Therapeutic Landscape and Its Impact on Restorative Experience and Health Perception

Ratna Roostika, Muafi

Senior Lecturer
Universitas Islam Indonesia
ratna.roostika@uii.ac.id, muafi@uii.ac.id

Tomi Agus Triono, Reno Candra Sangaji Student of Doctoral Program Management Universitas Islam Indonesia

22935006@students.uii.ac.id, 22935005@students.uii.ac.id

Abstract

This research is designed in order to respond to the phenomenon of tourism shifting trends from sightseeing natural landscape to physical health and mental recovery. Guided by therapeutic landscape theory and Attention Restoration Theory (ART), this study is developed to examine the relationship among the therapeutic landscape (physical, symbolic and social landscape) to restorative experience and health perception. This research is planned to be carried out in three provinces in Indonesia (Jogjakarta, Central Java and East Java) with tourism destinations which represent the therapeutic landscape contexts. Quantitative approach is chosen as a research method, by distributing questionnaires online to tourist respondents. Four propositions were developed to explain the relationship between the therapeutic landscape, restorative experiences and the health perception. Restorative experience is proposed as mediating variable between the therapeutic landscape and health perception. The contribution of this research is so that tourism management has more innovative steps to meet the aspects of recovery and health that are increasingly becoming tourism demands today. Theoretically, is to enrich tourism literature which connect between tourism and health.

Keywords

Therapeutic landscape, restorative experience, health perceptions, tourism

1. Introduction

The shift in motivation for travel that emphasize on health fulfillment is increasing in the community, especially after the Covid-19 pandemic where people becoming more concerned on health. Health according to the World Health Organization (WHO) is " a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" then "There is no health without mental health". This means that health includes the whole physical, mental and social. The changing trend from travelling for sightseeing the nature to activities meeting the health needs such as trekking, cycling, hot springs bath, spa, visiting to religious places and to flower gardens, are increasing sharply. The increasing economic growth and heavier workload make higher number of people experiencing burnout and physically exhausted. Traveling for relaxation or exercising are some options to restore for healthier physical and mental conditions.

Tourism destinations cannot be separated from the place and the life that fills it. The Therapeutic Landscape Theory and Attention Restorative Theory (ATR) explain that the place (the object of destination) can have an impact on health recovery because of the combination of the physical place and the life (human, plants, animals) that fills it (Lehto, 2013; Roostika, 2019; Zhang, et. al., 2021). Departing from these two theories, it is very important that the government and tourism managers to give more attention about providing more portions on health tourism as to improve their current tourism programs. According to the therapeutic landscape theory, beautiful places, religious places and places where you can gather with friends can have impacts on restoring physical and mental health. Of the many tourism studies, there are still very limited research that focus on health tourism, particularly on therapeutic and restorative (recovery) impacts on health (physical and mental) (Zhang, et. al., 2021). Research by Lehto (2013) and Rosenbaum,

et. al., (2016) initiated this therapeutic and restorative role in tourism research. Understanding the therapeutic and restorative impacts will greatly help to focus more on designing "Health Tourism" for tourism destination managers, local and national governments to increase the positive health impact for the visitors and the community at large.

1.1 Objectives

This research is design to fill the gaps in building more innovative health tourism management system and programs, by analyzing the relationships among the therapeutic landscape, the restorative experience and the health perception among tourists (visitors). In particular, the purpose of this study is to analyze and identify the therapeutic landscape impacts on restorative experience and health perception. The contribution of this research is on the integration between the health and tourism, particularly in the observation of therapeutic landscape (physical, social and symbolic landscape) in supporting the level of restorative experience and health perception. It is expected that by understanding more on the health aspects of tourism landscape, more innovative tourism developments and programs can be directed to healthier tourism industry.

2. Literature Review

2.1 Healthy Tourism Trends

With increasing mobility and people's living standards, it is increasingly becoming a trend in Indonesia and throughout the world, that people travel not only for sightseeing (seeing beautiful places), but shifting to relaxation and health-oriented holidays (Xia, 2011). Strengthened by the prolonged trauma of the pandemic, which encourages a healthy lifestyle after the pandemic, people are increasingly concerned about the importance of health. This phenomenon needs immediate attention and anticipatory action, because if people are depressed, it can reduce productivity, work performance and thus increase government health spending. This means that providing quality health tourism is similarly supporting healthy populations at large.

It has been recognized that tourism can have a positive influence on general human health in several ways (Chen & Petrick, 2013). For example: Research on the relationship between tourism and health by Filep (2014), tourism-wellness and quality of life (Dolnicar, et. al., 2012). Likewise, in Indonesia after the 2021, Covid-19 pandemic, health tourism has shown increasing trend. The design of the object of the visit that emphasizes health gets more attention. Culinary schemes with nature and healthy food, government buildings and public services have been rehabilitated to make them greener (biophilic impact). Malls and public destinations are also designed to have greener designs to provide a relaxing effect and restore freshness.

2.2 Place and Health

To achieve a complete health, place plays an important role. Zhang, et. al., (2021) research has identified the relationship between place and health. Places can be in the form of countries, cities, markets, malls, parks, historical sites, forests including very diverse public facilities. Place should not be interpreted statically (physical area only) but generally, place has strong interaction with its inhabitants. This interaction includes human, non-human, social, material, emotional, symbolic elements and so on (Latour, 2005). These interactions contribute greatly to the richness and uniqueness of a place (Duff, 2011). This study looks at the importance of health tourism, which has an impact on people health, community performance and therefore the efficiency of state health spending if people are healthy and happy.

2.3 Therapeutic Landscape Theory

The therapeutic landscape theory was initially only used in a limited way but has now expanded to general tourism (Rosenbaum, et. al., 2020) such as hot springs, health resorts, spiritual retreats, and others (Zhou, et. al., 2017). The therapeutic landscape is defined as "the natural and artificial physical environment, social conditions, and human perceptions that combine to produce an atmosphere conducive to the restoration of health" (Gesler, 1996,). Therapeutic landscape theory is currently extended to a wider range of objects for healing effects (Kearns & Milligan, 2020). This therapeutic landscape provides a theoretical basis for the study of the relationship between health, places/destinations and perceived health benefits. Therapeutic landscape includes: **Physical landscape**: spaces where individuals seek to experience therapeutic effects by interacting with natural and artificial environments (Oster, et. al., 2011). **Social landscape**: the space generated by social interactions among people (Zhou, et. al., 2017). **Symbolic landscape**: an individual's perception of a place and the symbolism associated with that place (Zhou, et. al., 2017). Therapeutic symbol can express through cultural, social, and individual behavior values towards certain objects/areas during a certain period (Cattell, et. al., 2008). Humans, are an active part of the landscape, and human mental and

physical health depends on the perception of the landscape through the whole body (Menatti & Casado da Rocha, 2016).

In the area of management and marketing, Rosenbaum, et. al., (2017) offer the concept of "place" as a collection of resources. This concept is called REPLACE which explains that a place is not just a geographical physical location, but is an integral part of human life experience and has a uniqueness related to life experience. In Attention Restoration Theory (ART), Kaplan (1995) explains that recovery capacity can be achieved by enjoying places and environments that have restorative qualities. This theory is supported by y Lehto, et. al., (2017) research, on restorative quality of tourist destinations in China. ART not only contributes to the explanation of the relationship between human health and nature (Hartig, 2011), but includes understanding the perception of restorative experiences with man-made objects. For example, studies on the restorative effects of museums and parks (Packer, 2014), houses of worship (Herzog & Strevey 2008), and shopping centres (Rosenbaum, et. al., 2016) have proven the contribution of ART theory. Tourists also feel that cultural and historical heritage landscapes have a restorative effect because they enjoy beautiful and calming atmosphere (Kirillova, et. al., 2014, Lehto et. al., 2017). Local gastronomic tourism is also an object of restorative research, because it is considered a cultural element, to satisfy past memories, either as places of origin or as memorable events (Zhang, et. al., 2021).

2.5 Restorative Environment and Its Characteristics

Restoration is defined as the source or capacity of recovery or renewal that can decrease due to the demands/loads of daily work (Hartig, 2011). One of the pioneers of restoration theory is Attention Restorative Theory (ART) which was developed by (Kaplan. 1995; Staats, et al., 2003). This theory states that attention which is forced (directed attention) intensively and continuously can cause fatigue on the function of body mechanisms. Recovery of body functions is very possible when people with fatigue problems are placed in an environment with a calming arrangement (effortless) otherwise known as a condition of "involuntary attention" or "undirected attention." According to ART theory, an environment that can facilitate the reduction of fatigue is a restorative environment (Kirillova & Lehto, 2016). To be more conducive to a recovery effect, Lehto (2013) emphasizes the fulfillment of four quality elements, namely being away, extent, fascination, and compatibility. The "being away" component is a condition where a person can get away from the stresses of daily life, routine work and thoughts. Being away is considered to be the first condition that must be met for recovery which is often done by moving/traveling to a different place/situation (Hartig, et. al., 1997). "Extent" refers to the setting which is the content and structure of the restoration to free the human mind for a period of time sufficient to make directed attention rest (Kaplan, 1995). Extent is a function of a person's perception of the relationship between natural elements and the environment where the restoration is carried out (Hartig, et. al., 1997). "Fascination" is a component in which the restorative environment must provide an effortless effect to do something pleasurable. This is in contrast to job responsibilities which are usually directed attention, namely activities that are regulated and determined by the company or other people. "Compatibility" is the suitability (fit) between individual motives (visitors) and the facilities provided from the destination (tourist object). Overall, the four components in the ART will be analyzed in this study in order to understand restoration properties, so that we have better understanding on the restorative impact on health.

Specifically, the tourism sector has a different complexity compared to other industrial sectors. Therefore, Kirillova and Lehto (2016) added two restorative components and are known as "Perceived destination restorative quality (PDRQ)". The two additional elements include the separation of the being away element from ART into "being away mentally" and "being away physically". The dimensions of PDRQ in the research of Kirillova and Lehto (2016) were significantly able to influence the satisfaction of visitors who sought restorative effects, so PDRQ in this case could be applied to measure restorative experience in the tourism study.

2.6 Therapeutic Landscape to Health Perception

People wherever they are, are tied to the place where they live. Human mental and physical health is greatly influenced by how a person perceives themselves with the environment in which they are resided (Menatti & Casado da Rocha, 2016). Oster et. al., (2011) explain that physical and mental health is influenced by a person's positive perception of the physical, social and symbolic factors of the place where they reside. Previous studies with experimental and survey methods have identified the impact of landscape environments on a person's health (Zhang, et. al., 2021). Furthermore, traditional natural environments are identified as contributing to health due to traditional behaviour towards healthy food, physical activities in open spaces and enjoying beautiful natural scenery (Huang & Xu, 2018).

Natural tourist destinations or current manmade destinations tend to offer a greater proportion of the availability of greener space or blue space (water). This green or blue destinations provide many opportunities for tourists to relax and recover in addition to interact socially with local residents (Cattell et al., 2008). The tourist also tends to cognitively remember, feel and evaluate the places they have already visited. In the destinations that have symbolic meanings such as destinations for religious activities, these places provide space for peace, curing mental health and strengthen their religious beliefs (Huang & Xu, 2018, Zhang et. al., 2021). This study therefore proposes:

P1: Perceptions of (a) physical, (b) social, and (c) symbolic landscapes have a significant positive effect on health perceptions

2.7 Perceived Therapeutic Landscape to Restorative Experience

Restorative can be interpreted as the adaptive ability of a person to recover after the energy has been lost due to hard work for meeting the needs of daily life (Collado, et.al., 2017). In traveling, people can travel to find different atmospheres from their routine. One seeks to find an atmosphere that helps to forget the stress from work load. They look for the freshness of the outdoors, fresh air and fresh water from the destinations and trying a variety of delicious foods (Huang and Xu, 2018). Physical landscape managed with fascinating and aesthetic atmosphere will stimulate the human senses to enjoy and create restorative effect because of the pleasure and relaxation found from the landscape (Kirillova & Lehto, 2016).

This restorative experience can also be alleviated through social interaction between tourists and local residents. Social interaction is not limited by conditions of differences in status or economy, here new social relationships are built in the new place / environment (Gustafson, 2002). New social relationships in new environments provide a new space different from everyday life which in this case can build different experiences of relief and make people ready to return to healthier stage and fresher condition (Cattell, et. al., 2008).

Symbolic landscape is often associated with mythical or sacred places (Gesler, 1993). These places are often perceived to have a certain healing power and are supported by the symbolic reality of how a disease can be helped to be cured and treated (Huang & Xu, 2018). This symbolic landscape is sufficient to provide strength in attracting tourists to travel to places that are considered to have an impact on restorative experiences. Engaging symbolic activity is perceived to help to recover from diseases or the burden of life (Huang & Xu, 2018). Restorative experiences in symbolic landscapes are often aided by local communities who provide therapeutic assistances that can help mental health recovery (Huang & Xu, 2018). The study therefore proposes the following proposition:

P2: Perceived (a) physical, (b) social, and (c) symbolic landscapes significantly and positively influence restorative experiences.

2.8 Restorative Experience to Health Perception

Efforts to maintain and restore health can be achieved through many processes. In general, obtaining health will involve a recovery process, which includes the activation of physical and mental capacities (Collado, et al., 2017). This activation is carried out through efforts to relieve stress, in which this restorative experience is shown to be able to improve the emotional and cognitive functioning of a person (Hartig, et al., 2003). This includes restorative experiences that can also improve a person's psychological health (Van den Berg, et al., 2003). One's attempts to find atmosphere of restorative experience: by seeking a calming atmosphere, enjoying the beauty of nature or involving in a challenging activity, can have a positive effect on the perceived health (Fritz & Sonnentag 2006). Therefore, this study propose the following proposition:

P3: Restorative experiences significantly and positively affect health perceptions.

2.9 Restorative Experience as Mediating Variable

In therapeutic landscape theory, Farina, et al., (2007) explain that "landscape" includes a complex entity and its contents interact with each other which includes energy, substance and information. In the context of destinations for health tourism, landscape reflects the interaction between visitors and the natural environment (Terkenli, 2002). According to the REPLACE (resource-exchange place) framework, Rosenbaum, et. al. (2017) outline that the diverse resources available to consumers can be exchanged with other entities after consuming the environment to build perceptions of finding healthy benefits and also gaining restorative experiences (Zhang, et. al., 2021). Within the framework of REPLACE (Rosenbaum, et. al. (2017) also explain the mediation role of the restorative experience. Rosenbaum, et. al., (2020) applied therapeutic landscape theory into the REPLACE framework, where therapeutic

landscapes are linked as places to be consumed/enjoyed, and from their empirical research, it proves that the place consumed is capable of being an important space to promote consumers restorative experiences and health perceptions. Therefore, this study propose the following proposition:

P4: Restorative experience mediates the positive effects of perceived (a) physical, (b) social, and (c) symbolic landscapes on health perceptions.

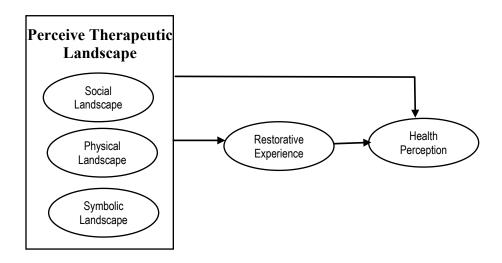


Figure 1. Conceptual Model

3. Methods

This research is design using quantitative approach. Quantitative methods (surveys) will be carried out with combination of paper-based and online-based surveys for visitors to the appointed destinations. The research will be conducted for tourists visiting destinations in the areas of Jogjakarta, Central Java and East Java. The population are all visitors in the target destinations. The close questionnaire is made by applying 7 Likert scales (strongly disagree to strongly agree). Statistical analysis techniques use SPSS and Structural Equation Modeling (SEM) – Partial Least Square (PLS) for the following reasons: (1) SEM can test all variable relationships simultaneously and (2) can be used for complex research models (Hair, et. al., 2012), (3) SEM has been widely used in quantitative research in the field of business, marketing and tourism

4. Discussion

The study fills the gap in the therapeutic landscape literature that quantitatively attempts to explain the relationship between the therapeutic landscape, restorative experience and the health perception. Therapeutic landscape theory and ART (Attention Restorative theory) are used as a basis for explaining the relationship between destination and health perception. Landscape therapeutic theory is specifically used to explain the influence of physical, social, and symbolic environmental factors to health perceptions. Meanwhile, ART is used to explain in detail the five restorative elements (extent, fascination, compatibility, being away mentally" and "being away physically) that have potential impact on the health perception. The restorative experience is also design as mediation variable between the therapeutic landscape and the health perception.

Tourism destinations are undeniably a source of pleasure, happiness and health. The study of tourism mostly only emphasizes the aesthetic aspects and conditions of the physical landscape, such as spring water (Didaskalou & Nastos, 2003), health spa (Rocha & Brandao, 2014), and traditional Chinese medicinal products (Islam, 2014). Therapeutic landscape research that employees a holistic approach and links it to health goals is still very limited (Zhang, et. al., 2021). Qualitative studies of the therapeutic landscape at specific locations was conducted by (Kearns & Milligan, 2020), this study explores the specific mechanisms of local impacts on health and measures the causal impact between place and health.

The study is design as quantitative approach, and builds four propositions as depicted in the conceptual model (Figure 1). **The first proposition** is: Landscape perceptions (a) physical, (b) social, and (c) symbolic have a significant positive effect on health perceptions. The three types of landscapes do not necessarily have the same effect on health perceptions. This is because the reasons for people to travel are very diverse, hence the degree to which the perception of recovery and health is greatly influenced by the initial motivation to travel. Research by Zhang, et. al., (2021) also proved that only social and symbolic landscapes positively significant in influencing health perception. Meanwhile, the effects of the physical landscape need to be mediated by restorative experiences to have an impact on health perceptions.

In the context of tourism in Indonesia, physical landscapes are still often the main reason for people to visit destinations. Natural activities are chosen to get a natural freshness and exotic view, specifically finding atmosphere different from everyday life. Visiting religious destinations with many symbolic nuances are still highly favorable among Indonesians. Indonesia has a long history of Hinduism, Buddhism and Islam. There are many religious heritages such as temples, mosque and churches, as symbolic destinations visited for religious purposes. The gathering event among alumni and organizations have also been increasingly popular, held in the hotels and resorts located in the tourism destinations or in big cities. The social gathering held in specific place can offer happiness as the result of meeting old friends with the same age as well as relaxations as it usually held in the place different from home, and having many tourists' attractions including shopping activities.

The second proposition suggests that the therapeutic landscape has a significant positive influence on restorative experiences. The three types of landscapes (Symbolic, social and physical) will further be analyzed how they impact the five elements of the restorative experience including: extent, fascination, compatibility, being away mentally and being away physically. There has been no study testing these two concepts (therapeutic landscape and restorative experience) under conditions as multivariate variables. Conducting this study will enrich the literature of health destinations regarding which landscape characteristics have a different impact on restorative experiences. For example, whether the social landscape has a restorative impact in the form of fascination which is stronger than other restorative elements.

In Indonesia, where people are also increasingly shifting in traveling for health reasons, understanding the variety of therapeutic landscapes and the reasons to visit destinations, are crucial. Managers must understand which of the therapeutic landscape (symbolic, social or physical) that represent their destination. By understanding the strength of the landscape and the restorative experience that visitors have, managers have better insight in meeting health demand of the tourists and further could developed better tourism strategy that are more health-based programs.

The third and fourth propositions identify more about the role of restorative experience and its role as a mediating variable in the therapeutic landscape and health perception. This proposition provides knowledge that people could feel that visiting the therapeutic landscape is directly influence their individual health. On the other hand, the therapeutic landscape may also have no direct effect on extent, fascination, compatibility, being away mentally and being away physically. The therapeutic landscape and health perception must first go through individual restotarif experiences. In this case, indeed, the perception of people with one another is very subjective and different. Just as people with different severity of the disease, the higher the urgency for recovery/healing, the higher the tendency to instantly feel the health of visiting a different therapeutic landscape.

Tourism cannot be separated from local communities that fill the life in the therapeutic landscape. People is the main actor that is tied to the place where they live. Human mental and physical health is greatly influenced by how humans interacts with their environment and how humans develop health perceptions (Menatti & Casado da Rocha, 2016). Oster et. al., (2011) argue that physical and mental health is influenced by a person's positive perception of the physical, social and symbolic landscape of the destinations. Tourism managers need to carefully explore aspects of health management and psychological management in order to better carrying out tourism services and their development. People are increasingly choosing to travel different place. If the place visited is not offering a healthy and refreshing effect, they will likely share negative communication and further become a bad promotion for the destination. It is important to realize that the human aspect in tourism is the most important thing in this industry. Those who build social power, who build symbolic strength, and who manage physical beauty are the people themselves. That's why with the shift in tourism trends from only see beautiful places shifting to tourism focusing on health, management must also be more creative in rewarding staffs' performance as well as in actively communicating the benefits of health.

5. Conclusion

This research is designed in order to respond to the shifts in tourism trends that are meeting more for health needs. Using the theoretical basis of therapeutic landscape and Attention Restoration Theory (ART), this study builds a model that connects the therapeutic landscape (physical landscape, symbolic landscape and social landscape), restorative experience and health perception. Restorative experience consisting of five dimensions (limited extent, fascination, compatibility, being away mentally" and "being away physically) act as a mediating variable of the relationship between the therapeutic landscape and the perception of health. The conceptual model of this research is also strengthened by the condition of the post-pandemic community which shows higher demand on a healthier lifestyle and chooses healthy tourist activities. This research will survey tourists who travel, especially in three provinces in Indonesia, namely Jogjakarta, Central Java and East Java. These three areas cover diversity of destinations that have symbolic, physical and social landscape. Quantitative research methods are selected by distributing questionnaires online.

The SEM statistical analysis tool (Smart PLS) will be used in analyzing the data due to the presence of two multivariate variables in the proposed model concept (landscape therapeutic - physical, symbolic and social) and (restorative experiences - extent, fascination, compatibility, being away mentally and being away physically). The contribution of this research will theoretically enrich the lack of literature in the field of tourism that combines with health aspects, especially the restorative effect of destinations. In addition, for tourism manager, they should be more aware on the health motivations underlying why people traveling. This awareness is important for the tourism management to develop better destination strategies that cover greater health related benefits in tourism industry.

References

- Cattell, V., Dines, N., Gesler, W., and Curtis, S. Mingling, observing, and lingering: everyday public spaces and their implications for well-being and social relations. *Health Place* 14, 544-561, 2008.
- Chen, C., and Petrick. J.F. Health and wellness benefits of travel experiences: a literature review. *Journal of Travel Research*. 52 (6) 709-19, 2013.
- Collado, S., Staats, H., Corraliza, J.A., and Hartig, T. 2017. *Restorative environments and health*. In: Fleury-Bahi, G., Pol, E., Navarro, O. (Eds.), Handbook of Environmental Psychology and Quality of Life Research. Springer, Cham, pp. 127-148, 2017.
- Didaskalou, E.A., and Nastos, P. The role of climatic and bioclimatic conditions in the development of health tourism product. *Anatolia* 14, 107-126, 2003.
- Dolnicar, S., Yanamandram, V., and Cliff. K. The contribution of vacations to quality of life. *Annals of Tourism Research*. 39 (1) 59-83, 2012,
- Duff, C. Networks, resources and agencies: on the character and production of enabling places. *Health Place*. 17, 149-156, 2011.
- Farina, A., Scozzafava, S., and Napoletano, B. Therapeutic landscapes. Paradigms and applications. *Journal of Mediterranean Ecology*. 8, 9. 2007.
- Filep, S. Moving beyond subjective wellbeing: A tourism critique. *Journal of Hospitality and Tourism Research.* 38, 266-274, 2014.
- Fritz, C., and Sonnentag, S. Recovery, well-being, and performance-related outcomes: The role of workload and vacation experiences. *Journal of Applied Psychology*. 91(4), 936-945, 2006.
- Gesler, W.M. Lourdes: healing in a place of pilgrimage. Health Place 2, 95-105, 1996.
- Gesler, W.M. Therapeutic landscapes: theory and a case study of Epidauros, Greece. *Environment Planning. Soc. Space* 11, 171–189, 1993.
- Huang, L., and Xu, H. Therapeutic landscape and longevity: wellness tourism in Bama. *Social Science and Medicine*. 24-32, 2018.
- Hair, J.F., Sarstedt, M., Ringle, C.M. and Mena, J.A. An Assessment of the Use of Partial Least Squares Structural Equation Modeling in Marketing Research. *Journal of the Academy of Marketing Science*. 40, 414-433, 2012.
- Hartig, T. Issues in restorative environment research: Matters of measurements. In B. V. Fernandez-Ramirez, C. Ferrer, & J. Medez (Eds.), Psicologia ambiental 2011: Entre los estudios urbanos y el analisis de la sostenibilidad (pp. 41–66). Almeria: Universidad de Almeria. 2011.
- Hartig, T., Evans, G.W., Jamner, L.D., Davis, D.S., and Garling, T. Tracking restoration in natural and urban field settings. *Journal Environment Psychology*. 23, 109-123, 2003.

- Hartig, T., Kaiser, F.G., and Bowler, P.A. Further Development of a Measure of Perceived Environmental Restorativeness. Uppsala University, Uppsala, Working Paper No. 5, 1997.
- Herzog, T.R., and Strevey, S.J. Contact with nature, sense of humor, and psychological well-being. *Environment and Behavior*. 40 (6): 747–76, 2008.
- Islam, N. Chinese Medicine as a product filling the wellness health tourism niche in China: prospect and challenges. *International Journal of Tourism Sciences*. 14, 51-69, 2014.
- Kaplan, S. The Restorative Benefits of Nature: Toward an Integrative Framework. *Journal of Environmental Psychology*, 15, 169-82, 1995.
- Kearns, R.A., and Milligan, C., 2020. Placing therapeutic landscape as theoretical development in Health & Place. *Health Place*. 61, 1-4, 2020.
- Kirillova, K. and Lehto, X. Aesthetic and restorative qualities of vacation destinations: How are they related? *Tourism Analysis*, 21(5), 513-528, 2016.
- Kirillova, K., Fu, X., Lehto, X., and Cai, L. What makes a destination beautiful? Dimensions of tourists' aesthetic judgment. *Tourism Management*, 42, 282-293, 2014.
- Latour, B., Reassembling the social: An Introduction to Actor-Network-Theory. Cambridge University Press, Cambridge. 2005.
- Lehto, X. Assessing the Perceived Restorative Qualities of Vacation Destinations. *Journal of Travel Research.* 52(3) 325-339, 2013.
- Lehto, X, Kirillova, K., Li, H., and Wu, W. A cross-cultural validation of the perceived destination restorative qualities scale: the Chinese perspective, *Asia Pacific Journal of Tourism Research*. 22(3), 329-343, 2017.
- Menatti, L., and Casado da Rocha, Landscape and health: connecting psychology, aesthetics, and philosophy through the concept of affordance. *Frontiers in Psychology*. 7, 1-17, 2016.
- Oster, C., Adelson, P.L., Wilkinson, C., and Turnbull, D., 2011. Inpatient versus outpatient cervical priming for induction of labour: therapeutic landscapes and women's preferences. *Health Place* 17, 379-385, 2011.
- Rocha, A.S.S., and Brandao, A. On developing wellness and medical tourism: the characterization of a national termal network. *Journal of Management and Marketing in Healthcare*. 7, 226-236, 2014.
- Roostika, R. Tourism Impact on the Sense of Well Being and Satisfaction with Life. *International Journal of Health Science and Technology*, 1 (2). 83-93, 2019.
- Rosenbaum, MS, Otalor, ML, and Ramírez, G.C. The restorative potential of shopping malls, *Journal of Retailing and Consumer Services*. 31, 57-165, 2016.
- Rosenbaum, M.S., Kelleher, C., Friman, M., Kristensson, P., and Scherer, A. Re-placing place in marketing: a resource-exchange place perspective. *Journal of Business Research*. 79, 281-289, 2017.
- Rosenbaum, M.S., Friman, M., Ramirez, G.C., and Otterbring, T. Therapeutic servicescapes: restorative and relational resources in service settings. Journal of Retailing and Consumer Services. 55, 102078, 2020.
- Staats, H., Kieviet, A., and Hartig, T. Where to recover from attentional fatigue: An expectancy-value analysis of environmental preference. *Journal of Environmental Psychology*. 23(2), 147-157, 2003.
- Terkenli, T.S. Landscapes of tourism: towards a global cultural economy of space? *Tourism Geography*. 4, 227-254, 2022.
- Van den Berg, A.E., Koole, S.L., and van der Wulp, N.Y. Environmental preference and restoration:(How) are they related? *Journal Environment Psychology*. 23, 135-146, 2003.
- Xia, M. Thinking about the development strategy of leisure vacation tourism in China: Taking Chaohu City as an example. *Journal of Anhui Agricultural University (Social Sciences Edition*. 20(3), 26-30, 2011.
- Zhang, Q, Zhang, H, and Xu, H. Health tourism destinations as therapeutic landscapes: Understanding the health perceptions of senior seasonal migrants, *Social Science and Medicine*. 279, 113951, 2021.
- Zhou, L., Yu, J., Wu, M.-Y., Wall, G., and Pearce, P.L. Seniors' seasonal movements for health enhancement. *Service Industries Journal*. 38, 27-47, 2017.

Biographies

Ratna Roostika is an Associate Professor at Management Department, Universitas Islam Indonesia Yogyakarta. Ratna Completed her Master and PhD from Melbourne University (2002) and Swinburne University of Technology (2010). In Management Department, Ratna has been lecturing in marketing, strategic management and business digital. Her research interests cover: consumer behaviour, branding, place marketing, tourism and hospitality. Ratna has completed Post Doc research in Purdue University – West Lafayette majoring in place marketing.

Muafi is a Professor at Departement of Management, Universitas Islam Indonesia. Muafi started the career as lecturer of Management on 1999. During the time as a lecturer, Muafi worked in the field of Human Resource Management and Strategic Management. Several research grant from the Ministry of Research, Technology, and Higher Education has been successfully obtained as the Chief Researcher such as Dosen Muda (Junior Lecturer) Grant, Bersaing (Competitive) Grant, Fundamental Grant, Kompetensi (Competency) Grant, and Riset Dasar (Basic Research) Grant. Muafi also managed to obtain research findings from the Ministry of Finance's LPDP as the Chief Researcher for the Implementation Grant of 2014.

Tomi Agus Triono is currently a doctoral student in management science at the Universitas Islam Indonesia, born on August 19, 1996, motivated to continue his doctoral degree because he was inspired to become a young scholar. before continuing in the doctoral program, he completed a bachelor's and master's program at the same concentration of knowledge with a focus on human resource management, while as a doctoral student he was active and interested in research, writing, developing human resources in the digital field. he has several scientific publications, is the editor of a book, participates in making city government studies, besides that he is also an extraordinary teacher at one of the universities in Indonesia.

Reno Candra Sangaji is working at present as Lurah in Kalurahan Condongcatur, Kapanewon Depok, Kabupaten Sleman, DIY. Prior to his current position, he spent 12 years serving as Affairs Head of Social and Civic in Kalurahan Condongcatur. He has completed his Master in Governance Science from Sekolah Tinggi Pembangunan Masyarakat Desa "APMD" Yogyakarta, and is currently pursuing Doctoral Degree in Human Resource Management at Universitas Islam Indonesia (UII). His areas of interest include humanity and societal issues and he has been active leading disaster management in his district. He had received many awards such as being the Pioneer for the actualizing of "Desa Bersinar" from National Narcotics Agency (BNN) Indonesia, as a Motivator for Gender Equality from the Regent of Sleman Regency, and is presently working on more research papers on human resource management.