



Residents' quality of life and attitudes toward tourism development in China



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HIGHLIGHTS

- The new modified TQOL includes family and personal well-being.
- The non-material TQOL domains positively affect residents' attitudes.
- Residential status is the predictors of residents' attitude.
- Residents' attitudes depend on whether they perceive the community as a place for earning a living or a place to live.

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ABSTRACT

The purpose of this study is to explore the influence of quality of life (QOL) and residential status on resident attitudes toward further tourism development. The measurement of tourism and quality of life (TQOL) is modified. Using a sample of 562 residents from Shenzhen OCT community of China, this study has identified six TQOL domains and examines the effects of each TQOL domains based on the residential status and residents' attitudes in supporting further tourism development. The results reveal that the positive supporting attitudes of residents depends on the selected TQOL domains, especially on non-material improvements of TQOL. Tenants and dormitory residents have more positive attitudes than those house owners. This study also identifies four resident clusters with different attitudes and it is found that the residents' attitudes of tourism development depend on whether they perceive the community as a place for earning a living or a place to live.

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1. Introduction

The development of tourism is an increasingly popular option for community regeneration. Tourism has been found to stimulate local economies (Sharpley & Telfer, 2002), attract foreign investment (Liu, Sheldon, & Var, 1987; Sheng & Tsui, 2010), increase business activity (Prentice, 1993), enhance land value (Crompton, 2004), improve community infrastructure (Mathieson & Wall, 1982), and attract the wealthy middle class (Gotham, 2005; Liang & Bao, 2015). However, once a community becomes a tourist destination, the daily lives of its residents are transformed by the

presence of increasing numbers of visitors and tourist-oriented activities (Jurowski, Uysal, & Williams, 1997) depending on the stage of tourism development in their community (Kim, Uysal, & Sirgy, 2013). Over the past decade, the effects of tourism development on QOL have received considerable attention (Woo, Kim, & Uysal, 2015), focusing on two directions. In one direction, scholars tested the relationship between tourists' QOL and travel experiences or behavior (e.g. Bimonte & Faralla, 2014; Chen, Lehto, & Cai, 2013; Dolnicar, Yanamandram, & Cliff, 2012; Gilbert & Abdullah, 2004; Kim, Woo, & Uysal, 2015; Kruger, Rootenber, & Ellis, 2013; Lloyd & Auld, 2002; McCabe & Johnson, 2013; Neal, Sirgy, & Uysal, 1999, 2007; Sirgy, 2010; Sirgy, Kruger, Lee, & Yu, 2011; de Bloom, Geurts, & Kompier, 2013). In the other direction, scholars focused on tourism development and its effects on the QOL of residents in tourist destinations (Allen, Long, Perdue, & Kieselbach, 1988; Andereck & Nyaupane, 2011; Andereck,

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Valentine, Vogt, & Knopf, 2007; Aref, 2011; Budruk & Phillips, 2011; Buzinde, Kalavar, & Melubo, 2014; Filep, Ross, & Pearce, 2011; Guo, Kim, & Chen, 2013; Kim et al., 2013; Moscardo, Konovalov, Murphy, & McGehee, 2013; Nawijn & Mitas, 2012; Woo et al., 2015; Wu & Pearce, 2013).

This study investigates the second direction. Kim et al. (2013) proposed that residents' perception of tourism influences their sense of well-being in four domains: their material, community, and emotional life, and their health and safety. Residents' sense of well-being in those life domains affects their overall satisfaction with life. Andereck et al. (2007) constructed the tourism and quality of life (TQOL) measurement scale to explain the relationship between tourism development and QOL. Andereck and Nyaupane (2011) further developed the TQOL and identified eight domains: community well-being, urban issues, way of life, community pride and awareness, natural/cultural preservation, economic strength, recreation amenities, and crime and substance abuse. These life domains can be divided into two groups: material and non-material domains (Woo et al., 2015). The TQOL indicators measured perceptions of tourism effects on QOL with more clarity but were incomplete as they excluded some widely accepted indicators of QOL, such as health and family life (see Cummins, 1996; Kim et al., 2013; McCabe & Johnson, 2013; Nawijn & Mitas, 2012; Woo et al., 2015).

There was a consensus that QOL/TQOL influenced residents' attitudes toward future tourism development in their communities (e.g. Ap, 1992; Gursoy, Jurovski, & Uysal, 2002; Lankford & Howard, 1994; Liu & Var, 1986; Nawijn & Mitas, 2012; Teye, Sirakaya, & Sönmez, 2002; Woo et al., 2015). This varying level of satisfaction leads to changes in attitude toward tourism development. Normally, those residents with a higher rate of overall satisfaction with their QOL would exhibit a positive attitude (Andereck & Nyaupane, 2011; Woo et al., 2015). However, which domain of QOL/TQOL can best predict residents' attitude? The specific context of a case is important. In most early studies, the community population composition of a selected case is relatively simple. However, in Shenzhen OCT community in China which is at mature stage of tourism development and has diverse population, different attitudes are perceived. Moreover, in China, family life plays a significant role in the evaluation of QOL (Shek & Lee, 2007). Individual attitudes of Chinese people are also highly related to the family value and residential status. How about the predictive effects of family life domain and residential status on residents' attitudes?

In brief, the main objectives of this paper are two folds. First, we would like to investigate whether different TQOL domains, demographics and the residential status have any impacts on the attitude toward future tourism development. Second, we would also like to see how many attitude groups are there in a mature and diverse tourism community? And whether different groups of residents have different attitudes toward the differences in TQOL domains. All these results may help the community officials and planners to set up a better guideline and so enhance a more effectiveness of practices in tourism and community development.

2. Literature review

2.1. *Tourism and QOL: studies and measurements*

In recent years, the non-economic measures of tourism development, such as QOL, have become the focus of tourism impact research (Uysal, Perdue, & Sirgy, 2012). Meanwhile, more and more communities are developing tourism with the goal of enhancing residents' QOL. There are two broad types of indicators for measuring QOL. One provides a direct measure of subjective reactions; the other is based on a series of objective indicators, such

as crime rates, population densities, and unemployment figures (Andrews, 1974). Subjective indicators are widely applied in tourism research (e.g. Andereck & Nyaupane, 2011; Buzinde et al., 2014; Kim et al., 2013; 2015; Woo et al., 2015), including Subjective Well-being (SWB) (McCabe & Johnson, 2013; McCabe, Joldersma, & Li, 2010; Nawijn & Mitas, 2012), Life Satisfaction (LS) (Dolnicar et al., 2012; Kim et al., 2013, 2015) and Happiness (Bimonte & Faralla, 2014; Nawijn, 2011). SWB comprises a global assessment of all domains of a person's life (Diener, 1984), including both cognitive judgments and affective reactions. Happiness contributes to affective SWB while LS measures cognitive SWB (Campbell, Converse, & Rodgers, 1976; McCabe & Johnson, 2013; Veenhoven, 1991). Therefore, SWB is a comprehensive and effective approach to understanding QOL under the influence of tourism.

Most studies consider SWB to be composed of several domains. Total SWB can be measured through a series of individual life domains (Andrews & Withey, 1976; Campbell et al., 1976). Cummins (1996) grouped 173 different life domains derived from the early literature and identified seven of the most used ones: material well-being, health, productivity, intimacy, safety, community, and emotional well-being. These seven domains of SWB were accepted and applied not only in academic QOL research, but also in tourism research (e.g. Kim et al., 2013; Moscardo et al., 2013; Woo et al., 2015). Most of the aforementioned researchers modified the seven domains and the specific measurement items according to the particulars of the case or research questions they explored. A calculation of Tourism and Quality of Life (TQOL) was proposed based on SWB theory (e.g. Andereck & Jurovski, 2006; Andereck, Valentine, Knopf, & Vogt, 2005) which comprises only a few of life domains developed by Cummins (1996). Andereck and Nyaupane (2011) improved this measure of TQOL by assembling 38 items according to the specific context of their case. Respondents were asked three sets of questions for each item: how satisfied they were, how important they considered it, and to what extent tourism had influenced it, since residents' personalities determine how highly they value each life domain (Ha & Kim, 2013). A scale measuring total TQOL is similar to scale of importance-performance analysis (see Martilla & James, 1977; Sever, 2015) and calculated referring to Brown, Raphael, and Renwick (1998).

However, the TQOL scale excluded some widely accepted items of QOL and needed to be revisited. First, health and family life had been included in various other QOL scales (e.g. Kim et al., 2013; McCabe & Johnson, 2013; Nawijn & Mitas, 2012; Woo et al., 2015), and even achieved the highest frequency in statistics from Cummins (1996). Family life is an important domain, especially for Chinese people (Shek & Lee, 2007). Family life could be divided into systemic family functioning and dyadic relationships within the family (Siu & Shek, 2005), measured against three items: "family relationships," "family activities," and "family income" (e.g. Cummins, 1996; Guo et al., 2013). Education provision, medical facilities, and neighborhood relationships are also significant items for measuring community (Hobson & Dietrich, 1995; Cummins, 1996; Nawijn & Mitas, 2012; Guo and Kim et al., 2013). A community within a harmonious neighborhood and with access to top education and medical facilities can attract wealthier residents and visitors. Therefore, "community medical conditions," "education conditions and development," and "harmonious neighborhood" were also added to the new TQOL scale.

When a community becomes a tourist destination, residents have more contact with tourists and can meet new people, who may become good friends. This contributes to residents' emotional well-being and helps enhance QOL (Neal, Sirgy, & Uysal, 2004). Most studies on the effects of tourism showed that tourism

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