# Journal of Environmental Management and Tourism



## Winter 2021 Volume XII Issue 8(56)

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#### **Geriatric Problems in Medical Tourism**

Mikhail A. OSADCHUK

Federal State Autonomous Educational Institution of Higher Education I.M. Sechenov First Moscow State Medical University of the Ministry of Health of the Russian Federation - Sechenov University, Russia osadchuk.mikhail@vandex.ru

Maxim V. TRUSHIN Kazan Federal University, Russia mtrushin@mail.ru

Karina S. SOLODENKOVA

Federal State Autonomous Educational Institution of Higher Education I.M. Sechenov First Moscow State Medical University of the Ministry of Health of the Russian Federation - Sechenov University, Russia

ksolodenkova@mail.ru

Natal'ya V. KIREEVA

Federal State Autonomous Educational Institution of Higher Education I.M. Sechenov First Moscow State Medical University of the Ministry of Health of the Russian Federation - Sechenov University, Russia kireeva nat@inbox.ru

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#### Abstract:

Tourism activities have become an important part of daily life worldwide, with tourism turning into one of the largest global industries. Despite this wide recognition, tourism and tourist travels of old people as health preservation factors did not receive sufficient coverage in academic research on aging. However, it should be noted that tourism is a pivotal healthcare activity that improves the wellbeing of old people and promotes healthy aging. This is why health tourism for aged people will eventually become an essential aspect of healthy aging and an attractive tendency of the tourism industry (and medical tourism in particular) in the following decades. Tourism gives people the opportunity to take a break from everyday routine, improve their health and establish a restorative social environment, so aged people tend to associate tourism with quality of life. People who travel both online and offline do not simply learn to use these technologies: they learn to live in those two realms. Thus, engagement in tourism is an important healthcare activity that improves the wellbeing of old people and effectively promotes healthy aging.

**Keywords:** aging; tourism; health tourism; nature tourism; digital tourism.

JEL Classification: I10; Z32.

#### 1. Geriatrics as a Global Issue

The demographic situation worldwide is going through concerning social changes, such as the aging of the population. The United Nations (UN) forecasts that by 2050, the global population will reach 10 billion people, with about twenty percent of them being at least 60 years of age (United Nations 2015a). The 2019 report published by the European Commission provides evidence that the number of European Union (EU) citizens aged 65 or more will grow from 101 million in 2018 to 149 million in 2050. It is estimated that during this period, the number of EU

citizens aged 75-84 and 65-74 will increase by 60.5% and 17.6%, respectively. By 2050, the number of EU residents under 50 will drop 9.6% (Strandell and Wolf 2019).

Aging is a natural process that involves physical, psychological, and social transformations; it is a global issue that requires coordinated efforts on international, national, regional, and local levels, as well as profound economic and social restructuring (Álvarez-García et al. 2018). According to A. Walker (2009), active aging has been considered the principal global strategy and a response to population aging.

The wellbeing of aged people is determined by their social and economic status; promoting their occupational engagement is an effective way to ensure their financial stability and establish a favorable environment for sustainable national development (Carmichael and Ercolani 2015; Finch 2014). Besides, thanks to healthy lifestyle achievements, as well as scientific and technological breakthroughs, people who in their 60s are no longer considered "old" and can fully participate in professional activities (Nagarajan and Sixsmith 2021). However, helping aged people to maintain their occupational pursuits can be a challenging task, as they often suffer from health problems and lack technological skills (Nagarajan *et al.* 2019). Nevertheless, in most countries with an aging population, the OECD (Organisation for Economic Co-operation and Development), the World Bank, the World Health Organization (WHO), and the UN focus on developing and implementing policies that extend the working life (OECD 2018a; OECD 2018b; OECD 2018c). As the current number of people aged 65 and above is unprecedented, increasing the employment rate within this group is a global political task of utmost importance.

Meeting the demands of the aging population includes preventing diseases and maintaining wellbeing by expanding social contacts, providing access to qualified medical assistance, facilitating digital healthcare methods, and supporting individual and social independence. This proactive, user-based system helps citizens and their informal custodians take more responsibility for health and wellbeing and get more information and healthy lifestyle guidelines to help people remain active and healthy as long as possible (Hossin, Björk and Koupil 2020; Tziraki *et al.* 2020).

#### 2. Relevant Issues of Tourism Activities Among Aged People

The growing number of old people leads to an increase in the number of aged tourists. As of now, aged people comprise a large share of international tourists; the World Tourism Organization estimates that by 2030, the number of international tourists of old age will reach 300-600 million people (Tung and Ritchie 2011). This steady growth demonstrates that tourism activities help aged people maintain complete physical and mental comfort, expand their knowledge, and effectively manage their leisure time.

As we study the main issues of tourism activities among old people, we must note that this age group is going through numerous changes in their mobility skills, related to their lifestyle and health status in the first decades of their lives (Strandell and Wolf 2019). Aging always causes the decrease of muscular weight, mainly due to physical inactivity. It is harder for old people to adapt to external factors, especially stressful ones, and it takes longer for them to regain their homeostasis. Other typical changes are related to blood chemistry, arterial pressure, and body temperature. Transformations in the nerve system functioning include emotional lability, memory deterioration, reduced ability to focus, and general mental health deterioration; these factors must be taken into account when providing healthcare guidelines to old people (Osiński 2003; Paterson, Jones and Rice 2007).

Well-timed preventive measures, including health tourism as physical activity, are effective against early disabilities of aged people or deterioration of already existing issues. Some studies show that physical activity can significantly decrease the risk of death (Lee 2020; Ramakrishnan *et al.* 2021), given that low mobility is a risk factor for the population in general (van der Ploeg *et al.* 2012). This is important because physically prepared aged people are more independent, self-sufficient, and capable of functioning unassisted by social workers or family members (Drygas *et al.* 2013; Ignasiak *et al.* 2017).

Upholding a stable level of coordination and balance reduces the risk of falls - the factor that poses the greatest threat to old people both in everyday life and during their travels. If they are fit enough, aged people can continue their daily activities, go hiking and engage in various types of health tourism (Kupczyk 2015; Umiastowska and Kupczyk 2020). Overcoming physical inactivity can increase global life expectancy by 0.68 years (Lee *et al.* 2012). Thus, developing optimal programs to sustain independence and safe mobility has become one of the main healthcare initiatives, especially for aging and old people (Benjuya, Melzer and Kaplanski 2004; Rogers 2003). Physical preparedness is one of the principal measures that should be taken to improve the quality of life of aged people, making them capable of independent mobility regardless of their place of residence (Kasović, Štefan and Zvonař 2020).

Scientific literature provides numerous evidence that tourism has a positive impact on life satisfaction, physical and mental wellbeing (Chen and Petrick 2013). Tourism offers a distraction from mundane routine and

allows trying out something new and establishing a restorative social environment (Sirgy *et al.* 2011). The systemic review of 363 articles made by B.D. Newman *et al.* (Newman, Tay, and Diener 2014) distinguishes five main psychological mechanisms that can help sustain the wellbeing of aged people: detachment, relaxation, autonomy, mastery, meaning, and affiliation. It is also assumed that aged people may have a unique set of motives for travel that include nostalgia, friendship, learning, escapism, consciousness, status improvement, and physical stimulation (Cleaver and Muller 2002). Some studies demonstrate a strong functional correlation between the traveling experience of aged people, their quality of life (Kim, Woo, and Uysal 2015; Woo, Kim, and Uysal 2016), and self-assessment of health (Gu *et al.* 2016). Besides, preference for group travels, travel insurance, and loyalty to the destination give tourists a feeling of security that lowers old people's concerns about traveling activities (Kock *et al.* 2020).

Thus, tourism activities have become a major part of daily life worldwide, with tourism turning into one of the largest global industries (Feng and Wang 2020). Despite this wide recognition, tourism and tourist travels of old people as health preservation factors did not receive sufficient coverage in academic research on aging (Ferrer *et al.* 2016; Hsu, Cai, and Wong 2007; Kim, Woo, and Uysal 2015).

#### 3. General Problems of Medical Tourism and Potential for Development

Healthcare is an important area of the economy, with health tourism as its principal component being rapidly developed in Europe. Health tourism is directly related to personal wellbeing, individualization of medical services, and services meeting situational healthcare demands (Lindner *et al.* 2021; Osadchuk *et al.* 2021; Osadchuk *et al.* 2020a; Osadchuk *et al.* 2020b).

The increase of aged tourists is associated with post-retirement financial stability, improved quality of life, and better medical assistance to persons with chronic diseases (Flaherty *et al.* 2018; Ramos-Sesma, Górgolas-Hernández Mora, and Ramos-Rincón 2018). However, this tendency causes a higher load on medical workers and agencies providing tourist services. Meanwhile, the deteriorating quality of life of old people, caused by social isolation and challenges in multiple-organ pathology treatment, becomes a significant healthcare challenge (especially during the ongoing COVID-19 pandemic) that requires further assessment (De Luca *et al.* 2021; laccarino *et al.* 2020). Thus, the UN 2030 Sustainable Development Goals (United Nations 2015b) call for forming a global alliance to address major social issues, emphasizing healthcare and professional training as ways to combat inequality constraining global development. According to the UN Decade of Healthy Aging concept, life expectancy should be increased by promoting a healthy lifestyle, tackling social isolation, and creating comfortable living conditions for aged people and society in general (WHO Executive Board 2019). The WHO One Health initiative aims to improve healthcare, environment protection, education, science, and professional training, uniting them in a four-step innovation spiral: governments, scientific research and academic communities, industry, and civil society (Acharya, Lin, and Dhingra 2018; Borrmann *et al.* 2020).

The Chinese national strategy, stipulated by Healthy China (2019-2030) program (World Bank and WHO 2019), provisions the smart geriatric care structure that consists of three aspects: smart care for physical wellbeing, smart care for mental health, and smart care for aged people in their lives (Tang *et al.* 2019). Remote, real-time monitoring of aged people's health status can become the technology that will enable smart care for their physical and mental wellbeing in their everyday lives and during travels, especially long-term ones. Smart measures like voice notifications on medications to be administered, animated guides for self-care, and a "one-button" call for assistance will be available at any time to help aged people get back to normal living conditions, upkeep physical wellbeing, and maintain constant control over chronic diseases (Li and Tang 2020).

Many aged tourists suffer from at least one chronic non-infectious disease that requires permanent supervision (LaRocque *et al.* 2012). These pathologies include arterial hypertension, hyperlipidemia, diabetes, and COPD; these diseases are often competitive and require a combined intake of several medications (Eperon and Chappuis 2015). Polymedication during travels can become a challenge, especially due to changes in time zones and any unplanned circumstances (Han and Flaherty 2015). Geriatric tourism should take into consideration the mutual correlation between mental and physical wellbeing: health problems lead to subjective wellbeing deterioration that in its turn further worsens physical health and reduces life expectancy (Diener *et al.* 2017; Martin-María *et al.* 2017). Meanwhile, social isolation and loneliness aged people often have to deal with factors that significantly increase the risk of chronic non-infectious diseases, may cause progression of existing ailments, and limit the effectiveness of therapeutic assistance and preventive measures, including health tourism (Eperon and Chappuis 2015; Malcolm, Frost and Cowie 2019). It is well-known that social isolation and detachment affect the death rate, especially among old people, and pose an even greater risk for them than smoking (Holt-Lunstad *et al.* 2015).

Several studies demonstrate that the most common causes of death among tourists traveling abroad are heart diseases, malignant tumors, and injuries, with infectious diseases comprising only 10% (Brunette 2017; Connolly *et al.* 2017). This calls for a differentiated approach to potential old-aged travelers, who suffer from non-infectious diseases, and making optimal decisions before their journey abroad begins. On the other hand, aged travelers are less adaptable to physiological changes, more vulnerable to extreme climate conditions, and have a slower immune response; these factors may cause a progression of chronic diseases and lower the immune response to vaccines required for traveling (Darrat and Flaherty 2019; Izaks and Westendorp 2003).

It should be noted that at least 30-50% of international tourists of all age groups get an accidental injury or request medical help during their travels (Hill 2006). Tourists traveling to developing countries get twice as many injuries (often fatal) in road accidents, compared to domestic tourists (Behrens and Carroll 2012; Stewart *et al.* 2016). Meanwhile, the medical insurance for aged tourists is more expensive than for other groups due to more health complaints and higher medical expenses. This may dissuade older tourists from getting insurance and consequently damage their health during their journeys (Lee *et al.* 2017).

The prospective cohort study from China and its assessment give evidence that aged people, who traveled at least once in the past two years, demonstrated a lower death rate regardless of the cause of death after the data have been adjusted considering factors like age, sex, residence, family status, lifestyle, smoking, alcohol consumption, regular physical exercises, leisure, diet, BMI, depression, cognitive disorders, chronic diseases (arterial hypertension, diabetes, arthritis, heart diseases, and strokes), oncology, maxillofacial diseases that occurred more than once for the past 6 months, and socioeconomic status (Du et al. 2021; Zeng et al. 2017). The studies show that upon estimating demographic, socioeconomic, and health behavior variables, it turns out that aged people, who traveled once or several times for the past two years, had 20% fewer cases of health deterioration (odds ratio: 0.80, P < 0.01) (Gu et al. 2016). Sufficient physical activity is a safeguard against mortality among aged people (China Statistics 2020; Kobayashi et al. 2021). This is why old people with some experience in natural tourism are more prone to physical and psychological comfort. A meta-analysis claims that greenery has a positive effect on reducing the general risk of death (RR: 0.99, 95% CI: 0.97–1.00) (Partridge, Deelen, and Slagboom 2018). A Chinese study of 23 mainland provinces, adjusted by main demographic characteristics, lifestyle, health factors, and socioeconomic status, reveals that upon adjusting all the covariates, older tourists have a 27% lower risk of death compared to aged people with no tourist experience (Du et al. 2021). Furthermore, aged tourists have the lowest risk of death among their age group, regardless of regular physical exercise and leisure. This proves that regular tourism helps reduce mortality rates among aged people.

Thus, tourism is a pivotal healthcare activity that improves the wellbeing of old people and promotes healthy aging. Health tourism for aged people will become an integral aspect of healthy aging and an attractive tendency of the tourism industry (and medical tourism in particular) in the following decades.

#### 4. Nature Tourism for the Aged People

The whole point of tourism is to give people the opportunity to interact with nature. Urbanization, exploitation of natural resources, and lifestyle changes harm the quality of life (Capaldi *et al.* 2015; Pitkänen, Lehtimäki, and Puhakka 2020). Besides, the ongoing COVID-19 pandemic deteriorates physical, mental, and financial wellbeing; society is dealing with increasing health problems, behavioral disorders, and consequences of substance abuse because extreme and stressful factors always lead to mental issues (Fiorillo and Gorwood 2020). Mankind will eventually get over the pandemic but its detrimental effects on health and wellbeing will remain for long (Prime, Wade and Browne 2020).

Nature tourism is a major part of the global tourism industry (Gu et al. 2021). More and more people feel the intuitive need to become the one with nature, to heal their body and mind, as the COVID-19 infection remains a global crisis (Cao 2020). Restoring physical, mental, and social health with the help of natural factors, that were depleted in confined spaces, is described as the global "recovery" concept (Hartig et al. 2014; Qiu, Sha and Scott 2021). Scientific literature provides substantial evidence that engagement in nature tourism is an invigorating way to improve the autonomic nervous system functioning among aged people (Chang 2014). The most profound preventive effect can be achieved by interacting with the "unspoiled" colorful nature that helps improve cognitive functions and facilitate post-stress recovery (Bell et al. 2018). Green and blue vegetation have demonstrated the most positive effect on health and wellbeing recovery (Bell et al. 2018).

Physical activity and the environment incentivize body protection against tumors and oxidants (Cho *et al.* 2018; Malkov *et al.* 2005), improve the lipid panel (Ou *et al.* 2017), increase sensitivity to insulin (Ryan 2010), and reduce muscle inflammation (Aguirre and Villareal 2015). Aged tourists differ from people not engaged in tourism activities by multiple factors: they have a lower percentage of smokers or alcohol consumers, higher socioeconomic

status, normal BMI, compensated chronic disorders, and lower depression rates. Meanwhile, for old people, physical and mental status is one of the main obstacles to engaging in tourism activities (Rowiński *et al.* 2017). In theory, when it comes to regaining strengths, preserving inner resources, and reducing stress levels, tourism can become a major factor that can promote relaxation, detachment, autonomy, and mastery, thus greatly improving the subjective wellbeing and health condition of an aged person (Chen, Petrick, and Shahvali 2016).

It is worth noting that in 2019 alone, over 8 billion people visited nature reserves to relax and recuperate, generating an approximate revenue of 600 billion dollars (Lu *et al.* 2020). However, the data on destination and visitor types demonstrate that usage of nature areas and access to them are largely associated with socioeconomic factors and depend on individual circumstances. Many tourists, including aged people, consider resorts and hot springs to be a perfect destination for improving and maintaining physical health and psychological comfort (Chan, Chiu, and Marafa 2017). The focus on mental recovery is especially important to old people and proves that as the discretionary income of visitors is on the rise, they tend to shift their expectations from material benefits to a more personalized experience (Chen, Huang, and Zhang 2017).

#### 5. Digital and Virtual Tourism for the Aged

Engagement in traditional tourism activities is often constrained by a lack of financial resources and poor health conditions (Hsu *et al.* 2015). Immersive virtual reality (VR) can become the software solution that provides leisure tourism opportunities to such people. VR involves digital modeling that enables old people to interact with the computer-generated artificial environment with the help of special devicesa (Huang *et al.* 2013). The development of digital tourism changed the perception of the modern world: the real and virtual environments are now equal, and it has become harder to give preference to any of the two. People who travel both online and offline do not simply learn to use these technologies; they learn to live in those two realms ('IT: Tencent 2019 Ditigal Life Report [EB/OL], 23 May 2019' 2019).

The digital space imitates the real environment, immersing its participant into telepresence and cognitive imagery, free from physical or geographical boundaries (Bogicevic *et al.* 2019). VR technologies enable its users to get the tourism content and feel at one with the virtual environment (Flavián, Ibáñez-Sánchez, and Orús 2019). Digital innovations helped create the so-called "Virtual reality triangle" of immersion, interaction, and imagination related to the digital environment (Rebelo *et al.* 2012). With its help, people can visit museums and various cultural landmarks online (Anderson *et al.* 2016; Subramanian *et al.* 2017) and receive enhanced visual, aural, and contextual signals (Bordnick *et al.* 2005). Thus, digital media helps to successfully make artificial replicas of the real environment.

The regular growth of the aged population leads to the fact that more and more old people live in a collective environment (Statistics Canada 2017a), including nursing homes, long-term care facilities, and facilities offering combined services (Statistics Canada 2017b). Long-term leisure and relaxation programs, implemented in these institutions, are intended to help aged people maintain active learning and social interaction processes that are essential for satisfaction with life and wellbeing in old age (Fiocco *et al.* 2021; Narushima, Liu and Diestelkamp 2018).

Thus, innovative VR technologies establish an engaging tourism environment that allows users to get a three-dimensional experience of the computer-generated environment. VR tourism is of all-encompassing importance, as it removes any physical, financial, or geographic boundaries that prevent old people from lifelong participation in tourism activities.

#### Conclusion

Participation in tourism activities is an essential healthcare activity that improves the wellbeing of old people and promotes healthy aging. The health tourism market is becoming an integral part of healthy aging and will evolve into an attractive tendency of the tourism industry, particularly medical tourism, in particular) in the following decades.

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