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UNDERSTANDING SELECTIVE DIGITALISATION IN LANGKAWI'S WELLNESS TOURISM

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Abstract:

This study seeks to answer about wellness tourism in Langkawi: which parts of the visitor experience require digital support, and where might that support become intrusive? We interviewed 13 informants with background of tourism and wellness businesses, telecommunications, government agencies, the local Langkawi community and tourists. The transcripts were managed in NVivo and examined thematically. Findings indicated those participants described stable connectivity, booking, payment and communication as necessary for routine operations. Their support became more cautious when technology entered the wellness activity itself. Operators preferred systems that staff could manage, and several accounts placed privacy, calm and direct interaction ahead of automation. Respondents also discussed readiness in terms of user ability, cooperation between organisations and continued planning; network availability was only one component. We describe this position as selective digitalisation. The term refers to choosing technology for an identified service task while limiting it where it adds work or disturbs the experience. The Langkawi case indicates that an island destination can be digitally prepared without making technology continually visible to the tourist. It also links smart-tourism research with work on digital disconnection by showing how connection and restraint can occur at different stages of the same trip.

Keyword:

Digital Fatigue; Digital Infrastructure; Digital Readiness; Selective Digitalisation; Wellness Tourism



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Introduction

Tourist arrivals offer one indication of Langkawi's recovery. LADA recorded about 1.09 million arrivals in 2021 and more than 3.21 million in 2025 (Langkawi Development Authority [LADA], 2026). The increase has reopened discussion about markets beyond conventional island holidays. Wellness tourism is particularly relevant to Langkawi because the island already possesses many features associated with this sector, including beaches, natural landscapes, established accommodation facilities, and various spa and relaxation services (Ahmad et al., 2026). These assets alone are not enough. Visitors must also be able to obtain information, reach providers and use essential services reliably.

A tourist may encounter Langkawi first through a search result, booking page or map. Tonino (2020) identifies searching, comparison, reservation, payment and navigation as digitally mediated parts of travel. Dependence on these tools does not end upon arrival; transport information and health-related assistance may also be accessed online. Earlier e-tourism research documented the influence of ICT on management and tourist behaviour (Buhalis & Law, 2008). Later smart-tourism work added a destination-level concern: separate organisations must share information and coordinate services (Abdelmalak, 2024; Leung, 2022). This is consequential on an island, since a service failure is experienced by the visitor but may originate with a network operator, business or public body.

Mobile coverage, cashless payment and online reservation are often used to illustrate tourism modernisation (Leung, 2022). In wellness tourism, however, availability should not be confused with constant visibility. Guests who travel for privacy, rest or attentive care (Voigt & Pforr, 2013; Gkinton et al., 2022) may want a stable connection before a treatment and no digital interruption during it. The desired level of technology can therefore change within a single visit.

This study begins from that practical distinction. A sophisticated booking system is of limited value if a small operator cannot maintain it or if clients normally walk in. Cashless payment may be useful without changing the treatment itself. Hence, we examine readiness through decisions about particular uses, rather than through the total number of technologies deployed. This problem also operates across the destination. Langkawi includes heavily visited areas as well as rural, coastal and less accessible locations, so fibre and mobile coverage are not encountered uniformly. Connectivity alone is insufficient. Telecommunications companies, public agencies, tourism bodies, healthcare institutions and local firms have distinct responsibilities for infrastructure and service provision. Accordingly, smart-tourism research treats readiness as a product of relationships among technologies, institutions, businesses and users (Abdelmalak, 2024; Leung, 2022).

Studies of smart destinations have documented personalisation, information search, service choice and travel planning (Tonino, 2020; Jeong & Shin, 2020; Alsharif et al., 2024). In much of this work, digitalisation is assessed through efficiency, connectivity or competitive advantage. That emphasis says less about circumstances in which visitors and providers deliberately limit technology. Evidence is particularly scarce from island settings, where geography, infrastructure costs and inter-agency arrangements constrain what can be implemented.

Langkawi provides a useful setting in which to examine these constraints from several positions within the same destination. Operators can identify technologies that reduce or create work; residents and visitors can describe their encounters with services; and institutional actors can explain infrastructure and governance decisions. Bringing these accounts together allows digital readiness to be assessed as a negotiated destination practice rather than a decision made by tourists or technology providers in isolation.

Literature Review

Wellness Tourism in the Digital Era

Wellness tourism brings several forms of well-being under one travel category. The literature includes physical health as well as psychological, emotional and spiritual concerns (Wright & Zascerinska, 2023). Consequently, its activities range from spa and fitness programmes to mindfulness, yoga, holistic treatments and nature-based experiences (Voigt & Pforr, 2013; Smith & Puczkó, 2014).

This breadth is important. A wellness trip is not necessarily a luxury-spa holiday; it may be sought as relief from work routines or lifestyle-related pressures. Tien et al. (2021) connect subjective well-being in tourism with rest and forms of reconnection. Reflection, recovery and time with people or nature can thus be part of the service outcome, even when no medical treatment is involved.

Technology enters the market most clearly at the point of access. Platforms help users locate providers, compare offers and make bookings (Zeqiri et al., 2025). Their contribution during the wellness activity is less self-evident. A tool designed for convenience can be useful before arrival yet unwelcome during an experience purchased for quiet or privacy. This temporal difference is frequently lost when digital provision is discussed as a single feature of a destination.

Digitalisation of Wellness Tourism

Digitalisation has altered the organisation of tourism, not only its promotion. Gretzel et al. (2015) and Boes et al. (2016) describe smart destinations in terms of connected services, current information and the use of data in decision-making. In such accounts, value is produced through links among systems and organisations.

Consider the sequence of a wellness trip. A visitor might compare packages on a website, reserve through an application and pay electronically (Buhalis & Law, 2008; Dorcic et al., 2019). At the destination, tailored information may connect the visitor with accommodation and local operators (Buhalis & Amaranggana, 2015). A health-related itinerary could also

involve a wearable device or telehealth consultation (Huhn et al., 2022). Although these tools appear at different points, all depend on organisations and infrastructure working together. Gretzel et al. (2015) describe precisely this interdependence as a smart-tourism ecosystem.

Information obtained before travel is particularly important where health is involved. Prospective travellers use provider websites to inspect services and coordinate appointments with other travel arrangements (Cormany & Baloglu, 2011). Han and Hyun (2015) show that provider choice in medical tourism is related to information, trust and perceived quality. Digital access therefore contributes to the judgement made before purchase; it is not merely a quicker route to a booking form.

Smart-tourism studies commonly associate technology with convenience, personalisation and coordination (Buhalis & Amaranggana, 2015; Gretzel et al., 2015). These are meaningful gains, but they do not settle the question for wellness providers. Hassan and Saleh (2024) document travel motivated partly by a wish to reduce device use. For these travellers, an efficient digital system and a satisfactory holiday are not synonymous. What matters is whether the system assists the experience or follows the visitor into a space from which connectivity was meant to be absent.

Vial's (2019) digital transformation framework provides a useful basis for examining this issue. The framework presents digital transformation as more than the adoption of individual technologies. It involves changes in organisational practices, structures and value creation in response to the possibilities and disruptions produced by digital technologies. Applied to wellness tourism, this means that booking platforms, digital payments or communication systems should be assessed not only by whether they are available, but also by how they affect service delivery and the value offered to visitors. In this study, that value includes convenience and accessibility as well as privacy, personal attention and opportunities to disconnect.

Digital Fatigue, Digital Detox and Tourism

The attraction of disconnection is easier to understand against everyday device use. The same screen may carry employment tasks, messages, entertainment and social interaction. Notifications and continuing information demands make withdrawal difficult. Zheng and Ling (2021) locate the resulting tiredness and frustration within research on information overload, technostress and social-media fatigue. Connectivity, in other words, is convenient but not psychologically neutral.

Digital detox is one response to these pressures. It describes a chosen interruption or restriction of smartphone, social-media or other digital activity for a defined period (Radtke et al., 2022). The restriction may be complete, but it may also target particular applications or reduce time online. In either form, the aim is commonly to regain control, reduce stress and make room for offline activity.

Evidence for the benefits of detox interventions is mixed. Radtke et al. (2022) reported positive, negligible and occasionally adverse outcomes, suggesting that effects vary with the person, the technology restricted and the length of the break. Marciano et al. (2024) likewise found limited evidence, with partial reductions in smartphone or social-media use appearing more promising than total abstinence. These findings favour deliberate regulation of technology over a simple connected-versus-disconnected distinction.

Tourism offers a setting in which such regulation can be intentional. Participants in digital-free travel may put devices aside to attend to their surroundings, relationships or personal well-being. Egger et al. (2020) identified escape, personal growth, health and strengthened relationships among the principal motivations. Nature holidays and meditation retreats can support these aims by changing both place and routine. Later work has continued to examine how holidaymakers arrange online and offline time when recovery is an explicit purpose of travel (Hassan & Saleh, 2024).

Connectivity and Authentic Wellness Experiences

Digital-detox tourism exposes a central contradiction for wellness providers. Visitors often need dependable services to reach, book and pay for an experience, while also wanting distance from everyday connectivity once it begins (Egger et al., 2020). Tranquillity, mindfulness, privacy, reflection and human contact are part of the value offered by wellness tourism (Smith & Puczkó, 2014; Voigt & Pforr, 2013). Visible or persistent technology can import into the holiday the same demands and information load from which the visitor is seeking relief (Egger et al., 2020; Hassan & Saleh, 2024).

The tension is not resolved by choosing either full connection or no connection. Booking and payment can be digitally efficient while the treatment remains device-free. Egger et al. (2020) found that reduced use can contribute to escape, personal development, well-being and relationships. The managerial decision is therefore specific to the stage of the visit: what must be connected, for whom, and at what point should the technology disappear from the guest's attention (Hassan & Saleh, 2024)?

Towards Selective Digitalisation in Wellness Tourism

Two conversations in tourism research meet at this question. Smart-tourism scholarship is concerned with personalised information and coordination among destination actors (Buhalis & Amaranggana, 2015; Gretzel et al., 2015). Digital-free tourism starts elsewhere, with the traveller's reasons for putting devices aside, including escape, rest and well-being (Egger et al., 2020; Hassan & Saleh, 2024). Neither body of work, by itself, explains how a wellness provider should move between the two.

In practice, tourists already move between them. A guest can navigate to a spa by phone, show an electronic receipt at reception and then switch the device off. Marciano et al. (2024) also report that reducing selected uses may be more beneficial than abstaining completely. This evidence directs attention away from a binary distinction and towards the selection of particular digital functions.

Provider decisions within this middle ground have attracted less research. Studies tell us why travellers connect and why some disconnect but rarely ask who determines the boundary during service delivery. This is not an abstract question for destination stakeholders. They must keep services workable while deciding how much automation, data exchange or screen use is compatible with calm, privacy and direct care.

We call this decision-making selective digitalisation. It means that each proposed use is considered against its task and setting. A payment facility may improve access; an elaborate interface inside a treatment room may add nothing. The concept does not prescribe low

technology. Instead, it requires a reason for its presence and permits restraint where human contact or uninterrupted rest carries greater value.

The Langkawi interviews were used to investigate this process from the perspectives of providers, infrastructure personnel, public agencies, residents and visitors. We asked how they recognised digital readiness and where they placed the boundary of appropriate use. The analysis consequently treats readiness as an ability to make technology available selectively, including the ability to leave it out of parts of the wellness encounter.

Methodology

Research Design

The research question concerned how stakeholders made sense of technology in a specific tourism setting. For that reason, we used qualitative interviews rather than measuring readiness through a predetermined scale. Participants could describe operational incidents, infrastructure decisions and expectations of wellness service in their own terms. These accounts also allowed apparent disagreements—for example, wanting reliable coverage while resisting visible technology—to be explored rather than averaged away.

Research Setting

Langkawi was chosen as a bounded island case where network development and tourism development are occurring together. Broadband expansion and 5G planning are relevant to local institutions, while nature-based attractions, resorts and wellness operators shape the visitor economy. The case therefore contains the technical, organisational and experiential elements needed for the study, within one destination.

Participants and Sampling

Participants were recruited purposively on the basis of direct knowledge of tourism, digital infrastructure, governance, community use or wellness services in Langkawi. The aim was to secure accounts from people positioned differently within the destination rather than to produce a statistically representative sample.

Thirteen stakeholders took part: three wellness or tourism business representatives, three telecommunications officers, three government or tourism officials, two residents and two tourists. A healthcare perspective had been included in the recruitment plan, but no suitable representative was available during fieldwork. The final group nevertheless allowed comparison across infrastructure, governance, service provision and user experience.

Data Collection

We conducted semi-structured interviews between February and April 2026. The guide covered perceived infrastructure readiness, access to digital services, actual organisational use, coordination, literacy, trust and adoption barriers. All participants were asked about these areas, but the interviewer followed issues connected with each role. Interviews were face to face or online according to availability, lasted about 45–60 minutes, and used Malay, English or both. With consent, sessions were audio-recorded, transcribed and checked before coding.

Data Analysis

The transcripts were examined through Braun and Clarke's (2006) six-phase approach to thematic analysis. This method was chosen because it supports comparison of recurring meanings across participants who occupied different positions in the destination.

Analysis began with repeated reading of each transcript. Initial codes were assigned to recurring observations and issues connected with the research objectives, and NVivo was used to organise and retrieve the coded material.

Codes with related meanings were assembled into provisional categories and themes. The researchers then returned to the transcripts, compared interpretations and revised theme boundaries until each theme was internally coherent and distinguishable from the others. Analysis concentrated on the uses attributed to technology, reported difficulties and judgements about appropriate integration. Quotations were selected only after the thematic structure had been settled, so that readers could examine the empirical basis of each interpretation.

Trustworthiness and Ethical Considerations

Trustworthiness was addressed through comparison across stakeholder groups, repeated engagement with the transcripts and a documented coding process in NVivo. Participants were also invited to check the accuracy of their transcripts. In the findings, quotations are placed alongside the analytical claims they support, allowing a clearer link between participants' accounts and the researchers' interpretation.

Participation was voluntary. Before interviewing began, each participant received information about the study, withdrawal and confidentiality, and provided informed consent. Identifying details were removed during analysis and reporting, and the codes INF1–INF13 were used in place of names.

Findings

Profile of Informants

Thirteen people were interviewed. Three represented wellness or tourism businesses, three worked in telecommunications, and three came from government or tourism agencies. The remaining four participants were two Langkawi residents and two visitors—one domestic and one international. Table 1 identifies their roles without naming individuals.

Informant Code	Stakeholder Category	Organisation Type	Role/Position
INF1	Local Business	Wellness Centre	Manager
INF2	Local Business	Resort	Operations Executive
INF3	Local Business	Wellness Centre	Administrator
INF4	Telecommunication	Telecommunications Provider	Technical Officer

INF5	Telecommunication	Telecommunications Provider	Planning Officer
INF6	Telecommunication	Telecommunications Provider	Technical Officer
INF7	Government/Tourism	Local Authority	Deputy Director
INF8	Government/Tourism	Government Agency	Officer
INF9	Government/Tourism	Government Agency	Officer
INF10	Resident	Local Community	Resident
INF11	Resident	Local Community	Resident
INF12	Tourist	Domestic Tourist	Tourist
INF13	Tourist	International Tourist	Tourist

Analysis produced three themes. The first concerns the operational functions that participants now considered indispensable. The second addresses limits placed on technology within a wellness experience. The third shows why respondents did not reduce readiness to network coverage. These themes are presented separately below, although participants often connected them in the same account.

Digital Technologies as Essential Enablers of Wellness Tourism

Booking, payment and communication were already routine for the business and tourist participants. Telecommunications officers approached the issue through network reliability. INF5, for instance, connected stable coverage with the increasing dependence of healthcare equipment and systems on digital infrastructure:

"For healthcare facilities, stable connectivity is important because many systems and equipment increasingly depend on digital infrastructure." (INF5)

INF6 added a geographical constraint. Compared with mainland sites, smaller islands and remote tourist areas require different planning and are harder to maintain:

"Smaller islands and remote tourism areas require more complex infrastructure planning because maintenance and connectivity deployment are more difficult compared to mainland areas." (INF6)

INF7 situated both concerns within the infrastructure programmes then under way in Langkawi:

"There are ongoing infrastructure programmes involving fibre optics, universal service provision, and 5G planning to strengthen digital readiness in Langkawi." (INF7)

From the resort side, INF2 described the visitor's practical reliance on the same systems:

"Tourists depend heavily on digital systems during travel, especially for bookings, payments, and communication." (INF2)

These statements refer to different parts of one service chain. The resort sees booking and payment at the point of use; telecommunications staff see the network on which those activities

depend; and the government participant sees longer-term provision. Their agreement concerns reliability, not technological novelty.

Selective Digitalisation and the Preservation of Wellness Experiences

Support for basic digital provision did not translate into support for intensive digitalisation. Participants repeatedly described wellness through calm, privacy, mindfulness and personal contact. Technology was acceptable when it enabled these experiences, but not when it drew attention away from them.

The manager of a wellness centre linked the value of the service to a calm, private and interpersonal setting:

"Wellness services still depend a lot on human interaction, privacy, and calm environments. Too much digitalisation may disrupt the experience customers expect." (INF1)

An administrator from another wellness centre assessed technology in more operational terms, favouring tools that staff could manage without difficulty:

"Staff can adapt to digital tools, but we prefer systems that are practical and easy to manage instead of complicated software." (INF3)

The two wellness informants set limits by referring to service delivery. INF1 was concerned with the atmosphere experienced by the customer, whereas INF3 emphasised the burden placed on staff. The resort participant then introduced another consideration: some visitors still preferred to arrange services directly:

"Many tourists prefer walk-in arrangements instead of fixed bookings." (INF2)

Walk-in behaviour complicates the assumption that an online booking is always superior. For these guests, speaking with staff allows plans to remain flexible and provides immediate reassurance. The platform is useful as an option, but it does not perform the same social function.

Government and telecommunications participants arrived at a similar conclusion by a different route. Infrastructure was valuable because it enabled public and tourism services; it was not presented as an attraction in its own right. Their accounts suggest that Langkawi should not adopt a technology merely because it is promoted elsewhere as a feature of a smart destination.

We interpret this shared position as selective digitalisation. The stakeholders did not ask for fewer digital services in general. They supported particular functions—access, payment, communication and operations—while resisting uses that would interfere with the encounter between guest, practitioner and setting. Selection, rather than reduction, is the key distinction.

Readiness beyond Infrastructure

When participants discussed readiness, network availability was only the starting point. They also raised skills, cooperation among organisations, institutional backing and planning over

time. A destination could therefore have coverage and still be unready if services were difficult to use or could not be maintained.

INF5 made this point in institutional terms:

“Digital readiness is not only about infrastructure. Coordination between agencies and long-term planning are also very important.” (INF5)

INF6’s earlier comment explains why sustained planning matters in an island environment:

“Smaller islands and remote tourism areas require more complex infrastructure planning because maintenance and connectivity deployment are more difficult compared to mainland areas.” (INF6)

INF7 then identified the programmes through which this longer horizon was being addressed:

“There are ongoing infrastructure programmes involving fibre optics, universal service provision, and 5G planning to strengthen digital readiness in Langkawi.” (INF7)

These were described as investments in community access, public provision and the visitor economy. Participants did not separate the technical network from the purposes it was expected to serve.

The resident accounts shift attention from provision to use. INF10 found access workable overall, although performance changed with place and time:

“Internet access is generally usable, but the quality can still vary depending on location and time.” (INF10)

INF11 raised a different form of unevenness, namely the ability to use applications and online services:

“Younger people usually adapt faster to digital systems, but older community members sometimes still struggle with certain applications and online services.” (INF11)

This distinction matters for destination planning. Coverage statistics cannot show whether an older resident, visitor or small operator can complete the digital task expected of them.

For INF13, an international visitor, internet access was no longer an optional travel amenity:

“Reliable internet is very important for international travellers because most travel activities depend on digital systems now.” (INF13)

Read together, the interviews identify infrastructure, capability and coordination as separate but connected requirements. A network can be installed without ensuring that people can use its services or that organisations can support them over time. This wider understanding is especially relevant where island geography makes maintenance difficult.

Discussion

Participants rarely spoke about technology in itself. Their assessments were tied to a booking, a payment, network maintenance, staff workload or the atmosphere of a treatment. This explains their apparently conditional support: the value of digitalisation was judged through consequences for a task and for the wellness encounter.

The first theme confirms that booking, payment, navigation and communication are now expected parts of travel, consistent with smart-tourism accounts of convenience and coordination (Boes et al., 2016; Gretzel et al., 2015). Yet participants did not describe these functions as a reason to choose Langkawi for wellness. They were enabling conditions. Their success was most apparent when the visitor could proceed without thinking about the underlying system.

The second theme marks the boundary of that support. Privacy, unhurried attention and interpersonal care are not incidental to wellness tourism; they form part of what is purchased. Concerns about intrusive technology are consistent with studies of digital fatigue and disconnection (Radtke et al., 2022; Marciano et al., 2024; Hassan & Saleh, 2024). Even so, participants did not seek a device-free destination. Their preferred sequence was more selective: digital assistance around the activity, and less visible technology during those moments devoted to rest or direct human contact.

Selective digitalisation captures this arrangement more precisely than either smart intensification or digital abstinence. It describes decisions made at the level of function: technologies are adopted when they improve access, communication or operations and limited when they intrude upon the restorative encounter. The concept therefore directs attention to placement and purpose, not simply the amount of technology present.

The third theme broadens this argument from individual services to the destination. Connectivity was necessary, yet participants also identified literacy, coordination and long-term planning as conditions of readiness. In an island setting, where maintenance and coverage involve geographical constraints, organisational capacity becomes inseparable from technical capacity. Future initiatives in Langkawi should consequently be assessed by whether people can use them, institutions can sustain them and wellness providers can integrate them without weakening the experience.

The findings extend Vial's (2019) framework by showing that organisational responses to digital transformation may include deliberate restraint. Langkawi stakeholders did not respond to technological change by adopting every available system. Instead, they considered how each technology affected staff workload, visitor convenience and the character of the wellness service. Selective digitalisation can therefore be understood as a context-sensitive response to digital transformation: technology is adopted when it supports service value and limited when it weakens privacy, human interaction or the restorative setting.

This study has two limitations that should be considered when interpreting the findings. First, the 13 participants represented several positions within Langkawi's tourism and digital environment, but the small sample does not capture every organisation involved in wellness-tourism development. The findings should therefore be understood as an account of stakeholder experiences within this particular island setting rather than as a representation of all wellness

destinations. Second, although healthcare representatives were included in the original recruitment plan, none was available during the data-collection period. Consequently, the study could not examine clinical requirements, health-data management or the use of digital systems from the perspective of healthcare providers. Future studies could include healthcare professionals and compare Langkawi with other island destinations to examine whether selective digitalisation is applied differently across institutional and geographical settings.

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Ethics Statement: This study involved interviews with adult participants and did not require formal institutional ethics approval in accordance with the researchers' institutional guidelines. Participation was voluntary, informed consent was obtained from all participants before the interviews, and participants were informed of their right to withdraw at any stage. To protect confidentiality, identifying information was removed from the interview transcripts and pseudonyms were used in reporting the findings.

Author Contribution Statement: Norhayati Mohamad Hussain developed the study concept, designed the method and supervised the project. Nor Azimah Kamaruddin undertook data collection and contributed to coding and interpretation. Mutiah Mohamad prepared the first literature-review materials and participated in revising the manuscript. Each author reviewed the submitted version and agreed to be accountable for the work.

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