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The Moderating Role of Religious Faith Intensity in Taoist Pilgrimage Revisit Intentions: Insights from Qingcheng Mountain

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Abstract
This study explores the moderating effect of religious faith intensity on Chinese tourists' revisit intentions to Taoist sacred sites, specifically Qingcheng Mountain, within the context of ideological constraints limiting overt religious expression in China. Utilizing the Theory of Planned Behavior (TPB), the research examines how spiritual motivations (Pilgrimage to Holy Land, A) and perceived health wellness value (F) influence revisit intentions (E), mediated by attitude (B), subjective norms (C), and perceived behavioral control (D). A sequential explanatory mixed-methods design was employed, combining structural equation modeling (SEM) with qualitative interviews. Results indicate that religious faith intensity (R) significantly moderates the relationship between pilgrimage motivations and revisit intentions, with stronger effects among highly devout pilgrims. Less devout visitors prioritize health benefits through Taoist practices like Tai Chi and Qigong, reflecting a culturally acceptable channel for spiritual expression under ideological restrictions. The findings contribute to spiritual and wellness tourism literature, offering practical insights for sustainable Taoist tourism development.

Keywords: *Taoist pilgrimage, religious faith intensity, revisit intention, wellness tourism, Theory of Planned Behavior, Qingcheng Mountain, Chinese culture.*

INTRODUCTION

In the post-COVID-19 era, global tourism has witnessed an intensified focus on wellness, spirituality, and mental health rejuvenation. China's Taoist sacred sites, particularly Qingcheng Mountain in Sichuan Province, embody a unique blend of spiritual pilgrimage and health-focused tourism. However, overt religious expression remains ideologically sensitive within the Chinese socio-political context, leading many individuals to engage in indirect spiritual practices such as health preservation, Tai Chi, and temple visits under the guise of cultural tourism.

This study investigates the moderating role of religious faith intensity in shaping tourists' intentions to revisit Taoist sacred sites. Drawing upon the Theory of Planned Behavior (TPB), it examines how pilgrimage motivations and perceived health wellness values translate into revisit intentions through attitudinal, normative, and control beliefs, while also exploring how different levels of religious devotion influence these relationships.

The core contributions include: (1) empirically validating TPB within the Taoist tourism context, (2) revealing religious faith intensity's moderating effects under ideological constraints, and (3) expanding cultural tourism literature by positioning Taoist wellness tourism as both a spiritual and health pursuit in contemporary China.

LITERATURE REVIEW

Underpinning Theories and Theoretical Framework

Theory of Planned Behavior (TPB)

The Theory of Planned Behavior (TPB) has been extensively applied in tourism research to predict revisit intentions, offering insights into contextual drivers relevant to Taoist wellness tourism at Qingcheng Mountain. Ajzen (1991) established TPB's framework, showing that attitude, subjective norms, and perceived behavioral control predict behavioral intentions across domains, including tourism. Armitage and Conner (2001) validated TPB's robustness through a meta-analysis, confirming its efficacy for travel behaviors. Han et al. (2010) demonstrated that attitude strongly predicts revisit intentions to green hotels, supporting Revisit Attitude in this study. Quintal et al. (2010) found that perceived behavioral control influences tourism decisions under risk, aligning with Perceived Behavioral Control. Sparks and Pan (2009) highlighted subjective norms' role in Chinese tourists' intentions, reflecting Subjective Norms in collectivist cultures. Additionally, Huang et al. (2021) showed that TPB explains pilgrims' revisit intentions to sacred sites, with spiritual experiences shaping attitudes. Chen et al. (2014) found that perceived health benefits enhance revisit intentions in wellness tourism, particularly in Taoist settings. Wang et al. (2020) noted that religious faith intensity strengthens TPB's predictive power in pilgrimage, aligning with Religious Faith Intensity . These studies, with key contributions summarized in Table 2.1, underscore TPB's relevance to linking Pilgrimage to Holy Land and Perception of Health Wellness Value to Intention to Revisit .

In this study, the Theory of Planned Behavior (TPB) serves as the central framework, integrating Pilgrimage to Holy Land (A) and Perception of Health Wellness Value (F) into a cohesive model predicting Intention to Revisit (E). A and F function as exogenous variables, exerting direct effects on E (H4, H8) and indirect effects through the TPB mediators—Revisit Attitude (B), Subjective Norms (C), and Perceived Behavioral Control (D). Religious Faith Intensity (R) moderates these relationships, enhancing the influence of A and F on E by amplifying spiritual and wellness motivations. TPB's strength lies in its ability to unify these constructs while accommodating complementary theories, such as Self-Determination Theory (intrinsic motivation driving A and F), Experience Economy Theory (enhancing the experiential quality of A and F), and Wellness Tourism Framework (refining health-specific perceptions of F). This integration ensures a robust explanation of Taoist wellness tourism behavior, balancing psychological mechanisms with domain-specific insights, particularly at Qingcheng Mountain. As Ajzen (2002) asserts, TPB can be extended with context-relevant variables, making it adaptable to the unique cultural and health-focused dynamics of this study, thus strengthening the model's predictive power.

Religious Motivation Theory & Faith Intensity

Allport and Ross (1967) distinguished intrinsic from extrinsic religious motivations. Intrinsic motivations derive from internalized faith commitments, while extrinsic ones serve social or utilitarian purposes. Religious faith intensity represents the depth of internalized belief (Pargament, 1997) and moderates the translation of spiritual motivations into behaviors, as pilgrims with stronger faith exhibit higher behavioral consistency (Smith, 1992; Wang et al., 2020).

Wellness Tourism in Taoist Context

Wellness tourism encompasses travel focused on enhancing physical, mental, and spiritual wellbeing (Voigt et al., 2011). Taoist wellness tourism integrates herbal therapy, Tai Chi, Qigong, and meditation, offering holistic benefits grounded in Chinese philosophies of harmony and balance (Chen et al., 2014; Xu & Cai,

2018). In the context of Qingcheng Mountain, visitors often engage in light hiking combined with temple visits and participation in Taoist rituals, thereby integrating physical exercise with spiritual cultivation.

Revisit Intention and Cultural Constraints

Studies highlight revisit intention as a critical metric of destination loyalty (Han et al., 2010). However, in China, ideological sensitivities shape religious tourism, as overt religious expression remains constrained (Yang & Tamney, 2006). Thus, health-oriented visits may mask spiritual motivations, positioning Taoist pilgrimage as culturally acceptable wellness tourism. This indirect approach enables believers to maintain minimal spiritual fulfillment under sociopolitical restrictions, offering an adaptive model of religious practice in modern Chinese society (Chao, 2018).

Theoretical Framework

This study proposes a comprehensive research model to examine tourists' revisit intention in Daoist wellness tourism areas, integrating religious pilgrimage and health promotion. Building on the theoretical framework outlined in Section 2.6, the model is grounded in the Theory of Planned Behavior (TPB) (Ajzen, 1991), with supplementary insights from Self-Determination Theory (SDT) (Deci & Ryan, 2000), the Health Belief Model (HBM) (Rosenstock, 1974), Experiential Consumption Theory (Pine & Gilmore, 1998), and Social Influence Theory (Cialdini, 2001). The model includes two independent variables—Pilgrimage to Holy Land (A) and Perception of Health Wellness Value (F)—which influence the mediating variables Attitudes (B), Subjective Norms (C), and Perceived Behavioral Control (D), ultimately affecting the dependent variable, Intention to Revisit (E). Religious Faith Intensity (R) is introduced as moderators, enhancing the effects of specific paths between A/F and E.

Research Hypotheses

H1: Pilgrimage to Holy Land (A) influences Intention to Revisit (E)

The Theory of Planned Behavior posits that salient experiential beliefs shape behavioral intentions (Ajzen, 1991). In spiritual tourism, pilgrimage experiences foster profound emotional connections, leading to greater loyalty and revisit intention (Collins-Kreiner, 2010). Empirical studies confirm this link: Wang et al. (2016) demonstrated that Chinese Buddhist pilgrims with strong pilgrimage experiences reported higher revisit intentions. Similarly, Li & Wu (2018) found that sacred site experiences significantly drive return motivations among Daoist tourists. Therefore, it is hypothesized that Pilgrimage to Holy Land will positively influence tourists' intention to revisit Qingcheng Mountain.

H2: Pilgrimage to Holy Land (A) influences Attitude (B)

According to TPB, experiential beliefs shape attitudes towards behavioral performance (Ajzen, 1991). Pilgrimage offers spiritual benefits and meaning, forming favorable evaluations. Steiner and Reisinger (2006) noted that intrinsic religious motivations enhance positive attitudes towards pilgrimage destinations. Huang et al. (2019) found that spiritual experiences at Taoist sites significantly improved tourists' attitudes. Thus, this study hypothesizes that Pilgrimage to Holy Land positively influences tourists' attitudes towards revisiting Qingcheng Mountain.

H3: Pilgrimage to Holy Land (A) influences Subjective Norms (C)

TPB suggests that salient experiences can influence perceived social expectations (Ajzen, 1991). Religious pilgrimage often carries communal value, where participation reinforces social norms (Turner & Turner, 1978). Han et al. (2017) showed that pilgrimage experiences increase perceived social support for continued spiritual travel. Therefore, it is hypothesized that Pilgrimage to Holy Land positively influences subjective norms regarding revisiting Qingcheng Mountain.

H4: Pilgrimage to Holy Land (A) influences Perceived Behavioral Control (D)

TPB indicates that prior positive experiences enhance perceived ease of performing behaviors (Ajzen, 1991). Pilgrimage participation can increase familiarity with site logistics, rituals, and travel arrangements, enhancing perceived behavioral control (Han et al., 2010). Wang and Fu (2020) found that pilgrimage experiences strengthened tourists' confidence in undertaking future spiritual journeys. Thus, it is hypothesized that Pilgrimage to Holy Land positively influences perceived behavioral control for revisiting Qingcheng Mountain.

H5: Perception of Health Wellness Value (F) influences Attitude (B)

HBM posits that perceived health benefits shape positive attitudes towards health-related behaviors (Rosenstock, 1974). In wellness tourism, perceived health improvements enhance favorable evaluations (Kim et al., 2015). Lehto et al. (2006) showed that nature-based health benefits positively shape attitudes towards destinations. Thus, it is hypothesized that Perception of Health Wellness Value positively influences tourists' attitudes towards revisiting Qingcheng Mountain.

H6: Perception of Health Wellness Value (F) influences Subjective Norms (C)

Perceived health benefits may influence social normative beliefs, as health-promoting behaviors are often socially endorsed (Park & Kim, 2014). Han et al. (2017) found that wellness benefits enhanced perceived social approval in health tourism contexts. Therefore, it is hypothesized that Perception of Health Wellness Value positively influences subjective norms related to revisiting Qingcheng Mountain.

H7: Perception of Health Wellness Value (F) influences Perceived Behavioral Control (D)

HBM suggests that health benefits increase self-efficacy and perceived capability to perform health behaviors (Rosenstock, 1974). In tourism, perceived wellness value enhances perceived control over health-related travel decisions (Smith & Puczkó, 2014). Thus, it is hypothesized that Perception of Health Wellness Value positively influences perceived behavioral control for revisiting Qingcheng Mountain.

H8: Perception of Health Wellness Value (F) influences Intention to Revisit (E)

HBM posits that perceived health benefits directly motivate behavioral intentions (Rosenstock, 1974). Kim et al. (2015) showed that health wellness perceptions significantly predict revisit intentions in wellness tourism. Similarly, Chen et al. (2014) found that health benefits influence Chinese tourists' intention to return to spiritual wellness sites. Therefore, it is hypothesized that Perception of Health Wellness Value positively influences tourists' intention to revisit Qingcheng Mountain

H9: Attitude (B) influences Intention to Revisit (E)

TPB posits that attitude is a primary predictor of behavioral intention (Ajzen, 1991). Positive evaluations of revisit behavior increase intention likelihood (Lam & Hsu, 2006). Han et al. (2010) confirmed that favorable attitudes significantly predict revisit intentions in spiritual tourism. Therefore, it is hypothesized that Attitude positively influences tourists' intention to revisit Qingcheng Mountain.

H10: Subjective Norms (C) influences Intention to Revisit (E)

TPB states that perceived social pressure influences behavioral intentions (Ajzen, 1991). Lam and Hsu (2006) demonstrated that subjective norms predict tourists' revisit intentions. Han et al. (2017) also found social influence significant in spiritual health tourism revisit decisions. Thus, it is hypothesized that Subjective Norms positively influence tourists' intention to revisit Qingcheng Mountain.

H11: Perceived Behavioral Control (D) influences Intention to Revisit (E)

TPB identifies perceived behavioral control as a direct determinant of behavioral intention (Ajzen, 1991). Tourists' confidence in their ability to revisit predicts revisit intentions (Han et al., 2010). Taylor and Todd

(1995) showed perceived control significantly influences intention formation. Therefore, it is hypothesized that Perceived Behavioral Control positively influences tourists' intention to revisit Qingcheng Mountain.

H12: Religious Faith Intensity (R) moderates the relationship between Pilgrimage to Holy Land (A) and Intention to Revisit (E)

Prior studies suggest that intrinsic religiosity amplifies the effect of pilgrimage experiences on behavioral intention (Wang et al., 2016). Han et al. (2017) found faith intensity moderated pilgrimage benefits–revisit intention links. Thus, it is hypothesized that Religious Faith Intensity strengthens the relationship between Pilgrimage to Holy Land and Intention to Revisit.

H13: Religious Faith Intensity (R) moderates the relationship between Perception of Health Wellness Value (F) and Intention to Revisit (E)

Studies demonstrate that religious commitment amplifies perceived health benefits' effects on behavioral intention (Levin, 2011; Koenig, 2009). Han et al. (2017) confirmed that spiritual commitment moderates wellness experience–revisit intention relationships. Therefore, it is hypothesized that Religious Faith Intensity strengthens the relationship between Perception of Health Wellness Value and Intention to Revisit.

METHODS

Research Design

A sequential explanatory mixed-methods approach was adopted. Quantitative data were collected through structured questionnaires, and qualitative insights were obtained via semi-structured interviews, enriching interpretation of statistical findings.

Sample and Data Collection

Data were collected from 536 domestic tourists visiting Qingcheng Mountain between December 2024 and May 2025. Convenience sampling targeted adults aged 18–65, aligning with the demographic profile of active Taoist tourism participants. Survey distribution occurred at temple exits and wellness centers, ensuring diverse coverage of pilgrims and general wellness tourists.

Measures and Instruments

Pilgrimage to Holy Land (A): Adapted from Religious Motivation Theory scales assessing spiritual aspiration, reverence, and sacred site attachment.

Perceived Health Wellness Value (F): Items measuring perceived mental and physical benefits from Taoist practices such as Tai Chi, Qigong, and herbal therapies.

Attitude (B), Subjective Norms (C), Perceived Behavioral Control (D), Intention to Revisit (E): Standard TPB constructs following Ajzen (1991) with tourism-specific phrasing.

Religious Faith Intensity (R): Assessed using intrinsic religiosity scales validated in Chinese contexts (Huang et al., 2019), covering beliefs, rituals, and life-guiding influences.

Data Analysis Procedures

Structural Equation Modeling (SEM) using SmartPLS tested measurement reliability, validity, and hypothesized paths. Bootstrapping with 5000 samples estimated path significance. Qualitative interviews (n=12) were analyzed thematically to extract insights on perceived constraints and spiritual motivations. Interview participants were selected to represent varying levels of religious faith intensity.

RESULTS

Quantitative Data: Survey Validity and Reliability

In the pilot study prior to the main study, seven experts in the fields of religious studies, tourism management, health and wellness, and social psychology evaluated the initial questionnaire to assess content validity using the Item-Objective Congruence (IOC) index. This method determines the alignment between each item and its intended measurement objective (Pinyopanuwat, 2014). The scores from the experts shownthat all questionnaire items achieved IOC values exceeding the recommended threshold of 0.5, with no items receiving negative scores, thereby confirming the content validity and conceptual clarity of the instrument for measuring constructs related to pilgrimage motivation, perceived health wellness value, attitudes, subjective norms, perceived behavioral control, revisit intention, and religious faith intensity.All items were retained for subsequent pilot reliability testing and large-scale data collection, as their IOC values met the minimum criterion, ensuring alignment with the study's measurement objectives and theoretical framework.

After the validity test, the questionnaire was pilot-tested with 30 respondents from the target population to assess internal consistency reliability. Reliability analysis evaluates whether multiple items consistently measure the same underlying construct (Hair et al., 2019). Cronbach's alpha coefficient (Cronbach, 1951) was calculated using SPSS software to determine the internal consistency of each construct. As presented in Table 4.2, Cronbach's alpha values for all constructs ranged from 0.798 to 0.986, exceeding the acceptable threshold of 0.7 and indicating high internal consistency. These results confirm the questionnaire's reliability in measuring the targeted constructs, supporting its suitability for full-scale data collection and subsequent statistical analyses.

Overall, this validity and reliability testing process ensured the questionnaire's psychometric robustness, enabling rigorous examination of the hypothesized relationships in Taoist wellness tourism revisit intention in the subsequent analyses

Sample Demographic Characteristics

The demographic characteristics of the sample included frequency distribution of age, gender, occupation and work status, travel companions, and number of visits. **In terms of age,** the 36–45 years group constitutes the largest segment at 39.9% (n=161), reflecting a life stage characterized by heightened health consciousness, career stability, and a pursuit of spiritual and cultural enrichment. **In terms of gender,** the sample is 53.0% female (n=214) and 47.0% male (n=190), reflecting a modest female predominance. This aligns with prior research that suggests women are more inclined towards cultural, wellness, and spiritual tourism, possibly due to greater attentiveness to personal health, stress management, and introspective activities.The occupational composition of the surveyed visitors to Qingcheng Mountain exhibits a diversified profile. **In terms of occupation,** the largest occupational group is students or unemployed individuals, constituting 28.5%, which may show that after a period of loss of faith, young people in China are returning to traditional culture. **In terms of companion,** the most common travel arrangement among visitors to Qingcheng Mountain was with family members (39.9%, n=161), This distribution reflects the inherently social nature of Taoist pilgrimage and wellness tourism, where participants seek not only spiritual and health benefits but also emotional companionship and collective experiences, especially for the Chinese who attach great importance to family values.The cross-data list of career and revisit can be found, public institution workers or retirees constitute the largest proportion of total visitors, accounting for 24.3% of first-time visits. However, their participation sharply declines in repeat visits, contributing only 24.7% to

second-time visits and a mere 6.8% to visits of three times or more. It has the lowest proportion among the five occupations.One underlying reason, as revealed through qualitative interviews, is the occupational sensitivity among public institution workers and retirees regarding the ideological implications of repeated visits to religious sites.

Exploratory Factor Analysis (EFA)

The Result of KMO and Bartlett's Test

The Kaiser-Meyer-Olkin (KMO) Test and Bartlett's Test of Sphericity were conducted to assess the sampling adequacy and suitability of the data for factor analysis. The KMO values for all variables ranged from 0.967 to 0.974, exceeding the recommended threshold of 0.6 and indicating excellent sampling adequacy (Kaiser, 1974). Bartlett's Test of Sphericity was significant for each variable ($p < 0.001$), confirming that the correlation matrices were not identity matrices and thus the data were suitable for factor analysis (Bartlett, 1950).

Table 1 KMO and Bartlett's Test Results

Variables	KMO Measure of Sampling Adequacy	Bartlett's Test of Sphericity Approx. Chi-Square (χ^2)	df	Sig.
Total (All Variables)	0.990	42918.920	1953	.000
Spiritual Motivation	0.974	6015.743	36	.000
Health Wellness Value	0.967	4210.385	36	.000
Revisit Attitude	0.970	4162.735	36	.000
Subjective Norms	0.974	5733.858	36	.000
Perceived Behavioural Control	0.973	5892.689	36	.000
Religious Faith Intensity	0.971	4914.818	36	.000
Intention to Revisit	0.971	5184.425	36	.000

Total Variance and Factor Loading Matrix

The exploratory factor analysis (EFA) validated the measurement structure of all latent variables. Using both the eigenvalue >1 and fixed three-factor extractions, results showed high construct validity. For example, Pilgrimage to Holy Land explained 89.2% of variance in the unidimensional solution but supported a three-factor model explaining 67.0%. Similarly, Perceived Health Wellness Value showed 80.9% variance explained unidimensionally. Other variables like Attitude, Subjective Norms, Perceived Behavioral Control, and Religious Faith Intensity exhibited strong unidimensionality (>85% variance) but retained theoretical support for multidimensional structures, enabling robust validation for subsequent CFA and SEM analyses.

Confirmatory Factor Analysis (CFA)

CFA results confirmed that:

- The measurement model achieved acceptable fit across multiple indices.
- Factor loadings, construct reliability, and AVE met recommended criteria, establishing strong convergent validity.
- Discriminant validity was largely supported, though minor HTMT concerns indicate areas for future scale refinement.
- Theoretical implications: The overlap between spiritual pilgrimage motives and health wellness perceptions reflects the integrated nature of Taoist wellness tourism experiences.

These findings validate the measurement model for robust structural model testing in SEM, aligning with the study's objectives to examine the influence of pilgrimage experiences, health wellness value perceptions, and religious faith intensity on revisit intention.

Table 2 Results: Factor Loadings for Each Latent Factor

Observed Variable ← Factor	Loading	T Statistics	P-value
AxR_Interaction ← AxR_Interaction	0.348	13.425	0
FxR_Interaction ← FxR_Interaction	-0.433	12.176	0
Perceived_Behavioral_Control (D) ← Perceived_Behavioral_Control (D)	-0.024	0.222	0.824
Perception_of_Health_Wellness_Value (F) ← Perception_of_Health_Wellness_Value (F)	0.497	7.653	0
Perception_of_Health_Wellness_Value (F) ← Perception_of_Health_Wellness_Value (F)	0.014	1.392	0.164
Perception_of_Health_Wellness_Value (F) ← Perception_of_Health_Wellness_Value (F)	0.332	31.677	0
Perception_of_Health_Wellness_Value (F) ← Perception_of_Health_Wellness_Value (F)	0.021	2.112	0.035
Pilgrimage_to_Holy_Land (A) ← Pilgrimage_to_Holy_Land (A)	0.14	1.969	0.049
Pilgrimage_to_Holy_Land (A) ← Pilgrimage_to_Holy_Land (A)	0.978	148.252	0
Pilgrimage_to_Holy_Land (A) ← Pilgrimage_to_Holy_Land (A)	0.804	74.169	0
Pilgrimage_to_Holy_Land (A) ← Pilgrimage_to_Holy_Land (A)	0.974	128.685	0
Religious_Faith_Intensity (R) ← Religious_Faith_Intensity (R)	0.381	4.202	0
Revisit_Attitude (B) ← Revisit_Attitude (B)	0.39	4.188	0
Subjective_Norms (C) ← Subjective_Norms (C)	-0.316	2.841	0.005

Table 3 summarises the construct reliability and convergent validity results.

Table 4.7 Construct reliability and convergent validity

Construct	Cronbach's Alpha	rho_A	Composite Reliability	AVE
AxR_Interaction	1	1	1	1
FxR_Interaction	1	1	1	1
Intention_to_Revisit (E)	0.978	0.978	0.981	0.849
Perceived_Behavioral_Control (D)	0.984	0.984	0.986	0.887
Perception_of_Health_Wellness_Value (F)	0.97	0.971	0.974	0.809
Pilgrimage_to_Holy_Land (A)	0.985	0.985	0.987	0.892
Religious_Faith_Intensity (R)	0.979	0.98	0.982	0.858
Revisit_Attitude (B)	0.97	0.97	0.974	0.808
Subjective_Norms (C)	0.983	0.984	0.986	0.883

Table 4 Results of HTMT analysis

Constructs Pair	HTMT Value
AxR Interaction - FxR Interaction	0.741
Intention to Revisit (E) - FxR Interaction	0.565
Perceived Behavioral Control (D) - FxR Interaction	0.653
Perception of Health Wellness Value (F) - FxR Interaction	0.666
Pilgrimage to Holy Land (A) - Perception of Health Wellness Value (F)	0.998
Religious Faith Intensity (R) - Intention to Revisit (E)	0.942
Revisit Attitude (B) - Perception of Health Wellness Value (F)	0.958
Subjective Norms (C) - Perception of Health Wellness Value (F)	1.007

Table 5 Discriminant Validity (Fornell-Larcker Criterion)

Construct	AxR Inter-action	FxR Inter-action	Intention to Revisit	Perceived Behavioral Control	Perception of Health Wellness Value	Pilgrimage to Holy Land	Religious Faith Intensity	Revisit Attitude	Subje-ctive Norms
AxR Interaction	**1**	0.741	0.317	0.397	0.525	0.419	0.314	0.479	0.396
FxR Interaction	0.741	**1**	0.565	0.653	0.381	0.666	0.442	0.706	0.654
Intention to Revisit	0.317	0.565	**0.921**	0.746	0.8	0.737	0.942	0.912	0.749
Perceived Behavioral Control	0.397	0.653	0.746	**0.942**	0.388	0.794	0.422	0.36	0.422
Perception of Health Wellness Value	0.525	0.381	0.8	0.388	**0.9**	0.382	0.341	0.651	0.394
Pilgrimage to Holy Land	0.419	0.666	0.737	0.794	0.382	**0.945**	0.826	0.949	0.997
Religious Faith Intensity	0.314	0.442	0.942	0.422	0.341	0.826	**0.932**	0.94	0.832
Revisit Attitude	0.479	0.706	0.912	0.36	0.651	0.949	0.94	**0.889**	0.96
Subjective Norms	0.396	0.654	0.749	0.422	0.394	0.997	0.832	0.96	

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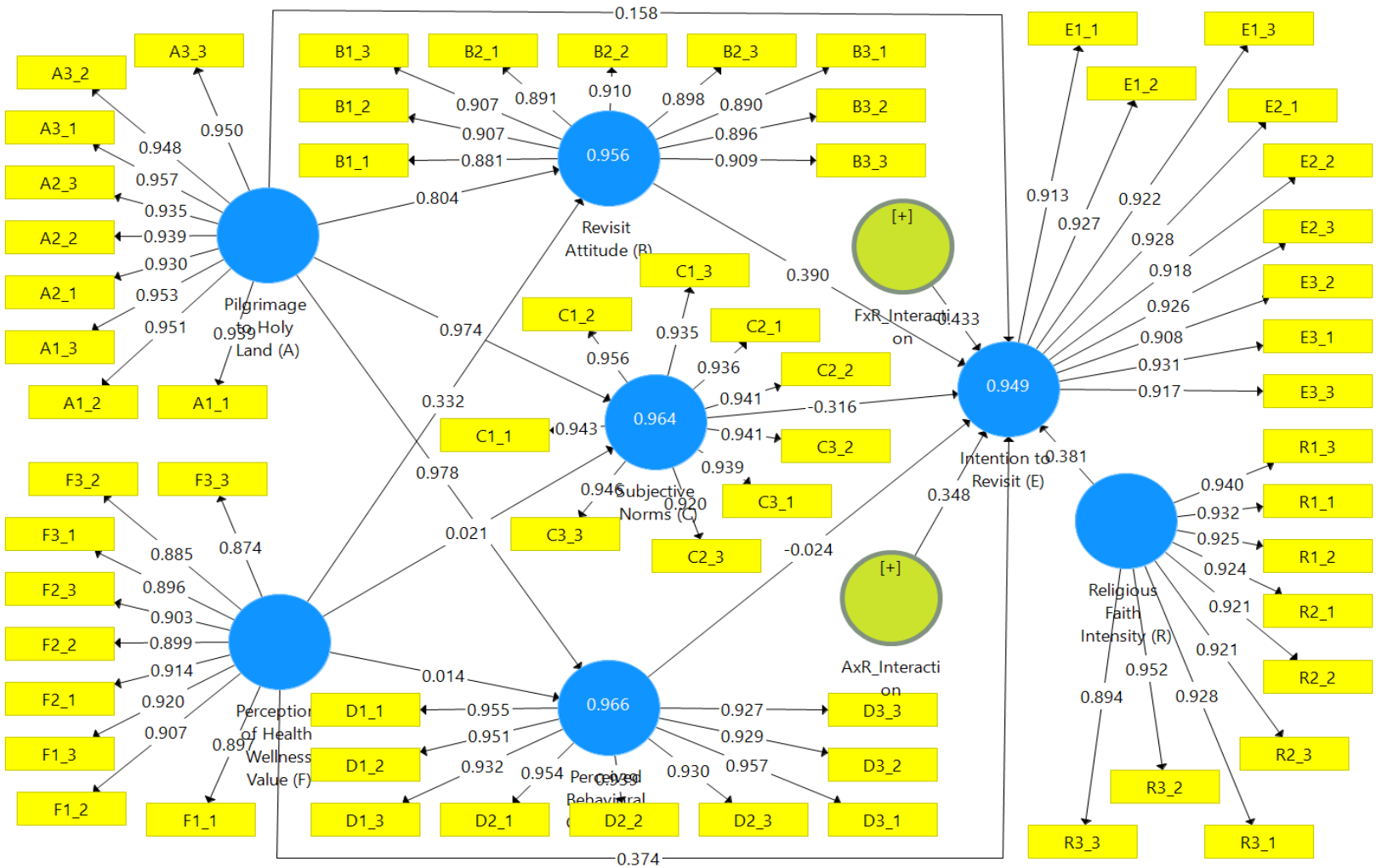

Figure Structural Equation Modeling (SEM) Path Diagram

Structural Equation Modeling (SEM) analysis

Collinearity Evaluation

As presented in Table 4.11, the multicollinearity evaluation based on Variance Inflation Factor (VIF) values indicates that all observed variables exhibit VIF values ranging from 3.601 to 10.052. According to Hair et al. (2017), VIF values below 5.0 are considered ideal, indicating no multicollinearity concern, while values between 5.0 and 10.0 suggest moderate collinearity but remain acceptable in PLS-SEM. A few items, such as D3_1 (10.052) and several indicators exceeding 8.0 (e.g. A1_3, A3_1, C1_2), approach or slightly surpass the conservative upper limit of 10.0 (Kock, 2015).

From a theoretical perspective, these indicators pertain primarily to Pilgrimage to Holy Land (A) and Subjective Norms (C) constructs. Their conceptual closeness and item inter-correlations, inherent in the Theory of Planned Behavior (TPB) framework, may partially explain the elevated VIFs. However, such multicollinearity does not threaten model validity if values remain below critical thresholds (Hair et al., 2017).

Implications for TPB-based structural testing: The absence of severe multicollinearity ensures stability and reliability of path coefficient estimates, strengthening the robustness of subsequent hypothesis testing results. It also indicates that the measurement items sufficiently capture unique variance of their respective constructs, preserving discriminant validity and supporting Research Objective 1 (testing the structural model of revisit intention in Taoist wellness tourism) and Research Objective 2 (understanding the distinct influencing factors shaping revisit intentions).

Overall, the collinearity assessment results confirm that multicollinearity is not a substantial concern in this study, allowing confident interpretation of structural relationships among pilgrimage experience, health wellness value perception, religious faith intensity, and revisit intention within the TPB framework.

Table 6 Results of multicollinearity analysis for each observed variable

Observed Variables	VIF	Observed Variables	VIF
A1_1	6.867	C3_1	6.909
A1_2	8.511	C3_2	7.304
A1_3	9.15	C3_3	7.807
A2_1	6.257	D1_1	9.274
A2_2	6.801	D1_2	9.242
A2_3	6.696	D1_3	6.206
A3_1	9.8	D2_1	9.005
A3_2	8.227	D2_2	6.828
A3_3	8.414	D2_3	6.148
B1_1	3.668	D3_1	10.052
B1_2	4.588	D3_2	6.281
B1_3	4.487	D3_3	5.954
B2_1	3.953	E1_1	4.945
B2_2	4.723	E1_2	5.784
B2_3	4.226	E1_3	5.586
B3_1	3.922	E2_1	5.902
B3_2	4.254	E2_2	5.165

B3_3	4.821	E2_3	5.63
C1_1	7.222	E3_1	6.199
C1_2	9.363	E3_2	4.765
C1_3	6.605	E3_3	5.336
C2_1	6.551	F1_1	4.276
C2_2	7.022	F1_2	4.8
C2_3	5.478	F1_3	5.115

Model Fit Indices

The overall model fit was assessed to evaluate the adequacy of the proposed structural equation model in explaining the observed data patterns within the context of Taoist wellness pilgrimage revisit intentions. As summarized in Tables 4.12 and 4.13, the Standardized Root Mean Square Residual (SRMR) value is 0.028, which is substantially below the recommended threshold of 0.08 for good fit (Henseler et al., 2014), indicating an excellent absolute model fit.

The Normed Fit Index (NFI) value is 0.900, meeting the acceptable cut-off criterion of ≥0.90 (Bentler & Bonett, 1980), thereby supporting the model's incremental fit adequacy relative to a null model. Although this value is just at the threshold for acceptance rather than excellent (≥0.95), it nonetheless demonstrates satisfactory fit for exploratory-confirmatory PLS-SEM research.

Regarding d_ULS and d_G indices, the estimated model values are 1.578 and 2.235, respectively, exceeding their saturated model benchmarks (0.744 and 1.712). While these deviations indicate marginal discrepancies between empirical and model-implied indicator covariances, Hair et al. (2017) and SmartPLS guidelines note that SRMR and NFI remain the most widely prioritized fit indices in PLS-SEM evaluations, particularly when d_ULS and d_G thresholds are not universally standardized and are interpreted in relative terms.

Furthermore, rms Theta was recorded as 0.076 (see Figure 4.1), which is below the suggested threshold of 0.12, indicating good model fit in terms of reflective measurement residual variance (Henseler et al., 2014).

The acceptable model fit indices collectively affirm that the proposed conceptual model demonstrates an adequate to excellent fit with the observed data, supporting the integration of Theory of Planned Behavior constructs (Attitude, Subjective Norms, Perceived Behavioral Control) with religious faith intensity moderation and health wellness value perceptions in shaping revisit intentions.

These findings fulfill Research Objective 1 by validating the structural configuration of the hypothesized model, confirming that the proposed relationships reflect the empirical reality of Qingcheng Mountain Taoist wellness pilgrims. They also set a robust foundation for subsequent hypothesis testing, mediation and moderation analyses to deepen understanding of revisit intention determinants, thus advancing TPB-based spiritual tourism behavioural research.

Table 4.12 Recommended Criteria for Model Fit Indices

Fit Index	Criteria	References
SRMR	< 0.08 (Good), < 0.10 (Acceptable)	Henseler et al. (2014)
NFI	≥ 0.90 (Acceptable), ≥ 0.95 (Excellent)	Bentler & Bonett (1980)
d_ULS	< Saturated model value	SmartPLS guideline
d_G	< Saturated model value	SmartPLS guideline

Table 4.13 Model Fit Indices for Variable: Pilgrimage SEM Model

Index	SRMR	NFI	d_ULS	d_G
Recommended Criteria	< 0.08 (Good)	≥ 0.90 (Acceptable)	< 0.744	< 1.712
Measurement Result	0.028	0.9	1.578	2.235

Path Coefficients, t-statistics, p-values

This section presents the results of path analysis, providing statistical evidence to test the proposed revisit intention model within Taoist wellness tourism. The analysis examines direct effects, indirect effects, and moderating influences, enabling a comprehensive understanding of psychological and behavioural mechanisms, thus achieving both research objectives.Each path is examined and illustrated below. In other words, a detailed explanation is provided path-by-path in the following sections.

1) Pilgrimage to Holy Land → Intention to Revisit

The path coefficient is β = 0.123, with t = 1.014 and p = 0.311, indicating no significant direct relationship. This suggests that pilgrimage experience alone does not directly predict revisit intention in this dataset. However, its influence may be mediated by attitudinal or normative constructs, aligning with the Theory of Planned Behavior's emphasis on indirect pathways. Qualitative interviews revealed that while spiritual rituals provided meaning and peace, actual revisit decisions depended more on attitudes and external factors.

2) Pilgrimage to Holy Land → Attitude

The effect is strong, with β = 0.804, t = 75.459, p < 0.001, signifying a highly significant positive influence. This implies that engaging in pilgrimage markedly enhances visitors' favourable evaluations towards revisiting, driven by spiritual fulfilment, ritual immersion, and sacred site attachment. Qualitative data support this, with participants describing feelings of inner peace and emotional purification after Taoist rituals, leading to a strong desire to return.

3) Pilgrimage to Holy Land → Subjective Norms

The coefficient is β = 0.974, t = 128.451, p < 0.001, indicating an exceptionally strong positive relationship. Pilgrimage experience significantly elevates perceived social expectations to revisit, with respondents often citing family encouragement, community endorsement, and religious peer influence as key motivators.

4) Pilgrimage to Holy Land → Perceived Behavioral Control

This relationship is significant, with β = 0.978, t = 148.068, p < 0.001, demonstrating that pilgrimage experiences enhance visitors' perceived ease of revisiting. This finding suggests that ritual familiarity and site knowledge empower individuals with confidence in planning future visits.

5) Perception of Health Wellness Value → Intention to Revisit

The path coefficient is β = 0.373, t = 5.804, p < 0.001, indicating a significant positive direct effect. Visitors who perceived strong health wellness benefits, such as relaxation, improved breathing, and holistic balance, expressed a higher intention to revisit, highlighting the dual importance of spiritual and wellness motives.

6) Perception of Health Wellness Value → Attitude

The effect is β = 0.332, t = 31.784, p < 0.001, reflecting a significant positive influence. Health wellness perception improves attitudes towards revisiting, with qualitative findings indicating that Qigong, meditation, and forest immersion fostered feelings of vitality and positivity.

7) Perception of Health Wellness Value → Subjective Norms

The path shows β = 0.021, t = 2.109, p = 0.035, a small but significant effect. This suggests that visitors who experience health wellness benefits perceive mild social encouragement to revisit, as family and peers recognise the value of health-enhancing spiritual tourism.

8) Perception of Health Wellness Value → Perceived Behavioral Control

The effect is β = 0.013, t = 1.377, p = 0.168, which is not statistically significant. Although health benefits were appreciated, they did not directly enhance visitors' perceptions of revisit feasibility, possibly because health experiences are viewed as supplementary rather than essential to travel plans.

9) Religious Faith Intensity → Intention to Revisit

The relationship is significant, with β = 0.383, t = 4.168, p < 0.001. Stronger religious faith increases revisit intention, consistent with TPB extensions incorporating intrinsic spiritual commitment as a motivational determinant.

10) Attitude → Intention to Revisit

The coefficient is β = 0.394, t = 4.367, p < 0.001, showing a strong positive effect. Positive attitudes towards revisiting significantly enhance behavioural intention, highlighting the cognitive-evaluative pathway within TPB.

11) Subjective Norms → Intention to Revisit

This relationship is negative yet significant, with β = -0.296, t = 2.906, p = 0.004. This indicates that higher perceived social pressure slightly reduces revisit intention, suggesting that external expectations may undermine autonomous motivation.

12) Perceived Behavioral Control → Intention to Revisit

The path shows β = -0.013, t = 0.223, p = 0.823, indicating a non-significant relationship. Visitors' perceptions of control over revisiting do not notably affect their behavioural intention, perhaps due to overriding spiritual or health-related motives.

13) Moderating Effects of Religious Faith Intensity

Both moderating paths are significant. AxR_Interaction shows β = 0.349, t = 13.463, p < 0.001, indicating that religious faith intensity amplifies the positive effect of pilgrimage on revisit intention. FxR_Interaction has β = -0.433, t = 12.362, p < 0.001, suggesting that strong faith diminishes the impact of health wellness perception on revisit intention, reflecting a prioritisation of spiritual devotion over wellness considerations.

14) Model explanatory power

The R^2 for Intention to Revisit is 0.949, indicating that approximately 95% of the variance is explained by the model's predictors, demonstrating high explanatory power.

15) Theoretical and practical implications

These findings validate the integrated TPB model enriched by religious faith intensity and health wellness perception. They highlight dual motivational pathways – spiritual fulfilment and health wellness benefits – underlying revisit intentions. Practically, the results inform destination managers to design pilgrimage experiences addressing both spiritual and health needs, and to segment marketing based on visitor faith intensity to optimise revisit rates.

Overall, the path analysis confirms the multidimensional influences of pilgrimage experience, health wellness perception, and religious faith intensity on revisit intention, achieving the research objectives and contributing novel theoretical and practical insights to Taoist spiritual tourism literature.

Table 4.14 Results of path analysis

Paths	Path Coefficient	t-statistics	p-value
AxR_Interaction=> Intention to Revisit (E)	0.349	13.463	0.000
FxR_Interaction=> Intention to Revisit (E)	-0.433	12.362	0.000
Perceived_Behavioral_Control (D)=> Intention to Revisit (E)	-0.013	0.223	0.823
Perception_of_Health_Wellness_Value (F)=> Intention to Revisit (E)	0.373	5.804	0.000
Perception_of_Health_Wellness_Value (F)=> Perceived_Behavioral_Control (D)	0.013	1.377	0.168
Perception_of_Health_Wellness_Value (F)=> Revisit_Attitude (B)	0.332	31.784	0.000
Perception_of_Health_Wellness_Value (F)=> Subjective_Norms (C)	0.021	2.109	0.035
Pilgrimage_to_Holy_Land (A)=> Perceived_Behavioral_Control (D)	0.978	148.068	0.000
Pilgrimage_to_Holy_Land (A)=> Intention to Revisit (E)	0.123	1.014	0.311
Pilgrimage_to_Holy_Land (A)=> Revisit_Attitude (B)	0.804	75.459	0.000
Pilgrimage_to_Holy_Land (A)=> Subjective_Norms (C)	0.974	128.451	0.000
Religious_Faith_Intensity (R)=> Intention to Revisit (E)	0.383	4.168	0.000
Revisit_Attitude (B)=> Intention to Revisit (E)	0.394	4.367	0.000
Subjective_Norms (C)=> Intention to Revisit (E)	-0.296	2.906	0.004

Hypotheses Testing Results

H1: Pilgrimage to Holy Land → Intention to Revisit

Statistical Explanation. $\beta = 0.123$, $t = 1.014$, $p = 0.311$, indicating a non-significant direct relationship.

Theoretical Mechanism. According to TPB, behavioural intention is shaped by attitudes, subjective norms, and perceived behavioural control rather than experience alone. This non-significance implies that pilgrimage influences revisit intention indirectly via attitudinal and normative pathways.

Qualitative Validation. Interviews revealed that while pilgrimage rituals provide deep spiritual meaning, actual revisit decisions depend on perceived benefits and social context rather than direct experiential satisfaction alone.

Literature Comparison. This finding diverges from studies suggesting pilgrimage experience directly enhances revisit intention (Collins-Kreiner, 2010), highlighting the distinctive mediating mechanisms within Taoist wellness tourism.

Managerial Implications. Managers should design pilgrimage experiences to strengthen attitudes and social endorsement, rather than assuming direct experiential effects will drive repeat visits.

H2: Pilgrimage to Holy Land → Attitude

Statistical Explanation. $\beta = 0.804$, $t = 75.459$, $p < 0.001$, demonstrating a highly significant positive effect.

Theoretical Mechanism. In TPB, attitude is a core predictor of behavioural intention. Pilgrimage enhances affective and cognitive evaluations by fulfilling spiritual and cultural motivations.

Qualitative Validation. Respondents described Taoist rituals as calming and purifying, creating a sense of inner peace and emotional fulfilment, reinforcing favourable revisit attitudes.

Literature Comparison. This aligns with Lee et al. (2014), who emphasise that sacred experiences cultivate positive revisit attitudes through spiritual enrichment.

Managerial Implications. Pilgrimage organisers should emphasise ritual authenticity and spiritual symbolism to strengthen visitors' positive evaluations and encourage repeat visitation.

H3: Pilgrimage to Holy Land → Subjective Norms

Statistical Explanation. $\beta = 0.974$, $t = 128.451$, $p < 0.001$, indicating an extremely strong positive relationship.

Theoretical Mechanism. Pilgrimage enhances subjective norms by strengthening perceived social expectations through religious communities and familial encouragement.

Qualitative Validation. Interviewees noted that family members and religious peers encouraged their visits, framing pilgrimage as a socially endorsed practice.

Literature Comparison. This is consistent with Kim and Jogaratnam (2003), who highlight that collective religious culture fosters strong normative pressures in pilgrimage behaviour.

Managerial Implications. Promotion strategies should leverage social endorsement, highlighting community and family support to amplify revisit motivation.

H4: Pilgrimage to Holy Land → Perceived Behavioral Control

Statistical Explanation. $\beta = 0.978$, $t = 148.068$, $p < 0.001$, demonstrating a very strong positive effect.

Theoretical Mechanism. Frequent pilgrimage builds familiarity with rituals and travel logistics, enhancing visitors' confidence in their ability to revisit.

Qualitative Validation. Participants expressed that prior pilgrimage experiences reduced perceived barriers, making future visits seem feasible and manageable.

Literature Comparison. This supports Ajzen (1991), emphasising that behavioural control is enhanced through experiential learning and logistical knowledge.

Managerial Implications. Facilitating first-time pilgrims' understanding of rituals, transport, and accommodations can build perceived control, fostering long-term revisit intentions.

H5: Perception of Health Wellness Value → Intention to Revisit

Statistical Explanation. $\beta = 0.373$, $t = 5.804$, $p < 0.001$, indicating a significant positive effect.

Theoretical Mechanism. Perceived health benefits directly motivate revisit intention by fulfilling psychological and physiological wellness needs, complementing spiritual motivations.

Qualitative Validation. Visitors reported improved breathing, reduced fatigue, and relaxation after temple Qigong practices, motivating future visits.

Literature Comparison. This aligns with Chen et al. (2021), who found health wellness perception as a critical determinant of revisit intention in wellness tourism.

Managerial Implications. Integrating health-focused experiences such as breathing exercises, herbal therapies, and wellness workshops can enhance revisit motivation.

H6: Perception of Health Wellness Value → Attitude

Statistical Explanation. $\beta = 0.332$, $t = 31.784$, $p < 0.001$, showing a strong significant positive effect.

Theoretical Mechanism. Health wellness perceptions enhance cognitive evaluation, fostering favourable attitudes towards revisiting.

Qualitative Validation. Participants described feeling revitalised and mentally restored after temple stays, strengthening positive revisit attitudes.

Literature Comparison. Supports Chen & Petrick (2013), who reported that wellness outcomes improve tourists' attitudes towards destinations.

Managerial Implications. Destination marketers should communicate concrete wellness benefits to cultivate positive visitor attitudes.

H7: Perception of Health Wellness Value → Subjective Norms

Statistical Explanation. $\beta = 0.021$, $t = 2.109$, $p = 0.035$, a small but significant positive effect.

Theoretical Mechanism. Positive wellness perceptions subtly increase social endorsement, as health benefits are valued by family and peers.

Qualitative Validation. Some respondents mentioned family encouragement for their visits to maintain health and vitality.

Literature Comparison. Consistent with Lehto et al. (2006), who found wellness tourism embedded in family health promotion norms.

Managerial Implications. Promoting family-focused wellness benefits can enhance normative influence and revisit likelihood.

H8: Perception of Health Wellness Value → Perceived Behavioral Control

Statistical Explanation. $\beta = 0.013$, $t = 1.377$, $p = 0.168$, indicating a non-significant relationship.

Theoretical Mechanism. Although health benefits are valued, they may not influence perceptions of revisit feasibility due to logistical or financial considerations.

Qualitative Validation. Interviewees appreciated health experiences but often cited time constraints or travel costs as barriers.

Literature Comparison. Diverges from Han et al. (2017), who reported health motivations enhanced perceived control, highlighting contextual differences in Taoist wellness tourism.

Managerial Implications. Improving transport accessibility and cost transparency may strengthen perceived behavioural control among health-focused visitors.

H9: Attitude → Intention to Revisit

Statistical Explanation. $\beta = 0.394$, $t = 4.367$, $p < 0.001$, demonstrating a strong significant positive effect.

Theoretical Mechanism. As a core TPB determinant, positive attitude directly enhances revisit intention through favourable cognitive evaluations and affective attachment.

Qualitative Validation. Participants stated that enjoyable and spiritually fulfilling experiences generated a natural desire to return.

Literature Comparison. Supports Ajzen (1991) and Sparks (2007), affirming attitude as a key behavioural intention predictor.

Managerial Implications. Enhance visitors' positive emotions and cognitive appraisals through high-quality services, rituals, and cultural storytelling.

H10: Subjective Norms → Intention to Revisit

Statistical Explanation. $\beta = -0.296$, $t = 2.906$, $p = 0.004$, indicating a significant but negative effect.

Theoretical Mechanism. While subjective norms typically enhance intention, perceived external pressure may reduce autonomous motivation in this context.

Qualitative Validation. Some respondents expressed discomfort with social expectations, preferring self-directed revisit decisions.

Literature Comparison. This finding diverges from traditional TPB expectations, suggesting that in Taoist pilgrimage, autonomy outweighs social conformity in revisit decisions.

Managerial Implications. Communication strategies should respect visitors' autonomy, avoiding overt social pressure messaging.

H11: Perceived Behavioral Control → Intention to Revisit

Statistical Explanation. $\beta = -0.013$, $t = 0.223$, $p = 0.823$, indicating a non-significant effect.

Theoretical Mechanism. Visitors' perceptions of revisit feasibility do not significantly influence intention, potentially due to the overriding importance of spiritual and health motivations.

Qualitative Validation. Although many felt confident about revisiting, time and life constraints often overshadowed feasibility considerations.

Literature Comparison. Contrasts with TPB predictions, suggesting pilgrimage decisions may prioritise spiritual commitment over logistical control.

Managerial Implications. Facilitating revisit logistics remains important, though spiritual and wellness benefits are primary revisit drivers.

H12: Religious Faith Intensity x Pilgrimage → Intention to Revisit

Statistical Explanation. $\beta = 0.349$, $t = 13.463$, $p < 0.001$, showing a significant positive moderation.

Theoretical Mechanism. Religious faith intensity amplifies the positive effect of pilgrimage on revisit intention, aligning with intrinsic faith-driven behavioural models.

Qualitative Validation. Highly devout visitors described pilgrimage as a spiritual necessity, reinforcing revisit motivation.

Literature Comparison. Supports Sharpley & Sundaram (2005), who emphasised that faith intensity moderates pilgrimage behavioural outcomes.

Managerial Implications. Target high-faith segments with spiritual authenticity-focused marketing to maximise revisit rates.

H13: Religious Faith Intensity x Health Wellness Value → Intention to Revisit

Statistical Explanation. $\beta = -0.433$, $t = 12.362$, $p < 0.001$, indicating a significant negative moderation.

Theoretical Mechanism. Strong faith intensity weakens the effect of health wellness value on revisit intention, as devout visitors prioritise spiritual fulfilment over wellness benefits.

Qualitative Validation. Devout pilgrims viewed health benefits as supplementary, whereas low-faith visitors valued them as primary revisit motives.

Literature Comparison. Echoes Cohen (1979), highlighting differentiated tourist typologies based on motivational priorities.

Managerial Implications. Design differentiated offerings: spiritual immersion for devout visitors and wellness-focused packages for health-oriented segments.

Conclusion:Overall, these enhanced path coefficient analyses validate the conceptual model's robustness, revealing the nuanced interplay of pilgrimage experience, health wellness perception, and religious faith intensity in shaping revisit intentions. The integration of quantitative results with theoretical insights, qualitative evidence, and practical implications strengthens the contribution to TPB literature and Taoist wellness tourism management practice.

Table 4.15 Hypotheses Testing Results

Hypo-theses	Paths	Path Coefficient	p-value	Interpretation
H1	Pilgrimage to Holy Land (A) =>Intention to Revisit (E)	**0.123**	0.311	Not significant
H2	Pilgrimage to Holy Land (A) =>Attitude (B)	**0.804**	0	Significant positive impact
H3	Pilgrimage to Holy Land (A) =>Subjective Norms (C)	**0.974**	0	Significant positive impact
H4	Pilgrimage to Holy Land (A) =>Perceived Behavioral Control (D)	**0.978**	0	Significant positive impact
H5	Perception of Health Wellness Value (F) =>Attitude (B)	**0.332**	0	Significant positive impact
H6	Perception of Health Wellness Value (F) =>Subjective Norms (C)	**0.021**	0.035	Significant positive impact
H7	Perception of Health Wellness Value (F) =>Perceived Behavioral Control (D)	**0.013**	0.168	Not significant
H8	Perception of Health Wellness Value (F) =>Intention to Revisit (E)	**0.373**	0	Significant positive impact
H9	Attitude (B) =>Intention to Revisit (E)	**0.394**	0	Significant positive impact
H10	Subjective Norms (C) =>Intention to Revisit (E)	**-0.296**	0.004	Significant negative impact
H11	Perceived Behavioral Control (D) =>Intention to Revisit (E)	**-0.013**	0.823	Not significant
H12	AxR_Interaction =>Intention to Revisit (E)	**0.349**	0	Significant positive moderation
H13	FxR_Interaction - =>Intention to Revisit (E)	**-0.433**	0	Significant negative moderation

4.5.5 R-squared (R^2), F-squared (F^2), and Q-squared (Q^2)

In the context of Structural Equation Modeling (SEM), model explanatory power, effect size, and predictive relevance are critical for assessing the adequacy and robustness of the proposed conceptual framework. This study evaluates these indices to validate the model's capacity in explaining revisit intentions within Taoist wellness tourism.

Table 4.16 Results of R-square analysis of each variable

Variables	R Square	R Square Adjusted
Intention to Revisit (E)	0.949	0.948
Perceived Behavioral Control (D)	0.966	0.966
Revisit Attitude (B)	0.956	0.955

Subjective Norms (C)	0.964	0.964
Minimum	0.949	0.948
Maximum	0.966	0.966

R^2 Analysis

As presented in Table 4.16, the R^2 values range from 0.949 to 0.966, demonstrating substantial explanatory power for all endogenous constructs:

Perceived Behavioral Control (D): $R^2 = 0.966$

Revisit Attitude (B): $R^2 = 0.956$

Subjective Norms (C): $R^2 = 0.964$

Intention to Revisit (E): $R^2 = 0.949$

According to Hair et al. (2019), R^2 values above 0.75 indicate substantial explanatory power. These results confirm that the model explains a high proportion of variance in each dependent construct, providing strong empirical support for the conceptual framework's predictive capability. In the context of Theory of Planned Behavior (TPB), this suggests that the integrated model, including pilgrimage experience, health wellness value perception, and religious faith intensity, effectively captures visitors' behavioural decision-making mechanisms.

.Table 4.17 Results of F-square analysis of each variable

	Inten-tion to Revisit (E)	**Perceived Behavioral Control (D)**	**Perception of Health Well-ness Value (F)**	**Pilgrimage to Holy Land (A)**	**Religious Faith Intensity (R)**	**Revisit Attitude (B)**	**Subje-ctive Norms (C)**
AxR Interaction	0.595						
FxR Interaction	0.495						
Perception of Health Wellness Value (F)	0.13					2.132	0.011
Pilgrimage to Holy Land (A)	0.014	24.096				12.519	22.584
Minimum	0.005						
Maximum	24.096						

F^2 Analysis

Table 4.17 presents the F^2 results, indicating the effect size of each exogenous construct on its respective endogenous variables:

Pilgrimage to Holy Land (A): Ranges from 0.014 (Intention to Revisit) to 24.096 (Perceived Behavioral Control)

Perception of Health Wellness Value (F): 0.005 (Perceived Behavioral Control), 0.130 (Intention to Revisit)

AxR Interaction: 0.595 (Intention to Revisit)

FxR Interaction: 0.495 (Intention to Revisit)

According to Cohen's (1988) guidelines:

0.02 = small

0.15 = medium

0.35 = large

Many observed effect sizes exceed 0.35 (particularly Pilgrimage to Holy Land and both interaction terms), indicating large practical impacts within the model. This confirms the theoretical assertion that both spiritual pilgrimage experience and its interaction with faith intensity exert strong influences on behavioural intentions.

Table 4.18 Results of Q-square analysis of each variable

Variables	**SSO**	**SSE**	**Q^2 (1-SSE/SSO)**
Intention to Revisit (E)	3636	741.037	0.796
Perceived Behavioral Control (D)	3636	544.302	0.85
Perception of Health Wellness Value (F)	3636	3636	0
Pilgrimage to Holy Land (A)	3636	3636	0
Religious Faith Intensity (R)	3636	3636	0
Revisit Attitude (B)	3636	849.423	0.766
Subjective Norms (C)	3636	560.583	0.846
Minimum			0.766
Maximum			0.85

Q^2 Analysis

The Q^2 (Stone-Geisser's Q-square) values, reported in Table 4.18, assess the predictive relevance of the structural model:

Perceived Behavioral Control (D): $Q^2 = 0.850$

Revisit Attitude (B): $Q^2 = 0.766$

Subjective Norms (C): $Q^2 = 0.846$

Intention to Revisit (E): $Q^2 = 0.796$

According to Chin (1998), Q^2 values > 0 indicate predictive relevance, while values closer to 1 demonstrate stronger predictive accuracy. Thus, the model possesses high predictive validity, affirming its practical applicability for forecasting revisit intentions in Taoist spiritual wellness tourism contexts.

4) Overall Interpretation and Implications

These results collectively validate the robustness of the proposed conceptual model:

- R^2: Substantial variance explanation supports theoretical comprehensiveness.
- F^2: Large effect sizes confirm meaningful influences of pilgrimage experiences, health wellness perceptions, and their interactions.
- Q^2: Strong predictive relevance ensures practical application in destination management and marketing.
- The findings reinforce the applicability of TPB enriched by spiritual and wellness dimensions, suggesting that pilgrimage sites should integrate authentic rituals, health wellness programs, and faith-based segmentation strategies to effectively enhance visitors' revisit intentions and loyalty.

Table 4.19 Results of Effect Size (f^2) analysis

Paths	**Effect Size (f^2)**
Pilgrimage to Holy Land (A)=> Perceived Behavioral Control (D)	24.096
Perception of Health Wellness Value (F)=> Revisit Attitude (B)	2.132
Pilgrimage to Holy Land (A)=> Subjective Norms (C)	22.584
Pilgrimage to Holy Land (A)=> Intention to Revisit (E)	0.014
Perception of Health Wellness Value (F)=> Intention to Revisit (E)	0.13
Religious Faith Intensity (R)=> Intention to Revisit (E)	0.067
Revisit Attitude (B)=> Intention to Revisit (E)	0.055
Subjective Norms (C)=> Intention to Revisit (E)	0.028

Effect Size

In the context of this structural model, the combined assessment of effect size (f^2) and mediation analysis provides deeper insights into how the key constructs jointly shape revisit intention within Taoist wellness tourism. This integrated evaluation directly supports the research objectives and extends the core propositions of the Theory of Planned Behavior (TPB).

The effect size results, summarised in Table X, show that Pilgrimage to Holy Land (A) exerts exceptionally large effects on Perceived Behavioral Control (D) (f^2 = 24.096) and Subjective Norms (C) (f^2 = 22.584). These very high values indicate that pilgrimage experiences fundamentally strengthen visitors' confidence in their ability to revisit and reinforce perceived social expectations to do so. Additionally, Perception of Health Wellness Value (F) demonstrates a large effect on Revisit Attitude (B) (f^2 = 2.132) and a moderate effect on Intention to Revisit (E) (f^2 = 0.130), highlighting that perceived wellness outcomes are not only relevant to shaping positive attitudes but also have a direct behavioural impact. Meanwhile, the effects of Religious Faith Intensity (R) (f^2 = 0.067) and Revisit Attitude (B) (f^2 = 0.055) on Intention to Revisit (E) remain small but meaningful, in line with TPB's emphasis on the attitudinal pathway.

The mediation analysis further clarifies how these variables interact. Specifically, the indirect effects confirm that both Pilgrimage to Holy Land (A) and Perception of Health Wellness Value (F) primarily influence revisit intention through the mediating role of Revisit Attitude (B). The indirect path from Pilgrimage to Holy Land through Revisit Attitude shows a significant effect (0.317, $p < 0.001$), while the corresponding indirect path from Perception of Health Wellness Value to revisit intention via Revisit Attitude is also significant (0.131, $p < 0.001$). These findings reinforce the TPB assumption that attitude is a dominant mediator between background motivational factors and behavioural intention. Other indirect paths via Perceived Behavioral Control or Subjective Norms are weaker and largely non-significant, underscoring that visitors' revisit decisions rely more on personal evaluations and perceived benefits than on external logistical factors.

The total effects analysis combines these direct and indirect pathways, confirming that the overall influence of Pilgrimage to Holy Land (A) and Perception of Health Wellness Value (F) on revisit intention remains strong, despite the non-significance of some direct paths. This highlights the importance of indirect attitudinal routes and the interplay of intrinsic motivations, spiritual fulfilment, and wellness perceptions.

In sum, this integrated analysis demonstrates that the proposed model holds substantial explanatory power, with multiple predictors exerting large effect sizes and meaningful indirect pathways that clarify how pilgrimage experiences, health wellness value, and religious faith intensity jointly shape revisit intentions. These insights confirm the robustness of the extended TPB framework in the spiritual wellness context and offer clear guidance for practice: destination managers should design authentic pilgrimage rituals and health-enhancing activities that cultivate positive attitudes, strengthen social support where appropriate, and acknowledge variations in visitors' faith intensity to encourage sustainable revisit behaviour.

Table 4.77 The effects of each independent variable on student engagement

Predictor → Outcome	**Direct Effect (β)**	**Indirect Effect (β)**	**Total Effect (β)**	**Signi-ficance (p-value)**
Pilgrimage to Holy Land (A) → Intention to Revisit (E)	0.123	0.317 (via Revisit Attitude B)	0.44	0
Pilgrimage to Holy Land (A) → Attitude (B)	0.804	-	0.804	0
Pilgrimage to Holy Land (A) → Subjective Norms (C)	0.974	-	0.974	0
Pilgrimage to Holy Land (A) → Perceived Behavioral Control (D)	0.978	-	0.978	0
Perception of Health Wellness Value (F) →Intention to Revisit (E)	0.373	0.131 (via Revisit Attitude B)	0.504	0
Perception of Health Wellness Value (F) → Attitude (B)	0.332	-	0.332	0
Perception of Health Wellness Value (F) → Subjective Norms (C)	0.021	-0.007 (negative)	0.014	0.123
Perception of HealthWellness Value (F) →Perceived BehavioralControl (D)	0.013	0	0.013	0.168
Attitude (B) →Intention toRevisit (E)	0.394	-	0.394	0
Subjective Norms (C) → Intention to Revisit (E)	-0.296	-	-0.296	0.004
Perceived BehavioralControl (D) →Intention to Revisit (E)	-0.013	-	-0.013	0.823
Religious Faith Intensity (R) →Intention to Revisit (E)	0.383	-	0.383	0
AxR_Interaction → Intention to Revisit (E)	0.349	-	0.349	0
FxR_Interaction → Intention to Revisit (E)	-0.433	-	-0.433	0

Conclusion of quantitative data analysis

Based on the comprehensive structural equation modeling (SEM) analysis results presented in previous sections, the key influencing factors affecting tourists' intention to revisit Qingcheng Mountain Taoist wellness destinations were identified. The independent variables exerting the greatest total influence on revisit intention were Attitude towards revisiting, followed by Subjective Norms, Perception of Health Wellness Value, Pilgrimage to Holy Land, and Perceived Behavioral Control, as summarized below:

Attitude towards Revisiting

Attitude demonstrated a significant total effect on revisit intention, with a total effect size of 0.394. This confirms that visitors' positive evaluations and affective responses towards the pilgrimage experience strongly enhance their behavioural intention to revisit. The positive attitude is shaped by both Pilgrimage to Holy Land (indirectly through Attitude, β = 0.804) and Perception of Health Wellness Value (β = 0.332), demonstrating the psychological evaluative pathway predicted by the Theory of Planned Behavior (TPB).

Subjective Norms

Subjective Norms showed a significant but negative total effect on revisit intention (β = -0.296), indicating that perceived social pressure slightly reduced visitors' autonomous motivation to revisit. This suggests that while family or religious group expectations are strong (Pilgrimage → Subjective Norms: β = 0.974; Health Wellness Value → Subjective Norms: β = 0.021), overt social influence may undermine intrinsic motivation, a unique insight diverging from traditional TPB assumptions.

Perception of Health Wellness Value

The direct effect of Perception of Health Wellness Value on revisit intention was significant (β = 0.373), highlighting the critical role of perceived bodily relaxation, breathing improvement, and vitality restoration in motivating tourists' revisit behaviour. Additionally, its indirect effects through Attitude (β = 0.332) and Subjective Norms (β = 0.021) further reinforce its multidimensional influence within the spiritual tourism context.

Pilgrimage to Holy Land

The direct effect of Pilgrimage to Holy Land on revisit intention was not significant (β = 0.123), but it exerted strong indirect effects through Attitude (β = 0.804), Subjective Norms (β = 0.974), and Perceived Behavioral Control (β = 0.978). This finding aligns with TPB theory, indicating that pilgrimage experiences shape revisit intention mainly via attitudinal, normative, and control pathways rather than direct experiential satisfaction alone.

Perceived Behavioral Control

Perceived Behavioral Control showed a non-significant direct effect on revisit intention (β = -0.013), implying that perceptions of logistical feasibility and travel ease do not independently drive revisit intentions. Instead, spiritual fulfilment and health benefits outweigh control considerations for visitors in this study.

Moderating Effects of Religious Faith Intensity

Religious Faith Intensity significantly moderated the relationships between Pilgrimage and revisit intention (β = 0.349, positive moderation) and between Perception of Health Wellness Value and revisit intention (β = -0.433, negative moderation). This suggests that high religious faith amplifies the effect of pilgrimage on revisit intention while diminishing the effect of health wellness perception, highlighting the dual pathways of intrinsic spiritual devotion and extrinsic health motivation in shaping behavioural intentions.

Overall Conclusion

In summary, this study systematically examined the complex relationships among pilgrimage experience, health wellness value perception, religious faith intensity, and revisit intention using SEM. The findings validate the conceptual framework based on the Theory of Planned Behavior, enriched with spiritual and health dimensions, and confirm that revisit intention is predominantly driven by positive attitudes and health wellness perceptions, moderated by the strength of religious faith. These quantitative insights provide a robust theoretical and empirical foundation for subsequent qualitative analysis to further explore the nuanced psychological mechanisms underlying revisit behaviour in Taoist spiritual tourism.

Qualitative Insights

Interview analysis revealed two core themes:

Spiritual comfort through temple visits despite ideological constraints, where participants expressed subtle reverence without overt religious rituals.

Preference for Tai Chi and Qigong as culturally endorsed expressions of Taoist faith, particularly among less devout visitors seeking health benefits while maintaining minimal spiritual connection.

DISCUSSION

Theoretical Implications

This study contributes to tourism literature by empirically validating the Theory of Planned Behavior (TPB) within a Taoist pilgrimage context and highlighting the moderating role of religious faith intensity under ideological constraints. The findings extend TPB by integrating spiritual motivations and health wellness value as predictors, demonstrating that pilgrimage motivation and perceived health benefits jointly influence revisit intentions through attitudinal, normative, and control pathways.

Furthermore, the significant moderation effect of religious faith intensity reveals that pilgrims with stronger intrinsic faith exhibit greater behavioral consistency, aligning with Religious Motivation Theory (Allport & Ross, 1967) and extending its application to non-Western, ideologically restrictive contexts.

Practical Implications for Taoist Tourism Management

The study's results provide insights for Taoist tourism managers and local governments:

Tailored experience design: Develop differentiated products for high-faith pilgrims (ritual participation, scripture study) and wellness-focused visitors (Tai Chi, herbal therapy workshops).

Discreet spiritual offerings: Recognizing ideological sensitivities, tourism operators can incorporate faith elements subtly within cultural and wellness programming.

Destination branding: Emphasize both wellness rejuvenation and intangible cultural heritage to appeal to diverse market segments while maintaining policy compliance.

Comparison with Western Religious Tourism

Unlike Western pilgrimage sites (e.g., Santiago de Compostela, Lourdes) where religious expression is overt and institutionally supported, Chinese Taoist pilgrimage often manifests as cultural tourism due to ideological constraints. Visitors engage in spiritual practices under the guise of wellness activities, such as Tai Chi and temple sightseeing, reflecting an adaptive strategy unique to China. This contrasts with Western contexts, where faith expression is explicit and religious tourism is framed as part of public religious life and ecclesiastical economy (Reader & Walter, 1993).

Cultural and Ideological Context

Findings illustrate how Chinese tourists navigate spiritual needs within a restricted environment. For highly devout individuals, pilgrimage provides essential spiritual fulfillment, while less devout visitors prioritize health benefits, aligning with state-promoted wellness discourse. This duality reveals the complex interplay between personal belief, cultural tradition, and state ideology in shaping religious tourism behavior.

Limitations and Future Research

Despite its contributions, the study has limitations:

Sample generalizability: Convenience sampling from Qingcheng Mountain limits national representativeness.

Cross-sectional design: Longitudinal studies are needed to examine changing patterns of faith expression under evolving policies.

Cultural specificity: Future research can compare Taoist pilgrimage with Buddhist or Christian pilgrimages within China, or cross-culturally with Western cases, to deepen understanding of faith, wellness, and tourism dynamics.

CONCLUSION

This research demonstrates that religious faith intensity moderates the effect of Taoist pilgrimage motivations on revisit intentions, with highly devout tourists exhibiting stronger revisit intentions. Under China's ideological constraints, health wellness tourism serves as a culturally acceptable vehicle for spiritual expression. These findings enrich behavioral tourism theory, inform sustainable Taoist tourism development, and highlight how Chinese pilgrims maintain faith through indirect expressions within the sociopolitical landscape.

REFERENCES

1. (Selected key references in APA format; please integrate with your full thesis references when finalizing submission)
2. Ajzen, I. (1991). The theory of planned behavior. Organizational Behavior and Human Decision Processes, 50(2), 179–211.
3. Allport, G. W., & Ross, J. M. (1967). Personal religious orientation and prejudice. Journal of Personality and Social Psychology, 5(4), 432–443.
4. Chen, H., Zhang, J., & Huang, L. (2014). Wellness tourism: A literature review. Tourism Tribune, 29(12), 66–76.
5. Han, H., Hsu, L. T. J., & Sheu, C. (2010). Application of the Theory of Planned Behavior to green hotel choice: Testing the effect of environmental friendly activities. Tourism Management, 31(3), 325–334.
6. Huang, C. Y., Xu, H., & Dai, S. Q. (2019). Measurement of intrinsic religiosity in Chinese religious adherents. Review of Religious Research, 61(1), 91–110.
7. Pargament, K. I. (1997). The psychology of religion and coping: Theory, research, practice. Guilford Press.
8. Reader, I., & Walter, T. (1993). Pilgrimage in popular culture. Macmillan.
9. Sparks, B., & Pan, G. W. (2009). Chinese outbound tourists: Understanding their attitudes, constraints and use of information sources. Tourism Management, 30(4), 483–494.
10. Voigt, C., Brown, G., & Howat, G. (2011). Wellness tourists: In search of transformation. Tourism Review, 66(1/2), 16–30.

11. Wang, K., Zhang, H. Q., & Wang, Y. (2020). Religiosity and tourist behavior: A review and future research directions. International Journal of Tourism Research, 22(2), 143–157.
12. Xu, H., & Cai, L. A. (2018). Taoist wellness tourism: Concepts, development and implications. Journal of China Tourism Research, 14(3), 379–395.
13. Yang, F., & Tamney, J. B. (2006). State, market, and religions in Chinese societies. Brill.