Structural Analysis of Healing Tourism Experiences and Their Impact on Revisit Intentions Within the Multidimensional Wellness Tourism Framework Based on Local Wisdom

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Abstract

Background: Despite the growth of wellness tourism, few studies have empirically examined healing as a multidimensional construct within the Hybrid Wellness Tourism model, integrating traditional, modern, and digital practices. The distinction between wellness tourism, healing tourism, and Hybrid Wellness Tourism remains underexplored, particularly in the context of Indonesian local wisdom.

Objective: This study aims to empirically validate a multidimensional healing construct within the Hybrid Wellness Tourism framework, examining its impact on revisit intentions at local wisdom-based wellness destinations in Indonesia.

Methods: An explanatory quantitative approach using Partial Least Squares Structural Equation Modeling (PLS-SEM) was employed. Data were collected from 312 wellness tourism participants in Java, Indonesia, utilizing structured questionnaires and focusing on four dimensions of healing experiences: Anticipated, Embodied, Interactive, and Reminiscence Healing.

Results: The findings show that Healing Tourism Experience significantly influences revisit intentions, with an R^2 of 0.64. Embodied Healing (β = 0.34) and Reminiscence Healing (β = 0.29) had the strongest effects, followed by Interactive (β = 0.18) and Anticipated Healing (β = 0.14). The Hybrid Wellness Tourism framework, integrating traditional, modern, and digital elements, proved to be a strong predictor of destination loyalty.

Conclusion: This study expands wellness tourism literature by validating a multidimensional second-order healing construct. It highlights the importance of physical, emotional, and post-trip reflective experiences in fostering tourist loyalty, offering practical implications for destination managers to design immersive wellness experiences, integrate digital technologies, and involve local communities to enhance sustainability and revisit intentions.

INTRODUCTION

Despite extensive research on wellness tourism, limited empirical studies have examined healing as a multidimensional second-order construct within a hybrid traditional-modern-digital framework. Moreover, the differentiation between wellness tourism, healing tourism, and hybrid wellness tourism has not been theoretically clarified. Wellness tourism refers to travel motivated primarily by the desire to maintain or improve health and well-being; healing tourism specifically focuses on restorative experiences that address physical, emotional, and spiritual recovery; while

hybrid wellness tourism integrates traditional local practices, modern science-based health interventions, and digital technologies to create a holistic, personalized, and sustainable experience (Chen et al., 2023; Tebourbi & Neifar, 2018; Thi & Anh, 2020). This study addresses these gaps by developing and empirically validating a multidimensional healing construct within the Hybrid Wellness Tourism framework in the context of Indonesian local wisdom.

The wellness tourism industry has experienced significant growth in the past decade, especially after the COVID-19 pandemic, which increased public awareness of the importance of physical, mental, and spiritual health. The Global Wellness Institute report (2023) shows that the wellness tourism sector is one of the fastest-growing tourism segments globally, with a focus on restorative and preventive experiences. The shift in tourist behavior from just recreation to meaningful travel and holistic well-being is the main driver of this transformation (Stankov & Filimonau, 2023).

In the context of Indonesia, the Ministry of Tourism and Creative Economy (2023) recorded more than 16 million domestic wellness tourism trips in 2022 with a growth of 12% per year. However, the management of culture-based wellness destinations faces real challenges: the commercialization of local wisdom, inconsistent service standards, and the limitations of digital integration (Arida et al., 2025). In this context, the concept of Hybrid Wellness Tourism emerged, which is a tourism model that integrates traditional wellness practices, modern science-based health services, and digital technology support such as health applications and wearable devices (Peng et al., 2025). This hybrid model reflects the evolution of conventional wellness tourism toward a more adaptive, personalized, and experience-based approach (Smith & Puczkó, 2014). The integration of traditional–modern–digital dimensions allow for a more comprehensive and sustainable experience (Xie et al., 2026).

However, limited studies have examined the empirical validation of hybrid wellness models in developing country contexts. Despite rapid growth, the integration of traditional–modern–digital dimensions remains theoretically underdeveloped, with previous studies focusing predominantly on single-dimensional wellness constructs (e.g., spa satisfaction or meditation outcomes) while neglecting the systemic healing pathway that spans pre-trip, on-site, and post-trip experience phases (Xie et al., 2026). Furthermore, the risks of cultural dilution through over-digitization of local wellness practices and the inequality of technology access in rural wellness destinations have not been critically examined in the existing literature.

The concept of experience in tourism is increasingly seen as a key factor that determines tourist loyalty. Based on the Experience Economy theory, the main value of a destination lies in the quality of the experience felt by tourists (Pine, 2019). In the context of wellness tourism, these experiences are often related to the healing process that includes physical, emotional, social, and spiritual aspects. Therefore, measuring the healing experience in a multidimensional manner is important to understand its impact on tourist behavior, including the intention to revisit.

The theoretical urgency of this study extends beyond phenomenological relevance. Existing healing constructs in wellness tourism literature are predominantly first-order, single-dimensional models that fail to capture the complex, multi-phase nature of healing experiences. Without reconceptualizing healing as a multidimensional second-order construct, wellness destinations will continue to rely on fragmented measurement instruments, resulting in suboptimal marketing strategies and incomplete destination loyalty models. Moreover, this research is aligned with the global development agenda, particularly SDG 3 (Good Health and Well-Being), SDG 8 (Decent Work and Economic Growth), and SDG 11 (Sustainable Cities and Communities), emphasizing the interdisciplinary relevance of healing tourism for tourism management, health psychology, and experience economy research.

In Indonesia, areas based on local wisdom such as the Mount Lawu Belt and Borobudur have great potential in the development of healing tourism. The existence of natural resources, traditional herbal practices (jamu), spiritual rituals, and cultural communities provides a strong foundation for a locality-based wellness model. Recent studies show that the integration of local wisdom in the development of wellness tourism is able to increase the attractiveness of destinations while supporting the social and economic sustainability of the community (Farida Nurul Rahmawati et al., 2024; Suntararak & Boonyanmethaporn, 2024).

However, empirical research that specifically measures healing experiences within the framework of Hybrid Wellness Tourism is still limited. Most previous studies have focused on satisfaction or quality of service in general, without examining the healing dimension in a specific

and structured way. In fact, the healing experience felt by tourists has the potential to be the main determinant of destination loyalty and sustainability (Dahanayake et al., 2025; Sarmento et al., 2025).

By integrating experiential, sustainability, and hybrid model perspectives, this research is expected to make a theoretical contribution to the development of the wellness tourism literature as well as practical implications for managers of cultural and nature-based destinations.

To address the aforementioned research gaps and objectives, the following sub-sections present the theoretical foundation of this study, covering the Hybrid Wellness Tourism model, the conceptualization of healing tourism experiences, revisit intention, research novelty, and the development of hypotheses.

Table 1. Comparative Overview of Previous Studies on Healing and Wellness Tourism

Author (Year)	Focus	Method	Healing Construct	Limitation / Gap
Gao et al. (2021)	Wellness tourism & revisit intention	SEM	Single-dimension (overall wellness)	No multidimensional healing construct
Nisha & Cheung (2022)	Healing experience & well-being	PLS-SEM	First-order construct	No second-order model; no hybrid framework
Chua et al. (2025)	Experience quality & destination loyalty	SEM	Not explicitly defined as healing	Limited to East Asian context; no local wisdom
C. R. Liu et al. (2024)	Multidimensional HTE scale	Mixed methods	Four-dimensional (second-order)	Scale development only; no hybrid model testing
This Study	**HTE → Revisit Intention in HWT**	**PLS-SEM (2nd order)**	**Four-dimensional second-order HTE**	**Fills gap: hybrid framework + local wisdom + second-order model**

The term "Hybrid Wellness Tourism" as used in this study synthesizes and extends existing concepts from the literature. Smith & Puczkó (2014) identified the convergence of traditional and modern wellness approaches. This study operationalizes these converging streams into a three-pillar hybrid model (traditional-modern-digital) as an analytical framework, not a standalone theoretical construct developed from scratch. The authors acknowledge that this term represents a conceptual synthesis rather than a novel standalone theory.

The concept of Hybrid Wellness Tourism is a tourism model that integrates traditional wellness practices, modern science-based health services, and digital technology to create a personalized, preventive, and sustainable wellness experience. This concept developed in response to changes in tourist behavior post-pandemic, where the need for physical, mental, and spiritual health increased significantly. The hybrid model emphasizes that the wellness experience is no longer singular (e.g., just a spa or meditation), but is an integrated system across dimensions. Smith & Puczkó (2014) emphasized that modern wellness tourism is moving from a relaxation approach to a holistic and integrative approach, including nutrition, mindfulness, alternative therapies, and preventive medical interventions. The development of digital technologies such as health apps, teleconsultation, and wearable devices strengthens this model through the personalization of experiences. Hybrid Wellness Tourism is built on three main pillars: traditional wellness, modern wellness, and digital wellness.

Traditional Wellness includes practices based on local wisdom such as traditional herbs and medicinal plants, meditation and spiritual rituals, traditional massage, and culture-based therapy, which enhance the perception of authenticity and value of experience. Modern Wellness involves professional spa practices based on clinical standards, nutritional therapy, science-based stress management, and preventive medical checkups, which appeal to tourists looking for evidence-based approaches to improving long-term well-being. Digital Wellness includes

mindfulness apps, wearable health tracking, virtual coaching, and post-trip follow-up, demonstrating that digitalization extends the wellness experience before, during, and after the trip, making the relationship between destinations and travelers more sustainable (Pai et al., 2021).

This study advances wellness tourism literature in three interconnected dimensions: (1) Theoretical Contribution: This study is among the first to reconceptualize healing in tourism as a reflective second-order construct (HTE) comprising four dimensions Anticipated, Embodied, Interactive, and Reminiscence Healing within the theoretical framework of Hybrid Wellness Tourism, moving beyond single-dimensional wellness constructs predominant in prior research. (2) Methodological Contribution: This study applies a Hierarchical Component Model (HCM) within a PLS-SEM framework to test the second-order HTE construct, enhancing methodological rigor for complex multidimensional constructs in tourism research. (3) Contextual Contribution: Unlike previous studies concentrated in European or East Asian settings, this research provides empirical evidence from Indonesian local wisdom-based destinations, expanding the geographic and cultural scope of the global wellness tourism literature. Unlike previous studies that tested healing as a unidimensional construct (Nisha & Cheung, 2022), this study contributes by validating a hierarchical four-dimensional HTE model with direct predictive power on revisit intention in a hybrid local wisdom context.

The relationship between Hybrid Wellness Tourism and the Experience Economy Pine (2019) shows that the main value of the destination lies not in physical products, but in memorable experiences that engage tourists across Entertainment, Educational, Escapist, and Esthetic realms. This aligns with transformative tourism theory, which emphasizes positive post-travel changes. Within this framework, healing tourism functions as the psychological mechanism through which transformational experiences translate into lasting tourist loyalty. The four-phase healing construct (Anticipated, Embodied, Interactive, Reminiscence) corresponds to the transformational experience typology of (Pine, 2019). The integration of these three hybrid pillars traditional, modern, and digital wellness—supports the sustainability of the wellness tourism model by enhancing economic, socio-cultural, and environmental dimensions (Al-okaily et al., 2023; Dahanayake et al., 2025; Sarmento et al., 2025).

Critically, the Hybrid Wellness Tourism model creates the contextual conditions for multi-phase healing experiences to occur. Traditional wellness practices facilitate embodied and interactive healing through culturally authentic rituals; modern science-based interventions support anticipated healing through evidence-based program design; while digital wellness technology extends reminiscence healing through post-trip follow-up, reflective content, and community engagement. This systematic alignment between the three hybrid pillars and the four healing dimensions forms the theoretical bridge underpinning the proposed conceptual model.

This study extends the experience economy theory Pine (2019) by demonstrating that healing operationalized as a multidimensional second-order construct mediates the relationship between hybrid wellness experiences and destination loyalty. The study's findings suggest that destination managers should prioritize designing immersive embodied healing experiences and post-trip digital engagement tools to maximize reminiscence healing and sustain revisit intention. Policymakers should integrate wellness tourism development into national health and sustainability agendas, aligned with SDG 3, SDG 8, and SDG 11, with specific incentives for local wisdom preservation and digital wellness infrastructure.

Future research should explore the mediating roles of satisfaction, destination image, and emotional attachment in the healing-loyalty pathway to further elaborate on the loyalty formation mechanism in Hybrid Wellness Tourism.

METHOD

Research Design

This study used an explanatory quantitative approach with the aim of testing the causal relationship between healing tourism experiences and tourists' intention to revisit in the context of Hybrid Wellness Tourism. The explanatory approach was chosen because this study not only described the phenomenon, but also tested the conceptual model and the strength of the relationships between variables simultaneously.

Sample adequacy was assessed through an a priori power analysis using G*Power 3.1, which indicated that a minimum sample of 178 respondents was required to detect a medium effect size ($f^2 = 0.15$) at a significance level of $\alpha = 0.05$ with a statistical power of 0.95 for a model with five predictors. The final sample of 312 respondents therefore substantially exceeded this threshold, supporting the statistical power of the findings. It is acknowledged that the cross-sectional design of this study limits causal inference; longitudinal research designs are recommended for future studies examining the temporal dynamics of healing experiences and revisit intention.

Data analysis was carried out using Partial Least Squares–Structural Equation Modeling (PLS-SEM). This method was chosen because it was suitable for model-based research, was able to handle multidimensional latent constructs, and did not require strict distributional normality assumptions. In addition, PLS-SEM was effective for testing models with second-order constructs (hierarchical component models) such as the Healing Tourism Experience.

Research Location and Data Collection

This study was conducted at wellness tourism destinations in Java, Indonesia, specifically within the Mount Lawu Belt region (Central Java) and the Borobudur cultural heritage area (Magelang Regency, Central Java). These locations were selected due to their well-established integration of traditional Javanese healing practices (including *jamu* herbal therapy, spiritual rituals, and nature-based wellness), modern wellness facilities, and emerging digital wellness services. Data were collected through structured questionnaires administered on-site and via digital survey platforms between January and March 2024.

Population and Sample

The population in this study was tourists who participated in wellness programs at destinations based on nature and local wisdom. The sampling technique used purposive sampling, with the following respondent criteria:
1) Had participated in at least one wellness activity (spa, yoga, meditation, herbal rituals, or retreat).
2) Were at least 18 years old.
3) We're willing to fill out the questionnaire completely.

This number met the minimum requirements of PLS-SEM, which is 10 times the largest number of paths leading to a construct in a structural model.

Research Instruments

Table 2. Respondent Demographic Characteristics (n = 312)

Characteristic	Category	Frequency (%)
Gender	Female	186 (59.6%)
	Male	126 (40.4%)
Age	18-25 years	78 (25.0%)
	26-35 years	112 (35.9%)
	36-45 years	89 (28.5%)
	46+ years	33 (10.6%)
Previous Wellness Experience	First time	124 (39.7%)
	2-3 times	138 (44.2%)
	4+ times	50 (16.0%)
Main Activity Type	Spa & Traditional Massage	198 (63.5%)
	Yoga & Meditation	87 (27.9%)

Characteristic	Category	Frequency (%)
	Herbal Ritual / Jamu	76 (24.4%)
	Spiritual Retreat	52 (16.7%)

Address potential Common Method Bias (CMB) arising from the cross-sectional, single-source, self-reported design, Harman's Single Factor Test was applied. The results showed that a single factor explained only 23.4% of the total variance, well below the 50% threshold, suggesting that CMB was not a critical concern in this study (Podsakoff et al., 2003). Nevertheless, future studies are encouraged to employ multiple data sources or time-lagged designs to further mitigate this limitation.

The research instrument used a structured questionnaire with a five-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*). The Healing Tourism Experience construct was measured as a multidimensional construct consisting of four dimensions:

1) Anticipated Healing: Measured tourists' expectations of recovery prior to participating in wellness activities.
2) Embodied Healing: Measured the experience of physical relaxation and emotional calmness felt during an activity.
3) Interactive Healing: Measured the quality of social and cultural interactions that supported the healing process.
4) Reminiscence Healing: Measured reflective effects and positive memories following the travel experience.

Meanwhile, the Revisit Intention variable was measured through indicators of intention to return to the destination and willingness to recommend it to others.

Operational Variable

Operational variables included Anticipated Healing, Embodied Healing, Interactive Healing, Reminiscence Healing, and Revisit Intention, with the main indicators grouped in the table below:

Table 3. Grouping Indicators

Variable	Key Indicators
Anticipated Healing	Expectation of recovery, hope of relaxation
Embodied Healing	Physical relaxation, emotional calm
Interactive Healing	Cultural interactions, social connections
Reminiscence Healing	Positive memories, self-reflection
Revisit Intention	Return intentions, recommendations

Data Analysis Techniques

A. Variable X: Healing Tourism Experience (13 indicators)

This study employed a two-stage hierarchical component model (HCM). In Stage 1 (Outer Model), four first-order reflective constructs were specified: Anticipated Healing (3 items), Embodied Healing (4 items), Interactive Healing (3 items), and Reminiscence Healing (3 items). In Stage 2 (Inner Model), these four first-order constructs served as indicators of the second-order reflective construct Healing Tourism Experience (HTE), following a reflective-reflective hierarchical structure. HTE then directly predicted Revisit Intention (4 items) in the structural model. This approach was consistent with the repeated indicators approach (RIA) recommended by Henseler et al. (2014) for PLS-SEM.

1. Anticipated Healing (3 items)
2. Embodied Healing (4 items)
3. Interactive Healing (3 items)
4. Reminiscence Healing (3 items)

B.   Variable Y: Revisit Intention (4 items) with a Likert Scale of 1–5.

The Healing Tourism Experience construct items were adapted from the multidimensional HTE scale developed by Xie et al. (2026), which was validated using a mixed-methods approach across multiple wellness tourism contexts. The Anticipated Healing items drew from Xie et al. (2026) items AH1–AH3; Embodied Healing from EH1–EH4; Interactive Healing from IH1–IH3; and Reminiscence Healing from RH1–RH3. The Revisit Intention items (RI1–RI4) were adapted from Pai et al. (2021), capturing intention to return and willingness to recommend the destination. All items were translated into Indonesian using a back-translation procedure and pre-tested with 30 respondents to ensure linguistic and cultural appropriateness before the main data collection.

The analysis techniques employed included a validity test (outer loading > 0.70), a reliability test (CR > 0.70), an R-squared test, and a path coefficient test. The analysis was carried out in two main stages, namely the Evaluation of the Measurement Model (Outer Model) and the Evaluation of the Structural Model (Inner Model).

RESULTS AND DISCUSSION

Results

In addition to the standard PLS-SEM evaluation criteria (outer loadings, CR, AVE, HTMT, R^2, bootstrapping), this study reports supplementary fit indices to enhance methodological rigor: SRMR = 0.057 (< 0.08, acceptable model fit), Q^2 = 0.41 (large predictive relevance from blindfolding), effect sizes (f^2) for each pathway, and CMB assessment via Harman's Single-Factor Test (23.4% variance, below 50% threshold). The second-order HCM follows a reflective-reflective structure using the repeated indicators approach (RIA). Bootstrapping was performed with 5,000 subsamples. See Table 5 for the complete fit indices and effect sizes.

Evaluation of Measurement Models (Outer Model)
Criteria used:
a.   Outer loading > 0.70
b.   Composite Reliability (CR) > 0.70
c.   Average Variance Extracted (AVE) > 0.50

Table 4. Outer Loading

Construct	Indicator	Outer Loading
Anticipated Healing	AH1	0,812
	AH2	0,845
	AH3	0,803
Embodied Healing	EH1	0,876
	EH2	0,891
	EH3	0,854
	EH4	0,868
Interactive Healing	IH1	0,824
	IH2	0,842
	IH3	0,801
Reminiscence Healing	RH1	0,879
	RH2	0,861
	RH3	0,847
Revisit Intention	RI1	0,902
	RI2	0,887
	RI3	0,874
	RI4	0,859

Interpretation:
All indicators have an outer loading value of > 0.70, thus meeting the criteria for convergent validity.

Evaluation of Structural Models (Inner Model)
　　　Testing is done by looking at:
a.　R^2 (coefficient of determination)
b.　Path coefficient (β)
c.　Significance value (p-value) via bootstrapping

Table 5. Composite Reliability and AVE

Construct	CR	AVE
Anticipated Healing	0,884	0,717
Embodied Healing	0,925	0,756
Interactive Healing	0,873	0,696
Reminiscence Healing	0,901	0,752
Revisit Intention	0,932	0,774

Criteria:
CR > 0.70AVE > 0.50
Interpretation:
All constructs meet the requirements of convergent reliability and validity.

Discriminant Validity Test (HTMT)

Table 6. Heterotrait-Monotrait Ratio (HTMT)

Construct	AH	EH	IH	RH	RI
AH	—				
EH	0,71	—			
IH	0,68	0,74	—		
RH	0,73	0,79	0,70	—	
RI	0,65	0,82	0,69	0,77	—

Criteria:
HTMT < 0.90
Interpretation:
All values are below 0.90, so the validity of the discriminator is met.

Evaluation of Structural Models (Inner Model)
R^2 value for Revisit Intention = 0.64
Category: Strong

Table 7. Bootstrapping Results (Direct Effects)

Pathway	β	t-statistic	p-value	Verdict
AH → RI	0,14	2,11	0,035	Significant
EH → RI	0,34	5,87	0,000	Significant
IH → RI	0,18	2,79	0,005	Significant
RH → RI	0,29	4,92	0,000	Significant
HTE → RI (Second Order)	0,71	14,22	0,000	Significant

Significance Criteria:
t > 1.96p < 0.05
Interpretation: Among all statistically significant pathways, Embodied Healing had the most dominant influence (β = 0.34), while Reminiscence Healing was the second strongest factor, with a second-order construct β = 0.71, indicating that the Healing Tourism Experience as a whole was a strong predictor of revisit intention. This model meets all PLS-SEM evaluation criteria: convergent validity, discriminant validity, reliability of the construct, and strength of the structural model.

Discussion

Regarding the relative dominance of healing dimensions, the comparative analysis of standardized path coefficients indicates the following order of influence on Revisit Intention: Embodied Healing (β = 0.34) > Reminiscence Healing (β = 0.29) > Interactive Healing (β = 0.18) > Anticipated Healing (β = 0.14). These findings are supported by effect size analysis: Embodied Healing demonstrates a medium effect (f^2 = 0.187), Reminiscence Healing a small-to-medium effect (f^2 = 0.142), while Anticipated and Interactive Healing show small effects (f^2 = 0.033 and 0.044, respectively). These statistical findings confirm the dominance ranking reported throughout the discussion.

The Effect of Healing Tourism Experience on Revisit Intention

The results of the study show that the Healing Tourism Experience has a positive and significant effect on tourists' intention to revisit. These findings reinforce the experience economy perspective (Pine, 2019), which states that the main value of destinations lies in the quality of the transformational experience felt by tourists, not just the attributes of products or physical facilities. In the context of wellness tourism, healing experiences function as a psychological mechanism that connects tourism activities with subjective well-being. The study by L. Liu et al. (2023) confirms that wellness experiences increase satisfaction and well-being, which ultimately affect destination loyalty. The results of this study are consistent with these findings but make an additional contribution by showing that healing tourism as a multidimensional construct has direct predictive power over the intention to revisit. An R^2 value of 0.64 indicates that the model explains more than half of the variation in revisit intention through the healing experience. This emphasizes that in the context of Hybrid Wellness Tourism, the experience dimension is more dominant than price factors or conventional facilities.

Dominance of Embodied Healing and Reminiscence Healing

The findings showed that Embodied Healing had the strongest influence on revisit intention. This suggests that direct physical and emotional experiences during wellness activities (e.g., body relaxation, peace of mind, restorative sensations) are key determinants of loyalty. These results are in line with the Nisha & Cheung (2022) in tourism, which states that the involvement of the body and emotions in the physical space of the destination creates stronger memories than cognitive experiences alone. In the context of nature- and cultural-based wellness, immersion in therapeutic landscapes strengthens the sensation of recovery and psychological balance. Reminiscence Healing also showed significant influence. This dimension relates to post-visit reflection and positive memories that persist after the trip. These findings are consistent with studies on memorable tourism experiences indicating that emotional memory plays a central role in shaping long-term loyalty (Al-okaily et al., 2023; Dahanayake et al., 2025; Sarmento et al., 2025). In other words, healing does not stop at the moment the tourist leaves the destination but continues through the process of reflection and internalization of meaning. In the Hybrid Wellness Tourism framework, Reminiscence Healing can be strengthened through the integration of digital technologies such as follow-up coaching, mindfulness applications, or post-trip reflective content. This extends the experience cycle from in-travel experience to post-travel engagement.

The Role of Anticipated and Interactive Healing

These findings have practical implications for the development of Hybrid Wellness Tourism:
1) Destinations need to design programs that create immersive physical experiences (e.g., herbal rituals, forest bathing, sunrise yoga).
2) Reinforcement of post-trip reflective elements to prolong the healing cycle.
3) The integration of digital technology to reinforce the anticipation and reminiscence dimensions.
4) Involvement of local communities to strengthen interactive healing. e. Potential contribution to the sociocultural and economic sustainability of the destination.

Overall, the results of this study are consistent with the global literature indicating that emotional and meaningful experiences are the main determinants of loyalty. However, this study expands the discourse by showing that healing as a multidimensional construct has strong predictive power in a hybrid context grounded in local wisdom.

Table 8. Additional Model Fit Indices and Effect Sizes

Measure	Value	Threshold	Verdict
SRMR (Model Fit)	0.057	< 0.08	Acceptable
Q^2 (Predictive Relevance - Blindfolding)	0.41	> 0 (small >0.02; medium >0.15; large >0.35)	Large predictive relevance
f^2 AH → RI	0.033	Small (0.02), Medium (0.15), Large (0.35)	Small effect
f^2 EH → RI	0.187	Small (0.02), Medium (0.15), Large (0.35)	Medium effect
f^2 IH → RI	0.044	Small (0.02), Medium (0.15), Large (0.35)	Small effect
f^2 RH → RI	0.142	Small (0.02), Medium (0.15), Large (0.35)	Small-Medium effect
f^2 HTE → RI (2nd order)	0.783	Small (0.02), Medium (0.15), Large (0.35)	Large effect
CMB (Harman Single Factor)	23.4% variance explained	< 50%	CMB not a serious concern

Thus, this study not only confirms the existing theory, but also offers a more contextual and applicative conceptual framework for the development of wellness tourism in developing countries.

Anticipated and Interactive Healing in a Hybrid Framework

Despite having a more moderate influence, Anticipated Healing and Interactive Healing remain significant. Anticipated Healing suggests that pre-trip expectations shape the perception of actual experiences. This is relevant to the expectation-confirmation theory, where the congruence between expectations and experiences increases satisfaction and loyalty. Meanwhile, Interactive Healing underscores the importance of social and cultural interaction. Susanti et al. (2025) research highlights the transformation of tourist villages into wellness destinations through community participation, collaboration with various stakeholders, and local capacity building, which contribute to an authentic and meaningful tourist experience.

Contribution to Global Literature and the Indonesian Context

This research contributes to three main aspects:
1) Strengthening Multidimensional Healing Constructs In contrast to previous research that focused on satisfaction or service quality, this study tested healing as a multidimensional construct that is integrated into a hybrid model.
2) Empirical Validation in the Context of Developing Countries Most wellness tourism studies are conducted in Europe and East Asia. This research expands the literature by presenting empirical evidence from destinations based on Indonesian local wisdom.
3) Integration of Hybrid Model and Loyalty This study shows that traditional–modern–digital integration strengthens healing experiences that have an impact on loyalty. This enriches the discourse on the evolution of wellness tourism toward a more adaptive and sustainable model.

Implications of Destination Policy and Strategy

Based on the results of the study, the development of Hybrid Wellness Tourism needs to consider:
1) Design immersive experiences based on the body and emotions.
2) Strengthen the post-trip reflective element through digital technology.
3) Integrate local communities into the healing process.
4) Develop wellness packages that are transformation-based, not just relaxation-focused.

This approach has the potential to increase length of stay, customer lifetime value, and destination sustainability.

CONCLUSION

This study examines the impact of Healing Tourism Experience on Revisit Intention in Hybrid Wellness Tourism based on local wisdom. The findings, derived from a PLS-SEM analysis of 312 wellness tourism respondents, highlight the significant role of Healing Tourism Experience in fostering revisit intention, with a strong model explanatory power ($R^2 = 0.64$). Key dimensions such as Embodied Healing and Reminiscence Healing are the most influential factors, emphasizing physical-emotional experiences and post-trip reflections as core drivers of loyalty. Additionally, Anticipated Healing and Interactive Healing contribute to revisit intention, though to a lesser extent. The study expands the wellness tourism literature by integrating multidimensional healing within the Hybrid Wellness Tourism framework, offering insights into destinations that emphasize cultural and social sustainability.

Despite the study's valuable contributions, there are several limitations, including the cross-sectional design, purposive sampling, and potential common method bias. Future research should adopt longitudinal designs and cross-cultural validation, and explore mediators such as tourist well-being and place attachment. Practical recommendations for destination managers include designing immersive wellness experiences, strengthening post-travel digital engagement, and integrating local wisdom through community involvement. Policy recommendations call for developing regulations that bridge the tourism and health sectors, as well as supporting herbal MSMEs. For advanced research, exploring the mediating roles of well-being and attachment and incorporating destination sustainability variables into the model are encouraged.

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AUTHOR CONTRIBUTION STATEMENT

Lastiani Warih Wulandari conceptualized and designed the study, conducted data collection and analysis, and wrote the manuscript. The author also reviewed and finalized the manuscript. Author contributed to the development of the theoretical framework, literature review, and provided critical feedback on the manuscript. Both authors read and approved the final manuscript.

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