

Payal Sood<sup>1</sup>, Dr. Dikshit Gupta<sup>2</sup>,

Author Affiliations

1. Payal Sood, Research Scholar, Lovely Professional University, Punjab, India

2 Dr. Dikshit Gupta, Associate Professor, Lovely Professional University, Punjab, India

**Exploring the Role of Health and Wellness Motivations in Nostalgic Tourism Decisions:  
International Tourists Traveling to Ancestral Hometowns in India**

**Abstract:**

This study investigates the role of health and wellness motivations in influencing international tourists' decisions to undertake nostalgic travel to their ancestral hometowns in India. Employing a descriptive-causal research design and analyzing data from 320 respondents using Structural Equation Modeling (SEM), the research examines five key motivational constructs: Emotional Healing, Physical Wellness, Reconnection with Cultural Roots, Stress Reduction and Mental Well-being, and Identity and Self-Reflection. Results reveal that all constructs significantly and positively impact nostalgic travel decisions, collectively explaining 45% of the variance. The study underscores the importance of integrating emotional, physical, cultural, and psychological wellness factors in designing nostalgic tourism experiences. These findings provide actionable insights for tourism marketers and policymakers aiming to develop meaningful and wellness-oriented travel offerings that resonate with international tourists' ancestral connections.

**Keywords:**

**Nostalgic Tourism, Health and Wellness Motivations, Emotional Healing, Nostalgic Tourism Decisions**

## **1. Introduction**

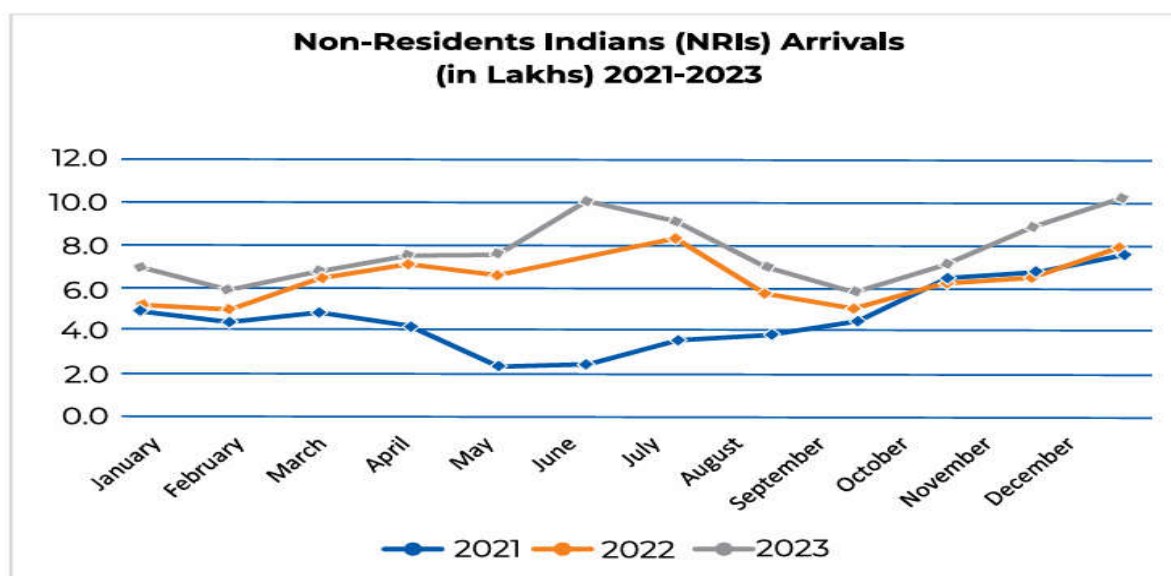
India has witnessed a strong resurgence in its tourism sector post-pandemic, driven by both domestic and international travel. In 2023, domestic tourist visits surged to 2,509.63 million, reflecting a 44.98% increase from 1,731.01 million in 2022. Similarly, foreign tourist arrivals reached 19.25 million, marking a 124.11% rise over the previous year. Non-Resident Indian (NRI) arrivals also recorded significant growth, reaching 9.38 million in 2023—an 18.9% increase over 2022 and a 34.38% rise compared to pre-pandemic levels in 2019. This steady recovery signals renewed confidence among international and diaspora travelers, many of whom are now seeking more meaningful and restorative travel experiences. Amid this growth, the tourism sector's contribution to India's economy has strengthened. Foreign Exchange Earnings (FEEs) from tourism reached ₹2,31,927crore in 2023, up by 36.5% from the previous year. In U.S. dollar terms, earnings stood at \$28.077 billion, reflecting a 31.5% increase. As the overall Gross Value Added (GVA) and GDP of the country continue to rise, the role of tourism—particularly health and wellness tourism—is becoming increasingly prominent.

**Table 1: Month-Wise Break-Up of Non-Resident Indian (NRI) Arrivals (2021–2023)**

| Month     | 2021     | 2022     | 2023      | Growth<br>2022/21 (%) | Growth<br>2023/22 (%) |
|-----------|----------|----------|-----------|-----------------------|-----------------------|
| January   | 4,86,338 | 5,15,913 | 7,06,928  | 6.1                   | 37.0                  |
| February  | 4,31,118 | 4,91,070 | 5,98,739  | 13.9                  | 21.9                  |
| March     | 4,79,317 | 6,55,944 | 6,81,104  | 36.9                  | 3.8                   |
| April     | 4,13,089 | 7,31,513 | 7,59,736  | 77.1                  | 3.9                   |
| May       | 2,04,898 | 6,73,082 | 7,63,870  | 228.5                 | 13.4                  |
| June      | 2,17,473 | 7,73,219 | 10,14,676 | 255.6                 | 31.2                  |
| July      | 3,39,026 | 8,68,551 | 9,20,054  | 156.2                 | 5.9                   |
| August    | 3,64,833 | 5,75,853 | 7,08,022  | 57.8                  | 22.9                  |
| September | 4,35,194 | 4,95,649 | 5,88,741  | 13.9                  | 18.8                  |
| October   | 6,53,771 | 6,28,809 | 7,14,295  | -3.8                  | 13.6                  |
| November  | 6,83,658 | 6,59,424 | 8,93,825  | -3.5                  | 35.5                  |
| December  | 7,73,806 | 8,23,183 | 10,28,292 | 6.4                   | 24.9                  |

Source: Bureau of Immigration, Govt. of India

**Figure 1: Month-Wise Break-Up of Non-Resident Indian (NRI) Arrivals (2021–2023)**



The month-wise analysis of Non-Resident Indian (NRI) arrivals from 2021 to 2023 clearly indicates a strong post-pandemic recovery in international travel to India. Following the travel restrictions of 2020–2021, there was a sharp increase in NRI arrivals in 2022, with a remarkable growth rate of 43.9% over 2021. This momentum continued into 2023, registering an additional 18.8% increase. The most significant surges were seen during the mid-year months, especially May and June, likely due to summer vacations and easing of global travel norms. The upward trend across nearly all months reflects growing confidence among the Indian diaspora and a return to routine travel for personal, cultural, and professional reasons. Overall, the data underscores India's strengthening position as a key destination for its overseas citizens, marking a full rebound and sustained growth trajectory in NRI arrivals.

In recent years, tourists, particularly from developing nations, have become more concerned with travel that supports personal well-being, mental rejuvenation, and holistic health. This shift is motivated not only by personal health goals but also by a growing awareness of the environmental and socio-economic impacts of tourism. Wellness tourism—focused on preventative health and the promotion of well-being—has gained traction globally, especially in Asia. With rising healthcare costs in developed countries and limited healthcare access in some developing regions, travelers are turning to wellness tourism as both a lifestyle choice and a health strategy (Galloway, 2008; Moreno-González et al., 2020). In this context, nostalgic tourism—where international travelers return to their ancestral roots—intersects meaningfully

with wellness tourism. Visiting one's ancestral homeland often fulfills emotional, psychological, and spiritual needs, offering a form of inner healing and cultural reconnection. This form of travel can be therapeutic, promoting a sense of identity, belonging, and mental well-being. Wellness activities such as spa treatments, healthy cuisine, meditation, massage therapy, and nature-based experiences often complement these nostalgic journeys, blurring the lines between traditional wellness tourism and emotionally motivated heritage travel. Given that health and wellness-related travel accounts for approximately 6% of all global domestic and international travel (524.4 million trips), and that the majority of such travelers—about 87%—seek to maintain well-being as a secondary or optional goal while traveling, it is critical to understand the underlying motivations of this emerging segment. The present study, therefore, aims to explore the health and wellness motivations embedded within nostalgic tourism, specifically focusing on international tourists traveling to their ancestral hometowns in India. This intersection presents how heritage, identity, and well-being coalesce to shape contemporary travel behavior.

## **2. Literature Review**

### **2.1 Health and Wellness Tourism**

Recent years have witnessed a surge in consumer interest toward maintaining health and wellness even while traveling, driven by increasing awareness of holistic well-being. Moreno-González et al. (2020) and Travis & Ryan (2004) emphasized that modern travelers are actively seeking experiences that support both physical and psychological health. The Global Wellness Institute (2016) defines wellness tourism as travel undertaken with the intention of preserving or enhancing one's well-being. Unlike medical tourism, which involves travel for clinical treatment or curing illnesses (Carrera & Bridges, 2006; Yu & Ko, 2012), wellness tourism is viewed as a lifestyle-oriented choice, promoting an integrated state of mental, physical, and spiritual health without direct medical intervention (Wang et al., 2020). A notable trend in developing countries is the increased reliance on traditional medicine and medicinal plants as alternatives for maintaining general health. According to Okigbo (2008), medicinal plants possess natural active compounds that are commonly used to treat ailments and alleviate pain. Similarly, Lucy and Edgar (1999) observed the rising popularity of Ayurvedic treatment due to its affordability and

holistic approach compared to conventional medicine. Bindu (2009) conducted a detailed study on tourist perceptions of Ayurvedic wellness tourism in Kerala. Her research found that travelers were particularly attracted to Kerala for its scenic beauty, quality of healthcare, and availability of authentic Ayurvedic products. Using factor analysis, she identified key determinants of visitor satisfaction, which included efficient booking procedures, strategic promotion and awareness campaigns, environmental appeal, and the quality of Ayurvedic resorts. These findings underline the importance of infrastructure and service quality in enhancing the overall experience of wellness travelers.

## **2.2 Motivations for Health and Wellness Tourism**

Motivation plays a critical role in shaping individual behavior, especially in the context of tourism. Hudson (2008) defines motivations as internal drives that compel individuals to take actions aimed at fulfilling their needs. In the context of health and wellness tourism, these motivations often arise from a desire to restore physical and mental well-being. Maslow's Hierarchy of Needs theory (1943) provides a foundational framework for understanding such motivations. According to Maslow, once an individual's basic physiological and safety needs are met—such as food, shelter, and security—they seek to fulfill higher-order needs including love and belonging, self-esteem, and ultimately self-actualization. Health and wellness tourism, which often includes activities that promote inner peace, self-reflection, and physical rejuvenation, aligns with these higher-level psychological and self-fulfillment needs. In today's fast-paced world, routine and repetitive daily schedules, demanding workloads, financial constraints, and other life pressures often deplete individuals' internal energy and motivation (Moreno-González et al., 2020; Tao et al., 2020). These conditions contribute to a state of mental fatigue or “sub-health,” where people do not suffer from a diagnosed illness but still feel mentally and physically depleted. Consequently, the need to rejuvenate and recharge becomes increasingly important, leading individuals to seek out wellness tourism experiences. In this context, inspiration becomes a crucial motivational factor. Inspiration is defined as a psychological state in which individuals experience a cognitive and emotional response to a stimulus, triggering excitement and a perceived sense of necessity (Wartiovaara et al., 2019). Wellness destinations, offering tranquility, nature, and holistic care, often serve as such stimuli. Moreover, personal traits such as openness to new experiences have been found to significantly influence how often and

intensely individuals feel inspired (Khoi et al., 2019). This implies that tourists with a higher tendency for openness and self-reflection may be more drawn to wellness tourism for its potential to transform and uplift. Thus, the motivations behind health and wellness tourism are deeply rooted in both psychological theory and contemporary life challenges. They reflect a complex interplay of internal needs, personality traits, and external stressors that push individuals to seek restoration, balance, and self-fulfillment through meaningful travel experiences.

### **2.3 Health and Wellness Motivations in Nostalgic Tourism**

The intersection of health, wellness, and nostalgia in tourism reflects a growing trend where individuals seek emotional restoration and holistic well-being through travel experiences rooted in personal or ancestral connections. Wellness tourism, defined by the Global Wellness Institute (2016), refers to travel aimed at maintaining or enhancing personal well-being—both physical and psychological—without the necessity of medical treatment. This form of tourism differs from medical tourism as it is more preventive and lifestyle-oriented (Carrera & Bridges, 2006; Wang et al., 2020). Nostalgic tourism, and specifically ancestral tourism, is a subcategory where tourists are motivated to revisit their roots or places associated with familial or cultural memory. Werman (1977) emphasized that nostalgia involves a “wistful pleasure,” linked to deeply personal memories often associated with warmth, tenderness, and sometimes sadness. McCain and Ray (2003) noted that for many immigrants and their descendants, visiting their ancestral homeland provides a meaningful way to reconnect with cultural heritage and family identity. This reconnection often brings a sense of emotional closure, belonging, and fulfillment—outcomes closely related to mental well-being. According to Sedikides et al. (2008), nostalgia is not merely a sentimental experience but can also serve restorative functions such as enhancing psychological resilience, increasing optimism, and reinforcing self-continuity. Moreover, Moreno-González et al. (2020) highlight that in the modern world, increased stress, burnout, and mental fatigue have led to a rise in demand for wellness travel. Tourists are not only seeking scenic beauty or physical relaxation, but also emotional healing and a sense of reconnection. For international tourists visiting their ancestral homelands, the nostalgia-driven journey adds another layer of emotional wellness, allowing for self-discovery and reconnection with one’s identity and origin (Alexander et al., 2017; Basu, 2004). Furthermore, Tao et al. (2020) and

Wartiovaara et al. (2019) argue that motivational states such as inspiration—triggered by meaningful travel experiences—can enhance mental wellness. Places linked to ancestral memories can stimulate deep emotional responses, renewing individuals’ sense of purpose and reducing feelings of alienation or stress. According to Khoi et al. (2019), personal traits like openness to experience influence how deeply individuals are affected by such inspirational travel. In addition, wellness-seeking travelers are often drawn to spiritual, holistic, and culturally immersive activities, such as Ayurveda, meditation, and nature therapy, especially in destinations like India (Bindu, 2009; Galloway, 2008). When ancestral tourism incorporates these elements, it transforms into a dual-purpose journey—rooted in both personal healing and cultural rediscovery.

## 2.4 Gaps in the Literature

While nostalgic tourism has been explored in contexts such as heritage tourism, diasporic travel, and cultural reconnection, limited research has focused specifically on how health and wellness motivations intersect with nostalgic travel decisions. This gap is particularly pronounced in the context of international tourists visiting ancestral hometowns in Indian Himalayan states like Uttarakhand and Himachal Pradesh. Existing studies often generalize nostalgic tourism without adequately considering the emotional and health-oriented triggers—such as mental rejuvenation, spiritual healing, or wellness through nature—that influence travel choices. Furthermore, scholarly attention remains sparse on how these wellness aspects contribute to or amplify nostalgic connections among diaspora travelers. Thus, there is a need to investigate the impact of health and wellness motivations on nostalgic tourism decisions in Uttarakhand and Himachal Pradesh, which can help local policymakers and tourism stakeholders design targeted, culturally-rooted wellness tourism experiences.

## 3. Research Methodology

This study employs a **descriptive-cum-causal research design** to explore and examine the role of health and wellness motivations in influencing nostalgic tourism decisions among international tourists visiting their ancestral hometowns in India. The descriptive aspect of the study focuses on identifying and profiling the key wellness motivations—such as physical rejuvenation, mental well-being, and physical well-being—that prompt diaspora tourists to engage in nostalgic travel. The causal component aims to assess the impact of these motivations

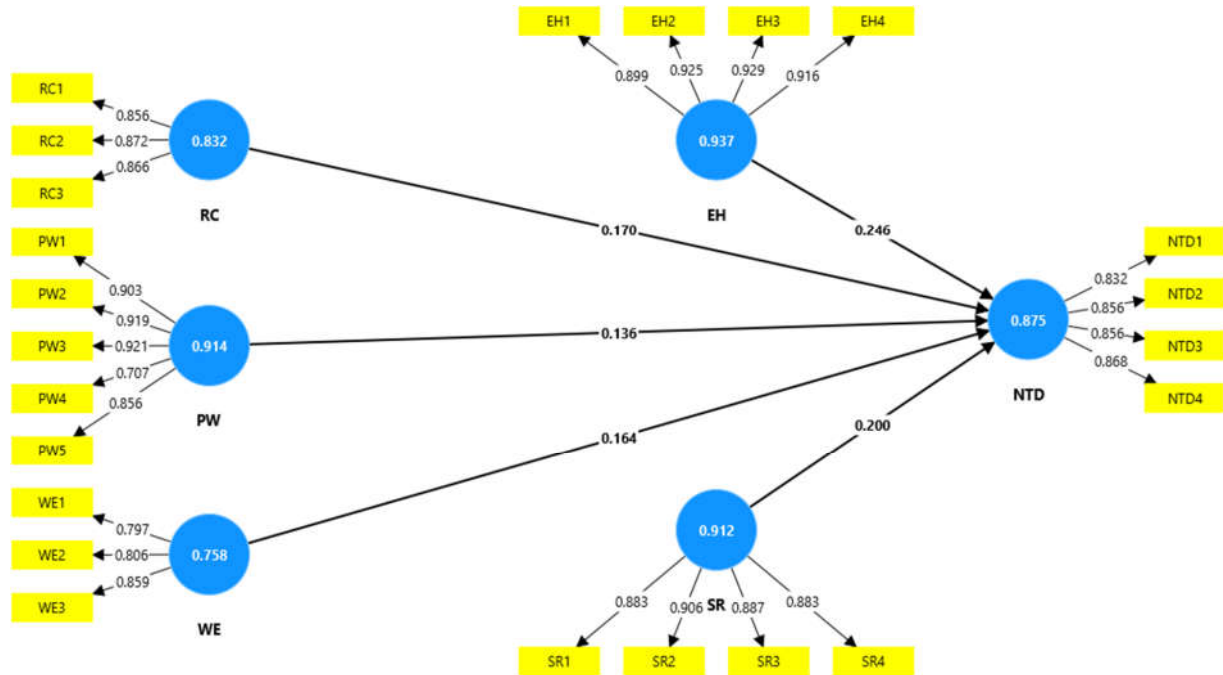


on tourists' actual travel decisions, thereby establishing cause-effect relationships between wellness-related factors and nostalgic tourism behavior. Given the specialized nature of the target population—international tourists with ancestral connections to specific regions in India—a snowball sampling method was adopted to recruit participants. The final sample comprised **320** international respondents, evenly split between two prominent Himalayan destinations: 160 who traveled to Uttarakhand and 160 who visited Himachal Pradesh. These two states were chosen for their strong associations with wellness tourism and ancestral roots among the Indian diaspora. Data were collected using a **structured questionnaire**, the instrument included items measured on a five-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The questionnaire was divided into several sections, covering demographic information, health and wellness motivations, nostalgic tourism decision-making, and overall travel experiences. A pilot study was conducted with 20 respondents to pre-test the instrument, ensuring clarity, reliability, and content validity of the items.

#### **4. Analysis and Findings**

##### **Measurement Model**

In structural equation modeling (SEM), key assessments of the measurement model focus on evaluating reliability and validity. Reliability is commonly assessed using Composite Reliability (CR) and Cronbach's alpha, with values above 0.70 indicating acceptable internal consistency (Hair et al., 2022). Convergent validity is established when the Average Variance Extracted (AVE) exceeds 0.50, suggesting that the latent construct accounts for more than half of the variance in its indicators (Fornell & Larcker, 1981). Discriminant validity, which confirms that constructs are truly distinct from one another, is often evaluated using the Heterotrait-Monotrait (HTMT) ratio. HTMT values below 0.85 are generally considered indicative of strong discriminant validity (Henseler, Ringle, & Sarstedt, 2015).



**Figure 2: Measurement Model**

**Table 2: Scale Measurement**

| Constructs                             | Items | Factor Loading | VIF   | Cronbach's alpha | CR    | AVE   |
|--|-------|----------------|-------|------------------|-------|-------|
| Emotional Healing                      | EH1   | 0.899          | 2.199 | 0.937            | 0.955 | 0.841 |
|  | EH2   | 0.925          | 2.971 |                  |       |       |
|  | EH3   | 0.929          | 2.058 |                  |       |       |
|  | EH4   | 0.916          | 2.618 |                  |       |       |
| Physical Wellness                      | PW1   | 0.903          | 2.964 | 0.914            | 0.936 | 0.748 |
|  | PW2   | 0.919          | 2.257 |                  |       |       |
|  | PW3   | 0.921          | 2.126 |                  |       |       |
|  | PW4   | 0.707          | 1.591 |                  |       |       |
|  | PW5   | 0.856          | 2.589 |                  |       |       |
| Stress Reduction and Mental Well-being | SR1   | 0.883          | 2.695 | 0.912            | 0.938 | 0.791 |
|  | SR2   | 0.906          | 2.176 |                  |       |       |
|  | SR3   | 0.887          | 2.699 |                  |       |       |
|  | SR4   | 0.883          | 2.712 |                  |       |       |

|                                  |      |       |       |       |       |       |
|----------------------------------|------|-------|-------|-------|-------|-------|
| Reconnection with Cultural Roots | RC1  | 0.856 | 1.991 | 0.832 | 0.899 | 0.748 |
|                                  | RC2  | 0.872 | 1.856 |       |       |       |
|                                  | RC3  | 0.866 | 1.919 |       |       |       |
| Identity and Self-Reflection     | WE1  | 0.797 | 1.477 | 0.758 | 0.861 | 0.674 |
|                                  | WE2  | 0.806 | 1.511 |       |       |       |
|                                  | WE3  | 0.859 | 1.644 |       |       |       |
| Nostalgic Tourism Decision       | NTD1 | 0.832 | 2.009 | 0.875 | 0.914 | 0.727 |
|                                  | NTD2 | 0.856 | 2.189 |       |       |       |
|                                  | NTD3 | 0.856 | 2.238 |       |       |       |
|                                  | NTD4 | 0.868 | 2.328 |       |       |       |

Table 2 presents the measurement properties of the constructs used in the study to assess the role of health and wellness motivations in nostalgic tourism decisions. Each construct demonstrates strong psychometric properties, confirming both reliability and validity. The construct Emotional Healing includes four items (EH1 to EH4), all of which exhibit high factor loadings ranging from 0.899 to 0.929, indicating that the items effectively measure the underlying construct. The Variance Inflation Factor (VIF) values for these items range from 2.058 to 2.971, well below the threshold of 5, suggesting the absence of multicollinearity. The construct shows excellent internal consistency, with a Cronbach's alpha of 0.937 and composite reliability (CR) of 0.955. The Average Variance Extracted (AVE) is 0.841, exceeding the recommended value of 0.5, thereby establishing strong convergent validity. Similarly, the Physical Wellness construct comprises five items with factor loadings between 0.707 and 0.921. Although one item (PW4) has a comparatively lower loading of 0.707, it is still acceptable. The VIF values range from 1.591 to 2.964, indicating no multicollinearity issues. The construct's reliability is confirmed with a Cronbach's alpha of 0.914 and CR of 0.936. The AVE is 0.748, reflecting adequate convergent validity. The construct Stress Reduction and Mental Well-being also shows robust factor loadings (0.883 to 0.906) and acceptable VIF values (2.176 to 2.712). It demonstrates high reliability with a Cronbach's alpha of 0.912 and CR of 0.938, while the AVE of 0.791 confirms good convergent validity. The construct Reconnection with Cultural Roots includes three items, all of which have factor loadings between 0.856 and 0.872. The VIF values range from 1.856 to

1.991. The internal consistency is strong, with a Cronbach's alpha of 0.832 and CR of 0.899. An AVE of 0.748 supports its convergent validity. Identity and Self-Reflection is represented by three items with factor loadings from 0.797 to 0.859, and VIF values between 1.477 and 1.644. The construct demonstrates acceptable reliability, with a Cronbach's alpha of 0.758 and CR of 0.861. The AVE is 0.674, exceeding the threshold for convergent validity. Lastly, the dependent variable Nostalgic Travel Decision is measured through four items with factor loadings ranging from 0.832 to 0.868, and VIF values between 2.009 and 2.328. The construct shows strong internal consistency with a Cronbach's alpha of 0.875 and CR of 0.914. The AVE of 0.727 confirms that the items adequately capture the underlying construct.

Table 3: Discriminant validity-HTMT ratio

|            | <b>EH</b> | <b>NTD</b> | <b>PW</b> | <b>RC</b> | <b>SR</b> |
|------------|-----------|------------|-----------|-----------|-----------|
| <b>EH</b>  |           |            |           |           |           |
| <b>NTD</b> | 0.587     |            |           |           |           |
| <b>PW</b>  | 0.467     | 0.510      |           |           |           |
| <b>RC</b>  | 0.268     | 0.498      | 0.406     |           |           |
| <b>SR</b>  | 0.618     | 0.606      | 0.468     | 0.537     |           |
| <b>WE</b>  | 0.514     | 0.563      | 0.484     | 0.425     | 0.455     |

In the table, all HTMT values are below the critical threshold of 0.85, indicating that each construct is empirically distinct from the others. Specifically, the highest HTMT value is observed between Emotional Healing (EH) and Stress Reduction and Mental Well-being (SR) at 0.618, suggesting a moderate correlation but still maintaining discriminant validity. Similarly, the HTMT ratio between Nostalgic Tourism Decision (NTD) and SR is 0.606, and between NTD and Identity and Self-Reflection (WE) is 0.563, both indicating moderate but acceptable associations. Other pairs such as RC–EH (0.268), RC–PW (0.406), and RC–WE (0.425) show relatively lower HTMT values, reinforcing the distinctiveness of the Reconnection with Cultural Roots construct. Additionally, the HTMT ratios between Physical Wellness and other constructs remain within the acceptable range (e.g., PW–EH = 0.467, PW–NTD = 0.510), confirming that Physical Wellness is measured distinctly. Overall, the results from Table 3 confirm that all constructs in the model exhibit satisfactory discriminant validity.

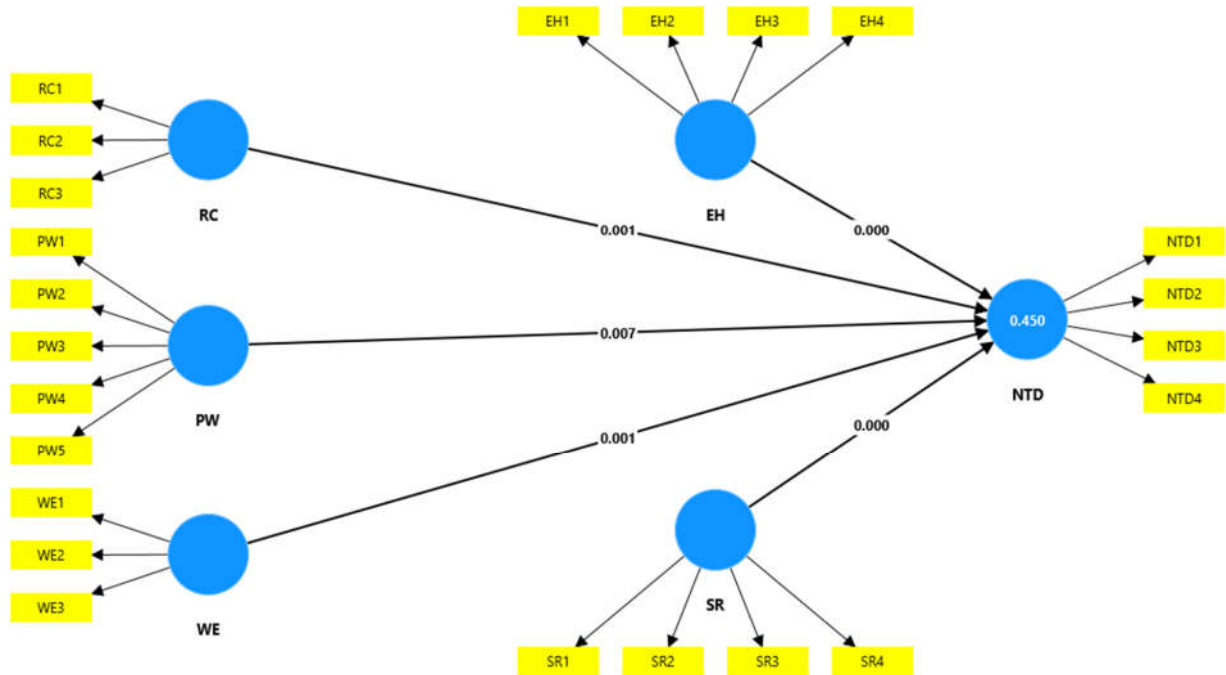
Table 4: Discriminant validity-Fornell–Larcker criterion

|            | <b>EH</b> | <b>NTD</b> | <b>PW</b> | <b>RC</b> | <b>SR</b> | <b>WE</b> |
|------------|-----------|------------|-----------|-----------|-----------|-----------|
| <b>EH</b>  | 0.917     |            |           |           |           |           |
| <b>NTD</b> | 0.532     | 0.853      |           |           |           |           |
| <b>PW</b>  | 0.437     | 0.457      | 0.865     |           |           |           |
| <b>RC</b>  | 0.241     | 0.428      | 0.355     | 0.865     |           |           |
| <b>SR</b>  | 0.572     | 0.541      | 0.431     | 0.469     | 0.890     |           |
| <b>WE</b>  | 0.436     | 0.461      | 0.406     | 0.344     | 0.379     | 0.821     |

Table 4 presents the results of discriminant validity assessment using the Fornell–Larcker criterion, a widely accepted approach in structural equation modeling. According to this method, discriminant validity is established when the square root of the Average Variance Extracted (AVE) for each construct, displayed on the diagonal, is greater than the correlation coefficients between that construct and all other constructs, which are shown in the off-diagonal cells. The diagonal values for each construct are as follows: Emotional Healing (EH) is 0.917, Nostalgic Tourism Decision (NTD) is 0.853, Physical Wellness (PW) is 0.865, Reconnection with Cultural Roots (RC) is 0.865, Stress Reduction and Mental Well-being (SR) is 0.890, and Identity and Self-Reflection (WE) is 0.821. In all cases, these values are higher than their corresponding inter-construct correlations. For instance, EH’s square root of AVE (0.917) exceeds its correlations with NTD (0.532), PW (0.437), RC (0.241), SR (0.572), and WE (0.436). Similarly, SR’s diagonal value of 0.890 is greater than its correlations with EH (0.572), NTD (0.541), PW (0.431), RC (0.469), and WE (0.379), confirming its uniqueness as a construct.

### **Structural Model**

The structural model presents the path coefficients, outer weights, and factor loadings, each serving a distinct role in interpreting the relationships within the model. Path coefficients indicate the strength and direction of the relationships between the latent constructs. Outer weights show the relative contribution of each indicator to its corresponding latent variable, highlighting their importance in the formative measurement model. Factor loadings, on the other hand, reflect the strength of the association between each indicator and its underlying construct, providing information, how well each item represents the latent variable in a model.



**Figure 3: Structural Model**

**Table 5: R Square& adjusted R Square**

|            | <b>Original sample (O)</b> | <b>Standard deviation</b> | <b>T statistics</b> | <b>P values</b> |
|------------|----------------------------|---------------------------|---------------------|-----------------|
| <b>NTD</b> | 0.450                      | 0.049                     | 9.216               | 0.000           |
|            | 0.443                      | 0.049                     | 8.970               | 0.000           |

Table 5 displays the R Square and adjusted R Square values for the dependent variable Nostalgic Tourism Decision (NTD), along with their statistical significance indicators. The R Square value of 0.450 indicates that approximately 45% of the variance in Nostalgic Travel Decision is explained by the independent variables in the model. The adjusted R Square value of 0.443, which accounts for the number of predictors and sample size, confirms a similarly strong

explanatory power, suggesting that the model fits the data well without overfitting. Both values are associated with very high T-statistics (9.216 for R Square and 8.970 for adjusted R Square) and P-values of 0.000, indicating that these results are statistically significant at a high confidence level.

Table 5: Path coefficients, t-statistics, and p-values for the constructs

|                     | <b>Original sample (O)</b> | <b>T statistics</b> | <b>P values</b> |
|---------------------|----------------------------|---------------------|-----------------|
| <b>EH -&gt; NTD</b> | 0.246                      | 4.982               | 0.000           |
| <b>PW -&gt; NTD</b> | 0.136                      | 2.720               | 0.007           |
| <b>RC -&gt; NTD</b> | 0.170                      | 3.415               | 0.001           |
| <b>SR -&gt; NTD</b> | 0.200                      | 3.781               | 0.000           |
| <b>WE -&gt; NTD</b> | 0.164                      | 3.317               | 0.001           |

Table 5 presents the path coefficients, t-statistics, and p-values for the relationships between the predictor constructs—Emotional Healing (EH), Physical Wellness (PW), Reconnection with Cultural Roots (RC), Stress Reduction and Mental Well-being (SR), and Identity and Self-Reflection (WE)—and the dependent variable, Nostalgic Tourism Decision (NTD).

The path coefficients indicate the strength and direction of the relationships. All coefficients are positive, suggesting that each health and wellness motivation construct positively influences the decision to engage in nostalgic travel.

a) Emotional Healing (EH → NTD)

H01: Emotional Healing has no significant effect on Nostalgic Tourism Decision.

H1: Emotional Healing has a significant positive effect on Nostalgic Tourism Decision.

Emotional Healing (EH → NTD) has a path coefficient of 0.246, a t-statistic of 4.982, and a p-value of 0.000. This shows a statistically significant positive effect, supporting the hypothesis that emotional healing motivates nostalgic travel decisions.

b) Physical Wellness (PW → NTD)

H02: Physical Wellness has no significant effect on Nostalgic Tourism Decision.

H2: Physical Wellness has a significant positive effect on Nostalgic Tourism Decision.

Physical Wellness (PW  $\rightarrow$  NTD) shows a path coefficient of 0.136, t-statistic of 2.720, and p-value of 0.007, indicating a significant but comparatively weaker positive influence on Nostalgic Tourism Decision.

c) Reconnection with Cultural Roots (RC  $\rightarrow$  NTD)

H03: Reconnection with Cultural Roots has no significant effect on Nostalgic Tourism Decision.

H3: Reconnection with Cultural Roots has a significant positive effect on Nostalgic Tourism Decision.

Reconnection with Cultural Roots (RC  $\rightarrow$  NTD) has a coefficient of 0.170, with  $t = 3.415$  and  $p = 0.001$ , demonstrating a significant positive relationship, supporting the hypothesis that reconnecting with cultural roots encourages nostalgic travel.

d) Stress Reduction and Mental Well-being (SR  $\rightarrow$  NTD)

H04: Stress Reduction and Mental Well-being has no significant effect on Nostalgic Tourism Decision.

H4: Stress Reduction and Mental Well-being has a significant positive effect on Nostalgic Tourism Decision.

Stress Reduction and Mental Well-being (SR  $\rightarrow$  NTD) reveals a coefficient of 0.200, t-statistic of 3.781, and a p-value of 0.000, confirming a significant positive impact on Nostalgic Tourism Decision.

e) Identity and Self-Reflection (WE  $\rightarrow$  NTD)

H05: Identity and Self-Reflection has no significant effect on Nostalgic Tourism Decision.

H5: Identity and Self-Reflection has a significant positive effect on Nostalgic Tourism Decision.



Identity and Self-Reflection (WE → NTD) with a coefficient of 0.164,  $t = 3.317$ , and  $p = 0.001$ , also shows a significant positive influence.

## 5. Conclusion

This research study aimed to explore the influence of various health and wellness motivations on international tourists' decisions to engage in nostalgic travel to their ancestral hometowns in India. The findings demonstrate that all examined constructs—Emotional Healing, Physical Wellness, Reconnection with Cultural Roots, Stress Reduction and Mental Well-being, and Identity and Self-Reflection—have significant positive effects on Nostalgic Tourism Decision. These results highlight the multifaceted role that health and wellness play in shaping travel behavior, confirming that tourists are motivated not only by physical and emotional well-being but also by a deep desire to reconnect with their cultural roots and reflect on their identity. The robust explanatory power of the model, accounting for approximately 45% of the variance in nostalgic travel decisions, further emphasizes the importance of these motivational factors. This study contributes valuable insights to the growing field of wellness and nostalgic tourism, suggesting that tourism marketers and destination planners should design experiences that holistically address emotional, physical, cultural, and psychological needs to attract and satisfy international tourists seeking meaningful ancestral journeys.

## References

- Alexander, C., Bakir, V., & Wickens, E. (2017). Ancestral tourism: Heritage and identity. *Journal of Heritage Tourism*, 12(3), 224–239.
- Basu, P. (2004). My own island home: The Orkney homecoming. *Journal of Material Culture*, 9(1), 27–42.
- Basu, P. (2005). Roots tourism as return movement: Semantics and the Scottish diaspora. In T. Holmes & S. Mahta (Eds.), *Displacements and diasporas: Mobilities, materialities, and rhetorics of membership* (pp. 150–173). Duke University Press.
- Bindu. (2009). Kerala: Health tourism hub for Ayurveda. *International Journal of Social Sciences and Management*, 2(3), 204–210.

Carrera, P. M., & Bridges, J. F. P. (2006). Globalization and healthcare: Understanding health and medical tourism. *Expert Review of Pharmacoeconomics & Outcomes Research*, 6(4), 447–454.

Galloway, R. (2008). *Seasonality in the tourism industry: Impacts and strategies*. Cooperative Research Centre for Sustainable Tourism. <https://sustain.pata.org/wp-content/uploads/2015/02/Galloway-Tourism-Seasonality.pdf>

Global Wellness Institute. (2016). *What is wellness tourism?* <https://globalwellnessinstitute.org/what-is-wellness/what-is-wellness-tourism/>

Hudson, S. (2008). *Tourism and hospitality marketing: A global perspective*. SAGE Publications.

India Ministry of Tourism. (2023). *India tourism statistics 2023*. <https://tourism.gov.in/sites/default/files/2024-02/India%20Tourism%20Statistics%202023-English.pdf>

Khoi, N. H., Phong, N. D., & Le, A. N. H. (2019). Customer inspiration in a tourism context: An investigation of driving and moderating factors. *Current Issues in Tourism*, 23(21), 2699–2715.

Lucy, H., & Edgar, J. (1999). Medicinal plants: A re-emerging health aid. *Electronic Journal of Biotechnology*, 2(2), 56–70

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396.

McCain, G., & Ray, N. M. (2003). Legacy tourism: The search for personal meaning in heritage travel. *Tourism Management*, 24(6), 713–717.

Moreno-González, A. A., León, C. J., & Fernández-Hernández, C. (2020). Health destination image: The influence of public health management and well-being conditions. *Journal of Destination Marketing & Management*, 16, 100433. <https://doi.org/10.1016/j.jdmm.2020.100433>

Okigbo, R. N. (2008). Biodiversity and conservation of medicinal and aromatic plants in Africa. *Biotechnology and Molecular Biology Reviews*, 3(6), 127–134.

Sedikides, C., Wildschut, T., Arndt, J., & Routledge, C. (2008). Nostalgia: Past, present, and future. *Current Directions in Psychological Science*, 17(5), 304–307.

Tao, C. Z., Liu, Q., Lu, W., Pan, Y., & Shan, M. (2020). The sub-health status of different social roles and the analysis of its influencing factors during the 2019 coronavirus disease pandemic. *International Journal of Medicine and Public Health*, 10(3), 135–140.

Travis, J. W., & Ryan, R. S. (2004). *Wellness workbook: How to achieve enduring health and vitality* (3rd ed.). Random House Digital.

Wang, K., Xu, H., & Huang, L. (2020). Wellness tourism and spatial stigma: A case study of Bama, China. *Tourism Management*, 78, 104069.

Wartiovaara, M., Lahti, T., & Wincent, J. (2019). The role of inspiration in entrepreneurship: Theory and the future research agenda. *Journal of Business Research*, 101, 548–554.

Werman, D. S. (1977). Normal and pathological nostalgia. *Journal of the American Psychoanalytic Association*, 25(2), 387–398. <https://doi.org/10.1177/000306517702500205>

Yu, J. Y., & Ko, T. G. (2012). A cross-cultural study of perceptions of medical tourism among Chinese, Japanese and Korean tourists in Korea. *Tourism Management*, 33(1), 80–88.

#### Web references

<https://tourism.gov.in>

<https://boi.gov.in>