

# Research on Influencing Factors of Chinese Medicine Health Tourism Choice Intention of Tourists Based on ETPB Theory

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**Keywords:** TPB Theory, Chinese Medicine Health Tourism, Visitors Will.

**Abstract:** This paper analyzes the influencing factors and the relationship between tourists' behavior choice of Chinese medicine recreation tourism. Based on the authoritative theory in the field of behavior research --- Planned Behavior Theory, this paper builds a behavioral choice model of Chinese medicine recreation tourism by adding individual attributes and scenic spot attributes. The structural equation model test of 551 valid sample data shows that professional background, convenience, natural resources and accommodation ticket cost have the most obvious influence on tourists' behavior choice. The influence of personal pressure is greater than that of social pressure. Meanwhile, family income, self-interested attitude and educational background also have certain influence on tourists' behavior choice.

## 1 INTRODUCTION

With the rapid development of economy, tourism is shifting from popular tourism to personalized and healthy tourism. In this context, as a kind of tourism activity with the purpose of health preservation and meeting the high demand of modern people in pursuit of a healthy body and mind, health tourism emerged at the historic moment. Due to the professional knowledge of tourism and medical health, people's choice of health tourism is often inconsistent with traditional views. The traditional view is that as long as the destination has a good reputation, good scenery and a large number of tourists, the tourists will come, but the actual situation is not the case for health tourism. In order to understand the reasons, based on the existing behavioral choice questionnaire, the author found out the factors influencing tourists' choice of Chinese medicine health tourism by modifying the questionnaire, and put forward targeted solutions.

## 2 OVERVIEW OF CHINESE MEDICINE HEALTH TOURISM

### 2.1 Connotation

Before the term "health tourism" was put forward in China, there were similar concepts in foreign countries, such as "health tourism", "health tourism" and "medical tourism". Foreign scholars believe that health tourism mainly includes two types of health tourism and medical tourism (MARION, 2011), which is a kind of tourism mode for disease prevention and treatment. In China, "health tourism" refers to the sum of all kinds of tourism activities that make people achieve a natural and harmonious state in body, mind and spirit through various ways, such as nourishing skin and body, nourishing diet, self-cultivation and caring for the environment. As Ren Xuanyu pointed out, recreation tourism is a tourism mode to relax body and mind, pursue happiness and improve tourists' happiness (Ren, 2016). Li Peng believes that health tourism is a kind of tourism mode that meets the needs of one's body, spirit, health and relaxation, and finally achieves a benign interaction with society and environment (Li, 2020). The author

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believes that Chinese medicine health tourism is a kind of tourism in which tourists enjoy natural climate resources and use Chinese medicine therapy, Chinese medicine recipes and other Chinese medicine health preservation methods in combination with time and their own conditions to achieve physical and mental cultivation and promote health.

## 2.2 Development History

There is no special discussion on health tourism in Chinese medicine. From the concept of fuzziness, it belongs to the categories of "outing", "climbing" and "traveling". It has been recorded in the literature thousands of years ago. Nssi is not timely, an excuse for xianglanyun. Think out of the tour orchid, can cultivate one's morality for pleasure; According to the medical monograph Huangdi Neijing, "Spring brings forth weather... Spring outing and slow steps... Cultivate Yang Dao." Spring outing can raise Yang. Until today, the level of people's demand for health has been increasing, and the state has formulated and introduced relevant policies, which has led to the development of health tourism. The CPC Central Committee and The State Council issued the outline of "Healthy China 2030" on October 25, 2016, integrating into all aspects of the construction of a healthy China, which will bring huge space for the development of health tourism. Despite the fact that the value of Chinese medicine health tourism has been recognized by more and more tourists, the number of tourists who truly practice Chinese medicine health tourism is still small and their willingness to travel is not high. The author believes that the reason lies in the lack of awareness of health tourism. Specifically, it is closely related to natural resources, human resources, infrastructure and basic costs. In order to verify the above conjecture, this paper introduces scenic area attribute variables such as natural resources, human resources, infrastructure and basic costs on the basis of TPB theory, thus forming the theory of expansion planning behavior, and carrying out in-depth discussion on related issues.

## 3 THEORETICAL BASIS AND RESEARCH HYPOTHESIS

### 3.1 Theory

After the emergence of rational planning behavior (TRA), researchers found that individual choice is not

a completely voluntary behavior, and individual ability and conditions also affect behavioral choice, namely individual behavioral control (Gao, 2020). Therefore, the Theory of Planned Behavior (TPB) appears in the field of view of researchers. TPB theory mainly includes attitude, subjective norms and perceived behavior control, which can effectively affect individual behavior. As an influential basic theory in the study of individual behavior, TPB theory is widely used to explain the generation of various behaviors (Qiu, 2016). At present, in the aspect of behavior research, many scholars have confirmed the prediction of individual will and behavior by this theory. However, when reviewing the literature, it is found that the application of this theory is rarely seen in the study of tourism intention, let alone in the aspect of health tourism.

As a theory in the field of behavioral research, this theory provides a new perspective for in-depth research on the influencing factors of Chinese medicine health tourism intention. However, it is worth noting that there are three aspects of TPB theory: attitude, subjective norm and perceptual behavioral control. If we only discuss from these three aspects, it will be more subjective and less objective. However, the intention of health tourism involves the relationship between objective influence variables, subjective psychological variables and actual behavior. Therefore, in order to accurately and objectively express the relationship between the influencing factors and the choice of Chinese medicine recreation tourism, the theory of Extended planning Behavior (ETPB) was formed by adding the objective influencing variables of scenic spot attributes, and the research hypothesis was made on this basis.

### 3.2 Research Hypothesis

#### 3.2.1 Attitude and Behavior

In TPB theory, attitude refers to the subject's positive or negative views on a specific behavior, which reflects the subject's preference for the implementation of the behavior (Zhang, 2014) and has an important influence on the generation of behavioral intention. Individuals' attitude towards health tourism is beneficial to themselves. When individuals choose health tourism, they will have a positive attitude and form their willingness to choose health tourism, which will then be transformed into practical behaviors. The author believes that tourists mainly have self-interested attitude towards health tourism, that is, the acquisition of self-benefit.

Therefore, the following hypotheses are proposed in this paper:

H1: Self-interested attitude has significant influence on behavioral choice of tourist destination

### 3.2.2 Subjective Norms and Behavior

Subjective norms include social pressure and personal pressure. This paper mainly focuses on social pressure. Social pressure refers to the pressure or influence of important individuals or organizations around them on their behaviors. For the willingness to travel for health care, it refers to the degree of support, opposition or recommendation from family members, relatives, friends and other people in their life circle for their willingness to travel for health care (Huang, 2011). Personal stress is self-imposed pressure or influence that leads to a false understanding of one's own behavior. In terms of the willingness of health tourism, most of the groups that conduct health tourism are intellectuals, public institutions and successful people. These tourists tend to form the psychological comparison between advanced and decent when they choose Chinese medicine health tourism, forming personal pressure.

H2A: Social pressure has a significant impact on the willingness of to travel for health and recuperation.

H2B: Personal pressure has a significant impact on the willingness to travel for Chinese medicine

### 3.2.3 Control and Behavioral

Perceptual control refers to the difficulty of performing a particular behavior perceived by the subject through the experience and opportunities he has mastered and the obstacles in the implementation of the expected behavior before performing it (Li, 2018). The more resources and opportunities you think you have and the fewer obstacles you expect, such resources include knowledge, information, etc. The main influencing factor of behavioral intention is whether an individual can control sufficient resources, and the convenience degree of perceived behavioral control can well reflect the will of tourists. The degree of convenience refers to the behavior subject's perception of the convenience of external factors. In the aspect of Chinese medicine health tourism, the degree of convenience mainly refers to the information of transportation costs, routes and trips.

H3: The degree of convenience has a significant impact on the intention of health tourism

### 3.2.4 Attractions and Behavior

Under the scenic area attribute, natural resources are the first aspect. Natural resources are also called natural resources. In this study, they mainly refer to the natural resources that are beneficial to tourists in their original state, such as forests, lakes, hot springs, land, climate and biology. Tourists have different cognition of the importance of natural resources, so they will perform different behaviors and have different intentions for certain behaviors and activities. Based on common sense, the more types of natural resources, the more unique scenery and the stronger selectivity, that is, the importance of resources is positively correlated with the willingness. For example, the more abundant natural resources, the stronger the willingness. In other words, the more important the resources are, the more willing the tourists are, and the more opportunities they have to take action (Zhu, 2020). However, health tourism involves a wide range of areas and belongs to a new tourism model. The more tourists pay attention to natural resources, the more willing they are to choose.

H4: Natural resources have a significant impact on the intention of health tourism

Under the attribute of scenic spot, cultural resources are its second aspect. Human resources are the sum total of material and spirit created by human society. This paper mainly refers to the existence of cultural landscapes, such as modern hotels, shopping malls, transportation and historical sites. Tourists' cognition of the importance of cultural resources is different, and they will perform different behaviors for certain behaviors and activities, and their willingness will be different. Based on common sense, scenic spots are rich in architecture, profound in culture and perfect in service, and the more selective they are. That is, resource importance has a positive relationship with willingness. For example, it is pointed out in the analysis and research of Ukrainian tourism resources that the richer historical and cultural resources are, the more willing tourists are. In other words, the more important cultural resources are, the more willing tourists are and the more chances they have to take action. However, there is an influence relationship between natural resources and human resources on tourists' willingness. The author believes that cultural resources will have an impact on tourists' behavior, but the impact is weaker than that of natural resources.

H5: Human resources have a significant impact on the intention of health tourism

Under the property of scenic spot, basic cost is its fourth aspect. Tourists have different cognition of the importance of accommodation, food and ticket fees, and will carry out different behaviors and will also be different for certain behaviors and activities. In reality, the lower the ticket cost, the stronger the tourists' willingness to pay. For example, it is pointed out that the tourist's willingness to pay is stronger in the ticket promotion activities of scenic spots (Kong, 2010). That is, the more important the cost of accommodation, food and entrance fee is, the more willing the tourists are to go. The author believes that accommodation, food, ticket costs reasonable, honest management, tourists will be stronger.

H6: The basic cost has a significant impact on the intention of health tourism

Under the attribute of scenic spot, infrastructure is its fifth aspect. Tourists have different cognition of the importance of infrastructure, and will perform

different behaviors for certain behaviors and activities, as well as different degrees of willingness. In reality, the better the infrastructure, the more willing tourists are to spend. The more important the infrastructure, the more willing the tourists are. But in reality, infrastructure has little impact on tourists' willingness. Chinese medicine health tourism is different from simple tourism, involving many aspects, staying longer than mass tourism, more demanding basic requirements. Therefore, the author believes that the more important the infrastructure, the more willing the tourists are.

H7: Infrastructure has a significant impact on the intention of health tourism

Based on the above assumptions, this paper constructed the ETPB theory model of tourists' intention to travel for Chinese Medicine. See Fig1 for details.

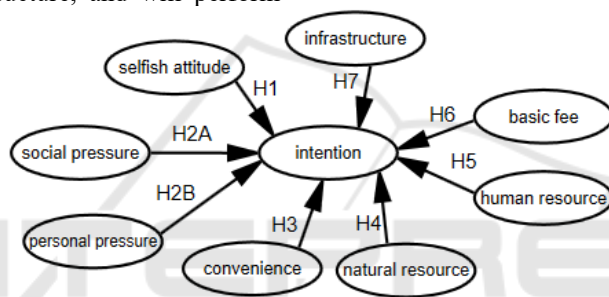


Figure 1: Theoretical model of extended planning behavior.

## 4 RESEARCH DESIGN

### 4.1 Research Methods

Based on the theoretical analysis of literature, this study uses empirical analysis method to explore the influence of individual attributes, scenic attributes, attitudes, subjective norms, perceptual control and other factors on tourists' intentions. At the same time, questionnaires and random sampling were used to select some groups as research samples. According to the determination method of sample size in sampling survey, 500 valid sample data were planned for this study, and 551 valid sample data were actually obtained. For the collected data, the invalid samples were firstly eliminated through sample screening, and then the score distribution, variable correlation, demographic distribution and other information of the data results were preliminarily obtained through descriptive statistics and other analysis methods of valid data. At the same time, reliability test and

confirmatory factor analysis were combined to verify the quality of data and model. In addition, the structural equation analysis model of the comprehensive influence relationship between variables was established, and the significance test of regression coefficient in the structural model  $P < 0.05$  was taken as the critical criterion of significant influence.

### 4.2 Measurement Variables

In order to make the results more objective and accurate, and before the questionnaire need index definition for the variables in the model, the model of information such as gender, age group and other objective factors is commonly used in the questionnaire survey data collection methods, the continuous variables such as age, family income in a reasonable manner after the grouping variable into a grade, Educational background is divided into primary school to graduate school, and professional

background is divided into Chinese medicine, tourism and other majors, so as to explore the influence of professional correlation on group willingness. Due to the theoretical model constructing, involves subjective factors such as attitude, direct measurement when there is a big subjectivity and randomness, easy to generate random errors, so each measure using multiple subject, subjective variables analysis by foreign show subject to extract the latent variable factor, realize the data acquisition of subjective variables, All questions are coded using the Five-point scoring method of Likert Scale: where 1-5 means "completely disagree" to "completely agree" (Kai, 2006).

## 5 DESCRIPTIVE STATISTICS AND CORRELATIONS ANALYSIS

### 5.1 Statistics Survey

After screening, a total of 551 valid sample data were obtained in this questionnaire survey, among which the group between 18 and 27 years old accounted for more than 50%, followed by the group between 28 and 45 years old accounted for 31.8%. The female group is slightly higher than the male group; College education and above accounted for 72.8%; Household income is more evenly distributed; majors accounted for 22.9%, tourism for 39.2%, and other majors accounted for 37.9%.

### 5.2 Reliability Analysis

Reliability, also called reliability, refers to the degree of stability of questionnaire survey results. In theory, a good questionnaire should be reliable only when repeated measurements are made to the same group. However, it is impossible to use such multiple measurements in actual tests, so it needs to be evaluated internally from the questionnaire survey results. In general, cronbach  $\alpha$  coefficient value is used as an internal index to evaluate the reliability of questionnaire results. When  $\alpha > 0.9$ , the reliability of questionnaire results is very good; when  $0.7 < \alpha < 0.9$ , the reliability of questionnaire results is good; when it is lower than 0.7, the reliability parameters need to be revised and re-tested (Ma, 2000).

According to the above principles, spSS24.0

statistical analysis software was used to calculate the overall reliability of the scale and the reliability of each dimension. Among them, the overall reliability of likert scale reached 0.942. In the total statistical results of items, the correlation between the revised items and the total score was higher than 0.4, and the cronbach  $\alpha$  value after deletion was not higher than the overall reliability. All topics can be reserved for further analysis.

The reliability test results show that the reliability values of all dimensions in the questionnaire are above 0.8, and the questionnaire survey results are relatively stable with high reliability.

Table1: Reliability of each dimension.

Dimension	Number	Reliability
Selfish attitude(1)	3	0.844
Social pressure(2)	3	0.885
Personal pressure(3)	3	0.887
Convenience(4)	3	0.883
Natural resources(5)	3	0.881
Human resources(6)	3	0.876
Basic fee(7)	3	0.882
Infrastructure(8)	3	0.895
Intention(9)	3	0.880

### 5.3 Validity Analysis

Based on the reliability and descriptive statistical analysis results, confirmatory factor analysis was conducted for likert scale variables in the questionnaire. The test results showed that RMSEA=0.014<0.08; CFI=0.997> 0.9; TLI = 0.996 > 0.9, SRMR=0.020<0.08; 2/DF=318.341/288=1.105<3, all fitting parameters meet the requirements of the analysis standard, and the model has good structural validity. Table 2 shows the calculation results of load values, combined reliability CR, mean variance extraction AVE and other parameters in likert scale. Among them, the standardized load value of each topic is above 0.7, and CR value is higher than 0.8, AVE higher than 0.6. All latent variables in the model have good aggregation validity. See Table2 for details.



Table 2: Test of subject load values and variable aggregation validity.

Dim	Load value	Standardized load	SE	t	p	CR	AVE
1	1.000	0.830					
	0.798	0.781	0.041	19.356	<0.001	0.846	0.647
	0.875	0.801	0.045	19.320	<0.001		
2	1.000	0.829					
	1.003	0.861	0.044	22.886	<0.001	0.885	0.720
	0.961	0.856	0.042	23.105	<0.001		
3	1.000	0.824					
	1.110	0.859	0.047	23.412	<0.001	0.889	0.727
	1.240	0.875	0.053	23.450	<0.001		
4	1.000	0.826					
	0.988	0.865	0.043	22.993	<0.001	0.884	0.718
	1.025	0.851	0.045	22.590	<0.001		
5	1.000	0.848					
	0.987	0.869	0.040	24.551	<0.001	0.882	0.714
	0.940	0.817	0.042	22.463	<0.001		
6	1.000	0.783					
	1.152	0.874	0.054	21.288	<0.001	0.877	0.704
	1.171	0.858	0.056	20.769	<0.001		
7	1.000	0.825					
	1.073	0.872	0.046	23.307	<0.001	0.882	0.714
	1.019	0.837	0.046	22.176	<0.001		
8	1.000	0.833					
	0.988	0.876	0.041	24.016	<0.001	0.896	0.742
	1.061	0.874	0.044	23.895	<0.001		
9	1.000	0.844					
	0.897	0.827	0.039	23.015	<0.001	0.880	0.710
	1.001	0.857	0.042	23.603	<0.001		

In addition, the correlation coefficient matrix of each dimension is sorted out according to the calculation results of latent variable correlation, and the square root of AVE is taken as the value of the diagonal dimension to compare the relationship between latent variable correlation and AVE square value. It can be seen from the data in the table that the

correlation coefficients of all dimensions are lower than the corresponding value of diagonal positions, indicating that the correlation between dimensions is weaker than the aggregation of variable dimensions themselves, so all latent variables in the model have good discriminative validity. See Table 3 for details.

Table 3: Validity test of variable differentiation.

	1	2	3	4	5	6	7	8	9
1	0.804								
2	0.494	0.849							
3	0.543	0.479	0.853						
4	0.415	0.448	0.595	0.847					
5	0.598	0.634	0.599	0.531	0.845				
6	0.350	0.327	0.341	0.381	0.482	0.839			
7	0.505	0.513	0.533	0.535	0.638	0.478	0.845		
8	0.401	0.342	0.425	0.353	0.436	0.292	0.415	0.861	
9	0.570	0.558	0.611	0.602	0.687	0.486	0.633	0.492	0.843

## 6 STRUCTURAL MODEL ANALYSIS AND HYPOTHESIS TESTING

First of all, to groups of individual properties, attitude, subjective norm, perceived control, the scenic spot attribute factors as prediction variables, groups' willingness to travel as outcome variables, structural equation regression model is established, on the inspection results to choose the international comparison recognized five indicators to discriminant model adaptation degree, selection and adaptation standard (DAWN, 2010).

Secondly, the path test analysis, regression coefficient and results show. The four indicators of attitude, subjective norms, perceived behavioral control medium egoistic attitude, social pressure, personal pressure and convenience degree have a significant positive regression effect on tourism intention. The group with higher variable score has a stronger intention to participate in health tourism. In addition, the attributes of natural resources, human resources, basic cost and infrastructure also have a positive impact on the tourist intention. The higher the evaluation of natural resources, human resources, basic cost and infrastructure, the higher the tourist intention. See Table2 for details.

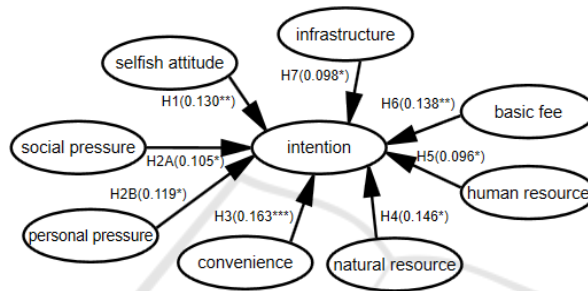


Figure 2: Path coefficient test.

## 7 RESEARCH CONCLUSIONS AND RECOMMENDATIONS

### 7.1 Conclusion

The empirical results show that natural resources are unique and diverse, reasonable basic fees and high family income have the second most influence on tourists' behavior choice. Personal pressure, educational background and social pressure also have a positive impact on tourists' behavior choice.

### 7.2 Suggestion

According to the above research conclusions, in order to effectively improve tourists' willingness to travel for Chinese medicine and health care, suggestions are as follows:

#### 7.2.1 Strengthen Propaganda

Health tourism experience tour is launched for this group, and will be translated into practical actions, so as to improve the group's awareness of health tourism, take the health benefits of health tourism into heart, and guide them to relatives and friends.

#### 7.2.2 Analyze Requirement

Different groups have different needs for health tourism projects. Personalized and scientific health care contents are customized for individual needs, and health care knowledge is taught with the help of Internet and other technologies.

#### 7.2.3 Protect Resource

Natural resources is a Chinese medicine, to raise the premise condition of tourism development, tourism will be in Chinese medicine, to raise the kinds of natural resources, unique in the first place, in the development of Chinese medicine, a travel should be practical and protect the scenic spots of natural resources, human resources at the same time also will have a positive impact to tourists, therefore, the protection and development complement each other, improve the infrastructure, To improve the willingness of tourists and realize the healthy and orderly development of health tourism.

#### 7.2.4 Perfect Law

Chinese medicine health tourism is different from mass tourism in that tourists' consumption will

increase when they stay for a long time. Moreover, a large part of the fees for tickets, accommodation, food and other aspects of scenic spots must be spent. Therefore, in order to improve the willingness of tourists to make behavioral choices, a unified price system must be implemented to protect the basic rights and interests of tourists.

In addition, the influence of social pressure and personal pressure should be considered. Around a friend's recommendation and inner comparing to tourists behavior has also had a certain effect, but the factors as part of the subjective initiative, the author thinks that only through education and inner adjustment to solve, it also became the deficiency of the study, in the following study, the author will continue to explore better able to solve the problem of countermeasures.

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