



HEALING TOURISM AND MENTAL WELL-BEING IN VIETNAM: A MIXED-METHODS SEM APPROACH TO WELLNESS TRAVEL EXPERIENCES, DIGITAL COMMUNICATION AND PSYCHOLOGICAL OUTCOMES

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ABSTRACT

This study investigates the relationship between healing tourism experiences and tourists' mental well-being in Vietnam's emerging wellness market. Amidst heightened post-pandemic psychological stress, demand for restorative travel – such as eco-therapy and mindfulness retreats – has surged. However, empirical research on its psychological outcomes in emerging destinations remains scarce. To address this gap, the study develops an integrated framework linking experience quality, digital media exposure, expectation, perceived authenticity, perceived value, emotional response, and mental well-being. Employing a mixed-methods design, the research combines qualitative analyses (literature reviews, expert and tourist interviews, and digital content analysis) with quantitative survey data analyzed via Structural Equation Modeling. Key psychological outcomes examined include stress reduction, subjective well-being, and emotional balance. By synthesizing tourism experience, psychological restoration, mindfulness, and communication theories, the study offers significant theoretical contributions and practical insights for designing evidence-based wellness products and authentic digital marketing strategies..

KEYWORDS: Healing tourism; Wellness tourism; Mental well-being; Psychological restoration; Digital communication; Structural Equation Modeling; Vietnam.

1. INTRODUCTION

In recent years, mental well-being has emerged as a central concern in public health and consumer behavior research. Rapid urbanization, workplace pressures, digital overload, and post-pandemic uncertainty have intensified psychological strain among urban residents. The World Health Organization emphasizes that global mental health needs remain high while institutional responses remain insufficient in many societies (WHO, 2022). Simultaneously, cities concentrate economic opportunities alongside environmental stressors, making urban life highly demanding (UN-Habitat, 2022). Consequently, tourism is increasingly perceived as a vital pathway for psychological recovery, emotional regulation, and lifestyle rebalancing.

This transformation has accelerated wellness and healing tourism. While wellness tourism maintains or enhances personal well-being, healing tourism specifically targets psychological restoration, emotional recovery, and stress reduction. The Global Wellness Institute reports that the global wellness economy rebounded strongly post-pandemic, reaching USD 6.8 trillion in 2024, with wellness tourism serving as a major driver (Global Wellness Institute, 2025). In Vietnam, diverse natural landscapes, spiritual traditions, and emerging resorts in destinations like Da Nang, Da Lat, and Phu Quoc foster favorable conditions for healing-oriented travel centered on emotional renewal.

However, rapid commercialization introduces a critical research problem: providers frequently market emotional benefits like "inner peace" and "detox," yet actual psychological outcomes are rarely empirically measured. Furthermore, social media and digital storytelling strongly shape pre-trip expectations. Authentic communication strengthens perceived value, whereas exaggerated marketing creates unrealistic expectations, hindering actual psychological recovery.

Consequently, this study examines how healing tourism experiences influence urban residents' mental well-being—specifically stress reduction, emotional balance, and subjective well-being—while investigating how social media exposure shapes expectations, authenticity, and perceived value. Utilizing a mixed-methods design combining qualitative interviews, digital content analysis, and Structural Equation Modeling, this research evaluates these relationships. Following this introduction, the paper reviews urban psychological pressures, outlines the empirical methodology, discusses the results, and concludes with theoretical, managerial, and policy implications.



2. LITERATURE REVIEW

2.1. Urban Psychological Pressure and Restorative Consumption

Urbanization drives global socioeconomic advancement but concurrently imposes profound psychological burdens via overcrowding, environmental degradation, and accelerated socio-professional rhythms (UN-Habitat, 2022). Consequently, urban mental well-being has transitioned from an individual concern to a critical imperative in urban development. Environmental psychology and public health research indicate that mental health disorders exhibit higher prevalence in urban centers due to the complex, synergistic interaction of socio-environmental stressors (Gruebner et al., 2017; Xu et al., 2023). Within consumer behavior, this cognitive and emotional overload has fundamentally reoriented travel motivations. Tourism is no longer merely a discretionary leisure pursuit for social status (Pine and Gilmore, 1999); rather, it functions as an essential vehicle for restorative consumption, offering structured psychological environments conducive to self-regulation and detachment from urban routines. This demand has surged post-pandemic, reinforcing travel as a proactive, preventive health behavior linked to holistic wellness (WHO, 2022; Global Wellness Institute, 2025).

2.2. Theoretical Frameworks of Psychological Restoration

The psychological mechanisms of healing tourism are rooted in Attention Restoration Theory (ART) and Stress Recovery Theory (SRT). ART posits that continuous engagement with urban stimuli induces directed attention fatigue, whereas natural environments facilitate cognitive recovery by providing "soft fascination" and psychological distance (Kaplan, 1995). Complementarily, SRT asserts that immersion in non-threatening natural settings triggers rapid, evolutionary psycho-physiological stress reduction (Ulrich et al., 1991). Empirical syntheses confirm the robust restorative efficacy of natural exposure (Ohly et al., 2016), indicating that healing tourism must be evaluated through experiential parameters—such as tranquility and sensory quality—rather than conventional hospitality service indicators. Furthermore, incorporating mindfulness practices transforms travel from passive environmental exposure into active, subjective emotional regulation.

2.3. Experiential Value and Digital Dynamics in Healing Tourism

While wellness tourism encompasses physical, psychological, and spiritual dimensions (Smith and Puczkó, 2009), healing tourism emphasizes targeted emotional recovery. Research indicates that wellness consumer decisions are governed by multi-dimensional perceived value configurations, which mediate the path from health motivations to behavioral intentions (Gan et al., 2023). Experiential quality and emotional responses serve as core determinants of post-trip satisfaction and loyalty (Seow et al., 2024).

Crucially, contemporary tourism demand is structurally mediated by digital information ecosystems (Xiang and Gretzel, 2010; Leung et al., 2013). Digital media exposure shapes affective destination images, which heavily dictate travel intentions (Afshardoost and Eshaghi, 2020). Given the experiential intangibility of healing tourism, electronic word-of-mouth (eWOM) and influencer marketing act as pivotal trust-building mechanisms, where influencer authenticity and expertise strongly dictate consumer expectations (Jalilvand et al., 2012; Manthiou et al., 2024). However, highly aestheticized digital content can generate an expectation-experience divergence. Over-promising diminishes perceived authenticity and compromises psychological recovery, highlighting the need for credible, evidence-based marketing communication.

2.4. Methodological Operationalization and Research Gaps

Historically, tourism research has conceptually obscured well-being by relying on generalized satisfaction metrics. Rigorous quantification necessitates validated psychometric instruments, including the Perceived Stress Scale (Cohen et al., 1983), the Satisfaction with Life Scale (Diener et al., 1985), the Subjective Happiness Scale (Lyubomirsky and Lepper, 1999), and the clinically validated WHO-5 Well-Being Index (Topp et al., 2015).

Significant research gaps remain unaddressed. First, a conceptual gap persists between urban stress epidemiology and tourism consumption behaviors. Second, a theoretical gap exists in integrating environmental restoration frameworks with business-centric marketing constructs. Methodologically, a measurement gap remains due to a reliance on descriptive satisfaction measures rather than standardized psychological metrics. Furthermore, a communication gap endures regarding how digital communication styles modulate expectation confirmation and post-experience evaluation. Finally, a contextual gap exists in Vietnam, where empirical validation of its rapidly commercializing wellness assets remains absent. This study addresses these deficiencies by proposing an integrated Structural Equation Modeling (SEM) framework to empirically trace the trajectories from urban stress and digital exposure to objective psychological outcomes.

3. METHODOLOGY

3.1. Research Design

This study employs a quantitative-dominant, mixed-methods research design to scrutinize the complex socio-psychological nomological network governing urban residents' engagement with healing tourism. Grounded in the conceptual frameworks of experiential tourism, consumer behavior, and environmental psychology, this inquiry treats healing tourism not merely as a commercial leisure product, but as an experiential service system engineered for psychological restoration. The empirical architecture is executed in two consecutive phases: Psychometric Refinement: Focused on construct operationalization,

questionnaire contextualization, and item refinement tailored to the Vietnamese wellness market. Structural Evaluation: Executed via a cross-sectional survey ($N = 415$) utilizing covariance-based Structural Equation Modeling (CB-SEM) to estimate the hypothesized direct, indirect, and mediated paths. While the cross-sectional approach effectively captures psychological states at a discrete temporal juncture, causal inferences within the structural model remain theoretically driven and statistically associative.

3.2. Structural Model and Hypotheses

The proposed structural model integrates five core domains: urban psychological pressure, digital communication metrics, experiential value, restorative affect, and mental well-being (MWB). The structural equations defining the endogenous latent constructs are specified as follows:

$$\begin{aligned} EXP &= \beta_1 UPP + \beta_2 SME + \beta_3 CS + \varepsilon_1 \\ PA &= \beta_4 SME + \beta_5 CS + \beta_6 HTEQ + \varepsilon_2 \\ PV &= \beta_7 HTEQ + \beta_8 EXP + \beta_9 PA + \varepsilon_3 \\ ER &= \beta_{10} PV + \beta_{11} HTEQ + \beta_{12} PA + \varepsilon_4 \\ TI &= \beta_{13} UPP + \beta_{14} SME + \beta_{15} PV + \beta_{16} ER + \varepsilon_5 \\ MWB &= \beta_{17} ER + \beta_{18} PV + \beta_{19} HTEQ - \beta_{20} UPP + \varepsilon_6 \end{aligned}$$

Where: *UPP* - Urban Psychological Pressure, *SME* - Social Media Exposure, *CS* - Communication Style, *HTEQ* - Healing Tourism Experience Quality, *EXP* - Expectation, *PA* - Perceived Authenticity, *PV* - Perceived Value, *ER* - Emotional Response, *TI* - Travel Intention, *MWB* - Mental Well-being, ε_{1-6} - Disturbance terms.

3.3. Instrumentation and Measurement Scale

Data elicitation relied on a structured questionnaire utilizing a five-point Likert psychometric scale (1 = strongly disagree, 5 = strongly agree). The instrument comprises three distinct components:

- **Demographics & Travel Typologies:** Captures gender, age, income, destination, and prior wellness travel frequency.
- **Antecedents:** *UPP* is operationalized via four items measuring occupational strain and digital saturation. *SME* and *CS* utilize four items each to assess content consumption frequency, influencer efficacy, narrative trust, and marketing-delivery alignment.
- **Experiential & Well-being Outcomes:** *HTEQ* encompasses five items detailing environmental tranquility and programmatic mindfulness. The remaining latent variables (*EXP*, *PA*, *PV*, *ER*, *TI*, and *MWB*) employ three to five items adapted from established environmental psychology and consumer behavior paradigms to evaluate post-trip psychological restoration.

3.4. Sampling and Analytical Protocol

The final sample comprises 415 complete observations, exceeding the minimum threshold required for structural equation modeling to achieve robust statistical power. The sample exhibits an authentic demographic distribution of urban wellness consumers: female respondents constitute 58.1%, male respondents 40.5%, and undisclosed genders 1.4%. The cohort is predominantly youthful and mid-income, led by the 25–34 age bracket (42.9%), followed by 18–24 (25.5%) and 35–44 (19.0%). Geographically and structurally, the data spans key Vietnamese wellness enclaves (e.g., Da Lat, Phu Quoc, Sa Pa) across diverse modalities, including eco-resorts, yoga retreats, and holistic spa programs.

The computational analysis follows a rigorous six-step protocol:

1. **Data Screening:** Initial diagnostic filtering for multivariate outliers, missing data, and unengaged responses.
2. **Descriptive Diagnostics:** Computation of latent-level means and standard deviations.
3. **Reliability Analysis:** Evaluation of internal consistency using Cronbach's alpha and Composite Reliability ($CR > 0.70$).
4. **Construct Validation:** Assessment of convergent validity via Average Variance Extracted ($AVE > 0.50$) alongside factor loading thresholds (all standardized loadings > 0.76).
5. **Structural Mapping:** Maximum likelihood estimation of path coefficients (β), standard errors, critical ratios (t -values), and squared multiple correlations (R^2).
6. **Substantive Interpretation:** Evaluating effect sizes and structural pathways through the lens of psychological restoration theory and managerial viability, prioritizing practical significance over arbitrary statistical thresholds.

4. RESULTS

The empirical analysis was conducted using 415 valid responses. The sample was predominantly female, with 241 respondents accounting for 58.1%, while 168 male respondents represented 40.5%. The remaining 1.4% preferred not to disclose their gender. Regarding age, respondents aged 25–34 constituted the largest group at 42.9%, followed by those aged 18–24 at 25.5%. Participants aged 35–44 represented 19.0%, whereas respondents aged 45 or above accounted for only 12.5%. The sample therefore largely reflects young and early-middle-aged urban consumers, who are particularly exposed to occupational pressure, digital communication and lifestyle-oriented tourism content.

Da Lat was the most frequently reported healing tourism destination, accounting for 22.2% of respondents, followed by Nha Trang at 20.5% and Da Nang at 18.8%. Phu Quoc, Hoi An and Sa Pa also represented notable proportions. In terms of travel format,



wellness resorts were the most common experience, representing 28.9% of the sample. Nature-based healing trips accounted for 22.2%, while yoga or meditation retreats and spa or holistic programmes represented 19.8% and 17.6%, respectively. These findings indicate that healing tourism demand extends beyond specialised retreats and includes a diverse range of resort, nature-based and family-oriented experiences.

The descriptive statistics show that all constructs recorded moderate to relatively high mean values. Travel Intention achieved the highest mean score at 3.329, suggesting a generally positive willingness to revisit, recommend or purchase healing tourism services. Perceived Authenticity and Expectation also recorded comparatively high means of 3.312 and 3.310, respectively. By contrast, Mental Well-being had the lowest mean at 3.266. This difference is theoretically plausible because behavioural intention can emerge immediately from favourable perceptions, whereas improvements in psychological well-being may require sustained, repeated or more intensive engagement.

Urban Psychological Pressure and Social Media Exposure recorded almost identical mean scores of 3.280 and 3.281. These results confirm that respondents experienced noticeable urban stress while also being regularly exposed to wellness-related digital content. Healing Tourism Experience Quality, Perceived Value and Emotional Response all achieved means close to 3.30, indicating broadly favourable but not exceptionally strong evaluations of the tourism experience.

The measurement model demonstrated satisfactory reliability and convergent validity. Cronbach's Alpha values ranged from 0.755 to 0.873, while Composite Reliability values ranged from 0.860 to 0.908. All Average Variance Extracted values exceeded the recommended threshold of 0.50, ranging from 0.630 to 0.699. Indicator loadings were also consistently high. These results confirm that the constructs were measured reliably and were appropriate for structural model assessment.

Table 1. Summary of the reliability assessment

Construct	Items	Cronbach's Alpha	CR	AVE
UPP	4	0.818	0.880	0.648
SME	4	0.830	0.887	0.663
CS	4	0.804	0.872	0.630
HTEQ	5	0.873	0.908	0.663
EXP	3	0.755	0.860	0.671
PA	3	0.784	0.874	0.699
PV	4	0.849	0.899	0.689
ER	4	0.839	0.892	0.674
TI	3	0.778	0.871	0.693
MWB	5	0.873	0.908	0.665

The structural model supported all proposed hypotheses. Expectation was most strongly influenced by Social Media Exposure ($\beta = 0.368$), followed by Communication Style ($\beta = 0.271$) and Urban Psychological Pressure ($\beta = 0.262$). Together, these factors explained 37.9% of the variance in Expectation. This result highlights the dominant role of digital content in shaping anticipated psychological and restorative benefits before travel.

Perceived Authenticity was primarily determined by Communication Style ($\beta = 0.363$), followed by Healing Tourism Experience Quality ($\beta = 0.242$) and Social Media Exposure ($\beta = 0.211$). The result suggests that credibility depends more on message quality and consistency than on exposure frequency alone. Perceived Value was most strongly affected by Healing Tourism Experience Quality ($\beta = 0.353$), confirming that substantive service delivery remains more influential than promotional narratives.

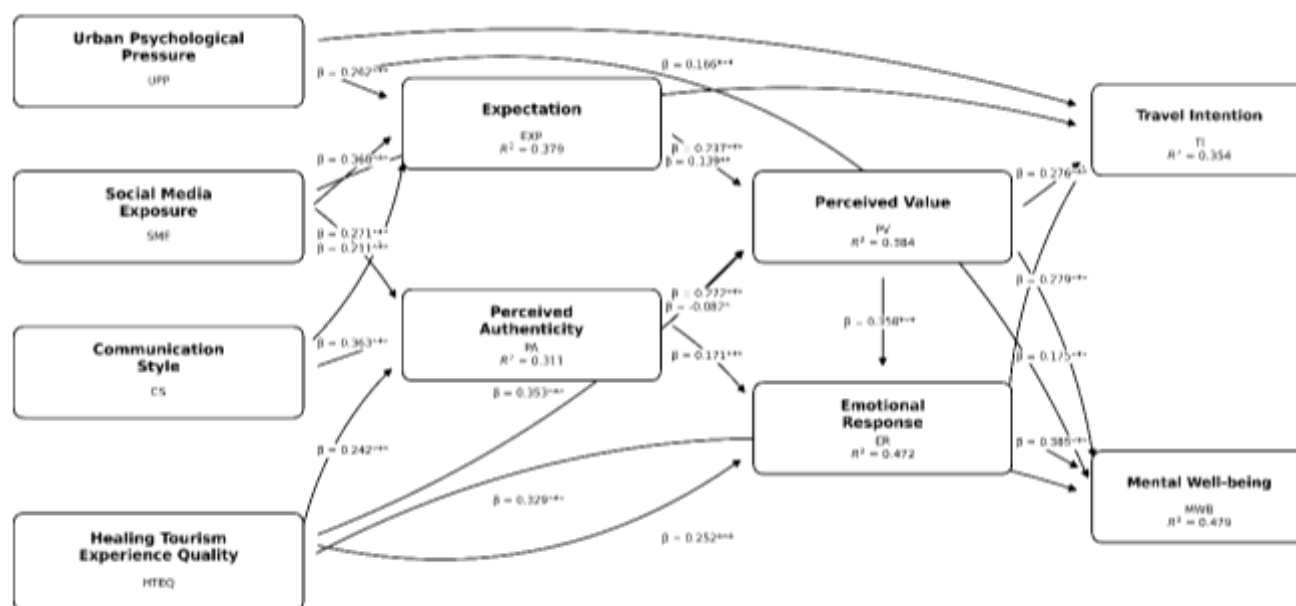


Figure 1. PLS - SEM Model of Healing Tourism, Digital Communications and Mental Well-being

Emotional Response was explained by Perceived Value ($\beta = 0.358$), Healing Tourism Experience Quality ($\beta = 0.329$) and Perceived Authenticity ($\beta = 0.171$), producing an R^2 of 0.472. Travel Intention was mainly driven by Emotional Response ($\beta = 0.279$) and Perceived Value ($\beta = 0.276$), while Urban Psychological Pressure and Social Media Exposure had smaller positive effects.

Mental Well-being achieved the highest explanatory power, with an R^2 of 0.479. Emotional Response was its strongest predictor ($\beta = 0.385$), followed by Healing Tourism Experience Quality ($\beta = 0.252$) and Perceived Value ($\beta = 0.175$). Urban Psychological Pressure retained a small negative effect ($\beta = -0.082$). Overall, the findings indicate that healing tourism enhances mental well-being primarily through emotional recovery, high-quality experiences and perceived value, although it cannot fully offset persistent structural stress associated with urban life.

5. DISCUSSION

The findings provide a coherent explanation of how healing tourism demand and psychological outcomes are formed among urban residents. Urban Psychological Pressure performs a dual function in the model. It positively influences Expectation and Travel Intention, indicating that stressed consumers actively seek restorative travel experiences. However, it retains a negative effect on Mental Well-being even after experience quality, perceived value and emotional response are considered. Healing tourism should therefore be interpreted as a compensatory mechanism that may alleviate urban stress, but cannot fully replace broader mental health support or improvements in urban living conditions.

Social Media Exposure has its strongest effect on Expectation, confirming that digital content plays a central role in constructing anticipated healing benefits. Visual representations of natural landscapes, meditation, wellness rituals and quiet retreats create an imagined emotional outcome before travel. Nevertheless, its direct influence on Travel Intention is weaker than those of Perceived Value and Emotional Response. Social media can therefore generate awareness and initial interest, but sustained behavioural intention depends more strongly on whether the actual experience delivers credible value and emotional benefits.

Communication Style is the strongest predictor of Perceived Authenticity. This finding demonstrates that consumers assess not only the content of promotional messages, but also their tone, credibility and consistency with service delivery. Healing tourism providers should consequently avoid exaggerated claims regarding transformation, detoxification or psychological recovery. More effective communication should emphasise realistic outcomes, including relaxation, mindfulness, reconnection with nature and emotional restoration.

Healing Tourism Experience Quality emerges as the principal operational driver because it significantly affects authenticity, value, emotional response and mental well-being. This confirms that healing tourism cannot be developed through branding alone. Natural environments, service professionalism, safety, programme design and restorative atmosphere must be integrated into a coherent customer journey. Perceived Value subsequently connects experience quality and authenticity with behavioural and psychological outcomes. In this context, value extends beyond price and facilities to include emotional relief, mental clarity, meaningful time use and a renewed sense of balance.



Emotional Response is the strongest predictor of Mental Well-being and a major determinant of Travel Intention. This supports the view that healing tourism operates primarily through affective mechanisms. Experiences that generate calmness, relief, positivity and inner balance are more likely to improve well-being and stimulate revisit or recommendation intentions. Emotional design should therefore be treated as a strategic capability, involving sensory atmosphere, staff interaction, activity pacing, silence, natural sound and reflective practices.

For Vietnam, the results imply that competitive healing tourism requires greater professionalisation, credible communication and measurable customer outcomes. Future research should validate the model using verified field data, longitudinal measurements and comparisons across different healing tourism formats.

6. CONCLUSION

This study examined the relationship between healing tourism, digital communication and mental well-being in the context of Vietnam's emerging wellness tourism market. By integrating urban psychological pressure, social media exposure, communication style, healing tourism experience quality, perceived authenticity, perceived value, emotional response, travel intention and mental well-being into a PLS-SEM framework, the study provides a structured explanation of how restorative travel demand is formed and how psychological outcomes may be generated.

The findings indicate that urban psychological pressure and social media exposure are important antecedents of tourists' expectations and travel intention. However, the actual effectiveness of healing tourism depends more strongly on experience quality, authenticity, perceived value and emotional response. In particular, emotional response is the strongest predictor of mental well-being, suggesting that calmness, relief, positivity and inner balance are central mechanisms through which healing tourism creates psychological benefits.

The study contributes to experiential tourism and business research by positioning healing tourism as an evidence-based service system rather than a purely promotional concept. For practitioners, the results suggest that wellness tourism providers should avoid exaggerated communication and instead design authentic, professionally managed and psychologically restorative experiences.

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