local food and talk to local people along their ways.

Taking the emotional tourist-experience design to practices is the way that public and private sectors can focus. Developing the better experience outcome of the active 50-Plus's satisfaction and memorable experience, will encourage them to share, to recommend, and comeback to repeat the activities. The result from overall behavior characteristic of these active 50-Plus will become a new health-wellbeing pattern. The pattern that both influences and reflects a person's or a cohort's consumption behavior for future benefits to aging tourism (Gross, Brien, & Brown, 2008). These benefits from aging-health businesses and job-related practices can also generate revenues, job opportunity, and other developments to the destinations.

Finally, this study is important because it is largely transferred to lift up the quality age-living society. The meaningful health-wellbeing and lifelong expectancy through health-experienced activities are benefits for both tourists and locals in the country destinations. By filling the local economic gap during non-seasoning and seasoning tourism (Alen, Domnguez, & Losada, 2012), aging cohorts can increase their both quality of later-life and lifestyle while they age. For example, as reported by the 2017 World Travel and Tourism Council (WTTC), travel and tourism sector has directly contributed to Thailand's GDP (gross domestic product) in 2016 for 36.7 billion USD which was 9.2% of the country's total GDP, and expected to grow by 6.7% on the average from 2017 to 2027 for 76.9 billion USD. Meanwhile, the increased job contribution is expected by 5.0% in 2027 to reach 4,009,000 jobs which will be 10.4% of total employment (World Travel and Tourism Council [WTTC] Thailand, 2017). Therefore, the active 50-plus have clearly been the witness of their important roles as part of the country's socio-economic development. As a result, public and private sectors should take it seriously for more support to enhance those aging facility-developments.

1.3 Research Aim and Objectives

The **main aim** of this study is to design the health-experienced activity for the active 50-Plus tourists.

To achieve the research aim, the **research objectives** are as follows:-

1) To study what will be the effects of goal-driven motivation, positive emotional tourist-experience, tourist satisfaction and memorable experience, towards health-wellbeing activity-experience.

2) To study what will be the effects of tourist satisfaction and memorable experiences, towards health-wellbeing activity-experience.

3) To study what will be the effects of memorable experience and intention behavior, towards health-wellbeing activity-experience.

4) To study what will be the effects of tourist satisfaction and intention behavior, including intention to share, to recommend, and to repeat activity, towards health-wellbeing activity-experience.

5) To study what will be the effects of goal-driven motivation and intention behavior, towards health-wellbeing activity-experience.

6) To investigate tourist perception towards health-wellbeing activity-experience.

1.4 Key Definitions for this Study

Tourists' behavioral consumption patterns involves certain decisions, activities, ideas or experiences that satisfy tourists' needs and wants, including the decision processes that precede and follow these actions (Chen, 2003, p. 178).

Profile demand of aging-tourist segment is defined as the attitude, characteristics, or all activities directly concerning the whole segment in common, such as tourist personal characteristics, socioeconomic status, responsibilities, health and activity, travel time, and willing to learn or experience new things (Alén, Losada, & Domínguez, 2016, pp. 305-306). Also, tourists' behavioral habits are mainly influenced by the tourists' demographic profiles and characteristics, such as age, gender, economic activity, educational level and occupation, family structure and size,

environment, self-assessed health, the generations and lifestyle (Alén et al., 2012, p.141; Alén et al., 2017a, pp. 1456-1458).

Active aging is defined as the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age, which the word *active* refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labor market (WHO, 2002, p. 12).

Active 50-Plus is the operationalized term proposing the tourists aged 50 years and older who are interested in health and tourism experience. With the 50-plus profile demand and behavioral consumption (Oxford Economics, 2016, p. 4; Milner, 2013, p. 45) added to active-aging concept (WHO, 2002; p. 12; Balderas-Cejudo & Leeson, 2017, p. 2; Zaidi *et al.*, 2013, pp. 1-3; Hung & Lu, 2016, p. 134) they are aimed to pre-empower the active living, active learning, active thinking, active performing, and having possibility, capability and lifestyle.

Health-wellbeing is a state of health concern and improvement to achieve the quality of life (Pyke, Hartwell, Blake, & Hemingway, 2016, p. 94). Health refers to physical, mental and social well-being (WHO, 2002, p. 12), and well-being in terms of Pyke et al. (2016, p. 94) includes positive emotion, engagement and purpose. Thus, health-wellbeing for the active 50-Plus in this study is the operationalized term for the intrinsic goal-driven motivation focusing on four dimensions of physical (P), mental (M), social (S), and emotional (E).

Tourist experience is the two states of individual subjectivity; firstly, to participate immediately in the particular moments and circumstances, and secondly, to become the experience process of individual undertakes, goes through, and later accumulated, according to the time period or life span (Larsen, 2007, p. 9).

Emotional tourist-experience design is the well-being way to pursue the series of tourist experiences defined in three phases: pre-trip, during trip, and after trip (Aho, 2001, p. 34).

Goal-driven motivation is the motive with driving forces to guide individual behavior so that personal goals of health improvement are achieved to bring enjoyment and satisfaction to the individual experience (Patterson, 2006, p. 23).

Positive emotional tourist-experience is an important well-being factor in tourist-experience process influencing tourist behavior, activities and demand toward satisfaction, memory, and intention behavior (Scott & Le-Dung, 2017; Prayag et al., 2017, p. 42).

Tourist satisfaction is the outcome of tourist experiences or a post-experience attitude (Cutler & Carmichael, 2010, p. 8); or the degree of emotional reactions, or pleasurable fulfillment of need, desire, or goal. And those are influenced by tourist motivation and emotions in the experience process (Oh, Assaf, & Baloglu, 2016, p. 210).

Memorable experience is the result of tourist satisfaction and an outcome of tourist experience process. The memorable experience becomes mentally brain-collected from the series of long remembered experiences, which are created in a constructive or reconstructive process within the individual (Larsen, 2007, pp. 13-15). The memorable experiences for aging tourists can be tailored facilitation of an environment that motivate them to repeat activity and to spread positive word of mouth communication through family and friends (Patterson et al., 2017, p. 354).

Intention behavior is the attitudes of judgments to share, to recommend, and to repeat activity (Prayag, Hosany, & Odeh, 2013, p. 120; Hosany, Prayag, Van Der Veen, Huang, & Deesilatham, 2017, p. 1080).

Tourist perception in the processes of tourist-experience is influenced by motivational and emotional states (Larsen, 2007, pp. 11-12), and affects towards satisfaction, memory, and intention behavior (Cutler & Carmichael, 2010, pp. 2-3). Until the interaction with the current information stimuli and mentally structured in the individual can make the process of information possible (Larsen, 2007, pp. 11-12).

Experience value of having good health-well-being while taking the desired experience tourism and activities in this study is individually perceived by each active 50-plus tourist. The operationalized experience value in this study is worth investing time, energy, money, or other resources, to achieve the holistic health-wellbeing (physical, mental, social, and emotional) for the quality of later life and healthy lifestyle.

1.5   Study of Thesis Content

There are two main study contents relating to the research aim and objectives: the quantitative study part for the 1st-5th research objectives; and the qualitative study part for the 6th research objective.

Firstly, the quantitative part concerns the study of tourist-experience process and components, which are goal-driven motivation, positive emotional tourist-experience, tourist satisfaction, memorable experience and behavior intention. With the emphasis on the goal-driven motivation of health-wellbeing activities and tourist experience, the relationships of those components will be considered to form the conceptual framework for this study. Also, the relationships will be captured to enhance the new meaningful experience and activity of good health and wellbeing while travelling.

Secondly, the qualitative part concerns the study of tourist perception towards the health-wellbeing experience-based tourism and activities. Which cause the individual satisfaction, lifetime memory and intention behavior, including intention to share, to recommend, and to repeat activity.

This study focuses on the individual acknowledgement and perspective of the health-wellbeing purpose and tourist-activity that the active 50-Plus tourists engage for their meaningful experiences while travelling. With attractions in the environment and cultural aspects of a destination (Lim, Kim, & Lee, 2016), the recreational health-wellbeing tourists may participate in light-exercise activities through relaxation and tangible health improvements in the natural environment (Patterson, 2018). The preferred destinations along with the analysis of aging behavior in this study can be scoped down into three categories. The combination of those destinations can be, first, nature-like places, such as the national parks and forestry, mountain, beaches, waterside, natural recreation places; second, culture-like places, such as the historical heritage sites and museums, local culture, local wisdom, cooking school, or creative community; and third, leisure-like places, such as the leisure resort, wellness and spa, herbal-treatment centers, and so on.

The population sampling in both quantitative part (survey questionnaire) and qualitative part (in-depth interview) in this study are the self-defined health-activity

tourists, aged 50 years and older. They are individuals, a couple, small group or private group, who prefer traveling with the opportunities for better health-wellbeing. The study focuses on those who participate in light sports or physical light-exercise (i.e., animal watching, walking tour, or bicycling club). The choices of those active participations become health activities to reach out life satisfaction and quality of life as they desired while they aged. To form the emotional tourist-experience model for the active 50-Plus may show the profile demands of active 50-Plus. The demand that helps shaping the attitudes and activity behavior through the preferred health and tourism consumption patterns.

1.6   Contributions of the Study

Main contributions from the research findings in this study is expected going toward the academic theoretical, managerial, and practical contributions.

For academic theoretical contribution, expanding the theories applied in this study include theory of goal-driven motivation, continuity theory and activity theory, and the flow experience theory. Theoretical tourist-experience model is measured by the emotional experiences from the perspectives of the active 50-Plus tourists.

For managerial contribution, the age-empowered and marketing concept of the 50-plus active-aging segment is to reach out to the quality tourists who desire health-wellbeing and experience-based tourism. Emerging new niche active-aging tourist-segments can generate the better capacity-management to fill up all-year-round gaps of both seasoning and non-seasoning tourism. Also, local destinations can better handle the active-aging tourists with quality products and services. The local active aging people, who engage in the aging tourism activities, can gain more advantage on their valuable time for friends, families, and others, as well as the quality of later life in communities they live in.

For additional outcomes during the study, continuity of changing in specific behavior consumption patterns, and the expectations of tourist-based development can help create new tourism services and products with later following socio-economic increase (Birdir, 2015). More healthy-aging people can enhance the positive healthy-aging societies. Health and well-being of aging tourists and aging locals in a tourism

destination are promoted through individual activities and mobility modes of personal physical exercise, such as walking, running, hiking, bicycling. The overall increase of environmental responsiveness is attached to individual tourists' preferences, along with health awareness, attitudes, the activity behavior, and self-mobility choices of preferences.

1.7   Thesis Structures

This thesis consists of five chapters. Chapter one provides an overview of the study background and the importance of this study (sections 1.1-1.2). The research main aim has been set for a series of six research objectives (section 1.3). The thesis content described the essentials of the whole study to deal with in section 1.5. Also, the chapter provides the operational key definitions that are being used throughout this study in section 1.4, with the contributions of the study described in section 1.6 and the thesis structure outlined in section 1.7. Lastly, the summary of Chapter one is presented in section 1.8.

Chapter two provides the literature review on the theories, past studies, and current situations, concerning tourist experience process and components, health and wellbeing, and the active 50-Plus. The current situation in section 2.2 reports the global increasing aging population segment (section 2.2.1), the rise of health and well-being in tourism (section 2.2.2), and the approaching motivations of the active 50-Plus (section 2.2.3). Four key domains, definitions, components, and factors, in section 2.3. Also, concepts and theories applied in this study are presented in section 2.4. The tourist-experience conceptual framework proposal is constructing to form the quantitative study model and the hypothesized relationships, in section 2.5. The last section 2.6 is the summary of Chapter two.

Chapter three provides an understanding of the research methodology used in this study. The mixed-methods research is designed for research concept and procedure in section 3.2. The design of qualitative and quantitative approaches are explained in sections 3.3 and 3.4. With the last two sections 3.5 and 3.6 are the research ethics for this study, and the summary of Chapter five.

Chapter four provides data analysis and results of the study. The summary of qualitative and quantitative research study results are reported. Qualitative results including the participant demographics and preferences are explained in section 4.2. For Quantitative study results in section 4.3 includes the Pre-test results presented in section 4.3.1. And data analysis for the main study are concluded in section 4.3.2 with the results of Group-CFA measurement model testing, the SEM structural model, and hypothesis testing. The last section 4.4 presents the summary of the merged study results in all levels of overall model, constructs, indicators, and items, including the merged results of demographics and preferences.

Chapter five offers introduction in section 5.1. Discussion and conclusion of the merged results for this study, and the final merged health-activity experience models are followed in section 5.2. Contributions of the study include theoretical, managerial, and practical contributions presented in section 5.3. Also, sections 5.4 and 5.5 provide the limitations of the study and recommendations for the future research. Finally, the thesis conclusion is summarized in section 5.6, including the final emotional tourist-experience design of a health-wellbeing for the active 50-Plus.

Lastly, the structure of the thesis is presented in the following Figure 1.1.

Thesis Structures

CHAPTER 1

INTRODUCTION
1.1. Background and Rationale of the study
1.2. Justification of the study
1.3. Research Objectives
1.4. Key Definitions for this research
1.5. Study of Thesis Content
1.6. Contributions of the study
1.7. Dissertation Structure
1.8. Summary of Chapter One

CHAPTER 2

LITERATURE REVIEWS
2.1. Introduction
2.2. Current Situation
2.3. Four Key Elements: Definitions, Concepts and Components
2.4. Concept, Theories and Principles
2.5. Tourist-experience Conceptual Framework Proposal
2.6. Summary of Chapter Two

CHAPTER 3

RESEARCH METHODOLOGY
3.1. Introduction
3.2. Mixed-method Research Design
3.3. Quantitative Approach Design
3.4. Qualitative Approach Design
3.5. Research Ethics for this Study
3.6. Summary of Chapter Three

CHAPTER 4

DATA ANALYSIS AND RESULTS
4.1. Introduction
4.2. Qualitative Study Summary
4.3. Quantitative Study Summary
4.4. Summary of Merged Study Results

CHAPTER 5

CONCLUSION AND INTERPRETATION
5.1. Introduction
5.2. Discussion and Interpretation of Merged Results
5.3. Contributions of the Study
5.4. Limitations of the Study
5.5. Future Research and Recommendations
5.6. Summary of Chapter Five

Figure 1.1 Thesis Structure

1.8   Summary of Chapter One

This chapter provides the overview of the background and current phenomena for this study. The tourist-based and problem-based approaches are proposed to introduce the key domains and elements of the study significance. The purpose is to empower the active 50-Plus tourists to actively move against stress and self-depression. And to perceive self-reimagine of health and wellbeing are the strategy that most research studies agreed for the active aging principles of World Health Organization (WHO, 2002). To find the academic gap of the experience relationships in the tourist-experience process is the main study in this Chapter. The emotional tourist-experience design in this study will visualize the holistic psychological process and the benefits of health-activity tourism from the active 50-Plus's choices of experiences. The justification is to support how important this study is to discover the emerging new niche aging-tourist market and its related businesses, and to generate the revenues and job opportunity for further socio-economic development and the coming complete aging society in most countries. Consequently, the next chapter will explore and discuss multi-issues in more elaborated ideas, concepts, and theories. Four domains to be integrated in Chapter two are the active 50-Plus tourists, health-wellbeing activity, health-activity experience, and emotional tourist-experience design. The proposed conceptual framework of the emotional tourist-experience design is to answer the research main aim and objectives for this study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The process of literature review follows the content analysis of qualitative research by gathering information from various sources. Those valued sources are the academic research journals, empirical studies, and official information dated during the past 10 years and before, including the World and Thailand tourism policies from public and private sectors, and the current phenomena from the official websites, and the trusted electronic sources of documents. Four related study-domain areas and analysis (the active 50-Plus tourists, health-wellbeing purposes and activities, health-activity experience, and the emotional tourist-experience design), are discussed, justified, conceptualized, re-interpreted, and concluded. The supportive theories, concepts, and principles of the four domains are proposed to present the set of tourist-experience variables, the hypothesis, and the conceptual framework proposal.

Reviewing current issues and impacts is to explore the academic gaps of three studied-issues to be conceptualized into the intrinsic and extrinsic motivations, and the benefits for the active 50-Plus to travel. Further studies of related theories and concepts are applied to better understand the domains, elements, and the tourist-experience process. Four underpinned health-wellbeing to achieve quality of life and lifestyle are physical, social, mental, and emotional well-beings. Also, the possible links between those key elements in the three-staged tourist-experience process are defined for the pre-trip/antecedent, during-trip/consequences, and after-trip/outcome. Finally, two ways of conclusions are proposed. First, the hypothesis and the measurement models are defined to measure the proposed tourist-experience model for the active 50-Plus. Second, how the active 50-Plus perceive the experience value are further discussed. Tourist perception is used to review the experience process and components and to create the preferred health-experience activities.

2.2 Current Situation

The current situation of global changes become key development of tourism consumption and travel pattern. Firstly, the number of aging segment have been significantly fast-growing for decades (WHO, 2002) and presently made higher proportion of non-labor but high spending power in the market. Secondly, the quality of later life among the aging segment concerning health and well-being is significant issue for socio-economic impacts. Thirdly, those dynamic external forces are factors shaping the aging tourists' attitudes and behavior. Especially, technology-assist, social relations, environmental responsiveness, and personal desire, are main motivations bridging tourist experiences and health tourism in the future to be differed from the past and the present (Buckley et al., 2015). The multi-issues are discussed as follows.

2.2.1 Increasing Aging Population Segment

During the past decades, the increase of the world aging population segment has become one of the major trends which consistently reported as global significant changes in demographic and age structures (UNDESA, 2017). The world population estimated from 1950 to 2015 and projected to the years between 2015 and 2100, are found continuously increasing (see Figure 2.1).
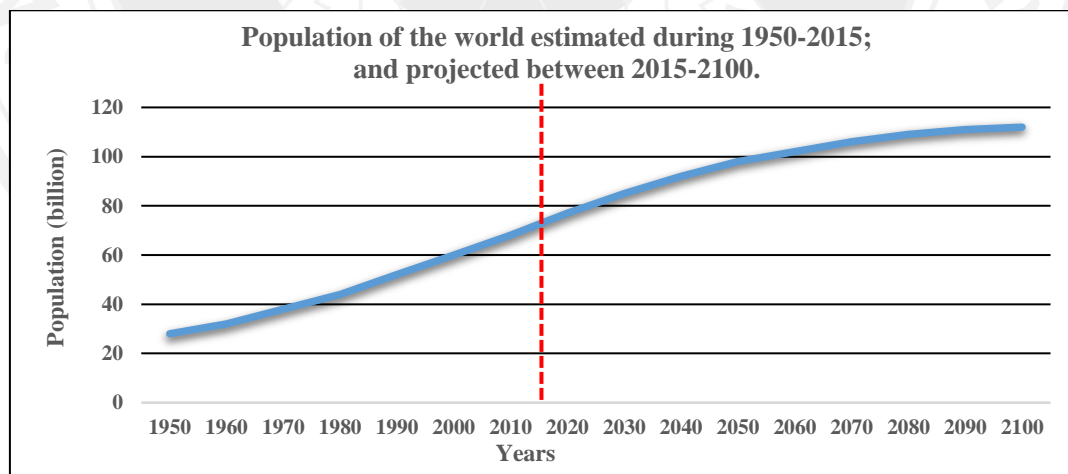
Figure 2.1 The World Population: 1950-2015 Estimation and 2015-2100 Projection

Sources: UNDESA, 2017.

Notes: United Nations Department of Economic and Social Affairs, Population Division.

The extended life expectancy of the world aging population segment from the period of 2016-2050 in Figure 2.2 (right) are also predicted to be significant in most countries around the world (UN Secretary-General, 2017). The rapid demographic change has recently been called for ever-increasing attention. The attention is dealing with the proportionate age-dividend population and those impacts on society, socially, economically, and environmentally (UNECE, 2013). Figure 2.2 (left) shows the average life expectancy of the world population trend between 1950 and 2050. The decreasing fertility along with lengthening life expectancy has reshaped the age structure of the population in most regions by shifting relative weight from younger to older groups (UNDESA, 2002; Dugarova & Gülasan, 2017).
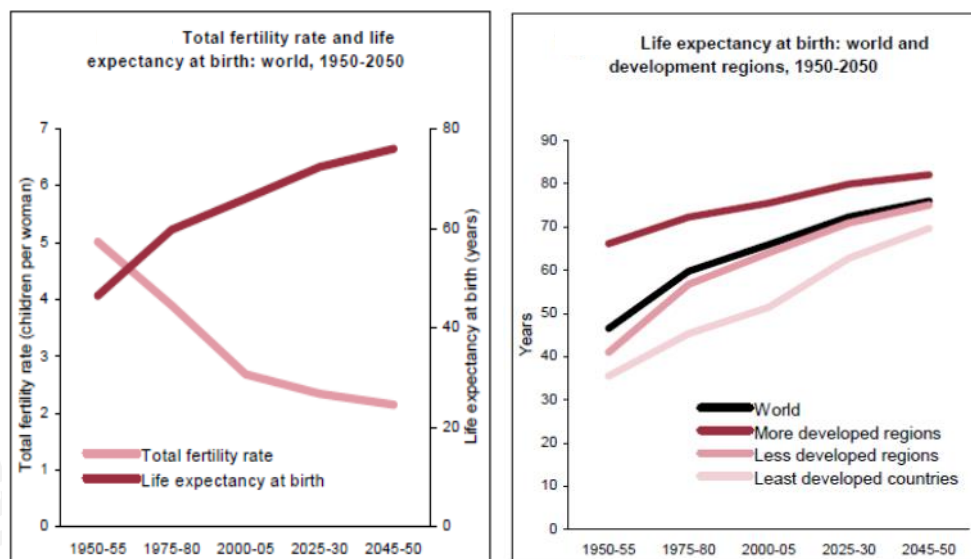
Figure 2.2 The 1950-2050 World Population: Decreasing Fertility Rate vs. Increasing Life Expectancy
Source: UNDESA, 2002, pp. 5-6.
Notes: United Nations Department of Economic and Social Affairs, Population Division.

With the global trend focuses, the results of decreasing fertility rate and increasing longevity have continued the world increase of aging population with more turn of new business entrepreneurs (Patterson, 2006). The proportionate numbers of children, young adults, and older adults in any given country (WHO, 2002) have been the urgent issue in the United Nation's 2017 report of the Global Trends. In Figure 2.3, a decline in the proportion of children (age 15 and under) and young people as workforce adults (age over 15 and under 60) and an increase in the proportion of older people (age 60 and over) were 13%: 61%: 26%, in 2017 (UNDESA, 2017) .

	13%: Older Adults (age 60 and over)
	61%: Younger people as workforce Adults (age over 15 and under 60)
	26%: Children (age 15 and under)
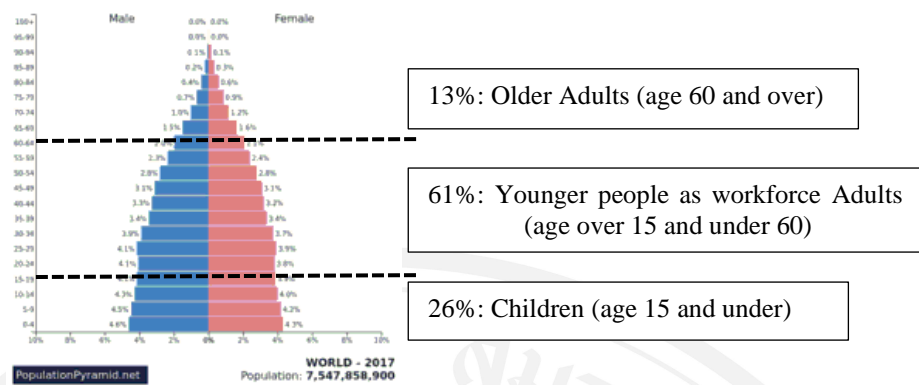
Figure 2.3 The 2017 World Demographic Structure

Source: UNDESA, 2017.

Therefore, the world demographic shifts from the children segment to the aging segment is significant issue. The issue has been urgently captured in more than 24 versions of the UNDESA's population reports since 1990. Whereas the total number of the world population have never declined (UNDESA, 2002). The overall world population growth rate has been slow due to lower fertility rate. Meanwhile, the ageing population grows rapidly due to higher longevity rate (Corcoran, 2016). As shown in Figure 2.1, the current world population as of mid-2017 is nearly 7.6 billion, which is expected to reach 8.6 billion by 2030, 9.8 billion by 2050 and 11.2 billion by 2100 (UNDESA, 2017). Moreover, according to the world demographic trend, increasing the growing rate of world aging population segment is faster than the growing rate of total population in almost all regions (UNFPA & HelpAge International, 2012b). In 1950, the world population was 205 million aged 60 and over, but in 2012, the increased number of the older segment had reached almost 810 million. Especially, the number of older and retired persons, aged 60 and older, is expected to be more than double by 2050 and more than triple by 2100 (UNDESA, 2015).

2.2.1.1 Socio-Economic Impacts of Demographic Shifts.

The near future economic forecasts show the impacts of the expected complete aging societies around the world in 2050. Most countries will experience the growth in number and proportion of older population who mostly are no longer taking jobs (Balderas-Cejudo & Leeson, 2017). The aging-population size is confirmed by a number of studies (UNDESA, 2002; 2015; UNFPA & HelpAge International, 2012a;

UNDESA, 2017). And researchers found those become one of the largest aging tourist market segments in history (Balderas-Cejudo et al., 2017). As shown in Figure 2.4, by 2030 the number of people in the world aged 60 years and over are projected to grow to 1.4 billion. And by 2050 they are projected to reach nearly 2.1 billion. Especially, Thailand will certainly enter the super aged society in 2030, with more than 68 million of total population aged 60 and over or about 20% of total projected population; meanwhile, the population aged 65 and over will exceed 14% of the total (PopulationPyramid, 2018). However, the impact of becoming a proportionately larger share of the total population indicates the process of multidimensional involving physical, psychological and social changes while individuals growing older (UNFPA & HelpAge International, 2012a).
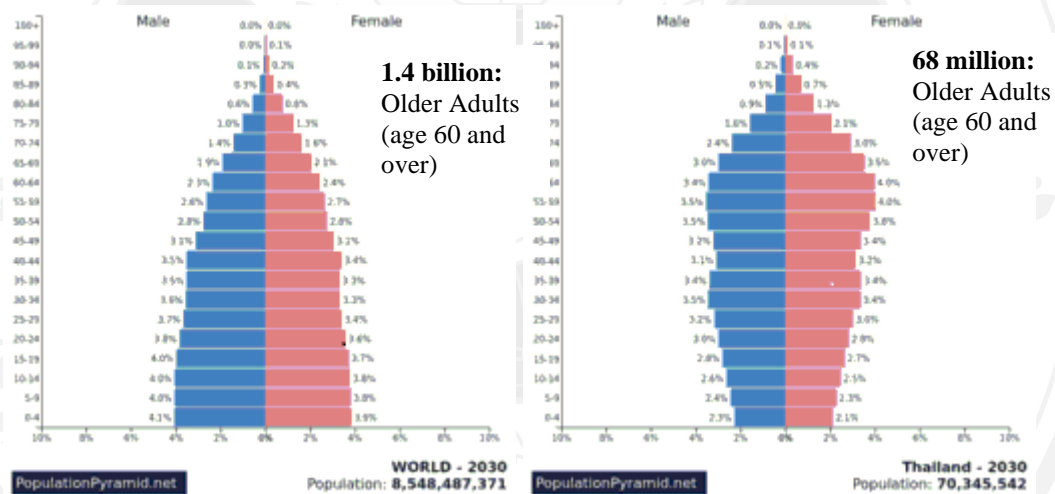
Figure 2.4 The 2030 World Population (Left) vs. Thailand Population (Right)
Source: PopulationPyramid, 2018.
Notes: Population estimated by age and sex in 2030.

When the world demographic structure changes as part of the rapid urbanization with globally social, cultural, and economic impacts, the increasing life expectancy, on average, influence people around the world living longer (WHO, 2015). The impact pattern consists of the extended living age, falling fertility rate, and the increased gap of labor forces (Weller, 2017). The overall result in Figure 2.2(right), shows that total age structure has shaped the countries' development in each region and the world, the more developed regions, the higher life expectancy at

birth in those regions. In 1900, people lived up to 45 to 50 years in the more developed regions of that time (UNFPA & HelpAge International, 2012a). Recently, life expectancy at birth has risen substantially across the world, extending to 78 years in developed countries and 68 years in developing regions in 2010-2015, and further by 2045-2050, newborns are expected to continue living to 83 years in developed countries and 74 years in developing regions (UNFPA & HelpAge International, 2012b).

As a result, the average life expectancy is projected to visualize the prolonged living with quality of life and the peered lifestyle. Since the turn of the 21st century, tourism researchers have noted that older travelers are growing into a separate market from younger people, which increasingly draws the attention of destination managers from, at least, the leisure-travel experiences (Patterson, 2018).

2.2.1.2 Emerging the Active 50-Plus Concept

There appears no consensus on the definition of the terms used for older people (Vigolo, 2017, p. 5). Although the current policies on aging by the United Nations Economic Commission for Europe (UNECE) may perceive old age as a status rather than the result of a process (UNECE, 2012), the reality of being aged is the continuing process, not the state of older (Wang, 2011). To be aware of health improvement, changing paradigm, therefore, is needed to empower older persons to live happily and independently rather than to provide only healthcare services and pension within their statuses.

The study of age in Table 2.1, three categories of older age-threshold are found being used for different reasons, but the 50-plus research is found less academic attention. Each category has individual diversity in terms of needs, capabilities, lifestyles, experiences and preferences that are shaped by age, gender, health, income, education, ethnicity and other factors (Dugarova, 2017). First, the age-threshold concept of retirement and job-end has kept extending, since 1875, from over 50 to 55, 60, or 65 years and older (Alen et al., 2012). Keep changing the retirement criteria in public and private sectors, those ages are postponing due to the extending life expectancy and the increase of individual capability (Irving, 2014). The Friendly Societies Act (1875) in Britain had firstly defined old age for retirement at 50 years and older (Holdsworth, 1875); and later, most research and studies frequently

used the retired age 60 referring to the older definition following WHO (2002). On the government side, to define as the senior citizen is to deserve the national initiative healthcare budget after their retirement. Second, the subjective age-range due to the research objectives is found in a variety of 45+, 50+, 52+, 55+, 60+, 65+, 70, or 50-90. For example, the research respondents may have individual specific experience and capability, knowledge and skills, or the important role in the communities, such as economic development, social and political participation. Third, the older age-threshold concept following the health awareness and prevention, are found at 45+, 50+, and 55+. But only the 50-plus is in practical attention related to the concept of longevity economy and marketing intention (Oxford Economics, 2016), which is found in relation with health awareness to start the better quality of later glorious life.

Although terms and concepts used in most practitioners' studies and academic research are found subjectively and individually (Foster & Walker, 2015). The psychological marketing in tourism motto for brand concept is the reason to attract the particular tourist segment to match the specific targeted products. Thus, the heterogeneous aging markets should be divided into homogeneous subgroups to profile the specific target-market and meet the management purpose (Prebensen, Woo, Chen, & Uysal, 2012). For example, the older-age positioning may represent the key characteristics, such as active aging, healthy aging, successful aging, productive aging, aging well, living-well cohort, senior wellness, well-off older people, compression of morbidity, middle-aged empty nesters (adults whose children have left home), the third generation (age 60+), and the fourth generations (age 80+) (Fries, 2012; Vigolo, 2017). However, most of those terms refer to the results of being aged, but less of them focus on the process of being healthy. Therefore, the benefit of the active 50-Plus is the psychological age-range concept. The concept that encourages the same like-minded, and makes the responses to what they need and activities they prefer, while they are travelling.

Table 2.1 Older Age-Threshold Defined by Different Age Concepts

Authors	Titles	Older age of research respondents (years)	Older age of retirement (years)	Older age of health awareness (years)
Holdsworth (1875)	The Friendly Societies Act (1875) in Britain		**50+**	
Anderson and Langmeyer (1982)	The **under-50 and over-50 travellers**: A profile of similarities and differences	under-50 & **over-50**		
WHO (1994);WHO (2002); WHO (2007); and WHO (2015)	**Active Ageing**: A Policy Framework; Global Age-friendly Cities: A Guide; World report on Ageing and Health.		**60+**	**60+**
Patterson (2006) and Patterson (2018)	-**Growing older** : tourism and leisure behaviour of older adults;	**50-90**	**50+/ 65+**	
	-**Ageing travellers**: Seeking an experience and not just a destination;	**70+**	**60+/ 65+**	
	-Tourism and leisure behaviour in an **ageing world**. Multiple cases.	**45+, 50+, 55+, 60+, 65+**	**65+**	
Patterson and Pegg (2011)	Developed countries: Japan, Australia, the US and the UK.		**63+, 65+**	
Foundation of Thai Gerontology Research and Development Institute (2015)	Situation of the Thai elderly 2015		**60+**	
Jang and Wu (2006)	Seniors' travel motivation and the influential factors: An examination of **Taiwanese seniors**		**60+**	
Buhalis and Darcy (2011)	Accessible tourism : concepts and issues; Best practice in accessible tourism inclusion, disability, **ageing population and tourism**		**60+**	
UNFPA and HelpAge International (2012a)	Ageing in the Twenty-First Century: A Celebration and A Challenge		**60+**	
Zaidi *et al.* (2013)	**Active Aging** Index 2012 for EU27 Members. **Active Ageing Index** 2012 Concept, Methodology and Final Results	**55+**		**55+**
Oxford Economics (2016)	The **Longevity Economy**: **How people over 50** are driving economic and social value in the US.	**50+**		**50+**
Irving (2014)	The **upside of aging** : how long life is changing the world of health, work, innovation, policy, and purpose		**50+, 65+**	
UN Economic Commssion for Europe [UNECE] (2013)	Introducing the **Active Ageing Index**: Policy brief	**55+**		**55+**
Chen, Chang, and Liu (2015)	Wellness Tourism among **Seniors in Taiwan**: Previous Experience, Service Encounter Expectations, Organizational Characteristics, Employee Characteristics, and Customer Satisfaction.(Age Threshold)	**50 +, 55+**		
Balderas-Cejudo et al. (2017)	Leisure Travelling and its Link to an **Active and Healthy Aging**.		**60+**	
International Council on Active Aging [ICAA] (2020)	The International Council on **Active Aging (ICAA)**, in the USA.	**50+**		**50+**
Milner (2013)	**Building the foundation** for **active aging**: The ICAA Model.	**50+**	**65+**	**50+**
Nikitina and Vorontsova (2015)	Aging Population and Tourism: Socially Determined Model of Consumer Behaviour in the "Senior Tourism" Segment, Russia.	**65+**	**65+**	
Hung and Lu (2016)	**Active living in later life**: An overview of **aging** studies in hospitality and tourism journals	**52+**		

Consequently, the benefit of active 50-plus segmentation is to provide tourists the experiences that fit their needs and make them feel more satisfied, and further, revisit and share valuable information among like-minded friends and

families (Birdir, 2015). With fast-changing consumption patterns (Chen, 2003) among aging groups, the profiled demand of the active 50-plus can be created in the most meaningful and managerial value (Dolnicar, 2008; Birdir, 2015), such as tourist personal characteristics, money, time, routine responsibilities, health, empty-nest home and ready to travel, and willing to learn or experience new things. The International Council on Active Aging [ICAA] (2020) pointed that the 50-plus consumers would dominate purchasing decisions for decades to come, and create untold business opportunities for whoever attracted them. Moreover, the ICAA indicated that the future potential of active 50-plus population aging would create new economies so called an age economy (Milner, 2013) in most countries.

2.2.1.3 New Mindset of the Active 50-Plus

The new mindset of aged transformation and capability is needed over the argument that the aging population require greater spending on healthcare. That reflects in challenging the social, economic and cultural levels to individuals, families, societies and the global community (UNFPA & HelpAge International, 2012b).

Aging people are diverse cohorts. Some perceive aging negatively as the sign to age of illness and memory loss, difficulty walking, and struggling with technology. They may require the medical treatment and healthcare more than prevention of health and well-being lifestyle (Erfurt-Cooper & Cooper, 2015). On the other hand, the idea of age transformation involves multidisciplinary of mindset shift, from non- to more-physical activities, from cannot to can-do encouragement, from non to new things to learn, and other similar concepts. In the sense of health-wellbeing lifestyle, tourist activities and tourism planning can offer the preventive-health alternatives to restore those stain in mind. As Paul Irving wrote in the book: The Upside of Aging (Irving, 2014), claimed that for the first half of life before 50 years old, people generally had life full of opportunities and responsibilities; learning, growing and developing, as well as growing a family and advancing a career. But after World War II, most people after 50 were doubtful of all potentials and, yet, rejected as retirement for outdated and out-of-uses. However, the world demographic-structure change has recently driven the new approach to aging as so called "Life Reimagined." Whereas older people can reimagine their lives, careers, relationships, purposes, and living a life of meaningful directions (Irving, 2014). Additionally,

Irving (2014) suggested that the transition of the new mindset for the current aging generations of the 50-Plus could be changed by earlier supplanting the depressive D-words (declined, dementia, dependency, disease, and disability) with the positive C-words (choice, connectedness, curiosity, courage, caring, compassion, creativity, and connection).

Therefore, the positive self-perceived age of being younger than the actual life age, can also contribute a greater influence on psychology and behavior of active-aging tourists (Ying & Yao, 2010). To empower the active 50-Plus in this study is to explore the degree of possible link between tourist-experience motivation and health activities, while they travel (Walker & Foster, 2013; WHO, 1994).

Figure 2.5 shows the demographic-structure of the 50-Plus segments that are increasing significantly for both World and Thailand in 2017, 2030, and 2050 (PopulationPyramid, 2018). Magnifying the lens on those quality 50-Plus is how to deal with the new longevity-economy target market. They are readily able to travel and willing to spend on a trip program more than others (Patterson *et al*, 2017; Dugarova & Gülasan, 2017; Oxford Economics, 2017). Future tourism industry should put them on the spot. Because of the increasing spending power that they can contribute to the industries (American Association of Retired Persons [AARP], 2016a). To enhance the active 50-Plus to be more productive and self-improvement, health tourisms and activities can be an alternative for nations against the annual growth of elderly health insurance and healthcare budget (WHO, 2015). Also, to fulfill the quality of later life and the preferred activities is to design a way of life satisfaction involving the pleasure trips. Tourist experiences are such as rest, relaxation, touring historical and cultural sites or other health activities (Anderson & Langmeyer, 1982; Patterson, 2018; p.48).
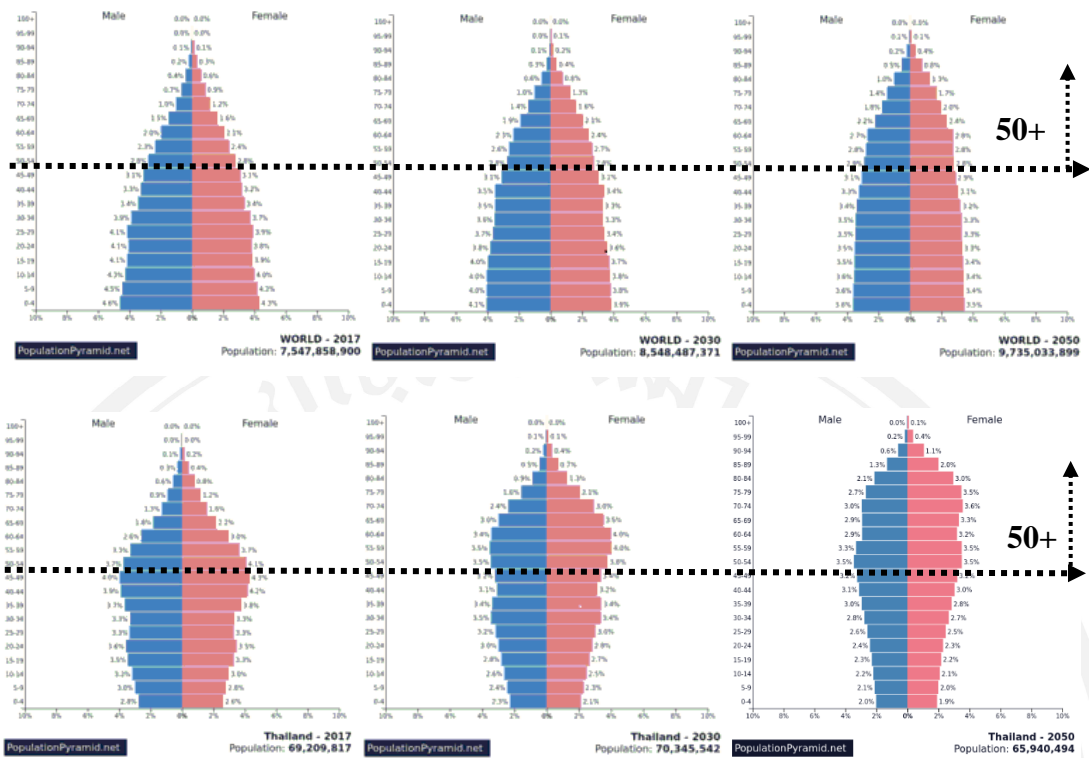
Figure 2.5 The World Population vs. Thailand Population: The 50-Plus Demographic
Structure in 2017, 2030, and 2050

Sources: PopulationPyramid, 2018.

Notes: (Above) World population; (Below) Thailand population

2.2.2   Rise of Health-wellbeing in Tourism

The rapid urbanization and population growth create the economic, social, and
environmental chaotic in everyday living lifestyle. The urban fast characteristics are
as resulted as seen in self-mobility, eating habits, working, talking, and so on. In
general, Figure 2.6 shows that the work stress was found to be the most effective for
people's health in 2011 and 2015. People of different nationalities individually needed
the get-away holidays and desired activities to balance their better lives.
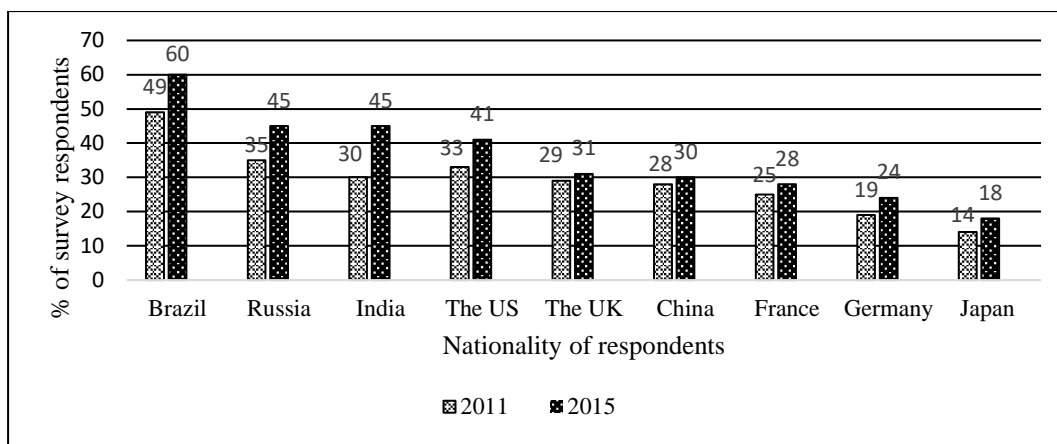
Figure 2.6 Ratio of Survey Respondents Agreed on Work Stress as the Most Effectiveness to Health in 2011 and 2015.

Sources: Euromonitor International, 2013; Yeung and Johnston, 2017.

Notes: Global Consumer Trend Survey 2013.

On the business side, Figure 2.7 shows the overall World travelers who made 691 million wellness trips in 2015, or 104.4 million more than in 2013. Wellness tourism recently accounts for 15.6% of total tourism revenues, nearing 1 in 6 of total tourist dollars spent. That is because wellness travelers spend much more per trip; for example, international wellness tourists spend 61% (US$1,613 per trip) more than the average international tourist, and the premium for domestic wellness travelers is even higher of US$654 per trip, 164% higher than the typical domestic tourist. Consequently, wellness tourism has been responsible for 17.9 million jobs worldwide during 2013 and 2015 (Yeung & Johnston, 2017).

However, the growth of wellness tourism has been done by the expenditures of people who are defined as wellness tourists, rather than by the activities of tourism industry businesses. Wellness tourism expenditure may or may not take place in businesses or activities that one typically associated with wellness. For example, the lodging used by a wellness traveler could be a destination spa or a traditional hotel-resort. Other categories of wellness tourism expenditures for food and beverage, shopping, or others, may range from generic to wellness specific. All of these types of expenditures are part of the wellness tourism economy as they are made by a traveler whose primary or secondary trip purpose is to pursue wellness.
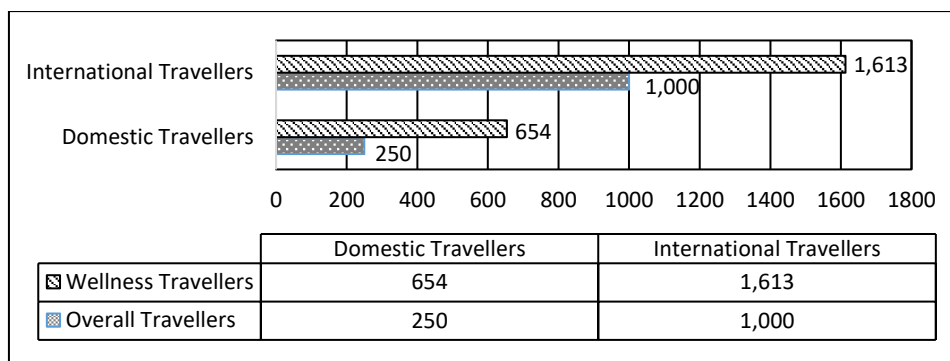
Figure 2.7 Average Wellness Tourism Expenditures: Overall Travelers vs. Wellness Travelers (Units: US Dollar per trip)

Sources: Economic Intelligence Center [SCB EIC], 2017; Global Wellness Institute (GWI) in Dugarova and Gülasan, 2017; Global Consumer Trend Survey 2013 in Euromonitor International, 2013.

Notes: Domestic Tourists traveled within their own countries, and International Tourists Arrivals traveled across other countries.

For individual health improvement, people around the world currently have more health consciousness encountering health problems of non-communicable diseases (NCDs) and work stress as a greater life impact (Economic Intelligence Center [SCB EIC], 2017). The popularity of healthy and happy life is both ideal and in everyday-life practice. Health awareness may include the preferences of anti-popularity against the modernized consumption behaviors of modern food or industrial food products. The market segments of health-related lifestyle are used as a management marketing tool to define the new niche of health-related tourist markets. The focus of the active 50-Plus should be on the key elements of health-concerned activity, the better health-wellbeing, social connectedness, and cognition as the way to design their own experiences of health-activity preferences.

2.2.3 Approaching Motivations of the Active 50-Plus

The holistic experiences for the active 50-Plus is to integrate the individual experiences into a holistic-health consideration (Neuhofer, Buhalis, & Ladkin, 2012). The individual inner-motivations importantly drive the active 50-Plus to fulfil what they need as they age (Milner, 2013). As well as how they want to go out associating with outside experiences and activities becomes the important extrinsic motivations.

Well-being is sometimes interchangeably with quality of life (Pyke et al., 2016). The preventive health and health improvement are double essences of the active-aging tourists' motivation to travel (Yeung & Johnston, 2017). People believe that their life is going well, regardless of whether it is essential for their well-being (Smith & Diekmann, 2017). Smith and Diekmann (2017) suggested that the benefits of travel for aging people with preventive health can be the lifestyles that relate to motivation and participation in more meaningful, transformational or eudemonic tourist experiences. To take a vacation was the answer among the top five selected activities (SRI International, 2017) for the consumer survey to maintain or enhance their personal wellbeing. The growing tourist segment of this specific interest currently focuses on taking more trips.

Aging tourists have different reasons to travel in terms of activities and experiences (Cutler & Carmichael, 2010). The impacts of emotional tourist experiences on the mental or physical well-being (Smith & Diekmann, 2017) can be an alternative to meet the current aging tourism market (Perkins & Thorns, 2001). For examples; to appreciate the natural environment (adventure tourism); to participate with people in other cultures (cultural tourism; creative tourism); to visit people and places in the authentic destinations and the past remains (heritage tourism); to learn and acknowledge the harmonious locality of environment, local people, local food and the unique lifestyle (local tourism; green tourism); or to experience different desirable medical alternatives of treatments and services (health/medical/wellness tourism), and so on (Oh et al., 2016).

According to the Second National Tourism Development Plan (NTDP) 2017-2021 (Ministry of Tourism and Sports Thailand, 2017), one of the key global trends concerns three emerged tourists' behavioral changes. First, the experiential travelers mostly come with more sophisticated expectations requiring a deeper connection with local people in the destination as part of a new culture at a personalized level. Second, travel behavior recently changes toward simple access, convenient applications, and available travel-technology throughout the journey. Third, 75% of international travelers currently use online information as part of the trip planning, about one-third using travel agencies and one-fourth using information from friends.

In conclusion, five experiencing categories of the attempted activities and motivations are discussed as follows.

2.2.3.1 New Activity-Based Experience:

Several past studies suggested that adults 50 and older were interested in new experiences and learning about things that enrich their lives. Those help them stay healthy, and bring them more enjoyment (Sie, Patterson, & Pegg, 2016). The AARP (American Association for Retired People) is the US's leading organization surveying on people age 50 and older, had conducted the survey on lifelong learning in 2000 (Swank, Hollenbeck, Keenan, & Fisher, 2000) on people age 50 and older. They explored how and why people over 50 learn about new things over their lifetime. The result was nine in ten adults age 50 and older agreed (including 60% or more that strongly agreed) that they wanted to learn for three reasons: (1) to keep up with what's going on in the world (63% strongly agree); (2) for their own spiritual or personal growth (62% strongly agree); (3) for the simple joy of learning something new (60% strongly agree).

2.2.3.2 Experiencing through technology-assisted and digitalization has been an essential opportunity for tourists to globally access the tourism information. They can preview the experiences, and review the preferred destinations around the world with specific choices before they travel (Dwyer et al., 2008; Tussyadiah & Zach, 2012). Teo, Lim, and Lai (1999) suggested that the motivation of the Internet users came from their perceived usefulness, enjoyment, and ease of use. Internet uses become the convenient tool to any new aging-tourist to seek and explore information, knowledge, and new health-experience values that are worth their money and time (Buhalis & O'Connor, 2005). Tussyadiah (2014) visualized that a new dimension of tourism research should focus on user experience with technology-assisted services. Also, the past study done by Lifshitz et al. (2018) for data collecting on the 306 Internet users aged 50 years and over, indicated that the functional online internet was mostly used for the interpersonal communication and information seeking with the positive life satisfaction among healthy, highly educated, and well-to-do of older Internet users. Therefore, the multidisciplinary in tourism research shall include the experience value in using the communication system and social media (Liu, Liao, & Chen, 2013).

2.2.3.3 Experiencing the locality and social-related activities has recently been a concept in tourism to discover the local wisdom and the local simplicity in different experience perspectives but ordinary, everyday-life forms of tourist experience. Locality has now become the resource of tourism destinations as the differentiated experience values of tourists' preferences. The term of experience obviously becomes an important part of tourism businesses which emphasizes on the quality of tourist experiences as the core products and services (Tussyadiah, 2014). Aging travelers prefer travelling alone or in the small like-minded groups as the current trend to design their own matched demand-supply with their desired type of tourism. These new streams of values and lifestyles have given aging tourists to be diversified in self-experience and self-actualization; for example, soul searcher, solo tourists (male and female), backpackers, volunteer tourism, active-aging tourists, slow tourism, sport tourism, and so on.

2.2.3.4 Experiencing nature with environmental responsiveness: Getting closer to nature is a tourist motivation variable in the experience quality by Prebensen et al. (2012, p. 623). The continuity of emerging global middle class, a rapidly aging world population, a chronic disease and stress epidemic, the failure of the sick-care medical model and more affluent, has witnessed and educated the present consumers to seek for the experiences in which rooted in meaning, purpose, authenticity and nature (Jong-wook, 2003). People with modern lifestyles desperately need to unplug from spending most of their time in front of one digital screen or another. In response to demand, the specific tourism types, such as soft adventure, green tourism, or local tourism, can help tourists get away to explore new meaningful life experience for self-satisfaction, as well as to have health retreat for holistic work-life balance. Susie Ellis, chief executive of the Global Wellness Institute mentioned that people need stress relief, and are seeking destinations for choices of healthy experiences, such as yoga holidays, meditation, spas, fitness, and the quiet connection of being closer to nature (International Medical Travel Journal [IMTJ], 2016).

2.2.3.5 Experiencing with holistic well-being lifestyle has become a concept toward the basic living outside the chaotic modernization movement of work-life unbalance (Pyke et al., 2016). Well-being is almost the discourse relating to human daily life and activities, which a broad range of terms is partially inspired by

both philosophy and psychology, such as quality of life, life satisfaction, happiness, and wellness (Smith & Diekmann, 2017). Psychological well-being consists of six components: self-acceptance (positive evaluation of oneself and one's life); personal growth; purpose in life; positive relations with others; environmental mastery (the capacity to effectively manage one's life and the surrounding environment); and autonomy (Boniwell, 2008). Especially, health is a state of complete physical, mental and social wellbeing, in which every individual realizes their potential to cope with normal stresses of life, and work productively and fruitfully to make a contribution to their communities (WHO, 2015). Experiencing the quality of living through the healthy behavior focusing on the integration of both physical and emotional well-being, is another way of long-term enhancing the holistic lifestyle of that person. The future tourist experience can be simple but different meaningful value to meet what an individual needs.

2.3 Four Key Domains: Definitions and Components

2.3.1 Tourist-Experience

2.3.1.1 Definitions and Concepts

Emerging more individual travel reveals the important shift in the meaning of tourism consumption (Richards, 2016). Shifted from mass to quality tourism is the essential memorable experience being delivered to the tourists as the empathic design (Tussyadiah, 2014). For example, Otto and Ritchie (1996) identified hedonics, peace of mind, involvement, and recognition as the dimensions of quality experiences. While personal outcomes of experiences are strongly characterized by emotions, and emotions are characterized as the episodes of intense feelings (Knobloch, Robertson, & Aitken, 2016). Emotions, then, become so powerful in predicting tourists' attitudes and behaviors (Hosany, McCabe, & Hunter, 2016). The embodied experience can be accomplished through the active engagement and participation in tourism context at the emotional senses of touch points.

The experiences are inherently emotional and personal expressions. The experiences are created by touch-points of: people, place, activity, culture, knowledge, process, and story-telling (Tussyadiah, 2014; Peacock, 2009). Also, it is

the personal interpretation of experience based on individual cultural background, previous experience, mood, sensation, and other factors of oneself (Pullman & Gross, 2004). Most tourism research used the applied concepts and measured the factors in a fragmented process. They studied only the relationship of particular factors and to finally achieve the outcome of tourists' satisfaction and revisit intention.

Yet, among researchers, there have recently been questioned about the applicability, reliability, and validity of psychological emotion scales in consumer studies (Hosany & Gilbert, 2010). In that case, the emotion scales developed in psychology in a certain context can lose the significant content and tourists' characteristics (Prayag et al., 2017). Under the circumstances, many literatures have overlooked the holistic key measurement issues that are related to operational emotions. Those emotions are developed to shape the experience in the process of tourist behavior framework.

The literature reviews of 31 academic journals, dated from 1934 to 2017, are concluded in Table 2.2. The purpose of reviewing tourist-experience elements is to explore the academic gap of factor analysis, and to see what elements have been most frequently mentioned in each journal's context. Table 2.2 shows the results of two academic gaps: the process and activity are mostly found in attention; while lacking of the whole factors in an experience process. The factors are emotion, motivation, perception, satisfaction, and memorable experience, including intention behavior as the outcome of the experience process.

Table 2.2 Underpinned Elements of Tourist Experience in Previous Studies

Authors	Knowledge/ Educational	Personal trial/ Individual	Process/ Activity	Emotion	Memorable	Participation/Engagement	Perceived value/ Perception	Motivation	Satisfaction	Escape from everyday life	Authentic/ Aesthetic	Entertain/Leisure/ Relax
Binkhorst and Dekker (2009)		*		*	*		*	*	*	*	*	*
Boswijk, Thijssen, and Peelen (2006)		*	*	*	*	*						
Brent Ritchie et al. (2011)	*		*		*			*	*		*	*
Buonincontri, Morvillo, and Okumus (2017)			*	*		*		*	*			
Campos, Mendes, Valle, and Scott (2018)		*	*	*	*			*	*		*	
Carù and Cova (2003)				*							*	
Chen and Chen (2010)			*	*		*	*	*	*			*
Demarco (2016)				*								*
Gentile, Spiller, and Noci (2007)		*	*	*	*		*					
Hatipoglu (2014)		*	*			*		*	*			
Hudson and Ritchie (2009)				*	*		*					
Hung, Lee, and Huang (2016)		*	*		*	*		*	*		*	
Ihamäki (2012)	*	*	*		*	*		*	*			*
Jennings (2007)		*	*			*					*	*
Jensen and Prebensen (2015)	*		*	*	*		*	*	*			*
Kim, Woo, and Uysal (2015)			*		*		*	*	*			*
Kim and Fesenmaier (2017)		*	*	*								
Maitland (2010)	*		*									
Mehmetoglu and Engen (2011)	*					*	*	*	*	*	*	*
Park and Santos (2017)			*		*							*
Prahalad and Ramaswamy (2004)	*	*	*									
Prebensen, Kim, and Uysal (2016)			*	*		*	*	*	*			
Prebensen, Woo, Chen, and Uysal (2012)		*	*					*	*	*		
Prebensen, Woo, and Uysal (2014)	*						*	*	*			
Pullman and Gross (2004)			*	*			*					*
Richards and Wilson (2006)		*	*			*					*	
Richards (2011)	*	*	*			*					*	
Richards (2016)		*			*	*				*	*	*
Schmitt (1999)			*	*								
Tan, Kung, and Luh (2013)	*					*		*	*		*	
Tussyadiah (2014)			*	*	*			*	*			

The essential value of tourist emotions is remarked as the value added to the tourist experience in several marketing research. As Peacock (2009) suggested that the emotional design is a process, not an end-result, and it is a dynamic and adaptable process. Although emotion is subjective and complex, the feelings enjoy, surprise, excitement, calm, relax, flexible, and freedom, can be strong enough for

preventive physical health (Peacock, 2009). The benefits that enhance tourists' health-wellbeing in the context of tourism can be visualized for future intention behavior. Therefore, the positive emotional tourist-experience is essential to measure the balanced health-wellbeing of the active 50-Plus in this study. Understanding the concept of human's emotion of tourist-experience, the term emotion is the personal, individual, and subjective psychological state of mind which involves three components: a subjective experience, a physiological response, and a behavioral or expressive response (Cherry, 2019). The range of emotion is complex and multi-dimensional for both positive or negative feelings and thinking, such as fun, fear, excitement, joy, pain and so on (Buda, D'Hauteserre, & Johnston, 2014). Mixed emotions (positive and negative) over different events or situations commonly occur in life accordingly from motivational to emotional and memorable states. People can feel one emotion after another simultaneously; for example, while watching the sport competition, happiness and enthusiastic anticipation can be combined to create an excitement or satisfaction. As explained by Cherry (2017), diversity of emotions ranging from joy to anxiety can normally be experienced by people regarding individual background and culture. However, the behavioral expression and responsiveness can later be evaluated, interpreted, and valued as long-remembered impression, memory, and willing to share.

Following this sense, the emotional values in the tourist experience process becomes essential as the key success to measure the quality of tourist experience. To understand tourist behavior, emotions is also the key access influencing various stages in the flow process of tourist experience. According to Hosany, McCabe, and Hunter (2016), there are three stages of travel; pre-travel, during the trip, and post-consumption. At the pre-travel stage, emotions play a fundamental role in activating tourist motivations and inputs in destination choice processes. During the trip, the various intensity of emotions can be differently occurred day-by-day. Also, after the trip, tourists' emotional reactions are fundamental post-consumption behaviors, such as satisfaction judgments, destination attachment and behavioral intentions (Hosany, McCabe, et al., 2016).

In a way, the tourist experience is acting as the core of sharing and connecting multidisciplinary knowledge to new creative design solutions for the

future tourism. Emerging the world's tourism trend of new paradigm shifted from mass tourism to more individually tailored or customized tourism (Richards, 2016), new tourism concepts have marched on more experience-centric tourists (Tussyadiah, 2014). Brent Ritchie et al. (2011) reviewed the tourism management by focusing on tourism products which transformed to the tourism experience. Thus, the shift from designing tourism products as designing solutions to designing possibilities for tourism experience (Jensen, 2014) can help shaping the product-oriented consumers to the experience-oriented ones. Moreover, the tourism market has recently been shifted from the (tangible) objects of tourism businesses to tourists' subjective interpretation of the meanings (intangible) of those objects (Same, 2014). As a result, the tourist experience can help tourists find their own purposes and meanings of travelling, such as pleasure with leisure tourism, soul-seeker with holiday escape, individual exploring with culture tourism and locality, nature appreciation with adventure activities, health restoration with environmental responsiveness, or self-reimage with social-connected activities and tourism. These consumption patterns of tourist experiences may change toward the future tourism, due to the profiled heterogeneity of sociodemographic characteristics and behavior (Scott & Parfitt, 2005).

Moreover, the sequential tourist-experience stages are further explored to address the process of the experiences. Although tourist experience processes are defined in three or five stages, the main three stages are similar, as shown in Table 2.3. Many arguments among researchers can be found in different subjective criteria to scope the experience process of what and when the tourist experience can occur. Understanding the human's emotion, it is the personal, individual, and subjective psychological state of mind which involves three components: a subjective experience, a physiological response, and a behavioral or expressive response (Cherry, 2019). What makes different people, as tourists, feel or think and tell others about their single travel story from the trip starts to the trip ends. Additionally, what the quality experience is to attach tourists for revisit intention. For example, Cutler and Carmichael (2010) proposed three experience categories: phases of experience, the influences on experience, and outcomes of experience. Aho (2001) and Prayag et al.(2017) suggested three phases (stages) of trip program: pre-travel/pre-trip, on-site

travel/ during trip, and post-travel/after trip, while Botterill and Crompton (1996) defined in more detail of five interacting stages; anticipation, travelling to destination, on-site activity, return travel, and recollection. Similarly, the linear recreation experience model by Clawson and Knetsch (2013) focuses on activity-based phases starting with a planning phase, travel-to phase, on-site activity phase, return travel phase, and ends with a recollection phase. The activities of tourists during trips, for example, may mainly concern with visiting, seeing, learning, enjoying and living in different lifestyles (Chang, Backman, & Huang, 2014), but less explaining how they feel. Emotional touchpoints through the state-of-mind are customer interactions during the experience which are designed and managed by the firm and under the firm's control (Lemon & Verhoef, 2016).

Table 2.3 Sequential Stages of Tourist-Experience Process

Authors	Experience Processes	# 1 Before Trip	#2 Transition	# 3 During Trip	# 4 After Trip	#5 Recollection / Outcome
Aho (2001)	Three phases	pre-travel		on-site travel during the trip	post-travel	
Prayag, Hosany, Muskat, and Del Chippa (2017)	Three stages	pre-travel stage		on-site travel during the trip	post-consumption stage	
Prebensen, Woo, Chen, and Uysal (2012)	Three phases	pre-trip phases		en-route phase	destination on-site phase	
Botterill and Crompton (1996)	Five interacting stages	anticipation	travelling to destination	on-site activity	return travel	recollection
Clawson and Knetsch (2013)	Five episodic activity-based phases	planning phase	travel-to phase	on-site activity phase	return travel	recollection phase
Jennings, Lee, Ayling, Luny, Cater, and Ollenburg (2009)	Clawson's (1963) linear recreation experience model focuses on five activity-based phases.	planning phase	travel-to phase	on-site activity phase	return travel phase	recollection phase
Cutler and Carmichael (2010)	Three experience categories	phases of experience		influences on experience	outcomes of experience	
Cherry (2017)	Three components of experience	a subjective experience		a physiological response	a behavioral or expressive response	

2.3.1.2 The Experience Touch-Points

The concept of tourist-experience touch-points is the point contact at the moment of experience being occurred. Binkhorst and Dekker (2009) suggests that the quality of tourist niche cohort can be measured from tourists' profiles, characteristic, attitude, behavior, and lifestyle; whereas, the quality of emotional

tourist experience can also be measured from how they feel when they participate and interact at experience touch-point. Today information content exists and can be found everywhere to reach the customers' attention (Volo, 2017). During tourism journeys, those information creating tourist experiences are usually collected at touch points, such as tourism products & service, people, place, activity, culture, knowledge, process, and story-telling (Tussyadiah, 2014) The series of touch points directly contact with different sources of experience creators providing emotional feelings and the experience values to customers (Meyer & Schwager, 2007).

Hosany et al.(2015) argued that researchers often borrow psychology-based and self-report emotion measures to understand tourist experiences. Social theorists commonly states that place has meanings and purpose to life through attitudes, values, and beliefs attached to them. Environmental psychology is another way for leisure and recreation, which tourism establishes for tourists to develop a strong relationship with places. Place-people relationship, thus, consists of the positive emotions such as love, pride, and contentment.

A general framework for product experience can be people-product interaction including three components; aesthetic experience, experience of meaning, and emotional experience (Desmet & Hekkert, 2007). At the level of meaning, cognitive processes come through the interpretation, memory retrieval, and associations. Which can be recognized in other expressive emotional characteristics, and aesthetic or symbolic significance of the products.

Different from products and services, tourism touch points are choices of tourists interacted with different tangible and intangible elements of tourism destinations in different space and time (Tussyadiah, 2014). Some of those also are categorized as service encounters, use of public facilities, or informal social interactions, and become the orchestration of emotional tourist experience process contributing to the tourism experiences.

Tourism experiences can be generally defined as the subjective mentally state felt by participants during a service encounter (Otto & Ritchie, 1996). Emotional values in tourist experience process can occur at the points of interactions between tourist and others; people, place, or activity, during the so-called moment of truth (Tussyadiah, 2014). Hence, experience design can be a better-fitting approach to

enable consumers to perceive the desire experiences that they prefer (Pullman & Gross, 2004).

2.3.1.3 Theoretical Process Framework

After reviewing the literature of emotional experience design in the tourism process, a common set of keywords, shown in Figure 2.7 and 2.8, is used in each stage with different purposes (Binkhorst & Dekker, 2009; Pullman & Gross, 2004). A tourist experience is conceptualized by Larsen (2007) as the function of the individual psychological mental-process, mainly memory processes, and the social scientific construction of a past personal travel-related event that is strong enough to have entered long-term memory. In this sense, three constructs of the tourist experience comprise expectations, perception, and memories (Larsen, 2007). *Expectations* is the individual's ability to anticipate, form beliefs and predict future tourist events, which relating to other elements such as motivation, value systems and attitudes, personality traits, self-esteem and states of affect (mood and emotions). *Perception* is about making sense of what our senses tell us (Passer & Smith, 2004). The perceptual processes is influenced by motivational and emotional states until the interaction, with the current information stimuli and mentally structured in the individual, can make the process of information possible. *Memory* becomes mentally brain-collected from the series of long remembered experiences, which are created in a constructive or reconstructive process within the individual. In marketing, Meyer and Schwager (2007) points out that customers/tourists have a great number of choices being measured by the satisfaction. Thus, the series of tourist-experience components become reasonable to be measured as presented in Figure 2.8 and Figure 2.9.

According to Cutler and Carmichael (2010), three influential aspects, physical (place-based), social, and products/services, involve the elements outside the individual. And the personal realm is individual such as knowledge, memory, perception, emotion, and self-identity that shape the tourist experience with a cycle of the prior motivation/ expectation, experience, and outcome. In his tourist experience conceptual model (Figure 2.8), the outcomes of experience can be judged through satisfaction/ dissatisfaction. As discussion on the perceptions of what qualify as tourist experiences, one of the arguments seems to be the subjective, intangible,

continuous, and highly personal phenomena (O'dell, 2007; Cutler & Carmichael, 2010). Cutler and Carmichael (2010) suggested the phenomena in two states; the moment by moment lived experience, and the evaluated experience. Which Larsen (2007) elaborates that they are not absolutely distinct because the first experience is to participate immediately in the particular moments and circumstances, and the second becomes the experience process of individual undertakes, goes through and later accumulated according to time period or life span. In other words, the moment by moment lived experience can occur any point during the on-site trip; meanwhile, the evaluated experience can be an emotional, individuals with memorable impressions, and reflection of all meanings being occurred each day-end or after the trip (Cutler & Carmichael, 2010).
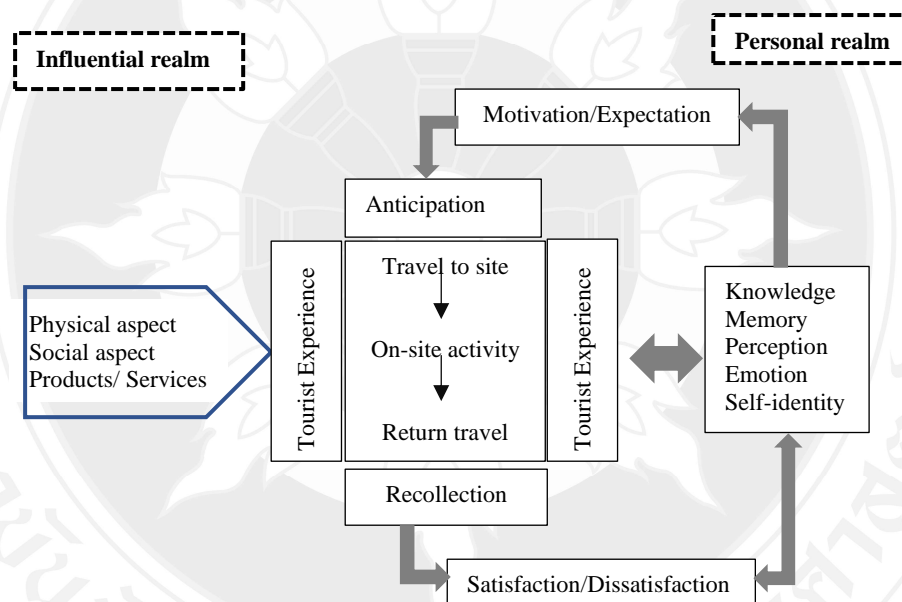
Figure 2.8 Conceptual Tourist-Experience Model of Intrinsic-Extrinsic Influences and Outcomes.

Notes: Adopted from Cutler and Carmichael, 2010.

In conclusion, from the sequential tourist-experience stages in Table 2.3 and the influential aspects in Figure 2.8, following Aho (2001), Cutler and Carmichael (2010), and Prayag et al. (2017), the three-staged trip-program comprises pre-trip, during-trip, and after-trip. Figure 2.9 finally presented the three-staged trip-program with two additional activity-phases of travelling to destination and recollection following Botterill and Crompton (1996) and Jennings et al. (2009). The

tourist experience process in this study, thus, involves six underpinned experience components (from Table 2.2) in three main travel stages or five activity phases.
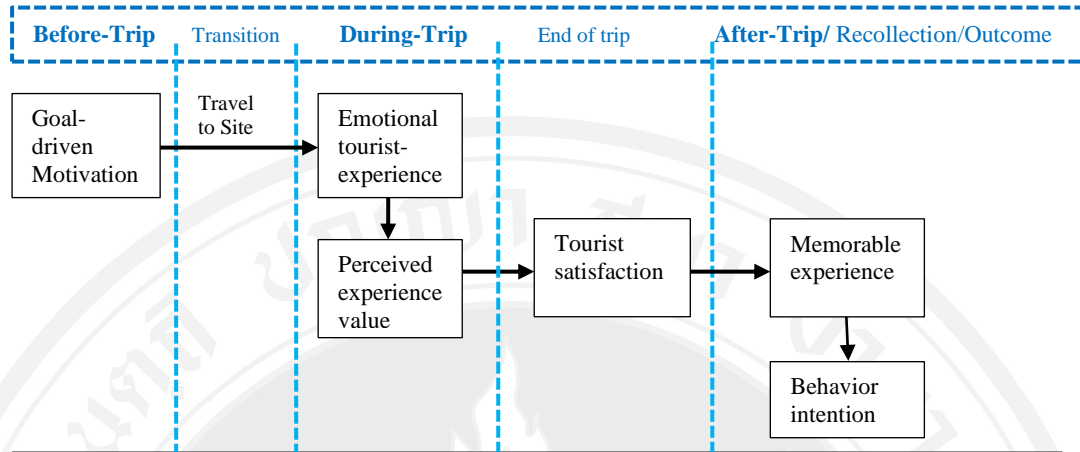
Figure 2.9 Three-Staged Trip Program and Five Activity Phases

Notes: Adapted from Aho, 2001; Prayag et al., 2017; Botterill and Crompton, 1996; Jennings et al., 2009; and Cutler and Carmichael, 2010.

2.3.2 The Active 50-Plus Tourist

Active for aging people is not only physically participating in the labor force, but the word "active" for aging also refers to continuing participation in social, economic, cultural, spiritual and civic affairs (WHO, 2002).

Figure 2.10 presents three approaches for aging tourists from previous research regarding being active while travelling. The first is the "Needs-based" approach whereas the basic need-want-believe plays the important motive role for the aging tourists to travel (Hung & Lu, 2016). The second is the "Rights-based" approach which provides the opportunity for aging tourists to be able to access everywhere (Alen et al., 2012). And the third is the "Strength-based" or "Activity-based" approach which is the most important for aging tourists to actively participating in both physical and mental health activities while travelling (Stewart-Brown, 1998).

Needs-based approach
• basic need-want-believe plays the important motive role for the aging tourists to travel (Hung & Lu, 2016; WHO, 2002).

Rights-based approach
• opportunity for aging tourists to be able to access all aspects of life as they grow old (Alén et al., 2012; WHO, 2002).

Strength-based or Activity-based approach
• actively participating in both physical and mental health activities while travelling (Stewart-Brown, 1998).
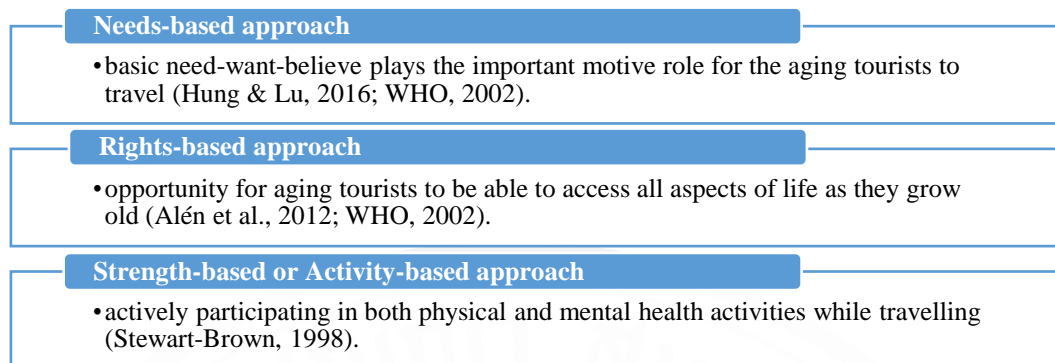
Figure 2.10 Three Concept Approaches for Active Aging Tourists

Also, the World Health Organization (WHO) defined the three active aging pillars of health, participation, and security to provide the quality of life as people age (WHO, 2002). Ones can design those from their own approaches. Health is the awareness of physical health, mental and social well-being. Participation is a variety of activities in social, economic, cultural, spiritual, civic affairs, and in the labor force. Security is the access to a safe and secure physical and social environment, income or a rewarding employment (Zaidi et al., 2013).

Other sources of arguments about active aging concepts are laid in both public and private sectors. In the 1990s, the WHO was first issuing two key elements for older aging concern, activity and health (WHO, 1994). Following by the study of James F. Fries in The Theory and Practice of Active Aging, he focused only on the possible health improvement while increasing longevity, and the quality of life when postponing functional declines more than mortality declines (Fries, 2012). In addition, the report of the Active Aging Index 2012 for EU27 Member, Zaidi et al. (2013) concluded that four domains for active aging were employment, participation in society, independent/ healthy/secured living, and capacity and enabling environment. It was the operationalized project for the multidimensional concept of active-aging. Two results from the quantitative evidence engaged key stakeholders were to improve the experiences of aging, and to raise the quality of life of older people intertwined with the financial and social sustainability of public welfare systems in Europe (Zaidi et al., 2013). Contribution of the project to the EU region, relevant to the United Nations Principles of independence, participation, dignity, care and self-fulfillment, is purposely to empower the active aging for the rights-based rather than the needs-

based approach (Balderas-Cejudo et al., 2017). Therefore, the active aging are assumed to be no longer passive targets and, instead, have the rights-equality of opportunity and treatment in life as they grow older.

Table 2.4 shows the health-wellbeing dimensions of active-aging concepts from previous studies, which define the active 50-Plus's travel motives and behaviors. Health improvement and social-connected participation or activities are the most driving forces that the active 50-Plus prefer during the trip. Those are part of the process to develop and maintain the functional ability that enables well-being in older age (WHO, 2015). Physical, mental, psychological well-being, and experience improvement also are important for the active-aging quality of life.

Table 2.4 Health-Wellbeing Dimensions from Active-aging Concepts

Authors	Health Improvement	Cognition, Mental	Psychological wellbeing	Self-Reimagined/	Self-fulfillment	Security	Quality of life	Social Connectedness/	Participation/ Activity	Environment	Accessibility	Physical well-being	Employment	Experience Improvement	Individual/Lifestyle	Self-financial support	Longevity Economy
WHO (1994)	*							*									
WHO (2002)	*	*	*				*	*									
WHO (2015)	*		*					*			*	*					
Fries (2012)	*							*			*						
Alén et al. (2012)	*							*	*		*						
Zaidi et al. (2013)	*				*			*	*	*							
Milner (2013)		*	*					*				*		*			*
Irving (2014)		*			*			*						*			
AARP (2016a)	*																*
Beard et al. (2016)	*								*			*				*	
IALSA (2016)								*									
Balderas-Cejudo and Leeson (2017)	*		*					*				*	*		*	*	
Dugarova and Gülasan (2017)	*							*						*			
Nikitina and Vorontsova (2015)	*						*	*						*			
Hung and Lu (2016)		*						*				*					

From the above discussion, the "50-Plus" is proposed adding to the "active aging" concept in order to empower the person aged 50 years and older with their performances, capability, and lifestyle. According to Balderas-Cejudo and Leeson (2017), today aging people, on average, are healthier, wealthier, better educated, and more experienced travelers. Due to changing age patterns of consumers, most people are moving into the advanced stage of life and still want to travel. They intentionally

spend their free time on travel, with more likely being active and independent as well as with personal interests to engage more activities, comparing to older people in the past.

In conclusion, Figure 2.11 presents the active 50-Plus model in this study with degrees of the possible links between tourism activities and health-relatedness purposes (Walker & Foster, 2013; WHO, 1994) while they travel. The analysis of link between the active 50-Plus and the quality of later life also are health and tourism activity (Zaidi et al., 2013). In order to achieve the quality of life, the active 50-Plus can design their own choices of health activities and the preferred forms of tourism, which will lead them to their own lifestyles. To fulfill the quality of later life is the prior need of health, well maintained and improved. Meanwhile, to cope with the preferred tourist lifestyle is to design a way of life satisfaction involving the pleasure trips of tourist experiences (Anderson & Langmeyer, 1982; Patterson, 2018, p. 48).
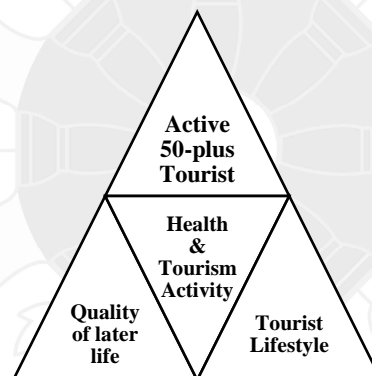
Figure 2.11 Behavioral Consumption Concept for the Active 50-Plus
Sources: WHO, 1994; WHO, 2002; WHO, 2015.
Notes: Adapted for the concept of active aging tourist model in this study.

The active 50-Plus can achieve self-fulfillment with life reimagined in search of more meaningful tourism. Also, they have choices to prior reset their living purposes, careers, relationships, toward more meaningful directions (Irving, 2014). Anderson and Langmeyer (1982) found in 1982 that the length of stay for both under-50 and over-50 travelers was similar between four and nine nights. Most forms of aging tourism were leisure, wellness, soft-adventure, education/learning, and cultural tourism (Patterson, 2018). Once, the new tourism paradigm has turned the standardized-massive into the individualized-customized forms of experience-based tourism. The new aging tourist lifestyle is likely to be more active, not passive, in

doing, seeing, moving, touching, interacting, or participating, rather than merely seeing or standing still (Richards, 2016; Coke & Perkins, 1998).

2.3.3 PMSE Health-Wellbeing as Theory Foundation

Well-being refers to health, quality of life, public health, life satisfaction and wellness (Smith & Diekmann, 2017). In the late 1970s, Dr. Jack Travis initiated the illness-wellness continuum focusing on proactive maintenance, health improvement, and well-being (Hall, 2011). Adapted from Travis' continuum concept, the range between reactive and proactive approaches are the cooperating attitudes to improve health, to enhance quality of life, increasingly to optimum levels of well-being (Pyke et al., 2016). Thus, active-aging tourism is the travel associated with the pursuit of maintaining or enhancing one's personal health-wellbeing (SRI International, 2017).

Therefore, studying both health and well-being is the result of preventive and promotive intention to travel among the active 50-Plus. Further study to explore health-wellbeing components in more important dimensions and principles is shown in Tables 2.5 and 2.6.

Table 2.5 presents four different conceptual models of health-wellbeing dimensions from previous studies. Similar key dimensions will be later extracted to form the common fundamental theory of health-wellbeing in this study.

Firstly, the six-dimensions of wellness model was proposed in 1976 by Dr. Bill Hettler, a co-founder of the National Wellness Institute (NWI) in Australia. The six key dimensions are occupational, physical, social, intellectual, spiritual, and emotional (Hettler, 1976).

Secondly, the ICAA wellness model of seven dimensions was proposed in 2013. The model concept moved its definition of health and well-being away from a mindset based on the management of disease to the areas of health prevention and proactive strategies. Active aging philosophy by ICAA concerned to provide rich environments for living which serves the wants and needs of a person engaged in life. Key dimensions included physical, social, intellectual, spiritual, vocational, emotional, and environmental (Milner, 2013).

Thirdly, the "wellness tourism is different form and larger than medical tourism" was the concept model proposed in 2013 and 2017 (SRI International, 2017).

Key dimensions included physical, social, mental, spiritual, emotional, and environmental.

Lastly, the model is the expanded wellness model having the three rings of wellness, proposed in 2001 (Mueller & Kaufmann, 2001). Key dimensions included the outer ring of social contacts and environmental sensitivity. The middle ring were mind, body, relaxation, and health. And the central ring was self-responsibility.

Table 2.5 Health-Wellbeing Dimensions from Previous Models

Concept Models	Model images	Authors	Dimensions of Wellness
The Six Dimensions of Wellness model, by Dr. Bill Hettler, co-founder of the National Wellness Institute (NWI), Australia.		Hettler (1976)	- OCCUPATIONAL - PHYSICAL - SOCIAL - INTELLECTUAL - SPIRITUAL - EMOTIONAL
The Seven Dimensions of Wellness, by the International Council on Active Aging® (ICAA), USA.		Milner (2013)	- PHYSICAL - SOCIAL - INTELLECTUAL - SPIRITUAL - VOCATIONAL - EMOTIONAL - ENVIRONMENTAL
Wellness tourism is different form and larger than medical tourism		SRI International (2013)	- PHYSICAL - SOCIAL - MENTAL - SPIRITUAL - EMOTIONAL - ENVIRONMENTAL
Expanded Wellness Model: Three rings of wellness.		Mueller & Kaufmann (2001)	→Outer ring: **Social contacts** **Environmental sensitivity** →Middle ring: MIND: **mental, activity, education** BODY: **physical, fitness, beauty-care** RELAXATION: **rest, meditation** HEALTH: **nutrition, diet** →Central ring: **Self-responsibility**

Moreover, the underpinned dimensions of health-wellbeing principles are concluded from previous research in Table 2.6. Most past studies found similar issues of social well-being, preventive health, physical activity, intellectual/cognition/ mental, and emotional well-being. Therefore, four key dimensions extracted to form the health-wellbeing model for the active 50-Plus are physical, mental, social, and emotional. Health is more of a goal to be achieved towards well-being and the

preventive approach. In other words, to improve health and well-being, the active 50-Plus need to be motivated by the desire for healthy living, disease prevention, stress reduction, management of poor lifestyle habits, and authentic experience. Whereas the activities are proactive, voluntary, non-invasive, and non-medical in nature.

Table 2.6 Health-Wellbeing Dimensions from Previous Studies

Authors	OCCUPATIONAL	PHYSICAL (activity)	SOCIAL (well-being)	INTELLECTUAL/ COGNITIVE/ MENTAL	SPIRITUAL, HOLISTIC	EMOTIONAL well-being	ENVIRONMENT	PROFESSIONL, VOCATIONAL	Positive Functioning	Life Satisfaction	Vitality	HEALTH (Preventive)	MEDITATION	NUTRITION/ DIET	Individual responsibility	Integrated into life
Hettler (1976)	*	*	*	*	*	*						*				
Milner (2013)		*	*	*	*	*	*	*				*				
SRI International (2013)		*	*	*	*	*						*			*	*
SCB EIC (2017)		*	*	*	*	*						*			*	*
WHO (2002)		*	*						*	*	*	*				
Mueller and Kaufmann (2001)		*	*			*	*					*	*	*		
CDC (2016)			*									*				
Zaidi et al. (2013)			*							*		*			*	

Therefore, as all above discussion, to balance the quality of later life and lifestyle, or to posit the interrelatedness of the preventive health and maintaining wellness concept, the holistic health-wellbeing model is conceptualized with four dimensions of key elements; physical, mental, social, and emotional. Finally, the fundamental theory of the health-wellbeing principles (PMSE) is significantly formulated by adapting from those analysis of past studies (Hettler, 1976; Milner, 2013; SRI International, 2013; Economic Intelligence Center [SCB EIC], 2017; WHO, 2002; Mueller & Kaufmann, 2001; Centers for Disease Control and Prevention [CDC], 2016; Zaidi et al., 2013). Figure 2.12 presents the PMSE health-wellbeing for the active 50-Plus. The benefits of good health and well-being definitely include physical, social, mental, and emotional well-being. The operationalized definitions of the PMSE health-wellbeing are defined as follows.

(P) Physical health-wellbeing	(M) Mental health-wellbeing
	Active 50-Plus Tourists
(S) Social health-wellbeing	(E) Emotional health-wellbeing
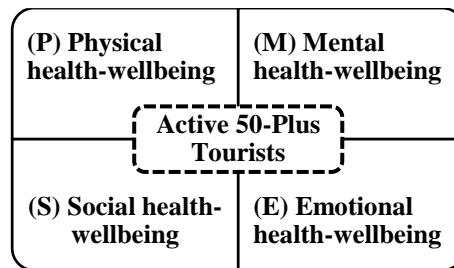
Figure 2.12 Fundamental Theory of Four Health-Wellbeing Principles (PMSE)

Notes: Adapted from Hettler, 1976; Milner, 2013; SRI International, 2013; Economic Intelligence Center [SCB EIC], 2017; WHO, 2002; Mueller and Kaufmann, 2001; Centers for Disease Control and Prevention [CDC], 2016 ; Zaidi et al., 2013.

1) Physical Health-Wellbeing (P): The goal of living independently is one shared by many people, and physical well-being is necessary to achieve. Lifestyle choices that can maintain or improve health and functional ability including the engaged physical activity, and choices of healthy foods with adequate nutrition.

2) Mental Health-Wellbeing (M): Human mental engaged in creative pursuits and intellectually stimulating activities is a proven approach to keep minds alert and interested, including taking short seminar courses, painting, cooking, or joining and challenging oneself with other creative activities and local people in destinations.

3) Social Health-Wellbeing (S): Social interactions with family, friends, or chosen peer groups, and people in destinations can be valuable for maintaining health.

4) Emotional Health-Wellbeing (E): Feelings are the lens through which people view the world, and the ability to be aware of and direct one's feelings helps to create balance in life. Coping with the trustworthy and respectful ways can signal emotional well-being.

2.3.4 Tourist-Experience Design and Tourism

2.3.4.1 Tourist Experience Value

The rise of health-wellbeing awareness in global issues causes tourist demand in searching for better quality of life and healthy-aging lifestyle while travelling (Uysal, Sirgy, Woo, & Kim, 2016; Scott & Parfitt, 2005). Activities of

preventive and maintained health-wellbeing become the preference for tourists' decision-making (Scott & Le-Dung, 2017). To integrate the conceptual study model of three domains, there is tourist experience design as interrelated links. Three prior domains in Figure 2.13 are (1) the 50-Plus tourists, (2) health-wellbeing awareness, and (3) tourist experiences and activities. Azevedo (2009) and Eraqi (2011) agreed that experiences allow tourists to do things rather than just look at them. Thus, driving the active 50-Plus to engage in activities for self-development and to explore multisensory environments can connect them to other people (Ek, Larsen, Hornskov, & Mansfeldt, 2008; Ihamäki, 2012; Rihova, Buhalis, Moital, & Gouthro, 2015). Individual tourists can become the self-creators for their own "choreographic activities from moment to moment" (Ek et al., 2008; Campos et al., 2018). And the moment of feeling or doing is the emotional tourist experience designed to cope with the benefits of the improved physical health-wellbeing, the positive emotion, cognition, and social well-being (Voigt, Brown, & Howat, 2011; Scott et al., 2017).

The benefits of physical activity can help delay, prevent, or manage many of the chronic diseases for which adults aged 50 and older are at risk (Watson et al., 2016). On the other hand, the recent global awareness of inadequate physical activity has become the biggest public health problem of the 21st century (Barnes, Winters, Ste-Marie, McKay, & Ashe, 2016). As Blazey (1992) conducted the survey on 1,350 participants aged between 50 and 85 years, the current Canadian guidelines has later recommended 150 minutes of moderate physical activity per week (estimated to be equivalent to walking 7000–10,000 steps per day) (Barnes et al., 2016). Also, depending on the quality of the perceived experience and memorable experience that tourists have individually (Chen & Chen, 2010; Sthapit & Coudounaris, 2017), the emotional tourist-experience expressions are such as, challenging, surprise, joy, energetic, exciting, curiosity, enthusiasm, rest, flexible, freedom, self-fulfillment, happiness, escape, relaxation and relief, self-reward and indulgence, health and beauty, and friendship and kinship (Mak, Wong, & Chang, 2009).
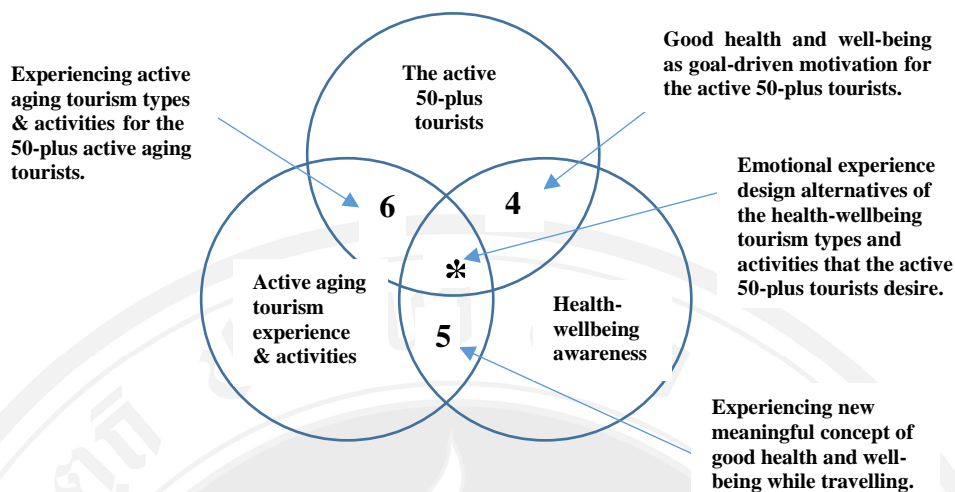
Figure 2.13 Integrated Conceptual Model of Three Domains

Notes: Adapted from Patterson, 2018.

2.3.4.2 Types of Health-Experience Tourism

The world chaotic complexity of economic and social evolution have caused more stress and extra pressure on people's psycho-physical state of health (Koncul, 2012). Tourists accelerated more demands searching for new ways of relaxation and re-energizing themselves. The relationship between health and tourism involves activities that promote good health (Jyothis, 2016). Health and well-being tourism can give more opportunity to more life satisfaction. Patterson (2018) suggested leisure tourism, health tourism, wellness tourism, soft-adventure tourism, educational tourism, life-long learning tourism, and cultural tourism, in his book: Tourism and leisure behavior in an ageing world.

1) Leisure Tourism for aging tourists concerns mostly on emotional health-wellbeing. For the concept of emotional well-being (Milner, 2013), feelings are the lens through which people view the world, and the ability to be aware of and direct one's feelings helps to create balance in life. Coping with challenges and behaving in trustworthy and respectful ways signal emotional wellness, attributes that can be encouraged through peer counseling, stress management, humor/laughter and personal histories.

Many past studies also referred using the emotional experience values to design the tourist experience. They focused on emotion's characteristics, motivation, touch points, intensity, and the experience process of pre-trip, during-trip,

and post-trip (Hosany, McCabe, & Hunter, 2016; Ek et al., 2008). The quality emotional experience in the tourism process can develop future experience-based tourism. At the points of interactions between moments of tourist experience and its touch-points (people, place or activities) (Tussyadiah, 2014), they are the extrinsic motivation design alternatives that enable tourists to have such desired experiences (McLellan, 2000).

In terms of looking for the specific integrated types, soft adventure tourism, sport tourism, local tourism, gastronomy tourism, can help balance tourists' get-away. Tourists can explore new meaningful experiences of self-satisfaction or health retreat for holistic work-life balance (Pyke et al., 2016). Jyothis (2016) referred to his survey that aging tourists said, we wanted to escape, socialize, fantasize, be creative, learn new skills, engage in some form of physical activity or interact with the environment.

Patterson and Pegg (2009) suggested that modern tourism and leisure industry were currently all about providing experiences at a profit for the pleasure of others. Although aging tourists traditionally preferred leisure tourism or others that provide rest, relaxation, or sense of escape from their routine lifestyle. According to "The Paradox of Leisure in Later Life" by Nimrod and Shrira (2016), the benefits of leisure activities provide significant impacts on active-aging tourists' physical, psychological, social, and emotional health-wellbeing, which leading them to greater life satisfaction (Balderas-Cejudo & Leeson, 2017). The older persons aged 55-74 in Europe had reported in the Active Ageing Index 2012 of the four-weeks preceding the survey that they found having education or training being most favored (Zaidi et al., 2013, p. 6). As a result, the active 50-Plus have posited themselves on the conditions that they can have both tourist experience and health to be developed (Patterson & Pegg, 2011).

2) Soft-Adventure Tourism is ranging in various forms of activities, such as green tourism, sport tourism, or health-wellness tourism (Patterson et al., 2017). The soft-adventure tourists also are heterogeneity in tastes of taking different degrees of activities, up to individual health condition and strength capability (Patterson, 2018). The general adventure tourism currently is considered as the alternative form of tourism. It is unflavored to mass tourism for the difficult

management of individual safety (Coke & Perkins, 1998). However, the soft-adventure tourism basically offers the active recreational participation, and demands the authentic experiences involving such, being, doing, touching, and seeing rather than just seeing (Sie et al., 2016). The activities are seeking for physical strength, self-energetic, and relief for health improvement. Soft-adventure activities for the active 50-Plus are mostly preferred in light action with mild physical activity at low risk-taking. For example, the scenic kayak or canoeing, bush walking, simple hiking trails, surfaced diving or snorkeling, and short-distance river-rafting, etc.

                    3)   Educational Tourism concerns the lifelong learning for aging people who have self-motivated pursuit of knowledge for either personal or professional reasons (Patterson, 2018). For business marketing in tourism, the stakeholders concern to link psychology purposely to examine tourist motivation to travel, individual needs, and satisfaction. Further examining trends from different perspectives of the 50-Plus niche markets is also mentioned in the longevity tourism in the 21st century (American Association of Retired Persons [AARP], 2016b). The AARP (American Association for Retired Persons) is the US's leading organization surveying people aged 50 years and older, and conducted the survey on lifelong learning in 2000 (Swank et al., 2000). They explored how and why people over 50 learned about new things over their lifetime. The result was nine in ten adults aged 50 years and older agreed (including 60% or more that strongly agreed) that they wanted to learn for three reasons. (1) To keep up with what's going on in the world (63% strongly agree); (2) for their own spiritual or personal growth (62% strongly agree); (3) for the simple joy of learning something new (60% strongly agree). The most common activity of aging people is traditionally reading newspapers, magazine articles, books, or journals when they want to learn something new (Dugarova & Gülasan, 2017). But nowadays, the coming complete-aging-society requires technological breakthroughs to empower the aging people using more learning methods and tools that are readily accessible (Dwyer et al., 2008). Supported by several research studies, adults 50 and older are found mostly interested in learning about things that enrich their lives, help them stay healthy, and bring them more enjoyment (Sie et al., 2016). According to Šimková and Holzner (2014), pleasure is a tourist's personality, attitudes, values and lifestyle. And education is tourists'

integrative knowledge of new experiences at touch-point contacts of people, places, and activity.

Table 2.7 concludes all discussed above into three levels of four main categories of aging tourism, health-wellbeing focus, activity focus, and area or destination focus.

Table 2.7 Aging Tourism with Health-Wellbeing, Activity, and Area Focuses

References	Aging Tourism	Health-wellbeing Focus	Activity Focus	Area Focus
Muller and Cleaver (2000); Hall (2011); Patterson (2018); Buckley (2018)	**Soft adventure & Sport tourism**	- These experiences generate psychological strength, and health-wellness improvement. -Refreshing of fresh air and environment -Balancing body and mind	-Active physical exercise (Walking, running, water sport, bicycling, hiking, camping, tracking) -Bird & animal watching -Photo safaris	**Nature-like places** (Natural parks and forestry, mountain, beaches, waterside recreation places)
Swank et al. (2000); Sie et al. (2016); Dugarova and Gülasan (2017); Oxford Economics (2016); Buckley et al. (2015); Patterson (2018)	**Educational tourism**	- Physical, cognitive, social and emotional exercise	-Active learning and creative activities - Social & cultural participation -Observing the local living lifestyle -Photography, journal -On-site planting -Short lecture and practices - Cooking classes	**Culture-like places** (Cultural and heritage sites, and museum; Places with experiencing gastronomy and organic food; Local community and attractions)
Patterson and Pegg (2009); Patterson and Pegg (2011); Nimrod and Shrira (2016); WHO (2005); Hall (2011); Koncul (2012); Romanova et al. (2015); Patterson (2018); Zaidi et al. (2013).	**Leisure tourism**	-Rest, relaxation, balancing body and mind -Organic food and drink, local herbs, green food - Physical health improvement, spiritual health, body-mind balance	-Slowness, slow life, peaceful mind, self-restoration, pleasure with leisure -Appreciating healthy food consumption -Massage, body treatment, meditation, body-stretching and flexibility	**Leisure-like places** (Resort wellness and spa; yoga house; fitness center; special exercise clubs)

2.4 Concepts, Theories and Principles

Among the heterogeneous aging tourist segment, the active-aging tourists are the resilient survivors from the negative stereotype image of the traditional elderly population (Shiffman & Sherman, 1991; Patterson, 2018). To pre-empower the active 50-Plus for future significant target market requires five practical concepts, theories, and principles. Those are used to understand and explain how the active 50-Plus can possibly go through the tourist-experience process.

2.4.1 Goal-Driven Motivation Concepts

The major theories of motivation generally concern three main categories of physiological, neurological, and cognitive responses, which the thoughts or mental activity leading the motivation to form the emotional responses. As mentioned in Aho (2001) that experiences are a main issue in tourism, one of four essential core contents of touristic experiences is getting emotionally affected, which is so called emotional experiences.

Meanwhile, the goal-driven behavioral process suggested by Oh et al.(2016) focuses on the sequential series of goal setting (for good health and well-being), action planning (to reimagine, readjust, redirect or re-establish), and goal achievement (attainment or failure). Although being a heterogeneous market segment, the senior market is not different from other markets. Marketing experts mostly focus on using travel motivation to segment this market (Alén et al., 2017a). Also, the past studies in the field of senior market focused on the goal-driven motivation theory in psychology and tourism context, based on the two dimensions of motivation, intrinsic (push) and extrinsic (pull) factors. Intrinsic factors arise from within the individual as the internal needs and desires of a person to travel; whereas, extrinsic factors arise from outside of the individual related to external attractions and features of specific destination as choices of destinations and activities (Crompton, 1979; Jang & Wu, 2006).

To set the goal, Cherry (2017) has three major components of motivation suggested: activation, persistence, and intensity. Activation involves the decision to initiate a behavior. Persistence is the continued effort toward a goal, which requires the investment of time, energy, and resources. Intensity can be seen in the

concentration and power to pursue a goal. The goal setting, as the goal-driven motivation in tourism context, is subjective upon different tourist-market groups due to individual motives and preferences (Baloglu, 1997). For example, examining the relationship between destination images and sociodemographic/trip characteristics of international travelers, Baloglu (1997) found six image factors as extrinsic influences: friendly environment, adventure, nature and resort, urban environment, budget and value, history and culture, and active outdoor sport.

2.4.2 Cognition Theory and Determinants of Health-Wellbeing

Active aging can enable individuals to live both longer and healthier, and to gather them from being divided from society (WHO, 2002). The cognitive theories suggest that emotions are derived from individual's subjective evaluations of the environment or events based on some appraisal dimensions (Hosany, 2012). From previous studies, Hosany (2012) identified five dimensions and determinants of well-being emphasizing on emotional well-being, positive functioning, life satisfaction, social well-being, and vitality. Emotional well-being is experiencing positive emotional states more often than negative emotions. Positive functioning has a sense of competence, autonomy, engagement and purpose in life. Life satisfaction concerns how closely the reality of one's life can match one's desired situation. Social well-being is the feeling connected with others and that relationships are supportive, trusting and accepting. Vitality is the feeling alert, energized and alive in daily life.

Cognition theory generally explains the mental action, and the process of acquiring knowledge and understanding through thoughts, experiences, and the senses. Cognitive psychology is the scientific study of mind as an information processor, including the internal processes study of perception, attention, language, memory, thinking, and consciousness.

As a major focus of this study, the cognition of health-wellbeing is central to the idea of being active-aging, and to the ways in which they change with age (International Integrative Analysis of Longitudinal Studies on Aging [IALSA], 2016). Cognitive theories define emotions as processes rather than states of mind (Liu, 2016). The CDC (National Center for Chronic Disease Prevention and Health Promotion) in the United State of America launched the campaign to encourage the

need of adults age 50-plus to become and stay physically active for their quality of healthy aging (Centers for Disease Control and Prevention [CDC], 2016). The further suggestion on the regular physical activity is vital to help delay, prevent, or manage many costly chronic diseases faced by adults 50 years and older. For example, 150 minutes of moderate-intensity aerobic activity per week should be as active as their abilities or conditions allow.

2.4.3   Continuity Theory of Activity Behavior Pattern

The continuity theory of normal aging process is described in the sociological theories of aging focusing on the continuity to adapt the life patterns and develop those to new situations in later life as people age (Chen & Shoemaker, 2014). This theory helps explain how aging people can maintain their personal identities and similar interests from previous lifestyles, or from childhood, to their later life (Patterson, 2018). Travel patterns also can be predictable from tourists' past experiences (Patterson, 2018; Alén et al., 2017b), which are heterogeneity in three different later life patterns of individual habits, activities and roles (Alén et al., 2017a; Atchley, 1989). First, the healthy or active aging people still continue working and living as before, or adjust and adapt some choices to fit with new situations in later life (Department of Health-Ireland, 2015). Second, the retired aging people are partly working in light labor-force routines or on voluntary occasions with like-minded group-activities (Balderas-Cejudo et al., 2017). And third, some non-active aging people are found being forced to add and drop activities regarding their changes in physical, mental, or social status, and declining in functional capability (Agahi, Ahacic, & Parker, 2006). As several empirical findings suggest that later life activities are commonly preceded by activities earlier in life (Agahi, Silverstein, & Parker, 2011); meanwhile, some aging people were found difficult to continue maintaining activities in the advanced age (Patterson, 2018).

The link of change in relation to the active 50-Plus reflects in how people perceive the past experience, and continue in the psychological characteristics as well as in social behavior. Most of the older adults can continue their past experiences in their psychological characteristics (values, motives, attitudes, emotions, personality) and behavioral characteristics (activities, relationships). Some previous studies

showed that travel motivations, attitudes, the preferred destination, perceived barriers or happiness, behavior pattern, and travel activities can be found little change over 10 years. And those will remain the same within 20 years for a given generation (Nimrod & Shrira, 2016). Thus, the continuity theory has seniors' travel patterns predicted from their past experiences

2.4.4   Activity Theory with Health-Wellbeing Concept

There are several explanations about the activity theory. But in the case of aging tourists and health-wellbeing concern, activity theory is used to acknowledge that having free time or retirement without job are harmless. Because the increased free-time is the opportunity available for the active-aging people to substitute their previous roles, to maintain their essential-role engagement, or to try new activities in other meaningful activity-levels linked to greater life satisfaction (Kim, Woo, & Uysal, 2015). Activity theory can analyze and understand human interaction in more positive activities using tools and artifacts (Hashim & Jones, 2007). The theory focuses on the successful active-aging to be active with the social activity involvement (Patterson, 2018). Additionally, activity theory provides a conceptual framework to explain the relationship between activities, actions, operations, motives and goals, and social aspects, in the organizational or societal contexts to scope those activities.

In association with the goal-driven motivation process, the activity can be the basic unit to analyze two individual analytical components. First, the object is as the intended activity; and second, the tool is as the mediating device by which the action is executed (Hashim & Jones, 2007). The consistency in the meaningful activity engagement through the tourism experience can contribute to aging tourists with the overall quality of life and health (Gilbert & Abdullah, 2004; Kim, Woo, et al., 2015; Kim, Uysal, & Sirgy, 2013). The meaningful activity for the active-aging tourists are such as soft adventure, lifelong learning, trying new things such as learning and self-education, seeking for different experiences to meet self-satisfaction (Patterson, 2018). Although, activity theory may basically encourage social activity, some practices still use the theory to support physical health improvement as well as to

examine the mental capability (Hung & Lu, 2016), by focusing on the emotional activity (Swift, Abrams, Lamont, & Drury, 2017).

2.4.5 Flow Experience and Physical Challenging

Flow experience concept concerns the physical health-activity experience development. To understand the active 50-Plus's health-activity experience and behavior in this study, the recent studies introduce the concept of a flow experience (Ayazlar, 2015; Wu & Liang, 2011), or the activity-challenge (Tsaur, Lin, & Cheng, 2015; Cheng, Edwards, Darcy, & Redfern, 2018), based on the original study by Csikszentmihalyi and Csikszentmihalyi (1992). The concept described the flow experience as the situation that tourist perception of the activity's challenge could individually match the individual's personal skill. A balance of challenge and skills can be done without any ingredient of anxiety, boredom or worry (Wu & Liang, 2011). It is the state that people give priority to involve with the preferred activity. And nothing matters except the occurred experiences that inspire them to feel so enjoyable that they will do it again for their own benefits, even at great cost (Tsaur et al., 2015). Flow experiences offer the health-activity experience development through absorption, personal control, joy, values, spontaneity, and a newness of perception and process. Which the activity can absorb tourist's attention and the experience at a level of individual skill and challenge (Pullman & Gross, 2004). Adventure recreation is the first level seeking challenge, as an outcome against stress, to try an outdoor activity through interaction with nature (Tsaur et al., 2015). The participants in this level require goal-driven motivation to engage in the adventure-recreation activity as to experience the challenge and feel self-accomplishment (Csikszentmihalyi & Csikszentmihalyi, 1992).

2.5 Tourist-Experience Conceptual Framework Proposal

2.5.1 Tourist-Experience Process and the Constructs

Refer to Figure 2.9, the tourist-experience process and five main constructs in this study are concluded again as follows.

Before Trip   : Goal-driven motivations

: Trip planning and expectation

Transition   : Travelling to destinations

During Trip   : Activities and experience touch-points

: Positive emotional tourist-experience

End of Trip   : Tourist satisfaction

After Trip

Recollection   : Memorable experience

Outcome   : Intention behavior

(Intention to share, to recommend, and to repeat activity)

The three-stage of trip program (pre-trip, during-trip, and after-trip) defined by Aho (2001), Prayag et al.(2017), and Cutler and Carmichael (2010) are adapted and used to explain the influences of experience during the trip and the outcomes of experience after the trip. With five activity-based phases (planning phase, travel-to, on-site activity, return travel, and recollection), the main experience constructs can be posited in timeline of relationships (Jennings et al., 2009). With the three principles for emotional experience design according to Peacock (2009), to design the emotional design process. First, addressing the goal-driven motivation to make meaningful connections with the tourists. Second, developing a coherent personality to create a human-friendly personality in every touch-point that the tourists can relate with. Third, engaging a mixture of senses to keep the tourists' interest and needs to enrich the sensory experience. In this sense, the emotional experience value can be delivered with the tourism products to the niche tourists with engaged, interactive, and informative designs.

The positive emotional experience can cause life satisfaction for older people in general (Fredrickson & Joiner, 2002). The positive emotional experience, due to the feeling enjoy, surprise, excitement, calm, relax, flexible, and freedom, can

enhance the mind and behavior of older people stronger enough to maintain and prevent their physical health from both disease and non-disease syndrome. Designing for profound experiences is to explore the experience scope of emotional well-being (Jensen, 2014). Shift from the marketing-driven to human-driven motivation to travel is the common benefit for older people to design their own experiences while travelling. Three dimensions of an experience are firstly approach at touch point experience, then responsive feeling and action, and finally interpret to the meaningful emotion which later being kept in mind of memory. Also, three dimensions of sharing experience are on-site sharing (moment-by-moment experience), post-trip sharing (evaluated experience), and shared on review (collected experience). Social relatedness or participants were found to develop an emotional attachment to the place, people, activity, and product/service during travelling as they increasingly incorporated those in their daily life (Jensen, 2014).

In general, the word experience in tourism is often used as the outcome telling to others what ones feel or think about what they did, where they visited, or whom they met, and so on. These experiences become individual memories being created in different constructive or reconstructive processes (Larsen, 2007), which naturally make tourist experience unique due to its occurrence once in a certain time and space (de Geus, Richards, & Toepoel, 2016). In this sense, tourist experience can simply be signified its role as the core of sharing and connecting interdisciplinary knowledge through tourist's own creative construct of narrative of the self (Richards, 2016). As conceptualized by Larsen (2007), tourist experience is the function of the individual psychological mental-process, mainly memory processes, and the social scientific construction of a past personal travel-related event that is strong enough to have entered long-term memory. Either the moment-by-moment experience, or the after-all collected and evaluated experience, then, becomes the memorable experiences of oneself (Cutler & Carmichael, 2010). However, not many people acknowledge that the process of experience occurrence is, in fact, the psychological complex (Cutler & Carmichael, 2010).

Tourists' satisfaction and revisit intention have been used as the key success index in tourism industries as well as the economic policy of tourism trends (Thailand's National Tourism Policy Committee, 2016; Oh, Assaf, & Baloglu, 2016).

But less academic studies acknowledge how important it is to enhance the benefit from the holistic tourist experience process. When the researcher focuses on exploring why people travel, the anticipation of the tourist experience process has started with the motivation that drives the feeling like to travel and having plans started. Thus, human emotions are useful expressions to predict tourists' attitudes and behaviors (Prayag, Hosany, & Odeh, 2013) as an important factor in the tourist experience process.

2.5.2 Tourist-Experience Constructs and Hypothesis

2.5.2.1 Goal-Driven Motivation

Exploring why people travel shows how tourists value the various travel phases differently based on their motivation to travel (Prebensen, Woo, Chen & Uysal, 2012), as well as their behavioral diversities (Chang et al., 2014). Travel motivation is argued by many researchers for being not only the important factor to understand tourist behavior but also the influential factor to understand tourists' revisit intentions (Chang et al., 2014; Crompton, 1979). From those references, destination marketers can use motivation to develop and promote the quality of tourist experiences, as the initial "driving force behind all behaviors" (Fodness, 1994) in the travel behavior process. Empirical findings from Lee (2009, p. 230) insisted that tourist motivation significantly affects satisfaction, until the individual mental process enters the personal long-term memory (Larsen, 2007).

According to Alén et al. (2012) and Alén et al. (2017a), the active aging tourists' behavioral habits are mainly influenced by the profiles and characteristics of their own segments, such as education levels, age, genders, economic activity, employment status, family structure and size, environment, self-assessed health, or the generations and lifestyles. The tourists' profiles and characteristics are considered as the important antecedent of what tourists need and desire to travel. Regarding Crompton (1979), he established the two popular dimensions of push and pull factors that could examine the travel motivation. Push factors are the internal needs and desires of a tourist, whereas pull factors are the tourist's inspiration from the external attractions or features of individual specific choices of travel (Alén et al., 2017a). The motivation-based segment can then be

examined and profiled with the quality elements of the three trip-phases, and the tourists' demographic or behavior variables.

Similar to relaxation and escape (Prebensen,Woo, & Chen, 2013), the active-aging travelers have their travel motivations of self-reflection, novelty-seeking, or new experience discovery, to enrich themselves through their trips, the visits of new places, or the lifestyles of other people (Jang & Wu, 2006). Also, they travel not only for normal holidays but also for other purposes, such as visiting friends and/or relatives, working, or gaining specific health and well-being. Additionally, the previous study by Chang et al. (2014) found that travel motivation was a predictor of the visit intention, in which the two motivational factors of escape and prestige were found statistically significant but not plentiful direct effects on tourists' visit intentions. As a result, the practical implications of motivation variables should be the basic factors to increase satisfaction and a vital antecedent of intention to revisit destination. Therefore, based on the above discussions, the following hypothesis are formulated as follows:-

H1a: Goal-driven motivations have influenced on positive emotional tourist-experience

H1b: Goal-driven motivations have influenced on tourist satisfaction

H1c: Goal-driven motivations have influenced on intention behavior

H1d: Goal-driven motivations have influenced on memorable experience

2.5.2.2 Positive Emotional Tourist-Experience

Emotional tourist-experience value is the way to measure tourists' satisfaction, memory, and revisit intention (Cutler & Carmichael, 2010). A new philosophy recognizes people's emotions as fundamental in the process of creating the new value within the framework of the visitor's past, current and future experience (Marciszewska, 2005). Emotions then become one of the most powerful influences to help visualize one's self benefiting from physical, social and mental well-being, through the context of a three-stage tourist-experience process.

Previous studies show emotions affect tourists' satisfaction (Hosany, Prayag, & Deesilatham, 2015). Emotions influence decisions to purchase tourism and leisure services. Tourism experiences often include satisfying and pleasurable emotions. Emotional experience through its ability to create touch points for

memorable experience was found to be in a retail store (Nkaabu, Clement, Saina, Ernest & Bonuke, 2017). The touch points are such as the landscape, environment, aesthetic, clean, impressive story, and so on. Cutler and Carmichael (2010) argues that emotion depends on satisfaction and knowledge, and becomes the outcome of tourist experience. Also, knowledge is a cognitive aspect of tourist experience involving learning and education, which mainly helps understanding place and people in tourism.

Tourists perceive the emotional tourist-experience through the process of receiving, selecting, organizing, and interpreting information based on various experiences that create a meaningful emotional tourist-experience of destination (Prebensen et al., 2014). The quality experience is essential to design and deliver the memorable experiences to the tourists as empathic design (Tussyadiah, 2014). Otto and Ritchie (1996) identified hedonics, peace of mind, involvement and recognition as the dimensions of quality experiences. Emotional tourist-experience can be both theoretical and empirical constructs.

Following Hosany et al (2016), there is the three-stage travel process in tourism; pre-travel, during the trip, and post-consumption. At the pre-travel stage, emotions help activate tourist motivations, expectation, and other inputs in activity and destination choice processes. During the-trip stage, emotions can be daily changes in various intensive degrees of, such as perceived emotional tourist-experience, and satisfaction. Also, tourists' emotional reactions in the post-consumption stage are such as satisfaction judgments, evaluated memorable experience and behavioral intentions.

However, the tourist experience has yet shown a unique quality, but general psychological process (Larsen, 2007). Adding an important factor in the process of tourist experience focus, the human emotions can predict tourists' attitudes and behaviors through three travel stages, considering tourists' emotional arouse, perceived and expressions, and responsive reactions. Thus, it is logical to hypothesize that:-

H2: Positive emotional tourist-experience has influenced on tourist satisfaction

2.5.2.3 Tourist Satisfaction:

Kim, Lee, Uysal, Kim, and Ahn (2015) confirmed that satisfaction has been a direct cause of revisit intention in many studies. Satisfaction refers to the

degree of pleasurable fulfillment of some need, desire, or goal and, it qualifies as a criterion variable reflecting goal fulfillment as a result of a goal-driven slow tourism consumption (Oh et al., 2016). Cutler and Carmichael (2010) pointed out that authenticity becomes a way to measure overall satisfaction. Emotions arising from consumption experiences deposit affective memory traces which consumers process and integrate to form post-consumption evaluations of satisfaction (Prayag et al., 2013). Satisfaction is a positive reaction resulting from a favorable appraisal of a consumption experience. If authenticity is involved in the tourist experience, it can be seen as being related to the process of evaluating experiences (satisfaction/ dissatisfaction) and being kept in memory. Therefore, the following hypothesis are presented:-

H3a: Tourist satisfaction has direct influence on memorable experience

H3b: Tourist satisfaction has direct influence on intention behavior

       2.5.2.4 Memorable Experience**:**

       Memories can link the experience to the emotional and perceptual outcomes of a tourist event (Oh et al., 2016). Considering the mental memory processes, the memory will remain after the experience has ended (Larsen, 2007). Cutler and Carmichael (2010), then, argued whether memory is the most influential aspect of tourist experiences. Because it has a strong influence on other factors, such as perception or motivation. Tussyadiah (2014), therefore, proposed the seven constructs of memorable tourism experiential components: hedonism, refreshment, local culture, meaningfulness, knowledge, involvement, and novelty, as affecting a person's memory.

       Due to the psychological memory studied by Kim (2014), the semantic memory is related to knowledge, whereas the series of memory are in relation to autobiographical memory. Although an individual's memory of tourism-related experiences is autobiographic memory, both semantic and autobiographic memory play a role in the memorability of previous tourism-related experiences. Considering that not all tourism experiences are ultimately transformed into ones' memories. Memory is consistently reported that when people are asked to recollect previous experiences from their lives, the experiences recalled most frequently are emotional. Contextual information, such as where and when an event occurred, is remembered

less with the passing of time. Researchers have also suggested that the pleasantness and the emotionality of personal events assist in the recall of these events.

Cutler and Carmichael (2010) had commented on memory that it is seen as the outcome of experience, and can also be actively involved in the interpretation and transformation of experience through narration. And the narration of memory allows experiences to change, indicating that experiences are not closed items, but they can continually evolve within tourist discourse.

Personal outcomes of experiences were strongly characterized by emotions, therefore, emotional experience is individual and personal subjective experiencing (Knobloch et al., 2016). Knobloch et al. (2016) suggested from their findings that experiences stand out for different reasons, not everyone finds it the same memorable, or even the same activity can be memorable for different reasons. Thus, the elements of memorable experiences can vary, depending on the context of tourists' trip consumption. The above discussion frame the following hypothesis:-

H4: Memorable experience has the influence on intention behavior, including intention to share, to recommend, and to repeat activity.

2.5.2.5   Intention Behavior:

Aho (2001) mentioned that the post-trip experiences were important in communications and social networks. The study of "Sharing tourism experiences: The post-trip experience" by Kim and Fesenmaier (2017) also suggested that tourism experience is not just based upon on-site activities, but also the results from dreaming and collecting information for a future trip and from reflecting back and talking about a previous trip. In addition, Kim, Woo, & Uysal (2015) found in the study of "Tourism experience and quality of life among elderly tourists" that the leisure life satisfaction and overall quality of life are the predictors of revisit intention. Relating to that behavior, the intention to repeat activity can be applied to the attempted activity. Moreover, when tourists respond to come back to visit a certain destination again, it is considered the successful outcome for the next revenue-gained opportunity. Even when the more they share or recommend others to join the visit, the greater surplus benefit that all stakeholders may find. Therefore, the active 50-Plus in this study, who are not passive and rather information creators, editors, and distributors, which in turn, leads to the co-creation of their own experiences, have

their own active information-consumption behavior (Kim & Fesenmaier, 2017). Whereas the intention behavior to continue the health activity also includes the intention to share, to recommend, and to repeat activity.

2.5.2.6 Hypothesis

As above presented hypothesis in particular strong or direct influences, the conclusion of all path analysis between two constructs (latent variables) can be addressed to examine the relationships as follows in Figure 2.14 and Table 2.8.
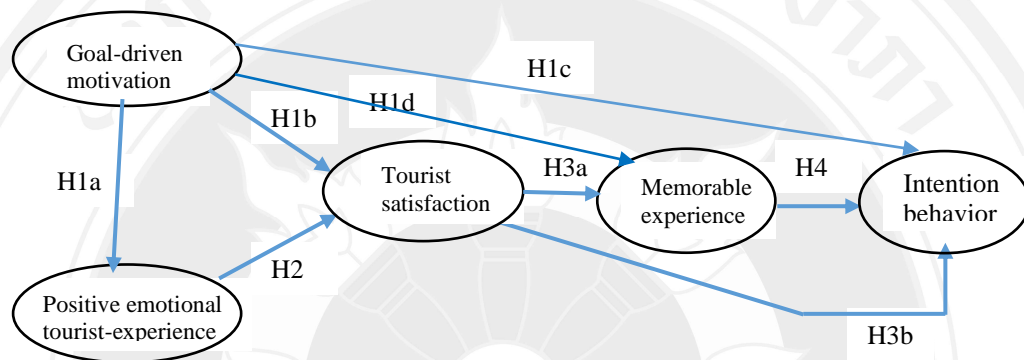
Figure 2.14 Conceptual Framework Proposal and Hypothesis

Table 2.8 Hypothesis

RO #	Research Objectives	Hypothesis	References
RO1	To study what will be the effects of goal-driven motivation, positive emotional tourist-experience, tourist satisfaction and memorable experience, towards health-wellbeing activity-experience.	H1a: Goal-driven motivations has the influence on positive emotional tourist-experience H1b: Goal-driven motivations has the influence on tourist satisfaction H1d: Goal-driven motivations have influenced on memorable experience H2: Positive emotional tourist-experience has the influence on tourist satisfaction	Oh, Assaf and Baloglu (2016), Aho (2001); Kim, Woo, and Uysal (2015); Prayag, Hosany, and Odeh (2013)); Hosany, Prayag, and Deesilatham (2015)
RO2	To study what will be the effects of tourist satisfaction and memorable experiences, towards health-wellbeing activity-experience.	H3a: Tourist satisfaction has direct influence on memorable experience	Pullman (2004)
RO3	To study what will be the effects of memorable experience and intention behavior, towards health-wellbeing activity-experience.	H4: Memorable experience has direct influence on intention behavior	Kim, Ritchie, and Tung (2010); Kim, Woo, et al. (2015); Kim and Fesenmaier (2017)
RO4	To study what will be the effects of tourist satisfaction and intention behavior, including intention to share, to recommend, and to repeat activity, towards health-wellbeing activity-experience.	H3b: Tourist satisfaction has direct influence on intention behavior, including intention to share, to recommend, and to repeat activity.	Prayag, Hosany, and Odeh (2013)
RO5	To study what will be the effects of goal-driven motivation and intention behavior, towards health-wellbeing activity-experience.	H1c: Goal-driven motivation has the influence on intention behavior	Chang et al. (2014); Prebensen et al. (2012)

2.5.3 Conceptual Framework Proposal

Developing theoretical framework and formulating the conceptual framework proposal of this thesis is based on the all-above information and discussion widely in literature reviews, academic gaps, aim and objectives, and hypothesis. As seen in Figure 2.15 and Figure 2.21, five constructs and their observed variables are extracted from the literature review content and analysis, relating to all dimensions discussed earlier to measure the constructs.

Figure 2.15 shows the diagram of five research objectives describing what relationships to be studied, and the sixth research objective is to review the same experience process and the constructs in deeper understanding.

Followed by Figures 2.16-2.20, five constructs are composed for the individual measurement model.

Lastly, Figure 2.21 and Table 2.9 present the proposed conceptual structural model, and causal-effect variables and their labels.
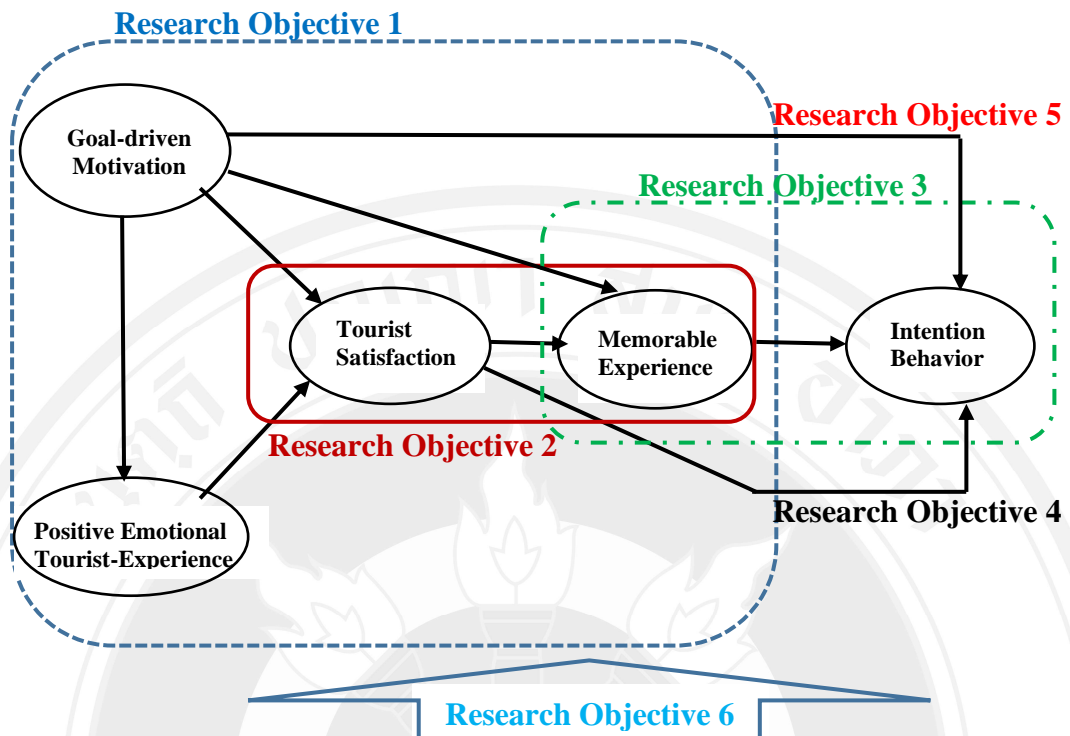
Figure 2.15 The Proposed Conceptual Framework

       2.5.3.1 Goal-Driven Motivation is the purpose in life to travel in this study which its variables in the conceptual framework come from both intrinsic influencial goals and extrinsic influences following the tourist experience model (shown in Figure 2.16; Figure 2.21) adopted from Cutler and Carmichael (2010) (Figure 2.8). The intrinsic influencial goals are extracted from theory foundation analysis (shown in Figure 2.12) of health-wellbeing purposes to achieve the quality of later life and healthy lifestyle, which discussed in section 2.3.3 in this study. Also, the extrinsic influential goals are extracted from discussion in section 2.2.3 in this study. Refer to Jyothis (2016), an aging tourist from his survey mentioned that we wanted to escape, socialize, fantasize, be creative, learn new skills, engage in some form of physical activity or interact with the environment. And refer to Baloglu (1997), his study found six image factors; friendly environment, adventure, nature and resort, urban environment, budget and value, history and culture, and active outdoor sport. Also, Romanova, Dimanche, and Vetitnev (2015) and Zaidi et al. (2013) refer to environment relating to aging tourist-experience.
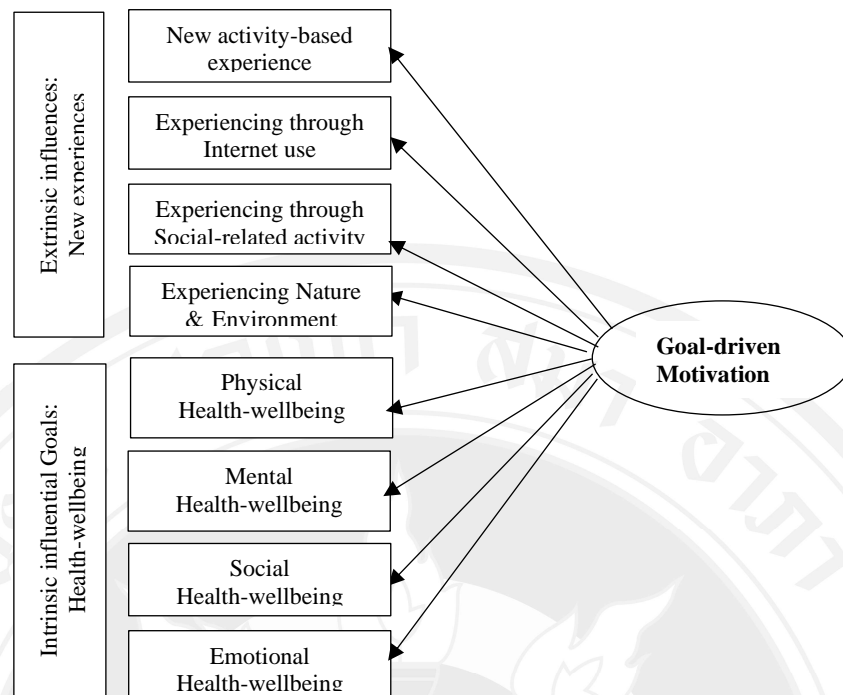
Figure 2.16 Goal-Driven Motivation and the Observed Variables

2.5.3.2 Positive Emotional Tourist Experience can cause life satisfaction for older people in general (Fredrickson & Joiner, 2002). Refer to Peacock (2009), the emotional design is a dynamic and adaptable process. Which the positive emotional tourist-experience variables such as the feeling enjoy, surprise, excitement, calm, relax, flexible, and freedom, can enhance the mind and behavior of older people stronger enough to maintain and prevent their physical health from both disease and non-disease syndrome. Refer to Oh et al., (2016), six motivations in slow tourism, suggested by both the experts and focus groups in his study, are relaxation, self-reflection, escape, novelty-seeking, engagement, and discovery. Depending on the quality of the perceived experience and memorable experience that tourists have individually (Chen & Chen, 2010; Sthapit & Coudounaris, 2018), the emotional tourist-experience expressions refer to, such as adventure, challenging, surprise, joy, energetic, exciting, curiosity, enthusiasm, rest, flexible, freedom, self-fulfillment, happiness, escape, relaxation and relief, self-reward and indulgence, health and beauty, and friendship and kinship (Mak et al., 2009). Also, following Hosany, McCabe, et al. (2016), tourists' emotional reactions in the post-consumption stage are

such as satisfaction judgments, evaluated memorable experience and behavioral intentions.

Therefore, Figure 2.17 shows four indicators for the positive emotional tourist-experience, which are excitement (from motivation of adventure); surprise (from motivation of discovery); enjoy (from motivation of novelty-seeking); and calm and rest (from motivation of relaxation).
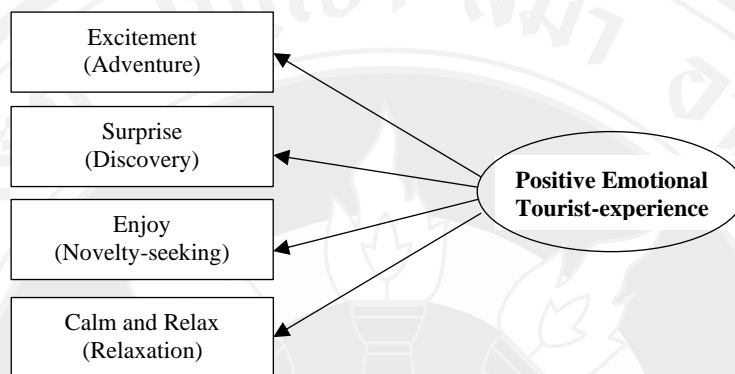
Figure 2.17 Positive Emotional Tourist-Experience and the Observed Variables

2.5.3.3 Tourist Satisfaction refers to the degree of pleasurable fulfillment of some need, desire, or goal, and it qualifies as a criterion variable reflecting goal fulfillment as a result of a goal-driven slow tourism consumption (Oh et al., 2016). Refer to Oh et al., (2016), he found two universal goals in his study, revitalization and self-enrichment, suggested by the focus group. Revitalization in his study refers to a state of both mental and physical vigor restored through a slow travel, and self-enrichment is a perceived degree of enhanced self-esteem and confidence. For self-fulfillment with the self-perceived concept of life reimagined, active-aging tourists have choices to prior reset their lives, careers, relationships, purposes, and living a life toward more meaningful directions (Irving, 2014). Hosany and Gilbert (2010) also suggested that emotions were consistently related to post-consumption evaluations in previous research, and played an important role in satisfaction formation. Thus, to fulfill the quality of later life is the prior need of well-maintained and improved health; meanwhile, to cope with the tourist's preferred activities is to design way of life satisfaction involving the pleasure trips of tourist experiences, such as rest, relaxation, visiting relatives and friends, touring historical

and cultural sites, and other healthy activities (Anderson & Langmeyer, 1982; Patterson, 2018; p. 48). Thus, three indicators of tourist satisfaction in this study are life-reimagine, pleasurable fulfilment, and self-enrichment (see Figure 2.18).
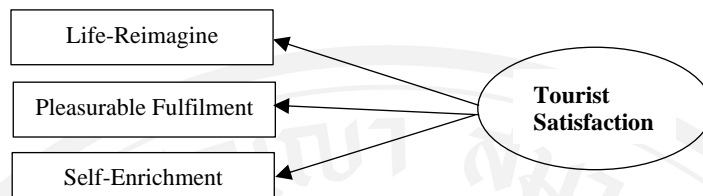
Figure 2.18 Tourist Satisfaction and the Observed Variables

2.5.3.4 Memorable Experiences suggested by Cutler and Carmichael (2010) are moment-by-moment experience (during-trip), evaluated memorable experience (after-trip), and collected memorable experience (recollection) (see Figure 2.19). The moment-by-moment experiences can occur intensely at the moment of impressive emotion to share with the others during the trip. The evaluated experience becomes mentally brain-collected from the series of long remembered experiences, which are created in a constructive or reconstructive process within the individual (Larsen, 2007). The memorable experiences for aging tourists can be created through the tailored facilitation of an environment that motivates them to revisit, to repeat activities, and to spread positive word of mouth communication through family and friends (Patterson et al., 2017).
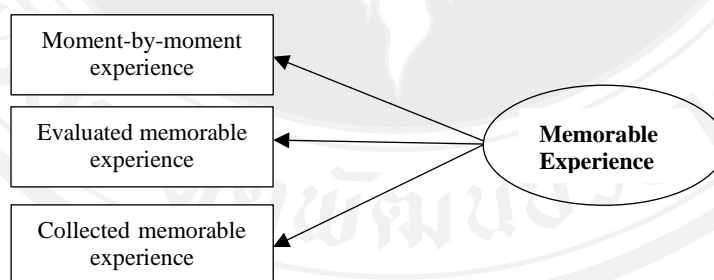
Figure 2.19 Memorable Experience and the Observed Variables

2.5.3.5 Intention Behavior, in general, is the attitudes judgments to share, to recommend, and choices to revisit intention, as the outcome of tourist experiences concerning the destination (Prayag, Hosany, & Odeh, 2013; Hosany et

al., 2017). Cutler and Carmichael (2010; pp. 10-13) suggested in three stages of sharing experience: on-site sharing/intention to share (using narration of moment-by-moment memorable experience, word of mouth), post-trip sharing/intention to recommend (using interpretation or evaluated experience or satisfaction, storytelling), and shared on a review/intention to repeat activity (using the collected memorable experience).

But intention behavior in this study (Figure 2.20) chooses intention to repeat activity to examine whether the active 50-Plus intend to come back to repeat the health-experience activity. The attempted activities are designed for four choices, by choosing either the same or different activities in either the same or different destinations.
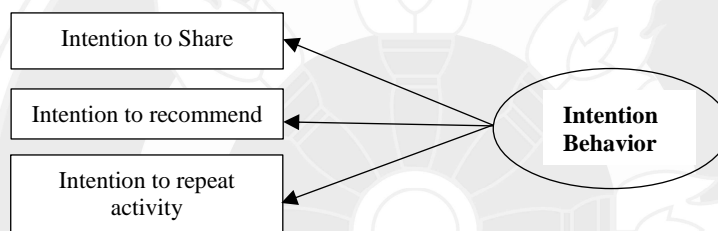
Figure 2.20 Intention Behavior and the Observed Variables

2.5.3.6 Constructing the Conceptual Structural Model

Figure 2.21 shows both the path analysis and causal variables of the proposed conceptual framework for the tourist experience design. The model consists of five latent variables (or constructs) and twenty-one observed variables (or indicators). And Table 2.9 shows variables and their labels being used in the structural model in this study. The latent variables are goal-driven motivation, positive emotional tourist-experience, tourist satisfaction, memorable experience, and intention behavior. Each latent variable is constructed and measured by its observed variables.

The correlation between latent variables can be examined by the influences of path analysis between variables as forming the hypothesis. The conceptual structural model will be used to examine the hypothesized relationships between constructs, and to confirm the measurement model of constructs. Further details of quantitative research method for the structural model is in Chapter three.

Table 2.9 Variables and the Labels

Labels	Latent Variables (Constructs)	Labels	Observed Variables (Indicators)
MOTA	GOAL-DRIVEN MOTIVATION		
		NewEx	New activity-based experience
		ExInU	Experiencing through Technology-assisted
		ExSoc	Experiencing through Social-related
		ExNE	Experiencing Nature & Environment
		PhyHW	Physical health-wellbeing
		MentHW	Mental health-wellbeing
		SocHW	Social health-wellbeing
		EmoHW	Emotional health-wellbeing
EMOEX	POSITIVE EMOTIONAL TOURIST-EXPERIENCE		
		Excite	Excitement (Adventure)
		Surp	Surprise (Discovery)
		Enjoy	Enjoy (Novelty)
		Care	Calm & Relax (Relaxation)
SATIS	TOURIST SATISFACTION		
		ReIm	Life-Reimagine
		Fulfil	Pleasurable Fulfilment
		Enrich	Self-Enrichment
MEMO	MEMORABLE EXPERIENCE		
		MoEx	Moment-by-moment experience
		EvaM	Evaluated memorable experience
		CmEx	Collected memorable experience
INTEN	INTENTION BEHAVIOR		
		Share	Intention to Share
		Recom	Intention to Recommend
		Rpeat	Intention to Repeat activity
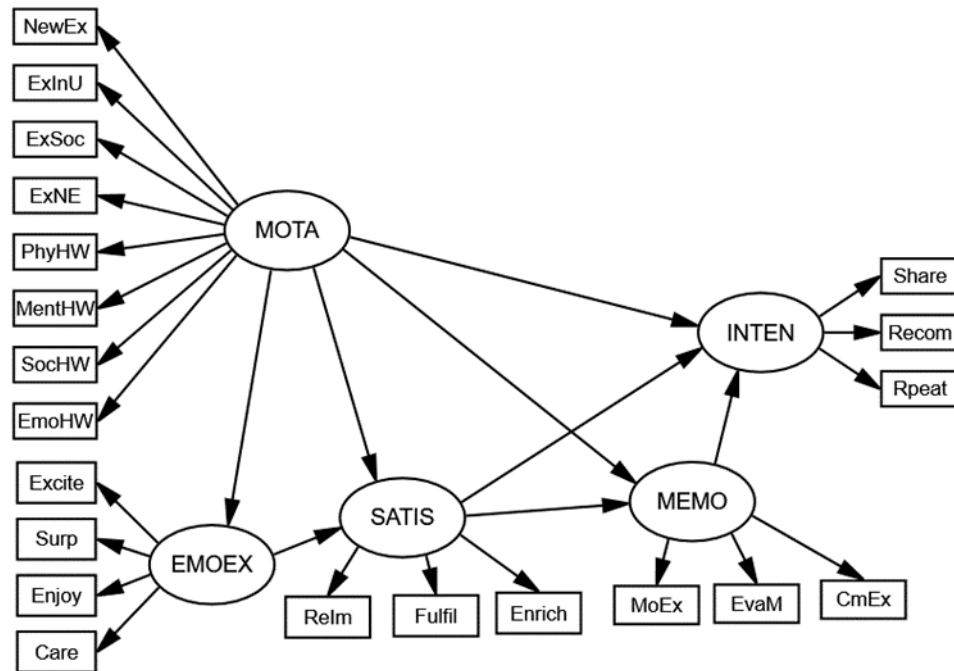
Figure 2.21 The Conceptual Structural Model.

2.5.4 Tourist Perception

Tourist perception in the processes of tourist-experience is influenced by motivational and emotional states (Larsen, 2007, pp. 11-12), and affected towards satisfaction, memory, and revisit intention (Cutler & Carmichael, 2010, pp. 2-3). Tourist perception can cause the individual lifetime memory and intention behavior, including to share, to recommend, and to repeat activity. Tourists perceive the experience through the process of receiving, selecting, organizing, and interpreting information to create a meaningful experience (Prebensen, Woo, & Chen, 2012, p. 254). In this study, tourist perception is used to review the tourist-experience process and constructs. The sixth objective is to investigate tourist perception towards health-wellbeing activity experience.

Prebensen et al. (2014) concluded that perception value based on the various experience touch-points could create a meaningful understanding of those experience values. Perception is, in this sense, how human sensory inputs are processed, organized, and interpreted (Larsen, 2007). Also, it is a mental process influenced by an individual's inner psychology including motivations, emotions, values, opinions, and overall perspectives, including the certain environmental characteristics (Cutler & Carmichael, 2010).

In other words, Larsen (2007) suggested that perception is what our senses tell us. As a way of enhancing the perceived quality of the on-site experience, perception is the interaction of information in the current stimulus situation. The individual at the moment of the experience touch-point can make the processing of information possible. Perception at the core of experience is interacting with the evaluation and memory of an event. Self-perception of aging is the first step for the active 50-Plus to encourage oneself to be healthy aging. Self-reimagined and self-fulfillment are two later concepts to boost up the active 50-Plus to travel and be satisfied with their choices of living while they age. Therefore, to design a better approach to tourist experiences is the prerequisite that enables tourists to perceive such a desired experiences (Pullman & Gross, 2004).

2.6 Summary of Chapter Two

This chapter two has gathered as much information as the researcher can. Those basic background considerations of multi-issues are used to formulate the proposed conceptual framework and hypothesized relationships between components. The structural model is also constructed and the measurement scales are developed to examine the validity and reliability of the constructs and path analysis. The emotional tourist-experience process and variables for this study are defined by their indicators to further measure the main constructs. Regarding the active 50-Plus, the current trends as the extrinsic motivation can shape new aging tourist behavior. Different concepts of health-wellbeing as the purposes to travel become the intrinsic motivation to examine what health benefits that the active 50-Plus want to gain. The related theories and concepts are applied to better understand how active-aging people can continue their activities to achieve the quality of later life and lifestyle with active health-wellbeing. Four dimensions of the PMSE health-wellbeing: physical, mental, social, and emotional, are conceptualized as fundamental theory of what health benefits they need from travel activities.

The next Chapter three will discuss further on methodology to examine the tourist-experience variables with designing research instruments and data analysis techniques. Also, the research strategy and design of the emotional tourist-experience model shall be discussed with data analysis of the mixed-methods approach by using the statistical technique and in-depth interview in further chapters.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The research methodology to approach the result of this study can be designed in different other ways, but the chosen process is to employ the mixed methods research of both quantitative and qualitative techniques as the methods to collect and analyze data, following e.g., Creswell (2013), Creswell and Clark (2018); Greene, Caracelli, and Graham (1989); Tashakkori and Teddlie (2003); and Schoonenboom and Johnson (2017). The research related to the field study of social and human behavior mostly considers the mixed method as sufficient and reliable process for the tourist-experience study.

This research is the tourist-based study using the problem-based approach to design the emotional tourist-experience model focusing on the active 50-Plus tourists' demands of health-wellbeing incorporating with the preferred health and tourism activities. By participating in the trips' activities, the tourists can make their choices of experience design and outcomes. To achieve the research aim, six research objectives have been set; five quantitative research objectives and a qualitative research objective. To examine the observed variables that confirm the intrinsic-extrinsic motivation to travel, the influences on the positive emotional tourist-experience, tourist satisfaction, memorable experience, and behavior intention including intention to share, to recommend, and to repeat activity, will be measured and explained for significant relationships.

Three sections are discussed in this chapter beside the introduction. Section 3.2, the mixed-method research design explains the research design concept, methodology, and data-analysis techniques for this study. Both section 3.3 (the quantitative research design) and section 3.4 (the qualitative research design) will be discussed with sampling design, how to collect data, research instrument design and

development, validity and reliability, and data analysis and summary techniques. And section 3.5 will identify the research ethical issues in all dimensions.

3.2 Mixed-Method Research Design

3.2.1 Mixed-Method Research Concept

Mixed methods research in this study is aimed to merge the results of both qualitative and quantitative research approaches. Both approaches' results include the individual in-depth opinions and viewpoints, empirical data analysis and interpretation, and the descriptive and inference techniques (Schoonenboom & Johnson, 2017, p. 108). Both methods can confirm the elements and relationships in the tourist-experience process, as well as can deeper understand those elements' relationships from the individual tourist perception.
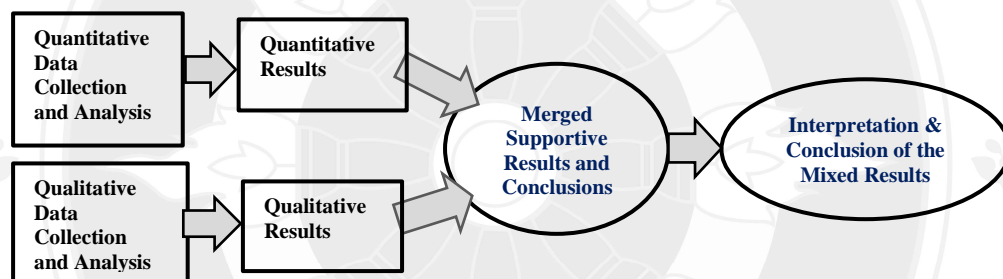
Figure 3.1 The Convergent Parallel Design of Mixed Methods Approach

Notes: Adapted QUAN+QUAL type from Creswell, 2013.

According to Creswell (2013), the convergent parallel design of both research methods (QUAN+QUAL) will be employed for the mixed methods approach in this study. As shown in Figure 3.1, using both approaches equally to merge the results to support each other or argue for better conclusion, then the tourist-experience process and the elements' relationships can be interpreted and explained in both convergence and divergence ways. The results can achieve better model development with empirical data and explained by the particular individual perception. The concept of using the mixed methods in this study can help gaining a more complete understanding of the research question series as well as accomplishing the aim and objectives of the research.

3.2.2   Research Methodology Design for this Study

Discussions and arguments are used only to support and summarize a merged result of both approaches. Thus, the results can better explain the studied samples of those that were drawn from the active 50-Plus. The strength of both approaches are different but supportive in a way upon criteria, such as the general framework, analytical objectives, question format, data-obtained methods, and the flexibility in study design. Criteria of both approaches are discussed in Table 3.1 below:

Table 3.1 Criteria of Quantitative and Qualitative Research Approaches

Quantitative	Qualitative
1. General framework:	
-Seek to confirm hypotheses about the tourist-experience components and their relationships. -Instruments use more rigid style of eliciting and categorizing responses to the set of questions -Use highly structured methods such as the structured questionnaire surveys.	-Seek to investigate tourist perception about the tourist-experience process. -Instruments use more flexible, but deeper and exclusive style of eliciting and categorizing responses to questions -Use semi-structured methods such as in-depth interviews and participant observation.
2. Analytical objectives:	
To quantify variation To predict causal relationships To describe characteristics of a population	To describe individual experiences To describe and explain relationships To describe group pattern
3. Question format:	
Closed-ended with 7-scale choices	Open-ended for individual opinion and answer upon the question structure that ask
4. Data-obtained methods:	
Numerical (obtained by assigning numerical values of 7-scale choices to responses, and statistic calculations)	Textual description (obtained from audiotapes and actual field notes)
5. Flexibility in study design:	
-Study design is stable from beginning to end. -Participant responses have no concern how and which questions researchers will ask next. -Study design is subject to statistical assumptions, estimations, and conditions.	-Some aspects of the study are designed to be flexible, giving examples or changing words for particular pursuing interview questions. -Participant responses affect how and which questions that researchers will ask next. -Study design is subject to the conceptualized and categorized data responded to the research questions, and, are analyzed and interpreted to what is learned.

Note: Adapted from Creswell, 2013.

The quantitative and qualitative approaches in this study are used in different processes. The quantitative survey questionnaire based on the extant theory of the past studies relating to the emotional tourist experience process and components, are designed with the closed-ended answers of the 7-scale choices. The quantitative

method seeks for the majority to confirm hypotheses about the tourist-experience components and their relationships upon the demand of health-wellbeing among the respondents drawn from the active 50-Plus tourists. Data collection and analysis are obtained by assigning numerical values responding to those 7-scale choices and the statistical estimations. Thus, the study design is stable from beginning to end because it is subject to statistical assumptions and estimations upon the unbiased statistical conditions. The reliability of using the well-structured questionnaire surveys as the research instrument to analyze data is found the advantage of using a more rigid style. Therefore, the advantage of testing the studied model with the larger sample group is the inductive research method to predict the causal relationships, in order to describe characteristics and behavior of the sample population.

On the other hand, the qualitative in-depth interview is more flexible with semi-structured question design and open-ended answer for individual opinion upon the same criteria of tourist-experience components. Seeking to investigate tourist perception in this study is to explore the individual opinion and particular attitudes (Boyce & Neale, 2006). The study is dealing with demand and behavior of the active 50-Plus, how they spend time and money in travelling and doing health-related activities in their destination. Conceptualizing individuals to the main-theme conclusion is the advantage of deductive research method. To parallel with the quantitative survey, interviews are significant to unfold different opinions, experiences, perception, values and various aspects of the study population (TATIC, 2016; Guion, Diehl, & Mcdonald, 2011). Not only asking individuals the questions but systematically recording and documenting the responses in deeper meaning are that the quantitative surveys may not cover. However, data analysis in textual description obtained from audiotapes and actual field notes requires the researcher's skill to conclude the results without bias.

Therefore, both methods can be best used to integrate and interpret the results for the better model relating to the active 50-Plus' activities and behaviors. Maitland (2008) and Gill, Stewart, Treasure, and Chadwick (2008) strongly suggested that tourist experience required the qualitative research methods to better explain the phenomenon or a meaning of particular issues, and to achieve the holistic and

meaningful experiences. Activities created by desired experiences can be concluded in Chapter 5.

The conclusion of quantitative and qualitative research methods in this study is designed as shown in Table 3.2 below:

Table 3.2 Quantitative and Qualitative Research Methodology for this Study.

Research Objectives	Research Methodology	Population Sampling	Sample Size	Sampling Techniques	Research Tools	Data Analysis
1. To study what will be the effects of goal-driven motivation, positive emotional tourist-experience, tourist satisfaction and memorable experience, towards health-wellbeing activity-experience.	Quantitative	The active 50-Plus tourists (aged 50 years and older)	**234 (257)**	Simple random sampling, and then Purposive sampling	Survey Questionnaire	SEM (Structural Equation Modeling); CFA; With programs of SPSS and AMOS, Descriptive statistics
2. To study what will be the effects of tourist satisfaction and memorable experiences, towards health-wellbeing activity-experience.	Quantitative	The active 50-Plus tourists (aged 50 years and older)	**234 (257)**	Simple random sampling, and then Purposive sampling	Survey Questionnaire	SEM (Structural Equation Modeling); CFA; With programs of SPSS and AMOS, Descriptive statistics
3. To study what will be the effects of memorable experience and intention behavior, towards health-wellbeing activity-experience.	Quantitative	The active 50-Plus tourists (aged 50 years and older)	**234 (257)**	Simple random sampling, and then Purposive sampling	Survey Questionnaire	SEM (Structural Equation Modeling); CFA; With programs of SPSS and AMOS, Descriptive statistics
4. To study what will be the effects of tourist satisfaction and intention behavior, including intention to share, to recommend, and to repeat activity, towards health-wellbeing activity-experience.	Quantitative	The active 50-Plus tourists (aged 50 years and older)	**234 (257)**	Simple random sampling, and then Purposive sampling	Survey Questionnaire	SEM (Structural Equation Modeling); CFA; With programs of SPSS and AMOS, Descriptive statistics
5. To study what will be the effects of goal-driven motivation and intention behavior, towards health-wellbeing activity-experience.	Quantitative	The active 50-Plus tourists (aged 50 years and older)	**234 (257)**	Simple random sampling, and then Purposive sampling	Survey Questionnaire	SEM (Structural Equation Modeling); CFA; With programs of SPSS and AMOS, Descriptive statistics
6. To investigate tourist perception towards health-wellbeing activity experience.	**Qualitative**	The active 50-Plus tourists (aged 50 years and older)	**40**	Purposive sampling	Semi-structured In-depth Interview	Content analysis Descriptive analysis

There are six research objectives. The first five objectives are studied by using the quantitative methods; and, the sixth objective is studied by the qualitative method. A type of population sampling is the active 50-plus tourists, aged 50 years

and older. Two samples types are first, the usable 234 samples cut-off from the 257 samples earlier collected by using the questionnaire survey; and second, the 40 participants for the qualitative in-depth interview. Two sampling techniques are the simple random sampling and purposive sampling. Two research tools are the quantitative questionnaire survey and the qualitative semi-structured in-depth interview. Data analysis employed the descriptive statistics, SEM and CFA with the software programs of SPSS and AMOS; content analysis and the descriptive analysis. Merging the results of quantitative and qualitative analysis is upon the ideas, concepts, and outcomes for the emotional tourist-experience design of health-wellbeing and quality of later life for the active 50-Plus as well as the whole aging society in destinations.

Structural Equation Modeling (SEM) is used as a method for testing theories about how constructs relate to one another (structural model), and frequently used for evaluating multi-item measurement scales or group CFA ((Mcquitty, 2018, p. 127).

3.3 Quantitative Approach Design

3.3.1 Study Area for Quantitative Data Collection

Prior focus of this study is on the tourist-based study, who are the active 50-Plus and prefer to travel for meaningful experiences with health-activity purposes as the goal-driven motivation. According to the past studies of preferred destinations for the older travelers or senior tourists (Patterson, 2018) along with the analysis of three categories of aging behavior (Lim et al., 2016), those destinations can be the combination of nature, culture, or leisure focuses.

In practice, to reach out the targeted samples, the on-line respondents were included by sending email, attaching the survey-questionnaire link in the social-group connection, and other personal contacts. Also, the selection of the quantitative study areas and the qualitative study area included the tourist destinations and other health-activity areas, such as the famous temples, marketplaces, adventurous-activity places, beach, hotels, organic food and homestay, coffee and restaurants, shopping malls, shopping street and sidewalk. Health-activity areas include badminton courts, fitness,

and cycling bike-lane. They all were found in Chiangmai, Pattaya, Bangkok, Kanchanaburi, and Lopburi.

3.3.2 Sampling Design for Quantitative Approach

The sample size used in quantitative research methods is often larger than that used in qualitative research methods due to the fact that they are the representative samples (Pearson & Mundform, 2010). Most of previous studies on tourists' emotional experiences employed the quantitative approach using the questionnaire survey and the Structural Equation Modelling (SEM) for data analysis with SPSS and AMOS software programs. The sample sizes of those studies varied from 200 to 520 depending on the research aims and objectives, as well as the research design techniques and instruments. The sample sizes, thus, can be designed upon criteria of research aims, objectives, types of population sampling, number of the studied variables, the research techniques and instruments, and the appropriate data analysis. According to Hair, Babin, and Krey (2017), SEM in most academic studies is not sensitive to low sample size if its generalizability can be a more determinant criterion than other statistical approaches.

Therefore, three references of the minimum sample-size estimation are:

First, the total population sampling in the study comes from the criterion of 10 times the number of total indicators (Hair, Black, Babin, & Anderson, 2013). The 21 observed variables (indicators) in this study are multiplied by 10, and equal to 210. The sample size of 210 is considered sufficient for the quantitative questionnaire survey's data collection and statistical estimation (Jöreskog, Olsson, & Wallentin, 2016, p. 300; Kline, 1998; Kline, 2016).

Second, the sufficient sample size can be estimated by G*Power 3.1.9.2. With the Chi-square test and Goodness-of-fit test, the standard input (Hair et al., 2013; pp. 9-10) assessed the large effect size = 0.5, the standard α error prob. = 0.05, the recommended Power (1-β error prob.) = 0.80, and *df* of 21 indicators = 231. The output is the total sample size = 236.

Third, if the number of constructs are less than 6 and observed variables are between 12 and 30, and using the good-of-fit criteria, the sample size can be at least 200 or less than 250 (Hair et al., 2013, p. 574).

The estimated sample size is from 210 to 250, therefore, data collection was initially the minimum of 250 samples to be collected.

In practice, prior sample collections were 257. After the data clean-up stage, 23 cases were dropped for unusual, a single-scale response, missing data, and outliers. The 234 cases were the final samples for data analysis in this study, which are justified sufficiently upon the criteria above (Jöreskog, Olsson, & Wallentin, 2016, p. 300; Kline, 1998; Kline, 2016; Hair et al., 2013, pp. 9-10; Hair et al., 2017).

3.3.3 Research Instrument Development for Quantitative Approach

3.3.3.1 The Measurement Scale

The measurement scale is the quantitative measurement tool to collect data in different rank-scaled measurement. The rank scale is also a common data tool to measure degrees and intensity of responses. Currently, most publications are found mostly using either a 5-point or 7-point scale varied from positive to negative, such as 7= very much and 1= not at all. The 7-point Likert Scale is one of the best used to measure and evaluate the tourist sentiment on a specific experience or attitudes in marketing research.

Previous studies in Table 3.3 shows the consistency using the 7-point Likert scale from positive (7th scale) to negative (1st scale) degrees of intensive opinion on the delicate issues as such psychological and subjective variables in the tourist's emotional experience process. According to Hosany and Prayag (2013) and Prayag et al. (2017), the intensity of the respondents' overall emotional experiences toward the destination they visited (e.g., I felt a sense of pleasure; I felt a sense of disappointment) were on a 7-point scale ranging from 1=not at all to 7=very much. Also, Prayag et al. (2017) used a 7-point scale on the "satisfaction" ranging from 1= very dissatisfied and 7= very satisfied; and 1= terrible and 7= delighted. And "intention to recommend" was captured using 1= strongly disagree and 7= strongly agree. The respondents had to rate all study variables in the questionnaire using self-report, e.g., "I will recommend the place to other people"; "I will say positive things about this place to other people"; and "I will encourage friends and relatives to visit this place".

Table 3.3 Measurement Scales and Emotional Variables from Past Studies

Authors	Titles	Variables	Rank scale
Hosany and Gilbert (2010)	Measuring **tourists' emotional experiences** toward hedonic holiday destinations	joy, love, positive surprise	**7-point Likert** scale with anchors 1 = not at all to 7 = very much.
Hosany (2012)	Appraisal Determinants of **Tourist Emotional Responses**	joy, love, positive surprise	**7-point scale** ranging from 1 = not at all to 7 = very much.
Prayag et al. (2013)	The role of **tourists' emotional experiences** and satisfaction in understanding behavioral intentions	joy, love, positive surprise; unpleasantness, satisfaction, behavioral intentions	**7-point Likert** scale with anchors 1 = not at all to 7 = very much.
Hosany and Prayag (2013)	Patterns of **tourists' emotional responses**, satisfaction, and intention to recommend	joy, love, positive surprise; unpleasantness	**7-point scale** ranging from 1 = not at all to 7 = very much
Hosany et al. (2015)	Measuring **Tourists' Emotional Experiences**	joy, love, positive surprise; place identity; place dependence	**7-point scale** (1 = strongly disagree to 7 = strongly agree).
Hosany et al. (2016)	Measuring **tourists' emotional experiences**: Further validation of the destination emotion scale	joy, love, positive surprise	**7-point scales** ranging from 1=not at all to 7=very much
Hosany et al. (2017)	Mediating Effects of Place Attachment and Satisfaction on the Relationship between **Tourists Emotions** and Intention to Recommend	joy, love, positive surprise; overall Image, satisfaction, intentions to Recommend	**7-point scale** ranging from 1 = not at all to 7 = very much
Prayag et al. (2017)	Understanding the Relationships between **Tourists' Emotional Experiences**, Perceived Overall Image, Satisfaction, and Intention to Recommend	joy, love, positive surprise; overall Image, satisfaction, intentions to Recommend	**7-point scale** ranging from 1 = not at all to 7 = very much
Sharma and Nayak (2018)	Testing the role of **tourists' emotional experiences** in predicting destination image, satisfaction, and behavioral intentions: A case of wellness tourism	joy, love, positive surprise; overall Image, satisfaction, intentions to recommend, and to revisit	**7 points** where 1 = not at all and 7=very much
Shoval, Schvimer, and Tamir (2018)	Tracking technologies and urban analysis: Adding the **emotional dimension**	Criteria: emotional responses, emotional boundaries; a buffer between some of the less emotionally arousing areas characterized by (relative) open spaces.	**(none)**
Io (2018)	The Relationships Between **Positive Emotions**, Place Attachment, and Place Satisfaction in Casino Hotels	Light Pleasure *(fun, relaxing, pleasant, interesting, feeling free, comfortable, and energetic);* Intense Fun *(inspired, excited, challenged, surprised, romantic, entertained, and love)*	**5-point Likert** scale (from 1 = strongly disagree to 5 = strongly agree)
Baloglu, Busser, and Cain (2018)	Impact of experience **on emotional well-being** and loyalty	Loyalty/ self-improvement/ shared/ new experiences/ de-stress/ solitude/ self-indulgence/ memory/ learning enhancement/ emotional well-being.	**7-point** scale ranging from 1 = not at all important to 7 = extremely important
Lifshitz, Nimrod, and Bachner (2018)	**Internet use and well-being in later life**: a functional approach	Subjective well-being/ Internet use & Background / Life satisfaction/	Three types- **3-point, 5-point, 7-point Likert** scale (1 = strongly disagree to 5= strongly agree)
Oh et al. (2016)	Motivations and goals of slow tourism	Slow tourism motivations/ Fast mode of travel/ Slow mode of travel/ Slow tourism goals/ General tourism experience outcome.	**5-point Likert-type scale** with 1=strongly disagree, and 5= strongly agree.

Therefore, the five constructs examined in this study are operationalized using 7-point Likert Scale found in the previous literatures. Concerning what the active 50-Plus tourists feel and experience in response to the health-experience activities, seven levels of opinions can measure and describe more

accurately of the relationships among those constructs and variables, which are in the proposed conceptual framework, as follows:

7-point Rating Scales in this study:-

       7 = Strongly agree   6 = Agree   5 = Slightly agree

       4 = Neutral

       3 = Slightly disagree   2 = Disagree   1= Strongly disagree

Measurement Scale Level = (max-min)/number of levels = (7-1)/7 = 0.86

Low score levels:	1.00-1.86;	1.87-2.72;	2.73-3.58;
Moderate score level:	3.59-4.44;		
High to Highest score levels:	4.45-5.30;	5.31-6.16;	6.17-7.00

3.3.3.2 Questionnaire Development

Table 3.4 shows the tourist-experience variables and initial 63-keyword items drawn from different sources and designed for the questionnaire survey. The emotional keywords asking "how do you feel" relating to the tourist-experience variables were drawn from theory and the previous studies. After the process of developing questions and checking reliability and validity, the research instrument of 58 question items was developed for the final draft to collect data.

The structure of five constructs came from the experience process and major components. Eight indicators of goal-driven motivation came from theory, current world situations, and health-concern for the active 50-Plus. Four indicators of positive emotional tourist-experience came from previous studies. Three indicators of each construct of; tourist satisfaction, memorable experience, and intention behavior, came from theory and past studies. And each indicator was designed to involve three experience touch-points (people, place, and activity), or to provide three different choices for the respondents' preferences. If the indicator wants to ask about the activity, there will be three levels of activities for three question items. Otherwise, each indicator will address three different emotional keywords for three items. However, the overall question items will ask about different expressions of one selves describing individual opinion, experience, preference, and behavior.

Table 3.4 Tourist-Experience Variables and Initial Emotional Items Drawn from Different Sources

CONSTRUCTS (Latent Variables)	OBSERVED VARIABLES (Indicators)	ITEMS (Keywords designed for each Question) 3 items/ 1 indicator	Sources
GOAL-DRIVEN MOTIVATION	New activity-based experience	1. I feel **a sense of Inspiration** toward the healthy activity experience. 2. I want to **gain a new perspective** in my life 3. I want to **seek adventure** on this trip.	Prayag et al. (2017, p.47); Hosany et al. (2015, p.487); Oh et al. (2016, p.213)
	Experiencing through Technology-assisted	1. I feel a **sense of ease** with mobile apps. 2. I want **new experiences** through website information. 3. I **enjoy planning trip** through technology-assisted.	New developed questions
	Experiencing through Social-related	1. I want to **Participate in many activities** 2. I want to **Meet new people and socialize** 3. I want to **experience different local culture** on this trip	Prebensen et al. (2012, p.258); Oh et al. (2016, p.213)
	Experiencing Nature & Environment	1. I want to **Get closer to nature** 2. I want to **enjoy nature** while I do my exercise 3. I want to **explore healthy experience** with environmental-friendly. 4. I want to **escape from the hustles and bustles of my daily life**.	Prebensen et al. (2012, p.258); Oh et al. (2016, p.213)
	Physical health-wellbeing	1. I want **to be a healthy aging** 2. I want to **keep exercising everyday** anywhere 3. I want to **stay alert** of being healthy.	New developed questions
	Mental health-wellbeing	1. I wanted to **relax mentally**. 2. I wanted to **experience peace and calm** 3. I want to **Seek intellectual enrichment**/learn new things	Oh et al. (2016, p.213) Prebensen et al. (2012, p.258)
	Social health-wellbeing	1. I want to **Engage in various social activities** 2. I want to **Develop my personal interests** 3. I **slowed down in my overall pace** of travel.	Prebensen et al. (2012, p.622); Oh et al. (2016, p.213)
	Emotional health-wellbeing	1. I want to **be emotionally and physically refreshed** 2. I wanted to **obtain new perspectives** from this travel 3. I want to **take the tome to travel at my own pace**.	Prebensen et al. (2012, p.258); Oh et al. (2016, p.213)
POSITIVE EMOTIONAL TOURIST EXPERIENCE	Excitement (Adventure)	1. I feel **a sense of enthusiasm** 2. I feel **having fun** doing exciting things 3. I feel **a sense of astonishment** toward the healthy activity experience.	Hosany et al. (2015, p.487); Prebensen et al. (2012, p.622); Oh et al. (2016, p.213)
	Surprise (Discovery)	1. I feel **a sense of Amazement** toward the healthy activity experience. 2. I feel **Fascinated** about healthy activity and experience 3. I feel a sense of **Surprise** toward healthy activity and experience	Prayag et al. (2017, p. 47)
	Enjoy (Novelty)	1. I feel a sense of **Pleasure** towards healthy activity and experience 2. I feel a sense of **Joy** toward healthy activity and experience 3. I feel a sense of **Caring** toward healthy activity and experience	Hosany (2012); Prayag et al. (2017, p. 47)
	Calm & Relax (Relaxation)	1. I feel a sense of **freedom and relaxation** 2. I **enjoy peace and calm** 3. I feel **a sense of Delight** toward healthy activity and experience	Prebensen et al. (2012, p.258)

Table 3.4   (Continue)

CONSTRUCTS (Latent Variables)	OBSERVED VARIABLES (Indicators)	ITEMS (Keywords designed for each Question) 3 items/ 1 indicator	Sources
TOURIST SATISFACTION	Life-Reimagine	1. I **feel refreshed** after doing healthy activity experience 2. I **appreciate** learning something new to improve my self-image 3. I **expand my knowledge** of what the healthy destination offered	Oh et al. (2016, p.213)
	Pleasurable Fulfilment	1. I **felt fulfilled** about myself as a result of this trip. 2. I **felt satisfied** with this healthy-experienced activity 3. I **succeeded in** avoiding interpersonal pressure and stress from my daily routine.	Oh et al. (2016, p.213)
	Self-Enrichment	1. I **felt much better** about myself as a result of this trip. 2. This trip helped me **enrich** my overall perspective about my health improvement 3. I felt **inner harmony**.	Oh et al. (2016, p.213)
MEMORABLE EXPERIENCE	Moment-by-moment experience	1. I was **impressed** of energized feeling after healthy activity experiences. 2. I felt a sense of **heart-warmth at once** 3. I reminded a sense of **joy** at first touching surprise	Adapted from Tlili and Amara (2016, p.114)
	Evaluated memorable experience	1. I thought I **improved** some degrees of health-wellbeing 2. I planned for the similar healthy trip soon 3. I fond of exercise to get ready for the next trip	New developed questions;
	Collected memorable experience	1. I still **have long remembered of** healthy activity experience there. 2. I am **always impressed with** local people I met that day 3. I love doing healthy activity in different experiences	New developed questions;
INTENTION BEHAVIOR	Intention to Share	1. I will **say positive things about this activity experience** to other people. 2. I will **talk about it positively** when being asked. 3. I will **share what I have made** my experience healthier.	Prayag et al. (2017); Lee (2009, p.227); Oh et al. (2016, p.213)
	Intention to Recommend	1. I **will recommend** healthy activity experience to other people. 2. I **will encourage** friends and relatives to participate in this healthy activity experience. 3. I will recommend healthy places to others.	Prayag et al. (2017, p.47); Lee (2009, p.227); Oh et al. (2016, p.213)
	Intention to Repeat activity	1. I will **come back again** for similar purposes. 2. I have the **Willingness to repeat** different health-experiences activity. 3. I will do the same health activities in the same or different places.	Lee (2009, p.227); Prayag et al. (2017, p.47); Oh et al. (2016, p.213)
5 constructs	21 indicators	63 items	

3.3.4   Questionnaire Design

The survey questions reflect the extant theory of the past studies relating to the emotional tourist experience in three-stage process, including the items related to participants' personnel information such as socio-demographic variables, purpose of travel, and self-perceived factors (Alén et al., 2017a; Losada, Alén, Domínguez, & Nicolau, 2016; Alén et al., 2014). The questionnaire design are aimed to accomplish

the conceptual framework, thus, the questions will be constructed from the related issues of the variables in the research aim and objective series. The literature review was first processing to extract the topic, issues, and items to form the theme data and to define relationships of those data. The survey questionnaire in this study will be systematically organized in two parts of the survey questions.

Part 1: Tourist-Experience Relationships. The first part of the survey questionnaire contains two sub sections: the respondents' preferences (preferred health experiences, preferred type of destinations, and preferred types of health activities) and the series of questions for five constructs (goal-driven motivation, positive emotional tourist-experience, tourist satisfaction, memorable experience, and behavior intention).

Part 2: Personal Information. The second part of questionnaire is tourist's profiles and characteristics. The variables in this part consist of three item types related to the following personal information (Alen et al., 2012; Alén et al., 2014; Alén et al., 2016; Alén et al., 2017a).

1) Socio-Demographic Variables: age, gender, employment status, education levels, marital status, income level/financial status, family structure and size, and home responsibilities.

2) Purpose of Travel: holiday/leisure, health and activity, active learning of social and culture, soft-adventure, willing to learn or experience new things.

3) Self-Perceived Factors: self-assessed health, economic status, and time available.

Letter of consent is attached as the covered page to acknowledge the ethics and trustworthiness of conducting the questionnaire survey. All respondents involved in this data-collection process will be voluntary and strictly confidential to respond to those questions. They also feel free to stop answering at any time without consequences and only the researcher can see the completed questionnaire.

See the final questionnaire survey in Appendix A.

3.3.5   Validity and Reliability for Quantitative Approach

For evidence-based practice, quantitative research approach can be succeeded through the measurement of the validity and reliability (Heale & Twycross, 2015).

3.3.5.1   Reliability

The reliability relates to the consistency of the measures and the accuracy of an instrument, which the observed variables can measure the true value with error-free (Hair et al., 2013). If validity is assured, the researcher may consider the instruments as the good reliability measurements and research instrument.

1)   Construct reliability of the survey questions generally uses Cronbach's alpha (α). Cronbach's α is the most common correlations, ranging from 0 to 1, used to test and determine the internal consistency of an instrument (Heale & Twycross, 2015) which is the survey question in this study. According to Hair et al. (2013), if each construct is highly reliable, a Cronbach's alpha estimate of 0.70 or higher can indicate that the measurement scale used to measure a construct is sufficiently reliable.

2) Item reliability of the survey questions uses Item-Total Correlation. According to Heale and Twycross (2015), the internal consistency of items in each construct can be assessed using item-to-total correlation. The Item-total correlation coefficient greater than 0.5 is considered "strong" while the coefficients between 0.3 and 0.5 is considered "moderate." And the item-total correlation coefficient less than 0.3 signifies "weak" and should be dropped for unreliable and uncorrelated to other items.

3.3.5.2   Validity

Two types of validity by Heale and Twycross (2015, p. 66) are content validity (a research instrument accurately measures all aspects of a construct); and construct validity (a research instrument/tool measures the intended construct).

1)   Content validity in this study uses IOC (Item-Objective Congruence) value to justify and develop the survey questions. The purposes of using validity are a measure or set of measures correctly represents the concept of the study, or how well the concept has been defined by the measures (Hair et al., 2013). Construct validity refers to whether researchers can draw inferences about test scores

related to the concept being studied (Heale & Twycross, 2015), such as the scale Mean ($\bar{x}$) of the average scores and Standard Deviation (SD).

2) Model validation is to check the internal consistency of the measurement model. Confirmatory Factor Analysis (CFA) is the measurement model used to clarify and confirm all significant relationships of variables and the latent constructs in the studied model, before examining the overall model fit.

In practice, six steps of determining reliability and validity of the research instrument and the measure items in this study (Heale & Twycross, 2015), which is the survey questionnaire, are as follows:

First, four initial emotional keywords were merged to other similar items. A total 63 question items were developed to 59 question items for IOC (3).

Second, the researcher had three experts reviewed and validity checked for the Item-Objective Congruence (IOC) approval (Hair et al., 2013). Comments and approval were accepted with the average scores greater than 0.67 and +1.00 for each question item. The total 59 question items had been reviewed, adjusted, and developed for Pretest (30).

Third, the on-line survey questionnaire of Pretest carried out for 30 actual tourists or respondents is to test the possibility with the small group. Data analysis assessed the construct reliability check of Cronbach's alpha was found greater than 0.85 to 0.91; and item reliability check of Item-Total correlations which >0.30 were accepted but < 0.30 of one item was reviewed and being cut-off. Again, the 58-item survey questionnaire was reviewed for overall final content consistency before data-collecting.

Fourth, Data clean-up: by checking unusual data, missing data, and a single-scale case of earlier 257 cases: 7 cases were cut off. And checking the normal distributions and outliers by using Mahalanobis distance in AMOS program: 16 cases were cut off at p1 < 0.001. The final 234 cases were left after all cut-off cases.

Fifth, Skewness and Kurtosis checked, together with scale levels of Item Mean ($\bar{x}$) and Standard Deviation (SD), for normal distributions. The values are accepted between -2 and +2.

Sixth, Group-CFA tested for measurement model fit in accordance with constructs, variables, and correlations.

3.3.6　Data Summary and Analysis for Quantitative Approach

The quantitative data and analysis collected from the questionnaire survey in this study involved the 234 samples drawn from the active 50-Plus tourists who aged 50 years and older. Two parts of data summary and data analysis are: descriptive statistics method, and statistical methods of analysis. Data collection of the first part were analyzed for descriptive statistical significances, such as frequency, percentage, mean, and standard deviation. The second part involved the studied concept, thus, data summary and analysis using the methods of statistically analyzing the quantitative, which are SPSS (Statistical Package for the Social Science) for Windows, SEM (Structural Equation Modeling) concept and AMOS (Analysis of a Moment Structures) program analysis. SPSS (Statistical Package for the Social Science) is a Windows based program being used to perform data entry and analysis which creates tables and graphs. SPSS is generally used in the fields of Social Sciences and Business. To test the measurement model can be done by the Confirmatory Factor Analysis (CFA). Also, the structural model can examine the hypothesis of path analysis, or the relationships between constructs or latent variables by SEM technique.

SEM applications in this study follow the step-by-step model-guideline, according to Hair et al. (2017, p. 172).

Model Specification: to match a theory (literature review stage).

Model Identification: to identify adequate data (of causal variables).

Model Estimation: to provide parameter estimates for the theory (define causal variables and path diagram of the structural model) in Chapter 4.

Model Evaluation: to assess fit and other aspects of validity (Group-CFA measurement model fit and SEM model fit) in Chapter 4.

Model Re-specification: to compare theoretical explanations, and further explore the conditions of causality with the results of qualitative in-depth interview for better interpretation in Chapter 4 and 5.

Model Reporting: to draw appropriate conclusions at the final stage with the mixed-method model in Chapter 5.

Data Analysis in this study using the two-step approach of SEM analysis based on Hair et al. (2013) and Anderson and Gerbing (1988) was adopted in this study to deal with the SEM model's combination of a measurement model and a structural model (Byrne, 2010), The first step is to test the group measurement model of five constructs with CFA to ensure how well the measured variables can represent its construct; and, how well the theory and model can fit with the empirical data. A measurement model is a statistical method used to confirm the latent variables (or constructs) which can account for the covariance among their observed variables (or indicators). The second step uses the structural modeling for path analysis or to test hypothesized relationships between constructs, and other variables. Both of those models require the global fit test upon the set of goodness of fit indices.

The reason why using SEM technique is to examine the complex relationships between variables, and to reduce the non-significant relationships to visual graphic representations. As Golob (2003) stated, SEM as a modeling technique was used to deal with a large number of endogenous latent (unobserved) variables (or dependent variable), and exogenous variables latent (unobserved) variables (or independent variable), specified as linear combinations (weighted averages) of the observed variables. Those are the causal relationships between variables representing the hypotheses that researchers would like to measure and confirm. Also, the relationships shown in SEM can be determined by data arranged in a matrix. Lastly, the content analysis and descriptive analysis can be used to merge the quantitative results with the qualitative results, to integrate and interpret the behavior framework of the emotional tourist-experience model.

Confirmatory Factor Analysis (CFA) is a statistical technique that allows the researcher to analyze variables by testing the measurement model fit. The reliability test of CFA analysis after data-collecting is to confirm the fit validity and overall fit of the survey questions again for the model approval. Three steps in CFA analysis process (Hair et al., 2013) are parameter estimation (in Maximum Likelihood method); model validation (to check internal consistency of the measurement model); model modification (to modify and justify the measurement model fit with the Good-of-Fit Index).

Global Fit Indices criteria should be considered relevant to standardization. Based on the previous study, Cook, Kallen, and Amtmann (2009) suggested the statistical methods to judge the model fit in the structural equations modeling (SEM) focused on the use of fit indices associated with the criteria to evaluate and confirm data in the context of CFA. Global fit indices can reflect the degree to which values are predicted by a model agreed with empirically observed values. Refer to prior published criteria by Hu and Bentler (1998), Hu and Bentler (1999), Schumacker and Lomax (2010, p. 76), Hair et al. (2017), Hair et al. (2013), and others, the set of standard statistics, in Table 3.6, for global fit indices were offered: CFI > 0.90, GFI > 0.90, AGFI > 0.90, RMSEA ≤ 0.05, and SRMR < 0.08, as indicative of adequate model fit. Steiger (2000) suggested RMSEA about 0.05 or less would indicate a close fit of the model in relation to the degrees of freedom.

Table 3.5 Global Fit Indices

Global Fit Indices	Criteria	References
Chi-Square $(\chi2)$		Schumacker and Lomax (2010, p. 76)
Degree of Freedom (df)	> 0	Schumacker and Lomax (2010, p. 76)
Relative Chi-Square $(\chi2/df)$	< 3	Hair et al. (2017); Hair et al. (2013)
Goodness-of-Fit Statistic (GFI)	> 0.90	Hu and Bentler (1998); Hu and Bentler (1999);
Adjusted goodness-of-fit index (AGFI)	> 0.90	Schumacker and Lomax (2010, p. 76)
Comparative Fit Index (CFI)	> 0.90	
Root Mean Square Error of Approximation (RMSEA)	≤ 0.05	Hu and Bentler (1998); Hu and Bentler (1999); Schumacker and Lomax (2010, p. 76); Steiger (2000)
Standardized Root Mean Square Residual (SRMR)	< 0.08	Hu and Bentler (1998); Hu and Bentler (1999); Hair et al. (2017); Schumacker and Lomax (2010, p. 76)

3.4 Qualitative Approach Design

Understanding the tourist-experience process focusing on health-wellbeing in relation to tourism activity, this study is aimed to investigate tourist perception on the tourist-experience components that concern the active 50-Plus. This part of the study adopted a qualitative approach using in-depth interviews for data collection to provide the flexible and free-flowing patterns of communication with participants (Ashton & Scott, 2017). The semi-structured interview questions are designed as a set of

experience process to collect and analyze data in the form of individual conversation and expressions.

3.4.1 Study Areas for Qualitative Approach

The selection of the qualitative study areas follows the quantitative study area in order to investigate the additional tourist perception toward the tourist-experience and activity upon the similar conditions. In practice, the 40 purposive and snowball participants were reached in tourist destinations, health-activity areas, and the appointment venues. Tourist destinations included the famous temples, marketplaces, adventurous-activity places, beach, hotels, organic food and homestay, coffee and restaurants, shopping malls, shopping street and sidewalk. Health-activity areas include badminton courts, fitness, and cycling bike-lane. They all were found in Chiangmai, Pattaya, Bangkok, Kanchanaburi, and Lopburi.

3.4.2 Participants Selection

The sample size used in qualitative research methods is often smaller than that used in quantitative research methods (Dworkin, 2012). For phenomenological studies, Creswell and Clark (2018) recommends the minimum of 5-25, and Morse (1994) suggested approximately 30-50 participants for an ethnography studies. In practice, therefore, the 30 selected participants were initially interviewed. After the additional snowball, the complete interviewees of 40 participants in this study had repeated the important issues.

Criteria to approach the participants by using face-to-face, in-depth interviews are three main self-consideration. First, they are tourists or have had the experiences as a "tourist." Second, they have had the "experience of doing health activities" at any degree of health-wellbeing: physical, mental, social, or emotional. Third, they are the active person at "50 years and above", still working routinely, doing voluntary work, or not working as retirement. They are, at least, interested in self-development or health-improvement of individuals or the whole aging society. Therefore, the active 50-Plus were chosen from health-experienced tourists, experts or knowledge providers, and health-activity person, both Thai and international in Thailand, during June-July, 2019.

3.4.3 Participant Interviewing Process

Using the semi-structured in-depth interview in this study intends to mostly provide the participants comfortably feeling ease during the talk. The semi-structured questions follow the tourist-experience process and components of; motivation, emotional experience, satisfaction, memorable experience, and intention behavior. As the research instrument technique, talking and asking are more flexible but deeper and exclusive style of eliciting and categorizing the responses to each question. In particular, open-ended answers upon structured questions can be friendlier for individual opinions and expressions. Some aspects of the study are designed to be flexible, giving examples or changing words for particular pursuing questions. Participant responses can affect how and which questions that researchers may ask next. Study design is subject to the conceptualized and categorized data responded to the research questions, and, are analyzed and interpreted to what is learned.

Prior important acknowledge (Guion et al., 2011) is to make introductions, clearly explain the purpose of the study, and present the respondent the consent form and a set of questions. Particularly, the audio-recorded session needs to obtain the respondent's permission and prior test the equipment to working properly. And the main responsibility of the interviewer is to listen, observe, and guide the respondent through a conversation until all of the important issues are individually expressed. Textual description obtained from audiotapes and actual field notes are confidentially used only in this study.

The interview preparation following Guion et al. (2011) are the notes (to record time, date, venue, special conditions or circumstances, and the respondent's demographic information); interview questions (on the left side of the page and a blank space on the right for written observations); and post-interview comment sheet (notes of feelings, interpretations, and comments that arose during the interview).

In practice, the sequential interview questions in this study were conducted in two main parts of total 12 main questions for 20-60 minutes. The first part was asked about the personal information; and the second part was asked about the attitudes and the perceived experience value on each component of the tourist-experience process. They were asked to describe and explain relationships of those components relating to health-wellbeing, quality of later life, and healthy lifestyle during tourism activities.

All information is useful for later analysis to elaborate or support some points of the quantitative results.

3.4.4   Interview Question Design

Concept of in-depth interview is to explore the perspectives or new issues in detail on a particular idea, opinions, thoughts, experiences, behaviors, beliefs, motivations, program, or situation (Boyce & Neale, 2006). In general, three interview techniques to extract information from the participants are structured, semi-structured and unstructured (Gill et al., 2008). The structured interview requires a list of predetermined questions. Meanwhile, the semi-structured interview may have only a list of areas or topics, and be flexible to ask a specific area until the conversation develops and different questions keep coming. Besides, the unstructured interview requires not specific questions but more likely a daily-basis conversation, regarding the open-ended answering upon the questions. Therefore, the semi-structured interview is chosen in this study because it is flexible to allow freedom to both interviewers to ask and the interviewees (participants) to profoundly express their opinions.

Question design of the semi-structured in-depth interview in this study follows the structured quantitative survey questions, but to be reviewed with the perspectives of the participants' perceptions. Also, the open-ended set of 12 questions upon the structured experience components were organized into short items to open for new ideas or thoughts of the participants upon the structured quantitative survey questions, and beyond. Boyce and Neale (2006, p.5) recommended no more than 15 main open-ended questions to guide the interview for factual questions before opinion questions, including probes as needed. For example, asking what activities were conducted? Before what did you think of the activities? And asking when needed of would you give me an example? Can you elaborate on that idea? ; I'm not sure I understand what you're saying. And wrapping up with is there anything you want to add (or recommend)? Based on previous studies, some questions were drawn in Table 3.6, below.

Table 3.6 Initial Interview Questions drawn from Sources

Tourist-experience Components	Questions	Sources
	(Based on **Tourist Perception** upon five components)	
GOAL-DRIVEN MOTIVATION	Q1: What motivates you to become a health-concerned traveler? (Or, what makes you concerned about a good health-wellbeing while you are travelling?) (Or, as the active 50-plus, what is so significant for you to have good health with a good travel-experience?) Q2: If you can design your own health and travel experience, what factors can make you feel most comfortable to go out for a health-wellbeing trip? (For example, desired activities, meaningful experience, available time and expenses, technology-assisted/ internet use, or other personal conditions). And why?	Prayag et al. (2017, p. 47); Hosany et al. (2015, p. 487); Oh et al. (2016, p. 213)
POSITIVE EMOTIONAL TOURIST EXPERIENCE	Q3: What inspires you to choose the **activities** that best for your health and experience during the trip? And why? Q4: What kind of environment can make you feel like doing that activity? And why?	Hosany et al. (2015, p. 487); Hosany (2012); Prebensen et al. (2012, p. 622); Oh et al. (2016, p. 213); Prayag et al. (2017, p. 47)
TOURIST SATISFACTION	Q5: What experiences make you enjoy the most about this trip? Q6: What **activity** can make the most experience for you the most? Q7: What do you **see** yourself after taking health-wellbeing tourism?	Oh et al. (2016, p. 213)
MEMORABLE EXPERIENCE	Q8: Why is it worth choosing the health-activity experience in the travel plan? Q9: After the trip, what benefits (of good health and wellbeing), you think, are worth to share to others?	Tlili and Amara (2016, p. 114)
INTENTION BEHAVIOR	Q10: How often, per year, do you prefer to have this similar health-activity experience? Q11: Where to go next? Q12: Is there anything else you would like to add?	Prayag et al. (2017, p. 47); Lee (2009, p. 227); Oh et al. (2016, p. 213) .

3.4.4.1 Question-Designed Development for In-depth-Interview:

As stated in definition, research objective, and literature reviews, tourist perception in the processes of tourist-experience is influenced by motivational and emotional states (Larsen, 2007, pp. 11-12), and has an affect towards satisfaction, memory, and revisit intention (Cutler & Carmichael, 2010, pp. 2-3). Tourists perceive the experience through the process of receiving, selecting, organizing, and interpreting information to create a meaningful experience (Prebensen, Woo, & Chen, 2012, p. 254). In this study, tourist perception towards health-activity experience can cause the individual lifetime memory and intention to repeat activity, including quality of later life and lifestyle during travel and doing tourism activities.

Therefore, the question-design development for in-depth interview in this study, according to the 6th research objective, was systematically organized in two parts with the covered page of the consent letter.

Part 1 requires the brief personal information about age group, gender, education level, financial status, professions, the preferred health benefits, destination and health-activity preferences, and the preferred whom to travel with and length of travel. This part is similar to the quantitative questions for later merged information.

Part 2 requires the 12 main questions to review tourist perception on five components of the tourist-experience process. The concept of the content concerns how tourists perceive the tourist experiences and the health-activity experience while they are traveling. What inspires them to go out traveling that cause health activities? What benefits they prefer to achieve and expect to earn from the health-activity experience? What intention do they prefer to do after all the satisfaction they have got? And how do they feel? All the processes developed from Prebensen, Woo, Chen, et al. (2012, p. 623), and Cohen, Prayag, and Moital (2014, p. 889) were used to develop and revise the In-depth interview questions.

Letter of consent is attached as the covered page to acknowledge the ethics and trustworthiness of conducting the interview. All participants involved in this data-collection process will be voluntary and strictly confidential. They also feel free to stop answering at any time without consequences.

See the final in-depth interview preparation form in Appendix B.

In practice, two steps of the interview question development are as follows.

First, three experts reviewed and had validity checked for the Item-Objective Congruence (IOC) approval (Hair et al., 2013). The researcher had three experts reviewed for comments and approval with the average scores from 0.67 to +1.00 for each question. Initial interview questions had been reviewed, adjusted, and developed for the 2nd draft and ready for Pretest (3).

Second, the interview Pretest of 3 actual tourists or participants was to check content understanding about the perception of tourist experience process and components. Twelve relevant questions were adjusted and developed for further in-

depth interview process. The revised in-depth interview questions are presented in the following Table 3.7 (see Appendix B).

Table 3.7 Revised In-depth Interview Questions after Pretest

Tourist-experience	Q#	In-depth Interview Questions
Goal-driven Motivation	Q1	What motivates you to go out traveling; and what experience value have you got from your past to present trips, and why?
	Q2	What is your perception whether "travel and tourism can make you (tourist) healthier", or "you (tourist) should be healthy before taking the trip to make you travel happier?"
	Q3	Which "health benefits, physical, mental, social, or emotional" are most desired from your travel experience, and why?
	Q4	What type of destinations you most like to visit: nature, culture, or leisure, and why?

	Q5	: What type of activity can define your most attempt to do when you travel, and why?
		    -trying to do new things.
		    -seeking new experience to try.
		    -challenge yourself to try new things.

	Q6	In your perception, what is your health-experience activity during trip, and why?
Emotional Experiences		How do you feel? What do you think?
Tourist Satisfaction		How impressive do you feel? What do you like the most from that trip?
Memorable Experience	Q7	What factors (in your perception) can make your trip possible, and why?
	Q8	As a tourist, has it been worth traveling for the experience value that concerns health-wellbeing, and why?

Intention Behavior	Q9	From now on, what will you choose to travel with?
		    -doing the same activities in the same destination, or in different destinations, and why?
		    -doing different activities in the same destination, or in different destinations, and why?

	Q10	What is your type of sharing the experience value to others, and why?
		    -on-site sharing through internet and social media: Facebook, @Line, Instagram, etc.
		    -Story telling or word-of-mouth, after the trip.
		    -Story writing or recommendations, after the trip.

Evaluated memorable experience	Q11	: What are your activity trip-patterns? And why?
		    -self-planning trip or using tour-arrangement services.
		    -length of your most comfortable trip: days, weeks or months.
		    -how often do you travel per year?
		    -when and where are your next trips?

Intention to recommend	Q12	In your perception, what is the most desirable travel plan you would like to design for the active 50-Plus?

3.4.5 Data Summary and Analysis for Qualitative Approach

The methods of analyzing the qualitative data for this study are mainly the descriptive analysis and content analysis, and if needed of coding analysis.

Descriptive analysis will be used along the way in the series of in-depth interviews, including taking notes and observation.

Content analysis is the useful research technique in the qualitative method approach to analyze, summarize, categorize, or interpret any form of various content into categories or themes, from major to minor or sub-categories, and then may re-group those content into new form of data analysis (Stepchenkova, Kirilenko, & Morrison, 2009). Data in the qualitative research can be different forms which most

researchers use this technique to organize, analyze, evaluate, and conceptualize to new form of the results rather than compare them (Newbold, Boyd-Barrett, & Van Den Buluk, 2002; Evers & Van Staa, 2010). Thus, content analysis in this study is used to gather and organize information, then summarize and analyze those text into categories and relationships. The new proposed model may be conceptualized for the conclusion of all results.

3.5   Research Ethics for this Study

Main principles of the research ethics as the guideline for this dissertation are concluded according to Bell, Bryman, and Harley (2019), Paul, DeBruin, Bartels, Chambers, and Kahn (2003), and Dooly, Moore, and Vallejo (2017), as follows:-

The researcher should conduct the dissertation research with full responsibility to be honest, objective, transparent, reliable, and up-to-date proceeding the research in the ethical ways. Research participants should be prior respected for dignity and being no harm. Their data and privacy shall be protected and obtained full consent to be revealed. Content writing in the research communication done clearly with vivid statements, honesty and transparency, can help avoid the misleading information of primary data findings in a biased way. Also, the offensive, discriminate, impolite or unacceptable languages should be avoided and must-not shown in any form of questionnaire or interview questions. Contextual references are essential as the top awareness of plagiarism. Other people's ideas or words should be used and referred to their credits. The writing content is the author's responsibility to proceed with appropriate permission and citation, or to have the material quoted if not original to the author. Data collecting process and research instrument development should be proceeded with validity and reliability. The processing-data methodology should be covered by the informants before data collection begins. Maintaining objectivity in discussions and analyses should be consistently practiced throughout the research. Data findings approval in the research with peer reviews is a public trust to ethically be prepared the process with responsibility if the results are valuable. Interpretation and application of the results from research findings have to be updated for up-to-date knowledge and reliability. Data analysis approval in the research should be best if

fairly interpreting with ethical possibility to the results. Triangulation techniques should be applied to confirm the reliability with the research participants during the interviews. The other research tools and techniques are proposed to confirm the results in the qualitative method. Finally, following the specific code of ethic practice of the National Institute of Development Administration (NIDA) research ethics, is critically important and shall be declared in ethical considerations part of the dissertation. Acknowledgement of other authors' works used in the dissertation will be the American Psychological Association (APA) referencing system according to NIDA's requirements.

3.6 Summary of Chapter Three

This study attempts to examine the tourist-experience process and components by the mixed-method research approach relating to the research aim and objectives. The mixed-method research approach is employed to integrate the results of the two study contents. First, the quantitative study is set to test the emotional tourist-experience model, and confirm the study process of tourist-experience activities through the components and their relationships. Second, the qualitative study is aimed to investigate tourist perception towards health-wellbeing activity-experience through the same tourist-experience components. Two methods of data collections and data analysis are used for different purposes but supportive results. The quantitative questionnaire survey and the qualitative in-depth interview are employed for data collection. The Structural Equation Modelling (SEM), CFA (Confirmatory Factor Analysis), AMOS (Analysis of a Moment Structures), and SPSS (Statistical Package for the Social Science) for window, are the statistical techniques and software programs for data analysis. Also, the global-fit indices are used to confirm the model fit with the empirical data. The reliability of using the well-structured questionnaire surveys as the research instrument for data collection is found to have the advantage of a more rigid style. While, the flexibility of semi-structured questions from in-depth interview allow deeper individual attitudes and opinions upon criteria of the same tourist-experience components.

CHAPTER 4

DATA ANALYSIS AND RESULTS

4.1 Introduction

The results from attempting to examine the tourist-experience process and components by two study methods are related to the research aim and objectives. The main aim of this study is to design the health-experienced activity for the active 50-Plus tourists. Both qualitative and quantitative methods were used to address different levels of individual and overall results within the systems. Integrating qualitative and quantitative results in a single study of the mixed methods enables a greater degree of understanding the research issues than either method. The results on the same process and components are integrated and supportive for descriptive analysis and conclusion.

The aims of data analysis are firstly to investigate tourist perception on the tourist-experience process and components; secondly, to confirm the emotional tourist-experience model and components; and thirdly, to conclude main issues and relationships to design tourists' health-experience activity for the active 50-Plus in Chapter five. Resulted in data collection, two sets of questions for different research instruments were used to achieve the main research aim. Firstly, the findings from in-depth interview questions were concluded for insightful and sensitive issues of tourist perception. Data analysis concern how they individually perceived and behaved in the tourist experience process. Secondly, the findings from the questionnaire survey focus on the relationships of the five constructs, indicators, and items in the tourist-experience model. Lastly, to better explain the results for holistic and meaningful experiences, the merged supportive conclusions and analysis are later presented.

This chapter is divided into four sections; the introduction (4.1); the qualitative-study analysis and results (4.2); the quantitative study summary (4.3) including the pretest summary and the main quantitative-study analysis and results (the respondent demographics and preferred issues, and the two-step approach to the

Structural Equation Modeling of the measurement model and the structural model); and the merged results and summary of the mixed-method approach (4.4).

4.2 Qualitative Study Summary

This qualitative research study was aimed to investigate tourist perception towards health-activity experience from the active 50-Plus's perspectives. The face-to-face and semi-structured in-depth interview was employed for data collection. To better understand the deeper meaning of the experience value from the participants' perspectives (Dworkin, 2012), it is systematically asking questions, recording, taking notes, observing and documenting (Guion et al., 2011). The semi-structured question series with open-ended answering were used to pursue tourist perceptions from their own experiences and activities. Twelve main questions followed five main elements in the tourist-experience process; goal-driven motivation, positive emotional tourist-experience, tourist satisfaction, memorable experience, and intention behavior.

A total 40 participants in this study were purposively chosen and snowball samplings with three main self-consideration. First, they are tourists or have had the experiences as a tourist. Second, they have had the experience of doing health activities at any degree of health-wellbeing: physical, mental, social, or emotional. Third, they are the active person at 50 years and older, either still working or not. The active 50-plus participants were chosen from health-experienced tourists, health-related experts, academic or knowledge providers, and health-activity person, both Thai and international in Thailand, during low-season tourism of June-July, 2019. All collected information were organized and interpreted to understand their behaviors, how they feel and what they preferred to do, to continue activities, or to create the new meaningful experience value of good health and well-being while travelling.

4.2.1 Participants' Demographics and Preferences

The 40 purposive and snowball participants were reached in tourist destinations, health-activity areas, and the appointment venues. Tourist destinations included the famous temples, marketplaces, adventurous-activity places, beach, hotels, organic food and homestay, coffee and restaurants, shopping malls, shopping

street and sidewalk. Health-activity areas include badminton courts, fitness, and cycling bike-lane. They all were found in Chiangmai, Pattaya, Bangkok, Kanchanaburi, and Lopburi. Their past and present professions are in various fields. The participants' demographic profiles and preferences are concluded as seen in Table 4.1 and 4.2.

Table 4.1 Participants' Demographic Profiles from In-depth Interview

Participant #	Gender	Age	Nationality	Still working?	Professions
ID 1	F	58	New Zealand	Yes	Acupuncturist/ Naturopath
ID 2	M	63	New Zealand	Yes	Director, IT Company
ID 3	M	52	Swedish	Yes	Voluntary/ NGO Officer
ID 4	M	53	Thai	Yes	Freelance/ voluntary works
ID 5	M	52	American	Yes	Lecturer/ Researcher
ID 6	F	50	Moroccan	No	Housewife/ Business partner
ID 7	F	54	Thai	Yes	Local business
ID 8	M	70	Canadian	No	Diplomatic services
ID 9	M	55	Thai	Yes	Expert/ Supplier
ID 10	M	50	Thai	Yes	Expert/ Supplier
ID 11	M	60	Thai	Yes	Business owner
ID 12	M	60	Thai	Yes	Business owner
ID 13	M	66	Australian	No	Transporter
ID 14	M	62	Chinese	Yes	Business partner
ID 15	M	74	Norwegian	No	Petro-engineer/ consultant
ID 16	M	55	Thai	Yes	Tour guide/ tour operator/ Cruise organizer
ID 17	M	60	Thai	Yes	Engineer/ MRT consult
ID 18	M	61	Thai	Yes	Engineer/ Company owner
ID 19	M	60	Thai	No	Engineer
ID 20	M	67	Thai	Yes	Special police officer
ID 21	M	66	Thai	Yes	Business owner
ID 22	M	70	Thai	Yes	Historical and museum study; destination development.
ID 23	F	66	Thai	Yes	Teacher/ Local homestay owner/ Knowledge provider
ID 24	F	56	Thai	Yes	Creative advertising/ Lecturer/ Tour guide/ Writer.
ID 25	M	50	Thai	Yes	Story writer/ Creative concept interpreter & product designer
ID 26	M	71	Australian	No	Engineering/ musician & teaching
ID 27	M	71	Australian	No	Engineering and drafting
ID 28	F	64	Thai	Yes	Lecturer/ Researcher/ Story writer
ID 29	F	55	Thai	Yes	Lecturer/ Researcher
ID 30	F	50	Russian	Yes	Tourism TV channel production
ID 31	M	56	Thai	Yes	Architect/ Office owner
ID 32	M	56	Thai	Yes	Architect/ Office owner
ID 33	F	57	Thai	Yes	Story writer/ Travel magazine Chief editor
ID 34	F	57	Thai	Yes	Story writer/ Travel bookstore owner
ID 35	F	69	Thai	No	Engineering librarian
ID 36	M	68	Thai	Yes	Engineer/ Company owner/ Voluntary Zigong trainer
ID 37	F	67	Thai	No	Office worker (Electricity Generating Authority of Thailand)
ID 38	F	55	Thai	Yes	Company's financial and accounting manager
ID 39	F	55	Thai	Yes	Accounting auditor/ Office owner
ID 40	F	61	Thai	No	Supply chain/ Office worker

Table 4.2 Conclusion of Total 40 Participants' Profiles and Preferences

Participants' Preferences	No. of Participants	Percentage
Gender		
Male	25	62
Female	15	38
Age		
50-55 years	14	36
>55-60 years	8	20
>60-65 years	7	17
>65-70 years	8	20
>70 years	3	7
Nationality		
Thai	28	82
International	12	18
Working Status		
Still working	31	78
Not working	9	22
Preferred Travel Types (travel with..)		
Alone	14	35
With partner	11	28
With family	15	55
With friends	22	37
With small private group	6	15
Preferred Length of Travel (comfortable stay)		
3-7 days	14	35
7-14 days	11	28
Less than 4 weeks	5	12
1-2 months	13	32
More than 2 months	3	8
Preferred Health Benefits		
Physical health-wellbeing focuses	21	52
Holistic 4 health-wellbeing dimension focuses	11	28
Other health-wellbeing dimension focuses	8	20
Preferred Destinations (most like to visit)		
Nature	10	25
Culture	10	25
Leisure	20	50
Preferred Health-experience Activities		
Walking	28	70
Running	5	13
Bicycling	6	15
Hiking	4	10

A total 40 participants who accepted the interviews in this study were 28 Thais (62%) and 12 Internationals (38%), aged between 50 and 74 years. Males (62%) represented a higher proportion of the participants than females (38%). Most of them aged 50-55 years for 36%; 33% over 50 to 60 years, 15% over 60 to 65 years, 12% over 65 to 70 years, and 4% over 70 years. 62% were found in Bangkok and 38% in other provinces. 36% aged between 50 and 55 years; 20% aged >55-60 years; 17% aged >60-65 years; 20% aged >65-70 years; and 7% aged >70 years. The 78% were still working as a routine, a part-time, or a volunteer; while, the rest of 22% were reported as housewives, early-retired from health issues, and retirement.

The 28 Thai tourists were 16 males and 12 females of aged 50 to 70 years. The 25 of them were in different professions while the 3 of them aged over 60 were retired. Their professions included freelance, volunteer, office worker, business owner, bike supplier, experts in hiking/camping/bicycling, tour guide/operator/ organizer, story writer, chief editor of the world travel magazine, product designer, lecturer, researcher, financial and accounting manager, accounting auditor, creative advertising, architect, engineer, special police officer, conservative work in history/ museum/culture/ destination development, knowledge provider, librarian, and Zigong trainer.

The 12 international tourists were 9 male and 3 female of aged 50 to 74 years. They were New Zealand (2), Swedish, American, Canadian, Moroccan, Australian (3), Norwegian, Chinese, and Russian. The 5 of them aged over 65 were retired. Their past or present professions included lecturer/researcher, housewife, tourism-TV-channel producer; acupuncturist/Naturopath, company director, business owner, transporter, diplomatic services, programmed officer, petro-engineer/consultant, musician, and engineer.

For the preferred travel type, most of participants felt comfortable to travel with friends (55%) while the second most were with family (37%) and alone (35%); and with partner (28%) and with small private group (15%) were less preferred.

For the preferred length of travel, most of them preferred 3-7 days (35%) and 1-2 months (32%), while preferred 7-14 days (28%), less than 4 weeks (12%) and more than 2 months (8%).

By asking what health benefit do you most concern when you travel?, 52% chose physical health focuses; 28% chose the holistic focus of four health-wellbeing dimensions, including physical, social, mental, and emotional health-wellbeing; and 20% chose social, mental, and emotional health focuses.

For destination of choices, the most preferred one was leisure (50%); the second preferred were nature (25%) and culture (25%).

For major activities, the most preferred health-experience activity was walking (70%); the second preferred was bicycling (15%); the third preferred was running (13%); and the fourth preferred was hiking (10%).

4.2.2 Results and Analysis of Tourist Perception from in-depth Interview

The keywords were underpinned from the participants' perceptions toward five components of tourist experiences; goal-driven motivation, positive emotional experience, tourist satisfaction, memorable experience, and intention behavior. Those underpinned issues were mainly concluded from 40 participants answering about 12 questions as shown in Table 4.3. The multi-issues of tourist perception include passions and preferences, past (memorable) experiences, present interests, and what motivate them to be active and how they continue the activities they desire. They revealed their opinions with personal expressions, such as "how I feel", 'what I think", or "what I most prefer." The emotional keywords of their passions were captured with self-satisfactions of how they achieved their self-development, gaining self-fulfillment, and being self-confident to go out traveling with healthy lifestyle in their own paces and personal conditions. Desire of health benefits were shown individually from passions and attempted activities as choices of preferences (Table 4.2), such as the preferred destinations (nature, culture, leisure), preferred health activity types, or the preferred trip patterns and whom to travel with. The participants also gave the evaluated memorable experiences on the experience value that they thought worth it from the combinations of health and tourism purposes. What factors could make trips possible were revealed with the preferred types of repeated activities and destinations, type of sharing the experience value, future interest, and what they would recommend for the most desirable travel-plan for the active 50-Plus. The tourist-experience perception of the active 50-Plus drawn here for the 40 interviewees are further discussed and analyzed in the following sections.

Table 4.3 The Perception of the Active 50-Plus and Tourist-Experience

Tourist-experience Components	Q#	In-depth Interview Questions	Underpinned Issues
Goal-driven Motivation	Q1	What motivates you to go out traveling; and what experience value have you got from your past to present trips, and why?	Passions and preferences: Past (memorable) experience; Present interest
	Q2	What is your perception whether "travel and tourism can make you (tourist) healthier", or "you (tourist) should be healthy before taking the trip to make you travel happier?"	Health and Tourism purposes
	Q3	Which "health benefits, physical, mental, social, or emotional" are most desired from your travel experience, and why?	Desire of health benefits
	Q4	What type of destinations you most like to visit: nature, culture, or leisure, and why?	Preferred destinations and activities
	Q5	: What type of activity can define your most attempt to do when you travel, and why? -trying to do new things. -seeking new experience to try. -challenge yourself to try new things.	Passions and attempted activities
Emotional Experiences		How do you feel? What do you think?	Emotional keywords of Passions
Tourist Satisfaction	Q6	In your perception, what is your health-experience activity during trip, and why?	Preferred health activity
		How impressive do you feel?	Self-confidence; Self-development; Self-fulfillment;
		What do you like the most from that activity or trip?	Experience value
Memorable Experience	Q7	What factors (in your perception) can make your trip possible, and why?	Factors that make trips possible
	Q8	As a tourist, has it been worth traveling for the experience value that concerns health-wellbeing, and why?	Experience value of health-wellbeing
Intention Behavior	Q9	From now on, what will you choose to travel with? -doing the same activities in the same destination, or in different destinations, and why? -doing different activities in the same destination, or in different destinations, and why?	Preferred types of repeated activity and destinations; Passions
	Q10	What is your type of sharing the experience value to others, and why? -on-site sharing through internet and social media: Facebook, @Line, Instagram, etc. -Story telling or word-of-mouth, after the trip. -Story writing or recommendations, after the trip.	Type of sharing the experience value
Evaluated memorable experience	Q11	: What are your activity trip-patterns? And why? -self-planning trip or using tour-arrangement services. -length of your most comfortable trip: days, weeks or months. -how often do you travel per year? -when and where are your next trips?	Preferred trip pattern; Predicting desirable trip
Intention to recommend	Q12	In your perception, what is the most desirable travel plan you would like to design for the active 50-Plus?	Future Interest; Most desirable travel plan for the active 50-Plus

4.2.2.1 The Perception of Goal-Driven Motivation

When asking 40 participants of what motivated them to go out traveling (Q1), most of them gave similar sources of driving motivations which are concluded in three of: past experience, present interest, and future desire of health benefits in later lives.

First, participant's past experiences were mostly captured as the passions from the collected memorable experiences of their previous travel and tourism. Many participants had impressive past experiences at a young age and paused those for career and family settlements. After children grown up and become successful in their careers, they have been responsible-free and preferred to start traveling again, to see and do new different things. An international participant admitted: like a young Kiwis who wants to fly away again at 58, passion and freedom have drawn me back with more dreams and creativity to see the world again. This time, I take a three-month get-away with my husband, traveling for leisure, especially to visit the music pub where we first met in Chiangmai before getting married (ID1). While the other confirmed: freedom and challenges, meeting new people, and joining group-activities or voluntary work, are all my passion to travel from the first trip until now at 63 (ID2). Another said: because I was not allowed to travel when I was young, the feeling of freedom becomes more passion inspiring me to travel again and again. I always try new things and have fun doing different activities with different groups of friends; running, bicycling, rafting, or other adventurous recreation (ID38).

Passionate experiences mentioned in the travel guide-books and magazines, fiction novels, or about famous people and places, had driven some participants to go out traveling for authentic visit. They worked with the world travel magazine, being the writers, journalists, editors, or tour operators. A participant revealed: I have started from reading, then traveling, and working as the editor in chief for a big-name magazine of travel. I always appreciate seeing what I imagined from the books. Moving myself into the real places with the expected atmosphere has been my freedom to imagine more, to observe more, and to create more (ID33). An architect said: travel and tourism is like opening a big book which is full of amazing content. I found exciting every time I explored the real experiences in new places I had visited, and gained impressive hospitality from new people I had met (ID31).

Exploring new ideas and observing people's behaviors have been some participants' purpose of walking tourism. Local visit and traveling became their passions that pursued their careers of product design and development. A participant who loved walking exploration said: I travel for work only as a freelancer. Walking exploration is more mental activity for me to find new inspiration and creativity. Culture and people are the only choices I always want to be involved with. I always walk a lot, take pictures, and talk to local people I met, then I write on e-news or in-flight magazine (ID25). Another former editor in chief of a travel magazine pointed out: my career and passion are integrated for favorite activities, including personal interest in the scent exploration. As a smelling tool, I enjoy seeking the nationality of each place from the herb-scent food (ID33). While the other participant agreed: I often travel because my career focuses on creating new extraordinary tourism-routes that bring more benefit to tourism industries. I have written travel books, run a tour company, teach in tourism, and work as a tour guide and creative advertising. My passion runs around my business opportunity (ID24). ID9 said: bicycling has long been my business, favorite hobby, and physical exercise activity that I can do anytime anywhere alone or with my wife.

Second, the present interests were mostly captured from the participants' interests in trying new activities, new challenges, learning new skills, and self-fulfillment of new experiences.

Most of them preferred to learn something new and gain more useful knowledge to share with others. As one said: learning and practicing new skills now become my motivation to travel and help other people, especially children (ID4). While the other was happy saying: I found the sports I like, bicycling, at 47. Now at 60, I still enjoy bicycling, camping, walking track, and trekking. I have a small group taking the activity trip together every weekend (ID11). A journalist gave details of her passion: every year, I am happy and enjoy a month traveling abroad for walking exploration or walking experience. The world belongs to diverse cultures which will educate across one to another all the time. I am a journalist for magazines and books, taking long and slow travel to rest as well as to explore with respects to what people think and how they behave differently, in detail (ID34).

Third, the participants' desire of health benefits in later lives came out clearly for which health benefits (physical, mental, social, or emotional) were mostly desired from their travel experiences (Q3). Main issues were concluded as follows.

Changing the routine environment has been the important driving force for most participants to take trips for leisure and improve their health. A participant said: I love traveling and moving myself into new places or new atmosphere. Just going anywhere can give me mentally freedom to think, to observe, and to create more (ID33). Another participant told her story: my past experience to get away from routine stress and be in nice weather and natural environment, including seeing beautiful mountain scenery, the island and the sea, or the rare trees, are best motivations pushing me to travel again and again (ID7). While the other confirmed her health benefits: taking a month trip also gives me more time to take care myself; eat proper food and take pills three times a day, put lotion on skin, and sleep in deep every night (ID34). ID23 concluded: my motivation to travel has always been the way of living close to natural environment.

While some others rather took physical exercises or outdoor-sports activities to ease their stress. Three participants mentioned: my successful past experiences in doing outdoor health activities always encourage me to practice more and more until now. Finishing one mission always drives me to start the next one (ID10). Sport as a tool to connect me to other people. Tourism as a tool to connect people to other things; activity, other people, and places (ID3). Challenge was always in my past experience, but recently at my age of 60, I like to be more careful and safe (ID9). The participant ID12 confirmed: my first time bicycling for a month made me lose 15 kg. The better physical health made me routinely bicycling since then. Bicycling has given the peaceful mind, self-confidence, and self-fulfillment. I have planned for long and slow bicycling to visit new places, and just to enjoy daily life traveling. ID4 gave the similar reason: my past experiences mostly came from activities. I love doing outdoor activities with different groups of friends, which drew me to travel more often, to different places with different activities.

4.2.2.2   The Perception of Emotional Experience

Most desirable travel-plan (Q12) designed for the active 50-Plus are concluded from the suggestion of the participants' perception. The activity plan

should be easy, chilled, simple, relax, flexible, slow, leisure type, freedom, alert, safe, challenge, comfortable, convenient, feel refreshed, exciting, be able to explore, and being appreciated. Those moods and tones shall be upon the active 50-Plus' individual pace and health condition. However, the continuity of health-wellbeing and tourism activity behavior is the most important for the active 50-Plus. *Barrier free to travel* as resulted from the individual past experience can deliver the continuity of activity behavior in later life, because I am not afraid to self-plan my own trip and feel comfortable to manage if facing trouble during trip (ID28; ID33, ID35). *Easy access to various sources of information* are available on the internet and online connectivity for trip arrangement (ID28). *Freedom and challenge* can motivate the active 50-Plus to continue traveling with more dreams and creativity as desire (ID1; ID2). *Easy, slow, and simple activities* may fit the active 50-Plus with individual time and pace (ID28; ID33). *Traveling with a positive attitude and open-mindedness to strangers* or people who are different from us (ID31), *be polite* (ID15), *pay respect* to others in different cultures (ID13), and connect more relationships *with peaceful minds* (ID34) also are required. The participant ID31 confirmed: I always prepare less and let myself open for situations without expectation. Most trips have been the adventure that drew me traveling with more *enjoyable experience*. While ID12 felt: I enjoy slow life exploring new things that are simple without artifacts.

4.2.2.3 The Perception of Tourist Satisfaction

Experience value that the participants may feel impressive and satisfied the most from the activity or trip-taking, can be concluded as below.

1) The Preferred Health and Tourism (Q2):

Most participants generally agreed that travel and tourism were part of making them refreshed, healthier, and happier. Also those can inspire them to do more physical exercise during the trip, anytime anywhere. Other health benefits; mental, social, and emotional, will come before, during, or after trip-taking. Their passions to travel would continue as they lived. They had different reasons for the desire of health benefits in later lives as following discussions.

ID1: *Tourism can make me feel happier and healthier, because I walk a lot and fill up myself with positive energy. Passion and freedom give me more dreams and creativity to do anything I want under my own pace.*

ID8: *I prefer tourism that makes me healthier because I like the feeling of moving around actively. Do not stay home depressively.*

ID9: *I often take a normal-weekend bicycling routine with my wife. I disagree to be perfectly healthy before doing something, because if I get tired I just walk the bike slowly and enjoy the environment or people who are passing by.*

ID15: *I believe that staying away from home on traveling makes me refreshed and happier. I use my mental in a self-planning trip, increase social interaction when talking more to other people, and bringing good emotion developed.*

ID25: *I like walking around to explore the uniqueness of the district's interesting story and photo-recording. Walking exploration can give me all physical, mental, social, or even emotional health benefits.*

ID27: *I think travel and tourism can make tourists healthier in terms of having less stress and more relaxation.*

ID34: *I found myself healthier and alert whenever I go on travel and tourism. (Passion)*

ID35: *When I was young, travel and tourism had been exciting every time I took off. I think it made me healthier. I do the Chinese Tao-ter-shin-shi dance whenever I have to wait for something during a trip. I continue to travel with a self-planned trip until now at the age of 69. I will enjoy it until I die.*

ID38: *I think travel and tourism make me healthier because the more I go out traveling, the less responsibility I hold on for a while. Which makes me feel refreshed and gain more energy to come back to work again like a circular lifestyle-loop.*

ID4: *Tourists should be healthy before taking the trip to make themselves travel happier and do more things without limitations.*

ID19: *I had a health issue five years ago, that has made me bicycling routinely to maintain cardio rate. I will travel for leisure only and don't care to exercise more during the trip.*

ID26: *Although I am aware of health risk-taking, I still had two negative sickness-experiences from accidentally infected by the bird flu and body-skin allergy.*

ID36: *After retirement, health is my first priority before doing anything. I think we should have good physical health so that we can enjoy ourselves more when we travel.*

ID37: *At aged 67, I think tourists should be healthy before taking the trip, to make them travel happier. (Awareness of risk taking because of aging)*

ID40: *I think travel and tourism can make me healthier if I take it properly with my health condition. (Awareness of risk taking if doing un-balanced activities)*

2) The Preferred Destinations implied the Preferred Activities: when the participants chose the type of destinations they mostly liked to visit (Q4): leisure (50%), nature (25%) and culture (25%).

3) The preferred health activity answered by 40 participants were captured from asking what your health-experience activity are during the trip (Q6). The results from most participants were walking (70%), bicycling (15%), running (13%), and hiking (10%). This may not be the absolute fact for the whole active 50-Plus, but those relationships can be interpreted in three levels of leisure activities (active, passive, and moderate). Above half of the participants agreed on choosing a destination for leisure as the first purpose to travel, but giving different degrees of leisure activities (walking, bicycling, running, and hiking) that involve people and places, or nature and culture destinations.

(1) Active Activities:

Leisure for someone involves active activities, being close to nature, challenging themselves to get rid of stress, and enjoy doing the physical exercises activities alone, with partner, family, or friends.

ID10: *I always choose outdoor activities close to nature. Having time to rest is done along the activities I am doing. I am the real adventure man challenging myself with all outdoor sports, but sometimes prefer* **adventure recreation**, *playing for fun with a group of friends*.

Leisure for ID9 and his wife is the **bike recreation** for the weekend bicycling routine to change the atmosphere to enjoy dinner while talking and doing what they both like together.

The bike recreation for ID12 becomes his **long-ride bike exploration** too. *With bicycling, all activities along the trip are mostly about leisure, slow life, and exploring new things that are simple without artifacts. The* **backpacker on wheels** *is my style of tourism; spend less money, simple eating and staying in the hostels, with 1-3 month bicycling alone. Having less plan and letting it be in a sustainable way; no rush, no stress. Excitement and adventure is not my style*.

ID11: *I am looking forward to the bicycling routine, almost every weekend. I have been a mountain biker with a group of friends for many years, along with hiking, camping, walking track, and trekking. I generally enjoy* **outdoor recreation and exercises** *because I can be close to nature for leisure as well*.

(2) Passive Activity:

Meanwhile, leisure for some others involves passive activities, enjoying spa and health treatment, time traveling with family or children, sit-and-read books, seeing new different things (but less participation with), watching other people's behavior, or the energy absorbed from crowded events.

ID1: *This is a two-month getaway from routine stress with my husband. The first 8-days were totally relaxing in the resort by the beach, close to nature. We walked a lot in Chiangmai, visiting the old temples, the old city-wall, and having dinner with later joining the Latin dance. We are looking for Thai massage, local fish spa, and health treatment.*

ID27: *I come for leisure mostly, to be away from stress and the same old routine, to change the atmosphere and see nice scenery in different cultures. I can **sit-and-read** a book and sip my coffee all day in the resort on the mountain.*

ID30: *I travel for passive leisure to take my baby-son to see real safari animals in Africa, to walk more and to see more in real nature. It would be more fun to visit Kilimanjaro for cultural learning too. It is my style of **passive outdoor recreation**.*

ID24: *My travel activity habit is the **sit-and-walk exploration**, to observe people and behavior, talk to them, and collect ideas for creative advertising jobs. I presently enjoy **watching other people expressing different activity behavior and characteristics**.*

(3) Moderate Activity:

The third type of travel for leisure lies between active and passive activities. The participants who preferred leisure for culture, mostly like the moderate activities, such as walking, exploring, wandering around and seeking new experience to try with more participation, or observing other people's behavior in neighborhood districts, local community, and architectural environment.

ID25: *Culture and people are the only choice I always want to be involved with. My work leads me to travel with my interest in community-based tourism, local people/culture/ local wisdom, and the story of old cultural districts, such as Bangkok and other areas. My leisure time is **walking exploration** to better understand what people think, design, and produce their products. Art and craft always give me more fun and fulfil my passions. I come back with lots of stories and ideas to write my own articles for newspaper, or in-flight magazine; design or branding the products for local villagers; the souvenir development for Tourism Authority of Thailand (TAT); etc.*

ID34: *Every year, I am happy and enjoy a month traveling abroad for **walking exploration or walking experience**. The world belongs to diverse cultures which will educate across one to another all the time. I am a journalist for magazines and books, taking long and slow travel to rest and to explore people's thinking and behavior in detail. Taking a trip gives me more time to take care of myself; eat proper food and take pills three times a day, put lotion on skin, and sleep in deep every night.*

ID33: *My work had led me to travel a lot as the editor in chief for a travel magazine. Culture and stories I have read from the books have been my priority to visit the real valuable places. **Walking tourism** is my choice of exploring and experiencing the world, including the **sense of scent exploration** as a smelling tool to detect the nationality of place from herb-scent food.*

4) The Preferred Trip Pattern (Q11)

The overall results of the preferred length of stay that are most comfortable for a trip are 3-7 days and 7-14 days for often weekend and holiday vacations of routine-job participants. The chosen 1-month get-away can be the long leave of the routine-job participants who have more time-free management. And 1-2 months were chosen by non-job and retirement participants. The chosen number of trip per year were the minimum of 1-2 trips a year, and the maximum of 10-12 trips a year.

Resulting from whom to travel with, major responses were travel with friends, family, and alone. To join the social group-activity and find the personal interests that lead the active 50-Plus to new activities can create a meaningful experience (ID4). Sport as a tool to connect with other people, and tourism as a tool to connect people with other activities and places (ID3). Thus, light physical exercise and social group activity can support and enhance each other to maintain individual physical, social, emotional, and mental health (ID35).

The active 50-Plus should try hiking and camping against all the age-welcomed diseases, to get fresh air and stay close to nature (ID11). Learning new skills by using sports equipment are useful to help the active 50-Plus to ease the movement and activities, and make more sense of self-confidence to continue the health-experience activities. The skilled people can train and support the active-aging participation (ID10; ID11). The active 50-Plus, who have basic skill, can try the skill-advanced activities with technique and equipment, not win or lose the game, but enjoy

mentally play (ID20). The unexpected playing music with a street band is my attempt to try something new, just for fun (ID2).

Because of experienced, customized, and individualized active-aging tourists, most participants chose self-planning trips more than using tour-arrangement services. "I personally do not think that mass tourism would fit the behavior of active 50-Plus (ID11)." Try to find the health-activity experience you like and suit you (ID12), then let go of work responsibility to refill new energy and mental food, and come back to work with more efficiency and refresh-minded attitude (ID31). The world has never run out of new experiences, just get ready to catch up with those (ID32). Be slower and take longer observation with detailed appreciation to engage more meaningful experience (ID34). Long stay in one place to enjoy exploring slowly with more details, absorbing and appreciating environment and atmosphere, or trying spa and health treatment (ID33). Need the variety of experiences in one trip, just for fun and happiness; however, be easy and flexible, don't expect too much from one trip (ID19). As the event organizer, to provide an opportunity to be healthy with the choice relating to cultural and historical appreciation, try local different food, stop to massage if tired, with the romantic light and sound during the night run for the old town, would make the active-aging tourists feel more fun to join (ID22).

4.2.2.4 The Perception of Memorable Experience

However, travel and tourism is one of several tools to create the passionate experience and activity to achieve the quality of living and healthy lifestyle for the active 50-Plus. The key-common factors (Q7) that most participants agreed on making their trips possible are; available time, money, and opportunity to travel. The others include responsibility-free, convenient schedule that all members can go together, passion or willingness to travel, physical health, personal interest, choice of where to go, purpose of visiting destination, the activities in destinations, and language or communication types.

Meanwhile, by asking how worth it traveling for the health-wellbeing experience value (Q8), most participants had similar answers for "yes, it is worth it", but given different reasons. The participant ID40 said: although I've got my ear injured, I still feel no regrets with great costs invested for the past 20-year diving

activities. ID28 agreed: my past 20-year experience of travel in other countries make me feel easy, safe, and confident for driving tourism in Japan or New Zealand. Because of the travel-culture with good facilities provided, I have no fear for future self-planned travel at all. ID34 pointed out: the experience value of health-wellbeing from walking tours to explore and discover new things, make my mental and emotional health working well so far with self-fulfillment. I carry two short-note books for daily-life writing. The differences of each culture remind me of more meaningful experience according to time and cultural value in each generation's perception. ID11 gave more reason: sometimes, physical and mental health can be developed with joy from the group activity of bikers or hikers, just for fun, for leisure, and for social health every weekend. While ID10 concluded: skill and knowledge can lift up people's choice of physical and mental health-wellbeing with the outdoor activities and business opportunity, as well as the understanding of wild-life animals in the forests.

4.2.2.5   The Perception of Intention Behavior

In response to the issue of the repeat activity and destination (Q9), most participants preferred doing the same activity more than different activity; and chose different destination more than same destination. And only 6 participants were flexible choosing all types. These results show that the active 50-Plus may not be interested in repeating activities and destinations. They preferred to do different things and different destinations. Only a few participants who preferred the same activity in the same destination argued: traveling is the profit or the benefit I have got from lots of past experiences. Compared to the present interest, I have seen lots of changes according to the deteriorating speed of old buildings, palaces, or other world heritage or great architecture. In later years, curiosity has made my mental and emotional fulfilled (ID33). Therefore, the experience value varies upon what individuals may appreciate.

Most participants agreed on sharing (Q10) through the story telling or word-of-mouth. Story writing and on-line sharing are activities chosen for hobbies and business purposes. The participants who worked for content generators to promote the television series for marketing purposes are the most on-line used as the social-media influencer (ID33).

Not many participants were interested in the on-site sharing through internet and social media: Facebook, @Line, Instagram, etc. Because they felt more privacy and kept conversations among close friends, families, and small groups. Intention to recommendations for the public after the trip also were not in majority, except the participants who were involved with the academic or the social public activities.

4.2.3 Theme Development and Conclusion

Activity behavior can be analyzed in three steps of: initiating motivation (activation), pursuing continuity of behavior (persistence), and creating activity behavior (intensity) (Cherry, 2020). Activation involves the passionate experience as the driving force to initiate motives and preferences. Persistence is the continued effort toward a goal, which requires the investment of time, energy, and resources. Intensity can be seen in the concentration and power to pursue activity behavior patterns. Thus, the goal-driven motivation in tourism context is subjective upon different tourist perception due to individual motives and preferences (Baloglu, 1997).

The cycle of experience process has occurred again and again in one's lifetime. The past satisfaction, collected memory, and the previous intention behavior, can be left to drive new activities. These past experiences become a part of driving forces for goal-driven motivation of what activities to be continued. Conceptualizing the main underpinned issues from section 4.2.2, three new themes were captured for further relationship analysis. Those three recognized themes are goal-driven motivation (passionate experience and preferences), activity behavior patterns (levels of experience and levels of leisure activities), and new meaningful health-activity experience (PMSE: physical, mental, social, and emotional health-wellbeing). As concluded in the below sections:-

4.2.3.1 Goal-Driven Motivation

The active 50-plus participants generally agreed that travel and tourism were part of making them refreshed, healthier, and happier. Tourism also inspired them to do more physical exercise during the trip because their routine exercises could be done anytime anywhere. Their passions to travel with health concern would

continue as they lived upon their passionate experiences and preferences of their own paces.

1) Passionate Experience

The continuity of passionate experiences includes three sources of driving forces for health and tourism from the past to the present, and toward the future.

(1) Past Experience:

(2) Present Interest:

(3) Future Desire:

2) Preferences

The active 50-Plus had three preferences of their own paces to pursue their goals to achieve the quality of later life and lifestyle. Health and tourism are tools to drive goal-setting to create activities upon individual preferences of health improvement, self-fulfillment, and career activities for seniors in our society.

(1) Pursuing Health Improvement:

(2) Pursuing Self-Fulfillment:

(3) Pursuing Skilled Profession, Career, or Business:

4.2.3.2 Activity Behavior Patterns

The activity behavior pattern includes the levels of experience and the levels of activity. The experiences came from the activities, and the activities always create new experiences upon the preferred types of destinations and activities.

1) Levels of Experiences

Therefore, those driving forces of the participant's passionate experiences can inspire and set goals with choices of preferences to involve more attempted activities (Q5). As one said my past experiences mostly came from activities I preferred to do (ID4). Three levels of experiences come from the attempted activities that 40 participants preferred to do; trying to do new things, seeking new experience to try, or challenging oneself to try new things.

(1) Trying to do new things:

Tourist experiences made the active 50-Plus feel exciting, enjoyable, knowledgeable, and curious to see new places, to do new different things, or to meet new people in different cultures. And so far, to try to do new things can

pursue them for future positive activities in later life. The following participants addressed the experiences they had from trying new things.

ID31: *Travel and tourism brought new perspectives of culture and behavior to me to try new things.*

ID38: *Travel to new places makes me feel happy and having fun seeing new things I have never seen before.*

ID24: *I like watching people's behavior and found it exciting for people's energy among the crowded fans in the music festival. I feel absorbed in those positive energies around myself.*

ID37: *Travel and tourism opens my perspective and gives me an opportunity to see the world.*

ID12: *I really appreciated all unexpected people, places, or opportunities I had met during the past trips.*

ID25: *As creative designer and content creator, I love trying new things or seeking new experience to try, but not challenging at all to try, except I can see the benefit from doing it.*

(2) Seeking new experience to try:

The higher level of experience focuses on more driving forces to set goals of looking for something that can fulfil their desires. Some trips were attempted to find unique local food made by famous local chefs. It will not happen without efforts. Also, some participants were happier to travel and share or exchange skill and knowledge to others. Because their activities had created new meaningful experience as the value added to normal tourist experience. The following participants addressed the experiences they had from seeking new experience to try.

ID12: *Travelling with bicycling around the world is always my wish to seek for both new experience and healthy living.*

ID8: *Travel is part of my life because I worked and traveled for 36 years. I still seek new experiences.*

ID34: *More than 30-year experience of reading, writing, and travel, my whole world became larger and larger, exploration never ended. Walking exploration around the places where I have read the stories or seen images in the books, novel, magazine, news, etc., still draw my passion to travel and see new things (people, culture, buildings, scenery, and enviro*nment). *After traveling, I always feel healthier and self-fulfillment, and ready to share my stories.*

(3) Challenge oneself to try new thing:

This level of experience requires stronger determination to accomplish the goal setting and self-fulfillment. Some participants enjoyed doing it, while the others only wanted to go out of their comfort zone (the past routines), and gained unexpected experiences. To challenge oneself to try new things can also imply changing lifestyles. After the first mission accomplished, the participants felt more self-confident to continue the activities they preferred upon individual conditions and limitations. The following participants addressed the experiences they had from doing so.

ID20: *Challenging myself to join and finish the golf game always makes me proud of successful mission.*

ID10: *I enjoy having the experience loop by always setting new missions to try and develop my skill until I have got my mission accomplished, then start a new mission again.*

ID12: *The backpacker on wheels is now my style of tourism; spend less money, simple eating (vegetarian) and simple living (hostel, apartment), and long-ride bicycling. No need to be rushed and expensive, just bike and walk the bike from places to places for three months as planned.*

2) Levels of Activity

Three levels of activities were captured from the participants' perception including the passive, the moderate, and the active leisure-activities. Most participants preferred taking leisure trips but having different degrees of activities, or all in one trip. ID19 suggested the travel plan for the active 50-Plus that should be the combination of different activities, maybe not heavy but variety in general. In case of stronger and heavier activities, special plans for specific activities may be applied for case-by-case preferences.

(1) Passive Leisure-Activity:

Some participants involved passive activities because they enjoyed: spa and health treatment, time traveling with family or children, sit-and-read books, seeing new different things (but less participation with), or watching other people's behavior and the positive energy absorbed. The following participants addressed the experiences they had from doing so.

ID1: *This is a two-month getaway from routine stress with my husband. The first 8-days were totally relaxing in the Khao-lak resort by the beach, close to nature. We walked a lot*

in Chiangmai, visiting the old temples, the old city-wall, and having dinner with later joining the Latin dance. We are looking for Thai massage, local fish spa, and health treatment.

ID27: *I come for leisure mostly, be away from stress and the same old routine, to change the atmosphere and see nice scenery in different cultures. I can sit-and-read a book and sip my coffee all day in the resort on the mountain.*

ID30: *I travel for passive leisure to take my baby-son to see real safari animals in Africa, to walk more to see more of real peaceful nature. It would be more fun to visit Kilimanjaro for cultural learning too. It is my style of passive outdoor recreation.*

ID24: *My travel activity habit is the sit-and-walk exploration, to observe people and behavior, talk to them, and collect ideas for creative advertising jobs. I presently enjoy watching other people expressing different activity behavior and characteristics.*

(2) Moderate Leisure-Activity:

The participants who preferred the less active but not that passive, may choose different activities. Taking the leisure trips with cultural appreciation, most participants preferred walking, exploring, wandering around and seeking new experience to try, more participating with people and places, by observing people's behavior and environment in neighborhood districts, local community. The following participants addressed the experiences they had from doing so.

ID25: *Culture and people are the only choice I always involve with during my work and my interest in community-based tourism. Walking around old cultural districts in Bangkok can give the better understanding about local people/culture/ local wisdom, and the story of what people think or like, and how to design and improve the local products. Art and craft always give me more fun and fulfil my passions. I come back with lots of stories and ideas to write my own articles for newspaper, or in-flight magazine; design or branding the products for local villagers; the souvenir development for Tourism Authority of Thailand (TAT); etc.*

ID34: *I am happy with the walking experience, and enjoy long walking exploration. The world belongs to diverse cultures which will educate across one to another all the time. I am a journalist for magazines and books, taking long and slow travel to rest and to explore people's thinking and behavior.*

ID33: *Culture and stories I have read from the books have been my priority to visit the real valuable places. Walking tourism is my choice of scent exploration to find special food districts and development.*

(3) Active Leisure-Activity:

Leisure for someone involves active activities close to nature, challenging themselves to get rid of stress, and enjoy doing the physical exercises activities alone, with partner, family, or friends. The following participants addressed the experiences they had from doing so.

ID10: *I always choose outdoor activities close to nature. Having time to rest is done along the activities I am doing. I am the real adventure man challenging myself with all outdoor sports, but sometimes prefer the adventure recreation, playing for fun with a group of friends.*

Leisure for ID9 and his wife is the "*bike recreation*" for the weekend bicycling routine to change the atmosphere to enjoy dinner while talking and doing what they both like together.

ID12: *The bike recreation is my long-ride bike exploration too. With bicycling, all activities along the trip are mostly about leisure, slow life, and exploring new things that simple without artifact. The back-packer on wheels is my style of tourism; spend less money, simple eating and staying in the hostels, with 1-3 month bicycling alone. Having less plan and let it be in sustainable way; no rush, no stress. Excitement and adventure is not my style.*

ID11: *I am looking forward to the bicycling routine, almost every weekend. I have been the mountain biker with a group of friends for many years, along with hiking, camping, walking track, and trekking. I generally enjoy outdoor recreation and exercises because I can be close to nature for leisure as well*.

4.2.3.3 New Meaningful Experience Value

New meaningful experience value with health benefits of PMSE is the outcome of the experience process and health activities of:

1) Physical health-wellbeing:

2) Mental health-wellbeing:

3) Social health-wellbeing:

4) Emotional health-wellbeing:

By asking what health benefit do you most concern when you travel?, 52% chose physical health focus; 28% chose the holistic focus of four health-wellbeing dimensions, and 20% chose social, mental, and emotional health focuses. The following participants addressed the experiences they had from doing so.

ID6: *I think "mental" is most benefit I've got throughout the trip. However, I always had the travel-blue emotion at home. And what I need most after each trip is to take a week off for long rest.*

ID10: *I perfectly got all health benefits from my adventurous activity experiences. I am physically healthy and mentally executed from obstructions during my adventure. I am happy to continue involving hiking and camping, especially sharing my skill, knowledge, and past experience to every newcomer.*

ID11: *Bicycling, hiking, and camping are activity experiences that give me physical health, mentally thinking exercise of situations may occur during trips, and socially interacting with other members in each group activity. I wait and be happy to do those every weekend. It's my two-day relaxing time balancing with five-day working time.*

ID17: *My wife took credit for the mental health exercise of planning trips for us. Physical activity pattern is changing each trip depending on what family members want to do. Physical health came from walking mostly, and bicycling sometimes.*

ID25: *I mostly focus on mental health benefit which I mostly desire from my activity experience. Although I have never counted how long I have walked around under my passion to explore the ideas for my works, both product design and article writing.*

ID28: *Benefit I most desire from health-activity experience would be physical routine and mentally managing things, but less social, or emotional.*

ID34: *Health benefit that I most desire from my health-activity experience is to take care of my physical and emotional health. I also enjoy the impressive experience from socializing with local people playing local music in Mexico.*

ID37: *I always enjoy social health from socializing with friends and physical health gained from doing many activities together. I also enjoy my moment of emotional health from sitting still, relaxing, and observing people and behavior.*

4.2.3.4 Main Theme Analysis and Modelling:

The main themes are further developed, analyzed, and constructed into the flowing experience process. Figure 4.2 shows the process of goal-driven motivation creating the activity behavior patterns that gives the new meaningful experience value of the preferred health benefits. The health benefits of PMSE

(physical, mental, social, and emotional health-wellbeing) that the 40 participants drew from the active 50-Plus's preferences as the outcome from the interview in this study. The health-activity experience model for the active 50-Plus is proposed as the results of the qualitative research method from in-depth interview.

Goal-driven Motivation		Activity Behavior Patterns		New Meaningful Experience Value
Passionate Experience	**Preferences**	**Levels of Experiences**	**Levels of Activity**	**Health benefits of PMSE:**
Past Experience	Pursuing **Health Improvement**	**Observing** new thing/ **Trying** to do new things	**Passive** leisure-Activity	Physical Mental Social Emotional
Present Interest	Pursuing **Self-Fulfillment**	**Seeking** new experience to try	**Moderate** leisure-Activity	
Future Desire	Pursuing **skilled Professions, Career, Business**	**Challeng**ing oneself to try new thing	**Active** leisure-Activity	

Figure 4.1 The Health-Activity Experience Model for the Active 50-Plus

The health-activity 50-plus tourists were differed by their perceptions of continuity and activity behavior patterns. Multi-issue analysis offers a constructive solution in Figure 4.2. The new model is further defined using the positive emotional experience describing individual perception of a person's good health and well-being while traveling. Tourist emotional state was impacted by individual interpretations and evaluations of tourist activity from the passions to the preferences of past (satisfaction and memorable) experiences, present interests, and future desires. The possible link between tourists' goal-driven motivations and health-experience activities along the experience process, can cause the individual satisfaction, memorable experience, and intention behavior, including to share, to recommend, and to repeat activity. Different activity-behavior patterns reflect the experience value of four health-wellbeing dimensions for the active 50-Plus, which are conceptualized to be the health-activity experience model.

4.3 Quantitative Study Summary

This quantitative research summary is aimed to analyze the structural equation model of the emotional tourist-experience process and components for the active 50-Plus. Two steps of data collection; pretest and the main study, were reported.

The pretest was done earlier to try out the research instrument of the survey questionnaire by collecting data from the thirty purposive samples. The results of the pretest reliability were verified by Cronbach's α and Item-Total Correlation. An item was dropped and some items were adjusted and developed for the 58 question items of the reliable measured instrument for the main study. Two categories are discussed; the sample demographics and preferences, and the verification of measurement scale.

Later, the data analysis and results for the main study of quantitative approach were summarized, analysis, and reported. Four main steps are discussed, as follows:

1) The sample demographics and preferences.
2) The verification of measurement scale.
3) The measurement model: analysis and results.
4) The structural model: analysis and results.

4.3.1 Pretest Results for Quantitative Approach

4.3.1.1 Sample Demographics and Preferences for the Pretest

The Pretest respondents' profiles reported the similar results to the main quantitative study. The total samples of the pretest were 30 (n=30). Males (53%) represented a higher proportion of the samples than females (47%). Most of them aged 50-55 years for 43%; 27% over 50 to 60 years, 13% over 60 to 65 years, 7% over 65 to 70 years, and the least number represented the 30 respondents aged over 70 years for 10%. The respondents of this study were Thai (87%) defining eligible well in English and living both oversea and in Thailand; and International (13%) of Australian (10%) and UK (3%). Their major education levels were Master degree (37%); PhD (30%); Bachelor degree (20%); High school (10%); and Diploma (3%). Among those, 70% of the respondents answered for still working presently; and 43% of the total involved with voluntary activities. However, all of the respondents (100%) were financially self-support travelers. Most of them felt comfortable to travel with partners (43%); with friends (20%); alone (14%); with small private group (10%); and others (13%).

By asking are you aware of health when you are travelling?, 50% of the 30 respondents answered "yes, very much"; 33% for "yes, medium concern"; 13% for "yes, only little"; and 4% for "no, not yet, but sooner later."

For destinations of choices, the most preferred was nature (57%); the second preferred was culture (53%); and the third preferred was leisure (40%).

For major activities, the most preferred activity was walking (83%); the medium preferred activity was bicycling (50%); and the least preferred activities were running (77%) and hiking (50%). For additional activities, the most preferred activity was photo-taking (83%); the medium preferred activity were animal watching (50%) and soft adventure (40%); and the least preferred activities were story-writing (70%) and web-blocker (77%). For special interests, the most preferred activity was local interact (47%); the medium preferred activity was creative activity (47%); and the least preferred activities was other activities (57%).

4.3.1.2 Verification of Measurement Scale for the Pretest

1) Construct Reliability: Cronbach's α

The Cronbach's α of each construct is used to indicate the overall internal consistency of items in that construct (Heale & Twycross, 2015). The Cronbach's α result is a number between 0 and 1, which the acceptable construct reliability score is 0.7 and higher (Hair et al., 2017). From Table 4.4, Cronbach's α of all five constructs from the Pretest were ranging from 0.85 to 0.91, which determined "high reliability" for the internal consistency of question items and indicated the verified measurement scale of the Pretest's research instrument in this study (n=30).

Table 4.4 Construct Reliability based on Cronbach's α Results for the Pretest

Emotional Tourist-Experience Design Constructs	Number of Items	Number of Respondents n	Item Means $\bar{x}$	*SD* Standard Deviation	Cronbach's Alpha (α) Based on Standardized Items
Goal-driven Motivation	23	30	5.54	0.68	**.896**
Positive Emotional Tourist-experience	12	30	5.66	0.72	**.883**
Tourist Satisfaction	9	30	5.65	0.57	**.906**
Memorable Experience	9	30	5.66	0.69	**.854**
Intention Behaviour	6	30	5.30	1.09	**.894**
Total	59	30			

2) Construct Reliability by Items: Item-Total Correlation

The internal consistency of items in each construct can be assessed using item-to-total correlation (Heale & Twycross, 2015). As shown in

Table 4.5, most item-total correlation coefficients are greater than 0.5, the internal consistency of items are considered "strong." While some item-total correlation coefficients between 0.3 and 0.5 are considered "moderate." And the item-total correlation coefficients of nine items (MO4, MO5, MO10, MO17, MO22, EE1, EE7, EE10, ME2) were found less than 0.3 signifying "weak" correlations. The selected nine items had been adjusted and overall items were improved for better understanding; and, one item was dropped for unclear and similar to another item. Therefore, after 59 items of constructs had been improved, the new 58-items survey questionnaire was ready to collect data of the main quantitative study.

Table 4.5 Construct Reliability based on Item-Total Correlation for the Pretest

MOTA	Collected Item-Total Correlation	EMOEX	Collected Item-Total Correlation	SATIS	Collected Item-Total Correlation	MEMO	Collected Item-Total Correlation	INTEN	Collected Item-Total Correlation
MO1	.713	EE1	.143	SA1	.393	ME1	.661	IN1	.691
MO2	.518	EE2	.320	SA2	.527	ME2	.219	IN2	.679
MO3	.600	EE3	.377	SA3	.790	ME3	.349	IN3	.703
MO4	-.149	EE4	.551	SA4	.748	ME4	.482	IN4	.799
MO5	.084	EE5	.480	SA5	.653	ME5	.740	IN5	.654
MO6	.420	EE6	.409	SA6	.803	ME6	.582	IN6	.646
MO7	.711	EE7	.255	SA7	.685	ME7	.652		
MO8	.681	EE8	.426	SA8	.793	ME8	.571		
MO9	.467	EE9	.598	SA9	.742				
MO10	.120	EE10	.173						
MO11	.388	EE11	.330						
MO12	.532	EE12	.334						
MO13	.610								
MO14	.580								
MO15	.693								
MO16	.486								
MO17	.253								
MO18	.327								
MO19	.547								
MO20	.703								
MO21	.579								
MO22	.191								
MO23	.432								

Notes: A correlation coefficient < 0.3 = weak; 0.3– 0.5 = moderate; > 0.5 = strong (Heale & Twycross, 2015).

4.3.2 Data Analysis for the Main Quantitative Study

This main quantitative research study was aimed to confirm the emotional tourist-experience model and components. After the literature reviews of the past academic studies, theories, and the current-situation trends, the five common constructs (or latent variables) and their twenty-one indicators (or observed variables) were concluded to formulate the emotional tourist-experience model, based on the previous tourist-experience process and major components (Aho, 2001; Prayag et al., 2017; Prebensen et al., 2012; Botterill & Crompton, 1996; Clawson & Knetsch, 2013;

Jennings et al., 2009; Cutler & Carmichael, 2010; Cherry, 2017). The two-step approach to the Structural Equation Modeling (SEM) comprising the measurement model testing and the structural model analysis (Anderson & Gerbing, 1988), has been chosen to analyze, confirm, and develop the theoretical study model with the empirical data. The emotional tourist-experience model is to be all good fit with the empirical data of the active 50-Plus's 234 samples collected in this study.

4.3.2.1 Sample Demographics and Preferences

The total samples in this main quantitative study were 234 (n=234). Their profiles were found similarly to the pretest samples' issues.

From the conclusion of the respondent's profile and preferences in Table 4.6, males (50.4%) represented a little higher proportion of the samples than females (49.6%). Most of them (36.3%) aged between 50 and 55 years; 32.9% aged over 50 to 60 years; 15.4% aged over 60 to 65 years; 11.1% over 65 to 70 years; and the least number represented the total respondents aged over 70 years for 4.3%. The respondents in this main study were Thai (82%) living both oversea and in Thailand; and International tourists (18%) from different countries, including Australia, America, England, New Zealand, Spain, Sweden, Russia, Canada, Netherlands, Germany, Norway, Morocco, Columbia, Finland, France, Japan, and China. Their major education levels were Master degree (47.4%); Bachelor degree (29.9%); PhD (17.5%); Diploma/Under Graduation (3.4%); and High school (1.7%). Among them, their major professions were specialists in different occupations (23%); in academic (19%); office workers (18%); engineer (12%); architects and designers (11.5%); business owner (9.8%); and in tourism (6%). Relating to income per annual, most of the respondents (61%) earned more than 10,000 to 50,000 USD per year; 16% earned more than 5,000 to 10,000 USD per year; 14.5% earned more than 50,000 to 100,000 USD per year; 4.3% earned more than 100,000 USD per year; and 3.8% earned less than 5,000 USD per year.

For the preferred travel type, most of 234 respondents felt comfortable to travel with friends (36.7%); with partner (20.5%); alone (18.8%); with family (14.1%); with small private group (8.5%); and others (0.4%). For the preferred length of travel, most of them preferred 7-14 days (39.3%) as well as 3-7 days (35.5%);

preferred less than 4 weeks (16.2%); preferred more than 2 months (1.3%); and others (0.9%).

By asking what health benefit do you most concern when you travel? , 45.1% of the 234 respondents chose "physical health focuses"; 31.5% chose "social, mental, and emotional health focuses"; and 23.1% chose the "holistic focus of four health-wellbeing dimensions," including physical, social, mental, and emotional health-wellbeing.

For destination of choices, the most preferred one was nature (47.4%); the second preferred was culture (51.7%); and the third preferred was leisure (34.2%).

For major activities, the most preferred health-experience activity was walking (90.6%); the second preferred was bicycling (27.3%); the third preferred was running (20.1%); and the fourth preferred was hiking (19.2%). For additional activities, the most preferred activity was photo-taking (57.7%); the second most preferred was visiting iconic places or buildings (44.9%) and exploring food to eat (43.2%); and the third most preferred was story-writing (20.5%); while not many respondents preferred animal watching (9.4%), web blogger (3.4%), and Yoga places (3%). For special interests, the most preferred activity was local interact (47.4%); the medium preferred activity was soft adventure (40.6%); and the least preferred activity was creative activity (23.1%).

Table 4.6 Demographics and Preferences for the Main Quantitative Study

Respondent's Profile and Preferences	Frequency n=234	Percentage 100%
Gender (n = 234)		
Male	118	50.4
Female	116	49.6
Age (n = 234)		
50-55 years	85	36.3
>55-60 years	77	32.9
>60-65 years	36	15.4
>65-70 years	26	11.1
>70 years	10	4.3
Nationality (n = 234)		
Thai	192	82.1
International	42	17.9
Education (n = 234)		
High school	4	1.7
Diploma/ Under-graduation	8	3.4
Bachelor degree	70	29.9
Master degree	111	47.4
Doctoral degree/ PhD	41	17.5
Professions (n = 234)		
Designer	27	11.5
Academic	45	19.2
Engineer	28	12.0
Business	23	9.8
Office	43	18.4
Specialists	54	23.1
Tourism	14	6.0
Income (n = 234)		
Less than 5,000 USD/ year	9	3.8
> 5,000-10,000 USD/year	38	16.2
> 10,000-50,000 USD/year	143	61.1
> 50,000-100,000 USD/year	34	14.5
Others	10	4.3
Preferred Travel Types (travel with..) (n = 234)		
Alone	44	18.8
With partner	48	20.5
With friends	88	37.6
With family	33	14.1
With small private group	20	8.5
Others	1	0.4
Preferred Length of Travel (comfortable stay) (n = 234)		
3-7 days	83	35.5
7-14 days	92	39.3
Less than 4 weeks	38	16.2
1-2 months	16	6.8
More than 2 months	3	1.3
Others	2	0.9
Preferred Health benefits (n = 234)		
Physical health-wellbeing focuses	106	45.2
Holistic 4 health-wellbeing dimension focuses	54	23.2
Other health-wellbeing dimension focuses	74	31.6
Preferred Destinations (n = 234)		
Nature focuses (as the most preferred destination)	111	47.4
Culture focuses (as the 2nd preferred destination)	121	51.7
Leisure focuses (as the 3rd preferred destination)	80	34.2

Table 4.6 (Continued)

Respondent's Profile and Preferences	Frequency	Percentage 100%
Preferred Health-experience Activities (n = 234)		
Walking	212	90.6
Running	47	20.1
Bicycling	64	27.3
Hiking	45	19.2
Animal watching	22	9.4
Photo-taking	135	57.7
Story-telling	48	20.5
Web-blogger	8	3.4
Exploring food to eat	101	43.2
Visiting iconic places or buildings	105	44.9
Yoga practice	7	3.0
Soft adventure activities	95	40.6
Local interact	111	47.4
Creative activities	54	23.1

4.3.2.2 Verification of Measurement Scale

1) Test Results of Samples' Normality and Outliers

In SEM, the samples are expected to be the multivariate normal distribution for the most trustworthy estimation, but a normal distribution of the raw data assuming the skewness and kurtosis of zero are rare in practice (Gao, Mokhtarian, & Johnston, 2008). However, the steps to scan and clean up the raw data are firstly required. The prior total 257 respondents collected in this main quantitative study were cleaned to 234 cases, by deleting seven unusual and missing-data cases, a one-scale-response case, and sixteen cases of the outliers. Test for normality and outliers in AMOS program was used to estimate the output of Mahalanobis distance (MD), the statistical measure criterion to detect the outliers in multivariate data (Penny, 1996) based on a chi-square distribution using $p < .001$. The results were three-time clean-up of the total deleted 16 outlier cases, $p1 = 0.000$. The final samples of normal distribution for this study were left for 234 cases.

2) Construct Reliability

Reliability relates to the consistency of a measure (Heale & Twycross, 2015). The Cronbach's Alpha (α) values of each construct determine the levels of reliability for overall internal consistency of the measurement scale by items of that construct (Heale & Twycross, 2015). The Alpha reliability coefficient is accepted over 0.70 for the good reliable measurement tool (Savaşan, Yalvaç, & Tuncel, 2017; Hair et al., 2017).

(1) Cronbach's Alpha (α): The Cronbach's α resulted in Table 4.7 indicate that the construct reliability score in this main study are 0.77 and higher. The Cronbach's α of all five constructs are ranged from 0.77 to 0.89, which determine "high reliability" for the internal consistency of question items and are verified for reliable measurement scale of this research instrument (n=234).

Table 4.7 Construct Reliability based on Cronbach's Alpha for the Main Study

Constructs' Labels	Emotional Tourist-Experience Design Constructs	Cronbach's Alpha (α) Based on Standardized Items	Item Means x̄	Item Standard Deviation	Number of Items	Number of Respondents n
MOTA	Goal-Driven Motivation	**.890**	5.845	0.531	**23**	234
EMOEX	Positive Emotional Tourist-Experience	**.809**	5.724	0.568	**12**	234
SATIS	Tourist Satisfaction	**.878**	6.126	0.549	**9**	234
MEMO	Memorable Experience	**.769**	6.010	0.476	**8**	234
INTEN	Intention Behaviour	**.791**	5.667	0.746	**6**	234
Total	(5 Constructs)				**58**	234

Goal-driven motivation variable (MOTA) has the measurement scale created by twenty-three items. Its measurement-scale reliability had the highest Cronbach's α value of 0.890 (n=234) with the average of high scale-responses in normal distribution ($\bar{x} = 5.845$, $SD = 0.531$).

Tourist satisfaction variable (SATIS), created by nine items, was found having the measurement-scale reliability of the second highest Cronbach's α value of 0.878 (n=234), with the average of the highest scale-responses in normal distribution ($\bar{x} = 6.126$, $SD = 0.549$).

Positive emotional tourist-experience variable (EMOEX), created by twelve items, had the measurement-scale reliability of the third highest Cronbach's α value of 0.809 (n=234), with the average of high scale-responses in normal distribution ($\bar{x} = 5.724$, $SD = 0.568$).

Intention behavior variable (INTEN), created by six items, had the measurement-scale reliability of the fourth highest Cronbach's α value of 0.791 (n=234), with the average of high scale-responses in a little lower normal-distribution comparing to the others ($\bar{x} = 5.667$, $SD = 0.746$).

Memorable experience variable (MEMO), created by eight items, had the measurement-scale reliability of the lowest Cronbach's α value of 0.769 (n=234), with the average of higher scale-responses in a little higher normal-distribution comparing to the others ($\bar{x}$ = 6.010, *SD* = 0.476).

(2) Item-Total Correlation: Analyzing the internal consistency reliability by items of this research instrument, all Item-Total correlation values shown in Table 4.8 are found more than 0.3. The range of the corrected Item-Total correlations of all 58 items are between 0.32-0.69; which are between 0.32-0.61 for MOTA, 0.31-0.53 for EMOEX, 0.50-0.69 for SATIS, 0.32-0.58 for MEMO, 0.39-0.66 for INTEN. Those values indicate that the corresponding items correlate very well with the scale overall and no items to be deleted. Thus, the five constructs can be well measured by their 58 question items.

Table 4.8 Item-Total Correlation Results for the Main Quantitative Study

MOTA	Corrected Item-Total Correlation	EMOEX	Corrected Item-Total Correlation	SATIS	Corrected Item-Total Correlation	MEMO	Corrected Item-Total Correlation	INTEN	Corrected Item-Total Correlation
MO1	.594	EE1	.396	SA1	.504	ME1	.475	IN1	.655
MO2	.576	EE2	.428	SA2	.580	ME2	.324	IN2	.501
MO3	.522	EE3	.517	SA3	.665	ME3	.435	IN3	.589
MO4	.315	EE4	.467	SA4	.579	ME4	.390	IN4	.589
MO5	.329	EE5	.524	SA5	.652	ME5	.480	IN5	.535
MO6	.525	EE6	.482	SA6	.627	ME6	.548	IN6	.385
MO7	.564	EE7	.491	SA7	.619	ME7	.493		
MO8	.510	EE8	.305	SA8	.674	ME8	.579		
MO9	.434	EE9	.533	SA9	.685				
MO10	.504	EE10	.440						
MO11	.518	EE11	.521						
MO12	.609	EE12	.347						
MO13	.536								
MO14	.599								
MO15	.395								
MO16	.441								
MO17	.364								
MO18	.368								
MO19	.486								
MO20	.536								
MO21	.557								
MO22	.342								
MO23	.391								

Notes: A correlation coefficient < 0.3 = weak; 0.3– 0.5 = moderate; > 0.5 = strong (Heale & Twycross, 2015).

3) Multivariate Data Results and Analysis

The average skewness and kurtosis values of 21 observed variables shown in Table 4.9 are used to explain the characteristic of the empirical data collected from the 234 respondents in this study. The skewness and kurtosis

values are accepted between -2 and +2 in this study (Trochim & Donnelly, 2008; Gravetter & Wallnau, 2014).

However, the descriptive statistics of twenty-one observed variables in Table 4.9 indicate that the estimated negative skewness values from -0.3 to -0.9 and the kurtosis values of platykurtic and leptokurtic distributions from -0.63 to 0.68 are in the normal range between -1 and +1; the scale Mean ($\bar{x}$) are highly between 5.3 and 6.3; and the standard deviation (*SD*) are acceptable between 0.55 and 1.02. Thus, the overall means of descriptive-statistics data measured by the observed variables for each construct are considered "high measured level" with non-symmetric distributions upon the accepted statistical criteria (n=234). These observed variables, then, can well represent the constructs' measurement indicators.

Table 4.9 Descriptive Statistics of Observed Variables (21 Indicators; n=234)

Latent Variables (Constructs)	Observed Variables (Indicators)	Scale Min.	Scale Max.	Scale Mean $\bar{x}$	Standard Deviation (SD)	Skewness	Kurtosis
MOTA							
	NewEx	3.0	7	5.92	.847	-.901	.457
	ExInU	2.3	7	5.34	.938	-.676	-.023
	ExSoc	3.0	7	5.70	.778	-.656	.680
	ExNE	3.7	7	6.04	.732	-.920	.603
	PhyHW	3.3	7	5.78	.798	-.664	.189
	MentHW	4.0	7	5.97	.653	-.602	-.080
	SocHW	3.5	7	5.80	.763	-.621	.356
	EmoHW	4.3	7	6.19	.595	-.323	-.601
EMOEX							
	Excite	3.7	7	5.85	.728	-.669	.345
	Surp	3.0	7	5.44	.759	-.333	.101
	Enjoy	3.7	7	5.75	.711	-.416	-.123
	Care	4.0	7	5.86	.782	-.314	-.630
SATIS							
	ReIm	4.7	7	6.19	.563	-.401	-.327
	Fulfil	4.7	7	6.12	.648	-.580	-.546
	Enrich	4.3	7	6.07	.603	-.338	-.309
MEMO							
	MoEx	4.3	7	6.26	.554	-.618	-.011
	EvaM	3.3	7	5.68	.645	-.462	-.051
	CmEx	4.0	7	6.14	.599	-.304	.345
INTEN							
	Share	2.5	7	5.57	1.021	-.750	.324
	Recom	3.0	7	5.41	.966	-.438	-.584
	Rpeat	4.0	7	6.02	.760	-.516	-.253

In addition, the average skewness and kurtosis values by Items of the five latent variables, shown in Table 4.10-Table 4.14, are acceptable between -2 and +2 (Trochim & Donnelly, 2008; Gravetter & Wallnau, 2014). The range of the negative skewness by items are between -0.286 and -1.246; the kurtosis by items are

platykurtic and leptokurtic distributions from -0.829 to 1.981. However, these question items also can well represent the observed variables' as well as the constructs' high measurement scaling data with non-symmetric distributions upon the accepted statistical criteria (n=234). Data are concluded as normal distribution (Trochim & Donnelly, 2008; Gravetter & Wallnau, 2014; Kline, 2016). The analysis of question items of five constructs are presented as follows:

Goal-Driven Motivation (MOTA) variable measured by the total 23 items (MO1-MO23) comprises two types of motivation; extrinsic and intrinsic.

The overall results of the ***extrinsic*** goal-driven motivation in Table 4.10 explain that the active 50-Plus had been mostly motivated by experiencing nature & environment, new activity-based experience, experiencing through social-related activities, and experiencing through Internet use, respectively.

Experiencing nature & environment indicator shows the highest scaling data of all the extrinsic motivation for item MO10 ($\bar{x}$ = 6.31, SD = 0.802). While items MO11 ($\bar{x}$ = 6.17, SD = 0.845) and MO12 ($\bar{x}$ = 5.66, SD = 1.136) are less respectively. As a result, most respondents agreed on choosing a fascinating beautiful landscape that could relieve them from work-stress to be the highest extrinsic motivation item. While, some other respondents agreed on getting closer to real nature could urge them to do outdoor exercise, rather than joining the environmental-friendly activities for new meaningful experience of global responsiveness. However, different opinions were addressed for joining the environmental-friendly activities.

New activity-based experience indicator shows the higher scaling data by items MO3 ($\bar{x}$ = 6.25, SD = 0.863) and MO1 ($\bar{x}$ = 6.00, SD = 1.009) and the lower one by MO2 ($\bar{x}$ = 5.51, SD = 1.271). As a result, most respondents agreed that seeking new experiences to try could inspire their mental creativities, and trying new different activities that never tried before could make them healthier. While, they agreed less in trying more challenging activities could create a new perspective of self-satisfaction.

Table 4.10 Descriptive Statistics of Goal-Driven Motivation Variable

Labels	ITEMS	Mean	SD	Skewness		Kurtosis	
MOTA	**Goal-Driven Motivation** (8 indicators; 23 Items)	$\bar{X}$		Statistic	Std. Error	Statistic	Std. Error
NewEx	**New activity-based experience:**						
MO1	Q1 Willing to try new different activity that I have never tried before if it makes me healthier.	6.00	1.009	-.920	.159	.335	.317
MO2	Q2 To try more challenging activity that is hard to do, if it creates new perspective of self-satisfaction.	5.51	1.271	-.683	.159	.207	.317
MO3	Q3 Seeking for new experiences to try wherever I visit (e.g. food/art & craft/music, etc.), if those inspire my mental creativity.	6.25	.863	-1.149	.159	.802	.317
ExInU	**Experiencing through Internet use:*****						
MO4	Q4 Willing to design my own experience from what I found on internet, if it gives me self-fulfilment.	6.02	1.040	-1.189	.159	1.423	.317
MO5	Q5 Using health applications for health-watch, if those make me feel safer and secured while travelling (e.g. blood pressure, heartbeat, sugar level, daily step-counts, etc.).	4.91	1.388	-.692	.159	.189	.317
MO6	Q6 Most likely to use social online-connections to share new health-activity experiences, if they link my interests to others.	5.10	1.409	-.695	.159	.059	.317
ExSoc	**Experiencing through Social-related activities:**						
MO7	Q7 Opportunity to find new friends doing health activity together, if our meaningful healthy-living experiences are the same.	5.48	1.089	-.679	.159	.684	.317
MO8	Q8 To expand knowledge with locals in different cultures, if those inspire my health interests.	5.75	.950	-.810	.159	1.153	.317
MO9	Q9 My willing to join special events, e.g. cultural music festival, if those make me feel happier.	5.88	.980	-.456	.159	-.829	.317
ExNE	**Experiencing Nature & Environment:**						
MO10	Q10 To see a fascinated beautiful landscapes, if those can relieve me from work-stress.	6.31	.802	-1.117	.159	1.142	.317
MO11	Q11 To get closer to real nature, so I urge myself to do outdoor exercise along the beach, the mountain track, or the riverside, etc.	6.17	.845	-.884	.159	.473	.317
MO12	Q12 I want to join the environmental-friendly activities (e.g. jogging-picking garbage, etc.), if those give new meaningful health-activity experience of global responsiveness.	5.66	1.136	-.733	.159	.205	.317
PhyHW	**Physical health-wellbeing**						
MO13	Q13 Willing to be a healthy aging person, so I encourage myself to join more physical exercise while travelling.	5.77	.978	-.863	.159	1.098	.317
MO14	Q14 Just staying healthier in later life, so I prepare myself ready to join all physical activities whenever I have opportunity.	5.99	.917	-.926	.159	1.282	.317
MO15	Q15 I commit to routine exercise, so I prefer to visit wherever the environment offer.	5.57	1.034	-.666	.159	.409	.317
MentHW	**Mental health-wellbeing**						
MO16	Q16 I want to **mentally exercise**, so that I intend to design my own **desire activities**.	5.97	.940	-.981	.159	1.598	.317
MO17	Q17 Willing to **enjoy peace and calmness**, so I want to be in locality that simple, basic living.	6.00	.857	-.711	.159	.434	.317
MO18	Q18 I want to visit historical heritage/architectural icons, or attend cooking class/ herbal treatment, etc., if those **fulfil my enthusiastic cultural-learning**.	5.93	.898	-.682	.159	-.151	.317
SocHW	**Social health-wellbeing**						
MO19	Q19 Willing to socialize with **new people**, if it help me feel cheerfully healthier.	5.80	.833	-.463	.159	-.200	.317
MO20	Q20 I decide to participate in local **cultural activities**, just to gain more interests about local uniqueness.	5.80	.915	-.584	.159	-.062	.317
EmoHW	**Emotional health-wellbeing**						
MO21	Q21 Traveling with **physically refreshed activities** is my choice to get emotionally refreshed.	6.09	.797	-.530	.159	-.314	.317
MO22	Q22 Willing to have **peaceful mind recovered**, so I choose to escape from daily stress by taking long leisure activities.	6.15	.877	-.866	.159	.089	.317
MO23	Q23 Intend to **balance all activities** at my own pace **and health conditions**, if it makes me feel emotionally happier.	6.33	.729	-1.068	.159	1.268	.317

α = .890 ; n = 234; skewness and kurtosis between ± 2 (Trochim & Donnelly, 2008; Gravetter & Wallnau, 2014).

Experiencing through social-related activity indicator shows the higher scaling data by items MO9 ($\bar{x}$ = 5.88, SD = 0.980) and MO8 ($\bar{x}$ = 5.75, SD = 0.950), and the lower one of MO7 ($\bar{x}$ = 5.48, SD = 1.089). As a result, most respondents agreed to join special events if it made them feel happier, and to expand knowledge with locals in different cultures if inspired their health interests. But they argued for different opinions to choose the opportunity to find new friends doing health activities together.

Experiencing through Internet use indicator shows the higher scaling data by item MO4 ($\bar{x}$ = 6.02, SD = 1.040), and the lower ones of items MO6 ($\bar{x}$ = 5.10, SD = 1.409) and MO5 ($\bar{x}$ = 4.91, SD = 1.388). As a result, most respondents agreed on designing their own experiences from internet search if gave them self-fulfillment. But less of them agreed on using social online-connections to share new health-activity experiences, if those could link their interests to others. However, the least popular item of the motivation construct was using health applications for health-watch, if those could make me feel safer and secured while travelling (e.g. blood pressure, heartbeat, sugar level, daily step-counts, etc.). High standard deviations over 1.0 were from all three items in this indicator suggesting different opinions were addressed quite largely among the respondents for this indicator.

The overall results of the ***intrinsic*** goal-driven motivation in Table 4.10 explain that the active 50-Plus had been mostly motivated by emotional health-wellbeing, mental health-wellbeing, social health-wellbeing, and physical health-wellbeing, respectively. Each indicator contains three questions (3 items), except social health-wellbeing (two questions/ 2 items).

Emotional health-wellbeing indicator shows the highest scaling data by items MO23 ($\bar{x}$ = 6.33, SD = 0.729), MO22 ($\bar{x}$ = 6.15, SD = 0.877), and MO21 ($\bar{x}$ = 6.09, SD = 0.797) respectively. As a result, most respondents agreed on intending to balance all activities at their own pace and health conditions, if it made them feel emotionally happier. While, some other respondents agreed to have a peaceful mind recovered by choosing to escape from daily stress and take long leisure activities. However, other respondents agreed to travel with physically refreshed activities and to get emotionally refreshed.

Among three items of *Mental health-wellbeing indicator*, items MO17 ($\bar{x}$ = 6.00, SD = 0.857), MO16 ($\bar{x}$ = 5.97, SD = 0.940), and MO18 ($\bar{x}$ = 5.93, SD = 0.898) are similar scaling data. As a result, most respondents agreed on willing to enjoy peace and calmness, so they could be in locality that simple, basic living; rather than willing to mentally exercise by designing their own desire activities. While, some respondents agreed to visit destination icons or attend classes if those fulfilled the enthusiastic cultural-learning.

Also, two items MO19 ($\bar{x}$ = 5.80, SD = 0.833) and MO20 ($\bar{x}$ = 5.80, SD = 0.915) of *Social health-wellbeing indicator* had similar scaling data. As a result, most respondents agreed to socialize with new people, if it helped them feel cheerfully healthier; as well as, to participate in local cultural activities, just to gain more interests about local uniqueness.

The item MO14 ($\bar{x}$=5.99, SD=0.917) of *Physical health-wellbeing indicator* had a higher scaling data than items MO13 ($\bar{x}$ = 5.77, SD = 0.978) and MO15 ($\bar{x}$ = 5.57, SD = 1.034). As a result, most respondents agreed on staying healthier in later life was to get ready to join all physical activities whenever having opportunity. While less respondents agreed on willing to be a healthy aging person, they encouraged themselves to join more physical exercise while travelling. While different opinions were addressed among the respondents who committed to routine exercise wherever the environment offered.

Overall data for Goal-driven Motivation variable are concluded as normal distribution (Trochim & Donnelly, 2008; Gravetter & Wallnau, 2014; Kline, 2016).

Positive Emotional Tourist-Experience (EMOEX) comprises 4 indicators of Excitement (Excite), Surprise (Surp), Enjoy (Enjoy), and Calm and Relax (Care), with 12 items of different emotions (EE1-EE12). Each item uses different emotional keywords revealing how the respondents would choose to explain their feelings while traveling, e.g. "I feel…" The four emotional themes can be triggered by people, place, or activities as the experience touch-points, from adventure, discovery, novelty, and relaxation purposes of traveling. Thus, each indicator comprises three different experience touch-points or levels of activities. However, Table 4.11 shows that most

respondents generally felt excitement, enjoy, calm and relax, and surprise in high-level scaling data.

Table 4.11 Descriptive Statistics of Positive Emotional Tourist-Experience Variable

Labels	ITEMS	Mean	Std.	Skewness		Kurtosis	
EMOEX	**Positive Emotional Tourist-Experience** (4 Indicators; 12 Items)	$\bar{x}$	Deviation (SD)	Statistic	Std. Error	Statistic	Std. Error
Excite	**Excitement (Adventure)**						
EE1	Q24 I feel **enthusiastic** for unexpected sightseeing that improves my mood.	6.04	.833	-.935	.159	1.151	.317
EE2	Q25 I have **so much fun** doing new exciting things that exercise my mental health.	6.03	.833	-.407	.159	-.639	.317
EE3	Q26 I feel like to **challenge myself** again after first mission, e.g. walk rally/fun-run/bike2U, etc.	5.48	1.162	-.478	.159	-.274	.317
Surp	**Surprise (Discovery)**						
EE4	Q27 I **feel amazed** to accidentally found rare birds/ trees/ flowers/etc., while exercising.	5.97	.859	-.714	.159	.467	.317
EE5	Q28 I am **fascinated** for tolerance I prepare ready to finish longer exercise.	5.32	1.021	-.286	.159	-.362	.317
EE6	Q29 I **astonishing**ly run into unexpected images on internet which make me feel delightful.	5.03	1.179	-.669	.159	.512	.317
Enjoy	**Enjoy (Novelty)**						
EE7	Q30 I feel much **pleasure** for opportunity to learn different living healthier from other cultures.	5.89	.887	-.675	.159	.755	.317
EE8	Q31 I have **a sense of joy** walking around the old town/historical heritage/building icons/etc.	6.18	.877	-.868	.159	.165	.317
EE9	Q32 I mostly **enjoy** herbal treatment even though I have to pay the price (money or time) on it.	5.18	1.208	-.415	.159	.155	.317
Care	**Calm and Relax (Relaxation)**						
EE10	Q33 I feel fully balance of **relax**ing in real nature, if I do with *Yoga or light exercise*.	5.17	1.439	-.592	.159	-.270	.317
EE11	Q34 I definitely **feel inner peaceful and calmness** that make my self-consciousness stronger.	5.99	.854	-.567	.159	-.266	.317
EE12	Q35 I feel **a sense of happiness** for all activities I desire with my time and health conditions.	6.41	.714	-1.158	.159	1.215	.317

Notes: α = .809; n = 234; skewness and kurtosis between ± 2 (Trochim & Donnelly, 2008; Gravetter & Wallnau, 2014).

From Table 4.11, the *Calm-and-Relax indicator* shows the highest scaling data by item EE12 ($\bar{x}$ = 6.41, SD = 0.714). While items EE11 ($\bar{x}$ = 5.99, SD = 0.854) and EE10 ($\bar{x}$ = 5.17, SD = 1.439) are lesser scaling data, respectively. As a result, most respondents agreed on having a sense of happiness for all activities they desired with their own time and health conditions. While, some other respondents agreed that feeling inner peaceful and calmness could make their self-consciousness stronger, more than feeling fully balanced of relaxing in real nature with Yoga or light

exercise. However, different opinions were addressed largely for relaxing in real nature with Yoga or light exercise.

Among three items of the *Excitement (Adventure) indicator*, items EE1 ($\bar{x}$ = 6.04, SD = 0.833) and EE2 ($\bar{x}$ = 6.03, SD = 0.833) had the higher scaling data than EE3 ($\bar{x}$ = 5.48, SD = 1.162). As a result, most respondents agreed on feeling enthusiastic for unexpected sightseeing that improves their moods and having so much fun doing new exciting things that exercise their mental health. While different opinions of other respondents were addressed how they felt like to challenge themselves again after the first mission, such as walk rally, fun-run, or bike racing.

Also, item EE8 ($\bar{x}$ = 6.18, SD = 0.877) of the *Enjoy (Novelty) indicator* had a higher scaling data than items EE7 ($\bar{x}$ = 5.89, SD = 0.877) and EE9 ($\bar{x}$ = 5.18, SD = 1.208). As a result, most respondents agreed to have a sense of joy walking around the old town, historical heritage, building icons. While, less respondents agreed on feeling much pleasure for the opportunity to learn different living healthier from other cultures. And noted that different opinions were largely addressed among the respondents who felt mostly enjoyed the herbal treatment although they had to pay the price (money or time) on it.

The item EE4 ($\bar{x}$=5.97, SD=0.859) of the *Surprise (Discovery) indicator* had a higher scaling data than items EE5 ($\bar{x}$ = 5.32, SD = 1.021) and EE6 ($\bar{x}$ = 5.03, SD = 1.179). As a result, most respondents agreed on feeling amazed to accidentally find rare birds, trees, or flowers while exercising. While different opinions were addressed among the respondents who felt fascinated for their tolerance to finish longer exercise, and felt astonishingly finding the unexpected images on the internet which made them feel delighted.

Overall data for Positive Emotional Tourist-Experience variable concluded as normal distribution (Trochim & Donnelly, 2008; Gravetter & Wallnau, 2014; Kline, 2016).

Tourist Satisfaction (SATIS) is measured by 3 indicators of Life-Reimagine (ReIm), Pleasurable Fulfilment (Fulfil), and Self-Enrichment (Enrich), with the total 9 items (SA1-SA9) as seen in Table 4.12.

Table 4.12 Descriptive Statistics of Tourist Satisfaction Variable

Labels	ITEMS	Mean	Std. Deviation	Skewness		Kurtosis	
SATIS	**Tourist Satisfaction** (3 Indicators; 9 Items)	$\bar{\text{X}}$	(SD)	Statistic	Std. Error	Statistic	Std. Error
ReIm	**Life-Reimagine**						
SA1	Q36 Overall, I feel refreshed.	6.36	.622	-.548	.159	-.043	.317
SA2	Q37 I definitely appreciate trying something new that improve my self-image.	6.00	.783	-.803	.159	.720	.317
SA3	Q38 I feel satisfied with myself gaining new experience as a result of all health activities.	6.20	.801	-.732	.159	-.086	.317
Fulfil	**Pleasurable Fulfilment**						
SA4	Q39 I feel fulfilled with my cultural-knowledge extended from places I have more visits.	6.13	.799	-.599	.159	-.249	.317
SA5	Q40 I feel succeeded in eliminating daily work-stress after all leisure activities/treatments.	6.07	.935	-.781	.159	-.267	.317
SA6	Q41 I most likely feel happy for self-development.	6.15	.752	-.498	.159	-.334	.317
Enrich	**Self-Enrichment**						
SA7	Q42 I feel accomplished with overall social-activity experiences.	5.90	.757	-.426	.159	.045	.317
SA8	Q43 All above experiences help me enrich overall perspective of self-fulfillment.	6.17	.748	-.654	.159	.180	.317
SA9	Q44 I feel inner harmony at the end of all health activities.	6.16	.727	-.725	.159	.667	.317

Notes: α = .878; n = 234; skewness and kurtosis between ± 2 (Trochim & Donnelly, 2008; Gravetter & Wallnau, 2014).

From Table 4.12, all three indicators of Tourist Satisfaction had high scaling data. And the *Life-Reimagine* had higher scaling of two items SA1 ($\bar{\text{x}}$ = 6.36, SD = 0.622) and SA3 ($\bar{\text{x}}$ = 6.20, SD = 0.801) than SA2 ($\bar{\text{x}}$ = 6.00, SD = 0.783). As a result, most respondents agreed that they felt overall refreshed and satisfied with gaining new experience as a result of all health activities more than trying something new that improved self-images.

Between three items of the *Pleasurable Fulfilment*, items SA6 ($\bar{\text{x}}$ = 6.15, SD = 0.752) and SA4 ($\bar{\text{x}}$ = 6.13, SD = 0.799) had the higher scaling data than SA5 ($\bar{\text{x}}$ = 6.07, SD = 0.935). As a result, most respondents agreed on the most likely feeling happy for self-development and feeling fulfilled with the cultural-knowledge extended from places they had more visits; more than, feeling succeeded in eliminating daily work-stress after all leisure activities or treatments.

However, items SA8 ($\bar{\text{x}}$ = 6.17, SD = 0.748) and SA9 ($\bar{\text{x}}$ = 6.16, SD = 0.727) of the *Self-Enrichment* had a higher scaling data than item SA7 ($\bar{\text{x}}$ = 5.90, SD =

0.797). As a result, most respondents agreed that the all-above experiences helped them enrich overall perspective of self-fulfillment and made them feel inner harmony at the end of all health activities. But they felt less accomplishment with overall social-activity experiences.

Overall data for Tourist Satisfaction variable are concluded as normal distribution (Trochim & Donnelly, 2008; Gravetter & Wallnau, 2014; Kline, 2016).

Memorable Experience (MEMO) is measured by 3 indicators of Moment-by-moment experience (MoEx), Evaluated memorable experience (EvaM), and Collected memorable experience (CmEx), with total 8 items (ME1-ME8) as seen in Table 4.13.

Table 4.13 Descriptive Statistics of Memorable Experience Variable

Labels	ITEMS	Mean $\bar{x}$	Std. Deviation (SD)	Skewness		Kurtosis	
				Statistic	Std. Error	Statistic	Std. Error
MEMO	**Memorable Experience** (3 Indicators; 8 Items)						
MoEx	**Moment-by-moment experience**						
ME1	Q45 I am impressed of feeling cheerful after my emotional refreshed.	6.11	.765	-.706	.159	.419	.317
ME2	Q46 I feel heart-warmth at once with good people I just met.	6.26	.777	-1.091	.159	1.515	.317
ME3	Q47 I feel so touched with scenic nature/ environment I just visit.	6.42	.690	-1.246	.159	1.981	.317
EvaM	**Evaluated memorable experience**						
ME4	Q48 I finally gain network of new friends who like health exercise.	5.27	.994	-.324	.159	-.126	.317
ME5	Q49 Light physical-mental exercise becoming part of my life, reminds me what to do/ where to go next time.	5.81	.838	-.471	.159	.000	.317
ME6	Q50 I finally understand how to treat myself fully balance of physical, mental, social and emotional health-wellbeing.	5.95	.739	-.368	.159	.305	.317
CmEx	**Collected memorable experience**						
ME7	Q51 Overall memorable experience that I have collected is valuable to my heart (e.g. locals/ culture/old town/historical heritage/building icons/etc.).	6.15	.652	-.342	.159	.081	.317
ME8	Q52 A good lifetime memorable experience of my health activities is kept for future act.	6.12	.734	-.790	.159	.930	.317

Notes: α = .769 ; n = 234; skewness and kurtosis between $\pm$ 2 (Trochim & Donnelly, 2008; Gravetter & Wallnau, 2014).

From Table 4.13, the *Moment-by-moment experience* shows the highest scaling data by items ME3 ($\bar{x}$ = 6.42, SD = 0.690) and ME2 ($\bar{x}$ = 6.26, SD = 0.777). As a result, most respondents agreed with feeling so touched when visited the scenic natural environment, and feeling heart-warmth at once with good people they just met.

However, between two items of the *Collected memorable experience*, item ME7 ($\bar{x}$ = 6.15, SD = 0.652) had the higher scaling data than ME8 ($\bar{x}$ = 6.12, SD

= 0.734). As a result, the respondents agreed on the overall collected memorable experience value that kept in their hearts about the locals, culture, old-town, historical heritage, or building icons; more than, a good lifetime memorable experience that kept for future acts. And after all, they may feel so impressively cheerful after their emotional refreshed (ME1; $\bar{x}$ = 6.11, SD = 0.765).

Also, items ME6 ($\bar{x}$ = 5.95, SD = 0.739) and ME5 ($\bar{x}$ = 5.81, SD = 0.838) of the *Evaluated memorable experience* had higher scaling data than item ME4 ($\bar{x}$ = 5.27, SD = 0.994). As a result, the respondents agreed on how to treat themselves fully balance of physical, mental, social and emotional health-wellbeing, and agreed that the light physical-mental exercise became part of their lives as to remind them what to do or where to go next time. But they agreed less for network-gaining new friends who liked health exercise.

Overall data for Memorable Experience variable are concluded as normal distribution (Trochim & Donnelly, 2008; Gravetter & Wallnau, 2014; Kline, 2016).

Intention Behavior (INTEN) variable is measured by 3 indicators of Intention to Share (Share), Intention to recommend (Recom), and Intention to Repeat Activity (Rpeat), with the total 6 items (IN1-IN6) as seen in Table 4.14.

From Table 4.14, the *Intention to repeat activity* shows the highest scaling data by items IN6 ($\bar{x}$ = 6.12, SD = 0.823) and IN5 ($\bar{x}$ = 5.91, SD = 0.829). As a result, most respondents agreed to repeat similar health activities next time in the near future, and to take the same health activity in the same destination to improve their overall health-wellbeing.

Between two items of the *Intention to share*, item IN2 ($\bar{x}$ = 5.88, SD = 0.969) had a higher scaling data than IN1 ($\bar{x}$ = 5.26, SD = 1.419). As a result, the respondents agreed to share their overall healthy experience to friends and family more than to on-site express the positive things through social media. Noted that different opinions were addressed largely for on-site sharing through social media.

Also, item IN4 ($\bar{x}$ = 5.83, SD = 0.875) of the *Intention to recommend* had a higher scaling data than IN3 ($\bar{x}$ = 5.00, SD = 1.385). As a result, the respondents agreed to introduce good activities that helped improve health-wellbeing to all people

to become a health-lover person, but preferred less recommendation to others in the review of travel websites. Noted that different opinions were addressed largely for the public review on travel websites.

Table 4.14 Descriptive Statistics of Intention Behavior Variable

Labels	ITEMS	Mean	Std.	Skewness		Kurtosis	
		$\bar{\text{X}}$	Deviation	Statistic	Std.	Statistic	Std.
INTEN	**Intention Behavior** (3 Indicators; 6 Items)		(SD)		Error		Error
Share	**Intention to Share**						
IN1	Q53 I definitely on-site express my positive things about overall experience to promote health-wellbeing through social media.	5.26	1.419	-.861	.159	.074	.317
IN2	Q54 I intend to share my overall healthy experience to friends and family.	5.88	.969	-.872	.159	.479	.317
Recom	**Intention to recommend**						
IN3	Q55 I will recommend my health-activity experience to others in the review of travel websites.	5.00	1.385	-.852	.159	-.131	.317
IN4	Q56 Good activities that help improve health-wellbeing will be introduced to all people to become health-lover person.	5.83	.875	-.598	.159	.182	.317
Rpeat	**Intention to Repeat Activity**						
IN5	Q57 I really want to take the same health activity/ destination-visit again, just to improve my overall health-wellbeing.	5.91	.829	-.431	.159	-.326	.317
IN6	Q58 My willingness is to repeat similar health activities next time in the near future.	6.12	.823	-.683	.159	-.076	.317

Notes: α = .791; n = 234; skewness and kurtosis between $\pm$ 2 (Trochim & Donnelly, 2008; Gravetter & Wallnau, 2014).

Overall data for Intention Behavior variable are concluded as normal distribution (Trochim & Donnelly, 2008; Gravetter & Wallnau, 2014; Kline, 2016).

4.3.2.3 Measurement Model: Analysis and Results

1) CFA Fit analysis

Confirmatory factor analysis (CFA) was employed for the group measurement model to assess its validity and reliability on the study samples (n = 234). The group-CFA model is the measurement model of the covariance structure analysis comprising five casual latent variables: gold-driven motivation (MOTA), positive emotional tourist-experience (EMOEX), tourist satisfaction (SATIS), memorable experience (MEMO), and behavior intention (INTEN) as well as their observed variables and the measurement items. After model modification, the results report the good overall fitness ($\lambda 2/df$ = 1.578; p=0.000; GFI=0.932; AGFI=0.868; CFI=0.976; RMSEA=0.050; RMR=0.027), as seen in Table 4.15 below.

From Table 4.15 and Figure 4.2; 4.3, show the global fit indices and Group-CFA fit analysis of both before and after model modifications. Before Group-CFA model modification, all global fit indices are not yet fit with criteria although the p-value < .001.

As seen in Table 4.15 and Figure 4.3, the relative Chi-Square (χ2/df) is 1.578, as good as lower than 3.0 after the Group-CFA model modification. The chi-square value of 187.808 with 119 degrees of freedom is significant at the 0.001 level; p-value is 0.000. This finding suggests that the model fits the empirical data acceptably in the active 50-Plus drew their samples. Corroborating evidences are provided by Root Mean Square Error of Approximation (RMSEA) and Root Mean Square Residual (RMR) fit statistics; the obtained value of 0.050 and 0.027 are well as desired. Similarly, the Goodness-of-Fit Index (GFI=0.932) and the Comparative Fit Index (CFI=0.976) are considerably above the 0.90 threshold, and the Adjusted Goodness-of-Fit Index (AGFI=0.868) is acceptable as nearly denoting satisfactory model fit.

Table 4.15 Global Fit Indices for the Group CFA: Before and After Modification

Global Fit Indices	Criteria	Model Modification		Results
		Before***	After***	
Chi-Square (χ2)		813.017	187.808	
Degree of Freedom (*df*)	> 0	179	119	
Relative Chi-Square (χ2/*df*)	< 3.00	4.542	1.578	Pass
Goodness-of-Fit Statistic (GFI)	> 0.90	.752	.932	Pass
Adjusted goodness-of-fit index (AGFI)	> 0.90	.680	.868	Acceptable
Comparative Fit Index (CFI)	> 0.90	.778	.976	Pass
Root Mean Square Error of Approximation (RMSEA)	≤ 0.05	.123	.050	Pass
Root Mean Square Residual (RMR)	< 0.08	.049	.027	Pass

Note: *** P-value < .001
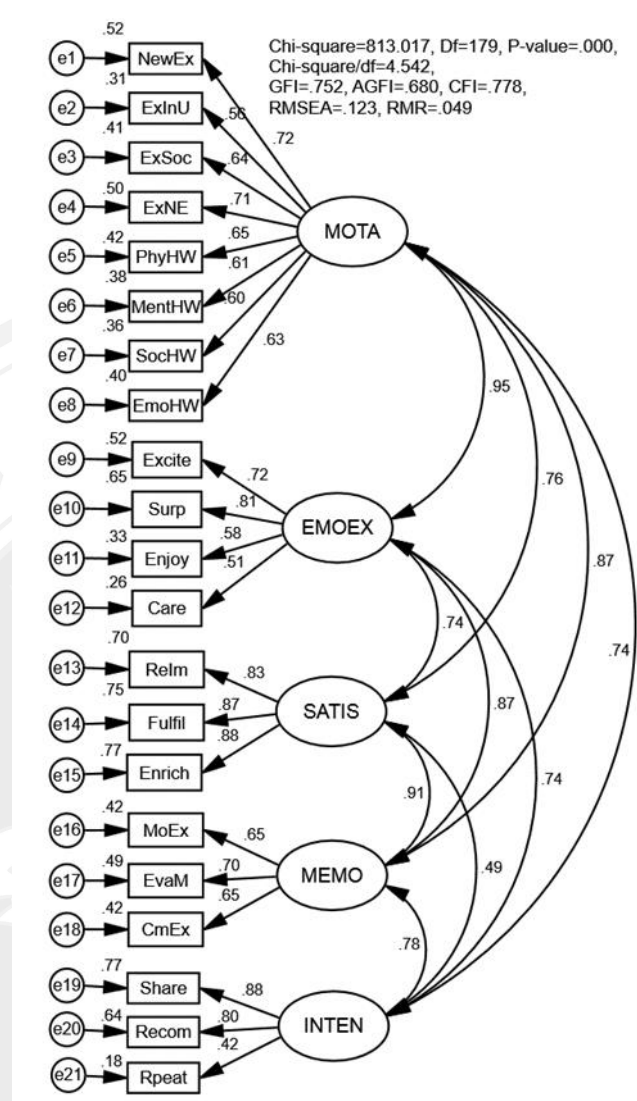
Figure 4.2 Group CFA Model: Before Model Modification

Figure 4.3 Group CFA Model Modification and the Model-Modified Values

The results of group CFA analysis shown in Figure 4.3 indicate that all factor loadings are carried out between 0.41-0.91. Most of values are greater than 0.51, except one of 0.41. MOTA latent variable can be explained by its eight observed variables from 54% (MentHW) to 76% (NewEx). EMOEX latent variable can be explained by its four observed variables from 51% (Care) to 78% (Excite). SATIS latent variable can be explained by its three observed variables from 82% (ReIm) to 87% (Fulfil). MEMO latent variable can be explained by its three observed

variables from 59% (CmEx) to 63% (EvaM). INTEN latent variable can be explained by its three observed variables from 41% (Rpeat) to 91% (Share).

There are no indicators being cut off at this point according to Hair et al. (2013, p.115-116). Factor loadings of 0.30 to 0.40 are minimally acceptable for sample size between 200 and 250. And values greater than 0.50 are generally considered necessary for practical significance, especially, those values of the new developed variables. Factor-loadings values ≥ 0.50 are significant; but factor-loadings values < 0.50 signify having the relationship but not significant (Hair et al., 2013, p.618).

Table 4.16 Descriptive Statistics of Group CFA Analysis

Correlational relationships			Correlation Estimates	S.E Standard Error	C.R. Critical Ratio	P-value
MOTA	←→	EMOEX	**.923**	.045	7.652	***
MOTA	←→	SATIS	.732	.035	7.330	***
MOTA	←→	MEMO	**.946**	.035	7.010	***
MOTA	←→	INTEN	.704	.058	7.138	***
EMOEX	←→	SATIS	.687	.031	7.100	***
EMOEX	←→	MEMO	**.917**	.032	6.885	***
EMOEX	←→	INTEN	.541	.054	5.371	***
SATIS	←→	MEMO	**.936**	.028	7.588	***
SATIS	←→	INTEN	.594	.043	7.045	***
MEMO	←→	INTEN	.879	.045	7.291	***

Notes: *** P-value < 0.001
A correlation Estimates > 0.5 = strong relationship

As shown in Table 4.16, ten correlation estimates of the latent variables are ranged from 0.541 to 0.946, with C.R. (Critical Ratio) >1.96 and statistical significant P-value < 0.001, which indicate strong and significant relationships as noted. Especially, four correlation estimates between MOTA and MEMO (0.946), SATIS and MEMO (0.936), MOTA and EMOEX (0.923), EMOEX and MEMO (0.917), are considered very strong relationships of more than 0.9, with statistical significant P< 0.001. Three correlation estimates between MEMO and INTEN (0.879), MOTA and SATIS (0.732), and MOTA and INTEN (0.704), are considered strong relationships of more than 0.7, with statistical significant P< 0.001. And three correlation estimates between EMOEX and SATIS (0.687), SATIS and

INTEN (0.594), and EMOEX and INTEN (0.541), are considered moderately strong relationships of more than 0.5, with statistical significant P< 0.001.

    4.3.2.4 Structural Model: Analysis and Results

       1) Overall Model Fit

        The Structural Equation Modeling (SEM) was employed to estimate and test the relationships among constructs. Also, SEM was used to allow the multiple measures to represent constructs, by addressing the model concept with the measure-specific error of the covariance structure analysis. This structural model of the emotional tourist-experience comprises five casual (latent) variables: gold-driven motivation (MOTA), positive emotional tourist-experience (EMOEX), tourist satisfaction (SATIS), memorable experience (MEMO), and behavior intention (INTEN) as well as their observed variables and the measure errors.

        The index results before modification appear below (Table 4.17) for not overall good fit. The Threshold for Modification Indices is used as the technique to allow the researcher to specify the level of chi-square change for a path to be included in the modification index output. The default value is 2.00 exceeding the tabled critical value (C.R.) of a chi-square distribution with one degree of freedom: 1.96. The parameter estimated by AMOS has resulted in an expected reduction in the model chi-square of at least 1.96; p-value= 0.05. Thus, the output are C.R. > 1.96 and p-value < 0.05. After model modification, the results report the good overall fitness ($\lambda 2/df$ = 1.071; GFI=0.954; AGFI=0.902; CFI=0.997; RMSEA=0.017; RMR=0.025).

Table 4.17 Global Fit Indices of Structural Model: Before and After Modification

Global Fit Indices		Model Modification		Results
	Criteria	Before	After**	
Chi-Square ($\chi 2$)		814.245	**116.728**	
Degree of Freedom (*df*)	> 0	181	**109**	
Relative Chi-Square ($\chi 2/df$)	< 3.00	4.499	**1.071**	**Pass**
Goodness-of-Fit Statistic (GFI)	> 0.90	.751	**.954**	**Pass**
Adjusted goodness-of-fit index (AGFI)	> 0.90	.683	**.902**	**Pass**
Comparative Fit Index (CFI)	> 0.90	.778	**.997**	**Pass**
Root Mean Square Error of Approximation (RMSEA)	< 0.05	.123	**.017**	**Pass**
Root Mean Square Residual (RMR)	< 0.08	.049	**.025**	**Pass**

Note: ** P < 0.05

From Table 4.17 and Figure 4.4-4.5, the relative Chi-Square ($\chi2$/df) is 1.071, as good as lower than 3.0 after model modification. The chi-square value of 116.728 (*df* = 109) is significant at the 0.05 level. This result suggests that the model fits the empirical data acceptably in the active 50-Plus drew their samples. Corroborating evidences are provided by Root Mean Square Error of Approximation (RMSEA) and Root Mean Square Residual (RMR) fit statistics; the obtained value of 0.017 and 0.025 are well as desired. Similarly, Goodness-of-Fit Index (GFI=0.954), Adjusted Goodness-of-Fit Index (AGFI=0.902), and Comparative Fit Index (CFI=0.997) are considerably above the 0.90 threshold denoting satisfactory model fit. Goodness of overall fit reflects the degree to which the values predicted by a model agree well with the empirically observed values.
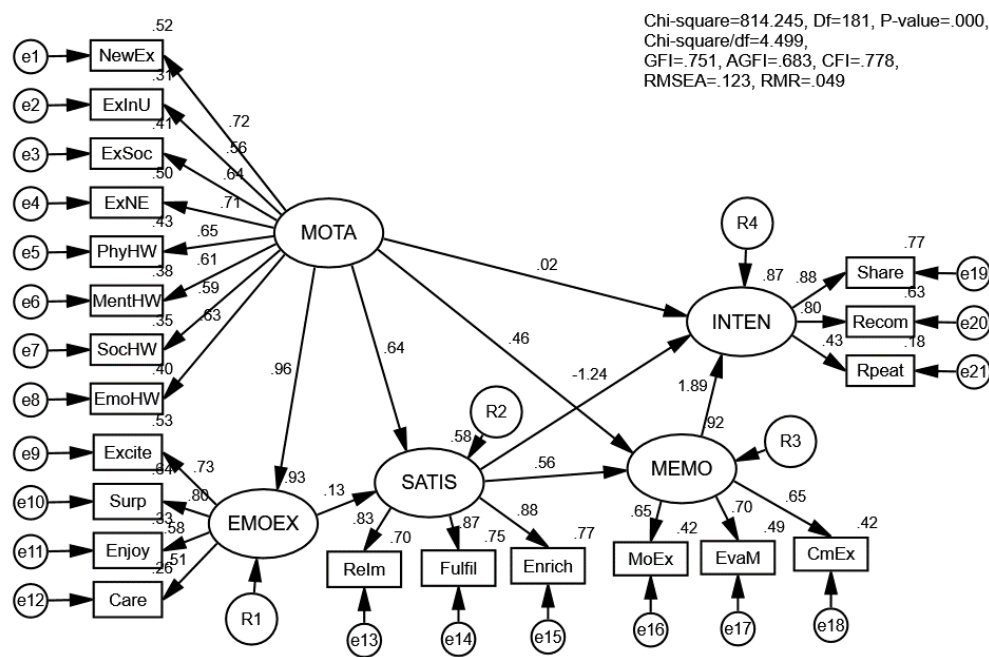
Figure 4.4 The Structural Equation Model: Before Modifications
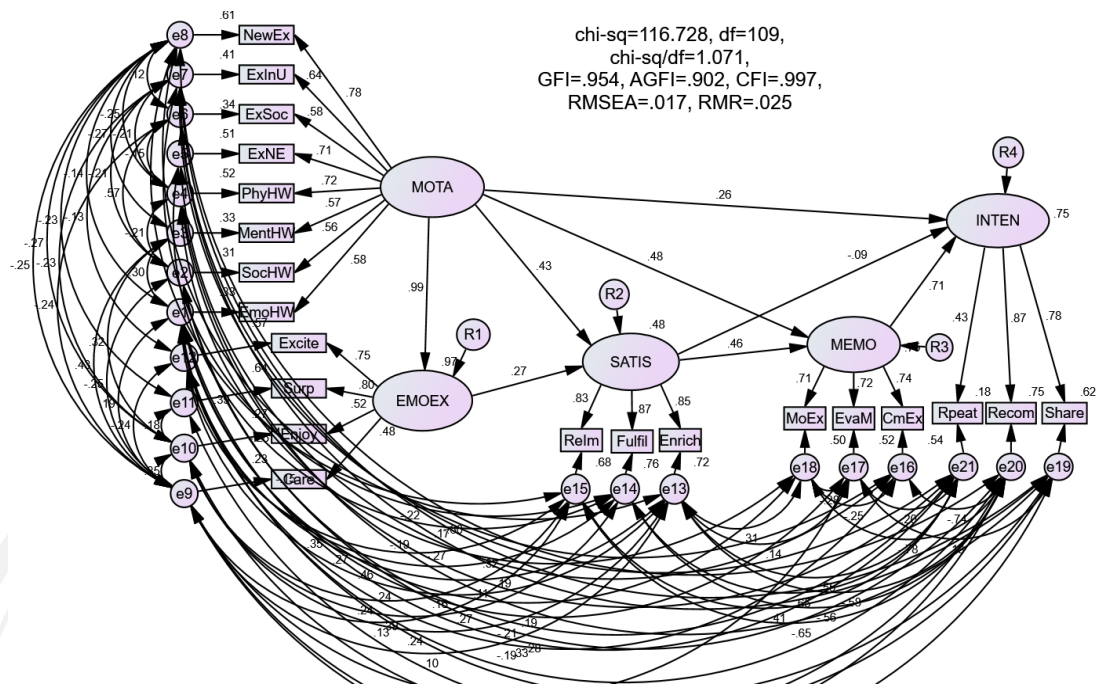
Figure 4.5 The Structural Equation Model: After Modifications

2) Direct, Indirect, and Total Effects

The effect-size values are used to explain the effect sizes and directions of the relationships between the latent variables in the model's path analysis or hypothesis testing. The matrix of direct, indirect, and total effects of casual-effect variables appears below.

Table 4.18 Direct (DE), Indirect (IE), and Total (TE) Effects of Causal Variables

Causal Variables	Effect Variables											
	EMOEX			SATIS			MEMO			INTEN		
	TE	DE	IE	TE	DE	IE	TE	DE	IE	TE	DE	IE
MOTA	.986	.986	-	.691	.425	.266	.801	.482	.319	.770	.264	.506
EMOEX				.270	.270	-	.125	-	.125	.064	-	.064
SATIS							.462	.462	-	.236	-.093	.329
MEMO										.712	.712	-

Notes: A correlation coefficient < 0.3 = weak; 0.3– 0.5 = moderate; > 0.5 = strong (Heale & Twycross, 2015)

From Table 4.18, the results of the causal-effect relationships concerning the study variables in the structural model are concluded as follows:

First, Goal-driven motivation (MOTA) has a positive direct influence from the most to the least, respectively, on Positive emotional tourist-experience (EMOEX), DE=0.986; on Memorable experience (MEMO), DE=0.482;

on Tourist satisfaction (SATIS), DE=0.425; and on Intention behavior (INTEN), DE=0.264.

Meanwhile, Goal-driven motivation (MOTA) has a positive indirect influence from the most to the least, respectively, on Intention behavior (INTEN), IE=0.506; on Memorable experience (MEMO), IE=0.319; and on Tourist satisfaction (SATIS), IE=0.266.

For overall, Goal-driven motivation (MOTA) has a positive total influence, from the most to the least, respectively, on Positive emotional tourist-experience (EMOEX), TE=0.986; on Memorable experience (MEMO), TE=0.801; on Intention behavior (INTEN), TE=0.770; and on Tourist satisfaction (SATIS), TE=0.691.

Second, Positive emotional tourist-experience (EMOEX) has a positive direct influence on Tourist satisfaction (SATIS), DE=0.270. It also has a positive indirect influence on Memorable experience (MEMO), IE=0.125; and on Intention behavior (INTEN), IE=0.064. Thus, it has a positive total influence, respectively, on Tourist satisfaction (SATIS), TE=0.270; on Memorable experience (MEMO), TE=0.125; and on Intention behavior (INTEN), TE=0.064.

Third, Tourist satisfaction (SATIS) has a positive direct influence on Memorable experience (MEMO), DE=0.462; and has a **negative** direct influence on Intention behavior (INTEN), DE=-0.093. It also has a positive indirect influence on Intention behavior (INTEN), IE=0.329. Thus, it has a positive total influence on Memorable experience (MEMO), TE=0.462; and on Intention behavior (INTEN), TE=0.236.

Fourth, Memorable experience (MEMO) has a positive direct influence on Intention behavior (INTEN), DE=0.712; and also has a positive total influence on Intention behavior (INTEN), TE=0.712.

In conclusion, all direct (DE), indirect (IE), and total (TE) effects of the causal-effect variables are positive, except the negative direct effect of SATIS-INTEN. Therefore, most causal and effect variables vary accordingly in the same directions, except SATIS and INTEN varying in the opposite direction with small negative direct effect of -0.093. In addition, Goal-driven motivation (MOTA) has been the highly effective causal (exogenous) variable of this sequential causal-

effect structural model in accordance with the theoretical tourist-experience process and components (Cutler & Carmichael, 2010) and the empirical data. However, some indirect effects occurred in the process can be partly explained that those variables had some effects influenced as the endogenous variables among the studied samples' behaviors.

Noticeably note-taking from Table 4.16 (Group-CFA analysis), the correlation estimate of EMOEX and MEMO is 0.917, considering very strong relationships; and of EMOEX and INTEN is 0.541, considering moderate relationships, with statistical significant at P< 0.001. After the structural model modification, Positive emotional tourist-experience (EMOEX) was found from Table 4.18 (Direct, Indirect, and Total Effects), generating very low positive indirect influence on Memorable experience (MEMO), IE=0.125; and on Intention behavior (INTEN), IE=0.064. Therefore, the overall results indicate that Positive emotional tourist-experience (EMOEX) has become the co-exogenous variable and influenced other endogenous variables via Goal-driven motivation (MOTA). However, neither EMOEX-MEMO nor EMOEX-INTEN had passed the global-fit indices of the structural model modification. Thus, those relationships were earlier cut from the model, due to unfit with the empirical data.

3) Hypothesis Test and Results

Resulting in the effect sizes of the causal relationships between tourist-experience constructs as seen above (Table 4.18) for the 234 samples drawn from the active 50-Plus, the hypothesis testing can be concluded in the Table 4.19 and Figure 4.6 below.

The overall results suggest that the emotional tourist-experience model fits the theoretical concept and empirical data acceptably in the active 50-Plus drew their 234 samples in this study. The Table 4.19 shows the analysis of hypothesis test as follows:

H1a: Goal-driven motivation is the causal variable having the strongest positive direct influence on the positive emotional tourist-experience with high significant statistic level (DE=0.986, ***p < 0.001).

H1b: Goal-driven motivations is the causal variable having the positive direct and indirect influence on tourist satisfaction at the insignificant statistic level (DE=0.425, IE=0.266, TE=0.691).

H1c: Goal-driven motivation is the causal variable having the positive direct and the moderate positive indirect influences on Intention behavior, but not strong, with the moderate significant statistic level (DE=0.264, IE=0.506, TE=0.770, $*p < 0.05$).

H1d: Goal-driven motivation is the causal variable having the moderate positive direct and indirect influences on memorable experience with high significant statistic level (DE=0.482, IE=0.319, TE=0.801, $***p < 0.001$).

H2: Positive emotional tourist-experience is the causal variable having the positive direct influence on tourist satisfaction, at the insignificant statistic level (DE= 0.270, TE=0.270).

H3a: Tourist satisfaction is the effect variable having the positive direct influence on memorable experience, with high significant statistic level (DE=0.462, TE=0.462, $***p < 0.001$).

H3b: Tourist satisfaction is the effect variable having the negative direct and the positive indirect influence, and not strong, on Intention behavior, including intention to share, to recommend, and to repeat activity, at the insignificant statistic level (DE = -0.093, IE=0.329, TE=0.236).

H4: Memorable experience is the effect variable having the strong positive direct influence on Intention behavior, with moderate statistical significant level (DE=0.712, TE=0.712, $**p < 0.01$).

Table 4.19 Descriptive Statistics of the Hypothesis Test

Hypothesis	Path Diagram	Regression Weight Estimate	S.E. Standard Error	C.R. Critical Ratio	P-value	Test Results
H1a	MOTA → EMOEX	.986	.070	11.762	***	**PASS**
H1b	MOTA → SATIS	.425	.943	.377	(Not sig.)	Have influenced, but not significant
H1c	MOTA → INTEN	.264	.177	1.865	*	**PASS**
H1d	MOTA → MEMO	.482	.056	6.080	***	**PASS**
H2	EMOEX → SATIS	.270	1.139	.238	(Not sig.)	Have influenced, but not significant
H3a	SATIS → MEMO	.462	.061	6.339	***	**PASS**
H3b	SATIS → INTEN	-.093	.205	-.677	(Not sig.)	Have negative and little influenced, but not significant
H4	MEMO → INTEN	.712	.438	2.886	**	**PASS**

Notes: *   P-value < 0.05   ; C.R. < 1.96
         **   P-value < 0.01
         ***   P-value < 0.001
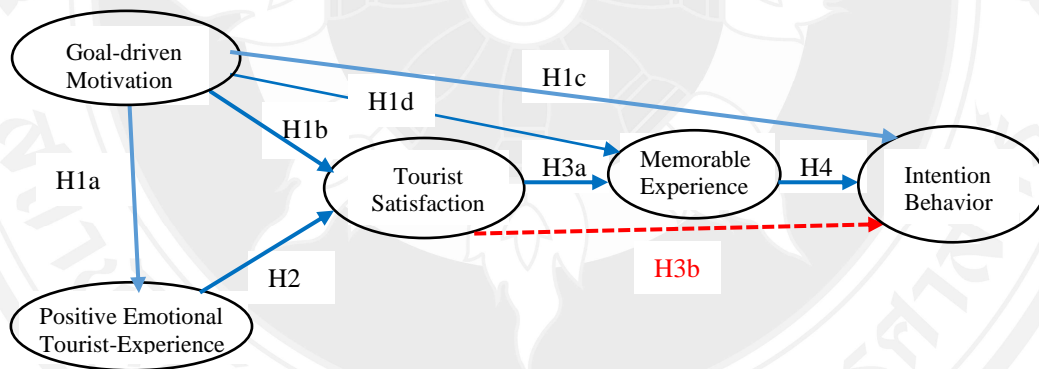
Figure 4.6 The Hypothesis Model: Before Adjusted

4) Conclusion of Hypothesis Test Results

Table 4.20 summarizes that five hypothesis assumptions of H1a, H1c, H1d, H3a, and H4, have the absolute good fit with the hypothesized relationships and research objectives (RO1, RO2, RO3, RO5); in the significant statistic levels at ***p < 0.001, **p < 0.01, and *p < 0.05.

(1) The *very strong* linear relationship between *goal-driven motivations and the positive emotional tourist-experience* implies that the two causal

variables are nearly best fit each other to form the casual relationships with the three effect variables in the model. They fit very well with the theoretical tourist-experience process and the empirical data.

(2) The strong linear relationship between *goal-driven motivations and memorable experience* implies that their causal relationship fit well with the empirical data and the past studies (Jang & Wu, 2006; Naidoo, Ramseook-Munhurrun, Seebaluck, & Janvier, 2015; Sthapit & Coudounaris, 2018; Oh et al., 2016; Kim, 2014). The indirect effects (IE=0.319) occurred in their hypothesized relationship can be accepted because memorable experience can be an important causal variable for goal setting in the tourist-experience process in this study. Further explanation can be considered with qualitative results in this study.

(3) The strong linear relationships between *tourist satisfaction and memorable experience*, and between *memorable experience and intention behavior*, confirm the theoretical causal relationships of effect variables in the experience process. Those relationships fit very well with the empirical data.

4).The linear relationship between *goal-driven motivations and intention behavior* has the strong indirect effects (IE=0.506) occurred in the hypothesized relationship, but can be accepted. Because intention behavior can be another important casual variable for goal setting in the tourist-experience process in this study. If so, both direct and indirect relationships can fit with the empirical data. Further explanation can be considered with qualitative results in this study.

While three hypothesis assumptions of H1b, H2, and H3b, have the good fit with the hypothesized relationships and research objectives (RO1, RO4); in the level of having influences but not significant in statistic level.

(5) The strong linear relationship between *goal-driven motivations and tourist satisfaction* confirms the theoretical causal relationship of variables in the experience process. The relationship fits very well with the empirical data. The small indirect effect of IE=0.266 occurred in the hypothesized relationship can be accepted for further explanation with qualitative results in this study.

(6) The linear relationship between the *positive emotional tourist-experience and tourist satisfaction* has the small direct effect but can be accepted. Because the relationship still fits within the theoretical experience process

and the empirical data. Further explanation can be considered with qualitative results in this study.

(7) The linear relationship between *tourist satisfaction and intention behavior* explains that they both are related in very low negative direct influence (DE= ‑ 0.093) but higher positive indirect influence (IE=0.329). Their causal relationships upon the empirical data are in the opposite direction. Instead, Intention behavior has influenced on tourist satisfaction. The 234 samples drawn from the active 50-Plus had intention behavior make them feel satisfied with their experiences as the tourists, including intention to share, to recommend, and to repeat activity. Therefore, H3b cannot be accepted and should be deleted from the quantitative model as seen in Figure 4.6 and 4.7. Because their relationships with the empirical data in this study do not fit with the theoretical relationship. However, further discussion may be required.
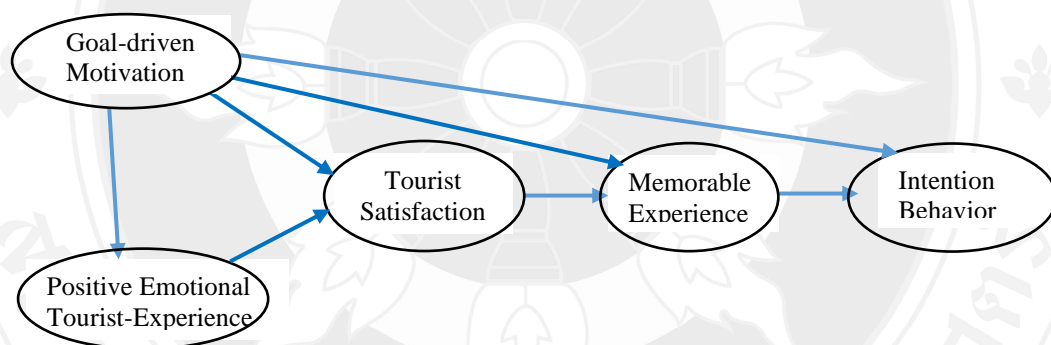

Figure 4.7 The Quantitative Model: After Adjusted

Table 4.20 Conclusion of Hypothesis Test Results

Hypothesis	Test Results	Conclusions
RO1: To study what will be the effects of goal-driven motivation, positive emotional tourist-experience, tourist satisfaction and memorable experience, towards health-wellbeing activity-experience.		
H1a: Goal-driven motivations has the influence on positive emotional tourist-experience	H1a: Goal-driven motivation is the causal variable having the strongest positive direct influence on the positive emotional tourist-experience with high statistical significant level (DE=0.986, ***p < 0.001).	Good fit with the hypothesis
H1b: Goal-driven motivations has the influence on tourist satisfaction	H1b: Goal-driven motivations is the causal variable having the positive direct and indirect influence on tourist satisfaction at the statistical insignificant level (DE=0.425, IE=0.266, TE=0.691).	Good fit with the hypothesis; **Have influence, but not significant**
H1d: Goal-driven motivations have influenced on memorable experience	H1d: Goal-driven motivation is the causal variable having the moderate positive direct and indirect influences on memorable experience with high statistical significant level (DE=0.482, **IE=0.319**, TE=0.801, ***p < 0.001).	Good fit with the hypothesis
H2: Positive emotional tourist-experience has the influence on tourist satisfaction	H2: Positive emotional tourist-experience is the causal variable having the positive direct influence on tourist satisfaction, at the statistical insignificant level (DE= 0.270, TE=0.270).	Good fit with the hypothesis; **Have influence, but not significant**
RO5: To study what will be the effects of goal-driven motivation and intention behavior, towards health-wellbeing activity-experience.		
H1c: Goal-driven motivation has **the influence on** Intention behavior	H1c: Goal-driven motivation is the causal variable having the positive direct and the moderate positive indirect influences on Intention behavior, with the moderate statistical significant level (DE=0.264, **IE=0.506**, TE=0.770, *p < 0.1).	Good fit with the hypothesis;
RO2: To study what will be the effects of tourist satisfaction and memorable experiences, towards health-wellbeing activity-experience.		
H3a: Tourist satisfaction has **direct influence** on memorable experience	H3a: Tourist satisfaction is the effect variable having the positive direct influence on memorable experience, with high statistical significant level (DE=0.462, TE=0.462, ***p < 0.001).	Good fit with the hypothesis
RO3: To study what will be the effects of memorable experience and intention behavior, towards health-wellbeing activity-experience.		
H4: Memorable experience has **direct influence** on Intention behavior	H4: Memorable experience is the effect variable having the strong positive direct influence on Intention behavior, with moderate statistical significant level (DE=0.712, TE=0.712, **p < 0.05).	Good fit with the hypothesis
RO4: To study what will be the effects of tourist satisfaction and intention behavior, including intention to share, to recommend, and to repeat activity, towards health-wellbeing activity-experience.		
H3b: Tourist satisfaction has **direct influence on** Intention behavior, including intention to share, to recommend, and to repeat activity.	H3b: Tourist satisfaction is the effect variable having the negative direct and the positive indirect influence, and not strong, on Intention behavior, at the statistical insignificant level (DE= -0.093, **IE=0.329**, TE=0.236).	Not fit with the hypothesis; **Have positive indirect influence more than negative direct influence; and at not significant level**

4.4 Summary of Merged Study Results

4.4.1 Merged Demographics and Preferences

Merging demographics and preferences of both qualitative and quantitative study results into a single descriptive summary is presented to understand the population that drawn from the active 50-Plus from both methods.

The majority of the active 50-Plus in this study are the middle to high income people with well-educated at the age of 50-60, and still working in various professions. They are Thai and international tourists of almost equally male and female proportion, whom were found in Thailand. They also prefer to travel for 3 to 14 days for usual trips (weekend and holidays) or 1-2 months for special trips, with friends, family, or alone. The chosen number of trips per year were the minimum of 1-2 trips a year, and the maximum of 10-12 trips a year. Health benefit that they are concerned about the most is physical health-wellbeing. Mental health is attached when the majority prefer a self-planning trip and mentally used to execute from problems during the trips. While social health is always attached with group-activity gathering among friends, family, and small group. Social health benefits also came from socializing with people they met during the trips. Emotional health will be positive if tourists can balance their goals and preferences with their activities. The relationships of the preferred destination and health activities can be two ways of interpretation. First, tourists who preferred travel for leisure had different degrees of activity behavior, from passive to active levels. They were found mostly like walking experience and soft adventurous activities, including bicycling, running, and hiking. Second, tourists who preferred travel for culture or nature more than leisure, may prefer more active activities than the first group of tourists. They were found mostly like the same main activities of walking experience and bicycling. Also, they mostly like the additional activities (photo-taking, exploring food to eat, visiting iconic places or buildings, and story-telling), and the special activities (the local interact and soft adventure activities).

4.4.2   Model Conclusion and Explanations

The path analysis in the quantitative tourist-experience model in this study, confirms the overall good-fit results with the theoretical assumptions and the empirical data. Except four indirect-effect cases that require co-considerations with the qualitative health-activity experience model for the active 50-Plus.

1) The strong direct effect between goal-driven motivations and memorable experience also attaches the indirect effect in opposite direction (DE=0.482, IE=0.319, TE=0.801, ***p < 0.001). This case implies that a part of memorable experience is a causal variable toward goal-driven motivation in the tourist-experience process in this study.

Main results of tourists' perception on goal-driven motivation from the in-depth interview are presented in section 4.2.2.1, section 4.2.3, and Figure 4.2. It is clear that tourists' past experiences were mostly captured as the passions from the collected memorable experiences of their previous travel and tourism. This result explains that a tourist who has had several times of experience cycles, may collect the impressive memories of the past experiences. As tourists' passion, the most impressive memorable experience can become the antecedent of goal-driven motivation in the following trips. Therefore, the active 50-Plus who have had many tourist-experience cycles, can have both usual direct influence from the present trip and indirect influence from the past experience.

2) The strong indirect-effect relationship between goal-driven motivations and intention behavior (DE=0.264, IE=0.506, TE=0.770, *p < 0.05), can occur the same as toward the memorable experience. Intention behavior is generally the outcome of the tourist-experience process; thus, the favorite intention behaviors from previous trips can become the antecedent of goal-driven motivation in the following trips. Especially, its indirect effect size is larger than those of the other three cases. Therefore, intention behaviors from the past experience are the significant outcome of the tourist experience process. Also, those outcomes are the experience value that motivate the active 50-Plus to set goals again in their following trips.

3) The strong direct effect between goal-driven motivations and tourist satisfaction (DE=0.425, IE=0.266, TE=0.691) had attached the small size of indirect effect in this study. After the first satisfaction, tourists may set that

satisfied experience value in their goals again. The experience process can be repeated a second time or several times in one trip. Therefore, tourists' preferences may come from what tourists individually feel satisfied with. The preferences for the active 50-Plus are subjective but significant and necessary for their decision making to continue their activities.

4) The indirect effect between tourist satisfaction and intention behavior (DE = - 0.093, IE = 0.329, TE = 0.236) is moderate size which is diversely occurring in the experience process in this study. If a diverse process could occur from intention behavior toward goal-driven motivation, it could pass via satisfaction to goal setting. If so, this insignificant indirect-effect case can be deleted for unnecessary path diagrams in the structural model in this study.

However, most of previous studies had successfully tested the influence from tourist satisfaction toward revisit intention, but not the repeat activity. This means the repeat activity in this study can make tourists feel satisfied and do the same activity again, rather than come back for the same destination. Which tourist perception of Intention behavior from in-depth interview (see section 4.2.2.5) agree with this conclusion. In case of the "repeat activity and destination," most participants preferred doing the "same activity" more than "different activity"; and chose "different destination" more than "same destination." Therefore, the indirect effect between tourist satisfaction and intention behavior truly exists in this study.

4.4.3 Constructs Conclusion and Explanations

The five constructs of the quantitative structural model in this study are corroborated as the sequential relationships of path analysis. The effect sizes and directions show the influences existed between the constructs. Also, the empirical data show the results of practical indirect effect sizes existed between causal and effect variables because of the active 50-Plus's past experiences. Thus, the hidden casual effects were attached within the effect variables (dependent variables) because a variable, in SEM model, can be both the predictor and an outcome.

Explained by the results of tourist perception from in-depth interviews, goal-driven motivations came from their passionate experiences and preferences. The passions include the past feelings that are left to explain how they have been satisfied,

impressive with, or attempted to do. The continuity of past passionate experiences can predict the activities they would like to do as choices of preferences in the next missions. Both passions and preferences from their past are significant for decision making in later lifestyles of the active 50-Plus. Therefore, the past experiences of the active 50-Plus can also be the antecedent of their present or the predictor of their future activities.

Note taking from the direct effect size between the positive emotional tourist-experience and tourist satisfaction is smaller than that between goal-driven motivation and tourist satisfaction. This results indicate that goal-driven motivation is the stronger independent variable in this study. In addition, the direct effect size between goal-driven motivation and the positive emotional tourist-experience is the strongest relationship in this structural model. This result implies that the positive emotional tourist-experience is the most significant outcome of goal setting in this tourist experience process. Emotional experiences were expressed how the active 50-Plus felt to set goals that drove the health-experience activities which had influenced on tourist satisfaction, memorable experience, and intention behavior.

4.4.4 Indicators Conclusion and Explanations

The average score of two or three items from each indicator in the quantitative model represents how much that indicator can describe or measure each construct. Two types of indicators in this study are antecedents (or independent variables), and consequences and outcome (dependent variables).

4.4.4.1 Antecedents: Goal-Driven Motivation and Positive Emotional Tourist-Experience

The active 50-Plus have been motivated by two driving forces. The intrinsic force came from their internal desire to stay healthy in later life. The results from four health indicators (see Figure 4.5 and section 4.2.2) suggested that physical health-wellbeing was the most activities they wanted to do and to receive for the benefits while traveling. Followed by emotional, mental, and social health-wellbeing, the active 50-Plus confirmed having those as the attached health benefits to their experiences during the trips. They wanted to go out traveling and have themselves exercise in at least one of four dimensions. The opportunity to use travel and tourism

as an incentive tool to physically exercise, to mentally think and self-plan for the trips, and to socially participate with other people instead of staying home, can make them gain emotionally self-refreshment. Also, the opportunity of overall health benefit includes the desire of self-development.

However, the results of intrinsic driving forces can motivate the active 50-Plus less than the extrinsic ones. Their passions of new activity-based experiences was the most desired indicator pulling them out for new experience from tourism and health activities. Followed by the desires of experiencing nature and environment, and experiencing through Internet uses, the active 50-Plus had the current situations and technology draw them out and explore more interesting things. Their travel purposes became a part of global responsibility which made them feel connected with other people. However, experiencing through social-related activities was the lowest desired indicator of extrinsic forces. The active 50-Plus preferred to go out traveling for new experiences and activities to change their routine atmosphere and enjoy using easy-accessible technology more than focusing on social-related activities.

Being surprised by new discoveries and feeling excitement from adventurous activities are two main indicators to explain (80% and 75%) about the construct of positive emotional tourist experience. Those emotions indicate what the active 50-Plus wanted from tourism and health activities. While enjoying (novelty) to learn new things and desire of calm and relaxed were less wanted. The interview's findings also concluded other feelings that the active 50-Plus preferred (see section 4.2.2.2), such as easy, chilled, simple, relax, flexible, slow, leisure type, freedom, alert, safe, challenge, comfortable, convenient, feel refreshed, exciting, be able to explore, and being appreciated.

4.4.4.2 Consequences and Outcome: Tourist Satisfaction, Memorable Experience, and Intention Behavior.

The three indicators of tourist satisfaction can be all the best to explain what the active 50-Plus were satisfied with, while traveling and doing the health-experience activities. Self-fulfilment (87%) is the most outcome they wanted, followed by self-enrichment (85%) and self-reimage (83%). These results indicate that their passionate experiences and preferences (or goal-driven motivation) can make them fulfill what they wanted. Also, they were satisfied with the experience

value that they had achieved to make the better changes to themselves, both self-development and health-improvement.

Collected memorable experience can be best 74% explanation about the memorable experience. It is the best indicator of three to measure the construct of memorable experience. While evaluated memorable experience, and moment-by-moment experience, can similarly 71%-72% explain the memorable experience. The worth-it outcome of how the active 50-Plus felt satisfied and impressive can become the experience value to be kept in their memories.

Intention to recommend can explain 87% about intention behavior, which indicates the most attempted activity that the active 50-Plus wanted to do at the end of the experience process. Followed by intention to share of 78% as less attempted they wanted to do, and to repeat activity of 43% as the least reason they wanted to do. Information from the interview also suggests that the active 50-Plus preferred to share and recommend in close groups of friends, families, and the small groups. Most participants preferred doing the "same activity" more than "different activity"; and chose "different destination" more than "same destination." However, they preferred different activities in one trip.

4.4.5 Items Conclusion and Explanations

For item conclusion from the quantitative model, most active 50-Plus chose the best item to explain what they wanted to do. The most preferred item in each indicator can predict their behaviors in more detail, see Table 4.10-Table 4.14.

4.4.5.1 Antecedents: Goal-Driven Motivation and Positive Emotional Tourist-Experience

Most active 50-Plus like seeking new experiences to try wherever they have visited. So that they can design their own experiences from what they found on the internet, if it gave them self-fulfillment. Especially, the fascinated beautiful landscapes are worth to see if those can relieve them from work-stress. They just want to stay healthier in later life, so they prepare themselves ready to join all physical activities whenever they have the opportunity. Their willingness is to enjoy peace and calmness, so they want to be in a locality that has a simple, basic living. They also want to visit historical heritage/ architectural icons, or attend cooking class/ herbal

treatment, etc., if those fulfil their enthusiastic cultural-learning. Also, their willingness is to join special events, e.g. cultural music festivals, if those make them feel happier. Their willingness is to socialize with new people, if it helps them feel cheerfully healthier, as well as to decide to participate in local cultural activities, just to gain more interest about local uniqueness. Lastly, their intention is to balance all activities at their own pace and health conditions, if it makes them feel emotionally happier.

Most active 50-Plus feel enthusiastic for unexpected sightseeing that improves their moods, meanwhile, they have so much fun doing new exciting things that exercise their mental health. They tend to feel amazed when accidentally found rare birds/ trees/ flowers/etc., while exercising. Also, they have a sense of joy walking around the old town/historical heritage/building icons/etc. However, they feel a sense of happiness for all activities they desire with their own times and health conditions.

4.4.5.2 Consequences and Outcome: Tourist Satisfaction, Memorable Experience, and Intention Behavior.

Overall, they feel refreshed and feel inner harmony at the end of all health activities. Especially, they most likely feel happy for self-development, as well as feel fulfilled with their cultural-knowledge extended from places they have more visits. However, all above experiences can help them enrich overall perspective of self-fulfillment.

Most active 50-Plus feel so touched with scenic nature or environment they just visit. They finally understand how to treat themselves fully balance of physical, mental, social and emotional health-wellbeing. Overall memorable experiences that they have collected are valuable to their hearts (e.g. locals/ culture/ old town/ historical heritage/ building icons/etc.). A good lifetime memorable experience of their health activities can be kept for future acts.

Finally, they intend to share their overall healthy experience to friends and family. They agree that good activities that help improve health-wellbeing should be introduced to all people to become a health-lover person. Overall, their willingness is to repeat similar health activities next time in the near future.

CHAPTER 5

DISCUSSION AND CONCLUSION

5.1 Introduction

The main research aim of this study is to design the health-experienced activity for the active 50-Plus. Two research methodologies were employed to find what activities the active 50-Plus preferred to do to achieve the experiences they wanted. Previous research studies and a literature review helped formulating the theoretical tourist-experience process and its six main constructs (goal-driven motivation, positive emotional tourist-experience, tourist perception, tourist satisfaction, memorable experience, and intention behavior). The five constructs were set as the emotional tourist-experience model using the quantitative method. While only tourist perception was set to review those five constructs for deeper understanding and detailed information using the qualitative method. To achieve the main research aim, five research objectives were set to have the model tested, to confirm the structural relationships among those five constructs and the overall fit with the empirical data. Meanwhile, a research objective was set to investigate tourist perception towards health-wellbeing activity-experience.

The purpose of this chapter is to deliver the discussion and interpretations of the merged supportive results from the qualitative and quantitative methods in section 5.2. The conclusion of designing the health-experienced activity is also presented in section 5.3 to provide the answer of the main aim. The contributions of this study presented in section 5.4 include theoretical contributions and managerial implications of the emotional tourist-experience design for the active 50-Plus with health benefits. Section 5.5 reviews the limitations of this study. And section 5.6 recommends future health-wellbeing benefits in the experience-based tourism for further research and the niche-marketing practice. Lastly, section 5.7 presents the summary of Chapter five.

5.2   Discussion and Interpretations of the Merged Results

This study main aim seeks to design the health-experienced activity for the active 50-Plus tourists. To achieve the research aim, six research objectives are set with two study methods, as follows:

1) To study what will be the effects of goal-driven motivation, positive emotional tourist-experience, tourist satisfaction and memorable experience, towards health-wellbeing activity-experience.

2) To study what will be the effects of tourist satisfaction and memorable experiences, towards health-wellbeing activity-experience.

3) To study what will be the effects of memorable experience and intention behavior, towards health-wellbeing activity-experience.

4) To study what will be the effects of tourist satisfaction and intention behavior, including intention to share, to recommend, and to repeat activity, towards health-wellbeing activity-experience.

5) To study what will be the effects of goal-driven motivation and intention behavior, towards health-wellbeing activity-experience.

6) To investigate tourist perception towards health-wellbeing activity-experience.

This study began with exploring the opportunity promoting the 50-Plus' activities, with alternatively designing their choices of health improvement and self-development from tourist-experience perspectives. Seeking for the opportunity, the four related domains of tourist, health, experience, and tourism, were the main study focuses. Also, the literature review of tourist experience found two research gaps. The gaps in which the study highlighted were the lack of firstly, the process and activity of tourist experience, and secondly, emotion, motivation, perception, satisfaction, and memorable experience, including intention behavior.

In terms of relevant study, the tourist experience was underpinned by the study of Cutler and Carmichael (2010) concerning the tourist experience conceptual model of intrinsic-extrinsic influences, the process, and outcomes (see Figure 2.8). The relevant concept in which the process and components of the three-staged trip program and five-activity phases (see Figure 2.9) were adapted from the studies by

Aho (2001); Prayag et al., (2017); Botterill and Crompton (1996); Jennings et al. (2009); and Cutler and Carmichael (2010). The tourist experience model in this study was developed from those studies to explore the influential relationships between five constructs of: goal-driven motivation, positive emotional tourist-experience, tourist satisfaction, memorable experience, and intention behavior. The tourist perception was drawn from the tourist experience process to investigate the same process-components based on the relevant studies by Larsen (2007), Prebensen et al.(2014), and Pullman (2004). Moreover, this study also seeks the emotional expressions as a tool to draw the insightful feelings of tourist experiences that connect them to the benefits of health-wellbeing based on the studies, such as Hosany and Prayag (2013) and Prayag et al. (2017).

5.2.1   Discussions of Merged Results

Prior discussion of the quantitative study following the 1st-5th research objectives is considered testing and confirming the structural model of tourist experience process and constructs. And the qualitative study for the 6th research objective is attempted to discover more insightful perspectives regarding sensitive feelings. The researcher has an opportunity for deeper understanding the active 50-Plus' attitudes, perceptions, motivations, and intention.

In terms of tourist experience process and constructs, the literature review in chapter two are summarized in several issues. This study has generated a number of important findings that focus on the constructs and relationships in Chapter four and the merged results in section 4.4. The discussion of the merged results are concluded from five constructs according to six research objectives as follows:

5.2.1.1 Goal-Driven Motivation:

The first research objective seeks the influential relationships of goal-driven motivation with positive emotional tourist-experience, tourist satisfaction, and memorable experience.

Based on the findings, this study is suggesting that the four extrinsic (new activity-based experience, experiencing through internet use, social-related activity, and nature/environment) and the four intrinsic (PMSE health-wellbeing) driving forces were accepted although they are new developed variables in academic

point of views. However, motivation in other relevant previous studies was found useful to develop and promote quality tourist experiences as the important driving force behind all behaviors in the travel behavior process (Fodness, 1994). For examples, the relevant findings from the survey by Jyothis (2016) suggested that the aging tourist wanted to escape, socialize, fantasize, be creative, learn new skills, engage in some forms of physical activity or interact with the environment. Especially, the empirical findings by Lee (2009, p. 230) insisted that tourist motivation significantly affected satisfaction, and particularly was the basic factor to increase satisfaction. Cutler and Carmichael (2010), then, argued whether memory is the most influential aspect of tourist experiences. Because it had a strong influence on other factors, such as perception or motivation. Thus, the elements of memorable experiences can vary, depending on the context of tourists' trip consumption. Moreover, Larsen (2007) believed that the evaluated experience became mentally brain-collected from the series of long remembered experiences, and created a constructive or reconstructive process within the individual. Thus, this study offers an understanding of tourist satisfaction and memorable experiences that can be both the consequences and the antecedent of goal-driven motivation. Self-fulfilment of satisfaction can inspire the active 50-Plus to set goals again. Also, because they have had several cycles of experiences which became the collected memorable experiences that help set goals for the next trips.

Extending the concept of goal-driven motivation to set and achieve goals can create new energy and literally overcomes one's limitations: changing or continuing the better way of lifestyle. Goals setting gives them the directions to focus. To achieve health improvement, the active 50-Plus can be encouraged with the desire meaningful purposes, positive emotions, new relationships, and the accomplishment to achieve life-fulfillment. The findings from this study indicate that the active 50-Plus generally need personal goal-driven motivations and social relations with others, feeling pleasure and satisfaction, and the meaningful contribution to others.

5.2.1.2 Positive Emotional Tourist-Experience:

The first research objective also seeks the influential relationships of positive emotional tourist-experience with *goal-driven motivation* and *tourist satisfaction*. Four indicators of the positive emotional tourist-experiences were chosen

from previous studies; Peacock (2009), Oh et al., (2016), and Mak et al. (2009). The positive emotion variables are related to goal-driven motivation and activities, which are *excitement* (from motivation of adventure activity); *surprise* (from motivation of discovery new things); *enjoy* (from motivation of novelty-seeking); and *calm and rest* (from motivation for relaxation). Hence, the findings in this study found the very close relationships between these two constructs. They are almost the twin antecedent variables, but most effects of goal-driven motivation had influenced on tourist satisfaction more than the other. Hosany and Gilbert (2010) insisted that emotions played an important role in satisfaction formation. Thus, this study model still keeps their relationships for good fit results.

The relevant study by Prebensen,Woo, and Chen (2013) found that the active-aging travelers had their travel motivations; for example, self-reflection, novelty-seeking, new experience discovery, in order to enrich themselves through their trips. They wanted to know new places and the lifestyles of other people (Jang & Wu, 2006). Also, the findings were agreed with the previous study by Hosany, Prayag, and Deesilatham (2015) suggesting that emotions affected tourist satisfaction. Followed by Hosany et al. (2016) and Prayag et al. (2013), tourists' emotional reactions in the post-consumption stage are such as satisfaction judgments, evaluated memorable experience and behavioral intentions. Personal outcomes of experiences were strongly characterized by emotions; hence, emotional experience is individual and personal subjective experience (Knobloch et al., 2016).

With the empirical data in this study, Goal-driven motivation and positive emotional tourist-experience definitely have influenced on tourist satisfaction, memorable experience, and intention behavior, via Goal-driven motivation more than positive emotional tourist-experience. Meanwhile, indirect influences from tourist satisfaction, memorable experience, and intention behavior, went back to Goal-driven motivation more than positive emotional tourist-experience. Hence, direct influence of positive emotional tourist-experience on tourist satisfaction is still valid, but on memorable experience and intention behavior are not valid. Overall tourist-experience model finally shows variables' relationships without the paths between positive emotional tourist-experience and memorable experience or intention behavior.

5.2.1.3 Tourist Satisfaction:

The second research objective seeks the influential relationships of tourist satisfaction and *memorable experiences*.

Irving (2014) indicated that self-fulfillment with the self-perceived concept of life reimagined were choices for active-aging tourists to prior reset their lives, careers, relationships, purposes, and living a life toward more meaningful directions. Refer to Oh et al. (2016), satisfaction is a positive reaction resulting from a favorable appraisal of a consumption experience. It can be seen in relation to the process of evaluating experiences for satisfaction and further being kept in memory. Thus, the findings in this study found a strong relationship between them which was relevant to those previous studies.

The fourth research objective seeks the influential relationships of tourist satisfaction and *intention behavior*, including intention to share, to recommend, and to repeat activity.

Like other studies, Kim et al. (2015) confirmed that satisfaction has been a direct cause of revisit intention concerning the destination. Meanwhile, not many studies focused on the intention of repeat activity concerning health activity. Thus, the findings in this study showed insignificant relationship between tourist satisfaction and intention behavior. Moreover, the empirical data seemed to ignore their relationships because the active 50-Plus did not prefer to share or recommend in public channels, except the closed groups. This results has turned the outcome of tourist experience model from intention behavior to the value that are more meaningful to create the health-experience activity. Thus, the fourth research objective found not-good-fit relationship in this tourist experience model because the active 50-Plus did not feel satisfied with those attempted activities.

5.2.1.4 Memorable Experience:

The third research objective seeks the influential relationships of memorable experience and *intention behavior*.

Cutler and Carmichael (2010) commented on memory that it was seen as the outcome of experience. And it can also be actively involved in the interpretation and transformation of experience through narration. And the narration of memory allows experiences to change because that experiences are not closed

items, but they can continually evolve within tourist discourse. The findings in this study agree with Patterson et al. (2017) that memorable experiences for aging tourists can be created through the tailored facilitation of an environment that motivates them to repeat activities, and to spread positive word of mouth communication through family and friends. Thus, the memorable experience in this study has obviously influenced on intention behavior in all dimensions of its measured indicators.

5.2.1.5   Intention Behavior:

The fifth research objective seeks the influential relationships of *goal-driven motivation* and intention behavior.

Most of previous studies argued about travel motivation for being not only the important factor to understand tourist behavior but also the influential factor to understand tourists' revisit intentions (Chang et al., 2014; Crompton, 1979). From the study by Chang et al. (2014), travel motivation was a predictor of revisit intention. Based on the findings, this study suggested that both revisit intention and repeat activity are not the outcome of tourist experience that the active 50-Plus preferred. Because they would rather set goals for the next trips from what they liked to share, to recommend, and to repeat activity. The findings shows the attempted activities can be designed for four choices; by choosing either the same or different activities in either the same or different destinations. Therefore, goal-driven motivation of attempted activities in this study can predict the repeat activity of the active 50-Plus. Also, with this empirical data, goals can be set by what they liked to share and to recommend to friends and family more than to repeat activity.

5.2.1.6   Tourist Perception:

The sixth research objective seeks to investigate tourist perception towards health-wellbeing activity-experience. The experience in which the active 50-Plus perceive through the same tourist experience process and components as above five objectives. This study has generated a number of important findings that focus on the perspectives of the active 50-Plus who love to travel as well as health improvement and self-development.

Prebensen et al. (2014) pointed out that tourists perceived the emotional tourist-experience based on various experiences that created a meaningful experience of destination. In which Larsen (2007) believed that human emotions

could predict tourists' attitudes and behaviors through three travel stages, considering tourists' emotional arouse, perceived and expressions, and responsive reactions. Perception at the core of experience is interacting with the evaluation and memory of an event. Cutler and Carmichael (2010) found it was a mental process influenced by an individual's inner psychology including motivations, emotions, values, opinions, and overall perspectives, including the certain environmental characteristics. However, self-perception of aging is the first step for the active 50-Plus to encourage oneself to be healthy aging. Self-reimagined and self-fulfillment are two later concepts to boost up the active 50-Plus to travel and be satisfied with their choices of living while they age. Therefore, Pullman (2004) concluded that to design a better approach to tourist experiences is the prerequisite that enables tourists to perceive such a desired experiences.

This part of the study can be concluded that six research objectives are found the first answer of confirming the tourist experience process and components in this study. This study offers an understanding of how each constructs can relate and in what directions upon the empirical data. Based on the findings, this study suggested the conceptual model of emotional tourist experience design that further fit with the outcome which the active 50-Plus preferred the most. The emotional tourist experience model involves two research methods and models that provide different but supportive aspects to predict the activity behavior patterns for the active 50-Plus. This study fulfills the research gap of the process and activity of the tourist experience, including the goal-driven motivation, positive emotional tourist-experience, tourist satisfaction, memorable experience, and intention behavior.

5.2.2 Conclusions of Antecedents and Outcomes

The two-method findings of this study were merged and finally found the individual attempted motivation and preferences (from past, present, and future experiences) are the antecedent of main driving the active 50-Plus to continue their activities. Also, their preferred activities, impressive emotions and memorable experiences, the present interests, and the latent desire, are all passionate multi-issues setting off the goal-driven motivation. The continuity theory can also explain the senior travel patterns which being predictable from their past experiences. The new

meaningful experience value of good PMSE health-wellbeing while travelling shows that tourist experiences can relate to one's quality of life. The quality of later life with health-wellbeing lifestyle can later offer the value added to tourist-experience marketing strategies.

5.2.2.1 The Antecedents

The findings presented that the active 50-Plus have had several cycles of tourist experiences. So that positive emotional tourist-experience, tourist satisfaction, memorable experience, and intention behavior, are found to be the co-influencers in one's past to set their present and future goals. Those goal-driven motivation have been formed for one's passionate experiences and preferences.

The *passionate experiences* play the important role of main forces driving the active 50-Plus engaging more activities. The past experiences of the active 50-Plus can also be the antecedent of their present or the predictor of their future activities. Memorable experience, tourist satisfaction, and intention behavior, are found to be the influencers in one's past to set the present and future goals.

The *preferences* of either experiences or activities that the active 50-Plus chose to proceed with, concern three reasons: health improvement, self-fulfillment, and career or business.

1) Preferred Health Improvement is the first reason supported by both survey and interview results. Health improvement includes the key-common "PMSE" of: physical, mental, social, and emotional health-wellbeing. The active 50-Plus intended to live independently with lifestyle choices that maintained and improved health, or engaged physical activity and healthy foods. Mental health-wellbeing engaged in creative or intellectually stimulating activities is to keep minds alert and interested. Social health-wellbeing includes social interactions with family, friends, and people in destinations. Emotional health-wellbeing concerns the feelings as the lens to view the world, and the balance in life with trustworthy and respectful ways. The benefits of the PMSE health-wellbeing for the active 50-Plus are to achieve quality of life and healthy lifestyle while travelling.

The important relationship between tourism and health can transfer to personal development, transformation, and self-actualization in relation to well-being. As an outcome of tourist experiences, the meaning and purpose is

considered the most important pillar to achieve four dimensions of health improvement. Some evidences are extracted from what they had chosen from questionnaire items. For example, to balance all activities at their own pace and health conditions can make them feel emotionally happier. Peace and calmness in locality of simple basic living can draw them to have more rest and relaxation. Also, beautiful landscapes can relieve them from work-stress. Cultural-learning and participating in local uniqueness can make them feel more value of curiosity. Socializing with new people and joining special events can help them feel cheerfully healthier.

2) Passionate Experience of Self-fulfillment is the second reason supported by both survey and interview results. Self-fulfillment is the most preferred one of three indicators of tourist satisfaction (self-fulfillment, self-enrichment, and self-reimage). Goal-driven motivation can influence them to fulfill what they want. Also, because they wanted to make change to themselves, they set goals focusing on experience value that they had achieved to make the better changes to themselves.

The active 50-Plus prefer to discover new things because the feeling of surprise is their most meaningful emotional experience. It is tourist-experience value that most active 50-Plus gain as benefits from traveling. The benefits that make them feel fulfilled with life satisfaction. Especially, they most likely feel happy for self-development, as well as feel fulfilled with their cultural-knowledge extended from places they have more visits. Self-fulfillment is also the feeling to succeed in eliminating daily work-stress after all health and travel activities. However, all above experiences can help them enrich overall perspective of self-fulfillment. Most active 50-Plus also liked seeking new experiences to try wherever they have visited. They preferred to design their own experiences from what they found on the internet, and made them fulfilled as they expected.

The positive emotional experiences can also offer the satisfied emotionally and mentally health-wellbeing. Key preferred feelings from interviews are such as easy, chilled, simple, relax, flexible, slow, leisure, freedom, alert, safe, challenge, comfortable, convenient, feel refreshed, exciting, be able to explore, and being appreciated. All those emotional experiences could help them enrich the overall

perspective of self-fulfillment. As a result, the active 50-Plus felt refreshed and felt inner harmony at the end of all health activities.

3) Passionate Experience Pursuing Skilled Professions, Career, or Business is the third reason supported only by the interview results. The power of age-health tourism on the platform of new discovery and content creation can definitely offer late-life opportunity for the experience-skilled professions, career, or business. The typical tourism of only to see new things is not enough for the experienced aging-tourists. Because they find themselves enjoy learning new skills or using their skilled professionals to help other humanity, environment, or society, as well as enjoy traveling for leisure in the same trips. Those are the discovery of new meaningful experience added to their living-well designs. Some active 50-Plus can discover new late-life voluntary works, career, or business, from their new ways of tourist experiences. In fact, the development of age-health products recently can facilitate activities easier for the active 50-Plus to continue their passionate experiences. Many active 50-Plus can continue living with what they like and how useful they can be, beyond their abilities and capabilities.

5.2.2.2 The Outcomes

1) Intention Behavior:

In general, intention behavior is the outcome of the tourist experience process. But the result from the survey indicated that intention behavior was the outcome and the antecedent of tourist satisfaction and goal-driven motivation from choices the active 50-Plus preferred. With this survey's empirical data, intention to repeat activity is the *least* used to explain the construct of intention behavior. Together with the result from the interview, "doing the same activity, but in different destinations" was the most preferred activity. Thus, to repeat activity is not absolute outcome as initial expectation of the study model.

The results from both survey and interview agree on the *most* chosen item of: they intend to share their overall healthy experience to friends and family. This implies that they preferred the word-of-mouth telling the stories more than sharing in public. Thus, the *least* item score ($\bar{x}$) of intention behavior was "I will recommend my health-activity experience to others in the review of travel websites." It indicates that the active 50-Plus do not like to recommend their experiences in

public, especially the social websites. Similarly, most interviewees agreed to talk in closed groups, friends and family, who enjoyed their stories. However, the most preferred item of intention to recommend was "good activities that help improve health-wellbeing should be introduced to all people to become health-lover person." It shows that if the story concerns good health and health activity, they definitely want to recommend it to others. And that makes them satisfied with their good intentions.

2) New Meaningful Experience Value

However, only intention behavior is not absolute outcome of the active 50-Plus' experience. The findings from the interview reveal that the new meaningful experience value of good PMSE health-wellbeing while travelling can enhance one's quality of life. Thus, the PMSE experience value is found more important as the desire to form the activity behavior patterns. The outcome of the qualitative health-experienced model for the Active 50-Plus (see Figure 4.1) has been further concluded. Most active 50-Plus participants agreed on the experience value of good PMSE health-wellbeing while travelling. This means their tourist-experience life-cycles had encouraged their health-activity behavior patterns. What the active 50-Plus need, as a result, is a healthy lifestyle from all activities they prefer. Hence, the healthy experience value can enhance one's quality of life as the meaningful outcome of health and tourism. To pre-empower the personal development and physical strength require the physical activity behavior. The passions that lead those to involve activity behavior will open the possibilities to their living-well design. To achieve basic strength of goal setting, the physical health-wellbeing can be promoted through three levels engagement including the passive outdoor-recreation activity, walking exploration, and adventure recreation in leisure tourism.

5.2.3 Conclusion of Merged Tourist-Experience Value

The value that the active 50-Plus perceived from the experiences they have had throughout several trips are meaningful and worth to involve with. In terms of value, the active 50-Plus can perceive the benefits to themselves and to their health-wellbeing. The relevant previous studies by Ek et al. (2008) and Campos et al. (2018) agree that individual tourists can become the self-creators for their own choreographic activities. Also, they can cope with the benefits of the improved physical health-

wellbeing, the positive emotion, cognition, and social well-being (Voigt, Brown, & Howat, 2011; Scott et al., 2017).

5.2.3.1 Value of Oneself-Benefits

Value of oneself-benefits (self-fulfillment, self-development, self-reimaged, self-enrichment). Tourist experience is an opportunity that allows the active 50-Plus to seek health-experience value from the activities while traveling. Most of active 50-Plus are different with individual unique blend of experiences, motivations, and desires. What tourist satisfied with is the value to oneself-fulfillment. Intention to change also gives value of self-development, then, self-reimaged. And what tourists have had long remembered also is valuable experience to oneself-enrichment.

To set and achieve goals, both short and longer terms to develop new skills or challenge new abilities can enhance new positive energy and perspectives around the active 50-Plus. They seek achievement in various activities for self-fulfillment. Nowadays, the coming complete-aging-society requires technological breakthroughs to empower the aging people. They found self-development to use more learning tools that are readily accessible to facilitate and make all activities easier. If they are successful in reshaping personality for confidence and self-respected from health experience, they also achieve self-reimaged. Therefore, having passion to involve with the worth-it experience value, the active 50-Plus will continue to travel with joy to achieve the way they want to enrich their lives.

5.2.3.2 Value of PMSE Health-Wellbeing

Combing health with well-being is the purpose to more meaningful experience-value added to goal-driven motivation. The PMSE health-wellbeing can be used as a tourism-product resource to implement the activities enhancing the experience value in future experience-based tourism strategy. Emerging well-living possibilities can compromise with the levels of personal health-condition, proper individual time and pace, trusting what passions leading to, or embracing imperfect moments that sometime come up with unexpected results. Promoting physical health-wellbeing through engagement in three levels of health-experience activities includes walking exploration, passive outdoor-recreation activity, or adventure recreation in leisure tourism. Those are basic strength to achieve goals among the active 50-Plus. The value of preferred health-wellbeing that they achieved becomes the individual

new meaningful experience which lead their decisions pursue more activities for the next trips.

5.2.4   Final Merged Health-Activity Experience Model

In conclusion, the merged results pursuing the model of the antecedent, the value, and the outcome of health-activity experience for the active 50-Plus are presented in Figure 5.1. The link between health and tourism is set forces for goal-driven motivation to travel with individual passionate experience and the preferred health improvement. The health-wellbeing awareness causes tourist demand in searching for value of doing health-experience activity while travelling (Uysal et al., 2016; Scott & Parfitt, 2005). The findings found the fact that tourist experiences were received from doing activities; meanwhile, doing activities could gain experiences while traveling. Seeking the desired experience value at this point, thus, is the perceived value that the active 50-Plus recognize as driving force of health-experience activity to receive the value to oneself and the value of health-wellbeing (PMSE). The more value that satisfied or fulfilled what they desired, the more frequent engagement they preferred. Joining physical exercise and socializing with friends, families, or others whom just met during the trips, become healthy activity behavior which enhance mentally thinking and emotionally relaxing. Health-experiences activity behavior, therefore, is gradually constructing the later-life quality with healthy lifestyle for the active 50-Plus in both present and future. The overall living-well design is targeted for the benefits received from the health-tourism experiences.
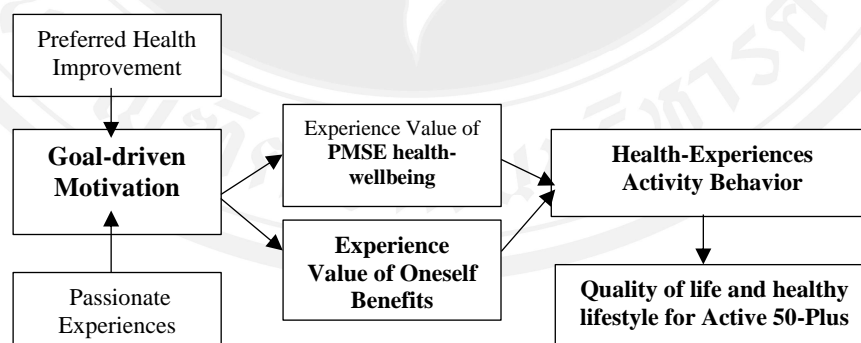

Figure 5.1 The Merged Health-Experience Model for the Active 50-Plus

In case of lacking motivation to travel or health improvement, the active 50-Plus cannot perceive any value to themselves. They need the encouragement with

meaningful purposes, positive emotions, relationships, and accomplishment to achieve life-fulfillment. Only happiness cannot give life meaning because the active 50-Plus generally need motivations and relationships with others, feeling pleasure, and the meaningful contribution to the world.

5.3 Contributions of the Study

Main contributions from the research findings in this study may go to the academic theoretical contributions, the managerial contributions, and the practical contributions, as follows.

5.3.1 Theoretical Contributions

There are two academic theoretical contributions from this study. Firstly, the health-experience activity behavior design for the active 50-Plus tourists is practically conducted to answer the main aim of this study. Secondly, expanding concepts and theories are applied in this study focusing on the emotional health-experience perspectives of the active 50-Plus.

5.3.1.1 Health-Experience Activity Behavior Design

To answer the main research aim, the health-experience activity behavior design for the active 50-Plus tourists presented in Figure 5.2 is successfully elaborated in three level-clusters. The health-experience activity behavior has been extracted from the final merged health-experience model in Figure 5.1, to answer how taking the health-experience activity can receive the quality of life and healthy lifestyle. The study analysis has arrived at designing those activity behavior from choices of: the levels of preferred activity-experience, the levels of health-attempted behavior, and the levels of preferred activity. The three level-clusters are categorized beyond the active 50-Plus's preferences of individual health-experience passions and capability.

Tourists gain experiences from engaging the activities. Also, engaging activities can pursue the tourist experience value. Thus, the levels of preferred experiences can earlier be chosen from what activities that tourists want to do while traveling. Included the first activity-experience is "trying to do new things". This experience level makes the active 50-Plus feel exciting, enjoyable, knowledgeable,

and curiosity to see new places, to do new different things, or to meet new people in different cultures. The second activity-experience level is "seeking new experience to try". This higher level focuses on more driving forces to set goals of looking for something that can fulfil their desires. And the third activity-experience level is "challenge oneself to try new thing". This extreme level requires stronger determination to accomplish the goal setting and self-fulfillment.
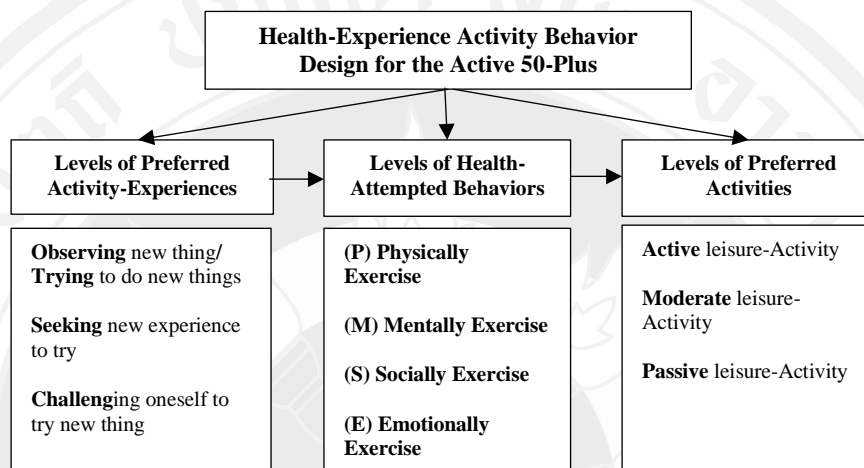
Figure 5.2 Health-Experience Activity Behavior Design for the Active 50-Plus

From the findings, most active 50-Plus chose leisure close to nature as first destination choice, and leisure with culture as the second destination choice. However, the degrees of activities in those destinations are different. The activities can range from easy and slow passive movement to more challenge or adventure in a recreational actively way. Hence, those become the "activity tools" to enhance the PMSE health-experience value in four health-attempted behaviors involving physical, mental, social, and emotional exercises. The positive psychological emotion reveals that the attitudes and behavior for attempted activities are essential to accomplish each step of activities and experiences.

The health purposes with different levels of activity experiences can persuade the active 50-Plus to exercise in their own pace, ranging from light exercise to soft-adventure or sport activities. First level is the preferred activities involving passive leisure to enjoy spa and health treatment, time traveling with family or children, sit-and-read books, seeing new different things (but less participation with), or watching other people's behavior and the positive energy absorbed. Second level is

the moderate leisure with less active but not passive activities. Taking the leisure trips with cultural appreciation, most participants preferred walking, exploring, wandering around and seeking new experience to try, or participating with people and places by observing people's behavior and environment in neighborhood districts or local communities. Third level is the active activities, close to nature, challenging themselves to get rid of stress, and enjoy doing the physical-exercise activities alone, with partner, family, or friends.

In conclusion, this study is aimed to encourage the active 50-Plus to participate in active living, active learning, active thinking, active performing, and to have the positive possibility, capability and lifestyle. Those are the choices of using tourist experience as a tool to fulfil one's goals and to enrich one's quality of life. To promote the physical well-being as the first door-opened to mental-social-emotional dimensions, is proposed through the engagement in different levels of physical activities. Therefore, health and tourism can be collaborated to enhance the value added to tourist experience and healthy activity. The health-experiences activity behavior can be alternately mixed upon how they like for living-well design.

5.3.1.2 Expanding Theoretical Contributions

In addition to the academic theoretical contributions, expanding six concepts and theories applied in this study are found focusing on emotional health-experience perspectives of the active 50-Plus tourists.

1) Goal-Driven Motivation Concept

Extending the concept of goal-driven motivation to set and achieve goals in both short and longer-term planning. The plans in which develop new skills and the challenging opportunities can create new energy and off-comfort-zone perspectives around the active 50-Plus. This opportunity literally overcomes one's limitations: changing or continuing the better way of lifestyle. Goals setting gives directions for them to focus. To achieve health improvement, the active 50-Plus can be encouraged with desire meaningful purposes, positive emotions, new relationships, and the accomplishment to achieve life-fulfillment. Only happiness cannot give life meaning because the active 50-Plus generally need personal motivations and relationships with others, feeling pleasure, and the meaningful contribution to the world.

2) Cognition Theory and Determinants of Health-Wellbeing:

Extending the cognition of health-wellbeing is central to the idea of being active-aging and to the ways in which they change with age. Health awareness can turn around to be health benefits. The benefit of the PMSE health-wellbeing principle is found the most essential. Especially, most people like to get away for holidays with different reasons: leisure activities, specific meaningful experience, or travel purposes. But to balance the quality of later-life and lifestyle is needed for the active 50-Plus while they travel.

3) Continuity Theory of Activity Behavior Pattern:

Extending the continuity of tourism-health relationship in the positive health-experience activity for the active 50-Plus becomes most important for personal development, transformation, and self-actualization. The power of age-health tourism on the platform of self-discovery and independence can definitely facilitate more health-experience activity to the tourists to continue growing older in living-well design.

4) Activity Theory with Health-Wellbeing Concept:

Pre-empowering the experience-value concept of the PMSE health-wellbeing for the active 50-Plus can be extended for future health-tourism activities. As part of the 50-Plus tourist's activity behavior, personal development may involve self-confidence and physical strength. Routinely exercise can firstly improve physical health, followed by mental and social. And emotional health will come along when tourists have got more healthy friends to talk with or to exercise with. Most like-minded tourists enjoy taking more quality of time on the mental-health activity choices. Practicing new skills, such as painting, bicycling, horse-riding, dancing, or musical instrument, in order to find friends for occasional social voluntary group-activity, can make the active 50-Plus happy or happier, which is part of health-wellbeing. And taking more slow-life activities can also bring both social and emotional well-being to the active 50-Plus.

5) Flow Experience and Physical Challenging:

Extending the physical activity-challenge can be described by the "flow" experience in the situation that tourists can individually match the activity experience with the individual personal skill. Introducing the "adventure recreation"

in this study is the light-level of challenge seeking the recreational way to try anything that never try before. As an outcome against stress, the active 50-Plus try an outdoor activity through interaction with nature. They require goal-driven motivation to engage in the adventure-recreation activity as to experience the challenge and feel self-accomplishment.

6) Emotional Value-Added to Tourist Experience

The benefit of "emotion" added to "tourist experience" can develop the holistic psychological process for tourists to visualize the benefits of tourism from their choices of experiences. The significant moments of experience value are added to individual perception, satisfaction and memory, and further to convey the behavior intention. The positive emotion can reflect how well the active 50-Plus are, as the key role to understand tourist behavior. Extending the feeling of enjoy, surprise, excitement, calm, relax, flexible, and freedom, can enhance positive mind and behavior of aging people and cause their later-life satisfaction. Either the moment-by-moment or the after-all evaluated experience, is the memorable experience of oneself, which not many people acknowledge that those can occur not only at the heart-touch but also during the psychological behavior process.

5.3.2 Managerial Contributions

The findings found in this study can offer the knowledge of managerial contributions to public, private, and locality, such as health development program, marketing policy, public investments, local facility development, business opportunity for small entrepreneurs and extended workforces, age-health-experience tourism development, emotional product development, and environmental responsiveness.

1) Establishing the age-empowered and marketing policy of the active 50-Plus segment is firstly essential. The policy concept can reach out the quality tourists by offering the leisure-experience promotion with different levels of health-wellbeing opportunity. Providing the experience value of PMSE health-wellbeing as the value-added to tourist-experience marketing are the benefits for both demand and supply sides. The government authorities also can use this finding as a guideline to improve the quality of later life among tourists and the locals in aging society for the future tomorrow collaboration plans.

2) As choice of investment on health improvement among the active 50-Plus, both public and private policy shall include, to encourage active-aging people in light-task work but high skill, up to individual ability, for a few years longer in late life quality.

3) Local facilities shall be developed in proper scale of capacity-management for the emerged new niche active-aging tourist-segment. They can fill up all-year-round gaps of both seasoning and non-seasoning tourism. The small private group with special interest in health-experience activity are targeted. Thus, the experienced aging locals can join light-task missions: travel buddy, a local tour guide, knowledge provider, the experienced skill to share, or other host hospitality. More advantages come for aging locals to spend their valuable time both staying home with families as well as earning the quality of life in developing the community they live in.

4) Business opportunity can come with special business-trip offered for start-up scale of local products and services. Small entrepreneurs and extended workforce shall be enhanced. As co-creator, local destinations can prepare for better handling the active 50-Plus with quality products and services.

5) Tourist-based development can also create new tourism services and products with later following socio-economic increase. Continuity of changing in specific behavior consumption patterns, the individual activities and mobility modes of personal physical exercise should be included in health-promoted plans, such as walking, running, hiking, bicycling, and camping.

6) Offering the positive emotional tourist experiences as value-added to new tourism products and services can relate to one's quality of later life. More healthy-aging people can enhance the positive healthy-aging societies.

7) The overall increase of environmental responsiveness should be attached to make the active 50-Plus feel more value to others. The awareness of attitudes, opinions, voluntary group-activities, and mobility choices are examples.

5.3.3   Practical Contributions: Emotional Tourist-Experience Design-A Health-Wellbeing for the Active 50-Plus

At the end of this study, the final interpretation can answer the thesis title of how to design the emotional tourist-experience for the active 50-Plus regarding a health-wellbeing. Since the findings and results of this tourist-based study (see Figures 5.1 and 5.2) can successfully offer the main profile demand of the active 50-Plus, the extended experience-based tourism can also be developed upon the age-health context. Hence, the contribution of tourism development beyond health-activity experience can be proceeding in practice.

As definition given earlier for the operationalized term in this study, the emotional tourist-experience design is aimed to differentiate the tourists' well-being way through the emotional experiences defined in three phases: pre-trip, during trip, and post-trip. Starting from the tourist-based design, the profile demand of the active 50-Plus can be firstly concluded, to require tourist perception of the experience value both to oneself and to one's health improvement (see Figure 5.1); and secondly, to activate the health-experience activity behavior (see Figure 5.1 and activity details in Figure 5.2). What tourists need after all experience engagement is the opportunity to design their quality of later life and healthy lifestyle in their own well-being ways (see Figure 5.1).

As a result, to bring those profile demand of the active 50-Plus into tourism practices, the development of health-experience activities and emotional experience design should be the better serving what tourists need matching their behaviors in three trip-phases. Also, the provisions of age-health-experience tourism will be more possible with other supportive collaboration-programs from public, private, and organization sectors. The three trip-phases are discussed as follows.

5.3.3.1 Pre-Trip

At prior stage of pre-trip, the goal-driven motivation is addressed for tourists' profile demand of trip planning and expectation. For tourism development, the main emotional moments of enjoy, surprise, excitement, calm, relax, or freedom, need to be included as desirable experiences for tourists to achieve from goals setting, by choosing activities they prefer to engage.

As concluded in Table 5.1, the profile demand of the active 50-Plus concluded in this stage indicates that they have been motivated by two driving forces. Firstly, the intrinsic forces are needed from the internal desire to stay healthy. Four basic PMSE health-wellbeing are the choices of decision-making how to engage the activities. Physical exercise is the most activities they want to do to receive health benefits while traveling. They also mentally enjoy thinking and self-planning for pre-trips. However, the opportunity of overall health improvement can cause the desire of self-fulfillment to take more trips frequently.

While secondly, the external force pulling the active 50-Plus the most is found for the passions of new activity-based experiences, especially seeking new experiences to try. They want not only to escape, but also to socialize, be creative, learn new skills, engage in some forms of physical activity, or interact with the environment. Technology and Internet uses allow them to see more interesting preferences before making trip-decision. To change the routine environment or use easy-accessible technology are more enjoyable than the social-related activities. However, social relatedness still further let them develop the positive emotional attachment to the places, people, or activities, during the trip.

Therefore, in response to the profile demand of active 50-Plus, tourism should offer the flexible personal mobility of physical exercise, such as walking, running, bicycling, hiking, and camping. These are tools to let them see the world in different perspectives and make them feel self-fulfillment. What they found on internet, especially the fascinated beautiful landscapes, are worth to invest the facilities to feel relieved from work-stress. All physical activities as well as peace and calmness available in locality with simple and basic living, are both desirable to balance the holistic health improvement. The enthusiastic cultural-learning to visit the historical heritage and architectural icons, or the life-long learning from attending new-skilled classes, also are the extrinsic forces of social-relatedness. Moreover, special events or cultural music festivals can make them feel emotionally happier and cheerfully healthier. Because those crowded energy can give them the opportunity to socialize with new people and to participate in local uniqueness. All these intrinsic-extrinsic preparations should also provide the balance of all activities at tourists' paces and health conditions.

The provision plans should offer nice and safe environment of physical tracks and service facility for walking, running, bicycling, hiking, and camping. Easy access searching for various information before decision making is a well-being way for mental-health exercises. Also, destination friendly for new comers can easily bring more joy of self-trip planning and goal setting before traveling.

Table 5.1 Pre-Trip: Emotional Tourist-Experience Design for Active 50-Plus

Tourism Phases	Tourist-experience: **Goal-driven Motivation**	Profile Demand: Health-Experience Activity Behavior for the Active 50-Plus	Knowledge of Managerial Provisions for Tourism Development	
		Activity/Indicators	Provisions	Collaboration Plans
Pre-trip:	INTRINSIC Motivation	PMSE levels of **Health**-attempted Behaviors: (**P**) Physically Exercise (**M**) Mentally Exercise (**S**) Socially Exercise (**E**) Emotionally Exercise	- Nice and safe environment of physical tracks and service facility for walking, running, bicycling, hiking, and camping - Easy access searching for various information before decision making - Destination friendly for new comers to self-trip planning	Emotional age-health product-development; Tourist-based development;
	EXTRINSIC Motivation	**New activity-based** and levels of Preferred Activity-**Experience**:- **High-actively experience**: Challenging oneself to try new thing **Moderate-actively experience:** Seeking new experience to try **Low-actively experience:** Observing / Trying to do new things	- Soft-adventurous activity, long-ride bike recreation, and Schedules of various Sports game to enjoy observing and social gathering - More public running or bicycling tracks for tourists and visitors - Forest bathing tracks for peaceful movement - Schedules of Cultural events to pre-planned joining - City exhibitions with MICE attending	Marketing policy; Public-private investments on health improvement; Extended workforce; Tourist-based and experience-based tourism development
		Technology-assisted and Internet uses	- GPS and Wi-Fi internet available - Local apps for health-assisted in all cases	Marketing policy; Public-private investments on health applications
		Social-relatedness experience	- Fascinated cultural knowledge exchange offering -Enthusiastic local-based walking exploration	Start-up business opportunity program; Extended aging workforce program
		Nature and Environment	-Natural resilience and knowledge promotion - Garbage management - Clean and safe environment	Local facility development; Environmental responsiveness program

Moreover, the provision for new activity-based experiences should offer the soft-adventurous activity with excitement to try and schedules of various sports games to enjoy observing and social gathering. More public running or bicycling tracks should be easy accessible for tourists and visitors in every cities.

Forest bathing tracks for peaceful movement are choices to join with new interest to try. Schedules of cultural events in every cities to pre-planned joining monthly are attractive activities for all physical levels of tourists. City exhibitions with MICE attending also are light physical but more mental, social, or emotional involvement.

Additionally, the GPS area guidance and Wi-Fi internet available as well as the local apps for health-assisted in all cases should be fully equipped for the feelings of easy and relax while traveling. Fascinated cultural knowledge exchange offering and the enthusiastic local-based walking exploration should be arranged for the old-experienced 50-Plus can participate in enjoyable atmosphere. Natural resilience and knowledge promotion, garbage management, clean and safe environment, are all important programs that the active 50-Plus prefer to join as part of the world's environmental responsiveness, while traveling.

5.3.3.2 During-Trip

Tourism should develop a coherent personality during the trip in every touch-points of people, places, and activities that tourists can relate with. The findings found tourist behavior in three-step emotional experiences. Tourists firstly engage at touch-points, then secondly responsive feeling and action, and finally interpret the meaningful emotions which later being kept in mind of memory.

Tourism should provide as in Table 5.2 conclusion with the activity programs for tourists during their trips, as below discussions.

Four levels of the positive emotional tourist-experience are found for excitement (from motivation of adventure); surprise (from motivation of discovery); enjoy (from motivation of novelty-seeking); and calm and relax (from motivation of relaxation). Being surprised by new discoveries and feeling excitement from adventurous activities are two main favorite choices. While enjoying to learn new things and desire of calmness and relaxation become the second choices. The other preferred emotions are such as easy, chilled, simple, relax, flexible, slow, leisure type, freedom, alert, safe, challenge, comfortable, convenient, feel refreshed, exciting, be able to explore, and being appreciated. Most active 50-Plus feel enthusiastic with the unexpected sightseeing that improves their moods; meanwhile, they have so much fun doing new exciting things that exercise their mental health. They tend to feel amazed when accidentally found rare birds, trees, or flowers, while exercising. Also, they

have a sense of joy walking around the old town, historical heritage, or building icons. However, they feel a sense of happiness for all activities they desire with their own times and health conditions.

Therefore, the provision plans should include local community-based markets, or destination of choices: nature, culture, leisure. From active to passive activities can give different levels of experiences as choices for tourists to enjoy from excitement to calm and rest. All challenging activities can be provided close to nature with clean and beautiful environment. Giving new gardening concept with rare and nice flora and fauna can be more attractively surprise to the active 50-Plus. Also, insightful cultural exploration by new activity during night-time can give more romantic light and sound performances differently from normal daytime. Additionally, the mindfulness centers for spiritual treatment and practice can be choices of mental and emotional health benefits to all active 50-Plus.

Table 5.2 During-Trip: Emotional Tourist-Experience Design for Active 50-Plus

Tourism Phases & Tourist Experiences	Profile Demand: Health-Experience Activity Behavior for the Active 50-Plus		Knowledge of Managerial Provisions for Tourism Development	
During-trip:	Indicators	Levels of Preferred Activities:	Provisions	Collaboration Plans
Experience Touch-points	People: Place: Activity:	-Social-related activity -Nature/ Culture/ Leisure -Active to Passive activities	- Local community-based markets - Destination of choices - Different levels of experiences from active to passive activities	Marketing policy or public investments on health improvement; local facility development; business opportunity for start-up or small entrepreneurs and the extended workforce; tourist-based development; emotional age-health product-development; and environmental responsiveness.
Positive emotional tourist-experience	**Excitement** (adventure) **Surprise** (discovery) **Enjoy** (novelty-seeking) **Calm and rest** (relaxation).	**Active** leisure-Activity **Moderate** leisure-Activity **Passive** leisure-Activity	- All challenging activities available close to nature and clean, beautiful environment - New gardening concept with rare and nice flora and fauna - Insightful cultural exploration by new activity during day or night time -Mindfulness center for spiritual treatment and practice	

As a results, four recommended programs in the below discussions are concluded from this study findings. Various programs of the age-health-experience tourism development should be offered for the active 50-Plus. They can be able to repeat the health-experience activities by alternating, combining, or re-mixing their new preferences during the next time of their visits, as follows.

1) Leisure Activity-Behavior Programs:

The health-experience tourism can extensively include the leisure and well-being ways of various activities, depending on what tourists need for their health-wellbeing. Three leisure programs are proposed in following discussions.

First, the *active* leisure type of the high physical activity behavior includes the adventure recreation, bike recreation, the long-ride-bike exploration, back-packer on wheels, and outdoor recreation. The outdoor recreation activities or sports for leisure are the most active physical-activity type for mental stress-relieved from challenge activities of flow experience. For example, running, bicycling, walking, or hiking, can be the activity for individual or a social active-group that family or friends can eventually join together for fun or physical practices. The special skills with voluntary services also can provide the opportunity to engage the outdoor recreation for fun, happiness, and self-fulfillment, with pleasure to help others.

Second, the *moderate* leisure type of the average activity behavior includes how the active 50-Plus travel for leisure as well as for gaining new knowledge, experiencing new culture, or learning new environment of nature. Main activities are: for examples, the walking experience, walking exploration, walking tourism, golfing, the special event of night-running for the old-town festival, and the learning-class activities for music, dancing, or painting. Also, the additional activities are such as photo-taking, exploring food to eat, visiting iconic places or buildings, and story-telling of travel habits; and, the special activities involve such as the creative tourism or the community-based tourism.

Third, the *passive* leisure type of low activity behavior includes low physical exercise but more pleasure-time spending with, i.e. massage, spa, health treatment, sit-and-read, or other social-mental-emotional involvements. To stay longer in one place to enjoy relaxing and absorbing the calm and rest environmental atmosphere (i.e. meditation or forest-bathing), is the *passive leisure recreation*. It is more mentally popular for the aging tourists who have less willingness to participate with other people during the trip. But the *passive outdoor recreation* and the energy absorbed from outdoor camping or the crowded festival, mostly concern socialized talking, seeing new things, exchanging thoughts, or mind and mood improvement. *Sit-*

and-watch is sitting to observe other people's activities and behavior, or to appreciate the great scenic panorama or the romantic ambient of classic old towns. *Driving exploration* is to sit and enjoy activities at routing stop-over. Also, the *safari tour with animal watching* can give the excitement feelings without physical challenges.

2) Health Improvement Programs:

Walking exploration program is the average experience-design tool that everyone can earn all PMSE health improvement. Beside physical exercise, it can be the personal mental, social, and emotional experience-exercise from personal five-senses; to hear, to see, to taste, to touch, and to smell. Using the personal walking with the *sensory exploration* can develop personal mentally alert of new knowledge, social interaction, and overall moods from relaxation. Slow movement with longer observation can engage more meaningful experience of moment-by-moment details with people, place, or activity, which tourism can develop this type of *leisure for culture activity*. Occasionally, the active 50-Plus may find the enthusiastic feelings that improve their mood, so that tourism can set the routes to make them feel so touched with the unexpected sightseeing or natural environment when they suddenly visit. Moreover, providing the safety-zone for forest-bathing tracks and other calm-rest facilities is the choice of the mindfulness activity program to enhance body and mind balances, as well as the knowledge of the environmental preservation.

3) Health-Experience Tourism Development Programs:

Walking tourism program is more likely being a beneficial tool to achieve physical, mental, social, or emotional health-wellbeing, but the feelings can be ranged from *walking experience* is ever popular among slow-life tourists, not only who like walking but also who are interested in nature and authentic local experiences. Because it does not require special skills or physical strengths of tourists (UNWTO, 2019, p.6). It is the walking-tourism product and destination that becomes worth to promote for unique selling points. For example, walking tourism can be up-leveled as a type of *sport tourism* if walking route is close to nature, such as hiking and camping. Or as a type of *cultural tourism* if walking routes are around the cultural diversity. Or as a type of *spiritual tourism* if walking routes are intended to absorb the forest-bathing experiences. Using the personal walking with *scent exploration* can be one of the destination branding tool to interpret and create the scent identity of a place

from food, air, dirt, textile, or others. *Slow movement of walking* helps tourists better understand their surroundings, such as the heritage, landscape, or culture. Because it allows tourists to interact with people and places on a deeper level as the best way to explore and experience the uniqueness of people and places. The benefits of walking tourism require less tourism development in destinations, but can be best enhancing both hosts' and guests' health-wellbeing.

4) Business Opportunity and Extended Career Programs:

Content creator program is a professional work derived from the participants in this study, by walking exploration to collect data or information from the ground up. Then, they have written documents and stories for reports, books, or the self-discovery of new travel routes. And more often they found how to design and develop the products or advertisement marketing. Later, those content offer light and sound business, career, professions, or networking opportunities that the active 50-Plus can fulfil themselves with valuable works in their leisure time.

Content generator program is the so-called travel writer's or narrator's perspectives to create impacts on social and mental activity-experiences. Until they become the silent content influencer who have inspired the tourist imagination about people, places and activities. Mostly, the tourism guide-book can also be more popular for new travelers to understand tourist experiences. Nowadays, these are also the interesting activities that any active 50-Plus can do in available time-free to gain new experiences with the like-minded friends.

5.3.3.3 Post-Trip

Tourism should provide the engaged mixture of senses to keep tourists' needs and interests which can definitely enrich the holistic sensory experience after the trips. The study findings indicate that the emotional reaction of the past feelings that are left in memory can turn out to be both passionate experience and preferences in their next missions. For the active 50-Plus, how they have been satisfied or impressive with, or attempt to do, can help shaping the past to continue the present or future activities. The link of new mind-set transformation can reflect how they perceive the past experience, and continue the psychological characteristics as well as the social behavior.

As a result, the profile demand of active 50-Plus are concluded in Table 5.3 showing tourist satisfaction, memorable experience, and intention behavior. Those can also predict what they want to do in the next trips. Tourist satisfaction mostly focus on self-fulfillment from making the better changes of both self-development and health-improvement, as well as the after-all self-enrichment and self-reimage. For instance, the active 50-Plus prefer feeling refreshed with inner harmony after all health activities.

Meanwhile, memorable experience in the post-trip becomes the recollection stage of the past passionate experience. Especially, the collected and evaluated memorable experiences will transform to intention behavior or the goal-setting in the new experience loop. While the moment-by-moment experience can occur simultaneously during the trips. Most of the time, memory is the powerful experience causing what the active 50-Plus prefer to involve with. It is the worth experience value to be kept in their memories and to continue their future attempted activities.

As the outcome of a tourist-experience loop, intention to recommend is the most attempted activity more than intention to share or to repeat activity. The profile demand convey that the active 50-Plus prefer to share and to recommend in the close, small, and private groups of friends and families, more than the open public-groups. Also, their willingness is to repeat similar health activities in different destinations next time in the near future. They also prefer different activities in one trip. And those health-experience activities should be introduced to all people to become a health-lover person. On-site sharing at moment-by-moment experience is not everyone's passion. Post-trip sharing from the evaluated experience can be shared by word-of-mouth in person and close group, but not sharing on a public review.

. As proposed in Table 5.3, the provision plans should offer all sharing opportunities for tourists: on-site sharing, shared on a public review, mouth-to-mouth sharing platform, closed-group sharing, story-telling channel. Thus, the available 24-hour Wi-Fi internet is the most important for tourists in all cities of destination choices. The active 50-Plus will feel easy at ease to connect information globally, especially for health benefits. The local 50-Plus should be well trained to promote the monthly schedule program of new activity for the benefit of local destinations.

Because the 50-Plus tourists may come back to repeat the same activity in the same destination if they are bonded with the like-minded people to share knowledge and experiences with. Thus, technological assistance is best bridging those conversations.

However, short and easy missions to try are the key success of tourist satisfaction by providing them more comfortable feelings of inner harmony at the end of all health activities. While self-training program for body or mind changes can be included to help tourists reimage themselves. In addition, leading them to see the rare birds along the tree tunnel can make them feel the sudden moment to remember. Without the impressive past experience valuable in tourists' hearts, their memory pieces cannot be kept for future activity.

Table 5.3 Post-Trip: Emotional Tourist-Experience Design for Active 50-Plus

Tourism Phases & Tourist Experiences	Profile Demand: Health-Experience Activity Behavior for the Active 50-Plus	Knowledge of Managerial Provisions for Tourism Development	
Post-trip:	Indicators	Activities & Provisions	Collaboration Plans
Tourist satisfaction	Self-Fulfillment Self-Enrichment Self-Reimage	-Provide short and easy mission to try -Feel inner harmony at the end of all health activities. -Self training program for body or mind changes	Marketing policy; Public investments on health improvement; Local facility development; Business opportunity; Extended workforce; Tourist-based development; Emotional age-health product-development
Memorable experience	Moment-by-moment Evaluated memory Collected memory	-Seeing the rare birds along the tree tunnel - Light physical-mental exercise reminds what to do and where to go next time. - Impressive past experience are valuable to tourists' hearts and kept for future activity	
Intention behavior	Intention to share	-On-site sharing -Shared on a review -Mouth-to-mouth sharing -Closed-group sharing -Story-telling	
	Intention to recommend	-Recommend on a review -Recommend in closed group	
	Intention to repeat activity	-Doing same activity in same destination for monthly program	

Therefore, the highlight of tourism provisions should make most profits from the fact that the non-stopped cycles of the past passionate experiences always come back as the collected or evaluated memorable experiences for the active 50-Plus. Those experience value have been kept in their hearts to remind of what to do next time or in the future activities. Passions and preferences, thus, always play important role in the active 50-Plus's activity behavior pattern.

5.4   Limitations of the Study

Most challenges have embraced every step of this research study. Multi-issues were knitted to come across how important the active 50-Plus to continue their activities and healthy living in later life. The mixed research methods were employed to execute the results relating multi-variables, the research main aim and objectives. However, the limitation mainly concerns timeline that was not as planned, and the ability to generalize from the research findings beyond a given set of samples. *First*, data collecting was planned to reach out the online samples through the electronic link of questionnaire survey. But it took much longer to finish the 400-sample collection with 25 interviewees. *Second*, it was the very low-season period of tourism in Thailand during the data collection period. The international active 50-Plus tourists who had health-concerned activities were seldom found. Therefore, new strategy was set to balance collecting data of 250 samples (minimum of 210) and 40 interviewees, upon several references for sufficient statistical estimations. *Third*, the outlier cases may come from the language barrier of English questionnaire survey, or the non-health activity respondents. Thus, the respondents were limited to mostly the well-English educated; while, some of them were not in health practice. *Fourth*, the long 58-question survey in English was not incentive to finish through online responses. *Fifth*, the empirical data collected in this study reflect the statistical complexity of tourist-experience components' roles in predicting the active 50-Plus's health-activity behavior. Especially, the effects of positive emotional tourist-experience are found lightly hidden towards memorable experience and intention behavior, which cannot statistically but descriptively be explained by the interview's result. Thus, their measured ways are best via goal-driven motivation. The impressive emotions become only the explanations accessing all variables by activating the 50-Plus's activity behavior through new goal setting in every tourist-experience life-cycles. And goal-driven motivation cannot have good results on any new activity mission without all variables, especially positive emotional tourist-experience.

5.5 Future Research and Recommendations

The future research might consider the purposive respondents of specific profession, similar purposes to travel, or similar health-activity behavior pattern, in order to scope down the issues and increase details of findings. In addition, to merge the parallel conclusion of the qualitative and the quantitative results can be a more supportive interpretation with new different sets of empirical data. Otherwise, a quantitative instrument might be developed after the qualitative results found the set of factors, and be able to generalize beyond a given sample size.

The future health-wellbeing benefits in the experience-based tourism from this study can be outlined for further research of aging society and the niche-marketing practice. The desire of staying healthy with better quality of later life for the active 50-Plus also is whether the outcome or the purposes of well living. These issues are the value added to tourist experience which the niche-marketing practice should keep in future consideration.

5.6 Summary of Chapter Five

The results indicate that goal-driven motivation is the powerful antecedent to initiate the health-experienced activity. The passionate experience (from past, present, to future) and one's preferences are the main driving force for the active 50-Plus to continue their activities. The findings presented that aging people have had several cycles of tourist experiences. So that memorable experience, tourist satisfaction, and intention behavior, are found to be the influencers in one's past and to set the present and future goals as well. Only intention behavior is not absolute outcome of the active 50-Plus' experience. The findings from the interview reveal that the new meaningful experience value of good PMSE health-wellbeing while travelling can relate to one's quality of life. The PMSE experience value becomes the outcome of the goal-driven motivation process that creates the activity behavior patterns. The flexibility of the mixed-methods approach has been the advantage to interpret the activity behavior patterns in three related components: levels of preferred activity-experience, health-attempted behavior, and levels of preferred activities.

In conclusion, the research findings found in this study address three main contributions: theoretical, managerial, and practical. Expanding the theories applied in this study, especially goal-driven motivation concept, continuity theory and activity theory, are main principles to execute the health-activity behavior model for the active 50-Plus. Also, knowledge of health-experience development is managerial value for public, private, or local policies and investments. Finally, the health-experience-activity collaborations and provisions in the three-stage trip should be contributed in practice. Therefore, the emotional tourist-experience design and models can offer a health-wellbeing way as the opportunity seeking for the quality of later life with healthy lifestyle of the active 50-Plus while they travel.
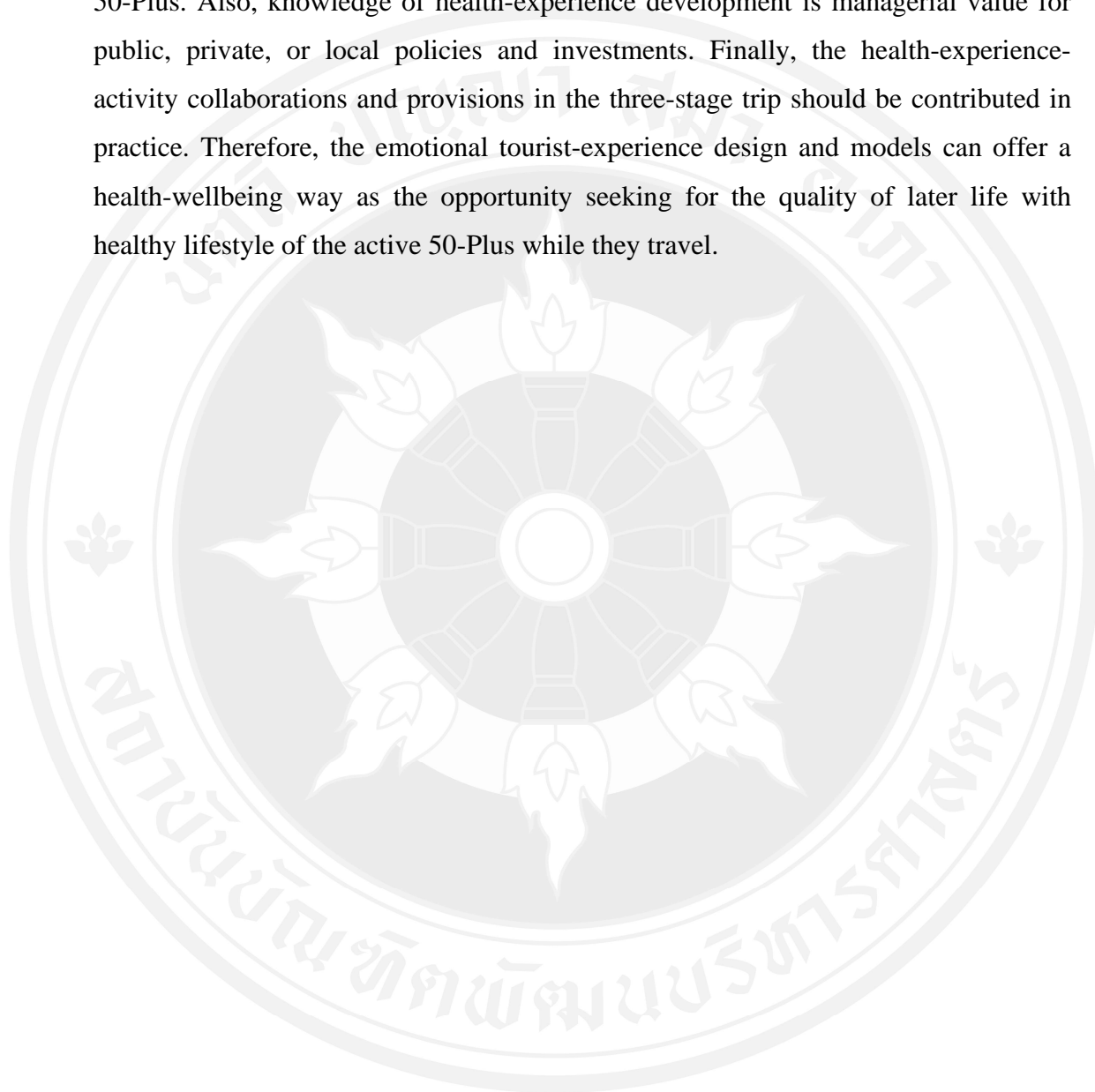
BIBLIOGRAPHY

Agahi, N., Ahacic, K., & Parker, G. (2006). Continuity of leisure participation from
middle age to old age. *Journal of Gerontology: Social Sciences*, *61B*(6), S340–
S346. Retrieved from https://academic.oup.com/psychsocgerontology/article-
abstract/61/6/S340/650274

Agahi, N., Silverstein, M., & Parker, M. (2011). Late-life and earlier participation in
leisure activities: Their importance for survival among older persons. *Activities,
Adaptation & Aging*, *35*(3), 210–222. Retrieved from
https://www.tandfonline.com/doi/abs/10.1080/01924788.2011.596758

Aho, S. K. (2001). Towards a general theory of touristic experiences: Modelling
experience process in tourism. *Tourism Review*, *56*(3/4), 33–37.
https://doi.org/10.1108/eb058368

Alen, E., Domnguez, T., & Losada, N. (2012). New opportunities for the tourism
market: Senior tourism and accessible tourism. In M. Kasimoglu (Ed.), *Visions
for gobal tourism industry: Creating and sustaining competitive strategies* (pp.
139–166). InTech. https://doi.org/10.5772/38092

Alén, E., Losada, N., & de Carlos, P. (2017a). Profiling the segments of senior tourists
throughout motivation and travel characteristics. *Current Issues in Tourism*,
20(14l), 1454–1469. https://doi.org/10.1080/13683500.2015.1007927

Alén, E., Losada, N., & de Carlos, P. (2017b). Understanding tourist behaviour of
senior citizens: Lifecycle theory, continuity theory and a generational approach.
Ageing and Society, *37*(7), 1338–1361.
https://doi.org/10.1017/S0144686X16000325

Alén, E., Losada, N., & Domínguez, T. (2016). The impact of ageing on the tourism
industry: An Approach to the senior tourist profile. *Social Indicators Research*,
127(1), 303–322. https://doi.org/10.1007/s11205-015-0966-x

Alén, E., Nicolau, J. L., Losada, N., & Domínguez, T. (2014). Determinant factors of
senior tourists' length of stay. *Annals of Tourism Research*, *49*, 19–32.
https://doi.org/10.1016/j.annals.2014.08.002

American Association of Retired Persons [AARP]. (2004). *A growing market:
Expenditures by the older population-analysis from the consumer expenditure*

survey. Washington, DC: AARP Public Policy Institute. Retrieved from
https://assets.aarp.org/rgcenter/consume/beyond_50_cons_2.pdf

American Association of Retired Persons [AARP]. (2016a). *A 2016 AARP annual report*. Washington, DC: AARP Public Policy Institute. Retrieved from https://www.aarp.org/content/dam/aarp/about_aarp/about_us/2017/2016-annual-report-aarp.pdf

American Association of Retired Persons [AARP]. (2016b). *The longevity economy: A snapshort*. *Slideshare Infographic*. Washington, DC: AARP Public Policy Institute. Retrieved from https://www.slideshare.net/TheLongevityNetwork/the-longevity-economy-a-snapshot

Amornvivat, S., Tontarawongsa, C., Syamananda, P., Akaraphanth, L., Ratanapinyowong, T., Charoenphon, V., & Panpheng, K. (2015). *Insight: Staying ahead of Thailand's graying society*. Bangkok, Thailand: SCB Economic Intelligence Center. Retrieved from https://www.scbeic.com/en/detail/file/product/1376/e4fr6fh4pb/EIC_ENG_aging_Q2_2015.pdf

Anderson, B. B., & Langmeyer, L. (1982). The under-50 and over-50 travelers: A profile of similarities and differences. *Journal of Travel Research*, *20*(4), 20–24. Retrieved from https://doi.org/10.1177/004728758202000405

Anderson, J. C., & Gerbing, D. W. (1988). Structural equation modeling in practice: A review and recommended two-step approach. *Psychological Bulletin*, *103*(3), 411–423.

Ashton, A., & Scott, N. (2017). International retirement migration and Thai stakeholders' views: A Japanese case study. *Journal of Place Management and Development*, *10*(1), 7–22. Retrieved from http://dx.doi.org/10.1108/JPMD-06-2016-0035

Atchley, R. C. (1989). A continuity theory of normal aging. *The Gerontologist*, *29*(2), 183–190. https://doi.org/10.1093/geront/29.2.183

Ayazlar, R. A. (2015). Flow phenomenon as a tourist experience in paragliding: A qualitative research. *Procedia Economics and Finance*, *26*, 792–799. https://doi.org/10.1016/S2212-5671(15)00845-X

Azevedo, A. (2010). Designing unique and memorable experiences: Co-creation and the surprise factor. *International Journal of Hospitality and Tourism Systems*, *3*(1), 42–55.

Balderas-Cejudo, M. A., & Leeson, G. (2017). Leisure travelling and its link to an active and healthy ageing. *MOJ Gerontology & Geriatrics*, *1*(4), 1–3. https://doi.org/10.15406/mojgg.2017.01.00024

Balderas-Cejudo, M. A., Leeson, G. W., & Urdaneta, E. (2017). Senior tourism: Towards and active and healthy ageing. *OAJ of Gerontology & Geriatric Medicine*, *1*(3), 1–3. Retrieved from https://juniperpublishers.com/oajggm/pdf/OAJGGM.MS.ID.555563.pdf

Baloglu, S. (1997). The relationship between destination images and sociodemographic and trip characteristics of international travellers. *Journal of Vacation Marketing*, *3*(3), 221–233. https://doi.org/10.1177/135676679700300304

Baloglu, S., Busser, J., & Cain, L. (2019). Impact of experience on emotional well-being and loyalty. *Journal of Hospitality Marketing & Management*, *28*(4), 427–445. https://doi.org/10.1080/19368623.2019.1527269

Barnes, R., Winters, M., Ste-Marie, N., McKay, H., & Ashe, M. C. (2016). Age and retirement status differences in associations between the built environment and active travel behaviour. *Journal of Transport & Health*, *3*(4), 513–522. https://doi.org/10.1016/j.jth.2016.03.003

Beard, J. R., Officer, A., de Carvalho, I. A., Sadana, R., Pot, A. M., Michel, J.-P., … Chatterji, S. (2016). The World report on ageing and health: A policy framework for healthy ageing. *The Lancet*, *387*(10033), 2145–2154. https://doi.org/10.1016/S0140-6736(15)00516-4

Bell, E., Bryman, A., & Harley, B. (2019). *Business research methods* (5th ed.). Oxford, UK: Oxford University Press.

Binkhorst, E., & Dekker, T. Den. (2009). Agenda for co-creation tourism experience research. *Journal of Hospitality Marketing & Management*, *18*(2–3), 311–327. https://doi.org/10.1080/19368620802594193

Birdir, S. S. (2015). Segmentation of tourist using demographic and travel characteristics: The case of Istanbul. *International Review of Management and*

Marketing, *5*(4), 221–229.

Blazey, M. A. (1992). Travel and retirement status. *Annals of Tourism Research*, *19*(4), 771–783. https://doi.org/10.1016/0160-7383(92)90066-X

Boniwell, I. (2008). What is eudemonia? The concept of eudemonic well-being and happiness. Retrieved from http://positivepsychology.org.uk/the-concept-of-eudaimonic-well-being/

Boswijk, A., Thijssen, T., & Peelen, E. (2006). A new perspective on the experience economy: Meaningful experiences. In *The Experience Economy: A new perspective* (pp. 19–30). Amsterdam: Pearson Education Benelux.

Botterill, T. D., & Crompton, J. L. (1996). Two case studies exploring the nature of the tourist's experience. *Journal of Leisure Research*, *28*(1), 57–82. Retrieved from http://js.sagamorepub.com/jlr/article/view/851

Boyce, C., & Neale, P. (2006). Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input. In *Pathfinder International Tool Series: Monitoring and Evaluation-2* (pp. 1–16). Retrieved from http://dmeforpeace.org/sites/default/files/Boyce_In Depth Interviews.pdf

Brent Ritchie, J. R., Wing Sun Tung, V., & J.B. Ritchie, R. (2011). Tourism experience management research. *International Journal of Contemporary Hospitality Management*, *23*(4), 419–438. https://doi.org/10.1108/09596111111129968

Buckley, R. (2018). Nature sports, health and ageing: The value of euphoria. *Annals of Leisure Research*, 1–18. https://doi.org/10.1080/11745398.2018.1483734

Buckley, R., Gretzel, U., Scott, D., Weaver, D., & Becken, S. (2015). Tourism megatrends. *Tourism Recreation Research*, *40*(1), 59–70. https://doi.org/10.1080/02508281.2015.1005942

Buda, D. M., D'Hauteserre, A. M., & Johnston, L. (2014). Feeling and tourism studies. *Annals of Tourism Research*, *46*(2014), 102–114. https://doi.org/10.1016/j.annals.2014.03.005

Buhalis, D., & Darcy, S. (2011). *Accessible tourism : Concepts and issues*. UK: Channel View Publications.

Buhalis, D., & O'Connor, P. (2005). Information Communication Technology Revolutionizing Tourism. *Tourism Recreation Research*, *30*(3), 7–16.

Buonincontri, P., Morvillo, A., & Okumus, F. (2017). Managing the experience co-creation process in tourism destinations: Empirical findings from Naples. *Tourism Management*, *62*(October), 264–277. Retrieved from https://doi.org/10.1016/j.tourman.2017.04.014%0A

Byrne, B. M. (2010). *Structural equation modeling with AMOS*. New York, USA: Taylor & Francis Group.

Campos, A. C., Mendes, J., Valle, P. O. D., & Scott, N. (2018). Co-creation of tourist experiences: A literature review. *Current Issues in Tourism*, *21*(4), 369–400. https://doi.org/10.1080/13683500.2015.1081158

Carù, A., & Cova, B. (2003). Revisiting consumption experience: A more humble but complete view of the concept. *Marketing Theory*, *3*(2), 267–286. Retrieved from https://doi.org/10.1177/14705931030032004

Centers for Disease Control and Prevention [CDC]. (2016). *Adults need more physical activity: Community can help*. USA: Morbility and Mortality Weekly Report (MMWR). Retrieved from https://www.cdc.gov/physicalactivity/inactivity-among-adults-50plus/index.html

Chang, L., Backman, K. F., & Huang, Y. (2014). Creative tourism: A preliminary examination of creative tourists' motivation, experience, perceived value and revisit intention. *International Journal of Culture, Tourism and Hospitality Research*, *8*(4), 401–419. Retrieved from https://doi.org/10.1108/IJCTHR-04-2014-0032

Chen, C. F., & Chen, F. S. (2010). Experience quality, perceived value, satisfaction and behavioral intentions for heritage tourists. *Tourism Management*, *31*(1), 29–35. https://doi.org/10.1016/j.tourman.2009.02.008

Chen, J. S. (2003). Market segmentation by tourists' sentiments. *Annals of Tourism Research*, *30*(1), 178–193. https://doi.org/10.1016/S0160-7383(02)00046-4

Chen, K., Chang, F., & Liu, F. (2015). Wellness tourism among seniors in Taiwan: Previous experience, service encounter expectations, organizational characteristics, employee characteristics, and customer satisfaction. *Sustainability*, *7*(8), 10576–10601. https://doi.org/10.3390/su70810576

Chen, S. C., & Shoemaker, S. (2014). Age and cohort effects: The American senior

tourism market. *Annals of Tourism Research*, *48*, 58–75.
https://doi.org/10.1016/j.annals.2014.05.007

Cheng, M., Edwards, D., Darcy, S., & Redfern, K. (2018). A tri-method approach to a review of adventure tourism literature: Bibliometric analysis, content analysis, and a quantitative systematic literature review. *Journal of Hospitality & Tourism Research*, *42*(6), 997–1020. https://doi.org/10.1177/1096348016640588

Cherry, K. (2017). Overview of the 6 major theories of emotion. Retrieved February 17, 2018, from https://www.verywellmind.com/theories-of-emotion-2795717

Cherry, K. (2019). What are emotions and the types of emotional responses? Retrieved from https://www.verywell.com/what-are-emotions-2795178

Cherry, K. (2020). What is motivation? Psychological factors that guide behavior. Retrieved from https://www.verywellmind.com/what-is-motivation-2795378

Clawson, M., & Knetsch, J. L. (2013). *Economics of outdoor recreation*. New York: Routledge.

Cohen, S. A., Prayag, G., & Moital, M. (2014). Consumer behaviour in tourism: Concepts, influences and opportunities. *Current Issues in Tourism*, *17*(10), 872–909. https://doi.org/10.1080/13683500.2013.850064

Coke, P., & Perkins, H. C. (1998). Cracking the canyon with the awesome foursome: Representations of adventure tours in New Zealand. *Society and Space*, *16*, 185–218.

Cook, K. F., Kallen, M. A., & Amtmann, D. (2009). Having a fit: Impact of number of items and distribution of data on traditional criteria for assessing IRT's unidimensionality assumption. *Quality of Life Research*, *18*(4), 447–460. https://doi.org/10.1007/s11136-009-9464-4

Corcoran, E. (2016). Zero growth can be dynamic. Retrieved from http://fpif.org/zero-growth-can-dynamic/

Creswell, J. W. (2013). *Steps in conducting a scholarly mixed methods study* (No. 48). *DBER Speaker Series*. Retrieved from https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1047&context=dber speakers

Creswell, J. W., & Clark, V. L. P. (2011). *Designing and conducting mixed methods*

research. Thousand Oaks, CA: SAGE Publications Inc.

Creswell, J. W., & Clark, V. L. P. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Los Angeles: SAGE.

Crompton, J. L. (1979). Motivations for pleasure vacation. *Annals of Tourism Research*, *6*(4), 408–424. https://doi.org/10.1016/0160-7383(79)90004-5

Csikszentmihalyi, M., & Csikszentmihalyi, I. (1992). *Optimal experience: Psychological studies of flow in consciousness*. Cambridge, UK: Cambridge University Press.

Cullinane, P. (2006). Late-life civic engagement enhances health for individuals and communities. *The Journal on Active Aging*, *5*(6), 66–73.

Cutler, S. Q., & Carmichael, B. A. (2010). The dimensions of the tourist experience. In M. Morgan, P. Lugosi, & B. Ritchie (Eds.), *The tourism and leisure experience: Consumer and Managerial Perspectives* (pp. 3–26). Bristol: Channel View Publications.

de Geus, S., Richards, G., & Toepoel, V. (2016). Conceptualisation and operationalisation of event and festival experiences: Creation of an event experience scale. *Scandinavian Journal of Hospitality and Tourism*, *16*(3), 274–296. https://doi.org/10.1080/15022250.2015.1101933

Demarco, D. (2016). Sustainable urban development perspectives in the era of tourism experience. *Procedia-Social and Behavioral Sciences*, *223*, 335–341. https://doi.org/10.1016/j.sbspro.2016.05.236

Department of Health-Ireland. (2015). *Healthy and positive ageing initiative: Preliminary report March 2015*. Ireland. Retrieved from www.hapai.net

Desmet, P., & Hekkert, P. (2007). Framework of product experience human-product interaction. *International Journal of Design*, *1*(1), 57–66. Retrieved from www.ijdesign.org

Dolnicar, S. (2008). Market segmentation in tourism. In *Tourism management: Analysis, behaviour and strategy* (pp. 129–150). Wallingford: CABI. https://doi.org/10.1079/9781845933234.0129

Dooly, M., Moore, E., & Vallejo, C. (2017). Research ethics. In E. Moore & M. Dooly (Eds.), *Qualitative approaches to research on plurilingual education* (pp. 351–

362). Research-publishing.net.
https://doi.org/10.14705/rpnet.2017.emmd2016.634

Dugarova, E. (2017). *Ageing , older persons and the 2030 agenda for sustainable development. United Nations Development Programme for Sustainable Development Goals (SDGs)*. USA: UNDP, AARP, and HelpAge International. Retrieved from http://www.undp.org/content/undp/en/home/librarypage/poverty-reduction/ageing--older-persons-and-the-2030-agenda-for-sustainable-develo.html

Dugarova, E., & Gülasan, N. (2017). *Global trends: Challenges and opportunities in the implementation of the sustainable development goals. United Nations Development Programme (UNDP) and United Nations Research Institute for Social Development(UNRISD)*. Collaboration by UNDP in USA and UNRISD in Switzerland. Retrieved from www.undp.org

Dworkin, S. L. (2012). Sample size policy for qualitative studies using in-depth interviews. *Archives of Sexual Behavior*, *41*(6), 1319–1320. https://doi.org/10.1007/s10508-012-0016-6

Dwyer, L., Edwards, D., Mistilis, N., Roman, C., Scott, N., & Cooper, C. (2008). *Megatrends underpinning tourism to 2020: Analysis of key drivers for change* (Vol. 1). Australia: CRC for Sustainable Tourism Pty Ltd. Retrieved from https://opus.lib.uts.edu.au/bitstream/10453/17701/1/2010002807OK.pdf

Economic Intelligence Center [SCB EIC]. (2017). *Thailand's economic outlook in 2017 and 2018. SCB Economic Intelligence Center*. Bangkok, Thailand. Retrieved from https://www.scbeic.com/en/detail/file/product/4046/eungxt8p9t/Outlook_EN_Q4_2017.pdf

Ek, R., Larsen, J., Hornskov, S. B., & Mansfeldt, O. K. (2008). A dynamic framework of tourist experiences: Space-time and performances in the experience economy. *Scandinavian Journal of Hospitality and Tourism*, *8*(2), 122–140. https://doi.org/10.1080/15022250802110091

Eraqi, M. I. (2011). Co-creation and the new marketing mix as an innovative approach for enhancing tourism industry competitiveness in Egypt. *International Journal*

of Services and Operations Management, *8*(1), 76–91.
https://doi.org/10.1504/IJSOM.2011.037441

Erfurt-Cooper, P., & Cooper, M. (2015). Health and wellness tourism. In *Tourism in Russia: A Management Handbook* (pp. 231–287).

Euromonitor International. (2013). Global consumer trends: Summary of 2013 survey results (Market research report). Retrieved from https://www.euromonitor.com/global-consumer-trends-summary-of-2013-survey-results/report

Evers, J. C., & Van Staa, A. (2010). Qualitative analysis in case study. In A. J. Mills, G. Durepos, & E. Wiebe (Eds.), *Encyclopedia of Case Study Research* (pp. 750–758). Thousand Oaks, CA: SAGE. Retrieved from https://www.qualitative-research.net/index.php/fqs/article/view/2369/3925

Fodness, D. (1994). Measuring tourist motivation. *Annals of Tourism Research*, *21*(3), 555–581.

Foster, L., & Walker, A. (2015). Active and successful aging: A european policy perspective. *Gerontologist*, *55*(1), 83–90. https://doi.org/10.1093/geront/gnu028

Foundation of Thai Gerontology Research and Development Institute. (2015). *Situation of the Thai elderly 2015*. Bangkok, Thailand. (in Thai).

Fredrickson, B. L., & Joiner, T. (2002). Positive emotions trigger upward spirals toward emotional well-being. *Psychological Science*, *13*(2), 172–175.

Fries, J. F. (2012). The theory and practice of active aging. *Current Gerontology and Geriatrics Research*, *2012*, 1–7. https://doi.org/10.1155/2012/420637

Gao, S., Mokhtarian, P. L., & Johnston, R. A. (2008). Non-normality of data in Structural Equation Models. *Transportation Research Record*, *2082*(1), 116–124. Retrieved from https://escholarship.org/uc/item/11q0s48s

Gentile, C., Spiller, N., & Noci, G. (2007). How to sustain the customer experience: An overview of experience components that co-create value with the customer. *European Management Journal*, *25*(5), 395–410. https://doi.org/10.1016/j.emj.2007.08.005

Gilbert, D., & Abdullah, J. (2004). Holidaytaking and the sense of well-being. *Annals of Tourism Research*, *31*(1), 103–121.

https://doi.org/10.1016/j.annals.2003.06.001

Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. *British Dental Journal*, *204*(6), 291–295.

Global Coalition on Aging. (2018). *Destination healthy aging: the physical, cognitive and social benefits of travel*. USA. Retrieved from https://globalcoalitiononaging.com/wp-content/uploads/2018/07/destination-healthy-aging-white-paper_final-web.pdf

Golob, T. F. (2003). Structural equation modeling for travel behavior research. *Transportation Research Part B: Methodological*, *37*(1), 1–25. https://doi.org/10.1016/S0191-2615(01)00046-7

Gravetter, F. J., & Wallnau, L. B. (2014). *Essentials of statistics for the behavioral sciences*. Wadsworth: Cengage Learning.

Greene, J. C., Caracelli, V. J., & Graham, W. F. (1989). Toward a conceptual framework for mixed-method evaluation designs. *Educational Evaluation and Policy Analysis*, *11*(3), 255–274. https://doi.org/10.3102/01623737011003255

Gross, M. J., Brien, C., & Brown, G. (2008). Examining the dimensions of a lifestyle tourism destination. *International Journal of Culture, Tourism and Hospitality Research*, *2*(1), 44–66. https://doi.org/10.1108/17506180810856130

Guion, L. A., Diehl, D. C., & Mcdonald, D. (2011). *Conducting an In-depth Interview (FCS6012)*. Florida, USA. Retrieved from http://edis.ifas.ufl.edu.

Hair, J. F., Babin, B. J., & Krey, N. (2017). Covariance-based structural equation modeling in the journal of advertising : Review and recommendations. *Journal of Advertising*, *46*(1), 163–177. https://doi.org/10.1080/00913367.2017.1281777

Hair, J. F., Black, W., Babin, B., & Anderson, R. (2013). *Multivariate data analysis: Pearson new international edition* (7th ed.). London, UK: Pearson Education Limited.

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

Hashim, N. H., & Jones, M. L. (2007). Activity theory : A framework for qualitative analysis. In *4th International Qualitative Research Convention (QRC), 3-5*

September, 2007, PJ Hilton, Malaysia. (pp. 1–20). Malaysia: University of Wollongong.

Hatipoglu, B. (2014). Cittaslow: Quality of life and visitor experiences. *Tourism Planning & Development*, *12*(1), 20–36. https://doi.org/10.1080/21568316.2014.960601

Heale, R., & Twycross, A. (2015). Validity and reliability in quantitative studies. *Evidence Based Nursing*, *18*(3), 66–67. https://doi.org/10.1136/eb-2015-102129

Hettler, B. (1976). *The six dimensions of wellness model handout*. Wisconsin, USA: National Wellness Institute (NWI). Retrieved from https://cdn.ymaws.com/members.nationalwellness.org/resource/resmgr/pdfs/sixd imensionsfactsheet.pdf

Holdsworth, W. A. (1875). *The Friendly Societies Act 1875, in Britain*. London, UK: George Routledge and Sons.

Hosany, S. (2012). Appraisal determinants of tourist emotional responses. *Journal of Travel Research*, *51*(3), 303–314. https://doi.org/10.1177/0047287511410320

Hosany, S., & Gilbert, D. (2010). Measuring tourists' emotional experiences toward hedonic holiday destinations. *Journal of Travel Research*, *49*(4), 513–526.

Hosany, S., McCabe, S., & Hunter, P. (2016). Special issue on the role and measurement of emotions in tourist experiences. Retrieved August 31, 2017, from https://www.journals.elsevier.com/journal-of-destination-marketing-and-management/call-for-papers/special-issue-on-the-role-and-measurement-of-emotions-in-tou

Hosany, S., & Prayag, G. (2013). Patterns of tourists' emotional responses, satisfaction, and intention to recommend. *Journal of Business Research*, *66*(6). https://doi.org/10.1016/j.jbusres.2011.09.011

Hosany, S., Prayag, G., Deesilatham, S., Causevic, S., & Odeh, K. (2015). Measuring tourists' emotional experiences. *Journal of Travel Research*, *54*(4), 482–495. https://doi.org/10.1177/0047287514522878

Hosany, S., Prayag, G., Deesilatham, S., & Odeh, K. (2016). *Measuring tourists' emotional experiences: Further validation of the destination emotion scale* (No. 9). *Tourism Travel and Research Association: Advancing Tourism Research*

Globally.

Hosany, S., Prayag, G., Van Der Veen, R., Huang, S., & Deesilatham, S. (2017). Mediating effects of place attachment and satisfaction on the relationship between tourists emotions and intention to recommend. *Journal of Travel Research*, *56*(8), 1079–1093. https://doi.org/10.1177/0047287516678088

Hu, L., & Bentler, P. M. (1998). Fit indices in covariance structure modeling: Sensitivity to underparameterized model misspecification. *Psychological Methods*, *3*(4), 424–453. Retrieved from http://doi.apa.org/journals/met/3/4/424.html

Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis : Conventional criteria versus new alternatives. *A Multidisciplinary Journal*, *6*(1), 1–55. https://doi.org/10.1080/10705519909540118

Hudson, S., & Ritchie, J. B. (2009). Branding a memorable destination experience. The case of Brand Canada. *International Journal of Tourism*, *11*(2), 217–228. Retrieved from https://doi.org/10.1002/jtr.720

Hung, K., & Lu, J. (2016). Active living in later life: An overview of aging studies in hospitality and tourism journals. *International Journal of Hospitality Management*, *53*, 133–144. https://doi.org/10.1016/j.ijhm.2015.10.008

Hung, W.-L., Lee, Y.-J., & Huang, P.-H. (2016). Creative experiences, memorability and revisit intention in creative tourism. *Current Issues in Tourism*, *19*(8), 763–770. https://doi.org/10.1080/13683500.2013.877422

Ihamäki, P. (2012). Geocachers: The creative tourism experience. *Journal of Hospitality and Tourism Technology*, *3*(3), 152–175. https://doi.org/10.1108/17579881211264468

International Council on Active Aging [ICAA]. (2020). Aging well: The great disruptor. Retrieved from http://icaaconference.icaa.cc/index.php

International Integrative Analysis of Longitudinal Studies on Aging [IALSA]. (2016). Active aging. Retrieved from https://ilifespan.org/?q=research/active_aging

International Medical Travel Journal [IMTJ]. (2016). Wellness tourism will be worth $800 billion in 2020. Retrieved from https://www.imtj.com/news/wellness-tourism-will-be-worth-800-billion-2020/

Io, M.-U. (2018). The relationships between positive emotions, place attachment, and place satisfaction in casino hotels. *International Journal of Hospitality & Tourism Administration*, *19*(2), 167–186. https://doi.org/10.1080/15256480.2017.1305315

Irving, P. H. (2014). *The upside of aging : how long life is changing the world of health, work, innovation, policy, and purpose*. New Jersey, USA: John Wiley & Sons. Retrieved from http://longevity3.stanford.edu/the-upside-of-aging/

Jang, S., & Wu, C.-M. E. (2006). Seniors' travel motivation and the influential factors: An examination of Taiwanese seniors. *Tourism Management*, *27*(2), 306–316. https://doi.org/10.1016/j.tourman.2004.11.006

Jennings, G. (2011). *Water-based tourism, sport, leisure, and recreation experiences*. New York: Routledge.

Jennings, G., Lee, Y.-S., Ayling, A., Lunny, B., Cater, C., & Ollenburg, C. (2009). Quality tourism experiences: Reviews, reflections, research agendas. *Journal of Hospitality Marketing & Management*, *18*(2–3), 294–310. https://doi.org/10.1080/19368620802594169

Jensen, J. L. (2014). Designing for profound experiences. *Design Issues*, *30*(3), 39–52. https://doi.org/10.1162/DESI_a_00277

Jensen, Ø., & Prebensen, N. (2015). Innovation and value creation in experience-based tourism. *Scandinavian Journal of Hospitality and Tourism*, *15*(sup1), 1–8. https://doi.org/10.1080/15022250.2015.1066093

Jong-wook, L. (2003). Global health improvement and WHO: shaping the future. *The Lancet*, *362*(9401), 2083–2088. https://doi.org/10.1016/S0140-6736(03)15107-0

Jöreskog, K. G., Olsson, U. H., & Wallentin, F. Y. (2016). *Multivariate analysis with LISREL*. Basel, Switzerland: Springer.

Jyothis, T. (2016). Health Tourism : Pros and cons. *International Journal of Multidisciplinary Research and Modern Education (IJMRME)*, *II*(I), 640–643.

Kasikorn Research Center. (2018). Inbound tourism expected to earn THB2-trillion income in 2018. Retrieved from https://www.kasikornresearch.com/en/analysis/k-econ/business/Pages/36761.aspx

Kim, H., Lee, S., Uysal, M., Kim, J., & Ahn, K. (2015). Nature-based tourism: Motivation and subjective well-being. *Journal of Travel & Tourism Marketing*, *32*(sup1), S76–S96. https://doi.org/10.1080/10548408.2014.997958

Kim, H., Woo, E., & Uysal, M. (2015). Tourism experience and quality of life among elderly tourists. *Tourism Management*, *46*, 465–476. https://doi.org/10.1016/j.tourman.2014.08.002

Kim, J.-H. (2014). The antecedents of memorable tourism experiences: The development of a scale to measure the destination attributes associated with memorable experiences. *Tourism Management*, *44*, 34–45. https://doi.org/10.1016/j.tourman.2014.02.007

Kim, J.-H., Ritchie, J. R. B., & Tung, V. W. S. (2010). The Effect of Memorable Experience on Behavioral Intentions in Tourism: A Structural Equation Modeling Approach. *Tourism Analysis*, *15*(6), 637–648. https://doi.org/10.3727/108354210X12904412049776

Kim, J., & Fesenmaier, D. R. (2017). Sharing tourism experiences: The posttrip experience. *Journal of Travel Research*, *56*(1), 28–40. Retrieved from http://journals.sagepub.com/doi/abs/10.1177/0047287515620491

Kim, K., Uysal, M., & Sirgy, M. J. (2013). How does tourism in a community impact the quality of life of community residents? *Tourism Management*, *36*, 527–540. https://doi.org/10.1016/j.tourman.2012.09.005

Kline, R. B. (1998). Software review: Software programs for Structural Equation Modeling; Amos, EQS, and LISREL. *Journal of Psychoeducational Assessment*, *16*(4), 343–364.

Kline, R. B. (2016). *Principles and practice of Structural Equation Modeling*. (T. D. Little, Ed.) (4th Ed.). London: The Guilford Press.

Knobloch, U., Robertson, K., & Aitken, R. (2016). Experience, emotion, and eudaimonia: a consideration of tourist experiences and well-being. *Journal of Travel Research*, *56*(5), 651–662. https://doi.org/10.1177/0047287516650937

Knodel, B., Prachuabmoh, V., Pothisiri, W., & Teerawichitchainan, B. (2015). *The situation of Thailand's older population: An update based on the 2014 survey of older persons in Thailand*. Retrieved from

https://www.researchgate.net/publication/288833

Koncul, N. (2012). Wellness: A new mode of tourism. *Ekonomska Istrazivanja*, *25*(2), 525–534. https://doi.org/10.1080/1331677X.2012.11517521

Larsen, S. (2007). Aspects of a psychology of the tourist experience. *Scandinavian Journal of Hospitality and Tourism*, *7*(1), 7–18. https://doi.org/10.1080/15022250701226014

Lee, T. H. (2009). A structural model to examine how destination image , attitude , and motivation affect the future behavior of tourists. *Leisure Sciences*, *31*(3), 215–236. https://doi.org/10.1080/01490400902837787

Lemon, K. N., & Verhoef, P. C. (2016). Understanding customer experience throughout the customer journey. *Journal of Marketing*, *80*(6), 69–96. https://doi.org/10.1509/jm.15.0420

Lifshitz, R., Nimrod, G., & Bachner, Y. G. (2018). Internet use and well-being in later life: A functional approach. *Aging & Mental Health*, *22*(1), 85–91. https://doi.org/10.1080/13607863.2016.1232370

Lim, Y.-J., Kim, H.-K., & Lee, T. J. (2016). Visitormotivational factors and level of satisfaction in wellness tourism: comparison between first-time visitors and repeat visitors. *Asia Pacific Journal of Tourism Research*, *21*(2), 137–156. https://doi.org/10.1080/10941665.2015.1029952org/10.1080/10941665.2015.1029952

Liu, H. (2016). The role of negative emotions in shaping tourist experiences. In *Tourism Travel and Research Association: Advancing Tourism Research Globally* (pp. 1–5). Massachusetts-Amherst, USA: ScholarWorks@ UMass Amherst.

Liu, S. H., Liao, H. L., & Chen, C. H. (2013). Marketing for remote area using an experience-based tourism website destination. *International Journal of Services Technology and Management*, *19*(4/5/6), 294–303. https://doi.org/10.1504/IJSTM.2013.055628

Losada, N., Alén, E., Domínguez, T., & Nicolau, J. L. (2016). Travel frequency of seniors tourists. *Tourism Management*, *53*(2016), 88–95. https://doi.org/10.1016/j.tourman.2015.09.013

Maitland, R. (2008). Conviviality and everyday life: The appeal of new areas of London for visitors. *International Journal of Tourism Research*, *10*(1), 15–25. https://doi.org/10.1002/jtr.621

Maitland, R. (2010). Everyday life as a creative experience in cities. *International Journal of Culture, Tourism and Hospitality Research*, *4*(3), 176–185. https://doi.org/10.1108/17506181011067574

Mak, A. H. N., Wong, K. K. F., & Chang, R. C. Y. (2009). Health or self-indulgence? The motivations and characteristics of spa-goers. *International Journal of Tourism Research*, *11*(2), 185–199. https://doi.org/10.1002/jtr.703

Marciszewska, B. (2005). Emotional arts marketing-creating tourist value. *Tourism Review*, *60*(3), 29–34. https://doi.org/10.1108/eb058459

McLellan, H. (2000). Experience design. *Cyber Psychology & Behavior*, *3*(1), 59–72.

McQuitty, S. (2018). The purposes of multivariate data analysis methods: an applied commentary. *Journal of African Business*, *19*(1), 124–142. https://doi.org/10.1080/15228916.2017.1374816

Mehmetoglu, M., & Engen, M. (2011). Pine and Gilmore's concept of experience economy and its dimensions: an empirical examination in tourism. *Journal of Quality Assurance in Hospitality & Tourism*, *12*(4), 237–255. https://doi.org/10.1080/1528008X.2011.541847

Meyer, C., & Schwager, A. (2007). Understanding customer experience. *Harvard Business Review*. https://doi.org/10.1108/00242539410067746

Milner, C. (2013). Building the foundation for active aging: The ICAA model. *The Journal on Active Aging*, (May/June), 42–55. Retrieved from https://www.icaa.cc/activeagingandwellness.htm

Ministry of Tourism and Sports Thailand. (2017). *The Second National Tourism Development Plan 2017-2021 (NTDP 2017-2021)*. *MoTS Thailand*. Bangkok, Thailand.

Morse, J. (1994). Designing funded qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 220–235). UK: SAGE Publications, Inc.

Mueller, H., & Kaufmann, E. L. (2001). Wellness tourism: Market analysis of a special

health tourism segment and implications for the hotel industry. *Journal of Vacation Marketing*, *7*(1), 5–17. https://doi.org/10.1177/135676670100700101

Muller, T. E., & Cleaver, M. (2000). Targeting the CANZUS baby boomer explorer and adventurer segments. *Journal of Vacation Marketing*, *6*(2), 154–169. https://doi.org/10.1177/135676670000600206

Murray, L. (2015). Age-friendly mobilities: A transdisciplinary and intergenerational perspective. *Journal of Transport & Health*, *2*(2), 302–307. https://doi.org/10.1016/j.jth.2015.02.004

Naidoo, P., Ramseook-Munhurrun, P., Seebaluck, N. V., & Janvier, S. (2015). Investigating the motivation of baby boomers for adventure tourism. *Procedia - Social and Behavioral Sciences*, *175*(2015), 244–251. https://doi.org/10.1016/J.SBSPRO.2015.01.1197

Neilsen Thailand. (2016, August). Senior: High potential customer trend but why the marketing ignore. Retrieved from https://positioningmag.com/1100674 (In Thai).

Neuhofer, B., Buhalis, D., & Ladkin, A. (2012). Conceptualising technology enhanced destination experiences. *Journal of Destination Marketing & Management*, *1*(1–2), 36–46. https://doi.org/10.1016/j.jdmm.2012.08.001

Newbold, C., Boyd-Barrett, O., & Van Den Buluk, H. (2002). Quantitative content analysis. In *The Media Book* (pp. 78–85). London, UK: ArnoldPublisher.

Newsmonitor. (2017, June 6). Elderly society and the future of Thailand. Retrieved from https://www.matichon.co.th/news-monitor/news_575355 (In Thai).

Nikitina, O., & Vorontsova, G. (2015). Aging population and tourism: Socially determined model of consumer behavior in the senior tourism segment. *Procedia-Social and Behavioral Sciences*, *214*(June), 845–851. https://doi.org/10.1016/j.sbspro.2015.11.736

Nimrod, G., & Shrira, A. (2016). The paradox of leisure in later life. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *71*(1), 106–111. https://doi.org/10.1093/geronb/gbu143

Nkaabu, Clement G.; Saina, Ernest & Bonuke, R. (2017). Emotional experience and purchase intention: A moderated mediation of store image and utilitarian value.

International Journal of Economics, Commerce and Management, *V*(8), 249–263. Retrieved from http://ijecm.co.uk/

O'dell, T. (2007). Tourist experiences and academic junctures. *Scandinavian Journal of Hospitality and Tourism*, *7*(1), 34–45. https://doi.org/10.1080/15022250701224001

Oh, H., Assaf, A., & Baloglu, S. (2016). Motivations and goals of slow tourism. *Journal of Travel Research*, *55*(2), 205–219.

Otto, J., & Ritchie, J. (1996). The service experience in tourism. *Tourism Management*, *17*(3), 165–174. Retrieved from https://doi.org/10.1016/0261-5177(96)00003-9

Oxford Economics. (2016). *The longevity economy: How people over 50 are driving economic and social value in the US*. Washington, DC: American Association of Retired Persons Public Policy Institute (AARP). Retrieved from http://www.aarp.org/content/dam/aarp/home-and-family/personal-technology/2016/09/2016-Longevity-Economy-AARP.pdf

Oxford Economics. (2017). *The longevity economy: Economic value of people over 50 in 50 states*. Washington, DC: American Association of Retired Persons Public Policy Institute (AARP). Retrieved from https://doi.org/10.26419/res.00172.002

Park, S., & Santos, C. A. (2017). Exploring the tourist experience. *Journal of Travel Research*, *56*(1), 16–27. https://doi.org/10.1177/0047287515624017

Passer, M., & Smith, R. (2004). *Psychology: The science of mind and behaviour* (2nd ed.). New York, USA: McGraw-Hill.

Patterson, I. (2006). *Growing older: Tourism and leisure behaviour of older adults*. UK: CABI.

Patterson, I. (2018). *Tourism and leisure behaviour in an ageing world*. UK: CABI.

Patterson, I., & Pegg, S. (2009). Marketing the leisure experience to baby boomers and older tourists. *Journal of Hospitality Marketing & Management*, *18*(2–3), 254–272. https://doi.org/10.1080/19368620802594136

Patterson, I., & Pegg, S. (2011). Ageing travellers: Seeking an experience and not just a destination. In Dimitrios. Buhalis & S. Darcy (Eds.), *Accessible tourism: Concepts and issues* (pp. 174–186). Bristol, UK: Channel View Publications.

Patterson, I., Sie, L., Balderas-Cejudo, A., & Rivera-Hernaez, O. (2017). Changing

trends in the baby boomer travel market: Importance of memorable experiences. *Journal of Hospitality Marketing & Management*, *26*(4), 347–360. https://doi.org/10.1080/19368623.2017.1255162

Paul, B., DeBruin, D., Bartels, D., Chambers, E., & Kahn, J. (2003). *A guide to research ethics*. USA: University of Minnesota Center for Bioethics.

Peacock, M. (2009). Using emotional experience design to engage customers on your website. Retrieved from http://www.cmswire.com/cms/web-content/using-emotional-experience-design-to-engage-customers-on-your-website-006155.php

Pearson, R. H., & Mundform, D. J. (2010). Recommended sample size for conducting exploratory factor analysis on dichotomous data. *Journal of Modern Applied Statistical Methods*, *9*(2), 359–368. https://doi.org/10.22237/jmasm/1288584240

Penny, K. I. (1996). Appropriate critical values when testing for a single multivariate outlier by using the mahalanobis distance. *Applied Statistics*, *45*(1), 73. https://doi.org/10.2307/2986224

Poon, A. (1993). *Tourism, technology and competitive strategies*. Wallingford, Oxon: CABI.

PopulationPyramid. (2018). Population pyramids of the world from 1950 to 2100. Retrieved June 30, 2018, from https://www.populationpyramid.net/world/2018/

Prahalad, C., & Ramaswamy, V. (2004). Co-creation experiences: The next practice in value creation. *Journal of Interactive Marketing*, *18*(3), 5–14. https://doi.org/10.1002/dir.20015

Prayag, G., Hosany, S., Muskat, B., & Del Chiappa, G. (2017). Understanding the relationships between tourists' emotional experiences, perceived overall image, satisfaction, and intention to recommend. *Journal of Travel Research*, *56*(1), 41–54. https://doi.org/10.1177/0047287515620567

Prayag, G., Hosany, S., & Odeh, K. (2013). The role of tourists' emotional experiences and satisfaction in understanding behavioral intentions. *Journal of Destination Marketing & Management*, *2*(2), 118–127. Retrieved from http://dx.doi.org/10.1016/j.jdmm.2013.05.001

Prebensen, N. K., Kim, H. (Lina), & Uysal, M. (2016). Cocreation as moderator between the experience value and satisfaction relationship. *Journal of Travel*

Research, *55*(7), 934–945. https://doi.org/10.1177/0047287515583359

Prebensen, N. K., Woo, E., Chen, J. S., & Uysal, M. (2012). Experience quality in the
different phases of a tourist vacation: A case of northern Norway. *Tourism
Analysis*, *17*(5), 617–627. https://doi.org/10.3727/108354212X13485873913921

Prebensen, N. K., Woo, E., Chen, J. S., & Uysal, M. (2013). Motivation and
involvement as antecedents of the perceived value of the destination experience.
Journal of Travel Research, *52*(2), 253–264.
https://doi.org/10.1177/0047287512461181

Prebensen, N. K., Woo, E., & Uysal, M. S. (2014). Experience value: Antecedents and
consequences. *Current Issues in Tourism*, *17*(10), 910–928.
https://doi.org/10.1080/13683500.2013.770451

Pullman, M., & Gross, M. (2004). Ability of experience design elements to elicit
emotions and loyalty behaviors. *Decision Sciences*, *35*(3), 551–578. Retrieved
from https://doi.org/10.1111/j.0011-7315.2004.02611.x

Pyke, S., Hartwell, H., Blake, A., & Hemingway, A. (2016). Exploring well-being as a
tourism product resource. *Tourism Management*, *55*, 94–105.
https://doi.org/10.1016/j.tourman.2016.02.004

Rajalahti, T., & Kvalheim, O. M. (2011). Multivariate data analysis in pharmaceutics:
A tutorial review. *International Journal of Pharmaceutics*, *417*(1–2), 280–290.
https://doi.org/10.1016/j.ijpharm.2011.02.019

Richards, G. (2011). Creativity and tourism: The state of the art. *Annals of Tourism
Research*, *38*(4), 1225–1253. Retrieved from
https://doi.org/10.1016/j.annals.2011.07.008%0A

Richards, G. (2016). *Co-designing experiences with consumers: The case of creative
tourism. Workshop input on experience design, Tromsø, 27 May 2016.* Retrieved
from https://www.academia.edu/26363825/Co-
designing_experiences_with_consumers_the_case_of_creative_tourism_Input_f
or_a_workshop_on_experience_design_Tromsø_27_May_2016

Richards, G., & Wilson, J. (2006). Developing creativity in tourist experiences: A
solution to the serial reproduction of culture? *Tourism Management*, *27*(6),
1209–1223. https://doi.org/10.1016/j.tourman.2005.06.002

Rihova, I., Buhalis, D., Moital, M., & Gouthro, M.-B. (2015). Conceptualising customer-to-customer value co-creation in tourism. *International Journal of Tourism Research*, *17*(4), 356–363. https://doi.org/10.1002/jtr.1993

Romanova, G., Dimanche, F., & Vetitnev, A. (2015). Health and wellness tourism. In F. Dimanche & L. Andrades (Eds.), *Tourism in Russia: A Management Handbook* (pp. 231–287). Emerald. Retrieved from https://www.researchgate.net/publication/302140629_Health_and_Wellness_Tourism

Same, S. (2014). Experience marketing in country branding: Theoretical developments and an Estonian case study. *Research in Economics and Business: Central and Eastern Europe*, *6*(1), 65–88.

Sangkakorn, K. et al. (2014). *Destination development manual for older aging tourists* (Vol. 2013). Chiangmai, Thailand: Social Research Institute, Chiangmai University.

Sangkakorn, K. et al. (2015). *Tourism management and administration in the upper north of thailand for supporting senior tourists*. Chiangmai, Thailand: Social Research Institute, Chiangmai University.

Savaşan, A., Yalvaç, M., & Tuncel, E. (2017). Statistical reasoning for developing an attitude scale for health tourism stakeholders in North Cyprus context. *Procedia Computer Science*, *120*, 196–203. https://doi.org/10.1016/j.procs.2017.11.229

Schmitt, B. (1999). Experiential marketing: A new framework for design and communications. *Journal of Marketing Management*, *15*(1–3), 53–67. Retrieved from https://doi.org/10.1362/026725799784870496

Schoonenboom, J., & Johnson, R. B. (2017). How to construct a mixed methods research design. *KZfSS Kölner Zeitschrift Für Soziologie Und Sozialpsychologie*, *69*(S2), 107–131. https://doi.org/10.1007/s11577-017-0454-1

Schumacker, R. E., & Lomax, R. G. (2010). *A beginner's guide to Structural Equation Modeling*. New York, USA: Routledge.

Scott, N., Gao, J., & Ma, J. (2017). *Visitor experience design*. Oxfordshire, UK: CAB International. https://doi.org/10.1079/9781786391896.0030

Scott, N., & Le-Dung. (2017). Tourism experience: A review. In N. Scott, J. Gao, & J.

Ma (Eds.), *Visitor Experience Design* (pp. 30–49). Oxfordshire: CABI. https://doi.org/10.1079/9781786391896.0030

Scott, N., & Parfitt, N. (2005). Lifestyle segmentation in tourism and leisure. *Journal of Quality Assurance in Hospitality & Tourism*, *5*(2–4), 121–139. https://doi.org/10.1300/J162v05n02_07

Sharma, P., & Nayak, J. K. (2018). Testing the role of tourists' emotional experiences in predicting destination image, satisfaction, and behavioral intentions: A case of wellness tourism. *Tourism Management Perspectives*, *28*, 41–52. https://doi.org/10.1016/j.tmp.2018.07.004

Shiffman, L., & Sherman, E. (1991). Value orientations of new-age elderly: The coming of an ageless market. *Journal of Business Research*, *22*(2), 187–194. https://doi.org/10.1016/0148-2963(91)90052-Y

Shoval, N., Schvimer, Y., & Tamir, M. (2018). Tracking technologies and urban analysis: Adding the emotional dimension. *Cities*, *72*(Part A), 34–42. https://doi.org/10.1016/j.cities.2017.08.005

Sie, L., Patterson, I., & Pegg, S. (2016). Towards an understanding of older adult educational tourism through the development of a three-phase integrated framework. *Current Issues in Tourism*, *19*(2), 100–136. https://doi.org/10.1080/13683500.2015.1021303

Šimková, E., & Holzner, J. (2014). Motivation of tourism participants. *Procedia-Social and Behavioral Sciences*, *159*(2014), 660–664. https://doi.org/10.1016/j.sbspro.2014.12.455

Smith, M. K., & Diekmann, A. (2017). Tourism and wellbeing. *Annals of Tourism Research*, *66*, 1–13. https://doi.org/10.1016/j.annals.2017.05.006

SRI International. (2017). *The global wellness tourism economy*. Retrieved from https://scholarworks.umass.edu/cgi/viewcontent.cgi?article=2037&context=ttra

Steiger, J. H. (2000). Point estimation, hypothesis testing, and interval estimation using the RMSEA: Some comments and a reply to Hayduk and Glaser. *Structural Equation Modeling: A Multidisciplinary Journal*, *7*(2), 149–162. https://doi.org/10.1207/S15328007SEM0702_1

Stepchenkova, S., Kirilenko, A. P., & Morrison, A. M. (2009). Facilitating content

analysis in tourism research. *Journal of Travel Research*, *47*(4), 454–469. https://doi.org/10.1177/0047287508326509

Stewart-Brown, S. (1998). Emotional wellbeing and its relation to health. *British Medical Journal (BMJ)*, *317*(7173), 1608–1609. https://doi.org/10.1136/bmj.317.7173.1608

Sthapit, E., & Coudounaris, D. N. (2018). Memorable tourism experiences: antecedents and outcomes. *Scandinavian Journal of Hospitality and Tourism*, *18*(1), 72–94. https://doi.org/10.1080/15022250.2017.1287003

Swank, C., Hollenbeck, A. R., Keenan, T., & Fisher, L. (2000). *AARP Survey on lifelong learning*. New York, USA. Retrieved from https://assets.aarp.org/rgcenter/general/lifelong.pdf

Swift, H. J., Abrams, D., Lamont, R. A., & Drury, L. (2017). The risks of ageism model: How ageism and negative attitudes toward age can be a barrier to active aging. *Social Issues and Policy Review*, *11*(1), 195–231. https://doi.org/10.1111/sipr.12031

Tan, S., Kung, S., & Luh, D. (2013). A model of creative experience in creative tourism. *Annals of Tourism Research*, *41*(April 2013), 153–174. Retrieved from http://dx.doi.org/10.1016/j.annals.2012.12.002

Tashakkori, A., & Teddlie, C. (2003). *Handbook of mixed methods in social and behavioral research*. USA: SAGE Publications.

TAT Intelligence Center [TATIC]. (2016). *Data survey project for in-depth analysis of tourist behavior: Niche market*. Bangkok, Thailand: Tourism Authority of Thailand (TAT).

Teo, T., Lim, V., & Lai, R. (1999). Intrinsic and extrinsic motivation in Internet usage. *International Journal of Management Science (OMEGA)*, *27*(1999), 25–37. Retrieved from https://doi.org/10.1016/S0305-0483(98)00028-0%0A

Thailand National Tourism Policy Commitee. (2016). *The second Thailand national tourism development plan (2017-2021)* (2nd ed.). Bangkok, Thailand: Ministry of Tourism and Sports (MoTS).

Tlili, H. T., & Amara, D. (2016). Towards emotional experience and place attachment as tourist satisfaction attributes. *Journal of Business & Economic Policy*, *3*(3),

108–119. Retrieved from
http://jbepnet.com/journals/Vol_3_No_3_September_2016/11.pdf

Trochim, W. M. K., & Donnelly, J. P. (2008). *The research methods knowledge base* (2nd ed.). Mason, OH: Cengage Learning.

Tsaur, S.-H., Lin, W.-R., & Cheng, T.-M. (2015). Toward a structural model of challenge experience in adventure recreation. *Journal of Leisure Research*, *47*(3), 322–336. https://doi.org/10.1080/00222216.2015.11950363

Tussyadiah, I. (2013). Toward a theoretical foundation for experience design in tourism. *Journal of Travel Research*. Retrieved from https://doi.org/10.1177/0047287513513172

Tussyadiah, I. (2014). Toward a theoretical foundation for experience design in tourism. *Journal of Travel Research*, *53*(5), 543–564. https://doi.org/10.1177/0047287513513172

Tussyadiah, I., & Zach, F. J. (2012). The role of geo-based technology in place experiences. *Annals of Tourism Research*, *39*(2), 780–800. https://doi.org/10.1016/j.annals.2011.10.003

UN Secretary-General. (2017). *Monitoring of population programmes*. *United Nations Economic and Social Council (E/CN.9/2017/3)*. Retrieved from https://digitallibrary.un.org/record/859428/files/E_CN.9_2017_3-EN.pdf

UNDESA. (2002). *World population ageing 1950-2050*. *United Nations Department of Economic and Social Affairs*. Retrieved from http://globalag.igc.org/ruralaging/world/ageingo.htm

UNDESA. (2015). *World population ageing 2015* (No. ST/ESA/SER.A/390). *United Nations Department of Economic and Social Affairs*. Retrieved from http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf

UNDESA. (2017). *World population prospects: The 2017 revision, key findings and advance* (No. ESA/P/WP/248). *United Nations Department of Economic and Social Affairs*. Retrieved from https://www.un.org/development/desa/publications/world-population-prospects-the-2017-revision.html

UNECE. (2012). Active ageing: Policy brief. *United Nations Economic Commission for Europe*, *13*(June), 1–16. Retrieved from https://doi.org/10.1108/qaoa.2012.55913baa.007

UNECE. (2013). *Introducing the active ageing index: Policy brief*. Retrieved from https://www.cardi.ie/userfiles/EC_Policy%2Bbrief%2BFinal%2BMarch%2B2013.pdf

UNFPA & HelpAge International. (2012a). *Ageing in the Twenty-First Century: A Celebration and A Challenge*. New York, USA: United Nations Population Fund (UNFPA). https://doi.org/978-0-89714-981-5

UNFPA & HelpAge International. (2012b). *Ageing in the twenty-first century: Executive summary*. New York, USA: United Nations Population Fund (UNFPA). Retrieved from https://www.researchgate.net/publication/314205132_Ageing_in_the_Twenty-First_Century_A_Celebration_and_A_Challenge

United Nations Environment Programme and World Tourism Organization. (2012). *Tourism in the green economy: Background report*. Madrid, Spain.

UNWTO. (2017). *UNWTO tourism highlight: 2017 edition*. Madrid, Spain: World Tourism Organization (UNWTO). Retrieved from https://www.e-unwto.org/doi/pdf/10.18111/9789284419029

UNWTO. (2019). *Walking tourism promoting regional development: Executive summary*. Madrid, Spain: World Tourism Organization (UNWTO). https://doi.org/10.18111/9789284420346

Uysal, M., Sirgy, M. J., Woo, E., & Kim, H. (2016). Quality of life (QOL) and well-being research in tourism. *Tourism Management*, *53*, 244–261. https://doi.org/10.1016/j.tourman.2015.07.013

Vigolo, V. (2017). Older tourist behavior and marketing tools. In *Tourism, Hospitality & Event Management* (p. 176). Cham, Switzerland: Springer International Publishing. https://doi.org/10.1007/978-3-319-47735-0

Voigt, C., Brown, G., & Howat, G. (2011). Wellness tourists: In search of transformation. *Tourism Review*, *66*(12), 16–30. https://doi.org/10.1108/16605371111127206

Volo, S. (2017). Emotions in tourism: From exploration to design. In *In Design Science in Tourism* (pp. 31–40). Cham, Switzerland: Springer. https://doi.org/10.1007/978-3-319-42773-7_3

Walker, A., & Foster, L. (2013). Active ageing: Rhetoric, theory and practice. In R. Ervik & L. T. Skogedal (Eds.), *The making of aging policy: Theory and Practice in Europe* (pp. 27–31). UK: Edward Elgar Publishing.

Wang, Y. (2011). Ageing travel market and accessibility requirements. In D Buhalis & S. Darcy (Eds.), *Accessible tourism: concepts and issues* (pp. 191–200). UK: Channel View Publications.

Watson, K. B., Carlson, S. A., Gunn, J. P., Galuska, D. A., O'Connor, A., Greenlund, K. J., & Fulton, J. E. (2016). Physical inactivity among adults aged 50 years and older-United States 2014. *Morbidity and Mortality Weekly Report (MMWR)*, *65*(36), 954–958. https://doi.org/10.15585/mmwr.mm6536a3

Weller, C. (2017). 4 mega-trends that could change the world by 2030. *World Economic Forum & Business Insider*. Retrieved from https://www.weforum.org/agenda/2017/08/4-mega-trends-that-could-change-the-world-by-2030

WHO. (1994). *Health in Europe*. Copenhagen: WHO Regional Publications.

WHO. (2002). *Active ageing: A policy framework*. Geneva: World Health Organization.

WHO. (2005). *The Health for All policy framework for the WHO European region: 2005 update*. Denmark: World Health Organization 2005.

WHO. (2007). *Global age-friendly cities: A Guide*. *Aging and Life Course, Family and Community Health*. Geneva. Retrieved from www.who.int/ageing/en

WHO. (2015). *World report on ageing and health*. Geneva: World Health Organization 2015. Retrieved from www.who.int/

WTTC Global. (2017). *Travel and tourism: Global economic impact & issues 2017*. London, UK: World Travel & Tourism Council (WTTC). Retrieved from https://travel.report/whitepapers/travel-and-tourism-global-economic-impact-and-issues-2017/60

WTTC Thailand. (2017). *Travel and tourism: Thailand economic impact 2017*.

London, UK: World Travel & Tourism Council (WTTC). Retrieved from
https://www.wttc.org

Wu, C. H.-J., & Liang, R.-D. (2011). The relationship between white-water rafting
experience formation and customer reaction: A flow theory perspective. *Tourism
Management*, *32*(2), 317–325. https://doi.org/10.1016/j.tourman.2010.03.001

Yachin, J. M. (2018). The customer journey: Learning from customers in tourism
experience encounters. *Tourism Management Perspectives*, *28*(October2018),
201–210. https://doi.org/10.1016/j.tmp.2018.09.002

Yeung, O., & Johnston, K. (2017). *The global wellness economy monitor: January
2017*. Miami, FL, United States: Global Wellness Institute (GWI). Retrieved
from www.globalwellnessinstitute.org.

Ying, B., & Yao, R. (2010). Self-perceived age and attitudes toward marketing of older
consumers in China. *Journal of Family and Economic Issues*, *31*(3), 318–327.
https://doi.org/10.1007/s10834-010-9199-y

Zaidi, A., Gasior, K., Hofmarcher, M. M., Lelkes, O., Marin, B., Rodrigues, R., …
Zolyomi, E. (2013). *Active Ageing Index 2012: Concept, methodology and final
results*. Vienna: European Centre.

APPENDIX A

SURVEY QUESTIONNAIRES

NIDA
WISDOM *for* Change

Graduate School of Tourism Management
National Institute of Development Administration
Bangkok, Thailand.

The participant information

Title of research project:
Emotional Tourist-Experience Design: A Health-Wellbeing for the Active 50-Plus Cohort.

This questionnaire is a part of a doctoral research project that seeks for tourist opinion on the tourist-experience activity and the experienced relationships with the health-wellbeing in tourism context. Thank you for taking the time to participate by filling in this questionnaire.

This questionnaire is divided into two parts; Part one requires you to express your opinion on the tourist-experience activities and relationships with the health-wellbeing, and Part two requires you to provide information about yourself. The survey should take approximately 15-20 minutes to complete.

Responses to this questionnaire will be strictly confidential. Please do not attach your name to the questionnaire. The PhD. candidate, Ms. Anugool Bhumiwat, and her supervisors, Assistant Professor Suwaree Namwong, PhD., at the Graduate School of Tourism Management, National Institute of Development Administration (NIDA), Bangkok, Thailand, are the only people who will see the completed questionnaire, which will remain the property of the Institute. You can stop answering the questionnaire at any time.

This study adheres to the ethical guidelines of the National Institute of Development Administration (NIDA), Bangkok, Thailand. I would be pleased to discuss your participation or any query you may have at any time. Please contact me, Anugool Bhumiwat Email: apumiwat@gmail.com. If you would like to speak to the ethic officer, who is not involved in this study, you may contact the faculty or Institute's ethic office directly.

Yours sincerely,

Anugool Bhumiwat

Part I: Tourist-experience Design

<u>**A**. **Tourist's choices.**</u>

1. Tick ✔ one, or more items, for "**health benefit**" you feel most concern when you travel.

☐ Physical health (your body)

☐ Mental health (your thought)

☐ Social health (your social interact with others)

☐ Emotional health (your feeling.)

☐ Others …………………………………………………..

2. Ranking **main destinations** you prefer to visit in general.
    From the "most =4" to "least =1" preferences; (from 4, 3, 2, to 1).

☐ **Nature**-like places
    (e.g. the national parks and forestry, mountain, beaches, waterside, or natural recreation places, etc.)

☐ **Culture**-like places
    (e.g. local food market, organic farm-stay, iconic architecture, historical heritage sites and museums, local art & craft villages, cooking school, or creative community, etc.)

☐ **Leisure**-like places
    (e.g. leisure resort, local aroma and spa retreat centre, local massage and health therapy clinics, herbal-treat centres, etc.)

☐ Others…………………………………………………………………..

3. Tick ✔ three items, or more, for "**your preferable health-activities**" during trip.

☐ Walking   ☐ Running   ☐ Bicycling   ☐ Hiking

☐ Animal watching. ☐ Photo-taking ☐ Story-writing ☐ Web-blogger

☐ Exploring food to eat. ☐ Visiting iconic places or buildings ☐ Yoga practice

☐ Soft-adventure with mild physical activity (e.g. Scenic kayak/ canoeing, bush walking/ hiking trails, surfaced diving/ snorkeling, or short river rafting, etc.)

☐ Local interact by learning from local history/ people/ culture/ environment.

☐ Creative activity (e.g. cooking, weaving, pottering, dancing, history-studying, etc.)

☐ Others …………………………………………………………

B. Tourist-experience Opinion

Please rate scale of your best opinion on each item.

Rating Scales:-
7 = Strongly agree   **6 = Agree**   **5 = Slightly agree**
4 = Neutral   **3 = Slightly disagree** **2 = Disagree**   **1 = Strongly disagree**

#	a). Which "**external motivations**" can draw you to go out travelling?	Strongly agree	Agree	Slightly agree	Neutral	Slightly disagree	Disagree	Strongly disagree
		7	**6**	**5**	**4**	**3**	**2**	**1**
1	Willing to try **new different activity** that I have never tried before if it makes me healthier.							
2	To try **more challenging activity** that is hard to do, if it creates new perspective of self-satisfaction.							
3	Seeking for **new experiences to try** wherever I visit (e.g. food/art & craft/music, etc.), if those inspire my mental creativity.							
4	Willing to **design my own experience** from what I found on internet, if it gives me self-fulfillment.							
5	**Using health applications for health-watch**, if those make me feel safer and secured while travelling (e.g. blood pressure, heartbeat, sugar level, daily step-counts, etc.).							
6	Most likely to **use social online-connections** to share new health-activity experiences, if they link my interests to others.							
7	**Opportunity to find new friends** doing health activity together, if our meaningful healthy-living experiences are the same.							
8	To **expand knowledge** with locals in different cultures, if those inspire my health interests.							
9	My willing **to join special events**, e.g. cultural music festival, if those make me feel happier.							
10	To see **a fascinated beautiful landscapes**, if those can relieve me from work-stress.							
11	To **get closer to real nature**, so I urge myself to do outdoor exercise along the beach, the mountain track, or the riverside, etc.							
12	I want to join the environmental-friendly activities (e.g. jogging-picking garbage, etc.), if those give **new meaningful health-activity experience** of global responsiveness.							

Please rate scale of your best opinion on each item.

#	b). Which level of "**inner motivations**" can drive you to go out travelling for benefits of health-wellbeing?	Strongly agree	Agree	Slightly agree	Neutral	Slightly disagree	Disagree	Strongly disagree
		7	6	5	4	3	2	1
	Physical health levels:							
13	**Willing to be a healthy aging person**, so I encourage myself to join more physical exercise while travelling.							
14	**Just staying healthier in later life**, so I prepare myself ready to join all physical activities whenever I have opportunity.							
15	**I commit to routine exercise**, so I prefer to visit wherever the environment offer.							
	Mental health levels:							
16	**I want to mentally exercise**, so that I intend to design my own desire activities.							
17	**Willing to enjoy peace and calmness**, so I want to be in locality that simple, basic living.							
18	I want to visit historical heritage/architectural icons, or attend cooking class/ herbal treatment, etc., if those **fulfill my enthusiastic cultural-learning.**							
	Social health levels:							
19	Willing **to socialize with new people**, if it help me feel cheerfully healthier.							
20	I decide **to participate in local cultural activities**, just to gain more interests about local uniqueness.							
	Emotional health levels:							
21	Traveling with physically refreshed activities is my choice **to get emotionally refreshed.**							
22	Willing **to have peaceful mind recovered**, so I choose to escape from daily stress by taking long leisure activities.							
23	**Intend to balance all activities at my own pace and health conditions**, if it makes me feel emotionally happier.							

Please rate scale of your best opinion on each item.

#	c). How would you **feel about experience** that you have, after your motivations draw you out for health activities?	Strongly agree	Agree	Slightly agree	Neutral	Slightly disagree	Disagree	Strongly disagree
		7	6	5	4	3	2	1
24	I feel enthusiastic for unexpected sightseeing that improves my mood.							
25	I have so much fun doing new exciting things that exercise my mental health.							
26	I feel like to challenge myself again after first mission, e.g. walk rally/fun-run/bike2U, etc.							
27	I feel amazed to accidentally found rare birds/ trees/ flowers/etc., while exercising.							
28	I am fascinated for tolerance I prepare ready to finish longer exercise.							
29	I astonishingly run into unexpected images on internet which make me feel delightful.							
30	I feel much pleasure for opportunity to learn different living healthier from other cultures.							
31	I have a sense of joy walking around the old town/historical heritage/building icons/etc.							
32	I mostly enjoy herbal treatment even though I have to pay the price (money or time) on it.							
33	I feel fully balance of relaxing in real nature, if I do with Yoga or light exercise.							
34	I definitely feel inner peaceful and calmness that make my self-consciousness stronger.							
35	I feel a sense of happiness for all activities I desire with my time and health conditions.							
#	d). How would you feel for **each level of satisfaction,** from all above experiences that you have, after all health activities?	Strongly agree	Agree	Slightly agree	Neutral	Slightly disagree	Disagree	Strongly disagree
		7	6	5	4	3	2	1
36	Overall, I feel refreshed.							
37	I definitely appreciate trying something new that improve my self-image.							
38	I feel satisfied with myself gaining new experience as a result of all health activities.							
39	I feel fulfilled with my cultural-knowledge extended from places I have more visits.							
40	I feel succeeded in eliminating daily work-stress after all leisure activities/treatments.							
41	I most likely feel happy for self-development.							
42	I feel accomplished with overall social-activity experiences.							
43	All above experiences help me enrich overall perspective of self-fulfillment.							
44	I feel inner harmony at the end of all health activities.							

Please rate scale of your best opinion on each item.

#	e). How would you feel, for **each level of memorable experience** occurred to you, after all health activities?	Strongly agree	Agree	Slightly agree	Neutral	Slightly disagree	Disagree	Strongly disagree
		7	6	5	4	3	2	1
45	I am impressed of feeling cheerful after my emotional refreshed.							
46	I feel heart-warmth at once with good people I just met.							
47	I feel so touched with scenic nature/ environment I just visit.							
48	I finally gain network of new friends who like health exercise.							
49	Light physical-mental exercise becoming part of my life, reminds me what to do/ where to go next time.							
50	I finally understand how to treat myself fully balance of physical, mental, social and emotional health-wellbeing.							
51	Overall memorable experience that I have collected is valuable to my heart (e.g. locals/ culture/old town/historical heritage/building icons/etc.).							
52	A good lifetime memorable experience of my health activities is kept for future act.							

#	f). Which **level of intention** would you **like to do as a result**, of all health activities and experiences?	Strongly agree	Agree	Slightly agree	Neutral	Slightly disagree	Disagree	Strongly disagree
		7	6	5	4	3	2	1
53	I definitely on-site express my positive things about overall experience to promote health-wellbeing through social media.							
54	I intend to share my overall healthy experience to friends and family.							
55	I will recommend my health-activity experience to others in the review of travel websites.							
56	Good activities that help improve health-wellbeing will be introduced to all people to become health-lover person.							
57	I really want to take the same health activity/ destination-visit again, just to improve my overall health-wellbeing.							
58	My willingness is to repeat similar health activities next time in the near future.							

Part II: Participant's Information

1. Age: ☐ 50-55 ☐ >55-60 ☐ >60-65

☐ >65-70 ☐ >70

2. Gender: ☐ Female ☐ Male

3. Nationality: ☐ Thai ☐ Others:…………………………..

4. Education level: ☐ High School. ☐ Diploma/ Undergraduate

☐ Bachelor Degree ☐ Master Degree ☐ Doctoral Degree/ PhD

5. What type of professions you have now/ or had before?

....

6. What is your income per annual?

☐ Less than 5,000 USD/ year ☐ > 5,000-10,000 USD/year

☐ > 10,000-50,000 USD/year ☐ > 50,000-100,000 USD/year

☐ Others. ……………………………………………

7. How would you like to travel?

☐ Alone ☐ With partner. ☐ With friends. ☐ With family.

☐ With small private group. ☐ Others……………………………

7. How long of the visit can make you most comfortable, in average?

☐ 3-7 days ☐ 7-14 days ☐ Less than 4 weeks

☐ 1-2 months ☐ More than 2 months. ☐ Other ……………………….

APPENDIX B

In-depth Interview Questions

Graduate School of Tourism Management
National Institute of Development Administration
Bangkok, Thailand.

The participant information and consent form

Title of research project:
Emotional Tourist-Experience Design: A Health-Wellbeing for the Active 50-Plus Cohort.

      This Interview is a part of a doctoral research project that seeks for tourist perception towards health-wellbeing activity experience in tourism context. Thank you for taking the time to participate in this in-depth interview conversation.

      This Interview is divided into two parts; Part One requires a few minutes to provide information about yourself, and Part Two requires you to express your perception towards the health-wellbeing experience-based tourism and activities. Total time for Interview should take approximately 45-60 minutes to complete.

      Responses to this interview questions will be strictly confidential. The PhD. candidate, Ms. Anugool Bhumiwat, and the supervisors, Assistant Professor Suwaree Namwong, PhD., at the Graduate School of Tourism Management, National Institute of Development Administration (NIDA), are the only people who will see the completed information, which will remain the property of the Institute. You can stop answering the questions at any time.

      This study adheres to the ethical guidelines of the National Institute of Development Administration (NIDA). I would be pleased to discuss your participation or any query you may have at any time. Please contact me, Anugool Bhumiwat Email: apumiwat@gmail.com. If you would like to speak to the school ethics officer or the Institute's ethic officer, who is not involved in this study, you may contact the faculty or the ethic office directly.

Yours sincerely,

Anugool Bhumiwat

Graduate School of Tourism Management
National Institute of Development Administration
Bangkok, Thailand.

Title of research project:
**Emotional Tourist-Experience Design: A Health-Wellbeing for the
Active 50-Plus Cohort**.

DECLARATION OF CONSENT

I have had the scope and nature of the research fully explained to me. Any questions about the research have been satisfactorily answered, and I understand that I may request further information at any stage. I accept and note that:

1. My participation in this research is entirely voluntary.

2. I may withdraw from participation in the research at any time without explanation, disadvantage or disincentive.

3. Any data pertaining to my business/actions/opinions which is being utilized in this research is solely for the purpose of academic study, and will not be disclosed to any other person or agency without my express consent.

4. This information may be incorporated into the research report, but actual names or other characteristics which may lead to identification of me/my business/my employer will not be disclosed, nor appear in any subsequent report, presentation or publication.

5. I may request to view any completed drafts or sections of the research report to which I have contributed, at any time.

6. A copy of the completed research conclusion will be made available to me, only on request.
_____
DECLARATION:
I have read and understood the information set out on this form, and give my Informed consent to participate in this research project in accordance with the stated terms and conditions.

Name of participant	
Signature/date	
Participant contact details	
Name of researcher	**Anugool Bhumiwat**
Signature/Date	

In-depth Interview Questions

**Emotional Tourist-Experience Design:
A Health-Wellbeing for the Active 50-Plus Cohort**.

Part I: Brief participant's description and opinions.

1. Age: ....years

2. Gender: ....

3. Nationality: ……………………………………………

4. Education level: …………………………………

5. Are you still working? ☐ Yes ☐ No

Are you doing any voluntary work? ☐ Yes ☐ No

What type of professions you have now? Or had before? ....

Are you doing any voluntary work? ☐ Yes ☐ No

What is your income per annual? …………………………………………….

6. Do you support your own trips? ☐ Yes ☐ No

7. How would you like to travel? Alone, with partner/ friends/ small private group, or others?

Why? ………………………………………………………………………….

8. How long of the visit can make you most comfortable, in average? ……………….

Why? ……………………………………………………………………………..

9. Are you aware of "health" when you are travelling? (For example, always eating healthy food, exercise every day, see or do new thing, go out talking to other people, or to develop personal interests, etc.). ☐ Yes ☐ No

Can you tell me about your self-awareness of health? How is it, when you are travelling?

☐ Most ☐ Medium ☐ Little Why? ……………………………………………..

…………………………………………………………………………………………

Part II: Interview questions about tourist perception

To investigate tourist perception towards health-wellbeing activity experience, the active 50-plus tourists are asked **how they perceive the experience value of having health-wellbeing while taking the experience-based tourism and activities**.

Tourist-experience	Q#	In-depth Interview Questions
Goal-driven Motivation	Q1	What motivate you to go out traveling; and what experience value have you got from your past to present trips, and why?
	Q2	What is your perception whether "travel and tourism can make you (tourist) healthier", or "you (tourist) should be healthy before taking the trip to make you travel happier?"
	Q3	Which "health benefits, physical, mental, social, or emotional" are most desire from your travel experience, and why?
	Q4	What type of destinations you most like to visit: **nature, culture, or leisure**, and why?
	Q5	: What type of activity can define your most attempt to do when you travel, and why? -trying to do new things. -seeking new experience to try. -challenge yourself to try new thing.
	Q6	In your perception, what is your health-experience activity during trip, and why?
Emotional Experiences		How do you feel? What do you think?
Tourist Satisfaction		How impressive do you feel? What do you like the most from that trip?
Evaluated Memorable Experience	Q7	What factors (in your perception) can make your trip possible, and why?
	Q8	As a tourist perception, has it been worth traveling for the experience value that concern health-wellbeing, and why?
Intention Behavior	Q9	From now on, what will you choose to travel with? -doing the same activities in the same destination, or in different destination, and why? -doing different activities in the same destination, or in different destination, and why?
	Q10	What is your type of sharing the experience value to others, and why? -on-site sharing through internet and social media: Facebook, @Line, Instagram, etc. -Story telling or word-of-mouth, after the trip. -Story writing or recommendations, after the trip.
Evaluated Memorable Experience	Q11	: What are your activity trip-patterns? And why? -**self-planning trip** or using tour-arrangement services. -**length of your most comfortable trip**: days, weeks or months. -how often do you **travel per year**? -when and **where are your next trips**?
Most desirable travel plan for the active 50-Plus	Q12	In your perception, what the most desirable travel plan would you design for the active 50-Plus?

RESEARCHER'S NOTES:

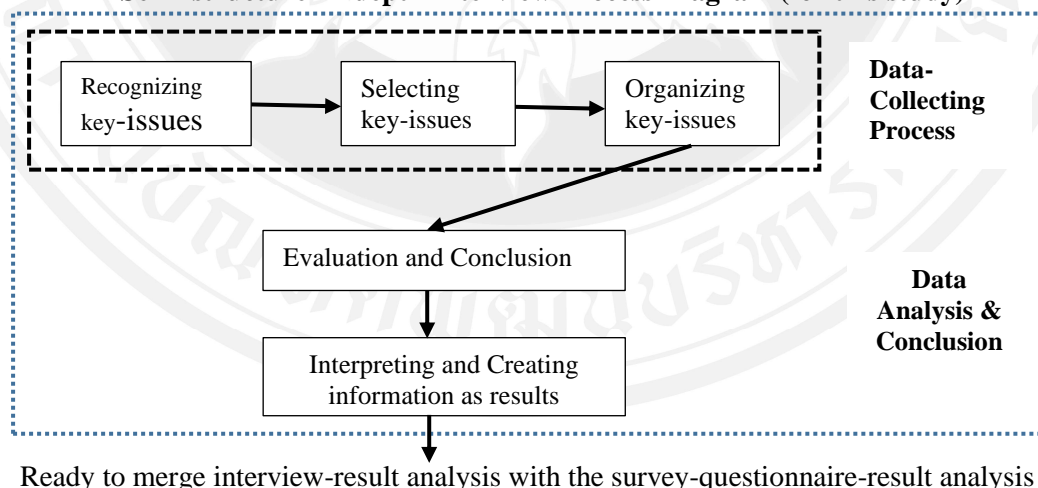Research Objective and Key Definition for this study:

        This part is to investigate **tourist perception** towards health-wellbeing activity experience to create the new meaningful experiences of good health and wellbeing while travelling. The "**perceptual processes** is influenced by *motivational and emotional states*" until the interaction, with the current information stimuli and mentally structured in the individual, can make the process of information possible (Larsen, 2007). "Perception is about making sense of what our senses tell us" (Passer & Smith, 2004), and affects towards *satisfaction, memory, and revisit intention* (Cutler & Carmichael, 2010, p.2-3). Thus, how tourists can achieve quality of life and lifestyle while travelling, through four underpinned health-wellbeing, physical, social, mental, and emotional wellbeing. Also, **how tourist perceives the experience through the process** of receiving, selecting, organizing, and interpreting information to create a meaningful experience (Prebensen, Woo, & Chen, 2012, p.254) of good health and wellbeing while travelling.

        To investigate tourist perception towards health-wellbeing activity experience, this in-depth interview questions are prepared to pursue how the active-aging tourists perceive the experience value of the "health-wellbeing experience-based tourism and activities" that cause the individual lifetime memory and behavior intention, including to share, to recommend, and to revisit, which is the **tourist-experience outcome** of this part of the study.

Interpreting and creating information:

- What tourist perception for health-experience value is, to make them continue investing time, energy, and other resources, to achieve the health-wellbeing while travelling?
- What health-activity experience can be recommended in the next travel plan?

Semi-structure In-depth Interview Process Diagram (for this study)

Ready to merge interview-result analysis with the survey-questionnaire-result analysis

BIOGRAPHY

NAME	Anugool Bhumiwat
ACADEMIC BACKGROUND	B. Arch. (Architecture), King Mongkut Institute of Technology, Ladkrabang Campus, (KMITL), Bangkok, Thailand, in 1986.
	MUP (Master of Urban Planning), and the Certificate of the Master Program in Urban Planning with an Urban Design Emphasis, the College of Architecture and Urban Planning, University of Washington (UW), Seattle, Washington, U.S.A., in 1990.
EXPERIENCES	As an Architect (Designer and Planner, Project Manager, and Freelancer):-
	Duang Chaiya Architect Company Limited, Bangkok, Thailand, a Trainee in 1985.
	Design 103 International Limited, Bangkok, Thailand, in 1990-1995.
	Contour Company Limited, Bangkok, Thailand, in 2002-2003.
	As a Lecturer at Montfort del Rosario School of Architecture and Design, Assumption University, Bang-na Campus, Samut Prakan, Thailand, in 2005-2006, and 2008-2012.