Motives for Thermal Tourism: An Application to North and Central Portugal

Filipa Brandão 1,*, Dália Liberato 2, Ana Sofia Teixeira 3 and Pedro Liberato 2

Abstract: Health and wellness tourism should be particularly valued in the post-pandemic phase. It has the potential to be a strategic product that enhances the population’s well-being and quality of life, on social, physical, and environmental levels. Different proposals for specialized experiences that complement what the destination offers allow to position regions as health and wellness destinations. Thermal tourism should thus be encouraged as a specific product designed on the innovation and diversification observed in the related services and the benefits recognized for all ages. Considering the relevance of thermal springs and thermal tourists for the image, positioning, and development of touristic destinations, this research aims to identify the specific motivations of tourists that attract them to the practice of thermal tourism, to understand how the benefits for which thermal tourists search and their sociodemographic profile influence the motivations of tourists, and how those motivations determine the characteristics of travel. This research was developed on the North and Centre of Portugal for their relevance in the context of thermal springs and related touristic activities. To achieve the research objectives, a questionnaire survey was conducted among thermal tourists, through a non-probability by convenience sampling, using bivariate tests, such as Pearson’s chi-squared test, one-way ANOVA, and t-Student test. The results highlight that most respondents practiced thermal tourism due to leisure and relaxation benefits, such as the escape from daily stress, spend time with family, and being “pampered”; relaxation is the most valued motivation, followed by the search for psychological and physical well-being. The research found relations between the benefits expected by thermal tourists and their travel characteristics, such as the composition of the group, the general travel motivation, the chosen thermal destination, and the number of nights spent at the location. In thermal tourism, new challenges emerge, demanding the development of strategies, products, and services that respond to the needs of specific market sections.

Keywords: thermal tourism; health and wellness tourism; motivations; consumers’ profile; COVID-19

1. Introduction

Due to the technology of work and life systems, wellness imbalances are prominent, leading to a need for time away from sources of stress in the workplace, school, and other life settings. Therefore, consumers are turning to vacation travel to improve health and wellness. The tourism and hospitality industry can design experiences and services that support optimal health and wellness outcomes for consumers [1]. Wellness has become an expression that represents a new way of life. Once used only for its attractiveness, the term—and what it means—has become a serious trend and an important dimension in tourism. People are nowadays more conscious about their health and are defining what quality of life means from various perspectives [2].
The recognition of the importance of psychological factors and of the psychophysiological imbalances caused by modern life characterized by sedentariness, monotony, urban concentration, and permanent agitation and tension (stress) has led to the extension of the concept of health tourism to programs that allow tourists, during their stay at a destination, to improve their state of health and prevent different health risk factors [3].

In this context, the understanding of consumer behavior is fundamental to underpin all marketing activities undertaken to develop, promote, and sell (thermal) tourism products and to position regions as health and wellness destinations. Clearly, if the goal is to optimize the effectiveness and efficiency of marketing activities, one must try to understand how consumers make their decisions to buy or use tourism products. Moreover, by understanding their behavioral patterns, it is possible to know when to intervene in the process of achieving the desired results in terms of attractiveness and competitiveness of touristic businesses and destinations. Consequently, it will be easier to know whom to target at a specific time with a specific tourism product. However, more importantly, it is possible to identify ways to lead them to choose certain products that have been most effectively designed to meet their particular needs and desires. Understanding consumer behavior is, therefore, crucial to making marketing activities more successful [4].

There is a significant number of studies addressing the motivations of health and wellness tourists [5–7]. However, research that analyzes the particular motivations of thermal tourists is lacking, as most studies focus on the motivations of spa tourists [8–12].

Bearing this in mind and considering the relevance of thermal springs and thermal tourists for the image, positioning, and development of touristic destinations, this paper aims to identify the specific motivations of tourists that attract them to the practice of thermal tourism, to understand how the benefits for which thermal tourists search and their sociodemographic profile influence their motivations, and how those motivations determine the characteristics of travel.

This research brings both theoretical and practical contributions, as the results can be used by thermal hotels, infrastructures, and equipment, especially to adapt to the evolving profiles, desires, and needs of tourists, and to design the services and related marketing strategies accordingly. From the point of view of the destination, it can improve the development of health and wellness products, complementing with other offers at the destination, namely gastronomy, wine tourism, and nature tourism. The research findings also provide insights that are useful for the tourism industry to better prepare for future challenges, considering thermal tourism destinations in the post COVID-19 period. The paper is organized according to the following sections: first, a literature review is presented, addressing fundamental concepts related to health and wellness tourism and thermal tourism, followed by the analysis of the motivations to practice thermal tourism; a last sub-section is included, addressing the impact of COVID-19 on health and wellness tourism products and the challenges that are foreseen; the Methodology Section presents the objectives and hypotheses of this research, as well as the procedures related to data collection, sampling, and data analysis; the results are introduced in Section 6; and, finally, conclusions, the limitations of the paper, and suggestions for future research are presented.

2. Health and Wellness Tourism

Globally, tourism influences the emotional, psychological, cognitive, and spiritual dimensions of well-being for both tourists and destination communities [13]. It influences the overall quality of life and the social, physical, and environmental dimensions of well-being [14]. The experiences of health and wellness tourism are privileged for achieving these benefits and are assuming a relevant position in the tourism industry worldwide [15].

The shift in consumers’ attitudes towards a healthier lifestyle has resulted in a change towards a natural perspective of curing diseases and disorders. Health problems as a consequence of the stressful way of living, accompanied by poor eating habits, have made consumers more health-conscious, considering that health should not be taken for granted.
Therefore, the health and wellness industry has grown rapidly worldwide, promoting the emergence of a dynamic tourism market in a country’s economy [16].

The focus of health and wellness tourism is on healing the physical body, which can eventually induce greater happiness [17], as well as spiritual well-being [18]. Some researchers agree with the aforementioned authors and add that experiences of this type of tourism can satisfy tourists’ needs from emotional and psychological perspectives, decreasing physical and mental stress through spiritual discovery and providing a relaxing escape from everyday life [5]. Additionally, it is worth that, in order to have a qualified wellness touristic experience, experiences need to focus on the overall well-being of the individual [19].

Bearing this in mind, “health tourism” can be defined as a set of products that, with health as the main motive and natural resources as support, aim to provide tourists with an improvement of physical or mental well-being [20]. Joppe [21] adds that health tourism also refers to someone who has one or more medical conditions that motivate them to travel to experience therapies that can help to improve their health.

Antunes [3] believes that health tourism integrates three dimensions: therapeutic or curative, preventive, and recovery or rehabilitation. People who engage in wellness tourism are generally healthy but search for therapies to maintain that state of well-being [21]. According to Voigt et al., wellness tourism can also be defined as “the sum of all the relationships resulting from a journey by people whose motive, in whole or in part, is to maintain or promote their health and well-being, and who stay at least one night at a facility that is specifically designed to enable and enhance people’s physical, psychological, spiritual and/or social well-being” [22].

Pyke et al. add that wellness has been identified as a societal need and desire, so there is potential for wellness to play a key role in consumer decision making regarding destination choice and vacation typology. They note that vacations focused on improving wellness need not focus on luxury spas and upscale accommodations, because vacations (in general) contribute to an individual’s wellness, and often these wellness-enhancing activities are at a low (or no) financial cost to consumers [23].

Spa tourism, hot spring tourism, medical tourism, yoga tourism, and health and wellness tourism are examples of subsets of the general area of “special interest” tourism. In the same perspective as the above-mentioned authors, “health” tourism is sometimes differentiated from “wellness” tourism. The former emphasizes activities oriented towards medical treatment, such as heart surgery or plastic surgery, and wellness tourism concerns tourists who seek to improve general well-being by participating in activities and programs of a self-care nature, such as yoga, tai chi, hot springs/spa, massage, and physical activities [1].

In what concerns its significance, health tourism may not be the main type of tourism when measured by the number of tourists, but at present it is considered one of the market sections with the highest level of generated income due to the high cost of services [24].

3. Thermal Tourism

In parallel with the changes that have been observed in tourism trends towards a more individualized tourism, in the fragmentation of vacations and in the preference for natural environments, a new group of people seeking thermal spas for vacations related to rest, with intense contact with nature and, at the same time, enjoying body care-oriented services (weight loss, skin treatment, anti-smoking, anti-stress, among others) has emerged in recent years [25].

Traditional health tourism, exclusively associating water to the therapeutic component, has evolved over time. Consequently, this concept is no longer restricted to the use of natural resources to provide health care or therapies to sick people. It has progressively taken on a preventive and recuperative character based on mental, physical, and sporting activities that allow tourists to recover or improve their health, prevent possible health risks, and mitigate the psychological and physiological imbalances caused by modern life.
with stressful routines and pressures. Health tourism as a product is becoming increasingly important in the worldwide thermal scene. Its main goals are the satisfaction of preventive health care (preventive medicine), the provision of therapeutic services (curative medicine), and the performance of recovery treatments (rehabilitation medicine) [26]. The main strengths of thermal tourism are, firstly, its high average length of stay, higher than in any other type of tourism; secondly, its low dependence on the season; and, thirdly, the fact that health spas are usually located in the countryside, constituting a determinant factor in boosting the local economy [27].

Considered as a section of health tourism, thermal tourism is one of the oldest tourism types in the world and has undergone significant changes over time. If initially thermal springs and spas were mostly associated with healing places and, for many, they were a matter of “fashion”, nowadays, the perspective of thermal tourism is different. Its field of action extends to environmental issues, aesthetics, quality of life, and prevention. In this way, the concept of “health resort” is expanded, giving rise to the concept of “Thermal Tourism” [26]. The history of the development of bathing establishments and water use in Portugal is often associated with Roman culture [28]. Cunha [20] adds that, for many years, the concepts to designate and identify the activities related to treatments based on natural resources located in sites characterized by the existence of specific factors or elements were uncontested and well established: thermalism, thalassotherapy, and climatism. Climatism has several healing properties, which with the help of the climate and the quality of the air are at the basis of climatic resorts. Thus, while thalassotherapy has as a natural resource essentially water, this modality relies on air quality, with preferential locations in mountains [3]. Spa or thermal tourism is, thus, a source of healing for the body and mind [29]. Cunha [20] defines “hot springs” as a mineral water source with important therapeutic properties for the treatment of certain diseases that has existed for centuries. Visiting spas is recognized as a type of health tourism associated with curative and/or preventive reasons [16], the most relevant motivation to engage in this practice. Besides promoting physical, psychological, and social well-being, it also contributes to improve aesthetics. Ultimately, it provides an overall well-being that includes body, mind, and spirit.

The supply related to health and wellness tourism has, in recent years, undergone a significant development and diversification, evolving from the therapeutic and curative concept to the symbiosis of therapy with wellness. Similarly, the demand of certain sections has also diversified greatly, since the focus is no longer only on physical health, but also on wellness and physical appearance. The concept of wellness, also understood in various ways by different authors and countries, can be an “umbrella” concept that encompasses both health and wellness, and should seek to enhance and promote the physical, psychological, spiritual, and social well-being of the individual. Thus, it is important to associate the concept of wellness to the use of thermal water, as an element that generates general well-being, enhancing its beneficial effects combined with other offers that the spa may come to offer [30].

It is acknowledged that health tourism extends to two fundamental sections: those who travel for primarily medical reasons and whose dominant motivation is healing or recovery, and those who do so for reasons of prevention or well-being. In addition to these two fundamental sections, one can add a third, consisting of people who do not wish to have access to any form of private care, but choose destinations or health resorts to enjoy the existing environmental conditions for reasons of rest, escape, or contact with nature [20]. Thermal and health and wellness therapies are becoming increasingly more important in health tourism for three main reasons: (i) the increase in the average longevity of populations, associated with the increase in the number of elderly people traveling; (ii) the migration to large cities and the distance from nature, which causes psychosomatic imbalances (stress, anxiety, depressions, among others); and (iii) sedentarism, unhealthy eating habits, and incorrect body postures, as well as issues caused by the civilizational crisis that affects the most developed countries, which translates into a significant increase...
in loneliness and the affective, emotional, and spiritual crises associated with it [26]. The stay in thermal spas is experienced as a period of renewal of physical and emotional balance and of updating socialization, lifestyles, and social identities [31].

The thermal tourism market is constantly evolving; internal and external competition is increasingly dynamic; quality and management requirements are growing, and the consumer is constantly looking for new solutions, new experiences, and new responses to needs [32]. Therefore, in this context of constant change, and due to the impact of the COVID-19 pandemic, new challenges have emerged, which demand the development of strategies, products, and services that respond to the needs of specific market sections. This will allow to recover attractiveness and competitiveness at business and destination levels, and to strengthen the sustainability of thermal tourism facilities in the long term.

**Motivations for Thermal Tourism**

Regardless of the main motivation, a touristic travel has the potential to contribute to the tourists’ overall life satisfaction, generating a positive effect, feeling relaxed, rested, and mentally recharged after the trip, frequently feeling that one’s own health has improved [33].

Nowadays, the tourism and hospitality sectors present opportunities and challenges of unprecedented magnitude. Environmental stress, political division, along with the technological advancement of artificial intelligence and other factors have brought stressful living conditions, which have led to an increase in undesirable “modern” physical and psychological conditions [1]. People take every opportunity to travel, to break the rhythm of the hectic and tiring life of modern societies, seeking to rest and recompose their physical and mental strength [26]. This need for “escape” is manifested in the growing interest by consumers in this line of travel products and in the increasing number of destinations around the world that are positioning or repositioning themselves around the theme of “wellness” [1].

The causes that lead people to travel are immense and multiple. The reasons are many and as diverse as cultural, religious, sport, professional, and even the intention of combining rest with physical and mental well-being [26]. Moreover, “relaxation and relief”, “escape”, “self-reward and indulgence”, and “health and beauty” are important factors that motivate tourists to visit spas or have wellness tourism experiences [8]. Some authors state that the most important motive for wellness tourism is self-development to achieve personal growth or have learning experiences, relaxation, and escape [5]. For people engaged in medical tourism, the main motivations are improving quality of life, diversifying treatments, peace of mind and sense of relief, leisure/adventure activities for their medical conditions, and vacationing with the family (from young to old) [34]. Being able to access medical procedures that are not accessible to patients in their home area due to cultural, ethical, or legal reasons is also one of the reasons tourists choose medical tourism [35]. Chen et al. add that relaxation, nature, physical therapy, meditation, health awareness, and mental therapy are also motivations for health and wellness tourism [6]. According to Chrobak et al. [36], natural factors promoting communion and appreciation of the natural landscape and setting are also relevant motivations for the practice of spa tourism. The various theories related to motivation present divergent perspectives regarding its construction, emphasizing several components that activate motivation in the individual. They also aim to understand the individual’s behavior in the environment that surrounds him/her, since it is both internal and external factors that drive his/her behavior [37].

Azman et al. [12], in their study on tourists’ motivations regarding health and wellness tourism, stated that the internal factors concern physiological, social, and psychological needs; unique personal needs that stimulate tourists to seek tourism; psychological factors and attitudes related to health, health perception, spa and wellness and “escape”, getting out of routine, rejuvenation, and relaxation. The external factors are the motivating effects of various goals or social relationships, and motivation can be activated by changes in the
external environment, the preferences and perceptions of individuals, destination, and spa attributes as a tangible resource, and the physical and image of the tourist.

In regard to thermal springs and spas, which are one of the most traditional health and wellness tourism travels, tourists’ motivations are relaxation and “escape”, as mentioned earlier, but also prestige, entertainment, and expectations of spa facility services, such as the equipment provided, water temperature and quality, associated qualified staff, service staff to comply with hygiene rules, quality of service offered, tranquility of the facility, and the presence of health staff on the premises to provide detailed information about the water characteristics and spa facilities. There is a positive relationship between travel motives and the expectations of spa facility services from local tourists [38]. It is worth noting that, in what relates to the quality of life resulting from going to a thermal bath, Quintela [39] concluded that the most mentioned benefits are “Health” for 61.4% of respondents, “Economic and physical safety” (54.8%), “Natural and living environment” (51.6%), and “Leisure and social interactions” (51.3%). Usually, the tourists who seek the spa present, among others, symptoms of respiratory, rheumatic, and digestive illnesses, and see in thermal waters the cure or the mitigation of these medical manifestations [40]. According to Mak et al. [8], the motivations of spa/thermal tourists and health and wellness tourism experiences are seeking relaxation and relief; health and beauty (treatments that incorporate elements of medical care or healing, such as hydrotherapy or thalassotherapy); and being ‘pampered’, as treatments should be designed and delivered with expertise, empathy, and meticulous care. The experience should please all five human senses (sight, touch, hearing, taste, and smell), thus achieving a physical, emotional, and mental state of comfort. The research developed by Quintela [39], who compared Portuguese and Hungarian health and wellness tourism and its contribution to quality of life and happiness, confirmed that, in the case of Portuguese tourists, the main motivation to go to a thermal bath/spa was stress relief and relaxation, for 41.5% of the respondents, followed by the improvement of physical health (23.6%), and the search for a specific cure/treatment (22.6%). The need for ‘escape’ to the pressures of work, social life, and daily routine are on the top of thermal tourists’ motivations [8].

Bearing this in mind, the following hypothesis is advanced:

**Hypothesis 1 (H1).** There are differences in the motivations to practice thermal tourism between tourists that search for health benefits and those searching for leisure and relaxation benefits.

The understanding of tourists’ behavior relates to the study of their travel/holiday motivations [12]. Understanding what motivates human behavior is not an easy task, since there are several factors that condition it [37]. Motivations are generally related to tourists’ behavior and decisions during trips and vacations. In this regard, motivations have a push and pull dimension. Push factors derive from internal motivations and relate to goal satisfaction and self-fulfillment in relation to the needs and desires of tourists to relax, either as a reward for oneself after the professional pressure associated with the career or to relieve the stress and tension of everyday life. In pull (external attraction) factors, the spa assigns itself an important role in activating the needs and desires for spa treatments during vacations and the consequent health and spa demand in the destination. In many instances, the initial needs and desires are the unconscious motivators that are activated into actions (spa visit) by the spa’s own tangibility sources [12]. Other studies confirm that the socio-demographic profile influences spa tourists’ motivations, behavior, and service evaluation [41], and that the specific travel motives are related to the travel characteristics of health tourists [42]. These findings allow to advance the following hypotheses:

**Hypothesis 2 (H2).** The sociodemographic profile influences the importance given to the motivations to practice thermal tourism.

**Hypothesis 3 (H3).** The benefits for health and for leisure and relaxation for which thermal tourists search influence the characteristics of the travel.
4. Thermal Tourism and the Impact of the COVID-19 Pandemic

The coronavirus (COVID-19), originating in the Chinese city of Wuhan, is caused by SARS-CoV2, the causative agent of a potentially fatal disease that is of great concern to global public health. Its transmission has led to the isolation of people who have subsequently been administered with a variety of treatments. Coronavirus primarily affects the human respiratory system. Previous coronavirus outbreaks include severe acute respiratory syndrome and Middle East respiratory syndrome, which have previously been characterized as agents that pose a major public health threat [43].

The COVID-19 pandemic presented unprecedented challenges to tourism due to the global nature of its pandemic effect. Health pandemics are some of the various types of crises that the tourism industry faces. Although it has faced several crises in the past, few studies have explored whether medical tourism can be a strategy for post-crisis destination recovery [44]. The pandemic had a negative impact not only on the economy, but also on people’s physical and mental health [45].

The widespread crisis surrounding the outbreak of the pandemic highlighted the fragility and unsustainable nature of the current global economic system, in which travel and tourism play a crucial role. It was largely due to international tourism and business travel that the outbreak expanded so rapidly. Not surprisingly, tourism is also one of the economic sectors that was hit the hardest by the travel blockades and restrictions that countries imposed to keep their citizens “in the territory” and travelers from abroad “out of the territory” [46].

This crisis constitutes a unique opportunity to seriously reflect on the future. While it is essential to dream of promising future scenarios, it is important not to forget that the social world is strongly marked by inequalities of various kinds. These inequalities existed before the crisis, were exacerbated during the crisis, and will certainly not disappear after the crisis. It is within this general context that we need to rethink about the travel and tourism of the future, as well as the future of travel and tourism [46].

The challenges for thermal facilities in the post COVID-19 period relate to customer confidence on safety and sustainability issues; how to be more competitive in the future, namely engaging in innovation, new business models, and build loyalty or “re-loyalize”; and to align and realign external and internal objectives and prices (promotions and different price dynamics). Another determining factor is the importance of marketing, as it has a very significant job in demonstrating to clients that spas are meeting standards that ensure health and safety. The role of marketing is to highlight that the establishments are doing what is necessary to keep customers safe. An additional challenge will be internal marketing, as it is necessary to have proactive and informed employees [47].

Post-pandemic recovery plans should include products that focus on mental healing. The tourism industry should introduce alternative products focusing on travelers’ well-being, such as “healing tourism”, as an opportunity to achieve mental comfort through travel [45].

The post-pandemic tourism industry needs to confront its historical role in perpetuating structural inequalities and implement policies and practices in daily operations to ensure a safe, clean, and fair environment for all employees. Destinations should strive to recover quickly, while devoting significant resources to developing a more resilient, equitable, and sustainable tourism industry [48].

5. Methodology

A thorough review of the literature involving health and wellness tourism documents was conducted to identify the specific motives of consumers involved in related experiences. However, there is little research on the specific motivations of thermal tourists and on the factors that influence their relevance.

This research analyzes motives for thermal tourism as related to health and wellness practices and activities. The study objectives are to identify (i) the specific motives related to thermal tourism; (ii) the benefits sought through the thermal tourism experience; and
(iii) the socio-demographic characteristics of the thermal tourism consumer. The focus of this research was on the North and Centre of Portugal, for their relevance in the context of thermal springs and related touristic activities.

5.1. Data Collection and Sampling

To achieve the research objectives, a survey was developed that was specific to the context of thermal tourism. The survey was divided into 3 sections consisting of 20 total questions. Section 1 was designed to obtain information about the respondent's most recent experience at a thermal tourism destination. Section 2 focused specifically upon motives and benefits sought in the thermal tourism setting. Section 3 collected information pertaining to the socio-demographic characteristics of thermal tourism consumers. While the questions included in the second part demanded a dichotomic yes/no or multiple-choice answers, the questions of part 3 that aimed to characterize the levels of motivations and benefits sought were measured with a 5-point Likert scale, in which 1 means ‘nothing’ and 5 means ‘very much’. Data were collected between 25 May 2020 and 25 September 2020, both in person in thermal facilities located in the North and Centre of Portugal, and through an online version of the survey, to overcome the limitations resulting from the lockdown measures due to the COVID-19 pandemic.

For the purpose of this study, thermal tourists were defined as tourists that travel to thermal/hot springs destinations and use the related equipment, facilities, and services, motivated by environmental, aesthetics, increase in quality of life, curative and/or preventive reasons, and by the search for physical, psychological, and/or social well-being. The defined population included thermal tourists, aged between 15 and 85 years old, who had practiced thermal tourism in the North or Centre of Portugal, specifically in the thermal facilities of Chaves and São Pedro do Sul, whose main characteristics are presented in Table 1.

Table 1. Characteristics of the analyzed thermal destinations.

| Spa                        | Characteristics of the Waters | Therapeutic Indications                          | Wellness Services                                                                 |
|---------------------------|------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------|
| Chaves Thermal SPA        | Hypersaline, gas-carbonated, sodium bicarbonate, hyperthermal, 76 °C | Respiratory system, Digestive system, Muscle-skeletal and rheumatic diseases | Sauna or Turkish bath, Steam chamber or hydrotherapy, Massage shower, Bath immersion with hydromassage, Thermal pool immersion, Scottish shower, Body moisturizing, Geothermal massage, Sports massage, Dermocosmetic, Kids thermal massage |
| São Pedro do Sul Thermal Spa | Highly mineralized, Sulphurous, Bicarbonated, Fluoride, 68.7 °C | Respiratory system, Skin, Muscle-skeletal and rheumatic diseases | Massages, general and localized relaxation massages, hot stone massages, shower with massages, Cosmetic body treatments, Rejuvenation, Hydration, Facial massage, Ultra sound, Electric stimulation, Alternative pressures, Ionization, Microwave, Short-wave magnetotherapy, Laser, Cryotherapy, Contrast bath, Humid heat, Paraffin, Respiratory kinesiotherapy, Bronchic postural drainage, Muscle strengthening |

Source: DGEG, Chaves Thermal Spa, São Pedro do Sul Thermal Spa (2021).
In-person surveys were completed by the researchers and took an average time of 15 min to complete. The sampling technique used was non-probability by convenience since it was selected according to the availability and accessibility of the members of the target population. A total of 234 questionnaires were applied, 201 of which were considered valid. The usable response rate is of 85.9%. Considering that we were facing an unknown population, the sample error reached 6.91% and the confidence level was of 95% with $Z = 1.96$.

5.2. Data Analysis

A univariate analysis was applied to characterize the sample profile. The validation of the hypothesis was made using bivariate tests, such as Pearson’s chi-squared test, one-way ANOVA, and t-Student test. The software used was SPSS 26.

The motivations to practice thermal tourism can be grouped in four main dimensions: relaxation, internal motivations, physical well-being, and psychological well-being. These are represented in Table 2, as well as the Cronbach’s Alpha test, which demonstrates a very good internal consistency of the variables and thus confirms the necessary reliability of the survey.

| Dimension and Items                         | Cronbach’s Alpha | Nr. of Items |
|-------------------------------------------|------------------|--------------|
| **Relaxation**                             | 0.924            | 4            |
| Do nothing                                |                  |              |
| Rest and relax                             |                  |              |
| Escape from daily routine                 |                  |              |
| Enjoy life                                 |                  |              |
| **Internal motivations**                   | 0.862            | 4            |
| Spend time with friends                    |                  |              |
| Visit places I always wanted to know       |                  |              |
| Having the feeling of self-fulfillment     |                  |              |
| Nostalgic Reminiscence                     |                  |              |
| **Physical well-being**                    | 0.868            | 4            |
| Biological and physical well-being         |                  |              |
| Absence of illness, injury, or disability  |                  |              |
| Absence of pain and discomfort             |                  |              |
| Accessibility in attendance and services   |                  |              |
| **Psychological well-being**               | 0.940            | 4            |
| Have pleasure and happiness                |                  |              |
| Satisfaction with life                     |                  |              |
| Having freedom and control over life       |                  |              |
| Have mental and emotional health           |                  |              |

Terms in bold refer to the main dimensions of motivations.

The benefits sought were also an important variable of the study, as it was intended to test how they influence the importance given to the presented motivations. These can be divided in two: (i) health benefits (respiratory, digestive, circulatory, rheumatic, musculoskeletal, and skin problems), and (ii) leisure and relaxation benefits (escape from daily stress, have family time, and being “pampered”).

6. Results
6.1. Sample Characterisation

The sample was mainly comprised of women, who represent nearly 60% of the surveyed individuals. In terms of age groups, the sample was fairly distributed. Nonetheless, as expected, there was a prominence of people aged between 65 and 74 years old (27.4%), followed by the group of 55–64 years (16%). The average age of the thermal tourists is 55 years old. In what concerns the academic qualifications, nearly 30% completed pri-
mary school (the most significant group); 25% had a higher education degree; and 22.4% completed high school. Nearly half of the respondents were retired or pensioners, which was expected due to the age of the group, while around 42% were employed full-time or part-time. In what concerns the monthly income, around 50% registers less than EUR 1000, and one third between EUR 1000 to EUR 2000 (Table 3). The overwhelming majority (95%) lives in Portugal.

Table 3. Socio-demographic characteristics of the sample.

| Variable                        | n  | %   | Variable                        | n  | %   |
|---------------------------------|----|-----|---------------------------------|----|-----|
| Gender                          |    |     | Occupation                      |    |     |
| Female                          | 120| 59.70% | Retired                        | 14 | 7.0% |
| Male                            | 81 | 40.30% | Student                        | 4  | 2.0% |
| Age                             |    |     | Unemployed                      | 1  | 0.5% |
| 15–24                           | 20 | 10.0% | Domestic                        | 73 | 36.3%|
| 25–34                           | 19 | 9.5%  | Full-time worker                | 8  | 4.0% |
| 35–44                           | 19 | 9.5%  | Part-time worker                | 98 | 48.8%|
| 45–54                           | 23 | 11.4% | Monthly income                  |    |     |
| 55–64                           | 32 | 15.9% | <EUR 1000                      | 100| 49.8%|
| 65–74                           | 55 | 27.4% | EUR 1001–2000                  | 68 | 33.8%|
| ≥75                             | 33 | 16.4% | EUR 2001–3000                  | 8  | 4.0% |
| Academic degree                 |    |     | ≥EUR 3001                      | 2  | 1.0% |
| Incomplete elementary school    | 8  | 4.0%  | DK/NA                          | 23 | 11.4%|
| Elementary school               | 60 | 29.9% |                                |    |     |
| High school                     | 45 | 22.4% |                                |    |     |
| Professional degree             | 21 | 10.5% |                                |    |     |
| Bachelor                        | 52 | 25.9% |                                |    |     |
| Master                          | 12 | 6.0%  |                                |    |     |
| PhD                             | 3  | 1.5%  |                                |    |     |

Source: our own elaboration.

6.2. Motivations towards the Practice of Thermal Tourism

As previously mentioned, four main dimensions were considered for the analysis of the motivations to practice thermal tourism, each including a few variables (see Table 4). These dimensions relate to relaxation, internal motivations, and the search for physical and psychological well-being. In Table 4, the average importance attributed to each of these motivations is presented. The higher mean is observed in relaxation (4.51), followed by the search for psychological (4.49) and physical well-being (4.02). Internal motivations (3.18) appear to be the least valued dimension. The specific importance of each of the variables included in the four dimensions is depicted in Table 5. The variables of Relaxation, to “rest and relax”, “escape from daily routine”, and “enjoy life” register the same level of importance (4.60). Visiting places that the tourists have always wanted to know stands out as the most relevant internal motivation (3.49). “Biological and physical well-being” (4.59) is the most significant variable in the search for physical well-being, while the search for psychological well-being is positively influenced by the 4 variables: “have mental and emotional health” (4.61), “have pleasure and happiness” (4.52), “satisfaction with life” (4.50), and “having freedom and control over life” (4.40).

The first hypothesis of this research (H1) analyzes the differences in the four dimensions of motivations according to the benefits sought, stating that “There are differences in the motivations to practice thermal tourism between tourists that search for health benefits, and those searching for leisure and relaxation benefits”. The benefits relate to the cure or mitigation of specific health issues (such as respiratory, digestive, circulatory, rheumatic, musculoskeletal, and skin problems), while leisure and relaxation benefits include the escape from daily stress, spend time in family, or being pampered. Most respondents (53.2%) practiced thermal tourism due to leisure and relaxation benefits that are, as mentioned, the
escape from daily stress, spend time with family, and being “pampered”). The remaining 46.8% went to thermal spas aiming to cure or prevent specific health issues.

Table 4. Level of importance attributed to the motivations to practice thermal tourism.

| Dimension               | N  | Min | Max | Mean   | Std. Dev. |
|-------------------------|----|-----|-----|--------|-----------|
| Relaxation              | 201| 1   | 5   | 4.51   | 0.903     |
| Internal motivations    | 201| 1   | 5   | 3.18   | 1.593     |
| Search for physical well-being | 201| 1   | 5   | 4.02   | 1.262     |
| Search for psychological well-being | 201| 1   | 5   | 4.49   | 1.031     |

Source: our own elaboration.

Table 5. Average importance of the motivations to practice thermal tourism according to the benefits sought and results of the one-way ANOVA test.

| Motivations                          | Benefits Sought                              | F    | P    |
|--------------------------------------|----------------------------------------------|------|------|
|                                       | Health | Leisure/Relaxation |      |      |
| Relaxation                           |        |                   |      |      |
| Do nothing                           | 4.34   | 4.25              | 0.290| 0.591|
| Rest and relax                       | 4.57   | 4.62              | 0.239| 0.626|
| Escape from daily routine            | 4.56   | 4.64              | 0.528| 0.468|
| Enjoy life                           | 4.55   | 4.62              | 0.427| 0.514|
| Internal motivations                 |        |                   |      |      |
| Spend time with friends              | 2.86   | 3.43              | 6.211| * 0.014|
| Visit places I always wanted to know | 3.24   | 3.71              | 4.740| * 0.031|
| Having the feeling of self-fulfillment| 3.01   | 3.39              | 2.960| 0.087|
| Nostalgic Reminiscence               | 2.75   | 3.00              | 1.128| 0.290|
| Search for physical well-being       |        |                   |      |      |
| Biological and physical well-being   | 4.59   | 4.48              | 0.854| 0.357|
| Absence of illness, injury, or disability | 4.32 | 3.39              | 22.883| ** 0.000|
| Absence of pain and discomfort       | 4.29   | 3.55              | 15.786| ** 0.000|
| Accessibility in attendance and services | 4.16 | 3.63              | 7.963| ** 0.005|
| Search for psychological well-being  |        |                   |      |      |
| Pleasure and happiness                | 4.43   | 4.60              | 1.532| 0.217|
| Satisfaction with life                | 4.38   | 4.60              | 2.460| 0.118|
| Freedom and control over life         | 4.22   | 4.57              | 4.776| * 0.030|
| Mental and emotional health           | 4.59   | 4.62              | 0.065| 0.800|

* p < 0.05, ** p < 0.01. Source: our own elaboration.

The results presented in Table 4 reveal that there are no statistically significant differences regarding the health, and leisure or relaxation benefits and the motivation to relax, which means that there are no differences in the relaxation motivations according to previous existent health conditions (or the desire to prevent them) and the need for leisure or to relax.

In what concerns the internal motivations, there are statistically significant differences between the items “spend time with friends” (p = 0.014) and “visiting places I always wanted to know” (p = 0.031) and the benefits sought. It can be observed that health tourists value less these motivations, than leisure tourists (2.86 vs. 3.43, for spending time with friends; 3.24 vs. 3.71, for “visiting places I wanted to know”).

The importance given to the search for physical well-being as a motivation differs according to the benefits expected by the thermal tourists. The items contributing to the statistically significant difference are the “absence of illness, injury, or disability” (p = 0.000), the “absence of pain and discomfort” (p = 0.000) and the “accessibility in attendance and services” (p = 0.005). Those who search for leisure and relaxation attribute a lower importance to these motivations (respectively 3.39, 3.55, and 3.63), when compared to those focused on health benefits, who present an average importance of 4.32, 4.29, and 4.16 points (in a scale from 1 to 5).

Finally, the only statistically significant difference found in psychological-well-being-related motivations is in “Having freedom and control over life” (p = 0.030). Tourists
searching for leisure and relaxation value this motivation in 4.57, while health tourists only attribute 4.22 points.

The existence of differences with statistical significance in the 4 dimensions allows to validate Hypothesis 1, although still partially, considering that it is not verified in every item.

The second hypothesis (H2) presupposes that the socio-demographic profile influences the importance given to the motivations to practice thermal tourism. The analysis was made for each of the four dimensions of the motivations. In what concerns the motivation to relax, it can be observed in Table 4 that there are statistically significant differences according to the academic degree, in the four items. The importance given to “do nothing” ($p = 0.000$), “rest and relax” ($p = 0.000$), “escape from daily routine” ($p = 0.003$), and “enjoy life” ($p = 0.000$) is influenced by the academic degree. People with lower academic degrees (high school and below) attribute a higher importance to the four items of the dimension of relaxation. The occupation of individuals presents statistical significance in the importance given to “do nothing” ($p = 0.006$) and “enjoy life” ($p = 0.050$). In fact, it can be concluded that full- or part-time employed thermal tourists value less the motivation to “do nothing” (4.00 and 3.86) when compared to students or non-professionally active respondents (all above 4.50). The same occurs with the item “enjoy life” (4.33 and 4.63). Finally, the monthly income influences the importance given to all items, and people with higher incomes (above EUR 2000) give a lower importance to relaxation, which is globally more valued for those earning less (Table 6).

### Table 6. Average of the importance of relaxation as a motivation to practice thermal tourism (1—not important, to 5—extremely important) and results of t-Student and one-way ANOVA tests.

| Dimension: Relaxation | Do Nothing | Rest and Relax | Escape from Daily Routine | Enjoy Life |
|-----------------------|------------|----------------|---------------------------|-----------|
| Gender                |            |                |                           |           |
| Female                | 4.26       | 4.64           | 4.66                      | 4.61      |
| Male                  | 4.3        | 4.49           | 4.49                      | 4.53      |
| p-value               | 0.812      | 0.198          | 0.160                     | 0.510     |
| Age                   |            |                |                           |           |
| 15–24                 | 4.40       | 4.45           | 4.50                      | 4.60      |
| 25–34                 | 3.58       | 4.58           | 4.47                      | 4.42      |
| 35–44                 | 4.16       | 4.58           | 4.37                      | 4.32      |
| 45–54                 | 4.00       | 4.48           | 4.52                      | 4.52      |
| 55–64                 | 4.38       | 4.59           | 4.59                      | 4.56      |
| 65–74                 | 4.67       | 4.76           | 4.80                      | 4.76      |
| ≥75                   | 4.15       | 4.42           | 4.55                      | 4.55      |
| p-value               | 0.081      | 0.536          | 0.431                     | 0.461     |
| Academic degree       |            |                |                           |           |
| Incomplete elementary school | 3.88 | 4.75           | 4.75                      | 4.63      |
| Elementary school     | 4.75       | 4.78           | 4.80                      | 4.80      |
| High school           | 4.71       | 4.80           | 4.82                      | 4.84      |
| Professional degree   | 3.76       | 4.14           | 4.19                      | 4.24      |
| Bachelor              | 3.75       | 4.33           | 4.38                      | 4.27      |
| Master                | 4.00       | 4.67           | 4.33                      | 4.50      |
| PhD                   | 3.67       | 4.00           | 4.00                      | 4.00      |
| p-value               | ** 0.000   | ** 0.000       | ** 0.003                  | ** 0.000  |
Table 6. Cont.

| Dimension: Relaxation | Do Nothing | Rest and Relax | Escape from Daily Routine | Enjoy Life |
|-----------------------|------------|----------------|---------------------------|------------|
| Occupation            |            |                |                           |            |
| Retired               | 4.55       | 4.69           | 4.76                      | 4.73       |
| Student               | 4.50       | 4.50           | 4.57                      | 4.57       |
| Unemployed            | 4.75       | 4.75           | 4.75                      | 4.75       |
| Domestic              | 5.00       | 5.00           | 5.00                      | 5.00       |
| Full-time worker      | 3.86       | 4.40           | 4.38                      | 4.33       |
| Part-time worker      | 4.00       | 4.88           | 4.38                      | 4.63       |
| p-value               | **0.006    | 0.187          | 0.085                     | *0.050     |
| Monthly income        |            |                |                           |            |
| <EUR 1000             | 4.51       | 4.72           | 4.70                      | 4.75       |
| EUR 1001–2000         | 4.12       | 4.53           | 4.53                      | 4.47       |
| EUR 2001–3000         | 3.25       | 3.50           | 3.50                      | 3.50       |
| ≥EUR 3001             | 2.50       | 3.00           | 3.00                      | 3.00       |
| DK/NA                 | 4.29       | 4.67           | 4.86                      | 4.67       |
| p-value               | **0.003    | **0.000        | **0.000                   | **0.001    |

* p < 0.05, ** p < 0.01. Source: our own elaboration.

Table 7 presents the average importance attributed to internal motivations by the different socio-demographic groups. The t-Student and one-way ANOVA tests show no statistically significant differences between the level of importance in the four items, except for the monthly income and the nostalgic reminiscence (p = *0.011). Respondents that have a monthly income below EUR 1000 and between EUR 2000 and 3000 consider that nostalgic reminiscence is more important as an internal motivation (3.15 and 3.25, respectively), when compared to the other groups.

Table 7. Average of the importance of the internal motivations to practice thermal tourism (1—not important, to 5—extremely important) and results of t-Student and one-way ANOVA tests.

| Dimension: Internal Motivations | Spend Time with Friends | Visit Places I Always Wanted to Know | Feeling of Self-Fulfillment | Nostalgic Reminiscence |
|---------------------------------|-------------------------|-------------------------------------|-----------------------------|------------------------|
| Gender                          |                         |                                     |                             |                        |
| Female                          | 3.23                    | 3.53                                | 3.32                        | 3.01                   |
| Male                            | 3.02                    | 3.41                                | 3.05                        | 2.68                   |
| p-value                         | 0.378                   | 0.572                               | 0.232                       | 0.162                  |
| Age                             |                         |                                     |                             |                        |
| 15–24                           | 3.45                    | 3.90                                | 3.70                        | 3.05                   |
| 25–34                           | 2.84                    | 3.32                                | 2.79                        | 2.74                   |
| 35–44                           | 3.00                    | 4.00                                | 3.79                        | 3.63                   |
| 45–54                           | 2.61                    | 3.78                                | 3.43                        | 2.87                   |
| 55–64                           | 2.97                    | 3.16                                | 3.09                        | 2.47                   |
| 65–74                           | 3.25                    | 3.44                                | 3.25                        | 2.98                   |
| ≥75                             | 3.61                    | 3.21                                | 2.70                        | 2.64                   |
| p-value                         | 0.309                   | 0.305                               | 0.108                       | 0.292                  |
| Educational level               |                         |                                     |                             |                        |
| Incomplete elementary school    | 2.88                    | 2.38                                | 2.25                        | 1.88                   |
| Elementary school               | 3.27                    | 3.37                                | 3.20                        | 3.17                   |
| High school                     | 3.22                    | 3.58                                | 3.20                        | 2.67                   |
| Professional degree             | 3.52                    | 3.81                                | 3.14                        | 2.90                   |
| Bachelor                        | 2.92                    | 3.77                                | 3.52                        | 2.81                   |
| Master                          | 2.50                    | 2.58                                | 2.50                        | 2.83                   |
| PhD                             | 4.33                    | 3.67                                | 4.00                        | 4.03                   |
| p-value                         | 0.412                   | 0.072                               | 0.205                       | 0.310                  |
Table 7. Cont.

| Dimension: Internal Motivations | Spend Time with Friends | Visit Places I Always Wanted to Know | Feeling of Self-Fulfillment | Nostalgic Reminiscence |
|---------------------------------|-------------------------|--------------------------------------|-----------------------------|------------------------|
| Professional situation          |                         |                                      |                             |                        |
| Retired                         | 3.35                    | 3.22                                 | 3.01                        | 2.80                   |
| Student                         | 2.93                    | 4.21                                 | 4.14                        | 3.36                   |
| Unemployed                      | 3.50                    | 4.00                                 | 3.75                        | 3.50                   |
| Domestic                        | 1.00                    | 5.00                                 | 4.00                        | 4.00                   |
| Full-time worker                | 3.01                    | 3.59                                 | 3.26                        | 2.81                   |
| Part-time worker                | 2.75                    | 3.63                                 | 3.00                        | 3.00                   |
| *p-value**                      | 0.484                   | 0.176                                | 0.180                       | 0.758                  |
| Monthly income                  |                         |                                      |                             |                        |
| <EUR 1000                       | 3.37                    | 3.58                                 | 3.33                        | 3.15                   |
| EUR 1001–2000                   | 2.94                    | 3.22                                 | 3.82                        | 2.37                   |
| EUR 2001–3000                   | 3.13                    | 3.25                                 | 3.38                        | 3.25                   |
| ≥EUR 3001                       | 1.00                    | 2.00                                 | 3.00                        | 1.00                   |
| DK/NA                           | 2.95                    | 4.00                                 | 3.67                        | 3.10                   |
| *p-value**                      | 0.160                   | 0.151                                | 0.148                       | * 0.011                |

*p < 0.05. Source: our own elaboration.

The importance attributed to the search for physical well-being as a motivation to practice thermal tourism is presented in Table 8. The age, academic degree, and the occupation register statistically significant differences, while gender and monthly income appear to have no influence, except for the income and the “accessibility in attendance and services”, as this item is more valued by respondents with lower incomes and decreasing in importance for higher earning groups (from 4.04 to 1.50). In what concerns the age groups, we find differences in the items related to “absence of illness, injury, or disability” (p = 0.000), “absence of pain and discomfort” (p = 0.000), and “accessibility in attendance and services” (p = 0.000). The behavior is similar in all the items, as the level of importance increases with the age, and then decreases in the group with more than 75 years of age. There also differences in the four items according to the academic degree. The search for “biological and physical well-being” (p = 0.012) is more important to those with elementary school education and a master’s degree. The remaining 3 items are most valued by those with elementary school, and all register a *p*-value of 0.000.

Table 8. Average of the importance of physical well-being as a motivation to practice thermal tourism (1—not important, to 5—extremely important) and results of t-Student and one-way ANOVA tests.

| Dimension: Physical Well-Being | Biological and Physical Well-Being | Absence of Illness, Injury, or Disability | Absence of Pain and Discomfort | Accessibility in Attendance and Services |
|--------------------------------|-----------------------------------|-------------------------------------------|--------------------------------|----------------------------------------|
| Gender                        |                                   |                                           |                                |                                        |
| Female                        | 4.56                              | 3.83                                      | 3.97                           | 3.95                                   |
| Male                          | 4.46                              | 3.80                                      | 3.74                           | 3.73                                   |
| *p-value**                    | 0.420                             | 0.914                                     | 0.254                          | 0.256                                  |
| Age                           |                                   |                                           |                                |                                        |
| 15–24                         | 4.35                              | 3.25                                      | 3.25                           | 3.45                                   |
| 25–34                         | 4.42                              | 3.16                                      | 3.42                           | 3.37                                   |
| 35–44                         | 4.32                              | 3.68                                      | 3.74                           | 3.74                                   |
| 45–54                         | 4.30                              | 3.04                                      | 3.00                           | 3.65                                   |
| 55–64                         | 4.63                              | 4.44                                      | 4.41                           | 4.31                                   |
| 65–74                         | 4.67                              | 4.35                                      | 4.35                           | 4.22                                   |
| ≥75                           | 4.58                              | 3.67                                      | 3.58                           | 3.58                                   |
| *p-value**                    | 0.458                             | ** 0.000                                  | ** 0.000                       | * 0.028                                |
Among the several socio-demographic variables and their influence on the importance of the search for psychological well-being as motivation (Table 9), there is no statistically significant difference according to gender, age group, or occupation. According to the academic degree of the respondents, there are differences in the 4 items: “have pleasure and happiness” (0.008), “satisfaction with life” (0.007), “having freedom and control over life” (0.020), and “have mental and emotional health” (0.005). The behavior is similar to the previous motivation, as those with a professional degree and with a PhD attribute lower importance to the four items. It should also be highlighted that people with incomplete elementary school also attribute a lower importance to having satisfaction, and freedom and control over life.

Table 8. Cont.

| Dimension: Physical Well-Being | Biological and Physical Well-Being | Absence of Illness, Injury, or Disability | Absence of Pain and Discomfort | Accessibility in Attendance and Services |
|--------------------------------|-------------------------------------|-------------------------------------------|---------------------------------|----------------------------------------|
| Academic degree               |                                     |                                           |                                 |                                        |
| Incomplete elementary school  | 4.75                                | 4.13                                      | 4.13                            | 4.13                                   |
| Elementary school             | 4.80                                | 4.55                                      | 4.55                            | 4.48                                   |
| High school                   | 4.47                                | 3.56                                      | 3.84                            | 3.76                                   |
| Professional degree           | 4.29                                | 3.67                                      | 3.19                            | 3.33                                   |
| Bachelor                      | 4.25                                | 3.37                                      | 3.52                            | 3.52                                   |
| Master                        | 4.83                                | 3.17                                      | 3.25                            | 3.42                                   |
| PhD                           | 4.00                                | 3.67                                      | 3.67                            | 3.67                                   |
| p-value                       | * 0.012                             | ** 0.000                                  | ** 0.000                        | ** 0.000                               |
| Occupation                    |                                     |                                           |                                 |                                        |
| Retired                       | 4.63                                | 4.18                                      | 4.26                            | 4.10                                   |
| Student                       | 4.21                                | 2.57                                      | 2.86                            | 3.00                                   |
| Unemployed                    | 4.00                                | 3.50                                      | 3.50                            | 3.50                                   |
| Domestic                      | 5.00                                | 5.00                                      | 5.00                            | 5.00                                   |
| Full-time worker              | 4.41                                | 3.59                                      | 3.56                            | 3.70                                   |
| Part-time worker              | 4.75                                | 3.63                                      | 4.00                            | 3.88                                   |
| p-value                       | 0.244                               | ** 0.000                                  | ** 0.000                        | * 0.055                                |
| Monthly income                |                                     |                                           |                                 |                                        |
| <EUR 1000                     | 4.63                                | 3.96                                      | 3.99                            | 4.04                                   |
| EUR 1001–2000                 | 4.50                                | 3.78                                      | 3.91                            | 3.85                                   |
| EUR 2001–3000                 | 3.88                                | 3.63                                      | 3.63                            | 3.50                                   |
| ≥EUR 3001                     | 4.50                                | 5.00                                      | 3.00                            | 1.50                                   |
| DK/NA                         | 4.33                                | 3.38                                      | 3.37                            | 3.57                                   |
| p-value                       | 0.140                               | 0.353                                     | 0.587                           | * 0.048                                |

* p < 0.05, ** p < 0.01. Source: our own elaboration.
Table 9. Cont.

| Dimension: Psychological Well-being | Pleasure and Happiness | Satisfaction with Life | Freedom and Control Over Life | Mental and Emotional Health |
|-------------------------------------|------------------------|------------------------|-------------------------------|----------------------------|
| **Academic degree**                 |                        |                        |                               |                            |
| Incomplete elementary school        | 4.63                   | 4.13                   | 4.13                          | 4.25                       |
| Elementary school                   | 4.83                   | 4.83                   | 4.62                          | 4.87                       |
| High school                         | 4.47                   | 4.42                   | 4.49                          | 4.71                       |
| Professional degree                 | 3.90                   | 3.90                   | 3.67                          | 4.19                       |
| Bachelor                            | 4.35                   | 4.33                   | 4.21                          | 4.33                       |
| Master                              | 4.83                   | 4.92                   | 4.92                          | 4.92                       |
| PhD                                 | 4.00                   | 4.33                   | 4.33                          | 4.33                       |
| **p-value**                         | ** 0.008**             | ** 0.007**             | * 0.020                       | ** 0.005                   |
| **Occupation**                      |                        |                        |                               |                            |
| Retired                             | 4.63                   | 4.59                   | 4.43                          | 4.68                       |
| Student                             | 4.71                   | 4.64                   | 4.64                          | 4.71                       |
| Unemployed                          | 4.75                   | 4.75                   | 4.00                          | 4.50                       |
| Domestic                            | 5.00                   | 5.00                   | 5.00                          | 5.00                       |
| Full-time worker                    | 4.23                   | 4.22                   | 4.22                          | 4.38                       |
| Part-time worker                    | 4.88                   | 5.00                   | 4.75                          | 5.00                       |
| **p-value**                         | 0.115                  | 0.137                  | 0.592                         | 0.217                      |
| **Monthly income**                  |                        |                        |                               |                            |
| <EUR 1000                           | 4.65                   | 4.60                   | 4.52                          | 4.65                       |
| EUR 1001–2000                       | 4.43                   | 4.40                   | 4.18                          | 4.54                       |
| EUR 2001–3000                       | 3.75                   | 3.88                   | 3.88                          | 4.38                       |
| ≥EUR 3001                           | 2.50                   | 3.00                   | 3.00                          | 3.50                       |
| DK/NA                               | 4.57                   | 4.57                   | 4.67                          | 4.67                       |
| **p-value**                         | * 0.050                | 0.074                  | * 0.050                       | 0.386                      |

* p < 0.05, ** p < 0.01. Source: our own elaboration.

In sum, it can be concluded that, in what concerns the socio-demographic variables:
(i) the age influences the importance given to physical well-being; (ii) the academic degree influences the importance of relaxation, and the search for physical and psychological well-being; (iii) the professional occupation determines the differences in the motivation of relaxation, and in the search for physical and psychological well-being; and (iv) the monthly income influences the importance of relaxation, internal motivations, and the search for physical and psychological well-being, and is thus the independent variable with an impact on a higher number of dimensions. Therefore, Hypothesis 2 is validated.

To validate the Hypothesis 3, “The benefits for health and for leisure and relaxation searched for thermal tourists influence the characteristics of the travel”, the variable “benefits sought” was tested with the composition of the travel group, the main motivation for traveling, the selected thermal spa, and the number of nights spent at the destination. Chi-squared test results are presented in Table 10 and demonstrate that there is a statistically significant correlation between benefits sought and the characteristics of the travel. In fact, traveling alone or accompanied is the only characteristic that is not influenced by the benefits that tourists expect to achieve, either for their health, leisure, or relaxation. Despite this, it is worth mentioning that most thermal tourists traveled accompanied (89%).

Table 10. Chi-squared tests results (benefits sought vs. characteristics of the travel).

| Travel Characteristics | Benefits Sought | Total | Chi-Squared Test |
|------------------------|-----------------|-------|------------------|
|                        | Health          | Leisure and Relaxation |       |                  |
| Traveled               |                 |                   | 13    | 9    | 22 | 1527 (0.156) |
| Alone                  |                 |                   | 79    | 96   | 175 |
| Accompanied            |                 |                   | 92    | 105  | 197 |

* p < 0.05, ** p < 0.01. Source: our own elaboration.
In what concerns the composition of the group, it can be observed that it is correlated to the expected benefits ($p = 0.000$). Most of those searching for health benefits, namely the cure or prevention of respiratory, digestive, circulatory, rheumatic, musculoskeletal, and skin problems, traveled with their partner/spouse (43), followed by those who were accompanied by friends (24) and relatives (13). Thermal tourists searching for leisure and relaxation (escape from daily stress, family time, and being “pampered”), traveled mainly with family members (44), followed by those who preferred to travel with friends (26) and, in a lower number, with their partner/spouse (25).
The benefits sought also appear to influence the number of individuals in the travel group \( (p = 0.001) \). Those searching for health benefits travel mainly in groups of 2 individuals (37), or large dimensions such as those over 35 people (20), followed by groups of 4 (16). It can be concluded that they are accompanied by the spouse/partner, friends, and then family. The respondents who travel for leisure and relaxation purposes prefer to do it in groups of 4 people (30), followed by 2 (29) or 3 (15). Large groups are not frequent in thermal tourists who search for leisure and relaxation. Thus, the specific benefits sought influence the dimension of the group when traveling.

Results also indicate that the benefits sought are also correlated with the general motivations to travel \( (p = 0.000) \) and, thus, it can be concluded that the travel motivations depend on the benefits sought. Nearly 60% of the respondents that travel for health benefits have the general motivation of “health and wellness”, followed by “holiday” (37.6%). Conversely, thermal tourists aiming to obtain leisure and relaxation travel, mainly motivated by “holidays” (68.6%), and only 20.6% state to have “health and wellness” motivations.

The choice of the thermal spa presents a statistically significant association with the benefits that tourists expect to achieve \( (p = 0.000) \). The thermal spa of São Pedro do Sul, located in the Centre of Portugal, registers the higher number of tourists, regardless of the benefit. However, those focused on health issues prefer to stay in São Pedro do Sul (48) followed by Taipas Termal (11), Gerês (5), and Monchique (5). Thermal tourists searching for leisure and relaxation stay mainly in São Pedro do Sul (39), Chaves (12), Curia (8), São Jorge (5), Vidago (5), and Caldas da Saúde (5). Despite the specificity of these spas and their location, which may limit the generalization of these results, it is important to note that the type of benefits that people expect to obtain from staying in a thermal spa influences the choice of the location.

The number of nights spent at the destination also correlates to the benefits \( (p = 0.000) \). Guests aiming to cure or prevent health issues stay for a longer number of nights (46.5% stay for more than 10 nights, and 17.2% between 6 and 10 nights). Those expecting to relax and experience leisure stay for a lower number of nights, namely between 3–5 (23.8%), 6–10 (22.8%), or 1–2 (21.9%).

The existence of statistically significant relations between all the variables related to the travel characteristics and the search for health benefits, or for leisure and relaxation benefits allow to validate Hypothesis 3 and to conclude that these benefits influence the characteristics of the travel in what concerns the composition of the group (in terms of type and dimension), the general motivation to travel, the selected thermal spa, and the number of nights spent.

7. Discussion

This research’s main objective is to identify the motivations of thermal tourists, namely, to understand how the benefits for which thermal tourists search and their socioeconomic profile influence their motivations, and how those motivations determine the characteristics of travel. One of the main findings is in regard to the tourists’ motivations to go to thermal baths. Relaxation is the most valued by respondents, followed by the search for psychological and physical well-being. These results are aligned with those of Quintela [39] who, when analyzing Portuguese thermal tourists, concluded that stress relief and relaxation and the improvement of physical health are the main motivations for the majority of tourists.

The first hypothesis states that “There are differences in the motivations to practice thermal tourism between tourists that search for health benefits, and those searching for leisure and relaxation benefits”. The empirical study’s results allow to validate this hypothesis in the dimensions related to internal motivations, and the search for physical and psychological well-being. Several authors state that the motivations for practicing health and wellness/thermal tourism are relaxation, health awareness, and mental therapy [6]. Moreover, the variety of treatments, tranquility and sense of relief, leisure/adventure activities for medical conditions, and vacationing with the whole family (from young to
old) are considered motivations [34]. The travel motivations of tourists who practice spa tourism are also prestige entertainment and expectations of spa facility services, such as the equipment provided, water temperature and quality, associated qualified staff, service team to comply with hygiene rules, quality of service offered, tranquility of the facility, and the presence of health staff on the premises to provide detailed information about the water characteristics and spa facilities [38]. Lopes et al. [40], in their study on the motivations and practices of a thermal spa’s water users, concluded that their general motivation was physical health, such as the improvement of symptoms of already identified illness and the maintenance or improvement of health status. Lourenço [49] adds that the main reasons that lead individuals to practice thermal tourism are to treat an illness, prevention, or well-being (26.4%). The results of the present study confirm the previous research, except for the motivation to relaxation, for which no statistically significant differences were found. Despite this, the motivation to relax register the highest mean among the four dimensions.

The second hypothesis (“The socio-demographic profile influences the importance given to the motivations to practice thermal tourism”) was also validated, as statistical tests point towards the influence of age in the importance of search for physical well-being; the academic degree influences the importance given to relaxation, and the search for physical and psychological well-being; and the professional occupation determines the level of importance of relaxation and the search for physical well-being; and, finally, the income influences all four dimensions of motivations. The push and pull motivations are important issues to consider when analyzing the factors that influence thermal tourists. Push motivations, or internal motivational factors, are the actual goal satisfaction and self-fulfillment in relation to the needs and desires of tourists to relax and pamper themselves, either as a reward for themselves after the professional pressures associated with professional lives, or to relieve the stress and tension of everyday life. Pull motivations (attraction factors), such as the spa dynamics, have an important role in activating the needs and desires for spa treatments during vacations and the consequent demand for health and spa in the destination. In many circumstances, the initial needs and desires are the unconscious motivators that are activated into actions (thermal facility visit) by the tangible sources of the thermal destination itself [12]. In Hypothesis 3 (“The benefits for health and for leisure and relaxation for which thermal tourists search influence the characteristics of the travel”), validation results from the statistically significant relations between the benefits expected by thermal tourists and their travel characteristics, such as the composition of the group, the general travel motivation, the thermal destination chosen, and the number of nights spent. These results confirm the findings of previous studies. To achieve a balance between body and mind, individuals satisfy their psychological needs through leisure activities [50]. Voigt et al. [22] add that wellness tourists generally prefer to travel alone, to focus and work on themselves, rather than being responsive to someone else. Cunha comments that tourists choose “destination places for their geographical, climatic or environmental and landscape characteristics, and for this reason, it is necessary to improve the conditions of their offer and increase the degree of attractiveness” [20]. For the same reason, it becomes necessary to develop new products and services, increasingly exclusive, creative, and unique, able to attract visitors and increase the notoriety of the places [30].

8. Conclusions

There is evidence in different studies that tourism-related experiences lead to positive psychological and physical states, improving the sense of well-being, happiness, quality of life and satisfaction with life in general. Health and wellness tourism, and thermal tourism, have an uppermost position in terms of the continuous growth rates regarding both the number of tourists and the economic benefits, through the demand for treatments in classical thermalism or in its extension, in the more leisure and relaxation-oriented side.

The conclusions of the present research can be framed in similar perspectives to those of previous studies [14] since studying the motivations, within the scope of health and
wellness tourism practice, and recognizing the motivations related to health and relaxation, are determinant as starting points for both thermal hotels, thermal infrastructures, and equipment, as well as for their marketing departments, due to the need for marketing professionals to assume greater flexibility and adapt to the changing desires and needs of tourists, in addition to improving communication about the health and wellness experience offered and its benefits [14]. From a management perspective, the results obtained deliver a set of implications that can be useful for thermal destinations, realizing that the socio-demographic profile influences not only the motivations of thermal tourists, but also the choice of services made available, determines the operations, the creation of new thermal services, and the marketing and its strategy. Adapted to target audiences with diverse interests and motivations, this aspect must be considered as a starting point to know the customer and promote an adaptation, improving the offer based on new products or services, such as associated diet plans, a proposed strategy in the northern region of Eurocity Chaves–Verín [51] between Portugal and Spain; establishing in a holistic perspective for thermal destinations, a connection between Entrepreneurial Marketing and thermalism in the near future; applying for a change in the thermal establishment’s management; and attempting to improve the health and well-being tourism sector management and planning [52], also based on studies from diverse, but related areas of knowledge [53].

The question of consumer behavior is crucial to sustain all marketing activities carried out with the purpose of developing, promoting, and selling tourism products [4]. This research provides contributions regarding the specific motivations of tourists in thermal tourism, and the benefits that thermal tourists search for. The fact that most of the respondents practice thermal tourism in couple should be considered in the marketing strategies of thermal hotels, designing proposals of health and wellness products aimed at couples, complementing with other offers at the destination, in the gastronomy, wine tourism, and nature tourism areas, valuing the perspective of exclusivity, creativity, and uniqueness, and considering, in addition, the main strengths of thermal tourism, as its high average length of stay, its low dependence on the season, and the fact that health spas are usually located in the countryside constitute determining factors to boost the local economy [27].

However, the study is innovative from the viewpoint of the analysis of the motivations for the thermal tourism demand according to the benefits for which these tourists search, and in different age groups (not only addressing the older ones), which evidenced a greater balance between therapeutic demand and that of relaxation and wellness. Additionally, it addresses the relationship between those variables and the behavioral intention, namely, satisfaction, intention of recommendation, and loyalty towards the destination.

The research findings also provide scientific and managerial insights for tourism industry practitioners to better prepare for future challenges considering thermal tourism destinations in the post COVID-19 period. These challenges relate to customer confidence of safety and sustainability issues, demonstrating to clients that spas meet standards to ensure health and safety; and to innovation in services provided, new business models, build loyalty or “re-loyalize”, develop innovative products for proximity tourism [54], and align and realign external and internal objectives and prices (promotions and different price dynamics).

The recognition of the improvement in the general state of health and quality of life after the thermal tourism experience, in this research, anticipates, by the psychological and physical effects caused by the successive constraints experienced, that it will represent an increase in demand for services that may extend to other typologies. It will effectively be an opportunity for regional development, considering a more leisure and relaxation-oriented side.

As with all studies, limitations must be acknowledged regarding this research project. First, the study is limited to one geographical area and, thus, results cannot be generalized to other areas of the world. Second, the sampling was obtained by convenience and is therefore non-representative of thermal tourism consumers not included in this research.
Third, the survey was limited in scope and it is recommended that future studies addressing this topic implement different scales to enhance the findings of this study.

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References

1. Lehto, X.Y.; Lehto, M.R. Vacation as a Public Health Resource: Toward a Wellness-Centered Tourism Design Approach. J. Hosp. Tour. Res. 2019, 43, 935–960. [CrossRef]
2. Strietska-Illina, O.; Tessaring, M. Trends and Skill Needs in Tourism; Office for Official Publications of the European Communities: Luxembourg, 2005; pp. 1–145.
3. Antunes, J. Turismo de saúde: O caso do termalismo em Portugal. In Proceedings of the Congresso Associação Portuguesa para o Desenvolvimento Regional, Eindhoven, The Netherlands, 16–18 September 2005; pp. 1–25.
4. Swarbrooke, J.; Horner, S. Consumer Behaviour in Tourism, 2nd ed.; Butterworth-Heinemann: Oxford, UK, 2007; pp. 153–176.
5. Chen, J.S.; Prebensen, N.; Huan, T.C. Determining the Motivation of Wellness Travelers. Anatolia 2011, 19, 103–115. [CrossRef]
6. Chang, R.C. Health or self-indulgence? The motivations and characteristics of spa-goers. Int. J. Tour. Res. 2009, 11, 185–199. [CrossRef]
7. Antunes, J. Turismo de saúde—conceitos e mercados. Rev. Lusófona Humanid. Tecnol. Ciência e a Tecnologia, 2nd ed.; Elsevier/Butterworth-Heinemann: Oxford, UK, 2009; pp. 131–251.
8. Luo, Y.; Lanlung, C.; Kim, E.; Tang, L.R.; Song, S.M. Towards quality of life: The effects of the wellness tourism experience. J. Travel Tour. Mark. 2018, 35, 410–424. [CrossRef]
9. Alén, E.; De Carlos, P.; Dominguez, T. An analysis of differentiation strategies for Galician thermal centres. Curr. Issues Tour. 2014, 17, 499–517. [CrossRef]
10. Kamenidou, I.C.; Mamalis, S.A.; Priporas, C.-V.; Kokkinis, G.F. Segmenting Customers based on Perceived Importance of Wellness Facilities. Procedia Econ. Financ. 2014, 9, 417–424. [CrossRef]
11. Kay Smith, M.; Diekmann, A. Tourism and wellbeing. Ann. Tour. Res. 2017, 66, 1–13. [CrossRef]
22. Voigt, C.; Brown, G.; Howat, G. Wellness tourists: In search of transformation. Tour. Rev. 2011, 66, 16–30. [CrossRef]
23. Pyke, S.; Hartwell, H.; Blake, A.; Hemingway, A. Exploring well-being as a tourism product resource. Tour. Manag. 2016, 55, 94–105. [CrossRef]
24. Hodzic, S.; Paleka, H. Health Tourism in the European Union: Financial Effects and Future Prospects. In Proceedings of the International Conference of the School of Economics and Business, Sarajevo, Bosnia and Herzegovina, 12 October 2018; pp. 162–174.
25. Antunes, J. Do termalismo ao SPA termal. In Proceedings of the Congresso da Associação Portuguesa Para o Desenvolvimento Regional, Aveiro, Portugal, 15–17 September 2006; pp. 1–19.
26. Alpoin, M. Análise à Procura Termal. Master’s Thesis, University of Aveiro, Aveiro, Portugal, 2010. Available online: https://ria.ua.pt/bitstream/10773/1776/1/2010000841.pdf (accessed on 23 March 2021).
27. Alén, E.; Fraiz, J.A.; Rufin, R. Analysis of health spa customers’ expectations and perceptions: The case of Spanish establishments. Rev. Estud. Polítéc. 2006, III, 245–262.
28. Cantista, A.P.F. O termalismo em Portugal. An. Hidrol. M. 2014, 3, 79–107.
29. Esiyok, B.; Kurtulmuşoğlu, F.B.; Özdemir, A. Heterogeneity in the determinants of length of stay across middle age and senior age groups in thermal tourism. J. Travel Tour. Mark. 2018, 35, 531–540. [CrossRef]
30. Gonçalves, E.; Guerra, R. O turismo de saúde e bem-estar como fator de desenvolvimento local: Uma análise à oferta termal portuguesa. Rev. Tur. Patrim. Cult. 2019, 17, 453–472. [CrossRef]
31. Ferreira, R. Turismo de Saúde em Portugal. Master’s Thesis, ISCTE Business School, Lisboa, Portugal, 2011.
32. Silva, J. Fatores que podem influenciar o Desenvolvimento do Termalismo em Portugal. Bol. Minas Edição Espec. Termal 2018, 53, 27–30.
33. Sirgy, M.J.; Kruger, P.S.; Lee, D.-J.; Yu, G.B. How Does a Travel Trip Affect Tourists’ Life Satisfaction? J. Travel Res. 2011, 50, 261–275. [CrossRef]
34. Adams, K.; Snyder, J.; Crooks, V.; Johnston, R. Tourism discourse and medical tourists’ motivations to travel. Tour. Rev. 2015, 70, 85–96. [CrossRef]
35. Hindley, A.; Marmion, M. Tourism and Health, Risks, and Challenges. In Good Health and Well-Being. Encyclopedia of the UN Sustainable Development Goals; Leal Filho, W., Wall, T., Azeiteiro, U., Azul, A., Brandli, L., Özuyar, P., Eds.; Springer: Cham, Switzerland, 2019. [CrossRef]
36. Chrobak, A.; Ugolini, F.; Pearlmutter, D.; Raschi, A. Thermal Tourism and Geoheritage: Examining Visitor Motivations and Perceptions. Resources 2020, 9, 58. [CrossRef]
37. Costa, C. A Motivação e a Satisfação dos Recursos Humanos no Setor do Turismo. Master’s Thesis, Aços University, Ponta Delgada, Portugal, 2018.
38. Ayaz, N.; Dag, H. Termal turizmde yerli turistlerin seyahat motivleri ve hizmet beklentileri. Int. J. Contemp. Tour. Res. 2017, 2, 36–43. [CrossRef]
39. Quintela, J. Contribution of Health and Wellness Tourism to Happiness and Quality of Life: A Comparative Study between Portugal and Hungary. Ph.D. Thesis, University of Aveiro, Aveiro, Portugal, 2021. Available online: http://hdl.handle.net/10773/30430 (accessed on 22 December 2020).
40. Lopes, M.; Alén, E.; Liberato, D.; Liberato, P. A relação entre o termalismo e a qualidade de vida. In Proceedings of the XX Congresso Internacional AECIT “Conocimiento, Creatividad, Innovación, hacia el turismo del futuro”, Almería, Spain, 21–23 November 2018.
41. Dryglas, D.; Salamaga, M. Segmentation by push motives in health tourism destinations: A case study of Polish spa resorts. J. Destin. Mark. Manag. 2018, 9, 234–246. [CrossRef]
42. Damijanić, A.T.; Sergio, Z. Determining travel motivations of wellness tourism. Ekon. Misao I Praksa 2013, 1, 3–20.
43. Rothan, H.A.; Byrareddy, S.N. The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. J. Autoimmun. 2020, 109, 102433. [CrossRef]
44. Abbaspour, F.; Soltani, S.; Tham, A. Medical tourism for COVID-19 post-crisis recovery? Anatolia 2021, 32, 140–143. [CrossRef]
45. Ma, S.; Zhao, X.; Gong, Y.; Wengel, Y. Proposing “healing tourism” as a post-COVID-19 tourism product. Anatolia 2021, 32, 136–139. [CrossRef]
46. Lew, A.A.; Cheer, J.M.; Haywood, M.; Brouder, P.; Salazar, N.B. Visions of travel and tourism after the global COVID-19 transformation of 2020. Tour. Geogr. 2020, 22, 455–466. [CrossRef]
47. Pais, P.; Silva, C.; Guedes, P.; Veiga, L.; Ramos, A.; Vieira, T. Termas e Spas: Desafio Pós-COVID-19. Available online: https://travelbi.turismodoportugal.pt/pt-pt/Paginas/webinars-nest-termas-e-spas-desafio-pos-covid.aspx (accessed on 22 December 2020).
48. Benjamin, S.; Dillette, A.; Alderman, D.H. “We can’t return to normal”: Committing to tourism equity in the post-pandemic age. Tour. Geogr. 2020, 22, 476–483. [CrossRef]
49. Lourenço, F. O Posicionamento do Turismo de Saúde e Bem-estar. O Caso das Termas de São Pedro do Sul. Master’s Thesis, Polytechnic Institute of Viseu, Viseu, Portugal, 2012.
50. Chen, C.-J.; Li, W.-C. A study on the hot spring leisure experience and happiness of Generation X and Generation Y in Taiwan. Asia Pac. J. Tour. Res. 2020, 25, 39–51. [CrossRef]
51. Liberato, D.; Alén, E.; Bua, P.R.; Liberato, P. Eurocity Chaves-Verin, cross-border tourism experience in the Iberian Peninsula. In Advances in Tourism, Technology and Smart Systems; Rocha, Á., Abreu, A., de Carvalho, J.V., Liberato, D., Alén González, E., Liberato, P., Eds.; Springer: Berlin/Heidelberg, Germany, 2020; Volume 171, pp. 655–668. [CrossRef]

52. Antunes, V.; Alves, H.; Rodrigues, R. O Estado Atual da Orientação Empreendedora e do Marketing no setor Termal—o Caso Português. J. Tour. Dev. 2010, 13/14, 175–185.

53. Quintela, J.; Costa, C.; Correia, A. Health, wellness and medical tourism—A conceptual approach. Enl. Tour. A Pathmaking J. 2016, 6, 1–18.

54. Lebrun, A.-M.; Su, C.-J.; Bouchet, P. Domestic tourists’ experience in protected natural parks: A new trend in pandemic crisis? J. Outdoor Recreat. Tour. 2021, 35, 100398. [CrossRef]