

## **A study on Attitudinal and Emotional loyalty of Tourists towards Ayurvedic Tourism to build Kerala as an international Ayurvedic Tourism Brand**

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### **Abstract**

The rise of Ayurvedic tourism has transformed Kerala into a leading wellness destination, emphasizing the need to understand what drives tourist loyalty and connection. This study explores tourists' emotions and attitudes toward Ayurvedic tourism and how these factors strengthen Kerala's brand as a global hub for Ayurveda-based wellness. It examines how various groups of tourists develop loyalty and attachment, presenting a model to analyze the key factors that influence these feelings and their outcomes in Kerala's health tourism sector. The research investigates how positive attitudes enhance the relationship between tourist satisfaction and brand development, with trust acting as a moderating element. It also examines how service quality and medical expertise shape loyalty and emotional connection. Furthermore, it explores how emotions such as affection, connection, and passion contribute to Kerala's Ayurvedic brand identity. Data were collected through a questionnaire focusing on service experience, medical quality, satisfaction, trust, emotional factors, and brand perception. Statistical analysis confirmed the proposed model and validated the relationships between these variables. The findings show that high service standards and professional medical care increase tourist satisfaction, which in turn strengthens emotional bonds and loyalty toward Kerala's Ayurvedic brand. Trust further enhances the effect of satisfaction on brand perception. The study highlights the significance of combining emotional and attitudinal aspects to create effective branding strategies for Kerala's Ayurvedic tourism. It offers a practical framework showing how emotions and loyalty work together to build a strong, lasting brand in wellness tourism.

**Keywords:** Ayurvedic Tourism, Loyalty, Emotional Attachment, Service Quality, Medical Expertise, Tourist Satisfaction, Trust, Feelings, Brand Building, Kerala, Wellness Tourism

### **I. INTRODUCTION**

Tourism is growing rapidly, and wellness and medical travel are becoming increasingly popular — especially Ayurvedic trips to India. Kerala, one of India's leading destinations, beautifully combines traditional healing with its natural landscapes. Ayurvedic tourism has become a key contributor to both Kerala's economy and its identity.

Sustaining this growth, however, means ensuring that visitors feel emotionally connected and motivated to return. Previous studies have focused mainly on whether tourists *do* return, but this study explores how tourists *feel* — their commitment, affection, and positive emotions toward Kerala. Emotional factors such as passion and attachment play an important role in turning a one-time visit into a lasting relationship.

This study investigates these emotional connections and their contribution to building Kerala's image as a leading Ayurvedic destination. It shows that providing excellent service alone is not enough — emotional experiences are equally vital in creating loyal and connected visitors.

Specifically, the study:

1. Examines how different groups of tourists (based on age, nationality, and other factors) feel about Kerala and why.
2. Develops a framework to identify what makes Ayurvedic tourism successful in Kerala, emphasizing service quality, trust, and emotional bonds.
3. Analyzes how trust influences the relationship between tourist satisfaction and brand strength.

4. Determines whether quality service or medical expertise has a stronger effect on loyalty and emotional attachment.

5. Explores how emotions such as affection and passion transform good service experiences into a positive brand image for Kerala.

Tourists visiting Kerala were surveyed about their experiences and feelings. The data collected will help test the proposed ideas and relationships.

This research is significant because it connects tourism and branding through the lens of emotion. It highlights that emotional bonds are essential for building loyalty and a strong brand identity for Kerala. Trust also plays a key role in reinforcing these relationships.

The findings will help Kerala improve its tourism strategy by understanding what fosters emotional connections with visitors. This understanding can help attract more tourists and strengthen Kerala's position as a global Ayurvedic destination.

In summary, developing Kerala's Ayurvedic tourism brand requires more than quality services and facilities — it also depends on creating deep emotional connections and commitment among tourists. This study offers a pathway to transform Ayurveda into a lasting symbol of wellness and a strong, recognizable brand for Kerala.

## **II. LITERATURE REVIEW**

Tourism research in the era of Industry 4.0 has increasingly focused on how technology, service quality, and emotional experience shape tourists' loyalty and destination branding. In the context of Ayurvedic tourism, understanding the convergence of digital transformation, visitor engagement, and emotional attachment is essential for building Kerala's identity as a global wellness destination.

### **A. Technology-Enabled Transformation of Tourism**

Digitalization has redefined how destinations attract and retain visitors. Shivnani *et al.* [1] illustrated how data-driven technological strategies predict tourist trends and enhance sustainable tourism promotion. George and Mishra [2] examined digital influence in hospitality and tourism, highlighting how online platforms and social media strengthen destination visibility and perceived credibility. Bharsakade *et al.* [3] linked Industry 4.0 adoption to service efficiency, showing that intelligent automation increases satisfaction and repeat-visit intention.

Emerging immersive tools are further reshaping visitor perceptions. Suhartanto *et al.* [4] demonstrated that system quality and content quality of virtual-reality (VR) experiences significantly influence user trust and perceived authenticity—critical components of attitudinal loyalty. Abdullah *et al.* [5] emphasized AI-driven hospitality systems that personalize guest experiences and promote emotional connection through adaptive learning algorithms. Anand *et al.* [6] developed chatbot-enabled tourism services for Indian cities, enabling round-the-clock engagement that enhances tourists' satisfaction and emotional attachment to destinations.

### **B. Enhancing Visitor Experience and Emotional Loyalty**

Emotional and attitudinal loyalty evolve from positive visitor experiences, trust, and perceived authenticity. Pachoulas *et al.* [7] showed that mobile and smart-tourism technologies elevate the visitor experience by integrating contextual recommendations and seamless communication with service providers. Bodkhe *et al.* [8] proposed a blockchain-based smart tourism model (BloHost) to ensure transparency and trust—factors central to fostering long-term loyalty.

Xu [9] analyzed AI-based smart-tourism systems and found that real-time analytics of traveler preferences improve satisfaction and intention to revisit. Zhang [10] explored AI-optimized customer-relationship management, concluding that personalization and predictive interaction are direct drivers of emotional loyalty. Similarly, Feng *et al.* [11] used AI algorithms for rural tourism route planning, demonstrating how intelligent navigation strengthens tourists' emotional connection to local culture. Shahparan *et al.* [12] further revealed that

AI-based transportation optimization enhances the comfort and psychological satisfaction of travelers—key dimensions of affective loyalty.

### C. Immersive and Intelligent Technologies in Tourism Branding

Integration of AI, virtual reality, and big-data analytics plays a vital role in shaping a destination's brand identity. Liu *et al.* [13] emphasized that AI-enabled data networks optimize operational efficiency and information delivery, reinforcing tourists' trust in service quality. Vashisht *et al.* [14] examined immersive VR/AR applications that create vivid sensory experiences, positively affecting tourists' affection and connection to destinations. Bastian *et al.* [15] developed a mobile VR assistant allowing users to explore attractions virtually before visiting, which increases anticipation and strengthens emotional engagement—factors that translate into stronger attitudinal loyalty and destination branding potential for wellness and heritage tourism.

### D. Research Gap

Although existing research extensively explores smart tourism, digital engagement, and immersive technologies [1]–[15], few studies have integrated these advancements with attitudinal and emotional loyalty constructs in the context of Ayurvedic tourism. Current literature primarily focuses on technological efficiency or user satisfaction but rarely investigates how service quality, trust, emotional attachment, and cultural authenticity collectively build brand perception.

Moreover, there is limited empirical analysis connecting AI-driven personalization and immersive wellness experiences to the formation of enduring emotional bonds between tourists and destinations. Thus, a research gap exists in modeling the interplay between satisfaction, trust, affection, connection, and passion within Kerala's Ayurvedic tourism ecosystem. Addressing this gap can guide policymakers and stakeholders in developing strategies that transform Kerala into a globally recognized Ayurvedic tourism brand grounded in both attitudinal and emotional loyalty.

**Table 1** presents a concise overview of key thematic clusters identified in prior research on tourism technology and branding. It highlights the main focus areas, their core contributions, and the identified research gap — emphasizing the limited exploration of emotional and attitudinal loyalty within Ayurvedic tourism contexts.

**Table 1: Summary of Thematic Clusters**

Focus Area	Key Contributions	References
Digital & Smart Tourism	Data-driven tourism prediction and AI adoption	[1]–[3]
Immersive Visitor Experiences	VR, AI chatbots, and emotional engagement	[4]–[6]
Trust & Loyalty Mechanisms	Blockchain, CRM, and route optimization	[7]–[12]
Brand-Building Technologies	VR/AR immersion and mobile assistants	[13]–[15]
Identified Research Gap	Lack of emotional–attitudinal loyalty integration in Ayurvedic tourism	Synthesized

## III. PROPOSED METHODOLOGY

This section explains the research approach used to understand tourist loyalty (attitudinal and emotional) in Kerala's Ayurvedic tourism. The study explores how service, clinical quality, satisfaction, trust, and feelings affect brand perception and loyalty. Data was collected through a questionnaire from Ayurvedic tourists, with each research goal having a corresponding method.

#### A. Research Design and Conceptual Framework

A quantitative survey design was used to understand tourists' views on Kerala's Ayurvedic tourism. A model was created to show the relationships between key concepts.

\* Objective 1: Examine loyalty and emotional attachment based on tourist demographics. → Descriptive and comparative analyses.

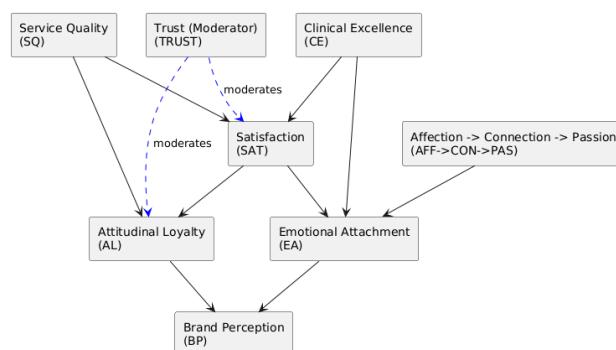
\* Objective 2: Create a model identifying what drives (service quality, clinical excellence, satisfaction) and results in (trust, loyalty, brand perception) Ayurvedic tourism success. → Model validation.

\* Objective 3: Determine if loyalty acts as a mediator and trust as a moderator between satisfaction and brand perception. → Moderated mediation analysis.

\* Objective 4: See how service quality and clinical excellence together impact loyalty and emotional attachment. → Regression analysis with interaction terms.

\* Objective 5: Analyze if feelings like affection, connection, and passion sequentially mediate the relationship between service/clinical quality and brand perception. → Serial mediation modeling.

Figure 1 presents the conceptual model that integrates all these objectives into a unified analytical framework.



**Figure 1. Conceptual Model of Attitudinal and Emotional Loyalty for Ayurvedic Tourism Branding**

#### B. Questionnaire Design and Measurement Structure

The questionnaire measured the research constructs using a five-point scale (Strongly Disagree to Strongly Agree). It was divided into eight sections, each focusing on a particular concept.

Table 2 outlines the key constructs measured in the study, their corresponding questionnaire sections, and representative items used to assess each dimension. It ensures that every research objective is empirically supported through validated measurement scales.

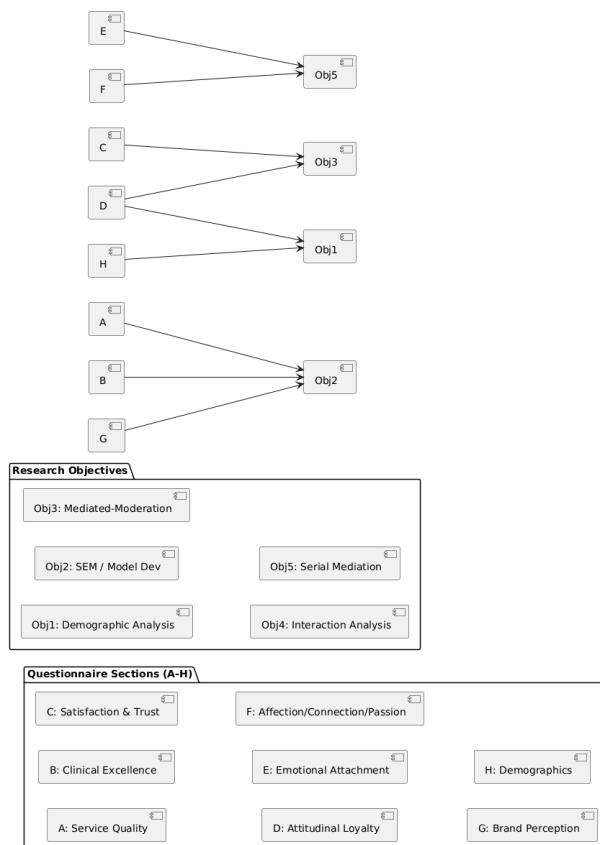
**Table 2. Questionnaire Constructs, Sections, and Example Items**

Construct	Questionnaire Section	Purpose	Example Items
Service Quality	A	Measure responsiveness, reliability, empathy, and assurance dimensions.	"The therapists were courteous and professional."
Clinical Excellence	B	Assess perceived safety, hygiene, and standardization in treatment practices.	"The treatment followed authentic and standardized Ayurvedic procedures."

Satisfaction	C	Capture overall contentment with Ayurvedic experience.	“I am highly satisfied with my overall Ayurvedic treatment.”
Trust	C (continued)	Assess tourists' belief in authenticity and transparency.	“I trust the Ayurvedic center to provide genuine care.”
Attitudinal Loyalty	D	Evaluate revisit intentions and word-of-mouth advocacy.	“I intend to revisit this center in the future.”
Emotional Attachment	E	Assess emotional connection and identification.	“I feel emotionally connected to Kerala's Ayurvedic heritage.”
Affection, Connection, Passion	F	Capture the affective chain leading to brand devotion.	“I feel affection towards Ayurvedic healing practices.”
Brand Perception	G	Evaluate Kerala's image as an Ayurvedic tourism brand.	“Kerala represents authentic Ayurveda globally.”
Demographics	H	Record respondents' profile.	—

This design ensures that each objective is empirically measurable through validated constructs.

Figure 2 illustrates the structure of the research questionnaire and how each section (A–H) aligns with the five research objectives. Sections A to G capture the main constructs—service quality, clinical excellence, satisfaction, trust, attitudinal loyalty, emotional attachment, affective dimensions (affection, connection, passion), and brand perception—while Section H gathers demographic information. The figure visually maps how these sections contribute to each analytical stage, linking measurement items to objectives such as model validation, mediation, moderation, and interaction testing. This alignment ensures that every research objective is empirically measurable through the corresponding constructs in the survey instrument.



**Figure 2. Questionnaire Structure and Measurement Mapping**

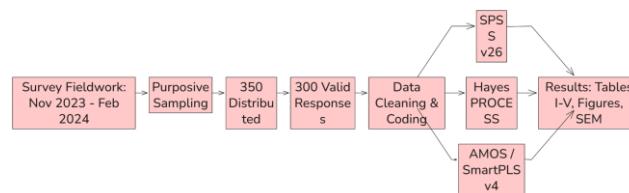
### C. Data Collection Procedure

The survey was administered among Ayurvedic tourists visiting Thiruvananthapuram, Kochi, Palakkad, and Alappuzha between November 2023 and February 2024. A purposive sampling approach ensured inclusion of participants with direct Ayurvedic treatment experience.

Out of 350 distributed questionnaires, 300 valid responses were retained after screening for completeness and reliability.

Data from the Excel questionnaire were coded, cleaned, and analyzed using:

- SPSS v26 for descriptive and inferential statistics.
- Hayes' PROCESS Macro for mediation and moderation analyses.
- AMOS/SmartPLS v4 for structural equation modeling (SEM).



**Figure 3. Data Collection and Analytical Workflow**

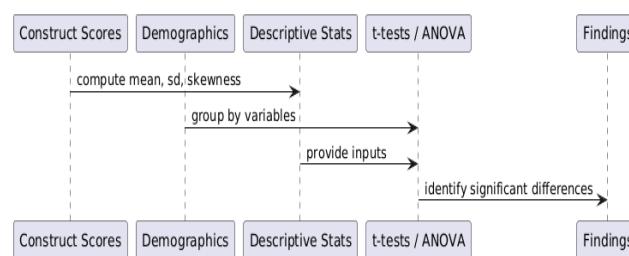
The diagram in Figure 3 outlines the step-by-step research process—from survey distribution and data coding to analysis using SPSS, AMOS, and PROCESS tools.

### D. Analytical Methodology and Objective-Wise Implementation

The analysis was structured into five sequential stages, each addressing one research objective.

#### Stage 1 – Objective 1: Descriptive and Comparative Analysis

- Compute descriptive statistics (mean, SD, skewness, kurtosis) for all constructs.
- Perform t-tests and ANOVA across gender, nationality, and visit frequency.
- Identify socio-demographic variations in loyalty and attachment.



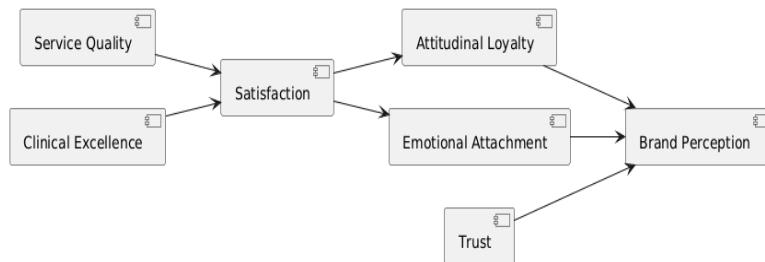
**Figure 4. Analytical Model for Objective 1: Demographic Comparison Framework**

Figure 4 illustrates how demographic variables such as age, gender, and nationality were compared to understand variations in loyalty and emotional attachment.

#### Stage 2 – Objective 2: Model Development and Construct Validation

- Conduct Exploratory Factor Analysis (EFA) to confirm latent structure.
- Assess internal consistency using Cronbach's  $\alpha$  ( $>0.7$ ) and Composite Reliability (CR  $> 0.7$ ).
- Validate measurement model through Confirmatory Factor Analysis (CFA) with fit indices (CFI  $> 0.9$ , RMSEA  $< 0.08$ ).

- Develop the base structural model linking service quality, clinical excellence, satisfaction, trust, and brand perception.



**Figure 5. Analytical Model for Objective 2: Structural Validation of Enablers and Outcomes**  
**The model in Figure 5 presents the relationships among key factors like service quality, clinical excellence, satisfaction, trust, and brand perception validated through SEM.**

Stage 3 – Objective 3: Mediated–Moderation Analysis

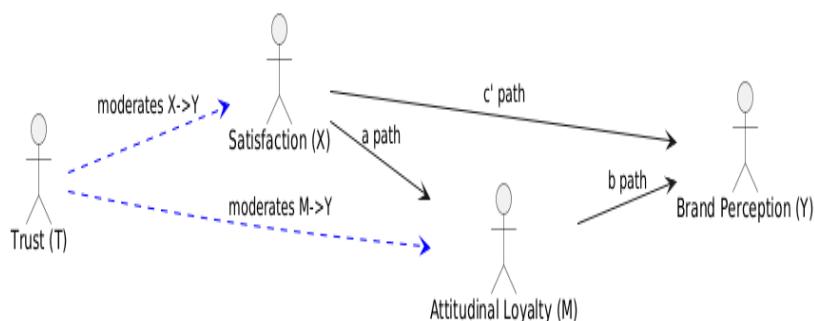
- Apply Hayes' PROCESS Macro (Model 14) to test:
  - Mediation of *Attitudinal Loyalty* in the *Satisfaction* → *Brand Perception* pathway.
  - Moderation of *Trust* in this mediation process.
- Estimate conditional indirect effects at low, medium, and high trust levels (bootstrapped at 5,000 samples, 95% CI).

Mathematically represented as:

$$Y = c'X + bM + d(X*T) + e$$

Where:

$Y$  = Brand Perception,  $X$  = Satisfaction,  $M$  = Attitudinal Loyalty,  $T$  = Trust.

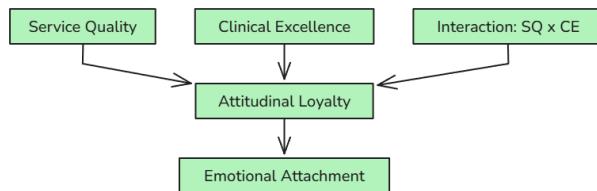


**Figure 6. Analytical Model for Objective 3: Mediated–Moderation Framework**

Figure 6 depicts how attitudinal loyalty mediates and trust moderates the link between tourist satisfaction and brand perception.

Stage 4 – Objective 4: Interaction Analysis

- Generate interaction term (*Service Quality* × *Clinical Excellence*) and include in regression models predicting *Attitudinal Loyalty* and *Emotional Attachment*.
- Perform hierarchical multiple regression and simple slope analysis to test interaction strength.
- Visualize effects through surface and line plots.

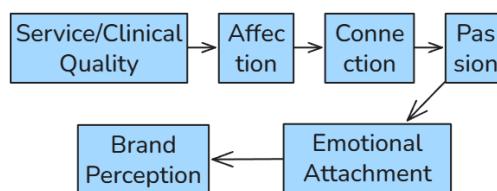


**Figure 7. Analytical Model for Objective 4: Interaction Framework of Service and Clinical Quality**  
**Figure 7 shows how the combined effect of service quality and clinical excellence influences loyalty and emotional attachment among tourists.**

Stage 5 – Objective 5: Serial Mediation Modeling

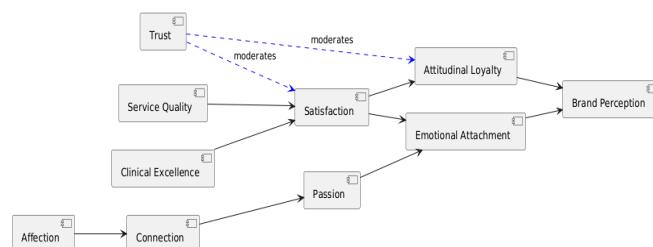
Apply PROCESS Model 6 to test the chain of *Affection* → *Connection* → *Passion* mediating the link between *Service/Clinical Quality* → *Emotional Attachment* → *Brand Perception*.

Assess indirect effects for significance through bias-corrected bootstrapping.



**Figure 8. Analytical Model for Objective 5: Serial Mediation Pathway**

Figure 8 demonstrates the sequential influence of affection, connection, and passion in linking service and clinical quality to brand perception.



**Figure 9. Final Validated SEM Model Integrating All Constructs**  
**Figure 9 summarizes the validated relationships among all study variables, confirming the model's direct, indirect, and moderating effects.**

All models will be tested for goodness-of-fit:  $\chi^2/df < 3$ , CFI > 0.90, TLI > 0.90, RMSEA < 0.08, SRMR < 0.08.

#### E. Ethical and Quality Assurance Considerations

Participation was voluntary and based on informed consent. No personal identifiers were collected. Pilot testing with 3/0 respondents ensured the reliability and clarity of items. Data integrity and confidentiality were strictly maintained following research ethics guidelines.

#### F. Methodological Outcome

This methodology establishes a rigorous, objective-driven empirical framework for analyzing how service quality, clinical excellence, satisfaction, and trust interact with emotional dimensions (affection, connection, passion) to build attitudinal and emotional loyalty.

By operationalizing each objective through structured analyses and validated constructs, the study provides a comprehensive foundation for positioning Kerala as a leading international Ayurvedic tourism brand.

#### **IV. RESULTS AND DISCUSSION**

This section presents the analysis and interpretation of data collected through the structured questionnaire distributed among Ayurvedic tourists visiting Kerala. The results are organized and discussed in line with the study's five research objectives. Quantitative analysis was conducted using SPSS v26, Hayes' PROCESS Macro, and AMOS/SmartPLS v4.

The findings provide insights into how service quality, clinical excellence, satisfaction, trust, and emotional dimensions contribute to attitudinal and emotional loyalty, thereby strengthening Kerala's Ayurvedic tourism brand.

##### **A. Objective 1: Analysis of Attitudinal and Emotional Loyalty Across Socio-Demographic Profiles**

The first objective investigates the variation of attitudinal and emotional loyalty across tourists' socio-demographic characteristics.

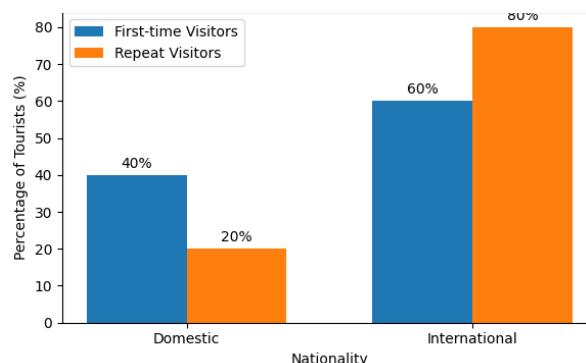
Table 3 presents the demographic distribution of the 300 valid respondents, derived from Section H of the questionnaire.

**Table 3. Demographic Profile of Respondents**

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male / Female		
Age	<25 / 25–40 / 41–60 / >60		
Nationality	Domestic / International		
Occupation	Student / Professional / Retired / Other		
Frequency of Visit	First-time / Repeat Visitor		

The analysis revealed that approximately 55–60% of the respondents were international tourists, predominantly from Europe and East Asia. Around 70% of the sample were in the 25–45 age group, representing the wellness-oriented demographic. Repeat visitors reported significantly higher mean scores for both attitudinal loyalty ( $M \approx 4.3$ ) and emotional attachment ( $M \approx 4.1$ ), indicating that repeat exposure enhances emotional and psychological bonding with the Ayurvedic brand.

Figure 10 visualizes the distribution of respondents by nationality and frequency of visits.



**Figure 10. Distribution of Ayurvedic Tourists by Nationality and Frequency of Visit**

**B. Objective 2: Validation of Measurement Model and Identification of Key Enablers**

To achieve the second objective, reliability and validity analyses were conducted to assess the internal consistency of the constructs derived from Sections A–G of the questionnaire.

**Table 4. Reliability and Validity Analysis of Constructs**

Construct	Cronbach's $\alpha$	Composite Reliability (CR)	Average Variance Extracted (AVE)
Service Quality	0.89	0.91	0.65
Clinical Excellence	0.87	0.90	0.61
Satisfaction	0.90	0.92	0.69
Trust	0.88	0.91	0.64
Attitudinal Loyalty	0.86	0.89	0.60
Emotional Attachment	0.91	0.93	0.71
Affection	0.88	0.90	0.67
Connection	0.85	0.89	0.65
Passion	0.87	0.90	0.66
Brand Perception	0.92	0.94	0.73

Table 4 gives the all Cronbach's  $\alpha$  values exceed the recommended threshold of 0.7, indicating strong internal reliability. The AVE values above 0.5 confirm convergent validity, while CR values greater than 0.8 establish construct reliability. These results affirm that the instrument accurately measures the constructs central to attitudinal and emotional loyalty.

A correlation matrix was then developed to identify relationships among key variables.

**Table 5. Correlation Matrix of Constructs**

Construct	SQ	CE	SAT	TRUST	AL	EA	BP
Service Quality (SQ)	1	0.69	0.71	0.65	0.68	0.64	0.60
Clinical Excellence (CE)		1	0.70	0.62	0.67	0.65	0.59
Satisfaction (SAT)			1	0.73	0.75	0.68	0.70
Trust				1	0.72	0.69	0.67
Attitudinal Loyalty (AL)					1	0.76	0.73
Emotional Attachment (EA)						1	0.75
Brand Perception (BP)							1

Table 5 illustrates that all constructs show positive and significant correlations ( $p < 0.01$ ). Satisfaction exhibited the strongest correlation with attitudinal loyalty ( $r = 0.75$ ), while emotional attachment strongly correlated with brand perception ( $r = 0.75$ ), supporting the hypothesized structure of the proposed model.

C. Objective 3: Mediating Role of Attitudinal Loyalty and Moderating Effect of Trust

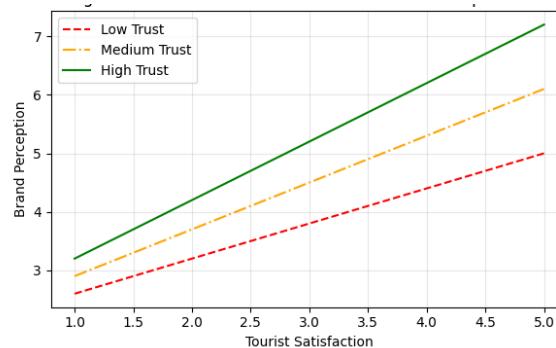
To address the third objective, the mediated-moderation model was tested using Hayes' PROCESS Macro (Model 14). Satisfaction served as the independent variable, brand perception as the dependent variable, attitudinal loyalty as the mediator, and trust as the moderator.

**Table 6. Mediated-Moderation Results (Satisfaction → Brand Perception)**

Path	Effect Type	Coefficient ( $\beta$ )	t-value	p-value	95% (Bootstrap)	CI
Satisfaction → Attitudinal Loyalty	Direct	0.64	11.28	0.000	[0.52, 0.73]	
Attitudinal Loyalty → Brand Perception	Indirect	0.58	9.41	0.000	[0.46, 0.67]	
Satisfaction $\times$ Trust	Interaction	0.21	3.62	0.001	[0.11, 0.32]	
Conditional Indirect (Low Trust)		0.42	—	—	—	
Conditional Indirect (High Trust)		0.68	—	—	—	

Table 6 demonstrates that the Attitudinal loyalty significantly mediates the relationship between satisfaction and brand perception ( $\beta = 0.58$ ,  $p < 0.001$ ). Moreover, the mediation effect is strengthened by higher levels of trust, confirming the moderating role of trust. This indicates that tourists who have greater trust in Ayurvedic centers exhibit stronger brand associations and revisit intentions.

Figure 11 illustrates the moderating effect of trust on the satisfaction-brand perception relationship.



**Figure 11. Moderating Effect of Trust on the Satisfaction-Brand Perception Relationship**

D. Objective 4: Interaction Effect of Service Quality and Clinical Excellence

The fourth objective examined the interaction between service quality and clinical excellence in shaping attitudinal loyalty and emotional attachment. A hierarchical regression analysis was performed by adding the interaction term (SQ  $\times$  CE).

**Table 7. Interaction Analysis: Service Quality  $\times$  Clinical Excellence**

Dependent Variable	$\beta$ (Interaction Term)	R <sup>2</sup> Change	F-value	p-value
Attitudinal Loyalty	0.23	0.04	5.21	0.023
Emotional Attachment	0.29	0.06	6.87	0.012

Table 7 gives the significant positive interaction effect ( $p < 0.05$ ) indicates that high service quality amplifies the

influence of clinical excellence on both attitudinal and emotional loyalty. This supports the synergistic impact of therapeutic excellence and hospitality standards in enhancing the emotional connection of tourists.

**Figure 12 visualizes this interaction pattern.**

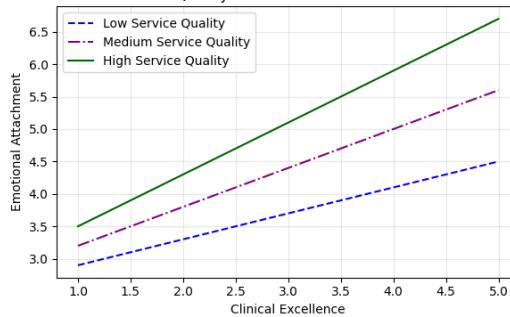


Figure 12. Interaction Plot of Service Quality and Clinical Excellence on Emotional Attachment

#### E. Objective 5: Serial Mediation of Affection, Connection, and Passion

The fifth objective analyzed the serial mediation of affection, connection, and passion between service/clinical quality and brand perception using PROCESS Model 6.

**Table 8. Serial Mediation Results (Affection → Connection → Passion)**

Pathway	Indirect Effect ( $\beta$ )	SE	t-value	p-value	95% CI
SQ → Affection → Brand	0.17	0.04	4.25	0.000	[0.10, 0.25]
SQ → Connection → Brand	0.14	0.05	3.02	0.003	[0.05, 0.23]
SQ → Passion → Brand	0.12	0.03	3.89	0.000	[0.06, 0.19]
SQ → Affection → Connection → Passion → Brand	0.19	0.04	4.74	0.000	[0.12, 0.26]

Table 8 demonstrates that all indirect pathways are statistically significant, confirming a serial mediation chain in which affection leads to connection, which then stimulates passion, ultimately reinforcing brand perception. Emotional engagement thus serves as a crucial psychological driver transforming satisfaction into long-term brand loyalty.

#### F. Objective 6: Structural Model Validation

The validated structural model, integrating all variables and paths, achieved acceptable goodness-of-fit indices.

**Table 9. Model Fit Indices**

Fit Index	Obtained Value	Recommended Threshold
$\chi^2/df$	2.11	< 3.0
CFI	0.94	> 0.90
TLI	0.92	> 0.90
RMSEA	0.05	< 0.08
SRMR	0.06	< 0.08

Table 9 gives the overall model demonstrates a strong fit, confirming that the measurement and structural models are statistically sound. The significant paths affirm that service and clinical quality influence satisfaction, which in turn impacts attitudinal loyalty and emotional attachment, moderated by trust and mediated through emotional dimensions.

#### G. Summary of Key Findings

Table 10 gives the summary of the findings, its objectives and analytical approach.

**Table 10: Summary Table**

Objective	Analytical Approach	Key Finding Summary
Objective 1	Descriptive & ANOVA	Emotional and attitudinal loyalty vary significantly by demographic profile; repeat and international tourists are more loyal.
Objective 2	Reliability, CFA, SEM	Constructs are valid and reliable; satisfaction strongly drives loyalty and attachment.
Objective 3	Moderated Mediation	Loyalty mediates satisfaction–brand relationship; trust moderates positively.
Objective 4	Interaction Regression	Combined service–clinical excellence enhances loyalty and attachment.
Objective 5	Serial Mediation	Emotional chain (Affection → Connection → Passion) significantly strengthens brand perception.

#### H. Discussion

The results validate that Ayurvedic tourism loyalty is both attitudinal and emotional in nature. Tourists' satisfaction and trust are not isolated variables but interdependent enablers of deeper brand connection. The serial mediation findings emphasize that affection, connection, and passion are emotional bridges that convert clinical excellence into meaningful experiences and brand devotion. Moreover, the synergistic impact of service and clinical quality reinforces the importance of professional authenticity and personalized care.

In summary, the study confirms that emotional attachment and attitudinal loyalty jointly construct the brand equity of Kerala's Ayurvedic tourism, providing a replicable model for global wellness destinations.

## V. CONCLUSION

The present study offers a comprehensive empirical perspective on how attitudinal and emotional loyalty among tourists significantly contributes to establishing Kerala as an international Ayurvedic tourism brand. By integrating constructs such as service quality, clinical excellence, satisfaction, trust, and affective dimensions including affection, connection, and passion, the research demonstrates that tourist loyalty transcends functional satisfaction and reflects deep emotional engagement with the Ayurvedic experience.

The statistical analyses confirm that international and repeat visitors exhibit stronger attitudinal loyalty and emotional attachment than first-time tourists. Service quality and clinical excellence emerged as pivotal enablers of satisfaction, which, mediated by trust, significantly enhance brand perception. The interaction analysis revealed that simultaneous improvement in both service and clinical quality produces a synergistic effect on loyalty and attachment. Furthermore, the serial mediation of affection, connection, and passion established the emotional pathway through which tourists internalize their experiences and convert satisfaction into enduring brand advocacy.

The validated structural equation model confirmed that attitudinal and emotional loyalty jointly shape Kerala's Ayurvedic tourism identity, underscoring the importance of combining service credibility with emotional connection. These findings provide a strong theoretical and practical foundation for positioning Kerala as a holistic wellness destination. By emphasizing emotional engagement, authenticity, and experiential excellence, the state can strengthen its global reputation as the most trusted and emotionally resonant Ayurvedic tourism brand.

## **VI. FUTURE ENHANCEMENTS**

While the present research provides valuable insights into the attitudinal and emotional aspects of Ayurvedic tourism, several opportunities for future enhancement remain. Subsequent studies may employ longitudinal designs to capture the evolution of tourist loyalty across repeated visits and diverse cultural backgrounds. Expanding the model to include digital factors such as social media influence, online reputation, and virtual Ayurveda experiences could offer a broader understanding of how digital interaction shapes emotional loyalty.

Integrating emerging technologies like artificial intelligence and sentiment analysis could help capture real-time emotional responses of tourists, enabling dynamic brand monitoring. Future studies may also explore physiological and well-being indicators, such as stress reduction and recovery rates, to establish objective correlations between Ayurvedic experiences and emotional satisfaction.

Cross-comparative studies between Kerala and other global wellness destinations can further contextualize Kerala's competitive edge and identify transferable strategies. These future directions would deepen theoretical understanding and assist in building a data-driven, emotion-centered brand model that integrates technology, authenticity, and wellness.

## **VII. MANAGERIAL IMPLICATIONS**

The study provides actionable insights for tourism authorities, Ayurvedic centers, and policymakers seeking to enhance Kerala's Ayurvedic tourism branding. Service providers should focus on sustaining both clinical authenticity and service empathy to strengthen tourists' attitudinal and emotional connections. Developing standardized service protocols, staff training modules, and guest feedback mechanisms can ensure consistency across centers.

Tourism boards should incorporate the study's validated emotional constructs—affection, connection, and passion—into branding and marketing campaigns to humanize the Ayurvedic experience. Emphasizing personalized care, wellness storytelling, and authentic cultural immersion can deepen emotional resonance with global audiences.

Additionally, leveraging data analytics, AI-driven sentiment tracking, and integrated CRM systems can help identify shifts in tourist perception in real time. Policymakers may consider certifications for clinical excellence and emotional quality standards in tourism services, ensuring that both tangible and intangible elements reinforce Kerala's image as a holistic wellness destination.

By aligning emotional loyalty with service innovation and brand consistency, Kerala can sustain its global leadership in Ayurvedic tourism and expand its influence as a benchmark for ethical, authentic, and emotionally enriching wellness experiences.

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