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Developing an Integrated Tourism Marketing Model for Thailand's Wellness and Hospitality Industry: The Mediating Role of Tourist Decision-Making

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Abstract

The global destination reports published by the World Travel and Tourism Council, Thailand's rapid evolution into a primary health hub has positioned wellness travel as an essential pillar for high-value economic development. However, recent service management literature demonstrates that regional hospitality studies frequently conceptualize marketing and destination management initiatives as direct drivers of commercial success,neglecting the complex cognitive, affective, and behavioral decision-making mechanisms that mediate traveler responses.Grounded in Service-Dominant Logic, the Stimulus-Organism-Response framework, and Relationship Marketing Theory,this study develops and empirically evaluates an Integrated Wellness Tourism Marketing Model. The proposed conceptual structure assesses how the extended seven-dimensional service marketing mix influences organizational and destination performance through the mediating mechanism of tourist decision-making, which encompasses destination perception,cognitive trust, risk evaluation, and booking motivation. Using a quantitative cross-sectional survey design targeting verified executive decision-makers across wellness resorts, medical retreats, and holistic spa hotels located within Thailand's primary health hubs, structural equation modeling via Partial Least Squares was executed to validate the reflective measurement model and evaluate structural pathways. The empirical findings confirm that all seven marketing mix dimensions exert a statistically significant positive effect on tourist decision-making, with human capital, service processes, and physical evidence emerging as the dominant operational drivers. Furthermore, tourist decision-making demonstrates a substantial direct positive effect on business performance and significantly mediates every indirect structural path. This research confirms that strategic marketing inputs into firm-level performance primarily through psychological customer evaluation pathways, offering actionable managerial strategies for hotel operators and destination marketing organizations pursuing high-value, sustainable tourism growth.

Keywords: Wellness Tourism, 7Ps Marketing Mix, Tourist Decision-Making, Partial Least Squares (PLS-SEM), Business Performance, Hospitality Industry, Thailand.

1. Introduction

Global travel dynamics have experienced a structural shift, moving consumer demand away from conventional leisure sightseeing toward health-conscious, restorative experiences (World Travel & Tourism Council [WTTC], 2024). Within Southeast Asia, Thailand has positioned itself as an international leader in health travel due to its legacy of traditional medicine, high-density luxury spa facilities, and acclaimed hospitality culture (Tourism Authority of Thailand [TAT],2024).

Recognizing these competitive advantages, national planning agencies have implemented strategic policies aimed at prioritizing high-value tourism over raw visitor volume (TAT, 2026). As conceptualized by Phuthong et al. (2023),wellness tourism encompasses journeys undertaken by individuals seeking to maintain, enhance, or restore their physical,mental, emotional, and spiritual well-being.

Unlike standard vacationers, wellness travelers are characterized by extended lengths of stay, higher daily expenditures,lower seasonal rate sensitivity, and strong brand advocacy (C9 Hotelworks, 2025). Consequently, integrating h,m olistic health programs into core resort operations has emerged as an essential requirement for long-term commercial differentiation in Southeast Asia (Limpasin et al., 2025).

1.1 Problem Statement

Despite major financial investments in wellness infrastructure and digital marketing, hospitality managers across Thailand face strategic uncertainty regarding which marketing levers produce the greatest operational return (Maleewat, 2023).Traditional marketing frameworks centered on the basic 4Ps model fail to address the high-involvement, emotionally complex service encounters typical of health tourism (Booms & Bitner, 1981; Kotler et al., 2021).

Furthermore, three primary gaps persist within current academic literature:

Direct Path Oversimplification: Existing research frequently assumes that marketing mix investments convert directly into financial performance, ignoring internal cognitive and risk-evaluative customer pathways (Lim & Ok,2024).

Geographic Aggregation: National-level hospitality studies obscure regional operational dynamics specific to dedicated health clusters like Phuket, Chiang Mai, and Hua Hin (Jittamai, 2025).

Lack of Integrated SEM Models: There remains a lack of validated structural equation models evaluating tourist decision-making as an explicit mediating mechanism linking the 7Ps to firm performance (Hair et al., 2022).

1.2 Research Objectives

To address these empirical gaps, this study pursues the following primary objectives:

To evaluate the direct influence of each 7Ps service marketing mix dimension (*Product, Price, Place, Promotion, People, Process, Physical Evidence*) on Tourist Decision-Making in Thailand's wellness hospitality sector.

To examine the direct impact of Tourist Decision-Making on overall Hospitality Business Performance.

To examine the mediating role of Tourist Decision-Making in converting 7Ps marketing mix inputs into elevated business performance.

To identify the primary strategic marketing drivers of tourist decision-making and organizational competitiveness in Thailand's destination context.

1.3 Research Questions

RQ1: How do the individual 7Ps service marketing mix dimensions significantly influence tourist decision-making in Thailand's wellness hospitality industry?

RQ2: To what extent does tourist decision-making drive overall hospitality business performance?

RQ3: Does tourist decision-making significantly mediate the structural relationships between the 7Ps marketing mix dimensions and hospitality business performance?

RQ4: Which 7P dimensions represent the primary strategic drivers of business competitiveness in saturated wellness destinations?

2. Literature Review

2.1 Theoretical Foundations

This investigation integrates three foundational theories to explain how strategic marketing inputs shape consumer choices and business outcomes:

Service-Dominant (S-D) Logic

As articulated by Vargo and Lusch (2004, 2016), Service-Dominant Logic posits that economic value is not simply delivered through physical goods, but is co-created through human interactions, specialized knowledge, and experiential service exchanges. In wellness travel, value creation requires active participation between guests and therapists; therefore,extended service touchpoints such as human capital (*People*), operational flow (*Process*), and ambient environments (*Physical Evidence*) become the primary enablers of customer value (Booms & Bitner, 1981).

Stimulus-Organism-Response (S-O-R) Theory

Grounded in environmental psychology, Mehrabian and Russell (1974) propose that external environmental cues (Stimulus) trigger internal cognitive and affective evaluations (Organism), which ultimately determine final behavioral choices (Response).

In this study's conceptualization:

- Stimulus (S): The multi-dimensional 7Ps Service Marketing Mix strategy implemented by wellness resorts and hotels.
- Organism (O): The Tourist Decision-Making process, including destination perception, risk evaluation, cognitive trust, and perceived value alignment.
- Response (R): Downstream Hospitality Business Performance, operationalized through customer retention,willingness to pay price premiums, eWOM advocacy, and market leadership.

Relationship Marketing Theory

Morgan and Hunt (1994) demonstrate that commercial longevity relies on cultivating trust and affective commitment rather than executing isolated, transactional sales. Because health travelers experience elevated personal vulnerability and privacy concerns, authentic communication, certified staff, and transparent pricing represent critical drivers of brand loyalty (Kotler et al., 2021).

2.2 The 7Ps Service Marketing Mix in Wellness Tourism

The extended 7Ps service marketing mix model provides a comprehensive framework for managing high-contact service encounters in experiential travel Decision-making in health tourism involves an intensive cognitive assessment of service legitimacy, safety standards, and personal wellness goals (Oliver,2024). Marketing mix investments do not generate operational performance gains in isolation; rather, their efficacy depends on their ability to favorably shape this internal decision-making process (Lim 2024). When marketing stimuli successfully align with a traveler's personal wellness values and mitigate perceived risk, cognitive barrier reduction occurs,

Table 1: 7Ps Service Marketing Mix Dimensions in Wellness Hospitality

Dimension	Conceptual Definition	Key Operational Focus
Product (PRD)	Core and augmented health, spa, medical, and lifestyle offerings (Kotler et al., 2021).	Integrative treatments, organic cuisine, diagnostic accuracy, sleep hygiene setups.
Price (PRC)	Total monetary and non-monetary cost perceived by the traveler (Maleewat, 2023).	Dynamic pricing transparency, value-for-money, transparent package bundles.

Place (PLC)	Distribution channels, location accessibility, and booking systems (Kokkhangplua & Auemsuvarn, 2024).	Direct OTA connectivity, seamless booking engines, serene natural setting.
Promotion (PRO)	Communication tactics building brand awareness and trust (Panturee et al., 2025).	Authentic storytelling, eWOM, health certifications, digital engagement.
People (PEO)	Human capital, frontline staff, therapists, and medical personnel (Ongsiriporn & Maleewat, 2024).	Empathy, multilingual capability, medical credentials, service warmth.
Process (PCS)	Operational workflows governing service assembly and delivery (Limpasin et al., 2025).	Intake health assessments, frictionless check-in, personalized care plans.
Physical Evidence (PHY)	Tangible cues, sensory environment, and architectural decor (Panturee et al., 2025).	Biophilic design, ambient acoustic control, cleanliness, aesthetic appeal.

Source: Contributed by the author

2.3 Tourist Decision-Making

Decision-making in health tourism involves an intensive cognitive assessment of service legitimacy, safety standards, and personal wellness goals (Oliver, 2024). Marketing mix investments do not generate operational performance gains in isolation; rather, their efficacy depends on their ability to favorably shape this internal decision-making process (Lim & Ok, 2024). When marketing stimuli successfully align with a traveler's personal wellness values and mitigate perceived risk, cognitive barrier reduction occurs, directly accelerating booking conversion, repeat stay intentions, and premium pricing acceptance (Oliver, 2024).

2.4 Hospitality Business Performance

In modern service management research, firm performance in consumer-facing sectors is effectively operationalized through Customer-Perceived Organizational Performance (Lim & Ok, 2024; Hair et al., 2022). While internal accounting figures (e.g., net profit margin) remain proprietary, customer-perceived market performance indicators reflect an enterprise's true competitive positioning:

Perceived Market Leadership & Reputation: Standing relative to regional resort competitors.

Brand Loyalty & Revisit Intentions: Commitment to choose the property for future health journeys.

Price Premium Tolerance: Willingness to pay higher rates for certified, superior service quality.

eWOM Advocacy: Willingness to actively recommend the property across digital platforms (e.g., TripAdvisor,Google Reviews).

3. Hypotheses Study

3.1 Hypotheses Development on Tourist Decision-Making

Product (H1): Specialized wellness programs and diagnostic health tools directly address traveler expectations,shaping positive booking decisions (Kotler et al., 2021; Limpasin et al., 2025).

Hypothesis 1 (H1): Product quality positively influences tourist decision-making in Thailand's wellness hospitality sector.

Price (H2): Fair, transparent, and value-based pricing reduces financial risk and enhances cognitive value assessments (Maleewat, 2023).

Hypothesis 2 (H2): Perceived price fairness and transparency positively influence tourist decision-making in Thailand's wellness hospitality sector.

Place (H3): Accessible multi-channel booking systems combined with tranquil resort environments reduce friction during booking evaluation (Kokkhangplua & Auemsuvarn, 2024; Phuthong et al., 2023).

Hypothesis 3 (H3): Distribution accessibility and destination environment positively influence tourist decision-making in Thailand's wellness hospitality sector.

Promotion (H4): Authentic promotional communications and verified health credentials lower perceived uncertainty (Panturee et al., 2025; TAT, 2024).

Hypothesis 4 (H4): Integrated promotional activities positively influence tourist decision-making in Thailand's wellness hospitality sector.

People (H5): Empathy, medical credentials, and service warmth among staff foster interpersonal trust during high-touch wellness encounters (Ongsiriporn & Maleewat, 2024).

Hypothesis 5 (H5): Personnel service quality positively influences tourist decision-making in Thailand's wellness hospitality sector.

Process (H6): Streamlined health intake assessments and efficient service execution minimize guest effort and cognitive anxiety (Limpasin et al., 2025).

Hypothesis 6 (H6): Service process efficiency positively influences tourist decision-making in Thailand's wellness hospitality sector.

Physical Evidence (H7): Cleanliness, sensory design, and biophilic retreat layouts provide tangible proof of service quality (Panturee et al., 2025; Jittamai, 2025).

Hypothesis 7 (H7): Physical evidence positively influences tourist decision-making in Thailand's wellness hospitality sector.

Business Performance (H8): As demonstrated by Lim & Ok (2024), when travelers reach a favorable decision state characterized by strong trust and high perceived value, they exhibit greater revisit intentions, higher spending,and strong eWOM advocacy, directly improving business performance.

Hypothesis 8 (H8): Tourist decision-making positively influences overall hospitality business performance.

Mediation (H9): In line with S-O-R Theory (Mehrabian & Russell, 1974), operational marketing investments do not generate business outcomes directly; rather, they operate through customer decision-making processes.

Hypothesis 9 (H9): Tourist decision-making significantly mediates the relationship between each of the 7Ps dimensions and hospitality business performance.

4. Methodology

4.1 Research Philosophy and Design

Following the research methodology principles outlined by Saunders et al. (2019), this study adopts a positivist research philosophy utilizing a deductive, quantitative cross-sectional survey design. Positivism is well-suited for empirically validating structural causal relationships among latent operational constructs using validated measurement instruments and structural equation modeling (Hair et al., 2022).

4.2 Sampling Strategy and Sample Size

The target population comprised executive management personnel, operational directors, marketing heads, revenue managers, and wellness division directors across registered 3-star to 5-star wellness resorts, medical spa hotels, and holistic health retreats in Thailand. A purposive sampling strategy was implemented across major wellness tourism clusters: Bangkok, Phuket, Chiang Mai, Koh Samui, and Hua Hin (Phuthong et al., 2023).

Table 2: Methodology and Analytical Process Workflow

Research Stage	Operational Execution & Criteria
Target Population Identification	Senior management personnel across Thai wellness resorts (Bangkok, Phuket, Chiang Mai, Koh Samui, Hua Hin).
Sampling & Distribution	Purposive sampling; 550 questionnaires distributed physically and via encrypted digital portals.
Data Cleaning & Screening	Exclusion of incomplete and unengaged responses; 432 valid responses retained (78.5% net response rate).

Analytical Execution	SmartPLS 4 platform executing PLS-SEM algorithm and 5,000-sample nonparametric bootstrapping.

Source: Contributed by author

To ensure statistical power and precise bootstrapping estimates in PLS-SEM structural estimation, a target sample benchmark was established following Hair et al. (2022). Data collection occurred between January and June 2025. A total of 550 questionnaires were distributed, and after screening, 432 valid responses were retained (effective response rate of 78.5%).

4.3 Operationalization and Measurement Instrument

All latent construct measures were adapted from established literature in service marketing and tourism management,measured on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree):

Table 3: Construct Measurement Scales and Operational Focus

Construct	Items	Operational Focus / Sample Item	Scale Source
Product (PRD)	4	Integrative therapies, organic meals, diagnostic health tools.	Kotler et al. (2021); Limpasin et al. (2025)
Price (PRC)	4	Rate transparency, dynamic package value, premium rate fairness.	Maleewat (2023); C9 Hotelworks (2025)
Place (PLC)	4	Direct booking engines, peaceful location, OTA visibility.	Phuthong et al. (2023); Jittamai (2025)
Promotion (PRO)	4	eWOM campaigns, health retreats messaging, credentials.	Panturee et al. (2025); TAT (2024)
People (PEO)	4	Practitioner competence, empathy, service warmth, communication.	Ongsiriporn & Maleewat (2024)
Process (PCS)	4	Streamlined check-in, health intake assessment, intake speed.	Limpasin et al. (2025); Phuthong et al. (2023)
Physical Evidence (PHY)	4	Biophilic design, ambient noise, cleanliness standards, decor.	Panturee et al. (2025); Jittamai (2025)
Tourist Decision-Making (TDM)	4	Destination perception, cognitive trust, risk reduction, intention.	Oliver (2024); Lim & Ok (2024)
Business Performance (HBP)	4	RevPAR growth, occupancy, repeat stay value, eWOM recommendation.	Hair et al. (2022); Lim & Ok (2024)

Source: Contributed by author

5. Data Analysis

The empirical model was evaluated using Partial Least Squares Structural Equation Modeling (PLS-SEM) via SmartPLS 4, adhering to the standardized two-stage evaluation framework recommended by Hair et al. (2022):

Evaluation of the reflective measurement model (reliability and validity).

Evaluation of the structural model (path significance, explanatory power R2, predictive relevance Q2, and indirect mediation effects).

5.1 Common Method Bias (CMB)

Because primary data were collected via self-administered questionnaires, common method variance was evaluated prior to hypothesis testing:

Harman's Single-Factor Test: The single primary factor accounted for 33.8% of the total variance, comfortably below the conservative 50.0% threshold (Podsakoff et al., 2003).

Full Collinearity Assessment: Variance Inflation Factors (VIFs) across all latent variables ranged between 1.38 and 2.54, well below Kock's (2015) 3.3 threshold, indicating that common method bias poses no threat to structural model validity.

5.2 Measurement Model Assessment

Following Hair et al. (2022), the measurement model was evaluated for indicator reliability, internal consistency,convergent validity, and discriminant validity:

Indicator Reliability: All outer loadings (λ) exceeded the minimum 0.708 benchmark (ranging from 0.738 to 0.915).

Internal Consistency: Cronbach's Alpha (α) and Composite Reliability (CR) values for all constructs exceeded 0.70.

Convergent Validity: Average Variance Extracted (AVE) values exceeded the mandatory 0.50 cutoff,confirming that each construct explains more than half of its indicator variance.

Table 4: Reflective Measurement Model Assessment

Construct	Items	Loadings (λ)	Cronbach's α	Composite (CR)	AVE
Product (PRD)	4	0.758 - 0.852	0.838	0.891	0.672
Price (PRC)	4	0.748 - 0.839	0.821	0.882	0.651
Place (PLC)	4	0.738 - 0.828	0.808	0.874	0.635
Promotion (PRO)	4	0.765 - 0.861	0.834	0.889	0.668

People (PEO)	4	0.798 - 0.915 0.911	0.933	0.736
Process (PCS)	4	0.781 - 0.874 0.863	0.906	0.707
Physical Evidence (PHY)	4	0.771 - 0.865 0.848	0.897	0.686
Tourist Decision-Making (TDM)	4	0.806 - 0.891 0.884	0.920	0.742
Business Performance (HBP)	4	0.786 - 0.878 0.894	0.921	0.702

Source: Contributed by author

Discriminant Validity

Discriminant validity was established using the **Heterotrait-Monotrait ratio of correlations (HTMT)** (Henseler et al.,2015). All HTMT correlation ratios between constructs fell below the strict 0.85 threshold, establishing distinct construct independence.

Table 5: Discriminant Validity Assessment (HTMT Ratio Matrix)

Construct	PRD	PRC	PLC	PRO	PEO	PCS	PHY	TDM	HBP
PRD	-								
PRC	0.508	-							
PLC	0.442	0.481	-						
PRO	0.485	0.518	0.558	-					
PEO	0.528	0.458	0.414	0.471	-				
PCS	0.554	0.492	0.446	0.503	0.638	-			
PHY	0.578	0.472	0.428	0.511	0.592	0.608	-		
TDM	0.615	0.548	0.492	0.538	0.742	0.704	0.678	-	
HBP	0.534	0.476	0.421	0.472	0.610	0.622	0.602	0.724	-

Source: Contributed by author

5.3 Structural Model Evaluation & Hypothesis Testing

The structural model path coefficients (ββ), tt-statistics, and pp-values were computed using a 5,000-sample nonparametric bootstrapping resampling procedure in SmartPLS 4 (Hair et al., 2022).

Table 6: Structural Model Direct Hypothesis Testing Results

Hypothesis & Structural Path	Path (β)	t-Stat	p-Value	95% CI (BCa)	Result
H1: Product → TDM	0.138	3.654	< 0.001	[0.064, 0.212]	Supported
H2: Price → TDM	0.114	3.212	0.001	[0.044, 0.184]	Supported
H3: Place → TDM	0.084	2.518	0.012	[0.018, 0.151]	Supported
H4: Promotion → TDM	0.101	2.915	0.004	[0.033, 0.169]	Supported

H5: People → TDM	0.312	7.784	< 0.001	[0.233, 0.391]	Supported
H6: Process → TDM	0.254	6.528	< 0.001	[0.178, 0.330]	Supported
H7: Physical Evidence → TDM	0.218	5.541	< 0.001	[0.141, 0.293]	Supported
H8: TDM → Business Performance	0.635	18.842	< 0.001	[0.569, 0.701]	Supported

Source: Contributed by author

Mediating Effect Testing (H9)

Specific indirect effects were evaluated to test the mediating role of Tourist Decision-Making (TDMTDM):

Table 7: Indirect Mediation Pathways Assessment

Hypothesis & Indirect Structural Pathway	Path (β)	t-Stat	p-Value	95% CI (BCa)	Result
H9a: Product → TDM → HBP	0.088	3.482	< 0.001	[0.039, 0.137]	Supported
H9b: Price → TDM → HBP	0.072	3.104	0.002	[0.027, 0.118]	Supported
H9c: Place → TDM → HBP	0.053	2.451	0.014	[0.011, 0.096]	Supported
H9d: Promotion → TDM → HBP	0.064	2.822	0.005	[0.020, 0.108]	Supported
H9e: People → TDM → HBP	0.198	7.112	< 0.001	[0.144, 0.253]	Supported
H9f: Process → TDM → HBP	0.161	6.185	< 0.001	[0.110, 0.212]	Supported
H9g: Physical Evidence → TDM → HBP	0.138	5.214	< 0.001	[0.086, 0.190]	Supported

Source: Contributed by author

6. Discussion

The empirical structural path coefficients confirm that while all seven marketing mix dimensions exert positive,statistically significant effects on tourist decision-making, the service-interaction constructs function as the primary strategic drivers.

These results strongly align with Service-Dominant Logic (Vargo & Lusch, 2016) and recent findings in Thai hospitality literature (Ongsiriporn & Maleewat, 2024; Limpasin et al., 2025). In experiential health travel, standard room amenities (*Product*) and competitive room rates (*Price*) serve as baseline hygiene requirements (Booms & Bitner, 1981).

However, primary brand differentiation occurs during high-touch service encounters.Because wellness travelers seek personal transformation, stress relief, or medical rehabilitation, the professional competence, empathy, and service warmth of frontline staff (*People*) serve as direct signals of service credibility (Ongsiriporn & Maleewat, 2024).

Similarly, frictionless operational workflows (*Process*) such as swift medical intake assessments and personalized consultation scheduling reduce cognitive stress (Phuthong et al., 2023), while biophilic design and serene architectural acoustics (*Physical Evidence*) provide tangible verification of high service quality (Panturee et al., 2025; Jittamai, 2025).

The statistical confirmation the specific indirect mediation paths validate the core premise of S-O-R Theory (Mehrabian & Russell, 1974).Strategic marketing investments do not directly yield financial returns, occupancy stability, or competitive advantage (Lim & Ok, 2024).Rather, marketing expenditures generate economic value only when they successfully influence the traveler's internal cognitive evaluation state reducing perceived health risk, building brand trust, and validating perceived value (Oliver,2024).Once a traveler arrives at a positive decision state, they display lower price sensitivity, longer stay durations, and higher repeat stay intentions, driving downstream firm performance (Lim & Ok, 2024).

7. Conclusions & Strategic Implications

7.1 Theoretical Contributions

Integrated Framework Development: As recommended by Hair et al. (2022), this study bridges a key gap in tourism literature by developing and empirically validating an integrated model that connects the expanded 7Ps service marketing mix directly to firm-level hospitality performance through tourist decision-making pathways.

Validation of S-O-R and S-D Logic in Health Travel: The findings confirm the applicability of Service-Dominant Logic (Vargo & Lusch, 2016) and S-O-R theory (Mehrabian & Russell, 1974) within Southeast Asian wellness clusters, demonstrating that service-interaction components outrank functional physical products in driving traveler decision-making.

Operationalization of Decision-Making as a Structural Bridge: By establishing decision-making as a statistically significant mediator, the study clarifies the psychological mechanism through which strategic marketing inputs convert into organizational competitiveness (Lim & Ok, 2024; Oliver, 2024).

7.2 Managerial and Practical Recommendations

The empirical findings of this study offer several key managerial and operational strategies for hotel operators, wellness resort owners, and decision-makers within Destination Marketing Organizations (DMOs) across Thailand:

Human Capital Optimization (People): Hospitality executives must prioritize continuous professional development for wellness personnel by investing in internationally recognized therapeutic accreditations and medical wellness certifications (Ongsiriporn & Maleewat, 2024). Furthermore, resort managers should implement specialized training programs for frontline service staff focusing on empathetic guest communication, active listening, and cultural intelligence to enhance interpersonal trust during high-touch wellness encounters.

Process Friction Reduction (Process): Management teams should modernize operational workflows by introducing pre-arrival digital health assessments and mobile intake portals, which minimize arrival delays and reduce cognitive stress for guests (Phuthong et al., 2023). Additionally, wellness enterprises should extend the care continuum beyond departure by designing structured, personalized post-treatment followup consultations that reinforce long-term brand engagement and guest retention.

Physical Environment Refinement (Physical Evidence): Resort architects and interior designers ought to integrate biophilic structural concepts, maximize natural lighting, and install acoustic isolation materials within treatment spaces to heighten sensory relaxation (Panturee et al., 2025). Operations managers must also display verified health accreditation credentials prominently while maintaining visible, rigorous hygiene standards across all facilities to reassure safety-conscious travelers.

Value-Based Pricing and Package Bundling (Price & Product): Hotel revenue managers should transition away from selling standalone overnight room nights toward commercializing integrated multi-day wellness packages that combine restorative therapies, customized nutritional plans, and holistic activities (C9 Hotelworks, 2025).Simultaneously, marketing directors must ensure complete rate transparency across direct web booking engines and third-party distribution channels to build cognitive price fairness and brand credibility.

7.3 Policy Recommendations for Regional DMOs

Aligning with national strategic plans (TAT, 2024; TAT, 2026), regional tourism authorities should:

Establish unified accreditation standards for wellness retreats and traditional Thai medicine practitioners to lower perceived risk for international health tourists (Jittamai, 2025). Promote specialized regional wellness clusters (e.g., medical wellness in Bangkok, eco-wellness in Chiang Mai,luxury coastal retreats in Phuket and Hua Hin) to prevent destination saturation (Phuthong et al., 2023).

7.4 Limitations and Directions for Future Research

While providing empirical insights, this study possesses limitations that offer opportunities for future research:

Cross-Sectional Scope: Future studies should employ longitudinal designs to observe post-stay health transformations and long-term customer lifetime value (Saunders et al., 2019).

Geographic Replication: While focused on Thailand's primary wellness clusters, comparative cross-national studies across emerging ASEAN health hubs (e.g., Bali, Malaysia, Vietnam) would enhance cross-cultural generalizability (Limpasin et al., 2025).

Advanced Quantitative Segmentation**:** Future inquiries could incorporate Multi-Group Analysis (PLS-MGA) to evaluate moderating variations across primary vs. secondary wellness trip types or demographic traveler cohorts (Hair et al., 2022).

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