

Original Research Article

Received: 14 July 2022 **Revised:** 24 November 2023 **Accepted:** 27 November 2023

CAUSAL RELATIONSHIP MODEL OF TOURIST MOTIVATION AND DESTINATION BRANDING RELATED TO BEHAVIORAL INTENTIONS TOWARDS HEALTH AND WELLNESS TOURISM IN MAHA SARAKHAM, THAILAND

Chaithawat SIRIBOWONPHITAK¹

1 Faculty of Management Science, Rajabhat Maha Sarakham University, Thailand; siribowonphitak@gmail.com

Handling Editor:

Professor Dr.Wing-Keung WONG

(This article belongs to the Theme 1: Business Performance, Competitiveness, and Sustainability)

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Abstract

The objectives of this research were: 1) to study the motivation of health tourists in attraction of Maha Sarakham, Thailand, 2) to analyze the behavioral intentions on health and wellness tourism in Maha Sarakham, and 3) to synthesize a causal relationship between tourists' motivation and tourism brands and their behavioral intentions on health tourism in Maha Sarakham. The population sample consists of 400 Thai visitors, and questionnaires were used to gather data. Utilizing the Confirmatory Factor Analysis (CFA) technique, frequency, percentage, standard deviation, mean, and weighted mean were assessed as part of the data analysis. The findings indicated that visitors' motivation has a negative effect on their tourism-related behavioral intentions ($\beta = -.340$, p .01), which implies that if tourists are more motivated, it may lead to a decrease in their tourism-related behavioral intentions in Maha Sarakham. While the rise in positive tourism brand awareness among tourists will result in an increase in their tourism-related behavioral intentions, the increase in positive tourism brand awareness among tourists will result in a decrease in their in other words, if visitors see the tourism brand in a more favorable light, their desire to engage in tourism-related activity will certainly grow ($\beta = .824$, p .01).

Keywords: Tourists' Motivation, Tourism Branding, Behavioral Intention, Wellness Tourism

Citation Information: Siribowonphitak, C. (2023). Causal Relationship Model of Tourist Motivation and Destination Branding Related to Behavioral Intentions towards Health and Wellness Tourism in Maha Sarakham, Thailand. *Asian Administration and Management Review*, 6(2), 158-171. https://doi.org/10.14456/aamr.2023.27

Introduction

From the past to the present, tourism has been an integral part of Thailand's economy. Due to the fact that tourism may produce revenue for people and local communities, it is considered a vital economic engine for the country. (Sangpud & Wongthongdee, 2021) Specifically, the tendency of health-focused tourism has grown increasingly prevalent. As a result, a number of health tourism products have been produced, and tourism for health and motivational wellbeing is a tremendous success. It combines wellness tourism with medical tourism, which are travel packages that include both leisure and medical treatment, and the majority of visitors have never gone to Thailand, the most desired destination for convalescence after service. Their primary reasons for visiting were for relaxation or pleasure. Most visitors used Thai massage services. (Moonla & Karnjanakit, 2014) Thailand has the readiness and capacity to support a high level of both hospitals and medical centers that are certified with international treatment standards, up to 60 Joint Commission International or JCI. (Mueller & Kaufmann, 2001) It is considered the highest volume in Southeast Asia and the 4th in the world. (Thansettakij, 2022) Future tourists will probably behave more considerately and care about their health. The market for health and wellness tourism is currently gaining worldwide attention as a potential market. Consequently, this group's market for specialized tourists is expanding. (Esichaikul, 2014) The medical and wellness tourism industry used to be very well-liked and had a high cost each trip that contributed more than 80% of the revenue generated to the Thai economy. (Phonthaworn & Lankham, 2021)

Thailand offers potential goods and services to meet the broad and in-depth needs of every trend and attract tourists in the new niche market. TAT will use this opportunity to practice healthcare practitioners while Thailand is still in the early stages of its opening. To address the increasingly globalized trends in the Covid-19 circumstance, the goal is to advance the development of new healthy tourism-related goods, services, and activities. (Tourism Authority of Thailand, 2022) In addition, the region's wellness culture's assets will be completely incorporated, and entrepreneurs and health tourism employees will be equipped to move toward common goals. In other words, it will serve as the regional centre for health tourism. (Dillette et al., 2021)

Another aspect of Health and Wellness Tourism promotion is that the Ministry of Public Health has collaborated with relevant organizations to develop a herbal city in a wide variety of herbs, cultivation, processing, and production into products that can be used widely, generate national economic value, and establish a model that includes tourism. The goal is to expand the use of Thai medicinal plants in the "Herbal City" project by piloting 4 regions to designate as an additional medicinal city. Maha Sarakham is one of the 9 provinces that have been promoted to develop into a medicinal city according to the National Master Plan on Thai Herbal Development. The details of the operation are as follows: 1) Promote the cultivation of medicinal plants, 2) Processing herbs into local OTOP products, 3) Utilize herbs in the health service system to replace modern medicine in daily life, 4) Promote research in collaboration with universities in marketing and 5) Health and Wellness Tourism. (Ministry of Public Health, 2022)

As a result, the researcher decided to investigate the destination branding of health and wellness tourism to support Herbal City in Maha Sarakham, as the opportunity for health and wellness tourism tends to increase concurrently with the policy for promoting health through health and wellness tourism, as well as the fact that Maha Sarakham has tourism resources that can support health and wellness tourism with herbs. As the opportunity for Health and Wellness Tourism tends to increase, coupled with the Health and Wellness Tourism promotion policy for health promotion and the fact that Maha Sarakham has tourism resources that can support Health and Wellness Tourism with herbs, the researcher decided to conduct this study the Causal Relationship Model of Tourist Motivation and Destination Branding Related to Behavioral

Intentions towards Health and Wellness Tourism in Maha Sarakham, Thailand. The purpose of this research is 1) to study the motivation of health tourists in Maha Sarakham, 2) to analyze the behavioral intentions on health tourism in Maha Sarakham, and 3) to synthesize a causal relationship between tourists' motivation and tourism brands and their behavioral intentions on health tourism in Maha Sarakham. In addition to being customized for numerous advantages, involves exploring the effects of destination branding and tourist motives on the behavioral intentions of visitors. This may inspire future academic, commercial, and community studies on spatial health and wellness tourism.

Literature Review

Tourist motivation concepts and theories refer to the entire network of cultural and biological forces. It determines travel behavior. Psychological powers are the need to relax from work and to see new things to reduce anxiety. (Esichaikul, 2014) Social power will be a feeling of pride to see one of the wonders of the world. It also includes encouraging travelers to travel to meet their needs. For example, wanting to relax and escape theogony, want to learn new things to increase knowledge or study culture, and want to gain new and different experiences (Martaleni et al., 2021) and the impact of positive impressions of good food value, shopping, and a variety of things to do, as well as novelty seeking, on the likelihood that visitors will return to destination (Rittichainuwat et al., 2008) travel and tourism arise from genuine individual needs and feelings, and there are various socio-economic factors that drive them to be able to travel. (Sangpikul, 2008) There are also many motivations that attract and encourage people to want to travel more, such as wanting to travel on exciting adventures, wanting to strengthen family/kinship relationships (Parasakul, 2020) want to enhance social interactions, want to look for business or business-related opportunities, want to find entertainment/relaxation, and want to seek spiritual pleasure such as philanthropy. (Dann, 1981)

Health and wellness are often used interchangeably, yet their origins and definitions are distinct. In the World Health Organization (WHO) defined health as "a condition of full bodily, mental, and social well-being and not only the absence of sickness or infirmity" While this definition has been criticised for being excessively extensive and unrealistic, particularly with regard to the term "complete," it significantly expands the medical concept of health beyond the absence of illness. Health tourism has many varied definitions and consistency in the literature about this concept is lacking. Attempts to determine health tour- ism in general can be divided into two groups: highlight the supply side and indicate the importance of the demand side. Definitions from the first group emphasize the need for special infrastructure for health tourism (specifically facilities for health services and overnight guest accommodation). (Voigt et al., 2011)

WHO identifies the social, economic, and physical contexts and the individual's qualities and actions as the key determinants of health. Hence, the maintenance and promotion of health rely not just on external or environmental elements (including care systems), but also on the individual's efforts and sensible lifestyle choices. In actuality, it relies on health, may be shocked by wellness's definition. Wellness is defined differently depending on the context, but according to the National Wellness Institute, it is "an active process through which individuals become aware of and make choices towards a more successful living. This definition relies on three tenets: Wellness is seen as a deliberate, self-directed, and dynamic process of reaching one's full potential. Wellness is multifaceted and comprehensive, covering lifestyle, mental and spiritual health, and environmental considerations. Wellness is optimistic and uplifting. The distinction between health and wellbeing may be summarised as follows: health is a state of being, while wellness is the condition of living a healthy lifestyle. Wellness seeks to increase well-being, health refers to physical, mental, and social wellbeing. Although the concept of health tourism is widespread, there is no consensus among scientists and experts regarding this

notion to this day. When speaking of travel based on some form of health-related activities, the following terms are mostly used and often interchangeably health tourism, medical tourism, wellness tourism, spa tourism and medical travel. Some researchers view these terms as notions of independent tourist segments. (Smith & Puczko, 2014; Carrera & Bridges, 2006; Hall, 2011).

Destination branding concepts and theories are part of the tourism industry marketing. It refers to the sequential and continuous process of managing tourism industry programs. It determines the control and assessment of activities designed to meet needs and satisfaction (Murphy, 1989) destination branding is related to the image of an attraction, i.e. the relationship of thoughts, feelings, and visualizations that indicate a tourist attraction. (Tasci et al., 2007) With attraction attributes and sentiment, brand image correlates with perceived quality and brand loyalty. (Lee et al., 2011; Saleem et al., 2015) It leads to the recurrence of tourism (Yamaguchi et al., 2015) The connection of a brand with its attributes, advantages, and attitudes is influenced by its brand image. It influences future behaviors such as plans to repurchase and brand recommendations. Numerous factors of tourist brand image are analyzed and given significance. A brand is the psychological and social character and image of a product. A brand image is used to represent a tourist destination brand loyalty affirmation. (Mak, 2011) All aspects are used to describe the knowledge, beliefs, impressions, emotions, and originality of a tourist attraction, and there are elements of attraction characteristics, psychology, emotions, tangibility, and the quality of tourism goods. (Pereira et al., 2012)

4) In tourist research, Behavioral Intention ideas and theories are extensively investigated. It demonstrates the commitment of visitors. In marketing and tourism research, repeat or frequent visits may be seen as an indication of tourist satisfaction. (Di Pietro et al., 2012) The first reason is that the cost factor is what attracts tourists to the destination. The second is that positive feedback is an indicator of traveler satisfaction. The third is to increase the chances for tourists with a precarious attitude to return, repeat visits and make recommendations to friends/acquaintances. (Oppermann, 1999) Behavioral intention is the propensity or propensity to return to a previously visited place, as well as the propensity to visit other attractions in the region. Therefore, tourism development should consider travelers' satisfaction and impressions. In other words, returning to the same location, recommendations, travel impressions, and a sense of pleasure in sharing positive experiences (Pai et al., 2014) and travel loyalty is the result of the travel experience. On their next trip, most tourists will think of the sights they wish to visit again (Chi et al., 2013) The expressions in tourist behavior towards an attraction include choosing an attraction to visit, evaluating post-tourism as a tourism experience, or perceived value and overall visitor satisfaction. Future intent behaviors are the decisions of visitors about their preferences to visit a destination and their willingness to recommend others to visit. It consists of awareness, motivation, image, and attraction loyalty. (Hui et al., 2007) In addition, it covers 1) returning to the same location, 2) returning to a new location, 3) wanting to return in the future, 4) introducing family members, 5) promoting the location to friends/ acquaintances. 6) Be impressed by travel, 7) Take delight in sharing positive experiences, and 8) Be devoted to travel. (Sadeh et al., 2012)

Research Methodology

This article summarizes the findings of Quantitative Research. The population and sample consisted of 400 individuals associated with the Health and Wellness Tourism with Herbs attraction in Maha Sarakham, Thailand. The research was conducted between October 2020 and September 2021 using the sampling techniques of stratified random sampling and proportional stratified random sampling. (Wanichbancha, 2011) The instrument used was questionnaires. Content validity was examined to address question issues, language use and content coverage by the index of item-objective congruence: IOC. (Rovinelli & Hambleton,

1977) The research areas were Kutrang District, Na Dun District, Kosum Phisai District, Kantharawichai District, Wapi Pathum District, Chiang Yuen District and Ban Nong Hin Community, Mueang Maha Sarakham District comprising 8 sites. To gather data generically and distribute questionnaires per sample, 50 individuals were counted, and field surveys were delivered.

The statistics used in the research were Frequency, Percentage, Mean and S.D. for general analysis (Wanichbancha, 2011) and Confirmatory Factor analysis: CFA. This research was analyzed with (Steven, 2009) criterion-based computerized analysis program for preliminary agreements that should be reviewed. The CFA analysis included 1) Normal Distributions, 2) Homoscedasticity, 3) Linear Relationships, 4) Error Terms, which must not be related to any latent variables in the model. (Silcharu, 2018) There are five steps of the CFA analysis method: parameter estimation, verification, model conformity, model adjustment and analysis results interpretation. (Wiratchai, 1999)

Research Result

The results of the analysis of the influence between variables in the structural equation model are according to the research conceptual framework. It examines the causal relationship between the influence of tourist motivation and destination branding on behavioral intentions on tourism. Before the CFA analysis was included, the researcher analyzed the basic statistical values in the model, which was to calculate the correlation coefficient between the observed variables in the model. The results of the correlation analysis between the 17 variables revealed that most of the observed variables had a positive correlation with statistical significance at the .05 level. The most statistically related variable pairs were Tangibles (TA) and Assurance (AS) (r = .497, p < .01) The least statistically related variable pairs were Tangibles (TA) and There is a need to improve social contact (M6) (r = .099, p < .05). There was quite a volume of variables that were not statistically significant. The correlation coefficient, mean and standard deviation of the observed variables can be shown in the Structural Equation Model 1 as shown in Table 1.

Table 1 The correlation coefficients, mean and standard deviation of variables can be observed in the tourist motivation and destination branding structure equation model toward behavioral intention on tourism.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1.00																
.279**	1.00															
.311**	.329**	1.00														
.157**	.215**	.329**	1.00													
.062	.029	.004	.027	1.00												
.374**	.291**	.278**	.105*	.265**	1.00											
.220**	.242**	.319**	.145**	041	.470**	1.00										
.211**	.078	.267**	.446**	.212**	.244**	.159**	1.00									
.052	.168**	.106*	.211**	.169**	.212**	.182**	.150**	1.00								
.167**	.098	.350**	.248**	.258**	.159**	.110*	.264**	.253**	1.00							
.132**	082	.160**	.091	.415**	.066	056	.192**	.077	.322**	1.00						
.071	.030	.119*	.124*	.293**	.190**	.129*	.100*	.305**	.412**	.389**	1.00					
.041	.097	.117*	.025	.114*	.099*	.132**	090	.113*	.379**	.242**	.497**	1.00				
.150**	.198**	.081	.088	034	.178**	.033	.077	.170**	.435**	.157**	.395**	.421**	1.00			
.164**	014	036	054	.041	067	183**	.014	.113*	.201**	.335**	.281**	.285**	.394**	1.00		
060	.119*	083	071	.033	.047	064	.000	.065	.220**	.087	.173**	.132**	.352**	.187**	1.00	
011	.013	001	037	.042	.107*	041	011	.070	.132**	.202**	.281**	.371**	.298**	.361**	.348**	1.00
4.03	4.16	4.17	4.06	3.98	4.03	4.04	3.51	3.77	4.09	3.70	3.77	3.97	3.95	3.95	4.11	4.05
0.98	0.84	0.84	1.01	0.96	1.02	1.06	1.30	1.09	0.61	0.69	0.68	0.57	0.61	0.69	0.82	0.62
_	.279** .311** .157** .062 .374** .220** .211** .052 .167** .132** .071 .041 .150** .164**060011 4.03	1.00 .279** 1.00 .311** .329** .157** .215** .062 .029 .374** .291** .220** .242** .211** .078 .052 .168** .167** .098 .132**082 .071 .030 .041 .097 .150** .198** .164**014 060 .119* 011 .013 4.03 4.16	1.00 .279** 1.00 .311** .329** 1.00 .157** .215** .329** .062 .029 .004 .374** .291** .278** .220** .242** .319** .211** .078 .267** .052 .168** .106* .167** .098 .350** .132**082 .160** .071 .030 .119* .041 .097 .117* .150** .198** .081 .164**014036 060 .119*083 011 .013001 4.03 4.16 4.17	1.00 .279** 1.00 .311** .329** 1.00 .157** .215** .329** 1.00 .062 .029 .004 .027 .374** .291** .278** .105* .220** .242** .319** .145** .211** .078 .267** .446** .052 .168** .106* .211** .167** .098 .350** .248** .132**082 .160** .091 .071 .030 .119* .124* .041 .097 .117* .025 .150** .198** .081 .088 .164**014036054 060 .119*083 .071 011 .013001037 4.03 4.16 4.17 4.06	1.00 .279** 1.00 .311** .329** 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3.395** 4.21** 1.64** -0.14 -0.36 -0.54 0.41 -0.67 -1.83** 0.14 1.13* 2.01** 3.35** 2.81** 2.85** -0.60 1.19* -0.83 -0.71 0.33 0.47 -0.64 0.00 0.65 2.20** 0.87 1.73** 1.32** -0.01 0.13 -0.01 -0.37 0.42 1.07* -0.41 -0.01 0.07 1.32** 2.02** 2.81** 3.71** 4.03 4.16 4.17 4.06 3.98 4.03 4.04 3.51 3.77 4.09 3.70 3.70 3.77 3.97	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

Note ** p < .01

From table 1, the analysis of the Structural Equation Model 1 when the observed variables used to measure tourist motivation were separated into sub-variables, it was found that the structural equation model corresponds to the measurement model with partial empirical data. The statistical values indicated the degree of conformity are Comparative Fit Index: CFI was higher than .95, Tucker Lewis Index: TLI was less than .95, Root Mean Square Error of Approximation: RMSEA and Standardized Root Mean Square Residual: SRMR were less than .08. But the chi-square test result was found to be statistically significant. In other words, such structural equation models were not very consistent with empirical data (χ^2 (59, N = 400) = 111.88, $\chi^2/df = 1.90$, p = .000, CFI = .956, TLI = .900, RMSEA = .047, SRMR = .041).

Table 2 Factor loading, influence coefficient weights, standard tolerances, designation coefficients in the tourist motivation and destination branding structural equation models on behavioral intentions on tourism 1.

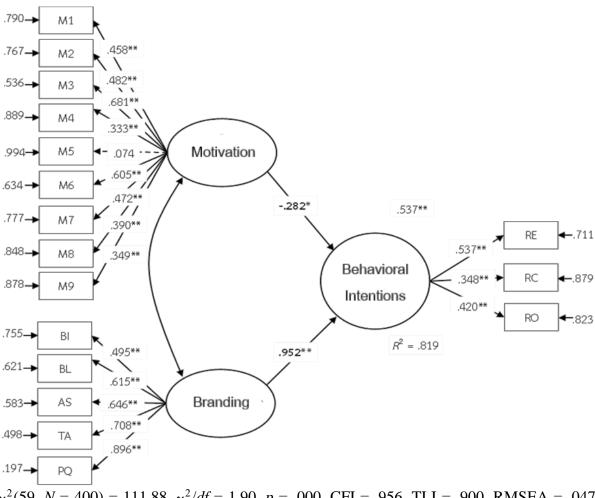
Variable	b	SE	β	t	\mathbb{R}^2
Tourist motivation measurement model					
1) Want to unwind and escape the daily grind (M1)	1.00	-	.458	7.86**	.210
2) Want to get new knowledge? Increase your knowledge or cultural study (M2)	0.91	0.17	.482	8.39**	.233
3) Desire to get a novel and unique experience (M3)	1.26	0.23	.681	13.22**	.464
Want to travel, adventure, excitement (M4)	0.75	0.21	.333	4.35**	.111
4) Desire to build family/kinship relationships (M5)	0.16	0.17	.074	0.92	.006
Desire to promote social contact (M6)	1.38	0.23	.605	10.22**	.366
5) Seeking spiritual bliss, such as via merit-making, etc (M7)	1.12	0.21	.472	8.97**	.223
6) Looking for business prospects or business-related information (M8)	1.12	0.19	.390	9.01**	.152
7) Seeking amusement or relaxation (M9)	0.84	0.20	.349	4.99**	.122
Destination branding measurement model					
1) Brand Image (BI)	1.00	-	.492	9.88**	.245
2) Brand Loyalty (BL)	1.39	0.26	.615	8.21**	.379
3) Reassurance (AS)	1.45	0.27	.646	7.98**	.417
4) Tangibles (TA)	1.35	0.26	.708	7.02**	.502
5) Products Quality (PQ)	1.81	0.27	.896	13.62**	.803
The behavioral intention measurement model					
1) Revisiting (RE)	1.00	-	0.08	6.64**	.289
2) Recommendation (RC)	0.77	0.14	0.07	5.00**	.121
3) Loyalty to travel (RO)	0.70	0.11	0.09	4.65**	.177
Influence analysis					
1) tourist motivation → Behavioral Intention to Tourism	-0.23	0.09	282	-2.52*	.819
2) destination branding → Behavioral Intention to Tourism	1.17	0.13	.952	5.94**	

Statistical values to verify the coherence of the measurement model with empirical data.

 $\chi^2(59, N = 400) = 111.88, \chi^2/df = 1.90, p = .000, CFI = .956, TLI = .900, RMSEA = .047, SRMR = .041$

Note ** p < .01

From Table 2, it characterized the influence of variables in the framework identified by the research framework that tourist motivation had a negative influence on behavioral intentions on tourism. (β = -.282, p < .05) In other words, if tourists have more motivation, it may decrease behavioral intentions towards tourism in Maha Sarakham. As more tourists perceive destination branding in a positive way, it will contribute to more behavioral intent on tourism. In other words, if tourists perceive destination branding more positively, they will have more behavioral intentions towards tourism (β = .592, p < .01) with a very high influence. It can show the results of structural equation model analysis type 1 by separating the observed variables used to measure tourist motivation into sub-variables as shown in Figure 1.



 $\chi^2(59, N=400)=111.88, \ \chi^2/df=1.90, \ p=.000, \ \text{CFI}=.956, \ \text{TLI}=.900, \ \text{RMSEA}=.047, \ \text{SRMR}=.041$

Figure 1 The results of the structural equation model analysis of the influence of tourist motivation and destination branding on behavioral intentions on tourism.

Due to the structural equation model 1 was not consistent with the empirical data, the researcher analyzed the comparative model by collapsing the observed variable in the tourist motivation measurement model into a single observed variable because the observed results from both the confirmation element analysis of the measurement model and the statistical observations in the measurement model in the first structural equation model were relatively high errors and some observed variables were not statistically significant. Therefore, the second structural equation model was analyzed.

The results of the correlation analysis between the 9 variables revealed that most of the observed variables had a positive correlation with statistical significance at the .05 level. The

most statistically related variable pairs were Tangibles (TA) and Assurance (AS) (r = .497, p < .01) The least statistically related variable pairs were Tangibles (TA) and tourist motivation (MA) (r = .122, p < .05) There was quite a volume of variables that were not statistically significant and had a negative correlation coefficient. The correlation coefficient, mean and standard deviation of the observed variables can be shown in the Structural Equation Model 2 as shown in Table 3.

Table 3 The correlation coefficients, mean and standard deviation of variables can be observed in the tourist motivation and destination branding structure equation model toward behavioral intention on tourism.

Variable	1	2	3	4	5	6	7	8	9
MA	1.00								
BI	.393**	1.00							
BL	.208**	.322**	1.00						
AS	.283**	.412**	.389**	1.00					
TA	.122*	.379**	.242**	.497**	1.00				
PQ	.191**	.435**	.157**	.395**	.421**	1.00			
RE	004	.201**	.335**	.281**	.285**	.394**	1.00		
RC	004	.220**	.087	.173**	.132**	.352**	.187**	1.00	
RO	.026	.132**	.202**	.281**	.371**	.298**	.361**	.348**	1.00
M	3.97	4.09	3.70	3.77	3.97	3.95	3.95	4.11	4.05
SD	0.55	0.61	0.69	0.68	0.57	0.61	0.69	0.82	0.62

Note * p < .05, ** p < .01

From Table 3, The analysis of the Structural Equation Model 2 when the observed variables used to measure tourist motivation were collapsed into sub-variables, it was found that the structural equation model corresponds to the measurement model with partial empirical data. The statistical values indicated the degree of conformity are Comparative Fit Index: CFI was higher than .95, Tucker Lewis Index: TLI was higher than .95, Root Mean Square Error of Approximation: RMSEA and Standardized Root Mean Square Residual: SRMR were less than .08. However, the results of the chi-square test were statistically insignificant. In other words, the structural equation model is consistent with the empirical data $\chi^2(11, N = 400) = 15.42$, $\chi^2/df = 1.40$, p = .164, CFI = .993, TLI = .977, RMSEA = .032, SRMR = .028).

Table 4 Factor loading, influence coefficient weights, standard tolerances, designation coefficients in the tourist motivation and destination branding structural equation models on behavioral intentions on tourism.

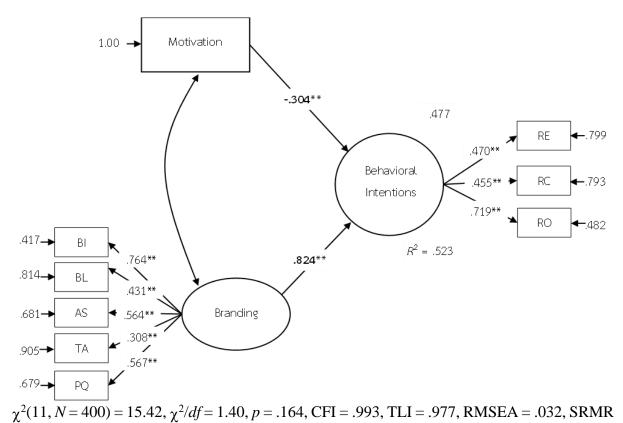
Variable	b	SE	β	t	\mathbb{R}^2
Tourist motivation measurement model	-	-	-	-	-
Destination branding measurement model					
1) Brand Image (BI)	1.00	-	.764	14.58*	*.583
2) Brand Loyalty (BL)	0.63	0.10	.431	7.66**	.186
3) Reassurance (AS)	0.82	0.14	.564	8.06**	.319
4) Tangibles (TA)	0.37	0.13	.308	2.97**	.095
5) Products Quality (PQ)	0.74	0.11	.567	10.36*	*.321
Behavior intention measurement model					
1) Revisiting (RE)	1.00	-	.470	6.32**	.221
2) Recommendation (RC)	1.15	0.19	.455	7.08**	.207
3) Loyalty to travel (RO)	1.36	0.33	.719	9.20**	.516

Variable	b	SE	β	t	\mathbb{R}^2
Influence analysis					
1) Tourist motivation \rightarrow Behavioral Intention t	o-0.20	0.06	340	3.83**	.523
Tourism					
2) Destination branding \rightarrow Behavioral Intention t	o 0.57	0.14	.824	8.70**	
Tourism					

Statistical values to verify the coherence of the measurement model with empirical data. $\chi^2(11, N=400)=15.42, \chi^2/df=1.40, p=.164, CFI=.993, TLI=.977, RMSEA=.032, SRMR=.028$

Note ** p < .01

From Table 4, it characterized the influence of variables in the framework identified by the research framework that tourist motivation had a negative influence on behavioral intentions on tourism. (β = -.340, p < .01) n other words, if tourists have more motivation, it may decrease behavioral intentions towards tourism in Maha Sarakham. As more tourists perceive destination branding in a positive way, it will contribute to more behavioral intent on tourism. In other words, if tourists perceive destination branding more positively, they will have more behavioral intentions towards tourism (β = .824, p < .01) with a very high influence. It can show the results of structural equation model analysis type 1 by separating the observed variables used to measure tourist motivation into sub-variables as shown in Figure 2.



= .028

Figure 2 The results of the structural equation model analysis of the influence of tourist

motivation and destination branding on behavioral intentions on tourism.

Therefore, the results of the analysis to compare the two models revealed that the Structural Equation Model 2 with collapsing observed variables to measure tourist motivation as a single

observed variable was more consistent with the empirical data measurement model. The second model had the relative chi-square of $\chi^2/df = 1.40$ while the first model had the relative chi-square of $\chi^2/df = 1.90$. The results of the measurement model analysis indicated that the tourist motivation measurement model was a single observed variable or more consistent.

Conclusion

From studies of Causal Relationship Model of Tourist Motivation and Destination Branding Related to Behavioral Intentions towards Health and Wellness Tourism in Maha Sarakham, Thailand in conclusion that visitors' motivation has a negative effect on their tourism-related behavioral intentions ($\beta = -.340$, p .01), which implies that if tourists are more motivated, it may lead to a decrease in their tourism-related behavioral intentions in Maha Sarakham. While the rise in positive tourism brand awareness among tourists will result in an increase in their tourism-related behavioral intentions, the increase in positive tourism brand awareness among tourists will result in a decrease in their In other words, if visitors see the tourism brand in a more favorable light, their desire to engage in tourism-related activity will certainly grow. As more visitors view destination branding positively, it will lead to a rise in tourism-related behavioral intent. In other words, if visitors view destination branding favorably, they will have higher behavioral intentions toward tourism ($\beta = .824$, p .01), with a very strong effect (p .01). In addition to establishing a destination's brand based on the behavior of visitors, Maha Sarakham must examine the potential and development pattern of the Thai healthcare business. Including the adjustments made in the Thai health care industry to keep up with the circumstances and the intensifying competition. Including some ongoing issues with the functioning of local tourist sites. In order to provide administration with direction and push policies into effect across all sectors, it is necessary to ensure that all sectors are moving in the same direction. This is consistent with the ever-changing circumstances and settings of the globe. In addition to making Maha Sarakham the epicenter of health tourism employing indigenous knowledge and genuine botanicals. To suit the demands of visitors, various areas must be improved, including 1) Marketing, Promotion, and Public Relations. Publish Thai identity and knowledge for foreigners to embrace and be inspired by and create a difference in international health services. 2) Hold a tradeshow to promote medical tourism in Thailand. For both Thai and international target groups, and 3) Enhancing the marketing and selling capacities of enterprises by enhancing their potential. To create services and products for health care to satisfy the demands by fostering developments in several areas, including the connectivity of the upstream, midstream, and downstream supply chains for medical tourism services and encouraging the government to connect businesses with local entrepreneurs.

Contribution

This study benefits municipalities and tourism destinations. Particularly the herbal health tourism brand in Maha Sarakham. It is a new tourist paradigm that utilizes the Maha Sarakham current tourism resources. Help enhance and promote community engagement. Additionally, commercial advantages Herbal health tourism brands in Maha Sarakham. The beneficial effects on communities, farmers' organizations, businesspeople, and tourist attractions may be implemented and exploited further to promote herbal health tourism. Farmers' organizations or interested agencies may operate a company based on herbs in the future by distributing the additional cash from the brand to improve the quality and grade of products and services supplied by local farmers, including the publication of research findings.

Suggestions

1) Research should be conducted on the behavior and satisfaction of visitors who go for health tourism using herbs and indigenous knowledge. For the province to handle tourism more effectively in the future and to fulfill the demands of visitors,

- 2) A collection of knowledge and a database for health tourism with herbs and local wisdom in all areas should be included into the local education curriculum to raise awareness of the significance of children and youth in the community. Of numerous community resources and for individuals interested in studying and learning.
- 3) There should be comparative research on the growth of health tourism using herbs and indigenous knowledge. Due to the prosperous growth of tourism in neighboring regions, develop a strategy for the growth of tourism in Maha Sarakham in order to understand the distinctions and development principles.
- 4) Should investigate the health tourism resource base with herbs and local knowledge and categorize it. To be a tourism-appropriate database for marketing education in the present day.

Acknowledgment

This research represented the Causal Relationship Model of Tourist Motivation and Destination Branding Related to Behavioral Intentions towards Health and Wellness Tourism in Maha Sarakham, Thailand. It is part of the lesson learned from research on the destination branding of the herbal city in Maha Sarakham to drive Health and Wellness Tourism with herbs and local wisdom. It was funded by Thailand Science Research and Innovation (TSRI) for the fiscal year 2020. The researchers would also like to thank the Maha Sarakham Provincial Agriculture and Cooperatives Office, Na Dun District Agriculture and Cooperatives Office, Wapi Pathum Agriculture and Cooperatives Office, Kosum Phisai Agriculture and Cooperatives Office, Kudrang Agriculture and Cooperatives Office, Kantharawichai Agriculture and Cooperatives Office, Maha Sarakham Provincial Public Health Office, herbal farmers, and all those involved in the successful completion of this research.

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Asian Administration and Management Review (e-ISSN: 2730-3683) Volume 6 Number 2 (July - December 2023)

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Data Availability Statement: The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Conflicts of Interest: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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