



# Motives for attending cardiovascular health promotion events: An explorative analysis of the austrian “Heart Health Day”

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## Abstract

Cardiovascular disease is the leading cause of mortality. In Austria, the disease is responsible for nearly 36% of the total deaths in 2020. Continuous cardiovascular health promotion and disease prevention become increasingly important. Events might offer an effective way to foster such cardiovascular health promotion towards the entire family. However, this form of health promotion, including the motivation to participate in such health events, has not yet been the focus of literature. This study aims to provide first explorative insights into the attendance motivation of participants of cardiovascular health promotion events. Numerous authors state that the motivation to attend events is influenced by the demographic characteristics of the visitors. Therefore, the potential impact of attendees’ demographic characteristics is explicitly included in the methodological design of this study. A survey was distributed at the Austrian ‘Heart Health Day’ and completed by 117 attendees. Results reveal that for health promotion events the dimensions of topic and individual interest in the issue of heart health were the key motivations to attend the event. Social aspects were less important for this specific health event. The study confirmed a relation between the demographic factors age and marital status towards the motivational dimensions to attend the health promotion event. By providing first explorative empirical evidence on attendance motivation in a health care setting, this study contributes to a more profound understanding of cardiovascular health promotion. Findings may help managers of healthcare events to better understand attendance motivation and more strategically plan and manage this kind of events.

**Keywords** Cardiovascular disease · Health promotion · Events · Attendance motivation

## 1 Introduction

Cardiovascular disease is the leading cause of death in Austria. In 2020, 32,678 residents died because of cardiovascular disease, amounting to 35.7% of the total causes of mortality. In comparison, in the same year cancer was responsible for around 23% of deaths (Statistik Austria, 2021). Vedanthan et al. (2016) point out that a lifelong health as well as disease prevention with respect to cardiovascular issues is essential for promoting cardiovascular health. The starting point should be a family-based approach that considers also the social and environmental context of a family (Vedanthan et al., 2016).

Considering the Health Promotion Glossary (2021), health promotion can be defined as a process that enables persons to have more control over their health and to improve it. The Ottawa Charter (1986) defines three main strategies to facilitate health promotion: health advocacy, enable people to accomplish the full potential of health and coordinated interaction of all involved institutions in health care sector. Within health promotion a strong community action for health and the development of personal skills (e.g. health literacy) are emphasized. With respect to health advocacy and enabling health potential, public events (information events) might offer an effective way to foster health promotion. The success of such an approach seems to depend on the people's motivation to attend health promotion events. Colombo and Marques (2019) emphasize, that knowledge about attendance motivation can be seen as an approach to improve marketing campaigns by knowing the preferences of the audience and therefore being able to target the focused groups accurately. Similarly, Crompton and McKay (1997) argue that the identification and prioritization of motives of visitors' decision about attendance is important to facilitate effective marketing activities. The study at hand focuses on discussing the motivation of people to attend information events in the setting of health promotion and aims to give insights to better align health promotion events to specific stakeholder groups.

Existing studies on attendance motivation focus on recreation and tourism events, including food and beverage festivals (Uysal et al., 1993), country and music festivals (Formica and Uysal, 1996; Nicholson and Pearce, 2001; Yuan et al., 2005), cultural heritage festivals (Kang et al., 2014), air shows (Nicholson and Pearce, 2001), holiday lights (Scott, 1996) or film festivals (Báez and Devesa, 2014). Moreover, the motivation for visitors attending the business and cultural event 'Multimedia Arts Festival' (Colombo and Marques, 2019) as well as the '2000 World Culture Expo' (Lee et al., 2004) was observed. Regarding 'learning events', Scott (1996) investigated the motivation to participate in the urban BugFest (promoting a better understanding of insects) and the Maple Sugaring Festival (educating people about maple syrup). With respect to charity events, studies examined the motivation of individuals to attend the cause-related fitness events 'Race for Life' (Jones et al., 2020) and 'Race for the Cure' (Scott and Solomon, 2003). To the best of our knowledge, there currently exists no study that explicitly focuses on the motives for attending cardiovascular health promotion events. However, findings of the above-mentioned literature indicate that visitors' attendance motives differ between the various event types (Scott, 1996; Crompton and McKay, 1997; Nicholson and Pearce, 2001; Colombo and Marques, 2019). Inasmuch as health promotion focuses on keeping people

healthy, through promoting healthy behavior (Coe and de Beyer, 2014), the objective as well as the targeted group of visitors differs between cardiovascular health promotion and charity, business, recreation or tourism events. Hence, existing findings on attendance motivation need to be verified for the setting of cardiovascular health promotion.

Addressing this research gap, this explorative study analyses motives for attending the 'Heart Health Day', a cardiovascular health promotion event in Austria. Based on the existing literature, dimensions of motivational attendance are derived and tested in a health promotion setting. Various authors state that the motivation to attend events is influenced by demographic characteristics of the visitors (e.g. Yolal et al., 2009; Duran and Hamarat, 2014; Kang et al., 2014). Therefore, the potential impact of attendees' demographic characteristics is explicitly included in the methodological design of this study. The resulting research questions are:

R1: To what extent are the motivational dimensions for attending events applicable to the specific setting of the cardiovascular health promotion event 'Heart Health Day'?

R2: To what extent do the visitors' demographic characteristics affect the motivational dimensions for attending the event?

## 2 Theoretical background

### 2.1 Health promotion

Health promotion can be seen as a process that both aims at increasing health competency of individuals and seeks to improve the social, environmental and economic factors of health for people (Health Promotion Glossary, 2021). Within its three main strategies, the Ottawa charter (1986) defines five main areas of health promotion: build healthy public policy, create supportive environments, strengthen community action, develop personal skills and re-orient health services. One aim is to generate health literacy: individual knowledge and competence throughout the society. Individual knowledge in the context of health literacy depends on the "availability of resources that enable people to access, understand [...] and use information" (Health Promotion Glossary, 2021: 6) to promote a good health status and to make well-informed decisions about the own health. The level of health literacy within society is related to health actions including the individual health behavior and the influence of others (e.g. family or friends) (IUHPE 2018). Health literacy is the outcome of health education – people should not only have access to trustworthy information, they should also be able to understand this information. Hence, health promotion is also about empowerment. People should be able to actively influence their health, especially in terms of health prevention. The will to actively influence the own health (maintain or regain a specific health status) is defined as health behavior. Health behavior can directly benefit health or conversely worsen the health status of a person (Van den Broucke, 2014). Events focusing on health issues are a form of health promotion, supporting health literacy. The attendance at health events gives informa-

tion to the visitors and maybe change health behavior with information about illness, therapy but also prevention.

## 2.2 Health behavior

In the investigation of health behavior and its underlying motivations, various strands of literature can serve as a basis. Motivational factors can be derived from the areas of attending events (e.g. Maeng et al., 2016), sports program participation (e.g., Sirard et al., 2006), and physical activity (e.g. Kulavic et al., 2013). The academic discussion frequently refers to motivational factors as antecedents of health behavior, often with measures of intention as dependent variables. However, the relationships between motivational constructs and the behavior identified were relatively weak. In order to explain socio-demographic differences in health behavior, scholars employ social cognition models (Armitage and Conner, 2000). Major theories and conceptual models underlying health behavior are presented in the following Table 1:

Various scholars have investigated motivational factors underlying physical activity among different age groups. Damush et al. (2005) studied older adults with knee arthritihis. They distinguish between motivation to join and motivation to continue, with motivational factors including organized exercise opportunity, social support,

**Table 1** Theories and conceptual models of health behavior

Theories/conceptual models	Representative authors
Health Belief Model	Rosenstock, 1974; Armitage and Conner, 2000
Protection Motivation Theory	Boer and Seydel, 1996, Armitage and Conner, 2000
Social Cognitive Theory	Bandura, 1986; Armitage and Conner, 2000
Theories of Reasoned Action and Planned Behaviour	Fishbein and Ajzen, 1975; Armitage and Conner, 2000
Gollwitzer's Implementation Intentions	Gollwitzer, 1993; Armitage and Conner, 2000
Goal Theory	Bagozzi, 1992; Armitage and Conner, 2000
Health Action Process	Schwarzer, 1992; Armitage and Conner, 2000
Rubicon Model	Heckhausen, 1991; Armitage and Conner, 2000
Action Control Theory	Kuhl, 1981; Armitage and Conner, 2000
Transtheoretical Model of Change	Prochaska and DiClemente, 1983; Armitage and Conner, 2000
Precaution Adoption Process	Weinstein, 1988; Armitage and Conner, 2000
Self-determination Theory	Deci and Ryan, 1985; Ingledew et al., 1998; Feito et al., 2018
Extrinsic/intrinsic motivation	Deci and Ryan, 1985; Kvorning et al., 2015

incentives, efficacy and outcome expectations, and experience with exercise task (Damush et al., 2005). The key distinction between intrinsic and extrinsic motivation is based on self-determination theory (Deci and Ryan, 1985; Kvorning et al., 2015). Self-determination theory revolves around human motivation and personality in social contexts, where motivation is characterized by being autonomous or controlled (Deci and Ryan, 2012). Thus, different types of motivation emerge due to different reasons or goals underlying an individual's actions. The distinction between intrinsic and extrinsic motivation is fundamental: Intrinsic motivation refers to doing something because it is inherently interesting or enjoyable. Hence, intrinsically motivated behavior is regarded as self-determined behavior, as it is pursued due to interest, satisfying the psychological needs for competence and autonomy. In the case of extrinsic motivation, individuals take action because it leads to a specific consequence. Extrinsic motivation has typically been regarded as a comparatively pale, although powerful, form of motivation (Ryan and Deci, 2000).

Fisher et al. (2017) identified intrinsic motives such as enjoyment, challenge, and affiliation, as well as health related motives, i.e. positive health, ill-health avoidance, and weight management among fitness participants. In their study of fitness participation motives, Feito et al. (2018) distinguish between (1) psychological motives such as enjoyment, challenge, revitalization, and stress management, (2) interpersonal motives such as competition, affiliation, and social recognition, which are all extrinsic motives, (3) health motives referring to the individual's health status such as health pressures, ill-health avoidance, and positive health, (4) body-related motives such as appearance and weight management, and finally (5) fitness motives that are related to extrinsic factors such as body enhancement, strength improvement, nimbleness, and flexibility.

Health communication is relevant to influence health behavior with the aim to make better decisions and increase the health status. The main point of health communication within health promotion is the access to understandable as well as actionable information for the intended audience (WHO, 2020). In terms of promotion, messages should be sent, and people should have multiple opportunities to experience products, services, and communications in order to lead to a change in behavior (Lefebvre, 2011). Promotional activities include advertising, public relations, brochures, promotional items, signage, special events and displays, and entertainment media. In public health, communication activities are combined with professional training, community-based activities, and skill-building in order to achieve behavioral changes (Grier and Bryant, 2005). In health promotion, besides traditional communication channels, social media have gained importance. Literature states that social media are used regularly by state health departments, physicians and patients (Neiger et al., 2012).

For new and traditional media alike, the generation of word-of-mouth is vital, as word-of-mouth conversation influences consumers' intentions (Baker et al., 2016) as well as customer satisfaction by promoting or lowering consumers' expectations (Shi et al., 2016). This is especially relevant in the context of services (Chawdhary and Riley, 2015). However, literature indicates that the promotion of word-of-mouth can also create risks in the context of services. When consumers have high expectations of a service and the performance of the service does not fulfill these expectations,

customer satisfaction can be reduced, as the tolerance domain is narrowed (Shi et al., 2016). In turn, received word-of-mouth positively affects service quality perceptions of existing consumers (Schumann et al., 2010).

In the context of health services, word-of-mouth is an important source of information (Martin, 2017a). Literature investigating the perception of health services among patients of a public hospital shows that a reliable and responsive service, empathic behavior of staff, and appropriate tangibles are crucial factors not only for enhancing patient satisfaction, but also for triggering positive word-of-mouth (Turan and Bozaykut-Bük, 2016). Martin (2017b) proposes a three-phase model of word-of-mouth in the health care sector, including (1) the creation of word-of-mouth through the sender who is influenced by various factors, (2) the spread through word-of-mouth communication, and (3) the impact on the word-of-mouth receiver.

### 2.3 Motivational dimensions for attending events

By screening the literature it is noticeable, that there is a weak base of research with respect to the motivation of attending health promotion events, especially in the European context. There exists literature about the motivation to attend events in general (e.g. culture, sports), but not specifically related to health promotion events. The existing literature often refers to the impact of (health) events on the health status or the relationship between the attendance at events and health condition (e.g. Eime et al., 2013; Johansson et al., 2001). Therefore, we used insights from literature about motivation to attend events in general.

The motivation to attend an event is influenced by the dimensions (1) *escape*, (2) *socialization*, and (3) *family togetherness* (e.g. Uysal et al., 1993; Scott, 1996; Nicholson and Pearce, 2001) as well as (4) *event novelty* (e.g. Nicholson and Pearce, 2001; Duran and Hamarat, 2014) and (5) *excitement/ thrills* (e.g. Uysal et al., 1993; Scott, 1996). Although a broad consensus exists regarding the effect of these five dimensions on the event attendance, the precise definition of the individual dimensions differs slightly between the stated authors. This study follows the approach taken by Uysal et al. (1993), which represents one of the earliest investigations of attendance motivation and is frequently cited in the event literature. However, the above-mentioned literature does not focus events in a healthcare setting. Since the event topic (e.g. Formica and Uysal, 1996; Nicholson and Pearce, 2001) as well as the possibility to increase one's own knowledge (e.g. Scott, 1996; Yuan et al., 2005; Colombo and Marques, 2019) might strongly influence the attendance motivation for health promotion events, a separate dimension is added, i.e. (6) *event topic/ learning*. Likewise, recommendations have a significant influence on health-related behavior. Therefore, a supplementary dimension is introduced, i.e. (7) *word-of-mouth* (e.g. Lipscomb et al., 2004; Bednall and Bove, 2011; Heather et al., 2014; Martin, 2017a; Martin et al., 2019; Martin et al., 2020).

- (1) Escape: This dimension focuses on aspects such as enjoyment of the event, a break from daily routine as well as rest, relaxation, and refreshment (e.g. Uysal et al., 1993; Scott, 1996; Crompton and McKay, 1997; Nicholson and Pearce, 2001; Lee et al., 2004; Yuan et al., 2005; Báez and Devesa, 2014; Yoo et al., 2015).

The effect of the ‘escape dimension’ on the motivation to attend an event is, in turn, influenced by the demographic variables age, gender, education, and relationship status. For example, Yuan et al. (2005) and Yolal et al. (2009) state that ‘escape’ seem to be a more important motivational factor for females than males. Moreover, Yuan et al. (2005) point out that ‘escape’ is of greater importance for younger visitors (compared to older attendees) and respondents without a college degree (compared to postgraduates). In addition, “[m]arried people consider ‘Escape’ more than single” (Kang et al., 2014, p. 81).

- (2) **Socialization**: This dimension comprises the meeting of people, spending time with friends, making new friends, sharing experiences, and social support (e.g. Scott, 1996; Crompton and McKay, 1997; Nicholson and Pearce, 2001; Damush et al., 2005; Sirard et al., 2006; Báez and Devesa, 2014; Yoo et al., 2015; Colombo and Marques, 2019). While findings of Yolal et al. (2009) show that younger participants tend to value socialization, Kang et al. (2014) conversely conclude that socialization more strongly motivates older visitors. In addition, lower educated individuals, for example without a college degree, are attracted more strongly by the opportunity to socialize than respondents with a higher education (Yuan et al., 2005; Kang et al., 2014). Regarding gender, the possibility to socialize attracts females more than males (Kang et al., 2014). Finally, the socialization factor is more important for visitors living in the region of the event than for attendees living further away (Formica and Uysal, 1996).
- (3) **Family togetherness**: This dimension focuses on the time spent with family (e.g. Uysal et al., 1993; Scott, 1996; Nicholson and Pearce, 2001; Lee et al., 2004; Yuan et al., 2005; Yolal et al., 2009; Yoo et al., 2015; Colombo and Marques, 2019). Married attendees assign a greater importance to ‘family togetherness’ than single visitors (Uysal et al., 1993; Yuan et al., 2005; Kang et al., 2014), as well as female visitors compared to male participants (Duran and Hamarat, 2014). For older respondents, spending time with the family seem to be more important than for younger visitors (Yolal et al., 2009). In addition, attendees with a lower level of education are more strongly motivated by ‘family togetherness’ than visitors holding a university degree (Duran and Hamarat, 2014).
- (4) **Event novelty**: This dimension includes aspects such as the novelty and uniqueness of the event, the offered program variety as well as the chance to see a specific performer (e.g. Uysal et al., 1993; Scott, 1996; Crompton and McKay, 1997; Nicholson and Pearce, 2001; Lee et al., 2004; Yolal et al., 2009; Báez and Devesa, 2014; Yoo et al., 2015; Colombo and Marques, 2019). ‘Event novelty’ seems to be more important for females than males (Yolal et al., 2009). Besides, attendees with a higher educational level (Yolal et al., 2009) as well as older visitors (Uysal et al., 1993; Yolal et al., 2009) are more likely to be attracted by ‘event novelty’.
- (5) **Excitement/ thrills**: This dimension focuses on aspects such as the experience of something new, curiosity, the enjoyment of food and beverages, as well as being with people of similar interests (e.g. Uysal et al., 1993; Scott, 1996; Nicholson and Pearce, 2001; Colombo and Marques, 2019). Uysal et al. (1993) found out that excitement and thrills decreases with rising income. In addition, male participants seem to be more likely to be motivated by the factor ‘excitement’ than female visitors (Duran and Hamarat, 2014).

- (6) **Word-of-mouth:** This dimension emphasizes the potential influence of recommendations on the motivation to attend health-related events. Previous studies confirm the significant impact of word-of-mouth on health-related behavior (e.g. Lipscomb et al., 2004; Bednall and Bove, 2011; Heather et al., 2014; Martin, 2017a; Martin et al., 2019; Martin et al., 2020). For example, recommendations were empirically verified as a decisive factor for making a blood donation. With increasing age, the impact of word-of-mouth on the decision to make a blood donation decreases. In addition, females are more likely than males to be motivated by recommendations for a blood donation (Martin et al., 2019). Moreover, the willingness of individuals to use word-of-mouth as source of health-related information is influenced by their health condition as well as demographic factors such as age and education (De Cruppé and Geraedts, 2011; Geana et al., 2011; Friedman et al., 2012; Martin, 2017b).
- (7) **Event topic/ learning:** This dimension includes aspects such as the subject of the event (e.g. Uysal et al., 1993; Scott, 1996; Nicholson and Pearce, 2001; Colombo and Marques, 2019), the interest of the visitors towards the event's theme as well as the possibility to learn something new and broaden one's own experience (Scott, 1996; Yuan et al., 2005; Colombo and Marques, 2019). In the case of health-related events, the learning component could, for example, include advice on maintaining or improving a specific health condition.

### 3 Research design and methods

In 2018, the nonprofit organization *Gesundes Ried* was founded in the Austrian region *Ried im Innkreis*. The health network focuses the interconnectedness of the local health service providers as well as regional health promotion. On September 27th 2019, *Gesundes Ried* hosted its first “Heart Health Day”. The event aimed at empowering the local community to adopt a more heart healthy way of life. The event's program included a podium discussion with health experts as well as a variety of oral presentations and workshops. In the evening, live comedy offered a supplementary humorous approach to heart health. While the podium discussion as well as the oral presentations were free of charge, attendees had to pay for workshops and the comedy show. To assess the motives for attending this event, a survey with 23 motivational items was developed (see appendix 1, the original questionnaire was in German language). The individual items are derived from the motivational dimensions described in the previous chapter. We thus relied on scales that had been previously validated in the literature. Consistent with the current event literature (e.g. Uysal et al., 1993; Scott, 1996; Crompton and McKay, 1997; Nicholson and Pearce, 2001; Lee et al., 2004; Duran and Hamarat, 2014), visitors were asked to rate the degree to which they agree with the individual motivational items on a five-point Likert-type scale (5 = strongly agree; 4 = agree; 3 = neutral; 2 = disagree; 1 = strongly disagree). The motivational dimensions and corresponding items are described in more detail in the Table 2. The survey had been pretested among students and experts related to the project (e.g., from the health network “*Gesundes Ried*”). The received feedback was used to ensure content validity of the questionnaire.



**Table 2** Motivation dimensions and items

Motivational dimension	Motivational item	Compare with the studies mentioned below
Escape	Break from daily routine/ relaxation	e.g. Uysal et al., 1993; Scott, 1996; Crompton and McKay, 1997; Nicholson and Pearce, 2001; Lee et al., 2004; Yoo et al., 2015
	Enjoying the event	
Socialization/ meet people	Spending time with friends	e.g. Scott, 1996; Crompton and McKay, 1997; Nicholson and Pearce, 2001; Damush et al., 2005; Sirard et al., 2006; Báez and Devesa, 2014; Yoo et al., 2015; Colombo and Marques, 2019
	Making new friends	
	Sharing experiences	
Family togetherness	Spending time with family	e.g. Uysal et al., 1993; Scott, 1996; Nicholson and Pearce, 2001; Lee et al., 2004; Yoo et al., 2015; Colombo and Marques, 2019
Event novelty	Novelty of the event	e.g. Uysal et al., 1993; Scott, 1996; Crompton and McKay, 1997; Nicholson and Pearce, 2001; Lee et al., 2004; Báez and Devesa, 2014; Yoo et al., 2015; Colombo and Marques, 2019
	Offered program variety	
	A specific item on the event's program	
Excitement/ thrills	Curiosity	e.g. Uysal et al., 1993; Scott, 1996; Nicholson and Pearce, 2001; Colombo and Marques, 2019
	Being with people of similar interests	
	Enjoying food and beverages	
Word-of-mouth	Recommendations by private contacts	e.g. Martin, 2017b; Martin et al., 2019; Martin et al., 2020
	Recommendations by business contacts	
	Recommendations by medical practitioner	
Event topic/ learning	Topic of the event	e.g. Scott, 1996; Nicholson and Pearce, 2001; Scott and Solomon 2003; Sirard et al., 2006; Maeng, 2016; Colombo and Marques, 2019
	General interest in health topics	
	Doing something good for my health	
	Specific interest in the topic heart health	
	Information to prevent heart health issues	
	Information to reduce existing heart health issues	
Because family members suffer from heart health issues		
Other	Other reason: _____	e.g. Nicholson and Pearce, 2001 ("availability of free tickets"); Colombo and Marques, 2019 ("location of the event")

During the entire course of the event, the survey was completed by 73% of the 160 attendees. The current literature emphasizes the potential influences of health condition and demographic variables on the motivational dimensions (e.g. Yolal et al., 2009; De Cruppé and Geraedts, 2011; Geana et al., 2011; Friedman et al., 2012; Duran and Hamarat, 2014; Martin, 2017b). Therefore, the survey explicitly includes questions on the visitors' perceived health condition (health in general, heart health in particular) as well as demographic characteristics (age, gender, relationship status, education, place of residence). Additionally, visitors were asked for the specific program items they participated in or planned to attend (podium discussion, oral presentations, workshops, comedy or a combination of items).

**Table 3** Profile of the survey respondents

	Frequency (%)			Frequency (%)	
<b>Gender</b>			<b>(Very) good health condition</b>		
Male	33	(31%)	Perceived health condition in general	86	(83%)
Female	74	(69%)	Perceived heart health condition	83	(81%)
<b>Age</b>			<b>Visitors' place of residence</b>		
16–19	3	(3%)	City of the event	23	(22%)
20–29	6	(6%)	Place away from the event		
30–39	13	(12%)	... up to 20 km	75	(73%)
40–49	11	(10%)	... more than 20 km	5	(5%)
50–59	31	(30%)			
60–69	18	(17%)			
70–79	14	(13%)	<b>Types of program item *</b>		
80–89	9	(9%)	Podium discussion	44	(39%)
<b>Relationship status</b>			Oral presentations	78	(69%)
Single	21	(20%)	Workshops	53	(47%)
Civil union	9	(9%)	Cabaret	56	(50%)
Married	58	(56%)	Combination of at least...		
Divorced	8	(8%)	two types of program items	67	(59%)
Widowed	8	(8%)	three types of program items	36	(32%)
<b>Highest Level of Educational Attainment</b>					
Compulsory school	18	(17%)			
Apprenticeship	49	(47%)			
University-entrance diploma	11	(11%)			
University degree	26	(25%)			

\*Program items the participants attended or plan to attend. The event started with a podium discussion, followed by three oral presentations and nine workshops. In the evening, a cabaret was offered. (multiple choices possible)

## 4 Analysis of the empirical findings

### 4.1 Descriptive analysis

The resulting profile of the survey respondents is described in Table 3.

The findings indicate that the investigated motivational dimensions differ in their influence on visitors' event participation. The majority of the respondents state that especially items of the dimensions 'escape', 'event novelty', 'excitement/ thrills' and 'event topic/ learning' positively influence their attendance. For example, around 90% of the respondents (strongly) agree that the 'topic of the event' (96%; n=74), 'general interest in health topics' (96%; n=75), 'doing something good for their own health' (96%; n=72), 'curiosity' (94%; n=65), 'specific interest in the topic heart health' (87%; n=67), 'information to prevent heart health issues' (85%; n=66) or 'offered program variety' (85%; n=62) motivated them to participate in the event. Fewer but still the broad majority of visitors (strongly) agree that 'a specific item

on the event’s program’ (83%, n=60), ‘being with people of similar interests’ (66%, n=64), ‘novelty of the event’ (78%, n=55), ‘enjoying the event’ (72%; n=64), ‘break from daily routine/ relaxation’ (70%, n=54) as well as offered ‘information to reduce existing heart health issues’ (64%; n=53) positively influence their event attendance. In contrast, only a minority of the visitors (strongly) agree that ‘existing heart health issues of family members’ (43%, n=58) or the ‘enjoyment of food and beverages’ (18%, n=44) were reasons for their event participation.

Regarding the motivational dimensions ‘socialization/ meeting people’ and ‘word-of-mouth’, nearly half of the respondents explain their attendance with the possibility to ‘share experiences’ (56%; n=52) and ‘spend time with friends’ (53%; n=53) as well as ‘recommendations by private contacts’ (49%; n=51). Only a few visitors (strongly) agree that the chance of ‘making new friends’ (11%; n=47) and recommendations by ‘business contacts’ (12%; n=42) or a ‘medical practitioner’ (7%; n=44) triggered their attendance. Likewise, only a minority of respondents (strongly) agree that the item ‘spending time with the family’ (26%, n=50) in the dimension ‘family togetherness’ was a motive for their event participation. The findings of the described descriptive data analysis are shown in more detail in Table 4.

**Table 4** Descriptive findings

Motivational dimension	Motivational items	n	Min	Max	Arithmetic average	Std. Dev.
Escape	Break from daily routine/ relaxation	54	1	5	4.09	1.186
	Enjoying the event	64	1	5	3.98	1.215
Socializing/ meeting people	Sharing experiences	52	1	5	3.42	1.319
	Spending time with friends	53	1	5	3.28	1.511
	Making new friends	47	1	5	2.38	1.171
Family togetherness	Spending time with family	50	1	5	2.54	1.555
Event novelty	Offered program variety	62	1	5	4.39	0.912
	A specific item on the event’s program	60	1	5	4.33	1.145
	Novelty of the event	55	1	5	4.18	1.188
Excitement/ thrills	Curiosity	65	1	5	4.48	0.731
	Being with people of similar interests	64	1	5	3.66	1.428
	Enjoying food and beverages	44	1	5	2.39	1.298
Word-of-mouth	Recommendations by private contacts	51	1	5	3.14	1.613
	Recommendations by business contacts	42	1	5	2.21	1.260
	Recommendations by medical practitioner	44	1	5	2.11	1.368
Event topic/ learning	General interest in health topics	75	3	5	4.75	0.522
	Topic of the event	74	3	5	4.70	0.542
	Doing something good for my health	72	3	5	4.69	0.547
	Specific interest in the topic heart health	67	1	5	4.43	0.821
	Information to prevent heart health issues	66	1	5	4.36	0.971
	Information to reduce existing heart health issues	53	1	5	3.74	1.375
Other	Because family members suffer from heart health issues	58	1	5	3.17	1.453
	Other reason:	12	1	5	2.92	1.621

Five-point Likert-type scale (5=strongly agree; 4=agree; 3=neutral; 2 disagree; 1=strongly disagree)

## 4.2 Impact of demographic variables on the motivational dimensions

In order to test for the impact of demographic variables on the motivational dimensions, we performed t-tests, one-way ANOVA and regression analyses using SPSS Statistics 25. The results of our analyses reveal that the demographic variables of education and gender largely do not have a significant impact on motivational items. For education, the only significant difference refers to the 'escape' dimension 'break from daily routine/ relaxation', with higher levels of agreement among respondents with apprenticeship, university-entrance diploma, and university degree. For gender, the only significant difference was found in terms of the excitement/thrills dimension of 'curiosity', where female respondents exhibited a higher level of curiosity.

In terms of the demographic variable of age, several significant differences were found. In the age groups of 40–59 and 60–69, the factor of 'break from daily routine/ relaxation' plays the largest role. The same age groups, along with the age group of 80 plus, shows the highest levels of enjoyment as a motivational factor to attend the event. For the age group of 80 plus, 'program variety', 'curiosity', 'being with people of similar interests', 'recommendation by medical practitioner', 'general interest in health topics' and 'to do something good for my health' play the most important role compared to the other age groups. The item of 'newness novelty of the event' exhibits high levels among all age groups, except the group of participants younger than 39.

In terms of marital status, especially for civil union, married and widowed participants, the item of 'break from daily routine/ relaxation' was a reason to attend the event. The items of 'program variety', 'a specific item on the event's program' and 'novelty of the event' exhibited high levels among groups of any marital status except single. The item of 'recommendation by medical practitioner' was more important to civil union and married participants. Finally, a general interest in health topics as well as the item 'because family members suffer from heart health issues' was found especially among widowed respondents. Table 5 displays the results of the one-way ANOVA, with significant findings highlighted ( $p \leq 0,05$ ):

In order to determine the influence of perceived health condition in general and of perceived heart health condition in particular on the various motivational items to attend an event, we performed regression analyses using SPSS. In terms of perceived health condition, we found only a weak explanation of 7.2% for the item of specific interest in the topic of heart health ( $p=0.028$ ,  $F=5.069$ ,  $\beta=0.269$ ;  $R^2=0.072$ ) and a comparatively stronger explanation of 19.3% for the item of novelty of the event ( $p=0.01$ ,  $F=12.702$ ,  $\beta=0.440$ ;  $R^2=0.193$ ). In terms of perceived heart health condition, we found several significant relationships. To begin with, we found comparatively weak explanations of 10.1% for the item of sharing experiences ( $p=0.022$ ,  $F=5.610$ ,  $\beta=0.318$ ;  $R^2=0.101$ ) and 10.8% for the motivational item specific interest ( $p=0.007$ ,  $F=7.850$ ,  $\beta=0.328$ ;  $R^2=0.108$ ). Next, we report an explanation of 16.4% for the item novelty of the event ( $p=0.002$ ,  $F=10.181$ ,  $\beta=0.405$ ;  $R^2=0.164$ ). Finally, we found significant relationships between perceived heart health condition and the word-of-mouth items of recommendations by private contacts, explaining 13.9% of the variance ( $p=0.007$ ,  $F=7.896$ ,  $\beta=0.373$ ;  $R^2=0.139$ ), and an explanation of

17.8% for the item of recommendations by medical practitioner ( $p=0.004$ ,  $F=9.092$ ,  $\beta=0.422$ ;  $R^2=0.178$ ).

## 5 Discussion

The literature indicates that health care events might be an effective way to foster health promotion. The research questions pursued here are: First, to what extent are the motivational dimensions for attending events applicable to the specific setting of the cardiovascular health promotion event 'Heart Health Day'?. Second, if visitor's demographic characteristics affect the motivational dimensions.

Related to health behavior, intrinsic and extrinsic motivation can be distinguished (Deci and Ryan, 1985; Kvorning et al., 2015). Furthermore, literature describes 'escape', 'socialization', 'family togetherness', 'event novelty', 'excitement', 'word-of-mouth', and 'event topic' as motivational dimensions for people to attend specific events (e.g. Uysal et al., 1993; Scott, 1996; Crompton and McKay, 1997; Nicholson and Pearce, 2001; Lee et al., 2004; Duran and Hamarat, 2014).

The findings of the present study show that especially dimensions that are directly related to the event itself seem to motivate people to attend. These are items like the 'topic of the event', 'general interest in health topics', 'doing something good for my health', 'curiosity', 'specific interest in the topic heart health', 'information to prevent heart health issues' or 'offered program variety'. Hence, it can be concluded that in this case issues like the overall topic, the program, one's own interest in health issues, and continuing education and learning are strong motivational factors for people to attend such an event. These findings appear plausible, as these issues are the core concern of such an event – searching for an event, the topic and program are essential for raising the interest of a potential attendee. The findings are in line with prior studies (e.g. Uysal et al., 1993; Scott, 1996; Crompton and McKay, 1997; Nicholson and Pearce, 2001; Lee et al., 2004; Yolal et al., 2009; Báez and Devesa, 2014; Yoo et al., 2015; Colombo and Marques, 2019). Especially for health care events, the information that attendees can get at the event is essential. The visitors want information about a specific health topic or about health prevention, hence the program and overall topic are a key motivation to attend such a health care event.

On the other hand, items like 'socializing/ meeting people', 'sharing experiences', 'spending time with friends', 'spending time with the family', and 'making new friends' are less important as motivational factors for attending such a health promotion event. Although event literature indicates that those issues may have motivational character for attending events in general (e.g. Scott, 1996; Crompton and McKay, 1997; Nicholson and Pearce, 2001; Damush et al., 2005; Sirard et al., 2006; Báez and Devesa, 2014; Yoo et al., 2015; Colombo and Marques, 2019), these issues may be of less importance for health promotion events in particular. For health events as information events, the factors of knowledge and competence are more important than the social factor and having leisure time. As mentioned before, the topic and program are essential factors for attending the observed event. Visitors are more interested in individual information and learning aspects regarding a specific health

Table 5 ANOVA

Dimensions	Motivation Items	ANOVA Age				ANOVA Education				ANOVA Marital status				T-test Gender		
		Mean (SD)	df	F	Sig.	Mean (SD)	df	F	Sig.	Mean (SD)	df	F	Sig.	T	df	Sig.
Escape	Break from daily routine/ relaxation	4.11 (1.18)	52	3.17	0.022*	4.09 (1.18)	53	3.05	0.025*	4.09 (1.19)	51	2.56	0.050*	0.369	52	0.731
		4.01 (1.19)	62	2.65	0.042*	3.98 (1.21)	63	1.32	0.271	3.98 (1.22)	61	0.57	0.683	0.151	62	0.880
Socializing/ meeting people	Sharing experiences	3.41 (1.32)	50	3.49	0.014*	3.42 (1.31)	51	1.61	0.199	3.45 (1.31)	50	2.44	0.060	-0.643	50	0.523
		3.28 (1.51)	52	1.27	0.292	3.28 (1.51)	52	0.80	0.496	3.26 (1.52)	51	0.03	0.997	0.739	51	0.463
Family togetherness	Spending time with friends	2.36 (1.18)	45	0.22	0.924	2.38 (1.17)	46	0.30	0.824	2.41 (1.16)	45	0.56	0.692	0.388	45	0.700
		2.57 (1.55)	48	2.31	0.072	2.54 (1.55)	49	0.05	0.981	2.51 (1.55)	48	0.74	0.564	-1.195	48	0.238
Event novelty	Offered program variety	4.37 (0.91)	60	4.85	0.002*	4.38 (0.91)	61	1.39	0.246	4.38 (0.92)	59	4.40	0.004*	-0.076	60	0.939
		4.32 (1.15)	58	2.33	0.068	4.33 (1.14)	59	1.96	0.130	4.33 (1.15)	58	4.55	0.003*	-0.832	58	0.409
Excitement/ thrills	Novelty of the event	4.22 (1.16)	53	6.69	0.000*	4.18 (1.18)	54	1.61	0.185	4.18 (1.19)	53	6.96	0.000*	-0.415	53	0.680
		4.48 (0.73)	63	2.71	0.038*	4.47 (0.73)	64	2.17	0.101	4.49 (0.71)	62	0.98	0.424	2.088	63	0.041*
Word-of-mouth	Being with people of simi- lar interests	3.68 (1.42)	62	2.59	0.046*	3.65 (1.42)	63	0.29	0.827	3.68 (1.42)	62	1.18	0.326	-0.839	62	0.405
		2.39 (1.31)	42	1.42	0.243	2.38 (1.29)	43	0.02	0.993	2.39 (1.31)	42	1.48	0.225	-0.815	42	0.419
Event topic/ learning	Recommendations by private contacts	3.18 (1.59)	49	0.91	0.472	3.13 (1.61)	50	0.41	0.745	3.12 (1.62)	49	1.79	0.147	-0.426	49	0.672
		2.24 (1.26)	40	0.63	0.638	2.21 (1.25)	41	0.76	0.522	2.24 (1.26)	40	1.19	0.331	0.967	40	0.339
Event topic/ learning	Recommendations by busi- ness contacts	2.13 (1.37)	42	3.31	0.020*	2.11 (1.36)	43	0.86	0.468	2.13 (1.37)	42	3.23	0.022*	-1.507	42	0.145a
		4.75 (0.51)	73	3.06	0.022*	4.74 (0.52)	73	0.39	0.811	4.75 (0.52)	72	2.86	0.030*	1.255	73	0.213
Event topic/ learning	General interest in health topics	4.69 (0.54)	72	0.78	0.539	4.69 (0.54)	72	1.01	0.408	4.70 (0.54)	70	1.20	0.318	1.061	72	0.295a

**Table 5** (continued)

Dimensions	Motivation Items	ANOVA Age	ANOVA Education	ANOVA Marital status	T-test Gender	
	Doing something good for my health	4.70 (0.54)	4.69 (0.54)	4.70 (0.54)	70 1.58 0.190	70 0.289
	Specific interest in the topic heart health	4.45 (0.80)	4.43 (0.82)	4.43 (0.82)	65 1.62 0.180	65 0.544
	Information to prevent heart health issues	4.38 (0.96)	4.36 (0.97)	4.35 (0.98)	63 0.40 0.804	64 0.981
	Information to reduce existing heart health issues	3.78 (1.33)	3.73 (1.37)	3.71 (1.37)	51 0.58 0.673	51 0.755
	Because family members suffer from heart health issues	3.21 (1.43)	3.17 (1.45)	3.14 (1.44)	56 5.02 0.002*	56 0.891
Other	Other reason	2.91 (1.62)	2.91 (1.62)	3.09 (1.57)	10 2.23 0.181	10 0.409

\*significant at 0.05 level

a Levene test reveals inhomogenous variances

issue than in socializing. In this respect, health events seem to differ from events that are specific “fun events” like festivals, sports or charity events.

Regarding the aspect of word-of-mouth, in the specific case of the Heart Health Day in Austria, only a few visitors (strongly) agree that recommendations by ‘business contacts’ or a ‘medical practitioner’ triggered their attendance. Although previous studies have noted the impact of word-of-mouth on health-related behavior (Bednall and Bove, 2011; Heather et al., 2014; Martin et al., 2019; Martin et al., 2020), in the study at hand the impact of WOM was not rated as high. This may be due to the fact that the Heart Health Day was a first-time event in the local community of Ried in Austria. Therefore, neither business or private contacts nor medical practitioners had experience with that specific event. Recommendations often depend on someone’s (personal) experience, hence it may be possible that a follow-up study might also find recommendations to be more important for attending this specific event.

Answering the first research question – “To what extent do the motivational dimensions for attending events influence the participation at cardiovascular health promotion event ‘Heart Health Day’?” – it can be concluded that especially dimensions related to the topic and the program of the event as well as the issue of learning and one’s own interest in the specific health issue influence the motivation to participate the event.

As its second step, the study analyzed the impact of demographic factors on the motivational dimensions for attending events. Hence, the previously described motivational factors are now analyzed with respect to demographic factors. Literature found relations between gender and the dimensions of escape, family togetherness, event novelty, excitement/thrills, and word-of-mouth as well as between education and the dimensions of escape, socializing, and event novelty (e.g. Uysal et al., 1993; Colombo and Marques, 2019; Martin et al., 2020). In contrast, the results of our analyses show that the demographic variables of education and gender largely do not have a significant impact on motivational items in the case of the Heart Health Day. This might be explained by the fact that cardiovascular issues affect people independent of their education and their gender. Although slightly more men suffer from cardiovascular diseases, women are also affected by this topic (e.g. Mosca et al., 2011).

The findings of prior studies indicating the relation between age and the motivational dimensions of escape, socializing, family togetherness, event novelty, and word-of-mouth (e.g. Nicholson and Pearce, 2001; Colombo and Marques, 2019; Martin et al., 2020) were confirmed by the study at hand. Especially older persons (40–89 years) state that ‘break from daily routine/relaxation’, ‘program variety’, ‘curiosity’, ‘being with people of similar interests’, ‘recommendation by medical practitioner’, ‘general interest in health topics’, and ‘doing something good for my health’ play an important role in attending health events like the Heart Health Day. Moreover, “older” persons show the highest relevance of enjoyment as a motivational factor to attend the event. Hence, the “older” age groups, the motivation to attend such events seems to be a mix of social issues and interest in the topic. In contrast to the study of Yuan et al. (2005), who find that ‘escape’ is of greater importance for younger visitors, the study at hand shows this to be the case for older attendees. Similar to



literature, which does not agree on whether the item of socializing is more important for younger visitors (Yolal et al., 2009) or for older visitors (Kang et al., 2014), the study at hand shows no clear relation between socializing and age but concludes that ‘being with people of similar interests’ (excitement) is more important for older attendees. For the motivational item of event ‘novelty’, especially ‘program variety’, the present study confirms the findings of prior studies (e.g. Uysal et al., 1993; Yolal et al., 2009) that these items are more important for older age groups than younger age groups. Especially for attendees older than 60, these findings are plausible, as these are individuals who may have more leisure time due to retirement and want to use this time in a positive way. This group also appears more affected by cardiovascular disease and therefore have more interest in this topic. Nevertheless, to actively prevent the appearance of first signs of cardiovascular illnesses it is also important to reach the younger age groups.

Moreover, marital status was confirmed as an influencing factor for some of the motivational dimensions for attending events. Prior literature found a relation between relationship status and the motivational items of escape and family togetherness (e.g. Uysal et al., 1993; Yuan et al., 2005). The present study confirms previous findings that married persons assess escape – especially ‘break from daily routine/relaxation’ as an important motivational item. Particularly widowed persons attended the event ‘because family members suffer from heart health issues’. In this case, the personal concern may be a factor for attending the Heart Health Day to get more information.

In summary and answer to the second research question – “To what extent do the visitors’ demographic characteristics affect the motivational dimensions for attending the event?” – we conclude that age, education, gender, and marital status influence several motivational dimensions to attend the Heart Health Day. However, education and gender were each related to only one motivation item.

Literature discusses diverse motivational dimensions and factors for attending an event. Many studies focus on festivals, cultural events or touristic events. Health promotion events seem to be different inasmuch as they relate to a very sensitive and personal area. Whereas other festivals and events mostly serve as leisure activities and for recreation, health events have the purpose to inform about specific illnesses or disease patterns. Health events are often seen as part of health promotion inasmuch as they educate people on how to prevent specific problems or how to cope with an illness. This reflects that the specific topic or interest in health issues are more important as motivational dimensions than socializing and excitement. The specific topics of health events – in case of the Heart Health Day, informing about cardiovascular diseases – can be the rationale for a specific target group of persons attending the event. In case of the study at hand, especially older persons are affected by cardiovascular diseases (see also Mosca et al., 2011) and therefore may have increased interest in this topic. This is also reflected in the age of the participants in the study, as the majority of respondents is older than 50 years.

The motivational dimensions were derived from theories of health behavior (e.g. Health Belief Model, Health Action Process, Self-determination Theory). With respect to health behavior the study at hand highlights, that the visit of such events is mostly intrinsic triggered. Against the background of health promotion, seeing

events as the Heart Health Day as a tool for increasing health competency of individuals and to improve the social, environmental and economic factors of health for people, this means that the focus should be on the further examination of the intrinsic motives of participants. For increasing health literacy, health events have to be personally valuable for visitors or family members. Defining health events as an important part of health promotion in terms of empowering and educating people these events have diverse links to enable individuals to improve their health. This is in line with the five priority action areas of the Ottawa Charter, namely build healthy public policy, create supportive environments, strengthen community action, develop personal skills and re-orient health services. With events as a form of health communication, decisions and actions to improve the own health should be influenced. In order to better reach people interested in a specific health topic and to provide accessible as well as understandable information it is relevant to know which factor motivate people to attend the health events. Given the findings, that the topic of the event and the given information is for the most participants more important than socializing and spending time with friends, those events could also be held online. Also the digital form of communication via webinars, online-workshops or others can help to promote health. The novelty of the study is the linkage of attendance motivation and a health promotion event in Austria, as most studies in the health care sector focus on the attendance at medical therapies or the attendance on sport events like jogging for weight loss.

In the study at hand, more than 80% of the participants stated that they have a “(very) good health condition”. The theories emphasize that one’s own assessment of the health condition is an important factor when discussing health behavior. The assessment of one’s health condition may therefore impact the motivation to attend health promotion events, to get information, and also to possibly afterwards change their behavior (doing sports, healthy nutrition). Hence, future studies should also focus on groups who self-assess that they are not fit and determine whether this impacts the attendance of health promotion events.

## 6 Research and managerial implications

This study contributes to the current health promotion literature by investigating the motivation to attend cardiovascular health promotion events. By providing theoretical insights as well as first explorative empirical evidence on attendance motivation in a health care setting, this study contributes to a more profound understanding of cardiovascular health promotion. Given that cardiovascular disease is the most common cause of death in the world (Vedanthan et al., 2016), such an understanding is pertinent. As the issue of cardiovascular disease can be problematic to the quality of life and often result from inadequate lifestyle habits the intrinsic motivation to attend health events like the Heart Health Day in Austria should be high. Results of the study may help managers of health care events to better understand the attendance motivation and more strategically plan health promotion events.

Prior event literature reports many findings regarding events like festivals or cultural events. To the best of our knowledge, there exists no research on health promo-

tion events and the motivation of visitors to attend them – especially for Austria. Our paper targets this research gap and gives first insights into motivational dimensions of attendance as well as the influence of demographic factors on the motivation to attend. The paper takes up existing event literature and tests the motivational dimensions for a specific health promotion event in Austria. For the case of the Heart Health Day, some of findings from prior literature were confirmed, but some results were not confirmed. This may be due to the specifics of health promotion events as expert events for gathering information and knowledge about a specific topic. This differentiates them from other events, which are designed less for learning and information and more for leisure time. Future research focusing on similar events should review the existent findings. Additionally, further research might perform the same study in other regions of Austria (e.g. other federal states) and compare the findings to those of the case study in Upper Austria. To obtain more comparable data, other countries should also be covered by future studies. In conducting follow-up studies, researchers also need to take into account the potential influence of demographic factors on the attendance of health promotion events.

Beyond the theoretical contribution, the findings of the study at hand are relevant for practitioners planning and performing health promotion events. The study provides, on the one hand, insights into the motivation to attend such events and, on the other hand, insights into the influence of demographic factors on the motivation. This can help practitioners to address relevant groups of potential participants and tailor the event to their specific needs. In this way, the insights from our study might help to better plan and manage health promotion events.

Although this study provides significant empirical and theoretical insights, there are some limitations. For example, the study has a relatively small sample size, which might affect the empirical results. Future studies could thus include a broader empirical basis. Another limiting factor could be that the Austrian Heart Health Day was held the first time. Hence, neither medical practitioners nor visitors had experience with that event, which is important for the creation of word-of-mouth. Current literature emphasizes that recommendations (Word-of-mouth) have a strong impact on health behavior, which might include the motivation to attend the Austrian Heart Health Day. Hence, even if this study does not confirm such influence, future studies should continue to focus on the possible impact of recommendations on the motivation to attend such health promotion events.

## 7 Appendix 1: Motivation items of the questionnaire

Why are you attending this event?	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Topic of the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offered program variety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A specific item on the event's program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novelty of the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break from daily routine/ Relaxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoying food and beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoying the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being with people of similar interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General interest in health topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing something good for my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific interest in the topic heart health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information to prevent heart health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information to reduce existing heart health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because family members suffer from heart health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations by private contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations by business contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations by medical practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reason: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note, that the questionnaire was in German language and translated for publication

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