


Assessment of Wellness Hospitality Services in Health Care Resorts

A case study: Weight loss care

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Abstract

Wellness hospitality is a promising mainstream, which provides services to boost people's health through dealing with factors that affect their health during accommodation in welling resort. With the global world's increasing ratio of people suffering from obesity especially in Egypt, Egypt has put the necessary resources and advanced technology into action to be on the map of medical tourism, as it is one of the objectives of Egypt Vision 2030 conference to initiate a successful integrated system in this regard. This research aimed to find out needs, expectation and satisfaction of wellness resort guests, who need weight loss care and assess the impact on guests' health and behavior. For data collection, a questionnaire was designed especially for this research and directed through social media to overweight guests in three healthy resorts in Giza, Fayoum and Aswan during October to December 2024. The total number of received questionnaires was 435 and the valid questionnaires were 390 with 89.7% response rate. The obtained data was analyzed by using SPSS version 28. The results showed acceptable rate of guests on guest room facilities and hotel services in resort. Positive significant relationship between tested programs and the impact on guests' behaviors as well as attending to welling resort were recorded. The research recommended that a distinctive quality element of wellness services should include comfortable accommodation, healthy diets, sport and recreational activities, medical wellness package, balanced quality -price relationship, as well as a quality system of management.

Introduction

The global wellness tourism industry has witnessed remarkable growth over the past decade, which is driven by increasing consumer awareness around health and well-being. Within this burgeoning sector, wellness resorts and hotels have emerged as pivotal players, offering a range of services that cater to the physical, psychological, and emotional needs of their guests. Among the various services provided, weight loss care has gained significant

attention, reflecting a broader societal trend towards combating obesity and promoting healthier lifestyles. (Mohanan and Shekhar, 2022; Nasiche, 2024 and Valeriani, 2024)

Recently, Egypt has emerged as a new medical tourism destination, where patients can be treated at affordable prices. (Jagyasi, 2014 and Zaki 2017). However, the low prices do not always mean low quality. (Helmy, 2011 and Zaki 2017)

In Egypt, a country renowned for its rich cultural heritage and natural beauty, the wellness tourism industry is still in its nascent stages. However, the potential for growth is immense. As Egyptian wellness resorts and hotels begin to tap into this potential, understanding the intricacies of providing effective and appealing weight loss care becomes crucial. (El Shiaty *et al*., 2023)

Generally**,** health tourism consists of four main components: medical tourism, thermal (spa) tourism, wellness tourism and elderly and disabled tourism. (Euronews, 2020 and Erdem ,2021).

As wellness routines become a daily lifestyle for many consumers, products and brands are

following their customers on their travels to give them access to local gym and fitness studios(Global Wellness Institute,2018).

So, it is necessary to have resorts, tourist villages, and hotels of varying quality that cater to visitors and offer amenities, services, and activities that make staying there a model of perfect hospitality and ensure that visitors don't get bored during their extended visit. Additional to what is necessary for their intended use, therapeutic hotels are like seasonal hotels in terms of design overall.

Definitions and Features

Wellness Tourism: The first known use of "wellness" was in 1653 with the definition of "the quality or state of being in good health especially as an actively sought goal" (Webster, 2024). So, wellness tourism is a travel associated with the pursuit of maintaining or enhancing one's personal well-being (Yeung and Johnston ,2018). The Global Wellness Institute (GWI) (2023) defines wellness, in brief, as the active pursuit of activities, choices, and lifestyle that lead to a state of holistic health. As, wellness tourism market has been growing rapidly. According to the Global Wellness Institute (2018), wellness tourism was a $639 billion market in 2017 and projected to reach $919 billion by 2022**.**

Wellness hospitality: Wearne (1996) identified the hospitality business as a massive industry encompassing all forms of transport, tourism, accommodation, eating, drinking, entertainment, recreation and activities. Services within wellness hospitality include transport, lodging, dining, shopping, activities, excursions, and others, as declared by The Business Research Company (2024).

Accordingly, wellness hospitality can be identified as hospitality associated with pursuit of maintaining or enhancing one's personal well-being through offering a range of services in welling resorts.

Wellness hotels and resorts: They are resorts, tourist villages and hotels of various degrees that serve the tourist and contain the elements, services, activities and therapeutic requierd care that make staying in them a reflection of ideal hospitality, and tourists do not feel bored during their relatively long stay (Ministry of Tourism and Antiquities,2004). These resorts are specialized accommodations that focus on holistic well-being. They offer a range of services, like spa services, fitness programs, healthy cuisine as described by Smith and Puczkó (2014).

Obesity: Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health, and the good news is that being overweight and they are largely preventable by eating balanced diets and boosting their levels of physical activity to at least 30 minutes of regular, on most days. (WHO,2024-1).

Obesity is defined by body mass index (BMI), a surrogate marker of adiposity calculated as weight (kg)/height² (m^2). The BMI categories vary by age and sex in infants, children and adolescents (WHO,2021). Ideal BMI range between $20 \leq 25$, over 25 is considered overweight, and over 30 is obese (WHO,2024-2).

Impact of Weight Loss Programs on People's Behavior

Wellness refers to being good and fit in mind, body, spirit and relationships (Türkap,2011), and it reflects people's active aspiration to change their current life and to have a healthier life (Myers and Sweeney,2005).

Han *et al.* (2020) and Smith (2021) described wellness in tourism as a service which is directed toward the enhancement of mental and physical health, and furthermore, to the improvement of the quality of the whole life.

Munsch *et al*. (2007) and Khaylis *et al*. (2010) reported that behavioral weight loss treatment (BWLT) or behavioral weight loss (BWL) typically considers diet, exercise, and behavior therapy. Weight loss programs in the hospitality industry have gained significant attraction due to their multifaceted benefits. Various types of weight loss programs, such as nutrition counseling, fitness regimes, and wellness retreats are implemented to meet diverse needs. These programs offer substantial benefits, including improved health, enhancing productivity, and higher satisfaction (Carney *et al*., 2015 and Guan *et al*., 2018).

Nutritional awareness is defined as the knowledge of nutritional elements, its importance and sources for planning meals to eat balanced meals (Badawi, 2011). In general, Mukhamedzhanov *et al.* (2023) stated the importance of positive effect of balanced nutritional education on personal nutritional behavior and body structure, and Traoré *et al.* (2012) added that the importance of nutritional awareness lies in improving dietary habits.

Dalle *et al*. (2013) stated that modern lifestyle modification programs have three main components: dietary recommendations; physical recommendations; and cognitive-behavioral therapy to address weight loss and weight maintenance and these components interact with each other, each contributing to the final success of treatment.

Additionally, Castelnuovo *et al*. (2015) and Boles *et al*. (2017) reported that treating obesity needs a biopsychosocial approach including medical and lifestyle interventions, psychosocial support, self-management programs, and pharmacological strategies. In addition, healthy eating is important for maintaining a healthy weight and general health and when it comes to eating, many of us have behaviors and both eating patterns and physical activity routines play critical roles in weight management. Considering that people vary greatly in how much physical activity they need for weight management, (Centers for Disease control and prevention,2024 1& 2).

Obesity and Overweight Around the World

WHO (2021) reported that most of the world´s population live in countries where overweight and obesity kills more adults than underweight. Malleret (2023) stated that the war on obesity is now ramping up, with new research estimating that the global cost will be a crippling $4 trillion by 2035.

In 2022, 1 in 8 people in the world were living with obesity. Worldwide adult obesity has more than doubled since 1990, and adolescent obesity has quadrupled. In 2022, 2.5 billion adults (18 years and older) were overweight. Of these, 890 million were living with obesity. While 43% of adults aged 18 years and over were overweight and 16% were living with obesity. In the same years, 37 million children under the age of 5 were overweight. Over 390 million children and adolescents aged 5–19 years were overweight in 2022, including 160 million who were living with obesity (WHO,2024-3).

New estimates of the prevalence of adult obesity reveal a steady increase over the last decade, from 12.1 % (591 million people) in 2012 to 15.8 % (881 million people) in 2022. It is projected that the number will increase to more than 1.2 billion by 2030 (FAO; IFAD; UNICEF; WFP and WHO, 2024).

Countries with the highest combined rates of underweight and obesity in 2022 were island nations in the Pacific and the Caribbean and those in the Middle East and North Africa respectively (WHO,2024-4). Middle East-North Africa posted the highest growth rates in weight Loss market from 2020-2022 (at 9.0% average. Annual growth).

Percentage of Adult obesity in Egypt aged 18+ years with a body mass index (BMI) of 30 kg/m2 or higher were female 57.1% - male 31.3%. Age distribution of population (%) 2022 was 21.4% (0-14),74% (15-64), 4.63% (more than 65) (WHO,2024-5&6).

Wellness Tourism in Egypt

According to Global Wellness Institute (2023), wellness travelers made 819.4 million international and domestic wellness trips in 2022. Middle East-North Africa has grown fastest in its overall wellness tourism spending (61.5% annual growth in 2020-2022).

Egypt is ranked eighth in terms of number of trips and average spending per international trip and domestic. Many regions within Egypt are historically famous for therapeutic tourism anchored on unique natural features, e.g., the black sands of the Safaga/Red Sea region, the sand baths and hot springs in the Siwa Oasis, and sulfur springs in Helwan. These regions currently receive local and regional tourists, and their offerings tend to be European-style natural resource-based therapies that occupy the grey area between wellness and medical tourism (Global Wellness Institute ,2018).

Impact of Wellness Tourism Industry

Wellness tourism brings economic benefits to businesses and stakeholders beyond the wellness sectors. It is much larger than a narrowly defined set of typical wellness businesses, such as spas, wellness retreats, thermal/mineral springs, and boot camps. Wellness travelers (especially secondary wellness travelers) are looking to continue their wellness lifestyle during travel, and this lifestyle may encompass healthy eating, exercise/fitness routines, mind-body practices, nature experiences, connections with local people and culture, etc., thereby creating opportunities for businesses such as yoga studios, gyms and fitness centers, heathy food stores/markets, events, arts and crafts, museums, and many others .(Global Wellness Institute , 2018)

In addition to wellness experiences, all wellness tourists need transportation, food, and lodging, and they will likely seek out shopping or entertainment. All these businesses, whether they are wellness-specific or not-benefit from wellness tourism, are part of the wellness tourism economy. (Global Wellness Institute,2018)

Service Quality of Wellness Health Hospitality

Hwang and Han (2013) and Chaulagain *et al*. (2023) mentioned that the increase of wellness visitors' number forced hotels to focus on significantly improving the quality of their hospitality products (like room service, concierge service, hotel room comfort, quality of foods and beverages available at reasonable prices). Also, employees must be friendly, helpful, knowledgeable, courteous and good value (Erdem ,2021).

To improve hospitality services, offering a variety in menu items and applying standard recipes of menus' items, increasing the number of rooms and guest supplies, adding more recreational facilities, as suggested by Saleh *et al.* (2017). As it is necessary to perform works and processes in accordance with the specification within a standard (Tengilimoğlu and Işık, 2021). These conclude all services, provided through price, front office, housekeeping, Laundry, food and beverage, spa- club, gem and a doctor. As well as whole of the activities that need to be regularly cleaned the environment, all the products are usable and in working condition, well-maintained and there are no missing materials, and these should be checked frequently at certain periods, as described by Erdem (2021). Zhang *et al*. (2024) added that these are all adjectives that show customers satisfaction level or their emotions about their staying experience in room, food, services and clean places.

PROBLEM STATEMENT

Wellness tourism market has become a highly profitable segment due to increasing health awareness and people's need to be fit, recover from diseases and improve their healthy life. With the increasing number of people's overweight and obesity ratio around the world, weight loss care becomes a massive request to be in wellness resorts. These segments of guests' need special programs requirements and expectations to gain their satisfaction.

Consequently, this research is carried out to fined and analyze the acceptance level of weight loss care guests towards services and effect of programs on their behaviors to generate initial suggestion to set care resorts in Egypt as a global destination for wellness hospitality.

AIM OF INVESTIGATION

With the globally increasing rates of obesity patients particularly in Egypt, Egypt increases its interest to medical tourism. This issue was discussed on the sidelines of the conference held in Egyptian administrative capital during March 2-3,2024, to focus on healthcare tourism (Ministry of Health and Population and Ministry of Tourism and Antiquities, 2024). Considering, the low number of hotels and resorts targeting medical tourism in general and the obesity treatment category in particular.

Nowadays, it is necessary to develop hotels and resorts able to provide facilities and services for this guest. Egypt's prevalent natural resources and skilled workforce can greatly contribute to attracting more tourists and expanding hotel accommodations. Additionally, this would create employment opportunities in the tourism, hospitality, and healthcare sectors.

So, the objectives of this study can be summarized in the following questions:

1- Are there specialized care programs for weight loss in Egyptian wellness resorts?
2- Are the weight loss programs useful from the standpoint of nutrition, sport, health and medical wellness?
3- Is the quality of employees' skills and resort services good?
4- Is there an impact on lifestyle and behavior of the participants involved in weight loss programs?

HYPOTHESIS OF STUDY

H_1: There is a positive significant relationship between the nutritional program and its effect on guests' nutritional behaviors.

H_2: There is a positive significant relationship between the sport program and its effect on guests' behaviors toward sports activities.

H_3: There is a positive significant relationship between the physical therapy program and its impact on guests' behaviors towards implementing their Physical therapy behavior.

H_4: There is a positive significant relationship between the medical therapeutic program and its impact on guests' behaviors towards implementing the therapeutic health.

H_5: There is a positive significant relationship between programs in wellness resort and guest satisfaction. The relationship between the studied variables is illustrated in Fig. (1).

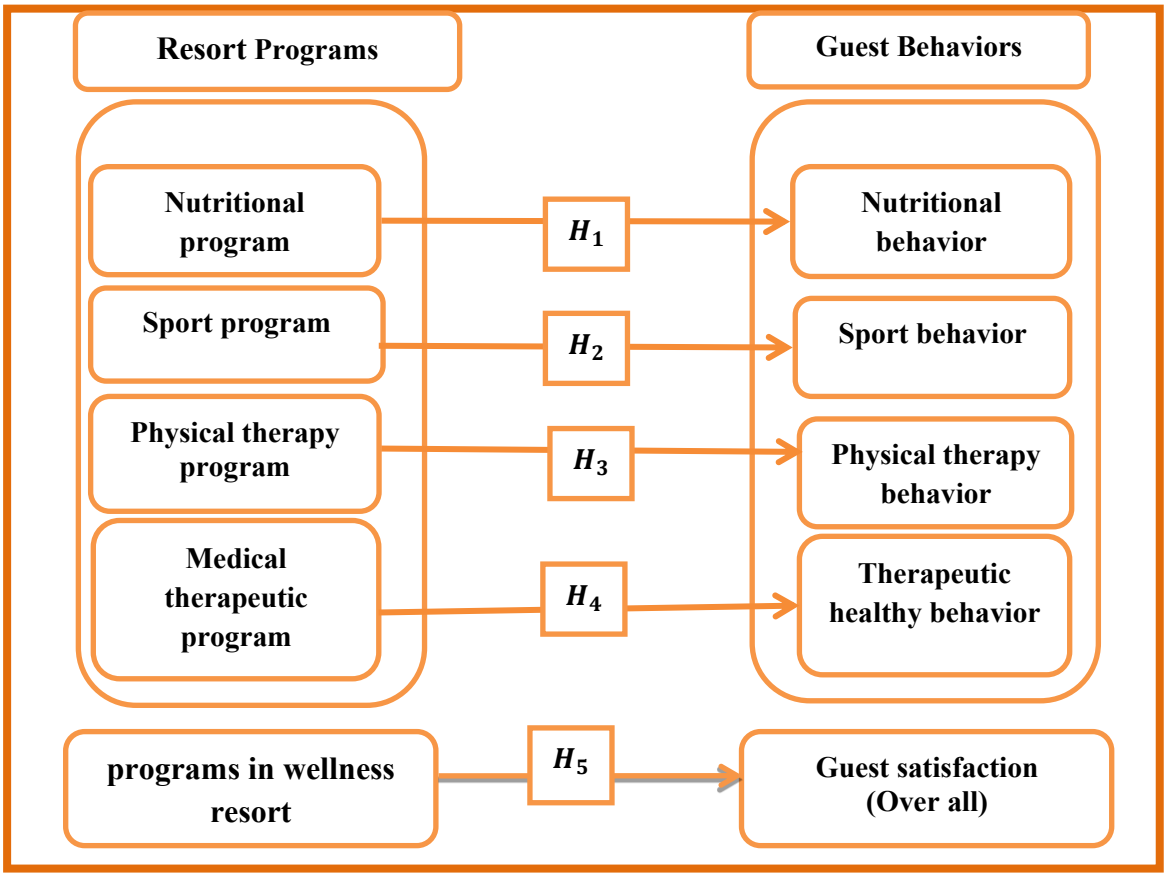

Fig. (1) Interrelationship between the studied variables and the effect of care programs on guests' behavior.

METHODOLOGY

This study adopts a quantitative research approach through measurable variables in Fig(1) and quantifiable data. To achieve the objectives of this study, a literature reviewing information about previous research related to this study was carried out. A questionnaire was designed especially for this research after reviewing further literatures, as Carter and Jansen (2012); Dilltte *et al*. (2018); Chi *et al*. (2020); Somaraki *et al.* (2022) and Power *et al*. (2025).

The questionnaire includes four major sections:

1- The demographic data of the asked participants and their information about facilitates and services.
2- Evaluation of the nutritional, sports, physical and medical therapy for weight loss care programs.
3- Evaluation of the effect of nutritional, sports, physical and medical therapy weight loss care programs on the behavior of participants.
4- Guests' satisfactions toward welling resort programs.

Five points Likert scale arranged from strongly agree to strongly disagree, are used for participants' answers about questions (Koo and Yang, 2025).

Validity and Reliability of the Questionnaire

The validity of the questionnaire was evaluated by 5 professors whom working in the Egyptian faculties of tourism and hotels to get feedback regarding the clarity of the instructions and accuracy of the questions in the questionnaire. Comments and suggestions were considered and rewarding the phrases were carried out.

According to Lim (2023), reliability pertains to the consistency and stability of the measurement instrument, ensuring that it consistently produces similar results under consistent conditions. For the reliability of the questionnaire and by using SPSS version 28.0, Cronbach's Alpha coefficient (α) and Composite reliability (CR) were calculated to determine the internal consistency coefficient of the data scales. Reliability coefficient of 0.7 or higher is considered acceptable in most social science research situations according to Gliem and Gliem (2003) and Hair *et al*. (2019).

Thus, Cronbach's Alpha reliability was computed and the coefficient calculated was 0.922 No. of Items=80, which indicated that the instrument was reliable for being used.

Table (1) shows the values of Cronbach's and CR for the dimensions of the programs in wellness resorts, and they were all greater than (0.70), as the values of the stability coefficient ranged between (0.818&0.984) and (0.869&0.986) respectively. These are high percentages to have confidence in the results obtained from the analysis, as they are above 0.70.

Table (1). Cronbach's α coefficient, composite reliability, average variance extracted and correlation for the information about room facilities and services.

Axes	Cronbach's α coefficient	Composite reliability	No. Items	Average variance extracted	Corr.
Guest room facilities	0.818	0.869	6	0.547	0.951**
Hotel services	0.984	0.986	12	0.859	0.987**

From the standpoint of programs in wellness resort, Table (2) shows the values of Cronbach's and CR for the dimensions of the programs in wellness resort, and they were all greater than (0.70), as the values of the stability coefficient ranged between (0.898-0.975). These are high percentages that give the researcher confidence in the results obtained from the analysis, as if the question of the sample members is repeated again, we get the same response. Accordingly, these opinions can be taken into account and based on what is obtained from the opinions and results of the hypothesis tests.

Table (2). Cronbach's α coefficient, composite reliability, average variance extracted and correlation for the dimensions of programs in wellness resort.

Axes	Cronbach's α coefficient	Composite reliability	No. Items	Average variance extracted	Corr.
Nutritional program	0.961	0.975	10	0.805	0.986**
Sports program	0.951	0.957	9	0.737	0.982**
Physical therapy Program	0.863	0.898	5	0.687	0.971**
Medical therapeutic program	0.939	0.957	8	0.736	0.975**

Table (3) shows the values of the Cronbach's and CR for the dimensions of the guest behaviors, and they were all greater than (0.70), as the values of the stability coefficient ranged between (0.845- 0.988). These are high percentages that give the researcher confidence in the results obtained from the analysis, as if the question of the sample members is repeated again, we get the same response. Accordingly, these opinions can be taken into account and based on what is obtained from the opinions and results of the hypothesis tests.

Table (3). Cronbach's α coefficient, composite reliability, average variance extracted and correlation for the dimensions of guest behaviors.

Axes	Cronbach's α coefficien	Composite reliability	No. Items	Average variance extracted	Corr.
Nutritional behavior	0.929	0.954	8	0.729	0.959**
Sports behavior	0.951	0.972	9	0.885	0.994**
Physical therapy behavior	0.982	0.988	8	0.913	0.981**
Therapeutic healthy behavior	0.776	0.845	5	0.559	0.605**

Sampling and Data Collection

Data was collected through investigated 3 welling resorts using the structured questionnaire. The studied wellness resorts were Chefox Camp (weight loss& fitness boutique camp) in Giza, Laviena Resort in Fayoum and The Zen Wellness Resort in Aswan. The questionnaire was designed by google form. Data was collected from guests who were in these wellness resorts involved in weight loss care programs through social media during October to December 2024.

Research Sampling was followed as to Cochran (1977) to obtain the appropriate sample size of the guests from the hotels, where the population size is infinite or unknown. The questionnaires received were 435 in the research population. The valid questionnaires were 390 and the response rate was 89.76 % of the questionnaires received.

Data Analysis

Numerical collected data was utilized for statistical analysis as described by Lim (2023). The data of research were analyzed using SPSS version 28.0, utilizing descriptive statistics including frequency, percentage, standard deviation, mean, and rank to evaluate the relative importance of the research variables. Pearson's correlation coefficient, T- test (One Sample) & Linear regression analysis was employed to test the hypotheses studied.

Relative Importance Index of Likert scale RII ≥0 ≤ 0.33 Low - RII≥0.34 ≤ 0.66 Moderate - RII ≥0.67 ≤ 1 High.
RII= ΣW/(A*N) (0≤RII≤1) (Sakhare & Chougule, 2020).
Where Disagree range= 1:1.66 -Neutral range =1.67: 2.33-Agree range = 2.34:3

RESULTS AND DISCUSSION.

Profile data of the guests

It is clear from Table (4) that there are 232 men out of 390 participant guests (PG) (59.5%). About 89.5% of the PG are less than 45 years old. This reflect that men and women with different years old are keen to be in wellness resort specially those hold bachelor's level 76.4%. Most of the PG are Egyptians, while Arabinans and foreigner's PG are only 11.39%. About 37.2% of the PG spent in resort from 1 - 3 weeks, followed by 27.9% of those spent in resort from 4 - 7 weeks.

From the standpoint of length, the heights percentage is termed to 160 - 170 cm reaching 66% of the PG, followed by 171-180 cm length. Most of them are more than 91 kg (87.4%) Most of The PG were suffering from overweight (47.7 %) followed by obese (31.0%). About 15 % of PG have ideal weight, this is maybe due to the wellness program which related to their period staying in the resort. More than 50% of the PG are diabetes.

Table (4). Profile data of the participant guests:

Data		Frequency (390)	Percentage%	rank
Gender	Male	232	59.5	**1**
	Female	158	40.5	**2**
Age(years)	Less than 20	87	22.3	**3**
	20 ≤ 30	103	26.4	**2**
	31 ≤ 45	120	30.8	**1**
	46 ≤ 60	66	16.9	**4**
	61 and more	14	3.6	**5**
Educational Level	Intermediate level	88	22.6	**2**
	Bachelor level	298	76.4	**1**
	Masters/PhD level	4	1	**3**
Nationality	Egyptian	346	88.7	**1**
	Arabian	25	6.4	**2**
	Foreigner	19	4.9	**3**
Period of staying (Weeks)	Less than a week	48	12.3	**4**
	1 ≤ 3	145	37.2	**1**
	4 ≤ 7	109	27.9	**2**
	More than 7	88	22.6	**3**
Weight(kg)	From 70-90	4	1	**4**
	From 91-110	45	11.5	**2**
	From 111-130	311	79.7	**1**
	More than131	30	7.7	**3**
Length(cm)	Less than 160	28	7.2	**3**
	From 161-170	257	65.9	**1**
	From 171-180	98	25.1	**2**
	More than 181	7	1.8	**4**
Body mass index (BMI)*	Underweight 15-19	0	0.0	**5**
	Ideal weight 20-25	58	14.9	**3**
	Overweight 26-30	186	47.7	**1**

	Obese 31- 40	121	31.0	**2**
	Serve obese Over 40	25	6.4	**4**
Health problems	Heart disease	8	2.1	**4**
	Diabetes	202	51.8	**1**
	Pressure	44	11.3	**3**
	No health problems	136	34.9	**2**
Total		**390**	**100**	**-**

*BMI was calculated by dividing weight by length^2 (Kg/m^2) for each PG.

Guest room facilities in resort

Comments of the participants on room facilities are shown in Table (5) The first rank is the statement (The room size is suitable), mean is 2.72- SD 0.58, the last rank is the statement (The rooms have entertainment facilities such as radio, internet and music) mean 1.18 - SD 0.44.

All statements are significant between answers, values of T-Test between (34.22-92.97), mean 2.03. RII is high for availability to guest room facilities and significant between answers, T-test 55.92. So, guest's room requirements can be arranged in descending order as suitability of room size, room equipments, washing and drying clothes facilities, mini bar, steam unit and entertainment facilities.

Theocharidis *et al*. (2020) mentioned that the guestroom may play a major role in the guest's experience and may be the core of the service offering. But Hosany *et al*. (2022) explained that according to the diversity of guest categories, the needs and expected facilities for the hotel room vary.

Demir *et al.* (2021) added more needed room facilities like lighting that promote better sleep, windows and shades that block out light and noise, and menus at restaurants. Generally, it is necessary for the hotel to understand what their target clients hope for the services of wellness centers in the first place, so they will be able to provide them with the service they require. Lvov and Komppula (2024) stated that the importance of hotel room facilities is varies according to guests' needs and their expectations and satisfaction.

Table (5). Evaluation of guest room facilities

Statement	Mean	SD	Var.	T. Test	rank
1: The room is fully equipped and suitable for accommodation.	2.36	0.80	0.64	58.14**	2
2: The rooms have entertainment facilities	1.18	0.44	0.20	52.31**	6
3: The room size is suitable.	2.72	0.58	0.33	92.97**	1
4: The room bathroom has a steam unit and Jacuzzi.	1.46	0.84	0.71	34.22**	5
5: Facilities for washing and drying clothes are available.	2.17	0.78	0.61	54.91**	3
6: There is a mini bar.	2.10	0.98	0.95	42.58**	4
Statics of overall	2.03	0.72	0.52	55.92**	--

Relative importance index (RII)= 0.783 (High) ** Significant effect 0.01.
Mean = Mean of the guests' wellness resorts, SD = Standard Deviation, Var.= Variance,
T.Test = Significance Degree of one-sample T-Test, and Rank = Rank of Mean,
**Signeficant at 0.01, df=389.

Hotel services in the resort

The satisfaction extent of the PG, regarding hotel services is illustrated in Table (6), first rank is the statement (Food and beverage service is excellent) mean is 2.67, SD 0.49. The last rank is the statement (The resort has a decent internet service) mean is 1.12, SD 0.32.

All statements are significant between answers, values of T-Test between 56.86-108.81 and mean is 2.37. RII is high for availability to hotel services in the resort and significance between answers, T- test is 59.01.

According to Han *et al.* (2020), to fully satisfy the needs of wellness tourists, uniqueness, high-quality accommodation and cuisine, a premium medical-tourism wellness package, with successful management are all necessary. They added that concentrating only on physical setting and service delivery is insufficient.

Table (6). Evaluation of hotel services in the resort

Statement	Mean	SD	Var.	T. Test	rank
1: Hotel service is decent in the reception department.	2.37	0.79	0.63	58.94**	5
2: Reception staff are efficient.	2.32	0.78	0.61	58.43**	9
3: Food and beverage service is excellent according to the nutritional program for each case.	2.67	0.49	0.24	108.81**	1
4: Housekeeping department service is decent.	2.11	0.73	0.53	57.23**	10
5: Laundry service is decent.	2.35	0.81	0.66	56.86**	8
6: The resort has a decent internet service.	1.12	0.32	0.10	68.86**	11
7: During my stay, I feel the attention of the hospitality team.	2.36	0.81	0.66	57.42**	6
8: Hotel staff are qualified.	2.36	0.80	0.64	58.41**	7
9: There are qualified and trained workers in all hotel departments.	2.37	0.79	0.63	59.04**	4
10: The accommodation price is appropriate for the level of service provided.	2.36	0.81	0.65	57.68**	6
11: There are various accommodation packages, treatment and health programs.	2.38	0.78	0.62	59.81**	3
12: There is accommodation viable for both family and friends.	2.40	0.76	0.58	62.16**	2
Statics of overall	2.37	0.79	0.63	59.01**	--

Relative importance index (RII)= 0.783 (High) ** Significant effect 0.01.

Evaluation of Programs in Wellness Resort:

Tourism and wellness become one through physical activity, healthy nutrition, and wellness treatments (Smith and Deikmann, 2017). So, the wellness resort weights loss guests were asked to evaluate their nutritional, sport, physical health and therapeutic programs.

1-The nutritional program results

Rančić *et al.* (2017) stated that wellness center restaurants must be carefully focused on healthy nutrition, through careful choice of ingredients and the preparation of meals for the menu of the users of wellness services. Kaya (2023) added that introducing traditional foods helps foreign tourists to live food culture experience, but his suitable nutritional requirements must be considered.

Table (7) shows that the studied samples are tended toward agreement with all nutritional program dimensions in the resorts. First rank is the statements (4,9), means are 2.81, SD 0.40. The last rank is the statement (8) mean is 1.56, SD 0.73.

All statements are significant between answers, values of T-Test between 41.96-139.6.

In general, mean responses reached 2.45 with a standard deviation of 0.80, variance of 0.63 and RII is high. The results also show that there is statistically significant difference between answers, as T-test value of 60.75 at 0.01.

This result indicates that nutritional program is important to sport, therapeutic and medical programs, A key component of the nutritional program's success involves regular meal timing.

Table (7). Evaluation of nutritional program in wellness resort

Statement	Mean	SD	Var.	T.Test	rank
2: There is a therapeutic nutritionist.	2.51	0.75	0.56	65.93**	3
3: The nutritional program supports the medical program.	2.80	0.40	0.16	137.2**	2
4: The nutritional program supports the sport program.	2.81	0.40	0.16	139.6**	1
5: There are alternatives to choosing meals.	2.47	0.80	0.65	60.63**	4
6: The food is of high quality and is suitable for nutritional needs.	2.42	0.84	0.70	56.97**	5
7: The size of the meal is suitable for nutritional needs.	2.28	0.88	0.78	51.08**	8
8: The program provides one day week for freedom to choose meals.	1.56	0.73	0.54	41.96**	9
9: There are specific times for eating meals.	2.81	0.40	0.16	139.67**	1
10: The price of meals is appropriate for the level of service provided.	2.32	0.90	0.81	50.87**	7
Statics of overall	2.45	0.80	0.63	60.75**	-

Relative importance index (RII)= 0.808 (High) ** Significant at 0.01.

2- The sport program results

As illustrated Table (8), nearly all participants agree that there is a sport center in the wellness resort. This program supports the medical program, includes variety of activities and practices, suitability of sport training and efficiency of trainers. Relaxation unit (yoga), suitability of the price program and recovery trips outside the resort come in the last ranks, means are 2.28 & 1.78 and SD 0.91& 0.63 respectively. Statement (1) comes first place in followed by statement (7), means 2.95& 2.61, SD 0.30& 0.79 respectively. All statements are significant between answers, values of T-Test between 49.48-197.1.

In general, mean responses reached 2.51 with a standard deviation of 0.80, variance of 0.64 and RII is high. The results also showed that there was statistically significant difference between answers T-test reached 62.15 at 0.01. This result indicates that the value of having a dedicated sports facility with skilled trainers to support the sport program, which in turn influences the treatment program's success. These results agree with Dini and Pencarelli (2022).

Table (8). Evaluation of sport program in wellness resort

Statement	Mean	SD	Var.	T. Test	rank
1: There is sports center.	2.95	0.30	0.09	197.1**	1
2: The sport program supports the medical program.	2.59	0.79	0.63	64.70**	3
3: There are specialized trainers for the sport program.	2.59	0.79	0.63	64.61**	4
4: There is a unit for relaxation rats (yoga).	2.35	0.90	0.82	51.44**	7
5: Sports training is characterized by efficiency.	2.58	0.80	0.63	64.09**	5
6: I find interest from the trainers during training.	2.54	0.79	0.63	63.10**	6
7: There is a variety of sports activities and practices that suit each case.	2.61	0.79	0.63	65.06**	2
8: The price of the sports program is appropriate for the level of service provided.	2.28	0.91	0.83	49.48**	8
9: There are recovery trips outside the resort.	1.78	0.63	0.40	55.48**	9
Statics of overall	2.51	0.80	0.64	62.15**	-

Relative importance index (RII)= 0.828 (High) ** Significant at 0.01.

3- The physical therapy Program results

As shown in Table (9), statement (1) came first place in terms of agreement, followed by statement (3) reaching last place (5) with the lowest agreement.

In general, mean responses reached 2.59 with a standard deviation of 0.73, variance of 0.53 and RII is high. The results also showed that there was a statistically significant difference at a T-test value of 70.37at 0.01. This result indicates that the physical therapy program, which includes specialists, is important for supporting the treatment plan.

These results agree with Dini and Pencarelli (2022) who confirmed that physical therapy, care of the body and sports support the medical program. Also, there should be at least one wellness professional (trainer or sports instructor) to provide individual care and advice as described by Chen *et al.* (2015) and Demir *et al*. (2021).

Table (9). Evaluation of physical therapy program in wellness resort

Statement	Mean	SD	Var.	T.Test	rank
1: There is a physical therapy unit to support the medical program.	2.93	0.32	0.10	182.4**	1
2: There are specialized trainers for the healthy club.	2.70	0.54	0.29	98.27**	2
3: The health club trainers are efficient.	2.61	0.77	0.60	66.73**	3
4:I find interest from the trainers during the implementation of the health program.	2.56	0.80	0.63	63.45**	4
5: The prices of the health club are re-appropriate for the level of service provided.	2.32	0.90	0.80	51.04**	5
Statics of overall	2.59	0.73	0.53	70.37**	-

Relative importance index (RII)= 0.854 (High) ** Significant at 0.01.

4-Medical therapeutic program results

Table (10) shows that PG feel care of medical team in the first rank followed by specialized medical care of treatment for each case, as well as recovery of general health (St.7,6&5). They found that price of medical service is accepted (St. 8). But St. (1-4) were the last 4 ranks from the standpoint of specialized doctors and assistant, medical center and sunbathing and rays unit.

In general, mean responses reached 2.35 with a standard deviation of 0.67, variance of 0.45 and RII is high. The results also showed that there was a statistically significant difference at a T-test value of 69.14 at 0.01.

So, presence of a medical staff that creates customized treatment plans for each guest is essential for enhancing health at wellness resorts. These results were confirmed by Chen *et al.* (2015) who stated that there should be at least one wellness professional doctor present to provide individual therapeutic care. Also, Hu *et al.,* (2023) emphasized that the presence of a specialized treatment program enhances the experience of staying in wellness resort.

Table (10). Evaluation of medical therapeutic program in wellness resort

Statement	Mean	SD	Var.	T. Test	rank
1: There is a center for comprehensive medical examination.	2.03	0.99	0.99	40.38**	6
2: There are specialized doctors in various specialties.	2.10	0.69	0.48	59.79**	5
3: There is an assistant for every doctor.	2.31	0.79	0.63	57.39**	4
4: There is a unit for using sunbathing and rays under medical supervision.	2.03	0.99	0.98	40.48**	7
5: There is specialized medical treatment program for each case.	2.61	0.79	0.62	65.33**	2
6: The treatment program contributed to recovery and improvement of general health.	2.60	0.79	0.63	64.97**	2
7: During my stay, I felt the care of the medical team.	2.77	0.46	0.22	117.7**	1
8: The prices of medical services a reappropriate to the level of service provided.	2.33	0.78	0.60	59.30**	3
Statics of overall	2.35	0.67	0.45	69.14**	-

Relative importance index (RII)= 0.774 (High) ** Significant at 0.01.

Effect of Wellness Programs on Guests' Behavior

The effect of Wellness programs on nutritional, sport, healthy and therapeutic behavior of PG are illustrated in Tables 12-15 as follows:

1-Effect of nutritional program on guests' nutritional behavior

Table (11) shows that the sample studied tended to agree with the nutritional behavior dimensions. In general, mean responses reached 2.46 with a standard deviation of 0.54, variance of 0.29 and RII is high. The results also showed that there was a statistically significant difference at a T-test value of 90.63 at 0.01.

Statements 1 & 8 came in first place and second ranks as means 2.80&2.78 and SD 0.40&0.47 respectively, followed by statement 2 mean 2.73 and SD 0.57. While paying attention to count calories are neglected by most of the PG with statement (5). This result indicates that integrated nutritional program and training will contribute to changing nutritional behaviors of PG, and

nutritional awareness through a specialized nutritional program contributes to individual nutritional behavior as indicated by Bentley *et al.* (2020).

Table (11). Effect of nutritional program on guests' nutritional behavior

Statement	Mean	SD	Var.	T.Test	rank
1: The integrated awareness program has positive impact on my eating behaviors and practices.	2.80	0.40	0.16	138.06**	1
2: I can choose meals that are nutritionally complete.	2.73	0.57	0.33	94.48**	3
3: I prefer to eat at home.	2.25	0.74	0.55	60.03**	6
4: When eating out, I choose healthy meals.	2.67	0.61	0.37	86.95**	5
5: I pay attention to count calories when choosing foods.	1.64	0.62	0.38	52.58**	8
6: I contribute to food preparation as a result of training on this.	2.72	0.58	0.34	92.28**	4
7: I can prepare healthy meals at the lowest cost.	2.12	0.60	0.36	69.86**	7
8: I avoid eating foods that are harmful to my health according to the instructions of the nutritional program.	2.78	0.47	0.22	116.9**	2
Statics of overall	2.46	0.54	0.29	90.63**	-

Relative importance index (RII)= 0.812 (High) ** Significant at 0.01.

2-Effect of sport program on guests' sport behavior

As depicted in Table (12), the studied sample tended to agree with almost sport behavior dimensions by more than three quarters in statements

Ranking of the statement indicates highly believe about importance of sport program in practic different activities (St.5), satisfaction on trainer (St.4), impact on general health (St.7), complete treatment program (St.8) and affect sport behavior (St.1). Also, PG interested in sports practicing (St.2) and feeling happy during exercise (St.9). Means are 2.79, 2.78, 2.77, 2.64, 2.58, 2.50& 2.50, SD are 0.40,0.43,0.51,0.74,0.80& 0.50 respectively. The statement (6) is the last rank, mean is 2.01 SD is 0.99.

Ranking of the statement indicated highly believe about importance of sport program in practic different activities (St.5), impact on general health (St.7) complete treatment program (St.8) and affect sport behavior (St.1). Also, satisfaction on trainer (St.4) and feeling happy during exercise (St. 5) were found. In general, mean responses reached 2.58 with SD of 0.63, variance of 0.40 and RII is high. The results also showed that there was a statistically significant difference at a T-test value of 80.29 at 0.01.

Also, the findings show that PG are satisfied with the sports program and are more likely to exercise with feeling good. But they realize that exercising at a gym is expensive.

An individual's habit of practicing a regular sport program contributes general influencing health, as it is considered part of his behavioral practices. This agrees with that reported by Molanorouzi *et al*. (2015), Sánchez-Torres *et al*. (2020) and Kaminsky *et al*. (2022).

Table (12). Effect of sport program on guests' sport behavior

Statement	Mean	SD	Var.	T.Test	rank
1: The integrated awareness program has affected my sport behavior practices.	2.58	0.80	0.65	63.49**	5
2: My interest in practicing sports has increased.	2.50	0.80	0.64	61.89**	6
3: I practice sports regularly every day.	2.01	0.99	0.99	39.95**	8
4: I continue to train according to the trainer's instructions.	2.78	0.43	0.18	127.8**	2
5: Sports give me physical fitness to practice different activities.	2.79	0.40	0.16	136.5**	1
6: The sports I practice are inexpensive.	2.41	0.81	0.66	58.67**	7
7: Sports have a positive impact on my general health.	2.77	0.51	0.26	107.8**	3
8: Sports are important to complete the treatment program.	2.64	0.74	0.55	70.36**	4
9: I feel happy when I exercise.	2.50	0.50	0.25	98.71**	6
Statics of overall	2.58	0.63	0.40	80.29**	-

Relative importance index (RII)= 0.851 (High) ** Significant at 0.01.

3-Effect of physical therapy program on guests' physical therapy behavior

Table (13) shows that the sample studied tended to agree with the physical therapy behavior dimensions. Impact of the integrated awareness program on physical therapy behavior and practices (St.1) came in first place in terms of agreement followed by health satisfaction (St.7), reaching the last place, the program is inexpensive (St.3), means are 2.78, 2.58 &2.27, SD are 0.41, 0.80& 0.80 respectively. In general, mean responses reached 2.55 with a standard deviation of 0.72, variance of 0.53 and RII is high. The results also showed that there was a statistically significant difference at a T-test value of 69.63 at 0.01.

These findings show that physical therapy programs affect physical therapy behavior and health satisfaction. But on the other hand, it wasn't a reasonably priced program.

Sánchez-Torres *et al*. (2020) and Kaminsky *et al*. (2022) added that improvement of health occurs with adopting healthy behaviors as a healthy lifestyle.

Table (13). Effect of physical therapy program on guests' physical therapy behavior

Statement	Mean	SD	Var.	T.Test	rank
1: The integrated awareness program has affected my physical therapy behavior and practices.	2.78	0.41	0.17	133.50**	1
2: I regularly practice the physical therapy program.	2.50	0.80	0.64	61.58**	6
3: The program is not considered expensive to some extent.	2.27	0.80	0.64	56.05**	8
4: The program contributes to improving my health condition.	2.55	0.81	0.66	62.05**	5
5: The program makes me feel happy.	2.58	0.80	0.64	63.84**	4
6: The current level of my health is better.	2.58	0.79	0.63	64.44**	3
7: I'm satisfied with my physical health.	2.58	0.80	0.63	64.09**	2
8: I'm satisfied with my health compared to others of the same age and gender.	2.49	0.79	0.63	61.95**	7
Statics of overall	2.55	0.72	0.53	69.63**	-

Relative importance index (RII)= 0.843 (High) ** Significant at 0.01.

4- Effect of medical therapy program on guests' therapeutic behavior

Table (14) illustrates satisfaction on medical therapy in improving PG health (St.2, 5,4) and these help them to follow regular medical instructions after staying period (St. 1,3).
In general, mean responses reached 2.71 with SD of 0.45, variance of 0.20 and RII is high. The results also showed that there was a statistically significant difference at a T-test value of 119.13 at 0.01. This result was indicated by Pennings *et al.* (2025), from the standpoint of medical therapy in treating obesity.

Table (14). Effect of medical therapy program on guests' therapeutic behavior

Statement	Mean	SD	Var.	T.Test	rank
1: I make sure to have regular medical follow-up after the treatment and staying period.	2.24	0.85	0.73	51.86**	5
2 The treatment program is important for improving health condition.	2.50	0.50	0.25	98.52**	4
3: I follow the instructions of the treating physician.	2.69	0.46	0.21	115.05**	3
4: I find my health is improving.	2.73	0.46	0.21	117.49**	2
5: With the improvement of my health condition, I feel satisfied.	2.99	0.10	0.01	585.26**	1
Statics of overall	2.71	0.45	0.20	119.13**	--

Relative importance index (RII)= 0.15 (High) ** Significant at 0.01.

Attending to the Wellness resort analysis

As shown in Table (15), the physical treatment program exhausting (St.4) came in first place in terms of agreement followed by medical (St.5) and nutritional (St.2) programs, the statement (3) and the sports treatment program exhausting was in the last. Means are 2.87, 2.76, 2.71,1.93 SD are 0.35, 0.44,0.59, 0.28 respectively.
In general, mean responses 2.58 with SD of 0.50, variance of 0.25 and RII is high. The results also showed that there was a statistically significant difference at a T-test value of 102.9 at 0.01. These results reflect attending of PG to Wellness resort. The previous results showed that changing an individual's eating habits and by specialized treatment exercise and health program in an attractive, clean environment and calm atmosphere, friendly empathetic staff and a smooth, reliable process all of them affect the frequency of the stay experience at wellness resorts (Smith ,2021).

Table (15). Attending of the participant guests to the wellness resort

Statement	Mean	SD	Var.	T.Test	rank
1: I prefer the treatment program through the treatment resort more than clinics and medical centers.	2.56	0.81	0.65	62.69**	6
2: I find the nutritional treatment program is exhausting.	2.71	0.59	0.35	90.43**	4
3: I find the sports treatment program is exhausting.	1.93	0.28	0.08	137.10**	8
4: I find the physical treatment program is exhausting.	2.87	0.35	0.13	160.10**	1
5: I find the medical treatment program is exhausting.	2.76	0.44	0.19	124.90**	2
6: I intend to continue the treatment program.	2.75	0.45	0.21	119.60**	3
7: I want to repeat the experience in the future.	2.56	0.81	0.66	62.20**	5
8: I recommend the resort to anyone who needs it in my circle of acquaintances.	2.53	0.81	0.66	61.47**	7
Statics of overall	2.58	0.50	0.25	102.90**	--

Relative importance index (RII)= 0.16 (High) ** Significant at 0.01.

Tests of Research Hypothesis:

This section contains tests of research hypothesis through using statistical methods to study the effect of the independent variable on the dependent variables, with the model of the hypothesis in Fig. (1), as follows:

H_1: There is a positive significant relationship between the nutritional program (NP) and its effect on guests' nutritional behaviors (NB).

Table (16) shows the validity of the test model as the value of F-statistics is (1842.47) and it's significant at $p < 0.001$. This indicates the significance of the test model. It also shows acceptance of the first hypothesis, as there is a positive relationship with statistical significance between the nutritional program (NP) and nutritional behavior (NB), as the value of β is (0.701). This may be due to the integration of NP and training of PG on healthy eating habits provided by the program. The standardized coefficient (β) for NP is 0.909, indicating its importance in explaining variation in NB.

Table (16), the predictor variables collectively accounted for a significant portion of the variance in NB (R = 0.909, R Square = 0.826, Adjusted R Square = 0.826) with standard error of 0.198. The inclusion of the constant and NP as predictors in the model suggests that NP provides substantial to the description of NB, thereby supporting the hypothesis that the level of NP has an effect that's statistically significant on NB. Consequently, based on the findings, hypothesis (H1) is accepted.

So, when an individual implements a specialized nutritional program and adheres to it, it contributes to influencing the individual's nutritional behavior as stated by Bentley *et al.* (2020).

Table (16). Results of the first hypothesis test

Variables:		Regression Coefficients[b]				
		Unstandardized Coefficients		Standardized Coefficients β	T-statistic	P-Value
		β	Std. Error			
C	Constant	0.756	0.041	-	18.43	< 0.001
$NP_{t,i}$	Nutritional program	0.701	0.016	0.909	42.92	< 0.001
(ANOVA[b])F-statistic		1842.47				
P-Value (F-statistic)		< 0.001				
(Model Summary[b]) R[a]		0.909[a]				
R-squared		0.826				
Adjusted R-squared		0.826				
Std. Error of the Estimate		0.198				
Durbin-Watson stat		1.159				

ANOVA df (Regression =1, Residual=388, Total=389)

a.Predictors: (Constant), Nutritional programme – b.Dependent Variable: Nutritional behaviour

H_2: There is a positive significant relationship between the sports program (SP) and its effect on guests' behaviors (SB) toward sports activities.

Table (17) shows the validity of the test model as the value of F-statistics is (4240.97) and it's significant at $p < 0.001$. This indicates the significance of the test model and accepts the second hypothesis, as there is a positive relationship with statistical significance between the sports program (SP) and sports behavior (SB), as the value of β is (0.866).This may be due to an integrated SP, and the PG continues to exercise. The standardized coefficient (β) for SP 0.957, indicating its importance in explaining variation in SB.

Table (17) indicates that the predictor variables collectively accounted for a significant portion of the variance in SB (R = 0.957, R Square = 0.916, Adjusted R Square = 0.916). with standard error of 0.170. The inclusion of the constant and SP as predictors in the model suggests that SP contributes substantial to the explanation of SB, thereby supporting the hypothesis that the level of SP indeed has a statistically significant effect on SB. Thus, based on the findings, hypothesis (H2) is accepted.

Also, this result indicates the importance of sport commitment to a balanced sport program which contributes effectively to chang behavior and promote towards regular exercises. Also, the resorts interest in providing well-equipped sport areas, program which supports the therapeutic program and is tailored to each guest's condition. Besides, this result indicates that guests are aware of the importance of sport in our life, and that the resort implements a balanced sport program through competent trainers that effectively contributes to changing behavior and promoting regular exercise.

Developing a stimulating sport program that matches with the individual's actual needs has an influential role in shaping the individual's behavior and motivating him to continue achieving the desired health benefits as described by Molanorouzi *et al*. (2015) and Kaminsky *et al*. (2022).

Table (17). Results of second hypothesis test

Variables:		Regression Coefficients[b]				
		Unstandardized Coefficients		Standardized Coefficients β	T-statistic	P-Value
		β	Std. Error			
C	**Constant**	0.410	0.034	-	12.03	< 0.001
$SP_{t,i}$	**sports program**	0.866	0.013	0.957	65.12	< 0.001
(ANOVA[b])F-statistic		4240.97				
P-Value (F-statistic)		< 0.001				
(Model Summary[b]) R[a]		0.957[a]				
R-squared		0.916				
Adjusted R-squared		0.916				
Std. Error of the Estimate		0.170				
Durbin-Watson stat		0.879				

ANOVA df (Regression =1, Residual=388, Total=389)

a.Predictors: (Constant), Sports program- b. Dependent Variable: Sports.behavior

H_3: There is a positive significant relationship between the Physical therapy program (PTP) and its impact on guests' health behaviors (PTB).

Table (18) shows the validity of the test model as the value of F-statistics is (4169.11) and it's significant at $p < 0.001$. This indicates the significance of the test model and accepts the third hypothesis, as there is a positive relationship with statistical significance between the physical therapy program (PTP) and physical therapy behavior (PTB), as the value of β is (1.224).

This may be due to an integrated PTP and the PG regularly following up with physical therapy. The standardized coefficient (β) for PTP 0.956, indicating its importance in explaining variation in PTB. (illustrating its significance in elucidating variance in PTB).

As shown in Table (18), the predictor variables collectively accounted for a significant portion of the variance in PTB (R = 0.956, R Square = 0.915, Adjusted R Square = 0.915), with standard error of 0.209. The inclusion of the constant and PTP as predictors in the model suggests that PTP contributes substantially for the understanding of PTB, thereby supporting the hypothesis that the level of PTP indeed has a statistically significant effect on PTB.

Accordingly, based on the findings, hypothesis (H3) is accepted.

This result is indicated by Damijanic´ (2019), as providing a physical therapy unit and efficiency trainers effect on tourists healthy behaviors.

Table (18). Results of third hypothesis test

Variables:		Regression Coefficients[b]				
		Unstandardized Coefficients		Standardized Coefficients β	T-statistic	P-Value
		β	Std. Error			
C	**Constant**	0.668-	0.051	-	-13.14	< 0.001
$PTP_{t,i}$	**Physical therapy program**	1.224	0.019	0.956	64.57	< 0.001
(ANOVA[b]) F-statistic		4169.11				
P-Value (F-statistic)		< 0.001				
(Model Summary[b]) R[a]		0.956 [a]				
R-squared		0.915				
Adjusted R-squared		0.915				
Std. Error of the Estimate		0.209				
Durbin-Watson stat		1.357				

a.Predictors: (Constant), Physical therapy program b. Dependent Variable: Physical therapy behavior.

H_4: There is a positive significant relationship between the therapeutic program (TP) and its impact on guests' therapeutic healthy behaviors (THB) towards implementing the therapeutic program.

Table (19) shows the validity of the test model as the value of F-statistics is (1363.916) and it's significant at $p < 0.001$. This indicates the positive significance of the test model and acceptance of the fourth hypothesis, as there is a positive relationship with statistical significance between the therapeutic program (TP) and therapeutic behavior (THB), as the value of β is (0.653).

This may be due to integrated TP, and the PG is regularly following up on medical treatment. The standardized coefficient (β) for TP 0.882 indicates its importance in explaining variation in THB.

As shown in Table (19), the predictor variables collectively accounted for a significant portion of the variance in THB (R = 0.882, R Square = 0.779, Adjusted R Square = 0.778) with standard error of 0.234. The inclusion of the constant and TP as predictors in the model suggests that TP has an important impact in explaining THB, thereby supporting the hypothesis that the level of TP indeed has a statistically significant effect on THB. So, based on the findings, hypothesis (H4) is accepted.

This outcome is the consequence of the resorts providing a comprehensive medical service that has contributed to improving the health of PG, by guests' commitment to following medical instructions. This result agrees with Pennings *et al*. (2025) who stated that regular medical care contributes to supporting the obesity treatment program, is reflect in the patient's confidence and is evident in his commitment to instructions.

Table (19). Results of fourth hypothesis test

Variables:		Regression Coefficients[b]				
		Unstandardized Coefficients		Standardized Coefficients β	T-statistic	P-Value
		β	Std. Error			
C	**Constant**	1.053	0.043	-	24.4 14	< 0.001
$TP_{t,i}$	**Therapeutic program**	0.653	0.018	0.882	36.931	< 0.001
(ANOVA[b]) F-statistic		1363.916				
P-Value (F-statistic)		< 0.001				
(Model Summary[b]) R[a]		0.882 [a]				
R-squared		0.779				
Adjusted R-squared		0.778				
Std. Error of the Estimate		0.234				
Durbin-Watson stat		0.986				

a. Predictors: (Constant), Therapeutic program b. Dependent Variable: Therapeutic behavior.

Main assumption:

***H5*: There is a positive significant relationship between programs in wellness resort (PWR) and Guest satisfaction (GS).**

Table (20) shows the validity of the test model as the value of F-statistics is (7363.218) and it's significant at p < 0.001. This indicates the significance of the test model and acceptance of the fifth hypothesis, as there is a positive relationship with statistical significance between the programs in wellness resort (PWR) and guest satisfaction (GS), as the value of β is (0.889).

This may be due to an integrated (PWR), and the PG regularly following up on healthy eating habits, exercise, physical therapy and medical treatment. The standardized coefficient (β) for (PWR) 0.975, indicating its importance in explaining variation in GS.

As shown in Table (20), it indicates that the predictor variables collectively accounted for a significant portion of the variance in GS (R = 0.975, R Square = 0.950, Adjusted R Square = 0.950) with standard error of 0.125. The inclusion of the constant and PWR as predictors in the model suggests that PWR contributes substantial to the explanation of GS, thereby supporting the hypothesis that the level of PWR indeed has a statistically significant effect on GB.

It means that a substantial portion of the variation in GS could be explained by the predictor variable PWR. Thus, based on the findings, hypothesis (H5) was accepted.

The findings show that there is an integrated therapeutic awareness program, including nutritional, sport, physical therapy exercises, health and medical training on healthy eating habits, and follow care instructions according to each case all of them which affect PG behavior.

Implementing an exercise program in conjunction with a nutritional program contributes to achieving the desired results for physical health and improving eating behaviors, while adhering to a balanced exercise program as described by Bentley *et al*. (2020).

Practical tools regarding to the 4 pillars (essential elements) of nutritional therapy, physical activity, behavior modification, and medical interventions for anti-obesity medications may assist in improving the health and lives of obesity patients (Pennings *et al.,*2025).

Table (20). Results of fifth hypothesis test

Variables:		Regression Coefficients[b]				
		Unstandardized Coefficients		Standardized Coefficients β	T-statistic	P-Value
		β	Std. Error			
C	**Constant**	0. 342	0.026	-	12.978	< 0.001
$PWR_{t,i}$	**programs in wellness resort**	0.889	0.010	0.975	85.809	< 0.001
(ANOVA[b]) F-statistic		7363.218				
P-Value (F-statistic)		< 0.001				
(Model Summary[b]) R[a]		0.975 [a]				
R-squared		0.950				
Adjusted R-squared		0.950				
Std. Error of the Estimate		0.125				
Durbin-Watson stat		0.965				

a.Predictors: (Constant), programs in wellness resort b. Dependent Variable: guest satisfaction.

Table (21) shows the correlation matrix between nutritional, sport, Physical therapy and therapeutic programs in wellness resort, and nutritional, sport, Physical therapy, therapeutic behavior and guest satisfaction respectively of the guests asked. The results showed a statistically significant relationship with a confidence level of 99%. The value of the correlation coefficient reached 0.909, 0.957, 0.956, 0.680 and 0.983 respectively, which is a very strong positive correlation. Therefore, there is a positive correlation between the effects of all programs on the behavior of the guests.

Table (21). Pearson correlation matrix between nutritional, sport, Physical therapy, therapeutic programs in wellness resort and their effect on guests behavior and satisfaction.

Main variables	Nutritional program	Sport program	Physical therapy program	Therapeutic program	programs in wellness resort
Nutritional behavior	0.909**	-	-	-	-
Sports behavior	-	0.957**	-	-	-
Therapeutic healthy behavior	-	-	0.956**	-	-
Therapeutic behavior	-	-	-	0.680**	-
Guest satisfaction	-	-	-	-	0.983**

** Significant at. 0.01.

CONCLUSION AND RECOMENDATIONS

Nowadays, healthcare results are considered an important wellness hospitality manner, which serve to their target guests all branches of hospitality as well as the wellness need programs. This research studied 3 Egyptian wellness resorts, especially guests whom looking for weight loss care.

The results obtained can be summarized in the following points:

- Guest room facilities are suitable. Almost of hotel services are acceptable from the standpoint of housekeeping service, F&B services, accommodation, price and qualified employees.
- Participant guests are differing in their opinion towards center for comprehensive medical examination, but they agree with the specialized medical treatment for each case, as well as recovery of general health.

It can be concluded that there are positive significant effects and relationship between nutritional, sport, physical therapy and medical therapy programs in resort on PG nutritional, sport, healthy and therapeutic behaviors respectively. These indicate attending of the guests to the wellness resort, repeat their experience in the future and recommend the resort for their friends.

Generally, the studied wellness resorts are suitable for those aiming to weight loss care and promising boosting future for wellness hospitality through collaboration between Ministry of Tourism and Ministry of Health and Population to put Egypt on the Global wellness hospitality. So, Further research is needed to examine the level of services offered to wellness and determine the key programs, as well as hospitality services, that contribute enhancing the overall health of them. Additionally, it is important to assess these programs' impact on guests' health and lifestyle.

Generally, Wellness hospitality significantly impacts numerous opportunities for wellness resorts, as it is higher spending by wellness guests than boost local economics, reducing seasonality effects through stabilizing guest numbers during the year, and emphasis eco-friendly practices promote sustainable tourism models. Accordingly, wellness hospitality is a promising industry which grows rapidly with highly competition around the world.

This research contributes the needs and the requirements for those who require weight loss care in wilderness resorts for successful nutritional, sport, physical and medical therapy programs in wellness hospitality, to gain guests satisfaction.

LIMITATION AND THE FUTURE RESEARCH AVENUES

Nowadays, increasing health awareness is an actively sought goal to being good and fit in mind, body, spirit and relationships. On the other hand, it is a growing new niche market for expanding tourism products and maximizing revenues.

This study was applied to guests in three Egyptian Wellness resorts who need weight loss care. So, further research is advised for:

- Studying other Egyptian historically famous regions characterized by dry air, sunny area, sulfur springs, black sands like Helwan, Red Sea region, Siwa Oasis.
- Promotion for special programs to recover other diseases, improve people, quality of life quality, leisure or relaxation and assess these programs' impact on their health and lifestyle.
- Examine the level of hospitality offered that contribute to enhancing overall health and grantee guest satisfaction, including comfortable accommodation, healthy diets, sport and recreational activities, medical wellness package, balanced quality-price relation as well as a quality system of management.

REFERANCES

Badawi,S. (2011). A suggested program in Home Economic for Food Awareness Development of Junior students in North Sinai. MSc.Thesis, College of Education, Arish, Suez Canal. University, https://0810gtqj6-1105-y-https-search-mandumah-com.mplbci.ekb.eg.

Bentley, M.R.N.; Mitchell, N. and Backhouse,S.H. (2020). Sports nutrition interventions: a systematic review of behavioural strategies used to promote dietary behaviour change in athletes. Appetite, Jul.;150: 104645. doi: 10.1016/j.appet.2020.104645.

Boles, A.; Kandimalla, R and Reddy, PH. (2017). Dynamics of diabetes and obesity: epidemiological perspective. Biochim, Biophys, Acta. Jan 24; doi: 10.1016/j.bbadis.2017.01.016.

Business Research Company (2024). Wellness tourism global market report. February. https://www.researchandmarkets.com/reports/5939437/wellness-tourism-global-market-report

Carney,D.M.; Schultz,S.R.; Lim,J.Y. and Walters,W.G. (2015). Successful Medical Weight Loss in a Community Setting. Journal of Obesity & weight loss Therapy; 5(1). https://doi.org/10.4172/2165-7904.1000248.

Carter ,F. and Jansen,A. (2012). Improving psychological treatment for obesity. Which eating behaviours should we target? Appetite, June; 58(3): 1063-1069.

Castelnuovo, G.; Zoppis, I. and Santoro, E. (2015). Managing chronic pathologies with a stepped mHealth-based approach in clinical psychology and medicine. Front Psychol; 6:407. doi: 10.3389/fpsyg.2015.00407.

Cochran, W.G. (1977) Sampling Techniques. 3rd Edition, John Wiley & Sons, New York.

Chaulagain,S.; Jahromi, M.F.; Hua, N. and Wang, Y. (2023). Understanding the determinants of intention to stay at medical hotels: A customer value perspective. Int. J. Hosp. Manag.; 112, Article 103464, 10.1016/j.ijhm.2023.103464.

Centers for Disease control and prevention (2024-1). Healthy Weight and Growth- Steps for Improving Your Eating Habits.2 January.

Centers for Disease control and prevention (2024-2). Physical Activity basics- Benefits of Physical Activity. April.

Chen, K.H.; Chang, F.H. and Liu, F.Y. (2015). Wellness tourism among seniors in Taiwan: previous experience, service encounter expectations, organizational characteristics, employee characteristics, and customer satisfaction. Sustainability;7 (8): 10576-10601.

Chi, C. G.; Chi, O. H. and Ouyang, Z. (2020). Wellness hotel: Conceptualization, scale development, and validation. International Journal of Hospitality Management; 89: 102404.

Dalle, G. R.; Centis, E.; Marzocchi, R.; El Ghoch, M. and Marchesini, G.(2013) Major factors for facilitating change in behavioral strategies to reduce obesity. Psychol Res Behav Manag ;6:101–110. doi: 10.2147/PRBM.S40460.

Damijanić, A.T. (2019). Wellness and healthy lifestyle in tourism settings. Tourism Review September;74(4):978–989. https://doi.org/10.1108/TR-02-2019-0046.

Demir,M. R; D. Petrović,M. and Blešić., I. (2021). Leisure Industry and Hotels: The Importance of Wellness Services for Guests' Well-Being. World Sustainability Series, Handbook of Sustainable Development and Leisure Services- Springer;P.P. 127-140, ISBN 978-3-030-59820-4 (eBook) https://doi.org/10.1007/978-3-030-59820-4

Dilltte, A.; Douglas, A. and Martin, D. (2018). Do Vacations Really Make Us Happier? Exploring the Relationships between Wellness Tourism, Happiness and Quality of Life. Journal of Tourism & Hospitality;7(3):1-10. doi: 10.4172/2167-0269.1000355.

Dini, M. and Pencarelli, T. (2022). Wellness tourism and the components of its offer system: a holistic perspective. Tourism Review, 4 March; 77 (2): 394–412. https://doi.org/10.1108/TR-08-2020-0373.

El Shiaty,R., Enan,A.M.and Esmail,A. (2023). Branding Strategies and Ecolodges Architecture to Develop Wellness Tourism in Egypt. Msa Engineering Journal; 2(3): 92-110. https://doi.org/10.21608/msaeng.2023.309313.

Euronews. (2020). https://tr.euronews.com/2020/05/01/pandemi sonras-sagl-k-turizmine-buyuk-umutlar-baglaniyor adresinden alındı,1 May.

Erdem, H. (2021). The role of health tourism in the development of the country and its impacts on employment, Ph.D. Thesis, Faculty of Economics and Administrative Sciences Department of Business Management Near East University, Nicosia.

FAO; IFAD; UNICEF; WFP and WHO (2024). In Brief to The State of Food Security and Nutrition in the World 2024. https://openknowledge.fao.org/server/api/core/bitstreams/b206ff58-553e-4da7-80e0-a9b0ce21d91b/content.

Gabor,M.R. and Oltean,F.D.(2019). Babymoon tourism between emotional well-being service for medical tourism and niche tourism. Development and awareness on Romanian educated women, Tourism Manage ;70:170–175.

Gliem,J.A. and Gliem,R.R.(2003). Calculating Interpreting and reporting Cronbach's Alpha Reliability Coefficient for Likert-type Scales. Midwest Research to practice Conference in adult, Continuing, and Community Education, The Ohio State University, October;8(10):82-88.

Global Wellness Institute (2018). Global Wellness Tourism Economy. November.

https://globalwellnessinstitute.org/what-is-wellness/wellness-and-development.

Global Wellness Institute.org (2023). Global Wellness -Economy Monitor. November.

https://globalwellnessinstitute.org/wp-content/uploads/2023/11/GWI-WE-Monitor-2023_FINAL.pdf.

Guan,W.; Thaw,A.K.; Grondhuis, S.N. and Schaechter,A. (2018). Evaluation of a Commercial Telehealth Weight Loss and Management Program. Journal of Nutrition & weight loss;03(02). https://doi.org/10.35248/2593-9793.18.3.114.

Hair, J. F., Risher, J. J., Sarstedt, M. and Ringle, C.M. (2019). When to use and how to report the results of PLS-SEM. European Business Review; 31(1): 2–24. https://doi.org/10.1108/EBR-11-2018-0203.

Han, H.; Kiatkawsin, K.; Koo, B. and Kim, W. (2020). Thai wellness tourism and quality: comparison between Chinese and American visitors' behaviors. Asia Pac. J. Tourism Res.; 25(4):424–440.

Helmy, E. M. (2011). Benchmarking the Egyptian Medical Tourism Sector Against

Best International Practices: An Exploratory Study. Tourismos, An International Multidisciplinary Journal of Tourism;6(2):293-311.

Hosany, S.; Sthapit, E. and Björk, P. (2022). Memorable tourism experience: A review and research agenda.Psychology & Marketing;39(8): 1467-1486. https://doi.org/10.1002/mar.21665

Hu, F.; Wen,J.; Zheng,D. and Wang,W.(2023). Travel medicine in hospitality: an interdisciplinary perspective. International Journal of Contemporary Hospitality Management, 2 August; 35 (9): 3134–3153. https://doi.org/10.1108/IJCHM-05-2022-0574.

Hwang,J. and Han ,H. (2013). Multi-dimensions of the perceived benefits in a medical hotel and their roles in international travelers' decision-making process. International Journal of Hospitality Management;35: 100-108.

IDSC (2024). https://www.idsc.gov.eg/VideoLibrary/details/1302, 26 March.

Jagyasi, P. (2014). Medical tourism and its Gifts to Egypt. Available at: http://www.medicaltourism.com/blog/medical-tourism-and-its-gifts-to-egypt.

Kaminsky, L.A.; German, C.; Imboden, M.; Ozemek, C.; Peterman, J.E. and Brubaker, P.H. (2022). The importance of healthy lifestyle behaviors in the prevention of cardiovascular disease. Prog Cardiovasc Dis.; 70:8–15. doi: 10.1016/j.pcad.2021.12.001.

Kaya, A. Ş. (2023). Nutrition and Dietetics Practices in Health Tourism. In O. Doğan (Ed.), Global Perspectives on the Opportunities and Future Directions of Health Tourism. IGI Global Scientific Publishing; pp. 248-264. https://doi.org/10.4018/978-1-6684-6692-6.ch010.

Khaylis, A.; Yiaslas, T.; Bergstrom, J.and Gore-Felton, C. (2010). A review of efficacious technology-based weight-loss interventions: five key components. Telemed J. E. Health ;16(9):931–938. doi: 10.1089/tmj.2010.0065.

Koo, M. and Yang, S.,W. (2025). Likert-Type Scale. Encyclopedia; 5(1): 18. https://doi.org/10.3390/encyclopedia5010018.

Lehto, X.Y. and Lehto, M.R. (2019). Vacation as a public health resource: toward a wellness-centered tourism design approach. Journal of Hospitality & Tourism Research; 43 (7): 935-960.

Lim, W. M. (2023). What Is Quantitative Research? An Overview and Guidelines. Australasian Marketing Journal. https://doi.org/10.1177/14413582241264622.

Lvov, A. and Komppula, R. (2024). The essence of the hotel room in the hotel business – the hotel managers perspective. European Journal of Tourism Research; 36:3609. https://doi.org/10.54055/ejtr.v36i.3158.

Malleret,T.(2023).The War on Obesity Heats Up. May-31. https://globalwellnessinstitute.org/global-wellness-institute-blog/2023/05/31/the-war-on-obesity-heats-up.

Ministry of Tourism and Antiquities (2004).Therapeutic Tourism, United Printing Co, Cairo,pp56-57.

Ministry of Health and Population and Ministry of Tourism and Antiquities (2024). Egypt health tourism conference, 2- 3 rd March, www.egypthealthtourism.org.

Mohanan,M. and Shekhar,S.K. (2022). Bibliometric analysis of publications on wellness tourism. Turyzm/tourism;32(2): 69-86. https://doi.org/10.18778/0867-5856.32.2.04.

Molanorouzi, K.; Khoo, S. and Morris, T. (2015). Motives for adult participation in physical activity: Type of activity, age and gender health behavior, health promotion and society. BMC Public Health, 15, 66. https://doi.org/10.1186/s12889-015-1429-7.

Mukhamedzhanov, E., Tsitsurin, V., Zhakiyanova, Zh., Akhmetova, B., & Tarjibayeva, S.(2023). The effect of nutrition education on nutritional behavior, academic and sports achievement and attitudes. International Journal of Education in Mathematics, Science, and Technology (IJEMST); 11(2), 358-374. https://doi.org/10.46328/ijemst.3133.

Munsch, S.; Biedert, E.; Meyer, A.; Michael, T.; Schlup, B.; Tuch, A. and Margraf, J. (2007). A randomized comparison of cognitive behavioral therapy and behavioral weight loss treatment for overweight individuals with binge eating disorder. Int. J. Eat Disord ;40(2):102–113. doi: 10.1002/eat.20350.

Myers, J. E., and Sweeney, T. J. (2005). Counseling for wellness: Theory, research, and practice. American Counseling Association, Alexandria,VA.

Nasiche,N. (2024). The Role of Wellness Tourism in the Growth of the Hospitality Industry. Journal of Modern Hospitality; 3(1): 53-64. https://doi.org/10.47941/jmh.1954.

Pennings,N.; Varney,C.; Hines,S.; Riley,B.; Happel,P.; Patel,S. and Bays,H.(2025). Obesity management in primary care: a joint clinical perspective and expert review from the Obesity Medicine Association (OMA) and the American College of Osteopathic Family Physicians (ACOFP) . Obesity Pillars;14 , Article 100172. https://doi.org/10.1016/j.obpill.2025.100172.

Power,D.; Jones,A.; Keyworth, C.; Dhir, P.; Griffiths, A.; Shepherd, K.; Smith, J.; Traviss-Turner,G.;Matu,J. and Ells,L. (2025).Emotional Eating Interventions for Adults Living With Overweight and Obesity: A Systematic Review and Meta-Analysis of Behaviour Change Techniques. Journal of Human Nutrition and Dietetics ;38(1): e13410. https://doi.org/10.1111/jhn.13410.

Rančić D. M.; Mastilović, J.; Blesić, I.; Tesanović, D. and Pavić, L. (2017). Nutritional characteristics of the menus in wellness centers in Serbia and Slovenia, In: Trends and challenges in food technology, nutrition, hospitality, tourism, education and training. Ljubljana, Slovenija,October, pp 30–39.

Saleh,A.S.; Zohry,M.A.E. and Metwaly,A.H. (2017). Assessment the Quality of Hospitality Services in Eco-lodges. Journal of Tourism and Hotels; 7 (2) :17-37.

Sánchez-Torres, J.A.; Arroyo-Cañada, F.-J.; Argila-Irurita, A. and Rivera Gonzalez, J.A. (2020). Attitude towards sport practice: What makesan individual continued practice of sport? Trends Psychology; 29: 341–353. https://doi.org/10.1007/s43076-020-00049-9

Smith, M. K. (2021). Creating Wellness Tourism Experiences. in R. Sharpley (ed.) Routledge Handboed.) Routledgerist Experience, Chapter 26, London. (accessed in jul.25,2025)

Smith, M.and Deikmann, A. (2017). Tourism and wellbeing. Annals of Tourism Res., September; 66:1–of Tourism.

Smith, M. and Diekmann, A. (2017). Tourism and wellbeing. Ann Tourism Res, 66:1–13 https://doi.org/10.1016/j.annals.2017.05.006.

Smith, M. and Puczkó, L. (2008). Health and wellness tourism. 1st Edition, Routledge, London. DOI:https://doi.org/10.4324/9780080942032.

Smith, M. and Puczkó, L. (2014). Health, Tourism and Hospitality: Spas, Wellness and Medical Travel. Routledge.

Somaraki, M.; Ek, A.; Sandvik, P.; Byrne,R. and Nowicka, P. (2022). How do young children eat after an obesity intervention? Validation of the Child Eating Behavior Questionnaire using the Rasch Model in diverse samples from Australia and Sweden & Hospitality. Appetite ;7(3): 1-12, - 169: 1 February,105822. doi: 10.1016/j.appet.2021.105822.

SPA Merkezleri (2011). http://www.spamerkezleri.com,35March. http://www.spamerkezleri.com adresinden alındıHousekeeping Services in Medical Facilities.

Tengilimoğlu, D. and Işık, O. (2021). İstanbul: Sağlık Turizmi Yönetimi İstanbul Üniversitesi. İstanbul Üniversitesi Açik VE Uzaktan Eğitim Fakültesi Sağlik Yönetimi Lisans Tamamlama Programi. http://auzefkitap.istanbul.edu.tr/kitap/saglikyonetimilt_ao/saglikturizmiyonetimi.pdf.

Theocharidis, A. I.; Argyropoulou, M.; Karavasilis, G.; Vrana, V. and Kehris, E. (2020). An approach towards investigating factors affecting intention to book a hotel room through social media. Sustainability;12(21): 8973.

Türkap. (2011). Türkiye Kaplıca Talasso ve Kür Merkezleri Derneği.

http://www.spa-turkey.com adresinden alındı.

Traoré, M.; Thompson, B. and Thomas, G. (2012). Sustainable nutrition security: Restoring the bridge between agriculture and health. Food and Agriculture Organization of the United Nations, Rome, Italy. Available at https://openknowledge.fao.org/server/api/core/bitstreams/898c24c5-831c-4dee-b7f3-30f9f9b4b3a0/content

Valeriani,D. (2024). Digital mapping of tourism destinations in Bangka Regency based on the wellness tourism model. Turyzm/tourism; 34(1): 165-173. https://doi.org/10.18778/0867-5856.34.1.06.

Wearne, N. (1996). Hospitality Marketing. Buller worth and Heinemaun, Oxford, pp1-9.

Webster, M. (2024). Dictionary. Merriam-Webster, https://www.merriam webster.com/dictionary/wellness.

W.H.O.(2021). Discussion Paper: Draft recommendations for the prevention and management of obesity over the life course, including potential targets. 19 August. https://cdn.who.int/media/docs/default-source/obesity/who-discussion-paper-on-obesity-final190821.pdf?sfvrsn=4cd6710a_24&download=true.

W.H.O. (2024-1). What are the health consequences of being overweight? 1March. https://www.who.int/ar/news-room/questions-and-answers/item/obesity-health-consequences-of-being-overweight.

W.H.O. (2024-2). Obesity. https://www.who.int/health-topics/obesity#tab=tab_1.

W.H.O.(2024-3). Obesity and overweight. 1 March.https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight.

W.H.O.(2024-4). One in eight people are now living with obesity.1March. https://www.who.int/news/item/01-03-2024-one-in-eight-people-are-now-living-with-obesity.

W.H.O.(2024-5). Data overview for the Arab Republic of Egypt. World Health Organization Data-Health, https://data.who.int/countries/818.

W.H.O.(2024-6). data.who.int, Age-standardized prevalence of obesity among adults (18+ years).29 February.https://data.who.int/indicators/i/C6262EC/BEFA58B.

Yeung, O. and Johnston, K. (2018). The Global Wellness Tourism Economy 2018. Miami, FL: Global Wellness Institute. https://globalwellnessinstitute.org/industry-research/global-wellness-tourism-economy.

Zaki, D.(2017). Medical Tourism as a New Form of Niche Tourism in Egypt, International Journal of Heritage, Tourism and Hospitality;11(2):13-27.

Zhang, X.; Yu,J. and Kim, H.S.(2024).Exploring Customers Experience and Satisfaction with Theme Hotels: Across-Cultural Analysis of Hotel Reviews, Sage open;14(2):1-16.

تقييم خدمات ضيافة المعافاة في منتجعات الرعاية الصحية: دراسة حالة رعاية إنقاص الوزن

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الملخص باللغه العربية:

تعتبر ضيافة المعافاة من الاتجاهات الواعدة والتي تضع فيها المنتجعات برامج وخدمات لتعزيز صحة نزلائها، كل وفق حالته ومتطلباته الصحية، ويجعل الإقامة بها انعكاساً للضيافة المثالية. ومع ازدياد معدلات السمنة عالمياً وبصفة خاصة بمصر، فقد وضعت مصر في مؤتمر رؤيتها 2030 ضرورة الاهتمام بهذه النوعية من الضيوف. وتهدف هذه الدراسة إلى التعرف على الإمكانات المتاحة بمنتجعات المعافاة من حيث تجهيزات الغرف والأجهزة والمعدات المتاحة والخدمات الفندقية بجانب البرامج المقدمة لتحسين الحالة الصحية للضيوف وبصفة الخاصة مرضى السمنة، ومدى تأثير البرامج التغذوية والرياضية والعلاج الطبيعي والعلاج الطبي المقدم لهم. ولجمع البيانات تم تصميم استمارة استبيان خصيصاً لهذا الغرض وتوجيهها من خلال وسائل التواصل الاجتماعي إلى النزلاء الذين يحتاجون إنقاص الوزن في ثلاث منتجعات صحية بالجيزة والفيوم وأسوان للإجابة عنها في الفترة من أكتوبر إلى ديسمبر 2024، وبلغ إجمالي عدد الاستبيانات الموزعة 435، وكان عدد الاستمارات الصالحة للقياس 390 بنسبة استجابة 89.7٪. ثم أجري تحليل البيانات المُتحصّل تجهيزاً باستخدام برنامج SPSS الإصدار 28. واشتمل التحليل الوصفي للنتائج على المكررات والنسب المئوية والتوزيع القياسي والمتوسط والترتيب بقياس الأهمية النسبية للدراسة وكذلك تحليل العلاقات الثنائية لاختبار فرضيات الدراسة. وأظهرت النتائج نسبة رضا مقبولة من النزلاء عن تجهيزات الغرف، والخدمات الفندقية في المنتجع. وسُجِّلت علاقة إيجابية دالة إحصائيًا بين البرامج المُختَبَرة وأثرها على سلوكيات النزلاء، بالإضافة إلى ولائهم للمنتجع الصحي. وتوصي الدراسة بضرورة أن تشمل عناصر الجودة المميزة لخدمات الصحة الإقامة المريحة، والأنظمة الغذائية الصحية، والأنشطة الرياضية والترفيهية، وبرامج الرعاية الصحية، وتوازناً بين الجودة والسعر، بالإضافة إلى جودة نظام الإدارة المحكم.

الكلمات الدالة: الضيافة الصحية، المنتجعات الصحية، رعاية إنقاص الوزن، الخدمات الفندقية، التغذية، الرياضة، العلاج الطبيعي والطبي