

Perceived wellbeing – mature vs. developing tourist destination

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Abstract

The development of sustainable tourism has the wellbeing of residents as its primary objective, so it is of great importance to consider their perceptions and attitudes towards tourism. This study analyses residents' perceived tourism-related benefits and costs in their community, personal economic benefits of tourism, and overall wellbeing in two types of destinations - mature and developing. In addition, the study identifies determinants of resident wellbeing. Understanding these determinants could be useful for destination managers to gain resident support and improve their wellbeing. The results show that there are significant differences between residents' perceptions of different types of destinations on all observed concepts. The findings also suggest that perceived overall wellbeing is influenced by a number of factors: place of residence (mature/developing destination), level of support for tourism development, income, age, and perceived benefits and costs of tourism. However, perceived personal economic benefits of tourism were not associated with wellbeing.

Keywords: wellbeing; tourism; mature destination; developing destination; residents; Croatia

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1. Introduction

Tourism plays an important role in both developing and developed destinations (Wang *et al.*, 2020) and can have positive and negative economic, social, cultural, and environmental impacts, thus affecting the wellbeing and quality of life of residents (Andereck & Nyaupane, 2011; Biagi *et al.*, 2019; Kim *et al.*, 2013). Previous studies have confirmed that residents are more likely to support tourism development if they expect more positive benefits from tourism (Li *et al.*, 2021). To this end, it is important to study residents' attitudes toward tourism and their level of support, as this is considered key to sustainable tourism development (Bimonte & Faralla, 2016; Ivlevs, 2016; Moghavvemi *et al.*, 2017; Nawijn & Mitas, 2012; Woo *et al.*, 2015). Destination management benefits from this information as it can be used to encourage resident engagement and enhance their wellbeing, and consequently ensure sustainable tourism development (Vivek, 2021).

Researchers have been investigating wellbeing from the tourist, destination and resident perspectives (Hartwell *et al.*, 2018; Liang, 2020; Smith & Diekmann, 2017). However, Kaliterna Lipovčan *et al.* (2014) and Nawijn (2012) note that tourists' wellbeing has engaged researchers more than the wellbeing of residents. Hence, this study focuses on the residents' perceptions with regard to their sense of wellbeing. Many authors have underlined the importance of continuously measuring the wellbeing of residents and monitoring its determinants (Ivlevs, 2016; Kaliterna Lipovčan *et al.*, 2014; Nawijn & Mitas, 2012), taking into consideration different resident groups as well as different types of destinations. However, measuring and understanding residents' wellbeing and the impact of tourism on it is quite difficult, as these perceived impacts are subjective and vary across groups and individuals (Hartwell *et al.*, 2018), indicating the need for further research on this topic in different settings.

In considering residents' perceptions, previous studies have examined their perceived impacts of tourism and the concept of wellbeing or quality of life (i.e., Andereck & Nyaupane 2011; Bimonte & Faralla, 2016; Ivlevs, 2016; Liang, 2018; Soldić Frleta *et al.*, 2020). A literature review suggests that the perceived impact of tourism is related to the degree of personal benefit from tourism as well as the stage of tourism development (Hartwell *et al.*, 2018). Regarding the destination development cycle, Perdue *et al.* (1999) and Tosun (2002) suggested that Doxey's (1975) and Butler's (1980) models explain the interactions between visitors and local residents, and the residents' opinions regarding tourism. Meng *et al.* (2010) noted that these theories mostly refer to social carrying capacity, whereby residents' quality of life enhances during the initial phase of tourism development but when development reaches the point where costs outweigh benefits, development begins to cause negative changes. Moreover, Li *et al.* (2021) emphasise that residents of places at different stages of development may perceive the impact of tourism differently and, accordingly, have different attitudes toward tourism development. Therefore, for future studies, they recommend considering different types of destinations (e.g., seaside, urban, and mountain) at different stages of development (e.g., emerging, fast-growing, or declining). This study thus aims to explore whether there are differences between attitudes of residents of a county that is an emerging tourism destination and residents of a county that is highly developed in terms of tourism with regard to perceived personal wellbeing, satisfaction with county living conditions (county wellbeing), personal economic benefits and the perceived overall benefits and costs of tourism. The author hypothesizes that tourism plays an important role when it comes to perceived residents' wellbeing, regardless of their place of residence and its development phase. It is assumed, however, that the residents in mature destinations are more satisfied with different life domains and that different factors determine their wellbeing, in comparison with residents who reside in developing tourist destinations.

Prior to the COVID-19 pandemic, residents of various destinations around the world raised their voices in protest of the problems they perceived as a result of overtourism and the degradation of quality of life and residents wellbeing. With wellbeing being a European Sustainable Development Goal by 2030, destinations are increasingly emphasizing the notion of health and wellbeing and incorporating it into their strategies (Hartwell *et al.*, 2018; Pocinho *et al.*, 2022). Given the crisis COVID-19 destinations, tourists, residents and their daily activities were affected, making wellbeing and resilience the two crucial variables for the recovery of the industry and people (Pocinho *et al.*, 2022). Therefore, health and wellbeing issues are now more important than ever, making this topic a timely contribution.

2. Wellbeing and tourism

Tourism and wellbeing share a complex relationship (Smith & Diekmann, 2017). Over the last decade, researchers in tourism have become increasingly engaged in wellbeing through the research of various aspects such as quality of life (QOL), happiness, life satisfaction, and life fulfilment (Smith & Diekmann, 2017). These concepts have been examined by various disciplines (i.e., behavioural, environmental, social, and others), resulting in diverse interpretations (Hartwell *et al.*, 2018; Uysal *et al.*, 2016). Different approaches are evident when it comes to defining both QOL and life satisfaction (Dolnicar *et al.*, 2012). Some authors use the terms *QOL* and *wellbeing* synonymously, and refer to QOL in terms of life satisfaction (e.g., Meeberg, 1993; Rejeski & Mihalko, 2001; Uysal *et al.*, 2016). Kruger (2012) indicated that life satisfaction is associated with satisfaction with different life aspects (family, social life, health, recreation, finances, work, leisure and travel). Diener *et al.* (2009, p.11) emphasised that “people have wellbeing only when they believe that their life is going well, regardless of whether that life has pleasure, material comforts, a sense of meaning, or any other objective feature that has been specified as essential for wellbeing”. Gasper (2010) concluded that wellbeing usually refers to individuals, and quality of life, to communities. Kim *et al.* (2020) underline that the literature review suggests that authors are including many different life domains in their models that explain the overall QOL in respect of their study’s methods, purposes or subjects.

The literature suggests that wellbeing is a multi-dimensional concept, conceived of objective and subjective dimensions (Dwyer, 2020; Hartwell *et al.*, 2018; Kahneman & Krueger, 2006). Objective wellbeing is related to the fulfilment of materialistic aspirations and access to various resources (i.e., physical, environmental, and social) (Hartwell *et al.*, 2018). Mackenzie and Hodge (2019) note that objective approaches to wellbeing assume that wellbeing is based on improving conditions, i.e., income, education, and life expectancy and that economic approaches are usually based on increasing GDP. However, Dwyer (2020) highlights the *Beyond GDP* concept, which has implications for the challenges of measuring tourism development and resident wellbeing. Fuchs *et al.* (2020) and Radermachier (2015) noted that the *Beyond GDP* approach focuses on the broader aspects of residents' living conditions and quality of life to better understand their lives at the individual, household, and community levels (Exton & Shinwell, 2018). Although in many cases researchers deal separately with the concept of sustainability and the concept of wellbeing, the *Beyond GDP* approach combines the two into the single concept of sustainable wellbeing (Qasim, 2017). One of the economic approaches is the ‘preference satisfaction’ approach that indicates that a sense of wellbeing may be enhanced by enabling people to meet their preferences as much as possible, primarily by increasing income (Mackenzie & Hodge, 2019). However, over time, other wellbeing indicators in addition to GDP have been investigated (Benjamin *et al.*, 2014). In contrast to previous mentioned approaches, subjective wellbeing approaches focus on how people feel and perceive satisfaction regarding their experience and life (Diener *et al.*, 2003; Mackenzie & Hodge, 2019). Qiu and Li (2012) indicate that wellbeing can be divided into subjective and psychological wellbeing. The former refers to psychological construct related to the quality of life (Maddux, 2018), while the latter emphasises people’s potential and capacity to achieve wellbeing (Ryff, 1989). Diener *et*

al. (2009) defined subjective wellbeing as a comprehensive term for different people's self-assessments of their lives and of different life events and circumstances, while Kim *et al.* (2013) and Sirgy (2002) highlight the spill-over theory suggesting that one's life satisfaction and wellbeing are a function of their perceptions of different life domains and sub-domains. As early as 2000, Diener suggested using a subjective wellbeing index as an index of national wellbeing. However, only recently have these approaches been adopted more globally (Mackenzie & Hodge, 2019).

Many authors have studied the relationship between leisure/travel and subjective wellbeing (e.g., Kim *et al.*, 2015; Newman *et al.*, 2014; Totsune *et al.*, 2021; Zhang & Zhang, 2018). Perles-Ribes *et al.* (2020) note that residents' wellbeing is related to residents' direct or indirect economic benefits and perceptions of the socio-cultural impact and sustainability of the destination as a whole. There are various situations where tourism can have a positive impact on the local community, starting with the economic impact (by generating profits, foreign exchange earnings, jobs, stimulating local production, attracting investment...), through socio-cultural impacts (by enhancing quality of life, preservation of cultural identity, culture and heritage, by fostering intercultural understanding, pride) up to environmental impacts (by conserving and preserving natural resources, and enhancing awareness of environmental issues). Michalkó *et al.* (2013) point out that residents are more satisfied when they can benefit more from tourism development. Conversely, if tourism is not managed properly and responsibly, it can negatively impact the community and the destination (i.e., tourism can lead to an increase in prices and cost of living, increased demand for public services and infrastructure, deterioration of the landscape, congestion, overcrowding, crime, deterioration of culture...).

One of the approaches that concerns subjective wellbeing that measures satisfaction with different life domains is that of Cummins *et al.* (2003). They have developed the International Wellbeing Index that consists of the Personal Wellbeing Index (PWI) and the National Wellbeing Index (NWI). The PWI measures residents' satisfaction with their personal relationships, health and safety, standard of living, community connectedness, life successes, and future security. Satisfaction with the economic situation, environmental conditions, social conditions, government, business, and national security in the country in which one lives is measured by NWI (Renn *et al.*, 2009). The indices developed by Cummins were adopted in this study whereby the latter was renamed "County Wellbeing", given that it measured residents' satisfaction with different aspects of the current situation of the county where they are living. As many authors emphasised (e.g., Gursoy & Rutherford, 2004; Li *et al.*, 2021; Rasoolimanesh & Jaafar, 2017), residents in the early stages of tourism development generally believe that incoming tourists will bring positive economic, sociocultural, and environmental benefits, and consequently have positive attitudes and are more supportive of this development. As destinations progress through their life cycle, the negative impacts of tourism become more apparent (Ko & Stewart, 2002), resulting in lower wellbeing, which may also reduce residents' support for tourism.

Since the findings of previous studies have so far been contradictory, and despite the fact that many researchers have tackled the relationship between wellbeing and tourism for some time now, research in this field is still necessary (Meng *et al.*, 2010; Li *et al.*, 2021; Pyke *et al.*, 2016; Smith & Diekmann, 2017). In this context and in accordance with the purpose of this study, the following hypotheses were defined:

H1: There are differences in perceived wellbeing between residents residing in the mature tourist destination and those residing in the developing tourist destination.

H2: There are differences in the determinants of residents' wellbeing with regard to the destination's development stage.

3. Methodology

A structured, close-ended questionnaire was used for data collecting. It consisted of four parts. The first part comprised fourteen items, measuring perceived personal and county wellbeing, adopted from Cummins *et al.* (2003). Each item was rated on an 11-point rating scale (0 = “completely dissatisfied” to 10 = “completely satisfied”). The second part measured the residents’ perceived positive and negative tourism impacts and their level of tourism support. Items were adopted from different studies (Andereck & Vogt, 2000; Choi & Murray, 2010; Kim *et al.*, 2013; Ko & Stewart, 2002). The next part of the questionnaire collected information on the perceived personal economic benefits of tourism. Respondents were asked to rate their agreement with the statements in the second and third parts of the questionnaire on a 5-point scale (1 = “strongly disagree”; 5 = “strongly agree”). In the last part of the questionnaire, the socio-demographic data of the respondents were collected.

Considering the purpose of this study, two Croatian destinations at different stages of tourism development were chosen as study sites: Krapina-Zagorje County and Istria County. Krapina-Zagorje County, located in the northern part of Croatia, covers an area of 1,229 m² and has a population density of 110 people per km² (Krapina-Zagorje County). Istria County, located on the Istrian peninsula, is the westernmost county of Croatia with a surface of 3,476 m², and a population density of 60 people per km² (Istria County). These two destinations, in addition to their location (one being located in the continental area and the other on the Adriatic coast), also differ in terms of their level of tourism development.

Krapina-Zagorje County is a continental destination where tourism is in the development phase. In 2019 it hosted around 177,835 tourists who spent 386,985 overnights (CBS, 2020), resulting in 1.3 arrivals per county resident. This county is almost equally visited by domestic (51%) and foreign tourists (49%). On the other hand, Istria County is one of the most popular and most developed destinations in Croatia (4.5 million arrivals and 26.4 million overnights were recorded in 2019, resulting in 21.5 arrivals per county resident. The majority of tourists visiting Istria are foreign (93%).

An onsite approach was used to collect data during 2019 and up to February 2020. The study population were individuals residing in Istria County (a mature tourist destination) and in Krapina-Zagorje County (a developing tourist destination). The questionnaire was distributed at different places in these two counties. Respondents were randomly approached at various popular public places. Respondents younger than 18 years old were excluded. All questionnaires were collected immediately after completion in the presence of the interviewers. In total, 445 valid questionnaires (257 residents of Istria County and 188 residents of Krapina-Zagorje County) were used in the data analysis.

The collected data were analysed using the statistical package SPSS. Descriptive statistics was used for sample profiling, and factor analysis was used to identify the dimensions of overall wellbeing. Regression analyses were applied for the purpose of identifying the factors that influence residents’ overall wellbeing.

Table 1 summarises the respondents’ profile across the two groups. It can be noted that when it comes to Istria County, the sample is balanced in terms of male and female respondents, 61% of the respondents are younger than the age of 35, and the vast majority (95%) holds either a high school or college degree. Among the Istrian respondents, 58% have an average monthly income of up to 2.600 euro, almost 74% are employed, and more than 70% are connected to tourism either through full time or seasonal work in tourism or by renting private accommodation (Table 1).

More than 50% of the respondents in Krapina-Zagorje County are younger than 35 years of age, 93.6% have a high school or college degree, and 50.5% reported an average monthly income between 1.301 euro and 2.600 euro. Contrary to Istria County, the vast majority of respondents in Krapina-Zagorje County (70.7%) are connected neither directly nor indirectly to tourism.

Table 1. Respondents' profile

	Istria County (n=257)		Krapina-Zagorje County (n=188)	
	n	%	n	%
Gender				
Male	128	49.8	78	41.5
Female	129	50.2	110	58.5
Age				
≤25	94	36.6	56	29.8
26-35	63	24.5	39	20.7
36-45	43	16.7	39	20.7
46-55	43	16.7	32	17.0
≥ 56	14	5.4	22	11.7
Education				
Elementary school	3	1.2	8	4.3
High school	154	59.9	128	68.1
College	90	35.0	48	25.5
Master/PhD	10	3.9	4	2.1
Average monthly income				
≤ 1.300 euro	83	32.3	75	39.9
1.301 - 2.000 euro	81	31.5	56	29.8
2.001 - 2.600 euro	68	26.5	39	20.7
≥ 2.601 euro	25	9.7	18	9.6
Status				
Employed	190	73.9	146	77.7
Unemployed	18	7.0	12	6.4
Retired	11	4.3	17	9.0
Student	31	12.1	12	6.4
Other	7	2.7	1	0.5
Economic connection to tourism				
Connected	181	70.4	55	29.3
Not connected	76	29.6	133	70.7

4. Findings

In the first part of the questionnaire, respondents were asked to indicate their level of satisfaction with 13 statements on different life domains and general living conditions using a scale from 0 = "completely dissatisfied" to 10 = "completely satisfied". This study refers to wellbeing as a multidimensional concept consisting of the personal (PWI) and national (NWI) wellbeing index (Cummins *et al.*, 2003).

Since resident satisfaction was assessed in relation to a number of different aspects of life, a factor analysis of 14 items with Oblimin rotation was performed (Table 2). The Kaiser-Meyer-Olkin (KMO) score was 0.905, which was within the merit range according to Kaiser (1974). Bartlett's test for sphericity was significant ($\chi^2 = 4280.975$, $df = 91$, $p < 0.001$), indicating that the data were suitable for factor analysis (Hair *et al.*, 2005).

Table 2. Factor analysis results ($n=445$)

Variables	Component		Communality	MS	SD
	1	2			
Satisfaction with					
achievement in life	0.832		0.647	7.55	1.810
relationships with family and friends	0.772		0.523	7.98	1.519
personal health	0.754		0.521	7.60	1.919
material status	0.703		0.508	7.34	2.017
feelings of physical safety	0.718		0.546	7.80	1.678
acceptance by the community	0.690		0.551	7.85	1.646
future security	0.605		0.594	7.14	2.083
my life in general	0.698		0.593	7.84	1.714
local authorities and administration		-0.869	0.689	6.40	3.387
social conditions		-0.892	0.811	6.84	1.853
the state of the natural environment		-0.834	0.660	7.16	2.010
economic situation		-0.839	0.776	6.91	2.110
business and entrepreneurship		-0.783	0.614	6.83	2.120
county security		-0.516	0.399	7.73	1.788

Note: Rotation method: Oblimin with Kaiser normalisation; MS - Mean Score; SD - standard deviation

Factor analysis revealed two factors that explained 60.24% of the total variance in wellbeing. These components are in line with those of Cummins *et al.* (2003) and were named accordingly - Personal wellbeing and National (county, in this study) wellbeing. Personal wellbeing is measured by satisfaction with achievements in life, relationships, personal health, material status, acceptance by the community, physical safety, future security and life in general. National (county) wellbeing is measured by satisfaction with local authorities and administration, social conditions, the state of the natural environment, economic situation, business and entrepreneurship, and county security.

Table 3. Wellbeing components and Cronbach's α reliability coefficient

Component	Mean	SD	Cronbach Alpha	Correlations	
1 Personal wellbeing	7.64	1.395	0.905	1	0.517**
2 County wellbeing	6.98	1.718	0.914	0.517**	1

Note: mean values range from 0 (completely dissatisfied) to 10 (completely satisfied); ** Correlation is significant at the 0.01 level (2-tailed).

Results of reliability analysis show that the α coefficients of the two components range from 0.905 to 0.914. According to Kline (2011) and Nunnally (1987), these α coefficients are considered acceptable (Table 3), as an indication of reliability.

The next part of the questionnaire measured the respondents' perceived positive and negative impacts of tourism and their level of support for tourism on a 5-point scale (1 = "strongly disagree"; 5 = strongly agree). A reliability test revealed that Cronbach's α was 0.88 for the group of items measuring the positive impacts of tourism (benefits, 12 items) and 0.917 for the group measuring the negative impacts of tourism (costs, 11 items). Cronbach's α is 0.848 for the group of items measuring support for future tourism development and 0.931 for the perceived personal economic benefits. All these coefficients were also acceptable and therefore used in consequent analyses.

Independent t-tests were conducted to determine whether there are any differences in perceived wellbeing, tourism impacts, personal economic benefits, and level of tourism support between residents of Istria County and those of Krapina-Zagorje County. The findings are summarised in Table 4.

Table 4. Independent t-tests

	Istria County (n=257)		Krapina-Zagorje County (n=188)		t Sig. (2-tailed) df	
	Mean	SD	Mean	SD		
Personal wellbeing*	7.9	1.167	7.2	1.553	t=5.568 p< 0.001	332.388
County wellbeing*	7.3	1.551	6.5	1.818	t=5.091 p< 0.001	364.261
Total wellbeing*	7.7	1.178	6.9	1.4445	t=6.209 p< 0.001	352.575
Positive tourism impacts**	3.9	0.598	3.8	0.646	t=1.800 p> 0.05	443
Negative tourism impacts**	3.3	0.724	2.9	1.011	t=5.057 p< 0.001	320.936
Personal economic benefits from tourism**	3.4	1.203	2.6	1.436	t=5.678 p< 0.001	359.209
Support for tourism**	3.9	0.841	4.1	0.761	t=-2.609 p< 0.05	443

Note: *mean values range from 0 (completely dissatisfied) to 10 (completely satisfied); ** mean values range from 1 (strongly disagree) to 10 (strongly agree)

Results of the independent t-test show that there are statistically significant differences in perceived personal wellbeing (t=5.568; p< 0,001); county wellbeing (t=5.091; p< 0,001), and total wellbeing (t=6.209; p< 0,001) between residents of Istria County and Krapina-Zagorje County. These findings confirm the first hypothesis since the local residents of the more-developed tourist destination reported higher personal, county, and overall wellbeing in comparison with those residing in the county that is less developed in terms of tourism (Table 4).

When it comes to perceived positive tourism impacts, no significant differences are found (t=1.800; p> 0,05); however, a significant difference was found in perceived negative tourism impacts (t=5.057; p< 0,001) between the residents of the two counties. The residents of Istria County reported greater concerns regarding negative tourism impacts (M=3.3) compared with residents in Krapina-Zagorje County (M=2.9). These results can be explained by the development stages of these destinations whereby the latter destination does not have high numbers of visitors or extensive tourism development that can sometimes generate negative economic, ecological, and/ or socio-cultural tourism impacts. On the other hand, several studies have found that economic dependence on tourism can often influence residents' perceived impacts of tourism as well as their level of support for tourism development. For example, Haralambopoulos and Pizam (1996) and Soldić Frleta *et al.* (2020) found that residents who benefit economically (directly or indirectly) from tourism report significantly higher levels of wellbeing and support for tourism development than residents who do not receive economic benefits from tourism.

As expected, Istrian residents perceive significantly higher personal economic benefits from tourism (M=3.4) than their counterparts in Krapina-Zagorje County (M=2.6) (t=5.678; p< 0.001). An interesting finding relates to the future support for tourism given the fact that residents of Krapina-Zagorje County

are more supportive of tourism than residents in Istria County ($t=5.678$; $p < 0.001$). This result could be explained by the fact that residents of the county with less-developed tourism see tourism as an important development opportunity while the residents of the mature tourist destination, reporting greater concerns regarding negative tourism impacts, are less supportive.

Table 5. *Wellbeing determinants - Regression analysis results (n=455)*

	Coefficients			Collinearity Statistics	
	B	Std. Error	Sig.	Tolerance	VIF
(Constant)	5.435	0.531	0.000		
County	-1.30	0.254	0.000	0.736	1.359
Personal economic benefits from tourism	-0.051	0.101	0.618	0.619	1.616
Economic connection to tourism	-0.051	0.111	0.649	0.641	1.561
Support for tourism	-0.414	0.163	0.011	0.660	1.515
Total tourism benefits	1.960	0.205	0.000	0.716	1.397
Total tourism costs	-0.489	0.131	0.000	0.869	1.151
Gender	-0.288	0.217	0.186	0.986	1.014
Age	-0.256	0.088	0.004	0.868	1.152
Education level	0.267	0.203	0.190	0.834	1.199
Average income	0.371	0.120	0.003	0.821	1.217

Note: $R^2 = 0.325$; $F(10, 430) = 20.672$, $p < 0.001$; dependent variable: wellbeing; VIF - variance inflation factors

Regression analysis was conducted to examine the effect on wellbeing of tourism support, perceived tourism impacts, and selected socio-demographic characteristics. The dependent variable, wellbeing, was measured by summing across personal and national wellbeing. According to the results of regression analyses, this model explains 32.5% of the residents' perceived overall wellbeing ($R^2 = 0.325$; $F(10, 430) = 20.672$; $p < 0.001$) (Table 5). Kim *et al.* (2013) found that the impact of tourism on residents' well-being can vary significantly depending on the development stage of the destination. Similarly, Meng *et al.* (2010) pointed out that residents reported higher levels of quality of life where tourism development was greatest, while Allen *et al.* (1988) indicated that although tourism development brings many benefits to the local community, perceived community life decreased as tourism development progressed. Additionally, the results of the regression analysis (Table 5) indicate that residents who perceive more positive and less negative tourism impacts of tourism report higher levels of wellbeing. These results are consistent with those of Nawijn and Mitas (2012) who also confirmed that perceived tourism impacts are predictors of subjective wellbeing, and those of Kim *et al.* (2013) who found that perception of tourism impacts influences residents' wellbeing.

The results, indicating that younger residents tend to report higher wellbeing in comparison with older ones, are in line of those reported by Kaliterna Lipovčan and Burušić (2014). As expected, average income turned out to be a significant predictor of residents' wellbeing, given that residents with a higher income reported a higher level of wellbeing.

On the other hand, residents who are more supportive of tourism tend to report lower levels of wellbeing. This could be due to the fact that residents expressing lower satisfaction with dimensions of personal and national wellbeing are likely to see tourism as a way to improve their living conditions and consequently increase their wellbeing.

In this study, the perceived personal economic benefits of tourism were not associated with wellbeing, which is contrary to the results reported by Kim *et al.* (2013), who found a positive significant connection

between perceived economic tourism impacts and life satisfaction. In addition, the study results indicate that the residents' connection to tourism, in terms of working either directly or indirectly in the sector, was not associated to perceived wellbeing. The findings also revealed that in this case, gender and education level were not confirmed to be significant predictors of residents' wellbeing.

Given the regression analysis results, it can be concluded that, in addition to the destination's development phase, and the residents' income and age, the impacts generated by tourism in a destination are also connected to residents' perceived wellbeing. In that context it is evident that tourism plays an important role in local residents' wellbeing and, therefore, requires responsible and inclusive management based on the principles of sustainable development.

Since significant differences in the residents' wellbeing were found between residents residing in a mature destination and those residing in a developing destination, additional regression analyses were conducted separately on those two groups of respondents. The purpose was to find out whether there are any differences between the significant predictors of residents' wellbeing across the groups (Table 6).

Table 6. Wellbeing determinants – mature vs. developing tourist destination

	Mature tourist destination				Developing tourist destination			
	B	Std. Error	Collinearity Statistics		B	Std. Error	Collinearity Statistics	
			Tolerance	VIF			Tolerance	VIF
(Constant)	12.525	1.244			7.306	1.909		
Personal economic benefits	-0.185	0.152	0.502	1.992	0.006	0.150	0.681	1.468
Economic connection to tourism	-0.173	0.130	0.671	1.490	0.073	0.210	0.741	1.349
Support for tourism	-0.097	0.222	0.484	2.068	-0.685*	0.263	0.792	1.263
Perceived benefits	10.679*	0.267	0.663	1.509	20.166*	0.315	0.766	1.306
Perceived costs	-0.920*	0.184	0.951	1.052	-0.176	0.191	0.848	1.179
Gender	-0.463	0.263	0.968	1.033	-0.272	0.363	0.984	1.016
Age	-0.086	0.116	0.784	1.276	-0.394**	0.134	0.938	1.066
Education level	0.212	0.257	0.754	1.327	0.615	0.341	0.851	1.175
Average income	0.298**	0.148	0.790	1.265	0.512**	0.198	0.817	1.225
	R ² = 0.267; F(9, 243) = 9.845, p < 0.001				R ² = 0.327; F(9, 178) = 9.624, p < 0.001			

Note: * Significant at the 0.001 level; ** Significant at the 0.05 level; dependent variable: wellbeing; VIF - variance inflation factors

As can be noted in Table 6, the regression model explains 26.7% of the mature destination residents' wellbeing variance, and 32.7% of the developing destination residents' wellbeing variance. With regard to mature destination residents, it emerged that in addition to average income, only perceived benefits and costs generated by tourism are predictors of their wellbeing. Residents with higher income and who perceive more positive and less negative tourism impacts reported a higher level of wellbeing while other independent variables in their case were not associated to the wellbeing. In the case of residents in the developing destination, their wellbeing is associated with their level of tourism support, age, and income level, in addition to perceived tourism benefits (Table 6).

The results of the previous regression analyses confirm the second hypothesis - *There are differences in the determinants of residents' wellbeing with regard to the destination's development stage*. These results suggest that the residents of the mature tourist destination mainly link their sense of wellbeing to the impacts generated by tourism in their community. On the other hand, the wellbeing of residents residing in the developing destination is determined not only by the perceived tourism benefits but also by other factors, considering that tourism has yet to reach its full potential and given the fact that residents are not connected to tourism to the same extent as the residents of the mature destination. This calls for different destination management approaches in destinations in different stages of development, given that in both cases perceived tourism impacts plays an important role in residents' perceived wellbeing.

5. Discussion

The results show that there are significant differences when it comes to the attitudes of the residents of the developed, compared to the residents of the less developed tourism region whereby the former report higher levels of wellbeing. These findings are consistent with studies showing the positive relationship between tourism and local economic growth, where residents of more tourism-developed areas should report higher wellbeing (Bimonte & Faralla, 2016). In addition, the results suggest that residents' perceived overall wellbeing is influenced by several factors: county of residence (mature/emerging destination), level of support for tourism development, income and age, and perceived benefits and costs of tourism. Moreover, when the wellbeing determinants were analysed separately for residents of the mature destination and residents of the developing destination, differences were found between the wellbeing determinants.

With regard to improving wellbeing, these findings suggest the need for different tourism management approaches in destinations in different development life cycle phases. This is particularly important in the context of mature destinations given the overtourism issues that they were facing before the COVID 19 pandemic where residents were protesting about the negative effects of too many tourists in their places of living (Sánchez-Cañizares *et al.*, 2014). The overtourism phenomena represents a turning point in residents' positive perceptions of tourism after a certain (over)concentration level of tourism, development or growth. An indication of this was seen in the case of Istria county where residents showed concerns regarding environmental impacts of tourism and consequently lower level of support for the tourism development. On the other hand, the worldwide mature as well as developing destinations have been dealing with the never seen crises - the COVID 19 pandemic, completely reverse situation - from overtourism to no tourism. It is up to see how successful they will be in managing this crisis and are they using it to rethink and regenerate tourism in more meaningful and positive transformation since a there were signals of unsustainable tourism development existed before COVID-19, hence it is necessary to provide a vision of how it can evolve into something different (Ateljević, 2020). Understanding and monitoring the residents' wellbeing at local and regional levels is key to creating public policies that aim to improve society (OECD, 2016). When it comes to tourism regions, Crouch and Ritchie (2012) noted that the local residents' wellbeing is a fundamental objective of sustainable tourism, just as many other authors have underlined that enhancing residents' wellbeing represents a prerequisite to tourism development on sustainable principles (e.g., Gursoy and Rutherford 2004; Ivlevs, 2016; Kim *et al.*, 2013; Nawijn & Mitas, 2012; Uysal *et al.*, 2016; Woo *et al.*, 2015). Over time, a lack of consistent and reliable information regarding residents' attitudes and perceptions might negatively influence the decision-making process regarding further tourism development and lead to unsustainable future. Hence, a better understanding of the implications of wellbeing for destinations and its residents could contribute to destination sustainability (Hartwell *et al.*, 2018). This requires that perceived wellbeing is taken into consideration when it comes to the deciding on future tourism

development in a destination. In that context, the recent literature suggests the use of the *Beyond GDP* approach as it represents a comprehensive approach to destination sustainability and wellbeing, as well as policy recommendations with the aim of managing tourism development in order to sustain and enhance resident wellbeing over the long-run (Dwyer, 2020). Wang (2013) emphasises that for sustainable tourism development, in addition to external marketing (for visitors and tourists), internal marketing for residents and stakeholders is equally important. To ensure successful internal marketing, a good understanding by tourism management of residents' attitudes and perceptions towards tourism development is essential (Wang, 2013).

The results of this study can help to develop tailored strategies for tourism development of destinations at different life cycle stages based on residents' attitudes and perceptions in order to enhance their wellbeing and ensure sustainability. In this context, information-based destination management should take into account residents' needs and expectations during the planning process, which would lead to more sustainable tourism development (Muresan *et al.*, 2016; Vodeb, *et al.*, 2021).

6. Conclusion

The literature on wellbeing and tourism has mainly focused on the demand side (guests) (Bimonte & Faralla, 2016; Kaliterna Lipovčan *et al.*, 2014; Nawijn, 2012). However, because tourism also involves local people, residents are an indispensable partner in sustainable tourism development (Bramwell & Lane, 2000). Therefore, it is of great importance and useful to explore how and whether tourism contributes to the wellbeing of residents (Uysal *et al.*, 2016), especially since the results of previous studies are sometimes contradictory. Therefore, this was investigated in the present study.

This study results validate and, in a few cases, contradict some previous studies that examine residents' wellbeing through tourism impacts and a tourist destination's development phase. It attempts to fill the gap in the literature on residents' wellbeing by examining the relationship between residents' perceived benefits and costs of tourism in the community, personal economic benefits of tourism, socio-demographic characteristics, and perceived overall wellbeing, in two types of destinations: mature and developing. The results show that there are significant differences in all observed concepts. It was found that residents of the more-developed tourist destination reported higher personal, county, and overall wellbeing in comparison with those residing in the county that is less developed in terms of tourism. Moreover, the findings indicate that the residents' perceived overall wellbeing is influenced by different factors: county of residence (mature/developing tourist destination); level of support to tourism development; income and age; and perceived tourism benefits and costs. It is evident that the perceived impact of tourism is related to the wellbeing of the residents. This underscores the fact that tourism should be developed in a way that does not compromise the wellbeing of residents, but creates the greatest wellbeing for the greatest number of people (Smith & Diekmann, 2017). As Wang *et al.* (2020) indicate, by knowing the residents' wellbeing determinants and attitudes toward tourism, destination management can decide on future action to help mitigate and minimize negative tourism impacts and contribute to the improvement of wellbeing.

This research has certain limitations. As the proposed model of residents' wellbeing was tested on samples of residents living in two counties in Croatia, the results cannot be generalized to residents of other destinations. Despite its limitations, this study contributes to filling the gap in research on tourism as a determinant of residents' well-being. We believe it would be worthwhile to further explore this topic in other destinations with different life cycle stages (introduction, growth, early maturity, late maturity, decline) and at different times of the year (high and low season - especially in destinations

struggling with over-tourism). Moreover, given the COVID-19 pandemic, future research regarding wellbeing should consider measuring perceived tourism impacts as well as a sense of wellbeing in the time of this unforeseen crisis. This could provide information as to whether there are any differences in residents' perceptions of those concepts before, during, and after the crisis.

Considering that tourism is one of the main drivers of economic development in many destinations, future research should focus on the wellbeing of both residents and tourists in order to obtain a complete picture and provide destination management with a comprehensive and informative decision-making basis.

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